ASS. REC. BY:		REF: 03 SMOIG	1020/38/Ka	d31 pecial Instruc	tion:
Surveyor : 1		ASSIGN	MENT (Office)		
From (Person)	: I rene story	Jenus of	8M0	Date/Tim	ac: 2/11/190 9-860
L. stimuted Con	L		Bill for		
OD (TP) WS	TTP RES / OD	RES/EVA/INV/MY	7 <i>I-</i> CS		
To Inspect Vel	hicle No:	80 73	396X	_ Insured;S	1k 7950s
at Workshop n	n/s	POH HOCK 1	10-tor	Tel: 969	3 2626
of	1608	in Ming Drive	# 05-10		
Policy No:				CM7D190	5407
Sum Insured:			Excess:		
Make of Veh: (Client's Record))			D.O.A.	18/11/2019
CA / REV /	REP. / REV 2	4 HRS		HOD	Endorsement:
Date/Time: 1	1.17am@21/	h/16 Person Contacto	ed: Ah hu	uf Vehi I	
Date/Time	Action/Instruct	ion Tolymoly		-	
	30 7346	Y-X			
		50S-X.			
1/11/190	11.39m V	revised to ever	re by ener	ī(.	
		2/0/2010	1		p *
12/12	2715	310612 41 0.15 Sent by to	. / .	6 1 100	1 # 22X1 24 11-41
	0 015	Sent by to	ax & Ca	firme (Ke	1 10 20 31.14, 42/

ASS. REC. BY:	
rennerh	ASSIGNMENT
From: Date:	Veh No: SQ 7396 Y Yr Regn: 03, 16
Estimated Cost:	Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD TP PWS / TP RES / OD RES / EVA / INV / MY	Truck / Trailer or
To Inspect Vehicle No:	Make: BMIN 716
at Workshop m/s Poh 1/oct	Colour (A, B, B) (A, B)
of	TISUTE NO. INSURED / SID / NI / NA
Insured:	Sp.Reading #86/2 T/Radio: Insured / Std / NI / NA Eng/No:
Policy No.	
Claims No.	Gen. Cond: 8000 Fair / Poor / Burnt
Sum Insured: Excess:	
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Ingrder / Jammed / Leaked / Burnt or Modi: NII / S/RIm / STD Affilm or
	— Control of
(Policy Condition)	Tyre Size: F:
Remark: The veh had commenced its N/S	015 RS _ 245/40RIB
repair at the time of inspection.	BS / DON / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal, or Market Value:	- CONTINENTAL
IDAC Accident Rport: Consistent? : Yes or No	Front Rear
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 7 mm R/Bal. 6 mm
Est. Repairs: 0 4 days Res.: Yes or No	DOL 18 (1) (1)
Lum Sum: /-Bi/% 3 Val.: Yes or No	Survey held at D.O.I. 25/11/19
CA / REV / REP. / 24 HRS	
. Vehicle: IN LC	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Person Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
File poss To	
TENTINED 13 DEC	2019
RECEIVED	45.5
Onto/Time, File Pass to?	
124 L Freil. Report	Days Of Repair:
Duta/Time, File Return to?	Resurvey No. of Trip: Survey Fee: 290
²⁾	Transportation:
Add Fe	1 _ S - KS SI
Report Format:	: Interview (\$) FixAs
	Tech Invs (\$). Others
Lump Sum / I.B.I: (S 3/04.41	Weekend (\$

Nivitha (LKK Auto)

From: Henry, Irene James <irene.henry@sompo.com.sg>

Sent: Thursday, 21 November 2019 9:36 AM

To: sur@lkkauto.com
Cc: admin-d@lkkauto.com

Subject: SOMPO REF:CMTD1905407/FW: Accidenting Involving Vehicle

SQ7396Y/SLK7950S/SMP3485B/SKR2145B/SMH1706B/ on 18.11.2019 at about

0800hours along SLE After Upper Thomson Exit

Attachments: Scan 1.jpeg; Scan 2.jpeg; Scan 3.jpeg; Scan 4.jpeg; Scan 5.jpeg; Scan 6.jpeg; Scan

7.jpeg; Scan 8.jpeg; Scan 9.jpeg; Scan 10.jpeg; Scan.jpeg; Scan 14.jpeg; Scan 13.jpeg;

Scan 12.jpeg; Scan 11.jpeg

Dear LKK AUTO,

Kindly arrange to conduct motor survey.

PIC – Ah Huat – 96532526 POH HOCK MOTOR TRADING CO 160 SIN MING DRIVE SIN MING AUTOCITY #05-10

Best Regards Irene Henry

Claims Division

D: 6322 4618 | T: 6461 6555 | F: 6221 3147



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Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623 Website: www.sompo.com.sg | Facebook: www.facebook.com/SompoSG

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From: claimsreport <claimsreport@sompo.com.sg> Sent: Wednesday, 20 November, 2019 5:41 PM

To: Claims - Motor Survey < Motor Survey@sompo.com.sg>

Subject: FW: Accidenting Involving Vehicle SQ7396Y/SLK7950S/SMP3485B/SKR2145B/SMH1706B/ on 18.11.2019 at

about 0800hours along SLE After Upper Thomson Exit

· Hi Colleagues,

For your attention an necessary action please.

Thank you and Have a good day ahead!

Best Regards
Raba'ah Mohd Ali
Claims Division
T: 6461 6555 | F: 6221 3147



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From: Boon Hock Ang <boonhockang@hotmail.com>

Sent: Tuesday, November 19, 2019 3:26 PM

To: claimsreport < claimsreport@sompo.com.sg>

Subject: Re: Accidenting Involving Vehicle SQ7396Y/SLK7950S/SMP3485B/SKR2145B/SMH1706B/ on 18.11.2019 at

about 0800hours along SLE After Upper Thomson Exit

Attn: Motor Claims

Dear sir,

I attached herewith the above for your reference.

Would appreciate it if you could expedite a surveyor to contact my repairer, POH HOCK MOTOR TRADING CO.

HP 96532526 to inspect my vehicle and to confirm the damages as soon as possible.

Thank you.

Yours Sincerely

'Tan Kian Kern

Shiau Chan (LKKAuto)

From:

Shiau Chan (LKKAuto)

Sent:

Tuesday, 26 November 2019 11:39 AM

To:

'Henry, Irene James'; SUR

Cc:

assignments

Subject:

RE: SOMPO REF:CMTD1905407/FW: Accidenting Involving Vehicle

SQ7396Y/SLK7950S/SMP3485B/SKR2145B/SMH1706B/ on 18.11.2019 at about

0800hours along SLE After Upper Thomson Exit

Attachments:

CSSMO19020638Kqd3.pdf

Dear Irene,

Enclosed herewith preliminary advice of SQ 7396Y.

Best Regards,

Shiau Chan (Ms) | Case Handler LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>siewsc@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>

Sent: Thursday, 21 November 2019 11:28 AM

To: 'Henry, Irene James' <irene.henry@sompo.com.sg>; SUR <sur@lkkauto.com>

Cc: assignments <assignments@lkkauto.com>

Subject: RE: SOMPO REF:CMTD1905407/FW: Accidenting Involving Vehicle

SQ7396Y/SLK7950S/SMP3485B/SKR2145B/SMH1706B/ on 18.11.2019 at about 0800hours along SLE After Upper

Thomson Exit

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer will arrange.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: <u>assignments@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]

Sent: Thursday, 21 November 2019 11:21 AM

To: 'Henry, Irene James' < irene.henry@sompo.com.sg>; SUR < sur@lkkauto.com>

Cc: assignments < assignments@lkkauto.com >

Subject: RE: SOMPO REF:CMTD1905407/FW: Accidenting Involving Vehicle



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

Your Ref: CMTD1905407

Date: 26th November 2019

Our Ref: CS/SMO19020638/Kqd3

Without Prejudice

The Motor Claims Department Sompo Insurance

Attn: Irene

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. SQ 7396Y .

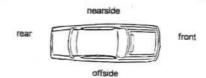
We thank you for the instruction on 21/11/2019.

Please be informed that we had conducted the inspection of the abovementioned vehicle on $\underline{25/11/2019}$ at the premises of M/s $\underline{\hspace{1cm}}$ POH HOCK MOTOR $\underline{\hspace{1cm}}$ and have the following to report:-

Workshop Estimate Amount	: S \$	5,356.15	
Revised Estimate Amount	: S\$	1,788.66	
"Check" Items Amount	: S\$	1,413.79	
Market Value	: <u>S\$</u>	-	
LTA Reimbursement Value	: <u>S</u> \$	-	
Nett Value	: <u>S\$</u>	-	

Description of Damage:

<u>The vehicle sustained damages at the rear portion.</u>



Comments/ Present Status:

<u>Damages consistent.</u>

<u>Days of repair: 3 days.</u>

We have NOT authorize repair.

Yours faithfully

KONG SENG CHEONG Licensed Appraiser MVA219152606 / VAC - Sin Ming ENTRY DATE & TIME: 19/11/2019 08:42 SUBMITTED BY: CHRISTINA ONG Mui Lan

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 witholding of material facts may allow insurance companies to
- 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

19/11/2019 08:42

Date Of Accident

18/11/2019 08:00

Exact Location Of Accident

SLE AFTER UPPER THOMSON EXIT

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SQ7396Y

Insured/Policyholder

Name Of Registered Owner

TAN KIAN KERN

NRIC No

S8211032A

Email Address

KIANKERN@GMAIL.COM

Mobile Phone No

(LOCAL) +65-82982100

Alternative Phone No

OTHERS-82982100

Vehicle Particulars

Manufacturer

BMW

Model

3181

Exact Purpose for which vehicle was being used at PRIVATE USE

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

PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

Policy Number

5106944786 (DRIVO PREMIUM)

Cover Note Number

Driver

TAN KIAN KERN

NRIC No

S8211032A

Date Of Birth

Name of Driver

06/04/1982

Occupation

INDOOR

Date Of Driving Pass

31/05/2002

Driving Experience

17 YEARS AND 5 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-82982100

Fax Number

OTHERS-82982100

Contact Number EMail Address

KIANKERN@GMAIL.COM

Page 1 of 13

Address

4 PASIR RIS LINK #09-10

Postcode

518160

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

5

involved in the accident

NO

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

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

REFER TO STATEMENT ATTACHED.

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

SLK7950S

Vehicle Make/Model/Colour

PEUGEOT 5008

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

MR SZE TOH KHAI MUNN

NRIC/Passport Number

S7720464D

Contact Number

94359353

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMP3485B

Vehicle Make/Model/Colour

MAZDA 8

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOHD HAIREE

NRIC/Passport Number

S7914617Z

Contact Number

98787819

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SKR2145B

Vehicle Make/Model/Colour

CITRON PICASCO C4

Details Of Properties

Vehicle Category Name of Driver PRIVATE CAR

AMRAN VARIS

NRIC/Passport Number

S1744795E

Contact Number

96392095

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SMH706B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JEREMIAH LOKE

NRIC/Passport Number

S9340137I

Contact Number

90685403

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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
- 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
- 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
- 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
- (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.
- 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.
- 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.

Cantom (mg. 19 NOV 2019

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

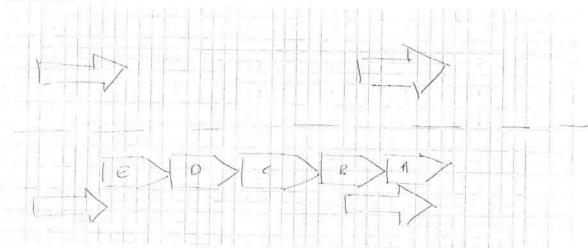
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Sketch Plan #2 Pg. 1





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 18th Nev 2019, and	and & am, was driving on the
right most lane along	site after upper Thomson wit.
I stopped of because to	vehicle in front of one stopped.
but was hit by the -	third car whom in town hirt my
ear. And my rear was	MMagea
LARATION	6.011

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

19 NOV 2019

Policyholder's Signature Date & Time:

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

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

POH HOCK MOTOR TRADING CO

7A Ontario Avenue #03-08, Singapore 576197

Tel: 96532526 Fax 64594569

Email: boonhockang@hotmail.com

GST NO: MX-0468931-E

1.2.2018

TAN KIAN KERN 4 Pasir Ris Link #09-10 Ripple Bay Singapore 518160

Not Nothering
Resimy Bepairs

8 3/04,12

Aday

ESTIMATE COST OF REPAIR TO M/CAR SQ7396YBMW 318 SEDAN

A. SUPPLY OF PARTS:

Bu 1,278.85 1. 1 PC REAR BUMPER COVER Sucres 65.75 2. 1 PC BUMPER INNER SPONGE 3. 1 PC BUMPER TOWING HINGE COVER 1 72.65 X 4. 2 PC BUMPER RETAINER @75.75X2 ∫~ 151.50 X 5. 1 PC BUMPER REINFORCEMENT By 470.25 6. 4 PC REVERSE SENSORS @238.05X4 Jhon952.20 2+ 7. 2 PC BUMPER REFLECTOR @47.45X2 5 95.50 X 8. 2 PC REAR LAMPS @543.85X2 1,087.70 X CM = 175.50 2 9. 1 PC BUMPER TOP GARNISH 10. 5 PC BUMPER CLIPS @5.00X5 M 25.00 L 4,374.90 LESS 5% 218.75

4,156.15

B. LABOUR CHARGE & MISC

To dismantle & replace rear bumper face, reverse sensors, Bumper reinforcement, Garnish/Sponge, lamps, retainers, bumper reflectors, reshape & align rear bumper

600.00 350/

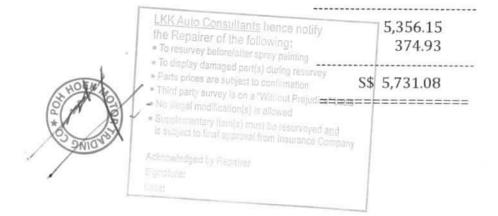
C. PAINTING:

TO putty and spray painting on rear bumper cover and accident affected area

600.00

GST 7%

Total





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 Internati	onale Des Experts En Automob	ile
SON	IPO INSURANCE	SINGAPORE PL	Ref : CS/SMO1902063	B/Kqd3e2
#05-	RAFFLES PLACE 01/06 GAPORE LAND TO	OWERSINGAPORE 048623	Date: 18-12-2019 Code: SMO	
1.		Policy Particulars	:- THIRD PARTY CLAIM	
	Insured Veh.	SLK 7950S	Veh. Inspected	SQ 7396Y
	Policy No.		Coverage (\$)	0.00
	Claim No.	CMTD1905407	Excess (\$)	0.00
	Assign From	IRENE HENRY JAMES	Assign Date	21/11/2019
2.		Vehicle Part	iculars & Condition	
	Make & Model	B.M.W. 318I (A)	c.c	1499
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	WBA8E32060K497916	Colour	METALLIC DARK BLUE
	Odometer	74612	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	GOOD		
3.	en our limbage	Condi	tions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	245/40 R18	CONTINENTAL	7 mm
	L/H Front Tyre	245/40 R18	CONTINENTAL	7 mm
	R/H Rear Tyre	245/40 R18	CONTINENTAL	6 mm
	L/H Rear Tyre	245/40 R18	CONTINENTAL	6 mm
4.		Descript	ion of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE RI	EAR PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Genera	al Information	
	Accident Date	18/11/2019	Inspection Date	25/11/2019
	Survey held at	160 SIN MING DRIVE# 05-10		
	Repairer	POH HOCK MOTOR TRADING	CO.	
5a.		F	Remarks	
	A)THE INSPECTION B)IN ACCORDANG	ON WAS CONDUCTED ON A'WI CE TO YOUR INSTRUCTIONS, V	THOUT PREJUDICE" BASIS. WE HAVE NOT AUTHORISED	REPAIRS.
5b.		Estimate	Days of Repair	

4 Working Days

ESTIMATED NORMAL PERIOD FOR REPAIR:



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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SQ 7396Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER COVER	BUCKLED	1,278.85	1,278.85
1	BUMPER INNER SPONGE	SERVICEABLE	65.75	-
1	BUMPER TOWING HINGE COVER	SERVICEABLE	72.65	-
2	BUMPER RETAINER @\$75.75	SERVICEABLE	151.50	=
1	BUMPER REINFORCEMENT	BENT	470.25	470.25
4	REVERSE SENSORS @\$238.05	SHORTED (2PCS ONLY)	952.20	476.10
2	BUMPER REFLECTOR @\$47.45	SERVICEABLE	95.50	-
2	REAR LAMPS @\$543.85	SERVICEABLE	1,087.70	-
1	BUMPER GARNISH	CRACKED	175.50	175.50
5	BUMPER CLIPS @\$5.00	NECESSARY	25.00	25.00
	LESS 5% DISCOUNT		-218.75	-121.29
			4,156.15	2,304.41
	LABOUR			
	TO DISMANTLE & REPLACE REAR BUMPER FACE, REVERSE SENSORS, BUMPER REINFORCEMENT, GARNISH / SPONGE, LAMPS, RETAINERS, BUMPER REFLECTORS, RESHAPE & ALIGN REAR BUMPER.		600.00	350.00
	TO PUTTY AND SPRAY PAINTING ON REAR BUMPER COVER AND ACCIDENT AFFECTED AREA.		600.00	450.00
			1,200.00	800.00
	GRAND TOTAL		5,356.15	3,104.41

RECOMMENDED COST OF REPAIRS	3,104.41
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Report Ref No. CS/SMO19020638/Kqd3e2

KONG SENG CHEONG

Licensed Appraiser

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