22/03/2002

ASS. REC. BY: | REF: CS/FCL18016019 / Albn2 | Special Instruction:

Surveyor: Adela

ASSIGNMENT (Office)

From (Person): CW3 Karen Tan of FCL Date/Time: 31082018 4:47pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBF 3080T Insured: SHA 7646R

at Workshop m/s People's Vehicle Tel: 6743 3246

of Blk 302A Ubi Rd 1 #01-60

Policy No: Claim No: D18006509MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 30082018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'DS' H.O.D. Endorsement:

Date/Time: 03092018 Person Contacted: Janet Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	GBF 3080T - X
	SHA 7646R - NS/INC1600FHI/Hybn2 DA: 250416
	Part by Part $7410+ (Red: 3609.70, 32%)

ASS. REC. BY: Adrian Ling

REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBF3080T. Yr Regn: 2016, Sept.

Type: M.Car / M.Cycle / Bus / (Van) / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Mercedes Benz Vito 114 c.c 2143

Colour silver. A/C: Insured / Std / NI / NA

Sp.Reading 84136. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDF44760323185303

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: 205/65R16C

R: 205/65R16C

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Nexen

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm

D.O.A. D.O.I. 03/09/18

Survey held at People.

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
	TP 1st Cap.

RECEIVED 0 9 NOV 2018

8757W

Date/Time, File Pass to?
1) 9/11 Typist

Date/Time, File Return to?
2)

☐ : Preli. Report
☑ : Final Report

Report Format : TP

Lump Sum / D1: ($ 7410)

Days Of Repair: 6

Resurvey No. of Trip: 2

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

Survey Fee:	170+15
Transportation:	50
$ + RS SI	50+50
Photos	66
Others	
TOTAL	401

MS FirstCapital

MS First Capital Insurance Limited Co.Reg. No. 199000106C GST Reg. No. M2-0001676-9
6 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3547
Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877
Tel: (65) 6507 3848 Fax: (65) 6507 3849
www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date	30-08-2018	**Our Ref No.**	D18006509MFSH
Accident Date	30-08-2018	**Claim Type.**	Third Party
Insured Vehicle	SHA7646R	**Third Party Vehicle.**	GBF3080T
Survey Location	BLK 3023A #01-60 UBI ROAD 1		
Contact Person.	JANET		
Contact No.	6743 3246/ 0	**Fax No.**	6743 0013
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:		
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD		
Contact Person	NA	**Fax No.**	68416315
Contact Number.	NA		

Idrian.

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	PEOPLE'S VEHICLE RECOVERY SERVICE	**Attention.**	NIL
Cc : TP Solicitor	NA	**TP Solicitor Fax No.**	NA
Officer Incharge	KARENT		

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.

> Back to OneMotoring

Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 30 Aug 2018 / 11:27:48
Receipt Date/Time : 30 Aug 2018 / 11:27:48

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180830-000640
Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S$)	GST Amount (S$)	Amount After GST (S$)
	Result of Insurance Enquiry - SHA7646R			
	As at 30 Aug 2018/08:45:00			
	Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED			
1	Insurance Enquiry - SHA7646R Enquiry Fee 20180830112651968357	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45

Paid By		
20180830112704790	Direct Debit: eNETS Debit (Internet Banking)	7.45
Total		7.45
Cash Change		0.00
Tendered Amount		7.45
Excess Refundable Amount		0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt OK Save as PDF

Surveyor Report.

MPA218112559 / Progressive Automotive Pte Ltd - HQ
ENTRY DATE & TIME: 30/08/2018 15:18
SUBMITTED BY: Lily Lim

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	30/08/2018 15:18
Date Of Accident	30/08/2018 09:00
Exact Location Of Accident	BUKIT BATOK EAST AVE 4 INTO AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF3080T
Insured/Policyholder	
Name Of Registered Owner	CHEM INDUSTRIAL SUPPLIES & SERVICES PTE LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96167606
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	VITO
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V13296/VCV/R01
Cover Note Number	
Driver	
Name of Driver	LIM KIANG TECK
NRIC No	S1376066G
Date Of Birth	14/07/1959
Occupation	INDOOR
Date Of Driving Pass	11/04/1977
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96167606
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	83 HILLVIEW AVENUE #08-03
Postcode	669583
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
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: : MTS LIM
	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

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REQUEST FROM OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7646R
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

IMPORTANT NOTICE

1. Please report correctly the details of the accident so 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 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.
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.

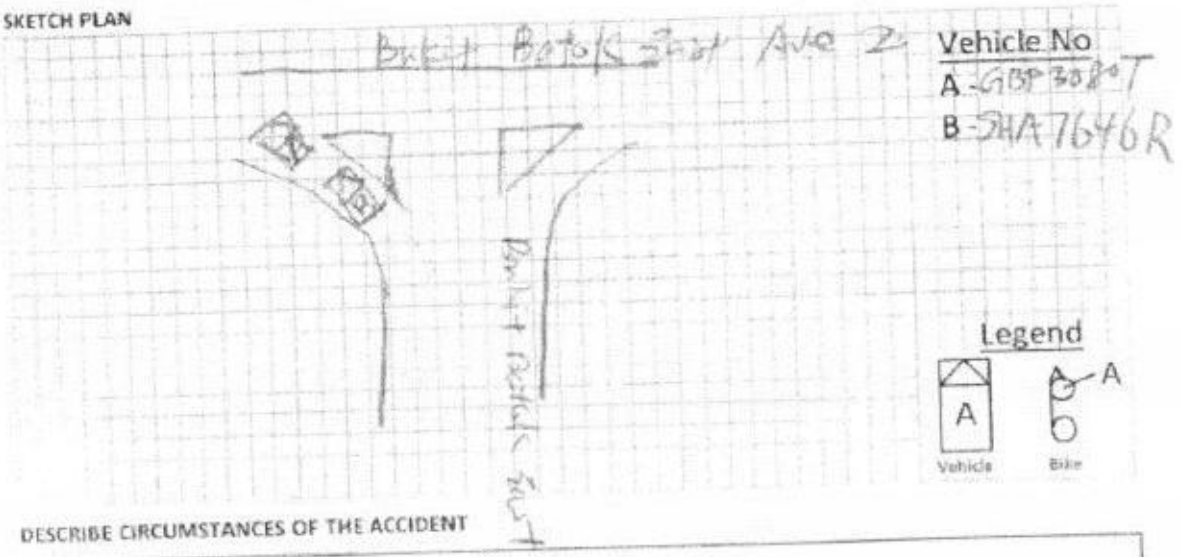
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am Driver of Car A GBF3080T

While I am driving towards Ave 2 and at turning slip road, Taxi SHA7646A ram into my rear of van while I wait to exit to Bukit Batok East Ave 2 from Ave 4. My vehicle rear part was badly damage, and fortunately no one was injured

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated time frame from the date of occurrence. Kindly check your policy for more details.

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.:

PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023-A UBI ROAD 1 #01-60 SINGAPORE 408717
Tel No. : 67433246/ 67438552 Fax No. : 67430013
E-Mail : peoplevehicle@gmail.com
Tax Reg. No. : M90001895E Buss. Reg. No. : 31800200X

FIRST CAPITAL INSURANCE LTD
6 RAFFLES QUAY #21-00
(S) 048580

TP 1st Cap
Denise.

Attention : Motor Claim Department
Contact : 6507 3848 Fax No. : 6507 3849

WDF44760323185303

Estimate : ES18027

Date : 30/08/2018
Vehicle Num. : GBF 3080 T
Make/Model : MERCEDES VITO VAN 108CDI
Chassis/Eng# :
Accident Date : 30/08/2018
Claim No. : OD 313-18
Reference :
Policy No. : LIBERTY SI17V13296/VCV/R01

S/N	Quantity	Particular	Unit Price	Amount S$
				1706
		NETT ITEMS :		
1.	1	TAILGATE Dented		~~1,950.00~~
2.	1	TAILGATE LOGO Grey		135.00
3.	1	TAILGATE VITO EMBLEM		145.00
4.	1	TAILGATE 114 BLUETEC EMBLEM		243.00
5.	1	TAILGATE INNER BOARD Not use		280.00
6.	1	TAILGATE INNER LOCK Rusted.		205.00
7.	1	TAILGATE WEATHERSTRIP Cut		184.00
8.	2	TAIL LAMP Left cut	390.00	~~780.00~~ 390
9.	2	TAIL LAMP LOWER PANEL Dented	145.00	~~290.00~~ 145 ~~1,125.00~~ 1042
10.	1	BUMPER REAR Dented		195.00
11.	1	BUMPER SPONGE REAR Use		
12.	2	BUMPER SIDE RETAINER REAR Use	75.00	150.00
13.	1	BUMPER REFLECTOR L/H REAR cracked	5800	48.00
14.	1	BUMPER REINFORCEMENT REAR Distorted		295.00
15.	1	END PANEL OUTER REAR Rusted.	5220	968.00
16.	1	END PANEL INNER MEMBER REAR Repair		896.00
17.	1	END PANEL TOP GARNISH REAR Dented		115.00
18.	5	END PANEL TOP GARNISH CLIPS REAR Use	5.80	29.00
				8,033.00
		Nett Total S$:		803.30
		10.00% Discount S$:		7,229.70

CONTINUE / ...

PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023-A UBI ROAD 1 #01-60 SINGAPORE 408717
Tel No. : 67433246/ 67438552 Fax No. : 67430013
E-Mail : peoplevehicle@gmail.com
Tax Reg. No. : M90001895E Buss. Reg. No. : 31800200X

FIRST CAPITAL INSURANCE LTD
6 RAFFLES QUAY #21-00
(S) 048580

Attention : Motor Claim Department
Contact : 6507 3848 Fax No. : 6507 3849

Estimate : ES18027

Date : 30/08/2018
Vehicle Num. : GBF 3080 T
Make/Model : MERCEDES VITO VAN 108CDI
Chassis/Eng# :
Accident Date : 30/08/2018
Claim No. : OD 313-18
Reference :
Policy No. : LIBERTY SI17V13296/VCV/R01

S/N	Quantity	Particular	Unit Price	Amount S$
		SPECIAL NETT ITEMS :		
1.	1	70 KM/H STICKER		15.00
2.	1	6 PAX STICKER	290	15.00
3.	1	REVERSE SENSOR		~~280.00~~ 200
4.	1	WINDSCREEN GUM		60.00
5.	1	NUMBER PLATE AND BASE REAR		50.00
		Special Nett Total S$:		420.00
		LABOUR :		
		REMOVE & REPLACE ACCIDENT DAMAGED PARTS	1800	~~1,800.00~~ 800
		SPRAY PAINTING ACCIDENT EFFECT PARTS		~~950.00~~ 800
		REMOVE AND REFIX WINDSCREEN REAR		~~140.00~~ 120
		REMOVE AND REFIT REAR UPHOLSTERY, CARPET AND ETC.		~~180.00~~ 60
		CHECK REAR WIRING AND LIGHTING OPERATION		~~60.00~~ 30
		UNDERCOAT		~~120.00~~ 50
		REMOVE AND REFIX REAR WIPER MOTOR		~~120.00~~ X 40
		Labour Total S$:		3,370.00

SingDollars : Eleven Thousand Nineteen & Cents Seventy Only

E. & O.E. Total S$: 11,019.70

for PEOPLE'S VEHICLE RECOVERY SERVICE

Computer Generated Invoice.No Signature Required.

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:

Adrian Ling, total 7410
~~4/5~~ 03/09/18 (P/P)
P/P. 06 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/FCI18016019/Atbn2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 12-11-2018

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHA 7646R	**Veh. Inspected**	GBF 3080T
	Policy No.		**Coverage ($)**	0.00
	Claim No.	D18006509MFSH	**Excess ($)**	0.00
	Assign From	KARENT	**Assign Date**	31/08/2018

2. Vehicle Particulars & Condition

	Make & Model	MERCEDES BENZ VITO 114	**c.c**	2143
	Engine No.	HIDDEN	**Year of Reg.**	2016
	Chassis No.	WDF44760323185303	**Colour**	SILVER
	Odometer	84136	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	205/65 R16C	NEXEN	6 mm
	L/H Front Tyre	205/65 R16C	NEXEN	6 mm
	R/H Rear Tyre	205/65 R16C	NEXEN	6 mm
	L/H Rear Tyre	205/65 R16C	NEXEN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	30/08/2018	**Inspection Date**	03/09/2018
	Survey held at	PEOPLE'S VEHICLE RECOVERY SERVICE BLK 3023-A, UBI ROAD 1 #01-60 SINGAPORE 408717		

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: **6 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBF 3080T

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	TAILGATE (N)	DENTED	1,950.00	1,706.00
1	TAILGATE LOGO (N)	NECESSARY	135.00	135.00
1	TAILGATE VITO EMBLEM (N)	NECESSARY	145.00	145.00
1	TAILGATE 114 BLUETEC EMBLEM (N)	NECESSARY	243.00	243.00
1	TAILGATE INNER BOARD (N)	NOT NECESSARY	280.00	-
1	TAILGATE INNER LOCK (N)	DAMAGED	205.00	205.00
1	TAILGATE WEATHERSTRIP (N)	CUT	184.00	184.00
2	TAIL LAMP @$390.00 (N)	N/S CUT	780.00	390.00
2	TAIL LAMP LOWER PANEL @$145.00 (N)	DEFORMED (1 PC ONLY)	290.00	145.00
1	BUMPER REAR (N)	DEFORMED	1,125.00	1,042.00
1	BUMPER SPONGE REAR (N)	NOT NECESSARY	195.00	-
2	BUMPER SIDE RETAINER REAR @$75.00 (N)	NECESSARY	150.00	150.00
1	BUMPER REFLECTOR L/H REAR (N)	CRACKED	48.00	48.00
1	BUMPER REINFORCEMENT REAR (N)	DISTORTED	295.00	295.00
1	END PANEL OUTER REAR (N)	DENTED	968.00	968.00
1	END PANEL INNER MEMBER REAR (N)	TO REPAIR SEE LABOUR	896.00	-
1	END PANEL TOP GARNISH REAR (N)	DEFORMED	115.00	115.00
5	END PANEL TOP GARNISH CLIPS REAR @$5.80 (N)	NECESSARY	29.00	29.00
	LESS 10% DISCOUNT		-803.30	-580.00
			7,229.70	5,220.00
	SPECIAL NETT ITEMS			
1	70KM/H STICKER (SN)	NECESSARY	15.00	15.00
1	6 PAX STICKER (SN)	NECESSARY	15.00	15.00
1	REVERSE SENSOR (SN)	DAMAGED	280.00	200.00
1	WINDSCREEN GUM (SN)	NECESSARY	60.00	60.00
1	NUMBER PLATE AND BASE REAR (SN)	NOT NECESSARY	50.00	-
			420.00	290.00

Report Ref No. CS/FCI18016019/Atbn2

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

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	LABOUR			
	REMOVE & REPLACE ACCIDENT DAMAGED PARTS.INCLUSIVE OF THE REPAIR OF END PANEL INNER MEMBER REAR.		1,800.00	800.00
	SPRAY PAINTING ACCIDENT EFFECT PARTS.		950.00	800.00
	REMOVE AND REFIX WINDSCREEN REAR.		140.00	120.00
	REMOVE AND REFIT REAR UPHOLSTERY,CARPET AND ETC.		180.00	60.00
	CHECK REAR WIRING AND LIGHTING OPERATION.		60.00	30.00
	UNDERCOAT.		120.00	50.00
	UNDERCOAT.		120.00	40.00
	REMOVE AND REFIX REAR WIPER MOTOR.		3,370.00	1,900.00
	GRAND TOTAL		**11,019.70**	**7,410.00**
	RECOMMENDED COST OF REPAIRS			**7,410.00**

Report Ref No. CS/FCI18016019/Atbn2

ADRIAN LING WAI PING

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

Licensed Appraiser