

22/03/2002

ASS. REC. BY:

REF: CS/FCI 18 010356/ Gsd34 Special Instruction:

Surveyor: GWO Qina
CWSASSIGNMENT (Office)From (Person): Serene Ierof FCIDate/Time: 7/6/18 @ 8:38am

Estimated Cost: _____ Bill to: _____

OD TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLH 4393EInsured: SHA 3309Rat Workshop m/s Allswell MotorTel: 6679 1146of 25 Defu Lane 9

Policy No: _____

Claim No: D18004552MFSH

Sum Insured: _____

Excess: _____

Make of Veh: _____

(Client's Record)

D.O.A. 06/06/2018CA / REV / REP. / REV 24 HRS 1up3pm today

H.O.D. Endorsement: _____

Date/Time: 9:11am @ 7/6/18Person Contacted: Chai-yeVehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLH 4393E - CC4/ASM18006747/ Gua3 DOA: 10/4/2018
	SHA 3309R - NS/INC18007662/Klvb2 DOA: 25/4/2018
11/06/18	@ 14:55 p.m. revised PA to Serene via email.

WARRANTY

XPL.

REF: FCI

C25418

ASSIGNMENT

From: _____ Date: 07/06/18

Estimated Cost: _____

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

To Inspect Vehicle No: SLH 4393E

at Workshop m/s: Alls Well Motor

of: 25 Defu Lane 9

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record) 3pm

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS ups

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

Veh No: SLH4393E Yr Regn: 02 Nov 2016

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

Truck / Trailer or Hybrid 1.5

Make: Toyota AX10 C.C. 1496

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

Sp. Reading: 131441 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NKE1657135375

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: 195/55 R15

R: 11

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

TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	07-06-18

Survey held at: w/s 3pm

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

18/07/18 Vehicle haven't sent in to repair, confirmed with Chai Yee Gyeper.

RECEIVED 18 JUL 2018

Date/Time File Pass to? 18/07/18

1) Typist

Date/Time File Return to? _____

2) _____

Report Format : _____

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

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Invs (\$ _____)

☐ Weekend (\$ _____)

Survey Fee: 130

Transportation: 50

Photos: 23

Others: _____

TOTAL: 203

MOTOR SURVEY ASSIGNMENT

Date	06-06-2018	Our Ref No.	D180045501/014
Accident Date	06-06-2018	Claim Type.	Third Party
Insured Vehicle	SHA3309R	Third Party Vehicle.	CLE43935
Survey Location	25 Defu lane 9		
Contact Person.	CHAI YEE		
Contact No.	66791146/ 91478545	Fax No.	0
Survey Type	WITHOUT PREJUDICE: NO EST. COR PROVIDED		
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD		
Contact Person	NA	Fax No.	08416215
Contact Number.	NA		

FOR DIRECT SETTLEMENT

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

THIRD PARTY SURVEY REQUEST

Cc : Workshop	ALLSWELL MOTOR TRADERS	Attention, M/L
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/241211)

PRI Documents

Close

PRI Header Details

Claim No	D18004552MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & ALLSWELL ALLSWELL LE/ LTD / KHONG
Workshop Name	ALLSWELL MOTOR TRADERS (Contact Person : CHAI YEE)	Survey Location & Contact Details	25 Defu lane 9 Mobile: 91478545 , Phone: 66791146 , Fax: 0 EmailId: ACCOUNT5@ALLSWELLMOTOR.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: NO EST. COR PROVIDED		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA3309R	TP Vehicle No	SLE4393E
PRI Recieved Date	06-06-2018 08:14:57 PM	Surveyor Appointed Date	07-06-2018 08:37:10 AM	Surveyor Accept Date	07-06-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	07-06-2018	Upload Survey Report *:	<div>Choose File</div>
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Vehicle Particulars

Make	<div>Please Select Make ▼</div>	Model	<div>Please Select Model ▼</div>	Year	<div>Select Year ▼</div>
Chasis No	<div></div>	Engine No	<div></div>	Mileage	<div></div>
Color	<div></div>	Cubic Capacity	<div></div>		

Multiple Documents Upload

Upload Multiple Documents

File Name	Action
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Surveyor Job Remarks

Remarks	<div></div> <div>Save</div>
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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/FCI18010356/Gsd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 07-06-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 3309R	Veh. Inspected	SLH 4393E
Policy No.		Coverage (\$)	0.00
Claim No.	D18004552MFSH	Excess (\$)	0.00
Assign From	CWS (SERENE LER)	Assign Date	07/06/2018

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

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5. General Information

Accident Date	06/06/2018	Inspection Date	07/06/2018
Survey held at	25 DEFU LANE 9		
Repairer	ALLSWELL MOTOR TRADERS		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2541Z
Vehicle Details	
Vehicle No.:	SLH4393E
Vehicle to be Exported:	No
Intended De-registration Date:	09 Jun 2018
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO HYBRID 1.5G CVT D/AIRBAG
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	1NZR413535
Chassis No.:	NKE1657135375
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$24,263.00
Original Registration Date:	02 Nov 2016
First Registration Date:	02 Nov 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Nov 2026
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	01 Nov 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,991.00
COE Rebate Amount:	\$42,808.00
Total Rebate Amount:	\$46,558.00

The information contained herein is correct as at 09 Jun 2018

OK

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Monday, 11 June 2018 2:55 PM
To: 'Claim Workflow System'; SERENELER@MSFIRSTCAPITAL.COM.SG
Cc: sur@lkkauto.com; 'Nivitha (LKK Auto)'; ASSIGNMENTS@LKKAUTO.COM
Subject: RE: SURVEY ASSESSMENT - D18004552MFSH/1
Attachments: SLH 4393E - Preli Advise.pdf

Dear Serene,

Enclosed herewith preliminary advice of SLH 4393E.

Thank you.

Best Regards,

Shirley Hiew | 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: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Thursday, 7 June 2018 10:51 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; sur@lkkauto.com
Subject: RE: SURVEY ASSESSMENT - D18004552MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | 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: Thursday, 7 June 2018 8:37 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SERENELER@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18004552MFSH/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: D18004552MFSH

Date: 11 June 2018

Our Ref: CS/FCI18010356/Gsd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

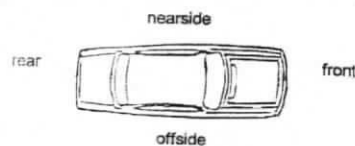
INITIAL INSPECTION REPORT OF VEHICLE NO. SLH 4393E .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 07/06/2018 at the premises of M/s Allswell Motor Traders and have the following to report:-

Workshop Estimate Amount	: S\$ <u>2,807.50</u> .
Revised Estimate Amount	: S\$ <u>1,686.75</u> .
"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 portion.



Comments/ Present Status:

Damages Consistent.

Repair days: 4 Days

Yours faithfully,
Guo Qiang
Automotive Assessor

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	06/06/2018 12:07
Date Of Accident	06/06/2018 09:00
Exact Location Of Accident	ANSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH4393E
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Insured/Policyholder

Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE LTD
Co Reg No	201432541Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64625405

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.5 G AXIO HYBRID (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5085700497-01
Cover Note Number	

Driver

Name of Driver	KHONG QIQUAN (KUANG QIQUAN)
NRIC No	S8439077A
Date Of Birth	20/12/1984
Occupation	OUTDOOR
Date Of Driving Pass	24/08/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83500835
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	101B UPPER CROSS STREET # 22-01
Postcode	058359
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
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?	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: : CHINESE GENDER: : FEMALE

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

I WAS DRIVING STRAIGHT AND SAW A TAXI ATTENDING TO CUT INTO MY LANE. I COULD NOT SWITCHED LANE AT THERE IS A CAR COMING FAST FROM BEHIND. I TRIED FLASHING BUT THE TAXI CONTINUE TO MOVE OUT.

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	SHA3309R
Vehicle Make/Model/Colour	
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)	

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: 6/6/18



Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Liew PO YIN

NRIC/FIN No.: 88559707N

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT AND SAW A TAXI ATTEMPTING TO
~~MOVE OUT OF~~ CUT INTO MY LANE. I COULD NOT ~~SWITCHED~~ SWITCHED
 LANE AS THERE IS A CAR COMING FAST FROM BEHIND
 I TRIED FLASHING, BUT THE TAXI CONTINUE TO MOVE OUT

DECLARATION

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

Signature: *Liaw*
 Date & Time: 6/6/18

Signature: *Ch*
 Date & Time:

Signature: *Liaw*
 Name: Liaw Wei Yin
 NRIC/FIN No.: G8559707N

Allswell Motor Traders

25 Defu Lane 9, Singapore 539266

Tel : +65 6679 1146

email:ben@allswellmotor.com.sg

4 Days.
part by part.
before paint photos.
Guo Qianl.
07/6/18

(3rd party claim against MS First Capital insured SNA3309R)

Estimate repair

Vehicle No. : SUH4393E
Make & Model : Toyota Axio
Chassis No. : Hybrid 1.5G
Date of survey : _____

Submitted by
COE expiry
Engine No.

[Signature]
12/6/18

Bun
01-11-2026

S/No	Part Description	Qty	Unit Price	Price	Disposition by
01	RH rear door / <i>bul</i>	01	#		
02	RH rear fender <i>x repair</i>	01	#721.0		* repair
<i>Labour description</i>					
01	Dismantle / Assembly of RH rear door / RH fender elements	01	#360.0	100	
02	Panel beating of rear fender area	01	#460.0	200	
03	Spray painting including putty / grind and polish with anti-rust paint	01	#660.00	600	
<i>4 Days</i>					
<p>Link Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 <p>Acknowledged by Repairer Signature: _____ Date: _____</p>					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour cost will be charged accordingly under supplementary.

3250

1686.75

1049
259: 786.7




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/FCI18010356/Gsd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 27-07-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 3309R	Veh. Inspected	SLH 4393E	
Policy No.	D-1808936MFSH	Coverage (\$)	0.00	
Claim No.	D18004552MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	07/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA AXIO HYBRID 1.5	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	NKE1657135375	Colour	BLACK	
Odometer	131441	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/55 R15	YOKOHAMA	6 mm	
L/H Front Tyre	195/55 R15	YOKOHAMA	6 mm	
R/H Rear Tyre	195/55 R15	YOKOHAMA	6 mm	
L/H Rear Tyre	195/55 R15	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	06/06/2018	Inspection Date	07/06/2018	
Survey held at	25 DEFU LANE 9			
Repairer	ALLSWELL MOTOR TRADERS			
5a. Remarks				
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.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 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. SLH 4393E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	RH REAR DOOR	BUCKLED TO REPAIR SEE LABOUR	1,049.00	1,049.00
1	RH REAR FENDER		721.00	-
	LESS 25% DISCOUNT		-	-262.25
			1,770.00	786.75
	<u>LABOUR</u>			
	DISMANTLE / ASSEMBLY OF RH REAR DOOR / RH FENDER ELEMENTS.		360.00	100.00
	PANEL BEATING OF REAR FENDER AREA. INCLUSIVE OF THE REPAIR OF RH REAR FENDER.		460.00	200.00
	SPRAY PAINTING INCLUDING PUTTY / GRIND AND POLISH WITH ANTI-RUST PAINT.		660.00	600.00
			1,480.00	900.00
	GRAND TOTAL		3,250.00	1,686.75
	RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)			1,686.75

Report Ref No. CS/FCI18010356/Gsd3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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