| 22/07/2002 | 1 | |
|----------------------------------|--------------------------|----------------------------|
| ASSIREC.BY | EF: CS/FCI17020726/(11/2 | Special Instruction: |
| Stryeyer: GD | ASSIGNMENT (Office | e) |
| CWS From (Person) Eilean Lee | FCI | Dete/Time 10.08am @ 2/11/1 |
| Estimated Cost | Billite | |
| OD/FP WS/TP RES / OD RES | EVA/ENV/MV/CS | |
| To Inspect Vehicle No: | DLA 6934T | Insured: SHC 8658P |
| at Workshop m/s Vanta | al Automotive | Tel: 63190174 |
| 305 All | Exandra Road | |
| Policy No | *Claim No | 429M 881010FIL |
| Sum Insured | Excess | |
| Make of Veh: (Client's Record | | D.O.A. 28/10/2017 |
| CA / REV / REP. / REV 24 HR | 1 mp 09.11.2017 | @ 12pm H.O.D. Enternement |
| Date/Time 2/11/17@ 10-17am | Person Contacted Cerolin | Venine IN OUT |
| Date/Time Action/Instruction (| T Estimate | |
| SLA 69347 | | |
| SHC 8658P-CO | 3/4/6/60/100/1/47 | Uh3q2-D-OA: 26/06/2016 |
| | 21.1101001112-1/ H 40 | 013-92-0011-001-01 |
| 14/11/17 Sent preli tha | d | |
| Gent heelt ANY | ugh exhail. | |
| | | |

| Simplify XML. REF: FCI | | | |
|---|---------------------------------------|--|---------------|
| | SIGNMENT | | |
| `From: Date 1/11/2017 | Veh No. SLA 6934 | Yr Regni / | May |
| Estimated Cost | Type: M.Car / M.Cycle / Bus / Van / L | | |
| OD (TP) WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or | | |
| | Make Pengeot | 308 00 | 1199 |
| To Inspect Vehicle No: SIA G9347 | Golour Black | A/C Insured / | Std / NI / N |
| at Workshop m/s Vantage Automotive | 11007- | T/Radio: Insured / | |
| of 305 Alexandra Road | Sp Reading 348/2 | THE STATE OF THE S | |
| Insured: X:AV. | Eng/No: | NYWFS: | 2700 |
| Policy No. | Gen. Cond: Godd / Fair / Poor / Burr | | 0197 |
| Claims No. | _ | | |
| Sum Insured: Excess: | Steering: Ino@er / Jammed / Leaked | | |
| (Client's Record) | Brake: Inorder / Jammed / Leaked | | |
| Make of Veh: | Modi: Nil / S/Rim / STD A/Rim | 1 (CF D 17 | |
| 12 pm | Tyre Size: F: 22S | (40 KI) | |
| (Policy Condition) | R: | - (1 | CARROLANII |
| Remark: The veh had commenced its N/S O/S repair at the time of inspection. | Albertaine | A / MIC / OHTSU / PIR / | SUMI/ |
| | TOYO/YOKO or | | |
| Bal. or Market Value: | Front | Rear | 0 |
| IDAC Accident Rport: Consistent? : Yes or No | R/Bal. 6 mm | R/Bal |) |
| GIA / PR Seen: Consistent? : Yes or No | L/Bal. 6 mm | L/Bal, |) |
| Est. Repairs: 4 days Res.: Yes or No | D.O.A. | 15 | -11-1 |
| Lum Sum: % 3 Val.: Yes or No | Survey held at | | 12 |
| CA / REV / REP. / 24 HRS (WP) | Des. of Damages : Frt / Rear / 0/S | N/S / U/C / Rooft | op or |
| Vehicle: IN / OU Date: Person Contacted: | JT The U/C / Chassis frame / Bo | du Structure, affactad i | tue to politi |
| Date / Time Action / Instruction | THE O/C / Chassis halle / DO | dy Structure anected | 706 (0.0011) |
| Vehicle not sent in for main | | | |
| | | | |
| 19/7/18 Submit puli report | | | |
| 9 0000 | | | |
| RECEIVED 1 9 JUL 2018 | | | |
| 3- | | | |
| | | | |
| Date/Time File Pass to? : Preli. Report | Days Of Repair: | | |
| 1 / LIGHT MEDUIT | Resurvey No. of Trip: | Survey Fee | 140 |
| | resultey No. of Trip: | | 100 |
| Tate/Time File Ratum to? | | Transportation | 51) |
| 1) type+: : Final Report Cate/Time File Return to? | ee: Site Insp (\$ | Transportation)3 = P\$3; | 50 |
| typut :: Final Report | ee; Site Insp (\$ | | 50 |
| 1) typped: : Final Report Date/Time File Return to? Add Fe | . Interview (\$ |)3 -253 Philes | |
| 1) type 1: Final Report Date/Time File Ratum to? Add Fo | | 1_1-25_3 | |



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

| FIRST CAPITAL INS | | nationale Des Experts En Autor | | | | |
|---------------------------------------|--|--------------------------------|-------------------------|--|--|--|
| FIRST CAPITAL INS | URANCE LTD | Ref : CS/FCI170207 | '26/Grb | | | |
| 36 ROBINSON ROAI #16-01 CITY HOUSE | O SINGAPORE 068877 | Date: 31-10-2017 Code: FCI2 | | | | |
| 1. | Policy Particula | ars :- THIRD PARTY CLA | IM | | | |
| Insured Veh. | SHC 8658P | Veh. Inspected | SLA 6934T | | | |
| Policy No. | | Coverage (\$) | 0.00 | | | |
| Claim No. | D17010168MFSH | Excess (\$) | 0.00 | | | |
| Assign From | CWS (EILEEN LEE) | Assign Date | 31/10/2017 | | | |
| 2. | Vehicle Pa | articulars & Condition | THE RESERVE OF THE REAL | | | |
| Make & Model | | c.c | 0 | | | |
| Engine No. | HIDDEN | Year of Reg. | | | | |
| Chassis No. | | Colour | | | | |
| Odometer | L. | Steering | | | | |
| Brakes | | Modification | | | | |
| General | | | | | | |
| 3. | Cond | ditions 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 | | | |
| | Descrip | otion of Damages | | | | |
| | Gene | eral Information | | | | |
| Accident Date | 28/10/2017 | Inspection Date | | | | |
| Survey held at | VANTAGE AUTOMOTIVE LT | | | | | |
| • | 305 ALEXANDRA ROAD SINGAPORE 155942 | | | | | |
| a. | | Remarks | | | | |
| A)THE INSPECTION | ON WAS CONDUCTED ON A"VICE TO YOUR INSTRUCTIONS, | /ITHOLIT PRE ILIDICE" BASI | S. | | | |

First Capital Insurance Limited

A FAIRFAX Company

MOTOR SURVEY ASSIGNMENT

Date

31-10-2017

Our Ref No. D17010168MFSH

Accident Date

28-10-2017

Claim Type. Third Party

Insured Vehicle

SHC8658P

Third Party Vehicle. SLA6934T

Survey Location

305 ALEXANDRA ROAD

Contact Person.

CAROLINE

Contact No.

63190174/0

Fax No. 64794601

Survey Type

WITHOUT PREJUDICE: LIABILITY UNCLEAR:

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

VANTAGE AUTOMOTIVE

Attention. NIL

Cc : TP Solicitor

NA

LIMITED

TP Solicitor Fax No. NA

Officer Incharge

EILEEN LEE

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.

| . 8 | | | | | 3 |
|-----------------------------------|---|--|---|----------------------------------|---------------|
| Job Sheet (/0 | ClaimWS/Surveyor/JobSheet/ | 229672) 🛌 PF | RI Documents 🕙 Close 🗶 | | |
| | | | PRI Header Details | 9 | 23 |
| Claim No | D17010168MFSH | Policy No | D-15072701MFSH | Claimant S.No & Name | 1 & VANTAGE |
| Workshop Name | VANTAGE AUTOMOTIVE LIMITED (Contact Person : CAROLINE) | Survey Location & Contact Details | 305 ALEXANDRA ROAD Mobile: 0 , Phone: 631901 EmailId: PML-PBSP@SIME | | |
| Our Surveyor | LKK AUTO CONSULTANTS PTE LTD | Instructions To Surveyor | WITHOUT PREJUDICE: LIAB | ILITY UNCLE | AR: |
| Insured Name | COMFORT TRANSPORTATION PTE LTD | Insured Vehicle No | SHC8658P | TP Vehicle No | SLA6934T |
| PRI Recieved Date | 01-11-2017 03:30:07 PM | Surveyor Appointed Date | 02-11-2017 10:07:36 AM | Surveyor Accept Date | 02-11-2017 1 |
| | | | Survey Report Upload | | |
| Surveyor Inspection Date *: | | Surveyor Report Date | 02-11-2017 | Upload Survey Report *: | Choose File |
| | | | Vehicle Particulars | | |
| Make | Please Select Make ▼ | Model | Please Select Model ▼ | Year | Select Year ▼ |
| Chasis No | | Engine No | | Mileage | |
| Color | | Cubic Capacity | | | |
| Multiple Do | cuments Upload | | | | |
| | | Upload Multiple | Documents | | |
| File Nam | e | | | Action | |
| Surveyor Jo | bb Remarks | | | | |
| Remarks | | | | Save | |



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

Your Ref: D17010168MFSH

Our Ref: CS/FCI17020726/Grb

The Motor Claims Department First Capital Insurance Ltd

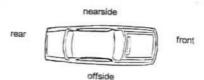
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SLA 6934T .

Please be informed that we had conducted the inspection of the above mentioned vehicle on <u>09/11/2017</u> at the premises of M/s <u>VANTAGE AUTOMOTIVE LTD</u> and have the following to report:-

| Workshop Estimate Amount | : S\$ | 5,280.00 | |
|--------------------------|-------|----------------|--|
| Revised Estimate Amount | : S\$ | 3,018.00 | |
| "Check" Items Amount | : S\$ | 8# | |
| Market Value | : S\$ | - | |
| LTA Reimbursement Value | : S\$ | (- | |
| Nett Value | : S\$ | | |

Description of Damage:
The vehicle sustained damages at the o/s body.



Yours faithfully

XING GUO QIANG Automotive Assessor

Janice Lee (LKKAuto)

From:

Janice Lee (LKKAuto)

Sent:

Tuesday, November 14, 2017 5:52 PM

To:

'Claim Workflow System'; EILEENLEE@FIRST-INSURANCE.COM.SG

Cc:

SUR

Subject:

RE: SURVEY ASSESSMENT - D17010168MFSH/1

Attachments:

SLA 6934T.pdf

Dear Eileen,

Enclosed preliminary revised for SLA 6934T.

Thank you.

Best Regards,

Janice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>janicelee@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Thursday, November 02, 2017 1:59 PM

To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>

Cc: EILEENLEE@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D17010168MFSH/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: <u>assignments@lkkauto.com</u> | 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: Thursday, 2 November, 2017 10:08 AM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; EILEENLEE@FIRST-INSURANCE.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D17010168MFSH/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.

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 | 30/10/2017 18:58 | | |

Date Of Accident 28/10/2017 19:30

Exact Location Of Accident SLIP RD FROM PIE(TUAS) EXIT ECT(AMK)

Country/State of Loss SINGAPORE

| DETAILS OF OWN VEHICLE |
|------------------------|
| |

Vehicle Registration Number SLA6934T

Insured/Policyholder

Name Of Registered Owner SEET HOE CHUAN

NRIC No S8837265D

 Email Address
 HOECHUAN@LIVE.COM.SG

 Mobile Phone No
 (LOCAL) +65-90091205

 Alternative Phone No
 OTHERS-90091205

Vehicle Particulars

Manufacturer PEUGEOT

Model 308-1.2 5DR ACTIVE PURETECH 1.2 A/T 2W (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 LIBERTY INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number SI17V03414

Cover Note Number

Driver

Name of Driver SEET HOE CHUAN

 NRIC No
 \$8837265D

 Date Of Birth
 28/09/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 08/03/2008

Driving Experience 9 YEARS AND 7 MONTHS

Gender MALE

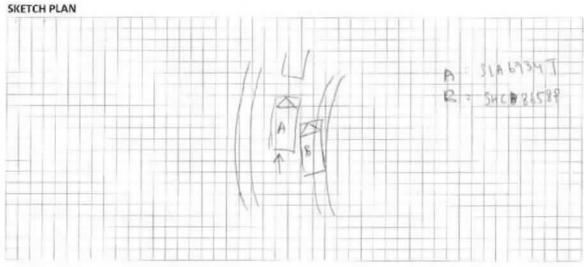
Mobile Number (LOCAL) +65-90091205

Fax Number

Contact Number OTHERS-90091205

EMail Address HOECHUAN@LIVE.COM.SG

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| 19 | 20 | 22 | 750 | 1017 | 124 | npp. | s films | iety | 7 300 | MA, | \da | 21015 | drivin | 4 | on the |
|-----|-----|-----|-------|--------|-----|-------|-----------|------|----------|-----|--------|--------|--------|------|----------|
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DECLARATION

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

BARR Starretown, 65

Enquire Transfer Fee

| | Amount Before GST | GST Amount (S\$) | Amount After GST (S\$ |
|---|--|----------------------------|--------------------------|
| Amount Payable | | | |
| Road tax, including Over P its ownership is being tran | ayment (if any), of a vehicle will follo sferred. | w the vehicle to the new r | egistered owner when |
| Late renewal fee(s) will be fee(s) payable. | imposed if road tax / lay up has expi | red. Please use Enquire Ro | ad Tax Payable for |
| CEVS Rebate Utilised Amount | \$10,000.00 | | |
| CO2 Emission | 119.00 (g/km) | | |
| Intended Transfer Date | 10 Nov 2017 | | |
| Inspection Due Date | 10 Mar 2019 | | |
| PARF Eligibility Expiry Date | 10 Mar 2026 | | |
| Road Tax Expiry Date | 10 Mar 2018 | | |
| COE Expiry Date | 10 Mar 2026 | | |
| Quota Premium | \$45,000.00 | | |
| COE Category | A - Car up to 1600cc & 97kW (13 | 30bhp) | |
| Lifespan Expiry Date | | | |
| Original Registration Date | 11 Mar 2016 | | |
| Year Of Manufacture | 2015 | | |
| Unladen Weight | 1150 kg | | |
| Maximum Laden Weight | 1770 kg | | |
| Maximum Power Output | 96.0 kW (128 bhp) | | |
| Engine Capacity | 1199 сс | | |
| Engine No. | 10XT180182409 | | |
| Propellant | Petrol | | |
| Chassis No. | VF3LPHNYWFS279967 | | |
| Vehicle Model | 308 5DR ALLURE PURETECH 1 | .2 A/T 2WD S/R | |
| Vehicle Make | PEUGEOT | | |
| Vehicle Scheme | Normal | | |
| Vehicle Attachment 1 | With Sun Roof | | |
| Vehicle Type | P10 - Passenger Motor Car | | |
| Vehicle No. | SLA6934T | | |

AUTOFRANCE

(A Division or Vantage Automotive Limited)

Business Registration No. 52907220C GST Registration No. M2-0000551-1

305 Alexandra Road 159942, Singapore

Tel: 6376 2288 Fax: 6477 7373



GST Registration No. M2-0000551-1

ESTIMATE

| Estimate No. : BP 3415 Date Estimated : 01/11/2017 Prepared By : Wong Guo Xiang | Page No. : 1 of 1 |
|--|---|
| 100000000000000000000000000000000000000 | OUNT - 2000 Sale service |
| REGN. NO. CHASSIS NO. REGN. DATE MOI SLA6934T VF3LPHNYWFS279967 11/03/2016 308 | DEL MILEAGE 81.2 Allure 17 0 |
| DESCRIPTION SUNDRIES TO REPAIR FRT RHS DOOR,REAR RHS DOOR,RE FENDER | VALUE X 150.00 EAR RHS 600 1,800.00 |
| RESPRAY FRT RHS DOOR,REAR RHS DOOR,REAR RHS FENDE | ers a company of the |
| WIRING CONNECTION & CHECK (NETT) TUFF KOTE @ \$60 PER PANEL | $NN \begin{pmatrix} \times & 150.00 \\ \times & 180.00 \end{pmatrix}$ |
| TO CONDUCT ECU COMPUTER DIAGNOSTIC INCLUDIN FAULT CODE (NETT) | G CLEAR 600.00 Total Labour 1: 5,280.00 |
| Gur Qiang - 82880282 After repair photos. 1 up/ 3 Dags. 09/11/17 | 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: |
| | Labour 1 : 5,280.00 Parts : 0.00 Labour 2 : 0.00 Excess : 0.00 |
| Customer Service Officer Contact | Total GST @ 7% : 369.60 Grand Total : 5,649.60 |

Janice Lee (LKKAuto)

From:

Wong Guo Xiang <wong.guo.xiang@simedarby.com.sg>

Sent:

Thursday, July 19, 2018 8:29 AM

To:

Janice Lee (LKKAuto)

Subject:

RE: SLA 6934T

Dear Janice,

No finalize for the vehicle. Customer did not repair his car under insurance claim as the liability unclear.

Thank you.

Regards, Wong Guo Xiang Customer Service Advisor

AutoFrance (PEUGEOT) /

Regent Motors (FORD)

c/o Vantage Automotive Limited DID: 6477 7409 HP: 8383 3190

From: Janice Lee (LKKAuto) [mailto:JaniceLee@lkkauto.com]

Sent: Wednesday, 18 July, 2018 5:28 PM

To: Wong Guo Xiang <wong.guo.xiang@simedarby.com.sg>

Subject: SLA 6934T

Hi,

Please help me check this vehicle status. Any finalize?

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>janicelee@lkkauto.com</u> | fax: 6256-4315

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



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 Interna | ationale Des Experts En Autom | obile |
|-----|----------------------------------|---|--------------------------------|--------------------|
| FIR | ST CAPITAL INSUI | RANCE LTD | Ref : CS/FCI1702072 | 26/Grbe2 |
| | ROBINSON ROAD -01 CITY HOUSES | INGAPORE 068877 | Date: 01-08-2018 Code: FCI2 | |
| 1. | | Policy Particula | rs :- THIRD PARTY CLAI | M |
| | Insured Veh. | SHC 8658P | Veh. Inspected | SLA 6934T |
| | Policy No. | D-15072701MFSH | Coverage (\$) | 0.00 |
| | Claim No. | D17010168MFSH | Excess (\$) | 0.00 |
| | Assign From | EILEEN LEE | Assign Date | 02/11/2017 |
| 2. | | Vehicle Pa | rticulars & Condition | |
| | Make & Model | PEUGEOT 308 | c.c | 1199 |
| | Engine No. | HIDDEN | Year of Reg. | 2016 |
| | Chassis No. | VF3LPHNYWFS279967 | Colour | BLUE |
| | Odometer | 34872 | Steering | IN ORDER |
| | Brakes | IN ORDER | Modification | SPORTS RIM |
| | General | GOOD | | |
| 3. | | Cond | ditions of Tyres | |
| | | Size | Make | Balance |
| | R/H Front Tyre | 225/45 R17 | GOODYEAR | 6 mm |
| | L/H Front Tyre | 225/45 R17 | GOODYEAR | 6 mm |
| | R/H Rear Tyre | 225/45 R17 | GOODYEAR | 6 mm |
| | L/H Rear Tyre | 225/45 R17 | GOODYEAR | 6 mm |
| ١. | | Descri | ption of Damages | |
| | THE VEHICLE SU | STAINED DAMAGES AT THE | O/S BODY. | |
| | DAMAGES SEE D | ETAILS. | | |
| 5. | | Gene | eral Information | |
| | Accident Date | 28/10/2017 | Inspection Date | 09/11/2017 |
| | Survey held at | VANTAGE AUTOMOTIVE LT | D | |
| | | 305 ALEXANDRA ROAD SINGAPORE 155942 | | |
| ia. | | | Remarks | |
| | B)THE INSPECTION | ISISTENT TO ACCIDENT REP ON WAS CONDUCTED ON A''\ CE TO YOUR INSTRUCTIONS | MITHOUT PREJUDICE" BAS | IS. ED REPAIRS. |
| 5b. | | Estima | ate Days of Repair | |
| | ESTIMATED NOR | MAL PERIOD FOR REPAIR: | 3 Working Day | s |



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. SLA 6934T

(REPAIR COST NOT CONCLUDE)

| Qty | Description of Parts | Condition | Estimate By Workshop (\$)) | Our Adjusted (\$) |
|------|--|---------------|-------------------------------|-------------------|
| | REPLACEMENT OF PARTS | | | |
| 1 | SUNDRIES (SN) | NOT NECESSARY | 150.00 | |
| | | | 150.00 | |
| | LABOUR | | | |
| | TO REPAIR FRT RHS DOOR, REAR RHS DOOR, REAR RHS FENDER. | | 1,800.00 | 600.00 |
| | RESPRAY FRT RHS DOOR, REAR RHS DOOR, REAR RHS FENDER. | | 2,400.00 | 1,800.00 |
| | WIRING CONNECTION & CHECK. | NOT NECESSARY | 150.00 | |
| | TUFF KOTE @ \$60 PER PANEL. | NOT NECESSARY | 180.00 | |
| | TO CONDUCT ECU COMPUTER DIAGNOSTIC INCLUDING CLEAR FAULT CODE. | | 600.00 | 600.00 |
| | | | 5,130.00 | 3,000.00 |
| | GRAND TOTAL | | 5,280.00 | 3,000.00 |
| 1113 | RECOMMENDED COST OF REPAIRS | | | 3.000.00 |

Report Ref No. CS/FCI17020726/Grbe2

8

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

St. S.

ADRIAN LING WAI PING

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

Licensed Appraiser

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