

ASS. REC. BY:

REF:

CS / FCL17014539 / CGB02

Special Instruction:

Surveyor:

670

ASSIGNMENT (Office)

From (Person):

M/S Lurene Jow

of

FCL

Date/Time: 27072017 11:22am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SL 2205H

Insured:

SHB 49508

at Workshop m/s

Jack Car Service

Tel:

6748 8824

of

Blk 3006 Ubi Road 1 # 01-396

Policy No:

Claim No:

D17007246M754

Sum Insured:

Excess:

Make of Veh:

D.O.A. 21072017

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp1

H.O.D. Endorsement:

Date/Time:

27072017 11:42am

Person Contacted:

Thana

Vehicle IN / OUT

Date/Time

Action/Instruction ( ✓ ) Estimate

SL 2205H - X

SHB 49508 - CS / FCL17000113/h3

DIA: 31-12-16

Surveyor

*Shel*

REF: FCL

# ASSIGNMENT

From: \_\_\_\_\_ Date: 27072017  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SLL 2205H  
 at Workshop m/s: Jack Car Service  
 of: 81k 3006 Ubi Rd 1 # 01-396  
 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: 4 days Res.: Yes or No  
 Lum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'wp'

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLL 2205H Yr Regn: 17 Feb 2017  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota wish c.c. 1797  
 Colour: white A/C: Insured / Std / NI / NA  
 Sp. Reading: 14695 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: 8GE206032363  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 205/60 R16  
 R: "  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or CST  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 7 mm R/Bal. 7 mm  
 L/Bal. 7 mm L/Bal. 7 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 27-07-17  
 Survey held at w/s 2pm  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Rear o/s  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction  
31/7/17 email pref to Luore

08/12 Final: 3rd \$ 1390 with Thana  
 (Red: 1516.12, 52%).

RECEIVED 08 DEC 2017

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

110

50

22

182

Report Format: TP

Lump Sum / 1B: (\$ 1390)




# 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/FCI17014539/Ggb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 27-07-2017	
		Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHB 4950B	Veh. Inspected	SLL 2205H
Policy No.		Coverage (\$)	0.00
Claim No.	D17007246MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	27/07/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	21/07/2017	Inspection Date	27/07/2017
Survey held at	JACK CARS ENTERPRISE PTE LTD BLK 3006 UBI ROAD 1 #01-396 SINGAPORE 408700		
<b>5a. Remarks</b>			
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	25-07-2017	Our Ref No.	D17007246MFSH
Accident Date	21-07-2017	Claim Type.	Third Party
Insured Vehicle	SHB4950B	Third Party Vehicle.	SLL2205H
Survey Location	BLOCK 3006 UBI ROAD 1 #01-396		
Contact Person.	MS S.THANALETCHUMI		
Contact No.	67488824/ 0	Fax No.	67488834
Survey Type	WITHOUT PREJUDICE: PENDING VIDEO FROM ID TO DETERMINE LIABILITY		
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	JACK CARS SERVICE CENTRE	Attention.	NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No.	NA
Officer Incharge	LURENE		

## 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/226111)



PRI Documents



Close



## PRI Header Details

Claim No	D17007246MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & JAC LTD
Workshop Name	JACK CARS SERVICE CENTRE (Contact Person : MS S.THANALETCHUMI)	Survey Location & Contact Details	BLOCK 3006 UBI ROAD 1 #01-396 Mobile: 0 , Phone: 67488824 , Fax: 6748883 EmailId: THANA@JACKCARS.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: PENDING VIDEO FROM		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHB4950B	TP Vehicle No	SLL22C
PRI Recieved Date	26-07-2017 07:28:14 PM	Surveyor Appointed Date	27-07-2017 11:22:12 AM	Surveyor Accept Date	27-07-

## Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	27-07-2017	Upload Survey Report *:	<input type="text"/>
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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
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## Surveyor Job Remarks

**Ai Phing (LKKAuto)**

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**From:** Ai Phing (LKKAuto)  
**Sent:** Monday, 31 July, 2017 4:04 PM  
**To:** 'Claim Workflow System'  
**Cc:** LURENEJAW@FIRST-INSURANCE.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D17007246MFSH/1  
**Attachments:** SLL 2205H.pdf

Dear Lurene,

Enclosed herewith preliminary advise of vehicle SLL 2205H.

Best Regards,

**Ai Phing** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

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**From:** Admin-D (LKKAuto)  
**Sent:** Thursday, 27 July, 2017 11:43 AM  
**To:** 'Claim Workflow System' <[cwsmotorclaims@first-insurance.com.sg](mailto:cwsmotorclaims@first-insurance.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** LURENEJAW@FIRST-INSURANCE.COM.SG; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D17007246MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]  
**Sent:** Thursday, 27 July, 2017 11:22 AM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [LURENEJAW@FIRST-INSURANCE.COM.SG](mailto:LURENEJAW@FIRST-INSURANCE.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D17007246MFSH/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: D17007246MFSH

Date: 31-07-2017

Our Ref: CS/FCI17014539/Ggb

The Motor Claims Department  
First Capital Insurance Ltd

**Without Prejudice**

Dear Sir/Madam,

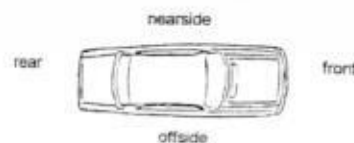
**INITIAL INSPECTION REPORT OF VEHICLE NO. SLL 2205H**

Please be informed that we had conducted the inspection of the above mentioned vehicle on 27-07-2017 at the premises of M/s JACK CARS ENTERPRISE and have the following to report:-

Workshop Estimate Amount	: S\$ 2,906.12
Revised Estimate Amount	: S\$ 1,202.50
"Check" Items Amount	: S\$ 343.75
Market Value	: S\$ -
LTA Reimbursement Value	: S\$ -
Nett Value	: S\$ -

**Description of Damage:**

The vehicle sustained damages at the rear o/s portion.



Yours faithfully

Xing Guo Qiang  
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	24/07/2017 10:20
Date Of Accident	21/07/2017 15:10
Exact Location Of Accident	NORTH BRIDGE ROAD (HDB CARPARK BLK 7 TO 9 )
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4950B
<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

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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

### Insurance Company

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	

### Driver

Name of Driver	CHNG SENG CHYE
NRIC No	S0121765H
Date Of Birth	04/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	31/10/1978
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	ERIC.CHNG@YAHOO.COM.SG



Address	207 #03-399 BISHAN STREET 23
Postcode	570207
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	SIDE SWIPE
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)	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

PLS SEE 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	SLL2205H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	WHOLE RIGHT SIDE
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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

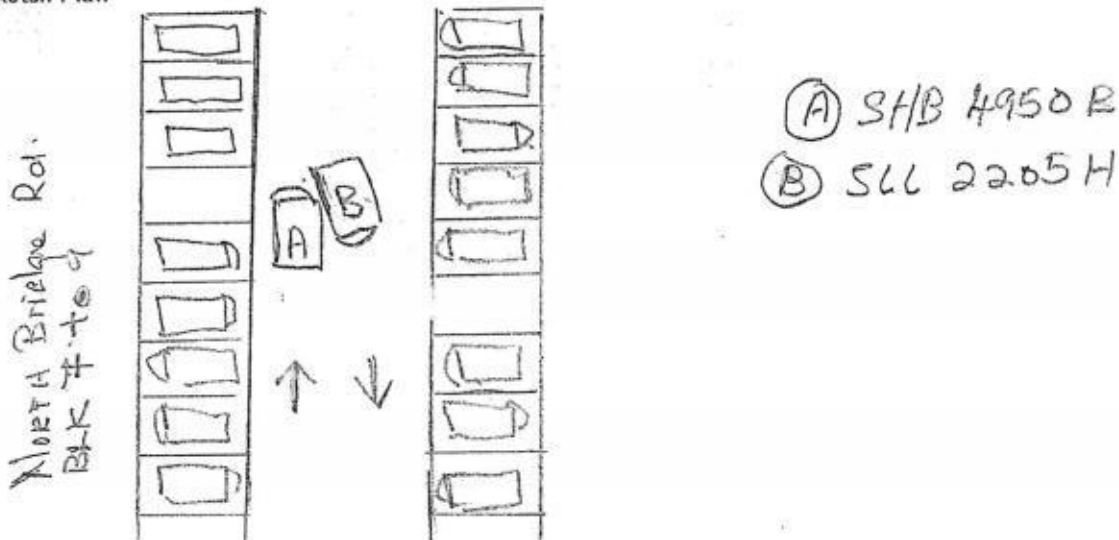
Jackson Heng  
CSO

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

On 21st/07/2017 at about 1510 hrs of Vehicle A was driving out from HDB parking lot, at North bridge Road. At the HDB car park drive way. While I moving slowly at the drive way to going to exit. Vehicle B was in the middle of drive way. Then I was on the extreme left side and it is narrow then I stop. Vehicle B tried to squeeze and grazed against vehicle A right side position. Causing the damaged

## Declaration

We declare the foregoing particulars are true in every respect.

