

Surveyor

REF: CSI/A16190117941Dtd3r

Special Instruction:

LS5700f

ASSIGNMENT (Office)

From (Person): Norsiah of AIG Date/Time: 30/5/2019
Estimated Cost: Bill to:

Third Parties:

Claimant: Owner

Surveyor: SK Auto

Workshop: AMA Autocare

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GBA 9110C Insured: SIN 8804C
at Workshop m/s AMA Autocare Tel: 87783636
of 36 Tch Guan Rd East
Policy No: Claim No: 3776330804SG
Sum Insured: Excess:
Make of Veh: D.O.A. 8/1/2018
(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT
Date/Time: Confirmed with Final Fig days (Red \$ / %; Original 5 days)
Date/Time: 4/7/2019 Submit Final Fig 3100, 3 days (Red \$ / %; Original days)

Date/Time	Action/Instruction
	GBA 9110C - X
	SIN 8804C - X
03/07/19	Vehicle balance 2 months at time of loss. Registration in March 2018 currently CRZ re renewed for 5 yrs. Underwrite & not allowed as vehicle parked at point of contact. Furthermore no damage to wheel rim. To Submit 2/5 3100/- with 3 days of rep (Red: 2600; 45%)

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 04 JUL 2019

Para(3) : Nett Value

Market Value :	Inspected/ Evaluated by:	Fee Charged:	Date:
Salvage Value :		Basic & Add	150
Nett Value :		Transport	
		Photos	
		Others	
		Total	
1) Date/Time File Pass to	2) Date/Time File Return to		
3) Date/Time File Pass to	4) Date/Time File Return to		
5) Date/Time File Pass to	6) Date/Time File Return to		

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	10/01/2018 10:09
Date Of Accident	08/01/2018 08:45
Exact Location Of Accident	BLK 449-450 CLEMENTI AVE 3 OPEN SPACED CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9110C
Insured/Policyholder	
Name Of Registered Owner	SHENG WANG TRADING
Co Reg No	52825408A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68660106

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L200 PICK UP
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5088414087
Cover Note Number	

Driver

Name of Driver	KEE YEW LENG
NRIC No	S7220640A
Date Of Birth	18/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1993
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97550763
Fax Number	
Contact Number	OFFICE-68660106
Email Address	KEN.KEE@ROTARYENG.COM.SG

Address	BLK 83 COMMONWEALTH CLOSE #03-163
Postcode	140083
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN8804C
Vehicle Make/Model/Colour	TOYOTA / PICNIC / RED
Details Of Properties	REAR
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 as the or one 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

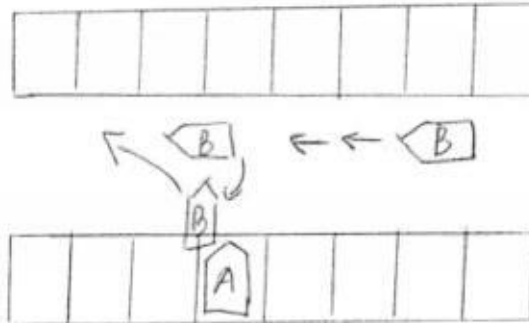
Driver's Signature
(If driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name: 10-1-18
NRIC/FIN No.

Sketch Plan #2

SKETCH PLAN

Clement Ave 3
Bk 449-450 Open Spaced Car park.



(A) GBA 9110C
(B) STN 8804C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report T/2018009/2121

DECLARATION

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



Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature



**SINGAPORE
POLICE FORCE**



T/20180109/2121

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20180109/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2018 16:24	Vide Report No.:	Station Diary No.: 151
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Informant's Particulars

Name of Informant: KEE YEW LENG			Address: APT BLK 83 COMMONWEALTH CLOSE #03-163 SINGAPORE 140083		
ID Type / ID No.: NRIC NO / S7220640A			Contact No.: Home/Office: Mobile: 97550763		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 18/06/1972	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: OIL AND GAS PROJECT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/01/2018 08:45	Type of Location: Car Park
Location: Along Road 1 CLEMENTI AVENUE 3				
At the vicinity of Blk 449-450 Clementi Ave 3 Open Spaced Car park				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA9110C	PICKUP	MITSUBISHI	L200	Silver	Slightly Damaged	0
SJN8804C	Car	TOYOTA		Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
GBA9110C	NTUC Income Insurance Co-Operative Limited			



**SINGAPORE
POLICE FORCE**



T/20180109/2121

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20180109/2121

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	KEE YEW LENG	ID No.	S7220640A
Related Vehicle	GBA9110C (PICKUP)	Contact No.	97550763
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/01/2018 at about 0830hrs, I reached Clementi Polyclinic for my checkup. I parked my vehicle bearing registration number GBA9110C at the vicinity of Blk 449-450 Clementi Ave 3 open spaced carpark. I am unable to recall the carpark lot number.

On the same day at about 0915hrs, I retrieved my vehicle and drove off. I did not make any checks as it was raining heavily.

On 09/01/2018 at about 0900hrs, I made a check on my vehicle and discovered that the front left bumper was damaged, front left side of the vehicle was dented and the headlight chipped off. I then view the in-built camera of the vehicle and discovered that on 08/01/2018 at about 0848hrs, a red colored Toyota bearing registration number SJN8804C, had reversed hit onto the front left side of my vehicle. The said vehicle then drove off without leaving note.

This is the first time such incident happened to me. I do not have any suspects in mind. I have a copy of the footage.



**SINGAPORE
POLICE FORCE**



T/20180109/2121

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20180109/2121

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J/ Sgt 1 MUHAMMAD ZAKI BIN ABDULLAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2018 16:24
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp NP168 	SN 127

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report	18/01/2018 14:50
Date Of Accident	08/01/2018 09:00
Exact Location Of Accident	CLEMENTI AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN8804C
Insured/Policyholder	
Name Of Registered Owner	NURZALIYATI BTE TAIB
NRIC No	S7512050H
Email Address	NURZALIYATI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-62538288
Alternative Phone No	Office-67772962

Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC-2.0 (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100306390-05
Cover Note Number	

Driver

Name of Driver	TAIB BIN SULAIMAN
NRIC No	F1214370L
Date Of Birth	14/10/1946
Occupation	INDOOR
Date Of Driving Pass	10/05/2002
Driving Experience	15 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96452514
Fax Number	
Contact Number	
EMail Address	NURZALIYATI@GMAIL.COM
Address	BLK 334 CLEMENTI AVENUE 2 #03-54
Postcode	120334
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	RAINING
Road Surface	WET

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?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : Sabariah Binte Borhan Gender: : Female

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

#carpark Moving forward or reversing into parking lot & Parked Day was raining heavily. Visibility was low. Car reversing into lot but misgauge a little and hit the side of the other vehicle.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan



REPUBLIC OF SINGAPORE DRIVING LICENSE

License No. F12143701

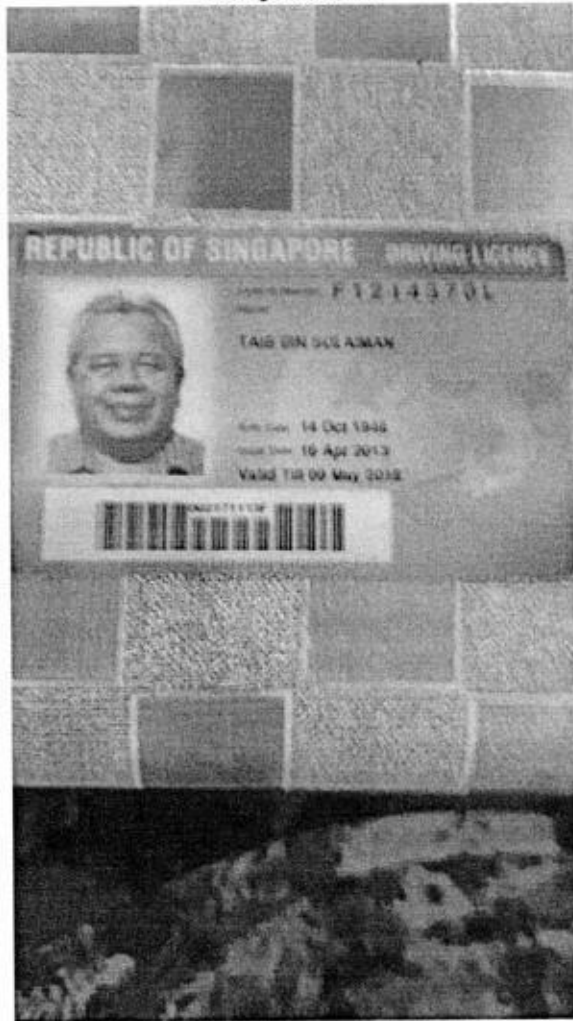
Holder's Name: TAIG BIN SUI AMAN

Date of Birth: 14 Oct 1946

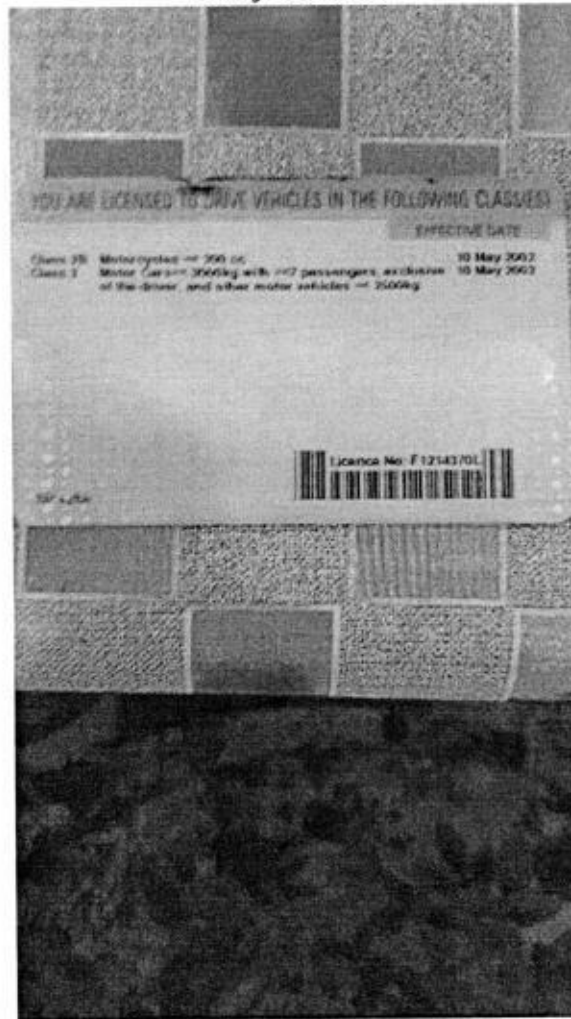
Issue Date: 16 Apr 2013

Valid Till: 09 May 2018

Barcode: 12143701



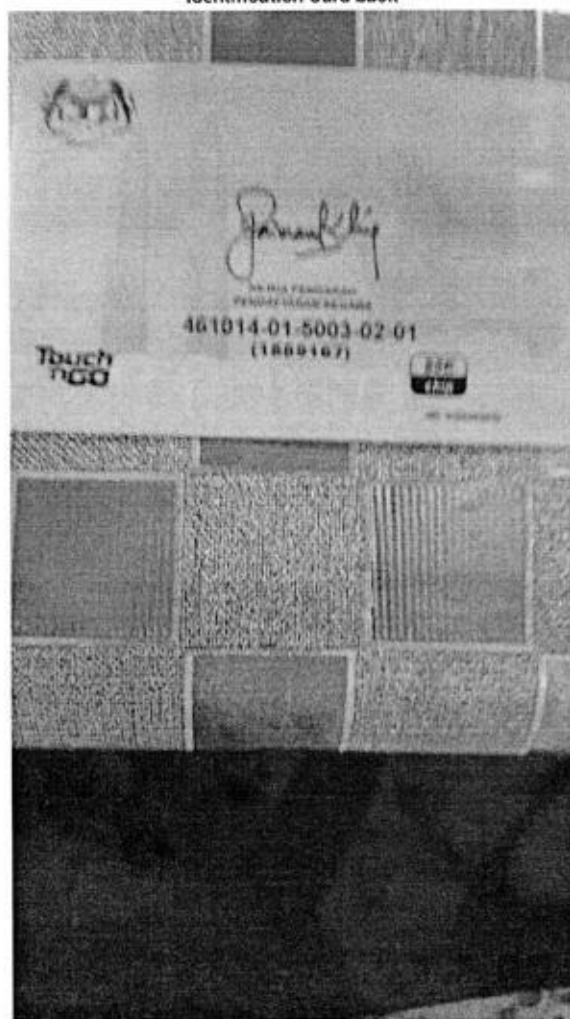
Driving License Back



Identification Card Frt



Identification Card back





AIG Asia Pacific Insurance Pte. Ltd.
AIG Building
78 Shenton Way #07-16
Singapore 079120
Tel : 65-6419-3000
Fax : 65-6835-7416
www.AIG.com.sg
CLAIMS DEPARTMENT
Co. Reg. No. 201009404M

Claim No: 3776330804SG Date of Survey: 15/01/2018
Repairer: AMA AUTOCARE PTE LTD

REFERENCE

Insured: NURZALIYATI BTE TAIB Policy No: 2100306390
Claimant: SHENG WANG TRADING
Date of Loss: 08/01/2018 Nature of Claim: TP

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg. No: GBA9110C
Make & Model: MITSUBISHI L200, 2.5 D DBL CAB (M) Reg. Date: 13/03/2008
Engine No: 4D56UCAS5004 Chassis No: MMBJNKB407D124788

CONDITION OF TYRES

Front Tyre Size:	205R16	Rear Tyre Size:	205R16
Front Left Side:	Yokohama 6 mm	Rear Left Side:	Yokohama 6 mm
Front Right Side:	Yokohama 6 mm	Rear Right Side:	Yokohama 6 mm

The above values represent the remaining tyre treads depth

CONDITION OF VEHICLE AT THE TIME OF SURVEY

Footbrake (Serviceable):	Yes	Engine Modification:	No		
Handbrake (Serviceable):	Yes	Steering (Serviceable):	Yes	Pre-accident Condition:	Good

TOTAL OFFER

- Offer Made Directly to Claimant, Info below NOT given to repairer -

Offer Authorized By: TAN, JAYDEN-CK on 16 Jan 2018 10:13
Offer Initiated By: TAN, JAYDEN-CK on 16 Jan 2018 10:13

Approved Gross Total: S\$0.00
(No Betterment/Depreciation, Excess)

COST OF CLAIMS	Repairer's	Our Offer	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (\$\$)	0.00	0.00	0.00	

SURVEYOR'S REMARKS

This inspection is conducted on a "Without Prejudice Basis"

Estimated repair period	: 4.0 days
Authorised Repair	: Yes
Inspection conducted by	: Tan, Jayden-CK (AIG Claims Dept)
Signature	: _

REPAIR DETAILS

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER COVER	REPAIR	0.00 F	*-F
2	1		*FRONT FENDER LHS	REPAIR	0.00 F	*-F
3	1		*FRONT FENDER WHEEL ARCH MOULDING LHS	REPLACE	0.00 F	*-F
4	1		*FRONT FENDER SHIELD LHS	REPLACE	0.00 F	*-F
F=Franchise part.						
Total Parts (S\$)					0.00	0.00

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

AIG Asia Pacific Insurance Pte. Ltd./GBA9110C/16/01/2018 10:13
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< END OF REPORT >

S K AUTO CONSULTANTS

AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/018/00145K

Your Reference: TBA

Date: 9/2/2018

TO: Sheng Wang Trading
C/o AMA Autocare Pte Ltd
Enterprise Hub #01-36
36 Toh Guan Road East
Singapore 608580

Assessment of Vehicle No : GBA 9110C

Date of Accident : 08/01/2018

Date of Inspection : 15/01/2018

We have carried out a physical assessment of GBA 9110C at AMA Autocare Pte Ltd according to your instructions on 15/01/2018 and are pleased to submit our report as follows;

1.VEHICLE PARTICULARS

Registration No.	:	GBA 9110C
Make & Model	:	MITSUBISHI L200
Year of Registration	:	2008
Engine Capacity (cc)	:	2477
Chassis No.	:	MMBJNKB407D124788
Engine No.	:	4D56UCAS5004
Colour	:	Silver
Mileage (km)	:	235337

2.VEHICLE CONDITION

Body Paint:	:	Good
Steering	:	Serviceable
Foot Brake	:	Serviceable
Parking Brake	:	Serviceable

3.TYRE PARTICULARS & CONDITION

Front

RH Make/Size	:	Yokohama 205R16C - 50%
LH Make/Size	:	Yokohama 205R16C - 50%

Rear

RH Make/Size	:	Yokohama 205R16C - 50%
LH Make/Size	:	Yokohama 205R16C - 50%

Note: % denotes the remaining percentage of the tyre

S K AUTO CONSULTANTS

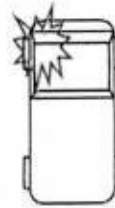
Page No. 2

Our Reference TP/018/0014SK
Vehicle No. GBA 9110C

4.DESRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the Left side front portion

Please see attached schedule for details.



Estimated Amount : S\$7,572.60
Adjusted Amount : S\$5,700/-
Estimated Repair Days : 5 days

Pursuant to your instruction, we have NOT AUTHORIZED repair.
The assessment was conducted on a "Without Prejudice" basis.

If we are not notified of anything to the contrary within 14 Days from the date hereof, this report shall be treated as correct

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by S K AUTO CONSULTANTS for any reliance on this report by any third party.

S K AUTO CONSULTANTS

Page No. 3

Our Reference TP/018/0014SK

Vehicle No. GBA 9110C

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$\$)		OUR ASSESSMENT(\$\$)	
	PARTS (NETT ITEMS)					
1	LHS Headlamp	Inner edge crk.		942.00		942.00 ✓
1	LHS headlamp lower panel	Bent		298.00		298.00 ✓
1	Front bumper	Deformed		1250.00		1250.00 ✓
1	LHS Front fender	Distorted		798.00		798.00 ✓
1	LHS Front fender arch garnish	Cracked		392.00		392.00 ✓
1	LHS Front fender side lamp	Grazed		42.00		42.00 ✓
1	LHS Front shock absorber	Damaged		492.00		492.00 ✓
1	LHS Front lower arm	Damaged		238.00		238.00 ✓
1	LHS Front upper control arm	Damaged		294.00		294.00 ✓
1	LHS Front knuckle arm	Damaged		378.00		378.00 ✓
1	Wiper washer tank	Deformed		290.00		290.00 ✓
				5414.00		5414.00
		less 10%		541.40	10%	541.40
				4872.60		4872.60
	SPECIAL NETT ITEMS					
1set	LHS Front fender arch clips	Necessary		60.00		40.00 20/-
1set	Front bumper clips	Necessary		60.00		40.00 30/-
1	LHS Front sports rim	Grazed		780.00		780.00 ✓
	Total Parts			5772.60		5732.60

3382.00
3043.80

50/-

S K AUTO CONSULTANTS

Page No. 4

Our Reference TP/018/00145K

Vehicle No. GBA 9110C

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$)	OUR ASSESSMENT (\$)
1	LABOUR To remove the affected parts to commence repairs; replace damaged parts and components	800.00	600.00 400/-
2	To supply paint materials, expandable items & putty, respray paint on parts replaced	600.00	500.00 400/-
3	To remove and replace LHS Front undercarriage parts (suspension system)	250.00 830/-	200.00 NA
4	To remove and refix wiring and focus headlamp beam	150.00	120.00 30/-
Labour Total :		1800.00	1420.00
TOTAL (PARTS & LABOUR):		7572.60	7152.60

Note: (For Lump Sum Repair)

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements.

The final adjusted Lump Sum contract amount is S\$5,700/-



S. Kumanan
Motor Surveyor

3923.80

3 days. 2/53100/-



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. GBA 9110C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	LHS HEADLAMP	INNER EDGE CRACKED	942.00	942.00
1	LHS HEADLAMP LOWER PANEL	NOT NECESSARY	298.00	-
1	FRONT BUMPER	DEFORMED	1,250.00	1,250.00
1	LHS FRONT FENDER	DISTORTED	798.00	798.00
1	LHS FRONT FENDER ARCH GARNISH	CRACKED	392.00	392.00
1	LHS FRONT FENDER SIDE LAMP	NOT NECESSARY	42.00	-
1	LHS FRONT SHOCK ABSORBER	NOT NECESSARY	492.00	-
1	LHS FRONT LOWER ARM	NOT NECESSARY	238.00	-
1	LHS FRONT UPPER CONTROL ARM	NOT NECESSARY	294.00	-
1	LHS FRONT KNUCKLE ARM	NOT NECESSARY	378.00	-
1	WIPER WASHER TANK	NOT NECESSARY	290.00	-
	LESS 10% DISCOUNT		-541.40	-338.20
			4,872.60	3,043.80
	<u>SPECIAL NETT ITEMS</u>			
1	SET LHS FRONT FENDER ARCH CLIPS (SN)	NECESSARY	60.00	20.00
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	60.00	30.00
1	LHS FRONT SPORTS RIM (SN)	NOT NECESSARY	780.00	-
			900.00	50.00
	<u>LABOUR</u>			
	TO REMOVE THE AFFECTED PARTS TO COMMENCE REPAIRS; REPLACE DAMAGED PARTS AND COMPONENTS.		800.00	400.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED.		600.00	400.00
	TO REMOVE AND REPLACE LHS FRONT UNDERCARRIAGE PARTS (SUSPENSION SYSTEM)	NOT NECESSARY	250.00	-
	TO REMOVE AND REFIX WIRING AND FOCUS HEADLAMP BEAM.		150.00	30.00
			1,800.00	830.00
	GRAND TOTAL		7,572.60	3,923.80

Report Ref No. CS1/AIG19011794/Dtd3s2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,100.00
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Report Ref No. CS1/AIG19011794/Dtd3s2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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