

ASS. REC. BY:

REF: CS/EQI 2004943/ PAF3

Special Instruction:

Surveyor: Ram

ASSIGNMENT (Office)

From (Person): Joel Goh

of EQ

Date/Time: 3.4.2020 16.03 p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHC 8133 L

Insured: SLK 3585 J

at Workshop m/s Combradign

Tel: 6214 8300

of 59 loyang drive

Policy No: DMPPH Q19-003257

Claim No: DM20H000685

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 1.4.2020

CA / REV / REP. / REV 24 HRS

Date/Time: 4/4/2020 9.42 a.m

Person Contacted:

Jumani

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 8133 L - CC3 / LCR 170 23066 / K1W 53/12 D.O.A. - 6/1/21 2017
	SLK 3585 J - X

ASS. REC. BY:

Ram

REF:

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: _____

Policy No. _____

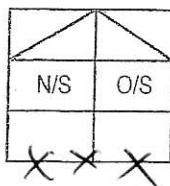
Claims No. _____

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: SHC 8133L Yr Regn: 19/05/2016

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

Truck / Trailer or

Make: Hyundai 140 c.c 1685Colour: blue A/C: Insured / Std / NI / NASp. Reading: 671962 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLBA1UNGU089752

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Han Kook

Front

Rear

R/Bal. 6 mm R/Bal. 7 mmL/Bal. 6 mm L/Bal. 7 mmD.O.A. 1/04/2020 D.O.I. 3/4/2020Survey held at comfor-idulgo (ioyang)Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

EQ
LIS

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Report Format: _____

Lump Sum / LPH: _____

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Status
Main	02 Apr 2020	02 Apr 2020 16:54 S\$1,978.98	03 Apr 2020 16:03 Assign			New Assignment

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	----------

CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R			
Main Claimant:	CTPL			
Vehicle Reg. No.:	SHC8133L	Date of Loss:	01/04/2020 00:00 - :59 [46 Months and 13 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / DM20HO00685	Policy/Cover Note No.:	DMPPHQ19-003257	
Vehicle Reg. No. (Insured):	SLK3585J	Policy No. (Claimant):		
		Excess:	S\$0.00	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300			
Handling Insurer:	EQ Insurance Company Ltd (HQ) - Tel: 6223 9433 ... [Handled by Joel Goh]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 15/04/2020]			
Adj Asg. Remarks:	WP PRS			

ASSOCIATED MAIL RECEIVED

[View All](#)
[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)
[Search Tasks](#)
[Create New Task](#)
[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Page : 1

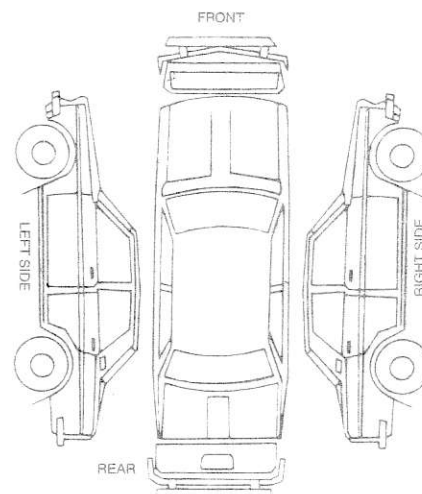
JC NO.: 305391801

EQNS

JOB DESCRIPTION

NATURE: 3P 01.04.2020

DESCRIPTION



MAILED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

ledgement Slip

Exit Pass

No.:

SHC8133L

LIKE

Vehicle No.:

SHC8133L

f Service Advisor

Signature/Date

Name of Service Advisor

Date _____

turned to Service Reception upon collection

To be kept by Security Guard

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	02/04/2020 14:31
Date Of Accident	01/04/2020 18:00
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8133L
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Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	LOW LYE CHOON
NRIC No	SXXXX446H
Date Of Birth	25/09/1947
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1965
Driving Experience	54 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97398413
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 131 ANG MO KIO AVENUE 3 #03-1599
Postcode	560131
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	WET

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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 . COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20200402/2032

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	SLK3585J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

EQ INSURANCE COMPANY LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAXI PASSENGER

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

SHC8133L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

LOW LYE CHOON

Approximate Age

Injuries Sustain

NECK AND BACK PAIN, ON 3 DAYS MC.

