

ASS: REC BY:

REF: CS/FCI17023732/T19d3e2 Special Instruction:

Surveyor:

Taufik

ASSIGNMENT (Office)

CWS

From (Person):

Sithera

of

FCI

Date/Time

12.35pm @ 14/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GX 2656K

Insured:

SHC 7852B

at Workshop m/s

jit Keong Trading CO

Tel:

of

No. 28 Benoi Place

Policy No:

Claim No:

D17011511MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

12/12/17

CA / REV / REP. / REV 24 HRS

'wp'

15/12/17 @ Morning

H.O.D. Endorsement:

Date/Time

12.47pm @ 14/12/17

Person Contacted:

Ivonne

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

GX 2656K-X

SHC 7852B-CS/FCI15016259/vbXX

D.O.A: 17/09/2015

19/12/17 @ 5.36pm Revised to Sithera by email.

REF: FCI

ASSIGNMENT

From: Date 15/12/17

Estimated Cost:

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

To Inspect Vehicle No: GX 2656 K
at Workshop m/s: Jit Keong Trading Co
of No. 28 Benoi Place

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

Morning

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

'up'

Date: Person Contacted:

Vehicle: IN / OUT

Sunny

Veh No: GX 2656 K. Yr Regn:

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

Truck / Trailer or

Make: Opel Combo

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

Sp Reading: 370945 T Radio: Insured / Std / NI / NA

Eng/No:

C/No: WOLO XCF 254 3025467.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: N/A / STD A/Rim or

Tyre Size: F: 185/6 SR15
R: 185/6 SR15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal: 6 mm

L/Bal: 6 mm

D.O.A. D.O.I. 15/12/17

Survey held at: Jit Keong

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

4/5 \$3400, 5 days. - finalised with Sunny thru phone.
(Red \$5263, 61%)

RECEIVED 23 APR 2018

Date/Time File Pass to?

13/4 17/17

Date/Time File Return to?

2:

Report Format:

Lump Sum / I.B.I. IS

☐ : Preli. Report☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation:

1 - S - RS - 31

Photo:

Other:

Add Fee:

☐ Site Insp IS☐ Interview IS☐ Tech. Invs IS☐ Weekend IS

160

50

41

251



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/FCI17023732/T1qd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 14-12-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------|----------------|------------|
| Insured Veh. | SHC 7852B | Veh. Inspected | GX 2656K |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | D17011511MFSH | Excess (\$) | 0.00 |
| Assign From | CWS (SITHARA) | 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 | 12/12/2017 | Inspection Date | |
| Survey held at | JIT KEONG TRADING CO 28 BENOI PLACE SINGAPORE 629945 (WAREHOUSE) | | |

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 | 13-12-2017 | Our Ref No. D17011511MFSH |
| Accident Date | 12-12-2017 | Claim Type. Third Party |
| Insured Vehicle | SHC7852B | Third Party Vehicle. GX2656K |
| Survey Location | NO 28 BENOI PLACE | |
| Contact Person. | MICHAEL YEOH | |
| Contact No. | 68634186/ 96794211 | Fax No. 68613533 |
| Survey Type | WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED: | |
| 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 | JIT KEONG TRADING CO | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | SITHARA | |

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/231883)



PRI Documents



Close



PRI Header Details

| | | | | | |
|--------------------------|--|--|--|---------------------------------|---------------|
| Claim No | D17011511MFSH | Policy No | D-15072702MFSH | Claimant S.No & Name | 1 & JIT KEONG |
| Workshop Name | JIT KEONG TRADING CO (Contact Person : MICHAEL YEOH) | Survey Location & Contact Details | NO 28 BENOI PLACE Mobile: 96794211 , Phone: 68634186 , Fax: 68613531 EmailId: MAIN@JITKEONG.COM.SG | | |
| Our Surveyor | LKK AUTO CONSULTANTS PTE LTD | Instructions To Surveyor | WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM 1 | | |
| Insured Name | CITYCAB PTE LTD | Insured Vehicle No | SHC7852B | TP Vehicle No | GX2656K |
| PRI Recieved Date | 13-12-2017 08:40:17 PM | Surveyor Appointed Date | 14-12-2017 12:34:13 PM | Surveyor Accept Date | 14-12-2017 0 |

