

ASS. REC. BY:

REF: CS/AWA19008556/KHd3

Special Instruction:

Surveyor: KALIN

ASSIGNMENT (Office)

From (Person): Stella Goh

of

AWAC

Date/Time: 14.5.19 3.49pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHC 6091L

Insured:

PC 4156C

at Workshop m/s Premier Automotive

Tel:

6544 6682

of 23 Changi South Ave 2 # 01-02

Policy No:

BVBPSB0005741801

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

14.5.2019

15.5.2019

CA / REV / REP. / REV 24 HRS

"wp"

H.O.D. Endorsement:

Date/Time: 14.5.2019 5.09pm

Person Contacted:

Mr Goh

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate:

SHC 6091L - NA / LIP 13022177/d2

ROA - 22/11/2013

PC 4156C - X

DATE: 15.5.2019

Kalvin

REF: AWAC

ASSIGNMENT

From:

Date:

15.5.2019

Estimated Cost:

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

To Inspect Vehicle No:

SHC 6091L

at Workshop m/s

Premier Automotive

of

23 Changi South Ave 2 #01-02

Insured:

Policy No:

Claims No:

Sum Insured:

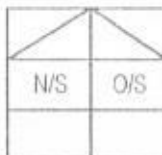
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.:

Yes or No

Lum Sum:

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

"w"

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHC 6091L

Yr Regn:

30 July 2014

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

Truck / Trailer or

Make:

KIA optima

C.C

1685

Colour:

silver

A/C:

Insured

Std / NI / NA

Sp. Reading

469770

T/Radio:

Insured

Std / NI / NA

Eng/No:

C/No:

KNAHm 414ME54 64253

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/65R16

R:

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

TOYO / YOKO or

Maxx B

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

14/5/19

D.O.A.

15/5/19

Survey held at

Premier

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

n/s front

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

Date / Time

Action / Instruction

27/5/19

454/1450 / 362 (464 7558.70, 64%)

4.

RECEIVED 27 MAY 2019

Date/Time, File Pass to?



: Preli. Report

1) 27/5/19



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

) S + RS, \$

) Photos

) Others

TOTAL

Report Format :

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

78
1450

150

Nivitha (LKK Auto)

From: Goh, Stella <stella.goh@awac.com> on behalf of Motorsurvey <Motorsurvey@awac.com>
Sent: Tuesday, 14 May 2019 3:49 PM
To: 'assignments@lkkauto.com'
Cc: 'Goh Wee Dek'; 'haileong.liew@premiertaxi.com'; 'vincent.chua@premiertaxi.com'; SUR
Subject: TP Survey assignment for SHC6091L DOA: 14.05.2019 Our ref: PC4156C/BT

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 Calvin Ang** 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 | : | SHC6091L |
| Insured Vehicle | : | PC4156C |
| Policy Number | : | BVBPSB0005741801 |
| Name of Workshop | : | Premier Automotive Services Pte Ltd |
| Contact Number | : | 6544 6682 |
| Person to Contact | : | Mr Goh Wee Dek |
| Estimated Cost of repairs | : | NA |

Regards,
Claims Division

Copy to Premier Automotive Services Pte Ltd (Your Ref: SHC6091L) via Email.

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.

Text size + -

Enquire Transaction History**Transaction History Details**

| | | | |
|-------------------------------------|---------------------------------|---------------------|---|
| Log Date/Time: | 30 Jul 2014 / 10:21:30 | Receipt No.: | AACCK001-AX239-140730-000017 |
| Asset Type: | Vehicle | Transaction Amount: | \$65,817.00 |
| Asset ID: | SHC6091L | Channel: | AA Counterless - CYCLE & CARRIAGE KIA PTE LTD |
| Transaction Type: | 01.02 Register New Vehicle (AA) | | |
| Business Transaction Reference No.: | 20140730102130756809 | | |

| | |
|--------------------------------|---|
| Vehicle No.: | SHC6091L |
| Vehicle Type: | H10 - Public Transport Taxi (Motor Car) |
| Vehicle Attachment 1: | Air-Con (Taxi) |
| Vehicle Attachment 2: | - |
| Vehicle Attachment 3: | - |
| Vehicle Scheme: | Taxi (Company) |
| First Registration Date: | 30 Jul 2014 |
| Original Registration Date: | 30 Jul 2014 |
| Vehicle Make: | KIA |
| Vehicle Model: | OPTIMA 1.7(A) DIESEL |
| Chassis No.: | KNAGM414ME5464253 |
| Engine No.: | D4FDDH307920 |
| Motor No.: | - |
| Trailer Chassis No.: | - |
| Propellant: | Diesel |
| Passenger Capacity: | 4 |
| Engine Capacity: | 1685 |
| Power Rating: | - |
| Unladen Weight: | 1584 |
| Maximum Laden Weight: | 2050 |
| Primary Color: | Silver |
| Secondary Color: | - |
| Manufacturing Year: | 2013 |
| Open Market Value: | \$19,908.00 |
| Minimum PARF Benefit: | \$7,444.00 |
| PARF Eligibility: | Y |
| No. of Transfer: | 0 |
| Effective Ownership Date/Time: | 30 Jul 2014 10:21:30 |
| COE No.: | 2014073001001369W |
| COE Expiry Date: | 29 Jul 2022 |
| COE Bid Category: | - |
| Actual QP/PQP Paid Amount: | \$53,269.00 |
| Lifespan Expiry Date: | 29 Jul 2022 |
| Owner ID Type: | Company |

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 | 14/05/2019 11:06 |
| Date Of Accident | 14/05/2019 04:10 |
| Exact Location Of Accident | OPEN C/PARK @ TELOK BLANGAH CRESCENT (BLK 12) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SHC6091L |
| Insured/Policyholder | |
| Name Of Registered Owner | PREMIER TAXIS PTE LTD |
| Co Reg No | 200304975H |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62148880 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | KIA |
| Model | OPTIMA-1.7 D (A) |
| Exact Purpose for which vehicle was being used at time of accident | HIRED & REWARDS |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | 5107202885 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHNG LAI HOCK |
| NRIC No | S2195256G |
| Date Of Birth | 27/07/1967 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/10/1987 |
| Driving Experience | 31 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82101028 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 13 #02-356 TELOK BLANGAH CRESCENT |
| Postcode | 090013 |
| 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) | 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

VEH. A - VACANT/PARKED

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 | PC4156C |
| Vehicle Make/Model/Colour | TOYOTA VAN |
| Details Of Properties | VEH. B |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | MALE CHINESE |
| NRIC/Passport Number | |
| Contact Number | 86066366 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan Pg. 1

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.



[Signature]

14 MAY 2013

[Signature]

Policyholder's Signature
Date & Time:

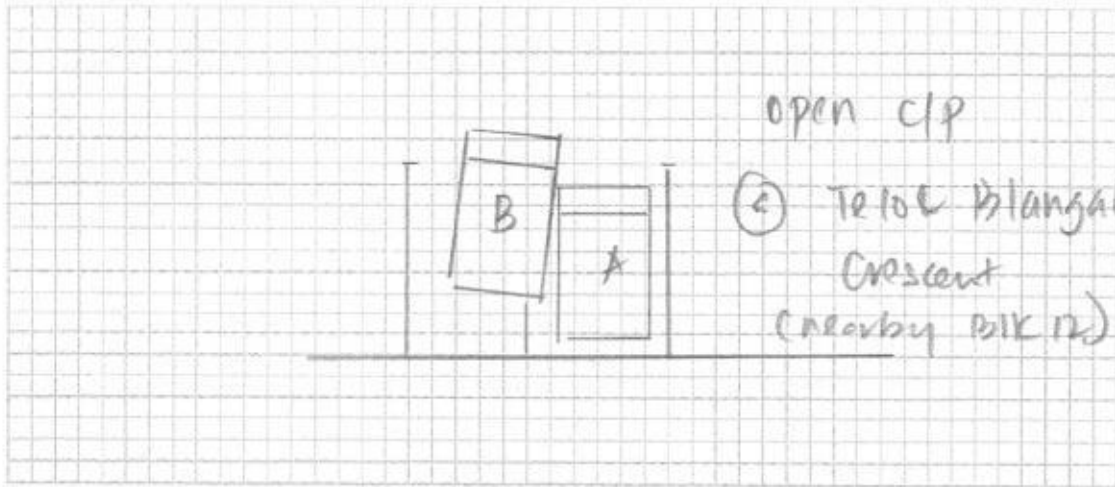
Driver's Signature
(If driver is not the policyholder)
Date & Time:

4 S 219525-69
* SUC 6091L

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6091L

B: PC 4156C.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

[Signature]
521852064

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

14 MAY 2013

[Signature]

Sketch Plan Pg. 3

Describe Circumstance of the Accident.

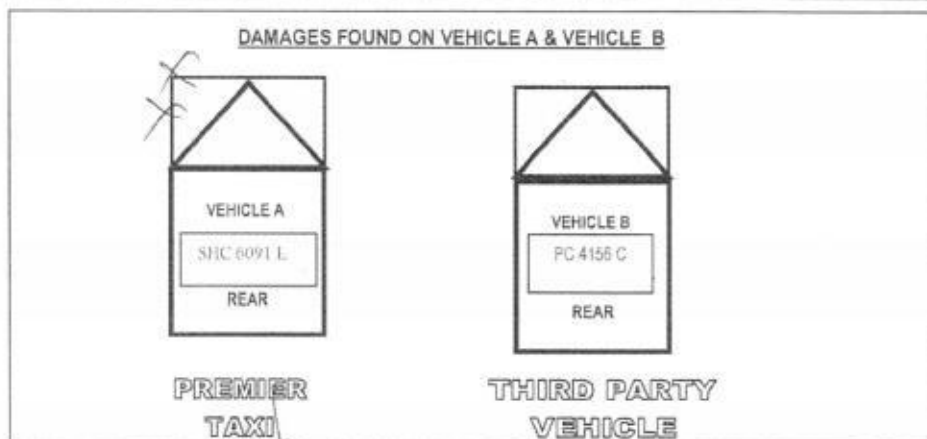
ON 13/05/2019 @ 1930HRS, I PARKED MY TAXI (SHC 6091 L), INTO AN OPEN CARPARK LOT @ TELOK BLANGAH CRESCENT (NEARBY BLK 12). AFTER I HAD LOCKED & SECURED MY TAXI, I LEFT FOR HOME.

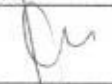
THIS MORNING 14/05/2019 @ 0410HRS, WHEN I RETRIEVED MY TAXI, I DISCOVERED THAT VEHICLE B (PC 4156C – TOYOTA VAN) WHICH WAS PARKED ALONG THE LEFT SIDE OF MY LOT, HAD COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI.

I THEN CALL UP FOR THE POLICE.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE FRONT LEFT PORTION & I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

NO INJURY INVOLVED.
MY TAXI WAS VACANT.



 821952566

Driver's Signature & NRIC Number
Tuesday, May 14, 2019 @ 11:14:03 AM

(attended by )

CASH SALE/WORK ORDER

No: AE 4253



PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-60, SINGAPORE 408717

TEL : 6743 1987 (3 LINES) FAX : 6743 0013

Reg No: 200415052W

Date, 14.5.19

賣號

Messrs:

Premier

車號

Vehicle No:

SHC 6091 L

車型

Model No:

OPTIMA

由

From:

B1K 12 Telok Blangah Crescent

到

To:

Omega

其他

Remark:

(1 key)

時間

Time:

03:33:06:13:06:53

AMOUNT:

\$

注意：本公司對所拖之車輛，在進行中如有任何損失或破壞，一概由車主自行負責。

NOTE: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

經手人

Authorised by:

收貨人

Received by:

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02

SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511

CO. REG:200707743D GST REG:200707743D

14-May-19

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6091 L

| | | | | |
|------|----------------------------------|--------------|----------|-----------|
| 1 pc | Front bumper | <i>Photo</i> | \$ | 531.00 |
| 1 pc | Front bumper emblem | <i>new</i> | \$ | 44.00 |
| 1 pc | Front n/s fender | <i>Photo</i> | \$ | 384.00 |
| 1 pc | Front n/s fender inner shield | <i>X</i> | \$ | 120.00 |
| 1 pc | Front n/s lower arm | <i>X</i> | \$ | 439.00 |
| 1 pc | Front n/s shock absorber | <i>X</i> | \$ | 330.00 |
| 1 pc | Front n/s ball joint | <i>X</i> | \$ | 59.00 |
| 1 pc | Front n/s stabilizer link | <i>X</i> | \$ | 86.00 |
| 1 pc | Front n/s rim | <i>X</i> | \$ | 246.00 |
| 1 pc | Wheel cover | <i>X</i> | \$ | 116.00 |
| 1 pc | Front bumper n/s side retainer | <i>X</i> | \$ | 16.00 |
| 1 pc | Front bumper n/s upper bracket | <i>X</i> | \$ | 16.00 |
| 1 pc | Front bumper n/s support bracket | <i>X</i> | \$ | 16.00 |
| | | | \$ | 2,403.00 |
| | | | Less 10% | \$ 240.30 |
| | | | \$ | 2,162.70 |

S/NETT

| | | | | |
|-------|--|------------|----|---------------------------------|
| 1 pc | Front bumper clips | <i>new</i> | \$ | 48.00 |
| 1 pc | Front n/s fender sticker | <i>X</i> | \$ | 30.00 |
| 1 set | Front n/s fender inner shield clips | <i>X</i> | \$ | 28.00 |
| 1 pc | Front n/s tyre (Tyre brand achilles) | <i>X</i> | \$ | 200.00 |
| | | | | <i>Acknowledged by Repairer</i> |
| | | | | <i>Signature: Katin 10/09</i> |
| | | | | <i>Date: 15/5/19 1015hrs.</i> |
| | | | | <i>3 Rep.</i> |
| | | | | <i>4/5</i> |
| | | | | <i>After Repair photo</i> |
| | Sundry | <i>new</i> | \$ | 50.00 20 |
| | To check front n/s wheel alignment | | \$ | 60.00 X 3 |
| | To dismantle / refit front n/s wheel undercarriage | | \$ | 250.00 X 3 |
| | Towing Fee | | \$ | 50.00 - |
| | To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the same | | \$ | 650.00 400 |
| | To putty and spray painting on front bumper, front n/s fender | | \$ | 400.00 360 |
| | To apply rustproofing on the repaired and replaced panels. | | \$ | 80.00 50 |
| | | | \$ | 4,008.70 |

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.



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/AWA19008556/K1td3n2

(SINGAPORE BRANCH)

60 ANSON ROAD #08-01 (8th FLOOR)

MAPLETREE ANSON

SINGAPORE 079914

Date : 28-05-2019



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|------------------|----------------|------------|
| Insured Veh. | PC 4156C | Veh. Inspected | SHC 6091L |
| Policy No. | BVBPSB0005741801 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | STELLA GOH | Assign Date | 14/05/2019 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | KIA OPTIMA | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2014 |
| Chassis No. | KNAGM414ME5464253 | Colour | SILVER |
| Odometer | 469770 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | FAIR | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|--------|---------|
| R/H Front Tyre | 205/65 R16 | MAXXIS | 7 mm |
| L/H Front Tyre | 205/65 R16 | MAXXIS | 7 mm |
| R/H Rear Tyre | 205/65 R16 | MAXXIS | 7 mm |
| L/H Rear Tyre | 205/65 R16 | MAXXIS | 7 mm |

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.

DAMAGES SEE DETAILS.

5. General Information

| | | | |
|----------------|---|-----------------|------------|
| Accident Date | 14/05/2019 | Inspection Date | 15/05/2019 |
| Survey held at | PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443 | | |

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 |
|-------------------------------------|----------------|



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. SHC 6091L

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|---------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | FRONT BUMPER | DEFORMED | 531.00 | 531.00 |
| 1 | FRONT BUMPER EMBLEM | NECESSARY | 44.00 | 44.00 |
| 1 | FRONT N/S FENDER | BUCKLED | 384.00 | 384.00 |
| 1 | FRONT N/S FENDER INNER SHIELD | SERVICEABLE | 120.00 | - |
| 1 | FRONT N/S LOWER ARM | SERVICEABLE | 439.00 | - |
| 1 | FRONT N/S SHOCK ABSORBER | SERVICEABLE | 330.00 | - |
| 1 | FRONT N/S BALL JOINT | SERVICEABLE | 59.00 | - |
| 1 | FRONT N/S STABILIZER LINK | SERVICEABLE | 86.00 | - |
| 1 | FRONT N/S RIM | SERVICEABLE | 246.00 | - |
| 1 | WHEEL COVER | SERVICEABLE | 116.00 | - |
| 1 | FRONT BUMPER N/S SIDE RETAINER | CRACKED | 16.00 | 16.00 |
| 1 | FRONT BUMPER N/S UPPER BRACKET | CRACKED | 16.00 | 16.00 |
| 1 | FRONT BUMPER N/S SUPPORT BRACKET | CRACKED | 16.00 | 16.00 |
| | LESS 10% DISCOUNT | | -240.30 | -100.70 |
| | | | 2,162.70 | 906.30 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | FRONT BUMPER CLIPS (SN) | NECESSARY | 48.00 | 48.00 |
| 1 | FRONT N/S FENDER STICKER (SN) | NOT NECESSARY | 30.00 | - |
| 1 | SET FRONT N/S FENDER INNER SHIELD CLIPS (SN) | NOT NECESSARY | 28.00 | - |
| 1 | FRONT N/S TYRE (TYRE BRAND ACHILLES)(SN) | SERVICEABLE | 200.00 | - |
| 1 | SUNDRY (SN) | NECESSARY | 50.00 | 20.00 |
| | | | 356.00 | 68.00 |
| <u>LABOUR</u> | | | | |
| | TO CHECK FRONT N/S WHEEL ALIGNMENT. | NOT NECESSARY | 60.00 | - |
| | TO DISMANTLE/REFIT FRONT N/S WHEEL UNDERCARRIAGE. | NOT NECESSARY | 250.00 | - |
| | TOWING FEE. | | 50.00 | 50.00 |
| | TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS.INCLUDING KNOCK-OUT,STRAIGHTEN,REPAIR,RESHAPE AND ADJUST OF THE SAME. | | 650.00 | 400.00 |
| | TO PUTTY AND SPRAY PAINTING ON FRONT BUMPER,FRONT N/S FENDER. | | 400.00 | 360.00 |



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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|--|-----------|---------------------------|-------------------|
| | TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS. | | 80.00 | 50.00 |
| | | | 1,490.00 | 860.00 |
| GRAND TOTAL | | | 4,008.70 | 1,834.30 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 1,450.00 |

Report Ref No. CS/AWA19008556/K1td3n2

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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