

ASS. REC. BY:

REF: CS/FCI17019540/T1tbe2

Special Instruction:

SUIVOR

CWS

Taufik

ASSIGNMENT (Office)

From (Person):

May chuen

of

FCI

Date/Time:

11/10/17 @ 3.50pm

Estimated Cost

Bill to:

OD / ☒ TP / WS / TP RES / OD RES / EVA / INV / M / CS

To Inspect Vehicle No:

SHC 410P

Insured:

SHA 3560 E

at Workshop no/s

Ding Auto

Tel:

81316518

of

31 Corporation Road

Policy No:

D-15077901MFSH

Claim No:

D17009615MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 16/10/17

CA / REV / REP. / REV 24 HRS

wpl

H.O.D. Endorsement

Date/Time:

11/10/17 @ 4.02pm

Person Contacted:

Lucas

Vehicle: ☒ IN ☐ OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SHC 410P - CS/FCI17004188/R1tb-D.O.A.: 21/02/2017
	SHA 3560 E - CC3/AIG10009271/H1j+1q2-D.O.A.: 10/5/2010

Tamper

ASSIGNMENT

From:

Date:

08/10/2017

Estimated Cost:

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

To Inspect Vehicle No:

SRM 3349M

at Workshop m/s

Performance

of

303 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Hon

(Policy Condition)

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

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

Lucas

Date / Time

Action / Instruction

(Ref: 7604.22 4/58 3200, 4 days e-mail to Michelle.
16790)

RECEIVED 21 NOV 2017

Date/Time, File Pass to?

☐

Preli. Report

1)

☒

Final Report

Date/Time, File Return to?

2)

Report Format :

TP

Lump Sum / I.B.I. (\$

3700/-

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee

Transportation

\$ + RS \$

Photos

Others

TOTAL

170415

50

29

264

Veh No:

SHC 410P

Yr Regn:

2017 Aug

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

Truck / Trailer or

Make:

Toyota Prius Hybrid c.c 1798

Colour

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

21684

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JD DKB 3FY 103562 695

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:

195/65R15

R:

195/65R15

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

TOYO YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

11/10/17 @ 1715

Survey held at

Ding Auto

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

Frt + N/S

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



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/FCI17019540/T1tb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 11-10-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 3560E	Veh. Inspected	SHC 410P
Policy No.		Coverage (\$)	0.00
Claim No.	D17009615MFSH	Excess (\$)	0.00
Assign From	CWS (MAY CHUA)	Assign Date	11/10/2017

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	10/10/2017	Inspection Date	11/10/2017
Survey held at	31 CORPORATION ROAD		
Repairer	DING AUTO PTE LTD		

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	11-10-2017	Our Ref No.	D17009615MFSH
Accident Date	10-10-2017	Claim Type.	Third Party
Insured Vehicle	SHA3560E	Third Party Vehicle.	SHC410P
Survey Location	BLK 10 SIN MING INDUSTRIAL ESTATE SECTOR C #01-20		
Contact Person.	LUCAS CHOW		
Contact No.	64589523/ 81316518	Fax No.	64534227
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:		
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	DING AUTO PTE LTD	Attention.	NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No.	NA
Officer Incharge	MAY CHUA		

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/229006)



PRI Documents



Close



PRI Header Details

Claim No	D17009615MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & DING AUT
Workshop Name	DING AUTO PTE LTD (Contact Person : LUCAS CHOW)	Survey Location & Contact Details	BLK 10 SIN MING INDUSTRIAL ESTATE SECTOR C #01-; Mobile: 81316518 , Phone: 64589523 , Fax: 6453422; EmailId: TAXISCS@STENGG.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM T		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA3560E	TP Vehicle No	SHC410P
PRI Recieved Date	11-10-2017 03:54:53 PM	Surveyor Appointed Date	11-10-2017 03:49:46 PM	Surveyor Accept Date	11-10-2017 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	11-10-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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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 Year"/>
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

File Name

Action

Surveyor Job Remarks

Remarks

Ding Automotive Pte Ltd

Blk 10 Sin Ming Industrial Est. Sector C, #01-20, Singapore 575645

Tel:6452 1208, Fax:6452 0614

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

11/10/2017 15:09

JOB-NO: 50110295

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)
ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

CONTACT: 65533880
64739522

Page 1 of 2

VEHICLE DETAILS

LICENSE NO: SHC0410P TRANS: AUTO
MAKE / MODEL: TOYOTA / Prius Hybrid 1.8 CVT
OWNER'S INSURER: FIRST CAPITAL INSURANCE LIMITED
JOB-CODE: TP SA: Ding Auto User 1

CHASSIS: JTDKB3FU103562695
ENGINE: 2ZRS059422

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<u>LABOUR</u>							
1 TO CHECK WIRING AND LIGHTING SYSTEM	1.00	60.00	0.00	60.00		Y	20
2 TO APPLY UNDERCOATING ON AFFECTED AREAS	1.00	60.00	0.00	60.00		Y	X
3 TO REPAIR, REPLACE AND REALIGN DAMAGE AREAS	1.00	1,200.00	0.00	1,200.00		Y	600
4 TO SPRAY PAINTING ON FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
5 TO SPRAY PAINTING ON FRONT FENDER LH	1.00	250.00	0.00	250.00		Y	200
6 TO SPRAY PAINTING ON BONNET	1.00	250.00	0.00	250.00		Y	200
7 TO DIAGNOSTIC RESET HEAD LAMP AND FOG LAMP DAYLIGHT SYSTEM	1.00	200.00	0.00	200.00		Y	100
TOTAL:		2,270.00	0.00	2,270.00			1520.
<u>MATERIALS</u>							
1 FRONT BUMPER	1.00	490.50	0.00	490.50	L	Y	de ✓
2 FRONT BUMPER TOWING CAP RH	1.00	32.10	0.00	32.10	L	Y	R ✓
3 FRONT BUMPER TOWING CAP LH	1.00	32.10	0.00	32.10	L	Y	R ✓
4 RADIATOR GRILLE	1.00	378.90	0.00	378.90	L	Y	X n ✓
5 FRONT BUMPER LOWER GARNISH	1.00	178.20	0.00	178.20	L	Y	X n ✓
6 CAR PLATE GARNISH	1.00	129.60	0.00	129.60	L	Y	X n ✓
7 FRONT BUMPER RETAINER RH	1.00	87.60	0.00	87.60	L	Y	X n ✓
8 FRONT BUMPER RETAINER LH	1.00	87.60	0.00	87.60	L	Y	X n ✓
9 FRONT BUMPER SPONGE	1.00	109.40	0.00	109.40	L	Y	? X } n
10 FRONT BUMPER REINFORCEMENT	1.00	691.50	0.00	691.50	L	Y	? X } n
11 FRONT BUMPER LOWER BEAM	1.00	224.77	0.00	224.77	L	Y	X } n
12 FRONT BUMPER BRACKET RH	1.00	103.77	0.00	103.77	L	Y	X } n
13 FRONT BUMPER BRACKET LH	1.00	103.77	0.00	103.77	L	Y	X n ✓
14 FRONT BUMPER LOGO EMBLEM	1.00	97.10	0.00	97.10	L	Y	n ✓
15 FRONT FENDER LH	1.00	933.10	0.00	933.10	L	Y	R ✓
16 FENDER INNER SHIELD LH	1.00	201.67	0.00	201.67	L	Y	X n ✓
17 FENDER EMBLEM - HYBRID	1.00	44.17	0.00	44.17	L	Y	n ✓
18 BONNET	1.00	902.74	0.00	902.74	L	Y	R ✓
19 BONNET HINGE RH	1.00	68.33	0.00	68.33	L	Y	X n ✓
20 BONNET HINGE LH	1.00	68.33	0.00	68.33	L	Y	X n ✓
21 BONNET INSULATOR	1.00	401.67	0.00	401.67	L	Y	X n ✓
22 HEAD LAMP RH LH	1.00	2,631.60	0.00	2,631.60	L	Y	C n ✓
23 FOG LAMP LH	1.00	910.70	0.00	910.70	L	Y	C n ✓
24 FRONT BUMPER CLIP SET	1.00	45.00	0.00	45.00	S	Y	n ✓
25 FENDER INNER SHIELD CLIP SET	1.00	45.00	0.00	45.00	S	Y	X n ✓

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
26 BONNET INSULATOR CLIP SET	1.00	35.00	0.00	35.00	S	Y	35.00 111.
TOTAL:		9,034.22	0.00	9,034.22			

TOTAL PARTS & LABOUR : 11,304.22 0.00 11,304.22

EXCESS/LOADING:SS 0.00

No. Of Day: 4

RE-SURVEY: BEFORE/AFTER PAINTING
PART-BY-PART OR LUMP SUM: SS

DATE OF SURVEY: 11/10/17

SURVEYED BY: Tanferm

CONTACT NO: 97495749

FAX NO: _____

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL: _____

FAX: _____

11 4365.44 245
25% - 3274.08

wp
sur@lkkauto.com

1320
3274.08
45

4639.08

c/s 3700
4 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts return to repairer
- Parts prices to be supplied to repairer
- Third party liability to be supplied to repairer
- No illegal modifications to be made
- Suppliers to be supplied to repairer

Acknowledged by Repairer:

Signature: _____

Date: _____

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 willful 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	10/10/2017 14:09
Date Of Accident	10/10/2017 06:00
Exact Location Of Accident	WHAMPOA DRIVE MARKET CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC410P
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
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	CHEONG MONG LAN
NRIC No	S0138408B
Date Of Birth	05/04/1953
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1973
Driving Experience	44 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96910671
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions RAINING

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) 0

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 TO ATTACH STATMENT

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 SHA3560E

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver LEE LIANG WHANG

NRIC/Passport Number S2537112G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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.

