

ASS. REC. BY:

REF:

CS/AGI19008025/ KVD3<sup>n2</sup>

Special Instruction:

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Ivy Ratilla

of

AGI

Date/Time:

7/15/19 @ 3:08pm

Estimated Cost:

Bill to:

OD (TP) / WS / TP RES / OD RES / EVA / INV / MVT / CS

To Inspect Vehicle No:

SJA 2339L

Insured:

SDY 7781D

at Workshop m/s:

Chew Goon Motor

Tel:

64841626

of

Blk 10 AMK Ind. Park 2A Ave 5 # 01-15

Policy No:

Claim No:

C10003029/JW

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

29/04/2019

CA / REV / REP. / REV 24 HRS

8/5/19

H.O.D. Endorsement

Date/Time:

3:51pm @ 7/15/19

Person Contacted:

Kelly

Vehicle

IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SJA 2339L - CCS/AXA/1026223/Khc3cl DUA: 15/12/11

SDY 7781D - CS-III/2013167/Rkd1 DUA: 27/12/11

28/5/19

@ 4:03pm LS 1150 Confirmed with Kelly (Red 14TT.45, 561)

REF: AG1

## ASSIGNMENT

From:

Date: 8.5.2019

Estimated Cost:

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

To Inspect Vehicle No: SJA 2339L

at Workshop m/s Chw Goon motor

of Bk 10 Amk Ind Park 2A Ave 57 01-15

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:

840k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

11'27

"up"

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJA 2339L

Yr Regn:

11 07

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

Truck / Trailer or

Make:

Toy Vios<sup>9</sup>

C.C.

18PZ

Colour:

M. Beige

A/C: Insured / Std / NI / NA

Sp. Reading

131523

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NR05314Y9305021081

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/60R15.

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

29/4/19

D.O.I.

8/5/19

Survey held at

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

cls Rear

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

Date / Time

Action / Instruction

9/5 4:12pm 8/15d email

RECEIVED 29 MAY 2019

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 28/5- typist

Report Format :

TP

Lump Sum / I.B.I. (\$

1150/2

Days Of Repair:

4

Resurvey No. of Trip:

-

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

250

## Nivitha (LKK Auto)

---

**From:** Ivy Ratilla <ivy.r@budgetdirect.com.sg>  
**Sent:** Tuesday, 7 May 2019 3:08 PM  
**To:** admin-d@lkkauto.com  
**Cc:** 'SUR'; Justin Wong  
**Subject:** Claim ref: C10003029/JW || OI- SDY7781D (Blue) TP- SJA2339L || Est: 0.00 || Chew Goon Motor  
**Attachments:** TP GIA Report SJA2339L.pdf

Hi Team,

Good afternoon.

We would like to arrange TP Survey for SJA2339L. Please see below email for reference.

Kindly confirm.

Regards,

**Ivy**  
Admin Executive, Claims

T +65 6540 2185  
F +65 6725 0853  
E [ivy.r@budgetdirect.com.sg](mailto:ivy.r@budgetdirect.com.sg)



**Customer Care** +65 6221 2111  
**Claims** +65 6221 2199  
**Claims (Int.)** +65 6540 2199

190 Clemenceau Avenue, #03-01  
Singapore Shopping Centre  
Singapore  
239924  
[budgetdirect.com.sg](http://budgetdirect.com.sg)

auto  general

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

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---

**From:** Chew Goon Motor(ad3) <ad3@chewgoonmotor.com.sg>  
**Sent:** Tuesday, 7 May 2019 1:28 PM  
**To:** Ivy Ratilla <ivy.r@budgetdirect.com.sg>  
**Subject:** RE: SJA2339L Claiming Against Your Insured SDY7781D Accident Date: 29.04.2019

Dear Sir/Mdm,

According to your list, we will prefer **LKK Auto Consultants Pte Ltd** to survey the vehicle.  
Kindly arrange for survey.

Thanks & Regards,  
Kelly

**Chew Goon Motor**  
Blk 10, Ang Mo Kio Ind Park 2A,  
Ave 5 #01-15 , 16 & 17,  
Ang Mo Kio Autopoint  
Singapore 568047  
Tel : 6484 1626  
Fax : 6484 0465

Sent from Mail for Windows 10

---

**From:** Chew Goon Motor(ad3) <ad3@chewgoonmotor.com.sg>  
**Sent:** Monday, 6 May 2019 5:30 PM  
**To:** Claims <claims@budgetdirect.com.sg>  
**Cc:** chewgoon@singnet.com.sg; Eric <eric@chewgoonmotor.com.sg>  
**Subject:** SJA2339L Claiming Against Your Insured SDY7781D Accident Date: 29.04.2019

Dear Sir / Mdm,

Vehicle SJA2339L is at our workshop, we have to arrange surveyor.  
Could you provide us with a list of 10 surveyors name.

Please advise.

Thanks & Regards,  
Kelly

**Chew Goon Motor**  
Blk 10, Ang Mo Kio Ind Park 2A,  
Ave 5 #01-15 , 16 & 17,

Ang Mo Kio Autopoint  
Singapore 568047  
Tel : 6484 1626  
Fax : 6484 0465

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[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC  
Owner ID: 5037D

**Vehicle Details**

Vehicle No.: SJA2339L  
Vehicle to be Exported: No  
Intended Deregistration Date: 30 Apr 2019  
Vehicle Make: TOYOTA  
Vehicle Model: VIOS E AUTO  
Primary Colour: Beige  
Manufacturing Year: 2007  
Engine No.: 1NZX605520  
Chassis No.: MR053HY9305021041  
Maximum Power Output: 80.0 kW (107 bhp)  
Open Market Value: \$12,466.00  
Original Registration Date: 30 Nov 2007  
First Registration Date: 30 Nov 2007  
Transfer Count: 2  
Actual ARF Paid: \$11,119.00

**Intended PARF Rebate Details**

PARF Eligibility: Forfeited  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

**Intended COE Rebate Details**

COE Expiry Date: 29 Nov 2027  
COE Category: A - Car (1600cc & below)  
COE Period(Years): 10  
PQP Paid: \$41,994.00  
COE Rebate Amount: \$36,033.00  
**Total Rebate Amount: \$36,033.00**

The information contained herein is correct as at 30 Apr 2019

OK

5

## 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	30/04/2019 10:18
Date Of Accident	29/04/2019 07:25
Exact Location Of Accident	THE FORK RD AFTER SHEIFORD RD ALONG DUNEARN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA2339L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAI DONGSHAN
NRIC No	S2625037D
Email Address	TAIJI@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96696717
Alternative Phone No	OTHERS-96696717

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096305373-01
Cover Note Number	

### Driver

Name of Driver	CAI DONGSHAN
NRIC No	S2625037D
Date Of Birth	18/05/1967
Occupation	INDOOR
Date Of Driving Pass	03/04/2000
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96696717
Fax Number	
Contact Number	OTHERS-96696717
EMail Address	TAIJI@SINGNET.COM.SG

Address	BLK 841 YISHUN STREET 81 #10-266
Postcode	760841
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	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)	1

#### 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

AT ABOUT 0725HRS, MY CAR WAS TURNING FROM MAIN DUNEARN RD TO THE DUNEARN RD, SUDDENLY CAR B HIT MY CAR.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDY7781D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOO CHIEW HWA
NRIC/Passport Number	S1802032G
Contact Number	97874886
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.
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 in 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: 2018/12/12 14:12

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

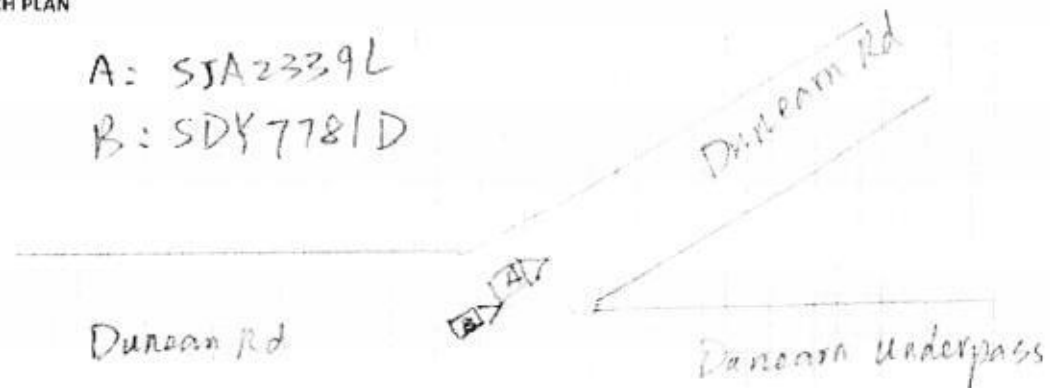
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

A: SJA2339L

B: SDY7781D



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 7:45 AM my car was turning from Dunoon Rd to the Dunoon Rd. suddenly car B hit my car.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 2.11.2019

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

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

**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5096305373-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJA2339L**  
Chassis Number : **MR053HY9305021041**
2. Name of Policyholder : **CAI DONGSHAN**
3. Effective Date of Insurance : **30 Nov 2018**
4. Expiry Date of Insurance : **29 Nov 2019**
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

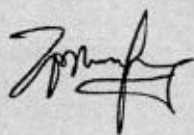
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CAI DONGSHAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

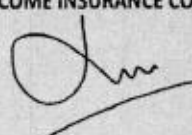
Agency : S & M ALLIANCE PTE LTD (00000614373)  
Date of Issue : 26 Nov 2018 11:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2625037D



Name

CAI DONGSHAN

蔡 东 山

Race

CHINESE

Date of birth

18-05-1967

Sex

M

Country of birth

CHINA

S2625037D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S2625037D

Name:

CAI DONGSHAN

Birth Date: 18 May 1967

Issue Date: 29 Dec 2003



001065038J



4034817

NRIC No. S2625037D



Date of issue

26-04-2007

Address

APT BLK 841 YISHUN STREET 81  
#10-265  
SINGAPORE 760841

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

03 Apr 2000



Licence No: S2625037D

NP 428A

# 趙源摩哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5  
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047  
Tel: 6484 1626 (24Hrs) Fax: 6484 0465  
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

To: Auto & General Insurance (S) Pte Ltd

Accident Date : 29.04.2019

Not Notion  
11 May @ 1150h  
Phongy Ate Point  
4 days  
Policy No: \_\_\_\_\_ Third Party

Date: 07.05.2019

Specialised in Car Painting, Welding,  
Panel-Beating and Insurance Claim.

