From (Pers	SALVE	ASSIGN	602644/ Eq	38	
Estimated (Del MAINE IN	ay of	SPF	Date/I	13/2/1908-43om
	WS/TP RES/OD RE		Bill to:		
10 mapeet	Vehicle No:	3L8	686D	Insured	
at Workshop	o m/s	KGC WO	ricshop	Tel:	81892986
of	B1		ling Drive =	# 02-04	
Policy No:_			Claim No:	AFMD 1	ne la mail all
Sum Insured			Excess	11/1/11/11	05/04/2019/004
Make of Vel (Client's Reco			DAUGSS.	D.O.A.	
CA / REV	/ REP. / REV 24 HI	us lup		15	02/19 @12pm
	133pm@ 13/2/19		() /	Vehicle I	NT MID)
Date/Time	Action/Instruction (✓) Estima –× 	le was down	m 99.	
	Submit 15	\$800,2	- days u	Ced \$ 551	2.60,87%)
		M . h Or -	10000		, , , , ,
	vange co	K = 18 800	- 4 (000		

gum.	Date 15/2/19 .		SLS 6860		7/08/	117
Talinaled Cost		Type (1.Ca)/ b	LGycle / Bus /	Van / Lorry / Taxi / P	rime Mover I	
OD (T) WS / TP RES / OD	RES / EVA / INV / MV	- Truck / T	4 4 4 4 4	,		
For Inspect Vehicle No.	SLS 686 D	Make Fly	jundai Eli	antra	cc 1-6	
at Workshop m/s	kac workshop	Colour	Blue		sured / Std / NL/	
IF AR AF	ng Drive # 02-04	Sp.Reading	31999	T/Radio: 1	isured / Std / NI	INA
lustined 32	9 - 1,02 - 1	Eng/No:				
Policy No.		Č/No: K	MH 0 841	CMJU5176	15	
Claims No.		Gen. Cond Go	od Fair / Poor	/ Burnt		
Sum Insured.	Excess:	Steering: (nord	1 Jammed / I	_eaked / Burnt_or		
(Client's Record)		Brake: (nord	e) / Jammed / I	_eaked / Burnt_or		
Make of Veh:	12pm	Modi: Nil /	S/Rim) / STD A	/Rim or		
	12pm owner waiting	Tyre Size:	F: 2	25/40R18		
(Policy-Condition)			R:	11		
Remark. The veh had comm	nenced its N/S O/S	BS / DUN / EXI	NOVA (GY) FS	LIZA / MIC / OHTS	U / PIR / SUMI /	
repair at the time o	of inspection.	TOYO / YOK	O or			
Bal, or Market Value.		Front		Rear		
IDAC Accident Rport.	Consistent? : Yes or No	R/BaL ') min	R/Bal	6	mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. 6	. mir	L/Bal	6 .	mm
Est Repairs: 2	days Res.: Yes or No	D.O.A. 21	12/19	D.O.I.	15/2/19	
Lum Som:	% 3 Val.: Yes or No	Survey held at		a (Workshop		
CA / REV / REP. / 2	4 HRS Vehicle IN / OUT	Des. of Damag		I OIS I NIS I UIC	/ Rooftop or	
Date: Porso	on Contacted:	The U/C /	Chassis frame	/ Body Structure	iffected due to co	llision.
Date / Time Action / In	struction		.**			

RECEIVED 0 8 MAR 2019

Date/Time_File Pass to?	: Preli. Report		Days	Of Repair:	2		
11 off of trist	: Final Report		Rest	rvey No. of Trip:		Survey Fee:	280
Oale/True: File Return 107						Transportation:	1
14			Add Fee:	Site Insp. (\$) 5+RS SI	
	-10			Interview (\$:		i Photos	
Report Format :	φ.			Tech Invs (\$). Office	
Lump Sum / LB (: 08	800	5		Westernd (\$		1.4	
						TOTAL	280

Nivitha (LKK Auto)

From:

Frankie THAY (SPF) < Frankie_THAY@spf.gov.sg>

Sent:

Wednesday, 13 February 2019 8:43 AM

To:

assignments; Veron Chen (LKKAuto)

Cc:

Olivia Lau (LKKAuto); Hafizul Farhan RAHMAT (SPF)

Subject:

RE: Pre-Repair Inspection for SLS 686D

Your reference: SLS 686D

Our reference: AEMD/105/009/2019/004

Veron,

Please conduct a Pre-Repair Inspection for vehicle SLS 686D at the follow address and date.

Please arrange for your surveyor to survey our client's vehicle on 15.02.19 at the following address:

KGC WORKSHOP PTE LTD Blk 176 Sin Ming Drive #02-04 Sin Ming Autocare Singapore 575721

Contact: Joyce/8189 2986 KINDLY CONTACT JOYCE TO MAKE ARRANGEMENT

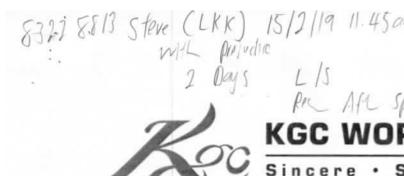
Thanks.

Frankie Thay (Mr)
Safe Driving Manager
Automotive Engineering & Management Division
Police Logistics Department
Singapore Police Force
DID: (65) 6478 4841 | FAX: (65) 6478 4848



HOME TEAM
TRANSFORMATION 2025
One Home, One Team
Building Our Future Together

WARNING: "Privileged/Confidential information may be contained in this message. If you are not the intended addressee, you must not copy, distribute or take any action in reliance thereon. Communication of any information in this email to any unauthorized person is an offence under the Official Secrets Act (Cap 213). Please notify the sender immediately if you receive this in error."



Co.Reg.No.: 201719986M

LKK Auto Consultants here at the Repairer of the following:

• To resurvey beforelatter spranger.

- To resurvey before/after spray pair
- To display damaged part(s)
- . Parts prices are subject to
- . Third party survey is on a



e · Satisfaction

Canalyses

Signature:

Date:

 Aw Cheng Yuan
 TP 1902

 176 Sin Ming Drive, Sin Ming Autocare
 Date
 13/2/2019

 # 02-04
 No of Page
 : 1/1

 Singapore 575721

Regist	traion No :	SLS 686 D	Mod	el:	Hyu	ndai Elantra
Accid	ent Date:	2-Feb-19	Chas	sis No:		
Our R	ef:	TP 1902-	Engi	ne Capacity:	-	1957
S/No	Qty	Description	U	nit Price		Amount
1	1	RHS Rear Fender / X	\$	1,769.00	\$	1,769.00
2	1	RHS Rear Fender Front Shield X MM	\$	38.00	\$	38.00
4	1	RHS Rear Fender Rear Shield X	\$	35.00	\$	35.00
6	1	RHS Rear Shock Absorber	\$	251.00	\$	251.00 ×
7	1	RHS Rear Knuckle Hub with Bearing	\$	454.00	\$	454.00 ×1
					\$	2,547.00
				-20%	\$	509.40
			Total for	spare parts	\$	2,037.60
Spe	cial Nett	1.0				
2	10	Rear Fender Sheild Clips -	\$	5.00	\$	MC 50.00-20
3	1 set	RHS Front Rim (after market) (VI/CRA	\$	2,500.00	\$	400 - 2,500.00 //
5	- 1	RHS Rear Tyre	\$	280.00	\$	280.00 ×
			To	tal for SP	\$	2,830.00
			Sub-Tota	l for Parts :	\$	4,867.60
		le, replace, cut, weld, knock out dents to strate pair parts, inclusive of replacement parts.	ighten accid	dent parts as-		600.00 30
2	To putty an	d spray paint on all accident parts and other a	accident aff	ected areas		450.00 2

	mention repair parts, metasive or replacement parts.	
2	To putty and spray paint on all accident parts and other accident affected areas	450.00 200/
3	To check wiring system to facilitate repair and refit the same	50.00 30/
4	To remove and refit undercarriage to facilitate repair	150.00 ×

5 Apply rust proofing on the adjacent panels

100.00 20-

6 Alignment and wheel balancing

KGC Workshop Pte Ltd

95.00 69/

176 Sin Ming Drive, Sin Ming AutoFOTAL-LABOUR AMOUNT: 1,445.00
Office: 6453 6279 Fax: 6456 5410
TOTAL COST: 6,312.60



MKOM19016230 / Komoco Motors Pte Ltd - Bukit Merah ENTRY DATE & TIME: 04/02/2019 10:52 SUBMITTED BY: Muhammad Asyraf Bin Noor Azman

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 witholding 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	04/02/2019 10:52
Date Of Accident	02/02/2019 16:20
Exact Location Of Accident	10 MARSILING RD (SHELL PETROL STATION)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS686D
Insured/Policyholder	
Name Of Registered Owner	AW CHENG YUAN
NRIC No	S8808676G
	WAY SEAR AND

Email Address ALEXAWAW@GMAIL.COM Mobile Phone No (LOCAL) +65-96988709

Alternative Phone No OFFICE-96988709

Vehicle Particulars

Manufacturer HYUNDAI

Model ELANTRA-1.6 (A)

Exact Purpose for which vehicle was being used at

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY Vehicle Category PRIVATE CAR

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number

Cover Note Number

Driver

Name of Driver AW CHENG YUAN

NRIC No S8808676G Date Of Birth 14/03/1988 Occupation **INDOOR** Date Of Driving Pass 08/02/2010

Driving Experience 8 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96988709

Fax Number

Contact Number OFFICE-96988709

EMail Address ALEXAWAW@GMAIL.COM Address

BLK 161 WOODLANDS ST 13 #03-625

Postcode

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

WOODLANDS DIVISION HQ

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

QX254G

Vehicle Make/Model/Colour

TOYOTA ALTIS

Details Of Properties

Vehicle Category

GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

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 provess
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- In the major more ded must be as truthful and accurate as possible. Any writer managementation or withholding of major texts may allow management to repudiate policy liability.
- 4. The paper and in deplace of this Form by imprance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- In report will be forwarded by the injuries of the GIA flecust. Management can't evidable oblig the injuries and an Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon septication be interested parties.
- 2. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to consent if the report being made available aforetaid.
- E. Consent under the Personal Data Protection Act (PDPA)

Lunderstand: acknowledge, agree and consent that

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may are permitted to collect, the fluxione intelligencess my personal data/personal information set out in this [form] and any other collect, the provided by me or possessed by my insurer (collectively the "Personal Information") and discusse and training 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 that be collectively referred to as the "Insurers"), the insurers I lewers law from the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposers of
 - processing, handling and/or dealing with my claims including the settlement of the claims and any increases 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 enguines by me.
 - [42] administering my claims lincluding the making of correspondence, statements, owners, requests or refuses to the which sould involve disclosure of certain personal data about me to bring about delivery of the name as well as on the systemal cover of envelopes, mail 344 (ages), and/or
 - (v) complying with applicable law in administering processing, handling and/or dealing with my claim accelerated, the Purposes.
- (b) #ill insurert () who have insured websiters involved in this accident and the insurers lawyers/law time, movement to solved, use, disclose and/or process my Personal information for one or more of the above "uniques, visit
- (ii) my Personal information may, can be disclosed by any of the insurers and/or G/A to their third party serious empirical inagents (including their lawyers/law firms), which may be sted outside of Singapore, for one or more of the above Purusons.
- (d) the Personal Information will and be collected and used to comple claims finding for the purpose of fraud detection investigation and management in present and all future claims.
- (6) the information so collected under (d) above may be shared / disclosed
 - to all insurers and/or any other third parties that asset in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as feasionably required for the purposes stated, or
 - [ii] for complying with requirements under any regulations, laws or court orders

Policyholder's Signaty

Date & Time 0402/2019

Driver's Signature iif driver is not the policyholder)

Reporting Centre Personn

- \/
/
- ac
(a)
(0 5126861)
B) QX 254G
B) QX 35 AG
ACCIDENT
* '
no poince report
· ·
THE STREET
1 13 69



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULLS, 1960.

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 [MALAYSIA]

Certificate Number: 5093878806-01

Cover : drivo PREMIUM

I. Index mark and Registration Number of Vanice

\$45689C

Chance Number

KMH08410MUS27815

2. Name of Policyholder

AW CHENG YUAN IHU CHENGYUAN:

3 - Effective Date of Insurance

07 Aug 2018

4 Expry Date of Insurance

06 Aug 2019

5. Herisons or Classes of Persons entitled to drivelt

in. The Policyholder

(b). Any other person who is driving at the Posicyhorder's order or with his her persons

Provided that the person priving is permitted in accordance with the iconsing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not consumited by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

6. similations as to Use#

flat, user for source domestic and pleasure purposes one in conection with the Policybo

This Policy does not cover

- (a) Use for time or reward.
- (b) Use for racing, pace-making, reliability Irral or spend-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Art. 1387 (Malaysia), are not to be included under these headings

EXCESS (SECTION 1)	15600	
EXCESS (SECTION 2)	N/A	
WINDSCREEN EXCESS	\$\$100	
ADDITIONAL EXCESS	H/A	
UNHAWED DRIVER EXCESS	PLEASE REFER OVERLEAF	
REPAIR AT OWNER'S PREFERRED WORKSHOP	*15	
INSURE WITH COR	P(5)	
NEW PROTECTION	WQ	
TRANSPORT ALLOWANCE	¥0	
EXCESS WAIVER	140	
PRIMARY DRIVER	NW CHENG YEAR I'VE CHING YEAR	
NAMED DRIVER IS	TATALLY AND G	
NAMED DRIVER (2)	6.3	
HIRE FURCHASE COMPANY	TOKYO CENTURY LEASING ISL PTE LTD	
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT THE OT LOSS	

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor vehicles (Third Party Briss and Compensation) Act (Chapter 189) and Part W of the Road Transport Act, 1987 (Malaysia)

KOMOCO TRADING PTE LTD (00000614810)

Date of hour Represt

27.3w 2018 15:17 Ms 27 No. 2018 15 17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By

Authorised Officer

Chief Executive





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No 1800–4660000

Report No L/20190202/7023

Date/Time Report Made 02/02/2019 18:12	Vide Re	port No		Station Dia	ry No
Name Of Informant	Address				
AW CHENG YUAN	APT BU	K 161 WOO	DLANDS STREE	T 13 #03-625	
	SINGAP	ORE 7301	61		
ID Type / ID No. NRIC NO / \$8808676G	Contact Home/O		Mobile 96988769		ŧ
Nationality SINGAPORE CITIZEN	Email Adalexawa	ddress w@gmail.c	om -		
Occupation	Sex	Age	Date of Birth	Race	
Cyber Security Civil Servant	Male	30	14/03/1988	Chinese	
Institution/School Name	Languag English	36			
Date/Time Of Incident 02/02/2019 16:20 - 02/02/2019 17:05	APT BL	Of Inciden K 161 WOO ORE 7301	DLANDS STREE	T 13 #03-625	i

Brief details.

I was driving into shell petrol klosk to refitl my car petrol. After which when I parked my vehicle, i felt the impact and bang sound from the back of my car. Then I saw the police car QX254G hit onto the back of my car on the right. I went down to check for damages and took the photo of the incident scene. The police officer checked if i am alright and proceed to check and take photo on the condition of the vehicle

Signature Of Officer Recording The Report	Signature Of Informant. The identity of the person making this.
Not applicable	report has been authenticated by SingPass. No signature is required
Signature Of Interpreter: Not applicable	Date/Time 02/02/2019 18:12
Officer In-Charge Of Case	Classification Of Case





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190202/7023

Victim Person Name	AW CHENG YUAN				
ID Type	NRIC NO	ID No	\$8808676G		
Gender	Male	Age	30		
Race	Chinese	Language	English		
Occupation	Cyber Security, Civil Servant	Address Type			
Address	APT BLK 161 WOODLANDS STREET 13 #03-625 SINGAPORE 730161	Mobile No	96988769		
The state of the s	Yes				
Is Informant A Victim?	Yes				5
Person Name	AW CHENG YUAN (Informant)				

Signature Of Officer Recording The Report.

Not applicable

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case

Signature Of Informant
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time: 02/02/2019 18:12

Classification Of Case

Authentication Stamp





YOU ARE LICEN IN TO SPINE VEHICLE IN THE FOLLOWING AND THAT CHARLES THAT THE FOLLOWING AND THAT CHARLES THAT THE FIRST THE FIRST THAT THE FIRST THE FIRST THE FIRST THE FIRST THE FIRST THE FIRST THE FIR

of state





> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		-
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	8676G	
Vehicle No.:	SLS686D	
Vehicle to be Exported:	No	
Intended Deregistration Date:	16 Feb 2019	
Vehicle Make:	HYUNDAI	
Vehicle Model:	ELANTRA AD 1.6 GLS AT	
Primary Colour:	Blue	
Manufacturing Year:	2017	
Engine No.:	G4FGHU687140	
Chassis No.:	KMHD841CMJU527615	
Maximum Power Output:	93.8 kW (125 bhp)	
Open Market Value:	\$14,737.00	
Original Registration Date:	07 Aug 2017	
First Registration Date:	07 Aug 2017	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$14,737.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	06 Aug 2027	
PARF Rebate Amount: Intended COE Rebate Details	\$11,052.00	
COE Expiry Date:	06 Aug 2027	_
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$44,002.00	
COE Rebate Amount:	\$37,283.00	
Total Rebate Amount:		

The information contained herein is correct as at 16 Feb 2019

OK



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

Date: 08-03-2019

Affiliated to Federation Internationale Des Experts En Automobile

AUTOMOTIVE ENGINEERING & MGT DIVISION Ref : CS/SPF19002644/Eqd3e2

ACCIDENT CLAIM SECTION(SPORE POLICE

FORCE)1 MOUNT PLEASANT ROAD BLK 8 OLD

POLICE ACADEMYSINGAPORE 298333



1.		Policy Particula	rs :- THIRD PARTY CLA	MI		
	Insured Veh.	QX 254G	Veh. Inspected	SLS 686D		
	Policy No.		Coverage (\$)	0.00		
	Claim No.	AEMD/105/009/2019/004	Excess (\$)	0.00		
	Assign From	FRANKIE THAY	Assign Date	13/02/2019		
2.		Vehicle Pa	rticulars & Condition	R.S. T. Be's who at the		
	Make & Model	HYUNDAI ELANTRA	c.c	1591		
	Engine No.	HIDDEN	Year of Reg.	2017		
	Chassis No.	KMHD841CMJU527615	Colour	BLUE		
	Odometer	32999	Steering	IN ORDER		
	Brakes	IN ORDER	Modification	SPORTS RIM		
	General	GOOD				
3.		Cond	ditions of Tyres			
		Size	Make	Balance		
	R/H Front Tyre	225/40 R18	GOODYEAR	6 mm		
	L/H Front Tyre	225/40 R18	GOODYEAR	6 mm		
	R/H Rear Tyre	225/40 R18	GOODYEAR	6 mm		
	L/H Rear Tyre	225/40 R18	GOODYEAR	6 mm		
4.	Description of Damages					
	THE VEHICLE SU	STAINED DAMAGES AT THE	REAR O/S PORTION.			
	DAMAGES SEE D	ETAILS.				
5.		Gene	eral Information			
	Accident Date	02/02/2019	Inspection Date	15/02/2019		
	Survey held at	KGC WORKSHOP PTE LTD				
		176 SIN MING DRIVE, SIN N SINGAPORE 575721	IING AUTOCARE #02-04			
5a.			Remarks			
		ON WAS CONDUCTED ON A"\ CE TO YOUR INSTRUCTIONS				
5b.	THE REAL PROPERTY.	Estimate Days of Repair				
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	2 Working Da	ys		



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. SLS 686D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	RHS REAR FENDER	TO REPAIR SEE LABOUR	1,769.00	
1	RHS REAR FENDER FRONT SHIELD	NOT NECESSARY	38.00	/,-
1	RHS REAR FENDER REAR SHIELD	NOT NECESSARY	35.00	-
1	RHS REAR SHOCK ABSORBER	NOT NECESSARY	251.00	-
1	RHS REAR KNUCKLE HUB WITH BEARING	NOT NECESSARY	454.00	-
	LESS 20% DISCOUNT		-509.40	
			2,037.60	2
	SPECIAL NETT ITEMS			
10	REAR FENDER SHIELD CLIPS @\$5.00 (SN)	NECESSARY	50.00	20.00
1	SET RHS FRONT RIM (AFTER MARKET) (SN)	CUT / CRACKED	2,500.00	400.00
1	RHS REAR TYRE (SN)	NOT NECESSARY	280.00	
			2,830.00	420.00
	LABOUR			
	TO DISMANTLE, REPLACE, CUT, WELD, KNOCK OUT DENTS TO STRAIGHTEN ACCIDENT PARTS AS-MENTION REPAIR PARTS, INCLUSIVE OF REPLACEMENT PARTS. INCLUSIVE OF THE REPAIR OF RHS REAR FENDER.		600.00	300.00
	TO PUTTY AND SPRAY PAINT ON ALL ACCIDENT PARTS AND OTHER ACCIDENT AFFECTED AREAS.		450.00	200.00
	TO CHECK WIRING SYSTEM TO FACILITATE REPAIR AND REFIT THE SAME.		50.00	30.00
	TO REMOVE AND REFIT UNDERCARRIAGE TO FACILITATE REPAIR.	NOT NECESSARY	150.00	-
	APPLY RUST PROOFING ON THE ADJACENT PANELS.		100.00	20.00
	ALIGNMENT AND WHEEL BALANCING.		95.00	60.00
			1,445.00	610.00
	GRAND TOTAL		6,312.60	1,030.00

RECOMMENDED COST OF LUMP SUM REPAIRS	SEE CHARLES	800.00
(TO ITS PRE-ACCIDENT CONDITION)	学生 化自己	

Report Ref No. CS/SPF19002644/Eqd3e2

NOTES : THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$800-\$1,000

CHEN TSUE YEE

ADRIAN LING WAI PING

Automotive Assessor

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

Licensed Appraiser

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