

ASS. REC. BY:

REF: CS/FCI18003 696/TI 11/30/18

Special Instruction:

Survey of:

ASSIGNMENT (Office)

From (Person): Karen Tan

of FCI

Date/Time: 23/2/18 @ 6:38pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLN1421X

Insured: SHD 4286A

at Workshop m/s Prime Auto

Tel: 68610908

of G Bendi Sector

Policy No:

Claim No: D18 001037 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 01/02/2018

CA / REV / REP. / REV 24 HRS

Wp

28/2/18 @ After 11am

H.O.D. Endorsement:

Date/Time: 10:36am @ 26/2/18

Person Contacted:

pei yee

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SLN1421X - CC3/TMI18002060/Klg/bn2

D.O.A: 01/2/18

SHD 4286A - CC3/TMI18002060/Klg/bn2

D.O.A: 01/2/18

Lump Sum \$15501 - 13 days cred: 1774.44 @ 53%

Tanglin

FCI

Date: 28/2/18

Estimated Cost

OD RES (TP) WS TR RES OD RES (EVA) INV. V.

To inspect Vehicle No: SLN 1421X

By/Inspected by: Prime Auto

At: G Benoi sector

Insured

Policy No

Claims No

Sum Insured Excess

Claims Record: After 11 am

Make of car

Policy Condition

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

N/S	O/S
-----	-----

Ballor/Market Value

DAC Accident Report Consistent? Yes or No

BA - PF Seen Consistent? Yes or No

Est. Repairs days Res. Yes or No

Lim Sum \$ S. Va. Yes or No

QA REV REP. 24 HRS lwp

Date Person Contacted Vehicle IN/OUT

SLN 1421X. 2017 April

Year: 2017

Make: Honda Fit Hybrid 1496

Color: Red

Chassis No: 61085

Eng No

Chassis No: GP53321465

Gen. Cond: Good

Steering: Jammed Leaked Burnt or

Brake: Jammed Leaked Burnt or

Mod: STD

Tyre Size: 185/60R15

BS: DUN EXNOVA PS LIZA MIO CHTSU PR. SUM

TOYOTA YOKO

Front: 6 Rear: 6

R. Ba: --- L. Ba: 6

U. Ba: 6

DDA: 28/2/18 @ 1530

Surveyed by: Prime Auto

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

Frnt o/s

The U/O Chassis/frame Body Structure affected due to accident

Date	Time	Action/Inspection
		Car in 28/2

Date/Time File Pass of

19/3 Typist

Prell. Report

Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee	130
...	50
...	50
...	20
Total	250

Report Form No: TP 16501-



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/FCI18003696/T1td3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 27-02-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 4286A	Veh. Inspected	SLN 1421X
Policy No.		Coverage (\$)	0.00
Claim No.	D18001037MFSH	Excess (\$)	0.00
Assign From	CWS (KAREN TAN)	Assign Date	27/02/2018

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

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5. General Information

Accident Date	01/02/2018	Inspection Date	
Survey held at	PRIME AUTO CLAIMS SERVICE PTE LTD 6 BENOI PLACE SINGAPORE 629927		

5a. Remarks

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

MOTOR SURVEY ASSIGNMENT

Date	02-02-2018	Our Ref No. D18001037MFSH
Accident Date	01-02-2018	Claim Type. Third Party
Insured Vehicle	SHD4286A	Third Party Vehicle. SLN1421X
Survey Location	6 Benoi Place	
Contact Person.	PEI YEE	
Contact No.	68610908/ 0	Fax No. 65152948
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	PRIME AUTO CLAIMS SERVICE PTE. LTD.	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

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/234629)



PRI Documents



Close



PRI Header Details

Claim No	D18001037MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & PRIME AU LTD.
Workshop Name	PRIME AUTO CLAIMS SERVICE PTE. LTD. (Contact Person : PEI YEE)	Survey Location & Contact Details	6 Benoi Place Mobile: 0 , Phone: 68610908 , Fax: 65152948 EmailId: PEIYEE@PRIMEAUTOCLAIMS.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHD4286A	TP Vehicle No	SLN1421X
PRI Recieved Date	23-02-2018 08:43:46 PM	Surveyor Appointed Date	23-02-2018 06:37:57 PM	Surveyor Accept Date	27-02-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	27-02-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

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

MPR18018147 / Prime Auto Claims Service Pte Ltd - HQ
 ENTRY DATE & TIME: 06/02/2018 09:30
 SUBMITTED BY: Liu Pei Yue

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 06/02/2018 14:34

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 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	06/02/2018 09:30
Date Of Accident	01/02/2018 00:05
Exact Location Of Accident	TELOK AYER STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1421X
Insured/Policyholder	
Name Of Registered Owner	BEST MOTOR LEASING & LIMOUSINE SERVICES PTE LTD
Co Reg No	201512366W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68628878
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.5 HYBRID (A)
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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	17-MG000658-R02
Cover Note Number	
Driver	
Name of Driver	LU SU ANN ALVIN
NRIC No	S7125995A
Date Of Birth	30/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	25/11/1997
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91992759
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address BLK 180B RIVERVALE CRESCENT #11-365 SINGAPORE
 Postcode 542180
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 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
 Number of vehicles involved in the accident 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? 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) 4

Passenger 1 NAME: : PASSENGER A
 GENDER: : MALE

Passenger 2 NAME: : PASSENGER B
 GENDER: : MALE

Passenger 3 NAME: : PASSENGER C
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of Intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED STATEMENT

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 SHD4286A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI
Name of Driver TAN TIAU PIN
NRIC/Passport Number S2077809A
Contact Number 98178505
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LU SU ANN ALVIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLN1421X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address BLK 180B RIVERVALE CRESCENT #11-365 SINGAPORE
Postcode 542180

DETAILS OF INJURED PERSON 2

Name PASSENGER A
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLN1421X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Accident Sketch Plan Pg. 1

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: 5 TH FEBRUARY 2018

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

0955 HRS

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180202/2004

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20180202/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2018 00:47		Vide Report No.:		Station Diary No.: 19	
Name of Informant: LU SU ANN ALVIN		Address: APT BLK 180B RIVERVALE CRESCENT #11-365 SINGAPORE 542180			
ID Type / ID No.: NRIC NO / S7125995A		Contact No.:		Mobile: 91992759 ✓	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 46	Date of Birth: 30/07/1971	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: UBER DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2018 00:05	Type of Location: X-Junction
Location: Along Road 1 TELOK AYER STREET towards Boon Tat street				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

SHD4286A	Car				0
SLN1421X	Car				3

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180202/2004

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3
Report No. T/20180202/2004

CONTINUATION OF REPORT

Name	TAN TIAU PIN		ID No.	S2077809A
Related Vehicle	SHD4286A (Car)		Contact No.	98178505
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Name	LU SU ANN ALVIN		ID No.	S7125995A
Related Vehicle	SLN1421X (Car)		Contact No.	91992759
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/02/2018	Date Discharge	01/02/2018	
No. of Days granted Medical Leave	05	Degree of Injury	NIL	

Brief Details.

On 01/02/2018 at around 0008hrs, I was driving my vehicle bearing registration number SLN1421X along Telor Ayer Street towards Boon Tat Street, as I was turning right, I stopped before the junction to check for traffic. Just as I was checking for the traffic on my right, the vehicle bearing registration number SHD4286A dashed across the junction from my right, and hit my front right bumper. I was on a one lane road and my vehicle was stationery towards the right side when the incident happen.

I did not see a doctor immediately as I did not feel any pain at the point of time. However, I felt pain on my neck and lower back later in the day, thus I went to see a doctor. I was granted 5 days MC.

This is the first time such incident happens, I am unsure if there is any CCTV around the vicinity and I do not have an in-camera.

