

ASS. REC. BY:

REF:

CS/FCI/8022252/T1vd301

Special Instruction:

Surveyor:

CWS

Jaukiah

ASSIGNMENT (Office)

From (Person):

May chua

of

FCI

Date/Time:

8:16am @ 11/12/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

XE 3947M

Insured:

SH 8960J

at Workshop m/s

Poh Seng Enterprise

Tel:

6898 3113/6265-7826

of

Blk 3, Pioneer Rd North # 01-13

Policy No:

Claim No:

D18008720MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 06/11/18

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

18/12/18 @ 2pm-6pm

Date/Time:

9:19am @ 11/12/18

Person Contacted:

Mdm. Tan

Vehicle IN/OUT

| Date/Time | Action/Instruction (✓) Estimate Insp: No. 1 tuas south street 13. |
|-----------|---|
| | XE 3947M - X |
| | SH 8960J - CC3 / CAI15008784 / H1j932 |
| 12/12/18. | VNI arrival on 18/12/18. |
| 19/12/18 | Email preli revised to FCI |
| 4/1/19 | @ 151pm mdm Tan said vehicle has not send in for repair |

SIN 2017

Tayfun

REF:

FCI

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 Rpt:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

XE 3947M

Yr Regn:

2017 Dec.

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

Truck / Trailer or

Make:

CAMC

C.C

9842.

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

-

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

L75N 2C0324B01-7695

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

315/80 R225

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

TOYO / YOKO or

Double Coin

Front

R/Bal.

8

mm

Rear

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

D.O.I.

15/12/18 04pm

Survey held at

Poh Seng

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

Frt N/S

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

Date / Time

Action / Instruction

No Reg.

No / Thos South St 13

25/1/19 @ 1051am Mdm Tan said vehicle has not send in for repair
 25/2/19 @ 1156am Mdm Tan said vehicle has not send in for repair
 25/2/19 Submit preli. report

RECEIVED 25 FEB 2019

Date/Time, File Pass to?



Preli. Report



Final Report

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation

) \$ + RS.) \$

) Photos

) Others

TOTAL

1)

Date/Time, File Return to?

2)

25/2 - typist

Report Format :

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

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

100

50

19

169

MOTOR SURVEY ASSIGNMENT

| | | |
|--------------------|---------------------------------------|------------------------------|
| Date | 10-12-2018 | Our Ref No. D18008720MFSH |
| Accident Date | 06-11-2018 | Claim Type. Third Party |
| Insured Vehicle | SH8960J | Third Party Vehicle. XE3947M |
| Survey Location | BLK 3 PIONEER ROAD NORTH #01-13 | |
| Contact Person. | KOH/GOH | |
| Contact No. | 68983113/ 68983113 | Fax No. 62665874 |
| 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 | POH SENG ENTERPRISES PTE LTD | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | MAY CHUA | |

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.

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Wednesday, 19 December 2018 1:59 PM
To: 'CWS Motor Claims'
Cc: 'May Chua Hui Chin'; SUR
Subject: RE: SURVEY ASSESSMENT - D18008720MFSH/1, XE 3947M
Attachments: XE 3947M PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle XE 3947M
Date of survey: 18/12/2018
Number of days : 3 days

Best Regards,

Veron Chen | 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: Admin-D (LKKAUTO)
Sent: Tuesday, 11 December 2018 9:24 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'May Chua Hui Chin' <maychua@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18008720MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in the 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: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Tuesday, 11 December 2018 8:16 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; May Chua Hui Chin <maychua@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D18008720MFSH/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: D18008720MFSH

Our ref: CS/FCI18022252/T1vd3

Date: 19/12/2018

The Motor Claims Department
MS FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO XE 3947M

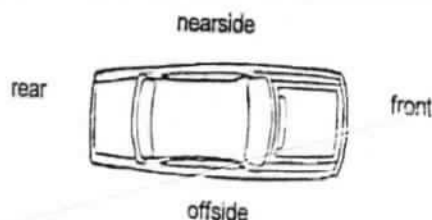
We thank you for your instruction on 17/12/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 18/12/2018 at the premises of M/s POH SENG ENTERPRISES PTE LTD and have the following to report:-

| | |
|--------------------------|---------------|
| Workshop Estimate Amount | : S\$1,737.00 |
| Revised Estimate Amount | : S\$1,429.00 |
| "Check" Items Amount | : S\$ |
| Total | : S\$ |
| Market Value | : S\$ |
| LTA Reimbursement Value | : S\$ |
| Nett Value | : S\$ |

Description of Damage:

The vehicle sustained damages at the front n/s portion



Comments/Present Status:

Damages Consistent

Yours faithfully,

MOHAMAD TAUFIKH
M.MATAI, AMSAE-A
Automobile 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 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 | 07/11/2018 14:15 |
| Date Of Accident | 07/11/2018 09:30 |
| Exact Location Of Accident | PIE TOWARDS CHANGI |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | XE3947M |
| Insured/Policyholder | |
| Name Of Registered Owner | IRIT LEASING PTE LTD |
| Co Reg No | 201720484H |
| Email Address | KPSMOTOR@SINGNET.COM.SG |
| Mobile Phone No | (LOCAL) +65-96340391 |
| Alternative Phone No | OFFICE-62657826 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | CAMC |
| Model | HN3251X41C4M5 |
| 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 | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | VFX/P1979987 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | NALLATHAMBI THIYAGARAJAN |
| Passport No/FIN | G6553468T |
| Date Of Birth | 06/06/1983 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/02/2017 |
| Driving Experience | 1 YEAR AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93531078 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

93531078

| | |
|---|------------------------|
| Address | 1 TUAS SOUTH STREET 13 |
| Postcode | |
| 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 | SIDE SWIPE |
| 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

I WAS DRIVING MY LORRY (XE3947M) AT AROUND 09:30, TRAVELLING FROM TUAS TOWARDS CHANGI, I WAS IN LANE 4TH GOING STRAIGHT, SUDDENLY A TAXI DRIVER (SH8960J) IS RUSHING FOR TIME AND HE DASH OUT FROM THE CHEVRON MARKING WITHOUT GOING THROUGH THE PROPER GIVE WAY AND CRASH INTO MY TRUCK, MY TRUCK DAMAGED ON LEFT BUMPER.

Attachment(s)

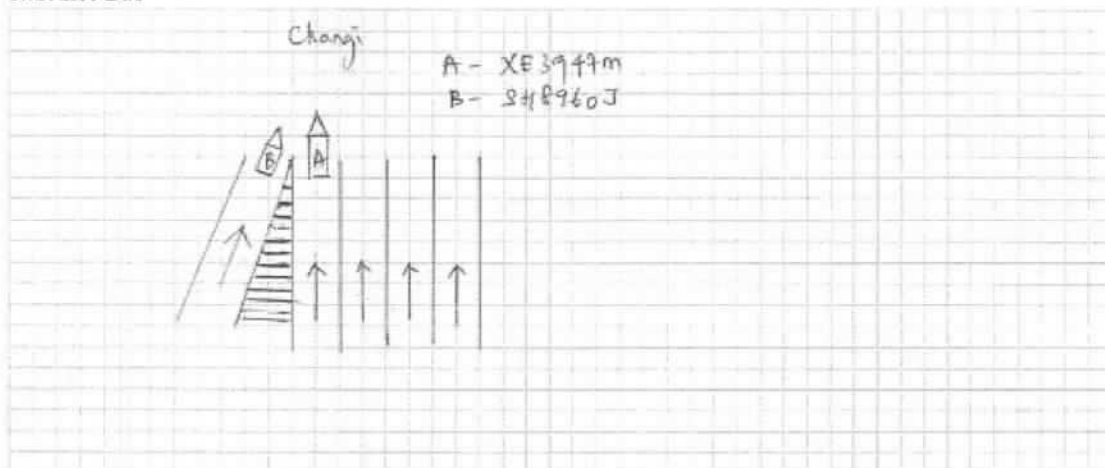
| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-----------|
| Vehicle Registration Number | SH8960J |
| Vehicle Make/Model/Colour | TOYOTA |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | S2655958H |
| Contact Number | 91088373 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my lorry (XE3947M) at around 09:30, travelling from Tuen towards Ching. I was in lane 4th going straight, suddenly a taxi driver (SH8760J) is rushing for time and he dash out from the chevron marking without going through the proper give way and crash into my truck. My truck damaged on left bumper.

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: GOH CHAI CHOO
NRIC/FIN No.: 62993728N

Sketch Plan #2

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: Gan CHH CHH
NRIC/FIN No.: 979937284

9-855M 1488/1489/2016/33

Accident Photo



Accident Photo



Accident Photo





PRIVATE & CONFIDENTIAL
POH SENG ENTERPRISES PTE LTD

Blk 3 Pioneer Road North #01-13 Singapore 628457 (HQ)
 1 Tuas South Street 13 Singapore 637084 (Truck Workshop & Fabrication Facility)
 Tel: (65) 62657826 Workshop Tel: (65) 68983113 Fax: (65) 62665874
 Business Reg. No. : 199602390R GST Reg. No. : 199602390R

WORKSHOP QUOTATION
FACSIMILE TRANSMITTAL SHEET

| | | | |
|---------------|---|------------------------|----------------------|
| TO : | FIRST CAPITAL INSURANCE LTD NO: 36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877 | TEL : | 62222311 65073848 |
| | | FAX : | 65073849 |
| | | DATE OF QUOTE : | December 03, 2018 |
| ATTN : | MOTOR CLAIMS DEPT / ACCOUNT DEPT | YOUR REF : | XE3947M |
| FROM : | MR. KOH | OUR REF : | Q1800996 |

Please inform us immediately if you received unclear.

Dear Sir / Madam,

RE : QUOTATION FOR ACCIDENT REPAIRING VEHICLE NO.: XE3947M

ACCIDENT LOCATION : PIE TOWARDS CHANGI

ACCIDENT DATE : 06/11/2018

TIME : 09:30

| QTY | DESCRIPTION | UNIT PRICE (S\$) | AMOUNT (S\$) |
|---------|----------------------|------------------|--------------|
| 1 PC(S) | HEAD LAMP | 160.00 | 160.00 |
| | PROTECTOR RING (LH) | | |
| 1 PC(S) | LOWER STEP (LH) | 85.00 | 85.00 |
| 1 PC(S) | SIDE BUMPER (R) LH | 390.00 | 390.00 |
| 1 PC(S) | SIDE STEP | 78.00 | 78.00 |
| | COVER (LH) | | |
| 1 PC(S) | SIDE STEP | 294.00 | 294.00 |
| | PANEL (LH) | | |

SPRAY PAINTING

- 1) ON FRONT BUMPER, SIDE PANEL AND ALL AFFECTED AREA.

LABOUR CHARGES

- 2) FOR CHANGING SIDE STEP PANEL, SIDE STEP COVER, SIDE BUMPER, LOWER STEP AND HEAD LAMP PROTECTOR RING.

| | |
|--------------------------|-----------------|
| SUB TOTAL (S\$) | 1,737.00 |
| ADD GST @ 7.00% (S\$) | 121.59 |
| GRAND TOTAL (S\$) | 1,858.59 |

SGD: One Thousand Eight Hundred Fifty-Eight & Cents Fifty-Nine Only

To be continued ...

MESSERS POH SENG ENTERPRISES PTE LTD

PAGE 2

Q1800996

Thank you.

Yours Faithfully,

TO CONFIRM, PLEASE CHOP & SIGN
AND FAX BACK TO 62665874.



NAME :

DATE :

[Signature]
19/12/18
Office: 62565561
Tanjong 97495744
WP
18/12/18 @ 4pm
sure@lkkauto.com
* Resurvey before paint.
0.3 days

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:



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/FCI18022252/T1vd3e2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 27-02-2019



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------|----------------|------------|
| Insured Veh. | SH 8960J | Veh. Inspected | XE 3947M |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | D18008720MFSH | Excess (\$) | 0.00 |
| Assign From | MAY CHUA | Assign Date | 11/12/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|----------|
| Make & Model | CAMC | c.c | 9842 |
| Engine No. | HIDDEN | Year of Reg. | 2017 |
| Chassis No. | LZ5N2CD32HB017695 | Colour | BLUE |
| Odometer | - | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------------|-------------|---------|
| R/H Front Tyre | 315/80 R22.5 | DOUBLE COIN | 8 mm |
| L/H Front Tyre | 315/80 R22.5 | DOUBLE COIN | 8 mm |
| R/H Rear Tyre | 315/80 R22.5 (D) | DOUBLE COIN | 8/8 mm |
| L/H Rear Tyre | 315/80 R22.5 (D) | DOUBLE COIN | 8/8 mm |

4. Description of Damages

| |
|---|
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS. |
|---|

5. General Information

| | | | |
|----------------|------------------------------|-----------------|------------|
| Accident Date | 06/11/2018 | Inspection Date | 18/12/2018 |
| Survey held at | NO.1 TUAS SOUTH ST.13 | | |
| Repairer | POH SENG ENTERPRISES PTE LTD | | |

5a. Remarks

| |
|--|
| A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B)DAMAGES CONSISTENT TO ACCIDENT REPORT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

5b. Estimate Days of Repair

| | |
|-------------------------------------|----------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 3 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. XE 3947M

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|--|----------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | FOG LAMP PROTECTOR RING (LH) | CRACKED | 160.00 | 160.00 |
| 1 | LOWER STEP (LH) | BENT | 85.00 | 85.00 |
| 1 | SIDE BUMPER (LH) | BENT | 390.00 | 390.00 |
| 1 | SIDE STEP COVER (LH) | TO REPAIR SEE LABOUR | 78.00 | - |
| 1 | SIDE STEP PANEL (LH) | CRACKED | 294.00 | 294.00 |
| | | | 1,007.00 | 929.00 |
| LABOUR | | | | |
| | SPRAY PAINTING - ON FRONT BUMPER, SIDE PANEL AND ALL AFFECTED AREA. | | 350.00 | 250.00 |
| | LABOUR CHARGES - FOR CHANGING SIDE STEP PANEL, SIDE STEP COVER, SIDE BUMPER, LOWER STEP AND HEAD LAMP PROTECTOR RING. INCLUSIVE OF THE REPAIR OF SIDE STEP COVER (LH). | | 380.00 | 250.00 |
| | | | 730.00 | 500.00 |
| GRAND TOTAL | | | 1,737.00 | 1,429.00 |
| RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) | | | | 1,429.00 |

Report Ref No. CS/FCI18022252/T1vd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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