

Surveyor: Junrich REF: CS/CTI20000033/T1 xd302 Special Instruction: ok
From (Person): Tom Kahleong of CTI Date/Time: 30/12/19
Estimated Cost: _____ Bill to: _____

OD TP Re-inspection / Evaluation

To Inspect Vehicle No: SJX 5809G Insured: GBD 8654C
at Workshop m/s Lush Automotive Tel: 97 966 979
of 8 kaki Bukit Ave 4 # 0347 premier
Policy No: _____ Claim No: SNMI0D04614C02
Sum Insured: _____ Excess: _____
Make of Veh: _____ D.O.A. 17/09/2017
(Client's Record)

Third Parties: _____
Claimant: _____
Surveyor: _____
Workshop: Lush Automotive

07/01/2019 @ 3.15pm

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT
Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original _____ days)
Date/Time: 4/2/2020 Submit Final Fig \$1028.20, 2 days (Red \$ 410 / 38 %; Original _____ days)

Date/Time	Action/Instruction
<u>30/12/19</u>	<u>Please Advise that no pre-repair was done and no survey report and photographs were provided.</u>
	<u>SJX 5809G - NBA / CTI / 8019274 / y</u>
	<u>GBD 8654C - NBA / CTI / 8022340 / y</u>
	<u>D.O.A: 17/09/2017</u>
	<u>D.O.A: 17/09/2018</u>
	<u>4/2/2020</u>

RECEIVED 05 FEB 2020

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value : _____
Salvage Value : _____
Nett Value : _____

Inspected/
Evaluated by: _____

Fee Charged:
Basic & Add
Transport
Photos
Others
Total

Date:

190

150

1) Date/Time 5/2 - typist File Pass to _____

2) Date/Time _____

File Return to _____

3) Date/Time _____ File Pass to _____

4) Date/Time _____

File Return to _____

5) Date/Time _____ File Pass to _____

6) Date/Time _____

File Return to _____

REF:

ASS. REC. BY:

ASSIGNMENT

LoE 2026 May

Yr Regn: 2006 June

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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.

N/S	O/S

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJX5809G

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

Truck / Trailer or

Make:

Toyota Lexus 15250

C.C

2500

Colour:

Black.

A/C:

Insured / Std / NI / NA

Sp. Reading

218435.

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTHBK 262202 015 223

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 / 35R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

21/12/2020

Survey held at

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

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

Date / Time	Action / Instruction
	- Based on accident report damages on RH front.
	- Spoke to owner and he claim there was 2nd accident on the LH side after the 1st one.

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / H.R. / C

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Insp (\$)

☐

Weekend (\$)

Nivitha (LKK Auto)

From: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>
Sent: Monday, 30 December 2019 4:53 PM
To: 'assignments'
Cc: 'SUR'
Subject: FW: [2nd Reinspection] Our Ref: 2017.5267.EA.MK.ya Your Ref: SNM18d04614C02
Attachments: Repair Invoice.pdf

Without Prejudice

Dear Sirs,

We refer to the email dated 27.12.2019.

Please assists to conduct re-inspection for the above vehicle.

Note: Please be advise that no pre-repair survey was done and no survey report and photographs was provided to us.

Thank you.

Regards

Tan Kah Leong

Assistant Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6193 | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/

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From: Yvonne [mailto:yvonne@ealc.com.sg]
Sent: Friday, December 27, 2019 1:56 PM
To: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>; Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Subject: [2nd Reinspection] Our Ref: 2017.5267.EA.MK.ya Your Ref: SNM18d04614C02

Resend

M/s China Taiping Insurance
Singapore

Dear Sir/Madam

CLAIMANT: TEE KIAN YONG

ACCIDENT INVOLVING SJX5809G & GBD8659C ON 17 SEPTEMBER 2017 ALONG HAIG ROAD AT ABOUT 1810 HOURS

Refer to the above matter.

We managed to arrange another appointment with our client, please remember to attend to the same.

Our client's vehicle **SJX5809G** is available for inspection as follows:

2nd inspection – 7 January 2020 Tuesday at 3.15pm

(1st inspection arranged – you did not turn up) 20 June 2019 Thursday at 3pm

M/s Lush Automotive Pte Ltd

No. 8 Kaki Bukit Avenue 4,

#03-47 Premier @ Kaki Bukit,

Singapore 415875

Tel: 97966979 (Mr Max)

Please revert with your inspection report and your offer of settlement.

