22/03/2002

ASS. REC. BY: | REF: CS/FCL170200446/THLS2 | Special Instruction:

Surveyor: Thulsith

ASSIGNMENT (Office)

From (Person): CW3 Sithara of FCL Date/Time: 19102017 2H1pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FW 9930P Insured: SHB 4962S

at Workshop m/s Pong Scooter Tel: 9693 3392.

of Blk 1006 Bukit Merah Lane 1 #01-06

Policy No: Claim No: 017009781MTSH

Sum Insured: Excess:

Make of Veh: D.O.A 10-10-2017
(Client's Record)

CA / REV / REP. / REV 24 HRS 'WP' 20.10.2017 H.O.D. Endorsement:

Date/Time: 19102017 507pm Person Contacted: Michael Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate	
	FW 9930P - NBA /MS6 170A576 /Y	DOR: 10-10-17
	SHB 4962S - CC3 /MC100110A0 / Dfg1	DOR: 050610
	part by Part $2064170 , 5days (Red. 37130 : 12%)	

Surveyor: Tan John REF: FCL

ASSIGNMENT

COE 2023 July.

From: Date: 20/02/2017

Estimated Cost:

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

To Inspect Vehicle No: FW9930P

at Workshop m/s Pang Scooter

of Blk 1006 Bukit Merah Lane 2 #01-06

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 Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FW9930P Yr Regn: 2003 / July.

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

Make: Honda NF125MD c.c 125

Colour Blue. A/C: Insured / Std / NI / NA

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

Eng/No:

C/No: NF125MD0069033

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: 70/90R17.

R: 80/90R17.

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.	mm	L/Bal.	mm
D.O.A.		D.O.I.	20/2/17@1500

Survey held at Pang Scooter

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

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

Date / Time	Action / Instruction
	4240A

4/12/2017

RECEIVED 05 DEC 2017

Date/Time, File Pass to?

1) 5/12 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

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

Report Format :

Lump Sum / I.B.: ($ 264170)

Survey Fee:	130
Transportation:	50
S + RS SI	50
Photos	164
Others	
TOTAL	394

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/FCI17020046/T1tb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 19-10-2017

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHB 4962S	Veh. Inspected	FW 9930P
	Policy No.		Coverage ($)	0.00
	Claim No.	D17009781MFSH	Excess ($)	0.00
	Assign From	CWS (SITHARA)	Assign Date	19/10/2017

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

5. General Information

	Accident Date	10/10/2017	Inspection Date	20/10/2017
	Survey held at	PANG SCOOTER SERVICE BLK 1006 BUKIT MERAH LANE 2 #01-06 SINGAPORE 159762		

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	16-10-2017	**Our Ref No.**	D17009781MFSH
Accident Date	10-10-2017	**Claim Type.**	Third Party
Insured Vehicle	SHB4962S	**Third Party Vehicle.**	FW9930P
Survey Location	BLK 1006 BUKIT MERAH LANE 2 #01-06		
Contact Person.	MR MICHAEL TEO		
Contact No.	6271 4618/ 96933392	**Fax No.**	62732632
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	PANG SCOOTER SERVICE	**Attention.**	NIL
Cc : TP Solicitor	KANNAN SG	**TP Solicitor Fax No.**	NA
Officer Incharge	SITHARA		

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/229204) PRI Documents Close

PRI Header Details

Claim No	D17009781MFSH	**Policy No**	D-15O72702MFSH	**Claimant S.No & Name**	1 & KA
Workshop Name	PANG SCOOTER SERVICE (Contact Person : MR MICHAEL TEO)	**Survey Location & Contact Details**	BLK 1006 BUKIT MERAH LANE 2 #01-06 **Mobile:** 96933392 , **Phone:** 6271 4618 , **Fax:** **EmailId:** KANNANSG@SINGNET.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	**Insured Vehicle No**	SHB4962S	**TP Vehicle No**	FW993
PRI Recieved Date	16-10-2017 09:44:51 PM	**Surveyor Appointed Date**	19-10-2017 02:40:32 PM	**Surveyor Accept Date**	19-10-

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	19-10-2017	**Upload Survey Report *:**	

Vehicle Particulars

Make	Please Select Make	**Model**	Please Select Model	**Year**	Select
Chasis No		**Engine No**		**Mileage**	
Color		**Cubic Capacity**			

Multiple Documents Upload

Upload Multiple Documents

File Name **Action**

Surveyor Job Remarks

MNA617134469 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 10/10/2017 12:12

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 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. This report will be forwarded by the insurers of the insurers of the GIA Record's 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 12:12
Date Of Accident	10/10/2017 06:25
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT 18.6KM
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FW9930P
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NAZRI BIN SELAMAT
NRIC No	S8534240A
Email Address	NAZ_SUFI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-85330451
Alternative Phone No	OTHERS-85330451
Vehicle Particulars	
Manufacturer	HONDA
Model	WAVE 125-125CC
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/16-35585B-CA
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NAZRI BIN SELAMAT
NRIC No	S8534240A
Date Of Birth	13/08/1985
Occupation	INDOOR
Date Of Driving Pass	18/02/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85330451
Fax Number	
Contact Number	OTHERS-85330451
EMail Address	NAZ_SUFI@YAHOO.COM.SG

Address	BLK 817C KEAT HONG LINK #14-109
Postcode	683817
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	APTER RAIN
Road Surface	WET

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

PLEASE REFER TO SKETCH

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4962S
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Name of Driver	FONG LOYEE SENG
NRIC/Passport Number	S1730219A
Contact Number	97331552
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	SHAHZRIL
Phone Number	93371552
Email Address	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD NAZRI BIN SELAMAT

- Approximate Age
  Injuries Sustain ABRASION AND SWELLING ON LEFT KNEE
  Injured person in which vehicle? FW9830P
  Were seat belts worn?
  Was injured conveyed to hospital by ambulance? NO
  Address
  Postcode

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 lodgment 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:
10/10/2017
12:10pm

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

10/10/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: [illegible]

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	4240A

Vehicle Details

Vehicle No.	FW9930P
Vehicle to be Exported	No
Intended De-registration Date	17 Nov 2017
Vehicle Make	HONDA
Vehicle Model	NF125MD
Primary Colour	Blue
Manufacturing Year	2003
Engine No.	NF125MDE0069033
Chassis No.	NF125MD0069033
Maximum Power Output	-
Open Market Value	$1,665.00
Original Registration Date	30 Jul 2003
First Registration Date	30 Jul 2003
Transfer Count	5
Actual ARF Paid	$250.00

Intended PARF Rebate Details

PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	$0.00

Intended COE Rebate Details

COE Expiry Date	29 Jul 2023
COE Category	D - Motorcycle
COE Period(Years)	10
PQP Paid	$1,730.00
COE Rebate Amount	$985.00
Total Rebate Amount	$985.00

The information contained herein is correct as at 17 Nov 2017

OK

PANG SCOOTER SERVICE

Blk 1006 Bukit Merah Lane 2 #01-06 Singapore 159762
Tel : 6271 4618 Fax : 6273 2632

ESTIMATE REPAIR

BIKE NO.: FW 9930P

DATE ACCIDENT : 10.10.2017

MAKE / MODEL : HONDA NF125MD

S/No		AMOUNT
1	F Fender (1set)	$ 90.00
2	F Wheel Rim	$ 285.00
3	Undler Bracket	$ 195.00
4	Steeing Con	$ 95.00
5	Fork Assy x2	$ 265.00
6	Handle Bar	$ 48.00
7	L/H Leg Shield	$ 98.00
8	F Wheel Shaft	$ 28.00
9	Handler Bar	$ 85.00
10	F Foot Rest Rubber	$ 18.00
11	F Foot Rest Bar	$ 65.00
12	Gear Paddle	$ 65.00
13	L/H F Signal Light	$ 50.00
14	IU Bracket	$ 35.00
15	IU Unit	$ 165.00
16	Handler Grip	$ 25.00
17	Rear Box Bracket	$ 85.00
18	Rear Box	$ 285.00
19	L/H Foot Rest Bracket	$ 98.00
20	Rear Foot Rest	$ 40.00
21	L/H Mirror	$ 35.00
	2155 10% - 193.50.	
	Transport	$ 40. 50.00
	Labour	$ 250 350.00
		290
	Tanjiah 97495749 - WP? 20/10/17 @ 1510 5 days # Reusing new parts	
	Total	$ 2,555.00

3013

PANG SCOOTER SERVICE

Blk 1006 Bukit Merah Lane 2 #01-06 Singapore 159762
Tel : 6271 4618 Fax : 6273 2632

ESTIMATE REPAIR

4240A

BIKE NO.: **FW 9930P**

DATE ACCIDENT : **10.10.2017**

MAKE / MODEL : **HONDA NF125MD**

S/No	SUPPLEMENTARY	AMOUNT
1	R/H Leg Shield	$ dis 98.00
2	L/R Centre Panel x2	$ dis 70.00
3	Horn Cover	$ cut 60.00
4	Low Cowling	$ cra 45.00
5	F Brake Disc	$ bt 120.00
6	Handler Bracket	$ bt 65.00
7		
8		458
9	27/10/17.	10%- 412.20.
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
	1939.50	
	412.20	
	290	
	$ 2641.70 *	
	5 days.	
	* Confirm with workshop	
	Total	$ 458.00

PANG SCOOTER SERVICE

Blk 1006 Bukit Merah Lane 2 #01-06 Singapore 159762
Tel : 6271 4618 Fax : 6273 2632

ESTIMATE REPAIR

BIKE NO.: FW 9930P

DATE ACCIDENT : 10.10.2017

MAKE / MODEL : HONDA NF125MD

S/No		AMOUNT
1	F Fender (1set)	$ cut 90.00
2	F Wheel Rim	$ cut 285.00
3	Undler Bracket	$? 195.00
4	Steeing Con	$? 95.00
5	Fork Assy x2	$? 265.00
6	Handle Bar	$? 48.00
7	L/H Leg Shield	$ cut 98.00
8	F Wheel Shaft	$? 28.00
9	Handler Bar	$? 85.00
10	F Foot Rest Rubber	$ tnc 18.00
11	F Foot Rest Bar	$ bt 65.00
12	Gear Paddle	$ bt 65.00
13	L/H F Signal Light	$ cut 50.00
14	IU Bracket	$ bt 35.00
15	IU Unit	$ cut 165.00
16	Handler Grip	$ cut 25.00
17	Rear Box Bracket	$? 85.00
18	Rear Box	$ cut 285.00
19	L/H Foot Rest Bracket	$ bt 98.00
20	Rear Foot Rest	$ bt 40.00
21	L/H Mirror	$ cvr 35.00
	Transport	$ 40 50.00
	Labour	$ 250 350.00
	Tan ... 97495749 - wp?	
	20/10/17 @ 1510	
	5 days	
	# Resurvey new parts	
	Total	$ 2,555.00

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

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/FCI17020046/T1tbs2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 05-12-2017

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHB 4962S	**Veh. Inspected**	FW 9930P
	Policy No.	D-15072702MFSH	**Coverage ($)**	0.00
	Claim No.	D17009781MFSH	**Excess ($)**	0.00
	Assign From	SITHARA	**Assign Date**	19/10/2017

2. Vehicle Particulars & Condition

	Make & Model	HONDA NF125MD	**c.c**	125
	Engine No.	HIDDEN	**Year of Reg.**	2003
	Chassis No.	NF125MD0069033	**Colour**	BLUE
	Odometer	-	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	NIL
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	70/90 R17	DUNLOP	5 mm
	L/H Front Tyre			mm
	R/H Rear Tyre	80/90 R17	DUNLOP	5 mm
	L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION AND N/S BODY.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	10/10/2017	**Inspection Date**	20/10/2017
	Survey held at	PANG SCOOTER SERVICE BLK 1006 BUKIT MERAH LANE 2 #01-06 SINGAPORE 159762		

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: **5 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FW 9930P

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	SET F FENDER	CUT	90.00	90.00
1	F WHEEL RIM	CUT	285.00	285.00
1	UNDLER BRACKET	BENT	195.00	195.00
1	STEEING CON	BENT	95.00	95.00
2	FORK ASSY	BENT	265.00	265.00
1	HANDLE BAR	BENT	48.00	48.00
1	L/H LEG SHIELD	CUT	98.00	98.00
1	F WHEEL SHAFT	BENT	28.00	28.00
1	HANDLE BAR	BENT	85.00	85.00
1	F FOOT REST RUBBER	TORN	18.00	18.00
1	F FOOT REST BAR	BENT	65.00	65.00
1	GEAR PADDLE	BENT	65.00	65.00
1	L/H F SIGNAL LIGHT	CUT	50.00	50.00
1	IU BRACKET	BENT	35.00	35.00
1	IU UNIT	CUT	165.00	165.00
1	HANDLE GRIP	CUT	25.00	25.00
1	REAR BOX BRACKET	BENT	85.00	85.00
1	REAR BOX	CUT	285.00	285.00
1	L/H FOOT REST BRACKET	BENT	98.00	98.00
1	REAR FOOT REST	BENT	40.00	40.00
1	L/H MIRROR	CRACKED	35.00	35.00
1	R/H LEG SHIELD (ADDITIONAL)	DISTORTED	98.00	98.00
2	L/R CENTRE PANEL (ADDITIONAL)	DISTORTED	70.00	70.00
1	HORN COVER (ADDITIONAL)	CUT	60.00	60.00
1	LOW COWLING (ADDITIONAL)	CRACKED	45.00	45.00
1	F BRAKE DISC (ADDITIONAL)	BENT	120.00	120.00
1	HANDLER BRACKET	BENT	65.00	65.00
	LESS 10% DISCOUNT		-	-261.30
			2,613.00	2,351.70

Report Ref No. CS/FCI17020046/T1tbs2

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

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	LABOUR			
	TRANSPORT.		50.00	40.00
	LABOUR.		350.00	250.00
			400.00	290.00
	GRAND TOTAL		**3,013.00**	**2,641.70**
	RECOMMENDED COST OF REPAIRS			**2,641.70**

Report Ref No. CS/FCI17020046/T1tbs2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser