

AFS REC BY

REF

CS/FCI 17020327 / Kvbier

CWS

ASSIGNMENT (Office)

From (Person)

Lurene Jaw

FCI

Date/Time 24/10/17 @ 12:16pm

Estimated Cost

Bill to

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

To Inspect Vehicle No.

SDH 68485

Insured:

SHC0769E

at Workshop to/

K. Kim Hin Auto

Tel:

64527018

of 160 Sin Ming Drive #02-20

Policy No.

Claim No.

D17009765 MFSH

Sum Insured

Excess

Make of Veh.

(Client's Record)

DOA 12/10/2017

CA / REV / REP. / REV 24 HRS

'wp'

10-04-2018

H.O.D. Endorsement

Date/Time

24/10/2017 @ 12:34pm

Person Contacted

Shuman

Vehicle IN (OUT)

Date/Time

Action/Instruction (✓) Estimate

SDH 68485 - CS37AXA 12014041 / Gkd 1-D-O-A: 5/7/2012

SHC0769E-X

11/4/18

Email preli revised to FCI

14/6

83378-60 Confirmed by email (Recd 2584.52, 4312) (No LS)

REF: FCI

ASSIGNMENT

From: Date: 10/04/2018

Estimated Cost:

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

To inspect Vehicle No: SDH 6848S

at Workshop m/s K. Kim Hin Auto

of 160 Sin Ming Drive # 02-20

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: 04 days Res: Yes or No

Lump Sum: 1.3-1 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS ^{1wp}

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SDH 6848S Yr Regn: 12 13

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

Truck / Trailer or

Make:

Toy Wish

C.C

MPV 1798

Colour:

M. Silver

A/C

Insured / Std / NI / NA

Sp. Reading

47631

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDGG 20W 20J000537

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

Tyre Size: F:

195/65R15

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.

12/10/17

D.O.I.

10/4/18

Survey held at

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

O/S 1st

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

11/4 File pass to Catherine



14/6/2018

RECEIVED 10 JUN 2018

Date/Time: File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time: File Return to?

2)

14/6 - typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Insp (\$)

☐

Workshop (\$)

Survey Fee

Transportation

3. S + R + SI

4. Photo

5. Other

TOTAL

Report Format:

CWS

Lump Sum / I.B. (\$)

3378-60

100

50

50

20

260



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/FCI17020327/Kvb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 24-10-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 0769E	Veh. Inspected	SDH 6848S
Policy No.		Coverage (\$)	0.00
Claim No.	D17009765MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	24/10/2017

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	12/10/2017	Inspection Date	
Survey held at	K.KIM HIN AUTOMOTIVE PTE LTD 160 SIN MING DRIVE, #02-20 SIN MING AUTOCITY SINGAPORE 575722		

5a. Remarks

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

Job Sheet (/ClaimWS/Surveyor/JobSheet/229186)



PRI Documents



Close



PRI Header Details

Claim No	D17009765MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & K. KIM HIN
Workshop Name	K. KIM HIN AUTO PTE LTD (Contact Person : SHUMAN)	Survey Location & Contact Details	160 Sin Ming Drive #02-20SIN MING AUTOCITY Mobile: 96222116 , Phone: 64527018 , Fax: 64583895 EmailId: ADMIN1@KKIMHIN.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC0769E	TP Vehicle No	SDH6848S
PRI Recieved Date	23-10-2017 08:15:21 PM	Surveyor Appointed Date	24-10-2017 12:15:22 PM	Surveyor Accept Date	24-10-2017 1

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	24-10-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	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

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. D17009765MFSH
Accident Date	12-10-2017	Claim Type. Third Party
Insured Vehicle	SHC0769E	Third Party Vehicle. SDH6848S
Survey Location	160 Sin Ming Drive #02-20SIN MING AUTOCITY	
Contact Person.	SHUMAN	
Contact No.	64527018/ 96222116	Fax No. 64583895
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	K. KIM HIN AUTO PTE LTD	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.

