

22/03/2011

ASS. REC. BY:

REF: ES/SPF/9019545/Kyd304

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Hafizul Fathan

of

SPF

Date/Time:

5/11/19 @ 9.58am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 5364G

Insured:

QX 3722

at Workshop m/s

Trans carb

Tel:

6213 0998.

of

No. 2 Amk St. 63

Policy No:

Claim No:

AEMD/105/009/2019/110

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

29/10/2009

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 10:47am @ 5/11/19

Person Contacted:

Candy

Vehicle IN / OUT

Date/Time

Action/Instruction

Isample

SHC 5364G-CC3/AXA170/9031/1649392

D.O.A: 21/10/17

QX3722-X

**Do Not Finalise**

ASS. REC. BY:

REF: SPI-1

Kenneth

ASSIGNMENT

10 14

15

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s Trans Ccb  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SHC 5364G Yr Regn: 15  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Renault Latitude c.c. 1995  
 Colour m. White / Red A/C: Insured / Std / NI / NA  
 Sp. Reading 566406 T/Radio: Insured / Std / NI / NA  
 Eng/No: 279380  
 C/No: VIFIABL15AUC 282163  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rlm / STD A/Rlm or  
 Tyre Size: F: Skylon 215/60R16  
 R: Giti

(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: 01 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No

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

Front R/Bal. 9 mm Rear R/Bal. 9 mm  
 L/Bal. 9 mm L/Bal. 9 mm  
 D.O.A. 29/10/19 D.O.I. 5/11/19

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Survey held at \_\_\_\_\_

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

Rear N/S

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

Date / Time	Action / Instruction
<u>1</u>	<u>File pass to</u>
	<u>230k</u>
<u>17/1</u>	<u>Submit PIP \$230k (Range Cor \$200-\$400) Weekend 0 day (Red \$13,731-49, 98%)</u>

RECEIVED 17 JAN 2020

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: 1

1) \_\_\_\_\_

: Final Report

Resurvey No. of Trlp: \_\_\_\_\_

Date/Time, File Return to?

Survey Fee: 270

2) 17/1/20 Typist

Transportation: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

S + RS. \$ \_\_\_\_\_

: Interview (\$ \_\_\_\_\_)

Fees

: Tech Invs (\$ \_\_\_\_\_)

Others

: Weekend (\$ \_\_\_\_\_)

TOTAL

270

Report Format :

Lump Sum / I.B.I. (\$) \_\_\_\_\_

## Nivitha (LKK Auto)

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**From:** Hafizul Farhan RAHMAT (SPF) <Hafizul\_Farhan\_RAHMAT@spf.gov.sg>  
**Sent:** Tuesday, 5 November 2019 9:58 AM  
**To:** assignments; SUR; Admin-D (LKKAuto)  
**Cc:** Cui Fen ENG (SPF); Frankie THAY (SPF)  
**Subject:** PRE-REPAIR SURVEY OF SHC5364G (vs QX372Z ON 29/10/2019)

Our ref: AEMD/105/009/2019/110

Hi,

Kindly conduct pre-repair survey of **SHC5364G** (vs QX372Z on 29/10/2019) at:

Trans-Cab Services Pte Ltd  
2 Ang Mo Kio St. 63  
Singapore 569111

Contact: Candy, Tel: 6213 0998

*Best Regards,*

*Hafizul Farhan Bin Rahmat  
Assistant Logistics Support Officer  
Logistics Support and Services Division  
Police Logistics Department | Singapore Police Force  
DID: (65) 6478 4840 | FAX: (65) 6478 4848*



**WARNING:** "Privileged/Confidential information may be contained in this message. If you are not the intended addressee, you must not copy, distribute or take any action in reliance thereon. Communication of any information in this email to any unauthorized person is an offence under the Official Secrets Act (Cap 213). Please notify the sender immediately if you receive this in error."

## 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	30/10/2019 11:42
Date Of Accident	29/10/2019 17:20
Exact Location Of Accident	COMMONWEALTH CRESCENT OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5364G
<b>Insured/Policyholder</b>	
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-62866666

### Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (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 PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VFX/P1680520
Cover Note Number	

### Driver

Name of Driver	MOHAMED SAM BIN SALIM
NRIC No	S1616145D
Date Of Birth	22/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	22/06/1984
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88141663
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 112 COMMONWEALTH CRESCENT #02-314
Postcode	140112
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 111 COMMONWEALTH CRESCENT (ANNEX) , <b>POSTCODE:</b> 140111 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4749999 - <b>FAX NO:</b> 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20191029/2126

#### 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	QX372Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**

**IMPORTANT NOTICE**

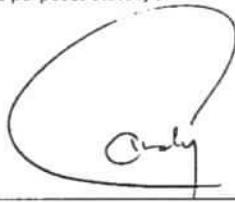
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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







**SINGAPORE  
POLICE FORCE**



T/20191029/2126

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

2 of 3

Report No. T/20191029/2126

## CONTINUATION OF REPORT

Driver			
Name	MOHAMED SAM BIN SALIM	ID No.	S1616145D
Related Vehicle	SHC5364G (Taxi)	Contact No.	87506034
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of injury	NIL

**Brief Details.**

On 29/10/2019 at about 1720hrs, I went to my taxi which was parked at lot number 32 at the open-space carpark beside Commonwealth NPP at Commonwealth Crescent. I was sitting inside the taxi to start of my journey to start work when I was approached by 2 police officers. They told me that a police car had hit my taxi while reversing. I went out and saw there were scratch marks on the left rear side of my taxi.



**SINGAPORE  
POLICE FORCE**



T/20191029/2126

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

3 of 3

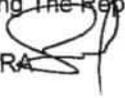
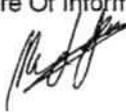
Report No. T/20191029/2126

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sr Staff Sgt SUREIND MISHRA 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2019 17:46
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:  <div data-bbox="577 1823 1078 1912" style="border: 1px solid black; padding: 2px; display: inline-block;">  SINGAPORE POLICE FORCE         </div> <div data-bbox="989 1861 1063 1890" style="margin-left: 20px;">SN 50</div>
Authentication Stamp NP168 <div data-bbox="577 1912 1078 2029" style="border: 1px solid black; padding: 5px; text-align: center;">           SIGNATURE       </div>	

> [Back to OneMotoring](#)

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	878K
<b>Vehicle Details</b>	
Vehicle No.:	SHC5364G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 Oct 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001965
Chassis No.:	VF1ABL15AUC279398
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	21 Oct 2014
First Registration Date:	21 Oct 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Oct 2022
PARF Rebate Amount:	\$8,748.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	20 Oct 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,938.00
COE Rebate Amount:	\$18,913.00
<b>Total Rebate Amount:</b>	<b>\$27,661.00</b>
<b>Message</b>	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 30 Oct 2019

OK

**Trans-cab Auto Services Pte Ltd**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHC 5364G**

**AAD1910-229**

*Not Notarised*  
*K. Seng S.*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

06 NOV 2019

**SHC 5364G**

VF1ABL15AUC279398

RENAULT

LATITUDE

29.10.19

**ATTORNEY GENERAL**

21/10/2014

		<b>PART</b>			<b>LIST</b>
1	1	BUMPER COVER REAR	\$	<i>R</i>	561.70
2	1	BUMPER LOWER REAR	\$	<i>Sn</i>	411.90
3	1	BUMPER BRACKET CTR REAR	\$	<i>Sn</i>	98.10
4	1	BUMPER BRACKET SIDE LH REAR	\$	<i>Sn</i>	80.80
5	1	BUMPER RETAINER LH REAR	\$	<i>Sn</i>	54.20
6	1	BUMPER REFLECTOR LH	\$	<i>Sn</i>	16.60
7	1	BUMPER BEAM REAR	\$	<i>R</i>	547.80
8	1	BUMPER BEAM BRACKET LH REAR	\$	<i>Sn</i>	114.50
9	1	TAILLAMP LH	\$	<i>Sn</i>	401.40
10	1	TAILLAMP PANEL LH	\$	<i>R</i>	401.40
11	1	BOOT REFLECTOR LAMP LH	\$	<i>Sn</i>	277.70
<b>TOTAL</b>			<b>\$</b>		<b>2,966.10</b>
<b>10%</b>			<b>\$</b>		<b>296.61</b>
			<b>\$</b>		<b>2,669.49</b>

		<b>Special Nett</b>			
1	1SET	PARKING AID	\$	<i>Sn</i>	700.00
2	1SET	REAR BUMPER CLIP	\$	<i>nn</i>	66.00
3	1SET	BUMPER BRACKET CTR CLIP	\$	<i>nn</i>	33.00
4	1SET	BUMPER BRACKET SIDE CLIP LH RR	\$	<i>nn</i>	10.00
5	1SET	BUMPER RETAINER CLIP LH RR	\$	<i>nn</i>	20.00
6	1SET	BUMPER LOWER REAR RIVET	\$	<i>nn</i>	22.00
7	1SET	BUMPER LOWER REAR CLIP	\$	<i>nn</i>	66.00
8	1	TAILLAMP CLIP LH	\$	<i>nn</i>	5.00
9	1	Rear Bumper Protector	\$	<i>nsf</i>	100.00
<b>TOTAL</b>			<b>\$</b>		<b>1,022.00</b>

