

ASS. REP. BY

SA/Veyan

REP CS/ GAI 19005069/KLSA307

per of instruction

Kelvin

## ASSIGNMENT (Office)

From (Person)

Estimated Cost

Kelvyna Ngien

of

GAI

Date/Time

14/3/14

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MYTC

To Inspect Vehicle No.

SHA7565R

Insured

FBJ 5708H

at Workshop m/

Comfort Delgro

Tel.

8125 9176

of

SA Ioxang Drive

Policy No.

Claim No.

FBJ 5708H

Sum insured

Excess:

Make of Veh.

(Client's Record)

D.O.A.

15/03/2014

CA / REV / REP. / REV 24 HRS

Date/Time:

10:36 am 20/3/14

Person Contacted:

Pauzy

H.O.D. Endorsement:

Vehicle

IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

SHA 7565 R - CC4/III 18016440 / R146392

D.O.A - 02/09/2018

FBJ 57084 - X

21/03/14

@ 18:21 p.m. revised RA to Kelvyna via email.



**Nivitha (LKK Auto)**

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**From:** Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>  
**Sent:** Tuesday, 19 March 2019 5:26 PM  
**To:** Admin-D (LKKAuto); 'Admin A'  
**Subject:** TP survey - DOA: 15.03.19 (3P) CLAIMS WITH OUR INSURED - FBJ5708H - SHA7565R ( GREAT AMERICAN )  
**Attachments:** SHA7565R-316123413-0001.pdf

Hi team

TP survey please for tomorrow morning if possible. Do touch base with TP first. Our insured has not reported.

Thanks  
Kelvyna

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The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref

305278009

Date

16-3-19

Time of Fax:

1230hr

Via Fax

Great American  
Email

Your Insured:

FBJ 5708H

Date of Acc:

15-3-2019

Attn: Motor Claims Department  
Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

A7565R

Our client has engaged us to repair the above vehicle and submit claims against the other party/parties-involved in the accident

In accordance to the motor claims framework, we hereby request your presence at 59 Loyang Drive, Singapore 508969 to survey our client's damaged vehicle.

Enclosed, please find:

- i) Our initial estimate of repairs of the damaged vehicle;
- ii) Accident report made by our client.

I would appreciate it if you could call us to arrange for the survey of the vehicle:-

• Lim Kwok Eng	Tel: 6214 8316 or HP: 9824 0811
• Larry Ng Nyuk Phin	Tel: 6214 8315 or HP: 9230 2824
• Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546
• Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006
• Juman Bin Masudin	Tel: 6214 8315 or HP: 9635 5305
• Fauzy Bin Mokhtar	Tel: 6214 8319 or HP: 8125 9176

Fax no. 6546 8156

PLS CALLED

Fauzy

If we do not hear from you within the next 48 hours, we shall deem that you have waived your rights to survey our client's vehicle and we shall proceed to engage independent surveyor without further reference to you. We henceforth reserve our rights to claim for Loss of Use and Loss of Rental during any delayed period of this survey arrangement.

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.

Thank you.

Yours faithfully

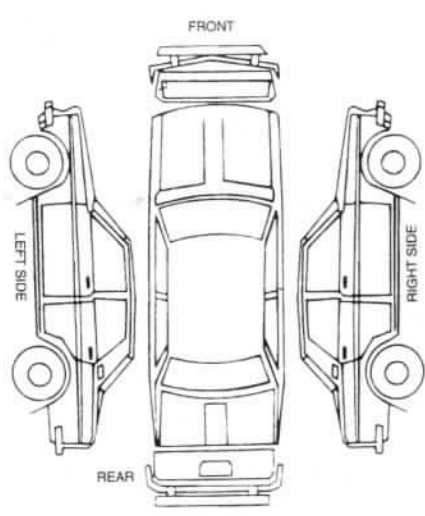
for Vice President  
Crash Repairs & Claims Recovery

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 3906688 JC NO.: 305278009

FROMER	REGN NO.: SHA7565R	MILEAGE
AS COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL
7010045		E.....1/2.....F
FROMER NO. 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 15.03.2019 21:30
RESS Singapore SINGAPORE 575717	YR OF MANU. 14.05.2015	TARGET DATE
65508755 (R) (O)	CHASSIS CODE RMHLB41UMFU069088	COMPLETION DATE/TIME:
(P)		
OUNT CARD NO.		

Accident Date: 15.03.2019  
NATURE: 3P 15.03.19/B

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_ CUSTOMER'S SIGNATURE \_\_\_\_\_

Knowledge Slip	Exit Pass
Vehicle No.: SHA7565R FZ GAIG	Vehicle No.: SHA7565R
Signature/Date	Name of Service Advisor
Date	Date
returned to Service Reception upon collection	To be kept by Security Guard

## Shirley Hiew (LKK Auto)

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**From:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Sent:** Thursday, 21 March 2019 6:21 PM  
**To:** 'Ngian, Kelvyna'  
**Cc:** SUR; Admin-D (LKKAuto); assignments  
**Subject:** RE: TP survey - DOA: 15.03.19 (3P) CLAIMS WITH OUR INSURED - FBJ5708H - SHA7565R ( GREAT AMERICAN )  
**Attachments:** SHA 7565R - Preli Advise.pdf

Dear Kelvyna,

Enclosed preliminary revised of vehicle SHA 7565R.

Kindly provide us the claim no.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:Sur@lkkauto.com) | fax: 6256-4315

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

---

**From:** Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]  
**Sent:** Wednesday, 20 March 2019 10:35 AM  
**To:** 'Ngian, Kelvyna' <Kelvyna.Ngian@sg.gaig.com>; assignments <assignments@lkkauto.com>  
**Cc:** SUR <sur@lkkauto.com>  
**Subject:** RE: TP survey - DOA: 15.03.19 (3P) CLAIMS WITH OUR INSURED - FBJ5708H -SHA7565R ( GREAT AMERICAN )

Dear Sir/Mdm,

Thank you for the assignment.

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

---

**From:** Ngian, Kelvyna [mailto:Kelvyna.Ngian@sg.gaig.com]  
**Sent:** Tuesday, 19 March 2019 5:26 PM

**To:** Admin-D (LKKAuto) <admin-d@lkkauto.com>; 'Admin A' <admin-a@lkkauto.com>

**Subject:** TP survey - DOA: 15.03.19 (3P) CLAIMS WITH OUR INSURED - FBJ5708H -SHA7565R ( GREAT AMERICAN )

Hi team

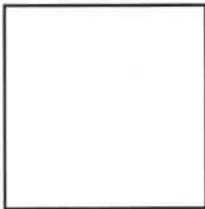
TP survey please for tomorrow morning if possible. Do touch base with TP first. Our insured has not reported.

Thanks

Kelvyna

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[www.avg.com](http://www.avg.com)



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: TBA

Date: 21 March 2019

Our Ref: CS/GAI19005069/K1sd3

The Motor Claims Department  
GREAT AMERICAN INSURANCE COMPANY

Dear Sir/Madam,

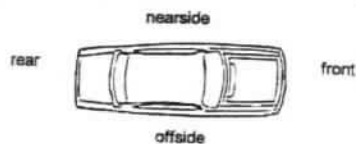
**PRELIMINARY ADVICE OF VEHICLE NO. SHA 7565R .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 20/03/2019 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>1,620.66</u> .
Revised Estimate Amount	: S\$ <u>990.00</u> .
"Check" Items Amount	: S\$ <u>-</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

**Description of Damage:**

The vehicle sustained damages  
at the rear o/s portion.



**Comments/ Present Status:**

Damages Consistent.  
Repair days: 2 Days

Yours faithfully,  
Kalvin Ang  
Automotive Assessor



## 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 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.

### ACCIDENT STATEMENT

Date Of Report	16/03/2019 10:19
Date Of Accident	15/03/2019 20:25
Exact Location Of Accident	ALONG SHELFORD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7565R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	TAN LIM CHENG
NRIC No	S1332195G
Date Of Birth	31/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	07/12/1978
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96600672
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	179 10-2882 ANG MO KIO AVENUE 5
Postcode	560179
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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 REAR
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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

SEE ATTACH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

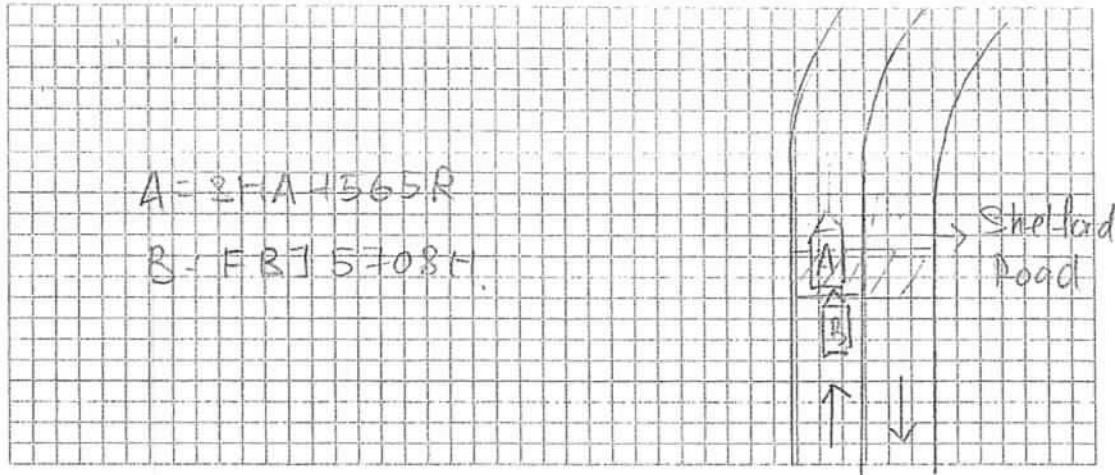
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ5708H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/3/19 at about 20:25 hrs, I was driving straight at above said location with a male pax. While I drive over a hump, suddenly I felt an impact from my taxi behind. I stepped out and found veh B in front position. collided onto the rear portion of my taxi. No injury reported in this accident

## DECLARATION

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

OMFORT TRANSPORTATION PTE. LTD.  
CO REG NO. 199303821R  
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name: 16/3/19  
1 aka Wei Ylena

**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 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 :
  - (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.
- (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.

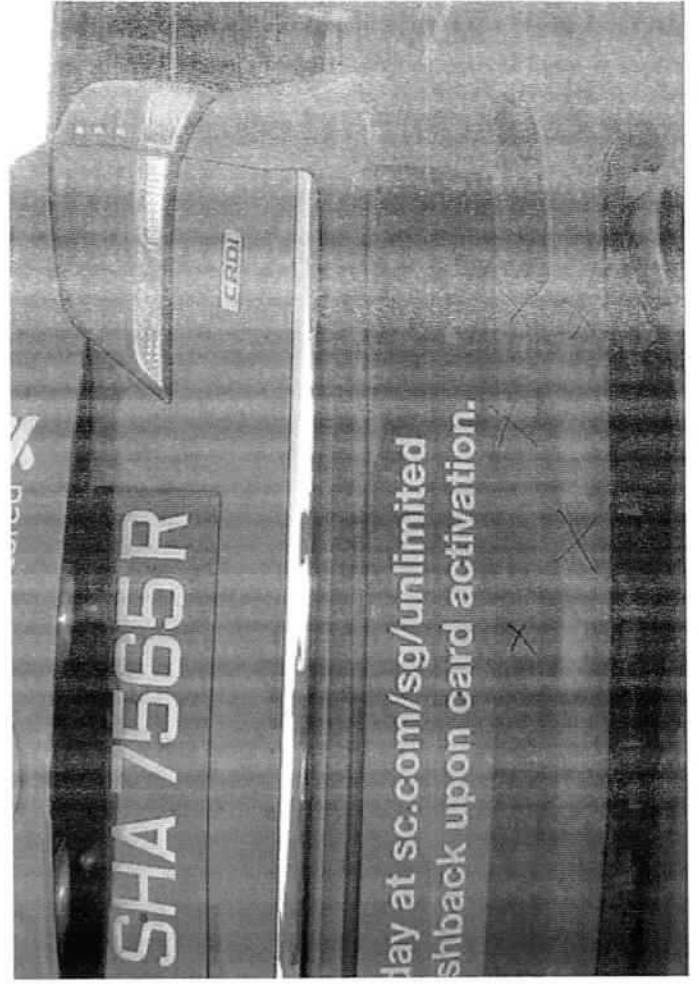
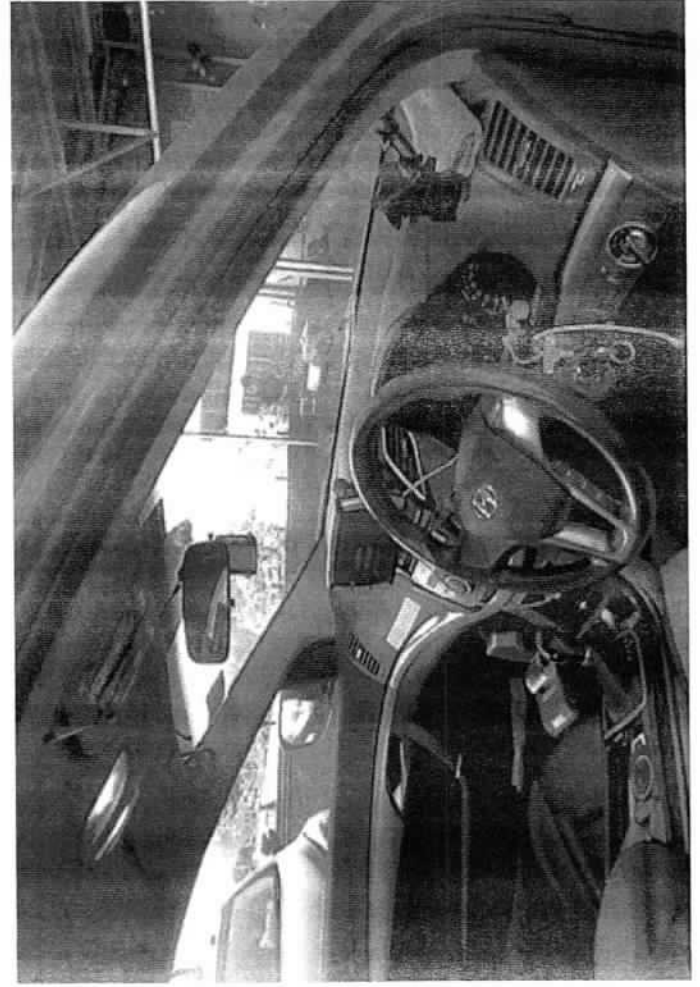
COMFORT TRANSPORTATION PTE LTD  
CO REG. NO. 199303821R

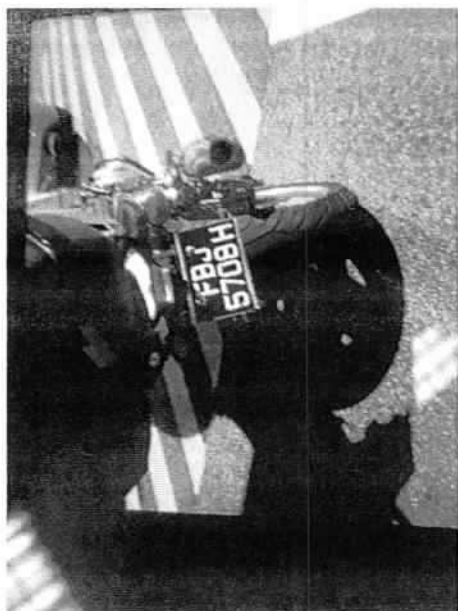
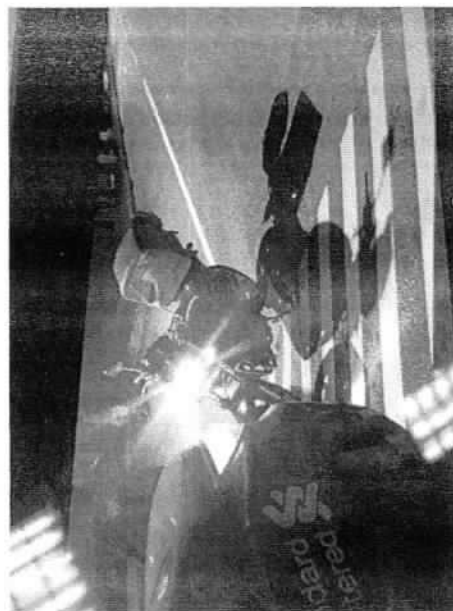
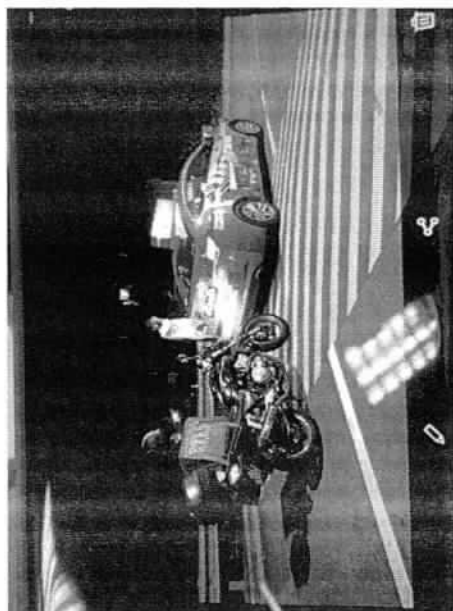
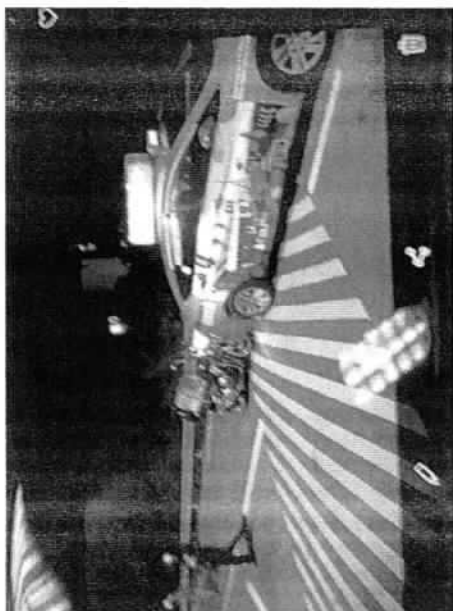
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Loke Wei Yeng







## REPAIR ESTIMATE\*

DATE 16/03/2019 12:32

**MODEL : HYUNDAI i40**

Great American  
Race

LS (FZ)

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Bracket (LH/RH) X <sup>sn</sup>		\$ 35.60	\$ 71.20
	Rear Bumper Clip 10 pcs — me			\$ 22.00
	Rear Bumper under cover X <sup>su</sup>			\$ 228.00
	Rear Bumper reflector RH X <sup>su</sup>			\$ 32.00
	SUB TOTAL			\$ 906.20
	LESS 20%			\$ 181.24
	DISCOUNTED TOTAL			\$ 724.96
	Rear Bumper Advertisement logo — m			\$ 50.00 Nett
	Rear Bumper Rubber Mat — me			\$ 50.00 Nett
	Rear Bumper Reverse Sensor X <sup>su</sup>			\$ 135.70 Nett
				\$ 235.70
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>300.00</del> 200
	Spray Painting Charge			\$ <del>250.00</del> 200
	Wiring Charge			\$ <del>30.00</del> X <sup>m</sup>
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> 70 40
	TOTAL LABOUR			\$ 660.00
	ESTIMATE TOTAL			\$ 1,620.66
	Kali Ullery 20/3/19 11:0 L. 20/12 U/S After Repair plz			
	Acknowledged by: Signature: Date:			

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.



MEMBER NO : SHA 7565R *Great American* DATE 16/03/2019 12:32  
 SEX : *Male*  
 MODEL : HYUNDAI i40 *REAR*

(FZ)

QTY	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper ✓			\$ 553.00
	Rear Bumper Bracket (LH/RH) ✕		\$ 35.60	\$ 71.20
	Rear Bumper Clip 10 pcs ✓			\$ 22.00
	Rear Bumper under cover ✕			\$ 228.00
	Rear Bumper reflector RH ✕			\$ 32.00
	SUB TOTAL			\$ 906.20
	LESS 20%			\$ 181.24
	DISCOUNTED TOTAL			\$ 724.96
	Rear Bumper Advertisement logo ✓			\$ 50.00
	Rear Bumper Rubber Mat ✓			\$ 50.00
	Rear Bumper Reverse Sensor ✕			\$ 135.70
				\$ 235.70
	Labour Charge			
	Panel Beating			\$ <del>300.00</del> 200
	Spray Painting Charge			\$ <del>250.00</del> 200
	Wiring Charge			\$ <del>30.00</del> ✕
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> 40
	TOTAL LABOUR			\$ 660.00
	ESTIMATE TOTAL			\$ 1,620.66
	Kali 11/11/19			
	20/3/19 1110 L			
	20/12			
	L/S			
	After Repair p/h			

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.

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305278009  
Date : 25.03.2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA7565R

Date of Accident : 15.03.2019

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

1. The repair job shall bill to: GREAT AMERICAN -- FBJ5708H
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$0.00
  - (b) Labour Charges \$0.00
  - Total for Part-By-Part Repair Cost \$0.00**
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20%  
**Final Lumpsum Repair cost \$800.00**

3. Estimated normal period for repairs: 2 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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kahr

Date : 26/3/19

## 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:




## 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				
GREAT AMERICAN INSURANCE COMPANY			Ref : CS/GAI19005069/K1sd3e2	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190			Date : 11-04-2019	
			Code : GAI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	FBJ 5708H	Veh. Inspected	SHA 7565R	
Policy No.		Coverage (\$)	0.00	
Claim No.	FBJ5708H	Excess (\$)	0.00	
Assign From	KELVYNA NGIAN	Assign Date	19/03/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMFU069088	Colour	BLUE	
Odometer	411696	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	WEST LAKE	6 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm	
R/H Rear Tyre	205/60 R16	WEST LAKE	6 mm	
L/H Rear Tyre	205/60 R16	WEST LAKE	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	15/03/2019	Inspection Date	20/03/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>		

**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. SHA 7565R**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	553.00	553.00
2	REAR BUMPER BRACKET (LH/RH) @\$35.60	SERVICEABLE	71.20	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
1	REAR BUMPER REFLECTOR RH	SERVICEABLE	32.00	-
	LESS 20% DISCOUNT		-181.24	-115.00
			724.96	460.00
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			235.70	100.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		300.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	40.00
			660.00	440.00
<b>GRAND TOTAL</b>			<b>1,620.66</b>	<b>1,000.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>800.00</b>

Report Ref No. CS/GAI19005069/K1sd3e2

**KALVIN ANG WEI KUN**

Automotive Assessor / Investigator

**ADRIAN LING WAI PING**

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

Licensed Appraiser

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