

ASS. REC. BY:

REF: CS/FCI17023727/Ktd3

Special Instruction:

Survivor:
CWS

Kamdh

ASSIGNMENT (Office)

From (Person):

Joanne Yong

of

FCI

Date/Time:

5:45pm @ 13/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGE171E

Insured:

SHC 2297L

at Workshop m/s

T & B Repairs Services

Tel:

64580296

of Blk 160 Sin Ming Drive #08-03

Policy No:

Claim No:

D17011457 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 11/12/17

CA / REV / REP. / REV 24 HRS

sup

H.O.D. Endorsement:

Date/Time:

5:48pm @ 13/12/17

Person Contacted:

Mr. Tay

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

SGE171E - CCG/AXA12064509/Nhc3c1

D.O.A: 29/02/2012

SHC 2297L - CS/LPC11011808/MJgm

D.O.A: 13/06/2011

22/3 61 Lys @ 3700 Confirmed by enal (Red: 8480.17 '69%')

ASS. REC. BY:

REF:

F021

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / 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: 834k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 07 days Res.: Yes or No

Lum Sum: 10 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGE171E Yr Regn: 08, 09

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

Truck / Trailer or

Make: Honda Accord c.c. 2354

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

Sp. Reading: 123447 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHCP26308P 02056P

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/40R18

R: _____

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

TOYO / YOKO or

Front

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 11/12/17

Rear

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 13/12/17

Survey held at _____

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

N/S Rear Lmk

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

Date / Time Action / Instruction

13/12 Est not ready

RECEIVED 26 MAR 2010

Date/Time, File Pass to?

11/26/13 Typist

Date/Time, File Return to?

2)

☐ : Prel. Report
☒ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Report Format: TP

Lump Sum / I.B.I. (\$ 3700/-

Survey Fee:

Transportation:

Photos

Others

TOTAL

275: 30

170+30=200

50

50

36

336

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	12-12-2017	Our Ref No.	D17011457MFSH
Accident Date	11-12-2017	Claim Type.	Third Party
Insured Vehicle	SHC2297L	Third Party Vehicle.	SGE171E
Survey Location	BLK 160 SIN MING DRIVE #08-03 SIN MING AUTO CITY		
Contact Person.	MR TAY		
Contact No.	64580293/ 64580296	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	T & B MOTOR REPAIRS SERVICES PTE LTD	Attention.	NIL
Cc : TP Solicitor	CHEONGHOH LAW CORPORATION	TP Solicitor Fax No.	NA
Officer Incharge	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/231801)



PRI Documents



Close



PRI Header Details

Claim No	D17011457MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & CHEONGH
Workshop Name	T & B MOTOR REPAIRS SERVICES PTE LTD (Contact Person : MR TAY)	Survey Location & Contact Details	BLK 160 SIN MING DRIVE #08-03 SIN MING AUTO CITY Mobile: 64580296 , Phone: 64580296 , Fax: 0 EmailId: MAIL@CHEONGHOH.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC2297L	TP Vehicle No	SGE171E
PRI Recieved Date	12-12-2017 07:43:14 PM	Surveyor Appointed Date	13-12-2017 05:43:54 PM	Surveyor Accept Date	14-12-2017 0:

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	14-12-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
-----------------------------	----------------------	----------------------	------------	-------------------------	--

Vehicle Particulars

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

File Name

Action

Surveyor Job Remarks

Remarks



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/FCI17023727/M1d3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 14-12-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 2297L	Veh. Inspected	SGE 171E
Policy No.		Coverage (\$)	0.00
Claim No.	D17011457MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	Assign Date	14/12/2017

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	11/12/2017	Inspection Date	13/12/2017
Survey held at	BLK 160 SIN MING DRIVE # 08-03		
Repairer	T & B MOTOR REPAIRS SERVICES PTE LTD		

5a. Remarks

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

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	12/12/2017 16:20
Date Of Accident	11/12/2017 17:15
Exact Location Of Accident	SIMEI ST 3 TOWARDS SIMEI ROAD T-JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE171E
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SAIFUL BIN ROSLI
NRIC No	S8402888F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85713571
Alternative Phone No	OTHERS-85713571

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095857903
Cover Note Number	

Driver

Name of Driver	PUTRI NADZIRAH BINTE ROSLI
NRIC No	S9441740F
Date Of Birth	09/11/1994
Occupation	INDOOR
Date Of Driving Pass	24/06/2014
Driving Experience	3 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85713571
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 484 CHOA CHU KANG AVE 5 #10-02 SINGAPORE
Postcode	680484
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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

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	SHC2297L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SHIW MUN YEOK
NRIC/Passport Number	S1651958H
Contact Number	90218698
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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)

(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 envelope/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.

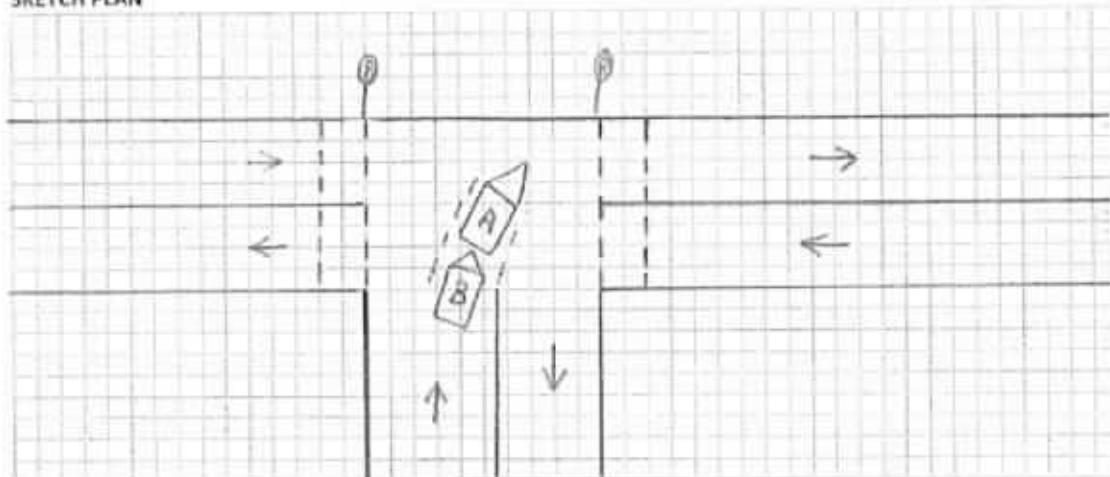
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11 December 2017 at 05:15 pm A (S6E118) was driving from Simi St 3 to
Simi Road T-junction. After passing the traffic sign a lady crossing the road made
a full stop to give way. After stopping, a few seconds later, felt a big
impact from behind and while car coasted forward. So A (S6E118) and
B (SUC2277L) halted to a stop at the side for safety. Upon alighting, B
(SUC2277L) immediately apologised as he did not see and voice given by
pedestrian crossing in front of grey car.

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.:

T & B MOTOR REPAIRS SERVICES PTE LTD

Page 1 / 2

160 SIN MING DRIVE #08-03 SIN MING AUTOCITY SINGAPORE 575722

Tel No. : 6458 0296 / 6454 8007 Fax No. : 6554 2640

E-Mail : tbmotor@hotmail.sg

Buss. Reg. No. : 199001597D

WITHOUT PREJUDICE

MUHAMMAD SAIFUL BIN ROSLI
BLK 268B PUNGGOL FIELD
#12-149 S 822268

Attention : Motor Claim Department

Estimate : ES003280

Date : 12/12/2017

Vehicle Num. : SGE171E

Make/Model : HONDA ACCORD

Chassis/Eng# :

Accident Date : 11/12/2017

Claim No. :

Reference :

Policy No. : 5095857903

Not Notified

11/12/17 83300

Resony Abu Point

Edan

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

		LIST ITEMS :
1.	1	REAR FENDER
2.	1	REAR FENDER INNER SHIELD L/H
3.	1	REAR WINDSCREEN MOULDING
4.	1	REAR LAMP LH
5.	1	REAR LAMP INNER WEATHERSTRIP
6.	1	REAR END PANEL
7.	1	REAR END PANEL INNER GARNISH
8.	1	REAR BUMPER
9.	1	REAR BUMPER SIDE RETAINER LH
10.	1	REAR BUMPER SIDE RETAINER RH
11.	1	REAR BOOT WEATHERSTRIP
12.	1	REAR LAMP LOWER BRACKET LH
13.	1	REAR BUMPER REINFORCEMENT
14.	1	REAR BUMPER MUDFLAP CLIP L/H
15.	1	REAR SHOCK ABSORBER LH
16.	1	REAR SHOCK ABSORBER BUSH LH
17.	1	REAR KNUCKLE ARM
18.	1	REAR UPPER ARM LH
19.	1	REAR WHEEL BEARING HUB ASSY LH
20.	1	REAR LOWER CONTROL ARM (SHORT)
21.	1	REAR LOWER CONTROL ARM (LONG)
22.	1	REAR UPPER CONTROL ARM
23.	1	REAR CROSS MEMBER
24.	1	REAR WHEEL ABS SENSOR WIRE LH
25.	1	REAR SHOCK ABSORBER RH
26.	1	REAR SHOCK ABSORBER BUSH RH

1290-40

253.30

<i>Bh</i>	1,423.40	✓
<i>cm</i>	362.70	✓
<i>mm</i>	40.04	✓
<i>cm</i>	293.70	✓
<i>mm</i>	15.18	x
<i>mm</i>	315.70	x
<i>mm</i>	109.23	x
<i>Bur / cm</i>	693.55	✓
<i>mm</i>	16.06	✓
<i>mm</i>	16.06	x
<i>mm</i>	50.82	x
<i>mm</i>	66.77	✓
<i>mm</i>	126.94	x
<i>mm</i>	14.16	x
<i>mm</i>	270.20	x
<i>mm</i>	26.62	x
<i>mm</i>	386.20	x
<i>mm</i>	366.20	x
<i>mm</i>	32.10	x
<i>mm</i>	93.00	x
<i>mm</i>	149.50	x
<i>mm</i>	139.50	x
<i>mm</i>	1,130.56	x
<i>mm</i>	186.70	x
<i>mm</i>	270.20	x
<i>mm</i>	26.62	x

List Total S\$:

20.00% Discount S\$:

6,621.71

1,324.34

5,297.37

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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 / ...

T & B MOTOR REPAIRS SERVICES PTE LTD

Page 2 / 2

160 SIN MING DRIVE #08-03 SIN MING AUTOCITY SINGAPORE 575722

Tel No. : 6458 0296 / 6454 8007 Fax No. : 6554 2640

E-Mail : tbmotor@hotmail.sg

Buss. Reg. No. : 199001597D

WITHOUT PREJUDICE

MUHAMMAD SAIFUL BIN ROSLI

BLK 268B PUNGGOL FIELD

#12-149 S 822268

Attention : Motor Claim Department

Estimate : ES003280

Date : 12/12/2017

Vehicle Num. : SGE171E

Make/Model : HONDA ACCORD

Chassis/Eng# :

Accident Date : 11/12/2017

Claim No. :

Reference :

Policy No. : 5095857903

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

		SPECIAL NETT ITEMS :
1.	1	REAR BUMPER REVERSE SENSOR
2.	6	REAR BUMPER CLIP
3.	2	REAR LAMP SIDE CLIPS
4.	4	REAR FENDER INNER SHIELD CLIP
5.	1 SET	REAR WINDSCREEN SEALANT

Special Nett Total S\$:

Red	200.00	200.00
6.90	280.00	41.40
6.90	13.80	13.80
6.90	27.60	27.60
nn	200.00	200.00
		562.80

LABOUR :

1. REMOVE & REFIX REAR WINDSCREEN GLASS
2. REMOVE AND REFIX REAR PASSENGER SEAT & CARPET SPEAKE BOARD COVER
3. REMOVE & REFIX REAR FUEL TANK
4. CHECK & REPAIR WIRING
5. SPRAY PAINT ANTI-RUST COATING
6. REMOVE & REFIX REAR UNDERCARRIAGE
7. SPRAY PAINTING ON AFFECTED PORTIONS
8. SUPPLY & INSTALL ONE SET OF NEW REAR BUMPER REVERSE SENSOR
9. COMPUTER HIGH SPEED TYRE BALANCING
10. LABOUR CHARGE FOR REPAIRING, ADJUSTING, KNOCKING, WELDING THE DAMAGED PARTS, STRAIGHTEN THE ABOVE

Labour Total S\$:

	250.00	1201
	480.00	1201
	380.00	601
	150.00	201
nn	250.00	301
	880.00	X
	1,800.00	6001
nn	380.00	601
	150.00	X
	1,600.00	8001
		6,320.00

SingDollars : Twelve Thousand One Hundred Eighty & Cents Seventeen Only

E. & O.E.

Total S\$: 12,180.17

=====

for T & B MOTOR REPAIRS SERVICES 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/FCI17023727/Ktd3q2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 26-03-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 2297L	Veh. Inspected	SGE 171E	
Policy No.	D-15072701MFSH	Coverage (\$)	0.00	
Claim No.	D17011457MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	13/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	HONDA ACCORD (A)	c.c	2354	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	MRHCP26308P020569	Colour	METALLIC SILVER	
Odometer	123447	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	245/40 R18	PIRELLI	4 mm	
L/H Front Tyre	245/40 R18	PIRELLI	4 mm	
R/H Rear Tyre	245/40 R18	PIRELLI	4 mm	
L/H Rear Tyre	245/40 R18	PIRELLI	4 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION AND UNDERCARRIAGE. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	11/12/2017	Inspection Date	13/12/2017	
Survey held at	BLK 160 SIN MING DRIVE # 08-03			
Repairer	T & B MOTOR REPAIRS SERVICES PTE LTD			
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:		7 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. SGE 171E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR FENDER	BENT	1,423.40	1,290.40
1	REAR FENDER INNER SHIELD L/H	CRACKED	362.70	253.30
1	REAR WINDSCREEN MOULDING	NECESSARY	40.04	40.04
1	REAR LAMP LH	CRACKED	293.70	293.70
1	REAR LAMP INNER WEATHERSTRIP	SERVICEABLE	15.18	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	315.70	-
1	REAR END PANEL INNER GARNISH	SERVICEABLE	109.23	-
1	REAR BUMPER	BUCKLED / CRACKED	693.55	693.55
1	REAR BUMPER SIDE RETAINER LH	DISTORTED	16.06	16.06
1	REAR BUMPER SIDE RETAINER RH	SERVICEABLE	16.06	-
1	REAR BOOT WEATHERSTRIP	SERVICEABLE	50.82	-
1	REAR LAMP LOWER BRACKET LH	DISTORTED	66.77	66.77
1	REAR BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	126.94	-
1	REAR BUMPER MUDFLAP CLIP L/H	NOT NECESSARY	14.16	-
1	REAR SHOCK ABSORBER LH	SERVICEABLE	270.20	-
1	REAR SHOCK ABSORBER BUSH LH	SERVICEABLE	26.62	-
1	REAR KNUCKLE ARM	BENT	386.20	386.20
1	REAR UPPER ARM LH	SERVICEABLE	366.20	-
1	REAR WHEEL BEARING HUB ASSY LH	SERVICEABLE	32.10	-
1	REAR LOWER CONTROL ARM (SHORT)	BENT	93.00	93.00
1	REAR LOWER CONTROL ARM (LONG)	SERVICEABLE	149.50	-
1	REAR UPPER CONTROL ARM	SERVICEABLE	139.50	-
1	REAR CROSS MEMBER	SERVICEABLE	1,130.56	-
1	REAR WHEEL ABS SENSOR WIRE LH	SERVICEABLE	186.70	-
1	REAR SHOCK ABSORBER RH	SERVICEABLE	270.20	-
1	REAR SHOCK ABSORBER BUSH RH	SERVICEABLE	26.62	-
	LESS 20% DISCOUNT		-1,324.34	-626.60
			5,297.37	2,506.42

Report Ref No. CS/FCI17023727/Ktd3q2



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 (\$)
	SPECIAL NETT ITEMS			
1	REAR BUMPER REVERSE SENSOR (SN)	DENTED	280.00	200.00
6	REAR BUMPER CLIP @\$6.90 (SN)	NECESSARY	41.40	41.40
2	REAR LAMP SIDE CLIPS @\$6.90 (SN)	NECESSARY (1 PCS ONLY)	13.80	6.90
4	REAR FENDER INNER SHIELD CLIP @\$6.90 (SN)	NECESSARY	27.60	27.60
1	SET REAR WINDSCREEN SEALANT (SN)	NECESSARY	200.00	40.00
			562.80	315.90
	LABOUR			
	REMOVE & REFIX REAR WINDSCREEN GLASS.		250.00	120.00
	REMOVE AND REFIX REAR PASSENGER SEAT & CARPET SPEKE BOARD COVER.		480.00	120.00
	REMOVE & REFIX REAR FUEL TANK .		380.00	60.00
	CHECK & REPAIR WRING.		150.00	20.00
	SPRAY PAINT ANTI-RUST COATING.		250.00	30.00
	REMOVE & REFIX REAR UNDERCARRIAGE .	NOT NECESSARY	880.00	-
	SPRAY PAINTING ON AFFECTED PORTIONS.		1,800.00	600.00
	SUPPLY & INSTALL ONE SET OF NEW REAR BUMPER REVERSE SENSOR .		380.00	60.00
	COMPUTER HIGH SPEED TYRE BALANCING.	NOT NECESSARY	150.00	-
	LABOUR CHARGE FOR REPAIRING ,ADJUSTING ,KNOCKING,WELDING THE DAMAGED PARTS,STRAIGHTEN THE ABOVE.INCLUSIVE OF THE REPAIR OF REAR END PANEL AND REAR BUMPER REINFORCEMENT .		1,600.00	800.00
			6,320.00	1,810.00
	GRAND TOTAL		12,180.17	4,632.32
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,700.00

Report Ref No. CS/FCI17023727/Ktd3q2

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.