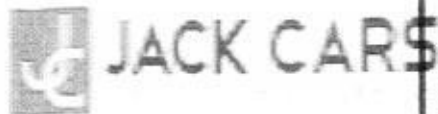
CITYCAB PTE LTD  
CO. REG. NO. 1995028300

Policyholder's Signature / Date & Time

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

22/7/17  
Jackson Heng  
CSO

Witnessed by Reporting Centre Personnel



**KKK Auto Consultancy Centre**  
 the Repairer of the following:  
 • To resurvey before after spray painting  
 • To display damaged parts during resurvey  
 • Parts prices are subject to confirmation  
 • Third party survey on a "Without Prejudice" basis  
 • No No-negotiation (N.N.) allowed  
 • Supplementary item(s) must be resurveyed and is subject to final approval from insurance company

Acknowledged By Repairer  
 Signature:  
 Date:

# ESTIMATE

92206746 TAKING

DATE : 27/07/2017 @	HRS
VEHICLE : SLL 2205 H	( DAYS)
MAKE & MODEL : TOYOTA WISH	
INSURANCE : First Capital Insurance Limited	
SURVEYOR :	

PARTS		CONDITION	COST
1.	REAR RIGHT BRAKE LIGHT	<del>REAR</del> X / Cut	\$ 325
2.	REAR BUMPER	X Cut	\$ 520
3.	CLIPS & RIVET	X MCL.	\$ 150
LABOUR			259
1.	TO REMOVE & REINSTALL REAR BOOT UPHOLSTERY		\$ 150
2.	TO CHECK REAR LIGHTING SYSTEM & WATER TEST FOR ANY LEAKAGE		\$ 100
3.	TO PUTTY & SPRAY PAINT OF AFFECTED AREA - REAR RIGHT FENDER & REAR BUMPER		\$ 900
4.	TO REMOVE & REINSTALL REAR BUMPER		\$ 280
5.	ANTI RUST TREATMENT		\$ 120
6.	BODY WORK FOR REAR RIGHT FENDER		\$ 370

35  
 880  
 660  
 X NV  
 30  
 400  
 100  
 X NV  
 200

1390

4 Days.	PART - 20% :	\$ 796
part by part	LABOUR :	\$ 1920
before paint photos.	TOTAL :	\$ 2716
Gno Qianp - 82880252	7% GST :	\$ 190.12
27/7/17.	GRAND TOTAL :	\$ 2906.12




# 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/FCI17014539/Ggbn2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 12-12-2017	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHB 4950B	Veh. Inspected	SLL 2205H	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17007246MFSH	Excess (\$)	0.00	
Assign From	LURENE	Assign Date	27/07/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA WISH	c.c	1797	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	ZGE206032363	Colour	WHITE	
Odometer	14695	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	CST	7 mm	
L/H Front Tyre	205/60 R16	CST	7 mm	
R/H Rear Tyre	205/60 R16	CST	7 mm	
L/H Rear Tyre	205/60 R16	CST	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	21/07/2017	Inspection Date	27/07/2017	
Survey held at	JACK CARS ENTERPRISE PTE LTD BLK 3006 UBI ROAD 1 #01-396 SINGAPORE 408700			
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 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. SLL 2205H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR RIGHT BRAKE LIGHT	CUT	325.00	325.00
1	REAR BUMPER	CUT	520.00	520.00
1	CLIPS & RIVET	NECESSARY	150.00	35.00
	LESS 20% DISCOUNT		-199.00	-
	LESS 25% DISCOUNT		-	-220.00
			796.00	660.00
<b>LABOUR</b>				
	TO REMOVE & REINSTALL REAR BOOT UPHOLSTERY.	NOT NECESSARY	150.00	-
	TO CHECK REAR LIGHTING SYSTEM & WATER TEST FOR ANY LEAKAGE.		100.00	30.00
	TO PUTTY & SPRAY PAINT OF AFFECTED AREA-REAR RIGHT FENDER & REAR BUMPER.		900.00	400.00
	TO REMOVE & REINSTALL REAR BUMPER.		280.00	100.00
	ANTI RUST TREATMENT.	NOT NECESSARY	120.00	-
	BODY WORK FOR REAR RIGHT FENDER.		370.00	200.00
			1,920.00	730.00
<b>GRAND TOTAL</b>			<b>2,716.00</b>	<b>1,390.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>1,390.00</b>

Report Ref No. CS/FCI17014539/Ggbn2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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