

23/03/2002

ASS. REC BY:

REF: CS/FCT1800425 / 870300 Special Instruction

Supervisor:

*[Signature]*

ASSIGNMENT (Office)

From (Person):

*[Signature]*

of

*[Signature]*

Date/Time:

5/3/18 @ 6:09pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLM791P

Insured:

SHB3192D

at Workshop m/s

Auto Insure

Tel:

88332626

of

6 Marshaling Lane

Policy No:

Claim No:

D18001826MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

01/03/2018

CA / REV / REP. / REV 24 HRS

*[Signature]*

H.O.D. Endorsement:

Date/Time:

9:34am @ 6/3/18

Person Contacted:

Sam

Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	SLM791P - X
12/3/18	SHB3192D - NS / INC16019788 / High 3m2 4:08pm email preli & advised.
	Final amount \$1958.50 cred: 8322.04; 80%

ASS. REC. BY:

REF: CS/FCI18004251/8td321 Special Instruction:

Surveyor: SebastianFrom (Person): aws

ASSIGNMENT (Office)

of feDate/Time: 5/3/18 @ 6:09pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLM791PInsured: SHB3192D

at Workshop m/s

Auto InsureTel: 88332626

of

6 Mahsiling Lane

Policy No:

Claim No: D18001826MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 01/03/2018

CA / REV / REP. / REV 24 HRS

1up?

H.O.D. Endorsement:

Date/Time: 9:30am @ 6/3/18Person Contacted: SamVehicle IN OUT

Date/Time

Action/Instruction ( → ) EstimateSLM791P - XSHB3192D - NS/INC16019788/H/gh3m2D.O.A: 17/10/1612/8/184:30pm email preli is advised.Final amount \$1950.50 (Red: 3322.04; 80%)

REF:

Signature

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect 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:

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:

SLM 771P.

Yr Regn:

21/3/17

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

Truck / Trailer or

Make:

Mitsubishi Attrage

c.c 1193

Colour

Red

A/C: Insured / Std / NI / NA

Sp.Reading

56/60

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MM BSTA 13AHH 005843

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 185/55R15

R:

1

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

TOYO / YOKO or

Bridgestone

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

1/3/18

D.O.I.

6/3/18

Survey held at

Auto Insure

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

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

Date / Time | Action / Instruction

Sebastian.

Pls check parts prices

RECEIVED 10 JUL 2018

Date/Time, File Pass to?



Preli. Report

1) 10/7 Typist



Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$

TP

1985.50

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Phone

Others

TOTAL

170
50
37
257

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	05-03-2018	<b>Our Ref No.</b> D18001826MFSH
<b>Accident Date</b>	01-03-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHB3192D	<b>Third Party Vehicle.</b> SLM791P
<b>Survey Location</b>	6 MARSILING LANE	
<b>Contact Person.</b>	SAM GOH	
<b>Contact No.</b>	315712626/ 88332626	<b>Fax No.</b> 63680081
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	AUTO INSURE PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	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/235595)



PRI Documents



Close



## PRI Header Details

Claim No	D18001826MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & AUTO INS
Workshop Name	AUTO INSURE PTE LTD (Contact Person : SAM GOH)	Survey Location & Contact Details	6 MARSILING LANE Mobile: 88332626 , Phone: 315712626 , Fax: 6368001 EmailId: CLAIMS01@WEB-DESIGNERS.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHB3192D	TP Vehicle No	SLM791P
PRI Recieved Date	05-03-2018 06:29:33 PM	Surveyor Appointed Date	05-03-2018 06:07:54 PM	Surveyor Accept Date	06-03-2018 1

## Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	06-03-2018	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

## 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/FCI18004251/Std3

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 06-03-2018



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 3192D	Veh. Inspected	SLM 791P
Policy No.		Coverage (\$)	0.00
Claim No.	D18001826MFSH	Excess (\$)	0.00
Assign From	CWS (SITHARA)	Assign Date	06/03/2018

## 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	01/03/2018	Inspection Date	06/03/2018
Survey held at	AUTO INSURE PTE LTD 6 MARSILING LANE S739145		

## 5a. Remarks

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

**Denise Tay (LKKAuto)**

---

**From:** claims01@web-designers.com on behalf of AutoInsure (Claims) <claims01@autoinsure.com.sg>  
**Sent:** Tuesday, 10 July 2018 11:47 AM  
**To:** Sathya Sai (LKK Auto)  
**Cc:** SUR  
**Subject:** Re: REQUEST FINAL AMOUNT SLM791P

**WITHOUT PREJUDICE**

Hi Sai,

We refer to the above matter and email below.

We confirm final amount at \$1958.50

Thanks.

***\*Kindly note that our mailing address is as follows:***

***6 Marsiling Lane S739145***

***tel: (65) 3157 2626***

***Please mail all future correspondence to stated address.\****

Regards

Sam Goh

did: (65) 3157 2624 / 3157 2628

mobile: (65) 9743 6363

e: [claims01@autoinsure.com.sg](mailto:claims01@autoinsure.com.sg)

Auto Insure Pte. Ltd.

201437380M

6 Marsiling Lane S739145

t: (65) 3157 2626

f: (65) 6368 0081

w: [www.autoinsure.com.sg](http://www.autoinsure.com.sg)

g.e: [claims@autoinsure.com.sg](mailto:claims@autoinsure.com.sg)

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On Thu, Jul 5, 2018 at 9:50 AM, Sathya Sai (LKK Auto) <[SathyaSai@lkkauto.com](mailto:SathyaSai@lkkauto.com)> wrote:

Good Day,



Auto  
Consultants  
Pte Ltd

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

Your Ref: D18001826MFSH

Date: 12/3/2018

Our Ref: CS/FCI18004251/Std3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

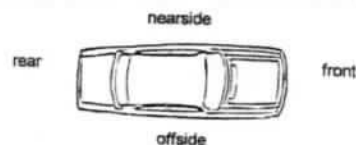
**INITIAL INSPECTION REPORT OF VEHICLE NO. SLM 791P.**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 6/3/2018 at the premises of M/s Auto Insure. and have the following to report: -

Workshop Estimate Amount	: S\$ <u>10,280.54</u> .
Revised Estimate Amount	: S\$ <u>2,463.85</u> .
"Check" Items Amount	: S\$ <u>2,383.21</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>          </u> .
Nett Value	: S\$ <u>          </u> .

**Description of Damage:**

The vehicle sustained damages at the rear.



**Comments/ Present Status:**

Damages Consistent.

Yours faithfully

Sebastians

Automotive Assessor



**Denise Tay (LKKAuto)**

---

**From:** claims01@web-designers.com on behalf of AutoInsure (Claims) <claims01@autoinsure.com.sg>  
**Sent:** Thursday, 28 June 2018 5:46 PM  
**To:** Sathya Sai (LKK Auto)  
**Cc:** Sebastian Yeang (LKK Auto); SUR  
**Subject:** Re: REQUEST FINAL AMOUNT SLM791P

**WITHOUT PREJUDICE**

Hi Sathya,

We refer to the above matter and email below.

We confirm final amount at \$2589.85

Thanks.

***\*Kindly note that our mailing address is as follows:  
6 Marsiling Lane S739145  
tel: (65) 3157 2626  
Please mail all future correspondence to stated address.\****

Regards

Sam Goh  
did: (65) 3157 2624 / 3157 2628  
mobile: (65) 9743 6363  
e: [claims01@autoinsure.com.sg](mailto:claims01@autoinsure.com.sg)

Auto Insure Pte. Ltd.  
201437380M  
6 Marsiling Lane S739145

t: (65) 3157 2626  
f: (65) 6368 0081  
w: [www.autoinsure.com.sg](http://www.autoinsure.com.sg)  
g.e: [claims@autoinsure.com.sg](mailto:claims@autoinsure.com.sg)

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On Thu, Jun 28, 2018 at 5:42 PM, Sathya Sai (LKK Auto) <[SathyaSai@lkkauto.com](mailto:SathyaSai@lkkauto.com)> wrote:

Good Day,

## 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	02/03/2018 14:01
Date Of Accident	01/03/2018 18:20
Exact Location Of Accident	ALONG BALESTIER RD AFT CTE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM791P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	REPORTING@AUTOINSURE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-31572626

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995093
Cover Note Number	

### Driver

Name of Driver	TAN HOON HWS
NRIC No	S7123230A
Date Of Birth	07/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	18/10/1996
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88212626
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 6 MARSILING LANE  
 Postcode  
 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 COLLISION - HEAD TO REAR  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles involved in the accident  
 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) 2  
 Passenger 1  
 NAME: : NA  
 GENDER: : MALE

#### 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 TO ATTACHMENT

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB3192D  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver FOO KONG NAM  
 NRIC/Passport Number S0213499C  
 Contact Number 96226466  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

Police Station Of Origin : SembawangSerial No. **F 02639**

Report No.

