

22/03/2002

ASS. REC. BY:

REF:

CS/AGI 19022863/Fsd312

Special Instruction:

dc

Surveyor: Ram

ASSIGNMENT (Office)

From (Person):

Ivy Rahilla

of

AGI

Date/Time:

27/12/19 @ 4:45pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 6795J

Insured:

8JG 7680K

at Workshop in/s

com fort gelgro

Tel:

6214 8314.

of

sq lapeg Drive

Policy No:

Claim No:

C10005037

Sum Insured:

Excess:

Make of Veic:

(Client's Record)

D.O.A.

26/12/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

9:50am 30/12/19

Person Contacted:

Chung

Vehicle IN / OUT

Date/Time

Action/Instruction

Tahingali ✓

8JG 7680K CC3/AGI 15004081/1212392 DCA: 23/12/2015

SHD 6795J: NA/KT12612754/h4 DCA: 26/12/2019

ASS. REC. BY: Ram

REF:

AGI

ASSIGNMENT

From:

Date:

30/12/19

Estimated Cost:

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

To Inspect Vehicle No:

SHD 6795J

at Workshop m/s

Comfortdelgro

of

59 Loyang Drive

Insured:

Policy No.

Claims No.

Sum Insured:

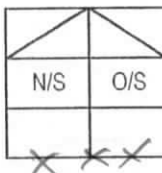
Excess:

(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 Rpt:

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

up

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 6795J

Yr Regn:

0804, 2016

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

Truck / Trailer or

Make:

mercedes benz E220C1 C.C 2143

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

597477

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD2120012B312990

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225 / 455 R16

R:

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

TOYO / YOKO or

WEST LAKE

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

26/12/19

D.O.I.

30/12/19

Survey held at

Comfortdelgro (Loyang)

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

rear

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

Date / Time

Action / Instruction

RECEIVED 09 JAN 2020

LIS

LIS. \$5650/- with 3 repair days

confirmation 09/01/2020 with change
(\$ 3,646.68 Red - 39%)

HBT

9/1/2020

Date/Time, File Pass to?

09/01/20



: Preli. Report



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

290

Transportation:

S + RS, \$1

Photos

Others

TOTAL

290

Report Format:

Lump Sum / LBT: \$ 5,650/- LIS

Nivitha (LKK Auto)

From: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Sent: Friday, 27 December 2019 4:45 PM
To: Nivitha (LKK Auto)
Cc: 'SUR'; Justin Wong
Subject: FW: SHD6795J VS SJG7680K THIRD PARTY CLAIMS || C10005037
Attachments: estimate.pdf; Tp sketch.pdf

Hi Team,

We would like to arrange TP survey for SHD6795J. OI GIA report is not available yet.

Please see attached files for reference.

Kindly confirm. Thank you.

Regards,

Ivy Ratilla
Executive, Claims Admin

T +65 6540 2185
F +65 6725 0853
E ivy.r@budgetdirect.com.sg



Customer Care +65 6221 2111
Claims +65 6221 2199
Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01
Singapore Shopping Centre
Singapore
239924
budgetdirect.com.sg

auto  general

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

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From: Chiang Liat Choon <chianglc@cdge.com.sg>
Sent: Friday, 27 December 2019 4:27 PM
To: Claims <claims@budgetdirect.com.sg>
Subject: Fw: SHD6795J VS SJG7680K THIRD PARTY CLAIMS

Dear Sir,

Attached herewith repair estimate & gia.

Best Regards
Chiang Liat Choon
Taxi Crash Repair ComfortDelGro Engineering Pte Ltd
Off: 62148314 Fax: 65468156



Think Before Printing

From: canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>
Sent: Friday, 27 December 2019 4:11 PM
To: Chiang Liat Choon
Subject: Scan Image

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

58 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 7287
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore
429 Ubi Road 3 Singapore 408699

Date/Time: 27.12.2019 16:09

Page :

