ASS. REC. BY: | REF: cs/FCI17024254 / RIqd302 | Special Instruction:

Surveyor: CWS

ASSIGNMENT (Office)

From (Person): Aung Yin Ming of FCI Date/Time: 6.17pm @ 21/12/2017

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKX 8463M Insured: SHC 7685S

at Workshop m/s: Vantage Automotive Tel: 92782711 / 6477 7375

of: 305 Alexandra Road

Policy No: Claim No: D17011744MFSH

Sum Insured: Excess:

Make of Veh: D.O.A: 10/12/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS 1wp 26.12.2017 @ 11.30am H.O.D. Endorsement:

Date/Time: 8.42am @ 22/12/17 Person Contacted: Syabir Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKX 8463M - x
	SHC 7685S - cc4/AXA16020775/RIwb3q2 D.O.A: 30/10/2016
22/12/17 @ 3.44pm	revised to Aung yin min by email.
18/6/18 @ 10.41am	GWD Xiang informed this case already convert to OD claim (LUB)
18/6/18	Submit Prelim report.

Surveyor Rosul | REF: FCI | 1326H

ASSIGNMENT

From: | Date: 26/12/17

Estimated Cost:

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

To Inspect Vehicle No: SKX 8463M

at Workshop m/s Vantage Automotive

of 305 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh: 11:30am (2) Syabir

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: | Consistent? : Yes or No

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

Est. Repairs: 3 days | Res.: Yes or No

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

CA / REV / REP. / 24 HRS 1wp?

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SKX8463M | Yr Regn: 2015 / DEC

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

Make: FORD FOCUS TITANIUM 1.6 c.c 1596

Colour BLUE | A/C: Insured / Std / NI / NA

Sp.Reading 058515 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WF04XXGCC4FL45004

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/50R17

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	16/12/17	D.O.I.	26/12/17

Survey held at VANTAGE

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

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

Date / Time	Action / Instruction

RECEIVED 18 JUN 2018

Date/Time, File Pass to?
1) 18/6 [illegible]

Date/Time, File Return to?
2)

☑ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

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

Survey Fee:	140
Transportation:	50
___$ + PS ___$	
Photos	24
Others	
TOTAL	214

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

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref : CS/FCI17024254/R1qd3

Date : 22-12-2017

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHC 7685S	Veh. Inspected	SKX 8463M
	Policy No.		Coverage ($)	0.00
	Claim No.	D17011744MFSH	Excess ($)	0.00
	Assign From	CWS (AUNG YIN MIN)	Assign Date	22/12/2017

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	10/12/2017	Inspection Date	
	Survey held at	VANTAGE AUTOMOTIVE LTD 305 ALEXANDRA ROAD SINGAPORE 155942		

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	21-12-2017	**Our Ref No.**	D17011744MFSH
Accident Date	10-12-2017	**Claim Type.**	Third Party
Insured Vehicle	SHC7685S	**Third Party Vehicle.**	SKX8463M
Survey Location	305 ALEXANDRA ROAD		
Contact Person.	CAROLINE		
Contact No.	63190174/ 0	**Fax No.**	64794601
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:		
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	VANTAGE AUTOMOTIVE LIMITED	**Attention.**	NIL
Cc : TP Solicitor	NA	**TP Solicitor Fax No.**	NA
Officer Incharge	AUNGYM		

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/232215) PRI Documents Close

PRI Header Details

Claim No	D17011744MFSH	**Policy No**	D-15O72702MFSH	**Claimant S.No & Name**	1 & VANTAGE
Workshop Name	VANTAGE AUTOMOTIVE LIMITED (Contact Person : CAROLINE)	**Survey Location & Contact Details**	305 ALEXANDRA ROAD **Mobile:** 0 , **Phone:** 63190174 , **Fax:** 64794601 **EmailId:** PML-PBSP@SIMEDARBY.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	WITHOUT PREJUDICE: LIABILITY UNCLEAR:		
Insured Name	CITYCAB PTE LTD	**Insured Vehicle No**	SHC7685S	**TP Vehicle No**	SKX8463M
PRI Recieved Date	21-12-2017 05:29:29 PM	**Surveyor Appointed Date**	21-12-2017 06:16:15 PM	**Surveyor Accept Date**	22-12-2017 0

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	22-12-2017	**Upload Survey Report *:**	Choose File

Vehicle Particulars

Make	Please Select Make	**Model**	Please Select Model	**Year**	Select Year
Chasis No		**Engine No**		**Mileage**	
Color		**Cubic Capacity**			

Multiple Documents Upload

Upload Multiple Documents

File Name **Action**

Surveyor Job Remarks

Remarks		Save

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Wednesday, 27 December, 2017 3:44 PM
To: 'Claim Workflow System'; assignments
Cc: AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17011744MFSH/1
Attachments: CSFCI17024254R1qd3.pdf

Dear Yin Min,

Enclosed herewith preliminary advice of SKX 8463M.

Wishes you a 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: Friday, 22 December, 2017 10:42 AM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17011744MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not In workshop, repairer will arrange.

"Wishes you a Merry Christmas & Happy New Year 2018"

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, 21 December, 2017 6:16 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; AUNGYINMIN@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17011744MFSH/1

Dear Sir/Mdm,

LKK Auto Consultants Pte Ltd

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

Your Ref: D17011744MFSH

Date: 27th December 2017

Our Ref: CS/FCI17024254/R1qd3

The Motor Claims Department
First Capital Insurance Ltd

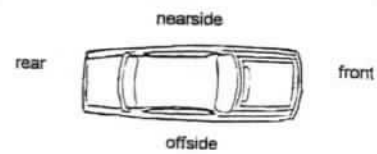
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SKX 8463M .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 26/12/2017 at the premises of M/s VANTAGE AUTOMOTIVE. and have the following to report:-

Workshop Estimate Amount	: S$ 5,891.10 .
Revised Estimate Amount	: S$ 3,626.30 .
"Check" Items Amount	: S$ 874.80 .
Market Value	: S$ - .
LTA Reimbursement Value	: S$ - .
Nett Value	: S$ - .

Description of Damage:
The vehicle sustained damages at the front o/s portion.



Yours faithfully

Mohd Rasul
Automotive Assessor

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. This 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 Land Transport 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) disseminating 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:	Scanning Centre Personnel's Signature Name: NRIC/FIN No:

Address	BLK 287A JURONG EAST STREET 21 #04-346
Postcode	601287
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7685S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ANG CHIN CHYE
NRIC/Passport Number	S1775047Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	11/12/2017 12:28
Date Of Accident	10/12/2017 18:10
Exact Location Of Accident	TAXI DROP-OFF POINT(JURONG GATEWAY ROAD)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX8463M
Insured/Policyholder	
Name Of Registered Owner	HAN AI ENG
NRIC No	S1231326H
Email Address	JKS_LOW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98423523
Alternative Phone No	OTHERS-98423523
Vehicle Particulars	
Manufacturer	FORD
Model	FOCUS TITATIUM
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI16V22121/VPE/R01
Cover Note Number	
Driver	
Name of Driver	LOW CHIN HUI JOLLY
NRIC No	S0084437C
Date Of Birth	13/08/1954
Occupation	INDOOR
Date Of Driving Pass	22/03/1978
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98423523
Fax Number	
Contact Number	OTHERS-98423523
EMail Address	JKS_LOW@HOTMAIL.COM

REGENT MOTORS

(A Division of Vantage Automotive Limited)
Business Registration No. 53055563L GST Registration No. M2-0000551-1
305 Alexandra Road
159942 Singapore
Tel : 6477 7400
Fax : 6477 7398

GST Registration No. M2-0000551-1

E S T I M A T E

Estimate No. : BG 3478 Page No. : 1 of 1
Date Estimated : 20/12/2017
Prepared By : Wong Guo Xiang

- ESTIMATE REPAIR FOR -	- ACCOUNT - 2000
Han Ai Eng Blk 287A Jurong East Street 21 #04-346 Singapore 601287	CASH - Sale service .

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKX8463M	WF04XXGCC4FL49004	30/12/2015	FOCUS 1.6 TITN 4DR	0

DESCRIPTION	VALUE
SUNDRIES	30 ~~150.00~~
REPLACE / REPAIR FRT BUMPER, FRT GRILLE	600 ~~1,200.00~~
RESPRAY FRT BUMPER	600 ~~1,200.00~~
WIRING CONNECTION & CHECK (NETT)	150.00
REMOVE & REFIX HEADLIGHT SYSTEM INCLUDING REALIGN FRT HEADLAMP BEAM LEVEL (NETT)	200.00
TO SUPPLY 1 UNIT FRT NUMBER PLATE (NETT)	X ~~70.00~~
TO CONDUCT ECU COMPUTER DIAGNOSTIC INCLUDING CLEAR FAULT CODE (NETT)	600.00
Total Labour 1:	3,570.00

Repair
Hp 90010068

PART NUMBER	DESCRIPTION	QTY	PRICE	DISC	VALUE
F1EB17757AJX WAA	FRONT BUMPER	1	1,530.00	10.00	SCA ~~1,377.00~~
F1EB8200CC	RADIATOR GRILLE	1	648.00	10.00	? 583.20
C1BB8B262BA	FRONT EMBLEM (FORD OVAL)	1	77.00	10.00	NC ~~69.30~~
F1EB17B635AB	BUMPER FRONT LOWER EXTENSION	1	324.00	10.00	? 291.60
	Total Parts :				2,321.10

3 days
26/12/17 @ 1130
Resp by part

Labour 1	:	3,570.00
Parts	:	2,321.10
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	412.38
Grand Total	:	6,303.48

Customer / Insurance Officer Contact

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To provide photograph(s) of 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:

The above estimates are base on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval.

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

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref : CS/FCI17024254/R1qd3e2

Date : 25-06-2018

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHC 7685S	**Veh. Inspected**	SKX 8463M
	Policy No.	D-15072702MFSH	**Coverage ($)**	0.00
	Claim No.	D17011744MFSH	**Excess ($)**	0.00
	Assign From	AUNG YIN MIN	**Assign Date**	21/12/2017

2. Vehicle Particulars & Condition

	Make & Model	FORD FOCUS TITANIUM 1.6	**c.c**	1596
	Engine No.	HIDDEN	**Year of Reg.**	2015
	Chassis No.	WF04XXGCC4FL49004	**Colour**	BLUE
	Odometer	58515	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	FAIR		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	245/50 R17	GOODYEAR	6 mm
	L/H Front Tyre	245/50 R17	GOODYEAR	6 mm
	R/H Rear Tyre	245/50 R17	GOODYEAR	6 mm
	L/H Rear Tyre	245/50 R17	GOODYEAR	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	10/12/2017	**Inspection Date**	26/12/2017
	Survey held at	VANTAGE AUTOMOTIVE LTD 305 ALEXANDRA ROAD SINGAPORE 155942		

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: **3 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKX 8463M

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	SCRATCHED	1,377.00	1,377.00
1	RADIATOR GRILLE	* CHECK	583.20	-
1	FRONT EMBLEM (FORD OVAL)	NECESSARY	69.30	69.30
1	BUMPER FRONT LOWER EXTENSION	* CHECK	291.60	-
			2,321.10	1,446.30
	SPECIAL NETT ITEMS			
1	SUNDRIES (SN)	NECESSARY	150.00	30.00
1	FRT NUMBER PLATE (SN)	NOT NECESSARY	70.00	-
			220.00	30.00
	LABOUR			
	REPLACE / REPAIR FRT BUMPER, FRT GRILLE.		1,200.00	600.00
	RESPRAY FRT BUMPER.		1,200.00	600.00
	WIRING CONNECTION & CHECK.		150.00	150.00
	REMOVE & REFIX HEADLIGHT SYSTEM INCLUDING REALIGN FRT HEADLAMP BEAM LEVEL.		200.00	200.00
	TO CONDUCT ECU COMPUTER DIAGNOSTIC INCLUDING CLEAR FAULT CODE.		600.00	600.00
			3,350.00	2,150.00
	GRAND TOTAL		**5,891.10**	**3,626.30**

	RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S$874.80 NETT)			**3,626.30**

Report Ref No. CS/FCI17024254/R1qd3e2

MRB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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

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