

REF:

TP / CS/TP15017297/KVB02

ASS. REC. BY:

Kenneth

- Waiting for before
paint photo. 14/10

ASSIGNMENT

From:

Date:

14/10

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

Trans Cab

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident 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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 675

Yr Regn:

071 12

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

Truck / Trailer or

Make:

Chevrolet Epica

c.c

1991

Colour

White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

486924

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KL11A69RTBB-095999

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65 R15

R:

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

4/10/15

D.O.I.

9/10/15

Survey held at

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

O/S body

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

Date / Time

Action / Instruction

9/10

AK failed to arrive for 4 days

13/10

6/10 8:20 AM for (Ced 14, 771.28, 83M)

SHD 675 - CC3/AJ4150 U9233/Kua 3

NO Res

D.O.A: 2/6/2015

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

22/10 typist

Report Format:

TP

Days Of Repair:

4

Resurvey No. of Trip:

-

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

= 105

170-1 (7x15)
50
80
49

Survey Department Check List (Case Handler)

Reference No. : CS/TP/5017357/Kvb
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code	✓			
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)				
C	D.O.A	✓			
C	Policy No				
C	Claim No				
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (

): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded				
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Check By: Veron 13/10/15



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				
TRANS-CAB AUTO SERVICES PTE LTD		Ref : CS/TP15017257/Kvb		
NO.58 DEFU LANE 1 SINGAPORE 539498		Date : 13-10-2015		
		Code : TP378		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHD 67S	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	TRANS-CAB AUTO SERVICES PTE LTD	Assign Date	12/10/2015	
2. Vehicle Particulars & Condition				
Make & Model	c.c		0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.	Colour			
Odometer	-	Steering		
Brakes	Modification			
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	04/10/2015	Inspection Date	12/10/2015	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO. 42 SUNGEI KADUT ST 1 SINGAPORE 729346			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

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 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 insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	05/10/2015 13:07
Date Of Accident	04/10/2015 21:30
Exact Location Of Accident	Buangkok Green
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD67S
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	Hire and Reward
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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH/3195
Cover Note Number	

Driver

Name of Driver	MOKSIN BIN MOKIM
NRIC No	S0901093I
Date Of Birth	15/10/1945
Occupation	Outdoor
Date Of Driving Pass	14/06/1974
Driving Experience	41 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-97703447
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 946 HOUGANG ST 92 #03-167
Postcode	530946
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	Collision- Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	4

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

On 04.10.2015 at about 2130hrs, I was traveling straight at the extreme left lane along Buangkok Green towards Sengkang East Road when I notice in front the traffic light turn red so I slow down when suddenly Vehicle B (SKV2483E) which was on my right swerved into my lane without checking for oncoming vehicles. Thus resulted, vehicle B's left front portion collided onto my taxi's right side portion.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV2483E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	YAP NEOW SENG
Phone Number	
Email Address	

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 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. 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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan area with handwritten notes and diagrams:

- Diagram showing two vehicles, A and B, with arrows indicating movement or position.
- Handwritten notes: A: SHD 675, B: SKV 2483E.
- Handwritten note: BUANGKOK GREEN.

Describe Circumstances of the Accident

PLS REFER TO GIA REPORT

Declaration

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

Witnessed by Reporting Centre
Personnel

Text size + -

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 200303878K

Vehicle Details

Vehicle No.: SHD67S
Vehicle to be Exported: Yes
Intended De-registration Date: 05 Oct 2015
Vehicle Make: CHEVROLET
Vehicle Model: EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour: Red
Manufacturing Year: 2011
Engine No.: Z20S1455769K
Chassis No.: KL1LA69RJBB095999
Maximum Power Output: 110.0 kW (147 bhp)
Open Market Value: \$14,384.00
Original Registration Date: 27 Jul 2012
First Registration Date: 27 Jul 2012
Transfer Count: 0
Actual ARF Paid: \$14,384.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 26 Jul 2020
PARF Rebate Amount: \$10,788.00

Intended COE Rebate Details

COE Expiry Date: 26 Jul 2020
COE Category: A - Car (1600cc & below)
COE Period(Years): 8
PQP Paid: \$48,176.00
COE Rebate Amount: \$28,944.00
Total Rebate Amount: \$39,732.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier

TRANS-CAB AUTO SERVICES PTE LTD
 NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
SHD 67S - AXA

ROEL

Not Authored
11 Sep @ 2904

Vehicle No.:	SHD 67S - ROEL
Chassis No.:	KL1LA69RJBB095999
Vehicle Make:	CHEVROLET
Vehicle Model:	CHEVROLET EPICA 2.0
Date of Accident :	04.10.2015
Third Party Insurer :	AXA

		PART		LIST
1	1	Front Bumper	\$	<i>Sm</i> 1,202.00 X
2	1	Front Bumper Retainer RH	\$	<i>Sm</i> 102.00 X
3	1	Front Headlamp RH	\$	<i>Sm</i> 816.00 X
4	1	Front Fender RH	\$	<i>By</i> 837.60 ✓
5	1	Front Fender Liner RH	\$	<i>Sm</i> 47.00 X
6	1	Front Shock Absorber Assy RH	\$	<i>Sm</i> 216.17 X
7	1	Front Lower Arm RH	\$	<i>Sm</i> 283.00 X
8	1	Front Knuckle Arm RH	\$	<i>Sm</i> 230.00 X
9	1	Windscreen Washer Tank	\$	<i>Sm</i> 62.00 X
10	1	Windscreen Washer Tank Motor	\$	<i>Sm</i> 51.00 X
11	1	Front Door RH	\$	<i>By</i> 1,133.00 ✓
12	1	Front Door Guide RH Chrome Moulding	\$	<i>Sm</i> 60.00 X
13	1	Front Door Outer Handle RH	\$	<i>Sm</i> 125.00 X
14	1	Front Door top hinge RH	\$	<i>R</i> 35.00 X
15	1	Front Door bottom hinge RH	\$	<i>R</i> 35.00 X
16	1	Front Door power window motor RH	\$	<i>Sm</i> 274.97 X
17	1	Front Side View Mirror RH	\$	<i>Sm</i> 939.00 X
18	1	Side Rocker Panel Garnish RH	\$	<i>Sm</i> 236.40 X
19	1	Rear Door RH	\$	<i>R</i> 1,133.00 X
20	1	Rear Fender RH	\$	<i>R</i> 1,145.00 X
21	1	Rear Bumper	\$	<i>R</i> 1,202.00 X
22	1	Rear Bumper Side Retainer RH	\$	<i>Sm</i> 68.76 X
23	1	Rear Bumper Reflectors RH	\$	<i>Sm</i> 119.74 X

TOTAL	\$	10,353.64
10%	\$	1,035.36
	\$	9,318.28

Special Nett

1 Set	Front Bumper Fastener Clip	\$	<i>NN</i> 30.00 X
1 Set	Front Fender Liner Clip RH	\$	<i>NN</i> 30.00 X
1	Door Sticker "Trans-cab" RH	\$	<i>Me</i> 80.00 <i>60.00</i>
1	Door Sticker "6555-3333" RH	\$	<i>Me</i> 80.00 <i>60.00</i>

TRANS-CAB AUTO SERVICES PTE LTD

NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346

TEL NO.6287 6666 FAX NO.6366 8862

CO/GST REG NO.201019626G

SHD 67S - AXA**ROEL**

1set	Side Rocker Panel Garnish Clip RH	\$	<i>na</i>	60.00	X
1Set	Rear Bumper Fastener Clip	\$	<i>na</i>	35.00	X
1	Rear Tyre RH	\$	<i>na</i>	360.00	X
1	Rear Wheel Rim RH	\$	<i>na</i>	254.00	X
1	Hub Cup Rim Rear	\$	<i>na</i>	35.00	X
1	Front Tyre RH	\$	<i>na</i>	360.00	X
1	Front Wheel Rim RH	\$	<i>na</i>	254.00	X
1	Hub Cup Rim Front	\$	<i>na</i>	35.00	X

TOTAL	\$	1,613.00
TOTAL PARTS	\$	10,931.28

Panel Beating, Knocking And Straightening The
Necessary Portion, Remove And Renewal Of
Parts, Adjust And Realign The Same

\$ 2,800.00 *600*

To Rust-Proofing Of The Affected Areas.

\$ 220.00 *60*

Putty and Spray Painting Of The Affected

\$ 2,700.00 *1000*

To Check Electrical Lighting Concerned.

\$ 170.00 *20*

To check steering geometry and computer wheel
alignment

\$ *na* 220.00 X

Towing Fees

\$ *na* 120.00 X

To transfer of door fittings, attachment and
perform water seepage test.

\$ 170.00 *60*

To Transfer Of Fender Fittings, Attachments
And Perform Water Seepage Test.

\$ *na* 170.00 X

To transfer of tire, rim and on wheel balancing.

\$ *na* 170.00 X

TOTAL	\$	6,740.00
Over All Total	\$	17,671.28

REPAIR DAYS

10 DAYS
4 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

Affiliated to Federation Internationale Des Experts En Automobile				
TRANS-CAB AUTO SERVICES PTE LTD		Ref : CS/TP15017257/Kvbn2		
NO.58 DEFU LANE 1 SINGAPORE 539498		Date : 28-10-2015		
		Code : TP378		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHD 67S	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		09/10/2015	
2. Vehicle Particulars & Condition				
Make & Model	CHEVROLET EPICA (A)	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	KL1LA69RJBB095999	Colour	WHITE/RED	
Odometer	486924	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65R15	FALKEN	7 mm	
L/H Front Tyre	195/65R15	FALKEN	7 mm	
R/H Rear Tyre	195/65R15	FALKEN	7 mm	
L/H Rear Tyre	195/65R15	FALKEN	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	04/10/2015	Inspection Date	09/10/2015	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO. 42 SUNGEI KADUT ST 1 SINGAPORE 729346			
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:		4 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. SHD 67S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	SERVICEABLE	1,202.00	-
1	FRONT BUMPER RETAINER RH	SERVICEABLE	102.00	-
1	FRONT HEADLAMP RH	SERVICEABLE	816.00	-
1	FRONT FENDER RH	BENT	837.60	837.60
1	FRONT FENDER LINER RH	SERVICEABLE	47.00	-
1	FRONT SHOCK ABSORBER ASSY RH	SERVICEABLE	216.17	-
1	FRONT LOWER ARM RH	SERVICEABLE	283.00	-
1	FRONT KNUCKLE ARM RH	SERVICEABLE	230.00	-
1	WINDSCREEN WASHER TANK	SERVICEABLE	62.00	-
1	WINDSCREEN WASHER TANK MOTOR	SERVICEABLE	51.00	-
1	FRONT DOOR RH	BENT	1,133.00	1,133.00
1	FRONT DOOR GUIDE RH CHROME MOULDING	SERVICEABLE	60.00	-
1	FRONT DOOR OUTER HANDLE RH	SERVICEABLE	125.00	-
1	FRONT DOOR TOP HINGE RH	TO REPAIR SEE LABOUR	35.00	-
1	FRONT DOOR BOTTOM HINGE RH	TO REPAIR SEE LABOUR	35.00	-
1	FRONT DOOR POWER WINDOW MOTOR RH	SERVICEABLE	274.97	-
1	FRONT SIDE VIEW MIRROR RH	SERVICEABLE	939.00	-
1	SIDE ROCKER PANEL GARNISH RH	SERVICEABLE	236.40	-
1	REAR DOOR RH	TO REPAIR SEE LABOUR	1,133.00	-
1	REAR FENDER RH	TO REPAIR SEE LABOUR	1,145.00	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	1,202.00	-
1	REAR BUMPER SIDE RETAINER RH	SERVICEABLE	68.76	-
1	REAR BUMPER REFLECTORS RH	SERVICEABLE	119.74	-
	LESS 10% DISCOUNT		-1,035.36	-197.06
			9,318.28	1,773.54
<u>SPECIAL NETT ITEMS</u>				
1	SET FRONT BUMPER FASTENER CLIP (SN)	NOT NECESSARY	30.00	-
1	SET FRONT FENDER LINER CLIP RH (SN)	NOT NECESSARY	30.00	-
1	SET SIDE ROCKER PANEL GARNISH CLIP RH (SN)	NOT NECESSARY	60.00	-
1	SET REAR BUMPER FASTENER CLIP (SN)	NOT NECESSARY	35.00	-



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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR TYRE RH (SN)	SERVICEABLE	360.00	-
1	REAR WHEEL RIM RH (SN)	SERVICEABLE	254.00	-
1	HUB CUP RIM REAR (SN)	SERVICEABLE	35.00	-
1	FRONT TYRE RH (SN)	SERVICEABLE	360.00	-
1	FRONT WHEEL RIM RH (SN)	SERVICEABLE	254.00	-
1	HUB CUP RIM FRONT (SN)	SERVICEABLE	35.00	-
1	DOOR STICKER "TRANS-CAB" RH (SN)	NECESSARY	80.00	60.00
1	DOOR STICKER "6555-3333" RH (SN)	NECESSARY	80.00	60.00
			1,613.00	120.00
	LABOUR			
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF FRONT DOOR TOP HINGE RH, FRONT DOOR BOTTOM HINGE RH, REAR DOOR RH, REAR FENDER RH AND REAR BUMPER.		2,800.00	600.00
	TO RUST-PROOFING OF THE AFFECTED AREA.		220.00	60.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED AREA.		2,700.00	1,000.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TOWING FEES.	NOT NECESSARY	120.00	-
	TO TRANSFER OF DOOR FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.		170.00	60.00
	TO TRANSFER OF FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
			6,740.00	1,740.00
	GRAND TOTAL		17,671.28	3,633.54
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,900.00

Report Ref No. CS/TP15017257/Kvbn2

KONG SENG CHEONG

Licensed Appraiser

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