

Ass. Fco. BV:

REP:

06/07/22007388/Any3

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 11 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: PC7756B Yr Regn: 2019, April

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

Truck / Trailer or Mini Bus

Make: Toyota Hiace Commuter c.c 2754

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

Sp. Reading: 175140 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GDH2232001194

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/50R18

R: 225/50R18

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 02/08/22

Survey held at HD Perfect

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
	TP Check
	Adrian confirmed Lump Sum \$18,200 and 11 days (Red, 25998.71, 59%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to?

1) 11/10/22

Date/Time, File Return to?

2)

Report Format: 18,200

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 11

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

Survey Fee:

Transportation:

S - RS - SI

Photos

Others

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 Actual 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	02/08/2022 11:20 (SGT)
Reported by	Driver
Date of Accident	01/08/2022 06:00 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	WOODLANDS ROAD TOWARDS KJE(BKE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7756B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LOADNGO PTE LTD
Company Reg No	2XXXXX655M
Email Address	SURESHSARAVANAN7756@GMAIL.COM
Mobile Phone No	(Phone) +65-87542442
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5122025599-01

DRIVER

Name of Driver	SURESH SARAVANAN S/O MUNIANDY
NRIC No	SXXXX903G
Date Of Birth	20/05/1974
Occupation	Outdoor

Date Of Driving Pass	10/12/2001
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88172700
Alt. Phone Number	-
Email Address	SURESHSARAVANAN7756@GMAIL.COM
Address	817B KEAT HONG LINK
Address complement	03-99
Postcode	682817
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA5257Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SURESH SARAVANAN S/O MUNIANDY
Gender	Male
Phone No	(Phone) +65-88172700
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	48
Injuries Sustained	-
Injured person in which vehicle?	PC7756B
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre P (Name as in NRIC/ID card)



Sketch Plan

Vehicle A: PC7756B
Vehicle B: PA5257Z

ON THE STATE DATE AND TIME. I, VEHICLE A (PC7756B) WAS STATIONARY ON LANE 1 OF WOODLANDS ROAD TOWARDS KJE(BKE) DUE TO THE TRAFFIC WAS RED. WHEN THE TRAFFIC TURNS GREEN I STARTED TO MOVE OFF SLOWLY. SUDDENLY I FELT A HUGE IMPACT FROM THE LEFT PORTION OF MY VEHICLE I THEN REALISE THAT IS VEHICLE B (PA5257Z) FROM MY LEFT (LANE 2) MAKING U-TURN AND COLLIDED ONTO MY VEHICLE, HE DID NOT STOP CONTINUE TO DRIVE I TRIED TO HORN HIM BUT HE STILL CONTINUE TO MAKE THE U-TURN AND PUSH MY VEHICLE TO HIT ONTO THE CURB ON MY RIGHT HAND SIDE.

I WISH TO STATE THAT MY DAMAGES PORTION WAS ON THE RIGHT HAND SIDE AND LEFT HAND SIDE.

VEHICLE A : PC7756B

VEHICLE B : PA5257Z



Describe Circumstance of the Accident

Attached

The

AD

Noted

Declaration

I We declare the foregoing particulars are true in every respect

Authority: Signature of Date & Time

Signature of Driver of Vehicle Involved in Accident

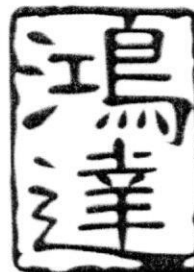
Signature of Person in Charge of Vehicle Involved in Accident



Company Reg No: 202136904Z

Tel : 6341 6789 Fax: 6341 6778

E-mail: hdperfectautowork@gmail.com



HD PERFECT
AUTOWORK PTE LTD

DATE : 01.08.2022

TO : CHINA TAIPING MOTOR CLAIMS DEPTS
VEHICLE NO : PC7756B
MODEL : TOYOTA HIACE
DATE OF ACCIDENT : 01.08.2022
TIME OF ACCIDENT : 06:00HRS

624 2232 001/94

Xiao Chen

WE APPEND HEREUNDER THE ESTIMATED COST OF REPAIRS TO BE CARRIED OUT TO THE ABOVE VEHICLE.

CLAIM DETAIL : PARTS

CLAIM DETAIL - PARTS				
S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	FRONT BUMPER <i>Red</i>	1	\$ 571.60	\$ 571.60
2	FRONT BUMPER FOG LAMP COVER <i>New</i>	2	\$ 48.70	\$ 97.40
3	FRONT BUMPER FOG LAMP <i>New</i>	2	\$ 295.80	\$ 591.60
4	FRONT BUMPER TOWING COVER <i>New</i>	2	\$ 25.10	\$ 50.20
5	FRONT BUMPER LOWER GRILLE <i>New</i>	1	\$ 226.40	\$ 226.40
6	FRONT BUMPER SIDE RETAINER <i>LH 2nd</i>	1	\$ 148.70	\$ 148.70
7	FRONT ADBLUE TANK <i>could</i>	1	\$ 1,308.30	\$ 1,308.30
8	FRONT ADBLUE TANK BRACKET <i>New</i>	2	\$ 165.30	\$ 330.60
9	HEADLAMP <i>LH at</i>	2	\$ 3,033.20	\$ 6,066.40
10	HEADLAMP LOWER BRACKET RH <i>New</i>	1	\$ 38.80	\$ 38.80
11	CENTRE GRILLE BASE <i>New could</i>	1	\$ 568.90	\$ 568.90
12	CENTRE GRILLE LOWER COVER GARNISH <i>for</i>	1	\$ 383.70	\$ 383.70
13	CENTRE GRILLE UPPER COVER GARNISH <i>for</i>	1	\$ 221.80	\$ 221.80
14	FRONT WIPER GARNISH <i>New</i>	1	\$ 639.80	\$ 639.80
15	FRONT WIPER GARNISH SIDE JOINT LH <i>New</i>	1	\$ 26.80	\$ 26.80
16	FRONT WINDSCREEN MOULDING <i>New</i>	1	\$ 81.80	\$ 81.80
17	WASHER TANK <i>New</i>	1	\$ 286.00	\$ 286.00
18	BONNET <i>Regis</i>	1	\$ 1,020.30	\$ 1,020.30
19	BONNET HINGE <i>for</i>	2	\$ 59.80	\$ 119.60
20	BONNET LOCK <i>for</i>	1	\$ 93.90	\$ 93.90
21	AIR CLEANER <i>New could</i>	1	\$ 780.01	\$ 780.01
22	AIR DUCT <i>New</i>	1	\$ 115.80	\$ 115.80
23	FRONT CORNER PANEL LH <i>Dented</i>	1	\$ 268.40	\$ 268.40
24	FRONT CORNER PANEL TOP RUBBER LH <i>at</i>	1	\$ 24.50	\$ 24.50
25	FRONT CORNER VIEW MIRROR LH (SET) <i>could</i>	1	\$ 1,060.00	\$ 1,060.00
26	FRONT CORNER VIEW MIRROR SUPPORT BRACKET <i>could</i>	1	\$ 268.30	\$ 268.30

TO : CHINA TAIPING MOTOR CLAIMS DEPTS
 VEHICLE NO : PC7756B
 MODEL : TOYOTA HIACE
 DATE OF ACCIDENT : 01.08.2022
 TIME OF ACCIDENT : 06:00HRS

27	FRONT STEP PANEL GARNISH LH <i>Replaced</i>	1	\$ 204.90	\$ 204.90	✓
28	FRONT STEP INNER PANEL <i>LH Dented</i>	2	\$ 135.00	\$ 270.00	135
29	FRONT DOOR PILLAR LH (OUTER) <i>3 Repairs</i>	1	\$ 542.80	\$ 542.80	+
30	FRONT DOOR PILLAR LH (INNER)	1	\$ 317.20	\$ 317.20	+
31	FRONT DOOR SIDE MIRROR LH (COMPLETE SET)	1	\$ 1,492.90	\$ 1,492.90	✓
32	FRONT DOOR <i>Dented</i>	2	\$ 1,887.10	\$ 3,774.20	3350
33	FRONT DOOR ARCH RUBBER <i>New</i>	2	\$ 78.60	\$ 157.20	+
34	FRONT DOOR GLASS LH <i>New</i>	1	\$ 525.30	\$ 525.30	+
35	FRONT DOOR GLASS CHANNEL LH <i>New</i>	1	\$ 258.10	\$ 258.10	+
36	FRONT DOOR OUTERSTRIP LH <i>New</i>	1	\$ 125.80	\$ 125.80	+
37	FRONT DOOR INNER LOCK LH <i>New</i>	1	\$ 578.30	\$ 578.30	+
38	FRONT DOOR HINGE LH <i>3AP</i>	2	\$ 85.20	\$ 170.40	+
39	FRONT DOOR CHECKER LH	1	\$ 183.80	\$ 183.80	+
40	FRONT DOOR WEATHERSTRIP <i>New</i>	2	\$ 288.10	\$ 576.20	+
41	FRONT DOOR INNER TRIM LH <i>New</i>	1	\$ 806.20	\$ 806.20	+
42	FRONT DOOR WIRE HOLDER LH <i>Cracked</i>	1	\$ 105.20	\$ 105.20	✓
43	FRONT SUPPORT PANEL <i>New</i>	1	\$ 496.90	\$ 496.90	+
44	FRONT WHEEL HOUSE ARCH RUBBER <i>New</i>	2	\$ 89.10	\$ 178.20	+
45	FRONT LOWER ARM <i>Best</i>	2	\$ 690.00	\$ 1,380.00	✓
46	FRONT UPPER ARM <i>Best</i>	2	\$ 650.00	\$ 1,300.00	✓
47	FRONT SHOCK ABSORBER <i>2nd</i>	2	\$ 465.00	\$ 930.00	✓
48	FRONT KNUCKLE ARM <i>LH Dmg, RH Cracked</i>	2	\$ 745.00	\$ 1,490.00	✓
49	FRONT BRAKE HOSE RH <i>New</i>	1	\$ 186.30	\$ 186.30	+
50	FRONT LINKAGE <i>New</i>	2	\$ 105.00	\$ 210.00	+
51	FRONT ABS SENSOR <i>New</i>	2	\$ 397.20	\$ 794.40	+
52	FRONT STEERING RACK & PINION <i>Best</i>	1	\$ 1,965.00	\$ 1,965.00	✓
53	ENGINE UNDER COVER <i>New</i>	1	\$ 465.20	\$ 465.20	+
54	RADIATOR <i>Cracked</i>	1	\$ 2,577.30	\$ 2,577.30	1588
55	AIR CON CONDENSER <i>New</i>	1	\$ 1,949.10	\$ 1,949.10	+
56	AIR CON PIPE (SMALL) <i>3AP</i>	1	\$ 364.00	\$ 364.00	+
57	AIR CON PIPE (BIG) <i>3AP</i>	1	\$ 475.00	\$ 475.00	+

20411.21

15308.40

TOTAL PRICE \$ 40,239.51
 LESS 25% \$ 10,059.88
 SUB TOTAL PRICE \$ 30,179.63

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	FRONT BUMPER CLIP (SET) <i>New</i>	1	\$ 80.00	\$ 80.00
2	FRONT BUMPER LOWER SPOILER <i>Dmgd</i>	1	\$ 800.00	\$ 800.00

TO : CHINA TAIPING MOTOR CLAIMS DEPTS
 VEHICLE NO : PC7756B
 MODEL : TOYOTA HIACE
 DATE OF ACCIDENT : 01.08.2022
 TIME OF ACCIDENT : 06:00HRS

3	ADBLUE <i>new</i>	1	\$ 200.00	\$ 200.00 60
4	CENTRE GRILLE CLIP (SET) <i>new</i>	1	\$ 50.00	\$ 50.00 20
5	FRONT WIPER GARNISH CLIP (SET) <i>new</i>	1	\$ 50.00	\$ 50.00 +
6	FRONT WINDSCREEN SEALANT <i>2 x 1</i>	1	\$ 80.00	\$ 80.00 +
7	FRONT WINDSCREEN INNER SEAL <i>1 x 1</i>	1	\$ 60.00	\$ 60.00 +
8	BONNET SEALANT <i>new</i>	1	\$ 120.00	\$ 120.00 +
9	FRONT STEP PANEL GARNISH RH CLIP (SET) <i>new</i>	1	\$ 50.00	\$ 50.00 20
10	FRONT STEP PANEL GARNISH TOP CHROME (SET) <i>1 x 1</i>	1	\$ 300.00	\$ 300.00 150
11	FRONT DOOR PILLAR RH (OUTER) SEALANT <i>1 x 1</i>	1	\$ 120.00	\$ 120.00 +
12	FRONT DOOR OUTER PROTECTOR (SET) <i>1 x 1</i>	1	\$ 500.00	\$ 500.00 +
13	FRONT DOOR SEALANT <i>2 x 1</i>	2	\$ 120.00	\$ 240.00 +
14	FRONT DOOR VISOR (SET) <i>1 x 1</i>	1	\$ 200.00	\$ 200.00 120
15	FRONT DOOR INNER TRIM CLIP (SET) <i>2 x 1</i>	1	\$ 50.00	\$ 50.00 +
16	FRONT DOOR GLASS SOLAR FILM LH <i>1 x 1</i>	1	\$ 350.00	\$ 350.00 +
17	FRONT WHEEL TYRE <i>RH cut</i>	2	\$ 380.00	\$ 760.00 200
18	FRONT WHEEL RIM <i>cut</i>	2	\$ 450.00	\$ 900.00 ✓
19	BRAKE OIL <i>new</i>	1	\$ 500.00	\$ 500.00 100

