

ASS. REC. BY:

REF: CS/ AWA 19008303/d9d3n2

Special Instruction:

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person): Goh Stella

of

AWAC

Date/Time: 10.5.19 10.29a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SH 9252m

Insured:

GBE 43616

at Workshop m/s Chunn Motor Works

Tel:

65425119

of BIL 10 AMT Autopoint #01-05/06

Policy No: AVCPSB0078841803

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 8.5.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

"up"

H.O.D. Endorsement:

Date/Time: 10.5.19 10.37a.m

Person Contacted:

Lynn

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate	
	SH 9252m - NA/INC 160164581 h4	D.O.A - 06/08/2016
	GBE 43616 - X	

REF:

ASSIGNMENT

08 May 2023
2015 May

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

8

days

Res.: Yes or No

Lump Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SH 9252M

Yr Regn:

2015 May

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

Truck / Trailer or

Make:

Hyundai I40

c.c 1685

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

561538

T/Radio: Insured / Std / NI / NA

Eng/No:

D4FDEU500053

C/No:

KMHLB41UMFU068824

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60 R16

R:

— 11 —

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

TOYO / YOKO or

Westlake

Front

Rear

P/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

28/05/2019

D.O.I.

10/05/2019

Survey held at

Churni AMK

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

H/S Rev

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

Date / Time

Action / Instruction

Allied World. GBE 4361 G

10/06/19

Jinnu 2/s 9500/- with 8 days 8 hrs (Red & 8195.32, 46%)

RECEIVED 10 JUN 2019

Date/Time, File Pass to?

☐

: Preli. Report

1) 10/6 10/19

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$) 9500

Days Of Repair: 8

Resurvey No. of Trip: 1/1

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

250

Catherine Chong (LKK Auto)

From: Goh, Stella <stella.goh@awac.com> on behalf of Motorsurvey <Motorsurvey@awac.com>
Sent: Friday, 10 May, 2019 10:29 AM
To: 'assignments@lkkauto.com'
Cc: 'sur@lkkauto.com'; 'chunnimotor@gmail.com'
Subject: TP Survey assignment for SH 9252 M DOA: 08/05/2019

The above captioned accident refers.

Pursuant to the Practice Directions Amendment No. 1 of 2016 which was effective on 1 April 2016, we like to advise that the third party claimant and us do have consensus in the appointment of Mr Marcus Chua as the Single Joint Expert to conduct the pre-repair survey of the third party claimant's vehicle.

Please conduct "THIRD PARTY" survey on without prejudice basis. The information as are follows:

3 rd Party Vehicle	:	SH 9252 M
Insured Vehicle	:	GBE 4361 G
Policy Number	:	AVCPSB0078841803
Name of Workshop	:	Chunni Motor Work Shop Pte Ltd
Contact Number	:	65425119 / 65427162
Person to Contact	:	Ms Lynn / Ms Irene
Estimated Cost of repairs	:	\$ 17,137.08

Regards,
Claims Division

Copy to Chunni Motor Work Shop Pte Ltd (Your Ref:SH 9252 M) via Email / Fax No.

Note -

- (X)
1. This is to keep you informed that we have appointed surveyors to conduct inspection to your client's damaged vehicle on a without prejudice basis.
 2. **Please keep our motor surveyor and us informed so as to enable the surveyor to conduct a post repair inspection once your client's vehicle has been repaired and before returning the repaired vehicle to your customer.**
 3. Please quantify your client's claim with all relevant supporting documents once your client's vehicle has been repaired.
 4. Please do not construe this appointment of surveyor and our above request as an admission of liability.

Regards
Motor Claims
Claims Group

The information contained in this e-mail and any attachments hereto is confidential. If you are not the intended recipient, you must not use or disseminate any of this information. If you have received this e-mail in error, please immediately notify the sender by reply e-mail and permanently delete the original e-mail (and any attachments hereto) and any copies or printouts thereof. Although this e-mail and any attachments hereto are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by Allied World Assurance Company Holdings, GmbH or its subsidiaries or affiliates, either jointly or severally, for any loss or damage arising in any way from its use.

MC0819060041 / ComfortDelGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 09/05/2019 11:42
 SUBMITTED BY: Janet Lim Slang Gek

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 willful 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 09/05/2019 11:42
 Date Of Accident 08/05/2019 21:20
 Exact Location Of Accident CLC 9 CLEMENTI CAR PARK.
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH9252M
Insured/Policyholder
 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 EU TAI CHIU
 NRIC No S1444629Z
 Date Of Birth 12/08/1960
 Occupation OUTDOOR
 Date Of Driving Pass 20/07/1979
 Driving Experience 39 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98697459
 Fax Number
 Contact Number
 Email Address LAWRENCE7159@GMAIL.COM

Address BLK 199D PUNGGOL FIELD
 #05-441
 Postcode 824199
 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? YES
 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

REFER ATTACHED * TYPE OF ACCIDENT :- 3P REVERSED

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 GBE4361G
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver LIM KIAN PENG
 NRIC/Passport Number S6901110A
 Contact Number 96661708
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

EU TAI CHIU

Approximate Age

Injuries Sustain

LEFT SHOULDER AND BODY

Injured person in which vehicle?