Regards,

Yvonne Ang

East Asia Law Corporation

No. 133 New Bridge Road, #10-02 Chinatown Point, Singapore 059413

Tel: 63232565 Fax: 63232373

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From: Yvonne

Sent: Friday, 27 December 2019 1:49 PM

To: 'Tan Kah Leong' <KahLeong.Tan@sg.cntaiping.com>; 'Claims Dept of CTI' <claimsdept@sg.cntaiping.com>

Subject: [2nd Reinspection] Our Ref: 2017.5267.EA.MK.ya Your Ref: SNM18d04614C02

M/s China Taiping Insurance

Singapore

Dear Sir/Madam

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From: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>

Sent: Monday, 24 June 2019 4:21 PM

To: Yvonne <yvonne@ealc.com.sg>

Subject: RE: [Reinspection] Our Ref: 2017.5267.EA.MK.ya Your Ref: SNM18d04614C02

Without Prejudice

Dear Yvonne,

We refer to your email below.

We regret to inform that we are unable to conduct paper survey as there is no survey report plus photographs available.

Please assists to re-arrange for a physical re-inspection.

Thank you and sorry for the inconvenience caused.

Regards

Tan Kah Leong

Assistant Executive

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

DID: (65) 6389 6193 | F: (65) 6222 1033

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From: Yvonne [<mailto:yvonne@ealc.com.sg>]

Sent: Friday, 21 June, 2019 1:45 PM

To: Angie Foo <angie.foo@sg.cntaiping.com>; Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>

Subject: RE: [Reinspection] Our Ref: 2017.5267.EA.MK.ya Your Ref: SNM18d04614C02

Dear Angie/Kah Leong

CLAIMANT: TEE KIAN YONG

ACCIDENT INVOLVING SJX5809G & GBD8659C ON 17 SEPTEMBER 2017 ALONG HAIG ROAD AT ABOUT 1810 HOURS

Refer to the above matter and to our email date 14 June 2019.

No one turn up for the inspection yesterday for our client's vehicle SJX5809G.

Please conduct paper survey and revert with your offer of settlement.

Regards,
Yvonne Ang

East Asia Law Corporation
No. 133 New Bridge Road, #10-02 Chinatown Point, Singapore 059413
Tel: 63232565 Fax: 63232373

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From: Angie Foo <angie.foo@sg.cntaiping.com>
Sent: Friday, 14 June 2019 11:20 AM
To: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>; Yvonne <yvonne@ealc.com.sg>
Subject: FW: [Reinspection] Our Ref: 2017.5267.EA.MK.ya Your Ref: SNM18d04614C02

Dear Kah Leong,

Please refer to the append email and action.

Thank you.

Angie Foo
Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 63896186 - F: (65) 6224 7478

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平狮城 Taiping SG

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From: Yvonne [<mailto:yvonne@ealc.com.sg>]
Sent: Friday, 14 June, 2019 10:58 AM
To: Catherine Thia; Claims Dept of CTI
Subject: [Reinspection] Our Ref: 2017.5267.EA.MK.ya Your Ref: SNM18d04614C02

Dear Catherine

CLAIMANT: TEE KIAN YONG
ACCIDENT INVOLVING SJX5809G & GBD8659C ON 17 SEPTEMBER 2017 ALONG HAIG ROAD AT ABOUT 1810 HOURS

Refer to the above matter.

Our client's vehicle **SJX5809G** is available for inspection as follows:

20 June 2019 Thursday at 3pm
M/s Lush Automotive Pte Ltd

No. 8 Kaki Bukit Avenue 4,
#03-47 Premier@Kaki Bukit,
Singapore 415875
Tel: 97966979 (Mr Max)

Please revert with your inspection report and your offer of settlement.

Regards,
Yvonne Ang

East Asia Law Corporation
No. 133 New Bridge Road, #10-02 Chinatown Point, Singapore 059413
Tel: 63232565 Fax: 63232373

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From: Catherine Thia <catherine.thia@sg.cntaiping.com>
Sent: Monday, 21 January 2019 3:56 PM
To: Yvonne <yvonne@ealc.com.sg>
Subject: RE: Our Ref: 2017.5267.EA.MK.ya Your Ref: SNM18d04614C02

Dear Yvonne

Our insured had just reported the accident to us.

We would like to arrange for physical reinspection, so that we can assess the quantum and damages of the vehicle.

Kindly assist

Thanks

Catherine Thia
Senior Executive
Motor Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #16-00 Springleaf Tower Singapore 079909
Direct (65) 6389 6193
www.sg.cntaiping.com



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From: Yvonne [mailto:yvonne@ealc.com.sg]
Sent: Thursday, 3 January, 2019 9:49 AM
To: Catherine Thia <catherine.thia@sg.cntaiping.com>
Subject: Our Ref: 2017.5267.EA.MK.ya Your Ref: SNM18d04614C02

Dear Catherine,

Please refer to our letter dated 2 January 2019. Thank you.

Regards,
Yvonne Ang

East Asia Law Corporation
No. 133 New Bridge Road, #10-02 Chinatown Point, Singapore 059413
Tel: 63232565 Fax: 63232373

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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 ability.
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 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	19/09/2017 10:00
Date Of Accident	17/09/2017 18:10
Exact Location Of Accident	HAIG ROAD (BLK 1 CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX5809G
Insured/Policyholder	
Name Of Registered Owner	TEE KIAN YONG
NRIC No	S2510139A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92383253
Alternative Phone No	OFFICE-92383253

Vehicle Particulars

Manufacturer	LEXUS
Model	IS-250 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5072116267-02
Cover Note Number	

Driver

Name of Driver	TEE YEE KUN EDDY
NRIC No	S8734539D
Date Of Birth	28/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	26/10/2009
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92383253
Fax Number	
Contact Number	OFFICE-92383253
Email Address	NOEMAIL

Address	22 TEBAN GARDENS #37-143
Postcode	S600022
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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
Was any body injured in the Accident?	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	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT. ATTENDED BY : SUSAN

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

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.

IDAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 659545
Tel: 6567 9427 / 6560 3312
Fax: 6569 0722
Email: vacbb@singnet.com.sg



Policyholder's Signature
Date & Time:



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

18/9/17

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



**SINGAPORE
POLICE FORCE**



T/20170917/2086

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 3

Report No. T/20170917/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2017 21:11	Vide Report No.:	Station Diary No.: 29
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TEE YEE KUN, EDDY			Address: APT BLK 22 TEBAN GARDENS ROAD #37-143 SINGAPORE 600022	
ID Type / ID No.: NRIC NO / S8734539D			Contact No.: Home/Office: Mobile: 81801197	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 29	Date of Birth: 28/10/1987	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DESIGN CONSULTANT			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/09/2017 18:10	Type of Location:
Location: Along Road 1 HAIG ROAD B/1 Haig Road Car Park, Lot No: 12				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJX5809G	Car					0



**SINGAPORE
POLICE FORCE**



T/20170917/2086

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

2 of 3

Report No. T/20170917/2086

CONTINUATION OF REPORT

Brief Details.

On 17/09/2017 at about 1810hrs, I received a call from my father informing me that there was someone who had knocked onto my car and is waiting for me at the car park.

I then made my way down to the car park and saw a note left behind on my car windscreen indicating that my car was involved in a hit and run case earlier and request that I lodge a Police report. I saw scratches and dents on the front right bumper.

I wish to state that I had parked my car on 17/09/2017 at about 1300hrs, I had parked my car at the said lot. After locking the car, I left for home.

I do not have any in-car camera.

**SINGAPORE
POLICE FORCE**

T/20170917/2086

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

3 of 3

Report No. T/20170917/2086

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:
G /
Sgt 2 MUHAMMAD HAFIZ BIN YUNOS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/09/2017 21:11

Officer In Charge Of Case:
TP / HRT /
SSI 2 SOH PENG GUAN
Contact No.: 65476171

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo






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				
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CS/CTI20000033/T1vd3e2		
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909		Date : 06-02-2020		
		Code : CTI		
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)				
Insured Veh.	GBD 8659C	Veh. Inspected	SJX 5809G	
Policy No.		Coverage (\$)	0.00	
Claim No.	SNM18D04614C02	Excess (\$)	0.00	
Assign From	TAN KAH LEONG	Assign Date	30/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA LEXUS IS250	c.c	2500	
Engine No.	HIDDEN	Year of Reg.	2006	
Chassis No.	JTHBK262202015223	Colour	BLACK	
Odometer	218935	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/35 R18	BRIDGESTONE	6 mm	
L/H Front Tyre	225/35 R18	BRIDGESTONE	6 mm	
R/H Rear Tyre	225/35 R18	BRIDGESTONE	6 mm	
L/H Rear Tyre	225/35 R18	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.				
5. General Information				
Accident Date	17/09/2017	Inspection Date	07/01/2020	
Survey held at	LUSH AUTOMOTIVE PTE LTD 8 KAKI BUKIT AVENUE 4 #03-47 PREMIER @ KAKI BUKIT SINGAPORE 415875			
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:		2 Working Days		



LKK Auto Consultants Pte Ltd

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJX 5809G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER ASSY	REPLACED	635.50	635.50
1	(RH) FRONT BUMPER SIDE RETAINER	REPLACED	62.70	62.70
			698.20	698.20
	<u>LABOUR</u>			
	TO CHECK AND REWIRING.		60.00	30.00
	TO PERFORM 4 WHEELS ALIGNMENT.	NOT NECESSARY	80.00	-
	TO SPRAYPAINT AFFECTED AREA AND LABOUR.		600.00	300.00
			740.00	330.00
GRAND TOTAL			1,438.20	1,028.20

RECOMMENDED COST OF REPAIRS			1,028.20
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Report Ref No. CS/CTI20000033/T1vd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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