POLICE REPORT Pg. 1



SINGAPORE POLICE FORCE



T/20180202/2004

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3
Report No. T/20180202/2004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 1 YEO HUI YU <i>Yeo</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 02/02/2018 00:47
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case: <i>Yes</i>

Authentication Stamp
NP168



Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M
 5 Benoi Place Singapore 629926
 Tel: 6861 0908 Fax: 6515 2948

Date: 28.02.2018

MS First Capital Insurance Ltd
 36 Robinson Road #16-01
 City House
 Singapore 068877

Attn: Motor Claims Dept

RE: ESTIMATE COST OF REPAIR TO VEHICLE SLN1421X HONDA FIT (2016)

To Supply

1) 1pc	Front bumper	\$ <i>del</i> 727.50
2) 1pc	Front bumper right side retainer	\$ <i>net</i> 40.00
3) 1pc	Front bumper clip	\$ <i>net</i> 30.00
4) 1pc	Right front fender	\$ <i>bt</i> 462.00
5) 1pc	Right front fender cowling	\$ <i>dl</i> 71.80
6) 1set	Right front fender cowling clip	\$ <i>net</i> 30.00
7) 1pc	Right front fender "Hybrid" emblem	\$ <i>net</i> 58.00
8) 1pc	Right head lamp	\$ <i>net</i> 980.00

Sub total Parts	\$	2,399.30
Less: 20% discount	\$	479.86
	\$	1,919.44

To Supply S.Nett Parts

1) 1pc	Right front wheel cover	\$ <i>cut</i> 175.00
---------	-------------------------	----------------------

Sub total S.Nett Parts	\$	175.00
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L/charges

1)	To tuff kote	\$ <i>20</i> 50.00
2)	To focus right head lamp	\$ <i>x</i> 30.00
3)	To remove front bumper, right front fender, fender cowling & etc. Replace the above parts. Align & adjust front bumper & right front fender & front bonnet	\$ <i>300</i> 550.00

4) To putty, respray painting front bumper & right front fender. To polish 400
 \$ 600.00

Sub total L/charges	\$ 1,230.00
Estimated Grand Total	\$ 3,324.44

Tanjin 97495749
 - WP -

28/2/18 @ 1530

3 days

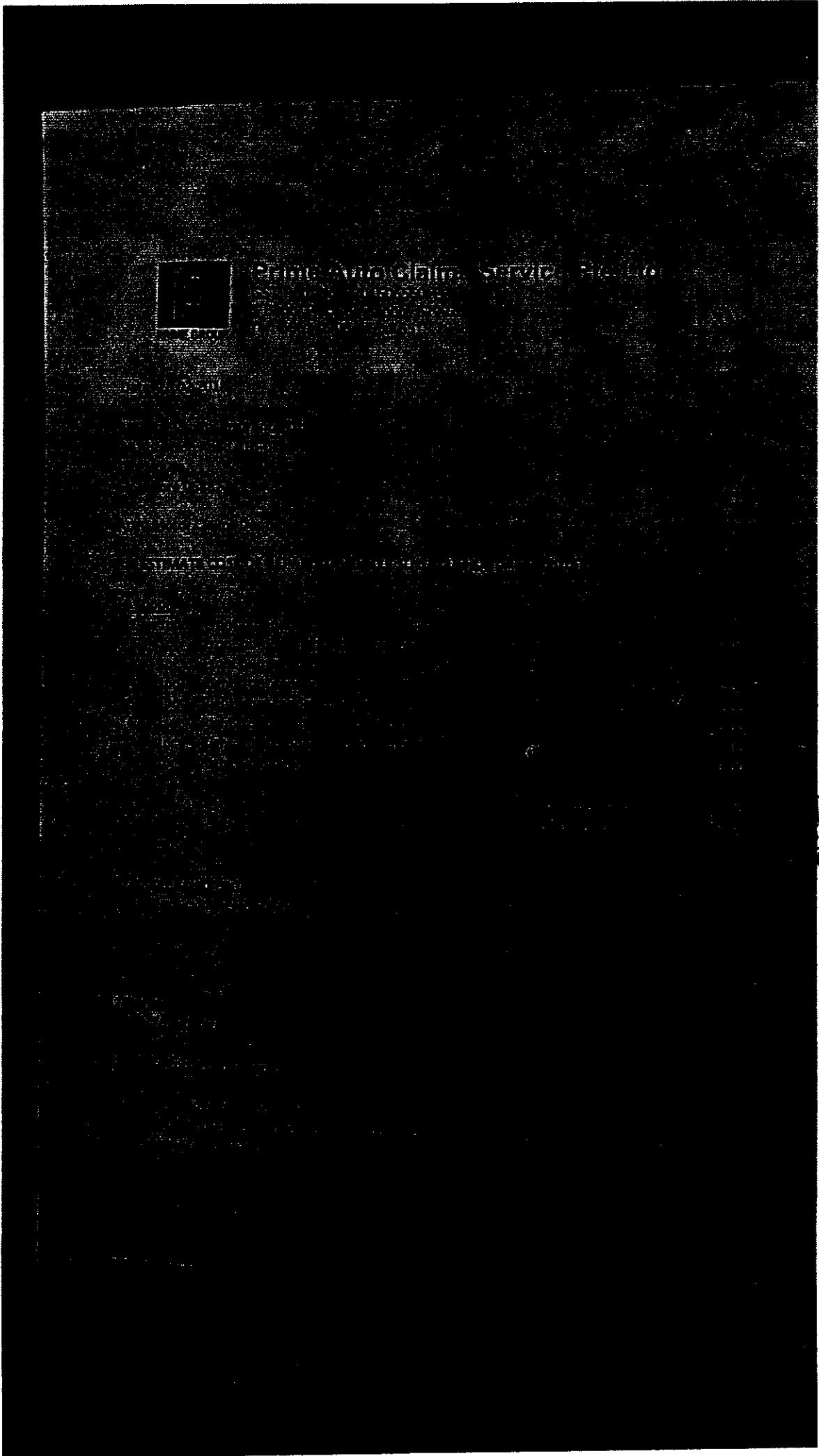
sure lkkauto.com

* Resurvey before / after paint

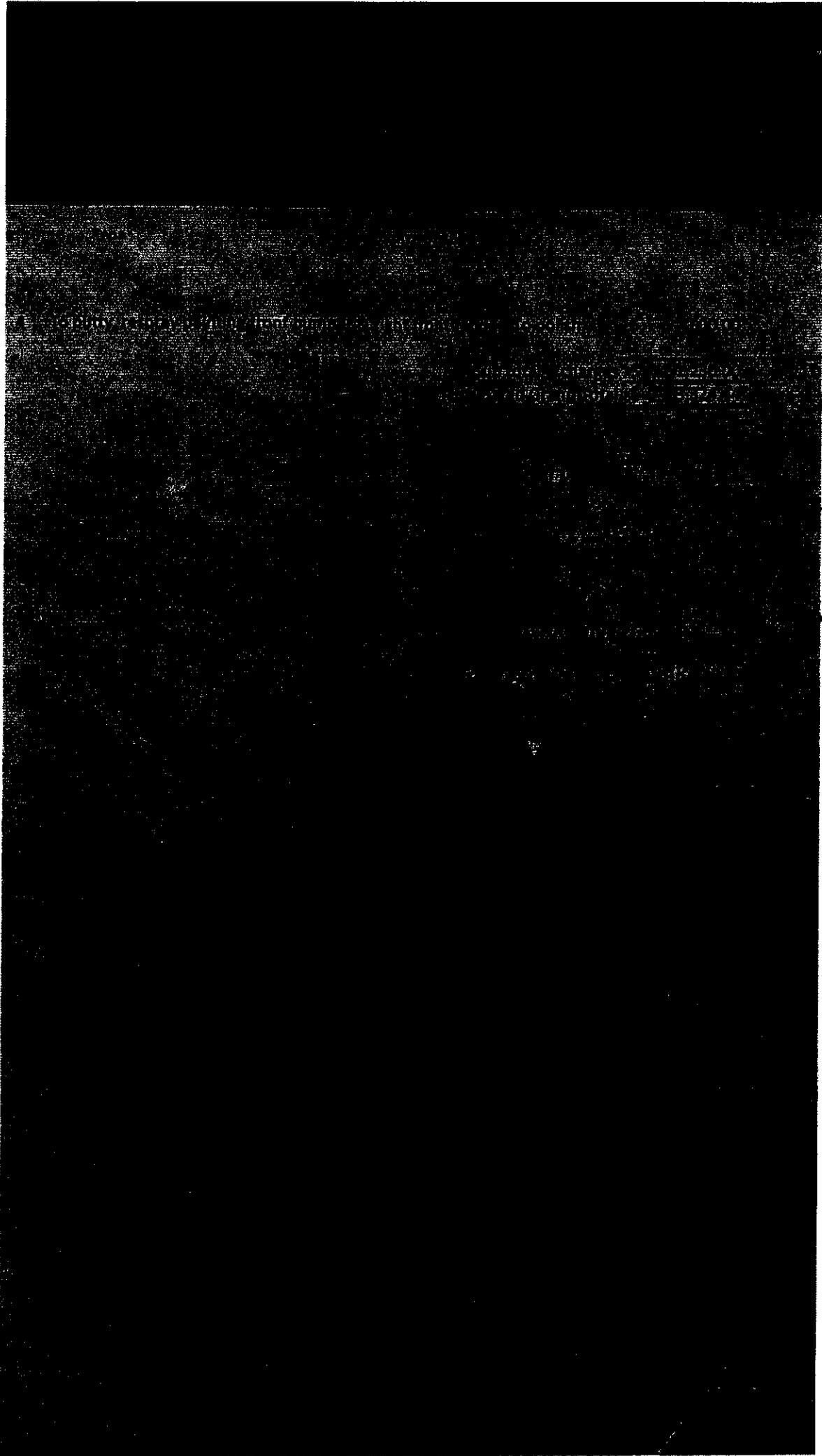
LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer
 Signature:
 Date:



.30
4.83
4.47



00

7.47

-391.89

1567.58

↓

1550/-



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/FCI18003696/T1td3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 22-03-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 4286A	Veh. Inspected	SLN 1421X
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18001037MFSH	Excess (\$)	0.00
Assign From	KAREN TAN	Assign Date	23/02/2018
2. Vehicle Particulars & Condition			
Make & Model	HONDA FIT HYBRID	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	GP53321463	Colour	RED
Odometer	61085	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/60 R15	GOODYEAR	6 mm
L/H Front Tyre	185/60 R15	GOODYEAR	6 mm
R/H Rear Tyre	185/60 R15	GOODYEAR	6 mm
L/H Rear Tyre	185/60 R15	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	01/02/2018	Inspection Date	28/02/2018
Survey held at	PRIME AUTO CLAIMS SERVICE PTE LTD 6 BENOI PLACE SINGAPORE 629927		
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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLN 1421X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	DEFORMED	727.50	727.50
1	FRONT BUMPER RIGHT SIDE RETAINER	NECESSARY	40.00	40.00
1	FRONT BUMPER CLIP	NECESSARY	30.00	30.00
1	RIGHT FRONT FENDER	BENT	462.00	462.00
1	RIGHT FRONT FENDER COWLING	DEFORMED	71.80	71.80
1	SET RIGHT FRONT FENDER COWLING CLIP	NECESSARY	30.00	30.00
1	RIGHT FRONT FENDER "HYBRID" EMBLEM	NECESSARY	58.00	58.00
1	RIGHT HEAD LAMP	NOT NECESSARY	980.00	-
	LESS 20% DISCOUNT		-479.86	-283.86
			1,919.44	1,135.44
	SPECIAL NETT ITEMS			
1	RIGHT FRONT WHEEL COVER (SN)	CUT	175.00	175.00
			175.00	175.00
	LABOUR			
	TO TUFF KOTE.		50.00	20.00
	TO FOCUS RIGHT HEAD LAMP.	NOT NECESSARY	30.00	-
	TO REMOVE FRONT BUMPER, RIGHT FRONT FENDER , FENDER COWLING & ETC. REPLACE THE ABOVE PARTS. ALIGN & ADJUST FRONT BUMPER & RIGHT FRONT FENDER & FRONT BONNET.		550.00	300.00
	TO PUTTY, RESPRAY PAINTING FRONT BUMPER & RIGHT FRONT FENDER. TO POLISH.		600.00	400.00
			1,230.00	720.00
	GRAND TOTAL		3,324.44	2,030.44
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,550.00

Report Ref No. CS/FCI18003696/T1td3e2

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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