

ASSIGNMENT

Surveyor:

RAM

DOI: 04/02/2020

Date / Time : 04/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKZ 7984Y

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$5

D.O.A : 03/02/2020 11:55

Place of Accident : AMK AVE 1 TURNING LEFT TO THOMSON ROAD

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SH 7666R

INSRS:
WSP: CDGE
Tel: LOYANG
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	SH 7666R - CS/TMI19010898/K1qd3n2; DOA: 18.06.19 - CS/FCI15019097/Gtbc2; DOA: 07.11.15 SKZ 7984Y - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI: 6/3/20	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input checked="" type="checkbox"/>
		Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Confirm by: _____	
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost:	4% S\$1,050 (2 days) Reduction: 44 %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 16-03-20 Confirm with: CPT	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	2/10/19 S\$ 1,123.50	01. REPAIR ENDED TP.	
Loss of Rental (LOR):	S\$ 225.34 (2 days) x 112.67		
Loss of Use (LOU):	S\$ - (\$ x days)		
Loss of Income (LOI):	S\$100.00 (\$50 x 2 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$7.99		
Medical:	S\$ -	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: 9400	
Total:	S\$1,436.33 Global Sum S\$:		
FINAL PAYMENT	Date/Time: 16-03-20 Confirm with: CPT	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$1,436.33 Name 1: COMPTON ENGINEERING PTE LTD		
Payee 2 (Strike if N.A.)	S\$ Name 2:		
Payee 3 (Strike if N.A.)	S\$ Name 3:		

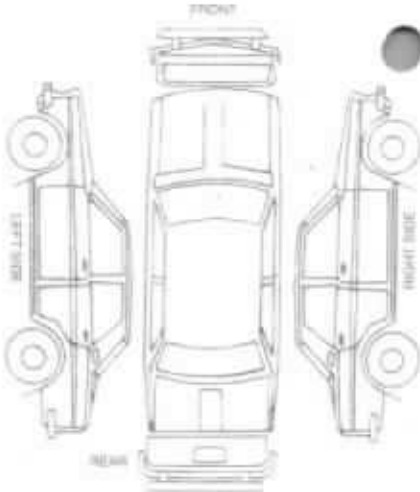
Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO: 305378836
STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO:	SH 7666R	MILEAGE
I/MS	7010045	MAKE:	HYUNDAI	FUEL
STOMER NO.	383 SIN MING DRIVE	MODEL	I-40	DATE/TIME IN
DRESS	Singapore SINGAPORE 575717	YR OF MANU	16.06.2016	04.02.2020 12:15
	65508755	CHASSIS CODE	KMHLB41UMGU091355	TARGET DATE
				COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 03.02.2020
NATURE: 3P 03.02.2020

S/NO LABOR CODE DESCRIPTION

CHINA - Rear
LKK / PAM



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

e No.: SH 7666R LARRY

Vehicle No.: SH 7666R

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO : SH 7666R

DATE: 4. Feb. 2

MAKE : HYUNDAI

MODEL : i40

DOA: 3. Feb. 2

Qty	Parts Description/ Labour	Type	Unit Pri
-----	---------------------------	------	----------

- 1 Rear Bumper DEF
10 Rear Bumper Clips nec
1 Rear Bumper Undercover xan
1 Rear Bumper Sponge xan

SUB TOTAL

LESS 20%

DISCOUNTED TOTAL

- 1 Rear Bumper Rubber Mat nec
1 Reverse Sensor xan
1 Advertisement - Rear Bumper nec
2 Advertisement - Rear Fenders LH/RH nec

Labour Charge

- 1 Panel Beating
1 Spray Painting Charge
1 Remove/refix Reverse Sensor
1 Wiring Charge

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

TOTAL LABOUR

ESTIMATE TOTAL

\$300.00
\$250.00
\$80.00
\$30
\$50.00

\$680.00

\$1,840.90

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.

Our Job Ref No : 305378836

Date : 11. Feb. 2020

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SH 7666R

Date of Accident: 3. Feb. 2020

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

1. The repair job shall bill to: CHINA SKZ7984Y

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

\$1,050.00

3. Estimated normal period for repairs: 2 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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Ram

Name : Ram

Date : 17/02/2020

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				
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

REPAIR ESTIMATE*

VEHICLE NO : SH 7666R

DATE: 4. Feb. 2020

MAKE : HYUNDAI

MODEL : i40

DOA: 3. Feb. 2020

CHINA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper DEF ✓			\$553.00
10	Rear Bumper Clips nec		\$2.20	\$22.00
1	Rear Bumper Undercover xun			\$228.00
1	Rear Bumper Sponge ?			\$103.50
SUB TOTAL				\$906.50
LESS 20%				\$181.30
DISCOUNTED TOTAL				\$725.20
1	Rear Bumper Rubber Mat nec ✓			\$50.00
1	Reverse Sensor xun			\$135.70
1	Advertisement – Rear Bumper nec ✓			\$50.00
2	Advertisement – Rear Fenders LH/RH nec ✓		\$100.00	\$200.00
				\$435.70
Labour Charge				
1	Panel Beating			\$300.00
1	Spray Painting Charge			\$250.00
1	Remove/refix Reverse Sensor			\$80.00
1	Wiring Charge			\$50.00
TOTAL LABOUR				\$680.00
ESTIMATE TOTAL				\$1,840.90
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 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.				

