

ASS. REC. BY:

REF:

(S/FCU7023456/Krbet)

Special Instruction:

Surveyor:

Kenneth.

ASSIGNMENT (Office)

From (Person):

(WS Lurend Jaw)

of

FCL

Date/Time:

11/12/2017 257pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLP 9477Y

Insured:

SHC 820P

at Workshop m/s:

RC Auto

Tel:

of

160 Sin Ming Drive #06-20

Policy No:

Claim No:

D7011370MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

08122017

(Client's Record)

CA / REV / REP. / REV 24 HRS WPI

12.12.2017

H.O.D. Endorsement:

Date/Time:

11.12.2017 3.18pm

Person Contacted:

Mr. Tan

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLP 9477Y - x

SHC 820P - CS/ICS 17000455 / H11bn1

Ref: 070117

2.1/12 / 1 Rm 8560d Carbn (Red. SH30.90, 4920)

REF: FCL

ASSIGNMENT

From: _____ Date: 12/12/017

Estimated Cost: _____

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

To Inspect Vehicle No: SLP 94774

at Workshop m/s RC Auto

of 160 sm mng Dhw #06-20

Insured: _____

Policy No. _____

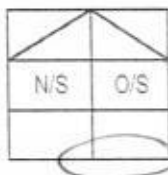
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLP 94774 Yr Regn: 05 15

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

Truck / Trailer or

Make: Audi A3 TFSI 13P5

Colour: M. Black A/C: Insured / Std / NI / NA

Sp. Reading: 44784 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8V8F1119058

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 205/55R16

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

TOYO / YOKO or Continental

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 8/12/17

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 12/12/17

Survey held at _____

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

Rear O/S &

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

Date / Time Action / Instruction

13/12 File pass to Carhume

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee: 170+13

Transportation: 50

S - RS: 50

Photos: 26

Others: _____

TOTAL

311

Report Format: TP

Lump Sum / I.B.I: (\$ 5600)

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Insp (\$)☐ : Weekend (\$)

Survey Department Check List (Case Handler)

Reference No. : CS/FC117023456/Krb
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (Catherine): 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 (Kenneth): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

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: Catherine 22/12/14
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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/FCI17023456/Krb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 11-12-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 820P	Veh. Inspected	SLP 9477Y
Policy No.		Coverage (\$)	0.00
Claim No.	D17011370MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	11/12/2017

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

--

5. General Information

Accident Date	08/12/2017	Inspection Date	12/12/2017
Survey held at	160 SIN MING DRIVE #06-20		
Repairer	R C AUTO		

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	11-12-2017	Our Ref No. D17011370MFSH
Accident Date	08-12-2017	Claim Type. Third Party
Insured Vehicle	SHC0820P	Third Party Vehicle. SLP9477Y
Survey Location	160 SIN MING DRIVE #06-20 SIN MING AUTOCITY	
Contact Person.	TAN KIM CHUAN	
Contact No.	97619383/ 97619383	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
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	RC AUTO	Attention. NIL
Cc : TP Solicitor	KSCGP JURIS LLP	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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/231694)



PRI Documents



Close X

PRI Header Details

Claim No	D17011370MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & KS
Workshop Name	RC AUTO (Contact Person : TAN KIM CHUAN)	Survey Location & Contact Details	160 SIN MING DRIVE #06-20 SIN MING AUTO Mobile: 97619383 , Phone: 97619383 , Fax: EmailId: YUE@KSCGP.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC0820P	TP Vehicle No	SLP947
PRI Recieved Date	11-12-2017 03:53:37 PM	Surveyor Appointed Date	11-12-2017 02:57:28 PM	Surveyor Accept Date	11-12-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	11-12-2017	Upload Survey Report *:	
-----------------------------	--	----------------------	------------	-------------------------	--

Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	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

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	08/12/2017 14:16
Date Of Accident	08/12/2017 07:55
Exact Location Of Accident	KPE (NEAR TUNNEL ENTRANCE TO CITY)AT SENGKANG EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP9477Y
Insured/Policyholder	
Name Of Registered Owner	LAU GUO QIANG
NRIC No	S8436942Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90610418
Alternative Phone No	OFFICE-90610418

Vehicle Particulars

Manufacturer	AUDI
Model	-
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA233560/1
Cover Note Number	

Driver

Name of Driver	LAU GUO QIANG
NRIC No	S8436942Z
Date Of Birth	08/12/1984
Occupation	INDOOR
Date Of Driving Pass	14/12/2005
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90610418
Fax Number	
Contact Number	OFFICE-90610418
Email Address	NOEMAIL

Address
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
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? NO
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? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER ATTACHED REPORT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC820P
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver TAY BOON KEAT
NRIC/Passport Number S7814278B
Contact Number 91825595
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJR7815G
Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

TANG KWANG HUI

NRIC/Passport Number

S7634537F

Contact Number

97986050

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

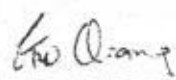
SKETCH PLAN

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.



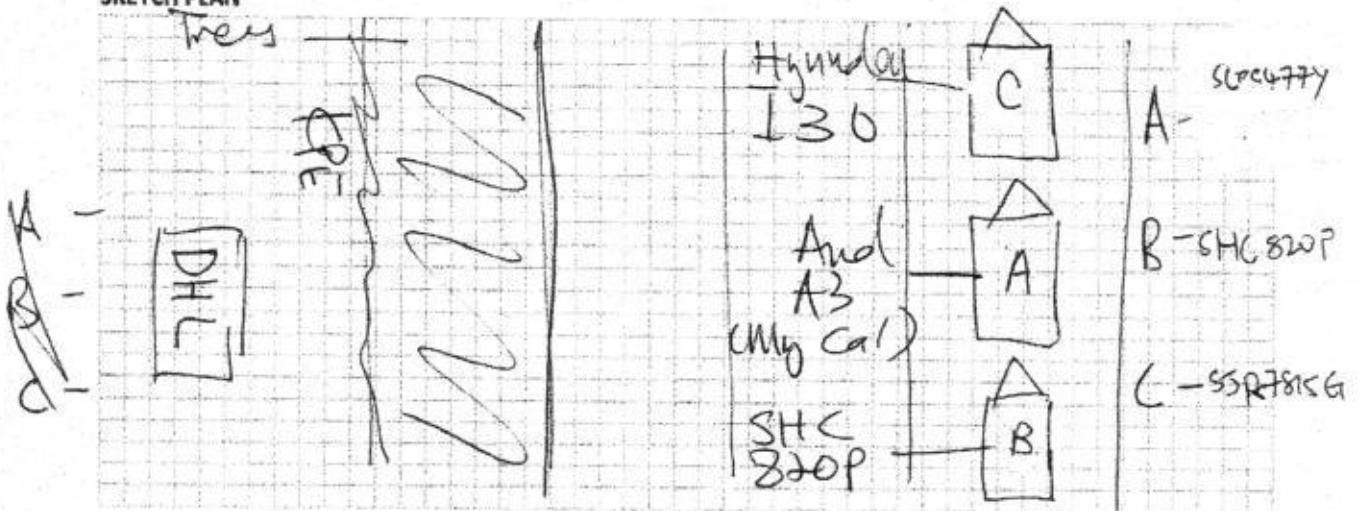
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN

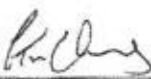


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was approaching the KPE tunnel when a car in front suddenly slow down due to road condition. I slow down my speed to a complete ~~halt~~ stop and 30-4 sec later, a taxi came from the rear and hit onto my car, pushing my car to move forward and hit the front vehicle.

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.:

ESTIMATE RC AUTO

160 Sin Ming Drive #06-20 Sin Ming Autocity Singapore 575722

Tel : 97619383 Email: rcauto5555@gmail.com

Reg. No. 53199168K

VEHICLE NUMBER: SLP9477Y

Date:

11-Dec-2017

CHASIS NO: WAU2228V8F1119058

*Not Authored
11 Dec 2017
Murray Ake Pains 6 days*

Quantity	Description/Particular	Unit Price	Amount
1 PC	FRONT BUMPER		<i>Ph</i> 960.00
1 PC	FOG LAMP COVER		<i>Ph</i> 65.00
1 PC	FRONT NUMBER PLATE GANISH		<i>Ph</i> 55.00
1 PC	FRONT SUPPORT PANEL		<i>Ph</i> 590.00
1 PC	FRONT GRILLE		<i>CM</i> 370.00
2 PCS	FRONT HEADLAMP <i>CLS M3 DV</i>	@1120	2,240.00
1 PC	FRONT BUMPER BEAM		<i>R Ba</i> 420.00
1 PC	REAR BOOTLID		<i>Ph</i> 1,480.00
1 PC	REAR BOOTLID EMBLEM (AUDI)		<i>Ph</i> 95.00
1 PC	REAR BOOTLID EMBLEM (A3)		<i>Ph</i> 76.00
1 PC	REAR BOOTLID EMBLEM (TFS1)		<i>Ph</i> 76.00
1 PC	REAR BUMPER		<i>Ph</i> 950.00
2 PCS	REAR BUMPER SENSOR'	@155	<i>Short</i> 310.00
1 PC	REAR LAMP		<i>Ph</i> 470.00
1 PC	REAR REFLECTOR	0	<i>Ph</i> 320.00
1 PC	REAR BUMPER LOWER SKIRT		<i>Reil/41</i> 180.00
1 PC	REAR BUMPER BEAM		<i>Ph</i> 390.00
2 PCS	REAR BUMPER RETAINER	@32	<i>CLDIT</i> 64.00

LKK Auto Consultants & Co. not to

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:

1 PC	REAR PARCEL <i>panel</i>		590.00	X <i>2000</i> <i>800</i> <i>400</i> <i>2500</i>
		TOTAL:	9,701.00	
		LESS 10%	970.10	
	SPRAY PAINTING		1,000.00	
	LABOUR TO RENEW		1,200.00	
	TO CHECK WIRING		50.00	
			<i>100</i> 50.00	
1 PC	FRONT NUMBER PLATE AND CASING			
		GRAND TOTAL	11,030.90	

Received the above goods in good order and condition for RC AUTO

Received by _____ E.&O.E. _____ Authorised Signature



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/FCI17023456/Krbe2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 02-01-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 820P	Veh. Inspected	SLP 9477Y
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17011370MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	11/12/2017

2. Vehicle Particulars & Condition

Make & Model	AUDI A3 TFSI (A)	c.c	1395
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WAUZZZ8V8F1119058	Colour	METALLIC BLACK
Odometer	44784	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/55 R16	CONTINENTAL	8 mm
L/H Front Tyre	205/55 R16	CONTINENTAL	8 mm
R/H Rear Tyre	205/55 R16	CONTINENTAL	8 mm
L/H Rear Tyre	205/55 R16	CONTINENTAL	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	08/12/2017	Inspection Date	12/12/2017
Survey held at	160 SIN MING DRIVE #06-20		
Repairer	R C AUTO		

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:	6 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLP 9477Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	BUCKLED	960.00	960.00
1	FOG LAMP COVER	MISSING	65.00	65.00
1	FRONT NUMBER PLATE GARNISH	SERVICEABLE	55.00	-
1	FRONT SUPPORT PANEL	TO REPAIR SEE LABOUR	590.00	-
1	FRONT GRILLE	CRACKED	370.00	370.00
2	FRONT HEADLAMP @\$1120.00	O/S MTG DENTED	2,240.00	1,120.00
1	FRONT BUMPER BEAM	TO REPAIR SEE LABOUR	420.00	-
1	REAR BOOTLID	BENT	1,480.00	1,480.00
1	REAR BOOTLID EMBLEM (AUDI)	NECESSARY	95.00	95.00
1	REAR BOOTLID EMBLEM (A3)	NECESSARY	76.00	76.00
1	REAR BOOTLID EMBLEM (TFSI)	NECESSARY	76.00	76.00
1	REAR BUMPER	BENT	950.00	950.00
2	REAR BUMPER SENSOR @\$155.00	SHORTED-1 PC ONLY	310.00	155.00
1	REAR LAMP	SERVICEABLE	470.00	-
1	REAR REFLECTOR	SERVICEABLE	320.00	-
1	REAR BUMPER LOWER SKIRT	DENTED / CUT	180.00	180.00
1	REAR BUMPER BEAM	BUCKLED	390.00	390.00
2	REAR BUMPER RETAINER @\$32.00	O/S DISTORTED	64.00	32.00
1	REAR PANEL	TO REPAIR SEE LABOUR	590.00	-
	LESS 10% DISCOUNT		-970.10	-594.90
			8,730.90	5,354.10
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NUMBER PLATE AND CASING (SN)	DENTED	50.00	25.00
			50.00	25.00
<u>LABOUR</u>				
	SPRAY PAINTING.		1,000.00	800.00

Report Ref No. CS/FCI17023456/Krbe2



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 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR TO RENEW. INCLUSIVE OF THE REPAIR OF FRONT SUPPORT PANEL, FRONT BUMPER BEAM AND REAR PANEL. TO CHECK WIRING.		1,200.00	800.00
			50.00	40.00
			2,250.00	1,640.00
GRAND TOTAL			11,030.90	7,019.10
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,600.00

Report Ref No. CS/FCI17023456/Krbe2

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 contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.