/03/2003

SS. REC. BY: | REF: CS/FCL18007576 / Uvbez | Special Instruction:

Surveyor: Marcus.

ASSIGNMENT (Office)

From (Person): CWS Eileen Lee of FCL Date/Time: 24042018 5.15pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLN 4268G Insured: SHC 8528G

at Workshop m/s Quan De Motor. Tel: 9670 9191

of Blk 1 Kaki Bukit Ave 6 #01-67

Policy No: Claim No: D1800718MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 13042018
(Client's Record)

CA / REV / REP. / REV 24 HRS / DS 25042018

H.O.D. Endorsement:

Date/Time: 24042018 523pm Person Contacted: Jennifer Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLN 4268G - X
	SHC 8528G - CS/FCL17001127 / MVbez DOA: 10012017
26/4/18	Informed FCI pending est from repairer by email
8/5/18	Send preli revised by email

REF: FCL

ASSIGNMENT

From: Date: 25042018

Estimated Cost:

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

To Inspect Vehicle No: SLN 42686J

at Workshop m/s Quan De

of Blk 1 Kaki Bukit Ave 6 #01-67

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: 35k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 1.5k % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS / DS 5161E

Vehicle: IN / OUT

Date: Person Contacted: L7A26162 Dept 13

Veh No: SLN 42686J Regn: 2009

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Auto

Make: BMW 525i XL c.c 2497

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

Sp.Reading 185276 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBANU52040CZ89324

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / ~~Jammed / Leaked / Burnt~~ or

Brake: Inorder / ~~Jammed / Leaked / Burnt~~ or

Modi : ~~Nil~~ / S/Rim / STD A/Rim or

Tyre Size: F: 245/45/R17

R: 245/45/17 West lake

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm

D.O.A. 13/4/18 D.O.I. 25/4/18

Survey held at

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

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

Date / Time	Action / Instruction
7/5/18	confirmed final by $650 with Jennifer (Red 430, 40%) (NO LS)
Note:	MV: $35k (EST) LTA: $26,162 NV: $8838 only low amount ? PR PR seen 08/05/18

RECEIVED 08 MAY 2018

Date/Time, File Pass to? 1) : Preli. Report : Final Report

Date/Time, File Return to? 2) 8/5 - typist

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Report Format : CWS

Lump Sum / I.B.I: ($ 650)

Survey Fee:	100
Transportation:	50
S+RS SI:	50
Photos:	27
Others:	
TOTAL:	227

LVK Auto Consultants Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D18002918MFSH

Our ref: CS/FCI18007576/Uvb DATE: 8/5/2018

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

WITHOUT PREJUDICE

Dear Sir/Madam

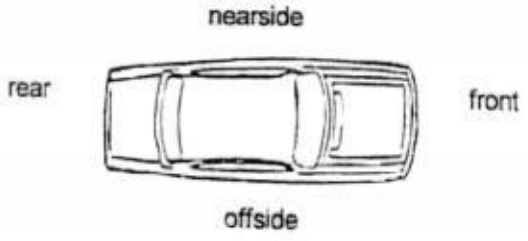
INITIAL INSPECTION REPORT OF VEHICLE NO. SLN 4268G

We thank for your instruction on 24/4/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on vehicle on 25/4/2018 at the premises of M/s QUAN DE MOTOR TRADING and have the following to report:-

Workshop Estimate Amount	: S$1,080.00
Revised Estimate Amount	: S$650.00
"Check" Items Amount	:S$
Market Value	: S$
LTA Reimbursement Value	: S$
Nett Value	: S$

Description of Damage:
The vehicle sustained damages at the o/s front portion



Comments/Present Status:
Damages Consistent

Yours faithfully,

MARCUS CHUA
Licensed Appraiser

MS FirstCapital

MS First Capital Insurance Limited Co.Reg.No. 199000106C GST Reg.No. M2-0001676-9
6 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877
Tel: (65) 6507 3848 Fax: (65) 6507 3849
www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date	17-04-2018	**Our Ref No.**	D18002918MFSH
Accident Date	13-04-2018	**Claim Type.**	Third Party
Insured Vehicle	SHC8528G	**Third Party Vehicle.**	SLN4268G
Survey Location	1 KAKI BUKIT AVENUE 6 #01-67 AUTOBAY		
Contact Person.	MS JENNIFER		
Contact No.	0/ 96709191	**Fax No.**	0
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:		
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD		
Contact Person	NA	**Fax No.**	68416315
Contact Number.	NA		

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	QUAN DE MOTOR TRADING	**Attention.**	NIL
Cc : TP Solicitor	NA	**TP Solicitor Fax No.**	NA
Officer Incharge	EILEEN LEE		

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.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 8 May 2018 11:11 AM
To: 'Claim Workflow System'
Cc: 'EILEENLEE@MSFIRSTCAPITAL.COM.SG'; SUR
Subject: RE: SURVEY ASSESSMENT - D18002918MFSH/1, SLN 4268G
Attachments: SLN 4268G PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SLN 4268G
Date of survey: 25/4/2018
Number of days:2 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Veron Chen (LKKAuto)
Sent: Thursday, 26 April 2018 11:23 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>
Cc: EILEENLEE@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18002918MFSH/1, SLN 4268G

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SLN 4268G on 25/4/2018 .

We are pending estimate from repairer.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Tuesday, 24 April 2018 5:25 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: EILEENLEE@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18002918MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Best Regards,
Catherine Chong | Admin
LKK Auto Consultants Pte Ltd
Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System [mailto:cwsmotorclaims@msfirstcapital.com.sg]
Sent: Tuesday, 24 April, 2018 5:15 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; EILEENLEE@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18002918MFSH/1

Dear Sir/Mdm,

We refer to the above reference.
Please find attached the necessary documents for survey.
Kindly submit your report via CWS within the next 14 days.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Thursday, 26 April 2018 11:23 AM
To: 'Claim Workflow System'
Cc: EILEENLEE@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18002918MFSH/1, SLN 4268G

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SLN 4268G on 25/4/2018 .

We are pending estimate from repairer.

Best Regards,
Veron Chen | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Tuesday, 24 April 2018 5:25 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: EILEENLEE@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18002918MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Best Regards,
Catherine Chong | Admin
LKK Auto Consultants Pte Ltd
Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System [mailto:cwsmotorclaims@msfirstcapital.com.sg]
Sent: Tuesday, 24 April, 2018 5:15 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; EILEENLEE@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18002918MFSH/1

Dear Sir/Mdm,
We refer to the above reference.
Please find attached the necessary documents for survey.
Kindly submit your report via CWS within the next 14 days.

Best Regards,

Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5161E
Vehicle Details	
Vehicle No.:	SLN4268C
Vehicle to be Exported:	No
Intended De-registration Date:	08 May 2018
Vehicle Make:	B.M.W.
Vehicle Model:	525I XL
Primary Colour:	Brown
Manufacturing Year:	2008
Engine No.:	74114330N52B25AF
Chassis No.:	WBANU52040CZ89324
Maximum Power Output:	160.0 kW (214 bhp)
Open Market Value:	$51,551.00
Original Registration Date:	23 Feb 2009
First Registration Date:	23 Feb 2009
Transfer Count:	3
Actual ARF Paid:	$51,551.00 25775
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Feb 2019
PARF Rebate Amount:	$25,775.00
Intended COE Rebate Details	
COE Expiry Date:	22 Feb 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	$4,889.00
COE Rebate Amount:	$387.00
Total Rebate Amount:	**$26,162.00**

The information contained herein is correct as at 08 May 2018

OK

MSLM18049998 / Soo Leon Motor Works - Kaki Bukit
ENTRY DATE & TIME: 16/04/2018 12:01
SUBMITTED BY: IRENE LEONG SUM PHENG

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 20/04/2018 12:25

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	16/04/2018 12:01
Date Of Accident	13/04/2018 21:10
Exact Location Of Accident	CARPARK AT BLK 304 CHOA CHU KANG AVE 4
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN4268C
Insured/Policyholder	
Name Of Registered Owner	EAZI CAR LEASING & MARKETING PTE LTD
Co Reg No	20071516E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96709191
Alternative Phone No	OFFICE-66840761
Vehicle Particulars	
Manufacturer	BMW
Model	525I-2.5 (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	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	
Cover Note Number	
Driver	
Name of Driver	LEE ZHI HAO
NRIC No	S8519763J
Date Of Birth	25/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2009
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90628361
Fax Number	
Contact Number	OFFICE-66840761
EMail Address	NOEMAIL

Address	BLK 690A CHOA CHU KANG CRESCENT #15-104
Postcode	681690
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	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 THE ATTACHED REPORT.

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	SHC8528G
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	AMRAN BIN TAHIR
NRIC/Passport Number	
Contact Number	91196974
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.

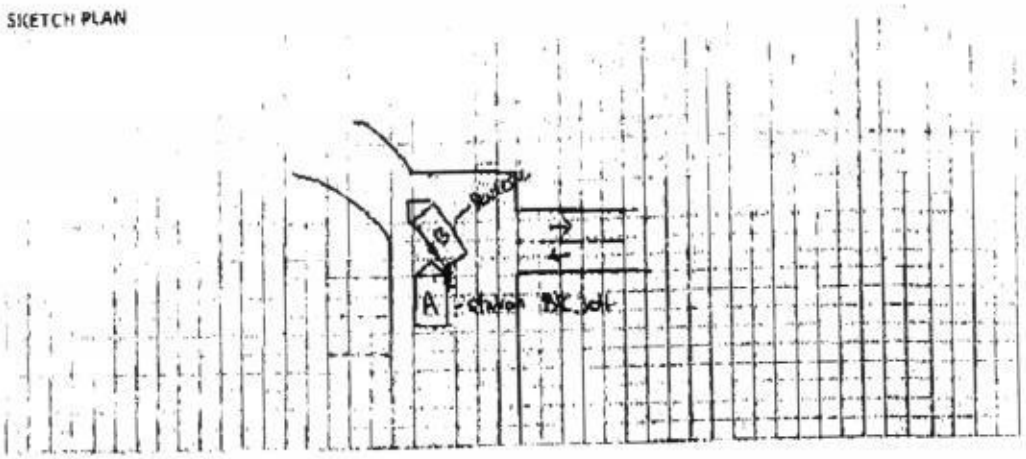
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/04/18, 9.10pm, I was trying out from my parking and waited to exit the carpark. Vehicle B, SHC8328G reverse light was on and I decided to let him reverse and exit first but he reversed and hit on my car.
Location: Blk 304 Choa Chu Kang Ave 4 open space carpark.

* Note: with video footage.

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

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.:

QUAN DE MOTOR TRADING

1 KAKI BUKIT AVENUE 6, #01-67
AUTOBAY, SINGAPORE 417883
HP: 96709191 FAX: 66840767

Attn: Mr. Marcus (Surveyor)

First Capital Insurance Limited
6 Raffles Quay
Singapore 048580
Attn: Motor Claims Department

Date: 23 April 2018

Accident on 13/04/2018 involving vehicles SLN4268C & SHC8528G
at carpark of Blk 304 Choa Chu Kang Avenue 4
Estimate cost of repair to vehicle SLN4268C BMW 525i

Labour Charges:

To check wiring	1	$	30.00
Labour for panel beating		$	400.00
To putty and spray painting		$	650.00
Total:		**$**	**1,080.00**

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:

not authorised
p/# 650.00

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

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref : CS/FCI18007576/Uvbe2

Date : 10-05-2018

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHC 8528G	**Veh. Inspected**	SLN 4268C
	Policy No.		**Coverage ($)**	0.00
	Claim No.	D18002918MFSH	**Excess ($)**	0.00
	Assign From	EILEEN	**Assign Date**	24/04/2018

2. Vehicle Particulars & Condition

	Make & Model	BMW 525I XL (A)	**c.c**	2497
	Engine No.	HIDDEN	**Year of Reg.**	2009
	Chassis No.	WBANU52040CZ89324	**Colour**	GOLD
	Odometer	185276	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	245/45 R17	NEXEN	7 mm
	L/H Front Tyre	245/45 R17	NEXEN	7 mm
	R/H Rear Tyre	245/45 R17	WEST LAKE	7 mm
	L/H Rear Tyre	245/45 R17	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	13/04/2018	**Inspection Date**	25/04/2018
	Survey held at	QUAN DE MOTOR TRADING BLK 1 KAKI BUKIT AVENUE 6 #01-67 AUTOBAY SINGAPORE 417883		

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: **2 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLN 4268C

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	LABOUR			
	TO CHECK WIRING.	NOT NECESSARY	30.00	-
	LABOUR FOR PANEL BEATING.		400.00	200.00
	TO PUTTY AND SPRAY PAINTING.		650.00	450.00
			1,080.00	650.00
	GRAND TOTAL		**1,080.00**	**650.00**

	RECOMMENDED COST OF REPAIRS			**650.00**

Report Ref No. CS/FCI18007576/Uvbe2

MARKET VALUE: $35,000.00 (EST)-LTA REIMBURSEMENT VALUE: $26,162.00=NETT VALUE: $8,838.00

CHUA KANG SENG

Licensed Appraiser