

22/03/2007

ASS. REC. BY:

REF: CS/FCI18015022/Ksd307

Special Instruction:

Supervisor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Joanne Yong

of

FCI

Date/Time:

17/8/18 @ 9:05am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLF 8863A

Insured:

8HB 6347E

at Workshop m/s

Esteem performance

Tel:

87990066

of

Blk 5033 AMK Ind. Park 2 # 01-251

Policy No:

Claim No:

D18006151MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 3/8/18

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

11:35am @ 17/8/18

Person Contacted:

Kenneth

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLF 8863A -X
	8HB 6347E -X
21/08/18	@ 14:33 p.m. revised PA to Joanne Yong via email
10/12	11 Long & 2 Ford Car frame (\$ 4 241 20 R.O. - 73%)

(08/11/13) wef

ASS. REC. BY:

REF: FCI

ASSIGNMENT

From: Date: 20/8/18

Estimated Cost:

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

To Inspect Vehicle No: 81F 8863A

at Workshop m/s Eastern Performance

of BIK 5033, AMK Ind. Prk 2# 01-259

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

11 am owner waiting

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: 81856

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 2014.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLF 8863A Yr Regn: 07, 16

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

Truck / Trailer or

Make: Mer C200 AMG.c.c 1991

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

Sp. Reading: 38924 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD 205 042 2R 154361

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:

R: 235/40R18

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

TOYO / YOKO or

Front

R/Bal. 8 mm

Rear

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 3/8/18

D.O.I. 20/8/18

Survey held at

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

O/S 151

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

21/8 Mr pass to Catherine

Date/Time, File Pass to?

10/02/19

1) Type

Date/Time, File Return to?

2)

☐ : Preli. Report☒ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ 2,700/- 4/5)

170

50

50

17

287

MOTOR SURVEY ASSIGNMENT

Date	15-08-2018	Our Ref No. D18006151MFSH
Accident Date	03-08-2018	Claim Type. Third Party
Insured Vehicle	SHB6347E	Third Party Vehicle. SLF8863A
Survey Location	BLK 5033 ANG MO KIO, IND PARK 2 #01-251/259	
Contact Person.	CARMEN LIM	
Contact No.	64841221/ 87990066	Fax No. 0
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:	
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	JOANNEY	

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/FCI18015022/Ksd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 17-08-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHB 6347E	Veh. Inspected	SLF 8863A
Policy No.		Coverage (\$)	0.00
Claim No.	D18006151MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	Assign Date	17/08/2018
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	03/08/2018	Inspection Date	20/08/2018
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.			

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Tuesday, 21 August 2018 2:33 PM
To: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; 'Claim Workflow System'
Cc: 'SUR'; 'Nivitha (LKK Auto)'; ASSIGNMENTS@LKKAUTO.COM
Subject: RE: SURVEY ASSESSMENT - D18006151MFSH/1
Attachments: SLF 8863A - Preli Advise.pdf

Dear Joanne,

Enclosed herewith preliminary advice of SLF 8863A.

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: Friday, 17 August 2018 11:38 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; 'SUR' <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18006151MFSH/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: Friday, 17 August 2018 9:04 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; JOANNEYONG@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18006151MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

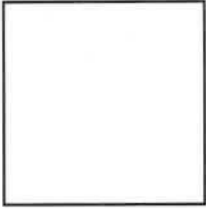
Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

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.



This email has been checked for viruses by AVG antivirus software.
www.avg.com



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: D18006151MFSH

Date: 21 August 2018

Our Ref: CS/FCI18015022/Ksd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

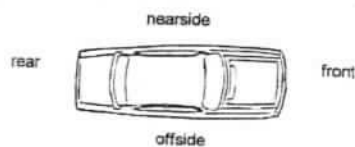
INITIAL INSPECTION REPORT OF VEHICLE NO. SLF 8863A .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 20/08/2018 at the premises of M/s Esteem Performance Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>10,041.80</u> .
Revised Estimate Amount	: S\$ <u>5,178.60</u> .
"Check" Items Amount	: S\$ <u>3,737.70</u> .
Market Value	: S\$ _____ .
LTA Reimbursement Value	: S\$ _____ .
Nett Value	: S\$ _____ .

Description of Damage:

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



Comments/ Present Status:

Damages Consistent.

