

Page No.

And POC (P)

Surveyor

REF CS/SPF 19006284/KSD3^{SR}

Special Instruction

ASSIGNMENT (Office)

From (Person) **Abdul Rahman**

of **SPF**

Date/Time **9/11/19 @ 9:38am**

Estimated Cost Bill to

OD / TP / WS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No. **SKU 1045Z**

Insured **GBC 1104M**

at Workshop on/ **CarTimes**

Tel: **64715111**

of **160 Sin Ming Drive #02-04**

Policy No. Claim No. **AEMD/105/009/2019/024**

Sum Insured Excess

Make of Veh. (Client's Record) D.O.A. **29/03/2019**

CA / REV / REP / REV 24 HRS

H.O.D. Endorsement

Date/Time: **1140am @ 9/11/19**

Person Contacted: **Angel**

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (✓) Estimate
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	SKU 1045Z - X
--	----------------------

	GBC 1104M - X
--	----------------------

Do Not Finalise

ASS. REC. BY:

REF: SPF /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Car times

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKU 10458 Yr Regn: 06, 15Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: Mazda 3 c.c. 1496Colour: M.D. Blue A/C: Insured / Std / NI / NASp. Reading: 30312 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM 83M 42A8G-00311095Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. 4 mmL/Bal. 4 mmD.O.A. 29/3/19

Survey held at _____

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

O/S

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

Date / Time

Action / Instruction

1 File pass to11 Pm @ 1850 to submit.158cm (\$3,246.40 Red - 64%)27/04/19 @ Range \$1,000/- - \$2,000/-, checked with Kennethweekends : 0

Date/Time, File Pass to?

27/06/191) Typist

Date/Time, File Return to?

2)

☐ : Prel. Report☒ : Final ReportDays Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

220

Transportation:

S + RS. \$

Fees

Others

TOTAL

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

Report Format:

Lump Sum / I.B.I: (\$ 1,850/- H.S.)

Nivitha (LKK Auto)

From: Abdul Rahman MOHAMAD SALIM (SPF)
<Abdul_Rahman_Mohamad_Salim@spf.gov.sg>
Sent: Tuesday, 9 April 2019 9:38 AM
To: assignments@lkkauto.com
Cc: 'Olivia Lau (LKKAuto)'; Rosalyn TAN (SPF); Frankie THAY (SPF); Hafizul Farhan RAHMAT (SPF)
Subject: Assignment for Pre Repair Inspection of Accident Veh SKU1045Z

Your Ref : SKU1045Z
Our Ref : AEMD/105/009/2019/024

Sir/Madam,

RTA involving police veh GBC1104M and other veh SKU1045Z on 29 Mar 2019

We refer to the above matter.

Please assign a Pre-Repair Inspection for Vehicle **SKU1045Z** at the following address:

M/s Cartimes Autolution
160 Sin Ming Dr
#02-04 Autocity
Singapore 575722

For appointment, please contact **Ms Angel Lim at 64715111**.

Thanks.

Abdul Rahman (Mr)
Accident Claims Officer
Automotive Engineering & Management Division
Police Logistics Department
Singapore Police Force
DID: (65) 6478 4840 | FAX: (65) 6478 4848



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

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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	05/04/2019 19:10
Date Of Accident	29/03/2019 15:00
Exact Location Of Accident	BLK 317 WOODLANDS ST 31 OPEN CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU1045Z
Insured/Policyholder	
Name Of Registered Owner	C & P RENT-A-CAR (PTE) LTD
Co Reg No	197900477H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67366666

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 SEDAN L SP.6EAT (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

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
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Type Of Coverage	THIRD PARTY
------------------	-------------

Fleet Policy	YES
--------------	-----

Policy Number	
---------------	--

Cover Note Number	C0093870
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Driver

Name of Driver	YEO WEI XUAN
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NRIC No	S9002749B
---------	-----------

Date Of Birth	16/01/1990
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Occupation	INDOOR
------------	--------

Date Of Driving Pass	02/02/2012
----------------------	------------

Driving Experience	7 YEARS AND 1 MONTH
--------------------	---------------------

Gender	MALE
--------	------

Mobile Number	(LOCAL) +65-92979702
---------------	----------------------

Fax Number	
------------	--

Contact Number	
----------------	--

EEmail Address	NOEMAIL
----------------	---------

Address	1 WOODLANDS ST 12 WOODLANDS WEST NPC
Postcode	738622
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

REFER TO ATTACH SKETCH PLAN

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 Witness 1

Name	ALDIL
Phone Number	92992362
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC1104M
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NUR AMALINA ZAIFA
NRIC/Passport Number	
Contact Number	93877495
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

Nó. Of Passenger (Including Driver)

SKETCH PLAN

* computed in the full range 154 of the AVIDIUM DUNE

1. Identify and describe the problem
2. Identify the policy goals
3. Identify the policy options
4. Identify the policy impacts
5. Identify the policy costs
6. Identify the policy benefits
7. Identify the policy risks
8. Identify the policy uncertainties
9. Identify the policy trade-offs
10. Identify the policy alternatives

Any issue regarding this, be referred to the Police for investigation.

Any issue requiring may be referred to the Finance Committee.

By the judgment of the court in the instant case, hereby consent to the granting of this writ of habeas corpus to the said applicant.

The undersigned hereby certifies that said

² Covered under the Personal Data Protection Act (PDPA).

understand, as knowledge, 4094. We must not think that

14. My insurer, my employer and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other pertinent information provided by me or processed by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all individuals who have incurred vehicles involved in this accident (all members) who have incurred personal information to all individuals who have incurred vehicles involved in this accident (all members) who have incurred vehicles involved in this accident shall be collectively referred to as the "Insurers", the member's lawyer, the Police, the Ministry of Transport of Singapore and any relevant government agency/authority (such as the police) for the purpose of:

involving handling and/or dealing with my clients including the settlement of the claims and any necessary investigations relating to the claims.

in investigating the accident and its cause.

...dealing with the instructions or responding to an instruction by me

(f) 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 claim as well as to the external user of employment/mal payables); and/or

(c) complying with applicable law in administering, processing, handling and/or disposing with any claims (collectively the "Purposes").

all material placed here should not be used in the accident and the case are lawyers, law firms, magistrates, and
 all other parties involved in the accident and the case are lawyers, law firms, magistrates, and

[illegible]

any Personal Information will not be collected and used to complete forms relating to the purpose of a sale and collection of information and management in present and all future plans.

10. How many people are working on this project? (1 = fewer than 10; 2 = 10-20; 3 = 21-30; 4 = 31-40; 5 = 41-50; 6 = 51-60; 7 = 61-70; 8 = 71-80; 9 = 81-90; 10 = 91-100; 11 = 101-120; 12 = 121-140; 13 = 141-160; 14 = 161-180; 15 = 181-200; 16 = 201-220; 17 = 221-240; 18 = 241-260; 19 = 261-280; 20 = 281-300; 21 = 301-320; 22 = 321-340; 23 = 341-360; 24 = 361-380; 25 = 381-400; 26 = 401-420; 27 = 421-440; 28 = 441-460; 29 = 461-480; 30 = 481-500; 31 = 501-520; 32 = 521-540; 33 = 541-560; 34 = 561-580; 35 = 581-600; 36 = 601-620; 37 = 621-640; 38 = 641-660; 39 = 661-680; 40 = 681-700; 41 = 701-720; 42 = 721-740; 43 = 741-760; 44 = 761-780; 45 = 781-800; 46 = 801-820; 47 = 821-840; 48 = 841-860; 49 = 861-880; 50 = 881-900; 51 = 901-920; 52 = 921-940; 53 = 941-960; 54 = 961-980; 55 = 981-1000; 56 = 1001-1020; 57 = 1021-1040; 58 = 1041-1060; 59 = 1061-1080; 60 = 1081-1100; 61 = 1101-1120; 62 = 1121-1140; 63 = 1141-1160; 64 = 1161-1180; 65 = 1181-1200; 66 = 1201-1220; 67 = 1221-1240; 68 = 1241-1260; 69 = 1261-1280; 70 = 1281-1300; 71 = 1301-1320; 72 = 1321-1340; 73 = 1341-1360; 74 = 1361-1380; 75 = 1381-1400; 76 = 1401-1420; 77 = 1421-1440; 78 = 1441-1460; 79 = 1461-1480; 80 = 1481-1500; 81 = 1501-1520; 82 = 1521-1540; 83 = 1541-1560; 84 = 1561-1580; 85 = 1581-1600; 86 = 1601-1620; 87 = 1621-1640; 88 = 1641-1660; 89 = 1661-1680; 90 = 1681-1700; 91 = 1701-1720; 92 = 1721-1740; 93 = 1741-1760; 94 = 1761-1780; 95 = 1781-1800; 96 = 1801-1820; 97 = 1821-1840; 98 = 1841-1860; 99 = 1861-1880; 100 = 1881-1900; 101 = 1901-1920; 102 = 1921-1940; 103 = 1941-1960; 104 = 1961-1980; 105 = 1981-2000; 106 = 2001-2020; 107 = 2021-2040; 108 = 2041-2060; 109 = 2061-2080; 110 = 2081-2100; 111 = 2101-2120; 112 = 2121-2140; 113 = 2141-2160; 114 = 2161-2180; 115 = 2181-2200; 116 = 2201-2220; 117 = 2221-2240; 118 = 2241-2260; 119 = 2261-2280; 120 = 2281-2300; 121 = 2301-2320; 122 = 2321-2340; 123 = 2341-2360; 124 = 2361-2380; 125 = 2381-2400; 126 = 2401-2420; 127 = 2421-2440; 128 = 2441-2460; 129 = 2461-2480; 130 = 2481-2500; 131 = 2501-2520; 132 = 2521-2540; 133 = 2541-2560; 134 = 2561-2580; 135 = 2581-2600; 136 = 2601-2620; 137 = 2621-2640; 138 = 2641-2660; 139 = 2661-2680; 140 = 2681-2700; 141 = 2701-2720; 142 = 2721-2740; 143 = 2741-2760; 144 = 2761-2780; 145 = 2781-2800; 146 = 2801-2820; 147 = 2821-2840; 148 = 2841-2860; 149 = 2861-2880; 150 = 2881-2900; 151 = 2901-2920; 152 = 2921-2940; 153 = 2941-2960; 154 = 2961-2980; 155 = 2981-3000; 156 = 3001-3020; 157 = 3021-3040; 158 = 3041-3060; 159 = 3061-3080; 160 = 3081-3100; 161 = 3101-3120; 162 = 3121-3140; 163 = 3141-3160; 164 = 3161-3180; 165 = 3181-3200; 166 = 3201-3220; 167 = 3221-3240; 168 = 3241-3260; 169 = 3261-3280; 170 = 3281-3300; 171 = 3301-3320; 172 = 3321-3340; 173 = 3341-3360; 174 = 3361-3380; 175 = 3381-3400; 176 = 3401-3420; 177 = 3421-3440; 178 = 3441-3460; 179 = 3461-3480; 180 = 3481-3500; 181 = 3501-3520; 182 = 3521-3540; 183 = 3541-3560; 184 = 3561-3580; 185 = 3581-3600; 186 = 3601-3620; 187 = 3621-3640; 188 = 3641-3660; 189 = 3661-3680; 190 = 3681-3700; 191 = 3701-3720; 192 = 3721-3740; 193 = 3741-3760; 194 = 3761-3780; 195 = 3781-3800; 196 = 3801-3820; 197 = 3821-3840; 198 = 3841-3860; 199 = 3861-3880; 200 = 3881-3900; 201 = 3901-3920; 202 = 3921-3940; 203 = 3941-3960; 204 = 3961-3980; 205 = 3981-4000; 206 = 4001-4020; 207 = 4021-4040; 208 = 4041-4060; 209 = 4061-4080; 210 = 4081-4100; 211 = 4101-4120; 212 = 4121-4140; 213 = 4141-4160; 214 = 4161-4180; 215 = 4181-4200; 216 = 4201-4220; 217 = 4221-4240; 218 = 4241-4260; 219 = 4261-4280; 220 = 4281-4300; 221 = 4301-4320; 222 = 4321-4340; 223 = 4341-4360; 224 = 4361-4380; 225 = 4381-4400; 226 = 4401-4420; 227 = 4421-4440; 228 = 4441-4460; 229 = 4461-4480; 230 = 4481-4500; 231 = 4501-4520; 232 = 4521-4540; 233 = 4541-4560; 234 = 4561-4580; 235 = 4581-4600; 236 = 4601-4620; 237 = 4621-4640; 238 = 4641-4660; 239 = 4661-4680; 240 = 4681-4700; 241 = 4701-4720; 242 = 4721-4740; 243 = 4741-4760; 244 = 4761-4780; 245 = 4781-4800; 246 = 4801-4820; 247 = 4821-4840; 248 = 4841-4860; 249 = 4861-4880; 250 = 4881-4900; 251 = 4901-4920; 252 = 4921-4940; 253 = 4941-4960; 254 = 4961-4980; 255 = 4981-5000; 256 = 5001-5020; 257 = 5021-5040; 258 = 5041-5060; 259 = 5061-5080; 260 = 5081-5100; 261 = 5101-5120; 262 = 5121-5140; 263 = 5141-5160; 264 = 5161-5180; 265 = 5181-5200; 266 = 5201-5220; 267 = 5221-5240; 268 = 5241-5260; 269 = 5261-5280; 270 = 5281-5300

