

SS. EC. BY:

REF:

CS/FCL18011834/K16/

Special Instruction:

Surveyor

Kenneth

ASSIGNMENT (Office)

From (Person):

WS Wurene Jaw

of

FCL

Date/Time:

28062018 9.07am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLE 9421R

Insured:

SIB 21673

at Workshop n/s:

Eastern Performance

Tel:

684 1221

of

Blk 5033 Amk Ind Park 2 #01-251

Policy No:

Claim No:

D180050DSMF5H

Sum Insured:

Excess:

Make of Veh:

D.O.A.

1706248

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

28062018

1020am

Person Contacted:

Jenny

Vehicle: ~~IN~~ OUT

Date/Time

Action/Instruction ( ✓ ) Estimate

SLE 9421R - X

SIB 21673 - CS/FCL17019143/W16n1

28062018

37e

Revert via preli email

3017 11Ln @ 1000 Confirmed (Red: 4574; 82%/-)

REF: FCL

## ASSIGNMENT

From: Date: 28062018

Estimated Cost:

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

To Inspect Vehicle No: SLE 9421R

at Workshop n/s: Estem Performance

of Blk 5033 Ark 1nd Bld 2 #01-251

Insured:

Policy No: 06510

Claims No:

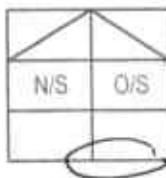
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: @ 52k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

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

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLE 9421R Yr Regn: 08 16

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

Truck / Trailer or

Make: Mit Attach o.c. 1193

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 57497 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MMBS7A13A141+00058

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: 185/55R15

R:

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 17/6/18

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 28/6/18

Survey held at

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

Acc o/s

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

Date / Time Action / Instruction

29/6 File per to Carman

RECEIVED 2 AUG 2018

Date/Time, File Pass to?

1) 2/2 Typist

Date/Time, File Return to?

2)

☐ : Prel. Report☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Others

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

Report Format: TP

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

1000

40

50

50

11

251

### MOTOR SURVEY ASSIGNMENT

Date	27-06-2018	Our Ref No. D18005028MFSH
Accident Date	17-06-2018	Claim Type. Third Party
Insured Vehicle	SHB2167J	Third Party Vehicle. SLE9421R
Survey Location	BLK 5033 ANG MO KIO, IND PARK 2 #01-251/259	
Contact Person.	JENNY CHONG	
Contact No.	64841221/ 0	Fax No. 64847829
Survey Type	DIRECT SETTLEMENT:	
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	ESTEEM PERFORMANCE PTE LTD	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.



# 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/FCI18011834/Ktb

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 28-06-2018



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 2167J	Veh. Inspected	SLE 9421R
Policy No.		Coverage (\$)	0.00
Claim No.	D18005028MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	28/06/2018

## 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

--

## 5. General Information

Accident Date	17/06/2018	Inspection Date	28/06/2018
Survey held at	ESTEEM PERFORMANCE PTE LTD BLK 5033 ANG MO KIO INDUSTRIAL PARK 2 #01-259 SINGAPORE 569536		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.  
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.



Auto  
Consultants  
Pte Ltd

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

Your Ref: D18005028MFSH

Date: 3/7/2018

Our Ref: CS/FCI18011834/Ktb

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

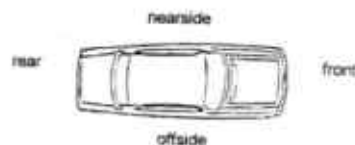
**INITIAL INSPECTION REPORT OF VEHICLE NO. SLE 9421R**

Please be informed that we had conducted the inspection of the abovementioned vehicle 28/06/2018 at the premises of M/s Esteem Performance and have the following to report:

Workshop Estimate Amount	: S\$ <u>5,574.00</u>
Revised Estimate Amount	: S\$ <u>1,344.20</u>
"Check" Items Amount	: S\$ <u>-</u>
LTA Reimbursement Value	: S\$ <u>          </u>
Nett Value	: S\$ <u>          </u>

**Description of Damage:**

The vehicle sustained damages at the Rear o/s portion.



**Comments/ Present Status:**

Damages Consistent.

Yours faithfully

Kenneth

Automotive Assessor

## Denise Tay (LKKAuto)

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**From:** Denise Tay (LKKAuto)  
**Sent:** Tuesday, 3 July 2018 3:06 PM  
**To:** Admin-D (LKKAuto); 'Claim Workflow System'; assignments  
**Cc:** 'LURENEJAW@MSFIRSTCAPITAL.COM.SG'; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18005028MFSH/1  
**Attachments:** PRELI ADVISED SLE 9421R.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SLE 9421R**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: [denisetay@lkkauto.com](mailto:denisetay@lkkauto.com) | fax: 6256-4315

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

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**From:** Denise Tay (LKKAuto)  
**Sent:** Tuesday, 3 July 2018 2:38 PM  
**To:** Admin-D (LKKAuto) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>; 'Claim Workflow System' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D18005028MFSH/1

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SLE 9421R**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: [denisetay@lkkauto.com](mailto:denisetay@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:** Thursday, 28 June 2018 10:21 AM  
**To:** 'Claim Workflow System' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D18005028MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Best Regards,

## 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	25/06/2018 11:19
Date Of Accident	17/06/2018 12:15
Exact Location Of Accident	SINGAPORE GENERAL HOSPITAL BLK 4 DROP-OFF POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9421R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	-
Email Address	ALI.IBRAHIM09081963@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96288248
Alternative Phone No	OFFICE-96288248

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE

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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00034/VPZ/R03
Cover Note Number	

### Driver

Name of Driver	ALI BIN IBRAHIM
NRIC No	S1606650H
Date Of Birth	10/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96288248
Fax Number	
Contact Number	
Email Address	ALI.IBRAHIM09081963@GMAIL.COM

Address	BLK 118 PENDING ROAD #02-236
Postcode	670118
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	COLLISION - HEAD TO REAR
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER STATEMENT (ATTENDED BY: JAMES NG

#### 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	SHB2167J
Vehicle Make/Model/Colour	TOYOTA / CITY CAB / YELLOW
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAI FOO SIN
NRIC/Passport Number	S20186901
Contact Number	97316556
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 reassess 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.

**B. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

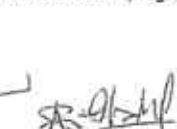
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

25 JUN 2018



Driver's Signature

(If driver is not the policyholder)

Date & Time:

22/6/18,  
1543 hrs



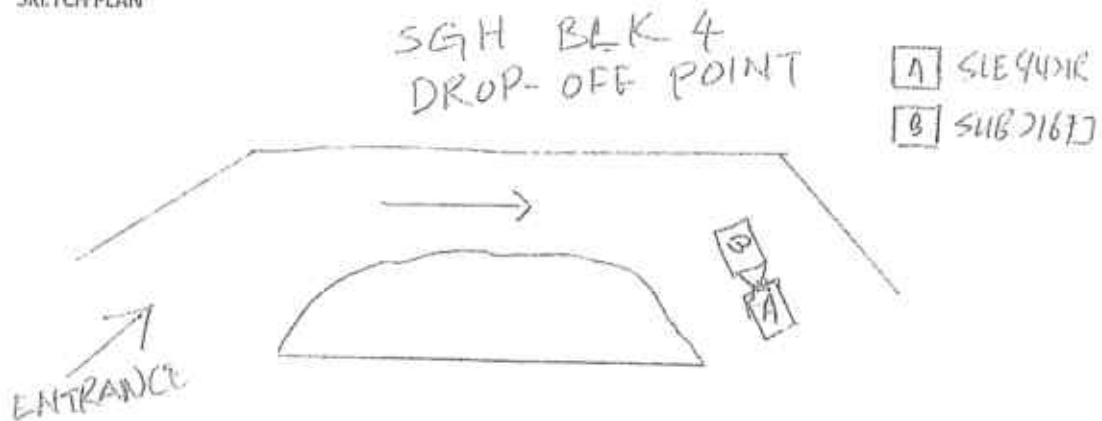
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

NG WING KIN JAMES  
S7927881E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The other party hit my vehicle from the back. My car's rear bumper was slightly damaged. Both of us decided to settle ourselves. No injuries.

DECLARATION

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

Policyholder's Signature

Date & Time:

25 JUN 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

22/6/18  
1543 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



NG WING KIN JAMES  
S7927881E

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Ali Bin Ibrahim,  
Of S1606650H, residing at B/118 Pending Road Road #02-236, has reported to the  
Police a non-injury traffic accident

Which occurred at the Singapore general Hospital Blk 4 Drop-off point

On 17/06/2018 at about 1215hrs involving the following vehicles:

Informant's Vehicle: SLE9421R (Rental Car, Mitsubishi Attrage) H/P: 96268248

Other Party's Vehicle: SHB2167J (Comfort City Cab Yellow, Toyota) Name: CHAI  
FOO SIN of S2018690I, (H/P:97316356)

- 2 If this accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

The other party hit my vehicle from the back. My car's rear bumper was  
slightly damaged. Both of us decided to settle ourselves. No injuries.

Rank/Name of Issuing Officer: Sgt Prem

Date: 18/06/2018 Time: 0722hrs

S/D Ref: 04

Police Post/Unit: Bukit Panjang NPC

  
Bukit Panjang NPC  
1 Sezer Road #01-00  
Singapore 677738  
Tel : 6762 5888

Original - to be issued to informant



## ESTEEM PERFORMANCE PTE LTD

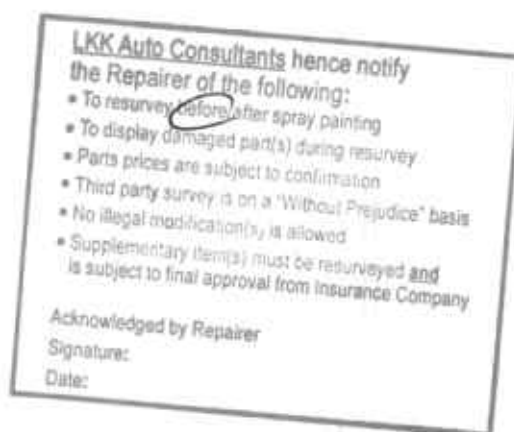
Bik 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.  
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

### Repair Estimates

SLE 9421 R

Parts	(a) Cost / List Price Items	_____
	Plus/Less	_____
	<b>Total of Cost / List</b>	_____
	(b) Nett Price Items	\$ 2,960.00
	Less 10%	\$ 296.00
	<b>Total of Nett Item</b>	\$ 2,664.00
	(c) Special Nett Items	_____
<b>Total Parts Cost</b>	\$	<b>2,664.00</b>
<b>Labour</b>	\$	<b>2,910.00</b>
<b>Total</b>	\$	<b>5,574.00</b>

Not with the  
Resurvey B4 point



The above total will be subjected to 7% G.S.T.

Name of Surveyor : Kennerth  
Company : CRIC  
Survey conducted on : 28/8/18 at \_\_\_\_\_

### Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : 02 day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ \_\_\_\_\_

(e) Signature of surveyor : Le Date: 28/8/18



# ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.

Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteempert.com.sg

## Spare Parts

Vehicle No. : SLE 9421 R  
Make & Model : MIT ATTRAGE  
Chassis No. : MMBSTA13AHH000596

Submit By : Carmen Lim  
Year Manufacture : 2016  
Engine No. :   
**Cost / List**

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Reverse sensor	2	\$250.00		20052
2	Rear bumper	1	\$708.00		✓
3	Rear bumper clip	10	\$30.00		✓
4	Rear bumper side retainer LH	1	\$26.00		✓
5	Rear bumper side retainer RH	1	\$26.00		✓
6	Rear bumper bracket LH	1	N/A		
7	Rear bumper bracket RH	1	N/A		
8	Rear bumper sponge	1	N/A		
9	Rear bumper reinforcement	1	N/A		
10	Rear bumper reflector LH	1	\$20.00		✓
11	Rear bumper reflector RH	1	\$20.00		✓
12	Bootlid	1	\$828.00		✓
13	Bootlid emblem	1	\$41.00		✓
14	Wording "ATTRAGE"	1	\$38.00		✓
15	Bootlid chrome	1	\$318.00		✓
16	Tail end panel	1	\$402.00		✓
17	Tail end panel garnish	1	\$65.00		✓
18	Tail end panel garnish clip	8	\$40.00		✓
19	Boot weatherstrip	1	\$148.00		✓
20					
21					
22					
23					

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

Blk 5033 Ang Mo Kio Industrial Park 2 #01-259 Singapore 569536 Tel: 64841221 Fax: 64847829

Company Reg No. 200005485N / GST No. 20-0005485-N



## ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.  
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

### Labour

Vehicle No. : **SLE 9421 R** Submit By : **Carmen Lim**  
Make & Model : **MIT ATTRAGE** Year of Manufacture : **2016**

S/No	Labour Description	Estimated Price	Adjusted Price
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (REAR BUMPER,BOOTLID,END PANEL, SPARE TYRE WELL PANEL)	\$1,200.00	2000
2	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (REAR BUMPER,BOOTLID,END PANEL, SPARE TYRE WELL PANEL)	\$1,000.00	2200
3	To check wiring	\$50.00	100
4	To remove & refit reverse sensor	\$120.00	500
5	To tuff coat ~ ~	\$150.00	X
6	To remove & refit spare tyre, spare tyre board, carpet trim to assist work load. ~ ~	\$150.00	X
7	To transfer boot mechanism to new boot ~ ~	\$120.00	X
8	To conduct water leakage tests to ensure proper air and sealing ~ ~	\$120.00	X

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.




# 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/FCI18011834/Ktbq2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 14-08-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHB 2167J	Veh. Inspected	SLE 9421R	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18005028MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	28/06/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MITSUBISHI ATTRAGE (A)	c.c	1193	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	MMBSTA13AHH000596	Colour	METALLIC PEARL WHITE	
Odometer	57497	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	185/55 R15	YOKOHAMA	7 mm	
L/H Front Tyre	185/55 R15	YOKOHAMA	7 mm	
R/H Rear Tyre	185/55 R15	YOKOHAMA	7 mm	
L/H Rear Tyre	185/55 R15	YOKOHAMA	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	17/06/2018	Inspection Date	28/06/2018	
Survey held at	ESTEEM PERFORMANCE PTE LTD BLK 5033 ANG MO KIO INDUSTRIAL PARK 2 #01-259 SINGAPORE 569536			
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLE 9421R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	BENT	708.00	708.00
10	REAR BUMPER CLIP	NECESSARY	30.00	30.00
1	REAR BUMPER SIDE RETAINER LH	SERVICEABLE	26.00	-
1	REAR BUMPER SIDE RETAINER RH	SERVICEABLE	26.00	-
1	REAR BUMPER BRACKET LH (NPA)	NOT NECESSARY	-	-
1	REAR BUMPER BRACKET RH (NPA)	NOT NECESSARY	-	-
1	REAR BUMPER SPONGE (NPA)	NOT NECESSARY	-	-
1	REAR BUMPER REINFORCEMENT (NPA)	NOT NECESSARY	-	-
1	REAR BUMPER REFLECTOR LH	SERVICEABLE	20.00	-
1	REAR BUMPER REFLECTOR RH	SERVICEABLE	20.00	-
1	BOOTLID	TO REPAIR SEE LABOUR	828.00	-
1	BOOTLID EMBLEM	NOT NECESSARY	41.00	-
1	WORDING 'ATTRAGF'	NOT NECESSARY	38.00	-
1	BOOTLID CHROME	SERVICEABLE	318.00	-
1	TAIL END PANEL	TO REPAIR SEE LABOUR	402.00	-
1	TAIL END PANEL GARNISH	SERVICEABLE	65.00	-
8	TAIL END PANEL GARNISH CLIP	NOT NECESSARY	40.00	-
1	BOOT WEATHERSTRIP	SERVICEABLE	148.00	-
	LESS 10% DISCOUNT		-271.00	-73.80
			2,439.00	664.20
2	REVERSE SENSOR (SN)	SHORTED	250.00	200.00
	LESS 10% DISCOUNT		-25.00	-
			225.00	200.00
<b>LABOUR</b>				
TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA (REAR BUMPER, BOOTLID, END PANEL, SPARE TYRE WELL PANEL), INCLUSIVE OF THE REPAIR OF BOOTLID AND TAIL END PANEL.			1,200.00	200.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA (REAR BUMPER, BOOTLID, END PANEL, SPARE TYRE WELL PANEL).		1,000.00	220.00
	TO CHECK WIRING.		50.00	10.00
	TO REMOVE & REFIT REVERSE SENSOR.		120.00	50.00
	TO TUFF COAT.	NOT NECESSARY	150.00	-
	TO REMOVE & REFIT SPARE TYRE, SPARE TYRE BOARD, CARPET TRIM TO ASSIST WORK LOAD.	NOT NECESSARY	150.00	-
	TO TRANSFER BOOT MECHANISM TO NEW BOOT.	NOT NECESSARY	120.00	-
	TO CONDUCT WATER LEAKAGE TESTS TO ENSURE PROPER AIR AND SEALING.	NOT NECESSARY	120.00	-
			2,910.00	480.00
GRAND TOTAL			5,574.00	1,344.20

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,000.00
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Report Ref No. CS/FCI18011834/Ktbq2

KONG SENG CHEONG

Licensed Appraiser

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