

1540009

INS. CASE OWNER:

Lynn Phang

CC 3/AXA1600

2631

1 520382

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

11-5-16

Date / Time:

11-2-16

Registered in Merimen:

21-1-2016

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHS 8812M

Claim No.:

C0371934

Name of Insured:

Policy No.:

P1653829

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$5

2,500.00

D.O.A.:

6-2-16

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

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

SHD 91204



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
11/1/16	Non-Reporting 1st (1st):	
11/1/16	Non-Reporting 1st (2nd):	
11/1/16	Non-Reporting 1st (Final):	
11/1/16	Notification 1st (if non-pickup):	
11/1/16	Call OI:	
11/1/16	After call 1st to OI:	
11/1/16	Documentation Check List: Handler Typist	
11/1/16	Notification 1st (if non-pickup)	
11/1/16	After call 1st to OI:	
11/1/16	Authorisation To Act:	
11/1/16	Release Voucher:	
11/1/16	Final Repair Bill:	
11/1/16	Car Rental Invoice:	
11/1/16	Towing Invoice:	
11/1/16	LTA / GIA:	
11/1/16	Medical Bill:	
11/1/16	PIR:	
11/1/16	Mandate/Reject Instruction:	
11/1/16	LOD:	
11/1/16	Payment Breakdown Form:	
11/1/16	Post-Repair Photos:	
11/1/16	Others:	
11/1/16	PRELIMINARY ADVICE Date/Time:	Sent By:
11/1/16	FINALIZATION Date/Time:	Confirm with:
11/1/16	Repair Cost: \$5	(days) Reduction: %
11/1/16	FINAL SETTLEMENT Date/Time:	Confirm with:
11/1/16	Final Liability: %	(Agreed / Assessed) BOLA S/N No.:
11/1/16	Repair Cost: \$5	
11/1/16	Loss of Rental (LOR): \$5	(days)
11/1/16	Loss of Use (LOU): \$5	x days
11/1/16	Loss of Income (LOI): \$5	x days
11/1/16	LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	
11/1/16	GIA/LTA Search: \$5	
11/1/16	Medical: \$5	
11/1/16	Disbursement: \$5	(e.g. Tow/Independent)
11/1/16	Legal Cost: \$5	
11/1/16	Total: \$5	Global Sum \$5:
11/1/16	FINAL PAYMENT Date/Time:	Confirm with:
11/1/16	Payee 1: \$5	Name 1:
11/1/16	Payee 2: (Strike if N.A.) \$5	Name 2:
11/1/16	Payee 3: (Strike if N.A.) \$5	Name 3:

20X15: 300

170+300

50

28

80

628

ASS. REC. BY:

REF: ALAKenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

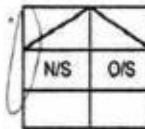
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 07 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 99204Yr Regn: 061 18

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

Truck / Trailer or

Make: Renaultc.c. 1993Colour: m. white / Red

A/C: Insured / Std / NI / NA

Sp. Reading 268019

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIA BL 15 AUG 277504

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: Recco 215/60R16R: Falken

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

TOYO / YOKO or

Front

Rear

R/Bal. 4 mmR/Bal. 5 mmL/Bal. 4 mmL/Bal. 5 mmD.O.A. 6/2/16D.O.I. 11/2/16

Survey held at _____

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

N/S body

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

Date / Time Action / Instruction

12/12 At post to Coroner11/12 6307.04, 7 days\$ 1490.74 -> check items11/12 6307.04Red 18 24536.64, 30.1.1Red 18 24536.64 / 29.1.1

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

Photos _____

Others _____

Report Format: _____

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

Mei Kwan (LKKAUTO)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Friday, 15 February, 2019 2:16 PM
To: Mei Kwan (LKKAUTO)
Cc: SUR
Subject: RE: LKK REF: CC3/AXA16002631/Kza3; TCS REF: AAD1602-095--Accident involving SGS8812M & SHD9920U on 06.02.16

Follow Up Flag: Follow up
Flag Status: Completed

Categories: HMK

WITHOUT PREJUDICE

Dear Mei Kwan

Can send us a copy of the survey report?

