

22/03/2002

ASS. REC. BY:

REF:

CS/FCL18022591/Ti Hoz

Special Instruction:

Survivor:

ASSIGNMENT (Office)

From (Person): (W3) Eileen Lee of FCL Date/Time: 17/12/2018 3:29pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: PC1070K Insured: SH A 7428D

at Workshop m/s Ban Chuan Motor Tel: 6264 1191

of Blk 3 Pioneer Rd North #01-14

Policy No: Claim No: D18008874MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 14.12.2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'Wp' 18.12.2018 H.O.D. Endorsement:

Date/Time: 17/12/2018 3:39pm Person Contacted: Perlin Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	PC1070K - NA / INC15018832 / H12 DUA: 05.11.2015
	SH A 7428D - CS / FCL7019912 / Kgbn2 DUA: 11.10.2017
	19/12@3:20pm Revised preli advise via email.

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: _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

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
Pevlin

Veh No: **PC1070K** Yr Regn: **2011 NOV**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: *Toyota Hiace* C.C. **2982**
 Colour: *white* A/C Insured / Std / NI / NA
 Sp. Reading: *705614* T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **5T FST 22P4 00011869**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: *195/115* R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front *6* Rear *6*
 R/Bal. _____ mm R/Bal. _____ mm
 L/Bal. *6* mm L/Bal. *6* mm
 D.O.A. _____ D.O.I. *18/12/18*
 Survey held at *Bay Area*
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Fr + n/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<i>7/3/19</i>	<i>Confirm 4542900, 5 days with Pevlin the email. (Red: 3486.72, 54%)</i>

RECEIVED 12 MAR 2019

Date/Time, File Pass to? ☐ : Preli. Report
☒ : Final Report
 1) *013 Typist*
 Date/Time, File Return to?

Days Of Repair: **5**
 Resurvey No. of Trip: **1**

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

Survey Fee: _____
 Transportation: _____
 S + RS _____
 Photos _____
 Others _____

Report Format : **TP**
 Lump Sum / I.B.I: (\$) **2900/-**

TOTAL

<i>145</i>
<i>50</i>
<i>50</i>
<i>32</i>
277

MOTOR SURVEY ASSIGNMENT

Date	17-12-2018	Our Ref No. D18008874MFSH
Accident Date	14-12-2018	Claim Type. Third Party
Insured Vehicle	SHA7428D	Third Party Vehicle. PC1070K
Survey Location	BLK 3 PIONEER ROAD NORTH #01-14/15	
Contact Person.	PERLIN	
Contact No.	62641191/ 0	Fax No. 62611324
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	BAN CHOON MOTOR WORKS	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

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.

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Wednesday, 19 December 2018 3:20 PM
To: Admin-D (LKKAuto); 'CWS Motor Claims'; assignments
Cc: 'Eileen Lee'; SUR
Subject: RE: SURVEY ASSESSMENT - D18008874MFSH/1
Attachments: PRELI ADVISED PC 1070K.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **PC 1070K**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAuto)
Sent: Monday, 17 December 2018 3:42 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Eileen Lee' <EileenLee@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18008874MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer arrange survey on 18.12.2018.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | 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: Monday, 17 December, 2018 3:29 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Eileen Lee <EileenLee@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D18008874MFSH/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.



Auto
Consultants
Pte Ltd

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

Your Ref: D18008593MFSH

Date: 19/12/2018

Our Ref: CS/FCI18022591/T1tb

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

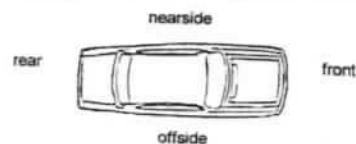
INITIAL INSPECTION REPORT OF VEHICLE NO. PC 1070K

Please be informed that we had conducted the inspection of the abovementioned vehicle 18/12/2018 at the premises of M/s Ban Choon Motor have the following to report: -

Workshop Estimate Amount	: S\$ <u>6,386.72</u>
Revised Estimate Amount	: S\$ <u>3,770.26</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 front n/s portion.



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Taufikh
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 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	14/12/2018 12:59
Date Of Accident	14/12/2018 06:20
Exact Location Of Accident	CLEMENTI AVE -5, TOWARDS CLEMENTI AVE -4
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC1070K
Insured/Policyholder	
Name Of Registered Owner	SHRI TRANSPORT SERVICES
Co Reg No	NA
Email Address	SUNDARAMM707@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81638044
Alternative Phone No	OFFICE-81638044
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE - MINI BUS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073314338-03
Cover Note Number	
Driver	
Name of Driver	GOVINDARAJ MAHANA SUNDARAM
NRIC No	S7266201F
Date Of Birth	05/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2005
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81638044
Fax Number	
Contact Number	OFFICE-81638044
Email Address	SUNDARAMM707@GMAIL.COM

Address	BLK 186 BOON LAY AVE #09-126
Postcode	640186
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : NA GENDER: : FEMALE
Passenger 2	NAME: : NA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

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 Witness 1

Name	NA
Phone Number	NA
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7428D
Vehicle Make/Model/Colour	HYUNDAI 1-40 , BLUE COLOR

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

RIGHT REAR SIDE PORTION

TAXI

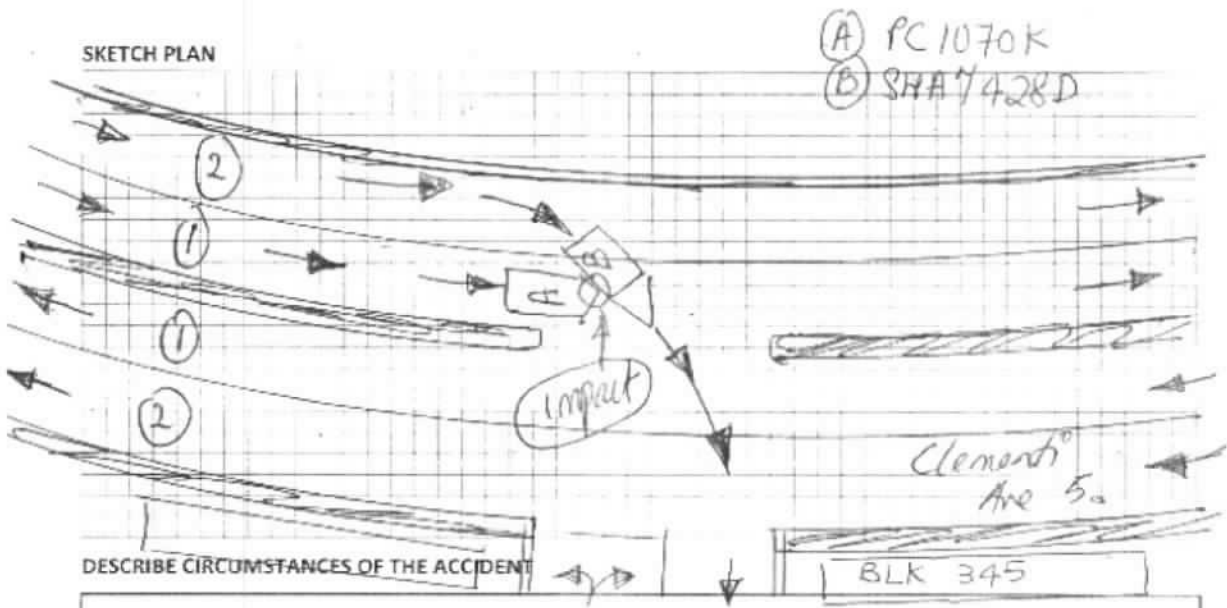
GOH PENG CHIAN

S1227806C

98271515

Sketch Plan

SKETCH PLAN



- REFER POLICE REPORT -

T/20181214/2040

DECLARATION

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

Policyholder's Signature

Date & Time:

© ADAC 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Report Centre Personnel's Signature

Name:

NRUC/IN No.:

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 to 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 purposes 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) 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.:



SINGAPORE POLICE FORCE



T/20181214/2040

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20181214/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2018 11:47	Vide Report No.: D/20181214/0033	Station Diary No.: 54
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: GOVINDARAJ MOHANA SUNDARAM			Address: APT BLK 186 BOON LAY AVENUE #09-126 SINGAPORE 640186		
ID Type / ID No.: NRIC NO / S7266201F			Contact No.: Home/Office: Mobile: 81638044		
Nationality: INDIAN			Email:		
Sex: Male	Age: 46	Date of Birth: 05/06/1972	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: MINIBUS DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/12/2018 06:20	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI AVENUE 5 heading towards the direction of Clementi Avenue 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC1070K	Minibus	TOYOTA	Hiace	White	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
PC1070K	NTUC Income Insurance Co-Operative Limited	507331433803	23/02/2018	22/02/2019



**SINGAPORE
POLICE FORCE**



T/20181214/2040

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20181214/2040

CONTINUATION OF REPORT

Brief Details.

On the 14/12/2018 at around 0620hrs, I was driving my Van (PC1070K) on the first lane along Clementi Ave 5 (towards the direction of Clementi Ave 4) while out of sudden, one blue colour taxi bearing registration no. SHA7428D, who was travelling on the second lane and swerved into my intended path and hence collided onto my Van front bumper. Due to the collision, my front bumper and left side lights are damaged. My two passengers and myself are not injured.
I was advised by the police to lodge a report with regard to the incident. That's all.



**SINGAPORE
POLICE FORCE**



T/20181214/2040

3 of 3

Report No. T/20181214/2040

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
J /
Staff Sgt MUHAMMAD HAFIZ BIN DARLIS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

G. Moh

Date/Time:
14/12/2018 11:47

Classification Of Case:



萬 春 摩 哆

BAN CHOON MOTOR WORKS

Blk 3, Pioneer Road North #01-14/15 Singapore 628457

Tel: 6264 1191 Fax: 6261 1324

E-mail: banchoon@singnet.com.sg

Business Reg./GST Reg. No. 351915/00A

GST Regn No. 35191500A

14/12/2018

MS First Capital Insurance Ltd
36 Robinson Rao
#16-01 City House
Singapore 068877

Attn: Motor Claims Dept.

Dear Sir/Madam

QUOTATION FOR REPAIRS OF VEHICLE NO. PC 1070 K
MODEL: TOYOTA HIACE - MINI BUS
DATE OF ACCIDENT: 14/12/2018
YOUR INSURED VEHICLE NO. SHA 7428 D

1 pc LH front door
1 pc LH front fender
1 pc LH headlamp
1 pc Front bumper
1 pc LH front bumper air scoop garnish
2 pcs LH front door hinges @ \$78.18 each
1 pc LH front pillar
1 pc LH step garnish
1 pc Front windscreen moulding

Less: 25% discount

1 pc ERP bracket
1 roll Front windscreen gum

\$ 1,794.00 *bt → 1580.30*
293.30 *bt*
625.98 *ca*
496.43 *de*
68.10 *de*
156.36 *Ry*
891.90 *Ry*
149.20 *ms*
80.35 *Xnn*
\$ 4,555.62
1,138.90
3,416.72 *25% → 2409.98*
30.00 SN x nn
50.00 SN x nn

LABOUR CHARGES:

To dismantle and reassemble of front windscreen
To dismantle and reassemble of air con unit and refill of air con gas.
To dismantle and refix of dashboard
To knocking and straightening of all necessary damaged parts.
To changing of above part.
To putty and spray painting on accident damaged parts.

120.00 x nn
120.00 x nn
350.00 x nn.

1,200.00 *600*
1,100.00 *600*
\$ 6,386.72 *1200*

Yours faithfully,

Belindox

2409.98
1200
3609.98
4/58 2900
5 days

Taufik 97495747
WP
16/12/18 @ 1105am
Resurvey after paint
5 days
sure (like auto.com)




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/FCI18022591/T1tbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 13-03-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 7428D	Veh. Inspected	PC 1070K
Policy No.		Coverage (\$)	0.00
Claim No.	D18008874MFSH	Excess (\$)	0.00
Assign From	EILEEN LEE	Assign Date	17/12/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA HIACE	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	JTFST22P400011869	Colour	WHITE
Odometer	705614	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195 R15	MICHELIN	6 mm
L/H Front Tyre	195 R15	MICHELIN	6 mm
R/H Rear Tyre	195 R15	MICHELIN	6 mm
L/H Rear Tyre	195 R15	MICHELIN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	14/12/2018	Inspection Date	18/12/2018
Survey held at	BAN CHOON MOTOR WORKS 3 PIONEER ROAD NORTH #01-14/15 SINGAPORE 628457		
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:		5 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. PC 1070K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	LH FRONT DOOR	BENT	1,794.00	1,580.30
1	LH FRONT FENDER	BENT	293.30	293.30
1	LH HEADLAMP	CRACKED	625.98	625.98
1	FRONT BUMPER	DEFORMED	496.43	496.43
1	LH FRONT BUMPER AIR SCOOP GARNISH	DEFORMED	68.10	68.10
2	LH FRONT DOOR HINGES @\$78.18	TO REPAIR SEE LABOUR	156.36	-
1	LH FRONT PILLAR	TO REPAIR SEE LABOUR	891.90	-
1	LH STEP GARNISH	MISSING	149.20	149.20
1	FRONT WINDSCREEN MOULDING	NOT NECESSARY	80.35	-
	LESS 25% DISCOUNT		-1,138.91	-803.33
			3,416.71	2,409.98
<u>SPECIAL NETT ITEMS</u>				
1	ERP BRACKET (SN)	NOT NECESSARY	30.00	-
1	ROLL FRONT WINDSCREEN GUM (SN)	NOT NECESSARY	50.00	-
			80.00	-
<u>LABOUR</u>				
	TO DISMANTLE AND REASSEMBLE OF FRONT WINDSCREEN.	NOT NECESSARY	120.00	-
	TO DISMANTLE AND REASSEMBLE OF AIR CON UNIT AND REFILL OF AIR CON GAS.	NOT NECESSARY	120.00	-
	TO DISMANTLE AND REFIX OF DASHBOARD.	NOT NECESSARY	350.00	-
	TO KNOCKING AND STRAIGHTENING OF ALL NECESSARY DAMAGED PARTS. TO CHANGING OF ABOVE PART. INCLUSIVE OF THE REPAIR OF LH FRONT DOOR HINGES AND LH FRONT PILLAR.		1,200.00	600.00
	TO PUTTY AND SPRAY PAINTING ON ACCIDENT DAMAGED PARTS.		1,100.00	600.00
			2,890.00	1,200.00
GRAND TOTAL			6,386.71	3,609.98

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,900.00
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MOHAMAD TAUFIKH
M.MATAI, AMSAE-A
Automotive Assessor

ADRIAN LING WAI PING
B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI
Licensed Appraiser

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