

02/03/2018

ASS. REC. BY:

REF: CS3/Lpc18019709/Gsd3-1

Special Instruction:

Surveyor: Guo Qing

ASSIGNMENT (Office)

From (Person): ong li of Lpc Date/Time: 21/01/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: 31Y 1254C Insured: YN 4595D

at Workshop m/s: Kum Chew Motor Tel: 6456 3715

of 160 Sir Ming Drive # 05-08

Policy No: Claim No: 18/18/18/VC05/021074

Sum Insured: Excess:

Make of Veh: D.O.A. 27/10/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS (up) H.O.D. Endorsement:

Date/Time: 26/01/2018 Person Contacted: Mdm Lim Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	<u>31Y 1254C - CCA/ASM 1800 2004/UwaBq2 DoA: 28/01/18</u>
	<u>YN 4595D - CCA/AG 14023659/Hlgbd1 DoA: 8/12/14</u>
<u>14.11.2018</u>	<u>Submit PRS report</u>

\$5100, 5 Days.
(\$2,200/- Red - 30%)

22/2/2019.

RECEIVED 26 FEB 2019

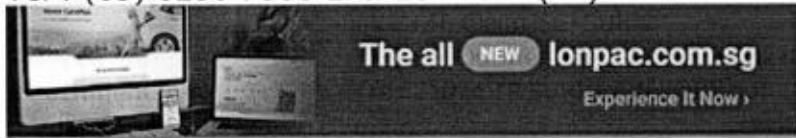
Nivitha (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Monday, 21 January 2019 12:00 PM
To: Admin-D (LKKAuto); assignments
Cc: MT_Claim_SG; SUR
Subject: RE: Our Ref: 18/18/18/VC05/021074
Attachments: 21074 TP SURVEY REPORT.pdf

Dear Catherine/Nivitha

Please see attached for the TP survey report and let us have your surveyor's review and comments.

Thanks,
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



From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Tuesday, 30 October, 2018 9:38 AM
To: ONG LI LI; assignments
Cc: MT_Claim_SG; SUR
Subject: RE: Our Ref: 18/18/18/VC05/021074

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: ONG LI LI [mailto:llong@lonpac.com]
Sent: Monday, 29 October 2018 4:15 PM
To: assignments@lkkauto.com; Nivitha (LKK Auto) <admin-d@lkkauto.com>
Cc: MT_Claim_SG <mt_claim@lonpac.com>
Subject: Our Ref: 18/18/18/VC05/021074

Dear Catherine/Nivitha

Please refer to the attached and follow up with workshop for TP 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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	29/10/2018 10:53
Date Of Accident	27/10/2018 18:20
Exact Location Of Accident	ANG MO KIO IND PARK 1 TOWARDS ANG MO KIO AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY1254C
Insured/Policyholder	
Name Of Registered Owner	WONG KOK HOONG
NRIC No	S6875867Z
Email Address	GUOXIONG@MORSEWONG.COM
Mobile Phone No	(LOCAL) +65-98559811
Alternative Phone No	OTHERS-98559811
Vehicle Particulars	
Manufacturer	MAZDA
Model	2
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102430996
Cover Note Number	
Driver	
Name of Driver	WONG KOK HOONG
NRIC No	S6875867Z
Date Of Birth	14/01/1968
Occupation	INDOOR
Date Of Driving Pass	30/07/1999
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98559811
Fax Number	
Contact Number	OTHERS-98559811
Email Address	GUOXIONG@MORSEWONG.COM

Address	BLK 315A YISHUN AVE 9 #07-204 SINGAPORE
Postcode	761315
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN4595D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUTHIAH GOVINDAN
NRIC/Passport Number	F8416970Q
Contact Number	96901295
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to rescind policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/are disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in conducting, investigating, conducting or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for compliance with court orders and a subpoena or legal process.

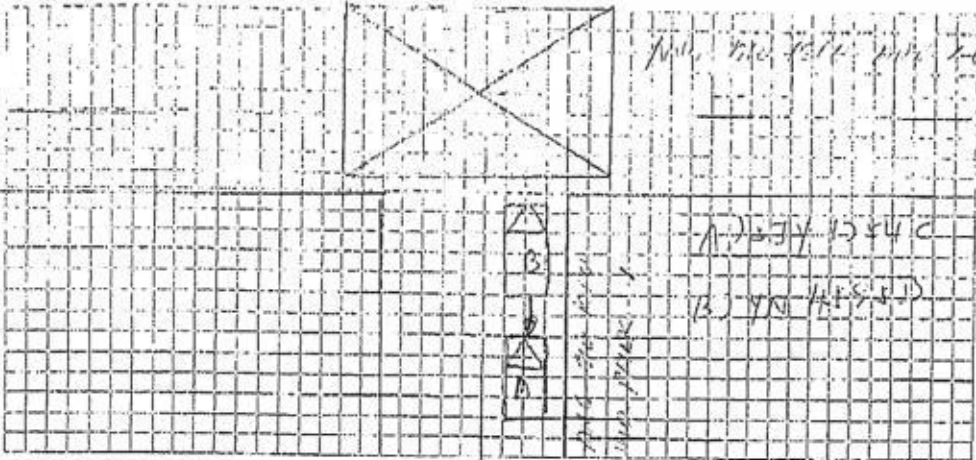
Policyholder's Signature
Date & Time: 26/10/18

Driver's Signature
All driver(s) on the vehicle?
Date & Time

Reporting Insurer's Signature
Name
Date & Time

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the above date & time, I (SSY 1584C) was driving behind vehicle B (YN 4595D) waiting to exit towards my N. K. Ave 10. out of sudden, vehicle B (YN 4595D) reversing towards me. I immediately horn but vehicle B was unable to react & hit onto front portion of my vehicle.

DECLARATION

I/we declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Officer's Signature

Name

Service No.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	29/10/2018 14:15
Date Of Accident	27/10/2018 18:40
Exact Location Of Accident	JUNCTION OF ANG MO KIO IND PK 1 & ANG MO KIO AVE 1
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4595D
Insured/Policyholder	
Name Of Registered Owner	BSG LANDSCAPE & CONSTRUCTION PTE LTD
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VC05000562
Cover Note Number	05/09/18 - 04/09/19
Driver	
Name of Driver	MUTHIAH GOVINDAN
NRIC No	F8416970Q
Address	C/O BSG LANDSCAPE & CONSTRUCTION PTE LTD

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	2

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY1254C
-----------------------------	----------

Vehicle Make/Model/Colour

Name of Driver

WONG KOK HOONG

Insurance Company Name

Sketch Plan

SKETCH PLAN

VEHICLE NO.: 1N4S1SD
INSURER : Compass
DATE & TIME: 29/10/2018

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the Centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

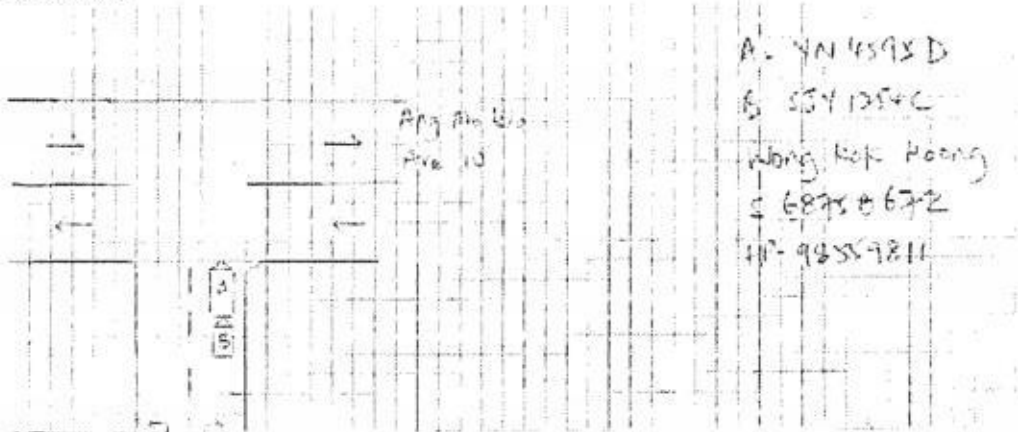
Policyholder's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name: (YS)
NRIC/FIN No.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Acc. No. 6875 0672

It was a non-traffic light junction I stopped my vehicle to check for traffic before turning right towards the left hand side. I accidentally released my brake and my vehicle came back slightly towards the front of car B behind me and was not visible.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

☐ Claim Own Policy ☐ Claim Third Party ☒ Reporting Only
☐ Claim OD/TP at other workshop

PRESTIGE APPRAISER SERVICES

VEHICLE INSPECTION REPORT

To: Mr Wong Kok Hoong
c/o 160 Sin Ming Drive
#05-08 Sin Ming Auto City
Singapore 575722

Date : 21st November 2018
Our Ref : PS/022/10/18
Policy No :
Sum Insured :
Excess : T/P Claim

Assigned By : Mr Wong Kok Hoong
Assignment Date : 31st October 2018
Accident Date : 27th October 2018
Inspection Date : 31st October 2018
Workshop Name : Kum Chew Motor Workshop
Survey Conducted At : 160 Sin Ming Drive
#05-08 Sin Ming Auto City
Singapore 575722

PARTICULARS OF VEHICLE

Registration No	: SJY 1254 C	Mileage	: 134045km
Make/Model	: Mazda 2	Engine No	: ZY610586
Type Of Body	: Motorcar	Chassis No	: MM6DE10Y1A0110614
Year Of Manu./Regn.	: 2010	Passenger Cap.	: 4 Passengers
Colour	: Met. Grey	Others	: -

CONDITION OF TYRES

	R/H SIDE	L/H SIDE
Front Tyre	: 5mm 195/55R15 Dunlop	5mm 195/55R15 Dunlop
Rear Tyre	: 5mm 195/55R15 Dunlop	5mm 195/55R15 Dunlop

The above represent the estimated remaining life of the tyre treads.

PRE-ACCIDENT CONDITION (Static tests only)

Handbrake	: Serviceable	Body Work	: Good
Footbrake	: Serviceable	Paint Work	: Good
Steering	: Serviceable	Others	: -

POINT OF IMPACT

The vehicle sustained an impact on the front portion.

GENERAL DESCRIPTION OF DAMAGES

The front support panel, bumper assy, fenders, bonnet, radiator, aircon condenser were dented/warped.

For details of damages please refer to schedule attached.

REMARKS:

This survey was conducted strictly without prejudice.

PRESTIGE APPRAISER SERVICES

Vehicle No : SJY 1254 C

Our Ref :

PS/022/10/18

Qty	Descriptions	Conditions	Repairer's Est.	Our Revised.
	<u>LIST ITEMS</u>			
1	front bumper	dented	\$ 730.70	\$ 730.70
1	front bumper reinforcement	dented	514.60	514.60
1	front bumper grille	dented	177.60	177.60
2	front bumper side retainer	dented	65.80	65.80
1	front bumper inner garnish	dented	98.10	98.10
2	front bumper bracket	dented/cracked	66.80	66.80
8	front bumper clip	necessary	28.00	28.00
1	front bumper sponge	cracked	102.10	102.10
1	front bumper top garnish	dented/cracked	72.30	72.30
2	fog lamp	serviceable	492.90	- XNW
1	front grille	dented/cracked	270.20	270.20
1	front grille emblem	necessary	50.30	50.30
4	front grille clip	necessary	12.00	12.00
1	R/H headlamp	holder cracked	639.20	639.20
1	L/H headlamp	holder cracked	639.20	639.20
1	front support panel	dented/cracked	412.40	412.40
1	bonnet	dented/distorted	860.60	860.60
2	bonnet hinge	dented - repair	251.40	-
1	bonnet lock	dented	188.40	188.40
1	radiator assy	dented/warped	1,018.80	1,018.80 XNW
1	radiator fan assy	damaged	539.90	539.90 XNW
1	aircon condenser	dented/warped	1,041.20	1,041.20
1	R/H front fender	dented - repair	534.10	-
1	L/H front fender	dented/distorted	534.10	534.10 XR
			9,340.70	8,062.30
		Less 20%	-	1,612.46
			\$ 9,340.70	\$ 6,449.84 4775.6

Labour Charges & Misc

To dismantle & replace damaged parts, panel beat where necessary.

1,480.00

1,200.00

700

To putty, apply primer & spray-paint on the affected portion.

1,400.00

1,200.00

700

To apply rust-proofing on repaired, replaced panel.

150.00

120.00

60

To remove/renew aircon condenser & refill gas.

150.00

120.00

100

To check wiring functions.

60.00

50.00

30

\$ 12,580.70

\$ 9,139.84

1590

Note: The repairer has agreed to undertake the repairs at our adjusted amount of **\$7,300.00 lump sum** corresponding to supply of parts, labour and spray-painting charges.

