

INS. CASE OWNER: Geald | CC 4 / LPC1900 1091 | 12/16/2012 | LKK: 12/16/2012 | IDAC:

Surveyor: Tunfich | DOI: 12/1/19 | Date / Time: 12/1/19  
 Registered in Meriden: \_\_\_\_\_

Pre-assign / CCU / FTE: SKM NITE  
 Insured Vehicle No.: \_\_\_\_\_ Claim No.: 18/1/19/476/017223  
 Name of Insured: 601510W ENH CAROLYN Policy No.: 21KVP15017304  
 Insured Tel No.: \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model: MERCEDES  
 Excess Sec II :SS \_\_\_\_\_ D.O.A.: 12/1/19 Place of Accident: EPE TMS PIE  
 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

SFR 2789D → SKM NITE → SHS 6789D → \_\_\_\_\_  
 INSRs: WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_  
 INSRs: WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: 01  
 INSRs: LOHE WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: TP  
 INSRs: WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_

Date/Time	STAGE	DATE / PIC	
<u>12/1/19</u> <u>PK</u>	Non-Reporting 1r (1st):		
	Non-Reporting 1r (2nd):		
	Non-Reporting 1r (Final):		
	Notification 1r (if non-pickup):		
	Call OI:		
	After call 1r to OI:		
	Documentation Check List:	Handler Typist	
	Notification 1r (if non-pickup):	<input type="checkbox"/>	<input type="checkbox"/>
	After call 1r to OI:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Authorization 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"/>	
Towing Invoice:	<input type="checkbox"/>	<input type="checkbox"/>	
LTA / GIA:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	<input type="checkbox"/>	

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

FINALIZATION Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: \$S \_\_\_\_\_ ( \_\_\_\_\_ days) Reduction: % \_\_\_\_\_ Email  Call

FINAL SETTLEMENT Date/Time: 12/8/19 Confirm with: Kozal Email  Call   
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 28 If NO or B 28, Ass. Lia: 0%  
 Repair Cost: (w/6351) \$S 2574.50  
 Loss of Rental (LOR): \$S 493.77 ( 3 days) x \$164.59  
 Loss of Use (LOU): \$S - ( 5 x 3 days)  
 Loss of Income (LOI): \$S 150.00 ( 5 x 3 days)  
 LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]  
 GIA/LTA Search: \$S 7.49  
 Medical: \$S -  
 Disbursement: \$S - (e.g. Tow/Independent)  
 Legal Cost: \$S -  
 Total: \$S 3165.76 Global Sum SS: \_\_\_\_\_  
 1) Claim status: Normal/Reject/Private Settle  
 2) Report Format: TP  
 3) Survey fee: \$450

FINAL PAYMENT Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call   
 Payee 1: \$S 3165.76 Name 1: Comfort Delgro Engineering Pte Ltd  
 Payee 2: (Strike if N.A.) \$S \_\_\_\_\_ Name 2: \_\_\_\_\_  
 Payee 3: (Strike if N.A.) \$S \_\_\_\_\_ Name 3: \_\_\_\_\_

un 2/9

Tanfkin

REF: JPC

INSURANCE

From: \_\_\_\_\_ Date: 17/01/2019

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: SHB 63897

at Workshop no: Comfort Delgro

of: 59 loyong Drive

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 / FR Seen: \_\_\_\_\_ Consistent? Yes or No

Est. Repairs: 2 days Res: Yes or No

Lump Sum: 00 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS (up)

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

N/S	O/S

Site No: SHB 63897 - Page 2 of 4 March

Type: M/Car / M/Cycle / Bus / Van / Lorry / Truck / Prime Mover /  Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Mercedes Benz E220 cc 2143

Colour: white A/C Insured / Std / NI / NA

Sp. Reading: 429002 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/Nr: WDD 21200 224 760829

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: Nil / SRim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 205/60R16  
R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or \_\_\_\_\_

Front		Rear	
R/Bal: C	mm	R/Bal: C	mm
L/Bal: L	mm	L/Bal: L	mm
D.O.A:		D.O.A:	17/1/19

Survey held at: CDGE loyong

Des. of Damages: Fnt /  Rear / O/S / N/S / U/C / Rooftop or \_\_\_\_\_

The U/C / Chassis frame / Body Structure affected due to collision.

43 - \$2350 (Red \$1616/417)

Date/Time: File Pass to?  : Profi. Report

1)  : Final Report

Date/Time: File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / I.B.U. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee:  Site Insp. (\$ \_\_\_\_\_)

Interview (\$ \_\_\_\_\_)

Techn. Insp. (\$ \_\_\_\_\_)

Wash-out (\$ \_\_\_\_\_)

\_\_\_\_\_



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607196R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To Be Advised  
Our ref: CC4/LPC19001091/T1fb3

Date: 18.01.2019

The Motor Claims Department  
M/s LONPAC INSURANCE BHD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO.**

**SHB6389D**

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 17.01.2019 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	3,966.00
Revised Estimate Amount	: S\$	2,788.00
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:  
The vehicle sustained damages at the  
Rear Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2 days

Yours faithfully,

**MOHD. TAUFIKH**  
**Licensed Appraiser**

**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHB 6389J

DATE 16/1/2019 15:02

MAKE :

MODEL : MERCEDES BENZ

*Chuan*  
*Lempen*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 1,510.00
	Rear Bumper Reinforcement			\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH)	\$	135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH)	\$	125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH)	\$	115.00	\$ 230.00
	<b>SUB TOTAL</b>		2930	<b>\$ 3,410.00</b>
	<b>LESS 20%</b>		2544	\$ 682.00
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,728.00</b>
	Rear Bumper Sensor			\$ 388.00
	<b>Labour Charge</b>			
	Panel Beating		200	\$ 400.00
	Spray Painting Charge		200	\$ 300.00
	Wiring Charge		30	\$ 30.00
	Remove/Refix Reverse Sensor		30	\$ 120.00
	<b>TOTAL LABOUR</b>		304	<b>\$ 850.00</b>
	<b>ESTIMATE TOTAL</b>		4157	<b>\$ 3,966.00</b>

*de*  
*bt*  
*X new*  
*su*  
*su*

*200 car*

Nett

*Taufik 97492749*  
*- WP*  
*17/1/19 @ 330pm*  
*Lumpsum*  
*Resurvey after repair*  
*taufik @ lkkauto.com*  
*o 2 days*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

A member of COMFORTDELGRO

Date/Time: 16.01.2019 14:59 Page : 1

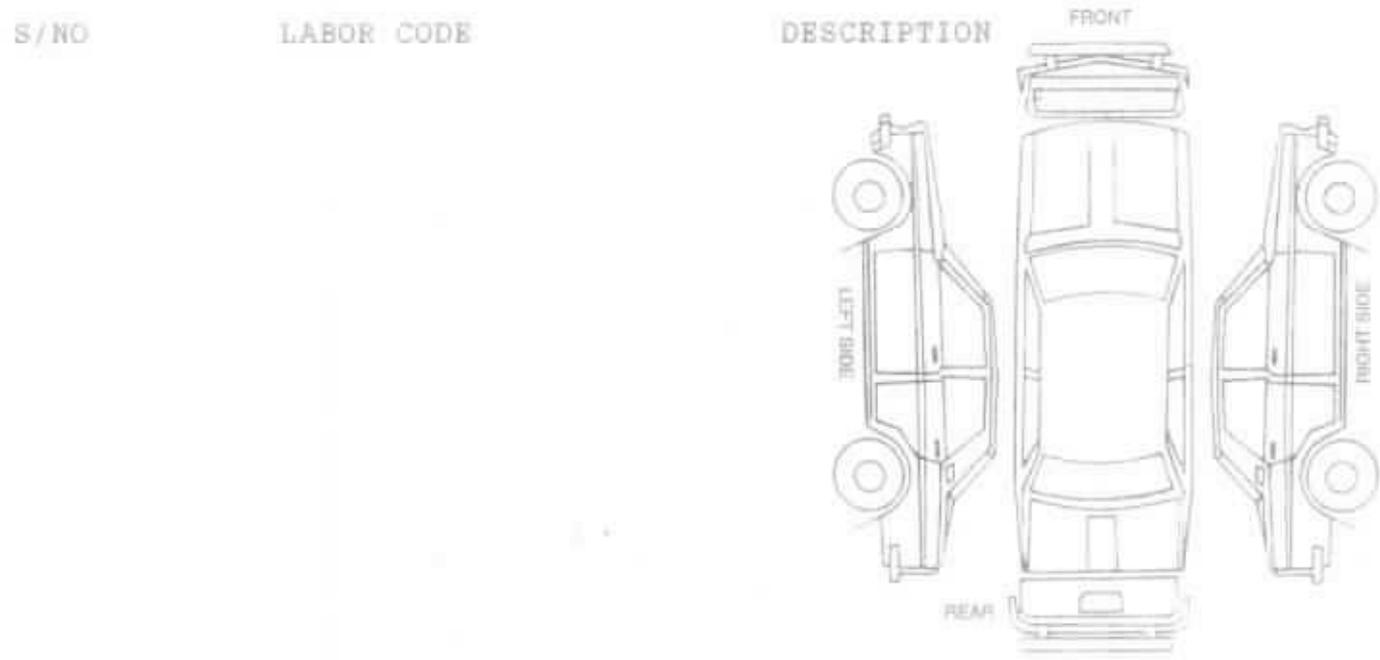
Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305260705