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

***** Please be reminded that all claims correspondence to be send to 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

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From: Mei Kwan (LKKAUTO) [mailto:Meikwan@lkkauto.com]
Sent: Friday, 1 February, 2019 4:33 PM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Cc: Admin A <admin-a@lkkauto.com>; CS A Team <cs-a@lkkauto.com>
Subject: RE: LKK REF: CC3/AXA16002631/Kza3; TCS REF: AAD1602-095--Accident involving SGS8812M & SHD9920U on 06.02.16

'WITHOUT PREJUDICE' **SAVE AS TO COSTS**

Dear Wai Yin,

Please note that SGS8812M is insured with MSIG.

Please check with MSIG.

Thank you.

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>

Sent: Friday, 30 November, 2018 1:41 PM

To: Admin A <admin-a@lkkauto.com>; CS A Team <cs-a@lkkauto.com>

Cc: claims@transcab.com.sg

Subject: LKK REF: CC3/AXA16002631/Kza3; TCS REF: AAD1602-095--Accident involving SGS8812M & SHD9920U on 06.02.16

WITHOUT PREJUDICE

Dear Sir/Madam

We are making a claim against your client SGS 8812M.

Enclosed our GIA report and LOD for your perusal and action.

Original hard copy will pass to Kenneth to bring back your office.

Hope can receive your offer soon.

Thank You

Best Regards,

Ng Wai Yin

Finance Department

TEL: 6603 1265 Ext.308

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Website: www.transcab.com.sg

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www.avg.com

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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	10/02/2016 10:48
Date Of Accident	06/02/2016 13:00
Exact Location Of Accident	JURONG EAST ST 31
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9920U
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 D dCi (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

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	QUAH CHENG HWEE
NRIC No	S0134965A
Date Of Birth	22/02/1954
Occupation	Outdoor
Date Of Driving Pass	06/01/1977
Driving Experience	39 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-93479278
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 727 JURONG WEST AVENUE 5 #09-182
Postcode	640727
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Head to Side
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

Details of Police Action

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

Circumstances of Accident

On 06/02/2016 at about 1300 hours, I was travelling straight along Jurong East Street 31 when Vehicle B (SGS8812M) which was parked on the left suddenly moved forward without checking for oncoming vehicles. Thus resulted, Vehicle B's front portion had collided onto my taxi's left side portion.

Are accident photos available for attachment?	Yes
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGS8812M
Vehicle Make/Model/Colour	B.M.W. 535I 3.0L AT D/AB
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

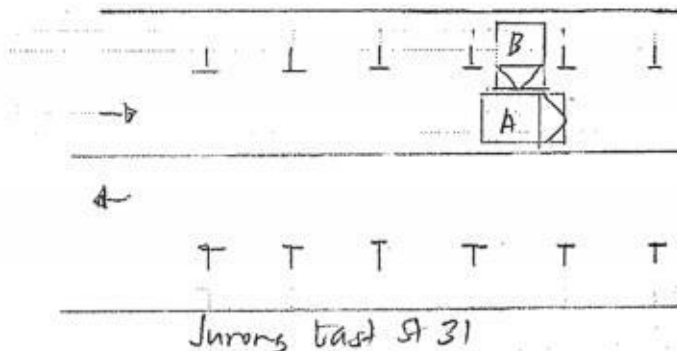
Quah.

Policyholder's Signature / Date & Time

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

RMA
Witnessed by Reporting Centre Personnel

Sketch Plan



A. SHD 99206

B. SG58812M

Describe Circumstances of the Accident

Please refer to G12 Report

Declaration

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

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Accident Photo



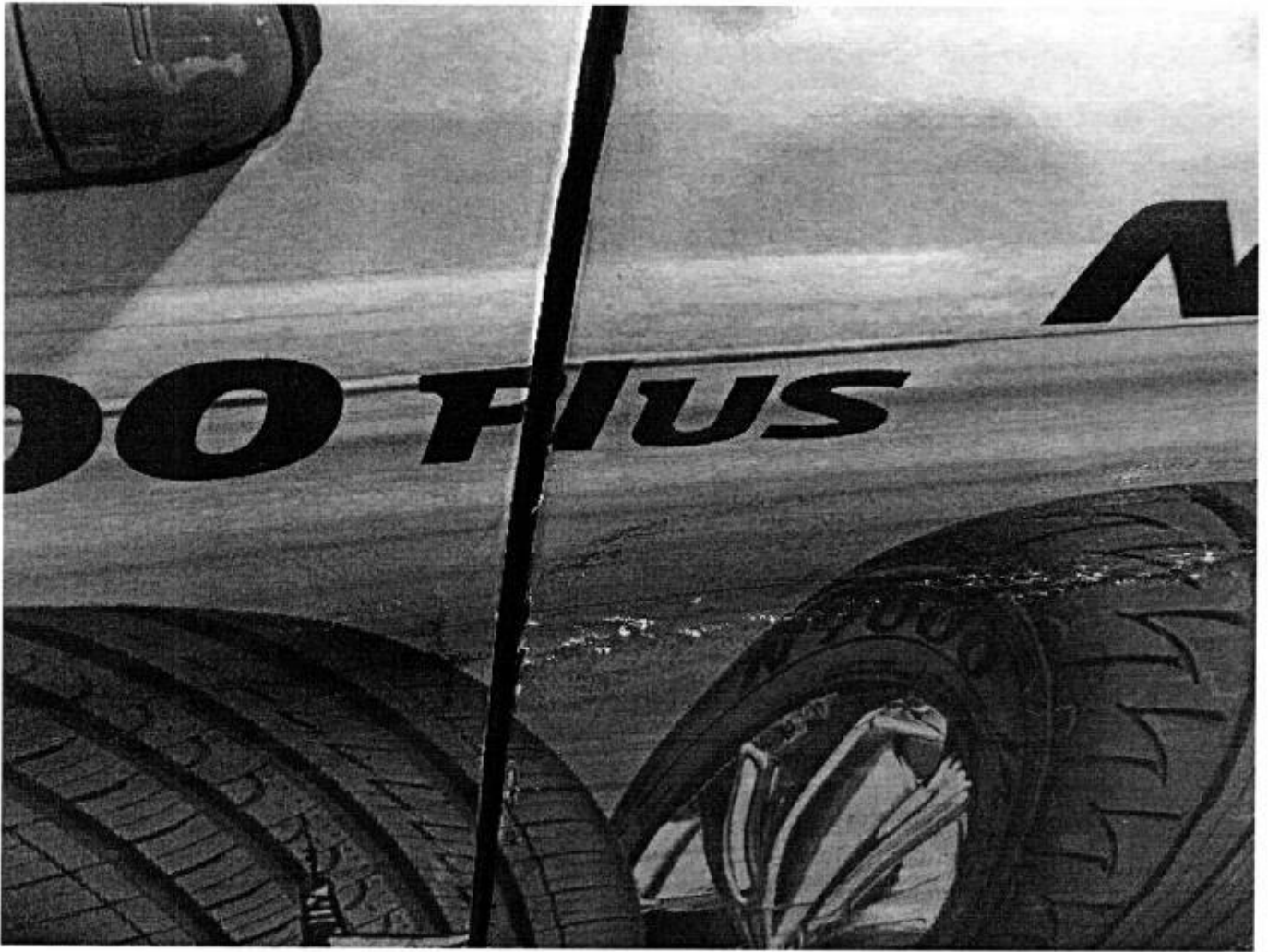
Accident Photo



Accident Photo



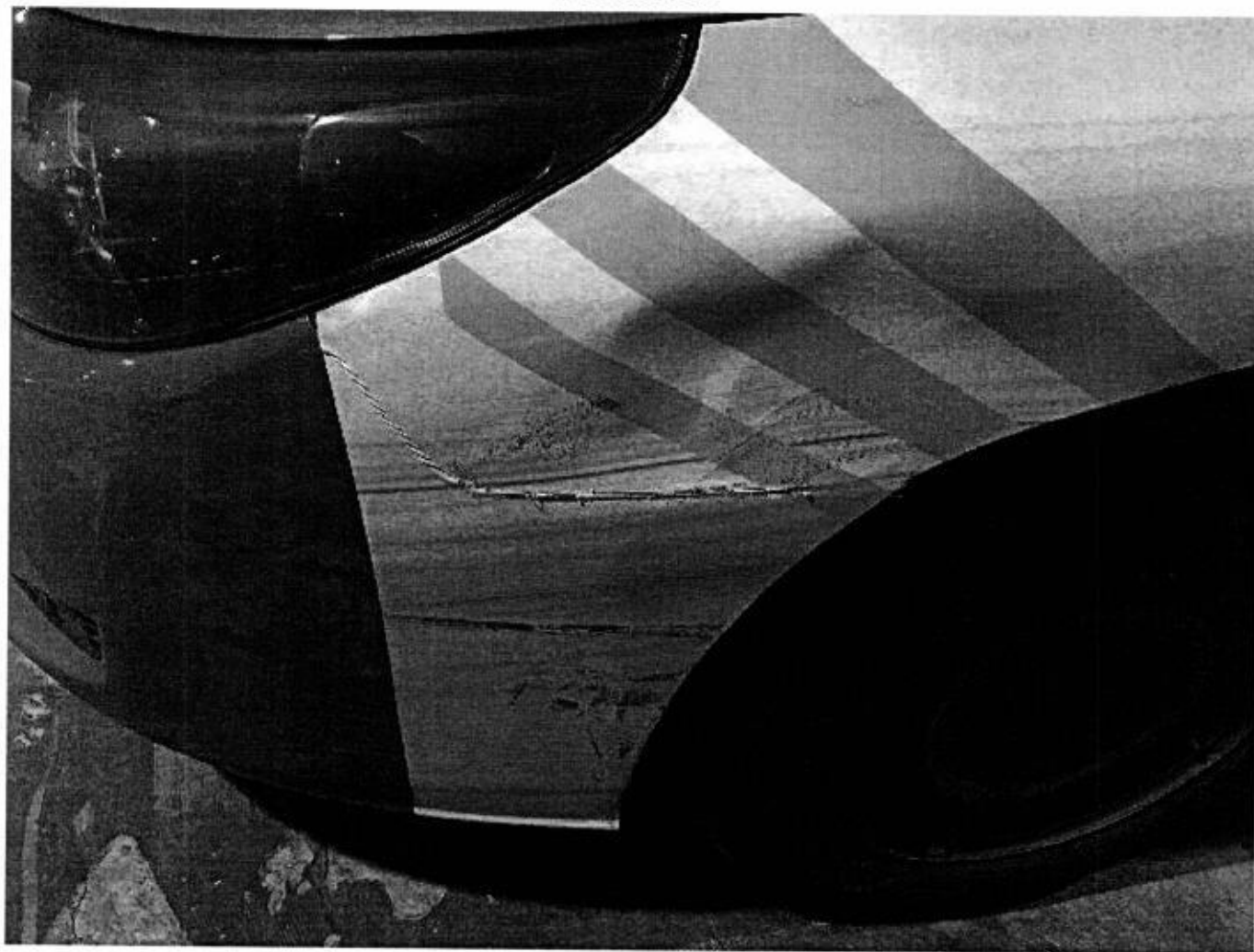
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



TRANS-CAB AUTO SERVICES PTE.LTD
 NO.2 ANG MO KIO ST 63 SINGAPORE 569111
 TEL NO.6287 6666 FAX NO.6257 1330
 CO/GST REG NO.201019626G
SHD 9920U - AXA

Not Authorised
13.1

RIZA

Vehicle No.:
 Chassis No.:
 Vehicle Make:
 Vehicle Model:
 Date of Accident :
 Third Party Insurer :

SHD 9920U - RIZA
 VF1ABL15AUC277504
 RENAULT
 LATITUDE
 06.02.16
AXA

		PART		LIST
1	1	BUMPER COVER FRT	\$	<i>R</i> 968.78 ✓
2	1	BUMPER RETAINER FRT LH	\$	<i>Sm</i> 116.47 X
3	1	BUMPER BRACKET FRT LH	\$	<i>R</i> 139.81 X
4	1	HEADLAMP LH	\$	<i>Sm</i> 911.10 X
5	1	AIR CLEANER LOWER	\$	<i>Sm</i> 271.26 X
6	1	AIR CLEANER HOSE	\$	<i>Sm</i> 58.57 X
7	1	LOWER ARM LH	\$	<i>Sm</i> 527.51 X
8	1	KUNCKLE ARM LH	\$	<i>Sm</i> 651.53 X
9	1	ABSORBER FRT LH	\$	<i>R</i> 277.34 X
10	1	FENDER PANEL FRT LH	\$	<i>R</i> 602.95
11	1	FENDER WHEELARCH FRT LH (Linner)	\$	<i>Sm</i> 107.33 X
12	1	DOOR FRT LH	\$	<i>R</i> 2,188.20 X
13	1	DOOR HANDLE OUTER FRT LH	\$	<i>Sm</i> 198.55 X
14	1	DOOR HANDLE COVER FRT LH	\$	<i>Sm</i> 10.17 X
15	1	DOOR MIRROR LH	\$	<i>Sm</i> 1,141.08 X
16	1	DOOR SEAL FRT LH	\$	<i>Sm</i> 52.83 X
17	1	ROCKER PANEL OUTER LH	\$	<i>R</i> 759.61 X
18	1	DOOR REAR LH	\$	<i>R</i> 2,188.20 X
19	1	DOOR HANDLE OUTER REAR LH	\$	<i>Sm</i> 97.31 X
20	1	FENDER PANEL REAR LH	\$	<i>R</i> 2,537.80 X
21	1	FENDER WHEELARCH REAR LH (Linner)	\$	<i>Sm</i> 418.06 X
22	1	BUMPER COVER REAR	\$	<i>R</i> 852.66 X
23	1	BUMEPB BRACKET SIDE LH REAR(Taillamp lo	\$	<i>Sm</i> 104.59 X
24	1	BUMEPB RETAINER LH REAR	\$	<i>R</i> 34.61 X
			TOTAL	\$ 15,216.32
			10%	\$ 1,521.63
				\$ 13,694.68

Specical Nett

1	1SET	FRONT BUMPER CLIP	\$	<i>R</i> 66.00 X
2	1SET	WHEELARCH CLIP FRT LH	\$	<i>R</i> 66.00 X
3	1	CAP HUB LH RR	\$	<i>Sm</i> 35.00 ✓
4	1	RIM LH RR	\$	<i>Sm</i> 385.00 X

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 SHD 9920U - AXA

RIZA

5	1	TYRE LH RR	\$	330.00 X
6	1	DOOR CASING FRT CLIP LH (door inner trim)	\$	45.00 X
7	1	DOOR STICKER "Trans-cab"	\$	80.00 60.00
8	1	DOOR STICKER "Classic"	\$	30.00 15.00
9	1	DOOR STICKER "6555-3333"	\$	80.00 60.00
10	2	Rear Windscreen Sealant	\$	100.00 40.00
11	1	Rear Windscreen Inner Sponge Seal	\$	150.00 30.00
12	1	CAP HUB LH RR	\$	35.00
13	1	RIM LH RR (spare change)	\$	385.00 X
14	1	TYRE LH RR (spare change)	\$	330.00 X
15	1SET	WHEELARCH CLIP RR LH	\$	66.00 X
16	1SET	REAR BUMPER CLIP	\$	66.00 X
17	1SET	BUMPER RETAINER LH CLIP RR	\$	20.00 X
18	1	FENDER ADVERTISEMENT STICKER FRT LH	\$	250.00 150.00
19	1	DOOR ADVERTISEMENT STICKER FRT LH	\$	250.00 150.00
20	1	DOOR ADVERTISEMENT STICKER RR LH	\$	250.00 150.00
21	1	FENDER ADVERTISEMENT STICKER RR LH	\$	250.00 150.00
22	1	BUMPER ADVERTISEMENT STICKER RR	\$	150.00 100.00