Injured person in which vehicle?

SHC8133L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 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.
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, investigation, 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. 199303921K

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 02 APR 2020

As per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report @ T120200402/2032

DECLARATION

We declare the foregoing particulars are true in every respect.

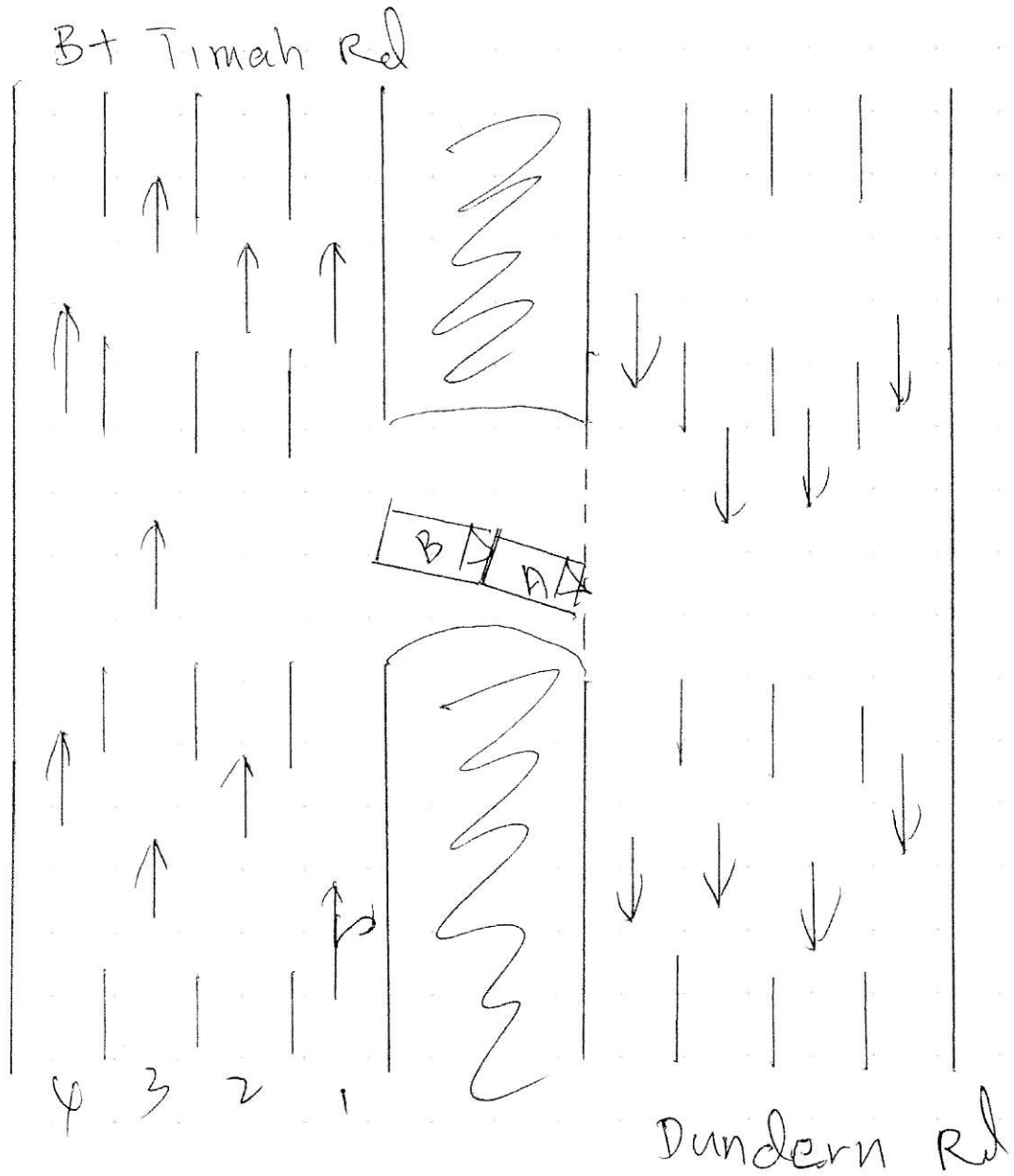
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 82 APR 2020



A- SHC- 8133-L.

B- SLK- 3585-J.



**SINGAPORE
POLICE FORCE**



T/20200402/2032

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3

Report No. T/20200402/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2020 12:22	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: LOW LYE CHOON			Address: APT BLK 131 ANG MO KIO AVENUE 3 #03-1599 SINGAPORE 560131		
ID Type / ID No.: NRIC NO / S2071446H			Contact No.: Home/Office: Mobile: 97398413		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 72	Date of Birth: 25/09/1947	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/04/2020 18:00	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		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
SHC8133L	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SLK3585J	Car	MERCEDES BENZ	C 180 BLUEEFFICI ENCY	White		0



**SINGAPORE
POLICE FORCE**



T/20200402/2032

2 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20200402/2032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW LYE CHOON	ID No.	S2071446H
Related Vehicle	SHC8133L (Car)	Contact No.	97398413
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/04/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL 3	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location. I was waiting to make a U-turn along the Bukit Timah Road. While I was waiting for the vehicle on the other side of the road to be clear, I felt an impact on the rear of my vehicle. When I came down from my vehicle, I discovered that one vehicle (SLK3585J) had collided into the rear of my vehicle.

There is in-car camera installed in the front of my vehicle. Due to the impact, my vehicle had sustained some dent mark on the rear bumper. My car boot was also slightly slanted due to the impact. I had sustained some neck and back injuries due to the accident.

I am lodging this police report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20200402/2032

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20200402/2032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 CHOO WEI CHONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/04/2020 12:22

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

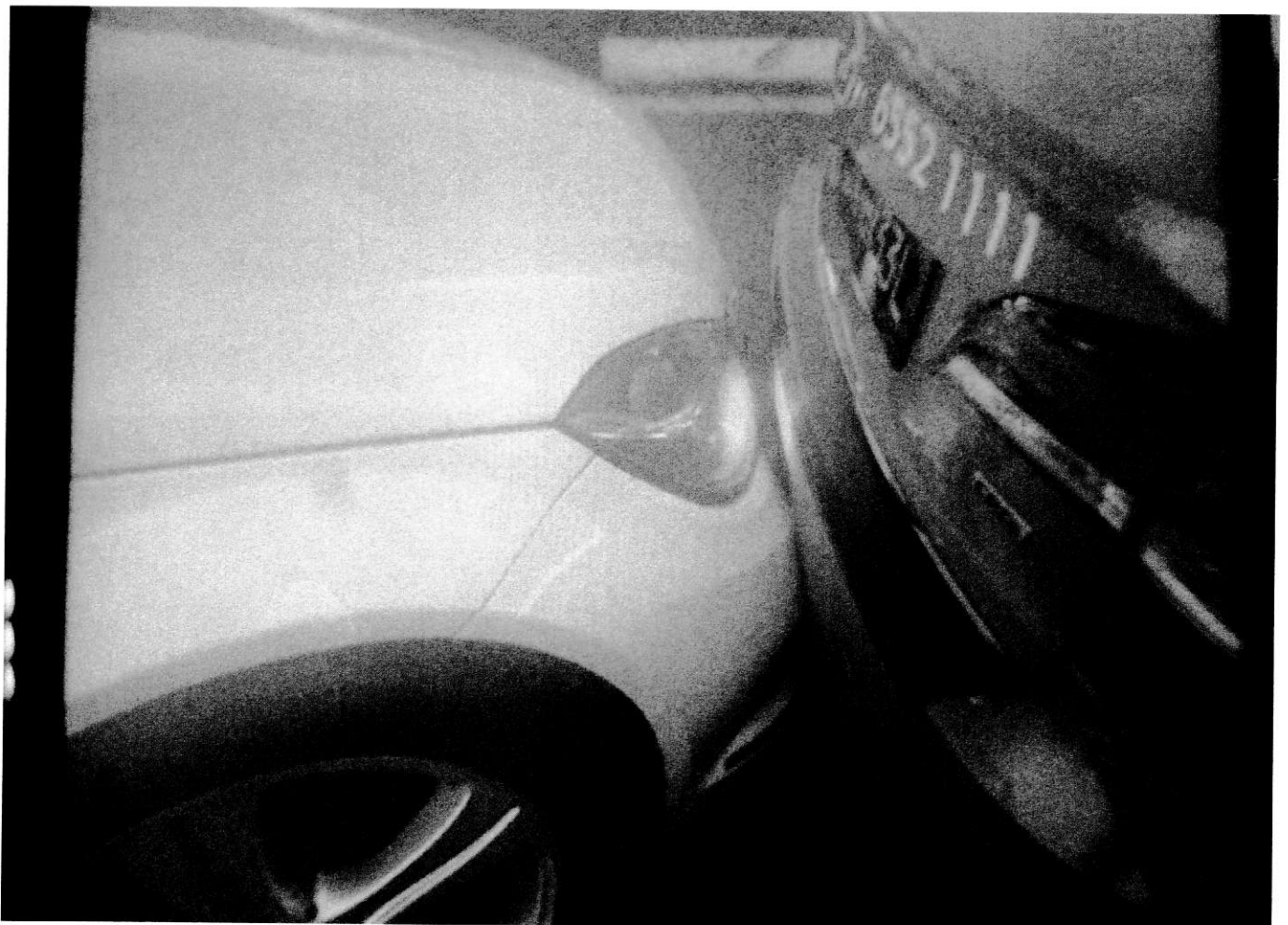
Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SHC8133L
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Apr 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDFU609194
Chassis No.:	KMHLB41UMGU089752
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,070.00
Original Registration Date:	19 May 2016
First Registration Date:	19 May 2016
Transfer Count:	0
Actual ARF Paid:	\$20,098.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 May 2024
PARF Rebate Amount:	\$15,073.00