to be insured, and other third parties. The insurance company is responsible for the payment of the insurance premium and the payment of the insurance claim.

Not complying with requirements under any regulations, laws or court orders

NAME: [Signature] DATE: 5/4/19

Wang Chao Wei
672180994

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 27/3/19 at about 350hrs we were 1 parked vehicle
 350hrs - 1st vehicle arrived (A) at 3/317 roadlands street at
 350hrs for operations purposes
 After concluding we returned to our vehicle and discovered our
 vehicle was hit by the back of another police van bearing registration
 number 123456789 resulting in the right side headlight cracked
 and front right bumper damaged and had scratched marks.
 The driver advising the American was taking the car off and while
 trying to put the car in the accident the car was in motion.
 No one was injured.

DECLARATION

(We declare the following declaration and true in every respect)

For the driver's signature
 Date & Time



Driver's Signature
 If driver is not the police officer
 Date & Time 28/3/19 14:00hrs

Reporting Centre Person's Signature
 Name WONG CHAP WAI
 ADRN TUN 672180994
 Date 28/3/19

CARTIMES

autolution

PG.1...

Vehicle No.SKU 1045 Z

MODEL:MAZDA 3

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$\$)	SURVEYORS ADJUSTMENT
	<u>PARTS (LIST ITEMS)</u>			
1	Front bumper		B 865.00	✓
1	Front reinforcement bar		R 495.00	X
1	Front reinforcement bar cover		R 125.00	X
2/	Front bumper side retainer		dis D11 50.00	✓
1	Front RHS headlamp		CM 1050.00	✓
1	Front grille base		Sm 185.50	X
1	Front "Mazda" logo		na 65.00	X
2	Front grille LHS & RHS chrome	Sm	all 110.00	X X
2	Front grille protector LHS & RHS		Sm 104.00	X
2	Front Foglamp cover RHS & LHS	dis	61 96.00	✓
1	Front bumper top cover		Sm 395.00	X
2	Front bumper cover RHS & LHS		Sm 115.00	X
1	Front tow cover		Sm 55.00	X
1	Front RHS fender		R 365.00	X
1	Front RHS fender inner shield		Sm 98.00	X
2	Front grille chrome protector LHS & RHS		Sm 120.00	X
2	Front grille side cover LHS & RHS		Sm 77.00	X
			4370.50	0.00
		20%	874.10	20%
			3496.40	

