22/03/2002 -		i .	1.			
ASS. REC. BY:		REF: (G/T	FCU7023288/Kv	$ \mathcal{V} $ Special Instruction:		
Surveyor :	Kennel	h. ASSI	GNMENT (Office			
From (Person):	$\omega$	vene Jaw of	FCL	Date/Time:	03112017 23	lbn
Estimated Cost	:		Bill to:			+
OD (TP/WS	†TP RES / O	D RES / EVA / INV /	MV /-CS			
To Inspect Vel	ncle No:	90K H27	5 <i>X</i>	Insured: S	1C 7987X	
			H (Meny Kee)			
		160 Sin Ming			<del></del>	
		•		H27M20E110FIQ		
Sum Insured:_						
Make of Veh: (Client's Record)				D.O.A <b>0</b>	5.123017	
CA / REV /	REP. / REV	24 HRS 1081		HOD Fodo	orsement:	
Date/Time: 0	112307 )	HOPM Person Conf	iacted: Jenny	Vehicle IN)	OUT	
Date/Time	Action/Instru	ection ( 🗸 ) Es	Emate			
	37K [137	5 X - x	Things of			
	SH( TS			<del></del>		
माराम	Send p	reli revised l	oy email			
3/1	8//5	d. In Cal	1 he en 2	(Roc) Inc	cin	

ASS. REC. BY:,	
nneth ASS	IGNMENT
From: Date:	Veh No: 57/C 4275 X Yr Regn: 11, 0
Estimated Cost:	Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No:	
at Workshop m/s (11/m)k	Make: I don't de l'iton c.c   Y/2   Colour   M. Gra. A/C: Insured   Std   NI   NA
of	Sp.Reading / 1/93 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: MRHCP16308P020427
Claims No.	Gen. Cond: Good   Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	
Make of Veh:	Brake: Inopder / Jammed / Leaked / Burnt or  Modi: NII / S/Rim / S/FO A/Rim or
	01-
(Policy Condition)	
Remark: The veh had commenced its N/S O/S	R:
repair at the time of Inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value: 3 22/c	TOYO TOKO O
	Front Pear D
DAC Accident Rport: Consistent? : Yes or No  GIA / PR Seen: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
Est. Repairs: Of days Res.: Yes or No	UBal. mm L/Bal. mm
Lum Sum: 18, % 3 Val.: Yes or No	D.O.A. 5/12/17 D.O.I. 7/12/17
	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear Y O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	The Gro / Grassis frame / Body Structure affected due to comston.
1/12 File pass to Corpuse	
	An other
	Musik
	V 21/18
FERRINA	1
No Obstantia	
ate/Time, File Pass to? : Prell. Report D	Pays Of Repair: 3
	Resurvey No. of Trip: \ Survey Fee: 100
ate/Time, File Return to?	Transportation: 50
81- type Add Fee:	
· 	: Interview (\$) Photos /4
eport Format : (wS	Tech Invs (\$ ), Others
ump Sum / I.B.I: (\$ 1658-72	: Weekend (\$
	TOTAL 264

Survey Department Check List (Case Handler)

Reference No. : (Policy Type: OD /	CS	fr17023288	Kyk	)
Policy Type: OD /	T	/ TP RES / TL /	EVA	

Admin (

**Case Handler** ): Case handler to make sure all information created by the assignment team are ACCURATE.

**Typist** 

· E · · · · · <u>- · · · · · · · · · · · · · </u>	e Assign Form	<u>Y-Date</u>	N-Date	Y-Date	N-Date
C	Reference No.			<b></b>	
С	Customer Code		<del> </del>		
N	Assign From				
С	Assign Date	<u>~</u>			
<b>C</b>	Veh No (Inspected)	<u> </u>			
С	Veh No (Insured)	<u> </u>	<u> </u>		
Ç	D.O.A			<del></del>	<u></u>
C	Policy No				
C	Claim No				
C	Insurance Authorisation (CA /REV/REP)				
С	Report Type				
С	Weekend Charges				
N	Survey held at/Repairer	1			
С	Excess				
	) Combined to the state of the	the currenter of	ampleted :	all required	informat
urvey		the surveryor co	umpieteu a	an required	miormat
l) Assig	gnment Form		т		1
C	Vehicle No	<u> </u>	ļ		<u> </u>
С	Regn Month, Year		<u> </u>		ļ
N	Vehicle Type	~	ļ	<u></u>	ļ
N	Make & Model	<u> </u>			ļ
С	Engine Capacity. (C.C)		<u> </u>		ļ <u>-</u>
N	Colour	<u> </u>		<u> </u>	
C	Odometer. (Sp.Reading)	<u> </u>			
С	Chassis No				
N	General Condition	~			
N	Steering		]		
N	Brake	V			
N	Modification (Modi)				
C	Tyre Size				
_ N	Tyre Make				
С	Tyre Balance		1		
c	Date of Inspection				
N	Survey held				
	Des. of Damages		1		
		<u>L</u>			
	em - (Views/Merimen)		<del></del>	1	Т
C	Damaged Vehicle Photographs Uploaded		J	<u> </u>	<u> </u>
3) Wor	kshop Estimate/Assignment Form				- <del></del>
N	ALL Parts condition				<u> </u>
C	Market Value for OD cases				<u> </u>
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	\ \r			
C	Finalised Amount	~			
_	Re-inspection Cases to Finalize within 5 Days	, , , , , , , , , , , , , , , , , , ,			
С	inc hispection cases to thistize that in a ju				
	em - (Views/Merimen)				<u> </u>

Date

Check By:

VERON

Case Handler

: /



## 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 Internatio	nale Des Experts En Automobi	ile <u>- Harri</u>
FIR	ST CAPITAL INSU	RANCE LTD	Ref: CS/FCI17023288/	<b>KVb</b>
	ROBINSON ROAD -01 CITY HOUSES	SINGAPORE 068877	Date: 07-12-2017 Code: FCI2	
1.		Policy Particulars	:- THIRD PARTY CLAIM	
	Insured Veh.	SHC 7987X	Veh. Inspected	SJK 4275X
	Policy No.		Coverage (\$)	0.00
	Claim No.	D17011302MFSH	Excess (\$)	0.00
	Assign From	CWS (LURENE JAW)	Assign Date	07/12/2017
2.		Vehicle Partic	culars & Condition	· · · · · · · · · · · · · · · · · · ·
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	· · · · · · · · · · · · · · · · · · ·
	Chassis No.		Colour	
	Odometer	-	Steering	
	Brakes		Modification	
	General			
3.		Condition	ons 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.	<del>-</del>	Description	on of Damages	
5.	1:	General	Information	, <u>, , , , , , , , , , , , , , , , , , </u>
~	Accident Date	05/12/2017	Inspection Date	07/12/2017
	Survey held at	LAI HUAT (MENG KEE) MOTOR		
		160 SIN MING DRIVE #04-01/02 SIN MING AUTOCITY SINGAPORE 575722		
5a.		Re	marks	
	A)THE INSPECTION B)IN ACCORDANCE	ON WAS CONDUCTED ON A"WITI CE TO YOUR INSTRUCTIONS, WI	HOUT PREJUDICE" BASIS. E 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

07-12-2017

Our Ref No. D17011302MFSH

**Accident Date** 

05-12-2017

Claim Type. Third Party

Insured Vehicle

SHC7987X

Third Party Vehicle. SJK4275X

**Survey Location** 

160 Sin Ming Drive #04-01/02 and #07-03Sin Ming Autocity

Contact Person.

**JENNY LIM** 

Contact No.

64538110/0

Fax No. 64596267

Survey Type

DIRECT SETTLEMENT:

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

LAI HUAT (MENG KEE)

MOTOR 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.

			PRI Header Details		
Claim No	D17011302MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & LA PTE LT
Workshop Name	LAI HUAT (MENG KEE) MOTOR PTE LTD (Contact Person : JENNY LIM)	Survey Location & Contact Details	160 Sin Ming Drive #04-0 Mobile: 0 , Phone: 6453 EmailId: JENNY.LIM@LA	8110 , <b>Fax:</b>	645962
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	DIRECT SETTLEMENT:		1
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7987X	TP Vehicle No	SJK42
PRI Recieved Date	07-12-2017 04:09:05 PM	Surveyor Appointed Date	07-12-2017 02:31:30 PM	Surveyor Accept Date	
		S	urvey Report Upload		,
Surveyor Inspection Date *:		Surveyor Report Date	07-12-2017	Upload Survey Report *:	
* i melidarika			Vehicle Particulars		<u>L., </u>
Make	Please Select Make	Model	Please Select Model 🔻	Year	Select
Chasis No		Engine No		Mileage	
Color		Cubic Capacity			
Multiple Do	ocuments Upload				
	Up	load Multiple Do	cuments		
File Nam	e		Ac	tion	

Surveyor Job Remarks

### Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Monday, 11 December, 2017 12:50 PM

To:

'Claim Workflow System'

Cc:

LURENEJAW@FIRST-INSURANCE.COM.SG; SUR

Subject:

RE: SURVEY ASSESSMENT - D17011302MFSH/1, SJK 4275X

Attachments:

SJK 4275X PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SJK 4275X

Date of survey: 7/12/2017 Number of days: 2 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: Thursday, 7 December, 2017 2:51 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 - D17011302MFSH/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 | 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, 7 December, 2017 2:31 PM

To: ASSIGNMENTS@LKKAUTO.COM

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

Subject: PRI: SURVEY ASSESSMENT - D17011302MFSH/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.



Company Registration No. 199607198R

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

Your ref:

D17011302MFSH

Our ref:

CS/FCI17023288/Kvb

Date: 11/12/2017

The Motor Claims Department M/s First Capital Insurance Ltd

Dear Sir/Madam,

### INITIAL INSPECTION REPORT OF VEHICLE NO. SJK 4275X

We thank for your instruction on 7/12/2017

Please be informed that we had conducted the inspection of the above mentioned vehicle on <a href="https://doi.org/11/2/2017">7/12/2017</a> at the premises of M/s <a href="https://doi.org/11/2/2017">LAI HUAT (MENG KEE) MOTOR PTE LTD</a> and have the following to report:-

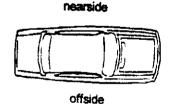
Workshop Estimate Amount	: S\$1,596.64
Revised Estimate Amount	: S\$1,229.36
"Check" Items Amount	: S\$267.28
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the

rear portion

\*\*\*



front

Comments/Present Status:

**Damages Consistent** 

Yours faithfully,

Kenneth Kong

**Licensed Appraiser** 

**Enquire Vehicle Insurer** 

Vehicle No. Date/Time

SHC7987X 05 Dec 2017 / 11:30:00

Search Status

Insurance Company Insurance Company

Code

Name

Successful F03

FIRST CAPITAL INS LTD

**Previous** 

ОК

#### 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 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.

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	06/12/2017 15:29	
Date Of Accident	05/12/2017 11:30	
Exact Location Of Accident	DAIRY FARM ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK4275X	
Insured/Policyholder		
Name Of Registered Owner	MINISTRY OF DEFENCE	
Co Reg No	V080000H	

Email Address

Mobile Phone No

Alternative Phone No OFFICE-98761616

Vehicle Particulars

Manufacturer HONDA

Model ACCORD-2.0 (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 NO

**NOEMAIL** 

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

**Insurance Company** 

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 17-MB022998-R07

Cover Note Number

Driver

Name of Driver ONG CHEE MIN (WANG QIMIN)

 NRIC No
 \$8010966J

 Date Of Birth
 15/04/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 21/08/2000

Driving Experience 17 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number Fax Number

Contact Number

EMail Address NOEMAIL

MEDSTANT NOTICE From local corrects the best fine This summer he described as the bloods and the second and the seco Any before proposition died as construction in the respect with the forestriction of proposition of the respect with the forestriction of propositions (GA) (DEPrinciple and Construction of Propositions (GA) (DEPrinciple and Construction of Propositions (GA) (DEPrinciple and Construction of Propositions (GA) (DEPRINCIPLE)

As the respect DEPRINCIPLE (DEPRINCIPLE)

Consent under the Personal Principle and Construction (GA) (DEPRINCIPLE)

(A) Interrupt of the Personal Principle and Construction (GA) (DEPRINCIPLE)

(A) Interrupt of the Personal Principle and Construction (GA) (DEPRINCIPLE)

(A) Interrupt of the Personal Principle and Construction (GA) (DEPRINCIPLE)

(A) Interrupt of the Personal (GA) (DEPRINCIPLE)

(B) Interrupt of the Personal (GA) (DEPRINCIPLE)

(B) Interrupt of the Personal (GA) (DEPRINCIPLE)

(CONSENT UNDER THE PERSONAL (CONSTRUCTION (CONSTRUC Vor leter bandappe user, per separation and the (i) processing happility and/or materials as an investigation relating to instrum.

(ii) treestigating the accident influence change in the carrying out and/or stealing with the financial and accident accident and accident a (ii) carrying out analos season want translation (iii) administering my claims (include site makes the condition of selections o Purposes") [b] all insurer[s] who have usual advertates invented 80 to collect, use, discided and/of processing 90 to the same states of t in collect, yee, disciply and/of projection of the collection of t the information so collected ander (d) alrays (in a second i) to all insurers and/or any office third years and regulators, law enforcement and your fine of the contract (i) for complying with requirements under the second Polic amider's Signature Sate & Flence



#### **CONFIDENTIAL**

#### NOTICE OF COMPLIANCE

This is to inform that MS Ong Chee Min NRIC/FIN S8010966J, Hp: 90993079 Residing Blk 450 Bukit Panjang Ring Road #09-587 has reported to the Police a non-injury traffic accident, which occurred along a slip road below the Upper Bukit Timah Road Flyover to Upper Bukit Timah Road on 5th December 2017 at about 1130hrs, I stopped my vehicle before entering the Upper Bukit Timah Road to check for oncoming traffic before the turn. While waiting I felt a hit at the back of my vehicle, the rear vehicle hit onto the rear bumper of my car.

The accident involving the following vehicle:

I <u>SJK4275X</u>

II SHC7987X

2. If the accident was reported to Police within 24 hours of its occurrence, He/she therefore had complied with Sec 84(2) of the Road Traffic Act, Cap/276.

Rank/Name of issuing Officer: Sgt Sally Chua

Date : 05/12/2017

Time : 1530hrs

S/D Ref : 48

Police Post/ Unit : <u>Bukit Panjang NPC</u>

# 来發(明记)障哆有限公司 LAI HUAT (MENG KEE) MOTOR PTE LTD

Sector A, Block 21, Sin Ming Industrial Estate #01-56/58/60 Singapore 575679, Tel: 6453 8110 Fax: 6459 6267 RCB No: 199407592C

## **ESTIMATE**

EST	No	EST0018006
Minis	strv o	f Defence

Your ref.

TP-SHC 7987 X FC

Job No Our ref . . . . . . . 69051 17 12 09

Payment ......

Attn .....

Vehicle No ... SJK 4275X Vehicle Model Honda Accord

Accident on ... 5/12/2017

Not swimmer.

Milly &?

Resny After Pains

Zday,

Quantity Unit	Description	Unit price	Disc. pct	Amount
The second secon	Supply of Parts:		on handstande almostromballs on all bilion E. Esthersef seels	of the first contents (1985) and 1995 a
1.00 Pc	Rear bumper	709 10	20 00	By 567.28 2 By 267.28 2 Shar 162.08
1 00 Pc	Rear bumper reinforcement	334 10	20 00	By 267 28 2
1.00 Pc	Rear reverse sensor RH, centre	202 60	20.00	Shan 152 08 —
	Labour & Misc			2501
1.00	To remove and renew above parts	<b>30</b> 0 00		300.00
1.00	To spray paint	300,00		300.00 <b>25</b> A

#### 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

Sub Tolignature:

GST 7.000%

Total

1758.72

1.596.64 11176

1.708.40

本公司拥有最先进的 CAROLINER MARK IV 机械,可提供给多种款式的车身及给于快速与准确的测量方式和大铁修理。 除外,还有先进的 SAICO Deluxe 喷漆烘炉。

"Our services include the latest and reliable CAROLINER MARK IV repair bench, draw-aligner and the support dolly system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SAICO Deluxe oven heater for re-spraying all motor vehicles."

# 来發(明记)障哆有限公司 LAI HUAT (MENG KEE) MOTOR PTE LTD

Sector A, Block 21, Sin Ming Industrial Estate #01-56/58/60 Singapore 575679, Tel: 6453 8110 Fax: 6459 6267 RCB No: 199407592C

## SUPPLEMENTARY

**ESTIMATE** 

EST. No ....: EST0018006 Ministry of Defence

Page ..... 1 of

Your ref. TP-SHC 7987X FC

Job No. : 69051 Our ref : : 17.12.09

Payment ....:

Date ..... 8/12/2017

Attn .....

Vehicle No ...: SJK 4275X Vehicle Model : Honda Accord Accident on ...: 5/12/2017

Quantity Unit Description Unit price Disc. pct. Amount
Supply of Parts:

SUPPLEMENTARY ITEM:

1.00 Pc Rear reverse sensor LH, centre 202.60 20.00 162.08 Short

 Sub-Total
 162.08

 GST 7.00%
 11.35

 Total
 S\$ 173.43

本公司拥有最先进的 CAROLINER MARK IV 机械,可提供给多种数式的车身及给于快速与准确的测量方式和大铁修理。除外,还有先进的 SAICO Deluxe 喷漆烘炉。

"Our services include the latest and reliable CAROLINER MARK IV repair bench, draw-aligner and the support dolly system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SAICO Deluxe oven heater for re-spraying all motor vehicles."



## **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

To the second se	Affiliated to Federation in Striction		
FIRST CAPITAL INSU	RANCE LTD	Ref : CS/FCI17023288/k	(vbe2
			ar (9 a 10 a) bû (8 û b) b) b (8 (4 a) Al
36 ROBINSON ROAD #16-01 CITY HOUSES	INCADORE 068877	Date: 12-01-2018	
#16-01 CITT HOUSES	INGAPORE 000077	Code: FCI2	\$\$ 12 B 10 B1 10 11 B1 1 B1 1 B1 1 B1 1 B1
1.	Policepatiene	Megaliziani/Atan Aela Alli	
Insured Veh.	SHC 7987X	Veh. Inspected	SJK 4275X
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17011302MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	07/12/2017
2.	્રેફ્ટ જેમાં લેલ્ટ જેમાં લેલ્ટ ટ્રાફ્ટો	METER SHOPPING	
Make & Model	HONDA ACCORD (A)	c.c	1998
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	MRHCP16308P020427	Colour	METALLIC GREY
Odometer	61193	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3	enes e de la condid		
	Size	Make	Balance
R/H Front Tyre	215/60 R16	YOKOHAMA	8 mm
L/H Front Tyre	215/60 R16	YOKOHAMA	8 mm
R/H Rear Tyre	215/60 R16	YOKOHAMA	8 mm
L/H Rear Tyre	215/60 R16	YOKOHAMA	8 mm
	Description		
THE VEHICLE SU	STAINED DAMAGES AT THE REA	AR PORTION.	
DAMAGES SEE D			
5. 47. 48. 474	compi	mention i	
Accident Date	05/12/2017	Inspection Date	07/12/2017
Survey held at	LAI HUAT (MENG KEE) MOTOR	PTE LTD	
	160 SIN MING DRIVE #04-01/02 SIN MING AUTOCITY SINGAPORE 575722		
5a 4 - 16 3 4 5 %			
B)THE INSPECTION	ISISTENT TO ACCIDENT REPOR ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT PREJUDICE" BASIS.	REPAIRS.
5b *** ******	Signification of Statement	Days, or September	
ESTIMATED NOR	MAL PERIOD FOR REPAIR:	3 Working Days	
	<u> </u>		



### **LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJK 4275X

Qty	Description of Fails	Genalico	Harming W	Sin Annia (
	REPLACEMENT OF PARTS			
1	REAR BUMPER	BENT	709.10	709.10
1	REAR BUMPER REINFORCEMENT	BENT	334.10	334.10
1	REAR REVERSE SENSOR RH, CENTRE	SHORTED	202.60	202.60
1	REAR REVERSE SENSOR LH, CENTRE (ADDITIONAL)	SHORTED	202.60	202.60
1	LESS 20% DISCOUNT		-289.68	-289.68
			1,158.72	1,158.72
	LABOUR			
	TO REMOVE AND RENEW ABOVE PARTS.		300.00	250.00
	TO SPRAY PAINT.		300.00	250.00
			600.00	500.00
	GRAND TOTAL		1,758.72	1,658.72

RECOMMENDEDICOSTADEREPARE

Report Ref No. CS/FCI17023288/Kvbe2

KONG SENG CHEONG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.