**Trans-cab Auto Services Pte Ltd**

AAD1910-229

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHC 5364G**

<b>TOTAL PARTS</b>	<b>\$</b>	<b>3,691.49</b>
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**LABOUR**

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>na</i> 380.00	<i>X</i>
To Rust-Proofing Of The Affected Areas.	\$	<i>na</i> 170.00	<i>X</i>
To Check Electrical Lighting Concerned.	\$	170.00	<i>10/</i>
To reinstall rear bumper parking sensor.	\$	<i>na</i> 170.00	<i>X</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	<i>na</i> 4,500.00	<i>X</i>
To transfer of rear bumper fittings, attachment and perform water seepage test.	\$	<i>na</i> 380.00	<i>X</i>
Putty and spray painting of the affected portion.	\$	4,500.00	<i>220/</i>
<b>TOTAL</b>	<b>\$</b>	<b>10,270.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>13,961.49</b>	

**LUMP SUM ( REPAIR DAY)****15 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

Affiliated to Federation Internationale Des Experts En Automobile			
AUTOMOTIVE ENGINEERING & MGT DIVISION		Ref : CS/SPF19019545/Kyd3e2	
ACCIDENT CLAIM SECTION (SPORE POLICE FORCE)1 MOUNT PLEASANT ROAD BLK 8 OLD POLICE ACADEMY SINGAPORE 298333		Date : 04-02-2020	
ATTN : HAFIZUL FARHAN		Code : SPF	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	QX 372Z	Veh. Inspected	SHC 5364G
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2019/110	Excess (\$)	0.00
Assign From	HAFIZUL FARHAN	Assign Date	05/11/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	RENAULT LATITUDE (A)	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	VF1ABL15AUC279398	Colour	METALLIC WHITE / RED
Odometer	566406	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	215/60 R16	SAILUN	9 mm
L/H Front Tyre	215/60 R16	SAILUN	9 mm
R/H Rear Tyre	215/60 R16	GITI	9 mm
L/H Rear Tyre	215/60 R16	GITI	9 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	29/10/2019	Inspection Date	05/11/2019
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>1 Working Days</b>	



## 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 5364G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BUMPER COVER REAR	TO REPAIR SEE LABOUR	561.70	-
1	BUMPER LOWER REAR	SERVICEABLE	411.90	-
1	BUMPER BRACKET CTR REAR	SERVICEABLE	98.10	-
1	BUMPER BRACKET SIDE LH REAR	SERVICEABLE	80.80	-
1	BUMPER RETAINER LH REAR	SERVICEABLE	54.20	-
1	BUMPER REFLECTOR LH	SERVICEABLE	16.60	-
1	BUMPER BEAM REAR	TO REPAIR SEE LABOUR	547.80	-
1	BUMPER BEAM BRACKET LH REAR	SERVICEABLE	114.50	-
1	TAILLAMP LH	SERVICEABLE	401.40	-
1	TAILLAMP PANEL LH	TO REPAIR SEE LABOUR	401.40	-
1	BOOT REFLECTOR LAMP LH	SERVICEABLE	277.70	-
	LESS 10% DISCOUNT		-296.61	-
			2,669.49	-
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET PARKING AID (SN)	SERVICEABLE	700.00	-
1	SET REAR BUMPER CLIP (SN)	NOT NECESSARY	66.00	-
1	SET BUMPER BRACKET CTR CLIP (SN)	NOT NECESSARY	33.00	-
1	SET BUMPER BRACKET SIDE CLIP LH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER CLIP LH RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER LOWER REAR RIVET (SN)	NOT NECESSARY	22.00	-
1	SET BUMPER LOWER REAR CLIP (SN)	NOT NECESSARY	66.00	-
1	TAILLAMP CLIP LH (SN)	NOT NECESSARY	5.00	-
1	REAR BUMPER PROTECTOR (SN)	NO SUCH PARTS	100.00	-
			1,022.00	-
<b><u>LABOUR</u></b>				
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	10.00
	TO REINSTALL REAR BUMPER PARKING SENSOR.	NOT NECESSARY	170.00	-
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME.	NOT NECESSARY	4,500.00	-
	TO TRANSFER OF REAR BUMPER FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		4,500.00	220.00
			10,270.00	230.00
	<b>GRAND TOTAL</b>		<b>13,961.49</b>	<b>230.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>230.00</b>

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**NOTES : THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$200-\$400**

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.**