

ASS. REC. BY:

REF: CS/TP/90/4174/kqf302

ASSIGNMENT

Kenneth

From: _____ Date: _____

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. _____

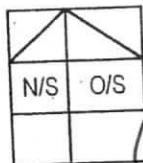
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record) _____

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 01 days Res.: Yes or NoLum Sum: 1.21 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 5206A Yr Regn: 05/02/10

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

Truck / Trailer or

Make: Toy With C.C. 1987Colour: Red A/C: Insured / Std / NI / NASp. Reading: 655450 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD GJ20W 605001782Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or 151Kun

Front		Rear	
R/Bal.	<u>6</u> mm	R/Bal.	<u>6</u> mm
L/Bal.	<u>6</u> mm	L/Bal.	<u>6</u> mm
D.O.A.	<u>3/12/16</u>	D.O.I.	<u>8/12/16</u>

Survey held at _____

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

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

Date / Time	Action / Instruction
	SHD 5206A - CC3/TM1 1604089/kqf302
	SHD 6311H - X
	Final Fig @ 405 (Red @ 10009.17, 96%)
	no resurvey photo.
	RECEIVED 8 SEP 2019
	28/8/2019

3x14 = 42

Date/Time, File Pass to?

Date/Time, File Return to?

- 1) 03/9 4pm 2) _____
- 3) _____ 4) _____
- 5) _____ 6) _____

Prel. Report:

TOTAL
LOSSKIV FOR
LOD

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

170+46

50

9

80

396

Shiau Chan (LKKAUTO)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Wednesday, 14 August 2019 5:27 PM
To: SUR
Cc: 'claims'
Subject: <Request Survey Report> TCS REF: AAD1612-068--Accident involving SHD6311H & SHD5206A on 03.12.16
Attachments: image001.wmz; SHD5206A 03.12.16 - GIA.pdf; AAD1612-068 - ESTIMATE MARKING.pdf

WITHOUT PREJUDICE

Dear Sir/ Mdm

We would like to request a copy of the survey report.

Additional information:

DOA : 03.12.16
Location : Block 109 Bukit Purmei Road car park
Manufacturer : TOYOTA
Model : WISH-2.0 (A)

Attached GIA report and estimate marking for your reference.

Thank You
Best Regards,
Ng Wai Yin
Finance Department
TEL: 6603 1265 Ext.308

***** Please be reminded that all claims correspondence to be send to claims@transcab.com.sg**



TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63, Singapore 569111
Main Line: (65) 6287 6666 Fax Line: (65) 6287 7764
Website: www.transcab.com.sg

This message is confidential. It may also be privileged or otherwise protected by work product immunity or other legal rules. If you have received it by mistake, please let us know by e-mail reply and delete it from your system; you may not copy this message or disclose its contents to anyone. Please send us by fax any message containing deadlines as incoming e-mails are not screened for response deadlines. The integrity and security of this message cannot be guaranteed on the Internet.



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Shiau Chan (LKKAUTO)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Friday, 30 August 2019 1:29 PM
To: Shiau Chan (LKKAUTO)
Subject: RE: <Request Survey Report> TCS REF: AAD1612-068--Accident involving SHD6311H & SHD5206A on 03.12.16
Attachments: image001.wmz; image006.wmz

Hi Shiau Chan

Calculation error, amount should be \$ 405 (before GST).

Thank You
Best Regards,
Ng Wai Yin
Finance Department
TEL: 6603 1265 Ext.308

***** Please be reminded that all claims correspondence to be send to claims@transcab.com.sg**



TRANS-CAB SERVICES PTE LTD
No. 2 Ang Mo Kio Street 63, Singapore 569111
Main Line: (65) 6287 6666 Fax Line: (65) 6287 7764
Website: www.transcab.com.sg

This message is confidential. It may also be privileged or otherwise protected by work product immunity or other legal rules. If you have received it by mistake, please let us know by e-mail reply and delete it from your system; you may not copy this message or disclose its contents to anyone. Please send us by fax any message containing deadlines as incoming e-mails are not screened for response deadlines. The integrity and security of this message cannot be guaranteed on the Internet.

From: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Wednesday, 28 August, 2019 11:27 AM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Subject: RE: <Request Survey Report> TCS REF: AAD1612-068--Accident involving SHD6311H & SHD5206A on 03.12.16

Dear Wai Yin,

Based on our surveyor's estimate marking as your provided, the calculation of repair cost will be at \$405.00 before GST and 1 repair day.

How your get the amount of \$705.00?

Kindly check.

Best Regards,
Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Friday, 16 August 2019 9:20 AM

Shiau Chan (LKKAuto)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Friday, 16 August 2019 9:20 AM
To: Shiau Chan (LKKAuto)
Subject: RE: <Request Survey Report> TCS REF: AAD1612-068--Accident involving SHD6311H & SHD5206A on 03.12.16
Attachments: image001.wmz; image006.wmz

Dear Shiau Chan

Date of Reg. : 05 Feb 2010

Thank You
Best Regards,
Ng Wai Yin
Finance Department
TEL: 6603 1265 Ext.308

***** Please be reminded that all claims correspondence to be send to claims@transcab.com.sg**



TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63, Singapore 569111
Main Line: (65) 6287 6666 Fax Line: (65) 6287 7764
Website: www.transcab.com.sg

This message is confidential. It may also be privileged or otherwise protected by work product immunity or other legal rules. If you have received it by mistake, please let us know by e-mail reply and delete it from your system; you may not copy this message or disclose its contents to anyone. Please send us by fax any message containing deadlines as incoming e-mails are not screened for response deadlines. The integrity and security of this message cannot be guaranteed on the Internet.

From: Shiau Chan (LKKAuto) [<mailto:siewsc@lkkauto.com>]
Sent: Thursday, 15 August, 2019 9:18 AM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Subject: RE: <Request Survey Report> TCS REF: AAD1612-068--Accident involving SHD6311H & SHD5206A on 03.12.16

Dear Wai Yin,

Kindly provide us the registration date of SHD 5206A.

Best Regards,
Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Wednesday, 14 August 2019 5:27 PM
To: SUR <sur@lkkauto.com>
Cc: 'claims' <claims@transcab.com.sg>
Subject: <Request Survey Report> TCS REF: AAD1612-068--Accident involving SHD6311H & SHD5206A on 03.12.16

WITHOUT PREJUDICE

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	06/12/2016 08:59
Date Of Accident	03/12/2016 20:15
Exact Location Of Accident	Block 109 Bukit Purmei Road car park
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD5206A
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcab.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-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	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	VPX/P1680520
Cover Note Number	
Driver	
Name of Driver	ANG KIAN SENG
NRIC No	S1368143J
Date Of Birth	17/02/1959
Occupation	Outdoor
Date Of Driving Pass	20/09/1979
Driving Experience	37 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-91520279
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	61 JALAN HARI RAYA(SIN MING RD)
Postcode	578152
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- Head to Rear (TP Hit Insured)
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
Number of Passengers (Including Driver)	2

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 03.12.2016 at about 2015hrs, I was traveling along Block 109 Bukit Purmei Road car park when I notice Vehicle B (SHD6311H) which was in front of me stop and with his hazard light on so I overtook his vehicle and stop to alight my passenger. Suddenly while stationary, I felt an impact. Vehicle B made a reversed and misjudged the distance of his vehicle to my taxi. Thus resulted, vehicle B's left front portion collided onto my taxi's right rear portion.

Attachment(s)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6311H
Vehicle Make/Model/Colour	COMFORT TAXI
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	
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 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 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' 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

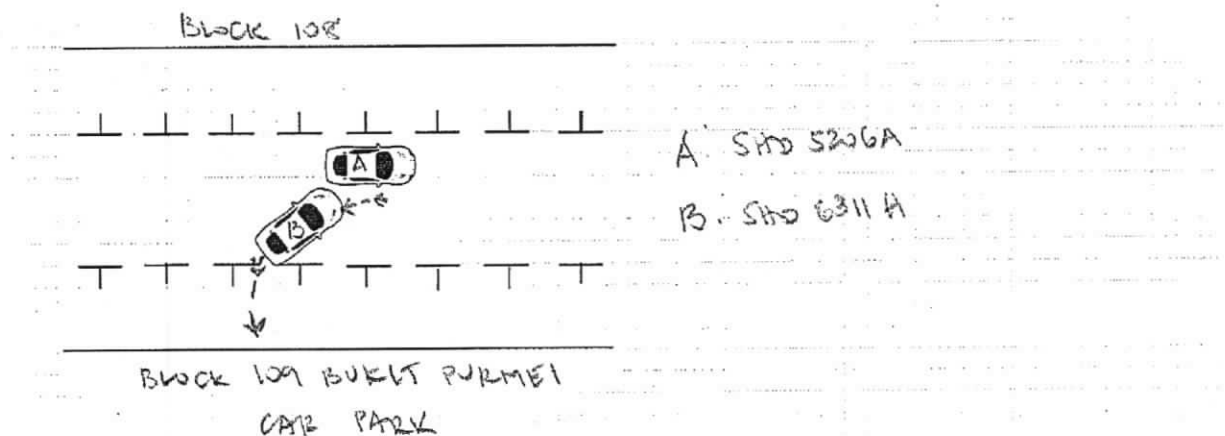
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

PLS REFER TO GLA REPORTS

Declaration

I/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

Roll

Witnessed by Reporting Centre
Personnel

TRANS-CAB AUTO SERVICES PTE LTD

NO.2 ANG MO KIO ST 63 SINGAPORE 569111

TEL NO.6287 6666 FAX NO.6257 1330

CO/GST REG NO.201019626G

SHD 5206A -1612-183
ROEL*Not Authorized**11/12/16 @ 705.00**FF: 9757.35*

Vehicle No.:

SHD 5206A - ROEL

Chassis No.:

JTDGJ20W605001782

Vehicle Make:

TOYOTA

Vehicle Model:

WISH 2.0 BI-FUEL

Date of Accident :

03.12.16

Third Party Insurer :

III

		PART	LIST	
1	1	Front door RH	\$	1,554.00
2	1	Side rocker panel garnish RH	\$	614.28
3	1	Rear door RH	\$	1,289.70
4	1	Rear fender RH	\$	1,216.32
5	1	Tail lamp RH	\$	595.72
6	1	Rear bumper	\$	585.36
7	1	Rear bumper side retainer RH	\$	68.76
8	1	Rear bumper reflectors RH	\$	66.00
9	1	Rear bumper stay RH	\$	82.08
TOTAL			\$	6,072.22
25%			\$	1,518.06
			\$	4,554.17

Special Nett

1	1	Rear bumper CNG Sticker	\$	30.00
2	1 Set	Rocker panel outer Garnish Clip RH	\$	40.00 X
3	1	Door Sticker "TRANS-CAB" RH	\$	80.00 X
4	1	Door Sticker "6555-3333"	\$	80.00 X
5	1	Tyre RR RH	\$	180.00 X
6	1	Tyre Rim RR RH	\$	120.00 X
7	1	Rear Door Advertisement Sticker RH	\$	300.00 X
8	1	Rear Fender Advertisement Sticker RH	\$	300.00 X
9	1	Rear Bumper Advertisement Sticker	\$	200.00
TOTAL			\$	1,330.00
TOTAL PARTS			\$	5,884.17

Putty And Spray Painting Of The Affected Portion.

\$

2,700.00 *20%*

TRANS-CAB AUTO SERVICES PTE LTD**ROEL**

NO.2 ANG MO KIO ST 63 SINGAPORE 569111

TEL NO.6287 6666 FAX NO.6257 1330

CO/GST REG NO.201019626G

SHD 5206A -

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.	\$	nn 170.00	X
To remove and replace corporate sticker	\$	330.00	300 ✓
To Check Electrical Lighting Concerned.	\$	nn 120.00	X
To Transfer Of Door Fittings, Attachments And Perform Water Seepage Test.	\$	nn 170.00	X
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
To transfer of tire, rim and on wheel balancing.	\$	nn 170.00	X
To Remove And Refit Rear 1/4 Glass To Facilitate Bodywork Repair.	\$	nn 380.00	X
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	nn 170.00	X
	\$	4,530.00	7230
TOTAL	\$	10,414.17	

REPAIR DAYS~~10~~ DAYS

1 day

13/11/16




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/TP19014174/Kqf3e2		
NO.2 ANG MO KIO STREET 63SINGAPORE 569111		Date : 04-09-2019		
		Code : TP378		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHD 5206A	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		08/12/2016	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH (A)	c.c	1987	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	JTDGJ20W605001782	Colour	RED	
Odometer	655450	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	FALKEN	6 mm	
L/H Front Tyre	195/65 R15	FALKEN	6 mm	
R/H Rear Tyre	195/65 R15	FALKEN	6 mm	
L/H Rear Tyre	195/65 R15	FALKEN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	03/12/2016	Inspection Date	08/12/2016	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
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:		1 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 5206A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT DOOR RH	SERVICEABLE	1,554.00	-
1	SIDE ROCKER PANEL GARNISH RH	SERVICEABLE	614.28	-
1	REAR DOOR RH	SERVICEABLE	1,289.70	-
1	REAR FENDER RH	SERVICEABLE	1,216.32	-
1	TAIL LAMP RH	SERVICEABLE	595.72	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	585.36	-
1	REAR BUMPER SIDE RETAINER RH	SERVICEABLE	68.76	-
1	REAR BUMPER REFLECTORS RH	SERVICEABLE	66.00	-
1	REAR BUMPER STAY RH	SERVICEABLE	82.08	-
	LESS 25% DISCOUNT		-1,518.06	-
			4,554.16	-
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER CNG STICKER (SN)	NECESSARY	30.00	15.00
1	SET ROCKER PANEL OUTER GARNISH CLIP RH (SN)	NOT NECESSARY	40.00	-
1	DOOR STICKER "TRANS-CAB" RH (SN)	NOT NECESSARY	80.00	-
1	DOOR STICKER "6555-3333" (SN)	NOT NECESSARY	80.00	-
1	TYRE RR RH (SN)	SERVICEABLE	180.00	-
1	TYRE RIM RR RH (SN)	SERVICEABLE	120.00	-
1	REAR DOOR ADVERTISEMENT STICKER RH (SN)	NOT NECESSARY	300.00	-
1	REAR FENDER ADVERTISEMENT STICKER RH (SN)	NOT NECESSARY	300.00	-
1	REAR BUMPER ADVERTISEMENT STICKER (SN)	SCRATCHED	200.00	100.00
			1,330.00	115.00
<u>LABOUR</u>				
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		2,700.00	200.00
	PANEL BEATING, KNOCKING AND STRAIGHTEN THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		2,800.00	60.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-
	TO REMOVE AND REPLACE CORPORATE STICKER.		330.00	30.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.	NOT NECESSARY	120.00	-
	TO TRANSFER OF DOOR FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-

Report Ref No. CS/TP19014174/Kqf3e2



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 (\$)
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO REMOVE AND REFIT REAR 1/4 GLASS TO FACILITATE BODYWORK REPAIR.	NOT NECESSARY	380.00	-
	TO TRANSFER OF FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
			7,230.00	290.00
GRAND TOTAL			13,114.16	405.00
RECOMMENDED COST OF REPAIRS				405.00

Report Ref No. CS/TP19014174/Kqf3e2

KONG SENG CHEONG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.