

22/03/2002

ASS. REC. BY: \_\_\_\_\_ REF: CS/FCI18018579/Ktd307 Special Instruction: \_\_\_\_\_

Surveyor: Kenneth CWS ASSIGNMENT (Office)

From (Person): Serene Ter of RFI Date/Time: 12/10/18 @ 5:14pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: YP 1101E Insured: SHA 7219R

at Workshop m/s K. Kim Hin Auto Tel: 6452 7018

of 160 Sin Ming Drive #02-20

Policy No: \_\_\_\_\_ Claim No: D18007358MFST

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 06/10/2018  
(Client's Record)

CA / REV / REP. / REV 24 HRS (DS) H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 5:27pm @ 12/10/18 Person Contacted: shuman Vehicle IN/OUT: OUT

| Date/Time             | Action/Instruction (✓) Estimate                             |
|-----------------------|---|
|                       | <u>YP 1101E - X</u>   |
|                       | <u>SHA 7219R - CS/FCI16002918/Kgbc2</u> <u>Don: 14/2/16</u> |
| <u>15/10/18</u>       | <u>called weep shuman said VNI</u>                          |
| <u>19/10 @ 5:27pm</u> | <u>revised via email.</u>                                   |

Surveyor

REF: FCL

ASSIGNMENT

From: \_\_\_\_\_ Date: 18.10.2018

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: YP 1101E

at Workshop m/s K Kim Hin

of 160 Sin Ming Drive #02-20

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

Veh No: YP 1101E Yr Regn: 09 10

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

Truck / Trailer or \_\_\_\_\_

Make: Mit Canter C.C. 2977

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

Sp. Reading: 491715 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: FE83BEA 20351

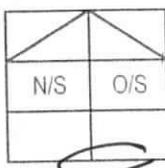
Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: Mil / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: Conda 7.00R16X10  
R: Mit 185R14X810



(Policy Condition)

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

Bal. or Market Value: 823k

IDAC Accident Rport: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

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

TOYO / YOKO or \_\_\_\_\_

|        |         |        |          |
|--------|---------|--------|----------|
| Front  |         | Rear   |          |
| R/Bal. | 5 mm    | R/Bal. | 22 mm    |
| L/Bal. | 5 mm    | L/Bal. | 22 mm    |
| D.O.A. | 6/10/18 | D.O.I. | 18/10/18 |

Survey held at \_\_\_\_\_

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           |
|-------------|--------------------------------|
| 19/10       | File pass to Catherine         |
|             | lump sum \$850t cred: 675, 44% |

Date/Time, File Pass to?  : Preli. Report

1/11 Typist  : Final Report

Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: 01

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

|                 |     |
|-----------------|-----|
| Survey Fee:     | 100 |
| Transportation: | 50  |
| S + PS, SI      | 50  |
| Photos          | 16  |
| Others          |     |
| TOTAL           | 216 |

Report Format : \_\_\_\_\_

Lump Sum / I.B.I: (\$ 850t)

**MOTOR SURVEY ASSIGNMENT**

|                           |   |                                     |
|---------------------------|---|-------------------------------------|
| <b>Date</b>               | 09-10-2018  | <b>Our Ref No.</b> D18007358MFSH    |
| <b>Accident Date</b>      | 06-10-2018  | <b>Claim Type.</b> Third Party      |
| <b>Insured Vehicle</b>    | SHA7219R  | <b>Third Party Vehicle.</b> YP1101E |
| <b>Survey Location</b>    | 160 Sin Ming Drive #02-20SIN MING AUTOCITY                  |                                     |
| <b>Contact Person.</b>    | SHUMAN  |                                     |
| <b>Contact No.</b>        | 64527018/ 96222116  | <b>Fax No.</b> 64583895             |
| <b>Survey Type</b>        | WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED: |                                     |
| <b>Appointed Surveyor</b> | LKK AUTO CONSULTANTS PTE LTD                                |                                     |
| <b>Contact Person</b>     | NA  | <b>Fax No.</b> 68416315             |
| <b>Contact Number.</b>    | 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

|                          |                         |                                |
|--------------------------|-------------------------|--------------------------------|
| <b>Cc : Workshop</b>     | K. KIM HIN AUTO PTE LTD | <b>Attention.</b> NIL          |
| <b>Cc : TP Solicitor</b> | NA                      | <b>TP Solicitor Fax No.</b> NA |
| <b>Officer Incharge</b>  | 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.



Auto  
Consultants  
Pte Ltd

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

Your Ref: D18007358MFSH

Date: 19/10/2018

Our Ref: CS/FCI18018579/Ktd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

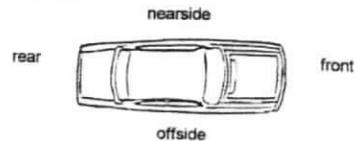
INITIAL INSPECTION REPORT OF VEHICLE NO. YP 1101E

Please be informed that we had conducted the inspection of the abovementioned vehicle 16/10/2018 at the premises of M/s K. KIM HIM AUTO and have the following to report:

-

|                          |                       |
|--------------------------|-----------------------|
| Workshop Estimate Amount | : S\$ <u>1,525.00</u> |
| Revised Estimate Amount  | : S\$ <u>1,065.00</u> |
| “Check” Items Amount     | : S\$ <u>0.00</u>     |
| Market Value             | : S\$ _____           |
| LTA Reimbursement Value  | : S\$ _____           |
| Nett Value               | : S\$ _____           |

Description of Damage:  
The vehicle sustained damages at the rear portion.



**Comments/ Present Status:**  
Damages Consistent.

Yours faithfully  
Kenneth  
Automotive Assessor

## Denise Tay (LKKAuto)

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**From:** Denise Tay (LKKAuto)  
**Sent:** Friday, 19 October 2018 5:27 PM  
**To:** Admin-D (LKKAuto); 'CWS Motor Claims'; assignments  
**Cc:** 'Serene Ler'; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18007358MFSH/1  
**Attachments:** PRELI ADVISED YP 1101E.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **YP 1101E**

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:** Friday, 12 October 2018 5:33 PM  
**To:** 'CWS Motor Claims' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** 'Serene Ler' <[Sereneler@msfirstcapital.com.sg](mailto:Sereneler@msfirstcapital.com.sg)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D18007358MFSH/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](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Friday, 12 October 2018 5:14 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** CWS Motor Claims <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; Serene Ler <[Sereneler@msfirstcapital.com.sg](mailto:Sereneler@msfirstcapital.com.sg)>  
**Subject:** PRI: SURVEY ASSESSMENT - D18007358MFSH/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.

## 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 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. 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             | 08/10/2018 14:03                  |
| Date Of Accident           | 06/10/2018 11:55                  |
| Exact Location Of Accident | PIE SLIP RD TO UPPER SERANGOON RD |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|  |                            |
|--|----------------------------|
| Vehicle Registration Number  | YP1101E                    |
| <b>Insured/Policyholder</b>  |                            |
| Name Of Registered Owner   | PT CAR RENTAL PTE LTD      |
| Co Reg No  | 201500918M                 |
| Email Address  | NOEMAIL                    |
| Mobile Phone No  |                            |
| Alternative Phone No   | OFFICE-64527018            |
| <b>Vehicle Particulars</b>   |                            |
| Manufacturer   | MITSUBISHI                 |
| Model  | FE83BEOSRDEA-3.0 D B31 (A) |
| 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 | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 18-MJ000264-R00                      |
| Cover Note Number         |                                      |

### Driver

|                      |                                      |
|----------------------|--------------------------------------|
| Name of Driver       | KAMALADHAS SANTHAKUMARI SAJITH SINGH |
| Passport No/FIN      | G5404136K                            |
| Date Of Birth        | 02/06/1988                           |
| Occupation           | INDOOR                               |
| Date Of Driving Pass | 14/07/2015                           |
| Driving Experience   | 3 YEARS AND 2 MONTHS                 |
| Gender               | MALE                                 |
| Mobile Number        | (LOCAL) +65-90563418                 |
| Fax Number           |                                      |
| Contact Number       |                                      |
| EEmail Address       | NOEMAIL                              |

|   |  |
|---|--|
| Address   | C/O 4 LENG KEE RD<br>#06-04 SIS BUILDING |
| Postcode  | 159088                                   |
| Was driver an employee of the Insured's Company     | NO                                       |
| If No, Relationship of the Driver with the Insured  | OTHER - RENTAL                           |
| 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)   | 1   |

### Details of Police Action

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

### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

### 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         | SHA7219R     |
| Vehicle Make/Model/Colour           | COMFORT TAXI |
| Details Of Properties               |              |
| Vehicle Category                    | TAXI         |
| Name of Driver                      |              |
| NRIC/Passport Number                |              |
| Contact Number                      | 93621035     |
| Address                             |              |
| Postcode                            |              |
| Insurance Company Name              |              |
| Nature Of Damage                    |              |
| No. Of Passenger (Including Driver) |              |

**SKETCH PLAN**

**IMPORTANT NOTICE**

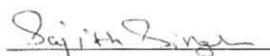
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

I understand, acknowledge, agree and consent that:

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

  
Policyholder's Signature  
Date & Time:



  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 8/10/18 @ 11:40am

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





> **Back to OneMotoring**

### Enquire PARF/COE Rebate for Registered Vehicle

| <b>Vehicle Owner Particulars</b>    |                         |
|-------------------------------------|-------------------------|
| Owner ID Type:                      | Company                 |
| Owner ID:                           | 0918M                   |
| <b>Vehicle Details</b>              |                         |
| Vehicle No.:                        | YP1101E                 |
| Vehicle to be Exported:             | No                      |
| Intended Deregistration Date:       | 08 Oct 2018             |
| Vehicle Make:                       | MINIBUS                 |
| Vehicle Model:                      | FE83BEOSRDEA            |
| Primary Colour:                     | White                   |
| Manufacturing Year:                 | 2009                    |
| Engine No.:                         | 4M42A76079              |
| Chassis No.:                        | FE83BEA20351            |
| Maximum Power Output:               | -                       |
| Open Market Value:                  | \$32,743.00             |
| Original Registration Date:         | 09 Sep 2010             |
| First Registration Date:            | 09 Sep 2010             |
| Transfer Count:                     | 3                       |
| Actual ARF Paid:                    | \$1,638.00              |
| <b>Intended PARF Rebate Details</b> |                         |
| PARF Eligibility:                   | No                      |
| PARF Eligibility Expiry Date:       | -                       |
| PARF Rebate Amount:                 | \$0.00                  |
| <b>Intended COE Rebate Details</b>  |                         |
| COE Expiry Date:                    | 08 Sep 2020             |
| COE Category:                       | C - Goods Vehicle & Bus |
| COE Period(Years):                  | 10                      |
| QP Paid:                            | \$33,000.00             |
| COE Rebate Amount:                  | \$6,325.00              |
| <b>Total Rebate Amount:</b>         | <b>\$6,325.00</b>       |

The information contained herein is correct as at 08 Oct 2018

OK





## 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/FCI18018579/Ktd3e2 |   |
| 36 ROBINSON ROAD<br>#16-01 CITY HOUSESINGAPORE 068877  |   | Date : 11-01-2019           |  |
|  |   | Code : FCI2                 |   |
| 1. Policy Particulars :- THIRD PARTY CLAIM   |   |                             |   |
| Insured Veh.   | SHA 7219R   | Veh. Inspected              | YP 1101E  |
| Policy No.   |   | Coverage (\$)               | 0.00  |
| Claim No.  | D18007358MFSH   | Excess (\$)                 | 0.00  |
| Assign From  | SERENE LER  | Assign Date                 | 12/10/2018  |
| 2. Vehicle Particulars & Condition   |   |                             |   |
| Make & Model   | MITSUBISHI FE83BEOSRDEA   | c.c                         | 2977  |
| Engine No.   | HIDDEN  | Year of Reg.                | 2010  |
| Chassis No.  | FE83BEA20351  | Colour                      | WHITE   |
| Odometer   | 491715  | Steering                    | IN ORDER  |
| Brakes   | IN ORDER  | Modification                | NIL   |
| General  | GOOD  |                             |   |
| 3. Conditions of Tyres   |   |                             |   |
|  | Size  | Make                        | Balance   |
| R/H Front Tyre   | 7.00R16X10  | CONDOR                      | 5 mm  |
| L/H Front Tyre   | 7.00R16X10  | CONDOR                      | 5 mm  |
| R/H Rear Tyre  | 185 R14X8 (D)   | MICHELIN                    | 2/2 mm  |
| L/H Rear Tyre  | 185 R14X8 (D)   | MICHELIN                    | 2/2 mm  |
| 4. Description of Damages  |   |                             |   |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.<br>DAMAGES SEE DETAILS.   |   |                             |   |
| 5. General Information   |   |                             |   |
| Accident Date  | 06/10/2018  | Inspection Date             | 18/10/2018  |
| Survey held at   | K.KIM HIN AUTOMOTIVE PTE LTD<br>160 SIN MING DRIVE, #02-20<br>SIN MING AUTOCITY<br>SINGAPORE 575722 |                             |   |
| 5a. Remarks  |   |                             |   |
| A)DAMAGES CONSISTENT TO ACCIDENT REPORT.<br>B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |   |                             |   |
| 5b. Estimate Days of Repair  |   |                             |   |
| ESTIMATED NORMAL PERIOD FOR REPAIR:  |   | 1 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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YP 1101E

| Qty   | Description of Parts   | Condition        | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|--|------------------|---------------------------|-------------------|
| <b>REPLACEMENT OF PARTS</b>   |  |                  |                           |                   |
| 1   | REAR NUMBER PLATE (SN)   | BENT             | 35.00                     | 25.00             |
| 1   | REAR BUMPER (METAL) (SN)   | BENT / DISTORTED | 450.00                    | 450.00            |
| 2   | REAR BUMPER BRACKET (LH/RH) @\$80.00 (SN)  | BENT / DISTORTED | 160.00                    | 160.00            |
| 1   | REAR STEP PANEL (SN)   | DENTED           | 280.00                    | 150.00            |
|   |  |                  | 925.00                    | 785.00            |
| <b>LABOUR</b>   |  |                  |                           |                   |
|   | TO REMOVE,CUT OUT DAMAGED PARTS,PANEL BEATING,WELDING,ALIGN,REFIX AND TO RENEW AFFECTED PARTS. |                  | 400.00                    | 200.00            |
|   | TO PUTTY AND RESPRAY ON AFFECTED PORTIONS.   |                  | 200.00                    | 80.00             |
|   |  |                  | 600.00                    | 280.00            |
| <b>GRAND TOTAL</b>  |  |                  | <b>1,525.00</b>           | <b>1,065.00</b>   |
| <b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b> |  |                  |                           | <b>850.00</b>     |

Report Ref No. CS/FCI18018579/Ktd3e2

KONG SENG CHEONG

Licensed Appraiser

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