

ASS. REC. BY:

REF:

CS/FCI18016204/Dsd321

Special Instruction:

Survivor:

ans

Bryen

ASSIGNMENT (Office)

From (Person):

Levene juw

of

FCI

Date/Time:

4/9/18 @ 6:11 pm

Estimated Cost:

Bill to:

OD/TP/WS/TP RES / OD RES / EVA / INV / MV7 CS

To Inspect Vehicle No:

SJP 295M

Insured:

SHC 09 49C

at Workshop m/s

Teamwork Garage

Tel:

68442475

of

53 ubi ave 1 # 01-24

Policy No:

Claim No:

D180065 26MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 30/08/2018

CA / REV / REP. / REV 24 HRS

(DS)

Date/Time:

9:22am @ 5/9/18

Person Contacted:

Darren

H.O.D. Endorsement:

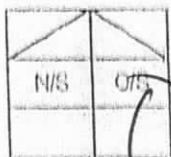
Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction () Estimate
	SJP 295M-NS INC11007234/H/bn DOA: 15/4/2011
	SHC 949C-003 FCI15001338/Kqbd1 DOA: 31/10/14
06/09/18	@ 16:00 p.m revised PA to Severe via email.

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **SJP 295 M** Yr Regn: **2009 / Mar**
 Type: **MC** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Honda Fit** CUC: **1339**
 Colour: **Red** A/C: Insured / Std / Nil / NA
 Sp Reading: **39074** T/Radio: Insured / Std / Nil / NA
 Eng No: **L13A4169475**
 CHA: **GE61154770**
 Gen Cond: **6** / Good / Fair / Poor / Burnt
 Steering: **9** / In order / Jammed / Leaked / Burnt or
 Brake: **9** / In order / Jammed / Leaked / Burnt or
 Mod: **9** / Nil / Std / STD A/Rim or
 Tyre Size: F: **175 / 65 R14**
 R: **11**



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

Front Rear
 R/Bal. **5** mm R/Bal. **5** mm
 L/Bal. **5** mm L/Bal. **5** mm
 D.O.A. **30/08/2018** D.O.I. **05/09/2018**
 Survey held at **Teamwork Page Ubi**
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
018 Rear

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

Date / Time	Action / Instruction
	First Capital SHG949C
	MV 3k vehicle balance 6 mths at time of loss.
	LIA 0
	HL 3K
11/09/18	Invoice 2/5 3008/- with 6 days of rep
	(\$5,933.10 Red - 66%)

RECEIVED 11 SEP 2018

Date/Time, FBO Pass to?

11/09/18

1)

Typist

Date/Time, FBO Return to?

2)



: Prel. Report

: Final Report

Days Of Repair: **6**

Resurvey No. of Trip: **2**

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Insp (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

5 x RS, 50

Phone:

Other:

Report Format :

Lump Sum / L.B.E (\$ **3,000/- 4/5**)

160

50

50+50

53

363

MOTOR SURVEY ASSIGNMENT

Date	31-08-2018	Our Ref No. D18006526MFSH
Accident Date	30-08-2018	Claim Type. Third Party
Insured Vehicle	SHC0949C	Third Party Vehicle. SJP295M
Survey Location	BLK 53 UBI AVE 1 #01-24 PAYA UBI INDUSTRIAL PARK	
Contact Person.	VIVI	
Contact No.	68442475/ 68442475	Fax No. 68442474
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	

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	TEAMWORK GARAGE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

IMPORTANT NOTE

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




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/FCI18016204/Dsd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 05-09-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 949C		Veh. Inspected	SJP 295M
Policy No.			Coverage (\$)	0.00
Claim No.	D18006526MFSH		Excess (\$)	0.00
Assign From	CWS (LURENE JAW)		Assign Date	05/09/2018
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	30/08/2018		Inspection Date	05/09/2018
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.			
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: Thursday, 6 September 2018 4:00 PM
To: SERENELER@MSFIRSTCAPITAL.COM.SG; 'Claim Workflow System'
Cc: sur@lkkauto.com; 'Nivitha (LKK Auto)'; ASSIGNMENTS@LKKAUTO.COM
Subject: RE: SURVEY ASSESSMENT - D18006526MFSH/1
Attachments: SJP 295M - Preli Advise.pdf

Dear Serene,

Enclosed herewith preliminary advice of SJP 295M.

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: Wednesday, 5 September 2018 9:24 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; sur@lkkauto.com
Subject: RE: SURVEY ASSESSMENT - D18006526MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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: Tuesday, 4 September 2018 6:10 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SERENELER@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18006526MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

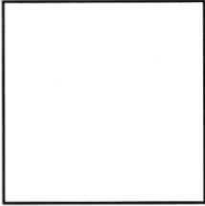
Kindly submit your report via CWS within the next 14 days.

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: D18006526MFSH

Date: 06 September 2018

Our Ref: CS/FCI18016204/Dsd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

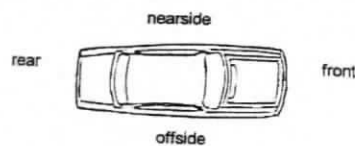
INITIAL INSPECTION REPORT OF VEHICLE NO. SJP 295M .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 05/09/2018 at the premises of M/s Teamwork Garage Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>8,933.10</u> .
Revised Estimate Amount	: S\$ <u>3,714.08</u> .
"Check" Items Amount	: S\$ <u>1,775.03</u> .
Market Value	: S\$ <u> </u> .
LTA Reimbursement Value	: S\$ <u> </u> .
Nett Value	: S\$ <u> </u> .

Description of Damage:

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



Comments/ Present Status:

Damages Consistent.
Repair days: 5 Days

Yours faithfully,
Bryan Ang
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	30/08/2018 17:36
Date Of Accident	30/08/2018 11:25
Exact Location Of Accident	RAFFLES BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP295M
Insured/Policyholder	
Name Of Registered Owner	PERUMAL MEENAKSHI SUNDARAM
NRIC No	S7680174F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90212709
Alternative Phone No	OTHERS-90212709
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090957999-01
Cover Note Number	DRIVO CLASSIC
Driver	
Name of Driver	PERUMAL MEENAKSHI SUNDARAM
NRIC No	S7680174F
Date Of Birth	05/07/1976
Occupation	INDOOR
Date Of Driving Pass	27/02/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90212709
Fax Number	
Contact Number	OTHERS-90212709
Email Address	NOEMAIL

Address	BLK 189B #16-1006 RIVERVALE DRIVE
Postcode	542189
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was travelling along lane 1 of Raffles Blvd. Suddenly, vehicle B dashed out from the side road, the exit of Marine Mandarin Hotel. This resulted in the front area of vehicle B to hit into the right rear door and right rear fender areas of my vehicle A.

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	SHC949C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN GEOK LIN
NRIC/Passport Number	S6820682J
Contact Number	82739609
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 30-08-2018 / 17:31

Report No: MT: _____

D.O.A: 30-08-2018

Time: 11:25 hrs

Vehicle No: SJP295M

Reporting Type: SKETCH PLANIMPORTANT 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.



30-08-18 / 17:31

Policyholder's Signature / Date & Time

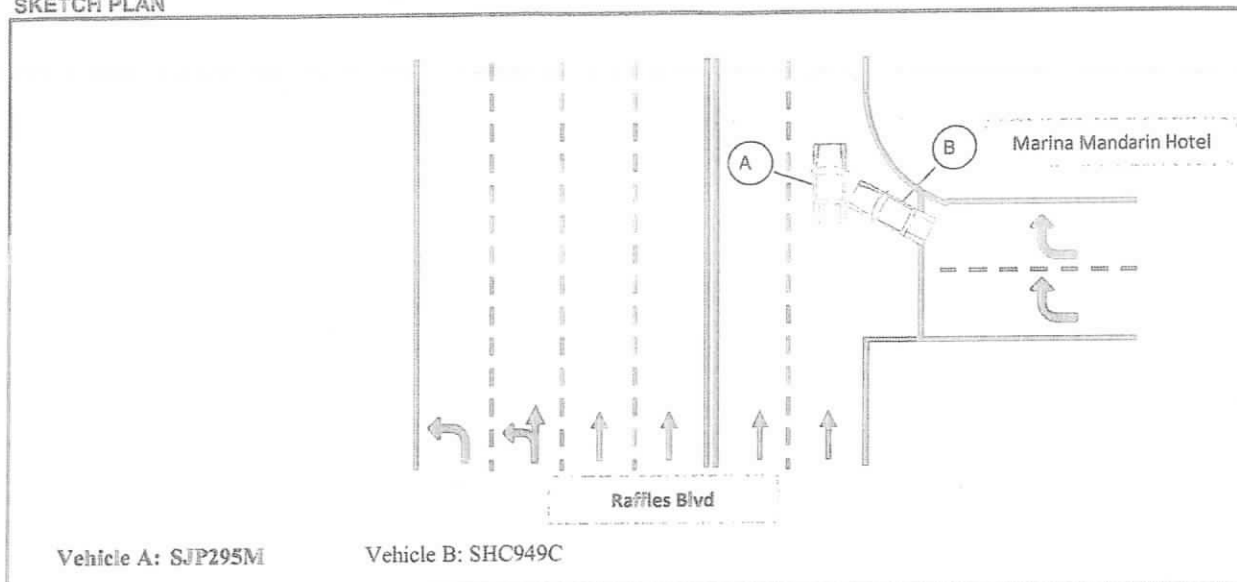
30-08-18 / 17:31

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

 Alan Tang (S098825)
 Customer Care Executive
 Motor Service Centre


Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along lane 1 of Raffles Blvd. Suddenly, vehicle B dashed out from the side road, the exit of Marine Mandarin Hotel. This resulted in the front area of vehicle B to hit into the right rear door and right rear fender areas of my vehicle A.

Declaration

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

30-08-18 / 17:31

Policyholder's Signature / Date & Time

30-08-18 / 17:31

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel



Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-23/24 Spore 408934
Paya Ubi Industrial Park
Tel : 6844 2475

E-mail : claims@teamworkgarage.com

ROC number : 201015366H

3RD PARTY CLAIM ESTIMATION

First Capital Insurance Ltd

36 Robinson Road
#16-01 City House
Singapore 068877

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
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Vehicle number SJP295M
Make / Model HONDA/FIT
Chassis number GE61154770
Accident date 30 August 2018
Reference

Qty Particulars Unit Price - SGD \$

PARTS REPLACEMENT - LIST ITEMS

1	REAR BUMPER <i>out</i>	506.90 ✓
2	REAR BUMPER RETAINER <i>Sur</i>	39.80 X
1	REAR RH FENDER <i>Dented</i>	820.75 ✓
1	REAR RH FENDER INNER TRIM <i>HH</i>	332.30 X
1	REAR RH FENDER INNER SHIELD <i>Sur</i>	45.88 X
1	REAR RH DOOR PANEL <i>Dented</i>	858.01 ✓
1	REAR RH DOOR FRAME STICKER <i>Hec</i>	36.74 ✓
1	REAR RH DOOR CHECKER <i>HH</i>	65.00 X
2	REAR RH DOOR HINGE <i>HH</i>	110.00 X
1	REAR RH DOOR WEATHERSTRIP <i>Hec</i>	120.20 ✓
1	REAR RH DOOR REGULATOR ASSY <i>HH</i>	465.75 X
1	REAR RH DOOR LOCK ASSY <i>HH</i>	258.75 X
1	REAR AXLE BEAM <i>2 HH</i>	1389.40 <i>2 HH</i> X
1	REAR RH SHOCK ABSORBER <i>2 distorted</i>	510.30 <i>2 HH</i> ✓
1	REAR RH WHEEL HUB AND BEARING <i>2 HH</i>	319.09 <i>2 HH</i> X

2852.90

2282.32

Less 20%

Subtotal

Balance C/F

PARTS REPLACEMENT - SPECIAL NETT ITEMS

Balance B/F

1 SET	REAR BUMPER CLIP <i>Hec</i>	80.00 <i>30/-</i>
1 SET	REAR FENDER INNER TRIM CLIP <i>HH</i>	70.00 X
1	JOINT SEALANT <i>Hec</i>	150.00 <i>40/-</i>
1	RIM <i>2 HH</i>	600.00 <i>350/-</i> X
Subtotal		900.00

Balance C/F

S/No LABOUR AND MISCELLANEOUS CHARGES

Balance B/F

1	CHECK REAR WIRING AND LIGHTING SYSTEM	60.00 <i>HH</i>
2	CHECK REAR LINING, TRIM AND GARNISH	200.00 <i>80/-</i>
3	REMOVE AND REFIT REAR REVERSE SENSOR	120.00 <i>40/-</i>
4	TRANSFER PARTS, ATTACHMENT FROM REAR OLD DOOR TO NEW	200.00 <i>60/-</i>
5	PANEL BEATING ON AFFECTED AREAS	1200.00 <i>600/-</i>
6	SPARY PAINTING ON AFFECTED AREAS	1400.00 <i>600/-</i>
7	APPLY ANTI RUST ON AFFECTED AREAS	150.00 <i>40/-</i>

1420/-

Subtotal

Grand total

05/09/2018 @ 1300h

Not Attended 6

2/1/2019 17 days

T. N. N.

LKK Auto

Repair Unit.

2772.32

413 3000/-




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/FCI18016204/Dsd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 19-09-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 949C		Veh. Inspected	SJP 295M
Policy No.			Coverage (\$)	0.00
Claim No.	D18006526MFSH		Excess (\$)	0.00
Assign From	LURENE JAW		Assign Date	04/09/2018
2. Vehicle Particulars & Condition				
Make & Model	HONDA FIT		c.c	1339
Engine No.	HIDDEN		Year of Reg.	2009
Chassis No.	GE61154770		Colour	RED
Odometer	39074		Steering	IN ORDER
Brakes	IN ORDER		Modification	SPORTS RIM
General	GOOD			
3. Conditions of Tyres				
		Size	Make	Balance
R/H Front Tyre		175/65 R14	YOKOHAMA	5 mm
L/H Front Tyre		175/65 R14	YOKOHAMA	5 mm
R/H Rear Tyre		175/65 R14	YOKOHAMA	5 mm
L/H Rear Tyre		175/65 R14	YOKOHAMA	5 mm
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	30/08/2018		Inspection Date	05/09/2018
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.			
5a. Remarks				
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION AS 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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJP 295M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CUT	506.90	506.90
2	REAR BUMPER RETAINER	SERVICEABLE	39.80	-
1	REAR RH FENDER	DENTED	820.75	820.75
1	REAR RH FENDER INNER TRIM	NOT NECESSARY	332.30	-
1	REAR RH FENDER INNER SHIELD	SERVICEABLE	45.88	-
1	REAR RH DOOR PANEL	DENTED	858.01	858.01
1	REAR RH DOOR FRAME STICKER	NECESSARY	36.74	36.74
1	REAR RH DOOR CHECKER	NOT NECESSARY	65.00	-
2	REAR RH DOOR HINGE	NOT NECESSARY	110.00	-
1	REAR RH DOOR WEATHERSTRIP	NECESSARY	120.20	120.20
1	REAR RH DOOR REGULATOR ASSY	NOT NECESSARY	465.75	-
1	REAR RH DOOR LOCK ASSY	NOT NECESSARY	258.75	-
1	REAR AXLE BEAM	NOT NECESSARY	1,389.40	-
1	REAR RH SHOCK ABSORBER	DISTORTED	510.30	510.30
1	REAR RH WHEEL HUB AND BEARING	NOT NECESSARY	319.09	-
	LESS 20% DISCOUNT		-1,175.77	-570.58
			4,703.10	2,282.32
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER CLIP (SN)	NECESSARY	80.00	30.00
1	SET REAR FENDER INNER TRIM CLIP (SN)	NOT NECESSARY	70.00	-
1	JOINT SEALANT (SN)	NECESSARY	150.00	40.00
1	RIM (SN)	TO REPAIR SEE LABOUR	600.00	-
			900.00	70.00
<u>LABOUR</u>				
	CHECK REAR WIRING AND LIGHTING SYSTEM.	NOT NECESSARY	60.00	-
	CHECK REAR LINING, TRIM AND GARNISH.		200.00	80.00
	REMOVE AND REFIT REAR REVERSE SENSOR.		120.00	40.00
	TRANSFER PARTS, ATTACHMENT FROM REAR OLD DOOR TO NEW.		200.00	60.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	PANEL BEATING ON AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF RIM.		1,200.00	600.00
	SPRAY PAINTING ON AFFECTED AREAS.		1,400.00	600.00
	APPLY ANTI RUST ON AFFECTED AREAS.		150.00	40.00
			3,330.00	1,420.00
GRAND TOTAL			8,933.10	3,772.32
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,000.00

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ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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