

REC. BY:

REF: CS/FCI7023426 / M19527 Special Instruction:

SUPERVISOR: Ma ASSIGNMENT (Office)

From (Person): CWS Serene Lee of FCI Date/Time: 09.12.2017 1032am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLE 3433X Insured: SHB 4199D

at Workshop m/s Harchop Tel: 6352 9268

of 600 Sin Ming Ave level 3

Policy No: Claim No: D170 11320MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 24.11.2017
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp' 20.12.2017 @ 3pm H.O.D. Endorsement:

Date/Time: 11.12.2017 1056am Person Contacted: Seok Hui Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLE 3433X - X
	SHB 4199D - CS / FCI16015307 / Kghn2 D.F. 120316
21/12/17 @ 4.05pm	revised to Serene Lee by email.
	Ma confirmed final Ag \$1098.95, 2 days.
	(red \$2646.97, 71%)

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s HIX

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SE3423X Yr Regn: Jul / 2016

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

Truck / Trailer or

Make: TOYOTA PRU C.C. 1797Colour: Black A/C: Insured / Std / NI / NASp. Reading: 13000 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 2VWS06010852Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: 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 GY

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 24/11/2017

Survey held at _____

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

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

Date / Time Action / Instruction

RECEIVED 2017-12-10

Date/Time, File Pass to?

☐

: Preli. Report

1) 16/3/2017☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Survey Fee: 130Transportation: 50) 3 + RS. 50) Photos 18

) Others _____

TOTAL

248Report Format: TPLump Sum / I.B.I. (\$) 1098.95

**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 Fédération Internationale Des Experts En Automobile**FIRST CAPITAL INSURANCE LTD**

Ref : CS/FCI17023426/M1b

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 11-12-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 4199D	Veh. Inspected	SLE 3433X
Policy No.		Coverage (\$)	0.00
Claim No.	D17011320MFSH	Excess (\$)	0.00
Assign From	CWS (SERENE LER)	Assign Date	09/12/2017

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	24/11/2017	Inspection Date	11/12/2017
Survey held at	HEVSHOP - 600 SIN MING AVE LEVEL 3		
Repairer	-		

5a. Remarks

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

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C

GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	07-12-2017	Our Ref No. D17011320MFSH
Accident Date	24-11-2017	Claim Type. Third Party
Insured Vehicle	SHB4199D	Third Party Vehicle. SLE3433X
Survey Location	600 Sin Ming Ave Level 3 Service CenterCityCab Building	
Contact Person.	SEOK HUI	
Contact No.	63529268/ 0	Fax No. 0
Survey Type	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED (NO EST. *)	
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	HEVSHOP PTE LTD	Attention. NIL
Cc : TP Solicitor	VISION LAW LLC	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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/231616)



PRI Documents



Close



PRI Header Details

Claim No	D17011320MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & VIS PTE LTI
Workshop Name	HEVSHOP PTE LTD (Contact Person : SEOK HUI)	Survey Location & Contact Details	600 Sin Ming Ave Level 3 Service CenterCityCa Mobile: 0 , Phone: 63529268 , Fax: 0 EmailId: CT-ADMIN@VISIONLAWLLC.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: ACCIDENT NOT REPORT		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHB4199D	TP Vehicle No	SLE343
PRI Recieved Date	07-12-2017 08:40:13 PM	Surveyor Appointed Date	09-12-2017 10:32:42 AM	Surveyor Accept Date	11-12-

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	11-12-2017	Upload Survey Report *:	<input type="text"/>
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select"/>
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

Upload Multiple Documents

File Name

Action

Surveyor Job Remarks

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Thursday, 21 December, 2017 4:05 PM
To: 'Claim Workflow System'; assignments
Cc: SERENELER@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17011320MFSH/1
Attachments: CSFCI17023426M1qb.pdf

Dear Serene,

Enclosed herewith preliminary advice of SLE 3433X.

Wishes you a Merry Christmas & Happy New Year 2018

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Monday, 11 December, 2017 10:58 AM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: SERENELER@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17011320MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

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

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: Saturday, 9 December, 2017 10:32 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; SERENELER@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17011320MFSH/1

Dear Sir/Mdm,



Auto
Consultants
Pte Ltd

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

Your Ref: D17011320MFSH
Our Ref: CS/FCI17023426/M1qb

Date: 21 December 2017

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

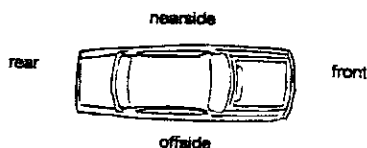
INITIAL INSPECTION REPORT OF VEHICLE NO. SLE 3433X

Please be informed that we had conducted the inspection of the abovementioned vehicle on 20/12/2017 at the premises of M/s Hevshop, and have the following to report:-

Workshop Estimate Amount	: S\$ 3,570.92 .
Revised Estimate Amount	: S\$ 923.95 .
"Check" Items Amount	: S\$ 300.00 .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages
at the rear portion.



Yours faithfully

Ma C.F.
Automotive Assessor

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business

Owner ID: 8100C

Vehicle Details

Vehicle No.: SLE3433X

Vehicle to be Exported: No

Intended De-registration
Date: 21 Dec 2017

Vehicle Make: TOYOTA

Vehicle Model: PRIUS HYBRID 1.8S A

Primary Colour: Black

Manufacturing Year: 2016

Engine No.: 2ZR6679679

Chassis No.: ZVW506010852

Maximum Power Output: 90.0 kW (120 bhp)

Open Market Value: \$27,127.00

Original Registration Date: 18 Jul 2016

First Registration Date: 18 Jul 2016

Transfer Count: 0

Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry
Date: 17 Jul 2026

PARF Rebate Amount: \$3,750.00

Intended COE Rebate Details

COE Expiry Date: 17 Jul 2026

COE Category: E - Open Category

COE Period(Years): 10

QP Paid: \$56,002.00

COE Rebate Amount: \$47,997.00

Total Rebate Amount: \$51,747.00

The information contained herein is correct as at 21 Dec 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 GtA 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	25/11/2017 13:17
Date Of Accident	24/11/2017 13:40
Exact Location Of Accident	MARINA SQUARE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE3433X
Insured/Policyholder	
Name Of Registered Owner	LTL ENTERPRISE
Co Reg No	51238100C
Email Address	LEEAJAJ@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93889468
Alternative Phone No	OFFICE-93889468

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082066087-01
Cover Note Number	

Driver

Name of Driver	LEE AIK JIN
NRIC No	S1733929Z
Date Of Birth	13/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	07/11/1986
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93889468
Fax Number	
Contact Number	
EMail Address	LEEAJAJ@YAHOO.COM.SG

SKETCH PLAN

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

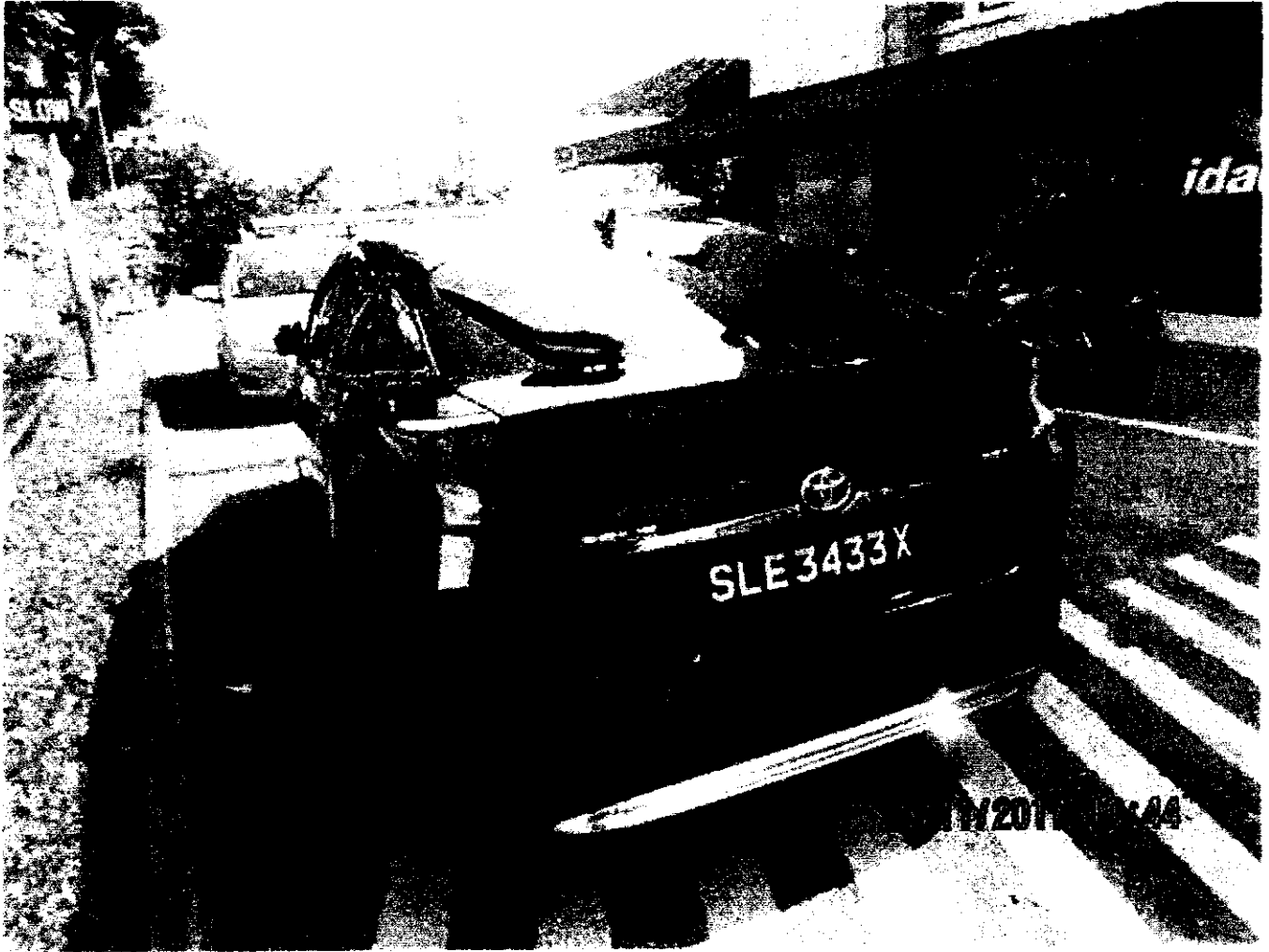


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

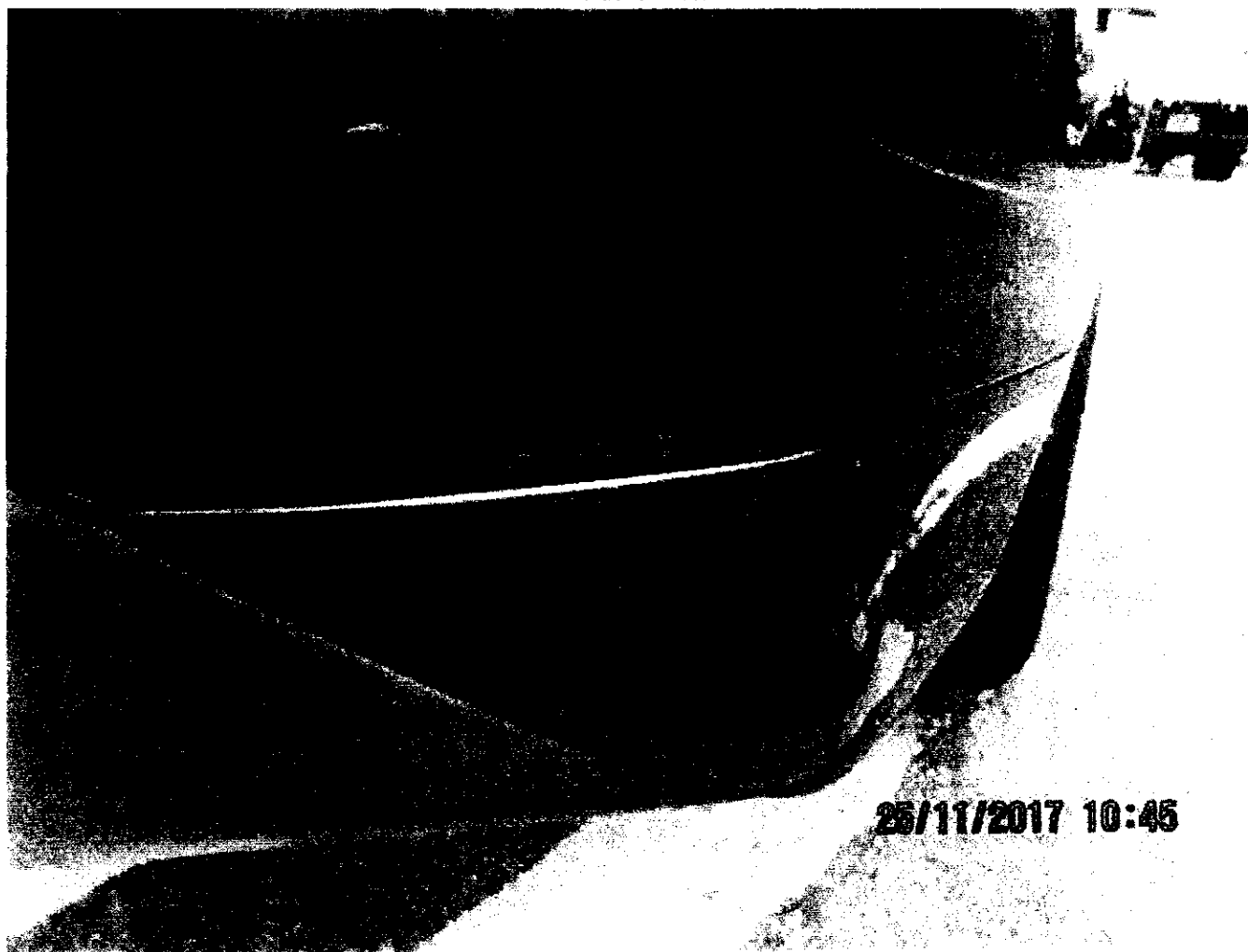
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



APPLE HEV INTERNATIONAL PTE LTD

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Hybrid & Electric Car Service Center
600 SIN MING AVE, LEVEL 3, SINGAPORE 575733
Tel No. : 63529268 Fax No. : 63529508
E-Mail : admin@hevshop.com
Website : <http://applehevininternational.com>
Tax Reg. No. : 201718701K

LTL ENTERPRISE
Blk 323 Serangoon Ave 3 #06-238
Singapore 550323

Attention : Motor Claim Department
Contact : 9388 9468

Estimate : ES000012

Date : 11/12/2017
Vehicle Num. : SLE3433X
Make/Model : Prius Hybrid 1.8S-2016
Chassis/Eng# : ZVW506010852/2ZR6679679
Accident Date : 11/12/2017
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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1.	1	LIST ITEMS :		
2.	1	Rear Bumper	R. X 450.90	
3.	1	Rear Bumper Re-inforcement	ONLY 325.90	
4.	1	Rear Bumper Retainer (RH)	ONLY 118.90	
5.	1	Rear Bumper Center Guard	def — 578.60	
6.	1	Rear Bumper Extension Filler (RH)	arc X 195.90	
7.	1	Rear Bumper Side, Seal (RH)	arc X 88.90	
8.	1	Rear Bumper Lower Cover	arc X 48.90	
9.	1	Rear Bumper Beam Comp	arc X 585.90	
9.	1	Reverse Sensor (2 points)	ONLY X 250.00	

List TotalS\$:	2,643.90
25.00% Discount S\$:	660.98
	1,982.92

1.	10	SPECIAL NETT ITEMS :		
2.	10	Rear Bumper Clip	h.e. — 6.90	40
		Rear Bumper Piece	X 6.90	X 69.00

Special Nett Total S\$:	138.00
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LABOUR :	
Panel Beating	250 — 600.00
Spray Painting	200 — 550.00

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer
Signature:
Date:

CONTINUE / ...

X/12/2017
R/B Repair
Before painting
LKK Auto
2012/2017
2 w/ today

3245.92

APPLE HEV INTERNATIONAL PTE LTD

Page 2 / 2

Hybrid & Electric Car Service Center
600 SIN MING AVE, LEVEL 3, SINGAPORE 575733
Tel No. : 63529268 Fax No. : 63529508
E-Mail : admin@hevshop.com
Website : <http://applehevinternational.com>
Tax Reg. No. : 201718701K

LTL ENTERPRISE
Blk 323 Serangoon Ave 3 #06-238
Singapore 550323

Attention : Motor Claim Department
Contact : 9388 9468

Estimate : ES000012

Date : 11/12/2017
Vehicle Num. : SLE3433X
Make/Model : Prius Hybrid 1.8S-2016
Chassis/Eng# : ZVW506010852/2ZR6679679
Accident Date : 11/12/2017
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
		To remove and refix affected parts		300.00
		Labour Total S\$:		1,450.00

SingDollars : Three Thousand Five Hundred Seventy & Cents Ninety-Two Only

Total S\$: 3,570.92

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3245.92

APPLE HEV INTERNATIONAL PTE LTD

APPLE HEV INTERNATIONAL PTE LTD

Attention To : Mr Ma

Hybrid & Electric Vehicle Service Center
 600 SIN MING AVE, LEVEL 3, SINGAPORE 575733
 Tel No. : 63529268 Fax No. : 63529508
 E-Mail : admin@hevshop.com
 Website : http://applehevinternational.com
 Tax Reg. No. : 201718701K

Hi Mr Ma ,

The repair work for SLE 3423X
 had been completed. I would
 like to conduct a final inspection
 with you for this vehicle.

Thank you !

LTL ENTERPRISE
 Blk 323 Serangoon Ave 3 #06-238
 Singapore 550323

Proforma Invoice : E5000029 Best regards,
 Lee Jun Heng

Date : 18/01/2018

Vehicle Num. : SLE3433X

Make/Model : Prius Hybrid 1.8S

Chassis/Eng# : ZVW506010052/2ZR6679679

Accident Date : 24/11/2017

Claim No. :

Reference :

Policy No. :

Attention : Motor Claim Department
 Contact : 9388 9468

S/N	Quantity	Particular	Unit Price	Amount S\$
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1.	1	LIST ITEMS : Rear Bumper Center Guard	def.	578.60
		List Total S\$:		578.60
		25.00% Discount S\$:		144.65
				433.95

1.	1	SPECIAL NETT ITEMS : Rear Bumper Lower Chrome Trim	net	175.00
2.	10	Rear Bumper Clip	net 4.00	40.00
		Special Nett Total S\$:		215.00
		LABOUR :		
		Panel Beating		250.00
		Spray Painting		200.00
		Labour Total S\$:		450.00

SingDollars : One Thousand One Hundred seventy-Five & Cents Eighty-Eight Only

15/3 *can*
midday

Total S\$:	4,098.95
GST @ 7% S\$:	76.93
Amount Due S\$:	1,175.88

=====

APPLE HEV INTERNATIONAL PTE LTD




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/FCI17023426/M1qbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 19-03-2018	
			Code : FCI2	
1. Policy Particulars : THIRD PARTY CLAIM				
Insured Veh.	SHB 4199D	Veh. Inspected	SLE 3433X	
Policy No.	D-15072701MFSH	Coverage (\$)	0.00	
Claim No.	D17011320MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	09/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1797	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	ZVW506010852	Colour	BLACK	
Odometer	134442	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	GOODYEAR	8 mm	
L/H Front Tyre	195/65 R15	GOODYEAR	8 mm	
R/H Rear Tyre	195/65 R15	GOODYEAR	8 mm	
L/H Rear Tyre	195/65 R15	GOODYEAR	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	24/11/2017	Inspection Date	20/12/2017	
Survey held at	HEVSHOP - 600 SIN MING AVE LEVEL 3			
Repairer	-			
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:		2 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. SLE 3433X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	450.90	-
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	325.90	-
1	REAR BUMPER RETAINER (RH)	SERVICEABLE	118.90	-
1	REAR BUMPER CENTER GUARD	DEFORMED	578.60	578.60
1	REAR BUMPER EXTENSION FILLER (RH)	SERVICEABLE	195.90	-
1	REAR BUMPER SIDE, SEAL (RH)	SERVICEABLE	88.90	-
1	REAR BUMPER LOWER COVER	SERVICEABLE	48.90	-
1	REAR BUMPER BEAM COMP	SERVICEABLE	585.90	-
1	REVERSE SENSOR (2 POINTS)	SERVICEABLE	250.00	-
	LESS 25% DISCOUNT		-660.98	-144.65
			1,982.92	433.95
SPECIAL NETT ITEMS				
10	REAR BUMPER CLIP @\$6.90	NECESSARY	69.00	40.00
10	REAR BUMPER PIECE @\$6.90	NOT NECESSARY	69.00	-
1	REAR BUMPER LOWER CHROME TRIM (SN) (ADDITIONAL)	NECESSARY	175.00	175.00
			313.00	215.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		600.00	250.00
	SPRAY PAINTING.		550.00	200.00
	TO REMOVE AND REFIX AFFECTED PARTS.	NOT NECESSARY	300.00	-
			1,450.00	450.00
GRAND TOTAL			3,745.92	1,098.95

RECOMMENDED COST OF REPAIRS			1,098.95
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Report Ref No. CS/FCI17023426/M1qbe2

MA CHIN FOOK

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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