30537024

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 3053702

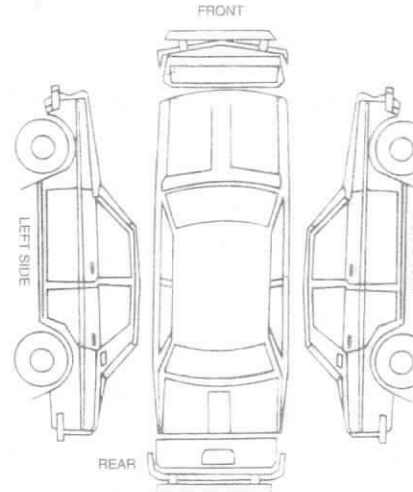
CUSTOMER	REGN NO.: SHD6795J	MILEAGE
MR/MS	MAKE : MERCEDES BENZ	FUEL
CUSTOMER NO. 7010045	MODEL E220CDI (E6)	E.....1/2.....
ADDRESS 383 SIN MING DRIVE	YR OF MANU 08.04.2016	DATE/TIME IN 26.12.2019 17:
Singapore SINGAPORE 575717	CHASSIS CODE WDD2120012B312990	TARGET DATE
65508755		COMPLETION DATE/TIM
TEL. (R) (P)		
DISCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 26.12.2019

NATURE: 3P 26.12.2019

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Name:

C No.:

Vehicle No.:

SHD6795J

CHIANG

Vehicle No.:

SHD6795J

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

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	27/12/2019 11:34
Date Of Accident	26/12/2019 15:40
Exact Location Of Accident	SELETAR WEST LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6795J
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	LEE YONG HOCK
NRIC No	SXXXX568I
Date Of Birth	09/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1990
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97462585
Fax Number	
Contact Number	
EMail Address	GARYLEEYH@YAHOO.COM.SG

Address	BLK 503C CANBERRA LINK #12-53
Postcode	753503
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	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) involved in the accident	3
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)	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 ATTACHED

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	SJG7680K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XIE QINHAO
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH1508E
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOVINDASAM MUTHUKRISHNAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEE YONG HOCK
Approximate Age	
Injuries Sustain	NECK, SHOULDER AND BACK
Injured person in which vehicle?	SHD6795J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

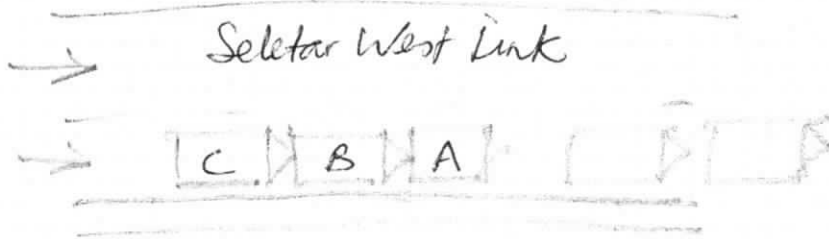
CONTRACT NUMBER: 123456789
12/12/19

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



A) SHD6795J

B) SJG7680K

C) GBH1508E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/12/19 at 1540hrs while I Veh A stopped my Veh A because vehicles in front stopped and avoided a frontal collision. Veh B collided onto the rear of my vehicle. When I came out to check, I realized that Veh C was also involved in the chain collision. I felt pain on my neck, shoulder and lower back for which I will be consulting the doctor.

DECLARATION

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:

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

R Moorthy
CSO
26/12/19

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 6795J

DATE 27/12/2019 15:16

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid DO			\$ 2,470.00
	Boot Lid Lock			\$ 275.00
	Boot Lid 'E220' Emblem			\$ 54.30
	Boot Lid Star Logo			\$ 45.00
	Boot Lid 'CDI' Emblem			\$ 54.30
	Rear Bumper			\$ 1,510.00
	Rear Bumper Reinforcement			\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH)		\$ 135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH)		\$ 125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH)		\$ 115.00	\$ 230.00
	Rear Bumper Lower Cover			\$ 325.00
	Rear Panel End			\$ 1,380.00
	Rear Panel Inner Garnish			\$ 240.00
	Rear Panel Inner Garnish Clip (10pcs)			\$ 40.00
	RH Rear taillamp			\$ 536
	SUB TOTAL			\$ 8,293.60
	LESS 20%			\$ 1,658.72
	DISCOUNTED TOTAL			\$ 6,634.88
				\$ 4634.88
				428.8 (tail lamp)
				\$ 5063.68
				\$ 5323.68
	Boot Lid Sovereign' Sticker			\$ 25.00 Nett
	Rear Bumper Sensor			\$ 388.00 Nett
	Rear Bumper Rubber Mat			\$ 50.00 Nett
				\$ 463.00
				\$ 5786.68
	Labour Charge			
	Panel Beating			\$ 800.00 \$ 720
	Spray Painting Charge			\$ 750.00 \$ 400
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00 \$ 30
	Remove/Refix Reverse Sensor			\$ 120.00 \$ 80
	TOTAL LABOUR			\$ 1,770.00
	ESTIMATE TOTAL			\$ 8,867.88