Witnessed by Reporting Centre
Personnel

Whampoa Drive Market Car Park

Vehicle A = SNC 410 P

Vehicle B = SHA 3560 E

Describe Circumstances of the Accident

On 10 Oct 2017 at about 0600 HRS, I was parking my vehicle SHC 410 P at Whampoa Drive Market Car Park, while I come out collect my vehicle and the third party vehicle driver told me that he was hit onto front of my vehicle. The third party vehicle NO. SHA 3560E and we have to exchanged both Particular.

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




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/FCI17019540/T1tbe2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 06-12-2017		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 3560E	Veh. Inspected	SHC 410P	
Policy No.	D-15072701MFSH	Coverage (\$)	0.00	
Claim No.	D17009615MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	11/10/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS HYBRID	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU103562695	Colour	YELLOW	
Odometer	21684	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	YOKOHAMA	6 mm	
L/H Front Tyre	195/65 R15	YOKOHAMA	6 mm	
R/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm	
L/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/10/2017	Inspection Date	11/10/2017	
Survey held at	31 CORPORATION ROAD			
Repairer	DING AUTO PTE LTD			
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:		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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 410P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	DEFORMED	490.50	490.50
1	FRONT BUMPER TOWING CAP RH	TO REPAIR SEE LABOUR	32.10	-
1	FRONT BUMPER TOWING CAP LH	TO REPAIR SEE LABOUR	32.10	-
1	RADIATOR GRILLE	NOT NECESSARY	378.90	-
1	FRONT BUMPER LOWER GARNISH	NOT NECESSARY	178.20	-
1	CAR PLATE GARNISH	NOT NECESSARY	129.60	-
1	FRONT BUMPER RETAINER RH	NOT NECESSARY	87.60	-
1	FRONT BUMPER RETAINER LH	NECESSARY	87.60	87.60
1	FRONT BUMPER SPONGE	NOT NECESSARY	109.40	-
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	691.50	-
1	FRONT BUMPER LOWER BEAM	NOT NECESSARY	224.77	-
1	FRONT BUMPER BRACKET RH	NOT NECESSARY	103.77	-
1	FRONT BUMPER BRACKET LH	NECESSARY	103.77	103.77
1	FRONT BUMPER LOGO EMBLEM	NECESSARY	97.10	97.10
1	FRONT FENDER LH	TO REPAIR SEE LABOUR	933.10	-
1	FENDER INNER SHIELD LH	NOT NECESSARY	201.67	-
1	FENDER EMBLEM - HYBRID	NECESSARY	44.17	44.17
1	BONNET	TO REPAIR SEE LABOUR	902.74	-
1	BONNET HINGE RH	NOT NECESSARY	68.33	-
1	BONNET HINGE LH	NOT NECESSARY	68.33	-
1	BONNET INSULATOR	NOT NECESSARY	401.67	-
1	HEAD LAMP LH	CRACKED	2,631.60	2,631.60
1	FOG LAMP LH	CRACKED	910.70	910.70
	LESS 25% DISCOUNT		-	-1,091.36
			8,909.22	3,274.08
SPECIAL NETT ITEMS				
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	45.00	45.00
1	SET FENDER INNER SHIELD CLIP (SN)	NOT NECESSARY	45.00	-

Report Ref No. CS/FCI17019540/T1tbe2



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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET BONNET INSULATOR CLIP (SN)	NOT NECESSARY	35.00	-
			125.00	45.00
	LABOUR			
	TO CHECK WIRING AND LIGHTING SYSTEM.		60.00	20.00
	TO APPLY UNDERCOATING ON AFFECTED AREAS.	NOT NECESSARY	60.00	-
	TO REPAIR, REPLACE AND REALIGN DAMAGE AREAS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER TOWING CAP RH, FRONT BUMPER TOWING CAP LH, FRONT FENDER LH AND BONNET.		1,200.00	600.00
	TO SPRAY PAINTING ON FRONT BUMPER.		250.00	200.00
	TO SPRAY PAINTING ON FRONT FENDER LH.		250.00	200.00
	TO SPRAY PAINTING ON BONNET		250.00	200.00
	TO DIAGNOSTIC RESET HEAD LAMP AND FOG LAMP DAYLIGHT SYSTEM.		200.00	100.00
			2,270.00	1,320.00
	GRAND TOTAL		11,304.22	4,639.08
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,700.00

Report Ref No. CS/FCI17019540/T1tbe2

MOHAMAD TAUFIKH
M.MATAI, AMSAE-A
Automotive Assessor

ADRIAN LING WAI PING
B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI
Licensed Appraiser

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