



**From:** claims <claims@transcab.com.sg>  
**Sent:** Monday, 14 January 2019 1:22 PM  
**To:** SUR  
**Cc:** claims@transcab.com.sg  
**Subject:** RE: III Ref:MCT13111113/01/ST; TCS REF: AAD1312-012--Accident involving SH8064X & SHB9668J on 29.11.13-request for survey report  
**Attachments:** SHB9668J 29.11.2013 - GIA.pdf; AAD1312-012-EST MARKING.pdf

Without Prejudice

Dear Sir/Mdm

This is a pass 2013 case.

We would like to have a copy of the survey report.

Addition information.

Accident involving SHB9668J & SH8064X  
Location TANJONG PAGAR ROAD X LIM TECK KIM ROAD  
DOA 29.11.13  
Manufacturer CHEVROLET  
Model EPICA-2.0 DSL TURBO (A)

Attached GIA report and estimate marking for your reference.

Thank You  
Best Regards,  
Calvin Er  
Finance Department  
TEL: 6603 1265 Ext.307

\*\*\* Please be reminded that all claims correspondence to be send to [claims@transcab.com.sg](mailto:claims@transcab.com.sg)



**TRANS-CAB SERVICES PTE LTD**  
No. 2 Ang Mo Kio Street 63, Singapore 569111  
Main Line: (65) 6287 6666 Fax Line: (65) 6287 7764  
Website: [www.transcab.com.sg](http://www.transcab.com.sg)

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**From:** claims [mailto:claims@transcab.com.sg]  
**Sent:** Tuesday, 18 December, 2018 1:16 PM  
**To:** 'SUR' <sur@lkkauto.com>  
**Cc:** 'claims' <claims@transcab.com.sg>  
**Subject:** FW: III Ref:MCT13111113/01/ST; TCS REF: AAD1312-012--Accident involving SH8064X & SHB9668J on 29.11.13-request for survey report

Without Prejudice

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**Sent:** Tuesday, 18 December 2018 1:16 PM  
**To:** SUR  
**Cc:** 'claims'  
**Subject:** FW: III Ref:MCT13111113/01/ST; TCS REF: AAD1312-012--Accident involving SH8064X & SHB9668J on 29.11.13-request for survey report  
**Attachments:** image002.emz; image010.wmz; image009.emz; image013.wmz; image002.emz; AAD1312-012-EST MARKING.pdf; SHB9668J 29.11.2013 - GIA.pdf

Without Prejudice

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Addition information.

Accident involving SHB9668J & SH8064X  
Location TANJONG PAGAR ROAD X LIM TECK KIM ROAD  
DOA 29.11.13

Attached Estimate Marking and GIA report for your perusal.

Thank You  
Best Regards,  
Calvin Er  
Finance Department  
TEL: 6603 1265 Ext.307

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**From:** calvin.er [mailto:calvin.er@transcab.com.sg]  
**Sent:** Friday, 16 November, 2018 9:53 AM  
**To:** 'SUR' <sur@lkkauto.com>  
**Cc:** claims@transcab.com.sg  
**Subject:** FW: III Ref:MCT13111113/01/ST; TCS REF: AAD1312-012--Accident involving SH8064X & SHB9668J on 29.11.13-request for survey report

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Location TANJONG PAGAR ROAD X LIM TECK KIM ROAD  
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Attached Est Marking and GIA report for your persual.

Thank You  
Best Regards,  
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**From:** Pooi Chin Han Daniel [mailto:[danielpooi@iii.com.sg](mailto:danielpooi@iii.com.sg)]  
**Sent:** Friday, 16 November, 2018 9:28 AM  
**To:** 'calvin.er@transcab.com.sg' <[calvin.er@transcab.com.sg](mailto:calvin.er@transcab.com.sg)>  
**Cc:** Sundari Nagarajan - III <[sundari@iii.com.sg](mailto:sundari@iii.com.sg)>  
**Subject:** RE: III Ref:MCT13111113/01/ST; TCS REF: AAD1312-012--Accident involving SH8064X & SHB9668J on 29.11.13

**Without Prejudice save as to cost**

Dear Calvin,

We refer to the above accident and your letter dated 5/10/2015

Please forward us your survey report to enable us to review the matter. In the meanwhile please hold hands.

*Daniel Pooi*

**Motor Claims Department**  
**India International Insurance Pte Ltd**  
64 Cecil Street #04-02 IOB Building  
Singapore 049711  
Tel: 6347 6100 Ext 202 Fax: 6224 4174  
**S&P 'A-' (stable) rated Company**

---

**From:** calvin.er [mailto:calvin.er@transcab.com.sg]

**Sent:** Thursday, 11 October, 2018 2:40 PM

**To:** Motor Claim - III <motorclaim@iii.com.sg>

**Cc:** 'Jasmine Tan' <jasminetan@transcab.com.sg>; claims@transcab.com.sg; 'Ng Wai Yin' <waiyin.ng@transcab.com.sg>

**Subject:** RE: III REF: MCT131111130/01/ST; TCS REF: AAD1312-012--Accident involving SH8064X & SHB9668J on 29.11.13

WITHOUT PREJUDICE

Dear Sir/Madam

We are making a claim against the owner of SH 8064X.

May I know any offer to us?

Thank You

Best Regards,

Calvin Er

Finance Department

TEL: 6603 1265 Ext.307

**\*\*\* Please be reminded that all claims correspondence to be send to [claims@transcab.com.sg](mailto:claims@transcab.com.sg)**



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---

**From:** Ng Wai Yin [mailto:waiyin.ng@transcab.com.sg]

**Sent:** Friday, 18 May, 2018 5:29 PM

**To:** 'India international' <motorclaim@iii.com.sg>

**Cc:** 'JASMINETAN@TRANSCAB.COM.SG' <JASMINETAN@TRANSCAB.COM.SG>; claims@transcab.com.sg' <claims@transcab.com.sg>

**Subject:** III REF: MCT131111130/01/ST; TCS REF: AAD1312-012--Accident involving SH8064X & SHB9668J on 29.11.13

WITHOUT PREJUDICE

Dear Sir/Madam

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May I know any offer to us?

Thank You  
Best Regards,  
Ng Wai Yin  
Finance Department  
TEL: 6603 1265 Ext.308

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## 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 ability
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 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	02/12/2013 14:55
Date Of Accident	29/11/2013 20:45
Exact Location Of Accident	TANJONG PAGAR ROAD X LIM TECK KIM
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB9668J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
<b>Vehicle Particulars</b>	
Manufacturer	CHEVROLET
Model	EPICA-2.0 DSL TURBO (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	Taxi
<b>Insurance Company</b>	
Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	D-12047359MFSH/02
Cover Note Number	
<b>Driver</b>	
Name of Driver	NGO CHONG KUT
NRIC No	S1567291I
Date Of Birth	03/07/1962
Occupation	Outdoor
Date Of Driving Pass	30/06/1982
Driving Experience	31 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-91620752
Fax Number	
Contact Number	
EEmail Address	NOEMAIL
Address	BLOCK 423 TAMPINES STREET 41 #04-178
Postcode	520423
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Other - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Cross Junction
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	
Police Station Address	ROAD: , POSTCODE: , COUNTRY:
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20131202/4053

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8064X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SABTU BIN LEMAN
NRIC/Passport Number	S1141173H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	NGO CHONG KUT
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB9668J
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	
Address	



Postcode

### SKETCH PLAN

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.
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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.

### Declaration

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

02 DEC 2013

Andrea

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999



T/20131202/4053

1 of 3

Report No. T/20131202/4053

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2013 13:31			Vide Report No.:		Station Diary No.: 3
<b>Informant's Particulars</b>					
Name of Informant: NGO CHONG KUT			Address: APT BLK 423 TAMPINES STREET 41 #04-178 SINGAPORE 520423		
ID Type / ID No.: NRIC NO / S15672911			Contact No.: Home/Office:		Mobile: 91620752
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 03/07/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2013 20:45	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 TANJONG PAGAR ROAD KEPPEL ROAD Tanjong Pagar Rd junction of Lim Teck Kim Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>									
Vehicle No.	Type	Make	Color	Condition	No of Passenger	Insurance Company	Insurance No	Effective Date	Expiry Date
SH8064X	TAXI	HYUND AI	BLUE	Seriously Damaged	0				
SHB9668J	TAXI	CHEVRO LET	RED	Seriously Damaged	1				

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999



T/20131202/4053

2 of 3

Report No. T/20131202/4053

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NGO CHONG KUT	ID No.	S15672911
Related Vehicle	SHB9668J (TAXI)	Contact No.	91620752
Hospital/Clinic	YM CHAN CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	30/11/2013	Date Discharge	30/11/2013
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	LIM	ID No.	NIL
Related Vehicle	NIL	Contact No.	85811565
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	SABTU BIN LEMAN	ID No.	S1141173H
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

On 29th November 2013 at about 2045hrs, I was driving my taxi SHB 9668J along Tanjong Pagar Rd towards Keppel Road. When my taxi was at the junction near to Lim Teck Kim Rd, the traffic lights changed from green to amber. As I proceeded to cross the junction, a taxi SH 8064X suddenly beat the red light from Lim Teck Kim Rd and dashed out from my right side onto Tanjong Pagar Rd. The said taxi then collided into my taxi front right fender. We then stopped to exchange our particulars.

On 30th November 2013, I felt pain on my neck, right knee and having a headache. I then consulted a doctor and got 3 days of MC.

On 2nd December 2013, I felt better and then lodged a Police report.

I wish to state that there was a passenger in my taxi at that time. Her name is Ms Lim and her contact number is 85811565. The accident is recorded on my taxi camera.

Sketch Plan #4

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999



T/20131202/4053

3 of 3

Report No. T/20131202/4053

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
E /  
NORMAN BIN JALAL

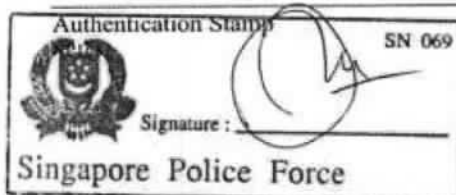
Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP /  
Contact No.:

Signature Of Informant:

Date/Time:  
02/12/2013 13:31

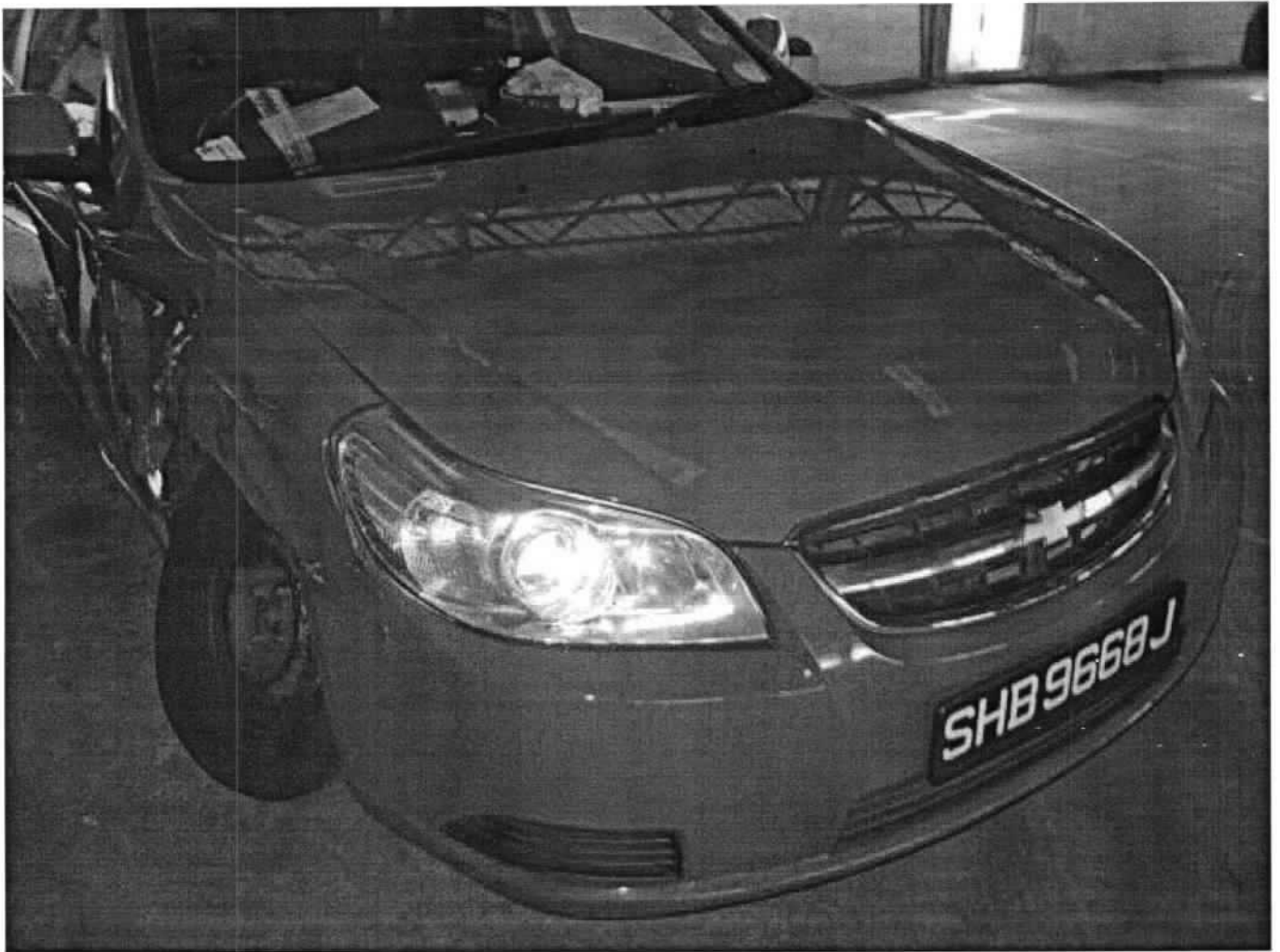
Classification Of Case:



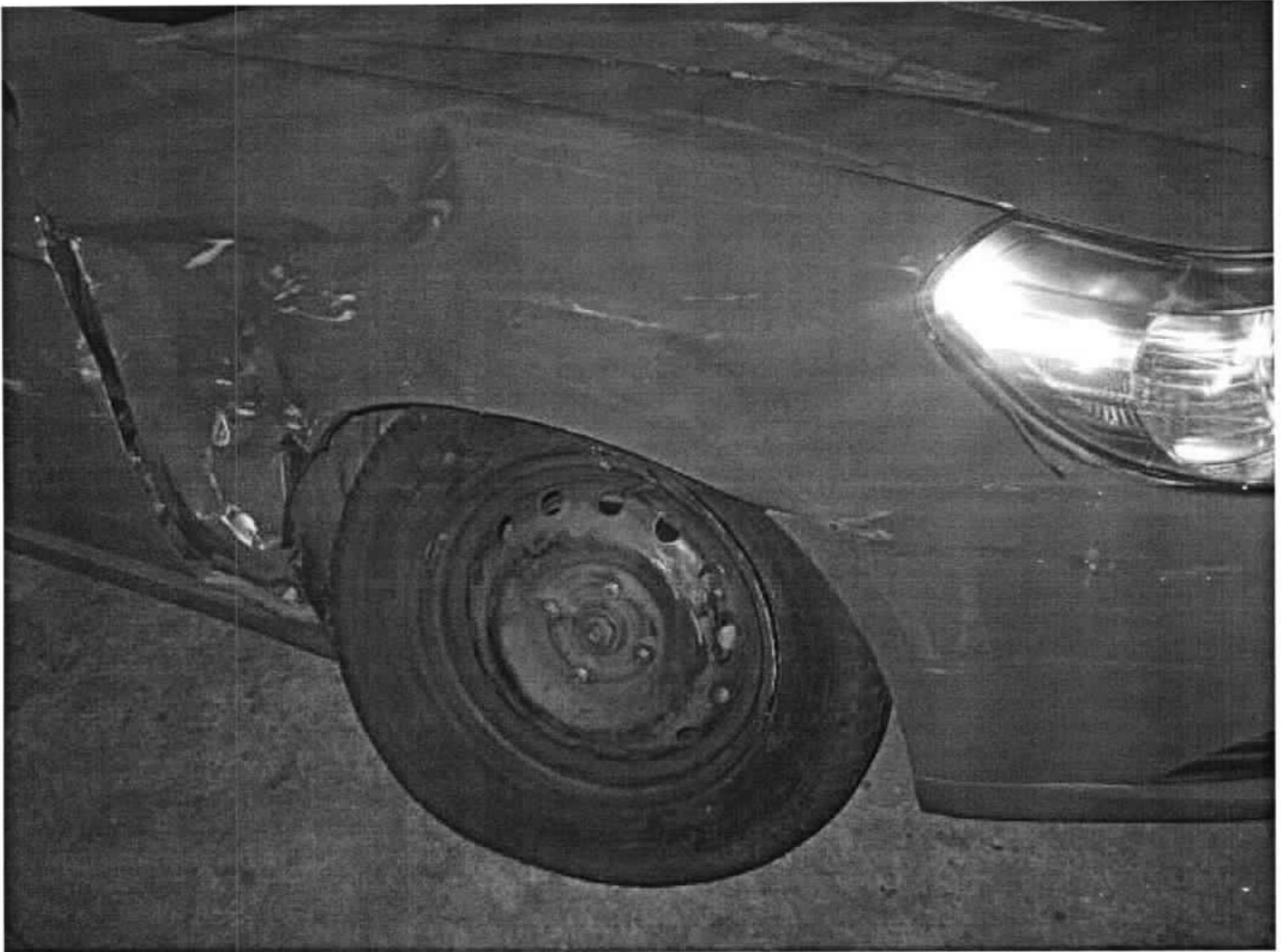
Accident Photo



Accident Photo



Accident Photo

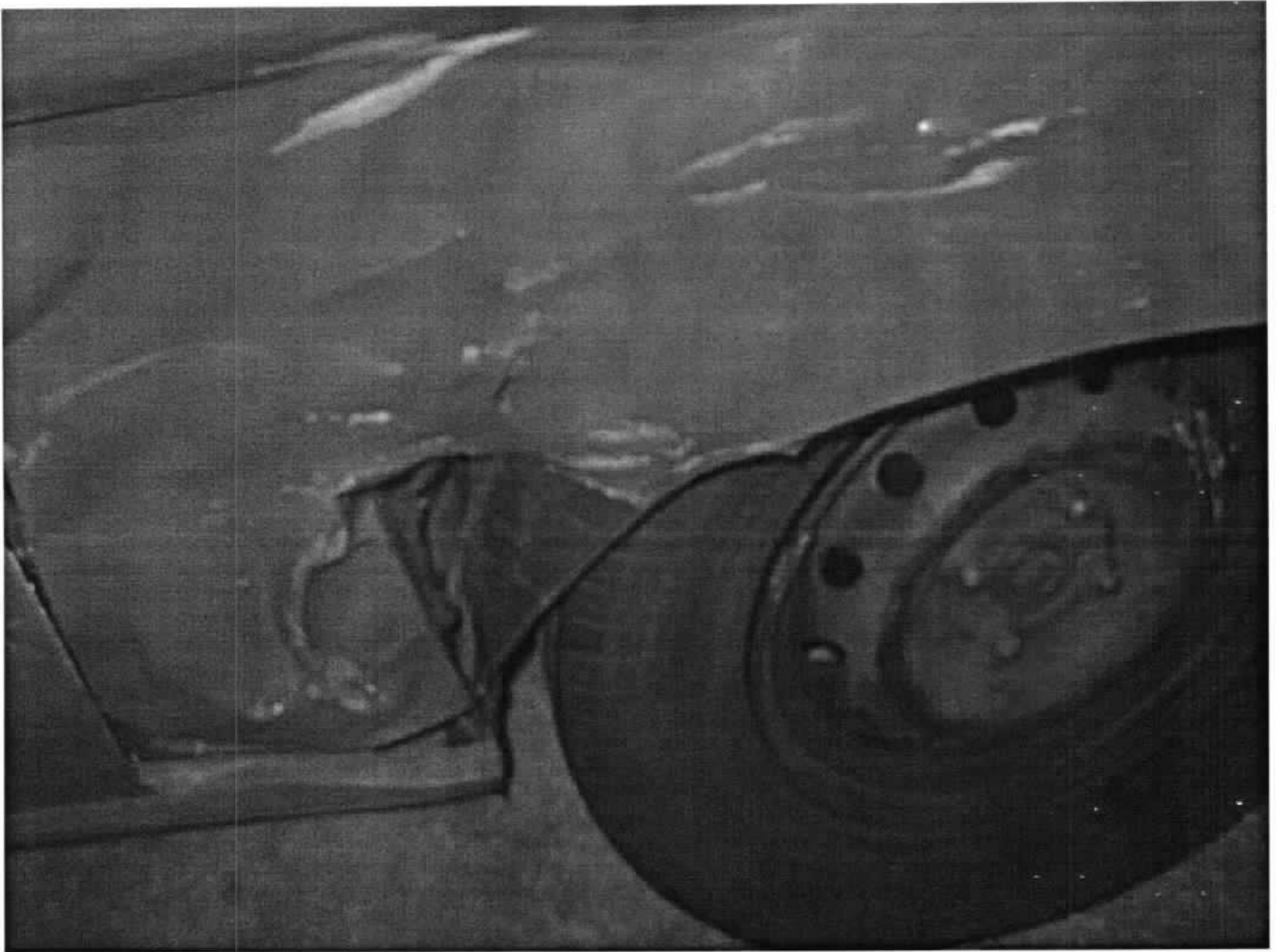




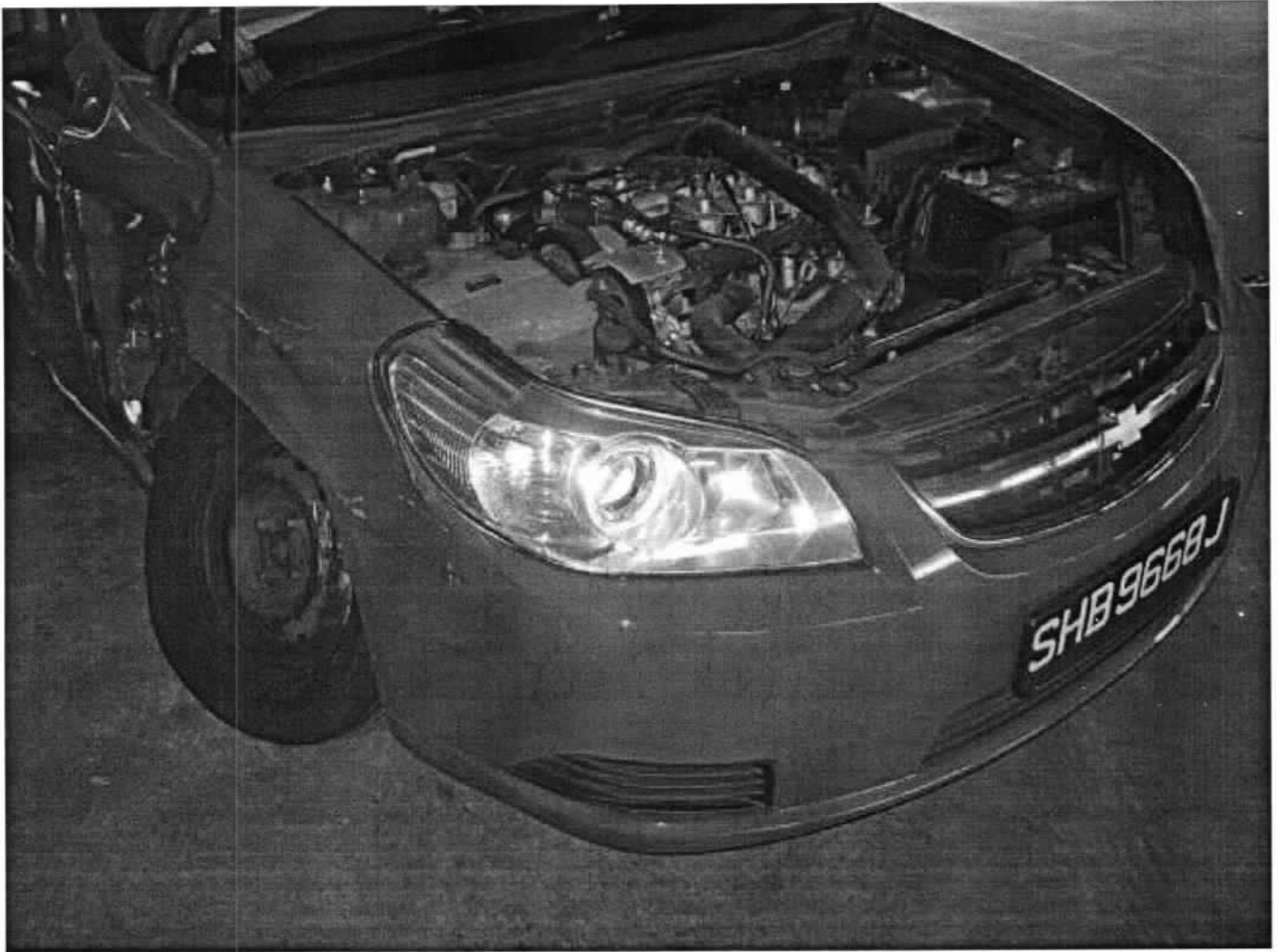