Repair days: 4 Days

Yours faithfully,
Kenneth Kong
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	07/08/2018 16:47
Date Of Accident	03/08/2018 16:00
Exact Location Of Accident	AH HOOD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8863A
Insured/Policyholder	
Name Of Registered Owner	TAN SIEW HONG
NRIC No	S1574450B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91141013
Alternative Phone No	OTHERS-91141013

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200-2.0 (A)

Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
--------------------------------------------------------------------	-------------

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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01011992
Cover Note Number	12/07/2018 - 11/07/2019

Driver

Name of Driver	JASMINE SAMANTHA TAY LI YA
NRIC No	S8313547F
Date Of Birth	07/05/1983
Occupation	INDOOR
Date Of Driving Pass	27/11/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91141013
Fax Number	
Contact Number	OTHERS-91141013
Email Address	TAYLIYA@HOTMAIL.COM

Address 17 LENTOR PLAIN
 Postcode 786519
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
 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? YES
 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 KEBUN BARU NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 111 ANG MO KIO AVENUE 4 , POSTCODE: 560111 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4589999 - FAX NO: 64574454
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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 SHB6347E
 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)

DETAILS OF INJURED PERSON 1

Name	JASMINE SAMANTHA TAY LI YA
Approximate Age	
Injuries Sustain	NECK PAIN & DISCOMFORT @ TUMMY
Injured person in which vehicle?	SLF8863A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:



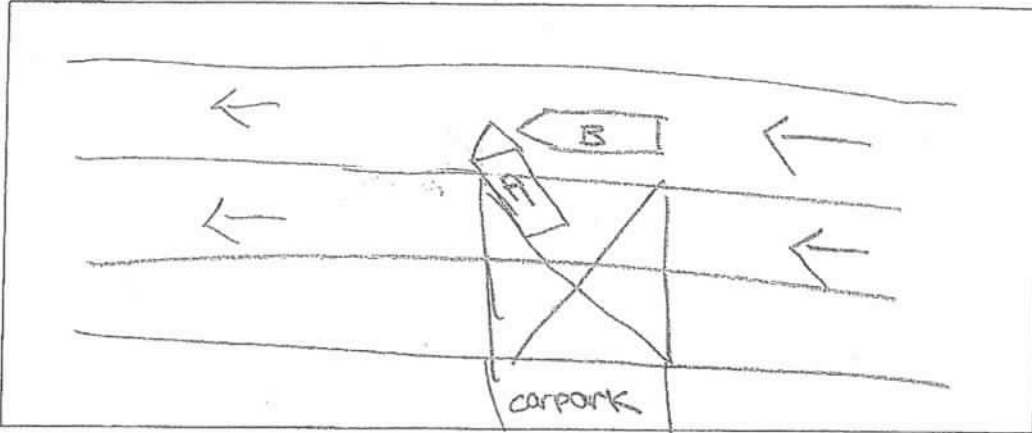
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

Date of accident: 03/03/13 Time: 16.00 Location: MH Road Rd
 My Vehicle A: PLF 8863A Vehicle B: SH126347C Vehicle C: -
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address : tafiliya@hotmail.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



AH LIM MOTOR COMPANY



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

Repair Estimates

SLF 8863 A

Parts	(a) Cost / List Price Items	\$	9,302.00
	Plus/Less 10%	\$	930.20
	Total of Cost / List	\$	8,371.80
	(b) Nett Price Items		
	Less		
	Total of Nett Item		
	(c) Special Nett Items		
Total Parts Cost		\$	8,371.80
Labour		\$	1,670.00
Total		\$	10,041.80

Not withair
I.B.I
Purvey Repair

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:

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

Name of Surveyor : Kenneth
Company : LKK
Survey conducted on : 20/8/18 at _____

Remarks By Surveyor

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

(b) Recommended Days of Repair : 04 day(s)

(c) Resurvey : Required / ~~Not Required~~

(d) Excess : \$ _____

(e) Signature of surveyor : Le Date: 20/8/18



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.esteemperf.com.sg

Spare Parts

Vehicle No. : **SLF 8863 A**
Make & Model : **MERC C200**
Chassis No : **WDD2050422R154361**

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

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Headlamp RH <i>Sn</i>	1	\$3,890.00		<i>X</i>
2	Front bumper <i>Bu</i>	1	\$2,215.00		<i>✓</i>
3	Front bumper clip <i>Mc</i>	10	\$55.00		<i>✓</i>
4	Front bumper reinforcement <i>R</i>	1	\$495.00		<i>X</i>
5	Front bumper side retainer RH <i>Diy</i>	1	\$135.00		<i>✓</i>
6	Front bumper bracket RH <i>R</i>	1	\$38.00		<i>X</i>
7	Front bumper sensor <i>Sn</i>	1	\$225.00		<i>X</i>
8	Front bumper lower chrome LH <i>Pr? Sn And</i>	1	\$889.00		<i>X</i>
9	RH front fender <i>R R</i>	1	\$985.00		<i>X</i>
10	RH front fender undershield <i>CM</i>	1	\$330.00		<i>✓</i>
11	RH front fender undershield clip <i>Mc</i>	10	\$45.00		<i>✓</i>
12					
13					
14					
15					
16					
17					
18					
19					
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.

Labour

Vehicle No. : SLF 8863 A Submit By : Carmen Lim
Make & Model : MERC C200 Year of Manufacture : 2016

[illegible]

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.

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

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: 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

Affiliated to Federation Internationale Des Experts En Automobile			
MS FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI18015022/Ksd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 10-12-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh. SHB 6347E	Veh. Inspected	SLF 8863A
	Policy No.	Coverage (\$)	0.00
	Claim No. D18006151MFSH	Excess (\$)	0.00
	Assign From JOANNE YONG	Assign Date	17/08/2018
2. Vehicle Particulars & Condition			
	Make & Model MERCEDES BENZ C200 AMG (A)	c.c	1991
	Engine No. HIDDEN	Year of Reg.	2016
	Chassis No. WDD2050422R154361	Colour	WHITE
	Odometer 38924	Steering	IN ORDER
	Brakes IN ORDER	Modification	STANDARD ALLOY RIM
	General GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
	R/H Front Tyre 235/40 R18	GOODYEAR	8 mm
	L/H Front Tyre 235/40 R18	GOODYEAR	8 mm
	R/H Rear Tyre 235/40 R18	GOODYEAR	8 mm
	L/H Rear Tyre 235/40 R18	GOODYEAR	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
	Accident Date 03/08/2018	Inspection Date	20/08/2018
	Survey held at ESTEEM PERFORMANCE PTE LTD BLK 5033 ANG MO KIO INDUSTRIAL PARK 2 #01-259 SINGAPORE 569536		
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:		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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLF 8863A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	HEADLAMP RH	SERVICEABLE	3,890.00	-
1	FRONT BUMPER	BUCKLED	2,215.00	2,215.00
10	FRONT BUMPER CLIP	NECESSARY	55.00	55.00
1	FRONT BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	495.00	-
1	FRONT BUMPER SIDE RETAINER RH	DISTORTED	135.00	135.00
1	FRONT BUMPER BRACKET RH	TO REPAIR SEE LABOUR	38.00	-
1	FRONT BUMPER SENSOR	SERVICEABLE	225.00	-
1	FRONT BUMPER LOWER CHROME LH	SERVICEABLE	889.00	-
1	RH FRONT FENDER	TO REPAIR SEE LABOUR	985.00	-
1	RH FRONT FENDER UNDERSHIELD	CRACKED	330.00	330.00
10	RH FRONT FENDER UNDERSHIELD CLIP	NECESSARY	45.00	45.00
	LESS 10% DISCOUNT		-930.20	-278.00
			8,371.80	2,502.00
	LABOUR			
	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (FRONT BUMPER, RHF FENDER). INCLUSIVE OF THE REPAIR OF FRONT BUMPER REINFORCEMENT, FRONT BUMPER BRACKET RH AND RH FRONT FENDER.		600.00	400.00
	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (FRONT BUMPER, RHF FENDER)		800.00	480.00
	TO CHECK WIRING & FOCUS HEADLAMP.		50.00	20.00
	TO TUFF COAT.		100.00	30.00
	TO REMOVE & REFIT FRONT BUMPER SENSOR TO ASSIST WORK LOAD.		120.00	60.00
			1,670.00	990.00
	GRAND TOTAL		10,041.80	3,492.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,700.00



Report Ref No. CS/FCI18015022/Ksd3e2

A handwritten signature in black ink, consisting of the letters 'KSC' in a stylized, cursive font.

KONG SENG CHEONG

Licensed Appraiser

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