

SS REC.BY:

REF:

C3/FCL17022188/M/nb

Special Instruction:

Surveyor:

MUA

ASSIGNMENT (Office)

From (Person):

Wg Joanne Yung

of

FCL

Date/Time:

21.11.2017 1001am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 7193U

Insured:

SHC 2827H

at Workshop m/s

Chunni Motor

Tel:

6542 7162.

of

Blk 10 Amk Ind Park 2A #01-05/06

Policy No:

Claim No:

D17010762MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

17.11.2017

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

21.11.2017 1022am

Person Contacted:

Lynn

Vehicle:

TS/OUT

Date/Time	Action/Instruction (✓) Estimate	
	SHC 7193U - CC3 / ALCO9023060 / Cny	DOA: 121009
	SHC 2827H - NS / INC16010795 / Hlvh307	DOA: 090616

00000000

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

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.

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

Veh No: SAC793U Yr Regn: JUL 2016

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

Truck / Trailer or

Make: HYUNDAI CC 1685

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 224986 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCB4HMGU 092187

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: 205/60/R16

R: 205/60/R16

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

TOYO / YOKO or TRIANGLE

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 17/11/2017 D.O.I: 22/11/2017

Survey held at: \_\_\_\_\_

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

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



Date / Time Action / Instruction  
23/11/17 email preli to Joanne.

1/3/2018 Lump/Sum \$15,500, Repair 14days (\$14,451.70, 0.48%)

1/3/2018 File pass to typist

RECEIVED 01 MAR 2018

Date/Time, File Pass to? ☐ : Preli. Report

1) ☒ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

1) S + RS: \_\_\_\_\_

2) Photos: \_\_\_\_\_

3) Others: \_\_\_\_\_

4) \_\_\_\_\_

TOTAL: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Report Format :

Lump Sum / I.B.I: (\$ 15,500)

19x15
170+285
50
50
66
621



# 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/FCI17022188/M1gb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 21-11-2017	
		Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHC 2827H	Veh. Inspected	SHC 7193U
Policy No.		Coverage (\$)	0.00
Claim No.	D17010762MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	Assign Date	21/11/2017
<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	17/11/2017	Inspection Date	21/11/2017
Survey held at	CHUNNI MOTOR WORK PTE LTD BLK 10 ANG MO KIO IND. PARK 2A, #03-19 AMK AUTOPOINT SINGAPORE 568047.		
<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.			

# Survey Department Check List (Case Handler)

Reference No. : CS / FCI 17022188 / M1mb  
Policy Type: OD / (TP) / TP RES / TL / EVA

Case Handler Rita

Typist

Admin ( ): Case handler to make sure all information created by the assignment team are ACCURATE

## (1) Office Assign Form

	Y-Date	N-Date	Y-Date	N-Date
C Reference No.	/			
C Customer Code	/			
N Assign From	/			
C Assign Date	/			
C Veh No (Inspected)	/			
C Veh No (Insured)	/			
C D.O.A	/			
C Policy No	/			
C Claim No	/			
C Insurance Authorisation (CA /REV/REP)	/			
C Report Type	/			
C Weekend Charges	/			
N Survey held at/Repairer	/			
C Excess	/			

Surveyor ( ): Case handler to make sure the surveyor completed all required information.

## (1) Assignment Form

	Y-Date	N-Date	Y-Date	N-Date
C Vehicle No	/			
C Regn Month/Year	/			
N Vehicle Type	/			
N Make & Model	/			
C Engine Capacity. (C.C)	/			
N Colour	/			
C Odometer. (Sp.Reading)	/			
C Chassis No	/			
N General Condition	/			
N Steering	/			
N Brake	/			
N Modification (Modi)	/			
C Tyre Size	/			
N Tyre Make	/			
C Tyre Balance	/			
C Date of Inspection	/			
N Survey held	/			
N Des.of Damages	/			

## (2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded				
--	--	--	--	--

## (3) Workshop Estimate/Assignment Form

N ALL Parts condition				
C Market Value for OD cases				
C Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C Days of repair				
C Finalised Amount				
C Re-inspection Cases to Finalize within 5 Days				

## (4) System - (Views/Merimen)

C Resurvey photo Uploaded				
---------------------------	--	--	--	--

Check By: Rita 1/3/18  
Case Handler Date

MCD017152685 / ComfortDelGro Engineering Pte Ltd - Loyang  
ENTRY DATE & TIME: 18/11/2017 09:27

## 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	18/11/2017 09:27
Date Of Accident	17/11/2017 20:00
Exact Location Of Accident	PIE (CHANGI) AFFT EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7193U
<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	YAP AH CHAI
NRIC No	S0209716H
Date Of Birth	12/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1978
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	867A JURONG WEST STREET 65 #03-115
Postcode	S641667
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

**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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
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	SHC2827H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

**Details of Witness**

Name

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name	YAP AH CHAI
Approximate Age	64
Injuries Sustain	BACK, NECK
Injured person in which vehicle?	SHC7193U
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	667A JURONG WEST STREET 65 #03-115
Postcode	S641667

**DETAILS OF INJURED PERSON 2**

Name	FEMALE PAX
Approximate Age	
Injuries Sustain	ARM
Injured person in which vehicle?	SHC2827H
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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

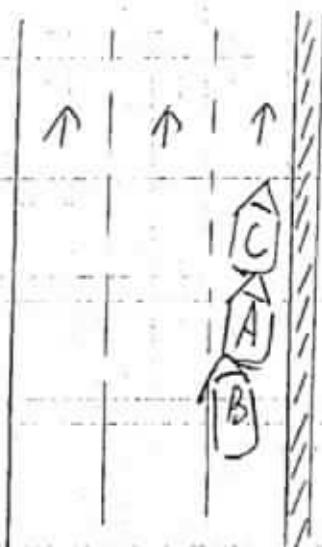
Policyholder's Signature  
Date & Time: 18/11/2017

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/11/2017 @ 09:20hrs

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



## SKETCH PLAN



A-SHC 7193U

B-SHC 2827H (CT)

C-SGG 7948A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No.: T/20171118/2000

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD  
CO. REG. NO. 199502839GPolicyholder's Signature  
Date & Time: 18/11/2017Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/11/2017 @09:20hrsReporting Centre Personnel's Signature  
Name: Lisa Diong  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20171118/2000

1 of 3

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20171118/2000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/11/2017 00:04		Vide Report No.:		Station Diary No.: 1	
<b>Informant's Particulars</b>					
Name of Informant: YAP AH CHAI			Address: APT BLK 667A JURONG WEST STREET 65 #03-115 SINGAPORE 641667		
ID Type / ID No.: NRIC NO / S0209716H			Contact No.: Home/Office: Mobile: 96552388		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 12/05/1953	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/11/2017 20:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Changi, after Eunos exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Stopped Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGG7948A	Car				Slightly Damaged	0
SHC2827H	Car				Seriously Damaged	1
SHC7193U	Car				Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20171118/2000

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469678  
Tel No: 1800-2449999

2 of 3

Report No. T/20171118/2000

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	YAP AH CHAI	ID No.	S0209716H
Related Vehicle	SHC7193U (Car)	Contact No.	96552388
Hospital/Clinic	CENTRAL 24-HR CLINIC (BEDOK)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the 17/11/2017 at about 2000hrs, I was driving my vehicle SHC7193U along PIE towards Changi, on the first lane. At the 9.5km mark, after the Eunos exit, the vehicle travelling in front of me, SGG 7948A, came to a stop due to the heavy traffic, and I stopped my vehicle as well. After my vehicle has remained stationary for about 3-5 seconds, I suddenly felt an impact from the rear of my vehicle. A vehicle, SHC2827H, has collided into the rear of my vehicle. The impact caused my vehicle to move forward and it collided with SGG 7948A. There were no passengers on SGG7948A, and the driver was not visibly injured. There was one passenger on board SHC2827H, and the passenger said that she felt pain in her arm. We agreed to lodge a police report for the accident, and SGG7948A drove off. My vehicle SHC7193U and SHC2827H suffered heavy damages, and had to be towed away.

I felt some pain in my neck and back and went to see a doctor at Central 24-hr Clinic at Bedok, and was given a medical certificate of 3 days.



**SINGAPORE  
POLICE FORCE**



T/20171118/2000

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3

Report No. T/20171118/2000

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 LIM WEI SIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/11/2017 00:04

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

SN 10

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	20-11-2017	<b>Our Ref No.</b> D17010762MFSH
<b>Accident Date</b>	17-11-2017	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHC2827H	<b>Third Party Vehicle.</b> SHC7193U
<b>Survey Location</b>	AMK AUTOPOINT, SOON HOCK MOTOR, #01-05/06	
<b>Contact Person.</b>	LYNN OR IRENE	
<b>Contact No.</b>	65427162/ 64836016	<b>Fax No.</b> 65426039
<b>Survey Type</b>	DIRECT SETTLEMENT:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	CHUNNI MOTOR WORK PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	JOANNEY	

**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/230398)

PRI Documents

Close



## PRI Header Details

<b>Claim No</b>	D17010762MFSH	<b>Policy No</b>	D-15072701MFSH	<b>Claimant S.No &amp; Name</b>	1 & CH
<b>Workshop Name</b>	CHUNNI MOTOR WORK PTE LTD (Contact Person : LYNN OR IRENE)	<b>Survey Location &amp; Contact Details</b>	AMK AUTOPOINT, SOON HOCK MOTOR, #01-05 <b>Mobile:</b> 64836016 , <b>Phone:</b> 65427162 , <b>Fax:</b> <b>EmailId:</b> CHUNNIMOTOR@GMAIL.COM		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	DIRECT SETTLEMENT:		
<b>Insured Name</b>	COMFORT TRANSPORTATION PTE LTD	<b>Insured Vehicle No</b>	SHC2827H	<b>TP Vehicle No</b>	SHC71
<b>PRI Recieved Date</b>	20-11-2017 06:39:02 PM	<b>Surveyor Appointed Date</b>	21-11-2017 10:01:24 AM	<b>Surveyor Accept Date</b>	21-11-

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>		<b>Surveyor Report Date</b>	21-11-2017	<b>Upload Survey Report *:</b>	
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## Vehicle Particulars

<b>Make</b>	Please Select Make	<b>Model</b>	Please Select Model	<b>Year</b>	Select
<b>Chasis No</b>		<b>Engine No</b>		<b>Mileage</b>	
<b>Color</b>		<b>Cubic Capacity</b>			

## Multiple Documents Upload

Upload Multiple Documents

File Name

Action

## Surveyor Job Remarks

**Norrita (LKKAUTO)**

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**From:** Claim Workflow System <cwsmotorclaims@msfirstcapital.com.sg>  
**Sent:** Tuesday, 27 February 2018 2:45 PM  
**To:** Admin-D (LKKAUTO)  
**Cc:** JOANNEYONG@MSFIRSTCAPITAL.COM.SG; cwsmotorclaims@msfirstcapital.com.sg  
**Subject:** RE: REQUEST OF SURVEY REPORT-OUR REF:D17010762MFSH;ACCIDENT INVOLVING SHC2827H AND SHC7193U ON 17-11-2017

Dear Sirs,

We have been receiving reminders from third party repeatedly.

Please let us have an update.

Thanks & Regards,

Motor Claims Department

MS First Capital Insurance Ltd

cwsmotorclaims@msfirstcapital.com.sg

**From:** Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]  
**Sent:** Saturday, January 20, 2018 11:39 AM  
**To:** 'Claim Workflow System'; 'SUR'  
**Cc:** CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG;  
JOANNEYONG@MSFIRSTCAPITAL.COM.SG; 'assignments'  
**Subject:** RE: REQUEST OF SURVEY REPORT-OUR REF:D17010762MFSH;ACCIDENT INVOLVING SHC2827H AND SHC7193U ON 17-11-2017

Dear Sir / Madam,

Thank you for your email.

Dear Rita,

**FYNA. Our Ref: CS/FCI17022188/M1gb**

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)

**From:** Claim Workflow System [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]

**Sent:** Saturday, 20 January, 2018 2:07 PM

**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)

**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG);

[JOANNEYONG@MSFIRSTCAPITAL.COM.SG](mailto:JOANNEYONG@MSFIRSTCAPITAL.COM.SG)

**Subject:** REQUEST OF SURVEY REPORT-OUR REF:D17010762MFSH;ACCIDENT INVOLVING SHC2827H AND SHC7193U ON 17-11-2017

Dear Sir,

We received LOD from workshop/solicitor.

Please let us have the **Survey Report including Vehicle Inspection Photos & Survey Fees Invoice** asap.

Kindly upload the survey report through CWS from document management screen by selecting option Survey report.

Thanks & Regards,

Motor Claims Department

First Capital Insurance Ltd

[cwsmotorclaims@first-insurance.com.sg](mailto:cwsmotorclaims@first-insurance.com.sg)



## Ai Phing (LKKAUTO)

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**From:** Ai Phing (LKKAUTO)  
**Sent:** Thursday, 23 November, 2017 2:50 PM  
**To:** 'Claim Workflow System'  
**Cc:** JOANNEYONG@FIRST-INSURANCE.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D17010762MFSH/1  
**Attachments:** SHC 7193U.pdf

Dear Joanne,

Enclosed with preliminary advise of vehicle SHC 7193U.

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)

---

**From:** Admin-D (LKKAUTO)  
**Sent:** Tuesday, 21 November, 2017 10:25 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:** JOANNEYONG@FIRST-INSURANCE.COM.SG; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D17010762MFSH/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)

**From:** Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]  
**Sent:** Tuesday, 21 November, 2017 10:01 AM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [JOANNEYONG@FIRST-INSURANCE.COM.SG](mailto:JOANNEYONG@FIRST-INSURANCE.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D17010762MFSH/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,



Auto  
Consultants  
Pte Ltd

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

Your Ref: D17010762MFSH

Date: 23-11-2017

Our Ref: CS/FC117022188/M1gb

The Motor Claims Department  
First Capital Insurance Ltd

**Without Prejudice**

Dear Sir/Madam,

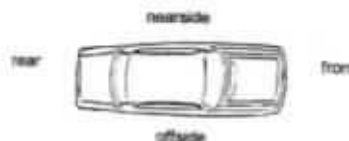
**INITIAL INSPECTION REPORT OF VEHICLE NO. SHC 7193U**

Please be informed that we had conducted the inspection of the above mentioned vehicle on 22-11-2017 at the premises of M/s CHUNNI MOTOR and have the following to report:-

Workshop Estimate Amount	: S\$ <u>29,951.70</u>
Revised Estimate Amount	: S\$ <u>13,208.76</u>
"Check" Items Amount	: S\$ <u>6,998.88</u>
Market Value	: S\$ <u>-</u>
LTA Reimbursement Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

**Description of Damage:**

The vehicle sustained damages at the front and rear portion.



Yours faithfully

Ma Chin Fook  
Automotive Assessor

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	2839G

### Vehicle Details

Vehicle No.	SHC7193U
Vehicle to be Exported	No
Intended De-registration Date	23 Nov 2017
Vehicle Make	HYUNDAI
Vehicle Model	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour	Yellow
Manufacturing Year	2016
Engine No.	D4FDGU661858
Chassis No.	KMHLB41UMGU092487
Maximum Power Output	100.0 kW (134 bhp)
Open Market Value	\$18,731.00
Original Registration Date	28 Jul 2016
First Registration Date	28 Jul 2016
Transfer Count	0
Actual ARF Paid	\$18,731.00

### Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	27 Jul 2024
PARF Rebate Amount	\$14,048.00

### Intended COE Rebate Details

COE Expiry Date	27 Jul 2024
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$39,616.00
COE Rebate Amount	\$33,066.00
Total Rebate Amount	\$47,114.00

### Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 23 Nov 2017

OK

to survey by LK (Mar)

## FAX : 6542 6039 FCI

500  
180  
30  
1000

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid			\$ 1,681.40
	Boot Lid Rubber			\$ 115.80
	Boot Lid Lock Upper			\$ 137.90
	Boot Lid Lock Lower			\$ 31.70
	Boot Lid 'H' Emblem			\$ 27.20
	Boot Lid CRDI Plate			\$ 41.00
	Boot Lid Lamp (LH)			\$ 556.80
	Boot Lid Trimboard			\$ 172.70
	Boot Lid Trimboard Clips (10pcs)			\$ 11.00
	Bootlid Moulding			\$ 85.00
	Bootlid i40 Emblem			\$ 41.00
	Bootlid Lower Garnish			\$ 398.00
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket, LH			\$ 49.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	Rear Bumper Reflector Lamp (LH)			\$ 32.00
	Tail Lamp (LH)			\$ 565.60
	Tail Lamp Quarter Panel (LH)			\$ 97.90
	Rear Panel			\$ 592.30
	Rear Panel Garnish			\$ 57.70
	Rear Panel Lower Panel			\$ 495.50
	Spare Tyre Holder			\$ 28.80
	Spare Tyre Panel			\$ 900.50
	Spare Tyre Panel Cushion			\$ 209.05
	Rear Towing Hook			\$ 94.60
	Member Assy- Rear Floor Centre			\$ 170.75
	Panel Assy-Rear Floor Side (LH)			\$ 92.40
	Exhaust Pipe Insulator	S	58.55	\$ 117.10
	Exhaust Silencer	S	954.00	\$ 1,908.00
	Exhaust Pipe Hanger	S	58.55	\$ 117.10
	Exhaust Pipe Centre			\$ 1,150.30
	Rear Fender With Housing (LH)			\$ 4,736.80
	Rear Fender Inner Lining (LH)			\$ 164.40
	Rear Fender Air-Duct			\$ 51.60
	Rear Windscreen Moulding			\$ 60.00
	<b>SUB TOTAL</b>			<b>\$ 16,849.25</b>
	<b>LESS 20%</b>			<b>\$ 3,369.85</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 13,479.40</b>
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Windscreen Sealant			\$ 46.00
				<b>\$ 261.70</b>

SHC 7193U

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			S 2,400.00 1400
	Spray Painting Charge			S 1,400.00 1000
	Wiring Charge			S 50.00 30
	Tuff Kote			S 50.00 40
	Remove/Refix Cushion & Upholstery Rear			S 150.00 X
	Remove/Refix Rear Windscreen Glass			S 120.00 X
	Remove/Refix Reverse Sensor			S 120.00 X
	Remove/Refix Fuel Tank			S 150.00 X
	Remove/Refix Exhaust Pipe			S 360.00 100.
	<b>TOTAL LABOUR</b>			<b>S 4,800.00</b>
	<b>ESTIMATE TOTAL</b>			<b>S 29,951.70</b>
<p>Not Author</p> <p>HS Repur</p> <p>After repair photo</p> <p>Ltlt Auto (Yash)</p> <p>22/11/17</p> <p>13 w days</p> <p>\$15500/2</p> <p>14 w days</p> <p>23/11/17</p>				
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				




# 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/FCI17022188/M1nbq2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 01-03-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 2827H	Veh. Inspected	SHC 7193U	
Policy No.	D-15072701MFSH	Coverage (\$)	0.00	
Claim No.	D17010762MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	21/11/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU092487	Colour	YELLOW	
Odometer	224986	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	TRIANGLE	7 mm	
L/H Front Tyre	205/60 R16	TRIANGLE	7 mm	
R/H Rear Tyre	205/60 R16	TRIANGLE	7 mm	
L/H Rear Tyre	205/60 R16	TRIANGLE	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION, DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	17/11/2017	Inspection Date	22/11/2017	
Survey held at	CHUNNI MOTOR WORK PTE LTD BLK 10 ANG MO KIO IND, PARK 2A, #03-19 AMK AUTOPOINT SINGAPORE 568047.			
<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:		<b>14 Working Days</b>		



# 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 3

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7193U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	RADIATOR GRILLE )	DEFORMED	1,480.00	1,480.00
1	RADIATOR GRILLE H EMBLEM		290.80	-
1	RADIATOR GRILLE CHROME MOULDING )		395.50	-
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	TORN	142.20	142.20
1	FRONT BUMPER REINFORCEMENT	BENT	526.10	526.10
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	CRACKED	44.80	22.40
2	FRONT BUMPER BRACKET (LH/RH) @\$24.60	N/S DISTORTED	49.20	24.60
2	FRONT BUMPER RETAINER MOUNTING @\$9.20	O/S SERVICEABLE	18.40	9.20
1	HEADLAMP SUPPORT TOP COVER	SERVICEABLE	398.00	-
1	HEADLAMP SUPPORT PANEL ASSY	DISTORTED	1,067.50	1,067.50
2	HEADLAMP (LH/RH) @\$1388.00	CRACKED	2,776.00	2,776.00
1	RADIATOR	BENT	850.20	850.20
1	RADIATOR FAN BLADE ,COWLING,MOTOR ASSY	CUT	792.95	792.95
2	RADIATOR BRACKET (RH/LH) @\$6.50	SERVICEABLE	13.00	-
2	RADIATOR GUARD @\$35.00	SERVICEABLE	70.00	-
2	HORN UNIT (LH/RH) @\$86.75	DISTORTED	173.50	173.50
1	HORN WIRE	SERVICEABLE	156.50	-
1	AIRCON CONDENSER	BENT	1,137.35	1,137.35
1	INTER COOLER	DENTED	921.90	921.90
2	INTER COOLER MOUNTING	SERVICEABLE	25.90	-
1	BOOT LID	BENT	1,681.40	1,681.40
1	BOOT LID RUBBER	DISTORTED	115.80	115.80
1	BOOT LID LOCK UPPER	BENT	137.90	137.90
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID 'H' EMBLEM	NECESSARY	27.20	27.20
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
1	BOOT LID LAMP (LH)	CRACKED	556.80	556.80
1	BOOT LID TRIMBOARD	SERVICEABLE	172.70	-
10	BOOT LID TRIMBOARD CLIPS	NOT NECESSARY	11.00	-
1	BOOTLID MOULDING	NECESSARY	85.00	85.00

Report Ref No. CS/FCI17022188/M1nbq2





# 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.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	BOOTLID I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOTLID LOWER GARNISH	DISTORTED	398.00	398.00
1	REAR BUMPER	TORN	603.60	603.60
1	REAR BUMPER REINFORCEMENT	BENT	504.35	504.35
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	O/S BENT / N/S SERVICEABLE	360.00	180.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER BRACKET ,LH	DISTORTED	49.00	49.00
1	REAR BUMPER SPONGE	TORN	143.40	143.40
1	REAR BUMPER UNDER COVER	DISTORTED	225.00	225.00
1	REAR BUMPER REFLECTOR LAMP (LH)	DISTORTED	32.00	32.00
1	TAIL LAMP (LH)	CRACKED	565.60	565.60
1	TAIL LAMP QUARTER PANEL (LH)	TO REPAIR SEE LABOUR	97.90	-
1	REAR PANEL	BENT	592.30	592.30
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	NECESSARY	495.50	495.50
1	SPARE TYRE HOLDER	SERVICEABLE	28.80	-
1	SPARE TYRE PANEL	BUCKLED	900.50	900.50
1	SPARE TYRE PANEL CUSHION	SERVICEABLE	209.05	-
1	REAR TOWING HOOK	NOT NECESSARY	94.60	-
1	MEMBER ASSY -REAR FLOOR CENTRE	TO REPAIR SEE LABOUR	170.75	-
1	PANEL ASSY -REAR FLOOR SIDE (LH)	TO REPAIR SEE LABOUR	92.40	-
2	EXHAUST PIPE INSULATOR @\$58.55	SERVICEABLE	117.10	-
2	EXHAUST SILENCER @\$954.00	BENT (1 PCS ONLY)	1,908.00	954.00
2	EXHAUST PIPE HANGER @\$58.55	SERVICEABLE	117.10	-
1	EXHAUST PIPE CENTRE	BENT	1,150.30	1,150.30
1	REAR FENDER WITH HOUSING (LH)	TO REPAIR SEE LABOUR	4,736.80	-
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	164.40	-
1	REAR FENDER AIR-DUCT	SERVICEABLE	51.60	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-

Report Ref No. CS/FCI17022188/M1nbq2



# 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.: 3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 20% DISCOUNT		-5,846.25	-4,095.55
			23,385.00	16,382.20
	<b>SPECIAL NETT ITEMS</b>			
1	FRONT NUMBER PLATE (SN) }	DISTORTED	25.00	40.00
1	FRONT NO PLATE TRIM COVER (SN) }	DISTORTED	30.00	-
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			316.70	120.00
	<b>LABOUR</b>			
	PANEL BEATING INCLUSIVE OF THE REPAIR OF TAIL LAMP QUARTER PANEL (LH), MEMBER ASSY - REAR FLOOR CENTRE, PANEL ASSY - REAR FLOOR SIDE (LH) AND REAR FENDER WITH HOUSING (LH).		3,400.00	1,900.00
	SPRAY PAINTING CHARGE.		1,600.00	1,180.00
	WIRING CHARGE.		100.00	60.00
	TOWING CHARGE.		50.00	50.00
	REMOVE/REFIX AIRCON & REFILL GAS.		150.00	100.00
	TUFF KOTE.		50.00	40.00
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.	NOT NECESSARY	150.00	-
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	REMOVE/REFIX FUEL TANK.	NOT NECESSARY	150.00	-
	REMOVE/REFIX EXHAUST PIPE.		360.00	100.00
			6,250.00	3,430.00
			29,951.70	19,932.20
	<b>GRAND TOTAL</b>			
				15,500.00
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			

Report Ref No. CS/FCI17022188/M1nbq2

MA CHIN FOOK  
Automotive Assessor

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

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