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	03/02/2020 15:23
Date Of Accident	03/02/2020 11:55✓
Exact Location Of Accident	ANG MO KIO AVE 1 TURNING LEFT TO THOMSON RD.✓
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7666R✓
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
Email Address	FLEETSAFTY@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	LING HWA LIANG
NRIC No	SXXXX540H
Date Of Birth	01/11/1962
Occupation	OUTDOOR
Date Of Driving Pass	09/05/1980
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96209208
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	653 20-32 SENJA LINK
Postcode	670653
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	COLLISION - HEAD TO REAR
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.	2
Was any body injured in the Accident?	NO
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

AS PER ATTACH.

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	SKZ7984Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SIJIA
NRIC/Passport Number	SXXXX189B
Contact Number	93681848
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	



не ртк.

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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 purposes(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. 199003621R

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report	25/02/2020 16:37
Date Of Accident	03/02/2020 11:55
Exact Location Of Accident	TURN LEFT FROM ANG MO KIO AVE 1 TO UPP THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ7984Y
Insured/Policyholder	
Name Of Registered Owner	TAN SIJIA (CHEN SIJIA)
NRIC No	S8625189B
Email Address	TAN_SIJIA86@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93681848
Alternative Phone No	OTHERS-93681848

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180 STYLE (R16 LED)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNA00012552001
Cover Note Number	

Driver

Name of Driver	TAN SIJIA (CHEN SIJIA)
NRIC No	S8625189B
Date Of Birth	08/09/1986
Occupation	INDOOR
Date Of Driving Pass	25/03/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93681848
Fax Number	
Contact Number	OTHERS-93681848
Email Address	TAN_SIJIA86@HOTMAIL.COM

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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- (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: 25 FEB 2020

16:37hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: P. V. Choo

NRIC/PIN No.:



Status of Driving Licence

Qualified Driving Licence

Qualified Driving Licence Number

S8625189B

Status of Qualified Driving Licence

Valid

Class(es) of Qualified Driving Licence

3A

Expiry Date

Lifetime unless revoked, suspended or disqualified

Provisional Driving Licence

Provisional Driving Licence Number

S8625189B

Status of Provisional Driving Licence

No Licence

Class(es) of Provisional Driving Licence

HOME (<https://www.police.gov.sg/>)

ABOUT US (<https://www.police.gov.sg/about-us>)

SGSECURE (<https://www.police.gov.sg/sgsecure>)

I-WITNESS (<https://www.police.gov.sg/iwitness>)

COMMUNITY PROGRAMMES (<https://www.police.gov.sg/community-programme>)

RESOURCES (<https://www.police.gov.sg/resources>)

NEWS & PUBLICATIONS (<https://www.police.gov.sg/news-and-publications>)

JOIN US (<https://www.police.gov.sg/join-us>)

FAQS (<https://va.ecitizen.gov.sg/cfp/CustomerPages/SPF/explorefaq.aspx>)

CONTACT US (<https://www.police.gov.sg/content/contact-us>)

E-FEEDBACK (/content/policehubefeedback/efeedback.html)

SITEMAP (<https://www.police.gov.sg/sitemap>)

Report Vulnerability (https://tech.gov.sg/report_vulnerability) | Privacy Statement (<https://www.police.gov.sg/content/privacy-statement>) | Terms of Use (<https://www.police.gov.sg/content/terms-of-use>) | Rate this Service


(<https://form.gov.sg/forms/spt/5b90934f64567e000fb2d9a6>) . © 2020 Singapore Police Force. A Member of The Home Team (<https://www.mha.gov.sg>).

**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 : CC3/CTI20002050/Fea3q2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909			Date : 26-03-2020	
			Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKZ 7984Y	Veh. Inspected	SH 7666R	
Policy No.	DMPCSNA00012552001	Coverage (\$)	0.00	
Claim No.	SNM20D200717	Excess (\$)	0.00	
Assign From		Assign Date	04/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU091355	Colour	BLUE	
Odometer	535833	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/65 R16	HANKOOK	6 mm	
L/H Front Tyre	205/65 R16	HANKOOK	6 mm	
R/H Rear Tyre	205/65 R16	HANKOOK	6 mm	
L/H Rear Tyre	205/65 R16	HANKOOK	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	03/02/2020	Inspection Date	04/02/2020	
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:		2 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7666R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER UNDERCOVER	NOT NECESSARY	228.00	-
1	REAR BUMPER SPONGE	NOT NECESSARY	103.50	-
	LESS 20% DISCOUNT		-181.30	-115.00
			725.20	460.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	ADVERTISEMENT -REAR BUMPER (SN)	NECESSARY	50.00	50.00
2	ADVERTISEMENT -REAR FENDER LH/RH @\$100.00 (SN)	NECESSARY	200.00	200.00
			435.70	300.00
<u>LABOUR</u>				
	PANEL BEATING.		300.00	280.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	REMOVE/REFIX REVERSE SENSOR .		80.00	50.00
	WIRING CHARGE.		50.00	30.00
			680.00	560.00
GRAND TOTAL			1,840.90	1,320.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,050.00

Report Ref No. CC3/CTI20002050/Fea3q2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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