Accident Photo



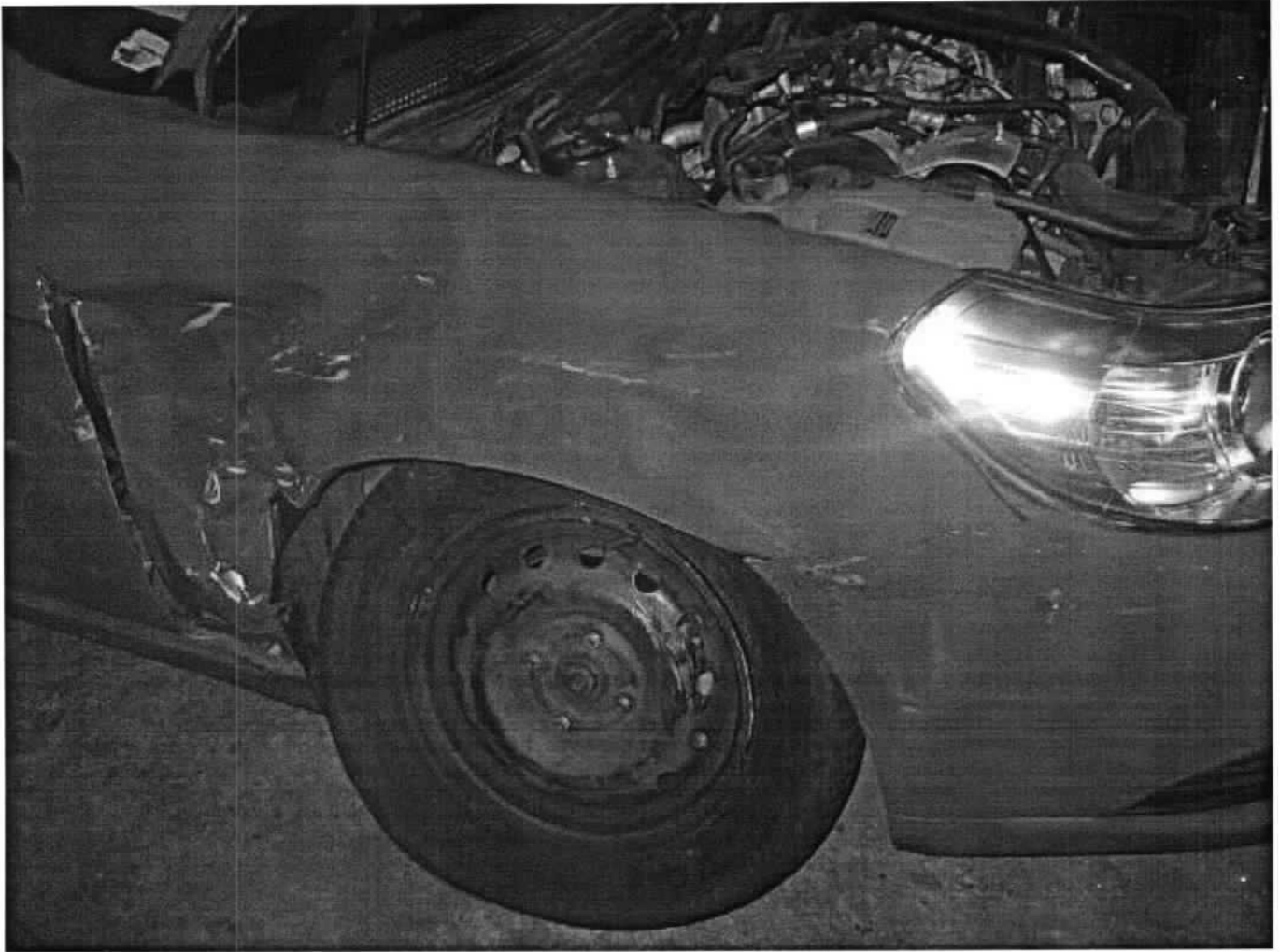
Accident Photo



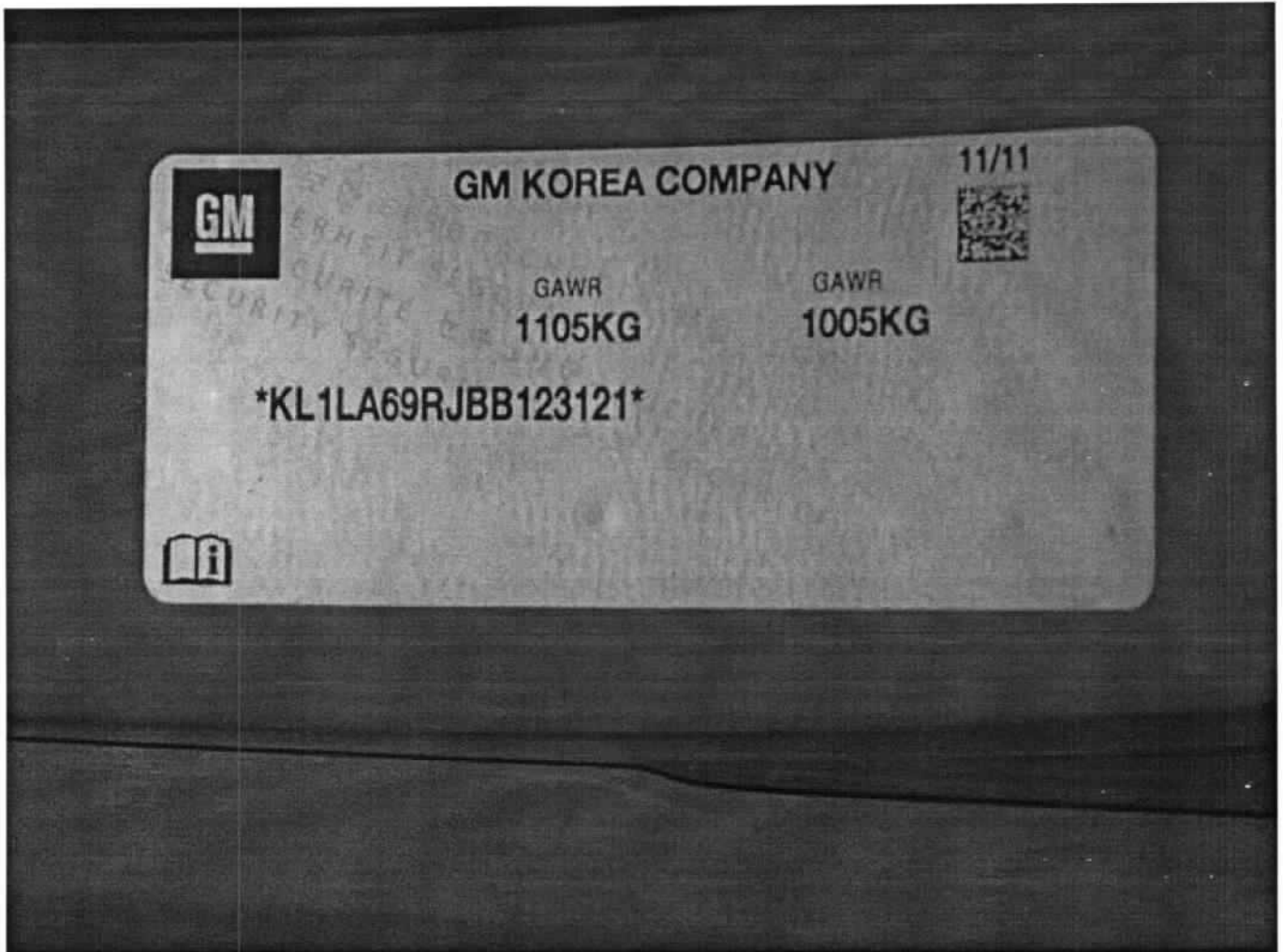
Accident Photo



Accident Photo



Accident Photo



**TRANS-CAB AUTO SERVICES PTE LTD**  
 NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346  
 TEL NO. 3287 6666 FAX NO. 6366 8862  
 CO/GST REG NO. 201015626G  
**SHB 9668J - III**

