

INSURANCE

INS. CASE OWNER:

CC 3 / CTI1900

NR, NJ 23

LKK:

IDAC:

Surveyor:

NR

DOI:

ASSIGNMENT

11/2/19

Date / Time:

11/2/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

8UP 9342C

Name of Insured:

DOM TAN KIAN HONG

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

10/2/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

SWM1917 70889

Policy No.:

0MP15N2062661800

Make / Model:

AN01

Place of Accident:

AT THE DIE

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

Final ? Yes / No

CHB 41714



INSRS:

WSP:

Tel:

Liability:

RMKS:

COLE W



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SWM41714-4

8UP9342C-4

STAGE

DATE / PIC

Non-Reporting Ir (1st):

Non-Reporting Ir (2nd):

Non-Reporting Ir (Final):

Notification Ir (if non-pickup):

Call OI:

7-5-19 JOY

After call Ir to OI:

Documentation Check List: Handler Typist

Notification Ir (if non-pickup)

X

After call Ir to OI:

X

Authorisation To Act:

X

Release Voucher:

X

Final Repair Bill:

X

Car Rental Invoice:

X

Towing Invoice:

X

LTA / GIA:

X

Medical Bill:

X

PIR:

X

Mandate/Reject Instruction:

X

LOD

X

Payment Breakdown Form:

X

Post-Repair Photos:

X

Others:

X

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

(Agreed / Assessed)

BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

SS

1,177

Loss of Rental (LOR):

SS

287.502.5

(days)

115

VIDEO FROM TP - CUT LANE

Loss of Use (LOU):

SS

125

(\$ x 2.5 days)

Loss of Income (LOI):

SS

125

(\$ x 2.5 days)

LOR only

LOU only

LOR + LOU

LOR + LO

(Tick only one)

GIA/LTA Search

SS

7.49

Medical:

SS

X

1) Claim status: Normal/Reject/Private Settle

Disbursement:

SS

X

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost:

SS

X

3) Survey fee:

Total:

SS

1,596.99

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

1,596.99

Name 1:

COMFORTDELGRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS

X

Name 2:

X

Payee 3: (Strike if N.A.)

SS

X

Name 3:

X

REF:

CTI

Chiang

Surveyor: NA2

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

ot

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.

X	X
N/S	O/S

Bal. or Market Value:

UDAC Accident Report: Consistent? : Yes or No

GI/ PR Scene: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN/OUT

Date: Person Contacted:

Veh No: SHB 4171 H Yr Regn: 5 NOV 2011

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

Truck / Trailer or

Make: HYUNDAI 140 co. 1, 6 RT

Colour: BLUE A/C: (Insur. d) Std / NI / NA

Sp. Reading: 425,564 T/Radiq: (Insured) Std / NI / NA

Eng/No:

C/No: KMH L 841um 6480371

Gen. Cond: Good (Fair) Poor / Burnt

Steering: (Insured) Jammed / Leaked / Burnt or

Brake: (Insured) Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / (STD) NRim or

Tyre Size: F: 205/60 R16

R: 11

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

TOYO / YOKO or WESTLAK

Front: R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

U.O.A. 10/2/19 U.O.I. 11/2/19

Survey held at: DGE LOYANG

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

N/S FRONT

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

CTI L/S

Date / Time Action / Instruction

25/4/19 FINALIZED LUMP SUM REPAIR \$1100.00 / 3 DAYS.

11-2 001 IN.

12-2

13-2 007 11:30

R (\$598.88/35%)

Date/Time, File Pass to?

☐ : Prelim Report

1) Date/Time, File Return to?

☐ : Final Report

2)

Report Format:

Lump Sum / I.B.I: (\$)

Days Of Repair:

Resurvey No. of Trip:

*Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$) \$ + RS \$

☐ : Interview (\$) Photos

☐ : Tech. Invo (\$) others

☐ : Weekend (\$)

TOTAL



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

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: CC3/CTI19002524/Njb3

Date: 12.02.2019

The Motor Claims Department
M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHB4171H

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 11.02.2019 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	1,698.88
Revised Estimate Amount	: S\$	1,321.28
"Check" Items Amount	: S\$	97.60
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
N/S Front Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 3 days

Yours faithfully,

MOHD. NAZRIL
Licensed Appraiser

REPAIR ESTIMATE*

DATE 11/2/2019 11:53

MODEL : HYUNDAI i40

NAS LK
11/2/19 1635
3 DAYS
LIS
CHECK ITEMS PHOTOS
AFTER REPAIR PHOTOS

Our Job Ref No : 305266917
Date : 18/02/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : NAZ
Vehicle Reg No. : SHB4171H

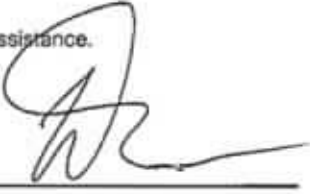
Fax :
Date : 10/02/19


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

1. The repair job shall bill to: CHINA SLP9342C
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 \$1100
\$800.00

3. Estimated normal period for repairs: 3 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 : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : NAZ LKK
Date : 25/2/19

For Official Use Only

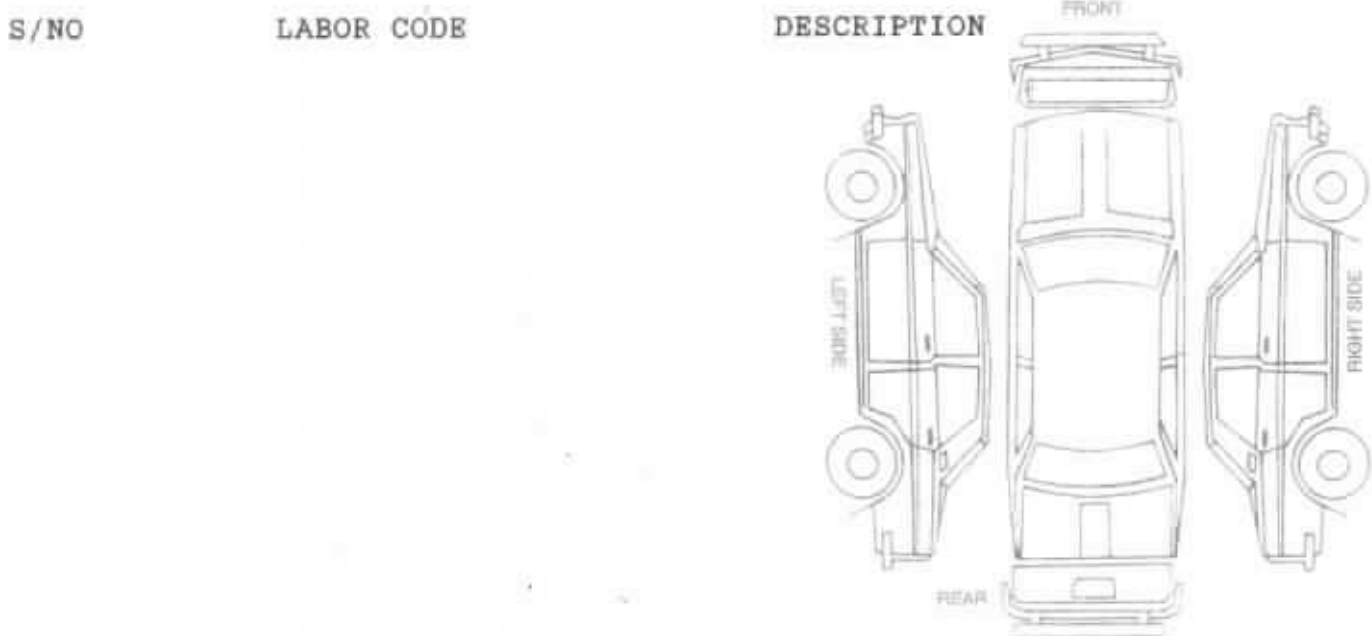
Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305266917
CUSTOMER	COMFORT TRANSPORTATION PTE LTD		REGM NO:	SHB4171H
CUSTOMER NO:	7010045	MAKE:	HYUNDAI	MILEAGE
ADDRESS	383 SIN MING DRIVE	MODEL:	I-40	FUEL
	Singapore SINGAPORE 575717	DATE/TIME IN	11.02.2019 08:20	E 1/2 F
	65508755	YR OF MANU	05.11.2015	TARGET DATE
		CHASSIS CODE	KMHLB41UMGU080371	COMPLETION DATE/TIME
SCOUNT CARD NO.				

