

22/03/2002

ASS. EC. BY:

REF: 09/FCL17011448 / Mthbe2

Special Instruction:

Surveyor: Ma

ASSIGNMENT (Office)

From (Person): Cus Sitthara

of

FCL

Date/Time: 12062017 631pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDL 9700T

Insured:

SHD 8841 X

at Workshop m/s

TPS Fumkars

Tel:

6842 2222

of

383 Sin Ming Drive

Policy No:

Claim No:

D7004354 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

25042017

CA / REV / REP. / REV 24 HRS w/p.

15-06-2017 @ 11am

H.O.D. Endorsement:

Date/Time: 13062017 9.08am

Person Contacted:

Anthony

Vehicle: IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SDL 9700T - x

SHD 8841 X - 003 / 700217003394 / 11447302

D.O.A. 250417

28/2-

vehicle not sent in repair.

Submit proli Report

Surveyor:

ASSIGNMENT

From: _____ Date: 15062017

Estimated Cost: _____

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

To inspect Vehicle No: SDL 9700T

at Workshop m/s TTS Eurokars

of 383 Gin Ming Dr

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

nam

(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: _____ 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: SDL9700T Yr Regn: NOV / 2016

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

Truck / Trailer or

Make: MERZ GLC250 c.c 1991

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

Sp.Reading 11383 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDC2539462P106697

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: 235/55/17

R: _____

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

TOYO / YOKO or SCORPION (CER 1)

Front 8 mm Rear 8 mm

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 25/4/2017 D.O.I. 15/6/2017

Survey held at _____

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

NS Rear

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

Date / Time Action / Instruction

Date/Time, File Pass to?



Preli. Report



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:



Site Insp (\$

) S + RS. SI



Interview (\$

) Photos



Tech. Invs (\$

) Others



Weekend (\$

)

Report Format : _____

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

TOTAL

227

RECEIVED 15/6/2017




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

| Affiliated to Fédération Internationale Des Experts En Automobile | | | | |
|--|--|---------------------------|------------|---|
| FIRST CAPITAL INSURANCE LTD | | Ref : CS/FCI17011448/M1tb | | |
| 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | Date : 13-06-2017 | |  |
| | | Code : FCI2 | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHD 8841X | Veh. Inspected | SDL 9700T | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | D17004354MFSH | Excess (\$) | 0.00 | |
| Assign From | CWS (SITHARA) | Assign Date | 12/06/2017 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | | c.c | 0 | |
| Engine No. | HIDDEN | Year of Reg. | | |
| Chassis No. | | Colour | | |
| Odometer | - | Steering | | |
| Brakes | | Modification | | |
| General | | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | | | mm | |
| L/H Front Tyre | | | mm | |
| R/H Rear Tyre | | | mm | |
| L/H Rear Tyre | | | mm | |
| 4. Description of Damages | | | | |
| | | | | |
| 5. General Information | | | | |
| Accident Date | 25/04/2017 | Inspection Date | 15/06/2017 | |
| Survey held at | TTS EUROCARS PTE LTD 383 SIN MING DRIVE TTS CENTRE SINGAPORE 575717 | | | |
| 5a. Remarks | | | | |
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. | | | | |

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|-------------------------------|--------------------------------------|
| Date | 27-04-2017 | Our Ref No. D17004354MFSH |
| Accident Date | 25-04-2017 | Claim Type. Third Party |
| Insured Vehicle | SHD8841X | Third Party Vehicle. SDL9700T |
| Survey Location | TTS CENTRE 383 SIN MING DRIVE | |
| Contact Person. | ANTHONY TAN | |
| Contact No. | 68422222/ 6842222 | Fax No. 67411626 |
| Survey Type | WITHOUT PREJUDICE: | |
| Appointed Surveyor | LKK AUTO CONSULTANTS PTE LTD | |
| Contact Person | NA | Fax No. 68416315 |
| Contact Number. | NA | |

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

| | | |
|--------------------------|----------------------|--------------------------------|
| Cc : Workshop | TTS EUROCARS PTE LTD | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | SITHARA | |

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/220031)



PRI Documents



Close



PRI Header Details

| | | | | | |
|--------------------------|--|--|---|---------------------------------|---------|
| Claim No | D17004354MFSH | Policy No | D-15072702MFSH | Claimant S.No & Name | 1 & TT! |
| Workshop Name | TTS EUROCARS PTE LTD (Contact Person : ANTHONY TAN) | Survey Location & Contact Details | TTS CENTRE 383 SIN MING DRIVE Mobile: 6842222 , Phone: 68422222 , Fax: 6 EmailId: ANTHONYTAN@TTS.COM.SG | | |
| Our Surveyor | LKK AUTO CONSULTANTS PTE LTD | Instructions To Surveyor | WITHOUT PREJUDICE: | | |
| Insured Name | CITYCAB PTE LTD | Insured Vehicle No | SHD8841X | TP Vehicle No | SDL970 |
| PRI Recieved Date | 12-06-2017 07:53:25 PM | Surveyor Appointed Date | 12-06-2017 06:32:29 PM | Surveyor Accept Date | 12-06- |

Survey Report Upload

| | | | | | |
|------------------------------------|----------------------|-----------------------------|------------|--------------------------------|----------------------|
| Surveyor Inspection Date *: | <input type="text"/> | Surveyor Report Date | 12-06-2017 | Upload Survey Report *: | <input type="text"/> |
|------------------------------------|----------------------|-----------------------------|------------|--------------------------------|----------------------|

Vehicle Particulars

| | | | | | |
|------------------|---|-----------------------|--|----------------|-------------------------------------|
| Make | <input type="text" value="Please Select Make"/> | Model | <input type="text" value="Please Select Model"/> | Year | <input type="text" value="Select"/> |
| Chasis No | <input type="text"/> | Engine No | <input type="text"/> | Mileage | <input type="text"/> |
| Color | <input type="text"/> | Cubic Capacity | <input type="text"/> | | |

Multiple Documents Upload

| | |
|--|---------------|
| <input type="button" value="Upload Multiple Documents"/> | |
| File Name | Action |

Surveyor Job Remarks

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 ability.
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 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 | 26/04/2017 17:04 |
| Date Of Accident | 25/04/2017 18:45 |
| Exact Location Of Accident | CECIL STREET TOWARDS COLLYER QUAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|----------------------------|
| Vehicle Registration Number | SDL9700T |
| Insured/Policyholder | |
| Name Of Registered Owner | DING WENJING |
| NRIC No | S2684974H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96160388 |
| Alternative Phone No | OFFICE-96160388 |
| Vehicle Particulars | |
| Manufacturer | MERCEDES-BENZ |
| Model | GLC 250-2.1 LUXURY AMG (A) |
| Exact Purpose for which vehicle was being used at time of accident | DRIVING HOME FROM WORK. |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | MV010938 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | DING WENJING |
| NRIC No | S2684974H |
| Date Of Birth | 01/12/1959 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/11/1995 |
| Driving Experience | 21 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | +65-96160388 |
| Fax Number | |
| Contact Number | OFFICE-96160388 |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 406 PASIR RIS DRIVE 6 #10-467 |
| Postcode | 510406 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------------------------|
| Type Of Accident | COLLISION- CHANGE/CROSS LANE |
| Weather Conditions | CLEAR |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | 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 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

Attachment(s)

| | |
|---|--|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|------------------|
| Vehicle Registration Number | SHD8841X |
| Vehicle Make/Model/Colour | MERC CAB / WHITE |
| Details Of Properties | VEH. B |
| Name of Driver | CHINESE MALE |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRONT RH PORTION |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

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:

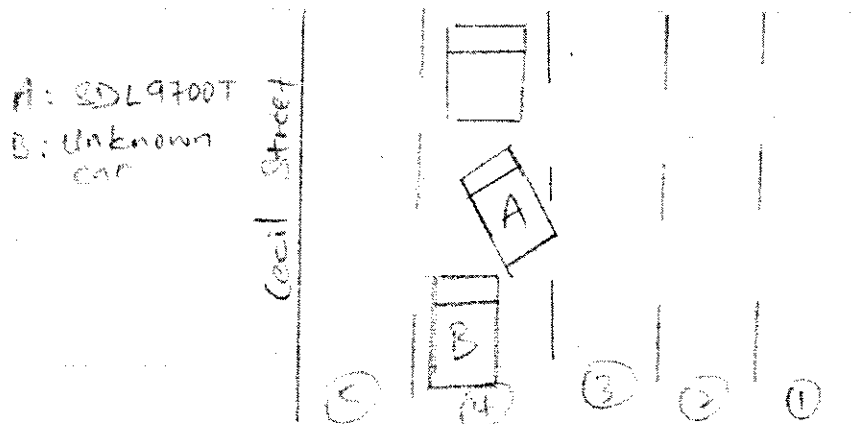
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

J 24/11
 Policyholder's Signature | Date & Time

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

[Signature]
 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Describe Circumstance of the Accident.

ON 25/04/2017 @ 1845 HRS, I WAS DRIVING MY VEHICLE (SDL9700T) TRAVELLING ALONG CECIL STREET TOWARDS COLLYER QUAY, WITH 1 PASSENGER (CHINESE MALE) ONBOARD, IN LANE 3.

THE TRAFFIC WAS HEAVY AND CONGESTED.

I FILTERED SLOWLY INTO LANE 4 WITH LEFT INDICATOR ON. WHEN I WAS ALMOST FULLY IN LANE 4, I CAME TO A STOP AS THE FRONT VEHICLES STOPPED. WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

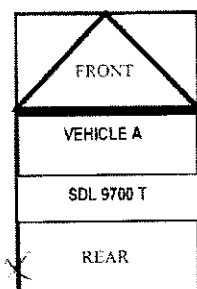
UPON INSPECTION, VEHICLE B (UNKNWOWN MERC CAB - 841X) APPROACHED FROM LANE 4 AT A FAST SPEED AND THE FRONT RIGHT BRUSHED AGAINST MY VEHICLE REAR LEFT RIM.

DUE TO THE IMPACT, MY VEHICLE WAS DAMAGED ON THE REAR LEFT RIM. VEHICLE B WAS ON THE FRONT RIGHT PORTION.

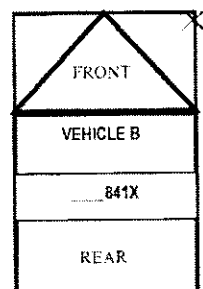
NO INJURIES INVOLVED.

VEHICLE B HAD NO PASSENGER ONBOARD.

DAMAGES FOUND ON VEHICLE A & B



MY VEHICLE



THIRD PARTY VEHICLE

Driver's Signature
Wednesday, April 26, 2017 @ 5:12:05 PM

Declaration

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



TTS EUROCARS pte Ltd

A member of the TTS Motor Group
 383 Sin Ming Drive, TTS Centre, S'pore 575717
 Tel : 67572622 Fax : 67411626

QUOTATION

| | | | |
|-----------|--------------------------|-----------------|-------------------|
| DATE : | June 9, 2017 | CLAIM TYPE : | TP |
| REG NO : | SDL9700T | INSURANCE COY : | TOKIO MARINE |
| MILEAGE : | | 3RD PARTY INS : | FIRST CAPITAL |
| YEAR : | 2016 | CHASSIS NO : | WDC2539462F106697 |
| MODEL : | MECEDES BENZ GLC 250 AMG | PAGE : | 1 OF 2 |

| S/NO | ITEMS | QTY | UNIT PRICE | TOTAL PRICE |
|------|----------------------|-----|-------------------------|-------------|
| 1 | REAR BUMPER | 1 | det | \$2,900.00 |
| 2 | REVERSE SENSOR | 2 | Shank | \$490.00 |
| 3 | REAR LEFT SPORTS RIM | 1 | Load repair (1) 300 old | \$2,800.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Handwritten notes:
 1. 1st Insurance
 2. P & Repair
 3. After part photo
 LKK Auto (MA)
 3 weekdays
 15/6/2017

| | |
|----------------|------------|
| TOTAL PARTS : | \$6,190.00 |
| DISCOUNT 10% : | \$619.00 |
| TOTAL : | \$6,809.00 |

NOTE: ALL QUOTED PRICE IS SUBJECT TO 7% GST

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:

**TTS EUROCARS** pte ltd

A member of the TTS Motor Group

383 Sin Ming Drive , TTS Centre . S'pore 575717

Tel : 67572622 Fax : 67411626

QUOTATION

DATE : 9/6/2017
REG NO. : SDL9700T
MILEAGE :
YEAR : 2016
MODEL : MECEDES BENZ GLC 250 AMG

CLAIM TYPE : THIRD PARTY
INSURANCE COY : TOIKIO MARINE
3RD PARTY INS : FIRST CAPITAL
CHASSIS NO : WDC2539462F106697
PAGE : 2 OF 2

| S/NO | LABOUR | Amt |
|------|---|-----------------------|
| 1 | TO REMOVE AND REPLACED ALL DAMAGED PARTS / ITEMS <i>500</i> | \$1,560.00 |
| 2 | TO CONDUCT SPRAY PAINTING OF DAMAGED AND REPLACE ITEMS . <i>300</i> | \$750.00 |
| 3 | TO CONDUCT WIRING CHECK REAR PANEL HARDNESS DUE TO ACCIDENT <i>30</i> | \$140.00 |
| | IMPACT AND REPLACEMENT OF REVERSE SENSOR. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

TOTAL LABOUR : \$2,450.00

NOTE: ALL QUOTED PRICE IS SUBJECT TO 7% GST

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile**FIRST CAPITAL INSURANCE LTD**

Ref : CS/FCI17011448/M1tbe2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 05-03-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|---------------------|----------------|-----------------------|------------|
| Insured Veh. | SHD 8841X | Veh. Inspected | SDL 9700T |
| Policy No. | D-15072702MFSH | Coverage (\$) | 0.00 |
| Claim No. | D17004354MFSH | Excess (\$) | 0.00 |
| Assign From | SITHARA | Assign Date | 12/06/2017 |

2. Vehicle Particulars & Condition

| | | | |
|-------------------------|----------------------|---------------------|------------|
| Make & Model | MERCEDES BENZ GLC250 | c.c | 1991 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | WDC2539462F106697 | Colour | BLACK |
| Odometer | 11383 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|-----------------------|------------|----------|---------|
| R/H Front Tyre | 235/55 R19 | SCORPION | 8 mm |
| L/H Front Tyre | 235/55 R19 | SCORPION | 8 mm |
| R/H Rear Tyre | 235/55 R19 | PIRELLI | 8 mm |
| L/H Rear Tyre | 235/55 R19 | PIRELLI | 8 mm |

4. Description of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|-----------------------|--|------------------------|------------|
| Accident Date | 25/04/2017 | Inspection Date | 15/06/2017 |
| Survey held at | TTS EUROCARS PTE LTD 383 SIN MING DRIVE TTS CENTRE SINGAPORE 575717 | | |

5a. Remarks

| |
|--|
| A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. D)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. |
|--|

5b. Estimate Days of Repair

| | |
|--|-----------------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 3 Working Days |
|--|-----------------------|

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SDL 9700T

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|---|-----------|---------------------------|-------------------|
| | REPLACEMENT OF PARTS | | | |
| 1 | REAR BUMPER | DEFORMED | 2,900.00 | 2,900.00 |
| 2 | REVERSE SENSOR | SHORTED | 490.00 | 490.00 |
| | LESS 10% DISCOUNT | | -339.00 | -339.00 |
| | | | 3,051.00 | 3,051.00 |
| 1 | REAR LEFT SPORTS RIM (SN) (LOCAL REPAIR) | CUT | 2,800.00 | 300.00 |
| | LESS 10% DISCOUNT | | -280.00 | - |
| | | | 2,520.00 | 300.00 |
| | LABOUR | | | |
| | TO REMOVE AND REPLACED ALL DAMAGED PARTS / ITEMS. | | 1,560.00 | 500.00 |
| | TO CONDUCT SPRAY PAINTING OF DAMAGED AND REPLACE ITEMS. | | 750.00 | 300.00 |
| | TO CONDUCT WIRING CHECK REAR PANEL HARDNESS DUE TO ACCIDENT IMPACT AND REPLACEMENT OF REVERSE SENSOR. | | 140.00 | 30.00 |
| | | | 2,450.00 | 830.00 |
| | GRAND TOTAL | | 8,021.00 | 4,181.00 |
| | RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) | | | 4,181.00 |

Report Ref No. CS/FC117011448/M1tbe2

MA CHIN FOOK

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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