HS AUTOMOTIVES PTE LTD

BIN Z KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE

TEL: 6538 1368 FAX: 6538 1367 EMAIL: HSAUTOMOTIVESPL@GMAIL.COM

ROC: 201907812C

	INDEPENDENT SURVEYOR
	DIRECT SETTLEMENT

Vehicle No: SLP13JYA

Make/Model: P308

CHASSIS NO: VF3LPHNYW0GS197226

Date: _____

Estimate cost of repair to the above mentioned

NO.	QTY	LIST IEMS	MARKING	UNIT $	AMOUNT (S$)
1	1	FRONT BUMPER / CA			
2	1	FRONT BUMPER SENSOR X NN			
3	1	FRONT BUMPER REFLECTOR ?			
4	1	FRONT BUMPER CLIP / NC	SN		
5	1	LH FRONT FENDER / Buc			
6	1	LH FRONT FENDER INNER SHIELD ?			
7	1	LH FRONT FENDER INNER SHIELD CLIP / SN			
8	1	LH FRONT HEAD LAMP . X	Sun		
9	1	LH FRONT HEAD LAMP LOWER BRACKET. X			
10	1	LH FRONT DOOR Repair X			
11	2	LH FRONT DOOR HANDLE X			
12	1	LH FRONT DOOR WHETHER STRIP X Sun			
13	1	LH FRONT SIDE MIRROR. /			
14	1	LH FRONT SIDE MIRROR COVER. / Sos.			
15	1	LH FRONT SIDE MIRROR GLASS X			
16	1	LH FRONT LOWER ARM. X			
17	1	LH FRONT SHOCK ABSORBER X NN			
18	1	LH FRONT SHOCK ABSORBER MOUNTING. X			
19	1	LH FRONT WHEEL KNUCKLE ?			
20	1	LH FRONT WHEEL BEARING / Jun			

REMARKS:

NO OF DAYS:	
AGREED FIGURE/LUMP SUM:	
SURVEYOR NAME	CONTACT:
EMAIL ADD:	

	INDEPENDENT SURVEYOR
	DIRECT SETTLEMENT

Vehicle No: SLP1327A

Make/Model: P308

CHASSIS NO: VF3LPHNYN6818[illegible]

Date:

Estimate cost of repair to the above mentioned

NO.	QTY	LIST IEMS	MARKING	UNIT $	AMOUNT (S$)
1	1	LH FRONT LINKAGE ROD X NN			
2	1	LH FRONT SPORT RIM / CA			
3	1	LH FRONT TYRE X NN			
4					
5					
6					
7	1	DENT BAT.		500	@ 1000
8					
9		SPRAY PAINT		700	@ 1200
10					
11		WHEEL ALIGNMENT.		60	@ 100
12					
13		TO REMOVE AND REFIX AND RECORRECT		120	@ 200
14					
15		TO CHECK WIRING		30	@ 80
16					
17		RUST PROOF		60	@ 100
18					
19					
20					

LKK Auto Consultants hereby notify the Repairer of the following:
- To resurvey before/after repainting
- 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:

REMARKS:

NO OF DAYS:	5
AGREED FIGURE/LUMP SUM:	2/5
SURVEYOR NAME	Gino Ang.
EMAIL ADD:	CONTACT:

7/2/22

After repair photos