

ASS. REC. BY:

REF:

CS/EG19020558/R19d3

Special Instruction:

Surveyor:

Rasul

Meinert

ASSIGNMENT (Office)

From (Person):

Ivy Yang

of

EG1

Date/Time:

19/11/19 @ 5:08pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YP 7346B

Insured:

XD 3580S

at Workshop m/s

C.L. Auto

Tel:

67956125

of

48 toh Guan Road East #02-125

Policy No:

DI9MFL 0000240

Claim No:

CDMCG19001987

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

21/10/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

9:51am @ 20/11/2019

Person Contacted:

Paul

Vehicle IN / OUT

Date/Time

Action/Instruction

Estimate /

YP 7346B - X

XD 3580S - X

25/11/19 @ 11:05am revised to Ivy Yang by email.

11/12/19 @ 2:29pm checked with Edmund, the vehicle has not yet repair, have arrange with the owner.

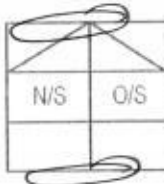
22/01/20 @ 1:55pm According to Paul (insp), to Vincent (insp boss) instruct him to put up estimate in Audatex system. And he said audatex only for

ASSIGNMENT

From: _____ Date: **21/11/19**
Estimated Cost: _____
OD / IP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: **YP 7346B**
at Workshop m/s: **C.L. Auto**
of **48 Joh Guan Road East # 02-125**
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: **look for Paul / Vincent**

(Policy Condition)

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



Bal. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS **1up**

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **4P 7346B** Yr Regn: **2017 / SEP**
Type: M.Car / M.Cycle / Bus / Van / Motor / Taxi / Prime Mover /
Truck / Trailer or
Make: **ISUZU NQR75ULSA** C.C. **SA3**
Colour: **WHITE** A/C: Insured / Std / NI / NA
Sp. Reading: **55304** T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: **JAA N1R 75LH 7100 734**
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: **215/75R17.5**
R: **215/75R17.5**

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

Front	Rear
R/Bal. 7 mm	R/Bal. 7/7 mm
L/Bal. 7 mm	L/Bal. 7/7 mm
D.O.A. 21/10/19	D.O.I. 21/10/19

Survey held at _____
Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	(Fr & Rear) near portion. there was no tally between wrsp estimate & Audatex estimate (rear only)
12/03/20 @ 9.39am	checked with Ivy Yong, if required put up separate claim (for side) in Audatex, wrsp will change 2 bill of Audatex to them. She agreed it.
12/03/20 @ 9.34am	informed Paul accordingly.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + PS: \$ _____

Photos: _____

Other: _____

TOTAL: _____

Report Format: _____

Lump Sum / L.P. / C: _____

Add Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Invs (\$ _____)☐ Weekend (\$ _____)

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	06 Nov 2019 10:18 Sendback Est	19 Nov 2019 13:28 S\$11,978.40	19 Nov 2019 17:08 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	JFC(S)PTE LTD , Co. Reg. No.: 189101526C, Tel: +6596215398		
Main Claimant:	NGOH KIAN BROTHERS PTE LTD , Co. Reg. No.: 09354500B		
Vehicle Reg. No.:	YP7346B	Date of Loss:	21/10/2019 12:00 - :59 [25 Months and 9 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / CDMCG19001987	Policy/Cover Note No.:	D19MFL0000240 (Comprehensive)
Vehicle Reg. No. (Insured):	XD3580S	Policy No. (Claimant):	
		Excess:	
Repairer:	C L Auto Pte Ltd (HQ) 48 Toh Guan Road East, #02-125 Enterprise Hub, 608586 Jurong East - Tel: 67956125		
Handling Insurer:	ERGO Insurance Pte. Ltd. (HQ) - Tel: 6829 9199 ... [Handled by Ivy Yong - 6829 9197]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 28/11/2019]		
Driver/Custodian (Insured):	ZULAKIRUDIN BIN OTHMAN @ZULKIFLIE (58 / Male / Others: -) , NRIC: S1470076E, Tel: +6596271053 Email:		
Adj Asg. Remarks:	Please conduct this survey request. (Note: Survey vehicle only, LOD will be handled by Ergo) Kindly inform us if you are not able to attend it.		

ASSOCIATED MAIL RECEIVED

[View All](#) [Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Monday, 25 November 2019 11:05 AM
To: ERGO Insurance Pte. Ltd. (Claims Department)
Cc: Ivy Yong; Phoebe Xie; SUR
Subject: RE: Claims ref no. (P) CDMCG19001987 Notice of Accident & Pre-Repair Survey Ref YP7346B
Attachments: CSEGI19020558R1qd3.pdf

Dear Ivy,

Enclosed herewith preliminary advice of YP 7346B.

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)

-----Original Message-----

From: ERGO Insurance Pte. Ltd. (Claims Department) <claims@ergo.com.sg>

Sent: Wednesday, 20 November 2019 10:37 AM

To: Admin-D (LKKAUTO) <admin-d@lkkauto.com>; Admin A <admin-a@lkkauto.com>; Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>

Cc: Ivy Yong <ivy.yong@ergo.com.sg>; Phoebe Xie <phoebe.xie@ergo.com.sg>

Subject: FW: Claims ref no. (P) CDMCG19001987 Notice of Accident & Pre-Repair Survey Ref YP7346B

Hi Paul

This case has been submitted in Merimen on 19/11/2019 13:28.

We have already appointed LKK for survey.

Hi LKK

Please follow up, thanks.

Date Classification : Confidential, C3

Warmest Regards,

Pauline Soh

ERGO Insurance Pte. Ltd.

5 Temasek Boulevard, #04-05 Suntec Tower Five Singapore 038985

DID.: +65 6829 9194

pauline.soh@ergo.com.sg



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: CDMCG19001987

Date: 25th November 2019

Our Ref: CS/EGI19020558/R1qd3

Without Prejudice

The Motor Claims Department
ERGO Insurance Pte Ltd

Attn: Sir/Madam

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. YP 7346B .

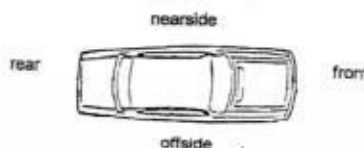
We thank you for the instruction on 19/11/2019.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 21/11/2019 at the premises of M/s C L AUTO and have the following to report:-

Workshop Estimate Amount	: S\$ <u>11,978.40</u> .
Revised Estimate Amount	: S\$ <u>5,018.40</u> .
"Check" Items Amount	: S\$ <u>1,892.00</u> .
Market Value	: S\$ <u>-</u> .
Salvage Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:

The vehicle sustained damages at the front and rear portion.



Comments/ Present Status:

Damages consistent.

Days of repair: 8 days.

We have NOT authorise repair.

Yours faithfully

Rasul
Automotive Assessor

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	22/10/2019 08:36
Date Of Accident	21/10/2019 12:55
Exact Location Of Accident	WOODLANDS AVE 10 TOWARDS SENOKO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7346B
Insured/Policyholder	
Name Of Registered Owner	JFC (S) PTE LTD
Co Reg No	0 1981 01526C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96271053
Alternative Phone No	OFFICE-96271053

Vehicle Particulars

Manufacturer	ISUZU
Model	LORRY

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MFL0000240

Cover Note Number

Driver

Name of Driver	ZULAKIRUDIN BIN OTHMAN
NRIC No	S1470076E
Date Of Birth	06/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1993
Driving Experience	25 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96271053
Fax Number	
Contact Number	OFFICE-96271053
Email Address	NOEMAIL

Address 814 JURONG WEST ST 81
#12-190
Postcode S640814
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 3
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?
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: : MALE

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

SF

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: SENT TO INSURANCE
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD3580S
Vehicle Make/Model/Colour BIG TRUCK
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GW8930J

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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:

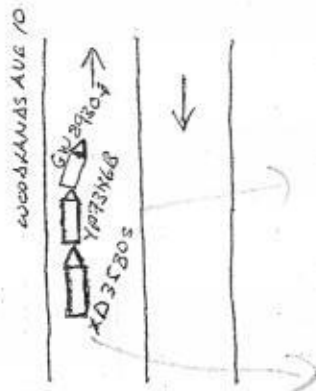
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

22 OCT 2019
IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6590 3312 Fax: 6569 0722
Email: vacb@singnet.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT ABOUT 1256 HRS ON 21/10/2019 I DRIVE MOTOR VEHICLE LORRY YA 7346B WITH ATTENDANT KUMAR FROM WOODLANDS AVE 10 TOWARD SENOKO AVE. AT HALF WAY OF WOODLANDS AVE 10 ON LEFT SIDE OF THE ROAD SUDDENLY A LORRY CONTAINER APPLY A BREAK FOLLOW BY ANOTHER VEHICLE PICK UP LORRY GW 8930J. I APPLY BREAK AND STOP BEHIND PICK UP LORRY GW 8930J, LESS THAN 1 MINUT MY MOTOR VEHICLE YA 7346B WAS HITS FROM BEHIND AND MY LORRY MOVED FORWARD WARD AND HITS PICK UP LORRY GW 8930J.

DUE TO THE INCIDENT MY MOTOR VEHICLE YA 7346B SUFFER DAMAGE FROM BEHIND AND FROM 7.7 IS IN WET WEATHER.

DECLARATION

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

22 OCT 2019

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.:

IDAC BUNYEN
511 Bukit Batok Street 22
Singapore 659512
Tel: 6560 3312 Fax: 6560 3313
Email: vcc@vccidac.com.sg

C L Auto Pte Ltd

48 TOH GUAN ROAD EAST #02-125 ENTERPRISE HUB SINGAPORE 608586

TEL: 6795 6125 FAX: 6795 0920 Email: vincent@clauto.com.sg

RCB NO:198800292M

- Edmund C

M/S : JFC (S) PTE LTD
3C TOH GUAN ROAD EAST
#02-01

SINGAPORE 608832

TEL: 65678238

FAX: 65670832

ATTN: MISS WONG LI YIN

Your Ref No: YP7346B

Claim Type: Third Party

Accident Date:

Estimate No: EST1900240

Date: 25 Oct 2019

Policy No:

Veh Reg No: YP7346B

Make/Model: ISUZU NQR75UL5A

Chassis No: JAAN1R75LH7100794

Engine No: 4HK1622385

Reg. Date: 12/09/2017

Estimate Repair Cost to Vehicle No : YP7346B

Description	Quantity	List Price	Amount
		SS	SS
List Price:			
1 FRONT PANEL <i>bt</i>	1 PC	750.00 <i>x</i>	
2 FRONT GRILL <i>ca</i>	1 PC	350.00 <i>x</i>	
3 FRONT GRILL CLIP <i>ne</i>	1 SET	50.00 (SN) <i>x</i>	
4 FRONT BUMPER ASSY <i>de</i>	1 PC	650.00 <i>x</i>	
5 FRONT R/H BUMPER BRACKET <i>x</i>	1 PC	120.00 <i>x hn</i>	
6 FRONT L/H BUMPER BRACKET <i>x</i>	1 PC	120.00 <i>x nn</i>	
7 FRONT R/H HEAD LAMP ASSY <i>ca</i>	1 PC	390.00 <i>x</i>	
8 FRONT R/H HEAD LAMP PANEL <i>ca</i>	1 PC	190.00 <i>x</i>	
9 FRONT R/H HEAD LAMP LOWER SEAL <i>ne</i>	1 PC	38.00 <i>x</i>	
10 FRONT R/H SIDE LAMP & WITH SIGNAL LAMP ASSY <i>ca</i>	1 PC	120.00 <i>x</i>	
11 FRONT R/H SIGNAL LAMP CLIP <i>ne</i>	1 SET	30.00 (SN) <i>x</i>	
12 FRONT R/H CORNER PANEL ASSY <i>ca</i>	1 PC	280.00 <i>x</i>	
13 FRONT R/H CORNER PANEL CLIP <i>ne</i>	1 SET	40.00 (SN) <i>x</i>	
14 FRONT PANEL STICKER -REWARD NQ <i>ne</i>	1 PC	60.00 <i>x</i>	
15 FRONT GLASS TOP MOULDING <i>ne x</i>	1 PC	120.00 <i>x nn</i>	
16 FRONT GLASS LOWER MOULDING <i>ne x</i>	1 PC	160.00 <i>x nn</i>	
17 FRONT GLASS INNER SEAL <i>ne x</i>	1 PC	100.00 <i>x nn</i>	
18 ISUZU EMBLEM <i>ne</i>	1 SET	125.00 <i>x</i>	
		3,693.00	
	Less 20%	738.60	2,954.40
Labour Charges:			
19 TO REMOVE & FIXING FRONT GLASS & REPLACE FRONT GLASS	1 JOB	280.00 <i>150</i>	
20 TO REMOVE & FIXING METER & DASH BOX	1 JOB	380.00 <i>150 (photo) x</i>	
21 TO CUT & WELDING FRONT PANEL & KNOCKING FRONT GLASS PANEL & ADJUST FRONT R/H DOOR & REPLACE HEAD LAMP PANEL & BUMPER	1 JOB	1,200.00 <i>700 x</i>	
22 TO UNDER COAT <i>rust proofing</i>	1 -	180.00 <i>50 x</i>	
23 TO RESPRAY PAINT FRONT PANEL & GRILL & BUMPER & CORNER PANEL & INLET PANEL	1 JOB	1,200.00 <i>400 x</i>	
24 TO REMOVE & FIXING WIPER MOTOR D LINK & LEVEL & ROD & CHECK WIRING	1 JOB	100.00 <i>x nn</i>	
		3,340.00	3,340.00

C L Auto Pte Ltd

48 TOH GUAN ROAD EAST #02-125 ENTERPRISE HUB SINGAPORE 608586
TEL: 6795 6125 FAX: 6795 0920 Email: vincent@clauto.com.sg
RCB NO:198800292M

M/S : JFC (S) PTE LTD
3C TOH GUAN ROAD EAST
#02-01
SINGAPORE 608832

TEL: 65678238 FAX: 65670832

ATTN: MISS WONG LI YIN

Your Ref No: YP7346B

Claim Type: Third Party

Accident Date:

Estimate No: EST1900241

Date: 25 Oct 2019

Policy No:

Veh Reg No: YP7346B

Make/Model: ISUZU NQR75UL5A

Chassis No: JAAN1R75LH7100794

Engine No: 4HK1622385

Reg. Date: 12/09/2017

Estimate Repair Cost to Vehicle No :YP7346B

Description	Quantity	List Price	Amount
		SS	SS
Special Net: LIST PRICE:			
1 REAR CENTER WOODEN STEP BAR <i>cm</i>	1 -	300.00 <i>150 (SN) X</i>	
2 REAR CENTER METER SUBFRAME CROSS MEMBER <i>X</i>	1 -	500.00 <i>X nn</i>	
3 REAR NUMBER PLATE BASE <i>bt</i>	1 SET	100.00 <i>60 (SN) X</i>	
4 REAR NUMBER PLATE LAMP ASSY <i>wt / (1pc)</i>	2- 1pc	100.00 <i>50 (SN) X</i>	
5 NUMBER PLATE <i>bt</i>	1 PC	45.00 <i>35 (SN) X</i>	
6 REAR BUMPER ASSY <i>repair</i>	1 PC	680.00 <i>R</i>	
7 REAR BUMPER R/H & L/H BRACKET <i>X</i>	2 PCS	500.00 <i>X nn</i>	
8 REAR BUMPER STICKER YELLOW AND BLACK <i>re</i>	1 SET	50.00 <i>(SN) X</i>	
9 REAR CARGO WOODEN DOOR ASSY <i>cm</i>	1 SET <i>(SN) 450</i>	580.00 <i>200? price? X</i>	
10 REAR CARGO WOODEN DOOR HINGE <i>bt / (2pc)</i>	2- 2pc	1,120.00 <i>240? price? (SN) X</i>	
11 REAR FLOOR BOARD CENTER AND END CROSS MEMBER SUSFRAME <i>cm</i>	1 -	800.00 <i>400 X</i>	
12 60 KM STICKER <i>re</i>	1 PC	10.00	
13 30 PAX STICKER <i>re</i>	1 PC	10.00	
		4,855.00	
	Less 20%	971.00	3,884.00
Labour Charges:			
14 TO REMOVE & FIXING CARGO FLOOR BOARD & REAR FRAME & FLOOR BOARD & CUT & WELDING SUSFRAME & REFIX & REALIGN REAR COMPANY CARGO BASE	1 JOB	1,800.00 <i>800 X</i>	
		1,800.00	1,800.00
		Total	SS 5,684.00

TOTAL: SINGAPORE DOLLAR FIVE THOUSAND SIX HUNDRED EIGHTY FOUR ONLY

For C L Auto Pte Ltd

AUTHORISED SIGNATURE



C L Auto Pte Ltd

48 TOH GUAN ROAD EAST #02-125 ENTERPRISE HUB SINGAPORE 608586

TEL: 6795 6125 FAX: 6795 0920 Email: vincent@clauto.com.sg

RCB NO: 198800292M

M/S : JFC (S) PTE LTD

3C TOH GUAN ROAD EAST

#02-01

SINGAPORE 608832

TEL: 65678238

FAX: 65670832

ATTN: MISS WONG LI YIN

Your Ref No: YP7346B

Claim Type: Third Party

Accident Date:

Estimate No: EST1900240

Date: 25 Oct 2019

Policy No:

Veh Reg No: YP7346B

Make/Model: ISUZU NQR75UL5A

Chassis No: JAAN1R75LH7100794

Engine No: 4HK1622385

Reg. Date: 12/09/2017

Estimate Repair Cost to Vehicle No : YP7346B

Description	Quantity	List Price	Amount
		SS	SS
		Total	SS 6,294.40

TOTAL: SINGAPORE DOLLAR SIX THOUSAND TWO HUNDRED NINETY FOUR AND CENTS FORTY ONLY

For C L Auto Pte Ltd

AUTHORISED SIGNATURE

[Signature]
25/10/19
Hp 90010068

8 days

4/5

21/11/19 @ 1700

Resy after repair

LKK / Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: