

ASS. REC. BY:

REF: CS / FCU7014014 / R1362 Special Instruction:

Surveyor: Rasul ASSIGNMENT (Office)From (Person): PWS Ang Yin Min of FCL Date/Time: 19/07/2017 2:49pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: ER 2282K Insured: SHC 855Pat Workshop m/s Mova Tel: 62723892of Blk 1008 Bukit Merah Lane 3 # 01-04Policy No: 015077707MFH Claim No: 07007015MFH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 13/07/2017
(Client's Record)

CA / REV / REP. / REV 24 HRS 1WPI

3/08/2017 @ 3:30pm

(H.O.D. Endorsement: _____)

Date/Time: 19/07/2017 2:57pm Person Contacted: Eric Vehicle IN / OUT OUT

Date/Time	Action/Instruction (✓) Estimate
	ER 2282K - X
	SHC 855P - CS / 14015311 / H1362 Dof: 120814
05/01/17 @ 2.06pm	revised to Yin Min by email.
08/5/18 @ 3.50pm	checked with Avril, the vehicle has not send in repair.
08/5/18	Submit Prel. report.

Surrey *Form*

REF: FCL

98399

ASSIGNMENT

From: _____ Date: 31082017

Estimated Cost: _____

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

To Inspect Vehicle No: ER 2282K

at Workshop m/s MOVU

of Blk 1008 Bukit Merah Lane 3 #01-04

Insured: _____

Policy No. _____

Claims No. _____

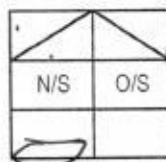
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

230 pm
owner waiting

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS Wp

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: ER 2282K Yr Regn: 2016 / May

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

Truck / Trailer or _____

Make: TOYOTA NISH 1.8 X CVT c.c 1797

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

Sp. Reading: 32169 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 2HE206627516

Gen. Cond: Good ☒ Fair ☐ Poor ☐ BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil ☒ S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

Rear

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

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

D.O.A. 13/07/17 D.O.I. 31/08/17

Survey held at MARA (BM)

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

Rear U/C

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

Date / Time Action / Instruction

Date/Time, File Pass to?

11/08/17 *hupst*

Date/Time, File Return to?

2)

Report Format: 7P

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

☒ Preli. Report☐ Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee:

☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Invs (\$ _____)☐ Weekend (\$ _____)

Survey Fee: 100

Transportation: 50

S + RS \$ _____

Photos 14

Others

TOTAL

164

RECEIVED 30 MAY 2018



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/FCI17014014/R1qb		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 19-07-2017		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 855P	Veh. Inspected	ER 2282K	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17007015MFSH	Excess (\$)	0.00	
Assign From	CWS (AUNG YIN MIN)	Assign Date	19/07/2017	
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	13/07/2017	Inspection Date		
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722			
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	17-07-2017	Our Ref No.	D17007015MFSH
Accident Date	13-07-2017	Claim Type.	Third Party
Insured Vehicle	SHC0855P	Third Party Vehicle.	ER2282K
Survey Location	BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08		
Contact Person.	ERIC KI		
Contact No.	62723892/ 0	Fax No.	62721527
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	MOVA AUTOMOTIVE PTE LTD	Attention.	NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No.	NA
Officer Incharge	AUNGYM		

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/225820)



PRI Documents



Close



PRI Header Details

Claim No	D17007015MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & MC
Workshop Name	MOVA AUTOMOTIVE PTE LTD (Contact Person : ERIC KI)	Survey Location & Contact Details	BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06 Mobile: 0 , Phone: 62723892 , Fax: 6272152 EmailId: ERIC@MOVA.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC0855P	TP Vehicle No	ER228;
PRI Recieved Date	19-07-2017 11:44:43 AM	Surveyor Appointed Date	19-07-2017 02:49:31 PM	Surveyor Accept Date	19-07-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	19-07-2017	Upload Survey Report *:	
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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

Upload Multiple Documents

File Name

Action

Surveyor Job Remarks

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Tuesday, 5 September, 2017 2:06 PM
To: 'Claim Workflow System'; assignments
Cc: AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17007015MFSH/1
Attachments: CSFCI17014014R1qb.pdf

Dear Yin Min,

Enclosed herewith preliminary advice of ER 2282K.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Wednesday, 19 July, 2017 3:00 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17007015MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]
Sent: Wednesday, 19 July, 2017 2:49 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; AUNGYINMIN@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17007015MFSH/1



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D17007015MFSH
Our Ref: CS/FC117014014/R1qb

Date: 05 September 2017

The Motor Claims Department
First Capital Insurance Ltd

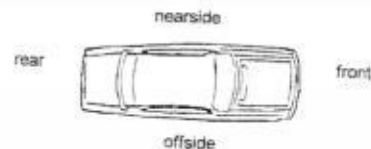
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. ER 2282K

Please be informed that we had conducted the inspection of the abovementioned vehicle on 31/08/2017 at the premises of M/s MOVA, and have the following to report:-

Workshop Estimate Amount	: S\$ 1,107.25 .
Revised Estimate Amount	: S\$ 957.25 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:
The vehicle sustained damages
at the rear n/s portion.



Yours faithfully

Rasul
Automotive Assessor

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	14/07/2017 11:12
Date Of Accident	13/07/2017 18:30
Exact Location Of Accident	27 SCOTTS ROAD SINGAPORE 228222
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ER2282K
Insured/Policyholder	
Name Of Registered Owner	ONG HUA
NRIC No	S7039839G
Email Address	ONGHUA1970@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98160068
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X CVT
Exact Purpose for which vehicle was being used at time of accident	
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S117V03503/VPC/R01
Cover Note Number	

Driver

Name of Driver	ONG HUA
NRIC No	S7039839G
Date Of Birth	31/10/1970
Occupation	INDOOR
Date Of Driving Pass	26/04/1996
Driving Experience	21 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98160068
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	ONGHUA1970@YAHOO.COM

Address
Postcode
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE
Weather Conditions CLEAR
Road Surface DRY

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) 1

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? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC855P
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver JOHNNY TAN
NRIC/Passport Number
Contact Number 96679619
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness


Name
Phone Number
Email Address

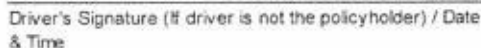
Sketch Plan Pg. 1


SKETCH PLAN

IMPORTANT NOTICE

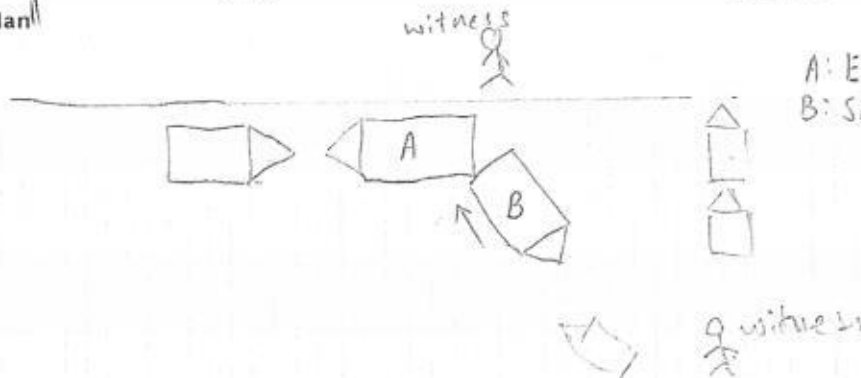
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

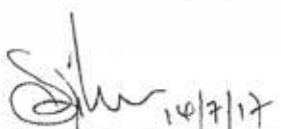


Sketch Plan Pg. 2

Describe Circumstances of the Accident	LICENSE PLATE NUMBER: PR2282K
ACCIDENT DATE: 13 July 2017	CONTACT NUMBER: 98160068
ACCIDENT TIME: 1830	EMAIL: ongkuan1970@yahoo.com.sg
LOCATION: 27 Scotts Road. Spore 22822	
<p>On 13 July 2017 I arrived at the location. I stopped at the entrance of 27 Scotts Road and asked the Security Guard (Mr Wong Soong Kong, S166929D, HP: 82276878) where to park my car. He said to park at a spot in front of a stationary car. The cab SHC855P was around that spot letting a passenger to alight. I move forward, parallel to the stationary car, stopped, and check that SHC855P has started to move off, then I start to reverse my car into the spot. My car is back-to-back against SHC855P. I reverse and come to a complete stop to check the allowance in front of my car. While checking, I notice from the rear view mirror that SHC855P begins to reverse towards the back of my car. I honk my car loudly to alert him. The horn lasted around 10 seconds. However, he did not stop and continue to reverse. His car hit my car. He did not come out of the car. He had wanted to move off but there were other cars in front of his car. I knocked lightly. I alighted from my car quickly and went over to his car, knocking on his windows lightly. He told me that he has hit my car. He then alighted from his car to check on my car's damages. I asked for his mobile No. and NRIC No. He only gives me mobile. He keeps apologising on the spot and said he did not hear my horn. He said will provide me workshop details for my car repair. Later, he send me SMS messages @ 1900 hours - Apologise and @ 1936. Please see attached SMS messages. I have the following parties on that location who witness the whole accident. They are:</p> <p>(1) Mr. Wong Soong Kong. (S166929D, HP: 82276878)</p> <p>(2) M. Kenneth Kuan (HP: 983598336659, Kenneth@hotmail.com)</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.	
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 1215

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


 Witnessed by Reporting Centre Personnel

Estimate

18/07/2017

FIRST CAPITAL INSURANCE LTD
36 Robinson Road
#16-01 City House
Singapore 068877.

Attention :- XA026

Page # :- 1 128810

Veh # :- ER2282K

Veh Model :- TOYOTA WISH

Estimate# :- CK416101

Claim # :-

ACC. Date :- 13/07/17

Terms :- C.O.D Days

Remarks :-

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel : (65) 6476 3333
Fax : (65) 6271 5891
www.mova.com.sg

Workshop Dept:
Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722

Tel : (65) 6272 3892
Fax : (65) 6270 8314

Co. Reg. 198904033G
GST Reg. M2-0088864-2

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	REAR BUMPER	1 PC	657.30	657.30
2.	REAR BUMPER SIDE BRACKET LH	1 PC	55.10	55.10
3.	REAR BUMPER CLIP	6 PC	5.10	30.60
4.	REAR BUMPER REFLECTOR LH - GHECK	1 PC		
LIST TOTAL S\$				743.00
25% DISCOUNT S\$				-185.75
				557.25
LABOUR :				
TO REMOVE AND REFIX DAMAGED PARTS, TO REPAIR REAR FENDER LH, REAR PANEL, TO STRAIGHTEN AND REALIGN AFFECTED AREA				
TO SPRAY AFFECTED AREA				
LABOUR TOTAL S\$				200
				200
				550.00
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultant : hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>E. & O.E</p> <p>Acknowledged by Repairer Signature: Date:</p> </div>				
<div style="text-align: right;"> <p>NON-TAX AMOUNT S</p> <p>AMOUNT S\$ 1,107.25</p> <p>GST @ 7 % 77.51</p> <p>AMOUNT DUE S\$ 1,184.76</p> </div>				

Customer's Signature/Co. Stamp MOVA AUTOMOTIVE PTE LTD




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/FCI17014014/R1qbe2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 10-05-2018		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 855P	Veh. Inspected	ER 2282K	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17007015MFSH	Excess (\$)	0.00	
Assign From	AUNGYM	Assign Date	19/07/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH 1.8X CVT	c.c	1797	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	ZGE206027516	Colour	WHITE	
Odometer	32169	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	YOKOHAMA	5 mm	
L/H Front Tyre	195/65 R15	YOKOHAMA	5 mm	
R/H Rear Tyre	195/65 R15	YOKOHAMA	5 mm	
L/H Rear Tyre	195/65 R15	YOKOHAMA	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/07/2017	Inspection Date	31/08/2017	
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722			
5a. Remarks				
A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B)DAMAGES CONSISTENT TO ACCIDENT REPORT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 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. ER 2282K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	657.30	657.30
1	REAR BUMPER SIDE BRACKET LH	NECESSARY	55.10	55.10
6	REAR BUMPER CLIP @\$5.10	NECESSARY	30.60	30.60
1	REAR BUMPER REFLECTOR LH (NPA)	NOT NECESSARY	-	-
	LESS 25% DISCOUNT		-185.75	-185.75
			557.25	557.25
	LABOUR			
	TO REMOVE AND REFIX DAMAGED PARTS.TO REPAIR REAR FENDER LH,REAR PANEL,TO STRAIGHTEN AND REALIGN AFFECTED AREA.		250.00	200.00
	TO SPRAY AFFECTED AREA.		300.00	200.00
			550.00	400.00
	GRAND TOTAL		1,107.25	957.25
	RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)			957.25

Report Ref No. CS/FCI17014014/R1qbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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