Survey Report Upload

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

Vehicle Particulars

| | | | | | |
|------------------|----------------------|-----------------------|-----------------------|----------------|----------------------|
| Make | Please Select Make ▼ | Model | Please Select Model ▼ | Year | 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

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Tuesday, 19 December, 2017 5:36 PM
To: 'Claim Workflow System'; assignments
Cc: SITHARA@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17011511MFSH/1

Dear Sithara,

Enclosed herewith preliminary advice of GX 2656K.

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: Thursday, 14 December, 2017 1:02 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: SITHARA@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17011511MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | 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, 14 December, 2017 12:34 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; SITHARA@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17011511MFSH/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



Auto
Consultants
Pte Ltd

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

Your Ref: D17011511MFSH
Our Ref: CS/FCI17023732/T1qd3

Date: 19 December 2017

The Motor Claims Department
First Capital Insurance Ltd

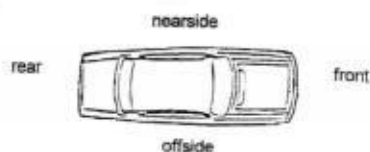
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. GX 2656K .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 15/12/2017 at the premises of M/s JIT KEONG TRADING CO. and have the following to report:-

| | |
|--------------------------|-------------------------|
| Workshop Estimate Amount | : <u>S\$ 8,763.00</u> . |
| Revised Estimate Amount | : <u>S\$ 3,393.50</u> . |
| "Check" Items Amount | : <u>S\$ 1,182.90</u> . |
| Market Value | : <u>S\$ -</u> . |
| LTA Reimbursement Value | : <u>S\$ -</u> . |
| Nett Value | : <u>S\$ -</u> . |

Description of Damage:
The vehicle sustained damages
at the rear portion.



Yours faithfully

Taufikh
Automotive Assessor

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 | 13/12/2017 12:23 |
| Date Of Accident | 12/12/2017 19:25 |
| Exact Location Of Accident | CORPORATION RD TWDS BOON LAY WAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | GX2656K |
| Insured/Policyholder | |
| Name Of Registered Owner | JIT KEONG TRADING CO |
| Co Reg No | 30033000J |
| Email Address | RENTAL@JITKEONG.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-68634186 |

Vehicle Particulars

| | |
|--|-------------------------|
| Manufacturer | OPEL |
| Model | CORSA COMBO C-1.7 D (M) |
| 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 GOODS VEHICLE

Insurance Company

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | P0349446 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | YEOH VICTOR |
| NRIC No | S9010696A |
| Date Of Birth | 26/03/1990 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/02/2010 |
| Driving Experience | 7 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91725512 |
| Fax Number | |
| Contact Number | |
| Email Address | VICTOR@JITKEONG.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 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.
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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE INFORMATION.



Policyholder's Signature / Date & Time

[Signature]

Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

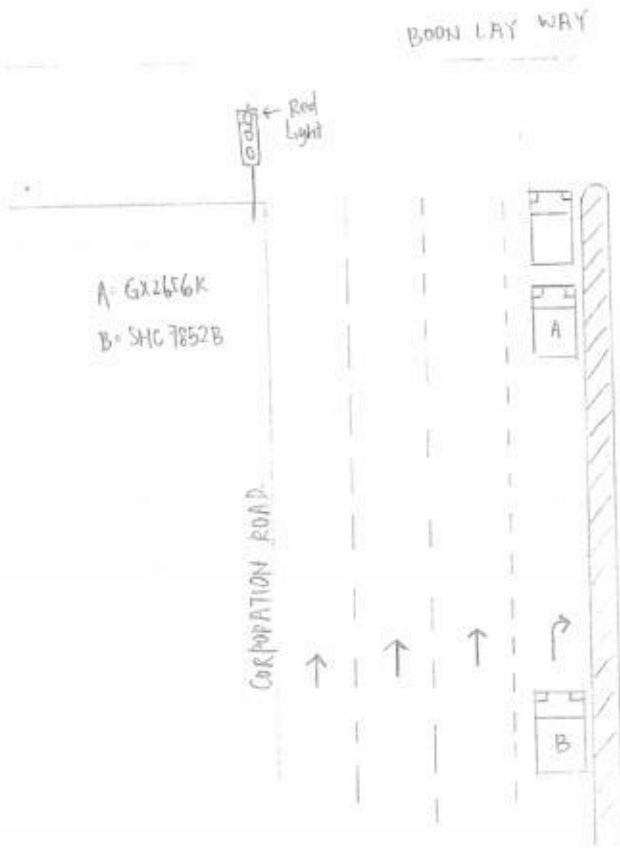
Witnessed by Reporting Centre Personnel

Sketch Plan

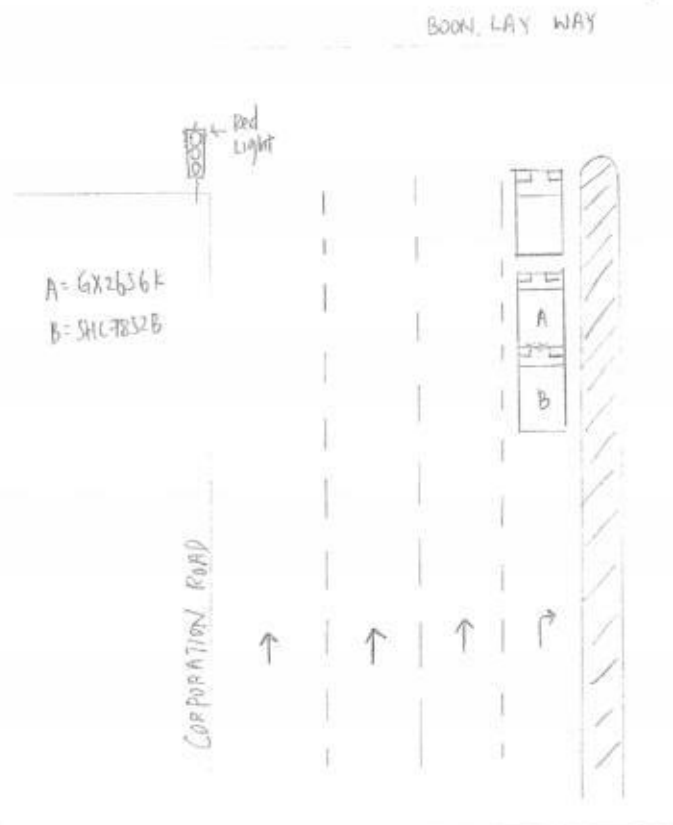
Refer to Attachment

Sketch Plan Pg. 3

BEFORE



AFTER



Accident Photo



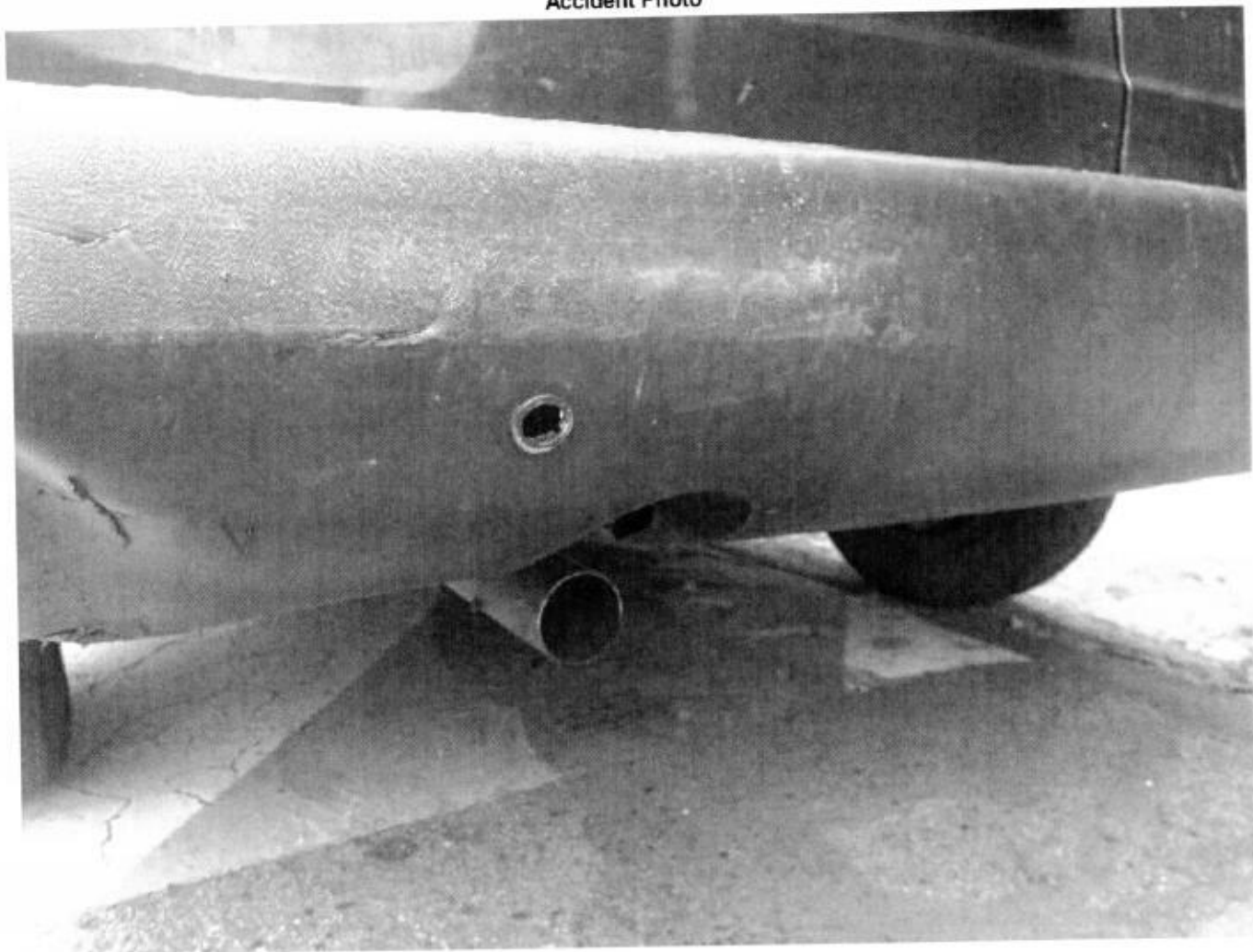
Accident Photo



Accident Photo



Accident Photo





Reg. No. B300330 / 00J
GST Reg. No. MX-2416016-G0

日 强 貿 易 公 司 JIT KEONG TRADING CO.

No. 28 Benoi Place Singapore 629945. Tel: 6863 4186 Fax: 6861 3533
E-mail: main@jitkeong.com.sg

bizSAFE₃

Date : 13th December 2017

To : **First Capital Ins. Ltd**
36 Robinson Road
#16-01 City House
Singapore 068877

Attn. : Motor Claim Department
Tel : 6507 3848 Fax : 6507 3849
Your Ref No.: SHC7852B

Tau fikh 97495749
wp
15/12/17 @ 1550.
Lumpsum
Resurvey after repair
5 days

20/12/17

Estimate Repair Bill For Vehicle No.: GX2656K

sur@kkanto.com
tau fikh@kkanto.com

Subject : Accident On 12/12/2017 @ 19:25hrs involving GX2656K & SHC7852B along Corporation Road
towards Boon Lay Way