Under normal circumstances, the estimated repair period would be **SEVEN (7)** days.

Pursuant to your instruction we have **not** authorised repairs on your behalf.

PRESTIGE APPRAISER SERVICES

LOUIS S C NG CAE AMIMI (UK)

Licensed Appraiser

Dip. MTM. Automotive Engineer




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 : CS3/LPC18019709/Gsd3n2-1		
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date : 27-02-2019		
		Code : LPC2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YN 4595D	Veh. Inspected	SJY 1254C	
Policy No.		Coverage (\$)	0.00	
Claim No.	18/18/18/VC05/021074	Excess (\$)	0.00	
Assign From	ONG LI LI	Assign Date	21/01/2019	
2. Vehicle Particulars & Condition				
Make & Model	MAZDA 2	c.c	1498	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	MM6DE10Y1A0110614	Colour	SILVER	
Odometer	134045	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/55 R15	DUNLOP	6 mm	
L/H Front Tyre	195/55 R15	DUNLOP	6 mm	
R/H Rear Tyre	195/55 R15	DUNLOP	6 mm	
L/H Rear Tyre	195/55 R15	DUNLOP	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	27/10/2018	Inspection Date	30/10/2018	
Survey held at	KUM CHEW MOTOR WORKSHOP 160 SIN MING DRIVE #05-08 SIN MING AUTOCITY SINGAPORE 575722			
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:		5 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. SJY 1254C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	DENTED	730.70	730.70
1	FRONT BUMPER REINFORCEMENT	DENTED	514.60	514.60
1	FRONT BUMPER GRILLE	DENTED	177.60	177.60
2	FRONT BUMPER SIDE RETAINER	DENTED	65.80	65.80
1	FRONT BUMPER INNER GARNISH	DENTED	98.10	98.10
2	FRONT BUMPER BRACKET	DENTED / CRACKED	66.80	66.80
8	FRONT BUMPER CLIP	NECESSARY	28.00	28.00
1	FRONT BUMPER SPONGE	CRACKED	102.10	102.10
1	FRONT BUMPER TOP GARNISH	DENTED / CRACKED	72.30	72.30
2	FOG LAMP	NOT NECESSARY	492.90	-
1	FRONT GRILLE	DENTED / CRACKED	270.20	270.20
1	FRONT GRILLE EMBLEM	NECESSARY	50.30	50.30
4	FRONT GRILLE CLIP	NECESSARY	12.00	12.00
1	R/H HEADLAMP	HOLDER CRACKED	639.20	639.20
1	L/H HEADLAMP	HOLDER CRACKED	639.20	639.20
1	FRONT SUPPORT PANEL	DENTED / CRACKED	412.40	412.40
1	BONNET	DENTED / DISTORTED	860.60	860.60
2	BONNET	TO REPAIR SEE LABOUR	251.40	-
1	BONNET LOCK	DENTED	188.40	188.40
1	RADIATOR ASSY	NOT NECESSARY	1,018.80	-
1	RADIATOR FAN ASSY	NOT NECESSARY	539.90	-
1	AIRCON CONDENSER	DENTED / WARPED	1,041.20	1,041.20
1	R/H FRONT FENDER	TO REPAIR SEE LABOUR	534.10	-
1	L/H FRONT FENDER	TO REPAIR SEE LABOUR	534.10	-



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 (\$)
	LESS 20% DISCOUNT		-	-1,193.90
			9,340.70	4,775.60
	LABOUR			
	TO DISMANTLE & REPLACE DAMAGED PARTS,PANEL BEAT WHERE NECESSARY.INCLUSIVE OF THE REPAIR OF BONNET,R/H FRONT FENDER AND L/H FRONT FENDER.		1,480.00	700.00
	TO PUTTY,APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.		1,400.00	700.00
	TO APPLY RUST-PROOFING ON REPAIRED,REPLACED PANEL.		150.00	60.00
	TO REMOVE/RENEW AIRCON CONDENSER & REFILL GAS.		150.00	100.00
	TO CHECK WIRING FUNCTIONS.		60.00	30.00
			3,240.00	1,590.00
	GRAND TOTAL		12,580.70	6,365.60
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,100.00

Report Ref No. CS3/LPC18019709/Gsd3n2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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.