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Wednesday, 11 April 2018 3:11 PM
To: 'Claim Workflow System'
Cc: LURENEJAW@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17009765MFSH/1, SDH 6848S
Attachments: SDH 6848S PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SDH 6848S
Date of survey: 10/4/2018
Number of days:4 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Tuesday, 24 October 2017 2:40 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: LURENEJAW@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17009765MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Claim Workflow System [mailto:cwsmotorclaims@first-insurance.com.sg]
Sent: Tuesday, 24 October, 2017 12:15 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; LURENEJAW@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17009765MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D17009765MFSH

Our ref: CS/FCI17020327/Kvb

Date : 11/4/2018

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SDH 6848S

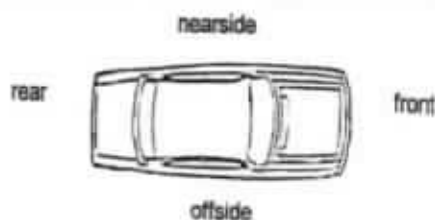
We thank for your instruction on 24/10/2017

Please be informed that we had conducted the inspection of the above mentioned vehicle on 10/4/2018 at the premises of M/s K KIM HIN AUTOMOTIVE PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$5,963.12
Revised Estimate Amount	: S\$2,461.95
"Check" Items Amount	: S\$916.65
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

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



Comments/Present Status:

Damages Consistent

Yours faithfully,

Kenneth Kong
Licensed Appraiser

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Singapore NRIC
Owner ID	3924H
Vehicle Details	
Vehicle No.	SDH68485
Vehicle to be Exported	No
Intended De-registration Date	23 Oct 2017
Vehicle Make	TOYOTA
Vehicle Model	WISH CVT
Primary Colour	Silver
Manufacturing Year	2013
Engine No.	2ZRB256275
Chassis No.	JTDGG20W20J000537
Maximum Power Output	105.0 kW (140 bhp)
Open Market Value	\$23,453.00
Original Registration Date	16 Dec 2013
First Registration Date	16 Dec 2013
Transfer Count	0
Actual ARF Paid	\$19,835.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	15 Dec 2023
PARF Rebate Amount	\$14,876.00
Intended COE Rebate Details	
COE Expiry Date	15 Dec 2023
COE Category	B - Car (1601cc & above)
COE Period(Years)	10
QP Paid	\$73,010.00
COE Rebate Amount	\$44,850.00
Total Rebate Amount	\$59,726.00

The information contained herein is correct as at 23 Oct 2017

OK

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	12/10/2017 19:31
Date Of Accident	12/10/2017 13:35
Exact Location Of Accident	JALAN RAJA UDANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH6848S
Insured/Policyholder	
Name Of Registered Owner	KO KUM CHUAN
NRIC No	S2573924H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97381498
Alternative Phone No	OFFICE-97381498

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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 PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA075602/1
Cover Note Number	

Driver

Name of Driver	TEH BEE GEOK
NRIC No	S6800998G
Date Of Birth	03/01/1968
Occupation	INDOOR
Date Of Driving Pass	20/04/1991
Driving Experience	26 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90938592
Fax Number	
Contact Number	OFFICE-90938592
EMail Address	JENNYTEH@YMAIL.COM

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.
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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:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-18/19/20/21,

Sin Ming AutoCity, Singapore 575722

Tel: 6452 7018 Fax: 6458 3895

Email: service@kkimhin.com.sg

No. : 29225

Vehicle Insured : SHC 769 E

Accident Date : 12-Oct-2017

Date : 23-Oct-2017

Our Ref : 170748 (FIRST) / SHUMAN

PAGE : 1

KO KUM CHUAN (MR)

Singapore

Not Authorised
Resurvey B4 pain

ESTIMATED COST OF REPAIR FOR TOYOTA WISH CVT (2013) SDH6848S

1 pc	o/s wing mirror assy	1,212.70	X
1 pc	o/s front fender	955.90	✓
1 pc	o/s front fender inner shield	165.20	✓
8 pcs	o/s front fender inner shield @ S\$ 5.00 clips	40.00	✓
1 pc	front bumper	492.00	✓
1 pc	o/s front bumper side retainer	59.50	✓
10 pcs	front bumper clips @ S\$ 5.00	50.00	✓
1 pc	o/s headlamp assy	1,222.20	✓
1 pc	o/s front wheel bearing	380.00	X
		4,577.50	
		Less 25% :	-1,144.38
			3,433.12
1 pc	o/s front rim	480.00	sn <i>2800</i>
To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.		800.00	<i>400</i>
To dismantle and check front under-carriages. To replace affected portions.		200.00	X
To conduct front wheel alignment test.		100.00	<i>60</i>
To putty and respray on affected portions.		950.00	<i>400</i>

Total :		S\$ 5,963.12	=====

Singapore Dollars Five Thousand Nine Hundred and Sixty Three and Cents Twelve Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

