

ASS. REC. BY:

REF: CS/FCI18011485/Tlsd302 Special Instruction:

Surveyor:

AWS

ASSIGNMENT (Office)

From (Person):

Lurene jaw

of

FCI

Date/Time:

25/6/18 @ 12:58pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLP 4705Y

Insured:

SHC 7077Y

at Workshop m/s

STH Fatt Auto works

Tel:

6273 0119

of

Bik 1009 # 01-90 Bukit merah lane 3

Policy No:

Claim No:

D18004913MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

20/06/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

lwp

26062018 @ 3pm-5pm

H.O.D. Endorsement:

Date/Time:

2:32pm @ 25/6/18

Person Contacted:

Connie

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓) Estimate

SLP 4705Y - x

SHC 7077Y - CC4/AXA 17007680/Hlub3q2

DOA: 16/04/2017

28/06/18 @ 17:09 p.m. revised PA to Lurene via email.

Tanji

REF: FCI

ASSIGNMENT

From: _____ Date: 26/6/2018
Estimated Cost: _____
OD: ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLP 4705 Y
at Workshop m/s: SHU FATT Autoworks
of Blk 1009, # 01-90 Bukit merah lane 3
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
(Client's Record) 3pm - 5pm
Make of Veh: _____

N/S	O/S

(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 ^{hps}

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

Veh No: SLP 4705 Y Yr Regn: 2017, June.
Type: ☒ M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Harrier cc 1986
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 13925 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: ZSY600079884
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: 225/65R17
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front: _____ Rear: 6
R/Bal: 6 mm R/Bal: 6 mm
L/Bal: 6 mm L/Bal: 6 mm
D.O.A: _____ D.O.I: 26/6/15 @ 1550.
Survey held at: SHU FATT
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
28.9.32, 3 days

(\$ 2,091.78 Red - 43%)

RECEIVED 31 JUL 2018

Date/Time File Pass to? 31/07/18
1) Typist
Date/Time File Return to? _____
2) _____
Report Format: _____
Lump Sum / I.B.I: (\$ 2,819.32 p/p)

☐ : Preli. Report
☒ : Final Report

Days Of Repair: 3
Resurvey No. of Trip: 1

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

Survey Fee: 135
Transportation: 90
S + RS: 90
Photos: 39
Others: _____

135
90
90
39
TOTAL 274

MOTOR SURVEY ASSIGNMENT

Date	21-06-2018	Our Ref No. D18004913MFSH
Accident Date	20-06-2018	Claim Type. Third Party
Insured Vehicle	SHC7077Y	Third Party Vehicle. SLP4705Y
Survey Location	BLK 1009 #01-90 BUKIT MERAH LANE 3	
Contact Person.	CONNIE	
Contact No.	62730119/ 62730119	Fax No. 62707065
Survey Type	WITHOUT PREJUDICE: ASK THIRD PARTY FOR THEIR CLIENT'S VIDEO FOOTAGE.	
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	SHU FATT AUTO WORKS	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/241671)



PRI Documents




Close X

PRI Header Details

Claim No	D18004913MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & HITACHI (LTD
Workshop Name	SHU FATT AUTO WORKS (Contact Person : CONNIE)	Survey Location & Contact Details	BLK 1009 #01-90 BUKIT MERAH LANE 3 Mobile: 62730119 , Phone: 62730119 , Fax: 6270706! EmailId: SHUFATT@SINGNET.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: ASK THIRD PARTY FOR THEIR CL		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7077Y	TP Vehicle No	SLP4705Y
PRI Recieved Date	22-06-2018 11:20:35 PM	Surveyor Appointed Date	25-06-2018 12:57:21 PM	Surveyor Accept Date	25-06-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	25-06-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	Select Year ▼
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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Shirley Hiew (LKK Auto)

From: Taufikh (LKK Auto) <taufikh@lkkauto.com>
Sent: Monday, 30 July 2018 11:46 AM
To: 'Pat-Shu Fatt Auto Works'
Cc: 'Shirley Hiew (LKK Auto)'
Subject: RE: SLP 4705 Y - finalise

Hi Pat,

COR \$2819.32 , 3 days.

Regards
Taufikh

From: Pat-Shu Fatt Auto Works [mailto:shufatt@singnet.com.sg]
Sent: Thursday, 26 July 2018 10:02 AM
To: 'Taufikh (LKK Auto)'
Cc: 'Shirley Hiew (LKK Auto)'
Subject: RE: SLP 4705 Y - finalise

Dear Taufikh,

Thank you for your email.

You missed out the \$80 labour item. COR should be : \$2819.32.
3 days.
Looking forward to your confirmation.

Parts: \$2319.09
-25%: (\$579.77)

\$1739.32
Snet: \$200.00

\$1939.32
Labour: \$880.00

\$2819.32
=====

Thanks & regards,
Pat
Shu Fatt Auto Works

From: Taufikh (LKK Auto) [mailto:taufikh@lkkauto.com]
Sent: Thursday, 26 July, 2018 9:49 AM
To: 'Pat-Shu Fatt Auto Works'
Cc: 'Shirley Hiew (LKK Auto)'
Subject: RE: SLP 4705 Y - finalise

Hi Pat,

Can close at \$2739.32 , 3days ?

Labour revised to \$400 and Spray revised to \$400.

Thank you.

Regards
Taufikh
Lkk AUTO

From: Pat-Shu Fatt Auto Works [<mailto:shufatt@singnet.com.sg>]
Sent: Tuesday, 24 July 2018 2:35 PM
To: 'SUR'; taufikh@lkkauto.com
Subject: SLP 4705 Y - finalise

WITHOUT PREJUDICE

Dear Taufikh,

Please see attached before paint photos and resurvey photos. Finalized calculations also attached.
We unable to cope with the labour recommended and have proposed adjustment which we hope are acceptable to you.

Cost of repair: \$3069.32 before GST.

Thanks & regards,
Pat
Shu Fatt Auto Works

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Thursday, 28 June 2018 5:09 PM
To: LURENEJAW@MSFIRSTCAPITAL.COM.SG; 'Claim Workflow System'
Cc: sur@lkkauto.com; 'Nivitha (LKK Auto)'; ASSIGNMENTS@LKKAUTO.COM
Subject: RE: SURVEY ASSESSMENT - D18004913MFSH/1
Attachments: SLP 4705Y - Preli Advise.pdf

Dear Lurene,

Enclosed herewith preliminary advice of SLP 4705Y.

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: Monday, 25 June 2018 2:36 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; sur@lkkauto.com
Subject: RE: SURVEY ASSESSMENT - D18004913MFSH/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: Monday, 25 June 2018 12:58 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; LURENEJAW@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18004913MFSH/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: D18004913MFSH

Date: 28 June 2018

Our Ref: CS/FCI18011485/T1sd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

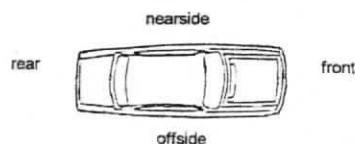
INITIAL INSPECTION REPORT OF VEHICLE NO. SLP 4705Y .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 26/06/2018 at the premises of M/s Shu Fatt Auto Works and have the following to report:-

Workshop Estimate Amount	: S\$ 4,911.10 .
Revised Estimate Amount	: S\$ 2,368.96 .
"Check" Items Amount	: S\$ 1,003.61 .
Market Value	: S\$.
LTA Reimbursement Value	: S\$.
Nett Value	: S\$.

Description of Damage:

The vehicle sustained damages at the rear portion.



Comments/ Present Status:

Damages Consistent.

Repair days: 3 Days

Yours faithfully,
Mohammad Taufikh
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	21/06/2018 10:04
Date Of Accident	20/06/2018 10:00
Exact Location Of Accident	NAPIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4705Y
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	NA 199400399N
Email Address	CHRISTINA.HOO89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90222791
Alternative Phone No	OFFICE-90222791

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	G300038167MCY
Cover Note Number	

Driver

Name of Driver	RYAN SUHARI SIEK
NRIC No	S8678922A
Date Of Birth	14/03/1986
Occupation	INDOOR
Date Of Driving Pass	13/08/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90222791
Fax Number	
Contact Number	
EMail Address	CHRISTINA.HOO89@GMAIL.COM

Address	21 KIM YAM ROAD #07-01
Postcode	239332
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASING
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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 ATTACHED.

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	SHC7077Y
Vehicle Make/Model/Colour	YELLOW TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PEH BAN EK
NRIC/Passport Number	S1422706G
Contact Number	96469277
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.

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

ROBIN OH (MR)
Department Manager
Total Vehicle Solution
Asia
Policyholder's Signature

Date & Time:

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

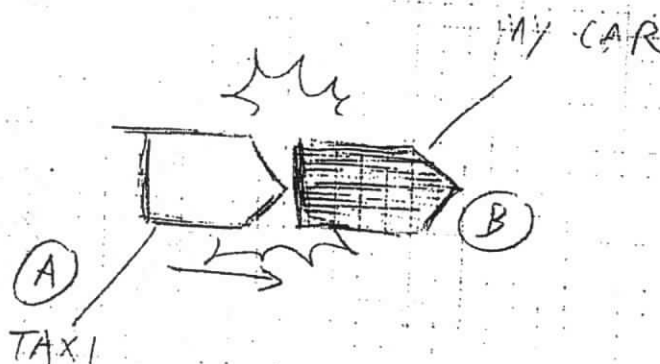
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

STRAIGHT ROAD

(A) TAXI
PLATE NO: SHC7077Y

(B) MY CAR
PLATE NO: SLP4705Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT 10:30 AM, I was on my way to the glenglen hospital when a TAXI hit my car from the back. ~~I was~~ I was approaching the traffic light as it was red and I was slowing down in response when it happened. Felt a strong impact from my rear.

DECLARATION

I declare the foregoing particulars are true in every respect

ROBIN OH (MR)
Department Manager
Total Vehicle Division
Asia Pacific Business Division

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

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



樹發汽車修理廠 SHU FATT AUTO WORKS

BLOCK 1009 BUKIT MERAH LANE 3 #01-90 SINGAPORE 159723 TEL: 6273 0119 FAX: 6270 7065

Our Ref: WSK/jw/SF-quo

21st June 2018

1st Capital- TP- 25

SLP 4705 Y TOYOTA HARRIER

Spare Parts	1	Rear boot logo.	
	1	Rear boot 'Harrier' emblem	
	1	Left rear tail light.	
	1	Left rear tail light lower holder.	
	1	Rear bumper.	
	1	Rear bumper beam.	
	1	Rear bumper bracket.	
	2	Rear bumper side retainers.	@\$98.60 ✓
	1	Rear bumper foam.	
	1	Set rear bumper clips.	
	1	Left rear bumper reflector.	
	1	Rear lower bumper.	
	1	Set rear reverse sensors.	

SS

89.54	x nn
95.16	x nn
488.96	x nn
78.20	x nn
1488.96	de
322.68	x nn
96.10	x nn
197.20	LH-nw, RH-X
173.81	7 ✓ de
60.00	hel ✓
79.80	x nn
497.72	de
280.00	Snet 200 dis ✓

Less 25%

3948.13	2319.09
917.03	1739.32
3031.10	SW 200 1939.32
750.00	400 250

Labour

To knock straighten rear boot, rear support panel, rear inner panel, rear lower panel, rear side panel, left rear lower fender, renew rear light, rear bumper and assembly.
To respray damaged parts.
To remove rear garnishes, carpets, upholstery to facilitate repairs and assembly.
To reseal joints, reinsulate, anti rust panels and assembly.

900.00	400 250
150.00	60 (80) ✓
80.00	x nn 880
4911.10	2819.32
	\$2739.32 #

Yokohama 225/65R17
ZSU60- 0079884
13595

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:

Tanpin 97495749
WP

26/6/18 @ 1550

Resurvey before paint
03 days

Sur @ Int auto - wms

29/6/18




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/FCI18011485/T1sd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 14-08-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 7077Y	Veh. Inspected	SLP 4705Y
Policy No.	D-18088937MFSH	Coverage (\$)	0.00
Claim No.	D18004913MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	25/06/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA HARRIER	c.c	1986
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	ZSU600079884	Colour	BLACK
Odometer	13925	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/65 R17	YOKOHAMA	6 mm
L/H Front Tyre	225/65 R17	YOKOHAMA	6 mm
R/H Rear Tyre	225/65 R17	YOKOHAMA	6 mm
L/H Rear Tyre	225/65 R17	YOKOHAMA	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	20/06/2018	Inspection Date	26/06/2018
Survey held at	SHU FATT AUTO WORKS BLK 1009, BUKIT MERAH LANE 3 #01-90 SINGAPORE 159723		
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:		3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLP 4705Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BOOT LOGO	NOT NECESSARY	89.54	-
1	REAR BOOT 'HARRIER' EMBLEM	NOT NECESSARY	95.16	-
1	LEFT REAR TAIL LIGHT	NOT NECESSARY	488.96	-
1	LEFT REAR TAIL LIGHT LOWER HOLDER	NOT NECESSARY	78.20	-
1	REAR BUMPER	DEFORMED	1,488.96	1,488.96
1	REAR BUMPER BEAM	NOT NECESSARY	322.68	-
1	REAR BUMPER BRACKET	NOT NECESSARY	96.10	-
2	REAR BUMPER SIDE RETAINERS @\$98.60	N/S NECESSARY / O/S NOT NECESSARY	197.20	98.60
1	REAR BUMPER FOAM	DEFORMED	173.81	173.81
1	SET REAR BUMPER CLIPS	NECESSARY	60.00	60.00
1	LEFT REAR BUMPER REFLECTOR	NOT NECESSARY	79.80	-
1	REAR LOWER BUMPER	DEFORMED	497.72	497.72
	LESS 25% DISCOUNT		-917.03	-579.77
			2,751.10	1,739.32
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR REVERSE SENSORS (SN)	DISTORTED	280.00	200.00
			280.00	200.00
<u>LABOUR</u>				
	TO KNOCK STRAIGHTEN REAR BOOT, REAR SUPPORT PANEL, REAR INNER PANEL, REAR LOWER PANEL, REAR SIDE PANEL, LEFT REAR LOWER FENDER, RENEW REAR LIGHT, REAR BUMPER AND ASSEMBLY.		750.00	400.00
	TO RESPRAY DAMAGED PARTS.		900.00	400.00
	TO REMOVE REAR GARNISHES, CARPETS, UPHOLSTERY TO FACILITATE REPAIRS AND ASSEMBLY.		150.00	80.00
	TO RESEAL JOINTS, REINSULATE, ANTI RUST PANELS AND ASSEMBLY.	NOT NECESSARY	80.00	-
			1,880.00	880.00
GRAND TOTAL			4,911.10	2,819.32

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RECOMMENDED COST OF REPAIRS

2,819.32

Report Ref No. CS/FCI18011485/T1sd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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