CUSTOMER	REGN NO: SHB6389J	MILEAGE
MS	MAKE: MERCEDES BENZ	FUEL
CUSTOMER NO	MODEL: E220CDI (E5)	E 1/2 F
ADDRESS	YR OF MANU: 20.03.2014	DATE/TIME IN: 16.01.2019 12:10
(R) 65508755 (Q)	CHASSIS CODE: WDD2120022A760829	TARGET DATE
(P)		COMPLETION DATE/TIME

ACCOUNT CARD NO:

JOB DESCRIPTION

Accident Date: 16.01.2019  
 NATURE: 3P 16.01.2019



BOOKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHB6389J

Signature/Date: CHIANG

Signature/Date: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

Exit Pass

Vehicle No.: SHB6389J

Name of Service Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

To be kept by Security Guard

returned to Service Reception upon collection

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

Our Job Ref No : 305260705  
Date : 19/01/19

## FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : LONPAC  
Vehicle Reg No. : SHB6389J 16/01/2019

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: LONPAC SKM2117K
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \_\_\_\_\_
  - (b) Labour Charges \_\_\_\_\_
  - Total for Part-By-Part Repair Cost** \_\_\_\_\_
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**Final Lumpsum Repair cost** \$2,350.00

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature : \_\_\_\_\_

Name : CHIANG

Name : \_\_\_\_\_

Tel : 62148314

Date : \_\_\_\_\_

Fax : 65468156

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks.
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_

\_\_\_\_\_

## Nivitha (LKK Auto)

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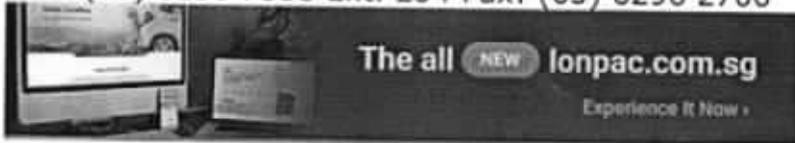
**From:** ONG LI LI <llong@lonpac.com>  
**Sent:** Wednesday, 16 January 2019 4:43 PM  
**To:** assignments@lkkauto.com; 'Admin-D (LKKAuto)'  
**Cc:** MT\_Claim\_SG  
**Subject:** Our Ref: 18/19/19/VP05/021333  
**Attachments:** 16012019162215.pdf

5:14pm @ 16/1/19  
person @ jurnani  
vehicle in  
repairer agreed survey on  
07/1/19

Dear Catherine/Nivitha

Please see attached and arrange survey.

Regards,  
Ong Li Li  
Senior Claims Executive | Lonpac Insurance Bhd  
300 Beach Road #17-04/07 The Concourse Singapore 199555  
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Lonnac

Our Ref : 305260705  
Date : 16.01.19  
Time of Fax: \_\_\_\_\_

Via Fax : 62962706  
Your Insured: SKM 217K  
Date of Acc: 16.01.19

Attn: Motor Claims Department  
Dear Sirs

## SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH B 6389T

Our client has engaged us to repair the above vehicle and submit claims against the other party/parties-involved in the accident

In accordance to the motor claims framework, we hereby request your presence at 59 Loyang Drive, Singapore 508969 to survey our client's damaged vehicle.

Enclosed, please find:

- i) Our initial estimate of repairs of the damaged vehicle;
- ii) Accident report made by our client.

I would appreciate it if you could call us to arrange for the survey of the vehicle:-

- Lim Kwok Eng                      Tel: 6214 8316 or HP: 9824 0811
- Larry Ng Nyuk Phin              Tel: 6214 8315 or HP: 9230 2824
- Lim Tien Siong                    Tel: 6214 8398 or HP: 9635 8546
- Chiang Liat Choon              Tel: 6214 8314 or HP: \_\_\_\_\_
- Jumani Bin Masudin            Tel: 6214 8315 or HP: 9635 6305
- Fauzy Bin Mokhtar              Tel: 6214 8319 or HP: 8125 9176

Fax no. 6546 8156

If we do not hear from you within the next 48 hours, we shall deem that you have waived your rights to survey our client's vehicle and we shall proceed to engage independent surveyor without further reference to you. We henceforth reserve our rights to claim for Loss of Use and Loss of Rental during any delayed period of this survey arrangement.

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a Motor Surveyor appointed by the insurance company.