LKK Auto Consultants hence notify

the Repairs 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
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-18/19/20/21,

Sin Ming AutoCity, Singapore 575722

Tel: 6452 7018 Fax: 6458 3895

Email: service@kkimhin.com.sg

No. : 29225

Vehicle Insured : SHC 769 E

Accident Date : 12-Oct-2017

Date : 23-Oct-2017

Our Ref : 170748 (FIRST) / SHUMAN

PAGE : 1

KO KUM CHUAN (MR)

Singapore

Not Authorised
Recovery B4 pain

ESTIMATED COST OF REPAIR FOR TOYOTA WISH CVT (2013) SDH6848S

1 pc o/s wing mirror assy	1,212.70	X
1 pc o/s front fender	955.90	✓
1 pc o/s front fender inner shield	165.20	✓
8 pcs o/s front fender inner shield clips @ S\$ 5.00	40.00	✓
1 pc front bumper	492.00	✓
1 pc o/s front bumper side retainer	59.50	✓
10 pcs front bumper clips @ S\$ 5.00	50.00	✓
1 pc o/s headlamp assy	1,222.20	✓
1 pc o/s front wheel bearing	380.00	X
	4,577.50	
Less 25% :	-1,144.38	
	3,433.12	
1 pc o/s front rim	480.00	sn <i>280.00</i>
To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.	800.00	<i>400</i>
To dismantle and check front under-carriages. To replace affected portions.	200.00	X
To conduct front wheel alignment test.	100.00	<i>60</i>
To putty and respray on affected portions.	950.00	<i>400</i>
Total :	S\$ 5,963.12	

Singapore Dollars Five Thousand Nine Hundred and Sixty Three and Cents Twelve Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.




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/FCI17020327/Kvbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 22-06-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 0769E	Veh. Inspected	SDH 6848S	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17009765MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	24/10/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH (A)	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	JTDGG20W20J000537	Colour	METALLIC SILVER	
Odometer	47631	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	YOKOHAMA	8 mm	
L/H Front Tyre	195/65 R15	YOKOHAMA	8 mm	
R/H Rear Tyre	195/65 R15	YOKOHAMA	8 mm	
L/H Rear Tyre	195/65 R15	YOKOHAMA	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/10/2017	Inspection Date	10/04/2018	
Survey held at	K.KIM HIN AUTOMOTIVE PTE LTD 160 SIN MING DRIVE, #02-20 SIN MING AUTOCITY SINGAPORE 575722			
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SDH 6848S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	O/S WING MIRROR ASSY	SERVICEABLE	1,212.70	-
1	O/S FRONT FENDER	BENT	955.90	955.90
1	O/S FRONT FENDER INNER SHIELD	DISTORTED	165.20	165.20
8	O/S FRONT FENDER INNER SHIELD CLIPS @\$5.00	NECESSARY	40.00	40.00
1	FRONT BUMPER	BUCKLED	492.00	492.00
1	O/S FRONT BUMPER SIDE RETAINER	DISTORTED	59.50	59.50
10	FRONT BUMPER CLIPS @\$5.00	NECESSARY	50.00	50.00
1	O/S HEADLAMP ASSY	MTG CRACKED	1,222.20	1,222.20
1	O/S FRONT WHEEL BEARING	SERVICEABLE	380.00	-
	LESS 25% DISCOUNT		-1,144.38	-746.20
			3,433.12	2,238.60
SPECIAL NETT ITEMS				
1	O/S FRONT RIM (SN)	DENTED	480.00	280.00
			480.00	280.00
LABOUR				
	TO REMOVE, CUT OUT DAMAGED PARTS, PANEL BEATING WELDING, ALIGN, REFIX AND TO RENEW AFFECTED PARTS.		800.00	400.00
	TO DISMANTLE AND CHECK FRONT UNDER-CARRIAGES. TO REPLACE AFFECTED PORTIONS.	NOT NECESSARY	200.00	-
	TO CONDUCT FRONT WHEEL ALIGNMENT TEST.		100.00	60.00
	TO PUTTY AND RESPRAY ON AFFECTED PORTIONS.		950.00	400.00
			2,050.00	860.00
GRAND TOTAL			5,963.12	3,378.60
RECOMMENDED COST OF REPAIRS				3,378.60

Report Ref No. CS/FCI17020327/Kvbe2

KONG SENG CHEONG

Licensed Appraiser

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