IP No.

IO In-charge :

## REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: <u>01/03/18 2 18:20 PM</u> 1200H25		Vide Report No.:	Station Diary No.:	
--	--	------------------	--------------------	--

<b>Informant's Particulars</b>				
Name of Informant: <u>TAN HOU NWA</u>		Address: <u>BLK 107B CANBERRA ST #14-593</u> Postal Code: <u>752107</u>		
ID Type/No: <u>S7123230A</u>	Date of Birth: <u>07/07/71</u>	Contact No.:- Home: Office :	Mobile: <u>81575897</u>	Driving Licence Information :- Class: <u>3</u> Date of Expiry:
Race: <u>CHINESE</u>	Age: <u>47</u>	Sex: <u>M</u>	Type of Informant: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)	
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) <u>4888 DRIVER</u>				

<b>General Information on the Accident</b>				
Type of Accident :	<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	Date of Accident: <u>01/03/18 2</u>	Type of Location:	
	For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle	Time of Accident: <u>18:20H25</u>	<input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input checked="" type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input type="checkbox"/> X-junction <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input type="checkbox"/> Others (specify)	
Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction) <u>SALESNEE ROAD AFTER CTE (DOWN) EXIT</u>				

<b>Type of Collision:</b>		Weather : <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others (specify):
(i) Between moving vehicles <input type="checkbox"/> Head on <input type="checkbox"/> Side Swipe (same direction) <input checked="" type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify)	(ii) Moving Vehicle Against : <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input type="checkbox"/> Others (specify)	

Traffic Flow: <input checked="" type="checkbox"/> One-way <input type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway	Traffic Control: <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input checked="" type="checkbox"/> Uncontrolled	Traffic Volume: <input checked="" type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No traffic	Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others (specify):	Road Speed Limit: ..... km/h	Drink Drive: Yes/No Anyone conveyed by ambulance: Yes/No
---	--	--	---	---------------------------------	--

Details Of Vehicle(s) & Driver(s) Involved									
Vehicle No.	Type/Make /Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of insurance
SLM791P	MITSUBISHI ANIMAT, 200	SLIGHT	S7123230A TAN HOU NWA	-	81575897	3 DAYS M.L.	-	-	-
SHB31928	CITY CAB	SLIGHT	S0213499C FOO KAIH NAM	-	96226466	-	-	-	-

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)							
Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic
TAN HOU NWA	S7123230A	SLM791P	81575897	WOUND	-	3	KTPH

Sketch Plan #2 Pg. 1

Police Station Of Origin :



Report No.

IP No.

IO In-charge :

CONTINUATION OF REPORT

<b>Information on Pedestrian(s) Involved</b>		
Any Pedestrian Involved: Yes / <input checked="" type="checkbox"/> No		
No. of Pedestrians Injured:	Whether Pedestrian Crossing Was Used : <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Available	Pedestrian's Degree of Injury : <input type="checkbox"/> Killed <input type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input type="checkbox"/> Not Injured
<b>Information on Eyewitness</b>		
Any eyewitness available : Yes / No	Eyewitness' Particulars Available: Yes / No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)	

**Brief Details. This report shall be signed by the informant.**

ON 02/03/18 AT ABOUT 1820HRS, I WAS DRIVING MY VEHICLE SLM791P FROM BALESTIER ROAD TOWARDS MCRAE ROAD. MY VEHICLE WAS STATIONARY ON THE CENTRE LEFT LANE AS IT WAS JAMMED. SUBSEQUENTLY, I FELT A BUMP ON MY REAR OF MY VEHICLE. I MADE A CHECKED AND DISCOVERED THAT A BLACK CITY CTS TAXI HAD HIT INTO MY REAR OF MY VEHICLE. WE EXCHANGED PARTICULAR, LATER, I WENT TO KPMH AND WAS GIVEN 3 DAYS MC.

