

**VISION AUTOWORK PTE. LTD.**

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875  
Tel: 6341 6789 Fax: 6341 6778  
Co. Reg. No. : 201500371E

Letter of Demand

Re : Accident involving my vehicle no. SKE548E and vehicle no. SMH5644M on 03/02/2020 at 20:35 HRS PM/AM at/along Pioneer Road North towards Jurong West Street 63

We refer to the above matter.

Attached please find copies of the following for your kind perusal:

Vehicle Repair cost / Excess	\$ 16906.00
Vehicle Rental Fee for <u>10</u> days @ \$ <u>192.60</u> per day	\$ 1926.00
Loss of use for <u>—</u> days @ \$ <u>—</u> per day	\$ —
Police search fee/police report fee/LTA search fees	\$ 7.45
Others Towing Fee	\$ 60.00
Total :	\$ 18899.45

Yours faithfully,

*ABBY*



ABBY

HP : 9856 4815

E-mail: visionautowork@gmail.com

## VISION AUTOWORK PTE. LTD.

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201500371E

### Authorisation To Act

I, Tham Chae Kin ("the third party claimant") of  
Blk 639 Jurong West Street 61, #12-28, S6640639  
(address), owner of 5KE548E (vehicle no.) hereby  
authorise Vision AutoWork Pte. Ltd.  
("the workshop") to act for me with respect to my claim for repair  
costs and/or rental and/or loss of use ("claim") for my vehicle  
no. 5KE548E that was damaged pursuant to the accident which  
occurred on 03/02/20 (date) at/along Pioneer Road North  
towards Jurong West ST 63 (location) involving  
vehicle no/s SMH5644M  
("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that they deem it fit and the workshop is further authorised to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further authorise the workshop to execute and/or sign any documents/discharge vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident concerned.

Dated this 04 day of 02 (month) 20 20 (year)



Signed by "the third party claimant"



Signed by "the workshop"



# VISION AUTOWORK PTE. LTD.

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201500371E

## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SKE548E and SMH5E44M on 03/02/20  
at/along Pioneer Road North towards Jurong West S163

1. I/We, the Owner of motor vehicle no. SKE548E hereby instruct and authorise Vision Autowork Pte Ltd ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$\_\_\_\_\_ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 04 day of 02 2020

Signature of vehicle owner 

Name - Tham Chee Kin

IC/UEN No : S74266461  
(Company stamp, if applicable)

Address : Blk 639 Jurong West Street 61,

# 12-28, S(640639)

Tel : 9790 7248

Witnessed by :

  
Phing



**"My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"**

### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMH 5644M	(Insd veh)	Model: B.M.W. 520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
	SKE 548E	(TP veh)	
Date of Accident/ Time:	03/02/2020 11.00		

Repair Estimate	:\$		
Final Repair Cost	:\$		
Loss of Use	:\$		days at \$ per day
Rental (if any)	:\$		days at \$ per day
LTA / GIA Search Fee	:\$		
Others:	:\$		
Final Settlement Sum	:\$	17,900.00	(GLOBAL SUM)
Payee Name: VISION AUTOWORK PTE LTD			
Is Third Party Workshop GIA Registered? [ ] YES <input checked="" type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability	100 (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No	BOLA Scenario No: ____
	BOLA Liability: ____ (%)	Assessed Liability (*): ____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			


#### NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: <u>Fei Jing Yi</u> Date: <u>04/09/20</u>   LUP	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Chua Per Jit</u> Date: <u>04/09/20</u>
Signature of AXA's surveyor/representative Name of AXA's surveyor /Representative: Date:	



# VISION AUTOWORK PTE.LTD.

8 Kaki Bukit Ave 4,  
#08-09 Premier @ Kaki Bukit,  
Singapore 415875  
Tel : 6341 6789  
Fax : 6341 6778  
ROC / GST REG NO.: 201500371E  
Email : visionautowork@gmail.com

## TAX INVOICE

INVOICE No **TI V17144**

Date : 25.03.20

Vehicle Number : **SKE548E**

Bill To:

### AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY  
#27-01 AXA TOWER  
SINGAPORE 068811

	DESCRIPTION	AMOUNT
	Carry out lump sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 15,800.00
Sub Total		\$ 15,800.00
Add GST 7%		\$ 1,106.00
Total Amount		\$ 16,906.00

PAYMENT BY CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO  
' VISION AUTOWORK PTE.LTD. '

PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

Issued By :

*Abby*



Co's stamp & Authorised Signature

# CARS FOR RENT (2016) PTE LTD

**Mailing Address:**

10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874

Tel Nos.: +65 6970 9119 / 6789 5155

Co. Reg'n No.: 201609732N

GST Reg'n No.: 201609732N

Tax Invoice #: E2002051

Date: 14-02-20

1

**Bill To:****Ship To:**

Vision Autowork Pte Ltd

For the account of:

Tham Chee Kin

Blk 639 Jurong West Street 61

#12-28

640639

Vision Autowork Pte Ltd

For the account of:

Tham Chee Kin

Blk 639 Jurong West Street 61

#12-28

640639

**Description****Amount****Job No.**

Vehicle Rental for period 04.02.2020 to 14.02.2020  
(Billing for days 10 X \$180.00/per day)  
(Vehicle No.: SKE548E)

\$1,926.00

SLM94T

SR

Your Order #: E16304

Terms: Net 30th after

GST:

\$126.00

COMMENT

CODE

RATE

GST SALE AMOUNT

Total Inv Amt:

\$1,926.00

SR

7%

\$126.00

\$1,800.00

Amount Applied:

\$0.00

Balance Due:

\$1,926.00



# CARS FOR RENT (2016) PTE LTD


5 Tanah Merah Kechil Road #17-05 S 46665  
Tel: 6789 5155 Fax: 67835155

No:E 16304

ROC No: 201609732N

## VEHICLE RENTAL AGREEMENT

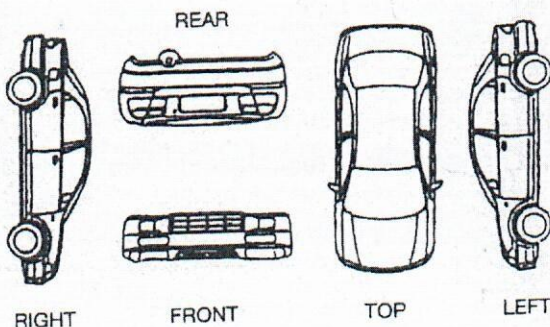
SKES48E (v1.0)

<b>HIRER'S PARTICULAR</b>		Vehicle No: <u>SLM941</u>		Replace Veh No:	
Name: (as in I/C) <u>THAM CHEE KIN</u>		Mileage Out: <u>35064</u>		Mileage Out	
NRIC/PASSPORT No: <u>S7426646J</u>		Make & Model: <u>Hyundai Tucson</u>		Auto Manual Group:	
Address (Res) <u>APT BIK639 JYRONG WEST STREET (C1 #12-26(S) 640639</u>		OUT: Date <u>04/02/20</u>		Time: <u>4:00pm</u>	
Name & Address of Employer		HIRE/PERIOD EXPIRY:			
		COLLISION DAMAGE WAIVER		Excess YES / NO	
		PERSONAL ACCIDENT INSURANCE		YES / NO	
Occupation: _____ Driving Exp: _____		<b>CHARGES</b>			
Driving Licence No: _____ D/L Type: Local / International		Daily <u>10 @ \$ 180</u> per day <u>\$ 1800 00</u>			
Issue Date: _____ Date of Birth: _____		Weekly <u>\$</u> per week			
Tel: (O) _____ (R) _____ HP/PG _____		Monthly <u>\$</u> per month			
<b>ADDITIONAL DRIVER'S PARTICULARS</b>		Hours <u>\$</u> per hour			
Name: (as in I/C) _____		Others <u>\$</u>			
NRIC/PASSPORT No: _____		CDW <u>\$</u> per day/month			
Address (Res): _____		PAI <u>\$</u> per day/month			
Driving Licence No: _____ D/L Type: Local / International		Delivery Service			
Issue Date: _____ Date of Birth: _____		<b>SUB-TOTAL \$</b>			
Occupation: _____ Driving Exp: _____		<b>PETROL LEVEL</b>			
		Out E <u>1/4</u> 1/2 3/4 F			
		In E 1/4 1/2 3/4 F			
		<b>EXTENSION</b>			
		Collection Service			
		Misc. <u>GST 71</u> <u>126 00</u>			
		<b>TOTAL CHARGES \$</b> <u>1926 00</u>			
		Rented out by:			
		Hirer's Signature 			
		Addition Driver's Signature			

### VEHICLE CHECK LIST

D - DENTS  
S - SCRATCHES

INDICATE:  
A - ACCIDENTS



### ACCESSORIES CHECK

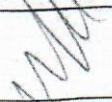

- |                                       |                                      |                                    |
|---------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Ashtray      | <input type="checkbox"/> Cig Lighter | <input type="checkbox"/> S/Tyre    |
| <input type="checkbox"/> STD Tools    | <input type="checkbox"/> Jack        | <input type="checkbox"/> Hub Caps  |
| <input type="checkbox"/> Radio / Cass | <input type="checkbox"/> CD          | <input type="checkbox"/> Catridges |

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

### \* IMPORTANT

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND /OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARS FOR RENT (2016) PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
<u>14/02/20</u>	<u>3:05pm</u>				





TEL: 97297337

## T ZONE TOWING PTE LTD

8 Kaki Bukit Ave 4 #06-32 Premier@Kaki Bukit

Singapore 415875

Email: t-zonetowing@live.com.sg

GST Reg No. 201500018C

No. P 23524

### WORK ORDER

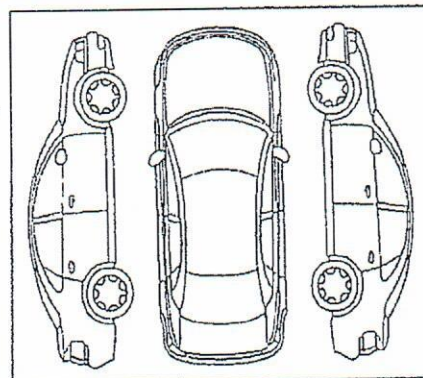
Svc Date 04-02-2020  
Member's Name Gas  
M'ship / NRIC No. \_\_\_\_\_  
Member's Contact No. 8123 9016  
Car Regr. No. SKE 548 E  
Car Make / Model BMW 520  
Remarks (if any) Accident

Time Received 1540  
Time Arrived 1600  
Time Completed 1645  
From 17 Tuas Ave 20  
To 08-09 Premier  
Tow Truck No. GR 5566Z  
Amount Got

### ADDITIONAL CHARGES

- |   |  |
|---|--|
| <input type="checkbox"/> Dolly Wheels /Flat bed | <input type="checkbox"/> Patch Tyre        |
| <input type="checkbox"/> Basement /Multi-storey | <input type="checkbox"/> Change Spare Tyre |
| <input type="checkbox"/> Crane up /Bogged       | <input type="checkbox"/> Change Battery    |
| <input type="checkbox"/> Causeway /2nd Link     | Size : _____                               |
| <input type="checkbox"/> Jump Start             |  |
| <input type="checkbox"/> Collection of key      |  |
| <input type="checkbox"/> ERP /Carpark           |  |

### BODY & PAINT CONDITION RECORD



\*please remove any valuables or personal belongings in the car

[Signature]  
Tow Driver's Name & Signature

bizSAFE<sub>3</sub>

\_\_\_\_\_  
Member's Signature

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.



> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 04 Feb 2020 / 18:09:13

Receipt Date/Time: 04 Feb 2020 / 18:09:13

### Tax Invoice/Receipt

Receipt No.: ITNET-00000-200204-002926

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SMH5644M As at 03 Feb 2020/20:35:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SMH5644M Enquiry Fee 20200204180828422612	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
		xxxxxxxxxxxx1359	Credit Card: Visa/MasterCard	7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

## Hsiao Tong (LKKAUTO)

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**From:** Hsiao Tong (LKKAUTO)  
**Sent:** Tuesday, 25 February 2020 2:09 PM  
**To:** YULIANGREN1968@OUTLOOK.COM  
**Subject:** ACCIDENT INVOLVING SMH 5644M (AXA) AND SKE 548E ALONG/AT PIONEER RD NORTH ON 03/02/2020

25 FEB 2020

**MR YU LIANGREN**

Dear Sirs/ Mdm

**OUR REF : CC4/ASM20002120/Apa3// S0M02FA3**

**YOUR REF : SMH5644M**

**ACCIDENT INVOLVING SMH 5644M (AXA) AND SKE 548E ALONG/AT PIONEER RD NORTH ON 03/02/2020**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a third party claim(s) from VISION AUTOWORK PTE LTD acting on behalf of the owner of SKE548E against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your favour as your vehicle changed lane and collided with third party. Under Motor Accident Guide, vehicles should keep in the proper lane and change lane only when it is safe. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

As Insurers, they shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to [chewht@lkkauto.com](mailto:chewht@lkkauto.com) within 7 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Driver's Work Permit/Work Pass
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Copy of the letter of authorization
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to [cst@axa.com.sg](mailto:cst@axa.com.sg) or deliver it by hand to AXA Customer Care Centre.



This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), we shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6742 3197 or email us at [chewht@lkkauto.com](mailto:chewht@lkkauto.com).

Please quote the claim reference when you contact us that we can assist you more effectively.

Best Regards,

**Hsiao Tong, Chew (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6742-3197 | email: [chewht@lkkauto.com](mailto:chewht@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



## <TP - MANDATE IA> -S0M02FA3 [ACCIDENT INVOLVING SMH 5644M(OI) & SKE 548E(TP) ON 03/02/2020]

Type

🔗 Question

Message

Liability: 100%. Insured driver changed lane and hit third party.. Inform OI about third party claim. Agreed to settle at best and aware NCD issue. We seek your mandate at \$18,899.45(ALL-IN). TP-Mandate IA had been uploaded in Smartclaims. Kindly let us have your approval/instruction. Jasper Chua – 27/03/2020

Reply





Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

## Immediate Advice

To : AXA Insurance Pte Ltd

Date: 27/3/2020

### Survey Details:

Date of loss	3-Feb-2020
Date of appointment	6-Feb-2020
Date of survey	6-Feb-2020
Location of survey	Vision Autowork Pte Ltd

### Vehicle Details:

Claim Type:	THIRD PARTY CLAIM
Vehicle number	SKE548E
Make and Model	B.M.W. 520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
Date of registration	31/1/2012
Parf Rebate	
Market Value	\$ 55,000.00
Parf Rebate	\$ 36,586.00
Nett Loss	\$ 18,414.00

### Repair details:

Initial Estimate	\$ 42,828.46
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### Proposed/Revised repair cost:

Parts	\$ 17,657.61
Check items (estimate)	\$ -
Labour	\$ 2,180.00
<b>Total</b>	<b>\$ 19,837.61</b>
<b>Lump Sum(if applicable)</b>	<b>\$ 15,800.00</b>

Number of days for repair	8
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Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

**Remarks:**

*Insured driver changed lane and hit third party.*

**Mandate:**

Liability(TP)	100%	
Proposed repair cost (w/gst)	\$ 16,906.00	
Loss of use	NIL	
Loss of rental (10 days x \$180) (w/gst)	\$ 1,926.00	no. of days
Loss of income	NIL	
LTA search fees	\$ 7.45	
Others (towing fee)	\$ 60.00	
<b>Proposed Total</b>	<b>\$ 18,899.45</b>	





**Re:RE: Re:RE: Re:<TP - MANDATE IA> -S0M02FA3  
[ACCIDENT INVOLVING SMH 5644M(OI) & SKE  
548E(TP) ON 03/02/2020]**

Type

 Question

Message

hi please negotiate max at \$17,900 all-in

Reply