JOB DESCRIPTION

Accident Date: 10.02.2019
NATURE: 3P 10.02.2019



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Knowledge Slip	Exit Pass
Vehicle No.: SHB4171H	Vehicle No.: SHB4171H
CHIANG	
Name of Service Advisor	Name of Service Advisor
Signature/Date	Date
to be returned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4171H

DATE 11/2/2019 11:53

MAKE :

MODEL : HYUNDAI i40

Chucins

LS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 544.50
	Front Bumper Bracket Top (LH)			\$ 22.40
	Front Bumper Bracket (LH)			\$ 24.60
	Frt Wheel Hub Cap, LH			\$ 107.10
	SUB TOTAL			\$ 698.60
	LESS 20%			\$ 139.72
	DISCOUNTED TOTAL			\$ 558.88
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 600.00
	Towing Fee			\$ 60.00
	Frt Wheel Alignment			\$ 80.00
	TOTAL LABOUR			\$ 1,140.00
	ESTIMATE TOTAL			\$ 1,698.88
<p>NAZ LKK 11/2/19 1635 3 DAYS L/S CHECK ITEMS (PHOTO) AFTER REPAIR (PHOTO)</p>				
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.				

LKK Auto Consultancy 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 modifications is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

✓ BUC
785VC
2XSV
/CCE

✓ 400
? 600
? 60
XNN

Our Ref : T 0219 / SHB4171H /WT(st)
Your Ref :
Date : 27-Feb-19

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline +65 6383 6280
Facsimile +65 6280 9755
www.cdge.com.sg

CHINA TAIPING INSURANCE CO LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB4171H YOUR INSURED SLP9342C
AND OTHER _____ ON 10.02.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHB4171H which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving SLP9342C we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,177.00
6	3 days Loss of Rental @ \$ 115.00 per day	\$ 345.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 1,529.49

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 1,769.49

We enclose herewith the following documents to support the claims: -

- a) Original repair bill and photocopies of photographs : 8 pcs.
b) LTA search slip/s of : SLP9342C
c) GIA / Police report/s of : SHB4171H
d) Letter of authority from owner / hirer / operator
() Traffic Compound () Towing/Medical bill/receipts () Certificate of Insurance
() Photograph/s of Accident Scene (x) Downtime/Mileage record (x) Rental Rate letter

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully

William Tan

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email : williamtan@cdge.com.sg

This is a computer generated letter. No signature is required.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

Our Ref: CC3/CTI19002524/Njb3

07 May 2019

DON TAN KUAN CHONG
BLK 8C UPPER BOON KENG ROAD
#07-54
SINGAPORE 383008

Dear Sir/Madam,

ACCIDENT INVOLVING SLP 9342C AND SHB 4171H ON 10/02/2019

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

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

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.

Please call us if you have further queries.

Yours faithfully,



Joy Irene
Case Handler
DID: 6841 2409
FAX: 6741 4108
Email: joyirene@lkkauto.com

c.c. China Taiping Insurance (Singapore) Pte Ltd
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

ON 10-Feb-19 14:30

ACCIDENT INVOLVING
ALONG40 SHB4171H , SLP9342C
ALONG SIMS AVE TWDS ALJUNIED RD

I / We

YAP BOON OOI

(Hirer) NRIC No.: S7121437J

and/or

TEO SIONG

(Relief) NRIC No.: S0541833Z

Taxi Number

SHB4171H

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of "ComfortDelGro Engineering Pte Ltd".

Date

11-Feb-2019

Name of Hirer
Hirer NRICYAP BOON OOI
S7121437J

Signature :



Address

502 JELAPANG ROAD #17-388
670502

Contact No.

90281813

Name of Relief
Relief NRICTEO SIONG
S0541833Z

Signature :



Address

502 JELAPANG RD #17-392
670502

Contact No.

96887405

Joy

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3062661800 Claim No : SNM19D200709
Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,596.99
SINGAPORE DOLLARS ONE THOUSAND FIVE HUNDRED NINETY SIX AND
CENTS NINETY NINE ONLY.

I/We agree to accept the above mentioned amount to be paid to me/us in full &
final settlement of all claims, costs & disbursements for injuries / damages
sustained by me/us through an accident involving

Claimant Vehicle No. : SHB 4171H
Insured Vehicle No. : SLP 9342C

Date of Loss : 10/02/2019
Place of Accident : SIMS AVE

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to
discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : DON TAN KUAN CHONG
Driver Name : DON TAN KUAN CHONG

from all claims, present or future in respect of all loss, injury or damage
sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the
part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$	
(2) Cost of Repair/Excess	S\$	1,177.00
(3) Loss of Use/Rental/Earning	S\$	412.50
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.49
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
TOTAL	S\$	1,596.99

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD

Claimant Name : SOLYANO DRIVE NRIC No : _____
SINGAPORE 505990

Signature :  Date : 18.6.19

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

"The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document"

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD
SPRINGKAP TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHR4171H

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
05.11.2015

CHASSIS CODE
KMHCB41UMGU080371

NO/DATE
91427914 25.02.2019

JOB NO.
305266917

CUSTOMER READING

JOB TYPE

Description : 3P 10.02.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,100.00
Add GST @ 7.000 %	77.00
Total Invoice amount	1,177.00

Issued by : KATHIRKUTAN 25.02.2019 14:29:25
Repair type : CISO/57/57
Payment type/term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
05 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ N

Our Ref: CT19020252

Date: 21 February 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	10/02/2019 @ 14:30 hrs
ALONG	ALONG SIMS AVE TWDS ALJUNIED RD
INVOLVING	SLP9342C

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHB4171H** (the "Taxi"). The Taxi was hired to **YAP BOON OOI IC NO S7121437J** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
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SLP9342C	10 Feb 2019 / 14:30:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
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[Previous](#)[OK](#)

SUB 4171 H



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				
CHINA TAIPING INSURANCE (S) PTE LTD			Ref : CC3/CTI19002524/Njb3q2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909			Date : 26-06-2019	
			Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLP 9342C	Veh. Inspected	SHB 4171H	
Policy No.	DMPCSN3062661800	Coverage (\$)	0.00	
Claim No.	SNM19D200709	Excess (\$)	0.00	
Assign From		Assign Date	11/02/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU080371	Colour	BLUE	
Odometer	425564	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	WEST LAKE	5 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	5 mm	
R/H Rear Tyre	205/60 R16	WEST LAKE	5 mm	
L/H Rear Tyre	205/60 R16	WEST LAKE	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/02/2019	Inspection Date	11/02/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
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:		3 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4171H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	BUCKLED	544.50	544.50
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	FRT WHEEL HUB CAP ,LH	CRACKED	107.10	107.10
	LESS 20% DISCOUNT		-139.72	-130.32
			558.88	521.28
	<u>LABOUR</u>			
	PANEL BEATING.		400.00	400.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	TOWING FEE.	NOT NECESSARY	60.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,140.00	800.00
	GRAND TOTAL		1,698.88	1,321.28
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,100.00

Report Ref No. CC3/CT119002524/Njb3q2

MUHAMMAD NAZRIL BIN ABDULLAH

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.