Not Withheld
Return B4 paint
3 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: _____

Vehicle No.SKU 1045 Z

Model: Mazda 3

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	SURVEYOR ADJUSTMENT
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	800.00	300
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired(front & Rear portion)	600.00	400
3	To remove & re-fix wiring & check all electrical components at damaged areas for proper functions.	100.00	20
7	To provide anti-rust treatment on affected areas.	100.00	x
	Labour Total :	1600.00	
	TOTAL (PARTS & LABOUR):	5096.40	



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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref : CS/SPF19006284/Ksd3s2

ACCIDENT CLAIM SECTION (SPORE POLICE
FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD
POLICE ACADEMY SINGAPORE 298333

Date : 27-06-2019



ATTN: ABDUL RAHMAN

Code : SPF

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBC 1104M	Veh. Inspected	SKU 1045Z
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/219/024	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	09/04/2019

2. Vehicle Particulars & Condition

Make & Model	MAZDA 3 (A)	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	JM6BM42A8G0311095	Colour	METALLIC DARK BLUE
Odometer	30312	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	BRIDGESTONE	4 mm
L/H Front Tyre	205/60R16	BRIDGESTONE	4 mm
R/H Rear Tyre	205/60R16	BRIDGESTONE	8 mm
L/H Rear Tyre	205/60R16	BRIDGESTONE	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	29/03/2019	Inspection Date	09/04/2019
Survey held at	160 SIN MING DRIVE #02-04		
Repairer	CAR TIMES AUTOLUTION PTE LTD		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKU 1045Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	BENT	865.00	865.00
1	FRONT REINFORCEMENT BAR	TO REPAIR SEE LABOUR	495.00	-
1	FRONT REINFORCEMENT BAR COVER	SERVICEABLE	125.00	-
2	FRONT BUMPER SIDE RETAINER	O/S DISTORTED	50.00	25.00
1	FRONT RHS HEADLAMP	CRACKED	1,050.00	1,050.00
1	FRONT GRILLE BASE	SERVICEABLE	185.50	-
1	FRONT "MAZDA" LOGO	NOT NECESSARY	65.00	-
2	FRONT GRILLE LHS & RHS CHROME	SERVICEABLE	110.00	-
2	FRONT GRILLE PROTECTOR LHS & RHS	SERVICEABLE	104.00	-
2	FRONT FOGLAMP COVER RHS & LHS	O/S CUT	96.00	48.00
1	FRONT BUMPER TOP COVER	SERVICEABLE	395.00	-
2	FRONT BUMPER COVER RHS & LHS	SERVICEABLE	115.00	-
1	FRONT TOW COVER	SERVICEABLE	55.00	-
1	FRONT RHS FENDER	TO REPAIR SEE LABOUR	365.00	-
1	FRONT RHS FENDER INNER SHIELD	SERVICEABLE	98.00	-
2	FRONT GRILLE CHROME PROTECTOR LHS & RHS	SERVICEABLE	120.00	-
2	FRONT GRILLE SIDE COVER LHS & RHS	SERVICEABLE	77.00	-
	LESS 20% DISCOUNT		-874.10	-397.60
			3,496.40	1,590.40
LABOUR				
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; REPLACE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF FRONT REINFORCEMENT BAR AND FRONT RHS FENDER.		800.00	300.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED & REPAIRED (FRONT & REAR PORTION)		600.00	400.00
	TO REMOVE & RE-FIX WIRING & CHECK ALL ELETRICAL COMPONENTS AT DAMAGED AREAS FOR PROPER FUNCTIONS.		100.00	20.00
	TO PROVIDE ANTI-RUST TREATMENT ON AFFECTED AREAS.	NOT NECESSARY	100.00	-
			1,600.00	720.00
GRAND TOTAL			5,096.40	2,310.40

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,850.00
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THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$1,000.00 - \$2,000.00

KONG SENG CHEONG

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 contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.