2200

TOTAL \$ 5,410.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST
1	PANEL BEATING, REMOVING AND REPLACING PARTS	\$ 1,800.00	1400
2	SPRAY PAINTING TO AFFECTED AREA	\$ 1,600.00	1200
3	TUFF COAT	\$ 250.00	120
4	WIRING CHECK	\$ 80.00	30
5	REMOVE AND REFIX CUSHION SEAT /UPHOLSTERY & ROOF LINING TO FACILITATE REPAIR	\$ 250.00	80
6	REMOVE AND REFIX RADIATOR	\$ 120.00	60
7	REFOCUS HEADLAMP BEAM	\$ 60.00	x
8	CONDUCT WATER LEAKAGE TEST	\$ 80.00	x

TO : CHINA TAIPING MOTOR CLAIMS DEPTS
 VEHICLE NO : PC7756B
 MODEL : TOYOTA HIACE
 DATE OF ACCIDENT : 01.08.2022
 TIME OF ACCIDENT : 06:00HRS

9	TRANSFER BOTH FRONT DOOR MECHANISM	\$ 160.00	✓ 80
10	REMOVE AND REFIX DOOR WINDOW GLASS	\$ 100.00	✓ 80
11	REMOVE AND REFIX DASHBOARD	\$ 850.00	x
12	REMOVE AND REFIX FRONT WINDSCREEN	\$ 120.00	x
13	REMOVE AND REFIX FRONT UNDERCARRIAGE	\$ 650.00	✓ 550
14	REMOVE AND REFIX BOTH FRONT WHEEL BEARING	\$ 120.00	x
15	REMOVE AND REFIX STEERING RACK AND PINION	\$ 500.00	✓ 120
16	REMOVE AND REFIX ADBLUE TANK	\$ 150.00	✓ 50
17	FOUR WHEEL ALIGNMENT	\$ 120.00	✓ 80
18	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	\$ 180.00	x

3850

TOTAL \$7,190.00

ESTIMATE REPORT

TOTAL PARTS COST : \$ 35,589.63
 TOTAL LABOUR COST : \$ 7,190.00
 TOTAL REPAIR COST : \$ 42,779.63

44198.71

Adrian C
 N/S 03/08/22

NB: THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE CARRIED OUT IN THE COURSE OF REPAIRS. EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN.

11 Days

PARTS PRICES ARE SUBJECT TO CHANGES.

Supplementary : 1419.08

IRENE

SERVICE ADVISOR

HP : 8297 9787

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:

total: 22777.48
 N/S: 18.2K

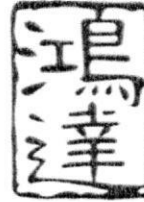
18.2K

HD Perfect Autowork Pte Ltd

Company Reg No: 202136904Z

8 Kaki Bukit Ave 4, #08-09 Premier@Kaki Bukit
Singapore 415875

Tel : 6341 6789 Fax: 6341 6778
E-mail: hdperfectautowork@gmail.com



HD PERFECT
AUTOWORK PTE LTD

DATE : 28.06.2022

TO : CHINA TAIPING MOTOR CLAIMS DEPTS (SUPPLEMENTARY)
VEHICLE NO : PC7756B
MODEL : TOYOTA HIACE
DATE OF ACCIDENT : 01.08.2022
TIME OF ACCIDENT : 06:00 HRS

WE APPEND HEREUNDER THE ESTIMATED COST OF REPAIRS TO BE CARRIED OUT TO THE ABOVE VEHICLE

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	FRONT CROSS MEMBER <i>Best</i>	1	\$ 1,892.10	\$ 1,892.10 ✓

TOTAL PRICE	\$ 1,892.10
LESS 25%	\$ 473.03
TOTAL PRICE	\$ 1,419.08

NB: THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE CARRIED OUT IN THE COURSE OF REPAIRS. EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED ACCORDINGLY WHICH HOWEVER YOU WILL BE INFORMED PRIOR TO ACTION TAKEN.
PARTS PRICES ARE SUBJECT TO CHANGES.

YOURS FAITHFULLY,

IRENE

SERVICE ADVISOR
IRENE
HP : 8297 9787

Adrian Ly
03/08/22