

ASS. REC. BY:

REF: CS/FCL18005968/R116

Special Instructions:

Surveyor:

Rasul

ASSIGNMENT (Office)

From (Person):

CWS

Lurene Jaw

of

FCL

Date/Time:

29/03/2018

7:05pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 1290G

Insured:

SHC 7140Y

at Workshop in/s

Komoco motors

Tel:

65446689

of

253 Alexandra Rd

Policy No:

Claim No:

D18002541MTSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 27/03/2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

02/04/2018

9:53am

Person Contacted:

Vincent

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHD 1290G - X

SHC 7140Y - 703 / 17610003253 / 176211h

DPA: 12012010

PIP 3441.46 - i (\$1606.23 i 31%)

Lump Sum / I.B.I: (\$ 16 3441.46)



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/FCI18005968/R1tb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 02-04-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 7140Y	Veh. Inspected	SHD 1290G
Policy No.		Coverage (\$)	0.00
Claim No.	D18002541MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	29/03/2018

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	27/03/2018	Inspection Date	02/04/2018
Survey held at	KOMOCO MOTORS PTE LTD 253 ALEXANDRA ROAD #01-01 SINGAPORE 159936.		

5a. Remarks

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

MOTOR SURVEY ASSIGNMENT

Date	29-03-2018	Our Ref No. D18002541MFSH
Accident Date	27-03-2018	Claim Type. Third Party
Insured Vehicle	SHC7140Y	Third Party Vehicle. SHD1290G
Survey Location	253 ALEXANDRA ROAD #01-01	
Contact Person.	VINCENT CHUA	
Contact No.	62148880/ 65446689	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	

02/04/2018 @ 9:50am
vincent vch in
FNU

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	KOMOCO MOTORS PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

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.

Denise Tay (LKKAUTO)

From: Denise Tay (LKKAUTO)
Sent: Thursday, 28 June 2018 8:56 AM
To: 'Goh Wee Dek'
Cc: Gary Shi
Subject: RE: SHD 1290G / TP / DOA: 27/03/2018

Dear Wee Dek,

We confirm part by part \$3441.46, 6days.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Goh Wee Dek [<mailto:weedek.goh@premiertaxi.com>]
Sent: Wednesday, 27 June 2018 4:46 PM
To: Denise Tay (LKKAUTO) <denisetay@lkkauto.com>
Cc: Gary Shi <gary.shi@premiertaxi.com>
Subject: RE: SHD 1290G / TP / DOA: 27/03/2018

Dear Denise

We propose PxP repair \$3,441.46, vehicle repair at Komoco Motors

Regards

Goh Wee Dek
Assistant Claims Manager
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443
Tel: 6214 8880 Ext 068 | DID: 6544 6682 | Fax: 6214 1511
Visit us at: www.premiertaxi.com.sg

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 Please Consider Your Environmental Responsibility Before Printing This E-mail. SAVE OUR TREES and REDUCE POLLUTION

From: Denise Tay (LKKAUTO) [<mailto:denisetay@lkkauto.com>]
Sent: Wednesday, 27 June, 2018 4:03 PM
To: Goh Wee Dek
Cc: Gary Shi
Subject: RE: SHD 1290G / TP / DOA: 27/03/2018

Dear Wee Dek,

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	28/03/2018 10:35
Date Of Accident	27/03/2018 20:50
Exact Location Of Accident	SLE INTO LENTOR AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1290G
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 (FD)-1.6 DOHC (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS

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	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	TAN YONG WEE (CHEN YONGWEI)
NRIC No	S7708786I
Date Of Birth	11/04/1977
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1995
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81684007
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 587 #05-60 WOODLANDS DRIVE 16
Postcode	730587
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PAX IN THE REAR SEAT - MR MATTHEW TAN 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

ALL VEH. - 1 PAX

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 Witness 1

Name	MATTHEW TAN - PAX IN VEH. A
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7140Y
Vehicle Make/Model/Colour	CITY CAB/HY I40
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage DAMAGED ON THE FRONT PORTION
No. Of Passenger (Including Driver) 2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJL5302P
Vehicle Make/Model/Colour TOYOTA CAMRY
Details Of Properties VEH. C
Vehicle Category PRIVATE CAR
Name of Driver LIM ZHI WEN
NRIC/Passport Number S8944427F
Contact Number 86115911

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name TAN YONG WEE (CHEN YONGWEI) - DRIVER OF VEH. A
Approximate Age
Injuries Sustain FELT UNWELL & WILL SEEK FOR MEDICAL TREATMENT
Injured person in which vehicle? SHD1290G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name MATTHEW TAN - PAX IN VEH. A
Approximate Age
Injuries Sustain FELT UNWELL
Injured person in which vehicle? SHD1290G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

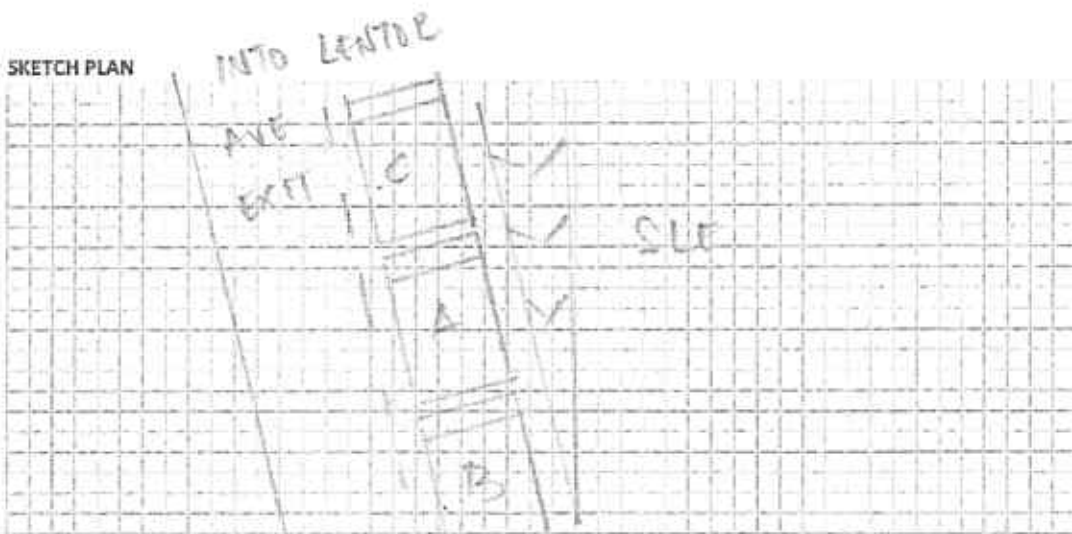
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

S 77087862
SHD 1290G

20 MAR 2010

[Handwritten signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHA 12906

B: SHC 71404

C: SJL 5302P

DECLARATION

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

25 MAR 2013

Policyholder's Signature _____

Date & Time:

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature: _____

Names:

NRIC/FIM No.:

Describe Circumstance of the Accident.

*** CHAIN COLLISION ***

ON 27/03/2018 @ 2050HRS, I WAS DRIVING MY TAXI (SHD 1290 G) TRAVELLING ALONG THE SLIP ROAD OF SLE INTO LENTOR AVE WITH A PASSENGER ONBOARD, IN THE RIGHT LANE.

I SLOWED DOWN MY TAXI TO A STOP AS VEHICLE C (SJL 5302 P – TOYOTA CAMRY) WHICH WAS IN FRONT OF ME, STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR AND SUBSEQUENTLY DUE TO THE GREAT IMPACT, IT FORCED MY TAXI TO SURGE FORWARD & THE FRONT PORTION OF MY TAXI COLLIDED ONTO THE REAR OF VEHICLE C.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHC 7140 Y – CITY CAB) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND THE FRONT PORTION. VEHICLE B HAD DAMAGES ON THE FRONT PORTION AND I WAS NOT AWARE OF DAMAGES TO VEHICLE C.

BOTH MY SELF & MY PASSENGER – FELT UNWELL & WILL SEEK FOR MEDICAL TREATMENT IF NECESSARY. NO AMBULANCE AT SCENE.

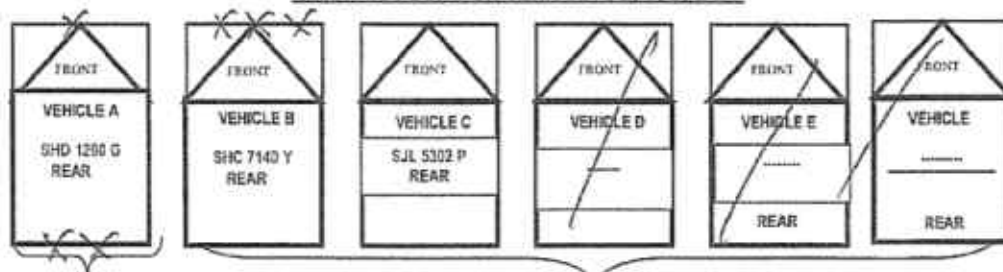
MY PASSENGER – MR MATTHEW TAN WHO WAS IN THE REAR SEAT, WILLING TO BE MY EYE WITNESS.

ALL VEHICLES HAD A PASSENGER ONBOARD.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN.

CHAIN COLLISION / MULTIPLE VEHICLES

DAMAGES FOUND ON VEHICLE A, B, C, D, E & F



PREMIER TAXI

THIRD PARTY VEHICLES

Driver's Signature & NRIC Number
 Wednesday, March 28, 2018 @ 10:56:59 AM

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.:	200304975H
Owner ID Type:	Company
Owner Name:	PREMIER TAXIS PTE. LTD.
Registered Address:	23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
Mailing Address:	-
Birth Date:	-

Vehicle Particulars

Vehicle No.:	SHD1290G
Previous Vehicle No.:	-
Effective Date of Ownership:	28 Apr 2017
Original Regn Date:	28 Apr 2017
Registration Date:	28 Apr 2017
Year of Manufacture:	2016
Vehicle Type:	Public Transport Taxi (Motor Car)

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) is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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

2-Apr-18

ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHD 1290 G

1 pc	Emblem I30	<i>Resue</i>	\$	27.80 <i>ae</i>
1 pc	Emblem CRDI		\$	29.40 <i>ae</i>
1 pc	Emblem Hyundai	<i>Hp 90010078</i>	\$	29.40 <i>ae</i>
1 pc	Rear bumper		\$	811.11 <i>DE</i>
1 pc	Rear bumper sponge	<i>6 days</i>	\$	79.20 <i>? X su</i>
1 pc	Rear bumper reinforcement		\$	815.64 <i>? X su</i>
1 pc	Rear bumper reinforcement centre		\$	79.20 <i>? X su</i>
2 pcs	Rear bumper n/s & o/s side bracket @ \$52.20	<i>48</i>	\$	104.40 <i>ae</i>
2 pcs	Rear bumper n/s & o/s reflector @ \$107.50	<i>02/04/18 @ RSU</i>	\$	215.00 <i>? X su</i>
1 pc	Tailgate lower garnish		\$	362.61 <i>ae</i>
1 pc	Bonnet grille (bumper)		\$	566.46 <i>ae</i>
1 pc	Front bumper emblem @ \$29.40	<i>Resue after repair</i>	\$	29.40 <i>ae</i>
			\$	3,149.62
			Less 20%	\$ 629.92
			\$	2,519.70

S/NETT

1 set	Rear bumper clips	\$	48.00 <i>ae</i>
1 set	Reverse sensor	\$	280.00 <i>200 ae</i>
1 set	Tailgate stickers	\$	100.00 <i>ae</i>
1 set	Tailgate lower garnish clips	\$	60.00 <i>ae</i>
1 pc	Rear number plate with casing	\$	50.00 <i>X su</i>
1 pc	Front number plate with casing	\$	35 <i>50.00 su</i>
Sundry <i>Nu</i>		\$	50.00 <i>10</i>
To dismantle and replace reverse sensor and test system		\$	120.00 <i>60</i>
To labour charge for dismantle and renew the accident damaged parts. Including to knock-out, straighten, repair, reshape of the front bumper		\$	850.00 <i>600</i>
To putty and spray painting on the rear bumper, tailgate, tailgate lower garnish, front bumper		\$	800.00 <i>720</i>
To apply rustproofing on the repaired and replaced panels		\$	120.00 <i>40</i>
Total		\$	5,047.70

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



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/FCI18005968/R1tbq2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 02-07-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7140Y	Veh. Inspected	SHD 1290G	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18002541MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	29/03/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I30	c.c	1582	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	TMAD281UVHJ119107	Colour	GREY	
Odometer	111837	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65R15	MAXXIS	6 mm	
L/H Front Tyre	195/65R15	MAXXIS	6 mm	
R/H Rear Tyre	195/65R15	MAXXIS	6 mm	
L/H Rear Tyre	195/65R15	MAXXIS	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	27/03/2018	Inspection Date	02/04/2018	
Survey held at	KOMOCO MOTORS PTE LTD 253 ALEXANDRA ROAD #01-01 SINGAPORE 159936.			
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:		6 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 1290G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	EMBLEM I30	NECESSARY	27.80	27.80
1	EMBLEM CRDI	NECESSARY	29.40	29.40
1	EMBLEM HYUNDAI	NECESSARY	29.40	29.40
1	REAR BUMPER	DEFORMED	811.11	811.11
1	REAR BUMPER SPONGE	SERVICEABLE	79.20	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	815.64	-
1	REAR BUMPER REINFORCEMENT CENTRE	SERVICEABLE	79.20	-
2	REAR BUMPER N/S & O/S SIDE BRACKET @\$52.20	NECESSARY	104.40	104.40
2	REAR BUMPER N/S & O/S REFLECTOR @\$107.50	SERVICEABLE	215.00	-
1	TAILGATE LOWER GARNISH	CRACKED	362.61	362.61
1	BONNET GRILLE (BUMPER)	CRACKED	566.46	566.46
1	FRONT BUMPER EMBLEM	NECESSARY	29.40	29.40
	LESS 20% DISCOUNT		-629.92	-392.12
			2,519.70	1,568.46
SPECIAL NETT ITEMS				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	48.00	48.00
1	SET REVERSE SENSOR (SN)	NOT WORKING	280.00	200.00
1	SET TAILGATE STICKERS (SN)	NECESSARY	100.00	100.00
1	SET TAILGATE LOWER GARNISH CLIPS (SN)	NECESSARY	60.00	60.00
1	REAR NUMBER PLATE WITH CASING (SN)	SERVICEABLE	50.00	-
1	FRONT NUMBER PLATE WITH CASING (SN)	SCRATCHED	50.00	35.00
1	SUNDRY (SN)	NECESSARY	50.00	10.00
			638.00	453.00
LABOUR				
	TO DISMANTLE AND REPLACE REVERSE SENSOR AND TEST SYSTEM.		120.00	60.00
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS .INCLUDING TO KNOCK - OUT ,STRAIGHTEN ,REPAIR,RESHAPE OF THE FRONT BUMPER .		850.00	600.00

Report Ref No. CS/FCI18005968/R11bq2



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51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO PUTTY AND SPRAY PAINTING ON THE REAR BUMPER ,TAILGATE ,TAILGATE LOWER GARNISH ,FRONT BUMPER .		800.00	720.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.		120.00	40.00
			1,890.00	1,420.00
GRAND TOTAL			5,047.70	3,441.46
RECOMMENDED COST OF REPAIRS				3,441.46

Report Ref No. CS/FCI18005968/R1tbq2

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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