Thank you,

Yours faithfully

Chiang Liat Choon

for Vice President  
Crash Repairs & Claims Recovery

## Shu Pei (LKKAuto)

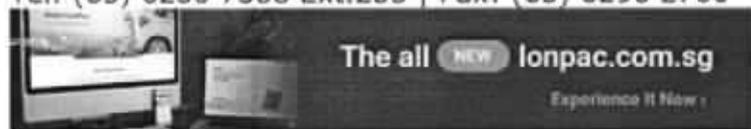
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**From:** GERALD POH WEE BIN <geraldpoh@lonpac.com>  
**Sent:** Friday, 18 January 2019 3:09 PM  
**To:** Shu Pei (LKKAuto)  
**Cc:** MT\_Claim\_SG  
**Subject:** RE: Our Ref: 18/19/19/VP05/021333  
**Attachments:** 18012019150544.pdf

Dear Shu Pei,

Attached copy of insured's GIA report for your attention

Best Regards  
Gerald Poh  
Senior Claims Executive | Lonpac Insurance Bhd  
300 Beach Road, #17-04/07 The Concourse, Singapore 199555  
Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706



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**From:** Shu Pei (LKKAuto) [mailto:shupeil@lkkauto.com]  
**Sent:** Friday, 18 January, 2019 3:04 PM  
**To:** ONG LI LI  
**Cc:** MT\_Claim\_SG; Admin A; Poh Kin (LKKAuto)  
**Subject:** RE: Our Ref: 18/19/19/VP05/021333

### WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SHB 6389J at M/s Comfortdelgro Engineering Pte Ltd on a WP basis and TP repairer proposed for a direct settlement.

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Enclosed for your perusal is:

- Estimated cost of repair
- Preliminary advice

Our case handler in-charge is Poh Kin and he can be contacted at DID: 6841-2132.

Thank you.

Best Regards,

Shu Pei | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366-0055 | email: [shupeil@lkkauto.com](mailto:shupeil@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Admin-D (LKKAuto)

**Sent:** Wednesday, 16 January 2019 5:19 PM

**To:** 'ONG LI LI' <[long@lonpac.com](mailto:long@lonpac.com)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>

**Cc:** 'MT\_Claim\_SG' <[mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>

**Subject:** RE: Our Ref: 18/19/19/VP05/021333

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed repairer agreed survey on 17/01/2019.

BEST REGARDS,

G.Nivitha | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** ONG LI LI [<mailto:long@lonpac.com>]

**Sent:** Wednesday, 16 January 2019 4:43 PM

**To:** [assignments@lkkauto.com](mailto:assignments@lkkauto.com); 'Admin-D (LKKAuto)' <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>

**Cc:** MT\_Claim\_SG <[mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)>

**Subject:** Our Ref: 18/19/19/VP05/021333

Dear Catherine/Nivitha

Please see attached and arrange survey.

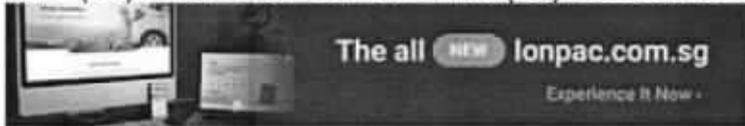
Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555

Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706





This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)



## 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			
LONPAC INSURANCE BHD		Ref : CC4/LPC19001091/T1db3n2	
300 BEACH ROAD		Date : 24-09-2019	
#17-04/07 THE CONCOURSESINGAPORE 199555		Code : LPC2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SKM 2117K	Veh. Inspected	SHB 6389J
Policy No.	Z18VP05017504	Coverage (\$)	0.00
Claim No.	18/19/19/VP05/021333	Excess (\$)	0.00
Assign From	GERALD	Assign Date	17/01/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	WDD2120022A760829	Colour	WHITE
Odometer	429002	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	BRIDGESTONE	6 mm
L/H Front Tyre	205/60 R16	BRIDGESTONE	6 mm
R/H Rear Tyre	205/60 R16	BRIDGESTONE	6 mm
L/H Rear Tyre	205/60 R16	BRIDGESTONE	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	16/01/2019	Inspection Date	17/01/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>	



## 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 1

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 6389J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	BENT	1,150.00	1,150.00
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	NECESSARY	270.00	270.00
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	SERVICEABLE	230.00	-
	LESS 20% DISCOUNT		-682.00	-586.00
			2,728.00	2,344.00
<b>SPECIAL NETT ITEMS</b>				
	REAR BUMPER SENSOR (SN)	CRACKED	388.00	200.00
			388.00	200.00
<b>LABOUR</b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.		30.00	30.00
	REMOVE/REFIX REVERSE SENSOR .		120.00	30.00
			850.00	460.00
<b>GRAND TOTAL</b>			<b>3,966.00</b>	<b>3,004.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>2,350.00</b>

Report Ref No. CC4/LPC19001091/T1db3n2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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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.