

ASS. REC. BY:

REF: CS / FC218007617 / Kv bezl Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): CWS Serene Ler of FC2 Date/Time: 25/04/2018 9:34am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SCW 1339K Insured: SHC 8459Y

at Workshop m/s City Auto Tel: 6453 1235

of Blk 8 Sin Ming Ind Est #01-58

Policy No: Claim No: D18003074mTsh

Sum Insured: Excess:

Make of Veh: D.O.A. 19042018  
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp' 30-042018 @ 11am H.O.D. Endorsement:

Date/Time: 25/04/2018 10:10am Person Contacted: Vronica Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SCW 1339K - x
	SHC 8459Y - FC3 / TM218007475 / KMB DUA 190418
25/1/18	Email preli revised to FC2
14/8/18	@ 230pm Vronica said vehicle has not send in for repair, pending liability

REF: FCI

# ASSIGNMENT

From: Date: 30/04/2018

Estimated Cost:

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

To Inspect Vehicle No: SCW 1339K

at Workshop m/s

of 160 Sim Ming Drive #01-58

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.

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

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SCW1339K Yr Regn: 12 / 16

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

Truck / Trailer or

Make:

1 Honda 1TRV c.c. 1496

Colour

M. L. Brown A/C: Insured / Std / NI / NA

Sp. Reading

6459 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JH MRU1810GX200311

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 215/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm

R/Bal. 9 mm

L/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 19/4/18

D.O.I. 30/4/18

Survey held at

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

N/S Frt

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

Date / Time Action / Instruction

2/5 File pass to Corbenn

7/4/18 @ 2:45pm Veronica said vehicle did not repair, liability unclear

RECEIVED 10 SEP 2018

Date/Time, File Pass to?

☒ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 7/4 - typist

Days Of Repair: 4

Resurvey No. of Trip: -

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format: CWS

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

Survey Fee:

Transportation:

☐ S+RS, ☐ SI

☐ Photos

☐ Others

TOTAL

135

50

14

199

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	20-04-2018	<b>Our Ref No.</b> D18003074MFSH
<b>Accident Date</b>	19-04-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHC8459Y	<b>Third Party Vehicle.</b> SCW1339K
<b>Survey Location</b>	BLK 8 SIN MING ROAD #01-58/60/62 SIN MING IND EST	
<b>Contact Person.</b>	VRONICA LAW	
<b>Contact No.</b>	64531235/ 0	<b>Fax No.</b> 64537944
<b>Survey Type</b>	WITHOUT PREJUDICE: LIABILITY UNCLEAR - EST COR \$4,321.86	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	NA	

**FOR DIRECT SETTLEMENT**

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

**THIRD PARTY SURVEY REQUEST**

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

**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)

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**From:** Veron Chen (LKKAuto)  
**Sent:** Wednesday, 2 May 2018 11:11 AM  
**To:** 'Claim Workflow System'  
**Cc:** SERENELER@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18003074MFSH/1, SCW 1339K  
**Attachments:** SCW 1339K PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SCW 1339K

Date of survey: 30/4/2018

Number of days:4 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)

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**From:** Admin-D (LKKAuto)  
**Sent:** Wednesday, 25 April 2018 10:14 AM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** SERENELER@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18003074MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto: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:** Wednesday, 25 April, 2018 9:34 AM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [SERENELER@MSFIRSTCAPITAL.COM.SG](mailto:SERENELER@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18003074MFSH/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.**



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: D18003074MFSH

Our ref: CS/FC18007617/Kvb

Date : 2/5/2018

The Motor Claims Department  
M/s FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SCW 1339K**

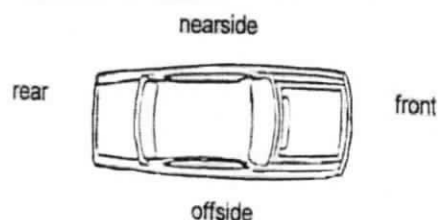
We thank for your instruction on 25/4/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 30/4/2018 at the premises of M/s CITY AUTO PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$4,039.12
Revised Estimate Amount	: S\$1,895.84
"Check" Items Amount	: S\$1,662.48
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

The vehicle sustained damages at the n/s front portion.



Comments/Present Status:  
Damages Consistent

Yours faithfully,

Kenneth Kong  
**Licensed Appraiser**

## 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	20/04/2018 11:23
Date Of Accident	19/04/2018 09:15
Exact Location Of Accident	NEWTON CIRCUS (ROUND ABOUT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW1339K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW KAY ENG
NRIC No	S2006977E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84284135
Alternative Phone No	OTHERS-84284135

### Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 DX CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	16-MV011398-R00
Cover Note Number	

### Driver

Name of Driver	LOW KAY ENG
NRIC No	S2006977E
Date Of Birth	14/06/1948
Occupation	INDOOR
Date Of Driving Pass	23/07/1973
Driving Experience	44 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-84284135
Fax Number	
Contact Number	OTHERS-84284135
EMail Address	NOEMAIL

Address	30 STURDEE ROAD #17-02
Postcode	207852
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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)	2

#### 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 PLAN

#### 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	SHC8459Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PHUA XLIAM WEE
NRIC/Passport Number	
Contact Number	87276263
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## Accident Sketch Plan


### 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:

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/61 Sin Ming Ind Est  
Singapore 5715643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/ID No:

A hand-drawn diagram of a cell. It features a large central vacuole, a nucleus, and a dashed line labeled "newton circle".

B - SH 8459Y

I was driving along Newton circle in 2nd lane, when A Taxi on 1st lane suddenly cut into my lane and hit onto my front portion

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

~~11~~

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 573643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

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



# CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643

TEL: 6453 1235, 6452 0850 FAX: 6453 7944

24hrs Towing Services Tel: 9823 9898

Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Estimate : QUOT201804-000488(00)

MS FIRST CAPITAL INSURANCE LTD

NO. 36

ROBINSON RD

CITY HOUSE

SINGAPORE 068877

Attention: Low Kay Eng

Contact : 84284135

Fax No. : 6507 3849

Date : 20/04/2018

Vehicle No. : SCW1339K

Make/Model : HONDA HRV 1.5 DX CVT

Mileage (km) : 0

Chassis No. : JHMRU1810GX200311

Accident Date : 19/04/2018 00:00:00

Claim No. : SH8459Y

Reference : SCW1339K

Policy No. : 16-MV011398-R00

S/No	Particular	Quantity	Unit Price	Amount S\$
<b>LIST ITEMS :</b>				
1	RH front fender	1.0	558.70	558.70 ✓
2	RH front fender outer garnish	1.0	153.00	153.00 ✓
3	Front bumper	1.0	927.50	927.50 ✓
4	Front bumper - Lower	1.0	351.00	351.00 ✓
5	Front bumper retainer	1.0	20.60	20.60 ✓
6	RH headlamp	1.0	1,150.60	1,150.60 ✓
List Total :				3,161.40
20% Discount S\$				632.28
				2,529.12
<b>SPECIAL NET :</b>				
1	Sport rim	1.0	350.00	350.00 ✓
SPECIAL NET Total S\$:				350.00
<b>LABOUR :</b>				
	*To computerized wheel alignment	1.0	60.00	60.00 ✓
	- To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts	1.0	400.00	400.00 ✓
	- Spray painting on affected & replace parts	1.0	700.00	700.00 ✓
				1,160.00

<b>LKK Auto Consultants hence notify the Repairer of the following:</b>	
• To resurvey before/after spray painting	
• To display damaged parts during resurvey	
• Parts prices are subject to confirmation	
• Third party liability 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 Insurer	
<b>Total S\$:</b>	4,039.12
<b>GST 7% S\$:</b>	282.74
<b>Amount Due S\$:</b>	4,321.86

Acknowledged by Repairer

Signature:

Date:

for CITY AUTO PTE LTD




# 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/FCI18007617/Kvbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 13-09-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 8459Y	Veh. Inspected	SCW 1339K	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18003074MFSH	Excess (\$)	0.00	
Assign From	SERENE	Assign Date	25/04/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HONDA HRV (A)	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JHMRU1810GX200311	Colour	METALLIC LIGHT BROWN	
Odometer	6459	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	DUNLOP	9 mm	
L/H Front Tyre	215/60 R16	DUNLOP	9 mm	
R/H Rear Tyre	215/60 R16	DUNLOP	9 mm	
L/H Rear Tyre	215/60 R16	DUNLOP	9 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	19/04/2018	Inspection Date	30/04/2018	
Survey held at	CITY AUTO PTE LTD BLK 8, SIN MING IND. ESTATE #01-60/62 SIN MING ROAD SINGAPORE 575643.			
<b>5a. Remarks</b>				
A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B)DAMAGES CONSISTENT TO ACCIDENT REPORT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>4 Working Days</b>		



# 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. SCW 1339K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	RH FRONT FENDER	BENT	558.70	558.70
1	RH FRONT FENDER OUTER GARNISH	DENTED	153.00	153.00
1	FRONT BUMPER	* CHECK	927.50	-
1	FRONT BUMPER-LOWER	SERVICEABLE	351.00	-
1	FRONT BUMPER RETAINER	DISTORTED	20.60	20.60
1	RH HEADLAMP	* CHECK	1,150.60	-
	LESS 20% DISCOUNT		-632.28	-146.46
			2,529.12	585.84
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SPORT RIM (SN)	DENTED	350.00	350.00
			350.00	350.00
<b><u>LABOUR</u></b>				
	TO COMPUTERIZED WHEEL ALIGNMENT.		60.00	60.00
	TO KNOCK JACKOUT DAMAGED PARTS,PANEL BEATING,WELDING,ALIGN,REFIX AND TO RENEW ACCIDENT PARTS.		400.00	360.00
	SPRAY PAINTING ON AFFECTED & REPLACE PARTS.		700.00	540.00
			1,160.00	960.00
<b>GRAND TOTAL</b>			<b>4,039.12</b>	<b>1,895.84</b>
<b>RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$1,662.48 NETT)</b>				<b>1,895.84</b>

Report Ref No. CS/FCI18007617/Kvbe2

KONG SENG CHEONG

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.