Intended COE Rebate Details

COE Expiry Date:	18 May 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,463.00
COE Rebate Amount:	\$18,758.00
Total Rebate Amount:	\$33,831.00

Message

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 06 Apr 2020

OK

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

EQ Insurance Company Ltd (HQ)

Singapore

LKe

EQ INS

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	01/04/2020
Vehicle Reg. No.:	SHC8133L	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	19/05/2016
Vehicle Colour:	BLUE		
Engine No:	D4FDFU609194	Chassis No:	KMHLB41UMGU089752
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	1,298.98
Miscellaneous Items	0.00
Labour	680.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,978.98
+ GST 7.00% (S\$)	138.53
Nett Amount (S\$)	2,117.51

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 02 Apr 2020)**Parts:** 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHC8133L/02/04/2020 16:54**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER COVER <i>cut / DEF</i>	20.00	0.00	*1,106.00 FL
2	10		*REAR BUMPER CLIPS <i>rec</i>	20.00	0.00	*22.00 FL
3	1		*REAR BUMPER UNDER COVER <i>sc</i>	20.00	0.00	*228.00 FL
4	1		*REAR BUMPER SIDE BRACKET LH <i>xm</i>	20.00	0.00	*35.60 FL
5	1		*REAR BUMPER REVERSE SENSOR <i>?</i>	0.00	0.00	*135.70 F
6	1		*REAR BUMPER RUBBER MAT <i>na</i>	0.00	0.00	*50.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	1,577.30
- List Item Discount on L Items (\$\$)	278.32
Total Parts (\$\$)	1,298.98

ComfortDelGro Engineering Pte Ltd/SHC8133L/02/04/2020 16:54. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	350.00 \$280
2	SPRAY PAINTING CHARGE	New	250.00 \$200
3	REMOVE/REFIX REVERSE SENSOR	New	80.00 \$60
Gross Labour Cost (\$\$)			680.00

ComfortDelGro Engineering Pte Ltd/SHC8133L/02/04/2020 16:54. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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 subject to final approval from Insurance Company

acknowledged by Repairer

Signature:

Date:

Handwritten notes:
 Ram (LKK)
 3/4/2020 1515
 Resurvey@LKKAuto.com
 88622778
 ADT repairer
 (LS)
 Super days