

ASS. REC. BY: Sun Pin

REF: NTUC NS/INC 20004096/ QV83

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: GBG 7493D

Policy No. 509529530-02 (25/10/2019 - 24/10/2020)

Claims No. \_\_\_\_\_

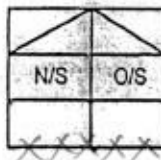
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Report: \_\_\_\_\_ 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: SHB 459E Yr Regn: 04/02/2015

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

Truck / Trailer or

Make: Toyota Prius c.c 1795

Colour: Maroon A/C: Insured / Std / NI / NA

Sp. Reading: 487.847 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKN36U905757259

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 / 65 R15

R: 145 / 65 R15

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

TOYO / YOKO or Westlake

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 13/03/2020 D.O.I. 16/03/2020

Survey held at SMRT.

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

SHB 459E - X

GBG 7493D - X

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) S + RS, SI☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Rep. Form: \_\_\_\_\_

Lump Sum / U.C. / \_\_\_\_\_

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/03/2020 10:05"/>
Vehicle No.(For Motor)	<input type="text" value="GBG7493D"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095289530-02		PACIFIC PACKAGING PTE. LTD.	201718419G	GCV	Comprehensive	GBG7493D	GBG7493D	25/10/2019	24/10/2020

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	369K
<b>Vehicle Details</b>	
Vehicle No.:	SHB459E
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR1497450
Chassis No.:	JTDKN36U905757259
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	04 Feb 2015
First Registration Date:	04 Feb 2015
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Feb 2023
PARF Rebate Amount:	\$5,661.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	03 Feb 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$52,904.00
COE Rebate Amount:	\$19,044.00
<b>Total Rebate Amount:</b>	<b>\$24,705.00</b>
<b>Message</b>	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 17 Mar 2020

OK

## 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	14/03/2020 11:52
Date Of Accident	13/03/2020 16:25
Exact Location Of Accident	SEMPAWANG ROAD TWDS (T-JUNC OF SEMPAWANG AIRBASE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB459E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	1XXXXX369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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
<b>Insurance Company</b>	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-19093197MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	GOH BOON HENG ANDY
NRIC No	SXXXX722B
Date Of Birth	17/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	25/01/1997
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	11
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200313/2161

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7493D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE SENG CHEE
NRIC/Passport Number	SXXXX056C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

GOH BOON HENG ANDY

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBG7493D

Were seat belts worn?

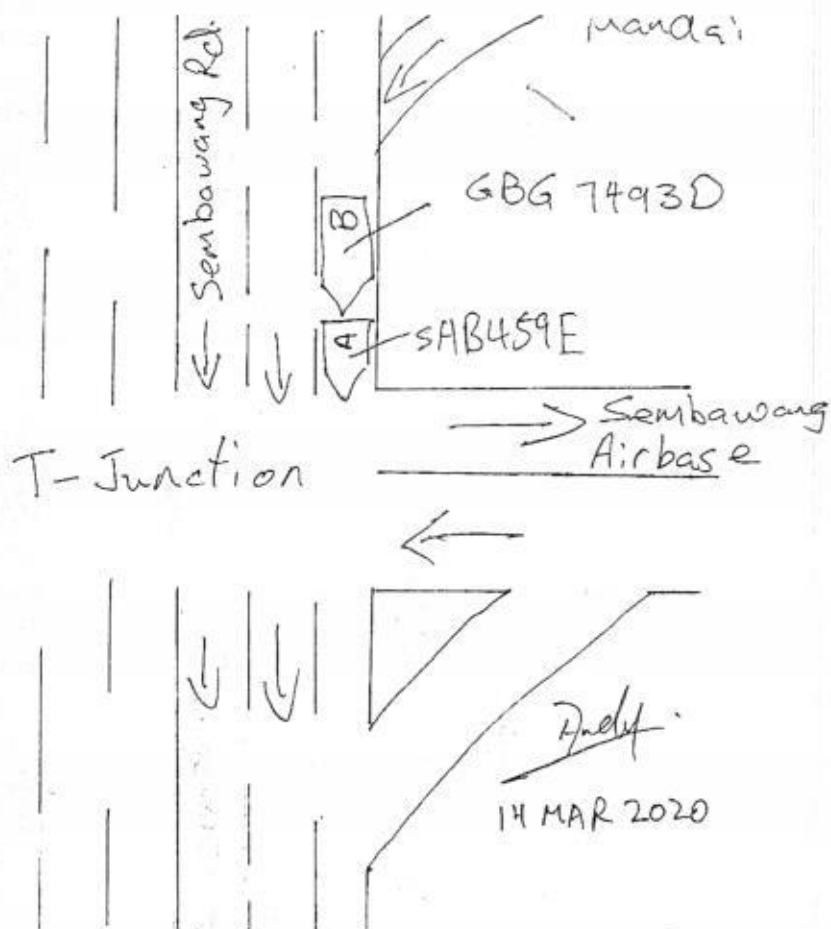
Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

mands:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

I/We declare the foregoing particulars are true in every respect.

SMRI  
JUL 17 3 11 PM '73

Date &amp; Time:

Amely 14 MAR 2020

Date &amp; Time:

14/3/2020

NRIC/FIN No :

## Sketch Plan Pg. 2

### 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.



Policyholder's Signature  
Date & Time:

Andy 14 MAR 2020  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

14/3/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20200313/2161

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

1 of 3

Report No. T/20200313/2161

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/03/2020 21:35		Vide Report No.:		Station Diary No.: 54	
<b>Informant's Particulars</b>					
Name of Informant: GOH BOON HENG ANDY			Address: APT BLK 115A YISHUN RING ROAD #04-833 SINGAPORE 761115		
ID Type / ID No.: NRIC NO / S7719722B			Contact No.: Home/Office: Mobile: 81137701		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 17/07/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2020 16:25	Type of Location: T-Junction
Location: Along Road 1 SEMPAWANG ROAD				
TOWARDS SEMPAWANG AT T-JUNCTION OF SEMPAWANG AIRBASE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG7493D	Lorry	TOYOTA	DYNA			0
SHB459E	Taxi	TOYOACE	PRIUS	Maroon	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999



T/20200313/2161

Report No. T/20200313/2

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LEE SENG CHEE		ID No. S1590056C
Related Vehicle	GBG7493D (Lorry)		Contact No. 94886710
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
<b>Driver</b>			
Name	GOH BOON HENG ANDY		ID No. S7719722B
Related Vehicle	SHB459E (Taxi)		Contact No. 81137701
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	13/03/2020		Date Discharge 13/03/2020
No. of Days granted Medical Leave	05		Degree of Injury Slight

**Brief Details.**

On 13/03/2020 at about 1625hr, I was driving my maroon colour SMRT taxi (Toyota Prius SHB459E) along Sembawang Road on the extreme left lane. When I reached the T-junction of Sembawang Road and the road leading towards Sembawang Airbase, stopped as the traffic light was red. While waiting for the traffic light to turn green, suddenly I felt an impact from the rear and discovered one blue Toyota Dyna lorry (GBG7493D) had hit onto the rear portion of my taxi. Due to this, I felt pain on my neck, shoulder and head area. I seek medical treatment and I was issued 5 days of Medical Leave. My taxi had damages on the back portion.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999



T/20200313/2161

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Report No. T/20200313/2161

## 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:

F /

Staff Sgt MUHAMMAD AZRIF BIN ABDUL RAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/03/2020 21:35

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

SN 085

Authentication Stamp

NP168

Signature: \_\_\_\_\_



Singapore Police Force



## Case Details

Case Reference Number : TAX/03/20/2039

Type of Repair : Accident Repair

Vehicle Registration Number : SHB459E

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-10853-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 13/03/2020 08:25 AM

Vehicle Age(In Months) : 61

## Documents / Photographs

View Documents / Photographs

Total Documents : 1

## Estimation Details

### Spare Part's Cost Detail

SMRT Recommendation											Surveyor Approval		
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace Remarks
One Time Key In	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	0.00	Repair • XR
One Time Key In	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	0	0.00	Not Give • X SVC
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0.00	Check • X SVC
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0.00	Check • X SVC
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0.00	Check • X SVC
One Time Key In	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0.00	Not Give • X SVC
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0.00	Not Give • X SVC
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0.00	Not Give • X SVC
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0.00	Not Give • X SVC
Total Spare Part Cost									2,171.39	Surveyor Total 120.00			
Lump Sum Discount (%)									20.00	Lump Sum Dis (%) 20.00			
Final Spare Part Cost									1,737.11	Final Sur Total 96.00			

SMRT Recommendation										Surveyor Approval				
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0.00	Not Give	X Svc
One Time Key In	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0.00	Not Give	X Svc
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0.00	Not Give	X Svc
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0.00	Not Give	X Svc
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0.00	Not Give	X Svc
One Time Key In	Main			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0.00	Not Give	X Svc
One Time Key In	Main			UNDER COVER RR SHIELD	1	63.90	63.90	25.00	47.92	Replace	0	0.00	Not Give	X Svc
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	/ Nec
Total Spare Part Cost									2,171.39	Surveyor Total 120.00				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%) 20.00				
Final Spare Part Cost									1,737.11	Final Sur Total 96.00				

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	338.00	200.00	
Total:			338.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	
Total:			558.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0	
2	Main	TO REPLACE SUNDRY PARTS	100.00	0	
3	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0	
4	Main	TO WASH AND VACUUM	60.00	0	
5	Main	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.88	296.88	✓ Nec
Total:			656.88	296.88	

## Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	1,737.11	96.00
Total Labour Cost	338.00	200.00
Total Spray Painting	558.00	200.00
Other	656.88	296.88
Overall Total	3,289.99	792.88
Lump Sum Repair Option		✓
Lump Sum Total	0.00	800.00
Surveyor Approved Amount		800.00
No of Repair Days*	5	2
Remarks		Lump Sum Repair, After paint photo.
Surveyor Name		Sun Pin (LKK)
Signature		

Survey Date

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Save

Clear