

22/03/2018

SS. REC. BY:

REF:

CS/7(18003900/K196

n2

Special Instruction:

Surveyor: Kevin

ASSIGNMENT (Office)

From (Person): MS Joanne Yong of FCL Date/Time: 28/2/2018 958am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHC 6056 P Insured: SHA 4537 Sat Workshop m/s Premier Tel: 684 6544 6671of 23 Changi South Ave 2 #01-02Policy No: P-180 88936 MESH Claim No: D18001670M7SH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 2602 2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'DS'

Date/Time: 28/2/2018 12pm Person Contacted: Gony Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate	
	SHC 6056 P - CC4 / ALH 12010639 / M1st12g2	DCA: 230512
	SHA 4537 S - CC3 / ALH 11019887 / H1sg262	DCA: 260911
01/3/18 @	1.31pm revised to Joanne Yong by email.	

(08/11/13)

Surname: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 6056P Yr Regn: 10 July 2014Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: KIA optima C.C. 1600Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 451573 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1KNA6M414ME5464002Gen. Cond: Good / ~~Fair~~ / Poor / BurntSteering: Inorder / ~~Jammed~~ / Leaked / Burnt orBrake: Inorder / ~~Jammed~~ / Leaked / Burnt orModi: Nil / S/Rim / ~~STD~~ A/Rim orTyre Size: F: 205/65R16

R: _____

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

TOYO / YOKO or Achilles

Front Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 26/2/18 D.O.I. 28/2/18Survey held at Premier

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

N/S R.L.

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

Date / Time	Action / Instruction
<u>6/3/18</u>	<u>Carrot 4581400 / 3 days (changed to 1828.40, 57%)</u> <u>FCZ</u> <u>4/5</u>

RECEIVED 07 MAR 2018

Date/Time, File Pass to?

1) 08/13/18 TP

Date/Time, File Return to?

2) _____

Report Format:

Lump Sum / I.E.S. (\$) TP
1400Days Of Repair: 3

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

130

50

50

27

257



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/FCI18003900/K1qb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 28-02-2018



Code : FC12

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 4537S	Veh. Inspected	SHC 6056P
Policy No.		Coverage (\$)	0.00
Claim No.	D18001670MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	Assign Date	28/02/2018

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	26/02/2018	Inspection Date	28/02/2018
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		

5a. Remarks

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



Auto
Consultants
Pte Ltd

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

Your Ref: D18001670MFSH

Date: 02 March 2018

Our Ref: CS/FCI18003900/K1qb

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

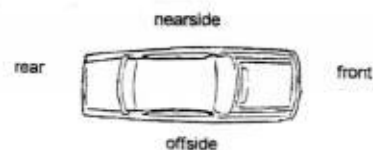
INITIAL INSPECTION REPORT OF VEHICLE NO. SHC 6056P

Please be informed that we had conducted the inspection of the abovementioned vehicle on 28/02/2018 at the premises of M/s PREMIER AUTOMOTIVE, and have the following to report:-

Workshop Estimate Amount	: S\$ 2,938.60
Revised Estimate Amount	: S\$ 1,476.70
"Check" Items Amount	: S\$ -
Market Value	: S\$ -
LTA Reimbursement Value	: S\$ -
Nett Value	: S\$ -

Description of Damage:

The vehicle sustained damages
at the n/s body.



Yours faithfully

Kalvin Ang
Automotive Assessor

Survey Department Check List (Case Handler)

Reference No.: C9/KC1180039a/K96
Policy Type: OD / TP / TP RES / TL / EVA

SHC 6056P

Case Handler

Typist

Admin (Qth): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

	Y-Date	N-Date	Y-Date	N-Date
C Reference No.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Customer Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Assign From	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Assign Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Veh No (Inspected)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Veh No (Insured)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C D.O.A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Policy No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Claim No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Insurance Authorisation (CA /REV/REP)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Report Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Weekend Charges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Survey held at/Repairer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Excess	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Surveyor (Calvin): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

	Y-Date	N-Date	Y-Date	N-Date
C Vehicle No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Regn Month/Year	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Vehicle Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Make & Model	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Engine Capacity. (C.C)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Colour	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Odometer. (Sp.Reading)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Chassis No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N General Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Steering	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Brake	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Modification (Modi)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Tyre Size	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Tyre Make	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Tyre Balance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Date of Inspection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Survey held	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Des.of Damages	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

(2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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(3) Workshop Estimate/Assignment Form

N ALL Parts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C Market Value for OD cases	<input type="checkbox"/>	<input type="checkbox"/>
C Estimate Repair Cost for PRI (RSI, TMI, MSIG)	<input type="checkbox"/>	<input type="checkbox"/>
C Days of repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C Finalised Amount	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C Re-inspection Cases to Finalize within 5 Days	<input type="checkbox"/>	<input type="checkbox"/>

(4) System - (Views/Merimen)

C Resurvey photo Uploaded	<input type="checkbox"/>	<input type="checkbox"/>
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Check By: Calvin

Case Handler

Date

06/2/18

*C: Critical *N: Non-Critical

21/05/2014

MOTOR SURVEY ASSIGNMENT

Date	27-02-2018	Our Ref No. D18001670MFSH
Accident Date	26-02-2018	Claim Type. Third Party
Insured Vehicle	SHA4537S	Third Party Vehicle. SHC6056P
Survey Location	23 CHANGI SOUTH AVENUE 2 #01-02	
Contact Person.	GARY SHI	
Contact No.	62148880/ 65446671	Fax No. 62141511
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	PREMIER AUTOMOTIVE SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/235396)



PRI Documents



Close



PRI Header Details

Claim No	D18001670MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & PRI SERVICE
Workshop Name	PREMIER AUTOMOTIVE SERVICES PTE LTD (Contact Person : GARY SHI)	Survey Location & Contact Details	23 CHANGI SOUTH AVENUE 2 #01-02 Mobile: 65446671 , Phone: 62148880 , Fax: EmailId: GARY.SHI@PREMIERTAXI.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY Q		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA4537S	TP Vehicle No	SHC60
PRI Recieved Date	27-02-2018 04:03:59 PM	Surveyor Appointed Date	28-02-2018 09:57:48 AM	Surveyor Accept Date	28-02-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	28-02-2018	Upload Survey Report *:	<input type="text"/>
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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"/>
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

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Friday, 2 March 2018 1:31 PM
To: 'Claim Workflow System'; assignments
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18001670MFSH/1
Attachments: CSFC18003900K1qb.pdf

Dear Joanne,

Enclosed herewith preliminary advice of SHC 6056P.

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: Wednesday, 28 February 2018 12:04 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18001670MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | 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: Wednesday, 28 February, 2018 9:58 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; JOANNEYONG@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18001670MFSH/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

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	10 Jul 2014 / 09:02:31	Receipt No.:	AACCK001-AX239-140710-000008
Asset Type:	Vehicle	Transaction Amount:	\$65,919.00
Asset ID:	SHC6056P	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140710090231494948		

Vehicle No.: SHC6056P
 Vehicle Type: H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1: Air-Con (Taxi)

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Scheme: Taxi (Company)

First Registration Date: 10 Jul 2014

Original Registration Date: 10 Jul 2014

Vehicle Make: KIA

Vehicle Model: OPTIMA 1.7(A) DIESEL

Chassis No.: KNAGM414ME5464002

Engine No.: D4FDDH308967

Motor No.: -

Trailer Chassis No.: -

Propellant: Diesel

Passenger Capacity: 4

Engine Capacity: 1685

Power Rating: -

Unladen Weight: 1584

Maximum Laden Weight: 2050

Primary Color: Silver

Secondary Color: -

Manufacturing Year: 2013

Open Market Value: \$20,007.00

Minimum PARF Benefit: \$7,506.00

PARF Eligibility: Y

No. of Transfer: 0

Effective Ownership Date/Time: 10 Jul 2014 09:02:31

COE No.: 2014071001001205R

COE Expiry Date: 09 Jul 2022

COE Bid Category: -

Actual QP/PQP Paid Amount: \$53,269.00

Lifespan Expiry Date: 09 Jul 2022

Owner ID Type: Company

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

26-Feb-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6056 P

1 pc	Front n/s door <i>X repair</i>	\$ 791.00
1 pc	N/s wing mirror assy <i>Broken</i>	\$ 590.00
1 pc	Front n/s door outer moulding <i>14</i>	\$ 73.00
	<i>Front n/s door glass - head</i>	\$ 1,454.00
	<i>\$ 322</i>	
	Less 10%	\$ 145.40
		\$ 1,308.60

S/NETT

1 set	n/s door sticker	\$ 100.00 <i>100 / nec</i>
1 pc	Front n/s fender sticker	\$ 30.00 <i>X 11</i>
	Sundry	\$ 50.00 <i>20 nec</i>
	To check wheel alignment	\$ 80.00 <i>X</i>
	To dismantle / refit the front o/s door inner component into new shell door	\$ 150.00 <i>50</i>
	To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the front n/s fender, etc	\$ 550.00 <i>300</i>
	To putty and spray painting on front n/s door, front n/s fender & n/s wing mirror cover	\$ 550.00 <i>410</i>
	To apply rustproofing on the repaired and replaced panels.	\$ 120.00 <i>X 11</i>
		\$ 2,938.60

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)
THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE
ANY UNFORESEEN DAMAGES.

3228.40

Kalvin LICKY
28/2/18, 1310 hrs
3 Pags.
4/5
After Repair photo

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:



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/FCI18003900/K1qbn2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 08-03-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 4537S	Veh. Inspected	SHC 6056P
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18001670MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	28/02/2018

2. Vehicle Particulars & Condition

Make & Model	KIA OPTIMA	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KNAGM414ME5464002	Colour	SILVER
Odometer	451573	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/65 R16	ACHILLES	7 mm
L/H Front Tyre	205/65 R16	ACHILLES	7 mm
R/H Rear Tyre	205/65 R16	ACHILLES	7 mm
L/H Rear Tyre	205/65 R16	ACHILLES	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	26/02/2018	Inspection Date	28/02/2018
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		

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
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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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 6056P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT N/S DOOR	TO REPAIR SEE LABOUR	791.00	-
1	N/S WING MIRROR ASSY	BROKEN	590.00	590.00
1	FRONT N/S DOOR OUTER MOULDING	CUT	73.00	73.00
1	FRONT N/S DOOR GLASS	GRAZED	322.00	322.00
	LESS 10% DISCOUNT		-177.60	-98.50
			1,598.40	886.50
SPECIAL NETT ITEMS				
1	SET N/S DOOR STICKER (SN)	NECESSARY	100.00	100.00
1	FRONT N/S FENDER STICKER (SN)	NOT NECESSARY	30.00	-
1	SUNDRY (SN)	NECESSARY	50.00	20.00
			180.00	120.00
LABOUR				
	TO CHECK WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	TO DISMANTLE/REFIT THE FRONT O/S DOOR INNER COMPONENT INTO NEW SHELL DOOR.		150.00	50.00
	TO LABOUR CHARGE FOR DIAMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS.INCLUDING KNOCK-OUT,STRAIGHTEN,REPAIR,RESHAPE AND ADJUST OF THE FRONT N/S FENDER,ETC.INCLUSIVE OF THE REPAIR OF FRONT N/S DOOR.		550.00	300.00
	TO PUTTY AND SPRAY PAINTING ON FRONT N/S DOOR,FRONT N/S FENDER & N/S WING MIRROR COVER.		550.00	410.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.	NOT NECESSARY	120.00	-
	-		-	-
	-		-	-
	-		-	-
			1,450.00	760.00
GRAND TOTAL			3,228.40	1,766.50
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,400.00

Report Ref No. CS/FCI18003900/K1qbn2



Report Ref No. CS/FCI18003900/K1qbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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