Collector - Level O Tab	SINC/9003482/Jso322 Special Instruction: ASSIGNMENT (Office)	
From (Person): Cynthin And	f INC Date/Time: OS/2/1916	09.540
Estimated Cost:	Bill to:	
OD/FP WS/TP RES/OD RES/EVA	INV/MV7CS	
	1043 E Insured: 'XD 535	744
at Workshop m/s + the	Hona Tel: 66619	688
of 25D Singa	know street	
Policy No:	Claim No: M1/103 2489 -	001
Sum Insured:	Excess:	
Make of Veh: (Client's Record)	D.O.A. 12/2	12009
CA / REV / REP. / REV 24 HRS	H.O.D. Endorsement	
Date/Time: 000 Jemo 25/2/19 Pers	n Contacted: Justice Vehicle VollT	
Date/Time Action/Instruction (
SJW 1043 E-NBA	(INC16022831/Y DUA: 30	1116
XD53S7H-X		

MASSIGNMENT

form Estimated Cast	Date 28/2/19	Veh Ho SJW 1043 E Type (Ca) / M.Gycle / Bus / Van / L	γr Regn 3 ω erry / Taxi / Prime Me	
OD (IP) WS / IP RES / OL	RESTEVATINV/MV	Truck / Trailer or		
to the perct Vehicle No.	SIW 1043E	Make Lancer Ex	c.c	1499
at Workshop m/s	thua Hong ii kendut Street 1	Golour Red	A/C Insured /	Std / NI / NA
as D Sunac	i kendyt Street 1	Sp.Reading 85694	T/Radio: Insured I	Std / NI / NA
Insured.	(percent)	Eng/No:		
Policy Ho		ONO: JMYSRCY2	TOOCUPA	7
¹ Claims No		Gen. Cond: Good / Fair / Poor / Burn		
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked	/ Burnt or •	
(Client's Record)		Brake: norder / Jammed / Leaked	/ Burnt or	
Make of Velt:		Modi: Nil /S/Rim / STD A/Rim o		
		Tyre Size: F: 215 60 .	216	
(Policy Condition)		R:		
Remark The veh had come	nenced its N/S 0/S	BS / DUN / EXNOVA / GY / FS / LIZA	MIC OHTSU / PIR /	SUMI/
repair at the time	of inspection.	TOYO/YOKO or	To line E	
Bal, or Market Value.	handaring and the section of the sec	Front	Rear	
IDAC Accident Rport;	: Consistent? : Yes or No	R/Bal.* 6 mm	R/Bal. 6	mm
GIA / PR Seen.	Consistent? : Yes or No	L/Bal. 6 mm	L/Bal. 6	mm
Est. Repairs.	days Res.: Yes or No	D.O.A. 12/2/19	D.O.I. 25/2	119
Lum Sum:	% 3 Val.: Yes or No			127 AM
	ALUEN	Des. of Damages : Frt / Rear / O/S		
GA / REV / REP. / :	24 HRS Vehicle: IN / OUT			
Date: Pers	on Contacted:	The U/C / Chassis frame / Bod	y Structure affected d	ue to collision.
17/4/18 Confirm (\$ 1, 2	ed L/S \$2500 f 4days			
	KECE	IVED 1.7 APR 2019		
Date/Lime, File Pass to?	: Preli. Report	Days Of Repair: 4		
Typist L	: Final Report	Resurvey No. of Trip:	Survey Fee:	250
Date/Lime File Ruturn to?	Add Face	. I Tour tour 18	Transportation:	
2)	Add Fee	Announced government)8 + 188\$1	
December 1	**	Interview (\$) Photos	
Report Format :	1 1	Tech Invs (\$). Other	
Lump Sum / LB I: (\$	2,500/- 45	Weekend I\$	-1)Kn
1			F21AL	250

Nivitha (LKK Auto)

From:

Sent:

.; ;;

0

Subject:

assignments@lkkauto.com Daniel Koh; Teng Ken Leong; Thio Tse Kiat

Cynthia #ng <Cynthia Ang@income.com.sg>. Monday, 25 February 2019 9:54 AM Daniel Koh; Teng Ken Leong; Thio Tse Kiat TP CASES FARMED OUT TO LKK ON 25/2/2019

Dear Veron / Nivitha,

Please assist to survey the vehicles as per Mr Teng's instruction :-

oly mich		Vehicle	WorkShop	do	WorkShop Survey	Survey	Survey			Additional
Claim No.		Vehicle	Name	Address	Contact	Type	Time	OI Veh	DOA	Remarks
				25D						
				SUNGEI						
				KADUT						
			HUA	STREET 1	Jerleen /			٠		
MT/1029687-	7-	0	HONG	SINGAPORE	Mrs Tan /	Physical	10:00-	t)		
200		SKP5137S	PTE LTD	729332	66619688	Survey	12:00	GBE3504T	26/01/2019	
				25D						
				SUNGEI	•					
				KADUT	Yvonne					
			HUA	STREET 1	Toh /		×			
MT/1033013-	ń		HONG	SINGAPORE	6661	Physical				
001		SMA4468Z	PTE LTD	729332	9688	Survey		SLP4002S	20/02/2019	
				25D						
				SUNGEI	Yvonne					
				KADUT	Toh / Mrs					
			HUA	STREET 1	Tan /					
MT/1032489-	-68		HONG	SINGAPORE	6661	Physical	10:00-			
001		SJW1043E	PTE LTD	729332	8896	Survey	12:00	XD5357H	XD5357H 12/02/2019	

Please contact workshops.

Please ack.

www.income.com.sg Motor Insurance T+65 6430 7900 Admin Assistant Cynthia Ang













Find out more at income.com.sg/careers

PLEASE CONSIDER OUR ENVIRONMENT BEFORE YOU PRINT THIS EMAIL...

Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify. At Income, we are 'in with You' on Performance, Growth,

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Shirley Hiew (LKK Auto)

From:

Hwee Jie (LKK Auto) <hweejie@lkkauto.com>

Sent:

Wednesday, 17 April 2019 10:50 AM

To:

Ashley Tan

Cc:

Shirley Hiew (LKK Auto)

Subject:

RE: SJW1043 FINALIZATION

Hi Ashley,

Finalized L/S \$2,500/- 4days.

Best Regards,

Hwee Jie | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 9180 3151 | Email: <u>Hweejie@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ashley Tan [mailto:ashley@huahong.com.sg]

Sent: Tuesday, 16 April, 2019 11:05 AM

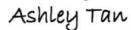
To: Hwee Jie (LKK Auto)

Subject: RE: SJW1043 FINALIZATION

Dear Hwee Jie

Confirmed COR LS \$2500/-

Thanks & Regards





HUA HONG PRIVATE LIMITED

25D SUNGEI KADUT STREET 1 SINGAPORE 729332

T. 6661 9690 | M. 9816 4151 | F. 6661 9699

Follow us @ huahong.com.sg









From: Hwee Jie (LKK Auto) < hweejie@lkkauto.com>

Sent: Monday, 18 March 2019 10:02 AM

To: ashley@huahong.com.sg Subject: SJW1043 FINALIZATION

Hi Ashley,

Finalized amount is L/S repair \$2500/- with 4days.

Please let me know if you're agree with this amount so I can proceed with finalize, thank you.

Best Regards,

Hwee Jie | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 9180 3151 | Email: <u>Hweejie@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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 aforesaid.

	-	\sim	т	-				-	T. B	-	Л'n	п
- L	•	•	u	-	ч		м	-	W	-		
		-		_	-	Design Co.						

 Date Of Report
 13/02/2019 10:58

 Date Of Accident
 12/02/2019 09:05

 Exact Location Of Accident
 WEST COAST ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW1043E

Insured/Policyholder

Name Of Registered Owner KRISHNASAMY KANNUSAMI

NRIC No S2705709H

Email Address KANNUSAMI@YAHOO.COM
Mobile Phone No (LOCAL) +65-97291180

Alternative Phone No OTHERS-65691342

Vehicle Particulars

Manufacturer MITSUBISHI

Model LANCER-1.5 MIVEC (A)

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

Insurance Company

Vehicle Category

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number S 29072708 SMA

Cover Note Number

Driver

Name of Driver KRISHNASAMY KANNUSAMI

 NRIC No
 \$2705709H

 Date Of Birth
 09/04/1966

 Occupation
 INDOOR

 Date Of Driving Pass
 03/09/2009

Driving Experience 9 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97291180

Fax Number

Contact Number OTHERS-65691342

EMail Address KANNUSAMI@YAHOO.COM

Address 2C HONG SAN WALK #12-05

Postcode 689049

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?

YES

YES

NO

1

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

XD5357H Vehicle Registration Number

SCANIA Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

LEE HWA SIONG Name of Driver

508508689 NRIC/Passport Number

82434849 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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 Authorised Driver.
- 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.
- 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.
- 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.
- 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:
 - 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 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 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:

NRIC/FIN No.:

Sketch Plan #2

ESCRIBE CIRCUMSTANCES OF THE ACCIDENT Driving to official on 12/12/19 at 9:05 mm ing West congt road, after west const Rise, My Cax is in left mest lane, borry behind with my Car back right side. My Car have damage ECLARATION We declare the foregoing particulars are true in every respect.	KETCH PLAN		
Driving to official on 12/102/19 at 9:05 pm in Nest const road, after west coast Rise, My (4x is in left most lane, torry behind wit my (on back right side. My (ar have I amage.			
Driving to official on 12/102/19 at 9:05 pm in west const road, after west const Rise, My Cax is in left mest dame, torry behind wit my Cax back right side. My Cax have	Roy		
Driving to officer on 12/102/19 at 9:05 pm in Nest coast road, after was coast Rise, My (ax is in left mest law, Lovey behind it my (or back right side. My (ax have damage.	3.2	1	
Has was kise Driving to officer on 12/102/19 at 9:05 pm in Nest coast road, after was coast Rise, My Car is in left mest law, Lovey behind it my Con back right side. My Car have CLARATION To declare the foregoing particulars are true in every respect.) 3		
Driving to officer on 12/102/19 at 9:05 pm in Nest coast road, after was coast Rise, My (ax is in left mest law, Lovey behind it my (or back right side. My (ax have damage.	1. 1		
Driving to officer on 12/12/19 at 9:05 pm in Nest const road, after west const Rise, My (ax is in left mest come, torry behind wit my (on back right side. My (ar have damage.	3	A	
Driving to office on 12/12/19 at 9:05 pm in West coast road, after west coast Rise, My Car is in left mest come, torry behind wit my Con back right side. My Car have damage.		1-0	
Driving to office on 12/192/19 at 9:05 pm in West coast road, after west coast Rise, My Car is hack right side. My Car have Manage. ECLARATION We doctare the foregoing particulars are true in every respect.		1	
Driving to officer on 12/12/19 at 9:05 pm in Nest const road, after west const Rise, My (ax is in left mest come, torry behind wit my (on back right side. My (ar have damage.	The state of the s	INBI	
Driving to officer on 12/12/19 at 9:05 pm in Nest const road, after west const Rise, My (ax is in left mest come, torry behind wit my (on back right side. My (ar have damage.	West const King		
Driving to officia on 12/12/19 at 9:05 pm in West count road, after west coast Rise, My (av is in left mest lane, Lovery behind wit my (av back right side. My (av have damage.			
My Cax is in left mest law, Lorry behind wit my Car back right side. My Car have Manage. CLARATION We declare the foregoing particulars are true in every respect.	SCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
West coast road, efter west coast Rise, My (av is in left mest save, Lovey behind wit my (av back right side. My lav have damage. ECLARATION We declare the foregoing particulars are true in every respect.			
My (4x is in left most dane, Lorry behind wit my (ar back right side. My (ar have danny). Admage. CLARATION We declare the foregoing particulars are true in every respect.	Driving to	officie on 12	102/19 at gies pm in
My (4x is in left most dane, Lorry behind wit my (ar back right side. My (ar have danny). Admage. CLARATION We declare the foregoing particulars are true in every respect.		,	и.
CLARATION Ye declare the foregoing particulars are true in every respect.	rust congt y	ond, ofter w	at coast hise,
CLARATION Ve declare the foregoing particulars are true in every respect.	IAM 1	*	
ECLARATION We declare the foregoing particulars are true in every respect.	My Car u	in left most	lane, Loiry behind
ECLARATION We declare the foregoing particulars are true in every respect.			
ECLARATION We declare the foregoing particulars are true in every respect.	it my car	back rights	ide My lar have
ECLARATION We declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.	1 amage		
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
We declare the foregoing particulars are true in every respect.	CLARATION	-	
Liveholder's Signature Driver's Signature Reporting Centre Personnel's Signature		ars are true in every respect.	
licyholder's Signature Percognal's Signature Reporting Centre Percognal's Signature	Vc.		k An
	licyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Date & Time:

Page 4 of 13



HUA HONG PRIVATE LIMITED

25D Sungel Kadut Street 1 Singapore 729332
Tel: (65) 6661 9688 Fax: (65) 6661 9699 Email: info@huahong.com.sg

Estimate Repair List

20 February 2019

HHTPClaims19-19

NTUC Income Cooperative Ltd 73 Bras Basah Road #05-01 NTUC Trade Union House Singapore 189556

Attn: Motor Claims Department

ACCIDENT INVOLVING SJW 1043 E & XD 5357 H ON 12/02/2019 ALONG WEST COAST ROAD AT ABOUT 0905 HOURS

Insured

KRISHNASAMY KANNUSAMI

Vehicle Registration No

SJW 1043 E

Vehicle Make

MITSUBISHI

Co. Reg. No. 200900309M

Date:

Vehicle Model

LANCER 1.5 MIVEC SPORTS AT ABS D/AB

Vehicle Chassis No

JMYSRCY2AAU000777

Vehic	le Chassis	No :		SKC I ZAAOU	20111						
Polic		:		72708SMA			Type	of Clair	m: Thir	d Party	
Date	of Accident		12/0	2/2019			Unit Pri			nount S\$	
S/N	Quantity	Description		DEF/					\$	815.00	
1	1	Rear Bumper		NEC/		\$		3.00	\$	30.00	
2	10	Rear Bumper			CRA/	•			\$	15.00	
3	1	Rear Bumper	Rela	Lower Skirt	(RH) NM×				\$	387.00	
4	1				CRA/				\$	320.00	
5	1	Rear Tail Lar		n) Buc					\$	988.00	
6	1	Rear Fender		-	NEL-				\$	135.00	
7	1	Rear Wind S	creen	Modicing	MRLI				\$	2,690.00	
							Less	20%	\$	(538.00)	
									\$	2,152.00	
To o	dismantle, r RH tail la	cut & weld reamp, knocking	ar RH & pull	fender, disr straight rea	nantle & change ir RH panel.	rear bu	mper,		\$	800.00	600/
		ire checking.							\$	20.00	
То	dismantle	& refit rear wir	ndscre	en.					\$	120.00	/
То	dismantle	& refit rear cus	shion,	seat and in	ner trim to facili	ate repa	ir.		\$	196.00	501
			RHI	nder and re	ear RH end pane	et.	Total-	2500	\$	600.00	_
			the • To	Repairer of the resurvey before/af	ter spray painting				\$	3,792.00	
		NG	• To	display damaged p	part(s) during resurvey			GST	\$	265.44	/mmr
	1 -	E THE	• Pa	rts prices are subje	ect to confirmation		To	otal	\$_	4,057.44	
	\//	\$ (C)	• Th	rd party survey is illegal modificatio	on a "Without Prejudice"	00313				l	V28/2
A 4	hariand hy	Claims Dept	a S11	nnlementary item/	s) must be resurveyed ar	nd			Ц.,	e] = 1 -5/2/19	-KKU
Aut	Ton O	20 0105	is	subject to final app	roval from Insurance Cor	mpany			FILLE	ا ا ا	
. IVITS	Tan @ 96	39 9 190	Ack	nowledged by Rep	airer				2	-5/2/19	
			Franci	der and an all trak							

huahong.com.sg

GST Reg. No. 200900309M



5a.

5b.

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

	TEM BEEF TEX	DAMAGE ASSES	SMENT REPORT	
NTI	JC INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref: CS/INC19003482	/Jsd3e2
#05	BRAS BASAH ROA -01 NTUC TRADE 556	D UNION HOUSESINGAPORE	Date: 23-04-2019	
ΑΤΊ	N : ERIC TANG		Code: INC	
1.		Policy Particulars	:- THIRD PARTY CLAIM	
	Insured Veh.	XD 5357H	Veh. Inspected	SJW 1043E
	Policy No.		Coverage (\$)	0.00
	Claim No.	MT/1032489-001	Excess (\$)	0.00
	Assign From	CYNTHIA ANG	Assign Date	25/02/2019
2.		Vehicle Partic	culars & Condition	
	Make & Model	MITSUBISHI LANCER	c.c	1499
	Engine No.	HIDDEN	Year of Reg.	2010
	Chassis No.	JMYSRCY2AAU000777	Colour	RED
	Odometer	85694 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Conditi	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	215/60 R16	MICHELIN	6 mm
	L/H Front Tyre	215/60 R16	MICHELIN	6 mm
	R/H Rear Tyre	215/60 R16	MICHELIN	6 mm
	L/H Rear Tyre	215/60 R16	MICHELIN	6 mm
4.		Description	on of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE O/S	BODY.	
	DAMAGES SEE D	ETAILS.		
5.		Genera	Information	
	Accident Date	12/02/2019	Inspect Date / Time	25/02/2019 (11:27 AM)
	Survey held at	HUA HONG PTE LTD 25D SUNGEI KADUT STREET	I SINGAPORE 720332	
1000		200 GONGENADON GINEEN	ONE IZOUZ	-

Remarks

Estimate Days of Repair

4 Working Days

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.

ESTIMATED NORMAL PERIOD FOR REPAIR:

B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.



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. SJW 1043E

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	815.00	815.00
10	REAR BUMPER CLIP @\$3.00	NECESSARY	30.00	30.00
1	REAR BUMPER RETAINER (RH)	CRACKED	15.00	15.00
1	REAR BUMPER SIDE LOWER SKIRT (RH)	NOT NECESSARY	387.00	1-
1	REAR TAIL LAMP (RH)	CRACKED	320.00	320.00
1	REAR FENDER (RH)	BUCKLED	988.00	988.00
1	REAR WIND SCREEN MOULDING	NECESSARY	135.00	135.00
	LESS 20% DISCOUNT		-538.00	-460.60
			2,152.00	1,842.40
	LABOUR			
	TO DISMANTLE, CUT & WELD REAR RH FENDER, DISMANTLE & CHANGE REAR BUMPER, REAR RH TAIL LAMP, KNOCKING & PULL STRAIGHT REAR RH PANEL.		800.00	600.00
	TO PERFORM WIRE CHECKING.		20.00	20.00
	TO DISMANTLE & REFIT REAR WINDSCREEN.		120.00	120.00
	TO DISMANTLE & REFIT REAR CUSHION, SEAT AND INNER TRIM TO FACILITATE REPAIR.		100.00	50.00
	TO SPRAY REAR BUMPER, REAR RH FENDER AND REAR RH END PANEL.		600.00	500.00
			1,640.00	1,290.00
	GRAND TOTAL		3,792.00	3,132.40

RECOMMENDED COST OF LUMP SUM REPAIRS	2,500.00
(TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)	

Report Ref No. CS/INC19003482/Jsd3e2

ONG HWEE JIE

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, 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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.