

ASS. REQ. BY:

REF: CS/TP20002310/Asf3n2

Adrian

ASSIGNMENT

Front: _____ 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.

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJ5345J Yr Regn: 2017, July.

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

Truck / Trailer or

Make: Suzuki Vitara cc 1586

Colour: Red A/C: Insured / Std / Nil / NA

Sp. Reading: 52292 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: TSMLYE21S00258469.

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

Tyre Size: F: 215/55R17

R: 215/55R17

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 10/02/20

Survey held at CAS

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

rear o/s & o/s rear

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

Date / Time Action / Instruction

TP Direct Asia Independent

345J - NA/INC 16005300/44 B.C. - 27/01/2018

Adrian Graham L/S \$7,650/- @ 9 days with Base
(\$8,181.52 Red - 52%)

MV:

PV:

Nett:

RECEIVED 10 MAR 2020

Submit Submit independent report.
resurvey No. of Trip - 2

Date/Time, File Pays to?

Date/Time, File Return to?

1) 10/03/20 Typist

2)

3)

4)

5)

4)

Prel. Report:

Final Report: \$7,650/- L/S

Part Prices Check:

IN

OUT

Survey Fee:

Date 6/15/90

Basic & Add.

170+90

S+RS, SI

50

Photos

50+50

Others

69

TOTAL

80

559

MSME20014180 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 31/01/2020 16:33
 SUBMITTED BY: Chia Pei Ying

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	31/01/2020 16:33
Date Of Accident	30/01/2020 10:55
Exact Location Of Accident	COMMONWEALTH AVE WEST (BUONA VISTA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ345J
Insured/Policyholder	
Name Of Registered Owner	HAZEL LOW YUSHAN
NRIC No	SXXXX530Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97414949
Alternative Phone No	OFFICE-97414949

Vehicle Particulars

Manufacturer	SUZUKI
Model	VITARA
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA371589
Cover Note Number	

Driver

Name of Driver	DIAMOND SO BENG SENG
NRIC No	SXXXX941D
Date Of Birth	17/09/1977
Occupation	INDOOR
Date Of Driving Pass	23/11/2001
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97493311
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 41 CIRCUIT RD #05-539
Postcode	370041
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : COLLIN TOH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20200130/2131.

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	FBF7459J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RIDER OF VEH B

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBF7459J

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

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 lodging 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.

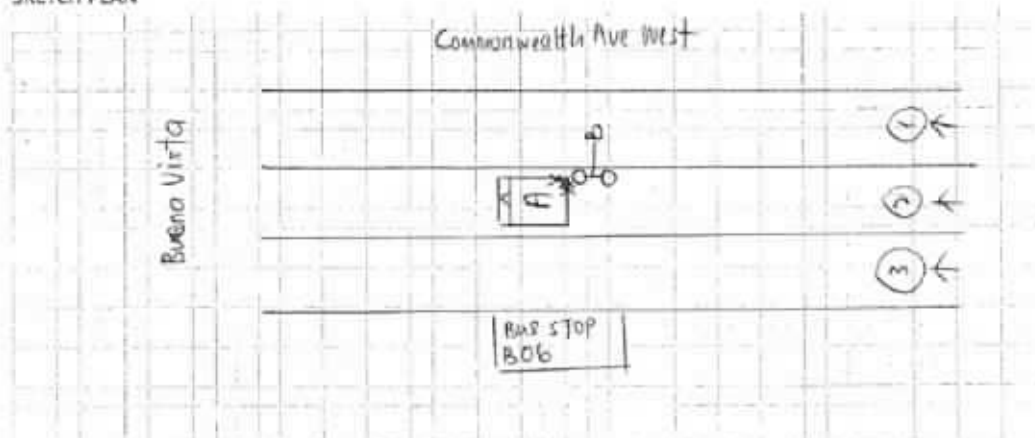
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



A-5333457

B-7BF74597

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report T/20200130/2131

I RLT injured. *fo.*

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:

NRC/TIN No.:

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, Hazel Low Yu Shan, the owner of vehicle no. SJJ345J

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, CA's Garage P/L

Signed and Acknowledge by:

S8103530Z Hazel
Nric no. & signature of policyholder

.....
Company stamp

.....
Date

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200130/2131

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200130/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2020 17:54	Vide Report No.: D/20200130/0049	Station Diary No.:
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Informant's Particulars

Name of Informant: DIAMOND SO BENG SENG			Address: APT BLK 41 CIRCUIT ROAD #05-539 SINGAPORE 370041		
ID Type / ID No.: NRIC NO / S7725941D			Contact No.: Home/Office: Mobile: 97493311		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 17/09/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sports coach			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/01/2020 10:55	Type of Location:
Location: Along Road 1 COMMONWEALTH AVENUE WEST INFRONT OF BUS STOP 19029/B06				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF7459J	Motorcycle					0
SJJ345J	Car					1

Sketch Plan #5 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20200130/2131

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200130/2131

CONTINUATION OF REPORT**Brief Details.**

On the above mentioned date, time and location I was traveling along Commonwealth Ave West on the middle lane of 3 lane road, the traffic light was red light and my vehicle was stationery at that point of time suddenly I felt an impact from the right rear side of my vehicle I then came out to check on the condition of the rider(FBF7459J) subsequently the rider was conveyed to hospital and the police came and advised me to lodge a report.

Sketch Plan #6 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20200130/2131

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200130/2131

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:
TP /
BERNARD KOH REN JUN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/01/2020 17:54

Officer In Charge Of Case:
TP / GIT /
SI ONG CHEE HIEN
Contact No.: 65476437

Classification Of Case:

Authentication Stamp
NP168

**SINGAPORE
POLICE FORCE**

Signature:

**CAS GARAGE PTE LTD**

(Reg No: 201828067M)

1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY, SINGAPORE 417883

VEHICLE REPAIR ESTIMATEInsurance Company: DIRECT ASIA INSURANCE
(MOTOR CLAIMS DEPARTMENT)Address: NO 20, ANSON ROAD, #08-01
S(079912)

Telephone: 65321818

Fax: 64231197

Email claim@directasia.com

Make/ Model : SUZUKI VITARA

Date: 03.02.2020

Chassis No : TSMLEYE21S00258469

Vehicle No: SJJ345J

Date/Time of Accide 30.01.2020/ 1055

Date of Reg: 17.07.2017

Materials Cost/ Spare Parts Cost**TO BE COMPLETED BY SERVICE ADVISOR**

ITEMS	PARTS DESCRIPTION	QTY	LIST PRICE \$	FINAL PRICE \$
1	TAILGATE fit <i>new</i>	1	\$ 1,245.60	\$ x 1,245.60
2	TAILGATE INNER TRIM	1	\$ 232.10	\$ x 232.10
3	TAILGATE INNER LOCK	1	\$ 198.50	\$ x 198.50
4	TAILGATE LOWER LATCH	1	\$ 46.50	\$ x 46.50
5	TAILGATE STOPPER	2	\$ 35.80	\$ x 71.60
6	TAILGATE LAMP RH	1	\$ 325.60	\$ x 325.60
7	TAILAMP RH <i>could</i>	1	\$ 398.60	\$ x 398.60
8	TAILGATE WEATHERSTRIP <i>new</i>	1	\$ 202.70	\$ x 202.70
9	TAILGATE LOGO	1	\$ 95.20	\$ x 95.20
10	TAILGATE "SUZUKI" EMBLEM	1	\$ 85.90	\$ x 85.90
11	TAILGATE "VITARA" EMBLEM	1	\$ 87.90	\$ x 87.90
12	TAILGATE "ALL GRIP" EMBLEM	1	\$ 86.50	\$ x 86.50
13	REAR BUMPER <i>Distorted</i>	1	\$ 1,065.80	\$ x 1,065.80
14	REAR BUMPER LOWER <i>distorted</i>	1	\$ 398.70	\$ x 398.70
15	REAR BUMPER RETAINERS <i>new</i>	2	\$ 85.60	\$ x 171.20
16	REAR BUMPER BRACKETS <i>new</i>	2	\$ 69.80	\$ x 139.60
17	REAR BUMPER NUMBER PLATE GARNISH <i>new</i>	1	\$ 95.80	\$ x 95.80
18	REAR BUMPER REFLECTOR RH <i>new</i>	1	\$ 89.70	\$ x 89.70
19	REAR BUMPER REINFORCEMENT <i>Best</i>	1	\$ 485.60	\$ x 485.60
20	REAR BUMPER REINFORCEMENT COVER <i>new</i>	1	\$ 98.70	\$ x 98.70
21	REAR DOOR RH <i>Distorted</i>	1	\$ 1,345.80	\$ x 1,345.80
22	TAILAMPS <i>RH could</i>	2	\$ 845.30	\$ x 1,690.60
23	TAILAMPS PANELS <i>RH Distorted</i>	2	\$ 185.60	\$ x 371.20
24	TAILAMPS INNER SEALER <i>RH new</i>	2	\$ 30.00	\$ x 60.00
25	TAILAMPS BRACKETS <i>new</i>	2	\$ 42.30	\$ x 84.60
26	REAR FENDER RH <i>Ry</i>	1	\$ 897.60	\$ x 897.60
27	REAR FENDER INNER COWLING RH <i>torn</i>	1	\$ 156.80	\$ x 156.80
28	REAR FENDER INNER TRIMS RH <i>new</i>	1	\$ 169.70	\$ x 169.70
29	REAR FENDER OUTER GARNISH RH <i>Distorted</i>	1	\$ 197.50	\$ x 197.50
30	REAR END PANEL <i>Distorted</i>	1	\$ 658.20	\$ x 658.20
31	REAR END PANEL TOP GARNISH <i>new</i>	1	\$ 214.20	\$ x 214.20

32	REAR END PANEL AIR DUCT <i>Reflector</i> <i>Be d</i>	1	\$	145.60	\$	145.60
33	REAR SILENCER <i>Be d</i>	1	\$	785.20	\$	785.20
34	REAR SILENCER HEADSHIELD <i>Neu</i>	1	\$	215.60	\$	215.60
Total List Price Cost					\$	12,614.40
					PARTS DISCOUNT 15%	\$ 10,091.52

SPECIAL NETT	PARTS DESCRIPTION	QTY	PRICE \$	FINAL PRICE \$
1	REAR NUMBER PLATE WITH CASING <i>Neu</i>	1 SET	\$ 50.00	\$ + 50.00
2	REAR BUMPER CLIPS <i>Neu</i>	1 SET	\$ 30.00	\$ ✓ 30.00
3	REAR END PANEL TOP GARNISH CLIPS <i>Neu</i>	1 SET	\$ 30.00	\$ ✓ 30.00
4	REVERSE SENSOR <i>Be d</i>	1 SET	\$ 250.00	\$ ✓ 250.00
5	REAR FENDER INNER COWLING SET <i>Neu</i>	1 SET	\$ 30.00	\$ ✓ 30.00
6	REAR FENDER INNER TRIM CLIPS <i>Neu</i>	1 SET	\$ 30.00	\$ + 30.00
7	REAR BUMPER TOP PROTECTOR (ALUMINIUM) <i>Be d</i>	1 SET	\$ 480.00	\$ ✓ 480.00
8	TAILGATE INNER TRIM CLIPS <i>Neu</i>	1 SET	\$ 30.00	\$ + 60.00
9	REAR WINDSCREEN SEALANTS <i>Neu</i>	2	\$ 80.00	\$ + 80.00
10	END PANEL INSULATOR SEAL <i>Neu</i>	2	\$ 80.00	\$ ✓ 80.00
Total Special Nett Items				\$ 1,120.00

Labour Works/ Panel Beating Related Works

Job Scope	Quotation
TO RENEW DAMAGED PARTS, REPLACE, BEAT, WELD, REALIGN AND ALIGNE ALL PARTS	\$ 1,600.00

Spray Painting

Job Scope	Quotation
TO RESPRAY AFFECTED AREAS	\$ 1,600.00

Others Cost (Accident Repair Related Expenses)

Job Scope	Quotation
TO TUFFCOAT AFFECTED AREA	\$ 200.00
TO REMOVE/ REFIT INTERIOR UPHOLSTERY	\$ 80.150.00
TO APPLY SEALANT AND UNDERCOATING TO THE AFFECTED AREAS	\$ 80.200.00
TO REMOVE/ REFIT WIRING CHECKS ON TAILAMPS	\$ 30.150.00
TO CONDUCT WATER LEAKAGE TEST	\$ x150.00
TO REMOVE/ REPLACE REAR SILENCER BOX	\$ 80.150.00
TO REMOVE/ REPLACE REVERSE SENSORS AND DISTANCE SETTLING	\$ 60.150.00
TO REMOVE/ REFIT REAR WINDSCREEN FOR TAILGATE REPLACEMENT	\$ x150.00
TO REMOVE AND REPLACE TAILGATE MECHANISM	\$ x120.00
Total Others Cost	\$ 1,420.00
GRAND TOTAL	\$ 15,831.52

CAS GARAGE PTE LTD

UEN 201628067M

1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY
SINGAPORE 417883

CAS GARAGE PTE LTD

Person Incharge: Allan
Direct Contact: +65 8782 7171
Email: allan@casgarage.sg
Fax: +65 6509 9501

KK Auto Consultants hence notify
the Repairer of the following:
• 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:

16462.24
Adrian Lj total: 9589.67
H/S 10/02/20 H/S: 7650
09 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

Affiliated to Federation Internationale Des Experts En Automobile			
CAS GARAGE PTE LTD		Ref : CS/TP20002310/Asf3n2	
1 KAKI BUKIT AVENUE 6 #02-22 AUTOBAY @ KAKI BUKIT SINGAPORE 417883		Date : 11-03-2020	
ON BEHALF OF HAZEL LOW YUSHAN		Code : TP516	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	Veh. Inspected		SJJ 345J
Policy No.	Coverage (\$)		0.00
Claim No.	Excess (\$)		0.00
Assign From	Assign Date		10/02/2020
2. Vehicle Particulars & Condition			
Make & Model	SUZUKI VITARA	c.c	1586
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	TSMLYE21S00258469	Colour	RED
Odometer	52292	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/55 R17	BRIDGESTONE	6 mm
L/H Front Tyre	215/55 R17	BRIDGESTONE	6 mm
R/H Rear Tyre	215/55 R17	BRIDGESTONE	6 mm
L/H Rear Tyre	215/55 R17	BRIDGESTONE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S AND O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	30/01/2020	Inspection Date	10/02/2020
Survey held at	CAS GARAGE PTE LTD NO. 1 KAKI BUKIT AVE 6, #02-22 AUTOBAY 417883 KAKI BUKIT		
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:		9 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 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJJ 345J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	TAILGATE	NOT NECESSARY	1,245.60	-
1	TAILGATE INNER TRIM	NOT NECESSARY	232.10	-
1	TAILGATE INNER LOCK	NOT NECESSARY	198.50	-
1	TAILGATE LOWER LATCH	NOT NECESSARY	46.50	-
2	TAILGATE STOPPER @\$35.80	NOT NECESSARY	71.60	-
1	TAILGATE LAMP RH	CUT	325.60	325.60
1	TAILLAMP RH	CRACKED	398.60	398.60
1	TAILGATE WEATHERSTRIP	NOT NECESSARY	202.70	-
1	TAILGATE LOGO	NOT NECESSARY	95.20	-
1	TAILGATE "SUZUKI" EMBLEM	NOT NECESSARY	85.90	-
1	TAILGATE "VITARA" EMBLEM	NOT NECESSARY	87.90	-
1	TAILGATE "ALL GRIP" EMBLEM	NOT NECESSARY	86.50	-
1	REAR BUMPER	DISTORTED	1,065.80	1,065.80
1	REAR BUMPER LOWER	DISTORTED	398.70	398.70
2	REAR BUMPER RETAINERS @\$85.60	NECESSARY	171.20	171.20
2	REAR BUMPER BRACKETS @\$69.80	NOT NECESSARY	139.60	-
1	REAR BUMPER NUMBER PLATE GARNISH	NOT NECESSARY	95.80	-
1	REAR BUMPER REFLECTOR RH	CUT	89.70	89.70
1	REAR BUMPER REINFORCEMENT	BENT	485.60	485.60
1	REAR BUMPER REINFORCEMENT COVER	NOT NECESSARY	98.70	-
1	REAR DOOR RH	DENTED	1,345.80	1,345.80
2	TAILLAMPS @\$845.30	O/S CRACKED	1,690.60	845.30
2	TAILLAMPS PANELS @\$185.60	O/S DENTED	371.20	185.60
2	TAILLAMPS INNER SEALER @\$30.00	O/S NECESSARY	60.00	15.00
2	TAILLAMPS BRACKETS @\$42.30	NOT NECESSARY	84.60	-
1	REAR FENDER RH	TO REPAIR SEE LABOUR	897.60	-
1	REAR FENDER INNER COWLING RH	TORN	156.80	156.80
1	REAR FENDER INNER TRIMS RH	NOT NECESSARY	169.70	-
1	REAR FENDER OUTER GARNISH RH	CUT	197.50	197.50
1	REAR END PANEL	DENTED	658.20	658.20
1	REAR END PANEL TOP GARNISH	NOT NECESSARY	214.20	-
1	REAR END PANEL AIR DEFLECTOR	DEFORMED	145.60	145.60
1	REAR SILENCER	BENT	785.20	785.20

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR SILENCER HEADSHIELD	NOT NECESSARY	215.60	-
	LESS 15% DISCOUNT		-1,892.16	-1,090.53
			10,722.24	6,179.67
	SPECIAL NETT ITEMS			
1	SET REAR NUMBER PLATE WITH CASING (SN)	NOT NECESSARY	50.00	-
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	30.00	30.00
1	SET REAR END PANEL TOP GARNISH CLIPS (SN)	NECESSARY	30.00	30.00
1	SET REVERSE SENSOR (SN)	DAMAGED	250.00	250.00
1	SET REAR FENDER INNER COWLING (SN)	NECESSARY	30.00	30.00
1	SET REAR FENDER INNER TRIM CLIPS (SN)	NOT NECESSARY	30.00	-
1	SET REAR BUMPER TOP PROTECTOR (ALUMINIUM)(SN)	BENT	480.00	480.00
1	SET TAILGATE INNER TRIM CLIPS (SN)	NOT NECESSARY	60.00	-
2	REAR WINDSCREEN SEALANTS (SN)	NOT NECESSARY	80.00	-
2	END PANEL INSULATOR SEAL (SN)	NECESSARY	80.00	80.00
			1,120.00	900.00
	LABOUR			
	TO RENEW DAMAGED PARTS,REPLACE,BEAT,WELD,REALIGN AND ALINGE ALL PARTS.INCLUSIVE OF THE REPAIR OF REAR FENDER RH.		1,600.00	1,100.00
	TO RESPRAY AFFECTED AREAS.		1,600.00	1,000.00
	TO TUFFCOAT AFFECTED AREA.		200.00	80.00
	TO REMOVE/REFIT INTERIOR UPHOLSTERY.		150.00	80.00
	TO APPLY SEALANT AND UNDERCOATING TO THE AFFECTED AREAS.		200.00	80.00
	TO REMOVE/REFIT WIRING CHECKS ON TAILLAMPS.		150.00	30.00
	TO CONDUCT WATER LEAKAGE TEST.	NOT NECESSARY	150.00	-
	TO REMOVE/REPLACE REAR SILENCER BOX.		150.00	80.00
	TO REMOVE/REPLACE REVERSE SENSORS AND DISTANCE SETTLING.		150.00	60.00
	TO REMOVE/REFIT REAR WINDSCREEN FOR TAILGATE REPLACEMENT.	NOT NECESSARY	150.00	-
	TO REMOVE AND REPLACE TAILGATE MECHANISM.	NOT NECESSARY	120.00	-
			4,620.00	2,510.00
GRAND TOTAL			16,462.24	9,589.67
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				7,650.00

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ADRIAN LING WAI PING

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

Licensed Appraiser

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