

ASSIGNMENT

Surveyor: KennethDOI: 03/05/13

Assg Date:

03/05/13

Pre-assign / CCU / FTE

Insured Vehicle No.: SGZ 859UClaim No.: CC3/13008196Name of Insured: Mohammed Asimullah S/O MergallPolicy No.: -Insured Tel No.: HP: 92761277Make / Model: ToyotaExcess Sec II: SSD.O.A.: 02/05/13Place of Accident: Along the highway / near HP 1116

Is driver the owner? (YES) NO)

Nature of Accident:

If NO, Driver Name / Age:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO Insured Liability:

% Final ? Yes / No

INSRS:
WSP: Trans-Cab
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

FOR CSO ONLY:

Is driver the owner? (YES / NO)

If NO, Driver Name / Age:

Driver's Own Vehicle Number: Insurance Company:

SLIC 5446C - CC3/AXA13008196/Kenneth; 01/05/10

SGZ 859U -
file insurance as income during TP
to 7m - 1amp 215 after during
02.810/5/13 9:35am Called OZ, confirm accident details.
inform TP claim, agree to settle and aware
NCD will be affected. Letter sent out.
OZ collided TP rear portion.

4 pending claim - to review

26/12/14 Email to workshop for 10 days notice.
26/12/14 Email to AXA to Temporary clock file.

21/15 File return to AXA

STAGE

DATE / PIC

Finalisation:

Email AIG for OI GIA:

Apt letter to OI:

Call OI:

After call ltr to OI:

Type Report:

Prepare Invoice:

Others:

Documentation Check List: Handler Typist

OI Apt Ltr:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Authorisation To Act:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Final Repair Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Car Rental Invoice:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LTA / GIA:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
Approval Email:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Payment Breakdown Form:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>

COPY SENT
23/4/19
COPY SENT

FINAL SETTLEMENT

Date: 24/3/19 Confirm with Calvin

Repair Cost:	SS 2835.50	Final Liability	100 % (Agreed / Assessed)	BOLA S/N No.:	27.
Loss of Rental:	SS 406.60	(5 days) x 81.32		IF NO or B 28, Ass. Lia:	
Loss of Use:	SS 350.00	(SSD x 5 days)	LIABILITY & LETTER ON	Temporary clock	
Disbursement: LTA	SS 335		14/05/13	\$250.00	
Total:	SS 3497.45	Global Sum: SS	VIC ALPH S. SANGHLAN		

\$ 3497.45 - Trans Cab Auto Services Pte Ltd.

Charge Balance
\$350 - \$250.00
- 81m.00

REF

A41

Kenneth

ASSIGNMENT

Folio: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop n/s _____ Trans Cob

of _____

Insured: _____

Policy No. _____

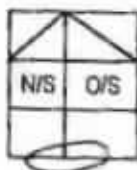
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Vehicle: IN / OUT

Person Contacted: _____

Veh No. SHC 59466 Is Foreign 09.06

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Maker: Toy Crown CC 2986Colour White / Red A/C: Insured / Std / NI / NASp. Reading 852383 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LX 512. 0020715Gen. Cond: Good / Fair / Poor / BurntSteering: Insider / Jammed / Leaked / Burnt orBrake: Insider / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 175/80R14

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or WEST/444

Front

Rear

R/Bal. 8 mm R/Bal. 5 mmL/Bal. 8 mm L/Bal. 5 mmD.O.A. 2/5/13 D.O.I. 3/5/13Survey held at ✓Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1615 6.15pm @ 26501 Confirmed Damage (4+1X 81.32 + 250)

(Red \$ 2705.78, 51%)

Date/Time, File Pass in?

Date/Time, File Return to?

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

Preli Report

Final Report

TOTAL
LOSSKIV FOR
LOD

Survey Fee:

Date:

Basic & Add.

___ \$ + RS. ___ \$

Pic/br

Est?

TOTAL

Panel Beating, Knocking And Straightening
The Necessary Portion, Remove And
renewal Of Parts, Adjust And Realign The
Same

\$

1,250.00

5401

Vivian Lau

From: Vivian Lau
Sent: Friday, 26 December, 2014 12:03 PM
To: 'Cynthia Loh'
Cc: Thin Thin
Subject: Your Ref: C0269066, Our Ref: CC3/AXA13008196/Kwy3, ACCIDNET ON 02/05/2013 INVOLVING VEHICLES SGZ 859U AND SHC 5946C

Your Ref: C0269066
Our Ref: CC3/AXA13008196/Kwy3

Dear Sir/Madam,

ACCIDNET ON 02/05/2013 INVOLVING VEHICLES SGZ 859U AND SHC 5946C

Please be inform that we have inspected the vehicle SHC 5946C on 03/05/2013, at TRANS CAB AUTO SERVICES PTE LTD

Above matter is clear for liability and we had finalized with TP on 16/5/2013. However, till date we still haven't receive LOD from TP.

In view of the above, we will proceed to temporary close the file and submit W/P report to your good office.

If there are any new developments in future, kindly inform us and we will follow up if necessary.

*Wishes you a Merry Christmas & Happy New Year 2015**

Thank You.

Best Regards,

Vivian Lau

LKK AUTO CONSULTANT PTE LTD
51 Ubi Avenue 1
#01-25 Paya Ubi Industrial Park
S(408933)
TEL: 6841 8625
FAX: 6741 4108

Trans-Cab Services Pte Ltd

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

Our Ref : AAD1305-013

Your Ref : SGZ859U

Date : 18.December 2017

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5946C AND SGZ859U ON 02-05-13 08:55 AM ALONG PIE (Changi) near Lornie Exit

It appears that the above accident was caused by your insured's negligence. We, therefore seeking compensation from you for our financial loss as itemized below :-

1.	Cost of Repair (inclusive of 7% GST)	\$	2,835.50
2.	Loss of Rental for <u>5</u> days @ <u>\$81.32</u> per day	\$	406.60
3.	Loss of Income for <u>5</u> days @ <u>\$50.00</u> per day	\$	250.00
4.	LTA Search Fee	\$	6.00
5.	Survey Fee	\$	0.00
	Total	\$	3,498.10

We enclose a copy of the following documents for your consideration :-

GIA report lodged by our driver

Rental rate and mileage records

Certificate of Insurance

Authorization To Act

Original final repair bill

LTA Search Fee

Kindly let us have the discharge voucher within the next 14 days, failing which we shall proceed to hand over the conduct of this matter to our solicitors without further reference to you.

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Tel No. : 6603 1250 (DID)

Note : Please email any further correspondence to claims@transcab.com.sg (6603 1259)



Auto
Consultants
Pte Ltd

511 BLAQUE 1, #01-25 PAXA UTI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/AXA13008196Kv1b3
Policy No: P11784724

13 May 2013

Mohammad Azmolali S/O Afrijali
Blk 756 Jurong West Street 74
#10-58
Singapore 640756

Dear Sir/Madam,

ACCIDENT INVOLVING SGZ 859U & SHC 5946C ON 02/05/2013

We refer to the above accident where we are acting for AXA Insurance Singapore Pte Ltd (AXA) to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Accordingly your No Claim Discount (NCD – if applicable) may not be preserved.

Please call us if you have further queries.

Yours faithfully,

Vivian Lau
Case Handler
DID: 6841 1467
FAX: 6741 4108
EMAIL: Vivianlau@lkkauto.com

c.c. *AXA Insurance Singapore Pte Ltd*
(Motor Claims Dept)

TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6281 1400

Co./GST Reg. No. 200303878K

Authorization To Act

I, TAN SWEE KOON [Hirer], S2020154A (NRIC no.)

hereby authorize Trans-cab Services Pte Ltd to act on my behalf to claim
for my loss of earnings for the accident involving SHC5946C and
SGZ859U along PIE (CHANGI) near Lornie exit
on 02.05.13 at 0855 hrs.

In addition, we also hereby authorize the above payment to be made in
favour of Trans-cab Auto Services Pte Ltd upon settlement.

Dated this 02 day of May 2013



(Hirer's signature)

Name:- TAN SWEE KOON

NRIC Number:- S2020154A

Address: BLK 39 TEBAN GARDENS RD

Singapore 600039



redefining / insurance

AAD1305-013

CLAIM REF : C0269066
INSURED : MOHAMMAD AZMOLALI S/O AFRIJALI

DISCHARGE VOUCHER

We, **Trans Cab Auto Services Pte Ltd** confirm that by letter of authorisation dated 02/05/2013, we are authorised to and do hereby give this discharge for ourselves and on behalf of **Trans Cab Auto Services Pte Ltd** and the Hirer **TAN SWEE KOON** of vehicle no. **SHC 5946C**.

Now we **Trans Cab Auto Services Pte Ltd** for ourselves and the said Hirer and the driver jointly and severally:-

- agree to accept the sum of Singapore Dollars Three Thousand Four Hundred Ninety Seven and Cents Forty Five only (S\$ 3,497.45) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no **SGZ 859U** arising out of an accident with **SHC 5946C** on 02/05/2013.
- declare that **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of the Insured vehicle shall not be liable for any further claim(s) whatsoever or howsoever present or future that any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. **SGZ 859U** arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- We hereby declare that I/we am/are the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made in favour of **Trans Cab Auto Services Pte Ltd** is made without any admission of liability whatsoever on the part of **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. **SGZ 859U**

Dated this 23 day of Apr 2019

Signed by _____
(AUTHORISED SIGNATORY)

Company Stamp _____

Witness : _____

Name : Calvin Er 59313180

I/C No : TRANS-CAB AUTO SERVICES PTE LTD

Address : No. 2 Ang Mo Kio Street 63

Singapore 569111

Tel: 6287 6666 Fax: 6287 7764

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Customer Centre #B1-01
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

Trans-Cab Auto Services Pte Ltd

No. 58 Defu Lane 1

Tel: 6287 6666

Fax: 6287 7764

Co. Reg. No.: 201019626G

GST Reg. No.: 201019626G

Tax Invoice

TO: AXA INSURANCE (S) PTE LTD ATTENTION:	INVOICE NO. : INV1308-077 DATE : 6. August 2013 REFERENCE N : AAD1305-013 TERMS : DUE DATE : 6. August 2013 PAGE : 1
--	---

NO.	CODE	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1.	6050101	Repair Cost (Lump sum-13)SHC5946C DOA:02.05.13	1	2,835.50	2,835.50

Total SGD Excl. GST : 2,650.00

7% GST : 185.50

**** TWO THOUSAND EIGHT HUNDRED THIRTY FIVE AND 50/100 SGD

Total SGD Incl. GST : 2,835.50

1) All cheques should be crossed and made payable to "Trans-Cab Auto Services Pte Ltd"

2) Please quote our Invoice Number during payment.

3) We reserve the right to change interest @ 1.5% per month on overdue invoice.

4) Any dispute as to the accuracy, charges etc of this invoice must be communicated within 10 days from the date hereof failing which it shall be deemed to have been unconditionally accepted.

E. & O. E.

THIS IS A COMPUTER GENERATED INVOICE WHICH REQUIRES NO SIGNATURE



得運私人有限公司

TRANS-CAB SERVICES PTE LTD

Co. Reg. No: 200303878K

2. May 2013

To Whom It May Concern

Dear Sir / Madam,

Accident on 02/05/13 08:55 AM at PIE (Changi) near Lornie Exit

1. We refer to the above-mentioned accident and wish to inform that Trans-Cab Services Pte Ltd is the registered owner of the taxi bearing vehicle registration no. SHC5946C. The taxi was hired to TAN SWEE KOON a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$81.32 per day (inclusive of GST).
2. Please be advised that the Taxi is insured with First Capital Insurance Ltd on a third party basis at the material time of the accident.
3. Please liaise with us directly for any settlement of claims in respect of the said accident.

Yours faithfully,

Jasmine Tan
General Manager

This is a computer generated print-out. No signature is required.

No. 58 Defu Lane 1, Singapore 539498
Tel: 6287 6666 Fax: 6281 1400

CH15946C

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
25/4/13	Chris E.S.	8 4 9 9 9 9	142.3	8.30	14.25
26/4/13	John	8 5 0 3 1 1	212	16.30	02.40
26/4/13	Chris E.S.	8 5 0 4 6 6	154	8.30	14.30
27/4/13	John	8 5 0 7 9 3	327	16.30	01.30
27/4/13	~	8 5 1 1 4 2	348	10.30	23.30
28/4/13	~	8 5 1 3 5 3	211	16.30	22.40
29/4/13	Chris E.S.	8 5 1 5 4 9	195	8.30	14.50
30/4/13	John	8 5 1 7 7 4	225	19.00	0.30
1/5/13	~	8 5 1 9 9 0	216	11.00	0.30
2/5/13	~	8 5 2 2 6 5	274	18.00	01.50

CH15946K

RATED (TIME)	DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
					FROM	TO
14.25	Accident on 21/5/13 @ 08.00 hrs	John	215/13 @ 13.00 hrs			
02.40	Discharged on 08 MAY 2013 @ 14.35 hrs					
14.30						
01.30						
23.30						
22.40						
14.50						
0.30						
0.30						
01.50						

Enquire Vehicle & Owner Information (Vehicle No. SGZ859U As At 02 May 2013 / 08:55:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(ROEL)SHC5946C

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S7428465D

Owner Name: MOHAMMAD AZMOLALI S/O AFRIJALI

Registered Address Type: HDB / HUDC

Registered Block/House No.: 756

Registered Street Name: JURONG WEST STREET 74

Registered Unit No.: # 10 - 58

Registered Building Name: -

Registered Postal Code: 640756

Current Vehicle Details

Vehicle No.: SGZ859U

Make Description/Model: TOYOTA / COROLLA AXIO 1.5X M

Insurance Company Name: HSBC INSURANCE (S) P L

Land Transport  Authority

Please read through the Privacy Statement, Conditions of Use and Disclaimer.
Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.
Best viewed with IE 6.0 SP3 and above, 800 X 600 resolution
Copyright © 2006 LTA | [Privacy Statement](#) | [Conditions of Use](#) | [Disclaimer](#)

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SGZ 859U (Insd veh)	Model:	TOYOTA CROWN
	SHC 5946C (TP veh)		
Date of Accident:	02/05/2013		

Global Sum Settlement	: [] Yes	: [X] No	
Repair Estimate	: \$	5,730.67	
Final Repair Cost	: \$	2,835.50	
Loss of Token Sum	: \$	250.00	5days at \$50.00 per day
Rental (if any)	: \$	406.60	5 days
LTA / GIA Search Fee	: \$	5.35	

Others:	: \$	0.00
---------	------	------

	: \$	
Final Settlement Sum	: \$	3,497.45

Is Third Party Workshop GIA Registered? [X] YES [] NO (Kindly indicate below)	
A) For Non GIA Registered Workshop:	Agreed Liability _____(%)
B) For GIA Registered Workshop:	BOLA Applicable: Yes/ No- BOLA Scenario No: _____
BOLA Liability: _____100_____(%)	Assessed Liability (*): _____(%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.	
PLEASE SEND THE CHEQUE / PAYMENT TO TRANS-CAB AUTO SERVICES PTE LTD LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111.	

Payment Instruction: Payee's Breakdown		
1)	TRANS-CAB AUTO SERVICES PTE LTD	: \$ 3,497.45

JOANNE LEE KHANG MIN
 LKK Auto Consultants Pte Ltd

23/04/2019
 Date

Please attach all the supporting documents to the form.
 (Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
AXA INSURANCE PTE LTD			Ref : CC3/AXA13008196/Kwa3q2-1	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN:RICHARD ANG			Date : 23-04-2019	
			Code : AXA2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGZ 859U	Veh. Inspected	SHC 5946C	
Policy No.		Coverage (\$)	0.00	
Claim No.	C0269066	Excess (\$)	0.00	
Assign From		Assign Date	03/05/2013	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA CROWN	c.c	2986	
Engine No.	HIDDEN	Year of Reg.	2006	
Chassis No.	LXS120026715	Colour	WHITE /RED	
Odometer	852383	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	175/80 R14	WEST LAKE	8 mm	
L/H Front Tyre	175/80 R14	WEST LAKE	8 mm	
R/H Rear Tyre	175/80 R14	WEST LAKE	5 mm	
L/H Rear Tyre	175/80 R14	WEST LAKE	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	02/05/2013	Inspection Date	03/05/2013	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD 58 DEFU LANE 1 SINGAPORE 539498			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5946C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER ASSEMBLY (CONSISTENT)	BUCKLED	460.12	460.12
1	REAR BUMPER BEAM (CONSISTENT)	BENT	119.97	119.97
1	REAR BUMPER CENTRE ABSORBER FOAM (CONSISTENT)	SERVICEABLE	125.00	-
1	REAR END PANEL (CONSISTENT)	BENT	427.75	427.75
1	BOOTLID (CONSISTENT)	BENT	791.04	791.04
1	BOOTLID 'TOYOTA' BADGE (CONSISTENT)	NECESSARY	35.53	35.53
1	BOOTLID 'CROWN' BADGE (CONSISTENT)	NECESSARY	39.49	39.49
1	BOOTLID CENTRE LOGO BADGE (CONSISTENT)	NECESSARY	32.23	32.23
1	REAR LAMP (TAIL LAMP) RH (ADDITIONAL) (CONSISTENT)	CRACKED	298.49	298.49
1	REAR LAMP PANEL RH (ADDITIONAL) (CONSISTENT)	TO REPAIR SEE LABOUR	90.64	-
	LESS 25% DISCOUNT		-605.07	-551.16
			1,815.19	1,653.46
SPECIAL NETT ITEMS				
1	REAR BUMPER PARKING SENSOR (SN) (CONSISTENT)	DENTED	300.00	220.00
1	SET REAR BUMPER FASTENER CLIP (SN) (CONSISTENT)	NECESSARY	12.00	12.00
1	SET REAR BUMPER SIDE CLIP (SN) (CONSISTENT)	NECESSARY	10.00	10.00
1	SET REAR BUMPER SIDE CLIP HOLDER (SN) (CONSISTENT)	NECESSARY	18.58	18.58
1	REAR BUMPER ADVERTISEMENT STICKER (SN) (CONSISTENT)	NECESSARY	100.00	100.00
1	REAR BOOTLID ADVERTISEMENT STICKER (SN) (CONSISTENT)	NECESSARY	250.00	150.00
			690.58	510.58
LABOUR				
	PANEL BEATING ,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS ,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF REAR LAMP PANEL RH.		1,250.00	540.00
	TO RUST-PROOFING OF THE AFFECTED AREAS .		200.00	60.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		100.00	20.00

Report Ref No. CC3/AXA13008196/Kwm3q2



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REINSTALL REAR BUMPER PARKING SENSOR .		150.00	50.00
	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER ,TO ENABLE REPAIR.		250.00	60.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		900.00	400.00
			2,850.00	1,130.00
GRAND TOTAL			5,355.77	3,294.04
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,650.00

Report Ref No. CC3/AXA13008196/Kwm3q2

KONG SENG CHEONG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.