Parts discount 10%

| S/n | Product Description | Qty | Unit Price | Amount S\$ |
|-----|--|--------|-------------|--------------------|
| 1 | L/H rear door (Boot) R ✓ | 1 pc | \$ 745.00 | \$ R 745.00 |
| 2 | R/H rear door (Boot) dl ✓ | 1 pc | \$ 745.00 | \$ dl 745.00 |
| 3 | L/h rear door lock ? | 1 pc | \$ 180.00 | \$ bt ✓ 180.00 |
| 4 | Rear door protector strip ant ✓ | 1 pc | \$ 85.00 | \$ ant ✓ 85.00 |
| 5 | Rear bumper bracket ? | 2 pcs | \$ 78.00 | \$ der 156.00 |
| 6 | Rear bumper asm de ✓ | 1 pc | \$ 780.00 | \$ de 780.00 |
| 7 | Rear bumper clips ne ✓ | 10 pcs | \$ 8.00 | \$ ne 80.00 |
| 8 | Reverse sensor m ✓ | 1 set | \$ 280.00 | \$ 200 280.00 |
| 9 | Rear door L/H hinges R ✓ | 2 pcs | \$ 96.00 | \$ m x 192.00 |
| 10 | Rear door R/H hinges R ✓ | 2 pcs | \$ 96.00 | \$ m x 192.00 |
| 11 | Under run tyre mudflap R/H X | 1 pc | \$ 78.00 | \$ de 78.00 |
| 12 | Rear lamp asm R/H, L/H L H - cr ✓, R H - x 00 M | 2 pcs | \$ 175.00 | \$ 350.00 |
| 13 | Rear bumper re-inforcement ? | 1 pc | \$ 445.00 | \$ bt ✓ 445.00 |
| 14 | Number Plate & Casing bt ✓ | 1 set | \$ 55.00 | \$ 45 55.00 |
| 15 | To dismentle interior upholstely / cargo deck carpet deck carpet, side board to facilitate repair and refix and refix to the same | 1 job | \$ 480.00 | \$ 480.00 100 |
| 16 | Welding & panel beating rear cargo boot, door pillar roof panel, rear side panel, repair L/R side re-adjust and realight to the same | 1 job | \$ 1,400.00 | \$ 1,400.00 700 |
| 17 | Workmanship charge remove, replace parts and repair to pre-accident condition | 1 job | \$ 900.00 | \$ 900.00 |
| 18 | To rust proof all affected area | 1 job | \$ 400.00 | \$ 40 400.00 |
| 19 | To check and rectify wire system | 1 job | \$ 120.00 | \$ 30 120.00 |
| 20 | Spray painting to all affected parts | 1 job | \$ 1,100.00 | \$ 700 1,100.00 |
| | | | Total | \$ 8,763.00 |
| | | | GST 7% | \$ 613.41 |
| | | | Sub Total | \$ 9,376.41 |

Remark : Vehicle to be view at No. 28 Benoi Place, Singapore 629945

Contact Person : Michael Yeoh (Hp: 9679 4211) / Sunny Yeoh (Hp: 9662 1626)

Note: The above estimate does not include any hidden damage parts that is are not visible at the time of
inspection. Any damage found after dismanting, we will advise you accordingly.

JIT KEONG TRADING CO.

Authorised Signature

parts 2969
10% - 2672.10
labour - 1570
4242.10
4543400
5 days.

- conditions 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:




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/FCI17023732/T1qd3e2 | | |
| 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | Date : 24-04-2018 |  | |
| | | Code : FCI2 | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHC 7852B | Veh. Inspected | GX 2656K | |
| Policy No. | D-15072702MFSH | Coverage (\$) | 0.00 | |
| Claim No. | D17011511MFSH | Excess (\$) | 0.00 | |
| Assign From | SITHARA | Assign Date | 14/12/2017 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | OPEL COMBO | c.c | 1686 | |
| Engine No. | HIDDEN | Year of Reg. | 2004 | |
| Chassis No. | W0L0XCF2543025467 | Colour | MAROON | |
| Odometer | 370945 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | NIL | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 185/65 R15 | BRIDGESTONE | 6 mm | |
| L/H Front Tyre | 185/65 R15 | BRIDGESTONE | 6 mm | |
| R/H Rear Tyre | 185/65 R15 | BRIDGESTONE | 6 mm | |
| L/H Rear Tyre | 185/65 R15 | BRIDGESTONE | 6 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 12/12/2017 | Inspection Date | 15/12/2017 | |
| Survey held at | JIT KEONG TRADING CO 28 BENOI PLACE SINGAPORE 629945 (WAREHOUSE) | | | |
| 5a. Remarks | | | | |
| A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. | | | | |
| 5b. Estimate Days of Repair | | | | |
| ESTIMATED NORMAL PERIOD FOR REPAIR: | | 5 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. GX 2656K

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|--|---------------------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | L/H REAR DOOR (BOOT) | TO REPAIR SEE LABOUR | 745.00 | - |
| 1 | R/H REAR DOOR (BOOT) | DENTED | 745.00 | 745.00 |
| 1 | L/H REAR DOOR LOCK | BENT | 180.00 | 180.00 |
| 1 | REAR DOOR PROTECTOR STRIP | CUT | 85.00 | 85.00 |
| 2 | REAR BUMPER BRACKET @\$78.00 | DEFORMED | 156.00 | 156.00 |
| 1 | REAR BUMPER ASM | DEFORMED | 780.00 | 780.00 |
| 10 | REAR BUMPER CLIPS @\$8.00 | NECESSARY | 80.00 | 80.00 |
| 2 | REAR DOOR L/H HINGES @\$96.00 | TO REPAIR SEE LABOUR | 192.00 | - |
| 2 | REAR DOOR R/H HINGES @\$96.00 | TO REPAIR SEE LABOUR | 192.00 | - |
| 1 | UNDER RUN TYRE MUDFLAP R/H | DEFORMED | 78.00 | 78.00 |
| 2 | REAR LAMP ASM R/H, L/H @\$175.00 | N/S CRACKED / N/S NOT NECESSARY | 350.00 | 175.00 |
| 1 | REAR BUMPER RE-INFORCEMENT | BENT | 445.00 | 445.00 |
| | LESS 10% DISCOUNT | | - | -272.40 |
| | | | 4,028.00 | 2,451.60 |
| SPECIAL NETT ITEMS | | | | |
| 1 | SET REVERSE SENSOR (SN) | NOT WORKING | 280.00 | 200.00 |
| 1 | SET NUMBER PLATE & CASING (SN) | BENT | 55.00 | 45.00 |
| | | | 335.00 | 245.00 |
| LABOUR | | | | |
| | TO DISMANTLE INTERIOR UPHOLSTERY / CARGO DECK CARPET, SIDE BOARD TO FACILITATE REPAIR AND REFIX TO THE SAME. | | 480.00 | 100.00 |
| | WELDING & PANEL BEATING REAR CARGO BOOT, DOOR PILLAR ROOF PANEL, REAR SIDE PANEL, REPAIR L/R SIDE RE-ADJUST AND REALIGHT TO THE SAME. INCLUSIVE OF THE REPAIR OF L/H REAR DOOR (BOOT), REAR DOOR L/H HINGES AND REAR DOOR R/H HINGES . } | | 1,400.00 | 700.00 |
| | WORKMANSHIP CHARGE REMOVE, REPLACE PARTS AND REPAIR TO PRE-ACCIDENT CONDITION. } | | 900.00 | - |

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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---------------------------------------|-----------|---------------------------|-------------------|
| | TO RUST PROOF ALL AFFECTED AREA. | | 400.00 | 40.00 |
| | TO CHECK AND RECTIFY WIRE SYSTEM. | | 120.00 | 30.00 |
| | SPRAY PAINTING TO ALL AFFECTED PARTS. | | 1,100.00 | 700.00 |
| | | | 4,400.00 | 1,570.00 |
| GRAND TOTAL | | | 8,763.00 | 4,266.60 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 3,400.00 |

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MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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