

2/13/2019

ASS. REC. BY:

REF:

CS/INC19015592/Dyobon

Special Instruction:

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person): Annie Koh

of

INC

Date/Time: 9:41am @ 3/9/19

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SHA 3654T

Insured:

SJE 35E

at Workshop m/s

Soon Hock Motor

Tel:

6542 5119.

of

10 Amk hd. park 2A # 01-05/06

Policy No:

Claim No:

MT/1060611-001

Sum Insured:

Excess:

Make of Veh:

D.O.A.

1/9/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 11:02am @ 3/9/19

Person Contacted:

Lynn

Vehicle: IN/OUT

Date/Time	Action/Instruction	Signature	Insp: Chundi Motor
	SHA 3654T- NA/INC19015491/h4		DOA: 1/9/19
	SJE 35E- NA/INC19015491/h4		DOA: 1/9/19

08/11/19

REF:

Ameyur

ASSIGNMENT

COE April 2024

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 8 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 8HA 3654 7 Yr Regn: 2016 / AprilType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 C.C. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 404866 T/Radio: Insured / Std / NI / NAEng/No: D4FDGU613742C/No: KMH1B41UMGU087869Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R 16R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. S mmR/Bal. S mmL/Bal. S mmL/Bal. S mmD.O.A. 01/09/2019D.O.I. 04/09/2019 10280Survey held at Chunri AMK

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

0/8 Front 4 o/s Body 4 o/s Rr

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

Date / Time	Action / Instruction
	NTUC SER 35 E
15/10/19	Jnqr 2/s 13300/- w.t 8 days jn (Red \$12,248-52,479)
RECEIVED 22 OCT 2019	

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 8

1)

☐ : Final ReportResurvey No. of Trip: 2

Date/Time, File Return to?

Survey Fee: 2902) 21/10/19 TypistAdd Fee: ☐ : Site Insp (\$)Transportation: S + RS SI☐ : Interview (\$)

Photos

☐ : Tech. Invs (\$)

Others

☐ : Weekend (\$)

Report Format :

Lump Sum / I.B.I: (\$ \$13300)

TOTAL

290

Nivitha (LKK Auto)

From: Annie Koh <annie.koh@income.com.sg>
Sent: Tuesday, 3 September 2019 11:13 AM
To: 'assignments@lkkauto.com'; Admin-D (LKKAuto)
Subject: RE: TP CASES FARMED OUT TO LKK ON 03/09/2019

Re-send

Warmest Regards

Annie Koh
Senior Admin,
Motor Insurance
T +65 64307899
www.income.com.sg



From: Annie Koh
Sent: Tuesday, 3 September 2019 9:41 AM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>; 'Admin-D (LKKAuto)' <admin-d@lkkauto.com>
Cc: Thio Tse Kiat <tsekiat.thio@income.com.sg>; Teng Ken Leong <kenleong.teng@income.com.sg>
Subject: RE: TP CASES FARMED OUT TO LKK ON 03/09/2019

Dear LKK,

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

SN	OIC	Claim No.	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	OI VEH	DOA	Additional Remarks
----	-----	-----------	---------	---------------	------------------	------------------	--------	-----	--------------------

1	Jared Liu	MT/1060401-001	SLK1628H	CH MOTOR REPAIRS AND SERVICES	BLK 10 ANG MO KIO INDUSTRIAL PARK 2A ANG MO KIO AUTOPOINT #05-19	SUSAN / 91004390	SLM822J	30/8/19	
2	Jeff Lin	MT/1059895-002	SKB 1584J	JWG INTERNATIONAL PTE. LTD	10 ANG MO KIO INDUSTRIAL PARK 2A #03-08 AMK AUTOPOINT SINGAPORE 568047	terence loh / 82996103	GX4100J	27/8/19	
3	Eric Tang	MT/1060555-001	SLV2705D	LIAN HER MOTORS	BLK 5038 #01-405 ANG MO KIO INDUSTRIAL PARK 2	anthony cheong / 91082728	SCV5017T	16/8/19	
4	Serene Lim	MT/1060596-002	SLE4063Z	LION CITY RENTALS PTE LTD	60 JALAN LAM HUAT #04-01 CARROS CENTRE SINGAPORE 737869	s t sim / 62524991	SDW810K	31/8/19	Please avoid 1pm to 2pm
5	Jeff Lin	MT/1060418-001	SMC5694U	OPTIMA WERKZ PTE LTD	9A SERANGOON NORTH AVE 5	sharon ten / 64811522	SJV4149U	30/8/19	
6	Serene Lim	MT/1040823-002	PA8151A	SC AUTO INDUSTRIES (S) PTE LTD	51 SENOKO ROAD #03-01 SENOKO INDUSTRIAL BUILDING SINGAPORE 758133	hamimah / 65719958	SLN1725U	17/4/19	
7	Quek Swee Keng	MT/1060611-001	SHA3654T	SOON HOCK MOTOR PTE LTD	10 ANG MO KIO IND PK 2-A #01-05/06 AMK AUTOPOINT SINGAPORE 568047	LYNN / 65425119	SJE35E	1/9/19	

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Annie Koh
Senior Admin Assistant, Motor Insurance
T +65 6430 7899
www.income.com.sg

income
made different



Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

MCD619115611 / ComfonDelGro Engineering Pte Ltd - Lohong
 ENTRY DATE & TIME: 02/09/2019 11:22
 SUBMITTED BY: Janet Lim Siang Gek

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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/09/2019 11:22
Date Of Accident	01/09/2019 14:00
Exact Location Of Accident	CRESCENT RD TWDS DUNMAN RD X BRANKSOME RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3654T
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
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	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	ABDUL AZIZ BIN JISAH
NRIC No	S7708868G
Date Of Birth	01/01/1979
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91801892
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 155 GANGSA ROAD
 #04-337
 Postcode 670155
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER
 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
 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) 2
 Passenger 1
 NAME: : -
 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

REFER ATTACHED - TYPE OF ACCIDENT :- HEAD TO SIDE

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 SJE35E
 Vehicle Make/Model/Colour MERCEDES
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver LIM CHAN ELAINE
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

FRONT LH

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ABDUL AZIZ BIN JISAH

Approximate Age

Injuries Sustain

NECK AND SHOULDER

Injured person in which vehicle?

SHA3654T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN**IMPORTANT NOTICE**

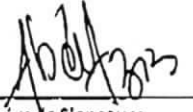
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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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 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.
- (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: 2/9/2019

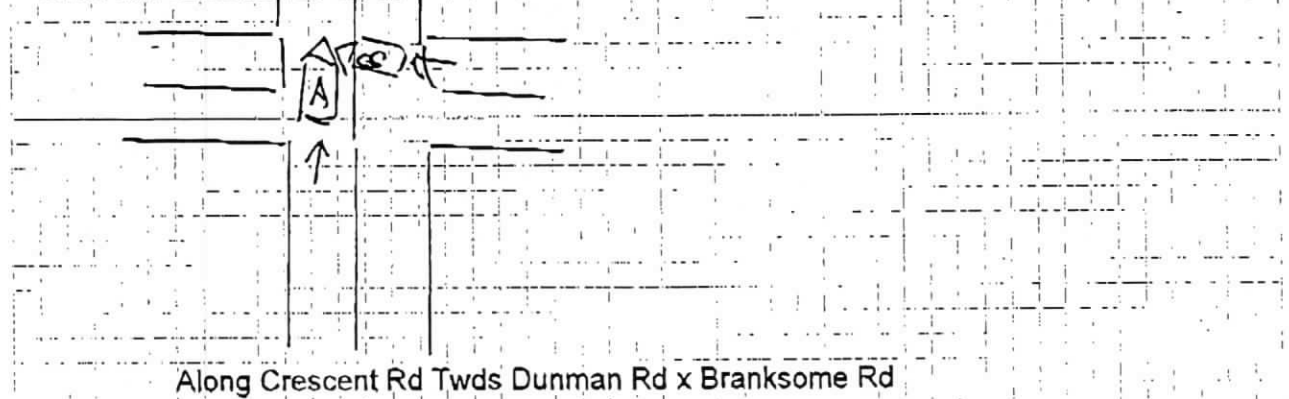

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/9/2019 @ 10:30hrs

Lisa
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

-A-SHA-3654T-

B-SJE 35E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/9/2019 @ 14:00hrs.I was travelling along Crescent Rd towards Dunman Rd.

With 1 female passenger onboard.

While travelling straight. Suddenly veh (B) dashed out from Branksome Rd with the stop white lane and without giving way to me, hit onto my taxi (A) front right portion.

Veh (B) (SJE 35E) Ms Lim-Chan Elaine.Nric no:S 7125058Z.H/P: 9168 6701.

After the accident, I felt pain on my neck, shoulder and 2 days MC given doctor.

I have photos and video at scene to support my claims.

DECLARATION

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

Policyholder's Signature
Date & Time: 2/9/2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/9/2019 @ 10:30hrs

Lisa
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SHA 3654T

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Fender (RH) <i>Dented</i>			\$ 2,171.40	✓
	Rear Windscreen Moulding <i>NCC</i>			\$ 28.30	✓
	Rocker Panel Outer Garnish (RH) <i>SVC</i>		2199.70	\$ 341.40	X
	SUB TOTAL		1759.76	\$ 2,541.10	
	LESS 20%			\$ 508.22	
	DISCOUNTED TOTAL			\$ 2,032.88	
	Rear Windscreen Sealant <i>NCC</i>		46.00	\$ 46.00	Nett ✓
	Labour Charge				
	Panel Beating			\$ 2,400.00	800/-
	Spray Painting Charge			\$ 1,750.00	700/-
	Wiring Charge			\$ 50.00	30/-
	Tuff Kote			\$ 100.00	40/-
	Towing Charge			\$ 50.00	40/-
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00	80/-
	Remove/Refix Rear Windscreen Glass			\$ 120.00	80/-
	Remove/Refix Reverse Sensor			\$ 120.00	40/-
	Transfer of Door			\$ 120.00	60/-
	Remove/Refix Undercarriage (FRT)		2310.00	\$ 200.00	150/-
	FRT Wheel Alignment			\$ 120.00	60/-
	Remove/Refix Aircon & Refill Gas			\$ 150.00	80/-
	Remove/Refix Dashboard			\$ 450.00	40/-
	Remove/Refix Front Windscreen Glass			\$ 120.00	80/-
	Remove/Refix Cushion & Upholstery Front			\$ 90.00	40/-
	Re-set Frt ABS System			\$ 200.00	
	Re-set Frt Power Window System			\$ 200.00	
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00	150/-
	TOTAL LABOUR			\$ 6,870.00	
	ESTIMATE TOTAL			\$ 25,548.52	
	04/09/2019 @ 1000hrs		16719.08		
	N/A Actual				
	L/Sum 8 days.		4/13300/-		
	<i>Ryan</i>				
	<i>LKK Auto</i>				

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.

NAME
ADDRESS

Home Tel.:

VIN:

Registration: SHA 3654 T

Technician:

Mileage: 404866

Time Printed 4.9.19 1:27 PM

HYUNDAI I40

Front : Left

Actual	BEFORE	Specified Range
-1°01'		-3°00' 3°00'
3°41'		-0°19' 5°41'
0°12'		-1°30' 1°30'
20°11'		
19°10'		

Camber

Caster

Toe

SAI

Included Angle
Turning Angle Diff.

Front : Right

Actual	BEFORE	Specified Range
-0°28'		-3°00' 3°00'
4°20'		-0°19' 5°41'
2°30'		-1°30' 1°30'
23°05'		
22°37'		

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	BEFORE	Specified Range
-0°32'		-3°00' 3°00'
-0°39'		-3°00' 3°00'
-2°54'		-3°00' 3°00'
2°41'		-3°00' 3°00'

Rear : Left

Actual	BEFORE	Specified Range
-1°24'		-3°30' 2°30'
-0°13'		-1°30' 1°30'

Camber

Toe

Rear : Right

Actual	BEFORE	Specified Range
-1°02'		-3°30' 2°30'
-0°05'		-1°30' 1°30'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	BEFORE	Specified Range
-0°22'		-3°00' 3°00'
-0°18'		-3°00' 3°00'
-0°04'		-3°00' 3°00'



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

DAMAGE ASSESSMENT REPORT

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: CS/INC19015592/Dyd3e2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 23-10-2019



ATTN : QUEK SWEE KENG

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJE 35E	Veh. Inspected	SHA 3654T
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1060611-001	Excess (\$)	0.00
Assign From	ANNIE KOH	Assign Date	03/09/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087869	Colour	BLUE
Odometer	404866 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	CAMPEON	5 mm
L/H Front Tyre	205/60 R16	CAMPEON	5 mm
R/H Rear Tyre	205/60 R16	CAMPEON	5 mm
L/H Rear Tyre	205/60 R16	CAMPEON	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY, O/S FRONT AND O/S REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	01/09/2019	Inspect Date / Time	24/09/2019 (10:28 AM)
Survey held at	BLK 10 ANG MO KIO IND. PARK 2A, #03-19		
Repairer	SOON HOCK MOTOR PTE LTD		

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:	8 Working Days
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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

