From (Person Estimated Co	Peggy	chan	of	AWAC	Date	Time: 9/7/198	9.350
		OD RES/E	VA/INV/MY	Bill to;			
To Inspect V	chicle No:		SHC	6028×	Insured;	GBJ 557	91
at Workshop	tu/s		Premie	r mytomoty	7 Tel:	6544 6680	
cf		23	cheres:	south Ave :	2#01-1	02	
Policy No:	AVCPSB	00970	71900	Claim No:	NSV	1900334/HI	LF
Sum Insured.				Excess:			
Sum Insured: Make of Veh (Client's Recen	Z			Excess;	D,0	DA 5/7/2019	
Make of Veh (Client's Recer	d)	V 24 HRS		Excess:			
Make of Veh (Client's Recor CA / REV	/ REP. / RE	V 24 HRS 9 7 	Person Contact	Excess:	H	O.D. ENorsement:	
Make of Veh (Client's Recer CA / REV Date/Time;	/ REP. / RE	9/7/10		ed: Viverif	H	O.D. ENorsement:	
Make of Veh (Client's Recor CA / REV	/ REP. / RE 10.22om3	uction 1	honold 5	ed: Viverif	HVehi	O.D. OTTOTE METAL:	
Make of Veh (Client's Recer CA / REV Date/Time;	Action/losts	uction 19	langle /	ed: Vivery T 27/24 D.O	HVehi	O.D. OTTOTE METAL:	
Make of Veh (Client's Recer CA / REV Date/Time;	Action/losts	uction 19	honold 5	ed: Vivery T 27/24 D.O	HVehi	O.D. OTTOTE METAL:	
Make of Veh (Client's Recer CA / REV Date/Time;	Action/losts	uction 19	langle /	ed: Vivery T 27/24 D.O	HVehi	O.D. OTTOTE METAL:	•

(08/11/13)	estiman.	1
ameur Kalvin	REF:	
		ASSIGNMENT
From:	Data	C/1 - 1 - 0
Estimated Cost:	Date:	
	OD RES / EVA / INV / MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tarif / Prime Mover /
To Insped Vehicle No:	OD RESTEVATINVI MV	Truck / Trailer or
at Madeoba		Make: KIA optima c.c 1685
-		Sp.Reading 467207 T/Radio: Insured / Std / NI / NA
Insured:		
Policy No.		Eng/No:
Claims No.		C/No: KNAKM 414ME54 63556
Sum Insured:	Excess;	Gen. Cond: Good / Pair / Poor / Burnt
(Client's Record)	EXCess:	Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD A/Rim or
		10000000000000000000000000000000000000
(Policy Condition)		Tyre Size: F: 205/65746
Remark: The veh had co	ommenced its N/S	O/S RS / DIIN / EYNOVA / CY / ES / LIZA / NIC / CHZCH / DID / CHURC
	me of inspection.	COTOCNTEXNOVATGITESTEIZAT MICTOGISUTPIR I SUMIT
Bal. or Market Value:	· LL	TOYO / YOKO or /Lax 13
IDAC Accident Rport:	Consistent? : Yes or No	Front Rear
GIA / PR Seen:	Consistent?: Yes or No	R/Bal.
Est. Repairs:		L/Bal. T mm L/Bal. T mm
Lum Sum:		D.O.A. 5/7/19 D.O.I. 19/7/19
EASTIN-19G (Section 1997)		Survey held at Prenie
CA / REV / REP. /		Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Pe	Vehicle: IN erson Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action /	/ Instruction	1.10 0.0 7 Shassis frame 7 Body Structure affected due to collision.
15/7/19 LL	1 4150/3B	. (Red 4138.30, 4990 A VA
		٠١١ .
	DE C	TETVED 1 5 PH 2019
	REC	CEIVELL 2 JUL 2018
Date/Time, File Pass to?	: Preli. Report	Davis Of Renalm 2
1)	: Final Report	Days Of Repair: 3
Date/Time, File Return to?	I mai Keport	Resurvey No. of Trip: Survey Fee: 200
2) Isla - tupist	bhΔ	Fee: Site Insp (\$) S+RS SI
isti idhisi	Add	Fee:: Site Insp (\$)s+Rs,si

TP 4250/2 Report Format: Lump Sum / I.B.I: (\$

: Interview (\$) Photos Tech. Invs (\$ Others

Weekend (\$

TOTAL

Nivitha (LKK Auto)

From:

Chan, Peggy < Peggy. Chan@awac.com > on behalf of Motorsurvey

<Motorsurvey@awac.com>

Sent:

Tuesday, 9 July 2019 9:35 AM

To:

'assignments@lkkauto.com'

Cc:

'sur@lkkauto.com'; 'Vincent Chua'

Subject:

TP Survey assignment for SHC6028X DOA: 05.07.2019 Our ref: NSV1900334/HLF

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 <u>do have</u> consensus in the appointment of <u>Mr Kelvin Ang</u> 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:

3rd Party Vehicle		SHC6028X
Insured Vehicle	: [GBJ5579M
Policy Number		AVCPSB0097071900
Name of Workshop	:	PREMIER AUTOMOTIVE SERVICES PTE LTD
Contact Number		6544 6689
Person to Contact		MR VINCENT CHUA
Estimated Cost of repairs		NA

Regards, Claims Division

Copy to PREMIER AUTOMOTIVE SERVICES PTE LTD (Your Ref: SHC6028X) via Email.

Note -

- 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.
- 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.
- 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.

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.

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- 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	08/07/2019 10:41	
Date Of Accident	05/07/2019 20:50	
Exact Location Of Accident	CTE - YISHUN (BEF JALAN BAHAGIA EXIT)	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC6028X	
Insured/Policyholder		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Name Of Registered Owner	PREMIER TAXIS PTE LTD	
Co Reg No	200304975H	
Email Address	NOEMAIL	
Mobile Phone No		

Alternative Phone No Vehicle Particulars

Manufacturer KIA

Model OPTIMA-1.7 D (A)

Exact Purpose for which vehicle was being used at

time of accident

HIRED & REWARDS

OFFICE-62148880

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

NO

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
 YIP KOK HONG

 NRIC No
 \$1287142B

 Date Of Birth
 20/02/1958

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/05/1978

Driving Experience 41 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93546650

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 413 #04-285 TAMPINES ST 41

Postcode

520413

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - RELIEF DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

Passenger 1

NAME:

: PAX IN THE FRONT SEAT - INDIAN

GENDER:

: MALE

Passenger 2

NAME:

: PAX IN THE REAR SEAT - INDIAN

GENDER:

: MALE

Passenger 3

NAME:

: PAX IN THE REAR SEAT - INDIAN

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

VEH. A - 3 PAX OTHER VEHICLES - NO PAX

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

GBJ5579M

Vehicle Make/Model/Colour

TOYOTA LORRY

Details Of Properties

VEH. B

Vehicle Category

GOODS VEHICLE

Name of Driver

MALE INDIAN

NRIC/Passport Number

Page 2 of 14

Contact Number

Address

· Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GY4823B

Vehicle Make/Model/Colour

LORRY

Details Of Properties

VEH. C

Vehicle Category

GOODS VEHICLE

Name of Driver

MALE CHINESE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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:
 - 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.

A STATE OF THE STA

Policyholder's Signature Date & Time: 大利型·

0 9 JUL 2019

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date & Time: 12871421B NRIC/F

SKETCH PLAN					
			- Lamonest		
			A		
C	TE-	A			
4	VIO HZI	1		4	2
		· Victoria			1
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	4	34	2	,
	x · · · · · · · · ·	(A \ O \			
1	4: SHC	00000	\		
	h: 665	5570	W		
	,				
	: 64 2	t8 7-3	<u> </u>		
	200 August 200 200 200 200 200 200 200 200 200 20				
				_/	
	4.				
			/		
DECLARATION	ticulars are true in every	respect.	0.9	IUL 2019	
DECLARATION I/We declarate foregoing par	× 71	iry-		(4)	
Policyholder's Signature Date & Time:	Driver's Signatur	re he policyholder)	Na ND	porting Centre Person me: IC/FIN No.:	nel's Signature
	Date of time;	28714	210	TO THY NO.	35

Describe Circumstance of the Accident.

* CHAIN COLLISION *

ON 05/07/2019 @ 2050HRS, I WAS DRIVING MY TAXI (SHC 6028 X), TRAVELLING ALONG CTE - YISHUN (BEFORE JALAN BAHAGIA EXIT) IN LANE 3 WITH 3 PASSENGERS ONBOARD.

TRAFFIC WAS SLOW MOVING AT THE POINT OF TIME.
I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED.

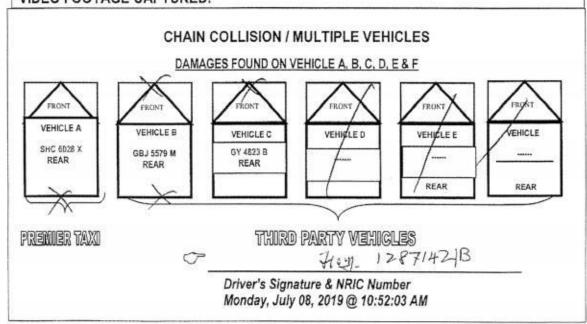
WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (GBJ 5579 M - TOYOTA LORRY)
WHICH WAS BEHIND ME HAD COLLIDED ONTO THE REAR OF MY TAXI & VEHICLE C
(GY 4823 B - LORRY) WHICH WAS BEHIND VEHICLE B, WAS INVOLVED AS WELL.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION.
VEHICLE B HAD DAMAGES ON THE FRONT & REAR PORTION.
VEHICLE C HAD DAMAGES ON THE FRONT PORTION.

NO INJURY INVOLVED.
NO PASSENGERS ONBOARD OTHER VEHICLES.

*VIDEO FOOTAGE CAPTURED.



Text size + +

Enquire Transaction History

Transaction History Details

Log Date/Time:

13 Jun 2014 / 09:23:40

Receipt No .:

AACCK001-AX239-140613-000013

Asset Type:

Vehicle

Transaction Amount:

\$70,018.00

Asset ID:

SHC6028X

Channel:

AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Transaction Type:

Business Transaction

01.02 Register New Vehicle (AA)

Reference No.:

20140613092340311539

Vehicle No.:

SHC6028X

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: 13 Jun 2014

Original Registration

Date:

13 Jun 2014

Vehicle Make:

KIA

Vehicle Model:

OPTIMA 1.7(A) DIESEL

Chassis No.:

KNAGM414ME5463556

Engine No.:

D4FDDH307986

Motor No.:

Propellant:

Diesel

Passenger Capacity:

Trailer Chassis No.:

4

Engine Capacity:

1685

Power Rating:

1584

Unladen Weight: Maximum Laden

Weight:

2050

Primary Color:

Silver

Secondary Color:

Manufacturing Year:

2013

Open Market Value:

\$20,028.00

Minimum PARF

Benefit

\$7,524.00

PARF Eligibility:

Y

No. of Transfer:

Effective Ownership

Date/Time:

13 Jun 2014 09:23:40

COE No .:

Amount:

2014061301001212R

COE Expiry Date:

12 Jun 2022

COE Bid Category:

Actual QP/PQP Paid

\$57,338.00

Lifespan Expiry Date:

12 Jun 2022

Owner ID Type:

Company

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

9-Jul-19

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6028 X

1 pc	Boot lid Blell	\$	1,119.00
1 pc	Boot lid lock × 5	\$	99.00
1 pc	Bootlid striker × ***	\$	21.00
1 pc	Bootlid emblem	\$	27.00
1 pc	Bootlid CRDi / we		
1 pc	Boot lid rubber weatherstrip × suc	\$	29.00
A CANAL ST	D. Aller J.	\$	96.00
1 pc	Boot lid lower garnish	\$	290.00
2 pcs	Bootlid hinges @ \$66.00 × 322	\$	132.00
1 pc	End panel × M/	S	250.00
1 pc	End panel inner garnish 😾	\$	74.00
1 pc	Spare tyre clamp ×	\$	6.00
1 pc	Rear n/s tail lamp	\$	421.00
1 pc	Bootlid n/s reflector	\$	350.00
1 pc	Rear bumper / ALL	\$	696.00
1 pc	Rear bumper lower cover	\$	206.00
2 pcs	Rear bumper lower cover Rear bumper side bracket o/s & n/s @ \$29.00	\$	58.00
1 pc	Rear bumper inner sponge 🗴 🚱	\$	114.00
1 pc	Rear bumper reinforcement	\$	607.00
2 pcs	Rear bumper reflector n/s & o/s @ \$46.00 . Lx n/s - on	S	92.00
2 pcs	Rear bumper stay o/s & n/s @ \$53.00 okx 10 - p.kk	\$	108.00
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00 **	\$	36.00
2 pcs	Rear bumper reinforcement lower bracket @ \$18.00 >	\$	36.00
		\$	4,867.00
	Less 10%	\$	486.70
		\$	4,380.30
S/NETT			
1 set	Rear bumper clips	\$	48.00
1 set	End panel inner garnish clips 🔀 🧥	\$	30.00
1 set	Bootlid lower garnish clips 🗴 🔨	\$	60.00
1 set	Bootlid stickers	\$	100.00
1 set 1 pc	Reverse sensor	\$ \$ \$	280.00 2.
1 pc	Rear bumper top protector Rear number plate with casing	\$	80.00 50
1 pc	5	\$	50.00
1 pc	Rear n/s fender sticker	\$	60.00

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6028 X

Sundry (%)	\$ 50.00 2	
To dismantle / replace reverse sensor to new bumper and reset to the same	\$ 120.00 3.	
To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.	\$ 180.00 50	
To labour charge for dismantle and renew the accident damaged parts. To cut/weld and heat on the end panel. Including knock-out, straighten, repair, reshape and adjust of the floorboard, etc	\$ 1,600.00	
To putty and spray painting on bootlid, bootlid lower garnish, rear bumper, end panel, floorboard panel, rear n/s fender	900 \$ 1,200.00	
To apply rustproofing on the repaired and replaced panels.	\$ 180.00 53	6
	\$ 8,388.30	

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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

Malvin 1000x)

9/4/19 17 2-6.

3 Ays

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Alle Report P Lb

The state of the state



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/AWA19012075/K1vf3s2

(SINGAPORE BRANCH)



MAI	ANSON ROAD #08 PLETREE ANSON GAPORE 079914		Date: 17-07-2019		
1.		Policy Particu	lars :- THIRD PARTY CLA	JM	
	Insured Veh.	GBJ 5579M	Veh. Inspected	SHC 6028X	
	Policy No.	AVCPSB0097071900	Coverage (\$)	0.00	
	Claim No.	NSV1900334/HLF	Excess (\$)	0.00	
	Assign From	PEGGY CHAN	Assign Date	09/07/2019	
2.		Vehicle F	Particulars & Condition		
	Make & Model	KIA OPTIMA	c.c	1685	
	Engine No.	HIDDEN	Year of Reg.	2014	
	Chassis No.		Colour	SILVER	
	Odometer	*	Steering		
	Brakes		Modification		
	General				
3.		Co	nditions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	205/65R16	MAXXIS	7 mm	
	L/H Front Tyre	205/65R16	MAXXIS	7 mm	
	R/H Rear Tyre	205/65R16	MAXXIS	7 mm	
	L/H Rear Tyre	205/65R16	MAXXIS	7 mm	
4.	TO BE DESCRIPTION	Desc	cription of Damages		
	The same of the sa	STAINED DAMAGES AT THE	REAR N/S PORTION.		
5.	DAMAGES SEE D		neral Information		
507L	Accident Date	05/07/2019	Inspection Date	09/07/2019	
	Survey held at	moposition 24th			
		23 CHANGI SOUTH AVENU	UE 2 #01-02 SINGAPORE 486	8443	
5a.	DESCRIPTION OF THE PARTY OF THE		Remarks		
	A)THE INSPECTION	ON WAS CONDUCTED ON A	"WITHOUT PREJUDICE" BAS S, WE HAVE NOT AUTHORIS	SIS. EED REPAIRS.	