SH9252M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 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

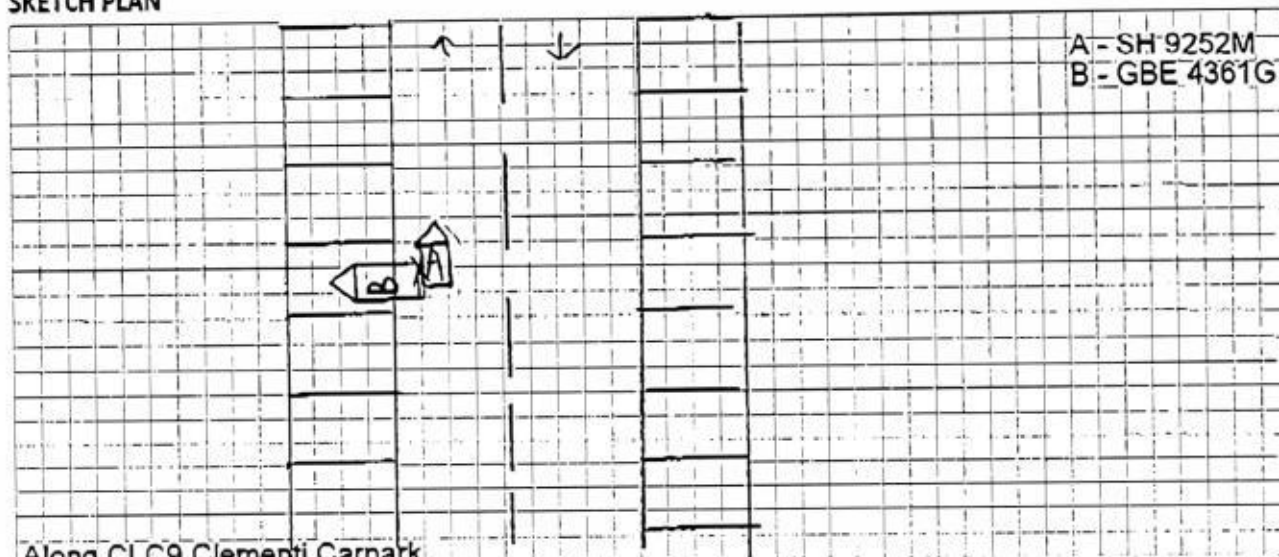
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 09.05.2019
@ 10:30 hrs


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

Fion Goh

SKETCH PLAN



Along CLC9 Clementi Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08.05.2019 @ 2120 Hrs I was travelling along CLC9 Clementi Carpark with one male passenger onboard .

I was travelling straight while Veh (B) reverse his car at collided into my Taxi (A) ~~right~~ rear portion.

I got company video and scene of picture as evident to support my claims.

I had my upper left body injured in this accident and will consult a doctor.

Veh (B) GBE 4361G Lim Kian Peng - Nric S 6901110A HP NO. 96661708

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 09.05.2019
@ 10:30 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Fion Goh

to survey by LKK

Allied World

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper 6+ distatad			\$ 553.00 ✓
	Rear Bumper Clip 10 pcs Nec			\$ 22.00 ✓
	Rear Fender With Housing (LH) Suc			\$ 4,736.80 ✓
	Rear Fender Inner Lining (LH) NW			\$ 169.30 X
	Rear Windscreen Moulding Nec			\$ 28.30 ✓
	Rear Door (LH) Suc			\$ 2,201.10 ✓
	Rear Door Rubber (LH) Nec			\$ 280.50 ✓
	Rear Door Outer Handle (LH) broken			\$ 36.30 ✓
	Rear Door Gear/Regulator (LH) 2 NW			\$ 242.80 2 X
	Rear Door Power Motor (LH) NW			\$ 158.60 X
	Rear Door Lock Assy NW			\$ 240.00 X
	Rear Door Hinge Upper (LH) NW			\$ 45.90 X
	Rear Door Hinge Lower (LH) NW			\$ 45.90 X
	Rear Door Check (LH) NW			\$ 62.90 X
	Rear Door Trim Board (LH) NW			\$ 808.70 X
	Fuel Tank NW			\$ 962.90 X
	Fuel Tank Upper Neck NW			\$ 221.10 X
	Fuel Lid Cover NW			\$ 70.90 X
	Rear Tyre Rim (LH) new distatad			\$ 325.30 * ✓
	Rear Wheel Hub-Cap (LH) cut			\$ 107.10 ✓
	Rear Wheelbearing ING & Hub 2 Down			\$ 362.00 2 ✓
	Rear Trailing Arm (LH) 2 distatad			\$ 192.00 2 ✓
	Rear Assist (LH) 2 distatad			\$ 145.70 2 ✓
	Rear Shock Absorber (LH) 2 NW			\$ 276.30 2 X
	Rear Shock Absorber Mounting (LH) NW			\$ 81.30 X
	Rear Crossmember new distatad			\$ 1,021.50 * ✓
	Stabilizer Bar NW			\$ 199.60 X
	Stabilizer Link NW			\$ 85.90 X
	Rear Upper Arm (LH) 2 distatad			\$ 335.75 2 ✓
	Rear Lower Arm (LH) 2 distatad			\$ 353.80 2 ✓
	Rear Knuckle Arm (LH) new distatad			\$ 545.60 * ✓
	SUB TOTAL			\$ 14,918.85
	LESS 20%			\$ 2,983.77
	DISCOUNTED TOTAL			\$ 11,935.08
	Rear Bumper Rubber Mat Nec			\$ 50.00 Nett ✓
	Rear Windscreen Sealant Nec			\$ 46.00 Nett ✓
	Rear Door Comfortdelgro & Apps Sticker (LH) Nec			\$ 80.00 Nett ✓
	Rear Tyre (LH) NW			\$ 216.00 Nett X
				\$ 392.00

SH 9252M

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 1,800.00 800/-
	Spray Painting Charge			\$ 1,000.00 700/-
	Wiring Charge			\$ 50.00 30/-
	Tuff Kote			\$ 50.00 40/-
	Towing Charge			\$ 50.00 24
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 80/-
	Remove/Refix Rear Windscreen Glass			\$ 120.00 80/-
	Remove/Refix Reverse Sensor			\$ 120.00 40/-
	Remove/Refix Fuel Tank			\$ 150.00 24
	Transfer of Door		2190.00	\$ 120.00 60/-
	Remove/Refix Undercarriage (RR)			\$ 200.00 150/-
	Rear Wheel Alignment			\$ 120.00 60/-
	Re-set Rear ABS System			\$ 200.00
	Re-set Rear Power Window System			\$ 200.00 } 150/-
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00
	TOTAL LABOUR			\$ 4,810.00
	ESTIMATE TOTAL			\$ 17,137.08
	10/05/2019 @ 1130am		11363.40	
	N/A Andre		supp 558.24	
	L/Smm 48 dgs.		11921.64	
	yan		L/S 9500/-	
	LKK Auto			
			1769532	
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: _____</p>			
	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.			

CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 9252M (Supplementary)



DATE :10.05.2019

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI i40

FAX : 6542 6039

Qry	Parts Description/ Labour	Type	Unit Price	Amount
	Tail Lamp (LH) Cnt scratched			\$ 697.80
	 JKK Auto 			
				SUB TOTAL \$ 697.80 LESS 20% \$ 139.56 DISCOUNTED TOTAL \$ 558.24 ESTIMATE TOTAL \$ 558.24

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.

NAME
ADDRESS

Home Tel.:

VIN:

Registration: SH 9252 M

Technician:

Mileage: 561538

Time Printed 10.5.19 12:51 PM

HYUNDAI I40

Front : Left

Actual	BEFORE	Specified Range
-0°59'		-3°00' 3°00'
3°35'		-0°19' 5°41'
0°07'		-1°30' 1°30'
16°56'		
15°57'		

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	BEFORE	Specified Range
-0°08'		-3°00' 3°00'
4°01'		-0°19' 5°41'
0°27'		-1°30' 1°30'
17°06'		
16°58'		

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	BEFORE	Specified Range
-0°52'		-3°00' 3°00'
-0°26'		-3°00' 3°00'
-0°10'		-3°00' 3°00'
0°34'		-3°00' 3°00'

Rear : Left

Actual	BEFORE	Specified Range
0°16'		-3°30' 2°30'
3°18'		-1°30' 1°30'

Camber
Toe

Rear : Right

Actual	BEFORE	Specified Range
0°04'		-3°30' 2°30'
-0°20'		-1°30' 1°30'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	BEFORE	Specified Range
0°13'		-3°00' 3°00'
2°58'		-3°00' 3°00'
1°49'		-3°00' 3°00'



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

ALLIED WORLD ASSURANCE COMPANY LTD

Ref : CS/AWA19008303/Dqd3n2

(SINGAPORE BRANCH)
60 ANSON ROAD #08-01 (8th FLOOR)
MAPLETREE ANSON
SINGAPORE 079914

Date : 10-06-2019



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBE 4361G	Veh. Inspected	SH 9252M
Policy No.	AVCPSB0078841803	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	GOH STELLA	Assign Date	10/05/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068824	Colour	BLUE
Odometer	561538	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	5 mm
L/H Front Tyre	205/60 R16	WEST LAKE	5 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	5 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	5 mm

4. Description of Damages

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

5. General Information

Accident Date	08/05/2019	Inspection Date	10/05/2019
Survey held at	CHUNNI MOTOR WORK PTE LTD BLK 10 ANG MO KIO IND. PARK 2A, #03-19 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.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: 8 Working Days



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. SH 9252M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	BENT / DISTORTED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR FENDER WITH HOUSING (LH)	BUCKLED	4,736.80	4,736.80
1	REAR FENDER INNER LINING (LH)	NOT NECESSARY	169.30	-
1	REAR WINDSCREEN MOULDING	NECESSARY	28.30	28.30
1	REAR DOOR (LH)	BUCKLED	2,201.10	2,201.10
1	REAR DOOR RUBBER (LH)	NECESSARY	280.50	280.50
1	REAR DOOR OUTER HANDLE (LH)	BROKEN	36.30	36.30
1	REAR DOOR GEAR/REGULATOR (LH)	NOT NECESSARY	242.80	-
1	REAR DOOR POWER MOTOR (LH)	NOT NECESSARY	158.60	-
1	REAR DOOR LOCK ASSY	NOT NECESSARY	240.00	-
1	REAR DOOR HINGE UPPER (LH)	NOT NECESSARY	45.90	-
1	REAR DOOR HINGE LOWER (LH)	NOT NECESSARY	45.90	-
1	REAR DOOR CHECK (LH)	NOT NECESSARY	62.90	-
1	REAR DOOR TRIM BOARD (LH)	NOT NECESSARY	808.70	-
1	FUEL TANK	NOT NECESSARY	962.90	-
1	FUEL TANK UPPER NECK	NOT NECESSARY	221.10	-
1	FUEL LID COVER	NOT NECESSARY	70.90	-
1	REAR TYRE RIM (LH)	DISTORTED	325.30	325.30
1	REAR WHEEL HUP-CAP (LH)	CUT	107.10	107.10
1	REAR WHEELBEARING ING & HUB	DAMAGED	362.00	362.00
1	REAR TRAILING ARM (LH)	DISTORTED	192.00	192.00
1	REAR ASSIST (LH)	DISTORTED	145.70	145.70
1	REAR SHOCK ABSORBER (LH)	NOT NECESSARY	276.30	-
1	REAR SHOCK ABSORBER MOUNTING (LH)	NOT NECESSARY	81.30	-
1	REAR CROSSMEMBER	DISTORTED	1,021.50	1,021.50
1	STABILIZER BAR	NOT NECESSARY	199.60	-
1	STABILIZER LINK	NOT NECESSARY	85.90	-
1	REAR UPPER ARM (LH)	DISTORTED	335.75	335.75
1	REAR LOWER ARM (LH)	DISTORTED	353.80	353.80
1	REAR KNUCKLE ARM (LH)	DISTORTED	545.60	545.60
1	TAIL LAMP (LH)(ADDITIONAL)	CUT / SCRATCHED	697.80	697.80

Report Ref No. CS/AWA19008303/Dqd3n2



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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 20% DISCOUNT		-3,123.33	-2,388.91
			12,493.32	9,555.64
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	80.00
1	REAR TYRE (LH)(SN)	NOT NECESSARY	216.00	-
			392.00	176.00
	<u>LABOUR</u>			
	PANEL BEATING.		1,800.00	800.00
	SPRAY PAINTING CHARGE.		1,000.00	700.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	40.00
	TOWING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	80.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.		120.00	80.00
	REMOVE/REFIX REVERSE SENSOR.		120.00	40.00
	REMOVE/REFIX FUEL TANK.	NOT NECESSARY	150.00	-
	TRANSFER OF DOOR.		120.00	60.00
	REMOVE/REFIX UNDERCARRIAGE (RR).		200.00	150.00
	REAR WHEEL ALIGNMENT.		120.00	60.00
	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE. }		480.00	150.00
	RE-SET REAR ABS SYSTEM. }		200.00	-
	RE-SET REAR POWER WINDOW SYSTEM. }		200.00	-
			4,810.00	2,190.00
	GRAND TOTAL		17,695.32	11,921.64
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				9,500.00

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ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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