<b>Instructions</b> 1. Number each vehicle and show direction of travel by arrow.  2. Number each pedestrian and show direction by arrow.  3. Use solid line to show path of vehicle before accident  4. Show distance and direction to landmarks, identify by name. 5. Include road signs and any other important physical features.	<b>Sketch Plan</b> 
---	------------------------

**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 the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Recording The Report: SS 1520	Signature Of Informant: 
Name/Signature Of Interpreter:	Date: 01 MAR 2018
Investigation Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Singapore Police Force

### Sketch Plan #3


#### 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:

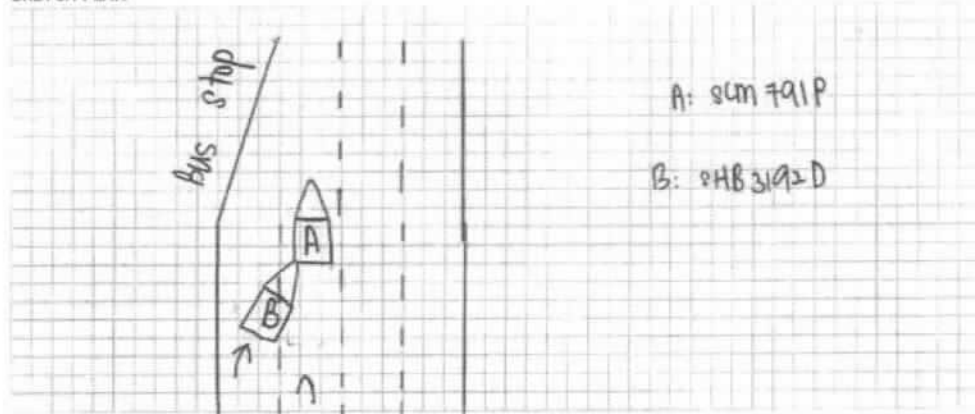
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 1302 hrs  
02 03 2018

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

### SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

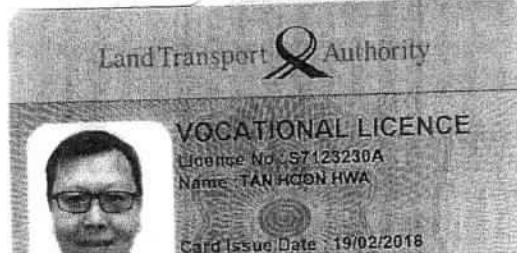
## DECLARATION

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

  
 Director's Signature  
 Date: \_\_\_\_\_



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



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	19/02/2018

REPUBLIC OF SINGAPORE LAND TRANSPORT AUTHORITY





## Auto Insure Pte. Ltd.

6 Marsiling Lane  
Singapore (739145)  
E: [claims@autoinsure.com.sg](mailto:claims@autoinsure.com.sg)  
W: [www.autoinsure.com.sg](http://www.autoinsure.com.sg)  
T: 3157 2626 F: 6368 0081  
GST No.: 201437380M

Page No.1

### AUTOMOBILE ASSESSMENT REPORT

Our Ref: SLM791P  
Your Ref: SHB3192D  
Date: 5-Mar-18

BY EMAIL ONLY  
([claims@autoinsure.com.sg](mailto:claims@autoinsure.com.sg))

#### ATTENTION: MOTOR CLAIMS DEPT

email: [motor\\_claims@first-insurance.com.sg](mailto:motor_claims@first-insurance.com.sg)

First Capital Insurance Limited  
6 Raffles Quay #21-00  
Singapore 048580

Assessed Vehicle No : SLM791P  
Car Make and Model : MITSUBISHI ATTRAGE 1.2 CVT  
Date of Accident : 1-Mar-18  
Date of Assessment : 5-Mar-18

We have carried out a physical assessment of SLM791P at our workshop Auto Insure Pte Ltd accordingly and are pleased to submit our report as follow;

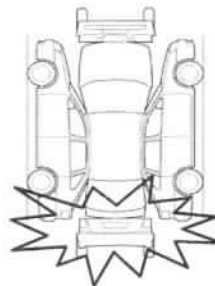
#### 4. DESCRIPTION OF DAMAGE

At the time of the inspection observed that this vehicle had sustained damages to REAR portion of the vehicle.

Please see attached schedule for details.

Remarks: NIL

Estimated Amount : P/P  
Adjusted Amount : \$ 11,000.00  
Est. Repair Days : 5



\*\* Considering that our vehicle is less then 6 months old.  
We will not agree to any repair of parts, only replacement will be done. \*\*

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.  
The assessment was conducted on a "**WITHOUT PREJUDICE**" basis.

If we are not notified of anything within 14 Days from the date hereof, this report shall be treated as correct.

#### Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss of occurrence in which the assessed vehicle is involved.  
No liability or responsibility whatsoever shall be held by  
**AUTO INSURE PTE. LTD.** For any reliance on this report by any third party.

## Denise Tay (LKKAuto)

---

**From:** claims01@web-designers.com on behalf of AutoInsure (Claims) <claims01@autoinsure.com.sg>  
**Sent:** Saturday, 23 June 2018 12:45 PM  
**To:** Sebastian Yeang (LKK Auto)  
**Subject:** REQUEST FINAL AMOUNT SLM791P

### **WITHOUT PREJUDICE**

Hi Sebastian,

We refer to the above matter.

Please be informed that we have yet to receive your finalization amount till to-date.

Kindly let us have your finalization amount soon.

Thanks.

***\*Kindly note that w.e.f 21st Mar 2017, we are relocated to:***

***6 Marsiling Lane S739145***

***tel: (65) 3157 2626***

***Please mail all future correspondence to stated address.\****

Regards

Sam Goh

did: (65) 3157 2624 / 3157 2628

mobile: (65) 9743 6363

e: [claims01@autoinsure.com.sg](mailto:claims01@autoinsure.com.sg)

Auto Insure Pte. Ltd.

201437380M

6 Marsiling Lane S739145

t: (65) 3157 2626

f: (65) 6368 0081

w: [www.autoinsure.com.sg](http://www.autoinsure.com.sg)

g.e: [claims@autoinsure.com.sg](mailto:claims@autoinsure.com.sg)

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Dur Bar SLM791P  
 5HB1192D

S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP
<b>PARTS REPLACEMENT - LIST ITEMS</b>				
1	1	REAR BUMPER ✓ CRK		\$ <del>1,328.50</del> 745 ✓ CRK
2	2	REAR BUMPER SIDE RETAINER ?		\$ 236.00 X
3	1	SPARE TIRE BOARD COVER X		\$ 389.00 X
4	1	REAR END PANEL ?		\$ 658.00 X
5	1	END PANEL TOP GARNISH ?		\$ 428.00 X
6	1	REAR FLOOR COMPARTMENT PANEL X		\$ 1,328.50 X
7	2	REAR BUMPER REFLECTOR LH cut ✓ RH X		\$ <del>280.00</del> 50 LH cut
8	1	REAR BOOT R		\$ 866.80 R
9	1	BOOT HINGE ✓		\$ 160.00 X
10	1	REAR TAIL LAMP LH ?		\$ 685.90 X
11	1	REAR TAIL LAMP PANEL LH ?		\$ 329.00 X
12	1	REAR TAIL LAMP RH X		\$ 685.90 X
13	1	REAR TAIL LAMP PANEL RH X		\$ 329.00 X
SUB TOTAL				\$ 7,700.60
LESS 10%				\$ 770.06
TOTAL AMOUNT				\$ 6,930.54

S/NO	QTY	SPECIAL NETT ITEMS	EST. BY WORKSHOP
1	1 SET	REAR BUMPER CLIPS ✓ NEC	\$ <del>60.00</del> 30 ✓ NEC
2	1	REAR REVERSE SENSOR ?	\$ 280.00 X
3	1	REAR CAR PLATE WITH HOLDER X	\$ 60.00 X
SUB TOTAL			\$ 400.00
TOTAL PARTS COST			\$ 7,330.54

795  
 - 10%  
 715.5  
 + 30.0  
 + 1240.0  
 1985.5

Part by Part : \$ 1985.50 @ 4 days  
 confirmed.  
 5/7/2018

Our Ref: SLN791P

Your Ref: SHR1192D

NO.	DESCRIPTION	EST. BY WORKSHOP
1	<b>LABOUR &amp; PAINTWORK</b>	
2	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL REPAIR & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS AND COMPONENTS	\$ <del>1,000.00</del> 500
3	TO REMOVE / REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS	\$ <del>300.00</del> 30
4	TO CONDUCT WHEEL ALIGNMENT	\$ -
5	LABOR FOR UNDERCARRIDGE	\$ -
6	REMOVE AND INSTALL REAR WINDSCREEN	\$ -
7	TO DIAGNOSE ERASE FAULT MEMORY AFTER REPAIR	\$ 150.00 X
8	TO REMOVE AND INSTALL REAR REVERSE SENSOR	\$ <del>100.00</del> 30
9	TO REMOVE / REFIX REAR BOOT MACHANISM	\$ 100.00 X
10	TO RESPRAY UNDERCOATING ON PARTS REPLACED	\$ 150.00 X
11	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	\$ <del>1,000.00</del> 600
12	TO REMOVE / REFIX UPHOLSTERY GARNISH AND ATTACHMENT PARTS	\$ <del>100.00</del> 50
13	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS	\$ <del>100.00</del> 30
TOTAL BEFORE GST		\$ 10,280.54
GST 7%		\$ 719.64
TOTAL (PARTS & LABOUR):		\$ 11,000.18

#### Adjustments / Recommendations

Our estimator has thoroughly inspected each and every item

found on this vehicle and have listed the breakdown of our finding and recommendation.

Our Workshop has agreed to undertake the job at a sum of \$11,000.00 or direct settlement with the third party insurance.

Yours Faithfully,

Jason Heng  
Claims Director

Sebastian.  
6/3/18.

- Part by part repair.
  - Question Mark Item Photo
  - Photo Before Paint
- 90036121

sebastianyeang@lkkauto.com.

4 days.

**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:

Our Ref: SLM791P

Your Ref: SHB3192D

NO.	DESCRIPTION	EST. BY WORKSHOP
1	<b>LABOUR &amp; PAINTWORK</b>	
2	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS AND COMPONENTS	\$ 1,000.00 500
3	TO REMOVE / REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS	\$ 300.00 30
4	TO CONDUCT WHEEL ALIGNMENT	\$ -
5	LABOR FOR UNDERCARRIDGE	\$ -
6	REMOVE AND INSTALL REAR WINDSCREEN	\$ -
7	TO DIAGNOSE ERASE FAULT MEMORY AFTER REPAIR	\$ 250.00 X
8	TO REMOVE AND INSTALL REAR REVERSE SENSOR	\$ 100.00 30
9	TO REMOVE / REFIX REAR BOOT MACHANISM	\$ 100.00 X
10	TO RESPRAY UNDERCOATING ON PARTS REPLACED	\$ 150.00 X
11	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	\$ 1,000.00 600
12	TO REMOVE / REFIX UPHOSTERY, GARNISH AND ATTACHMENT PARTS	\$ 100.00 50
13	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS	\$ 100.00 30
TOTAL BEFORE GST		\$ 10,280.54
GST 7%		\$ 719.64
TOTAL (PARTS & LABOUR):		\$ 11,000.18

**Adjustments / Recommendations**

Our estimator have thoroughly inspected each and every item found on the vehicle and have listed the breakdown of our finding and recommendation.

Our Workshop has agreed to undertake the job at a sum of \$11,000.00 or direct settlement with the third party insurance.

Yours Faithfully,

Jason Heng  
Claims Director

Sebastian.  
6/3/18.

- Part by part repair.
  - Question Mark Item Photo
  - Photo Before Paint
- 90036121

sebastianyeang@lkkauto.com

4 days.

**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:

Our Ref: SLM791P  
Your Ref: SHB3192D

S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP
<b>PARTS REPLACEMENT - LIST ITEMS</b>				
1	1	REAR BUMPER ✓ CRK		\$ 1,326.50 ✓ CRK 725
2	2	REAR BUMPER SIDE RETAINER ?		\$ 236.00 X
3	1	SPARE TIRE BOARD COVER X		\$ 389.00 X
4	1	REAR END PANEL ?		\$ 658.00 X } NN
5	1	END PANEL TOP GARNISH ?		\$ 428.00 X
6	1	REAR FLOOR COMPARTMENT PANEL X		\$ 1,326.50 X
7	2	REAR BUMPER REFLECTOR LH & RH ✓	RH X	\$ 140.00 LH ✓ CRK
8	1	REAR BOOT R		\$ 866.80 R
9	1	BOOT HINGE ✓		\$ 160.00 X
10	1	REAR TAIL LAMP LH ?		\$ 685.90 X
11	1	REAR TAIL LAMP PANEL LH ?		\$ 329.00 X } NN
12	1	REAR TAIL LAMP RH X		\$ 685.90 X
13	1	REAR TAIL LAMP PANEL RH X		\$ 329.00 X
SUB TOTAL				\$ 7,700.60
LESS 10%				\$ 770.06
TOTAL AMOUNT				\$ 6,930.54

S/NO	QTY	SPECIAL NETT ITEMS	EST. BY WORKSHOP
1	1 SET	REAR BUMPER CLIPS ✓ NEC	\$ 100.00 ✓ NEC
2	1	REAR REVERSE SENSOR ?	\$ 280.00 X NN
3	1	REAR CAR PLATE WITH HOLDER X	\$ 60.00 X NN
SUB TOTAL			\$ 400.00
TOTAL PARTS COST			\$ 7,330.54

$$\begin{array}{r}
 1466.5 \\
 - \quad 10\% \\
 \hline
 1319.85 \\
 + \quad 30.00 \\
 + \quad 1240.00 \\
 \hline
 2589.85
 \end{array}$$

Part by Part : \$ 2589.85 @ 4 days  
confirmed.

Our Ref: SLM791P  
Your Ref: SHB3192D

S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP
<b>PARTS REPLACEMENT - LIST ITEMS</b>				
1	1	REAR BUMPER ✓ CRK		\$ <del>1,326.50</del> 745
2	2	REAR BUMPER SIDE RETAINER ?		\$ 236.00 X
3	1	SPARE TIRE BOARD COVER X		\$ 389.00 X
4	1	REAR END PANEL ?		\$ 658.00 X
5	1	END PANEL TOP GARNISH ?		\$ 428.00 X
6	1	REAR FLOOR COMPARTMENT PANEL X	RH X	\$ 1,326.50 X
7	2	REAR BUMPER REFLECTOR LH CRK ✓		\$ <del>280.00</del> 50
8	1	REAR BOOT R		\$ 866.80 R
9	1	BOOT HINGE ✓		\$ 160.00 X
10	1	REAR TAIL LAMP LH ?		\$ 685.90 X
11	1	REAR TAIL LAMP PANEL LH ?		\$ 329.00 X
12	1	REAR TAIL LAMP RH X		\$ 685.90 X
13	1	REAR TAIL LAMP PANEL RH X		\$ 329.00 X
			SUB TOTAL	\$ 7,700.60
			LESS 10%	\$ 770.06
			TOTAL AMOUNT	\$ 6,930.54
S/NO	QTY	SPECIAL NETT ITEMS		EST. BY WORKSHOP
1	1 SET	REAR BUMPER CLIPS ✓ NEC		\$ <del>60.00</del> 30
2	1	REAR REVERSE SENSOR ?		\$ 280.00 X
3	1	REAR CAR PLATE WITH HOLDER X		\$ 60.00 X
			SUB TOTAL	\$ 400.00
			TOTAL PARTS COST	\$ 7,330.54

Our Ref: SLM791P

Your Ref: SHB3192D

NO.	DESCRIPTION	EST. BY WORKSHOP
1	<u>LABOUR &amp; PAINTWORK</u>	
2	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS AND COMPONENTS	\$ 1,000.00 500
3	TO REMOVE / REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS	\$ 100.00 30
4	TO CONDUCT WHEEL ALIGNMENT	\$ -
5	LABOR FOR UNDERCARRIDGE	\$ -
6	REMOVE AND INSTALL REAR WINDSCREEN	\$ -
7	TO DIAGNOSE ERASE FAULT MEMORY AFTER REPAIR	\$ 250.00 X
8	TO REMOVE AND INSTALL REAR REVERSE SENSOR	\$ 100.00 30
9	TO REMOVE / REFIX REAR BOOT MACHANISM	\$ 100.00 X
10	TO RESPRAY UNDERCOATING ON PARTS REPLACED	\$ 150.00 X
11	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	\$ 1,000.00 600
12	TO REMOVE / REFIX UPHOSTERY, GARNISH AND ATTACHMENT PARTS	\$ 100.00 50
13	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS	\$ 100.00 30
TOTAL BEFORE GST		\$ 10,280.54
GST 7%		\$ 719.64
TOTAL (PARTS & LABOUR):		\$ 11,000.18

Adjustments / Recommendations

Our estimator have thoroughly inspected each and every item found on the vehicle and have listed the breakdown of our finding and recommendation.

Our Workshop has agreed to undertake the job at a sum of \$11,000.00 or direct settlement with the third party insurance.

Yours Faithfully,

Jason Heng  
Claims Director

Sebastian  
6/3/18.  
- Part by part repair.  
- Question Mark Item  
Photo  
- Photo Before Paint  
90036121

sebastianyeang@lkkauto.com

4 days.

**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:

  
13/3/18






## 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/FCI18004251/Vtd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 17-07-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
	Insured Veh.	SHB 3192D	Veh. Inspected	SLM 791P
	Policy No.	D-18088937MFSH	Coverage (\$)	0.00
	Claim No.	D18001826MFSH	Excess (\$)	0.00
	Assign From	SITHARA	Assign Date	05/03/2018
<b>2. Vehicle Particulars &amp; Condition</b>				
	Make & Model	MITSUBISHI ATTRAGE	c.c	1193
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	MMBSTA13AHH003843	Colour	RED
	Odometer	56160	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	FAIR		
<b>3. Conditions of Tyres</b>				
		Size	Make	Balance
	R/H Front Tyre	185/55 R15	BRIDGESTONE	6 mm
	L/H Front Tyre	185/55 R15	BRIDGESTONE	6 mm
	R/H Rear Tyre	185/55 R15	BRIDGESTONE	6 mm
	L/H Rear Tyre	185/55 R15	BRIDGESTONE	6 mm
<b>4. Description of Damages</b>				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>				
	Accident Date	01/03/2018	Inspection Date	06/03/2018
	Survey held at	AUTO INSURE PTE LTD 6 MARSILING LANE S739145		
<b>5a. Remarks</b>				
	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.			
<b>5b. Estimate Days of Repair</b>				
	ESTIMATED NORMAL PERIOD FOR REPAIR:		4 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. SLM 791P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	CRACKED	1,326.50	745.00
2	REAR BUMPER SIDE RETAINER	NOT NECESSARY	236.00	-
1	SPARE TIRE BOARD COVER	NOT NECESSARY	389.00	-
1	REAR END PANEL	NOT NECESSARY	658.00	-
1	END PANEL TOP GARNISH	NOT NECESSARY	428.00	-
1	REAR FLOOR COMPARTMENT PANEL	NOT NECESSARY	1,326.50	-
2	REAR BUMPER REFLECTOR	N/S CUT	280.00	50.00
1	REAR BOOT	TO REPAIR SEE LABOUR	866.80	-
1	BOOT HINGE	NOT NECESSARY	160.00	-
1	REAR TAIL LAMP LH	NOT NECESSARY	685.90	-
1	REAR TAIL LAMP PANEL LH	NOT NECESSARY	329.00	-
1	REAR TAIL LAMP RH	NOT NECESSARY	685.90	-
1	REAR TAIL LAMP PANEL RH	NOT NECESSARY	329.00	-
	LESS 10% DISCOUNT		-770.06	-79.50
			6,930.54	715.50
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	60.00	30.00
1	REAR REVERSE SENSOR (SN)	NOT NECESSARY	280.00	-
1	REAR CAR PLATE WITH HOLDER (SN)	NOT NECESSARY	60.00	-
			400.00	30.00
<b><u>LABOUR</u></b>				
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF REAR BOOT.		1,000.00	500.00
	TO REMOVE / REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS.		100.00	30.00
	TO CONDUCT WHEEL ALIGNMENT. (NPA)		-	-
	LABOR FOR UNDERCARRIAGE. (NPA)		-	-
	REMOVE AND INSTALL REAR WINDSCREEN. (NPA)		-	-

Report Ref No. CS/FCI18004251/Vtd3e2



## 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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO DIAGNOSE ERASE FAULT MEMORY AFTER REPAIR.	NOT NECESSARY	250.00	-
	TO REMOVE AND INSTALL REAR REVERSE SENSOR.		100.00	30.00
	TO RMEOVE / REFIX REAR BOOT MECHANISM.	NOT NECESSARY	100.00	-
	TO RESPRAY UNDERCOATING ON PARTS REPLACED.	NOT NECESSARY	150.00	-
	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED.		1,000.00	600.00
	TO REMOVE / REFIX UPHOLSTERY, GARNISH AND ATTACHMENT PARTS.		150.00	50.00
	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS.		100.00	30.00
			2,950.00	1,240.00
GRAND TOTAL			10,280.54	1,985.50

RECOMMENDED COST OF REPAIRS				1,985.50
-----------------------------	--	--	--	----------

Report Ref No. CS/FCI18004251/Vtd3e2

SATHYA SAI KATHIRRASEN

Asst. Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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 contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.