TOTAL	\$	3,419.00
TOTAL PARTS	\$	17,113.68

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same.	\$	5,400.00 1000.00
To Check Electrical Lighting Concerned.	\$	170.00 40.00
Putty and spray painting of the affected portion.	\$	6,000.00 1320.00
To dismantle and refit front end suspension, undercarriage parts, final checking and testing.	\$	380.00 X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	380.00 X
To check steering geometry and computer wheel alignment	\$	220.00 60.00
To transfer of tire, rim and on wheel balancing.	\$	170.00 X

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RIZA

To remove and replace corporate sticker	\$	330.00 1201
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	170.00 1001
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$	170.00 1201
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00 X
To rust-proofing of the affected areas.	\$	170.00 601

TOTAL	\$	13,730.00
Over All Total	\$	30,843.68

(PARTS BY PARTS) Repair Days

20 Days

7 days

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

Acknowledged by Repairer

Signature:

Date:

602.95
2188.2
2791.15
90
2512.035

} parts.

2512.035
35
60
15
60
40
30
35
150
150
150
150
100

} S/N

3487.035

3487.035

1000
40
1320
60
120
100
120
60

} LCPower.

6307.035

hmv

18/4/19

Δ182-53




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 : CC3/TP16002631/Ka3s2-1		
NO.2 ANG MO KIO STREET 63SINGAPORE 569111		Date : 18-04-2019		
		Code : TP378		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHD 9920U	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		11/02/2016	
2. Vehicle Particulars & Condition				
Make & Model	RENAULT LATITUDE (A)	c.c	1995	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	VF1ABL15AUC277504	Colour	METALLIC WHITE / RED	
Odometer	268019	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60R16	ROVELO	4 mm	
L/H Front Tyre	215/60R16	ROVELO	4 mm	
R/H Rear Tyre	215/60R16	FALKEN	5 mm	
L/H Rear Tyre	215/60R16	FALKEN	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	06/02/2016	Inspection Date	11/02/2016	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO. 42 SUNGEI KADUT ST 1 SINGAPORE 729346			
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:		7 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 9920U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER COVER FRT	TO REPAIR SEE LABOUR	968.78	-
1	BUMPER RETAINER FRT LH	SERVICEABLE	116.47	-
1	BUMPER BRACKET FRT LH	TO REPAIR SEE LABOUR	139.81	-
1	HEADLAMP LH	SERVICEABLE	911.10	-
1	AIR CLEANER LOWER	SERVICEABLE	271.26	-
1	AIR CLEANER HOSE	SERVICEABLE	58.57	-
1	LOWER ARM LH	SERVICEABLE	527.51	-
1	KNUCKLE ARM LH	SERVICEABLE	651.53	-
1	ABSORBER FRT LH	SERVICEABLE	277.34	-
1	FENDER PANEL FRT LH	BENT	602.95	602.95
1	FENDER WHEELARCH FRT LH (LINNER)	SERVICEABLE	107.33	-
1	DOOR FRT LH	TO REPAIR SEE LABOUR	2,188.20	-
1	DOOR HANDLE OUTER FRT LH	SERVICEABLE	198.55	-
1	DOOR HANDLE COVER FRT LH	SERVICEABLE	10.17	-
1	DOOR MIRROR LH	SERVICEABLE	1,141.08	-
1	DOOR SEAL FRT LH	SERVICEABLE	52.83	-
1	ROCKER PANEL OUTER LH	TO REPAIR SEE LABOUR	759.61	-
1	DOOR REAR LH	BENT	2,188.20	2,188.20
1	DOOR HANDLE OUTER REAR LH	SERVICEABLE	97.31	-
1	FENDER PANEL REAR LH	TO REPAIR SEE LABOUR	2,537.80	-
1	FENDER WHEELARCH REAR LH (LINNER)	SERVICEABLE	418.06	-
1	BUMPER COVER REAR	TO REPAIR SEE LABOUR	852.66	-
1	BUMPER BRACKER SIDE LH REAR (TAILLAMP LOWER)	SERVICEABLE	104.59	-
1	BUMPER RETAINER LH REAR	SERVICEABLE	34.61	-
	LESS 10% DISCOUNT		-1,521.64	-279.12
			13,694.68	2,512.03
SPECIAL NETT ITEMS				
1	SET FRONT BUMPER CLIP (SN)	NOT NECESSARY	66.00	-
1	SET WHEELARCH CLIP FRT LH (SN)	NOT NECESSARY	66.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	CAP HUB LH RR (SN)	MISSING	35.00	35.00
1	RIM LH RR (SN)	SERVICEABLE	385.00	-
1	TYRE LH RR (SN)	SERVICEABLE	330.00	-
1	DOOR CASING FRT CLIP LH (DOOR INNER TRIM) (SN)	NOT NECESSARY	45.00	-
1	DOOR STICKER "TRANS-CAB" (SN)	NECESSARY	80.00	60.00
1	DOOR STICKER "CLASSIC" (SN)	NECESSARY	30.00	15.00
1	DOOR STICKER "6555-3333" (SN)	NECESSARY	80.00	60.00
2	REAR WINDSCREEN SEALANT (SN)	NECESSARY	100.00	40.00
1	REAR WINDSCREEN INNER SPONGE SEAL (SN)	NECESSARY	150.00	30.00
1	CAP HUB LH RR (SN)	DENTED	35.00	35.00
1	RIM LH RR (SPARE CHANGE) (SN)	SERVICEABLE	385.00	-
1	TYRE LH RR (SPARE CHANGE) (SN)	SERVICEABLE	330.00	-
1	SET WHEELARCH CLIP RR LH (SN)	NOT NECESSARY	66.00	-
1	SET REAR BUMPER CLIP (SN)	NOT NECESSARY	66.00	-
1	SET BUMPER RETAINER LH CLIP RR (SN)	NOT NECESSARY	20.00	-
1	FENDER ADVERTISEMENT STICKER FRT LH (SN)	NECESSARY	250.00	150.00
1	DOOR ADVERTISEMENT STICKER FRT LH (SN)	NECESSARY	250.00	150.00
1	DOOR ADVERTISEMENT STICKER RR LH (SN)	NECESSARY	250.00	150.00
1	FENDER ADVERTISEMENT STICKER RR LH (SN)	NECESSARY	250.00	150.00
1	BUMPER ADVERTISEMENT STICKER RR (SN)	NECESSARY	150.00	100.00
			3,419.00	975.00
	LABOUR			
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF BUMPER COVER FRT, BUMPER BRACKET FRT LH, DOOR FRT LH, ROCKER PANEL OUTER LH, FENDER PANEL REAR LH AND BUMPER COVER REAR.		5,400.00	1,000.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	40.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		6,000.00	1,320.00
	TO DISMANTLE AND REFIT FRONT END SUSPENSION, UNDERCARRIAGE PARTS, FINAL CHECKING AND TESTING.	NOT NECESSARY	380.00	-
	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH, TO FACILITATE REPAIR.	NOT NECESSARY	380.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.		220.00	60.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO REMOVE AND REPLACE CORPORATE STICKER.		330.00	120.00
	TO TRANSFER OF FENDER FITTINGS, ATTACH,MENTS AND PERFORM WATER SEEPAGE TEST.		170.00	100.00
	TO REMOVE AND REFIT REAR W/SCREEN GLASS TO FACILITATE BODYWORK REPAIR.		170.00	120.00
	TO TRANSFER OF DOOR FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	60.00
			13,730.00	2,820.00
GRAND TOTAL			30,843.68	6,307.03
RECOMMENDED COST OF REPAIRS				-

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KONG SENG CHEONG

Licensed Appraiser

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