Page No.:1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3654T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	DISTORTED / MTG CRACKED	1,052.20	1,052.20
1	FRONT BUMPER BRACKET (RH)	BROKEN	24.60	24.60
1	HEADLAMP SUPPORT TOP COVER	NOT NECESSARY	222.60	-
1	HEADLAMP SUPPORT PANEL ASSY	BROKEN	907.40	907.40
1	HEADLAMP (RH)	CUT / MTG BROKEN	1,388.00	1,388.00
1	RADIATOR EXPANSION TANK	NOT NECESSARY	28.30	-
1	FRONT FENDER (RH)	BUCKLED	566.30	566.30
1	FRONT FENDER APRON PANEL (RH)	DENTED	637.00	637.00
1	FRONT FENDER SHIELD (RH)	DEFORMED	174.90	174.90
1	FRONT DOOR (RH)	DENTED	2,256.40	2,256.40
1	FRONT PILLAR UPPER COVER / GARNISH, RH	DISLODGE	83.50	83.50
1	FRONT WINDSCREEN PILLAR OUTER (RH)	DENTED	1,745.50	1,745.50
1	FRONT WINDSCREEN MOULDING	NECESSARY	113.30	113.30
1	WIPER CONTAINER	NOT NECESSARY	61.90	-
1	WIPER CONTAINER MOTOR	NOT NECESSARY	75.00	-
1	FRONT WHEEL RIM (RH)	BENT	325.30	325.30
1	FRONT WHEEL HUB CAP (RH)	CUT	107.10	107.10
1	FRONT WHEEL BEARING	DAMAGED	540.50	540.50
1	FRONT SHOCK ABSORBER (ASSY) (LH)	BENT	342.20	342.20
1	FRONT SHOCK ABSORBER MOUNTING (RH)	NOT NECESSARY	108.80	-
1	FRONT DRIVE SHAFT (RH)	DAMAGED	1,030.80	1,030.80
1	RACK & PINION ASSY	DAMAGED	969.60	969.60
1	STG TIE END	DISTORTED	62.60	62.60
1	STABILIZER BAR	NOT NECESSARY	252.30	-
1	STABILIZER BAR BUSH (RH)	NOT NECESSARY	16.40	-
1	STABILIZER BAR LINK	NOT NECESSARY	61.10	-
1	STABILIZER BRACKET	NOT NECESSARY	24.00	-
1	FRONT SUSPENSION LOWER ARM (RH)	DISTORTED	529.30	529.30
1	KNUCKLE ARM (RH)	DISTORTED	552.00	552.00

Report Ref No. CS/INC19015592/Dyd3e2



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 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	ENGINE CROSSMEMBER	DISTORTED	2,094.40	2,094.40
1	ABS SENSOR	NOT NECESSARY	234.00	-
1	ELECTRIC POWER STEERING	NOT NECESSARY	3,641.00	-
1	REAR FENDER (RH)	DENTED	2,171.40	2,171.40
1	REAR WINDSCREEN MOULDING	NECESSARY	28.30	28.30
1	ROCKER PANEL OUTER GARNISH (RH)	SERVICEABLE	341.40	-
	LESS 20% DISCOUNT		-4,553.88	-3,540.52
			18,215.52	14,162.08
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT DOOR COMFORT LOGO (RH) (SN)	NECESSARY / CUT	75.00	75.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	NECESSARY / CUT	80.00	80.00
1	FRONT TYRE (LH) (SN)	SERVICEABLE	216.00	-
1	FRONT WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
			463.00	247.00
	<u>LABOUR</u>			
	PANEL BEATING.		2,400.00	800.00
	SPRAY PAINTING CHARGE.		1,750.00	700.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		100.00	40.00
	TOWING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	80.00
	REMOVE / REFIX REAR WINDSCREEN GLASS.		120.00	80.00
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	TRANSFER OF DOOR.		120.00	60.00
	REMOVE / REFIX UNDERCARRIAGE (FRT).		200.00	150.00
	FRT WHEEL ALIGNMENT.		120.00	60.00
	REMOVE / REFIX AIRCON & REFILL GAS.		150.00	80.00
	REMOVE / REFIX DASHBOARD.	NOT NECESSARY	450.00	-
	REMOVE / REFIX FRONT WINDSCREEN GLASS.		120.00	80.00
	REMOVE / REFIX CUSHION & UPHOLSTERY FRONT.	NOT NECESSARY	90.00	-
	RE-SET FRT ABS SYSTEM. }		200.00	150.00

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Page No.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	RE-SET FRT POWER WINDOW SYSTEM. }		200.00	-
	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE. }		480.00	-
			6,870.00	2,310.00
GRAND TOTAL			25,548.52	16,719.08
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				13,300.00

Report Ref No. CS/INC19015592/Dyd3e2

ANG BRYAN TANI

Automotive Assessor / Investigator

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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