## ESTIMATE

承接汽车烧焊喷漆及  
代理各种车辆赔偿

数量 Quantity	货名 DESCRIPTION	单价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair to "Toyota Vios" Reg. No. SJA2339L Claiming Against Your Insured Veh. No. SDY7781D		
1pc	Rear Bumper	3.80	407.50
10pcs	Rear Bumper Clips		38.00
1pc	Rear Bumper Corner Retainer Rh		25.00
1pc	Rear Bumper Reflector		82.80
1pc	Rear Wheel Rim RH		421.20
1pc	Rear Wheel Bearing		613.60
1pc	Rear Wheel Shock Absorber		77.50
1pc	Taillamp		146.00
1pc	Taillamp Gasket		25.00
			1,836.60
	Less 25%		459.15
			1,377.45
	To Dismantle / Replace Rear Wheel Bearing & Absorber		120.00
	To Conduct Computerize Wheel Alignment Test		80.00
	Labour Charge - Panel Beating, Repairing Of Rear Fender, Rear Door and Parts Replacement		400.00
	To Respray Affected Areas		650.00
		Total :	2,627.45

LKK Auto Consultants hence notify  
the Repairer of the following:  
• To respray before operating painting  
• To replace damaged parts during respray  
• Parts price are subject to confirmation  
• Third party liability, on a "without Prejudice" basis  
• No other compensation allowed  
• Success of the repair is not guaranteed and  
is subject to the approval of the insurance company

Acknowledged by Repairer  
Signature  
Date



## 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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI19008025/Kvd3n2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRESINGAPORE

239924

Date : 29-05-2019



Code : AGI

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SDY 7781D	Veh. Inspected	SJA 2339L
Policy No.		Coverage (\$)	0.00
Claim No.	C10003029/JW	Excess (\$)	0.00
Assign From	IVY RATILLA	Assign Date	07/05/2019

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA VIOS (A)	c.c	1497
Engine No.	HIDDEN	Year of Reg.	2007
Chassis No.	MR053HY9305021041	Colour	METALLIC BEIGE
Odometer	131523	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	185/60 R15	MICHELIN	9 mm
L/H Front Tyre	185/60 R15	MICHELIN	9 mm
R/H Rear Tyre	185/60 R15	MICHELIN	9 mm
L/H Rear Tyre	185/60 R15	MICHELIN	9 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	29/04/2019	Inspection Date	08/05/2019
Survey held at	CHEW GOON MOTOR BLK 10 ANG MO KIO IND PARK 2A #01-15/16/17, AVE 5, AMK AUTOPOINT SINGAPORE 568047		

### 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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# LKK Auto Consultants Pte Ltd

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Reg. No: 199607198R GST Reg. No. 19-9607198-R

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJA 2339L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	BUCKLED / DENTED	407.50	407.50
10	REAR BUMPER CLIPS @\$3.80	NECESSARY	38.00	38.00
1	REAR BUMPER CORNER RETAINER RH	SERVICEABLE	25.00	-
1	REAR BUMPER REFLECTOR	SCRATCHED	82.80	82.80
1	REAR WHEEL RIM RH	SERVICEABLE	421.20	-
1	REAR WHEEL BEARING	NOT NECESSARY	613.60	-
1	REAR WHEEL SHOCK ABSORBER	SERVICEABLE	77.50	-
1	TAILLAMP	CUT	146.00	146.00
1	TAILLAMP GASKET	NECESSARY	25.00	25.00
	LESS 25% DISCOUNT		-459.15	-174.83
			1,377.45	524.47
	<b><u>LABOUR</u></b>			
	TO DISMANTLE/REPLACE REAR WHEEL BEARING & ABSORBER.	NOT NECESSARY	120.00	-
	TO CONDUCT COMPUTERIZE WHEEL ALIGNMENT TEST.	NOT NECESSARY	80.00	-
	LABOUR CHARGE-PANEL BEATING,REPAIRING OF REAR FENDER,REAR DOOR AND PARTS REPLACEMENT.		400.00	350.00
	TO RESPRAY AFFECTED AREAS.		650.00	600.00
			1,250.00	950.00
	<b>GRAND TOTAL</b>		<b>2,627.45</b>	<b>1,474.47</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>1,150.00</b>

Report Ref No. CS/AGI19008025/Kvd3n2

KONG SENG CHEONG

Licensed Appraiser

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