*Not Authorized*

**Andrea**

*1. Bill 7,799.04*

*NO GIA??*

Vehicle No.:	<b>SHB 9668J - Andrea</b>
Chassis No.:	<b>LK1LA69RJBB123121*</b>
Vehicle Make:	<b>CHEVROLET</b>
Vehicle Model:	<b>CHEVROLET EPICA 2.0</b>
Date of Accident:	<b>29.11.2013</b>
Third Party Insurer:	<b>III</b>

		<b>PART</b>		<b>LIST</b>
1	1	Front Bumper ( Bumper A-Frt )	\$	<i>Build</i> 1,202.00 ✓
2	1	Front Bumper Retainer RH	\$	<i>Ort</i> 102.00 ✓
3	1	Front Bumper Fog Lamp Outer Cover RH (Cov	\$	<i>Sm</i> 32.40 X
4	1	Front Headlamp RH	\$	<i>CRA</i> 816.00 ✓
5	1	Front Fender RH	\$	<i>BT</i> 837.60 ✓
6	1	Front Fender Liner RH	\$	<i>Ort</i> 47.00 ✓
7	1	Front Door RH	\$	<i>BT</i> 1,133.00 ✓
8	1	Front Side View Mirror RH	\$	<i>Sm</i> 939.00 X
9	1	Front Shock Absorber Assy RH	\$	<i>BT</i> 216.17 ✓
10	1	Front Shock Absorber Top Mounting RH	\$	<i>BT</i> 48.32 ✓
11	1	Front Lower Arm RH	\$	<i>BT</i> 283.00 ✓
12	1	Front Knuckle Arm RH	\$	<i>BT</i> 230.00 ✓
13	1	Front Stabilizer Bar Link RH	\$	<i>Sm</i> 51.79 X
14	1	Steering Rack End (Spring A-Clock)	\$	<i>Sm</i> 88.56 X
15	1	Front Drive Shaft RH (Shaft A-Axle, Frt, RH) ( S	\$	<i>R</i> 900.00 X
16	1	Cross member	\$	<i>R</i> 1,030.71 X
17	1	Rear Door RH	\$	<i>BT</i> 1,133.00 ✓
18	1	Front Door Hinge Upper ( Hinge A-Dr )	\$	<i>BT</i> 35.00 ✓
19	1	Front Door Hinge Lower ( Hinge A-Dr )	\$	<i>BT</i> 35.00 ✓
20	1	Front Door Check / Arrestor	\$	<i>Sm</i> 19.00 X
21	1	Front Door Pillar Out Panel RH	\$	<i>R</i> 715.00 X
22	1	Front Door Pillar Inner Panel RH	\$	<i>R</i> 850.00 X
23	1	Front Side Rocker Panel Garnish RH	\$	<i>Ort</i> 236.40 ✓

<b>TOTAL</b>	<b>\$</b>	<b>10,980.95</b>
<b>10%</b>	<b>\$</b>	<b>1,098.10</b>
	<b>\$</b>	<b>9,882.86</b>

**Specical Nett**

1 Set Front Bumper Fastener Clip

\$

*Na* 24.00 ✓

**TRANS-CAB AUTO SERVICES PTE LTD**

NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346

TEL NO.6287 6666 FAX NO.6366 8862

CO/GST REG NO.201019626G

SHB 9668J - III

Andrea

1 Set Front Fender Liner Clip RH	\$	Mr 20.00 ✓
1 Front Tyre RH	\$	Pr 180.00 7081N <sup>126</sup>
1 Front Tyre Rim RH	\$	Pr 126.00 50SN
1 Tyre hub cap RH	\$	nn 35.00 X
1 Door Sticker "TRANS-CAB"	\$	Mr 80.00 60SN
1 Door Sticker "6555-3333"	\$	nn 80.00 X
1 Front Side Rocker Panel Garnish RH	\$	Mr 40.00 ✓

<b>TOTAL</b>	<b>\$</b>	<b>585.00</b>
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<b>TOTAL PARTS</b>	<b>\$</b>	<b>10,467.86</b>
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Towing fees.	\$	120.00 501
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,800.00 5401
To check steering geometry and computer wheel alignment	\$	220.00 601
To transfer of tire, rim and on wheel balancing.	\$	170.00 201
To Rust-Proofing Of The Affected Areas.	\$	220.00 601
Putty and Spray Painting Of The Affected Portion.	\$	2,700.00 7201
To Check Electrical Lighting Concerned.	\$	170.00 201
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00 601
To dismantle and refit front end suspension, undercarriage parts, final checking and testing.	\$	380.00 2001

**TRANS-CAB AUTO SERVICES PTE LTD****Andrea**

NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346

TEL NO.6287 6666 FAX NO.6366 8862

CO/GST REG NO.201019626G

**SHB 9568J - III**

<i>Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.</i>	\$	<i>nn 380.00 X</i>
<i>To dismantle and refit engine cross-member and engine mounting.</i>	\$	<i>nn 380.00 X</i>
<i>To remove and renew power steering pump, oil cooler pipe and final checking and testing.</i>	\$	<i>nn 440.00 X</i>
<i>To check ABS brake efficiency, final checking and testing.</i>	\$	<i>380.00 300</i>
<i>To transfer of fender fittings, attachment and perform water seepage test.</i>	\$	<i>nn 170.00 X</i>

<b>TOTAL</b>	<b>\$</b>	<b><u>8,700.00</u></b>
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<b>Over All Total</b>	<b>\$</b>	<b><u>19,167.86</u></b>
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<b>(PARTS BY PARTS) REPAIR DAYS</b>	<b>10 DAYS</b>
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# 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				
TRANS-CAB AUTO SERVICES PTE LTD			Ref : CS/TP19002104/Kvd3e2	
NO.2 ANG MO KIO STREET 63SINGAPORE 569111			Date : 01-02-2019	
			Code : TP378	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.		Veh. Inspected		SHB 9668J
Policy No.		Coverage (\$)		0.00
Claim No.		Excess (\$)		0.00
Assign From		Assign Date		01/02/2019
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	CHEVROLET EPICA (A)	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	KL1LA69RJBB123121	Colour	WHITE / RED	
Odometer	108627	Steering	JAMMED	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	FALKEN	6 mm	
L/H Front Tyre	195/65 R15	FALKEN	6 mm	
R/H Rear Tyre	195/65 R15	FALKEN	6 mm	
L/H Rear Tyre	195/65 R15	FALKEN	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	29/11/2013	Inspection Date	01/12/2013	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
<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>5 Working Days</b>		



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 9668J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER (BUMPER A-FRT)	BUCKLED / DISTORTED	1,202.00	1,202.00
1	FRONT BUMPER RETAINER RH	DISTORTED	102.00	102.00
1	FRONT BUMPER FOG LAMP OUTER COVER RH (COV	SERVICEABLE	32.40	-
1	FRONT HEADLAMP RH	CRACKED	816.00	816.00
1	FRONT FENDER RH	BENT	837.60	837.60
1	FRONT FENDER LINER RH	DISTORTED	47.00	47.00
1	FRONT DOOR RH	BENT	1,133.00	1,133.00
1	FRONT SIDE VIEW MIRROR RH	SERVICEABLE	939.00	-
1	FRONT SHOCK ABSORBER ASSY RH	BENT	216.17	216.17
1	FRONT SHOCK ABSORBER TOP MOUNTING RH	BENT	48.32	48.32
1	FRONT LOWER ARM RH	BENT	283.00	283.00
1	FRONT KNUCKLE ARM RH	BENT	230.00	230.00
1	FRONT STABILIZER BAR LINK RH	SERVICEABLE	51.79	-
1	STEERING RACK END (SPRING A-CLOCK)	SERVICEABLE	88.56	-
1	FRONT DRIVE SHAFT RH (SHAFT A-AXLE, FRT, RH) (S	TO REPAIR SEE LABOUR	900.00	-
1	CROSS MEMBER	TO REPAIR SEE LABOUR	1,030.71	-
1	REAR DOOR RH	BENT	1,133.00	1,133.00
1	FRONT DOOR HINGE UPPER (HINGE A-DR)	BENT	35.00	35.00
1	FRONT DOOR HINGE LOWER (HINGE A-DR)	BENT	35.00	35.00
1	FRONT DOOR CHECK / ARRESTOR	SERVICEABLE	19.00	-
1	FRONT DOOR PILLAR OUT PANEL RH	TO REPAIR SEE LABOUR	715.00	-
1	FRONT DOOR PILLAR INNER PANEL RH	TO REPAIR SEE LABOUR	850.00	-
1	FRONT SIDE ROCKER PANEL GARNISH RH	DENTED	236.40	236.40
	LESS 10% DISCOUNT		-1,098.10	-635.45
			9,882.85	5,719.04
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET FRONT BUMPER FASTENER CLIP (SN)	NECESSARY	24.00	24.00
1	SET FRONT FENDER LINER CLIP RH (SN)	NECESSARY	20.00	20.00
1	FRONT TYRE RH (SN) (70%)	PUNCTURE	180.00	126.00
1	FRONT TYRE RIM RH (SN) (LOCAL REPAIR)	DENTED	126.00	50.00

Report Ref No. CS/TP19002104/Kvd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	TYRE HUB CAP RH (SN)	NOT NECESSARY	35.00	-
1	DOOR STICKER "TRANS-CAB" (SN)	NECESSARY	80.00	60.00
1	DOOR STICKER "6555-3333" (SN)	NOT NECESSARY	80.00	-
1	FRONT SIDE ROCKER PANEL GARNISH RH (SN)	NECESSARY	40.00	40.00
			585.00	320.00
	<b>LABOUR</b>			
	TOWING FEES.		120.00	50.00
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF FRONT DRIVE SHAFT RH (SHAFT A-AXLE, FRT, RH) (S, CROSS MEMBER, FRONT DOOR PILLAR OUT PANEL RH AND FRONT DOOR PILLAR INNER PANEL RH.		2,800.00	540.00
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.		220.00	60.00
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.		170.00	20.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		220.00	60.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		2,700.00	720.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	TO TRANSFER OF DOOR FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.		170.00	60.00
	TO DISMANTLE AND REFIT FRONT END SUSPENSION, UNDERCARRIAGE PARTS, FINAL CHECKING AND TESTING.		380.00	200.00
	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH, TO FACILITATE REPAIR.	NOT NECESSARY	380.00	-
	TO DISMANTLE AND REFIT ENGINE CROSS-MEMBER AND ENGINE MOUNTING.	NOT NECESSARY	380.00	-
	TO REMOVE AND RENEW POWER STEERING PIMP, OIL COOLER PIPE AND FINAL CHECKING AND TESTING.	NOT NECESSARY	440.00	-
	TO CHECK ABS BRAKE EFFICIENCY, FINAL CHECKING AND TESTING.		380.00	30.00
	TO TRANSFER OF FENDER FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
			8,700.00	1,760.00
<b>GRAND TOTAL</b>			<b>19,167.85</b>	<b>7,799.04</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>6,250.00</b>

Report Ref No. CS/TP19002104/Kvd3e2



Report Ref No. CS/TP19002104/Kvd3e2

**KONG SENG CHEONG**

Licensed Appraiser

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