

ASS. REC. BY:

REF:

CS/PC22005179/Dty³

ASSIGNMENT

RE July 2024

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 7/6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 7202C Yr Regn: July / 2016

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1685

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

Sp. Reading: 757429 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDFU503207

C/No: KMHLB41UMG1U092412

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: 205/60 R16

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Wastel

Front Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 28/05/2022 D.O.I. 31/05/2022

Survey held at Bijoyat Sin Ming

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

H/S P.d.

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

Date / Time Action / Instruction

First Capital PC 2449X

Exi balance 26 months

31/10/2022 Income 2158.8201 - net 7 days 7 days
(Red, 17082.84, 66%)

Date/Time, File Pass to?

1) 31/10/22

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$ 8800)

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 Submission	30/05/2022 11:55 (SGT)
Date of Accident	28/05/2022 13:30 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7202C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-91185566
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1685

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	YIP YONG KANG
NRIC No	SXXXX250F

Date Of Birth	16/06/1991
Occupation	Outdoor
Date Of Driving Pass	28/05/2012
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-91185566
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 413 TAMPINES STREET 41 #04-285
Address complement	-
Postcode	520413
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to the Police Report

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC24449X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Bus
Name of Driver	TAN JOO YONG
-	SXXXX345E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YIP YONG KANG
Gender	Male
Phone No	(Phone) +65-91185566
Address	BLK 413 TAMPINES STREET 41 #04-285
Address Complement	-
Post Code	520413
Approximate Age Years Old	-
Injuries Sustained	NECK & SHOULDER
Injured person in which vehicle?	SHC7202C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

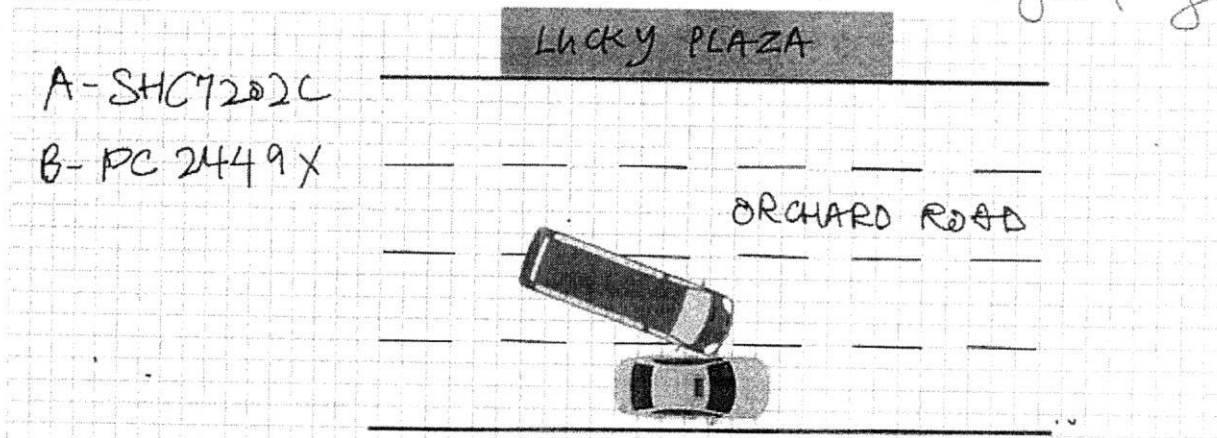
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20220528/2110

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

Witnessed by Reporting Centre
Personnel



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2022 22:19	Vide Report No.:	Station Diary No.: 89
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Informant's Particulars

Name of Informant: YIP YONG KANG			Address: APT BLK 413 TAMPINES STREET 41 #04-285 SINGAPORE 520413		
ID Type / ID No.: NRIC NO / S9120250F			Contact No.: Home/Office: Mobile: 91185566		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 16/06/1991	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: 28/05/2022 13:30	Type of Location:
Location: ORCHARD ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2449X	Bus/Coach/Mi nibus				No Damage	0
SHC7202C	Car	HYUNDAI	I40	Yellow	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/20220528/2110

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20220528/2110

CONTINUATION OF REPORT

Driver				
Name	TAN JOO YONG		ID No.	S1244345E
Related Vehicle	PC2449X (Bus/Coach/Minibus)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	YIP YONG KANG		ID No.	S9120250F
Related Vehicle	SHC7202C (Car)		Contact No.	91185566
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On 28/05/2022 at around 1330hrs, my vehicle SHC7202C, Yellow Citycab was involved in an accident along Orchard Road. I was travelling along the extreme right lane along Orchard Road when a Tour Bus, (PC2449X) filtered into my lane and i was squeezed. The Bus made contact with the left hand side of my vehicle, causing some damage to the left hand side of my vehicle. Subsequently, we exchanged particulars and parted ways. I would like to state that my vehicle is equipped with a dashcam however, it is only accessible through my company.



SINGAPORE
POLICE FORCE



T/20220528/2110

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20220528/2110

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/

~~SR-STAFF SGT MUHAMMAD~~

~~NOOR-AZRI-BIN-MOHAMED~~

~~SALLEH~~ *Sgt AMMAR*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

28/05/2022 22:19

Classification Of Case:

NP168

Customer:	LIM TTAN	Date:	6/1/2022 10:22 AM
Company:	01-42	VIN	
License NO:	SHC 7202C	Technician:	
Odometer:		Order NO:	

VEHICLE ALIGNMENT REPORT

HYUNDAI, i40 VF Series, 15-15 (Customized)

Primary Angles			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	4°13'	3°54'	4°54'	4°24'
		Right	5°00'	3°54'	4°54'	5°06'
	Camber	Left	-1°42'	-1°00'	0°00'	-1°42'
		Right	-1°06'	-1°00'	0°00'	-1°06'
	Toe	Left	0°21'	-0°06'	0°06'	0°21'
		Right	0°24'	-0°06'	0°06'	0°27'
Total		0°45'	-0°12'	0°12'	0°48'	
Rear	Camber	Left	-0°54'	-1°30'	-0°30'	-0°48'
		Right	-1°18'	-1°30'	-0°30'	-1°18'
	Toe	Left	0°09'	0°00'	0°12'	0°06'
		Right	0°00'	0°00'	0°12'	0°00'
		Total	0°09'	0°00'	0°24'	0°06'
	Thrust Angle		0°05'	---		0°03'
Secondary Angles			Initial	Specifications		Final
				Min.	Max.	
SAI		Left	14°17'	13°18'	14°18'	14°17'
		Right	14°14'	13°18'	14°18'	14°14'
Included Angle		Left	12°35'	---	---	12°35'
		Right	13°08'	---	---	13°08'
Toe Out On Turns		Left	---	---	---	---
		Right	---	---	---	---
Max Turn Inside		Left	---	---	---	---
		Right	---	---	---	---
Toe Curve Change		Left	---	---	---	---
		Right	---	---	---	---
Setback		Front	-13mm	---	---	-13mm
		Rear	2mm	---	---	2mm
Track Width Diff.			-5mm			-5mm
Wheel Base Diff.			-15mm			-15mm
Front Ride Height		Left	---	---	---	---
		Right	---	---	---	---
Rear Ride Height		Left	---	---	---	---
		Right	---	---	---	---
Frame Angle						---

ONE STOP AUTOMOTIVE SOLUTION

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	839G
Vehicle Details	
Vehicle No.:	SHC7202C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 May 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2016
Engine No.:	D4FDFU503207
Chassis No.:	KMHLB41UMGU092412
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,729.00
Original Registration Date:	14 Jul 2016
First Registration Date:	14 Jul 2016
Transfer Count:	0
Actual ARF Paid:	\$18,729.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Jul 2024
PARF Rebate Amount:	\$13,110.00
Intended COE Rebate Details	
COE Expiry Date:	13 Jul 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$39,616.00
COE Rebate Amount:	\$10,489.00
Total Rebate Amount:	\$23,599.00
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 30 May 2022

OK

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 30-May-22

INSURANCE: First Capital

MODEL: HYUNDAI I40

VEHICLE NO.: SHC 7202C

DESCRIPTION	QTY	LIST PRICE	AMOUNT
REAR DOOR (LH) <i>dent</i>	1	\$2,707.70	\$2,707.70
REAR DOOR RUBBER (LH) <i>Scr</i>	1	\$ 280.50	\$280.50
REAR DOOR REGULATOR (LH) <i>HH</i>	1	\$ 660.90	\$660.90
REAR DOOR POWER WINDOW MOTOR <i>HH</i>	1	\$ 386.20	\$386.20
REAR DOOR LOCK ASSY <i>HH</i>	1	\$ 468.20	\$468.20
REAR DOOR HINGE UPPER (LH) <i>HH</i>	1	\$ 114.50	\$114.50
REAR DOOR HINGE LOWER (LH) <i>HH</i>	1	\$ 123.50	\$123.50
REAR DOOR CHECK (LH) <i>HH</i>	1	\$ 92.90	\$92.90
FRONT BUMPER COVER <i>vt/cut</i>	1	\$ 1,052.20	\$1,052.20
FRONT BUMPER GRILLE (LH) <i>HH</i>	1	\$ 149.20	\$149.20
FRONT BUMPER BRACKET TOP (LH) <i>HH</i>	1	\$ 44.80	\$44.80
FRONT BUMPER BRACKET (LH) <i>HH</i>	1	\$ 49.20	\$49.20
FRONT BUMPER RETAINER MOUNTING LH <i>HH</i>	1	\$ 76.20	\$76.20
FRONT BUMPER GRILLE AIR DUCT (LH) <i>HH</i>	1	\$ 126.20	\$126.20
HEADLAMP (LH) <i>not working</i>	1	\$ 2,776.00	\$2,776.00
FRONT FENDER (LH) <i>dent</i>	1	\$ 663.00	\$663.00
FRONT FENDER APRON PANEL (LH) <i>HH</i>	1	\$ 637.00	\$637.00
FRONT FENDER SHIELD (LH) <i>Scr</i>	1	\$ 174.90	\$174.90
FRONT DOOR MIRROR ASSY (LH) <i>broken</i>	1	\$ 893.50	\$893.50
FRONT DOOR (LH) <i>dent</i>	1	\$2,707.70	\$2,707.70
FRONT DOOR RUBBER <i>HH</i>	1	\$ 290.50	\$290.50
FRONT DOOR GEAR/REGULATOR (LH) <i>HH</i>	1	\$ 776.80	\$776.80
FRONT DOOR POWER MOTOR (LH) <i>HH</i>	1	\$ 172.70	\$172.70
FRONT DOOR HINGE UPPER (LH) <i>HH</i>	1	\$ 113.60	\$113.60
FRONT DOOR HINGE LOWER (LH) <i>HH</i>	1	\$ 125.70	\$125.70
FRONT DOOR CHECK (LH) <i>HH</i>	1	\$ 91.80	\$91.80
FRONT DOOR INNER LOCK (LH) <i>HH</i>	1	\$ 490.80	\$490.80
FRONT WHEEL RIM (LH) <i>dent</i>	1	\$ 650.60	\$650.60
FRONT WHEEL HUB CAP (LH) <i>cut/broken</i>	1	\$ 214.20	\$214.20
KNUCKLE ARM (LH) <i>distorted</i>	1	\$ 1,104.00	\$1,104.00
FRONT WHEEL BEARING AND HUB (LH) <i>dent</i>	1	\$ 863.80	\$863.80
FRONT SUSPENSION LOWER ARM (LH) <i>distorted</i>	1	\$ 595.90	\$595.90
FRONT SHOCK ABSORBER ASSY (LH) <i>distorted</i>	1	\$ 684.40	\$684.40
FRONT SHOCK ABSORBER MOUNTING (LH) <i>HH</i>	1	\$ 217.60	\$217.60
STG TIE ROD (LH) <i>HH</i>	1	\$ 186.40	\$186.40
STG TIE END (LH) <i>HH</i>	1	\$ 125.20	\$125.20
STABILIZER BAR ASSY <i>HH</i>	1	\$ 463.70	\$463.70
STABILIZER BAR LINK (LH) <i>HH</i>	1	\$ 85.90	\$85.90
FRONT DRIVE SHAFT (LH) <i>HH</i>	1	\$ 2,061.60	\$2,061.60
RACK & PINION ASSY <i>HH</i>	1	\$ 1,820.00	\$1,820.00
SUB TOTAL			\$25,319.50
LESS 20%			\$5,063.90

2256.40
✓ 1789.90

X

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1388.00

2201.10

325.30

107.10

552.00

301.80

529.30

342.20

10,611.90

8,489.52

DISCOUNTED TOTAL				\$20,255.60
REAR DOOR TEL NO. STICKER (LH) <i>new HF</i>	SN	1	\$ 10.00	\$10.00
Rear Door Comfortdelgro & Apps Sticker(LH) <i>new</i>	SN	1	\$ 80.00	\$ 80.00
FRONT DOOR COMFORT LOGO (LH) <i>new</i>	SN	1	\$ 75.00	\$75.00
FRONT TYRE (LH) <i>svr</i>	SN	1	\$ 216.00	\$216.00
SUB TOTAL				\$381.00
Labour Charge				
Panel Beating		1	\$ 1,400.00	\$1,400.00
Spray Painting Charge		1	\$ 1,200.00	\$1,200.00
Wiring Charge		1	\$ 100.00	\$100.00
Tuff Kote		1	\$ 100.00	\$100.00
Towing Charge		1	\$ 80.00	\$80.00
Transfer of Door Mechanism FRONT		1	\$ 80.00	\$80.00
Re-set Frt Power Window System		1	\$ 200.00	\$200.00
Transfer of Door Mechanism REAR		1	\$ 80.00	\$80.00
Re-set Rear Power Window System		1	\$ 200.00	\$200.00
Four Wheel Alignment		1	\$ 120.00	\$120.00
Remove/Refix Undercarriage (Frt)		1	\$ 400.00	\$400.00
Remove/Refix Steering Rack/Wheel/Dr Shaft		1	\$ 150.00	\$150.00
Diagnostic & Resetting To Erase Fault Code		1	\$ 550.00	\$550.00
TOTAL LABOUR				\$4,660.00
ESTIMATE TOTAL				\$ 25,296.60
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance				

X
✓
✓
X
155.00
600/-
800/-
44
40/-
44
60/- 1770.00
44
60/-
44
60/-
150/-
44
44
25882.84

31/05/2022 @ 1700w
Not Author
2/June 7 days.
10,414.52
Supp 586.24
11,000.76
4/5 8,800/-

[Signature]
LKK Auto

Check Part prices
Provide BV
before finalization

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: