Policy No. 2 AMK St. 63  Policy No. DIROD 2609 MFS H  Sum Instruct  Malso of Veh: (Chent's Record)  CA / REV / REP. / REV 24 HRS WP)  Date/Time: 3.52 pm3 3/4/8 Person Contacted Candy  Date/Time: Action/instruction ( ) Estimate  SIG 1683 - No. Open Mayed to lumne by event.	
Make of Veh: (Client's Record)  CA / REV / REP. / REV 24 HRS WP)  Date/Time: 3-52pm@3/4/8 Person Contacted Cendy  Date/Time: Action/instruction ( ) Estimate  S16 3536 NA / MC 15000018 /c3  S16 3536 - X	
CA / REV / REP. / REV 24 HRS WP)  Date/Time: 3-52pm 3/4/8 Perron Contacted Cendy  Date/Time: Action/instruction ( ) Estimate  SHA 1487 - MA / MAC   400 M 8   / MAC   400 M 8	
Date/Time 3-52pm 3/4/16 Person Contacted Candy Vehicle IN OUT  Date/Time Action/Instruction ( ) Estimate  SHS 1653 NA / DAC 1 400 20 81 / 13	
Date/Time   Action/instruction (	
Date/Time   Action/instruction (	
SHE STREET - NA / ENCISED AND / ENCISED AND STREET SHEET STREET AND STREET SHEET SHE	-
SUB 33386 - K	
06/4/18 A 10.07m Higed to lunine by minit.	
Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roo  Ale: Person Contacted: Vehicle: IN / OUT	oftop or
Date / Time   Action / Instruction   The U/C / Chassis frame / Body Structure affected	due to collision
5/4 Fle pasite Corperine	
ally & 1750 1400 (Der & 16975.18, 92%)	
RECEIVED US 707A 2011	-
RECEIVED OF APR 2013	
RECEIVED OF NOR 2011	
RECEIVED & STATE 2011	
Days Of Repair:	5.15 - NA
Days Of Repair:    Final Report   Resurvey No. of Trio:	Fx15=120
Time, File Return to?  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:	-
Time, File Raturn to? Survey Fee:	-



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

Your Ref: D18002609MFSH

Date: 05 April 2018

Our Ref: CS/FC118006173/Kqb

The Motor Claims Department First Capital Insurance Ltd

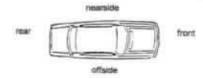
Dear Sir/Madam,

# INITIAL INSPECTION REPORT OF VEHICLE NO. SHB 7603J.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 04/04/2018 at the premises of M/s TRANS-CAB, and have the following to report:-

Workshop Estimate Amount	: SS	18,375.18	- 5
Revised Estimate Amount	: S\$	1,753.84	4
"Check" Items Amount	: S\$		
Market Value	: S\$	-	
LTA Reimbursement Value	: <u>S\$</u>	-	
Nett Value	: S\$		_

Description of Damage: <u>The vehicle sustained damages</u> at the n/s front portion.



Yours faithfully

KONG SENG CHEONG Licensed Appraiser Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	201
Vehicle No.:	SHB7603J
Vehicle to be Exported:	Yes
Intended De-registration Date:	02 Apr 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	Z20S1455765K
Chassis No.:	KL1LA69RJBB092904
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14.281.00
Original Registration Date:	30 Apr 2012
First Registration Date:	30 Apr 2012
Transfer Count:	0
Actual ARF Paid:	\$14.281.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Apr 2020
PARF Rebate Amount:	\$9,996.00
Intended COE Rebate Details	
COE Expiry Date:	29 Apr 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$42.384.00
COE Rebate Amount:	\$10,993.00
Total Rebate Amount: Message	\$20,989.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 02 Apr 2018

OK

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Sen, s

- 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 witholding 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.
- 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.

The second second second	ACCIDENT STATEMENT
Date Of Report	02/04/2018 08:54
Date Of Accident	30/03/2018 05:45
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB7603J
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mabile Phone No	
Alternative Phone No	OFFICE-62866666
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	EPICA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	
Driver	
Name of Driver	SEOW LIANG HUA
NRIC No	S0161987Z

Date Of Birth Occupation

Driving Experience Gender

Date Of Driving Pass

Mobile Number

Fax Number

Contact Number EMail Address

NOEMAIL

22/09/1953 OUTDOOR

14/10/1976

MALE

41 YEARS AND 5 MONTHS

(LOCAL) +65-96811355

Address

BLK 161 TAMPINES STREET 12

#08-221

Postcode

521161

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

2

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:

UNKNOWN

GENDER:

- MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TAMPINES N.P.C.

Police Station Address

ROAD: TAMPINES N.P.C., POSTCODE: 529682, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTAHC POLICE REPORT: T/20180330/2041

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

SHB3838A

Vehicle Make/Model/Colour

COMFORT TAXI

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

SEOW LIANG HUA Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHB7603J

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### Sketch Plan Pg. 1

#### 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.
- 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.
- 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
- 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.
- 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 :
  - 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:
  - 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.

THE STATE OF THE S

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

Policyholder's Signature Date & Time:

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

## Sketch Plan #2 Pg. 1

ETCH PLAN				
				A SHE 7603
		1 1 1-1-7	201	00.00.00.80
Homan	Rosel			B= SHG 3858A
		1 1 12/1	P	
		7 7	9 9	
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT			
	1270			
		a.S	-V	
	pls see onech	police Rap	Set .	
	N.			
CLADATION				
CLARATION	where you have be a few and a second	1100w7		
e beclare the foregoing parti	culars are true in every respect.	Yan		/ /
		CH	/	make
				0
cyholder's Signature	Driver's Signature			tre Personnel's Signature
e & Time:	(If driver is not the policy	holder)	Name:	
	Date & Time:		NRIC/FIN No.:	

SMITH DESCRIPTION OF

## POLICE REPORT Pg. 1





Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

T/20150330/2041

1 of 3 Report No. T/20180330/2041

REPORT	OF A TRAFFI	CACCIDENT				
Date/Time Report Made: 30/03/2018 12:19			Vide Report No.:	Station Diary No.: 21		
Informa	nt's Partic	ulars	<b>建设施工工作的</b>	END STEELS STORY		
Name of Informant: SEOW LIANG HUA			Address: APT BLK 161 TAMPINES S 521161	TREET 12 #08-221 SINGAPORE		
ID Type / ID No.: NRIC NO / S0161987Z			Contact No.: Home/Office: Mobile: 96811355			
National SINGAP	ity: PORE CITIZ	EN	Email:			
*Sex: Age: Date of Birth: Male 64 22/09/1953			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

Type of Accident:	Injury Others	Drink   Date/Time of   Drive:   Accident:   No   30/03/2018 05		Type of Location Straight Road	
Location: Along Road 1 HOLLAND RO NAPIER ROA After Holland	ND.	Road 2			
Weather: Clear		Road Surface: Dry			
Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Between Mov	ion: ing Vehicles - Head		Anyone conveyed by ambulance: No		

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHB3838A	COMFORT DEL GRO	MERCEDES BENZ	E 220 CDI BLUEEFFICI ENCY	White	Slightly Damaged	0
SHB7603J	TRANSCAB	CHEVROLET	Model Primary Color Secondary Color Roa	Red	Slightly Damaged	1

#### POLICE REPORT Pg. 1





Police Station Of Origin:

Tampines N.P.C

Report No. T/20180330/2041

2 of 3

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Perso	n Involved	- SE STOY	A Committee of	with the	terifice.	THE MESSELLE TO
Any Pedestrian I	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA		
Driver	Att The Control of	THE PERSON			SALT	対象ならりを発発を表する
Name	SEOW LIANG HUA			ID No		S0161987Z
Related Vehicle	SHB7603J (TRANSCAB)			Contact No.		96811355
Hospital/Clinic	NEPTUNE HEALTH SURGERY	DICAL &	Class Drivin Licen Expir	g	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	30/03/2018 Date I			harge	30/03	/2018
No. of Days granted Medical Leave 04			Degree of	Injury	Slight	

#### Brief Details.

On 30/03/2018 at about 0545hrs, I travelling from Holland Road towards Napier Road in my Red Trans Cab (Reg No: SHB7603J) with a passenger onboard.

I was travelling in the middle of the three lane at a approximately speed of 65km/h and have past the Holland flyover when V2 came out from a slip road and hit onto my front right passenger door. I alighted from my vehicle and observed that there was a give way line before entering into a major road however V2 fail to spot it. I did asked my passenger whether he was injured however his replied was no.

We exchanged particulars with each other before moving off. At the point of time, no one was injured. The driver (V2) of the White Mercedes Benz Vehicle (Registration plate no. SHB3838A) is namely Mr Lim S1215286H.

There were several dents and scratches observed on the front passenger door of my vehicle which was unable to be opened and damages to my front ride side bumper near to the front right tire. I do have a CCTV installed in my vehicle. There is no witness to the accident.

I managed to exchange particulars with the driver and no one were injured at that point of time.

## POLICE REPORT Pg. 1





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

3 of 3 Report No. T/20180330/2041

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report. G / Staff Sgt MUHAMMAD FIRDAUS BIN MISWAN	Signature Of Informant:
Signature Of Interpreter. Not applicable	Date/Time: 30/03/2018 12:19
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN POLICE PODE: Contact No.: 65476179	Classification Of Case:
Authentication Stamp NP168	SACTORE .

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 65474885 stating the report number as reference.

## Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111 Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHB 7603J** 

Not Nothank

SHB 7603J

KL1LA69RJBB092904

CHEVROLET

EPICA 2.0

30.3.2018

TEIL

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer:

PART LIST

1	1	Front Bumper	5	1,202.00
2	1	Front Bumper Retainer LH	\$	102.00
3	1	Headlamp LH	\$	مر 816.00
4	1	Headlamp LH inner panel	\$	A 611.16
5	1	Front headlamp bracket	\$	A 85.00
6	1	Indicator light switch	\$	√n 420.00
7	1	Front Shock Absorber Assy LH	\$	S <sub>1</sub> 216.17
8	1	Front Shock Absorber Top Mounting LH	\$	√s 48.32
9	1	Front Lower Arm LH	\$	1 283.00 X
10	1	Front Knuckle Arm LH	\$	√n 230.00
11	1	Front Hub Unit	\$	√L 376.00
12	1	Front Door LH	\$	M 1,133.00
13	1	Front Door Hinge Upper	\$	M 65.00
14	1	Front Door Hinge Lower	\$	65.00
15	1	Front Door inner lock	\$	M 586.00
16	1	Front Door Inner Lock Latch RH	\$	M 206.00
17	1	Front Door Check / Arrestor	\$	Ju 67.50
18	1	Front Door Weatherstrip RH	\$	Ja 138.79
19	1	Front Side View Mirror RH	\$	√ 939.00√
20	1	Front Fender LH	\$	<b>4</b> 837.60
21	1	Front Fender Liner LH	\$	m 47.00 X
22	1	Fender Insulation LH	\$	A 39.00 ⊀
23	1	Front Fender RR Bracket LH	\$	A 7.10 ₹
24	1	Front Fender Inner Wheel House Panel LH	\$	A 1,437.00 X

TOTAL	\$ 9,957.64
10%	\$ 995.76
	\$ 8,961.88

## Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111 Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB 7603J

to gran

## Specical Nett

1 Set Radiator Grille clip \$	Sa 192.00
Total Register Clip	
	Na 35.00
1 Set 1 Street Birter Street	12 30.00 } x
The transfer of the transfer o	for 166.30 (1
1 Front Tyre RH \$	Pez 180.00
1 Front Tyre Rim RH \$	الم 126.00J
TOTAL \$	753.30
TOTAL PARTS \$	9,715.18
LABOUR	
To Check Electrical Lighting Concerned.	170.00 10/
Panel beating, knocking and straightening the	
necessary portion, remove and renewal of parts, adjust	
and realign the same \$	3,500.00 3001 3,200.00 6001
Putty and spray painting of the affected portion. \$	3,200.00 6001
Towing Fees. \$	120.00 X
To dismantle and refit front end suspension,	
undercarriage parts, final checking and testing.	12 380.00 X
To check steering geometry and computer wheel	
alignment \$	220.00 601
To transfer of tire, rim and on wheel balancing.	nn 170.00 X
To rust-proofing of the affected areas.	170.00 301
To check steering geometry and computer wheel alignment \$ %	Flotal 220.00 X

## **Trans-cab Auto Services Pte Ltd**

AD1804-002

No. 2 Ang Mo Kio Street 63 Singapore 569111 Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB 7603J

Repair Days	2 days
Over All Total	\$ 18,375.18
TOTAL	\$ 8,660.00
To transfer of fender fittings, attachment and perform water seepage test.	\$ 22 170.00 X
To transfer of door fittings, attachment and perform water seepage test.	\$ 170.00 X
To transfer of tire, rim and on wheel balancing.	\$ NE 170.00 X



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 Intern	nationale Des Experts En Autor	mobile
FIRST CAPITAL INSU	JRANCE LTD	Ref : CS/FCI180061	73/Kqbq2
36 ROBINSON ROAD #16-01 CITY HOUSE:		Date: 11-04-2018 Code: FCI2	
1.	Policy Particul	ars :- THIRD PARTY CLA	IM
Insured Veh.	SHB 3838A	Veh. Inspected	SHB 7603J
Policy No.		Coverage (\$)	0.00
Claim No.	D18002609MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	03/04/2018
2.	Vehicle Pa	articulars & Condition	
Make & Model	CHEVROLET EPICA (A)	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KL1LA69RJBB092904	Colour	WHITE/RED
Odometer	839784	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3.	Con	ditions of Tyres	
	Size	Make	Balance
R/H Front Tyre	195/65 R15	GITI	9 mm
L/H Front Tyre	195/65 R15	GITI	9 mm
R/H Rear Tyre	195/65 R15	GITI	8 mm
L/H Rear Tyre	195/65 R15	GITI	8 mm
4.	Descri	ption of Damages	
DAMAGES SEE D	STAINED DAMAGES AT THE DETAILS.	N/S FRONT PORTION.	
5.	Gen	eral Information	
Accident Date	30/03/2018	Inspection Date	04/04/2018
Survey held at	TRANS-CAB AUTO SERVIC	ES PTE LTD	
	NO.2 ANG MO KIO ST 63 SINGAPORE 569111		
5a.		Remarks	
B)THE INSPECTION	NSISTENT TO ACCIDENT REP ON WAS CONDUCTED ON A" CE TO YOUR INSTRUCTIONS	WITHOUT PREJUDICE" BAS	SIS. SED REPAIRS.
5b.	ATTENDA OF THE	ate Days of Repair	

2 Working Days

ESTIMATED NORMAL PERIOD FOR REPAIR:



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 3

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 7603J

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	TO REPAIR SEE LABOUR	1,202.00	
1	FRONT BUMPER RETAINER LH	SERVICEABLE	102.00	8
1	HEADLAMP LH	SERVICEABLE	816.00	15
1	HEADLAMP LH INNER PANEL	TO REPAIR SEE LABOUR	611.16	26
1	FRONT HEADLAMP BRACKET	TO REPAIR SEE LABOUR	85.00	Ş
1	INDICATOR LIGHT SWITCH	SERVICEABLE	420.00	
1	FRONT SHOCK ABSORBER ASSY LH	SERVICEABLE	216.17	
1	FRONT SHOCK ABSORBER TOP MOUNTING LH	SERVICEABLE	48.32	
1	FRONT LOWER ARM LH	SERVICEABLE	283.00	1
1	FRONT KNUCKLE ARM LH	SERVICEABLE	230.00	
1	FRONT HUB UNIT	SERVICEABLE	376.00	
1	FRONT DOOR LH	TO REPAIR SEE LABOUR	1,133.00	
1	FRONT DOOR HINGE UPPER	TO REPAIR SEE LABOUR	65.00	
1	FRONT DOOR HINGE LOWER	TO REPAIR SEE LABOUR	65.00	9
1	FRONT DOOR INNER LOCK	TO REPAIR SEE LABOUR	586.00	
1	FRONT DOOR INNER LOCK LATCH RH	TO REPAIR SEE LABOUR	206.00	Ħ
1	FRONT DOOR CHECK /ARRESTOR	SERVICEABLE	67.50	9
1	FRONT DOOR WEATHERSTRIP RH	SERVICEABLE	138.79	
1	FRONT SIDE VIEW MIRROR RH	SERVICEABLE	939.00	9
1	FRONT FENDER LH	BENT	837.60	837.60
1	FRONT FENDER LINER LH	SERVICEABLE	47.00	9
1	FENDER INSULATION LH	SERVICEABLE	39.00	
1	FRONT FENDER RR BRACKET LH	TO REPAIR SEE LABOUR	7.10	
1	FRONT FENDER INNER WHEEL HOUSE PANEL LH	TO REPAIR SEE LABOUR	1,437.00	

Report Ref No. CS/FCI18006173/Kqbq2



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 3

у	Description of Parts	Condition	Estimate By Workshop (\$))	
	LESS 10% DISCOUNT		-995.76	-83.70
			8,961.88	753.8
	SPECIAL NETT ITEMS			
1	SET FRONT BUMPER FASTENER CLIP (SN)	NOT NECESSARY	24.00	
1	SET FRONT LICENCE PLATE WITH HOLDER (SN)	SERVICEABLE	192.00	
1	SET RADIATOR GRILLE CLIP (SN)	NOT NECESSARY	35.00	
1	SET FRONT FENDER LINER CLIP (SN)	NOT NECESSARY	30.00	
1	FRONT WHEEL RIM HUB CAP RH (SN)	SERVICEABLE	166.30	
3	FRONT TYRE RH (SN)	SERVICEABLE	180.00	
1	FRONT TYE RIM RH (SN)	SERVICEABLE	126.00	
	141—34		753.30	
	LABOUR			
	TO CHECK ELECTRICAL LIGHTING CONCERNED		170.00	10.00
	PANEL BEATING ,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS ,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF FRONT BUMPER, HEADLAMP LH INNER PANEL, FRONT HEADLAMP BRACKET, FRONT DOOR LH, FRONT DOOR HINGE UPPER, FRONT DOOR HINGE LOWER, FRONT DOOR INNER LOCK , FRONT DOOR INNER LOCK CATCH RH, FRONT FENDER RR BRACKET LH AND FRONT FENDER INNER WHEEL HOUSE PANEL LH.		3,500.00	300.0
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		3,200.00	500.00
ł	TOWING FEES.	NOT NECESSARY	120.00	
-	TO DISMANTLE AND REFIT FRONT END SUSPENSION, UNDERCARRIAGE PARTS , FINAL CHECKING AND TESTING	NOT NECESSARY	380.00	
- 1	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.		220.00	60.00
	TO TRANSFER OF TIRE ,RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
1	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	30.00
- 1.	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	REPEATED	220.00	
	TO TRANSFER OF TIRE ,RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	,

Report Ref No. CS/FCI18006173/Kqbq2



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Reg. No: 199607198R. GST Reg. No. 19-9607198-R

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO TRANSFER OF DOOR FITTINGS ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	
	TO TRANSFER OF FENDER FITTINGS ,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	8
	ACTUAL OF BATTER AND ACTUAL OF THE BATTER AND ACTUAL ACTUA		8,660.00	1,000.00
	GRAND TOTAL		18,375.18	1,753.84

RECOMMENDED COST OF LUMP SUM REPAIRS	1,400.00
(TO ITS PRE-ACCIDENT CONDITION)	

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KONG SENG CHEONG

Licensed Appraiser