	<u>n</u>		ENT (Office)		م الماء ٥٠	A 110
Trom (Person); D	niel koh	oï	INC	Date	Time: 21/8/198	9.45am
Estimated Cost:			Bill to:			
		EVA/INV/MV/	CS		a - a - a C - a - d	
To Inspect Vehicle 1				Insured:	SGC 2697	
at Workshop m/s		soon Hock	Motor		65425119.	
of	10 AMK	Ind. purk DA	# 01-05	106	90.000 (20.000)	
Policy No:	30	1	Claim No: _	MT/	058567-001	
Sum Insured;			Excess;		2	
Make of Veh: (Client's Record)				D.O	18/8/2010	)
	2. / REV 24 HR	S		Н	O.D. Endorsement:	
CA / REV / REI			20		^	
CA / REV / REI		Person Contacted:	<i>Hynn</i>	Vehic	(IN)OUT	
Dete/fune: 11:00	om@211811a	Person Contacted:	Hynn	Vehic	(INJOH)	
Dete/fune: 11:00	om@211811a		Fynn	Vehid	(IN)OUT.	
Dete/fune: 11:00	om@211811a		- Fynn	Vehic	(TIN)OUT.	
Dete/fune: 11:00	om@211811a		Hynn	Vehic	(TIN JOHT,	

250

## Nivitha (LKK Auto)

From:

Sent:

To: Cc: Subject:

FW: TP CASES FARMED OUT TO LKK ON 21/8/2019 admin-d@lkkauto.com

Daniel Koh <daniel.koh@income.com.sg>

Wednesday, 21 August 2019 3:43 PM

'assignments@lkkauto.com'

Dear LKK,

# RESEND WITH CLAIM NUMBER & OIC

From: Daniel Koh

Sent: Wednesday, 21 August 2019 9:45 AM

To: 'assignments@lkkauto.com' <assignments@lkkauto.com>

Cc: 'admin-d@lkkauto.com' <admin-d@lkkauto.com>; Teng Ken Leong <kenleong.teng@income.com.sg>; Thio Tse Kiat <tsekiat.thio@income.com.sg>

Subject: FW: TP CASES FARMED OUT TO LKK ON 21/8/2019

Dear LKK,

Please assist to survey the following vehicles as per Mr Teng's instruction :-

Additional	Remarks
	DOA
	VIO
WorkShop	Contact
WorkShop	Address
WorkShop	Name
	Vehicle
	Claim No.
	SN OIC

X-				
		1/8/2019	6542	6542 7162
13/8/2019	5/7/2019	14/8/2019	17/8/2019	18/8/2019
SLG4424E	FBL5374B	SMJ284R	PC7436A	SGC269T
Jeslyn Chua / 8322 7418	Ms Tee Wee Sin / 62192098	Anthony Cheong / 91082728	Ms Lynn or Ms Irene / 65425119	Ms Lynn or Ms Irene / 65425119
61 WOODLANDS INDUSTRIAL PARK E9 (E9 PREMIUM) #04-04 SINGAPORE 757047	38 WOODLANDS INDUSTRIAL PARK E1 #07- 17 ADMIRALTY IND PARK SINGAPORE 757700	BLK 5038 #01-405 ANG MO KIO INDUSTRIAL PARK 2	10 ANG MO KIO IND PK 2- A #01-05/06 AMK AUTOPOINT SINGAPORE 568047	10 ANG MO KIO IND PK 2- A #01-05/06 AMK AUTOPOINT SINGAPORE 568047
CARZ AUTO SERVICES PTE LTD	CYS AUTOMOBILE SERVICES PTE LTD	LIAN HER MOTORS	SOON HOCK MOTOR PTE LTD	SOON HOCK MOTOR PTE LTD
SKS9427M	GBC4504Y	SLV2243U	SHB6644Y	SHD3069S
MT/1057247- 002	MT/1052090- 002	MT/1057583- 002	MT/1058357- 002	MT/1058567- 001
FIONA	HELENA	JEFF LIN	WO JESSIE	WO JESSIE

MCD819108708 / ComfortDelGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 19/08/2019 16:02 SUBMITTED BY: Catherine For May Juan

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**EMail Address** 

- 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 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.
  6. 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

	ACCIDENT STATEMENT
Date Of Report	19/08/2019 16:02
Date Of Accident	18/08/2019 08:00
Exact Location Of Accident	ANG MO KIO AVE 5 TWDS ITE.
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD3069S
Insured/Policyholder	The second secon
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vahiela Particulum	
Manufacturer	HYUNDAI
Model	140
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	TAXI
Incurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number  Driver	
	NEO COL CAV
NRIC No	NEO KOK SAY
Date Of Birth	\$1206546I
Occupation	12/10/1955
Date Of Driving Pass	OUTDOOR 10/03/4076
Driving Experience	19/03/1976
Gender	43 YEARS AND 4 MONTHS
Mobile Number	MALE
	// OCAL \ +65-04274722
Fax Number	(LOCAL) +65-94371723

NEOKOKSAY1210@YAHOO,COM

Address

104B 09-53 ANG MO KIO STREET 11

Postcode

561104

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - TAXI DRIVER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

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

2

Was any body injured in the Accident?

YES

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)

1

**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

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SGC269T

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

TEO CHOON HONG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NEO KOK SAY

64

RHT SHOULDER

SHD3069S

YEŞ

NO

### 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.
- 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 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:

- 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;
  - (il) 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
- 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.

COMFORT TRANSPORTATION PTE LTD

CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19.08.2019@0900HRS NRIC/FIN No.: June

2WV

Reporting Centre Personnel's Signature

Name:

COUNT INJURIATION -

SKETCH PLAN	p	
<b>↑</b> •	A	A- SHD 3069 B- SGC 269T
	. [ ]	B- 3GC 2091
	-	<u>-11 , 1   1   1   1   1   1   1   1   1   </u>
The state of the s		
(0)		
<u> </u>	-CN	
Along Ang Mo Kio AVE 5	twels ITE	
DESCRIBE CIRCUMSTANCES OF THE A	CCIDENT	TWAS ITE.
On 18.08.2019 @ 0800hrs	s I was travelling alo	ong Ang Mo Kio AVE 5 with no
passenger onboard.		
-		<del>*</del> **
As I slowed down and on t	the hazard light in or	der to fetch passenger. Suddenly
veh(B) SGC 269T lose con	trol and hit onto my	vehicle rear right portion.
As it took place too fast I o	could not take evasive	e action to prevent the accident.
I have company video and	photos at scene to s	support my claims.
	•	
After the posident I felt noi	n on my band and w	ill consult a dector later
After the accident I felt pai	n on my nand and w	ill consult a doctor later.
Vah/P) SCC 260T MP Ta	o Chan Hann	
Veh(B) SGC 269T MR Te	o Choon Hong	
		-
DECLARATION		
1/We declare the foregoing particulars are to MFORT TRANSPORTATION PTE LID	rue in every respect.	
DECLARATION  I/We declare the foregoing particulars are to MFORT TRANSPORTATION PTE LID  CO. REG. NO. 199303821R	rue in every respect.	1

Policyholder's Signature Date & Time:

So fart so till toda englis

Driver's Signature

(If driver is not the policyholder)

(44))

Date & Time: 19.08.2019@0900HRS NRIC/FIN No.: June

Name:

Reporting Centre Personnel's Signature

### REPAIR ESTIMATE\*

VEHICLE NO: SHD 3069S

MAKE : DATE: 19.08.2019

TEL : 6542 5119

Type	Unit	142.30	S S	2,174.90
	S	142.30	S	
	S	142.30		06 50
	S	142.30	-	96.50
			S	284.60
			\$	102.60
		- 1	S	31.70
			S	28.70
			S	27.90
į.	S	565.60	S	1,131.20
			S	116.40
			S	11.00
			S	85.00
			S	27.90
			S	227.90
			87	553.00
			33	428.40
	S	80.30	-	160.60
		-	S	22.00
	s	35.60	3	71.20
		( )	S	118.40
		$\overline{}$	S	228.00
			100	30.60
			8888	697.80
				226.50
			222	526.70
			100	57.70
			17.50	495.50
			3977	223.10
			1	852.80
			6.2	209.05
				94.60
			223	570.40
				90.10
			100	3,636.20
		50 55		117.10
	133	/	1	1,935.40
			1923	117.10
	3	36.33	1	
				730.10
				4,736.80
	1111	מו כוו		169.30
	140	112.40	5	
	115	30.72	\$	28.30
	, , ,			21,524.65
			S	
			-	17,219.72
		s s s s s s	\$ 35.60 \$ 58.55 \$ 967.70 \$ 58.55	\$ 80.30 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

ty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid Comfort Logo & Tel No. Sticker Nec		1-	\$ 30.00
	Rear Bumper Rubber Mat Hec			\$ 50.00
	Rear Windscreen Sealant Hec			\$ 46.00
	Rear No. Plate (wd		151-00	\$ 25.00
			181.00	
				\$ 151.00
	Labour Charge			
	Panel Beating			\$ 1,800.00
	Spray Painting Charge			\$ 1,500.00
	Wiring Charge			\$ _50.00
	Tuff Kote			\$ _100.00
	Rear Chassis Alignment Charge			\$ 400.00
	Remove/Refix Cushion & Upholstery Rear		1890.00	\$ 150.00
	Remove/Refix Rear Windscreen Glass		,,,	\$ 120.00
	Remove/Refix Exhaust Pipe			\$ _300.00
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00
	TOTAL LABOUR			\$ 4,900.00
	ESTIMATE TOTAL			\$ 22,270.72
	21/08/219 @ 1700ms		13571.7	2
	NA Awhil		135717	
	21/08/2019 e 1700ms NA Awturd 2/sum 79		1/5 10800/	
	of days			
	yar)			
	2KK AND			
			Repairer of the follow	
		e T	esurvey before/after spr	ay painting
			o display damaged part(s) arts prices are subject to c	
			hird party survey is on a "V	
		• N	oillegal modification(s) is	allowed
	7	• S is	upplementary item(s) must subject to final approval fr	t be resurveyed and rom insurance Company
			87/	- Julyanj
			inbwledged by Repairer nature:	
		Dat	F 1 (00) 115 (1)	
		-		
				1

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.



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

		DAMAGE ASSES	SMENT REPO	ORT
73 BF	RAS BASAH ROAI 01 NTUC TRADE (	ANCE CO-OPERATIVE LTD D JNION HOUSESINGAPORE	Ref: CS/INC Date: 17-09-2	19014700/Dvd3n2 019
	1: WO JESSIE		Code: INC	
1.		Policy Particulars	:- THIRD PART	Y CLAIM
	Insured Veh.	SGC 269T	Veh. Inspected	
	Policy No.		Coverage (\$)	0.00
	Claim No.	MT/1058567-001	Excess (\$)	0.00
	Assign From	DANIEL KOH	Assign Date	21/08/2019
2.		Vehicle Parti	culars & Condit	ion
	Make & Model	HYUNDAI 140	c.c	1685
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	KMHLB41UMGU091436	Colour	BLUE
			Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Condit	ions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	205/60 R16	HANKOOK	5 mm
	L/H Front Tyre	205/60 R16	HANKOOK	5 mm
	R/H Rear Tyre	205/60 R16	HANKOOK	5 mm
	L/H Rear Tyre	205/60 R16	HANKOOK	5 mm
4.	Water State of the	Descripti	on of Damages	
	THE VEHICLE SU DAMAGES SEE D	STAINED DAMAGES AT THE RE	EAR O/S PORTION	N.
5.		Genera	al Information	
	Accident Date	18/08/2019	Inspect Date	Time 21/08/2019 ( 05:47 PM )
	Survey held at	BLK 10 ANG MO KIO INDUSTR		5/06 AMK A
	Repairer	CHUNNI MOTOR WORK PTE	LTD	
5a.	BOTH HOUSE		Remarks	
	A)THE INSPECTION B)IN ACCORDANGE	ON WAS CONDUCTED ON A'WI CE TO YOUR INSTRUCTIONS, V	THOUT PREJUDI WE HAVE NOT AL	CE" BASIS. ITHORISED REPAIRS.
5b.		Estimate	Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	9 Worl	king Days



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 3

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3069S

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BOOT LID	BENT	2,174.90	2,174.90
1	BOOT LID RUBBER	DEFORMED	96.50	96.50
2	BOOT LID HINGE (LH/RH) @\$142.30	NOT NECESSARY	284.60	
1	BOOT LID LOCK UPPER	BENT	102.60	102.60
1	BOOT LID LOWER LOWER	TO REPAIR SEE LABOUR	31.70	
1	BOOT LID "H" EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
2	BOOT LID LAMP (LH/RH) @\$565.60	CRACKED	1,131.20	1,131.20
1	BOOT LID TRIMBOARD	TORN	116.40	116.40
10	BOOT LID TRIMBOARD CLIPS	NECESSARY	11.00	11.00
1	BOOTLID MOULDING	CRACKED	85.00	85.00
1	BOOTLID I40 EMBLEM	NECESSARY	27.90	27.9
1	BOOTLID LOWER GARNISH	CUT / BENT	227.90	227.9
1	REAR BUMPER	DISTORTED / BROKEN	553.00	553.0
1	REAR BUMPER REINFORCEMENT	CRACKED	428.40	428.40
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	BENT	160.60	160.6
2	REAR BUMPER CLIP	NECESSARY	22.00	22.0
2	REAR BUMPER BRACKET @\$35.60	O/S BROKEN / N/S NOT NECESSARY	71.20	35.6
1	REAR BUMPER SPONGE	TORN	118.40	118.4
1	REAR BUMPER UNDER COVER	TORN	228.00	228.0
1	REAR BUMPER REFLECTOR LAMP (RH)	CRACKED	30.60	30.6
1	TAIL LAMP (RH)	CRACKED	697.80	697.8
1	TAIL LAMP QUARTER PANEL (RH)	DENTED	226.50	226.5
1	REAR PANEL	DENTED	526.70	526.7
1	REAR PANEL GARNISH	SERVICEABLE	57.70	1
1	REAR PANEL LOWER PANEL	DENTED	495.50	495.5
1	SPARE TYRE HOLDER	BENT	223.10	223.1
1	SPARE TYRE PANEL	DENTED	852.80	852.8

Report Ref No. CS/INC19014700/Dvd3n2



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 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	SPARE TYRE PANEL CUSHION	NOT NECESSARY	209.05	12
1	REAR TOWING HOOK	NOT NECESSARY	94.60	81
1	MEMBER ASSY-REAR FLOOR CENTRE	NOT NECESSARY	570.40	
1	PANEL ASSY-REAR FLOOR SIDE (RH)	NOT NECESSARY	90.10	8.5
1	REAR FLOOR CHASSIS MEMBER (RH)	NOT NECESSARY	3,636.20	75
	EXHAUST PIPE INSULATOR @\$58.55	NOT NECESSARY	117.10	
	EXHAUST SILENCER @\$967.70	O/S BENT / N/S NOT NECESSARY	1,935.40	967.70
2	EXHAUST PIPE HANGER @\$58.55	NOT NECESSARY	117.10	10-
1	EXHAUST PIPE CENTRE	NOT NECESSARY	730.10	
1	REAR FENDER WITH HOUSING (RH)	DENTED	4,736.80	4,736.80
1	REAR FENDER INNER LINING (RH)	NOT NECESSARY	169.30	
1	REAR FENDER AIR-DUCT	DEFORMED	51.60	51.60
1	REAR WINDSCREEN MOULDING	NECESSARY	28.30	28.30
	LESS 20% DISCOUNT		-4,304.93	-2,882.68
	port of the CO ports where the cross improved the minor service.		17,219.72	11,530.72
	SPECIAL NETT ITEMS			
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR NO PLATE (SN)	CUT	25.00	25.00
	120 %		151.00	151.00
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BOOT LID LOWER LOWER.		1,800.00	
	SPRAY PAINTING CHARGE.		1,500.00	
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		100.00	40.00
	REAR CHASSIS ALIGNMENT CHARGE.	NOT NECESSARY	400.00	
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	(I) STREET
	REMOVE/REFIXREAR WINDSCREEN GLASS.		120.00	80.00
	REMOVE/REFIX EXHAUST PIPE.		300.00	60.0

Report Ref No. CS/INC19014700/Dvd3n2



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.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE.	NOT NECESSARY	480.00	
			4,900.00	1,890.00
	GRAND TOTAL		22,270.72	13,571.72

RECOMMENDED COST OF LUMP SUM REPAIRS	10,800.00
(TO ITS PRE-ACCIDENT CONDITION)	
(CONFIRMED)	

Report Ref No. CS/INC19014700/Dvd3n2

ANG BRYAN TANI

Automotive Assessor / Investigator

L

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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