

REF: CS/TP/9022468/Dv3n2

ASS. REC. BY:

ASSIGNMENT

C/E March 2024

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s: _____

at: _____

Insured: _____

Policy No: _____

Claims No: _____

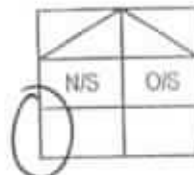
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

SHC 8799R

Yr Regn:

2016 March

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai I40

C.C.

1685

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading:

387678

T/Radio:

Insured / Std / NI / NA

Eng/No:

D4FDFU594894

C/No:

KMHLB41UMGu085446

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60 R16

R:

— " —

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

S mm

R/Bal.

S mm

L/Bal.

S mm

L/Bal.

S mm

D.O.A.

25/11/2019

D.O.L.

03/12/2019

Survey held at

Chunni AMK

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

N/S Rm

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

Date / Time

Action / Instruction

Independent

SHC 8799R - CCB/ALG BCC660/Club 342 n.m. - 30/03/2016

SMR 170-X

14/01/2020 Jangam 215 9700/- with 8 days of 'yr' (Red 7551.68, 4490)

RECEIVED 14 JAN 2020

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

14/1 typst

Rep. Formet:

TP

Lump Sum / TP / R / F

9700k

Days Of Repair:

8

Resurvey No. of Trip:

2

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

Survey Fee:

Transportation

S + RS \$

Photos

Others

TOTAL

TX15: 105

170+105

50

50+50

138

80

643

MCD610155970 / ComfortDelGro Engineering Pte Ltd - Layan
 ENTRY DATE & TIME: 26/11/2019 11:25
 SUBMITTED BY: Janet Lim Slang 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 26/11/2019 11:25
 Date Of Accident 25/11/2019 20:25
 Exact Location Of Accident PIE(TUAS) AFT ADAM ROAD EXIT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8799R
 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 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

Name of Driver YEO WAY HOON
 NRIC No S1247280C
 Date Of Birth 23/01/1957
 Occupation OUTDOOR
 Date Of Driving Pass 25/11/1978
 Driving Experience 41 YEARS AND 0 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97312251
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address BLK 130 RIVERVALE STREET
#10-882

Postcode 540130

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 SIDE SWIPE

Weather Conditions DRIZZLING

Road Surface WET

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) 4

Passenger 1
NAME: -
GENDER: MALE

Passenger 2
NAME: -
GENDER: FEMALE

Passenger 3
NAME: -
GENDER: FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] SENGKANG NPC

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20191125/2235

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 SMR17D

Vehicle Make/Model/Colour BMW

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver	DORIS QUEK EN TING
NRIC/Passport Number	
Contact Number	82822759
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YEO WAY HOON
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SHC8799R
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.
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.

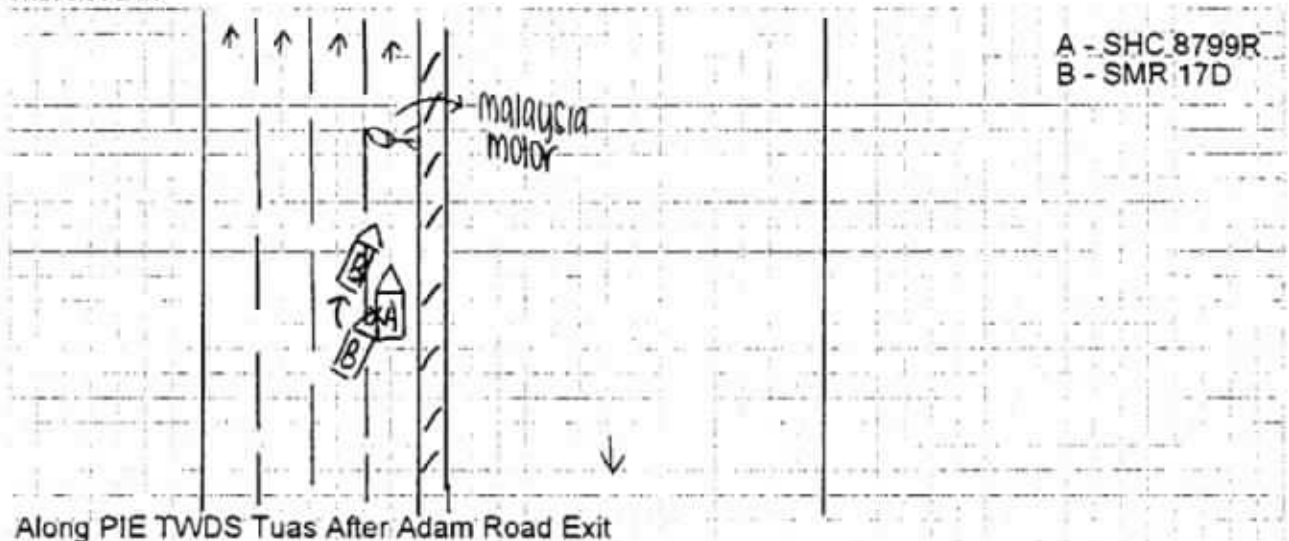
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 26.11.2019
@ 10:15hrs


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

A - SHC 8799R
B - SMR 17D



Along PIE TWDS Tuas After Adam Road Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20191125/2235

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

Policyholder's Signature _____
Date & Time: _____

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26.11.2019
@ 10:15hrs

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



SINGAPORE POLICE FORCE



T/20191125/2235

1 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20191125/2235

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2019 22:55	Vide Report No.:	Station Diary No.: 193
--------------------------------------------	------------------	---------------------------

Informant's Particulars

Name of Informant: YEO WAY HOON			Address: APT BLK 130 RIVERVALE STREET #10-882 SINGAPORE 540130	
ID Type / ID No.: NRIC NO / S1247280C			Contact No.: Home/Office:	Mobile: 97312251
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 62	Date of Birth: 23/01/1957	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/11/2019 19:20	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS TUAS (IN BETWEEN ADAM ROAD AND ENG NEO)				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC8799R	Car					4
SMR17D	Car					1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	


**SINGAPORE
POLICE FORCE**


T/20191125/2235

2 of 4

Report No. T/20191125/2235

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Passenger			
Name	HO KIAN HUI	ID No.	S8629855D
Related Vehicle	SHC8799R (Car)	Contact No.	97373534
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	YEO WAY HOON	ID No.	S1247280C
Related Vehicle	SHC8799R (Car)	Contact No.	97312251
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	DONIS QUEK EN TING	ID No.	S9712860Z
Related Vehicle	SMR17D (Car)	Contact No.	82822759
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 25/11/2019 at about 1920hrs, I was driving my car bearing plate number SHC8799R along PIE towards Tuas in between Adam road and Eng Neo. There was 4 passenger with me at that point of time. I was travelling at lane 1 at that point of time and suddenly there is a Malaysian motorcycle that got into an accident. I immediately brake my vehicle. After my vehicle come to a stop, a vehicle from the rear bearing plate number SMR17D was unable to brake in time and hit onto my vehicle.

I suffer some pains on my back and neck however I have yet to consult a doctor. My passengers alighted from my taxi and went to see a doctor to make a check on themselves.

Traffic Police called me and I was advised to lodged a police report.



**SINGAPORE
POLICE FORCE**



T/20191125/2235

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20191125/2235

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

T/20191125/2235

4 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Report No. T/20191125/2235

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:
F /
Sr Staff Sgt MUHAMMAD YASSER BIN OSMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/11/2019 22:55

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN MOHD SYED
MOHD SAID
Contact No.: 65476172



Signature:

Classification Of Case:

SN 085

Authentication Stamp
NP158

Singapore Police Force

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Windscreen Sealant <i>new</i>			\$ 46.00	Nett ✓
	Rear Tyre (LH) <i>Prindol 507s</i>		154.00	\$ 216.00	Nett 108.00
				\$ 262.00	
	Labour Charge				
	Panel Beating			\$ 1,500.00	800/-
	Spray Painting Charge			\$ 1,000.00	800/-
	Wiring Charge			\$ 50.00	30/-
	Tuff Kote			\$ 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	74
	Remove/Refix Fuel Tank			\$ 150.00	74
	Remove/Refix Exhaust Pipe		2250.00	\$ 300.00	60/-
	Remove/Refix Undercarriage (RR)			\$ 200.00	150/-
	Rear Wheel Alignment			\$ 120.00	60/-
	Re-set Rear ABS System			\$ 200.00	150/-
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00	150/-
	TOTAL LABOUR			\$ 4,440.00	
	ESTIMATE TOTAL			\$ 17,251.68	
	03/12/2019 @ 0915hrs		12185.92		
	Not Actual		1/5 9700/-		
	2/5hrs 8 days.				
	<i>Ryan</i>				
	2KK And				
	<i>9</i>				
	<div>LKK Auto Consultants hence notify the Repairer of the following:<ul style="list-style-type: none">• 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 CompanyAcknowledged by Repairer Signature: Date:</div>				
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: SHC 8799 R

Technician:

Mileage: 387678

Time Printed 3.12.19 10:08 AM

HYUNDAI I40

Front : Left

Actual	BEFORE	Specified Range
-0°39'		-3°00' 3°00'
3°03'		-0°19' 5°41'
-0°20'		-1°30' 1°30'
15°29'		
14°50'		

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	BEFORE	Specified Range
-0°13'		-3°00' 3°00'
4°19'		-0°19' 5°41'
-0°16'		-1°30' 1°30'
16°30'		
16°17'		

Front

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

Actual	BEFORE	Specified Range
-0°26'		-3°00' 3°00'
-1°16'		-3°00' 3°00'
-1°01'		-3°00' 3°00'
-0°35'		-3°00' 3°00'

Rear : Left

Actual	BEFORE	Specified Range
-2°57'		-3°30' 2°30'
3°32'		-1°30' 1°30'

Camber
Toe

Rear : Right

Actual	BEFORE	Specified Range
-1°03'		-3°30' 2°30'
-0°31'		-1°30' 1°30'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	BEFORE	Specified Range
-1°54'		-3°00' 3°00'
3°01'		-3°00' 3°00'
2°01'		-3°00' 3°00'



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3581 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
CHUNNI MOTOR WORK PTE LTD		Ref : CS/TP19022468/Dvf3n2	
BLK 10 ANG MO KIO IND. PARK 2A, #03-19 AMK AUTOPOINTSINGAPORE 568047		Date : 15-01-2020	
ON BEHALF OF COMFORT TRANSPORTATION PTE LTD		Code : TP356	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	Veh. Inspected		SHC 8799R
Policy No.	Coverage (\$)		0.00
Claim No.	Excess (\$)		0.00
Assign From	Assign Date		03/12/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU085446	Colour	BLUE
Odometer	387678	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions 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. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	25/11/2019	Inspection Date	03/12/2019
Survey held at	CHUNNI MOTOR WORK PTE LTD BLK 10 ANG MO KIO IND. PARK 2A, #03-19 AMK AUTOPOINT SINGAPORE 568047.		
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	



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 8799R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	BROKEN	553.00	553.00
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	NOT NECESSARY	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER BRACKET, LH	BROKEN	35.60	35.60
1	REAR BUMPER SPONGE	NOT NECESSARY	118.40	-
1	REAR BUMPER UNDER COVER	BROKEN / CUT	228.00	228.00
1	REAR BUMPER REFLECTOR LAMP (LH)	BROKEN	30.60	30.60
1	TAIL LAMP (LH)	MOUNTING BROKEN	697.80	697.80
1	TAIL LAMP QUARTER PANEL (LH)	TO REPAIR SEE LABOUR	226.50	-
1	REAR PANEL	DENTED	526.70	526.70
1	REAR PANEL GARNISH	NOT NECESSARY	57.70	-
1	REAR PANEL LOWER PANEL	DENTED	495.50	495.50
2	EXHAUST PIPE INSULATOR @\$58.55	NOT NECESSARY	117.10	-
2	EXHAUST SILENCER @\$967.70	N/S BENT / O/S NOT NECESSARY	1,935.40	967.70
2	EXHAUST PIPE HANGER @\$58.55	NOT NECESSARY	117.10	-
1	EXHAUST PIPE CENTRE	NOT NECESSARY	730.10	-
1	REAR FENDER WITH HOUSING (LH)	BUCKLED	4,736.80	4,736.80
1	REAR FENDER INNER LINING (LH)	NOT NECESSARY	169.30	-
1	REAR FENDER AIR-DUCT	BROKEN / DEFORMED	51.60	51.60
1	REAR FENDER TRIM BOARD (LH)	BENT	188.75	188.75
1	REAR WINDSCREEN MOULDING	NECESSARY	28.30	28.30
1	REAR TYRE RIM (LH)	DENTED / BENT	325.30	325.30
1	REAR WHEEL HUP-CAP (LH)	CUT / BENT	107.10	107.10
1	REAR WHEELBEARING ING & HUB	DAMAGED	362.00	362.00
1	REAR TRAILING ARM (L)	BENT	192.00	192.00
1	REAR ASSIST (LH)	DISTORTED	145.70	145.70
1	REAR SHOCK ABSORBER (LH)	DISTORTED	276.30	276.30
1	REAR SHOCK ABSORBER MOUNTING	NOT NECESSARY	81.30	-
1	REAR CROSSMEMBER	DISTORTED	1,021.50	1,021.50



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 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	STABILIZER BAR	NOT NECESSARY	199.60	-
1	STABILIZER LINK	NOT NECESSARY	85.90	-
1	REAR UPPER ARM (LH)	BENT	335.75	335.75
1	REAR LOWER ARM (LH)	DISTORTED	353.80	353.80
1	REAR KNUCKLE ARM (LH)	DISTORTED	545.60	545.60
	LESS 20% DISCOUNT		-3,137.42	-2,445.48
			12,549.68	9,781.92
	<u>SPECIAL NETT ITEMS</u>			
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR TYRE (LH)(50%)(SN)	PUNCTURE	216.00	108.00
			262.00	154.00
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF TAIL LAMP QUARTER PANEL (LH).		1,500.00	800.00
	SPRAY PAINTING CHARGE.		1,000.00	800.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	40.00
	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	-
	REMOVE/REFIX FUEL TANK.	NOT NECESSARY	150.00	-
	REMOVE/REFIX EXHAUST PIPE.		300.00	60.00
	REMOVE/REFIX UNDERCARRIAGE (RR).		200.00	150.00
	REAR WHEEL ALIGNMENT.		120.00	60.00
	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE. }		480.00	150.00
	RE-SET REAR ABS SYSTEM. }		200.00	-
			4,440.00	2,250.00
	GRAND TOTAL		17,251.68	12,185.92
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			9,700.00

Report Ref No. CS/TP19022468/Dvf3n2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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