

ASS. RES. BY: Manus | CS3/LPC/8015892/Und30r
 Surveyor: Gerald Poh | ASSIGNMENT (Office)
 Person (Person): LPC | Date/Time: 14/05/2019
 Estimated Cost: _____ Bill to: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle: 3LK 304Z | Insured: SJH 9353L
 at Workshop: Hup Lee Hwat | Tel: 9677 3832
 of: Blk 1 Kelki Bkt Ave 6 #01-35
 Policy No: _____ Claim No: _____
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A: 29/08/18
 (Client's Record)
 CA / REV / REP. / REV 24 HRS: lup
 Date/Time: 957mm 30/08/18 | Person Contacted: Mr Ten | H.O.D. Endorsement: _____
 Vehicle IN (OUT)

Date/Time	Action/Instructions (x) Estimate	
	<u>3LK 304Z - NA/INC18015732/K4</u>	<u>D.O.A: 29/08/18</u>
	<u>SJH 9353L - NA/INC18015732/K4</u>	<u>D.O.A: 29/08/18</u>
<u>31/08/18-</u>	<u>VNI (Mr. Ten)</u>	
<u>5/9/18-</u>	<u>vehicle not h yet</u>	
<u>14/9/18-</u>	<u>vehicle still not in yet (Mr. Ten)</u>	

16/5/19 L/S 850 3 day . (Red 2158.38, 7270)

RECEIVED 16 MAY 2019

ASS. REC. BY: MORIS

REF: LPC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: SLK 304x

at Workshop m/s by by by

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

Ball or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est Repairs: 3 days Res.: Yes or No

Lum Sum: 2 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

FA 58632

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

No settlement

Submit PRS report

RECEIVED 15 OCT 2018

Veh No: SLK 304x Yr Regn: 1117

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

Truck / Trailer or 1A1

Make: Toyota wish c.c. 1797

Colour: Black A/C: Insured / Std / NI / NA

Sp Reading: 173046 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 266206037170

Gen. Cond: Good / Fair / Poor / Burnt

Steering: order / Jammed / Leaked / Burnt or

Brake: order / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

R/Bal: 6 mm

L/Bal: 6 mm

D.O.A: 29/8/18

Survey held at

Rear

R/Bal: 6 mm

L/Bal: 6 mm

D.O.I: 22/9/18 @ 0509PM

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

frt of

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

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☒ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee

Transportation

S + RS \$ _____

Photos

Others

TOTAL

Report Format: TP

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

<u>490</u>
<u>490</u>



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 18/18/18/VP05/020865

Your Ref : CS3/LPC18015892/Urd3e2

9 May 2019

M/s LKK Auto Consultants Pte Ltd
51 Ubi Ave 1
#01-25 Paya Ubi Industrial Pk
Singapore 408933

Dear Sirs/Madam

PAPER SURVEY OF SLK304Z

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SLK304Z
- b) GIA report SLK304Z
- c) GIA report and photos of SJH9353L

Kindly study the documents and let us have your report by 23 May 2019.

Yours faithfully

GERALD POH
SENIOR EXECUTIVE
(CLAIMS)
Email : mt_claim@lonpac.com

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 ability.
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	29/08/2018 13:20
Date Of Accident	29/08/2018 00:50
Exact Location Of Accident	CHANGI AIRPORT T 1 (CARPARK LEVEL 1M)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK304Z
Insured/Policyholder	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85007178
Alternative Phone No	OFFICE-85007178

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078818993-02
Cover Note Number	

Driver

Name of Driver	LAY TIEN HUR
NRIC No	S7137668J
Date Of Birth	19/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1989
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85007178
Fax Number	
Contact Number	OTHERS-85007178
Email Address	NOEMAIL

Address	BLK 54 CHAI CHEE STREET #04-877
Postcode	460054
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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

PLS REFER TO THE ATTACHED STATEMENT.

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	JACK CHEW
Phone Number	92999369
Email Address	-

Details of Witness 2

Name	JEFFREY KOH
Phone Number	92396538
Email Address	-

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH9353L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN**IMPORTANT NOTICE**

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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.



Policyholder's Signature
Date & Time:

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

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

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road, #07-280, Singapore 470110
Mobile : 9855 6879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

Report Ref : TP18080023

Date: 18 APR 2019

H & H Rental Leasing Pte Ltd
c/o Hup Ley Huat Motor Spray Painting Services
Blk 1, #01- 35
Kaki Bukit Ave 6
Singapore 417883

THIRD PARTY SURVEY
ACCIDENT OCCURED ON 29 AUG 2018

Workshop Name and Address

Hup Ley Huat Motor Spray Painting Services
Blk 1, #01- 35
Kaki Bukit Ave 6
Singapore 417883

As per your instruction dated 20 Sept 2018
We have carried out a physical inspection on the said
We enclosed herewith our report and findings as follows:

with regard to the above matter.
SLK304Z

1. VEHICLE PARTICULARS

Registration No : SLK304Z
Model : TOYOTA WISH 1.8X CVT
Year / Capacity : Jan 2017 / 1794 cc
Chassis No : ZGE206032170

Engine No : 2ZR1772485
Mileage : n.a km
Colour : Metallic Black

2. TYRES CONDITION

	<u>Size</u>	<u>Made</u>	<u>Balance</u>	<u>Rim</u>
FRONT O/S :	195/50/R15	Bridgestone	9.00 mm	Sport
REAR O/S :	195/50/R15	Bridgestone	9.00 mm	Sport
FRONT N/S :	195/50/R15	Bridgestone	9.00 mm	Sport
REAR N/S :	195/50/R15	Bridgestone	9.00 mm	Sport

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110
Mobile : 9855 6879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the side portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 04 working days to complete
5. In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter.
6. Should you discover any discrepancy in the report, please kindly notify us within 1 week, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

Vehicle Number: SLK304Z

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
-----	-------------------	-----------	--------------------------	-----------------------------

List Items

1 pc	Front bumper face	65/10 beng	\$ 1,140.00	\$ 1,140.00
1 pc	Front bumper side retainer	bent	\$ 75.50	\$ 75.50
10 pcs	Front bumper clips	SV necessary	\$ 129.00	\$ 129.00
Parts Sub-Total			\$ 1,344.50	\$ 1,344.50
Discount 25.00%			\$ 336.13	\$ 336.13
			\$ 1,008.38	\$ 1,008.38

Vehicle Number: SLK304Z

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
-----	-------------------	-----------	--------------------------	-----------------------------

Special Nett Items

Special Nett Sub-Total	\$	-	\$	-
Spare Parts Total	\$	336.13	\$	336.13

776.6
252
524.6

LABOUR COST

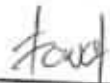
S/No	JOB DESCRIPTIONS	Workshop Estimation (S\$)	Our Revised Estimation (S\$)
------	------------------	---------------------------	------------------------------

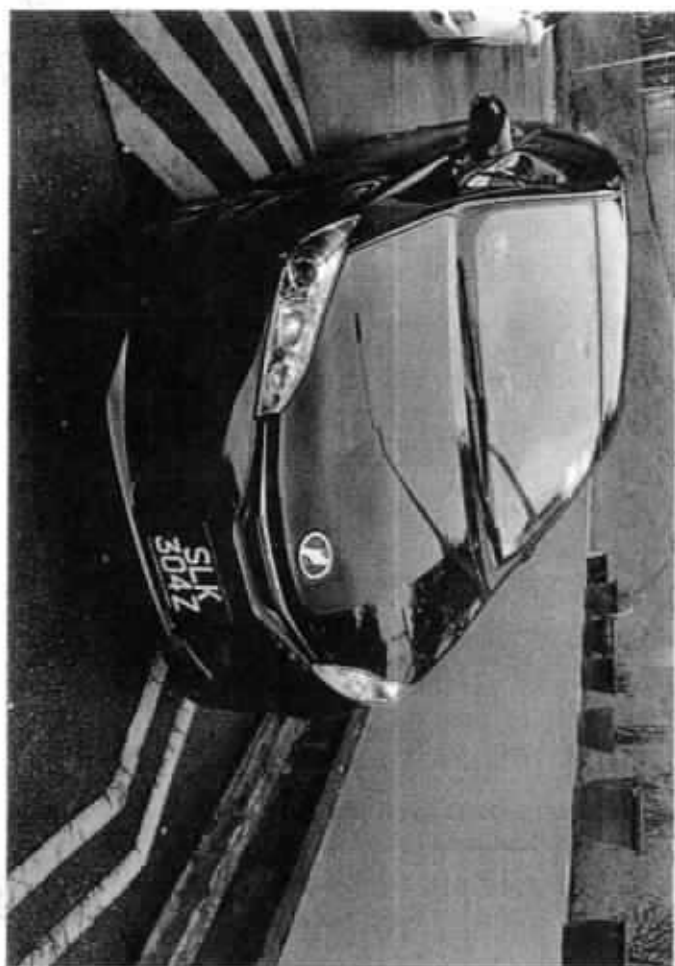
	Spare PartsTotal c/f	\$ 1,008.38	\$ 1,008.38
1	To respray affected areas	\$ 1,200.00	\$ 1,000.00 300
2	To renew damaged parts, straighten & repair front fender inner panel front chassis member and aligned all parts	\$ 1,200.00	\$ 1,000.00 200
	Total	\$ 3,408.38	\$ 3,008.38

The repairer has agreed to undertake the repair under a Sum Basis. We have further adjusted the amount to a Sum Repair of :

\$ 3,008.38

1082.45


Fong Kok Heng
Qualified Appraiser







SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	29/08/2018 15:34
Date Of Accident	29/08/2018 00:30
Exact Location Of Accident	CHANGI AIRPORT T1 CP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH9353L
Insured/Policyholder	
Name Of Registered Owner	TAY NGERN SIANG
NRIC No	S1505071C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91657289
Alternative Phone No	OFFICE-91657289

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE-1.5 (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 REPORTING ONLY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05019923
Cover Note Number	

Driver

Name of Driver	TAY NGERN SIANG
NRIC No	S1505071C
Date Of Birth	18/08/1961
Occupation	INDOOR
Date Of Driving Pass	09/03/1988
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91657289
Fax Number	
Contact Number	OFFICE-91657289
EMAIL Address	NOEMAIL

Address	BLK 453A FERNVALE RD #22-501
Postcode	791453
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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

PLEASE REFER TO 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK304Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

Policyholder's Signature
Date & Time:

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

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



Shumma
29/8 @
3-30p

SKETCH PLAN



A: SJH 9353L

B: SLK 300Z

Change T1 CP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had almost exited my parking lot when Vehicle B suddenly drove out of his parking lot and hit my vehicle. Nobody was injured.

DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Shuman

3-30p

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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				
LONPAC INSURANCE BHD			Ref : CS3/LPC18015892/Uvd3e2-1	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555			Date : 17-05-2019	
			Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJH 9353L		Veh. Inspected	SLK 304Z
Policy No.			Coverage (\$)	0.00
Claim No.	18/18/18/VP05/020865		Excess (\$)	0.00
Assign From	GERALD POH		Assign Date	14/05/2019
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH (A)		c.c	1797
Engine No.	HIDDEN		Year of Reg.	2017
Chassis No.	ZGE206032170		Colour	BLACK
Odometer	173046		Steering	IN ORDER
Brakes	IN ORDER		Modification	NIL
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	PIRELLI	6 mm	
L/H Front Tyre	195/65 R15	PIRELLI	6 mm	
R/H Rear Tyre	195/65 R15	PIRELLI	6 mm	
L/H Rear Tyre	195/65 R15	PIRELLI	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/08/2018		Inspection Date	20/09/2018
Survey held at	HUP LEY HUAT MOTOR SPRAY PAINTING SVS BLK 1 KAKI BUKIT AVE 6, #01-35 AUTOBAY SINGAPORE 417883			
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLK 304Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER FACE	DEFORMED / DEEP CUT	1,140.00	651.10
1	FRONT BUMPER SIDE RETAINER	BENT	75.50	75.50
10	FRONT BUMPER CLIPS	NECESSARY	129.00	50.00
	LESS 25% DISCOUNT		-336.13	-194.15
			1,008.37	582.45
	<u>LABOUR</u>			
	TO RESPRAY AFFECTED AREAS.		1,200.00	300.00
	TO RENEW DAMAGED PARTS, STRAIGHTEN & REPAIR FRONT FENDER INNER PANEL FRONT CHASSIS MEMBER AND ALIGNED ALL PARTS.		1,200.00	200.00
			2,400.00	500.00
	GRAND TOTAL		3,408.37	1,082.45
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			850.00

Report Ref No. CS3/LPC18015892/Uvd3e2-1

CHUA KANG SENG

Licensed Appraiser

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