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 6028X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BOOT LID	BUCKLED	1,119.00	1,119.00
1	BOOT LID LOCK	SERVICEABLE	99.00	
1	BOOTLID STRIKER	SERVICEABLE	21.00	
1	BOOTLID EMBLEM	NECESSARY	27.00	27.00
1	BOOTLID CRDI	NECESSARY	29.00	29.00
1	BOOT LID RUBBER WEATHERSTRIP	SERVICEABLE	96.00	
1	BOOT LID LOWER GARNISH	TO REPAIR SEE LABOUR	290.00	
2	BOOTLID HINGES @\$66.00	SERVICEABLE	132.00	
1	END PANEL	TO REPAIR SEE LABOUR	250.00	83
1	END PANEL INNER GARNISH	SERVICEABLE	74.00	
1	SPARE TYRE CLAMP	SERVICEABLE	6.00	11-
1	REAR N/S TAIL LAMP	CRACKED	421.00	421.00
1	BOOTLID N/S REFLECTOR	CUT	350.00	350.00
1	REAR BUMPER	DEFORMED	696.00	696.00
1	REAR BUMPER LOWER COVER	CRACKED	206.00	206.00
2	REAR BUMPER SIDE BRACKET O/S & N/S @\$29.00	N/S CRACKED / O/S SERVICEABLE	58.00	29.00
1	REAR BUMPER INNER SPONGE	SERVICEABLE	114.00	0.5
1	REAR BUMPER REINFORCEMENT	CRACKED	607.00	607.00
2	REAR BUMPER REFLECTOR N/S & O/S @\$46.00	N/S CRACKED / O/S SERVICEABLE	92.00	46.00
2	REAR BUMPER STAY O/S & N/S	N/S BUCKLED / O/S SERVICEABLE	108.00	53.00
2	REAR BUMPER REINFORCEMENT UPPER BRACKET @\$18.00	SERVICEABLE	36.00	2
2	REAR BUMPER REINFORCEMENT LOWER BRACKET @\$18.00	SERVICEABLE	36.00	
	LESS 10% DISCOUNT		-486.70	-358.30
			4,380.30	3,224.70
	SPECIAL NETT ITEMS			
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	48.00	48.00
1	SET END PANEL INNER GARNISH CLIPS (SN)	NOT NECESSARY	30.00	1. Sec. 10 10 10 10 10 10 10 10 10 10 10 10 10
1	SET BOOTLID LOWER GARNISH CLIPS (SN)	NOT NECESSARY	60.00	22
1	SET BOOTLID STICKERS (SN)	NECESSARY	100.00	100.00

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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET REVERSE SENSOR (SN)	SHORTED	280.00	200.00
1	REAR BUMPER TOP PROTECTOR (SN)	NECESSARY	80.00	50.00
1	REAR NUMBER PLATE WITH CASING (SN)	SERVICEABLE	50.00	
1	REAR N/S FENDER STICKER (SN)	NECESSARY	60.00	60.00
1	SUNDRY (SN)	NECESSARY	50.00	20.00
	LABOUR		758.00	478.00
	TO DISMANTLE/REPLACE REVERSE SENSOR TO NEW BUMPER AND RESET TO THE SAME.		120.00	30.00
	TO DISMANTLE/REFIT THE INNER GARNISHES,INNER LININGS,INNER TRIMS,CUSHION SEAT,CARPET,ETC TO FACILITATE REPAIRS.		180.00	50.00
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. TO CUT/WELD AND HEAT ON THE END PANEL. INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE FLOORBOARD, ETC. INCLUSIVE OF THE REPAIR OF BOOT LID LOWER GARNISH AND END PANEL.		1,600.00	600.00
	TO PUTTY AND SPRAY PAINTING ON BOOTLID, BOOTLID LOWER GARNISH, REAR BUMPER, END PANEL, FLOORBOARD PANEL, REAR N/S FENDER.		1,200.00	900.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.		150.00	50.00
			3,250.00	1,630.00
	GRAND TOTAL		8,388.30	5,332.70

RECOMMENDED COST OF LUMP SUM REPAIRS	4.250.00
(TO ITS PRE-ACCIDENT CONDITION)	

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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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