

Surveyor:

Kalvin

DOI:

ASSIGNMENT

17/7/19

Date / Time

17/7/19

Registered in Merimen:

18/7/19

Pre-assign / CCU / FTE



Insured Vehicle No.

GBH 3705P

Name of Insured

VGN-60 PLL

Insured Tel No.

HP:

Excess Sec II :SS

D.O.A:

16/7/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age

MOHAMAD ZAFER BIN OSMAN

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability:

%

Final? Yes / No

SHA 834K



INSRS:

WSP:

Tel:

Liability:

RMKS:

Car Insured



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SHA 834K : NS / NC 12015384 / H1 / 10; D.O.A: 17/7/19
GBH 3705P : X

11/10 OMR. File pass to Sin & Up.

04/10 OI GIA Report in

STAGE

DATE / PIC

Non-Reporting Itr (1st):

Non-Reporting Itr (2nd):

Non-Reporting Itr (Final):

Notification Itr (if non-pickup):

Call OI:

ANSWER 11/10

After call Itr to OI:

Documentation Check List: Handler Typist

Notification Itr (if non-pickup)

After call Itr to OI:

Authorization To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

42 SS 2,450

(3 days)

Reduction:

34 %

Email

Call

FINAL SETTLEMENT

Date/Time: 25.10.19

Confirm with: CAMEL

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. 37

If NO or B 28, Ass. Lia:

Repair Cost:

W/L

SS 2,450

OLD REPAIR ENDED TP

Loss of Rental (LOR):

SS 221.34

(2 days)

> +110.67

Loss of Use (LOU):

SS -

(3 x days)

Loss of Income (LOI):

SS 100.00

(350 x 2 days)

LOR only

LOU only

LOR + LOU

LOR + LOI

Tick only one

GIA/LTA Search

SS 1.19

Medical:

SS -

Disbursement:

SS -

(e.g. Tow/ Independent)

Legal Cost

SS -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

4500

Total:

SS 2,950.33

Global Sum SS: 2,950

FINAL PAYMENT

Date/Time: 25.10.19

Confirm with: CAMEL

Email

Call

Payee 1:

SS 2,950.40

Name 1:

COMPAGNIE DELTA ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

COPY SENT

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 834K

MAKE :

MODEL : HYUNDAI i40

China Taiping (US) 'TS

DATE 17/7/2019

LKF - Calvin

| Qty | Parts Description/ Labour | Type | Unit Price | Amount | |
|---|--|------|------------|---------------------------------|------|
| | Boot Lid — <i>ok</i> | | | \$ 2,174.90 | |
| | Boot Lid Lock Upper <i>x</i> | | | \$ 102.60 | |
| | Boot Lid Lock Lower <i>x</i> | | | \$ 31.70 | |
| | Boot Lid 'H' Emblem — <i>me</i> | | | \$ 28.70 | |
| | Boot Lid CRDI Plate — <i>me</i> | | | \$ 27.90 | |
| | Rear Bumper — <i>ok</i> | | | \$ 553.00 | |
| | Rear Bumper Clip 10 pcs — <i>me</i> | | | \$ 22.00 | |
| | SUB TOTAL | | | \$ 2,940.80 | |
| | LESS 20% | | | \$ 588.16 | |
| | DISCOUNTED TOTAL | | | \$ 2,352.64 | |
| | Boot Lid City Cab Logo & Tel No. Sticker — <i>me</i> | | | \$ 30.00 | Nett |
| | Rear Bumper Reverse Sensor <i>x</i> <i>me</i> | | | \$ 135.70 | Nett |
| | | | | \$ 165.70 | |
| | Labour Charge | | | | |
| | Panel Beating | | | \$ 400.00 <i>200</i> | |
| | Spray Painting Charge | | | \$ 600.00 <i>400</i> | |
| | Wiring Charge | | | \$ 50.00 <i>30</i> | |
| | Tuff Kote | | | \$ 50.00 <i>30</i> | |
| | Remove/Refix Reverse Sensor | | | \$ 80.00 <i>30</i> | |
| | TOTAL LABOUR | | | \$ 1,180.00 | |
| | ESTIMATE TOTAL | | | \$ 3,698.34 | |
| <p><i>Calvin LKF</i></p> <p><i>17/7/19 1040h</i></p> <p><i>3 Days</i></p> <p><i>43</i></p> <p><i>After Repair p. 16</i></p> | | | | | |
| <p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p> | | | | | |

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305311736
Date : 18/07/19

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

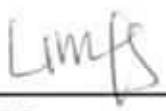
FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SHA 834K Date of Accident : 16-Jul-19

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: CHINA TAIPING --- GBH3705P
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$2,450.00
Final Lumpsum Repair cost \$2,450.00
3. Estimated normal period for repairs: 3 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 19/7/19

For Official Use Only

| Item | Amount | Document Attached Yes or No | Confirm By (Signature) | Remarks |
|--|--------|-----------------------------|------------------------|---------|
| 1. Rental Rate P/Day | | YES | | |
| 2. Loss of Income Paid | | NO | | |
| 3. Survey Fees | ----- | | | |
| 4. LTA Search Fee | \$7.49 | | | |
| 5. Medical Fees (on behalf of driver, if applicable) | | | | |
| 6. Overrun | | | | |

Remarks:

China

COMFORTDELGRO
ENGINEERING

Member of COMFORTDELGRO

Date/Time: 16.07.2019 16:20 Page : 1

Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO: 305311736

| | | |
|--|--------------------------------|-------------------------------|
| MEMBER NO. 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 | REGN NO. SHA 834K | MILEAGE |
| | MAKE: HYUNDAI | FUEL |
| | MODEL I-40 | DATE/TIME IN 16.07.2019 13:45 |
| | YR OF MANU 09.10.2014 | TARGET DATE |
| | CHASSIS CODE KMHLB41UMEU061607 | COMPLETION DATE/TIME |

Accident Date: 16.07.2019
NATURE: 3P 16.07.19

JOB DESCRIPTION

| S/NO | LABOR CODE | DESCRIPTION |
|------|------------|-------------|
| | | |

KEYED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

| | |
|---|---|
| Exit Pass Vehicle No. SHA 834K To be kept by Security Guard | Exit Pass Vehicle No. SHA 834K To be kept by Security Guard |
|---|---|

Signature/Date _____ Name of Service Advisor _____ Date _____

Turned to Service Reception upon collection

REPAIR ESTIMATE*

DATE 17/7/2019

MAKE :

MODEL : HYUNDAI i40

China Taiping (LTS) TS

Lkr-Kalvin

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|---|------|------------|-------------|
| | Boot Lid ✓ | | | \$ 2,174.90 |
| | Boot Lid Lock Upper X | | | \$ 102.60 |
| | Boot Lid Lock Lower X | | | \$ 31.70 |
| | Boot Lid 'H' Emblem ✓ | | | \$ 28.70 |
| | Boot Lid CRDI Plate ✓ | | | \$ 27.90 |
| | Rear Bumper ✓ | | | \$ 553.00 |
| | Rear Bumper Clip 10 pcs ✓ | | | \$ 22.00 |
| | SUB TOTAL | | | \$ 2,940.80 |
| | LESS 20% | | | \$ 588.16 |
| | DISCOUNTED TOTAL | | | \$ 2,352.64 |
| | | | | |
| | Boot Lid City Cab Logo & Tel No. Sticker ✓ | | | \$ 30.00 |
| | Rear Bumper Reverse Sensor X | | | \$ 135.70 |
| | | | | \$ 165.70 |
| | Labour Charge | | | 200 |
| | Panel Beating | | | \$ 400.00 |
| | Spray Painting Charge | | | \$ 600.00 |
| | Wiring Charge | | | \$ 50.00 |
| | Tuff Kote | | | \$ 50.00 |
| | Remove/Refix Reverse Sensor | | | \$ 80.00 |
| | TOTAL LABOUR | | | \$ 1,180.00 |
| | ESTIMATE TOTAL | | | \$ 3,698.34 |
| | Kabin 1 Unit 17/7/19 104-2 3 Bay 43 After Repair p Lk | | | |

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Our Ref : CC19070402/ SHA 834K /WT(st)

Your Ref :

Date : 23-Jul-19

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 19008842W

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
353 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

CHINA TAIPING INSURANCE CO LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA 834K YOUR INSURED GBH3705P
AND OTHER _____ ON 16.07.19

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No :
SHA 834K which was involved in the captioned accident with your insured vehicle.

The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving : **GBH3705P**
we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

| | | |
|--------------------|--|--------------------|
| 1 | Cost of Repair | \$ 2,621.50 |
| 2 | <u>3</u> days Loss of Rental @ \$ 110.67 per day | \$ 332.01 |
| 3 | Survey Report Fees (Surveyed by M/s LKK) | \$ - |
| 4 | LTA Search Fees | \$ 7.49 |
| 5 | GIA / Police Report Fees | \$ - |
| 6 | Towing / Medical / Transportation Fees | \$ - |
| Sub Total : | | \$ 2,961.00 |

HIRER'S CLAIM

| | | |
|-----------------------|--|--------------------|
| 7 | <u>3</u> days Loss of Income @ \$ 80.00 per days | \$ 240.00 |
| Total Claims : | | \$ 3,201.00 |

We enclose herewith the following documents to support the claims: -

- a) Original repair bill and photocopies of photographs : 6 pcs.
b) LTA search slip/s of : GBH3705P
c) GIA / Police report/s of : SHA 834K
d) Letter of authority from owner / hirer / operator
(X) Photocopies of Accident Scene Photos () Certificate of Insurance
() PIR (x) Downtime/Mileage record (x) Rental Rate letter

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully

William Tan

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email : williamtan@cdge.com.sg

This is a computer generated letter. No signature is required.

A member of

COMFORTDELGRO





Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

Our Ref: CC3/CTI19012669/K1ea3

11 OCT 2019

VAN-GO PTE. LTD.
22 SIN MING LANE
#06-76 MIDVIEW CITY
SINGAPORE 573969

Dear Sir/Madam,

ACCIDENT INVOLVING GBH 3705P AND SHA 834K ON 16/07/2019

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

c.c. *China Taiping Insurance (Singapore) Pte Ltd*
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****I 40 SHA834K , GBH3705P****ON 16-Jul-19 13:15****TAMPINES AVE 2 TWDS BEDOK RESERVOIR RD.**

I / We

WOO MAN KENG

(Hirer) NRIC No.:

SXXXX021H

and/or

(Relief) NRIC No.:

SXXXX021H

Taxi Number

SHA834K

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of **"ComfortDelGro Engineering Pte Ltd"**.

Date

16-Jul-2019

Name of Hirer

WOO MAN KENG

Hirer NRIC

SXXXX021H

Signature :



Address

**842E TAMPINES STREET 82 #14-122
525842**

Contact No.

96961708

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1831961800 Claim No : SNM19D203375

Claimant : CITY CAB PTE LTD

Amount : S\$2,950.00
DOLLARS TWO THOUSAND NINE HUNDRED AND FIFTY ONLY.

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHA 834K
Insured Vehicle No. : GBH 3705P

Date of Loss : 16/07/2019
Place of Accident : TAMPINES AVE 2 TWDS BEDOK RESERVOIR RD.

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : VAN-GO PTE LTD
Driver Name : MOHAMAD ZAIDI BIN OSMAN

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

| | |
|-----------------|--------------|
| (1) Global Sum | S\$ 2,950.00 |
| | ===== |
| TOTAL | S\$ 2,950.00 |
| | ===== |

Claimant Name : CITY CAB PTE LTD

NRIC No :

Signature :

Date :

25/10/19

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
SILCOYANG DRIVE
SINGAPORE 508989

"The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document"

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD
SPRINGLEAP TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHA 834K

NO/DATE
91456159 19.07.2019

MAKE
HYUNDAI

JOB NO.
305311736

MODEL
I-40

ODOMETER READING

DATE OF REG
09.10.2014

CHASSIS CODE
KMH1B41UMKU061607

JOB TYPE

Description : 3P 16.07.19

Invoice for Lump Sum Repair

| | |
|-----------------------------|-----------------|
| Total Lump Sum Repair Amt | 2,450.00 |
| Add GST @ 7.000 % | 171.50 |
| Total Invoice amount | 2,621.50 |

Issued by : KATHERINE TAN 19.07.2019 14:12:22
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

| ACCOUNT No. | INVOICE No. | AMOUNT | BANK/CHQ N |
|-------------|-------------|--------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

Our Ref: CC19070402



Date: 19 July 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

| | |
|-------------|---|
| ACCIDENT ON | 16/07/2019 @ 13:15 hrs |
| ALONG | TAMPINES AVE 2 TWDS BEDOK RESERVOIR RD. |
| INVOLVING | GBH3705P |

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA0834K** (the "Taxi"). The Taxi was hired to **WOO MAN KENG IC NO S1356021H** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$110.67** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.

SHA 834K

| | MILEAGE TRAVELLED (KM) | HOURS OPERATED (TIME) | | DATE | NAME OF DRIVER | MILEAGE READING | | | | MILEAGE TRAVELLED (KM) | HOURS OPERATED (TIME) | |
|---|------------------------------|-----------------------|-------|---------|----------------|-----------------|-----|--|--|------------------------------|-----------------------|----------|
| | | FROM | TO | | | | | | | | FROM | TO |
| 5 | 173 | 07:43 | 17:18 | 14/7/19 | Mohd | 560 | 989 | | | 195 | 1730 | 0150 |
| 7 | 270 | 17:27 | 02:28 | 15/7/19 | Woo | 561 | 163 | | | 173 | 07:48 | 17:28 |
| 8 | 162 | 08:13 | 17:18 | 15/7/19 | Mohd | 561 | 331 | | | 168 | 1740 | 0110 |
| 1 | 182 | 1740 | 02:56 | 17/7/19 | Woo | 561 | 443 | | | 113 | 07:48 | 13:13 PM |
| 1 | 193 | 07:23 | 17:18 | 16/7 | Accident | | | | | In | 1345 | |
| 5 | 124 | 1740 | 0144 | 18/7 | Repair | | LY | | | Out | | 1015 |
| 4 | 178 | 07:38 | 17:28 | | | | | | | | | |
| 0 | 187 | 1740 | 0210 | | | | | | | | | |
| 2 | 173 | 07:43 | 17:28 | | | | | | | | | |
| 4 | 372 | 17:35 | 05:01 | | | | | | | | | |
| 3 | 113 | 12:18 | 17:18 | | | | | | | | | |

Enquire Vehicle Insurance Details

| Vehicle No. | Incident Date/Time | Search Status | Insurance Company Code | Insurance Company Name |
|-------------|------------------------|---------------|------------------------|---|
| GBH3705P | 16 Jul 2019 / 13:15:00 | Successful | C01 | CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD |

Previous OK

**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

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CC3/CTI19012669/K1ea3q2

3 ANSON ROAD #16-00
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 06-11-2019



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|------------------|----------------|------------|
| Insured Veh. | GBH 3705P | Veh. Inspected | SHA 834K |
| Policy No. | DMCVSN1831961800 | Coverage (\$) | 0.00 |
| Claim No. | SNM19D203375 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 17/07/2019 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2014 |
| Chassis No. | KMHLB41UMEU061607 | Colour | YELLOW |
| Odometer | 561444 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | FAIR | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|---------|---------|
| R/H Front Tyre | 205/60 R16 | HANKOOK | 7 mm |
| L/H Front Tyre | 205/60 R16 | HANKOOK | 7 mm |
| R/H Rear Tyre | 205/60 R16 | HANKOOK | 7 mm |
| L/H Rear Tyre | 205/60 R16 | HANKOOK | 7 mm |

4. Description of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 16/07/2019 | Inspection Date | 17/07/2019 |
| Survey held at | COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969 | | |

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. SHA 834K

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|--|-------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | BOOT LID | BUCKLED | 2,174.90 | 2,174.90 |
| 1 | BOOT LID LOCK UPPER | SERVICEABLE | 102.60 | - |
| 1 | BOOT LID LOCK LOWER | SERVICEABLE | 31.70 | - |
| 1 | BOOT LID 'H' EMBLEM | NECESSARY | 28.70 | 28.70 |
| 1 | BOOT LID CRDI PLATE | NECESSARY | 27.90 | 27.90 |
| 1 | REAR BUMPER | DEFORMED | 553.00 | 553.00 |
| 10 | REAR BUMPER CLIP | NECESSARY | 22.00 | 22.00 |
| | LESS 20% DISCOUNT | | -588.16 | -561.30 |
| | | | 2,352.64 | 2,245.20 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | BOOT LID CITY CAB LOGO & TEL NO.STICKER (SN) | NECESSARY | 30.00 | 30.00 |
| 1 | REAR BUMPER REVERSE SENSOR (SN) | SERVICEABLE | 135.70 | - |
| | | | 165.70 | 30.00 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING. | | 400.00 | 300.00 |
| | SPRAY PAINTING CHARGE. | | 600.00 | 400.00 |
| | WIRING CHARGE. | | 50.00 | 30.00 |
| | TUFF KOTE. | | 50.00 | 30.00 |
| | REMOVE/REFIX REVERSE SENSOR . | | 80.00 | 30.00 |
| | | | 1,180.00 | 790.00 |
| GRAND TOTAL | | | 3,698.34 | 3,065.20 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 2,450.00 |

Report Ref No. CC3/CTI19012669/K1ea3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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