

22/03/2002

ASS. REC. BY:

REF: CS/AWA18004515/T17d3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Tang Ben

of

AWAC

Date/Time: 8/3/2018 @ 4:38pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YN 70902

Insured:

YP1615P

at Workshop m/s

Falcon - Air Auto

Tel:

6779 5665

of

Blk 8 pandan loop

Policy No:

AVC18B0084771701

Claim No:

NSV1800155/TKL

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

05/03/2018

CA / REV / REP. / REV 24 HRS

lwp

Date/Time:

5:21pm 08/3/18

Person Contacted:

Andy

H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	YN70902-X
	YP1615P-X
	Part by Part \$1122.30.
	Red: 200, 15%.

ASSIGNMENT

From: _____ Date: 11.06.2018

Estimated Cost: _____

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

To Inspect Vehicle No: YN 7090Z

at Workshop m/s Falcon - Air

of Blk 8 Pandan Loop (Blk K)

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Andy

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs:	days	Res.: Yes or No
1. 1000	10	Yes
2. 1000	10	Yes
3. 1000	10	Yes
4. 1000	10	Yes
5. 1000	10	Yes
6. 1000	10	Yes
7. 1000	10	Yes
8. 1000	10	Yes
9. 1000	10	Yes
10. 1000	10	Yes
11. 1000	10	Yes
12. 1000	10	Yes
13. 1000	10	Yes
14. 1000	10	Yes
15. 1000	10	Yes
16. 1000	10	Yes
17. 1000	10	Yes
18. 1000	10	Yes
19. 1000	10	Yes
20. 1000	10	Yes
21. 1000	10	Yes
22. 1000	10	Yes
23. 1000	10	Yes
24. 1000	10	Yes
25. 1000	10	Yes
26. 1000	10	Yes
27. 1000	10	Yes
28. 1000	10	Yes
29. 1000	10	Yes
30. 1000	10	Yes
31. 1000	10	Yes
32. 1000	10	Yes
33. 1000	10	Yes
34. 1000	10	Yes
35. 1000	10	Yes
36. 1000	10	Yes
37. 1000	10	Yes
38. 1000	10	Yes
39. 1000	10	Yes
40. 1000	10	Yes
41. 1000	10	Yes
42. 1000	10	Yes
43. 1000	10	Yes
44. 1000	10	Yes
45. 1000	10	Yes
46. 1000	10	Yes
47. 1000	10	Yes
48. 1000	10	Yes
49. 1000	10	Yes
50. 1000	10	Yes
51. 1000	10	Yes
52. 1000	10	Yes
53. 1000	10	Yes
54. 1000	10	Yes
55. 1000	10	Yes
56. 1000	10	Yes
57. 1000	10	Yes
58. 1000	10	Yes
59. 1000	10	Yes
60. 1000	10	Yes
61. 1000	10	Yes
62. 1000	10	Yes
63. 1000	10	Yes
64. 1000	10	Yes
65. 1000	10	Yes
66. 1000	10	Yes
67. 1000	10	Yes
68. 1000	10	Yes
69. 1000	10	Yes
70. 1000	10	Yes
71. 1000	10	Yes
72. 1000	10	Yes
73. 1000	10	Yes
74. 1000	10	Yes
75. 1000	10	Yes
76. 1000	10	Yes
77. 1000	10	Yes
78. 1000	10	Yes
79. 1000	10	Yes
80. 1000	10	Yes
81. 1000	10	Yes
82. 1000	10	Yes
83. 1000	10	Yes
84. 1000	10	Yes
85. 1000	10	Yes
86. 1000	10	Yes
87. 1000	10	Yes
88. 1000	10	Yes
89. 1000	10	Yes
90. 1000	10	Yes
91. 1000	10	Yes
92. 1000	10	Yes
93. 1000	10	Yes
94. 1000	10	Yes
95. 1000	10	Yes
96. 1000	10	Yes
97. 1000	10	Yes
98. 1000	10	Yes
99. 1000	10	Yes
100. 1000	10	Yes

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

CA / REV / REP. / 24 HRS

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

Veh No: 9N 10962 Yr Regn: 2018 / DM
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: 1944 NPR 85 C.C. 2949

Colour Blue A/C: Insured / Std / NI/ NA

Sp. Reading 107566 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SMANPRSTHE 7/00817.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: N / S/Rim / STD A/Rim of

Tyre Size: F: 145/85R16
R: 145/85R16

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

Front C mm Rear 4/6 mm

L/Bal. (mm L/Bal. 6/6 mm

D.O.A. D.O.I. 4/4/80 1230

Survey held at Fallen Air Ranch

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
-------------	----------------------

Date/Time, File Pass to?

1) a7 Typist
Date/Time, File Return to?

24

Report Format :

Lump Sum / I.B.I: (\$) 1122.30

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

Interview	(\$)
1	100
2	100
3	100
4	100
5	100
6	100
7	100
8	100
9	100
10	100
11	100
12	100
13	100
14	100
15	100
16	100
17	100
18	100
19	100
20	100
21	100
22	100
23	100
24	100
25	100
26	100
27	100
28	100
29	100
30	100
31	100
32	100
33	100
34	100
35	100
36	100
37	100
38	100
39	100
40	100
41	100
42	100
43	100
44	100
45	100
46	100
47	100
48	100
49	100
50	100
51	100
52	100
53	100
54	100
55	100
56	100
57	100
58	100
59	100
60	100
61	100
62	100
63	100
64	100
65	100
66	100
67	100
68	100
69	100
70	100
71	100
72	100
73	100
74	100
75	100
76	100
77	100
78	100
79	100
80	100
81	100
82	100
83	100
84	100
85	100
86	100
87	100
88	100
89	100
90	100
91	100
92	100
93	100
94	100
95	100
96	100
97	100
98	100
99	100
100	100

□ Tech. Invs (\$)

☐ Weekend (S

Survey Fee:

Transportation:

150

RECEIVED 10 JUL 2018

Nivitha (LKK Auto)

From: Tang, Ben <Ben.Tang@awac.com> on behalf of Motorsurvey <Motorsurvey@awac.com>
Sent: Thursday, 8 March 2018 4:38 PM
To: LKK (assignments@lkkauto.com)
Cc: SUR (sur@lkkauto.com) (sur@lkkauto.com); andy@falconair.com.sg
Subject: TP Survey assignment for YN7090Z DOA: 05/03/2018 Our ref: NSV1800155/TKL

The above captioned accident refers.

Pursuant to the Practice Directions Amendment No. 1 of 2016 which was effective on 1 April 2016, we like to advise that the third party claimant and us do have consensus in the appointment of Mr Mohammad Taufikh/ Mr Mohammed Rasul as the Single Joint Expert to conduct the pre-repair survey of the third party claimant's vehicle.

Please conduct "THIRD PARTY" survey on without prejudice basis. The information as are follows:

3 rd Party Vehicle	:	YN 7090 Z
Insured Vehicle	:	YP 1615 P
Policy Number	:	AVC1SB0084771701
Name of Workshop	:	Falcon-Air Auto Services Pte Ltd
Contact Number	:	67795665
Person to Contact	:	Andy
Estimated Cost of repairs	:	\$1,322.30

Regards,
Claims Division

Copy to Falcon- Air Auto Services Pte Ltd via Email

Note -

- (x)
1. This is to keep you informed that we have appointed surveyors to conduct inspection to your client's damaged vehicle on a without prejudice basis.
 2. **Please keep our motor surveyor and us informed so as to enable the surveyor to conduct a post repair inspection once your client's vehicle has been repaired and before returning the repaired vehicle to your customer.**
 3. Please quantify your client's claim with all relevant supporting documents once your client's vehicle has been repaired.
 4. Please do not construe this appointment of surveyor and our above request as an admission of liability.

Regards
Motor Claims
Claims Group

The information contained in this e-mail and any attachments hereto is confidential. If you are not the intended recipient, you must not use or disseminate any of this information. If you have received this e-mail in error, please immediately notify the sender by reply e-mail and permanently delete the original e-mail (and any attachments hereto) and any copies or printouts thereof. Although this e-mail and any attachments hereto are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by Allied World Assurance Company Holdings, GmbH or its subsidiaries or affiliates, either jointly or severally, for any loss or damage arising in any way from its use.

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	06/03/2018 09:44
Date Of Accident	05/03/2018 13:05
Exact Location Of Accident	BLK 823 TAMPINES ST 81 OPEN CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7090Z
Insured/Policyholder	
Name Of Registered Owner	F & N CREAMERIES (S) PTE LTD
Co Reg No	UEN : 197500235M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96792429

Vehicle Particulars

Manufacturer	ISUZU
Model	LORRY
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2016-V0086713-VCF-R005
Cover Note Number	

Driver

Name of Driver	YONG VIN CHAN
NRIC No	S1726651I
Date Of Birth	11/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2004
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 264 BOON LAY DRIVE #06-633
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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 TO SKETCH PLANS

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	YP1615P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAMLAN BIN MOHAMED YUSOF
NRIC/Passport Number	S6846726H
Contact Number	94280107
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:

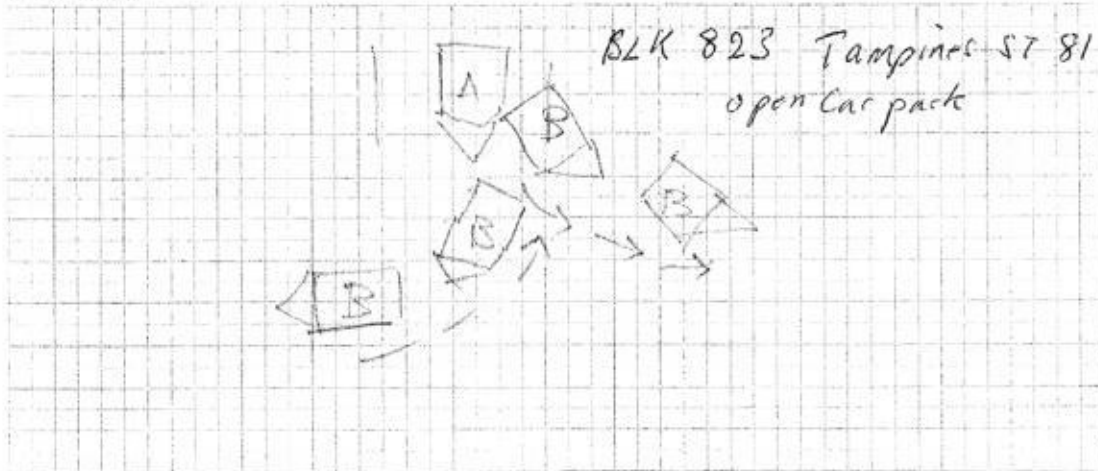
[Signature] 57266518

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS PARKED /
STATIONARY. NOBODY IN
MY VEHICLE. VEHICLE B
REVERSED & HIT THE LH
SIDE OF MY VEHICLE

DECLARATION

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

X
Policyholder's Signature
Date & Time:



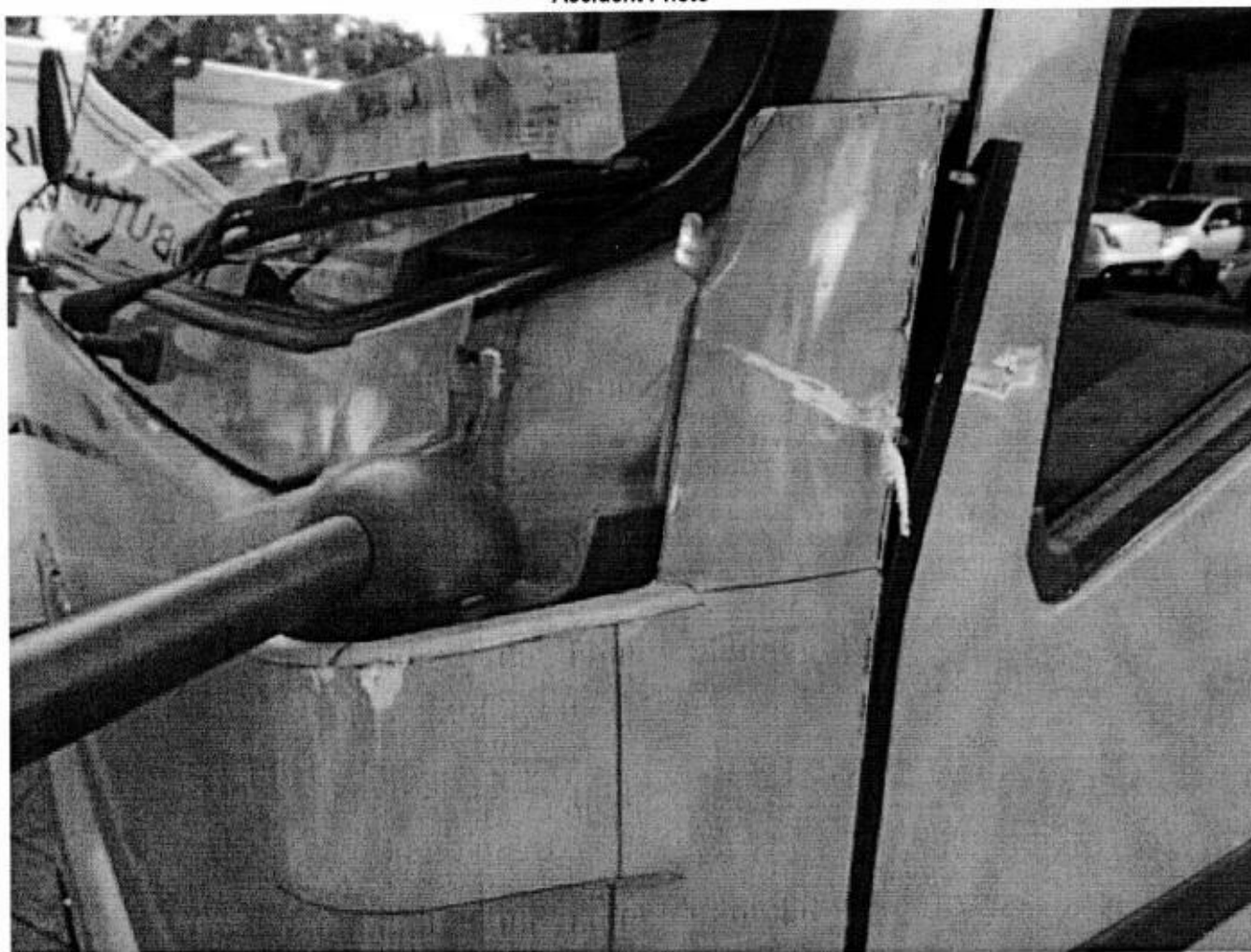
Driver's Signature
(If driver is not the policyholder)
Date & Time:

S17266512



Reporting Centre Personnel's Signature
Name: B. K. N.
NRIC/FIN No.: 020044511

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





FALCON-AIR

F&N CREAMERIES (S) PTE LTD
51 QUALITY ROAD JURONG IND. ESTATE
SINGAPORE 618813

Attention : Motor Claim Department
Contact : 62613133 Fax No. : 62655325

FALCON-AIR AUTO SERVICES PTE LTD

CO. REG. NO.: 1995-01140-D
GST REG. NO.: 19-9501140-D

Estimate : ES003130

Date : 07/03/2018
Vehicle Num. : YN7090Z
Make/Model : ISUZU NPR LORRY
Chassis/Eng# : JAANPR85HE7100817
Accident Date : 05/03/2018
Claim No. :
Reference : TP GE VS A WAC
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
		LIST ITEMS :		
1.	1	LH CORNER PANEL		196.00 <i>cut ✓</i>
2.	1	LH CORNER PANEL COVER		38.00 <i>mis ✓</i>
		List Total S\$:		234.00
		5.00% Discount S\$:		11.70
				222.30
		SPECIAL NETT ITEMS :		
1.	1	LH FRONT DOOR & CORNER LH STICKERS		450.00 <i>400. net</i>
		Special Nett Total S\$:		450.00
		LABOUR :		
		SPRAY PAINTING ON ACCIDENT DAMAGED AREAS		350.00 <i>300.</i>
		TO REPAIR LH FRONT DOOR, REMOVE/ REPLACE ABOVE PARTS		300.00 <i>200.</i>
		Labour Total S\$:		650.00

E. & O.E.

Total S\$: 1,322.30



for FALCON AIR AUTO SERVICES PTE LTD

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:

Tanpin 97443749
WP'
11/4/18 @ 1230.
Resurvey new items.
2-3 days
Surv @ lkkauto.com.

FALCON-AIR AUTO SERVICES PTE LTD

(a subsidiary of Falcon-Air Holdings Pte Ltd)

Head Office: 176 Sin Ming Drive #01-06/07/13, #05-17 Sin Ming Autocare Singapore 575721 Tel: 6452-0880/6458-0880 Fax: 6454-7862

Branches: Tampines St 93 Blk 9006 #01-200 S(528840) Tel: 6789-7997 Fax: 6788-7997 • No. 8 Pandan Loop (Blk I / Blk K) S(128226) Tel: 6779-5665 Fax: 6779-1110

Websites: www.falconair.com.sg E-mail: email@falconair.com.sg

FALCON-AIR AUTO SERVICES PTE LTD

CO. REG. NO.: 1995-01140-D
GST REG. NO.: 19-9501140-D

FALCON-AIR

F&N CREAMERIES (S) PTE LTD
51 QUALITY ROAD JURONG IND. ESTATE
SINGAPORE 618813

Attention: Motor Claim Department
Contact: 62613133 Fax No.: 62655325

Estimate: ES003130

Date: 07/03/2018
Vehicle Num.: YN7090Z
Make/Model: ISUZU NPR LORRY
Chassis/Eng#: JAANPR85HE7100817
Accident Date: 05/03/2018
Claim No.:
Reference: TP GE VS ~~GAE~~ ALLIED WORLD
Policy No.:

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

1.	1	LIST ITEMS:		
2.	1	LH CORNER PANEL		
		LH CORNER PANEL COVER		

List Total S\$:
5.00% Discount S\$:

LIST: 222.30
SN: 400.00
LABOUR: 500.00
1122.30

196.00
38.00

234.00
11.70

222.30

1.	1	SPECIAL NETT ITEMS:		
		LH FRONT DOOR & CORNER LH STICKERS		

Special Nett Total S\$:

LABOUR:
SPRAY PAINTING ON ACCIDENT DAMAGED AREAS
TO REPAIR LH FRONT DOOR, REMOVE/REPLACE ABOVE PARTS

Labour Total S\$:

3 days

450.00

450.00

350.00

300.00 200

650.00

E. & O.E.

Total S\$: 1,322.30

for FALCON AIR AUTO SERVICES PTE LTD

Tanjin 97443749
WP
11/4/18 @ 1230.
Resumy new items.
2-3 days
sur@lupinto.com

FALCON-AIR AUTO SERVICES PTE LTD

(a subsidiary of Falcon-Air Holdings Pte Ltd)

Head Office: 176 Sin Ming Drive #01-06/07/13, #05-17 Sin Ming Autocare Singapore 575721 Tel: 6452-0880/6458-0880 Fax: 6454-7862
es: Tampines St. 93 Blk 9006 #01-200 S(528840) Tel: 6789-7997 Fax: 6788-7997 • No. 8 Pandan Loop (Blk 1-7 Blk K) S(128226) Tel: 6779-5665 Fax: 6779-1110

Websites: www.falconair.com.sg E-mail: email@falconair.com.sg



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

ALLIED WORLD ASSURANCE COMPANY LTD

Ref : CS/AWA18004515/T1td3n2

(SINGAPORE BRANCH)
60 ANSON ROAD #08-01 (8th FLOOR)
MAPLE TREE ANSON
SINGAPORE 079914

Date : 13-07-2018



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YP 1615P	Veh. Inspected	YN 7090Z
Policy No.	AVC1SB0084771701	Coverage (\$)	0.00
Claim No.	NSV1800155/TKL	Excess (\$)	0.00
Assign From	TANG BEN	Assign Date	08/03/2018

2. Vehicle Particulars & Condition

Make & Model	ISUZU NPR85	c.c	2999
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	JAANPR85HE7100817	Colour	BLUE
Odometer	107566	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/85 R16	YOKOHAMA	6 mm
L/H Front Tyre	195/85 R16	YOKOHAMA	6 mm
R/H Rear Tyre	195/85 R16 (D)	YOKOHAMA	6/6 mm
L/H Rear Tyre	195/85 R16 (D)	YOKOHAMA	6/6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	05/03/2018	Inspection Date	11/04/2018
Survey held at	FALCON-AIR AUTO SERVICES PTE LTD BLK 8 PANDAN LOOP SINGAPORE 128226		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) 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. YN 7090Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	LH CORNER PANEL	CUT	196.00	196.00
1	LH CORNER PANEL COVER	MISSING	38.00	38.00
	LESS 5% DISCOUNT		-11.70	-11.70
			222.30	222.30
	<u>SPECIAL NETT ITEMS</u>			
1	LH FRONT DOOR & CORNER LH STICKERS (SN)	NECESSARY	450.00	400.00
			450.00	400.00
	<u>LABOUR</u>			
	SPRAY PAINTING ON ACCIDENT DAMAGED AREAS.		350.00	300.00
	TO REPAIR LH FRONT DOOR,REMOVE/REPLACE ABOVE PARTS.		300.00	200.00
			650.00	500.00
	GRAND TOTAL		1,322.30	1,122.30
RECOMMENDED COST OF REPAIRS				1,122.30

Report Ref No. CS/AWA18004515/T1td3n2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report. No liability of responsibility whatsoever, in 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.