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:

Labour Charge

Panel Beating

Spray Painting Charge

Wiring Charge

Tuff Kote

Remove/Refix Reverse Sensor

TOTAL LABOUR

ESTIMATE TOTAL

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.

[illegible]

Our Job Ref No : 305370424

Date : 07/01/20

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHD6795J

26/12/2019

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

Z The repair job shall bill to: AUTO GENERAL SJG7680K

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

9

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

~~\$5,650.00~~

\$5650.00

3. Estimated normal period for repairs: 3 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : Ram

Date : 8/1/2020

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:




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			
AUTO & GENERAL INSURANCE (S) PL		Ref : CS/AGI19022863/Fsd3e2	
(BUDGET DIRECT INSURANCE) 190 CLEMENCEAU AVENUE #03-01 SINGAPORE SHOPPING CENTRESINGAPORE 239924		Date : 13-01-2020	
		Code : AGI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJG 7680K	Veh. Inspected	SHD 6795J
Policy No.		Coverage (\$)	0.00
Claim No.	C10005037	Excess (\$)	0.00
Assign From	IVY RATILLA	Assign Date	27/12/2019
2. Vehicle Particulars & Condition			
Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WDD2120012B312990	Colour	WHITE
Odometer	597477	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/55 R16	WEST LAKE	6 mm
L/H Front Tyre	225/55 R16	WEST LAKE	6 mm
R/H Rear Tyre	225/55 R16	WEST LAKE	7 mm
L/H Rear Tyre	225/55 R16	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	26/12/2019	Inspection Date	30/12/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
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:		3 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. SHD 6795J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	DENTED	2,470.00	2,470.00
1	BOOT LID LOCK	NOT NECESSARY	275.00	-
1	BOOT LID 'E220' EMBLEM	NECESSARY	54.30	54.30
1	BOOT LID STAR LOGO	NECESSARY	45.00	45.00
1	BOOT LID 'CDI' EMBLEM	NECESSARY	54.30	54.30
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	BUCKLED	1,150.00	1,150.00
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	BROKEN	270.00	270.00
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	NOT NECESSARY	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	NOT NECESSARY	230.00	-
1	REAR BUMPER LOWER COVER	DEFORMED	325.00	325.00
1	REAR PANEL END	TO REPAIR SEE LABOUR	1,380.00	-
1	REAR PANEL INNER GARNISH	BROKEN	240.00	240.00
10	REAR PANEL INNER GARNISH CLIP	NOT NECESSARY	40.00	-
1	RH REAR TAILLAMP	BROKEN	536.00	536.00
	LESS 20% DISCOUNT		-1,765.92	-1,330.92
			7,063.68	5,323.68
SPECIAL NETT ITEMS				
1	BOOT LID SOVEREIGN' STICKER (SN)	NECESSARY	25.00	25.00
1	REAR BUMPER SENSOR (SN)	SHORT CIRCUIT	388.00	388.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			463.00	463.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR PANEL END.		800.00	720.00
	SPRAY PAINTING CHARGE.		750.00	400.00
	WIRING CHARGE.		50.00	50.00
	TUFF KOTE.		50.00	30.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	80.00
			1,770.00	1,280.00
GRAND TOTAL			9,296.68	7,066.68



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			5,650.00
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Report Ref No. CS/AGI19022863/Fsd3e2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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