

ASS. REC. BY:

REF: CS / 7CL17014203 / mitb <sup>et</sup> Special instruction:

Surveyor: Ma ASSIGNMENT (Office)

From (Person): CWS Von Lim of FCL Date/Time: 21/07/2017 5:54pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SWA 208 Insured: SHD 43408

at Workshop m/s Chunni Motor Tel: 65423119

of Blk 10 Amk Ind Park 2A #03-19

Policy No: \_\_\_\_\_ Claim No: D17007176MFSH

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 19/07/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS 'WPI' H.O.D. Endorsement: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: Lynn Vehicle:  IN /  OUT

Date/Time	Action/Instruction (✓) Estimate
	SWA 208 - CC3 / FCL / 500130 / Kibw
	SHD 43408 - X

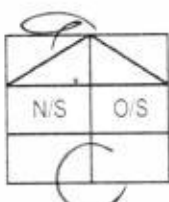
Doc: 260714

REF: FCL

**ASSIGNMENT**

From: \_\_\_\_\_ Date: **21/7/2017**  
 Estimated Cost: \_\_\_\_\_  
 OD / **TP** / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: **SHC205**  
 at Workshop m/s: **Chunni Motor**  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: **SHA205** Yr Regn: **MAY 2013**  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / **3** / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: **MERC** c.c **2143**  
 Colour: **WHITE** A/C: Insured / Std / NI / NA  
 Sp. Reading: **67238** T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **WDD2260224730794**  
 Gen. Cond: **Good** / Fair / Poor / Burnt  
 Steering: **In order** / Jammed / Leaked / Burnt or  
 Brake: **In order** / Jammed / Leaked / Burnt or  
 Modi: **Nil** / S/Rim / STD A/Rim or



(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

Tyre Size: F: **205/60/R16**  
 R: \_\_\_\_\_  
 BS / **DUN** / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front Rear  
 R/Bal. **8** mm R/Bal. **8** mm  
 L/Bal. **8** mm L/Bal. **8** mm  
 D.O.A. \_\_\_\_\_ D.O.I. **21.17.2017**  
 Survey held at \_\_\_\_\_  
 Des. of Damages: **Fr + Rear** / O/S / N/S / U/C / Rooftop or

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

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

Date / Time Action / Instruction  
**Submit lump sum \$18,000/- (Red: 27590.89, 60%) 18k 12wdays**

RECEIVED 08 DEC 2017

Date/Time, File Pass to?  : Preli. Report  
 1) **7/12 Typist**  : Final Report  
 Date/Time, File Return to?

Days Of Repair: **10**  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$)  
 : Interview (\$)  
 : Tech. Invs (\$)  
 : Weekend (\$)

Survey Fee:	35 x 15 = 525
Transportation:	170 + 525
) \$ + RS. \$	50
) Photos	50
) Others	81
TOTAL	876

Report Format: **TP**  
 Lump Sum / I.B !: (\$ **18000/-**)



# 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/FCI17014203/M1tb

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 24-07-2017



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 4340B	Veh. Inspected	SHA 20S
Policy No.		Coverage (\$)	0.00
Claim No.	D17007176MFSH	Excess (\$)	0.00
Assign From	CWS (VION LIM)	Assign Date	21/07/2017

## 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

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## 5. General Information

Accident Date	19/07/2017	Inspection Date	21/07/2017
Survey held at	CHUNNI MOTOR WORK PTE LTD BLK 10 ANG MO KIO IND. PARK 2A, #03-19 AMK AUTOPOINT SINGAPORE 568047.		

## 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	21-07-2017	<b>Our Ref No.</b> D17007176MFSH
<b>Accident Date</b>	19-07-2017	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHD4340B	<b>Third Party Vehicle.</b> SHA20S
<b>Survey Location</b>	BLK 10 ANG MO KIO INDUSTRIAL PARK 2AAMK AUTOPOINT #03-19	
<b>Contact Person.</b>	LYNN OR IRENE - 65421726	
<b>Contact No.</b>	65425119/ 0	<b>Fax No.</b> 65426039
<b>Survey Type</b>	WITHOUT PREJUDICE: WE NEED TO SEE VIDEO BEFORE DETERMINE IF F@F, DRIVER REPORTED "SLOWLY MOVED FORWA	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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

<b>Cc : Workshop</b>	CHUNNI MOTOR WORK PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	VION LIM LUO SHAN	

**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/226014)  PRI Documents  Close 

**PRI Header Details**

<b>Claim No</b>	D17007176MFSH	<b>Policy No</b>	D-15072701MFSH	<b>Claimant S.No &amp; Name</b>	1 & CH
<b>Workshop Name</b>	CHUNNI MOTOR WORK PTE LTD (Contact Person : LYNN OR IRENE - 65421726)	<b>Survey Location &amp; Contact Details</b>	BLK 10 ANG MO KIO INDUSTRIAL PARK 2AAMP <b>Mobile:</b> 0 , <b>Phone:</b> 65425119 , <b>Fax:</b> 6542603 <b>EmailId:</b> CHUNNIMOTOR@GMAIL.COM		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE: WE NEED TO SEE VIDEO F@F, DRIVER REPORTED "SLOWLY MOVED FOR		
<b>Insured Name</b>	COMFORT TRANSPORTATION PTE LTD	<b>Insured Vehicle No</b>	SHD4340B	<b>TP Vehicle No</b>	SHA20:
<b>PRI Recieved Date</b>	21-07-2017 06:01:15 PM	<b>Surveyor Appointed Date</b>	21-07-2017 05:54:37 PM	<b>Surveyor Accept Date</b>	24-07-

**Survey Report Upload**

<b>Surveyor Inspection Date *:</b>	<input type="text"/>	<b>Surveyor Report Date</b>	24-07-2017	<b>Upload Survey Report *:</b>	<input type="text"/>
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**Vehicle Particulars**

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

**Multiple Documents Upload**

File Name	Action
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**Surveyor Job Remarks**

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	2839G
Vehicle Details	
Vehicle No.	SHA20S
Vehicle to be Exported	No
Intended De-registration Date	08 Dec 2017
Vehicle Make	MERCEDES BENZ
Vehicle Model	E 220 CDI BLUEEFFICIENCY
Primary Colour	White
Manufacturing Year	2012
Engine No.	65192431388243
Chassis No.	WDD2120022A730794
Maximum Power Output	125.0 kW (167 bhp)
Open Market Value	\$40,958.00
Original Registration Date	13 May 2013
First Registration Date	13 May 2013
Transfer Count	0
Actual ARF Paid	\$34,342.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	12 May 2021
PARF Rebate Amount	\$25,756.00
Intended COE Rebate Details	
COE Expiry Date	12 May 2021
COE Category	A - Car (1600cc & below)
COE Period(Years)	8
PQP Paid	\$57,045.00
COE Rebate Amount	\$24,439.00
<b>Total Rebate Amount</b>	<b>\$50,195.00</b>
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 08 Dec 2017



Auto  
Consultants  
Pte Ltd

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

Your Ref: D17007176MFSH

Date: 31/10/2017

Our Ref: CS/FC117014203/M1tb

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

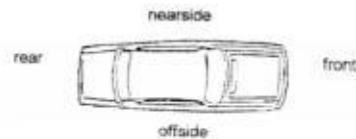
**INITIAL INSPECTION REPORT OF VEHICLE NO. SHA 20S**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 21/7/2017 at the premises of M/s ChunNi at and have the following to report:-

Workshop Estimate Amount	: <u>S\$ 45,590.89</u>
Revised Estimate Amount	: <u>S\$ 25,017.24</u>
"Check" Items Amount	: <u>S\$ -</u>
Market Value	: <u>S\$ -</u>
LTA Reimbursement Value	: <u>S\$ -</u>
Nett Value	: <u>S\$ -</u>

**Description of Damage:**

The vehicle sustained damages  
At Front, rear portion.



Repair days: 12

Yours faithfully

Ma Chin Fook

Motor Surveyor

MCD617095444 / ComfortDelGro Engineering Pte Ltd - Loyang  
ENTRY DATE & TIME: 20/07/2017 09:08

## 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	20/07/2017 09:08
Date Of Accident	19/07/2017 23:30
Exact Location Of Accident	SLIP ROAD OF AIRPORT BLVD TOWARDS AIRPORT T-3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA20S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	E220
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	TAXI
<b>Insurance Company</b>	
Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072702MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	ABDUL RAHIM BIN MOHAMED
NRIC No	S1389563E
Date Of Birth	17/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1980
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	RAHIM_RANGER59@YAHOO.COM.SG



Address BLK 140 PASIR RIS STREET 11  
#05-179  
Postcode 510140  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

**General Information of the Accident**

Type Of Accident CHAIN COLLISION  
Weather Conditions CLEAR  
Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
Was any body injured in the Accident? YES  
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**

REFER ATTACHED

**Attachment(s)**

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: -  
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHD4340B  
Vehicle Make/Model/Colour HYUNDAI SONATA  
Details Of Properties  
Name of Driver UNKNOWN  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRONT  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHD1817M  
Vehicle Make/Model/Colour KIA (PREMIER TAXI)  
Details Of Properties  
Name of Driver UNKNOWN  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage REAR  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF INJURED PERSON 1**

Name ABDUL RAHIM BIN MOHAMED  
Approximate Age  
Injuries Sustain BACK AND NECK  
Injured person in which vehicle? SHA20S  
Were seat belts worn? YES  
Was injured conveyed to hospital by ambulance? NO  
Address BLK 140 PASIR RIS STREET 11  
#05-179  
Postcode 510140

**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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature / Date & Time

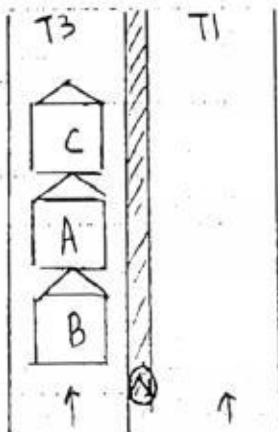
*[Signature]*

Driver's Signature (if driver is not the policyholder) / Date & Time 20.07.2017 @ 09:00 Hrs

*Rubbini*

Witnessed by Reporting Centre Personnel

**Sketch Plan**



- A - CC SHA 20S.
- B - SHD 4340B. (CTPL)
- C - SHD.1817M. (Silver Cab)

Along Slip Road of Airport Blvd towards Airport Terminal 3.

## Describe Circumstances of the Accident

On 19/07/2017 @ about 23:30 hrs,my taxi (A) (SHA 20S) was travelling along slip road of Airport Blvd towards Airport Terminal 3 with no passenger on board.

It was clear weather and traffic volume was moderate.I was on the slip road towards Terminal 3,the vehicle were moving slowly and therefore I maintain the safety distance.I saw in front of my vehicles slowing down and stopped ,So I follow too.Out of sudden,there was a loud impact coming from the rear portion and caused my taxi (A),to lose control and surge forward,and colliding onto veh(C) rear portion.My taxi (A) front and rear portion were damaged.

I assessed the damages to my taxi (A) and come to know that there were 3 vehicles involved in the chain accident.

No one was conveyed by the ambulance.

The parties involved in the accident are:

A - SHA 20S.

B - SHD 4340B. Male driver.

C - SHD 1817M. Male driver.

After the accident, I suffered pain behind the back and neck.

## Declaration

I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

\_\_\_\_\_  
policyholder's Signature/Date&Time



\_\_\_\_\_  
Driver's Signature(If driver is not the policyholder)

Date & Time 20.07.2017 @ 09:00 Hrs

**Rubbini**

\_\_\_\_\_  
Witnessed by Reporting

Centre Personnel

Parts

labour

1890.5	600
1158	200
95	30
295	50
+95 95	100
+295 285	800
290.5	720
22	30
155	50
64.8	80
269.25	<u>100</u>
718.75	<u><u>2760</u></u>

56.7  
685.7  
1225.6  
85.9  
125.9  
2470  
1310  
170  
275  
54.3  
45  
90  
54.3  
1310  
1150  
270  
250  
230  
2560  
1380  
120  
40  
1890  
770  
1690  
85  
580.5  
495

500  
40  
388  
928

24807.7

~~22326.93~~ AFTER 10%

25197.70

22677.93

sub total  
26014.93  
~~20811.944~~

26365.93  
21092.744



SHA 20S

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid			\$ 2,470.00	wt
	Boot Lid Lamp (LH/RH)		\$ 655.00	\$ 1,310.00	ovg
	Boot Lid Rubber			\$ 170.00	dic
	Boot Lid Moulding			\$ 110.00	ovc
	Boot Lid Lock			\$ 275.00	wt
	Boot Lid Lock Lower Catch			\$ 35.00	R
	Boot Lid Lock Sticker			\$ 17.00	R
	Boot Lid 'E220' Emblem			\$ 54.30	ng
	Boot Lid Star Logo			\$ 45.00	ng
	Boot Lid Bluetec			\$ 90.00	ng
	Boot Lid 'CDI' Emblem			\$ 54.30	ng
	Rear Bumper			\$ 1,310.00	ovh
	Rear Bumper Reinforcement			\$ 1,150.00	bt
	Rear Bumper Bracket Lower (LH/RH)	\$	135.00	\$ 270.00	bt
	Rear Bumper Bracket Top (LH/RH)	\$	125.00	\$ 250.00	dic
	Rear Bumper Retainer Mounting (LH/RH)	\$	115.00	\$ 230.00	dis
	Taillamp (LH/RH)	\$	1,280.00	\$ 2,560.00	ovg
	Rear Panel End			\$ 1,380.00	at
	Rear Panel Inner Garnish			\$ 120.00	dis
	Rear Panel Inner Garnish Clip (10pcs)			\$ 40.00	ng
	Rear Exhaust Pipe Insulator			\$ 46.00	ov
	Rear Exhaust Silencer			\$ 1,890.00	bt
	Rear Exhaust '8' Shape Ring (1pc only)			\$ 16.00	ovc
	Rear Exhaust Mounting			\$ 21.85	ovc
	<b>SUB TOTAL</b>			\$ 13,914.45	
	<b>LESS 10%</b>			\$ 1,391.45	
	<b>DISCOUNTED TOTAL</b>			\$ 12,523.01	
	Rear Bumper Sensor			\$ 388.00	Nett
	<b>Labour Charge</b>				
	Panel Beating			\$ 1,200.00	ov
	Spray Painting Charge			\$ 800.00	ov
	Wiring Charge			\$ 50.00	ov
	Tuff Kote			\$ 50.00	ov
	Remove/Refix Reverse Sensor			\$ 120.00	ov
	Remove/Refix Exhaust Pipe			\$ 150.00	ov
	<b>TOTAL LABOUR</b>			\$ 2,370.00	
	<b>ESTIMATE TOTAL</b>			\$ 37,791.49	

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 company.

# 1/1  
Sh Ming 1/1

**CHUNNI MOTOR WORK PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHA 20S (Supplementary)

DATE : 22.07.2017

MAKE :

TEL : 6542 5119

MODEL : MERCEDES BENZ

FAX : 6542 6039

12 pm  
22.7.17

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Head Rest Assy (LH/RH)	Repair SN	S 2 1,850.00	S 3,700.00
	Bonnet Stopper Spring		S 2 385.00	S 770.00
	Acceleration Sensor (Front Bumper Inside) x 5		S 5 338.00	S 1,690.00
	Rear Bumper Centre Support Bracket	and frcw	S 1 850.00	S 850.00
	Boot Lid Hinge (LH/RH)		S 2 580.50	S 1,161.00
	Air Duct		S 1 495.00	S 495.00
				S 8,666.00
				S 866.60
				S 7,799.40

Repair  
25/7/2017

45590.39

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 company.





## 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/FCI17014203/M1tbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 21-12-2017	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 4340B	Veh. Inspected	SHA 20S
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17007176MFSH	Excess (\$)	0.00
Assign From	VION LIM	Assign Date	21/07/2017
2. Vehicle Particulars & Condition			
Make & Model	MERCEDES BENZ	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A730794	Colour	WHITE
Odometer	617238	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	BRIDGESTONE	8 mm
L/H Front Tyre	205/60 R16	BRIDGESTONE	8 mm
R/H Rear Tyre	205/60 R16	BRIDGESTONE	8 mm
L/H Rear Tyre	205/60 R16	BRIDGESTONE	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	19/07/2017	Inspection Date	21/07/2017
Survey held at	CHUNNI MOTOR WORK PTE LTD BLK 10 ANG MO KIO IND. PARK 2A, #03-19 AMK AUTOPOINT SINGAPORE 568047.		
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.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		10 Working Days	



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 20S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BUMPER ASSY, FRT	DEFORMED	1,890.50	1,890.50
1	BUMPER REINFORCEMENT, FRT	BENT	1,158.00	1,158.00
2	BUMPER BRACKET, FRT / LH / RH @\$95.00	DISTORTED	190.00	190.00
2	BUMPER ABSORBER, FRT / LH / RH @\$295.00	DISTORTED	590.00	590.00
1	BUMPER FRAME, FRT / CENTRE	DISTORTED	95.00	95.00
1	BUMPER SPONGE, FRT / CENTRE	DISTORTED	285.00	285.00
1	BUMPER GRILLE, FRT / CENTRE	DISTORTED	290.50	290.50
1	BUMPER INNER CLIP, FRT	NECESSARY	22.00	22.00
1	LICENSE PLATE TRIM COVER, FRT	DISTORTED	155.00	155.00
1	BONNET LOCK BRACE PANEL	BENT	64.80	64.80
1	BONNET AIR INLET GRILLE	DISTORTED	269.25	269.25
2	HEAD LAMP ASSY (LH/RH) @\$2380.00	SERVICEABLE	4,760.00	-
2	HEAD LAMP BRACKET (LH/RH) @\$300.00	TO REPAIR SEE LABOUR	600.00	-
1	RADIATOR TOP PANEL, FRT	TO REPAIR SEE LABOUR	330.50	-
2	HEAD LAMP PANEL (LH/RH) @\$480.00	TO REPAIR SEE LABOUR	960.00	-
1	RADIATOR GRILLE	DISTORTED	718.75	718.75
1	RADIATOR GRILLE STAR LOGO	NECESSARY	56.70	56.70
1	BONNET ASSY	TO REPAIR SEE LABOUR	2,850.60	-
1	RADIATOR GRILLE ADJUSTER BRACKET	DISTORTED	685.70	685.70
1	RADIATOR ASSY	SERVICEABLE	1,345.00	-
1	RADIATOR FAN BLOWER ASSY	SERVICEABLE	1,385.40	-
1	RADIATOR SHROUD	DISTORTED	1,225.60	1,225.60
1	RADIATOR AIR BAFFLE, TOP	DISTORTED	85.90	85.90
1	RADIATOR AIR BAFFLE, LOWER	DISTORTED	125.90	125.90
1	RADIATOR DOWEL PIN	SERVICEABLE	6.80	-
1	RADIATOR MOUNTING LOWER	SERVICEABLE	7.50	-
1	RADIATOR MOUNTING TOP	SERVICEABLE	10.85	-
1	AIRCON CONDENSER	SERVICEABLE	1,235.80	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	TURBOR CHARGER AIR COOLER	SERVICEABLE	1,053.80	-
1	P/STEERING COOLING PIPE	SERVICEABLE	556.80	-
1	BOOT LID	BENT	2,470.00	2,470.00
2	BOOT LID LAMP (LH/RH) @\$655.00	CRACKED	1,310.00	1,310.00
1	BOOT LID RUBBER	DISTORTED	170.00	170.00
1	BOOT LID MOULDING	SERVICEABLE	110.00	-
1	BOOT LID LOCK	BENT	275.00	275.00
1	BOOT LID LOCK LOWER CATCH	TO REPAIR SEE LABOUR	35.00	-
1	BOOT LID LOCK STICKER	TO REPAIR SEE LABOUR	17.00	-
1	BOOT LID 'E220' EMBLEM	NECESSARY	54.30	54.30
1	BOOT LID STAR LOGO	NECESSARY	45.00	45.00
1	BOOT LID BLUETEC	NECESSARY	90.00	90.00
1	BOOT LID 'CDI' EMBLEM	NECESSARY	54.30	54.30
1	REAR BUMPER	TORN	1,310.00	1,310.00
1	REAR BUMPER REINFORCEMENT	BENT	1,150.00	1,150.00
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	BENT	270.00	270.00
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	DISTORTED	250.00	250.00
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	DISTORTED	230.00	230.00
2	TAILLAMP (LH/RH) @\$1280.00	CRACKED	2,560.00	2,560.00
1	REAR PANEL END	DENTED	1,380.00	1,380.00
1	REAR PANEL INNER GARNISH	DISTORTED	120.00	120.00
10	REAR PANEL INNER GARNISH CLIP	NECESSARY	40.00	40.00
1	REAR EXHUAUST PIPE INSULATOR	SERVICEABLE	46.00	-
1	REAR EXHAUST SILENCER	BENT	1,890.00	1,890.00
1	REAR EXHAUST '8' SHAPE RING (1PC ONLY)	SERVICEABLE	16.00	-
1	REAR EXHAUST MOUNTING	SERVICEABLE	21.85	-
2	BONNET STOPPER SPRING @\$385.00 (ADDITIONAL)	DISTORTED	770.00	770.00
5	ACCELERATION SENSOR (FRONT BUMPER INSIDE) X5 @\$338.00 (ADDITIONAL)	SHORTED	1,690.00	1,690.00
1	REAR BUMPER CENTRE SUPPORT BRACKET (ADDITIONAL)	DISTORTED	850.00	85.00
2	BOOT LID HINGE (LH/RH) @\$580.50 (ADDITIONAL)	BENT-1PC ONLY	1,161.00	580.50



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	AIR DUCT (ADDITIONAL) LESS 10% DISCOUNT	DISTORTED	495.00	495.00
			-4,189.21	-2,519.77
			<b>37,702.89</b>	<b>22,677.93</b>
2	HEAD REST ASST (LH/RH) @\$1850.00 (SN) (ADDITIONAL) LESS 10% DISCOUNT	NECESSARY	3,700.00	500.00
			-370.00	-
			<b>3,330.00</b>	<b>500.00</b>
<b><u>SPECIAL NETT ITEMS</u></b>				
1	NUMBER PLATE, FRT (MERC TAXI) (SN)	DISTORTED	50.00	40.00
1	REAR BUMPER SENSOR (SN)	SHORTED	388.00	388.00
			<b>438.00</b>	<b>428.00</b>
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF HEAD LAMP BRACKET (LH/RH), RADIATOR TOP PANEL, FRT, HEAD LAMP PANEL (LH/RH), BONNET ASSY, BOOT LID LOCK LOWER CATCH AND BOOT LID LOCK STICKER.		2,400.00	1,400.00
	SPRAY PAINTING CHARGE.		1,100.00	920.00
	WIRING CHARGE.		100.00	60.00
	TUFF KOTE.		50.00	50.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	80.00
	REMOVE / REFIX EXHAUST PIPE.		150.00	100.00
	TOWING CHARGES.		50.00	50.00
	REMOVE / REFIX AIRCON & REFILL GAS.		150.00	100.00
			<b>4,120.00</b>	<b>2,760.00</b>
<b>GRAND TOTAL</b>			<b>45,590.89</b>	<b>26,365.93</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>18,000.00</b>

Report Ref No. CS/FCI17014203/M1tbe2

**MA CHIN FOOK**

Automotive Assessor

**ADRIAN LING WAI PING**

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

Licensed Appraiser

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