

22/03/2002

ASS. REC. BY:

REF: CS/FCI 18003780/R1rd302 Special Instruction:

Surveyor:

Rasul

ASSIGNMENT (Office)

From (Person):

Serehe Ter

of

FCI

Date/Time:

27/2/18 @ 1:07pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBG 8604U

Insured:

SHA 5389X

at Workshop m/s

SG 98 Motor

Tel:

64524898

of

Blk 4001 AMK Ind. prk 1 # 01-21

Policy No:

Claim No:

D18001638 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

25/02/2018

CA / REV / REP. / REV 24 HRS

'wp'

28/02/2018

H.O.D. Endorsement:

Date/Time:

1:41pm @ 27/2/18

Person Contacted:

Rose

Vehicle IN/OUT

Date/Time	Action/Instruction () Estimate
	FBG 8604U - X
	SHA 5389X - NA/INC17007470/k4
	DoA: 16/4/17
	Sent pending est email thm email
	Confirm L/S \$1300 @ 3 days (Red: \$1928.00, 60%.)

Submittal Range 1 REF: FA

ASSIGNMENT

From: _____ Date: **28-02-2018**
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **FBG 86044**
 at Workshop m/s: **9th 98 motor**
 of: **4001 Amk Ind Park 1 #01-21**
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: **FBG 86044** Yr Regn: **2012 Dec**
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **SYM GTS 200 cc 172**
 Colour: **Black** A/C Insured / Std / NI / NA
 Sp. Reading: **913203** T/Radio Insured / Std / NI / NA
 Eng/No: _____
 C/No: **RFG LM18WXC8001913**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: ☒ Inorder / Jammed / Leaked / Burnt or
 Brake: ☒ Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / ☒ S/Rim / STD A/Rim or
 Tyre Size: F: **110/90-13**
 R: **130/70-12**

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

TOYO / YOKO or **Power (F) Michellin (A).**

Front
 R/Bal. **3** mm R/Bal. **4** mm
 L/Bal. _____ mm L/Bal. _____ mm

D.O.A. _____ D.O.I. **28/2/2018**

Survey held at: **As Above**

Des. of Damages ☒ Fr / ☒ Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

28/2/18 **Accident Report / Estimate workshop**
Will send to LK

RECEIVED 11 OCT 2018

Date/Time: File Pass to?

1) **typup**

Date/Time: File Return to?

2)

☐ : Prel. Report

☒ : Final Report

Days Of Repair: **3**

Resurvey No. of Trip: **-**

Survey Fee

Transportation

Sub + Pr + St

Photos

Other

TOTAL

Add Fee: ☐ Site Insp IS

☐ Interview IS

☐ Tech. Insp IS

☐ Weekend IS

Report Format: **TP**

Lump Sum / H.S. **1300**

130

50

28

208

MOTOR SURVEY ASSIGNMENT

Date	26-02-2018	Our Ref No. D18001638MFSH
Accident Date	25-02-2018	Claim Type. Third Party
Insured Vehicle	SHA5389X	Third Party Vehicle. FBG8604U
Survey Location	BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21	
Contact Person.	LEENA	
Contact No.	64524898/ 0	Fax No. 64524868
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED (NO EST. PROVIDED)	
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	SG 98 MOTOR PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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/235356)



PRI Documents



Close



PRI Header Details

Claim No	D18001638MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & SG 98 MC
Workshop Name	SG 98 MOTOR PTE LTD (Contact Person : LEENA)	Survey Location & Contact Details	BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 Mobile: 0 , Phone: 64524898 , Fax: 64524868 EmailId: SGMOTOR2000@YAHOO.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM PROVIDED)		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA5389X	TP Vehicle No	FBG8604U
PRI Recieved Date	26-02-2018 07:36:48 PM	Surveyor Appointed Date	27-02-2018 01:06:47 PM	Surveyor Accept Date	27-02-2018 0

Survey Report Upload

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


Remarks	<input type="text"/>	<input type="button" value="Save"/>
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**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/FCI18003780/R1rd3	
36 ROBINSON ROAD #16-01 CITY HOUSES SINGAPORE 068877		Date : 27-02-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 5389X	Veh. Inspected	FBG 8604U
Policy No.		Coverage (\$)	0.00
Claim No.	D18001638MFSH	Excess (\$)	0.00
Assign From	CWS (SERENE LER)	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			
5. General Information			
Accident Date	25/02/2018	Inspection Date	
Survey held at	SG 98 MOTOR PTE LTD BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 SINGAPORE 569622		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Janice Lee (LKKAuto)

From: Janice Lee (LKKAuto)
Sent: Thursday, March 08, 2018 5:16 PM
To: 'Claim Workflow System'
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18001638MFSH/1

Dear Sir,

Please be informed that we have inspected the vehicle FBG 8604U on 28/02/2018.

We are still pending estimate from repairer.

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: janicelee@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Tuesday, February 27, 2018 1:43 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18001638MFSH/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@msfirstcapital.com.sg>]
Sent: Tuesday, 27 February 2018 1:07 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SERENELER@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18001638MFSH/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

Motor Claims Department

MS First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

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	26/02/2018 12:00
Date Of Accident	25/02/2018 10:45
Exact Location Of Accident	BLK 709A WOODLANDS DRIVE 70 MSCP LVL 2B
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBG8604U
Insured/Policyholder	
Name Of Registered Owner	TAY TECK SHENG
NRIC No	S8112089G
Email Address	TAYTS1@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96577449
Alternative Phone No	OTHERS-96577449
Vehicle Particulars	
Manufacturer	SYM
Model	GTS 200-172CC
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/17-374571-CA
Cover Note Number	
Driver	
Name of Driver	TAY TECK SHENG
NRIC No	S8112089G
Date Of Birth	10/04/1981
Occupation	INDOOR
Date Of Driving Pass	28/10/2010
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96577449
Fax Number	
Contact Number	OTHERS-96577449
Email Address	TAYTS1@HOTMAIL.COM

Address	BLK 134 YISHUN ST 11 #03-163 SINGAPORE
Postcode	760134
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	NO
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)	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	SHA5389X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG WENG KEE
NRIC/Passport Number	S0203574Z
Contact Number	98261673
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


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.

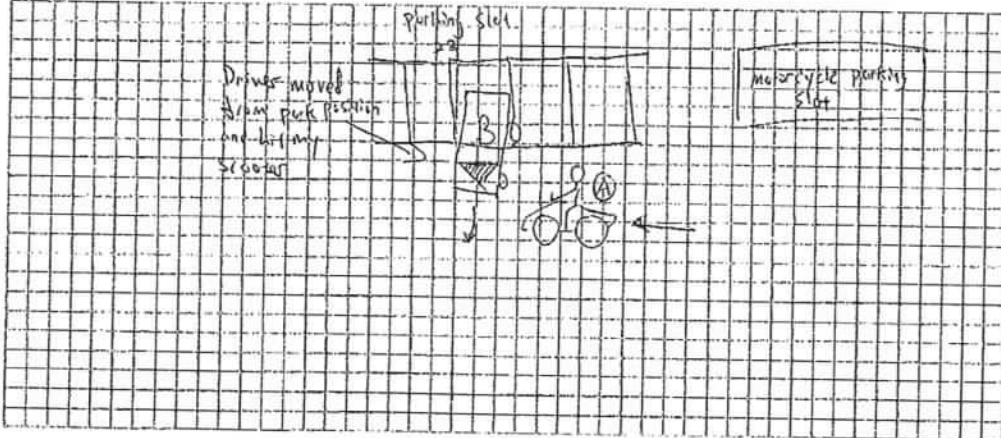

Policyholder's Signature
Date & Time: 26/02/18 / 0937hrs


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


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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25 Feb 2018, about 1045 hrs, I was riding my scooter FBH8604U at carpark W66 located at Woodland drive 70, BLK 709A. I intend to exit the carpark when a Comfortdelgro taxi with number SHH5384X parked at slot 23. My scooter drove forward from stationary position and come into contact with me. I fell to my left.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 26/2/18/0947

GIAR/AC SketchPlanForm_V3

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

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

fax on 07/08

Attn: Mr. Rasul

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

Date: 2 March 2018

To : LKK

By Fax: 6256-4315

Attn : Rasul

Tel : 90010068

VEHICLE NO : FBG 8604U

SYM GTS 200

ACCIDENT DATE: 25 February 2018

<u>Description</u>	<u>Qty</u>	<u>Quotation \$</u>
1 Front Panel	1	220.00 <i>scr</i>
2 Visor	1	150 280.00 <i>CRA</i>
3 Mirror RH	1	160.00 <i>X scr</i>
4 Handle Bar	1	170.00 <i>X scr</i>
5 Front Mudguard	1	100 280.00 <i>scr</i>
6 RH Lower Panel	1	150 270.00 <i>CRA</i>
7 Rear RH Pillion Footrest	1	100 165.00 <i>scr</i>
8 Rear RH Panel	1	195.00 <i>scr</i>
9 Step Panel Garnish	1	180 280.00 <i>scr</i>
Sub-Total		2,020.00 <i>1095</i>
Less 10%		202.00 <i>102</i>
Sub-Total		1,818.00 <i>985.50</i>

①

VEHICLE NO : FBG 8604U

SYM GTS 200

Nett items

- 1 Number plate
- 2 GTS 200 sticker
- 3 Rear box
- 4 Towing fee
- 5 Labour to remove & replace necessary parts,
align, adjust front fork tube & etc
- 6 Putty & respray paint to affected areas

~~20.00~~ 74 / 15
50.00 ~~me~~ / 30
~~350.00~~ 150 ~~scr~~ /
40.00 /
~~450.00~~ 200
150.00 X 14
~~350.00~~ 200

Sub-Total

1,410.00 635

Nett Total

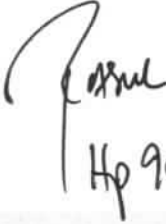
3,228.00

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

Kindly revert upon completion
Thank you


SG 38 MOTOR PTE LTD

LG


Hp 90010068
3 days
43
21/02/18

985.50
635.00

1620.50
20%
1296.40
45-1,300

(2)

8/9/2018 OK, Acceptance. p/s
 proceed.
 Tks/Note

VEHICLE NO : FBG 8604U

SYM GTS 200

Nett items

- 1 Number plate
- 2 GTS 200 sticker
- 3 Rear box
- 4 Towing fee
- 5 Labour to remove & replace necessary parts,
align, adjust front fork tube & etc
- 6 Putty & respray paint to affected areas

~~20.00~~ 74 / 75
 50.00 m / 30
 350.00 150 sin /
 40.00 /
 450.00 200
 150.00 X
 350.00 200

Sub-Total

1,410.00 635

Nett Total

3,228.00

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences. We will advise you and submit supplementary item to you accordingly.

Kindly revert upon completion
 Thank you

SG 98 MOTOR PTE LTD
 LG

Panel
 Hp 900wobx
 3 days
 43
 27/02/18

985.50
 635.00
 1620.50
 20%
 1296.40

45-1,300
 ==

645.00
 985.50
 1630.5
 20%
 1304.40
 ==

2




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/FCI18003780/R1rd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 16-10-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 5389X	Veh. Inspected	FBG 8604U	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18001638MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	27/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	SYM GTS200	c.c	172	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	RFGLM18WXCS001913	Colour	BLACK	
Odometer	913203	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	110/90-13	POWER SAVER	3 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	130/70-12	MICHELIN	4 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	25/02/2018	Inspection Date	28/02/2018	
Survey held at	SG 98 MOTOR PTE LTD BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 SINGAPORE 569622			
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. FBG 8604U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT PANEL	SCRATCHED	220.00	220.00
1	VISOR	CRACKED	280.00	150.00
1	MIRROR RH	SERVICEABLE	160.00	-
1	HANDLE BAR	SERVICEABLE	170.00	-
1	FRONT MUDGUARD	SCRATCHED	280.00	100.00
1	RH LOWER PANEL	CRACKED	270.00	150.00
1	REAR RH PILLION FOOTREST	SCRATCHED	165.00	100.00
1	REAR RH PANEL	SCRATCHED	195.00	195.00
1	STEP PANEL GARNISH	DEFORMED	280.00	180.00
	LESS 10% DISCOUNT		-202.00	-109.50
			1,818.00	985.50
	<u>SPECIAL NETT ITEMS</u>			
1	NUMBER PLATE (SN)	BENT	20.00	15.00
1	GTS 200 STICKER (SN)	NECESSARY	50.00	30.00
1	REAR BOX (SN)	SCRATCHED	350.00	150.00
			420.00	195.00
	<u>LABOUR</u>			
	TOWING FEE.		40.00	40.00
	LABOUR TO REMOVE & REPLACE NECESSARY PARTS.		450.00	200.00
	ALIGN,ADJUST FRONT FORK TUBE & ETC.	NOT NECESSARY	150.00	-
	PUTTY & RESPRAY PAINT TO AFFECTED AREAS.		350.00	200.00
			990.00	440.00
	GRAND TOTAL		3,228.00	1,620.50
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,300.00

Report Ref No. CS/FCI18003780/R1rd3e2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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