

NS/INC20007033/Qqf3

REF:

NTRC

ASS. REC. BY: Sun Pin

*No Reference.

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. 5062614087-05 (04/08/2019-03/08/2020)

Claims No. MT/1096018-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 4772 T. Yr Regn: 02/12/2004

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

Truck / Trailer or

Make: Toyota Prius c.c. 1796

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

Sp. Reading: 510019. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN364805753123

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

R: 195/65 R15

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

TOYO / YOKO or

Touring

Front

Rear

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

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

D.O.A. 02/01/2020.

D.O.I. 03/01/2020.

Survey held at SMART

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

13/08/20@11.09am Sun Pin finalised with Poh Suan LS \$1950, 3 days TP
(Red \$10150.94, 84%) TAX/07/20/2004
SLS 217/H.

Date/Time, File Pass to?

☐

: Preli. Report

1) 14/08 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Rep. Format: TP

Lump Sum / H.R. / 1950

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHC4772T
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Jul 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR1457950
Chassis No.:	JTDKN36U805753123
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	02 Dec 2014
First Registration Date:	02 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Dec 2022
PARF Rebate Amount:	\$5,661.00
Intended COE Rebate Details	
COE Expiry Date:	01 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$15,517.00
Total Rebate Amount:	\$21,178.00
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 Jul 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	03/07/2020 12:48
Date Of Accident	02/07/2020 17:50
Exact Location Of Accident	CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4772T
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	1XXXXX369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-20095484MFSH
Cover Note Number	

Driver

Name of Driver	TAN KAH HOE, JEREMY (CHEN JIAHAO)
NRIC No	SXXXX631I
Date Of Birth	17/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2006
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email 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	SIDE SWIPE
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/202007/

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	SJS2171H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RADHAKRISHNAN DEVENDRAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN KAH HOE, JEREMY (CHEN JIAHAO)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC4772T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

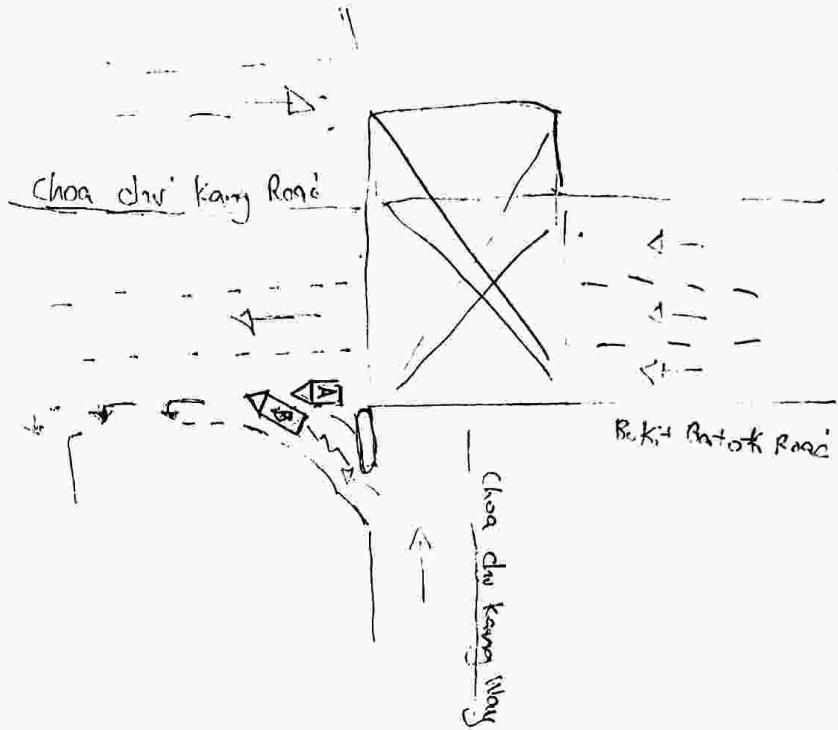
Address

Postcode

Sketch Plan Pg. 1

A - SHC4772T
B - SJS2171H

2/7/2020

[illegible]

DECLARATION

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 3/7/2020

Reporting Centre Personnel's Signature
Name
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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/7/2020


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

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20200702/2103

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20200702/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2020 22:06	Vide Report No.:	Station Diary No.: 146
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Informant's Particulars

Name of Informant: TAN KAH HOE, JEREMY			Address: APT BLK 5 TECK WHYE AVENUE #02-134 SINGAPORE 680005		
ID Type / ID No.: NRIC NO / S86066311			Contact No.: Home/Office: Mobile: 86684685		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 17/02/1986	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2020 17:50	Type of Location: Straight road near filter lane
Location: CHOA CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: HEAD TO SIDE REAR			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4772T	TAXI				Slightly Damaged	0
SJS2171H	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200702/2103

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20200702/2103

CONTINUATION OF REPORT

Driver			
Name	TAN KAH HOE, JEREMY	ID No.	S8606631I
Related Vehicle	SHC4772T (TAXI)	Contact No.	86684685
Hospital/Clinic	ROYAL CARE MEDICAL FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/07/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	RADHAKRISHNAN DEVENDRAN	ID No.	S2649958E
Related Vehicle	NIL	Contact No.	93829717
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

Brief Details.

On 02/07/2020 at around 1750hrs, I was driving my Taxi (SHC4772T) along Choa Chu Kang Way when a driver (Radhakrishnan) was from the filter lane had slowed down and stopped for a while and then he proceeded. I tried to brake however my vehicle collided with his vehicle, hitting his rear on the right side. Both drivers went down and make a check on the vehicle. His vehicle(SJS2171H)suffered a slight damage and scratches on he rear near to the passenger door on the right. My vehicle had a slight damage on the left headlight. Both drivers had exchanged particular. No threat or assault took place during the incident.

Later in the evening, I visited the doctor (Royal Care Medical Family Clinic) as I suffered back pain and gotten myself a 3 days MC. I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20200702/2103

3 of 3

Report No. T/20200702/2103

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:

J /

Sgt 1 NUR FADILLAH BINTE ABDULLAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

02/07/2020 22:06

Classification Of Case:



Case Details

Case Reference Number :
TAX/07/20/2004

Type of Repair : Accident Repair

Vehicle Registration Number :
SHC4772T

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-11958-ID

Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative
Ltd

Accident Date and Time : 02/07/2020 09:50 AM

Vehicle Age(In Months) : 67

Documents / Photographs

View Documents / Photographs

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation						Surveyor Approval				Remarks
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
One Time Key In	Main			BUMPER FRT	1	482.00	482.00	25.00	361.50	Replace	1	361.50	Replace	✓ / CR4
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	10	12.08	Replace	✓ / N/A
One Time Key In	Main			BUMPER SUPPORT F/LH	1	76.40	76.40	25.00	57.30	Replace	0	0	Check	✓ X suc
One Time Key In	Main			BUMPER FRT ABSORBER LOWER	1	127.70	127.70	25.00	95.78	Replace	0	0	Check	✓ X suc
One Time Key In	Main			BRACKET, FR TURN CENTER LH	1	58.20	58.20	25.00	43.65	Replace	0	0	Check	✓ X suc
One Time Key In	Main			BRACKET, FR TURN LOWER LH	1	26.00	26.00	25.00	19.50	Replace	0	0	Check	✓ X suc
One Time Key In	Main			BRACKET, FR TURN UPPER LH	1	24.40	24.40	25.00	18.30	Replace	0	0	Not Give	✓ X suc
One Time Key In	Main			LENS & BODY, FR TURN LH	1	511.80	511.80	10.00	460.62	Replace	0	0	Check	✓ X suc
One Time Key In	Main			SUPPORT SUB-ASSY	1	1,460.40	1,460.40	25.00	1,095.30	Replace	0	0	Check	✓ X suc

Total Spare Part Cost 6,876.49

Surveyor Total 1,323.18

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 846.40

Final Sur Total 1,058.54

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval			
				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			HEAD LAMP LH	1	945.20	945.20	10.00	850.68	Replace	1	850.68	Replace	✓ SCR
One Time Key In	Main			FENDER FRT/LH	1	723.40	723.40	25.00	542.55	Replace	1	0	Repair	✓ X R
One Time Key In	Main			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.92	Replace	1	38.92	Replace	✓ NE
One Time Key In	Main			FENDER LINER FRT/LH	1	171.70	171.70	25.00	128.77	Replace	0	0	Check	✓ X SRC
One Time Key In	Main			FENDER LINER PAD, FR WHEEL LH	1	49.30	49.30	25.00	36.97	Replace	0	0	Not Give	✓ X SRC
One Time Key In	Main			PROTECTOR, FRONT FENDER SIDE PANEL LH	1	114.50	114.50	25.00	85.88	Replace	0	0	Not Give	✓ X SRC
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	✓ X SRC
One Time Key In	Main			WHEEL DISC. FRONT	1	1,484.20	1,484.20	25.00	1,113.15	Replace	1	0	Repair	✓ X R
One Time Key In	Main			DOOR FRT/LH	1	894.40	894.40	25.00	670.80	Replace	1	0	Repair	✓ X R.
One Time Key In	Main			STICKER DECAL SMRT (DOOR)	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace	✓ NE
One Time Key In	Main			MIRROR ASSY, LH	1	1,224.90	1,224.90	25.00	918.68	Replace	0	0	Not Give	✓ X SRC
One Time Key In	Main			MIRROR LAMP LH	1	65.30	65.30	10.00	58.77	Replace	0	0	Not Give	✓ X SRC
One Time Key In	Main			COVER, OUTER MIRROR, LH	1	107.40	107.40	25.00	80.55	Replace	0	0	Not Give	✓ X SRC

Total Spare Part Cost 6,876.49

Surveyor Total 1,323.18

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 846.40

Final Sur Total 1,058.54

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Total:			846.00	400.00	

No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH PORTION	845.00	400	/
Total:			845.00	400.00	

Spray Cost Detail



S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPSRAY FRONT BUMPER	378.00	200	/
2	Main	TO RESPRAY FRONT SUPPORT PANEL	180.00	0	
3	Main	TO RESPRAY FRONT FENDER LH	378.00	200	/
4	Main	TO RESPRAY RIM	180.00	50	/
5	Main	TO RESPRAY FRONT DOOR LH	378.00	200	/
6	Main	TO RESPRAY VIEW MIRROR	180.00	0	
Total:			1,674.00	650.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	/
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30	/
3	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0	
4	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0	
5	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0	
6	Main	TO REPLACE SUNDRY PARTS	100.00	0	
7	Main	TO WASH AND VACUUM	60.00	0	
Total:			780.00	50.00	

Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	848.40	1,058.54

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Labour Cost	845.00	400.00
Total Spray Painting	1,674.00	650.00
Other	780.00	50.00
Overall Total	4,145.40	2,423.18
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	4,150.00	2,400.00
Surveyor Approved Amount		2,400.00
No of Repair Days*	6	3
Remarks	-	L/S, after paint
Surveyor Name		Sun Pin (LKK)
Signature		

Save Clear

Survey Date 03/07/2020

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: