

ASS. REC. BY:

REF:

CS/FCL190001460 / JH22

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

CWS

Karen Tan

of

FCL

Date/Time:

08012019 350pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLN 6A20P

Insured:

SHA 6676K

at Workshop m/s

World Auto

Tel:

of

No. 1 Kranji Loop

Policy No:

Claim No:

D19000251MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

05012019

CA / REV / REP. / REV 24 HRS 'Ds'

05012019

H.O.D. Endorsement:

Date/Time:

08012019

4.15pm

Person Contacted:

Ainca

Vehicle IN / OUT

Date/Time

Action/Instruction



Estimate

SLN 6A20P - X

SHA 6676K - CS3 / FCL16023543 / PH22

DUA: 07122016

Signature: Hwa Jie

REF: FCI

# ASSIGNMENT

From: \_\_\_\_\_ Date: 9/1/2019  
 Estimated Cost: \_\_\_\_\_  
 OD TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SLN 6920P  
 at Workshop m/s World Auto  
 of No. 1 Kunji JCorp  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

N/S	O/S

(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 'DS'

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

Veh No SLN 6920P Yr Regn. 15 May 2017  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Toyota Prius C.C 1797  
 Colour Silver A/C: Insured / Std / NI / NA  
 Sp. Reading 170782 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTDKB3FU9D03558104  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 195 / 65 R15  
 R: \_\_\_\_\_

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

Front		Rear	
R/Bal.	<u>6</u> mm	R/Bal.	<u>6</u> mm
L/Bal.	<u>6</u> mm	L/Bal.	<u>6</u> mm
D.O.A.	<u>5/1/19</u>	D.O.I.	<u>9/1/19</u>
Survey held at <u>World Auto</u>			

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
	<u>Hwa Jie</u>
	<u>Pls see my remarks</u>
<u>16/1/19</u>	<u>Confirmed P/P \$2,990 with 4 days repair.</u> <u>(Red: 4301.32; 58%)</u>
RECEIVED 16 JAN 2019	

Date/Time, File Pass to? 16/1 Typist  
☐ : Preli. Report  
☒ : Final Report  
 Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: 4  
 Resurvey No. of Trip: 1

Report Format : TP  
 Lump Sum / I.B. (\$) 2990

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

Survey Fee:	<u>150</u>
Transportation:	<u>50</u>
S + RS	<u>50</u>
Photos	<u>30</u>
Others	
TOTAL	<u>280</u>

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	08-01-2019	<b>Our Ref No.</b> D19000251MFSH
<b>Accident Date</b>	05-01-2019	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHA6676K	<b>Third Party Vehicle.</b> SLN6920P
<b>Survey Location</b>	NO.1, KRANJI LOOP	
<b>Contact Person.</b>	AINEE	
<b>Contact No.</b>	63621776/ 0	<b>Fax No.</b> 63631250
<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>	WORLD AUTO PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	KARENT	

**IMPORTANT NOTE**

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

1st Capital

## 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	07/01/2019 18:07
Date Of Accident	05/01/2019 22:35
Exact Location Of Accident	BLK 623 YISHUN RING RD (OPEN CARPARK)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6920P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995009
Cover Note Number	

### Driver

Name of Driver	YEOH SOON HENG
NRIC No	S1605273F
Date Of Birth	06/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81882803
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	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 SEE ATTACHED SKETCH

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA6676K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan


### 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and consent that:  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/are 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.

  
ACRF PTE LTD  
Reg. No. 201234367K

Policyholder's Signature / Date & Time

 7/11/19  
16:45 hrs

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

A 3LN 6920P

B SHA 6675K

2  
3  
L3



parking

## Sketch Plan #2

### Describe Circumstances of the Accident

On 5/1/19 around 2235 hrs, I was travelling along Bk 623 Yishan Ring Road & I pick up a passenger. When I was going straight suddenly I felt a impact from my front left hand side. I recall that a taxi (SHA 6676 K) passenger open his rear right hand door and collided with my vehicle on front left portion.

### Declaration

We declare the foregoing particulars are true in every respect.



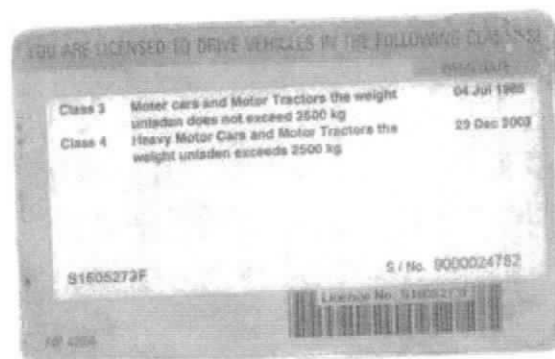
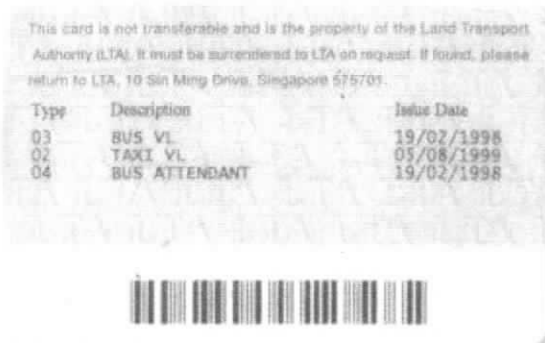
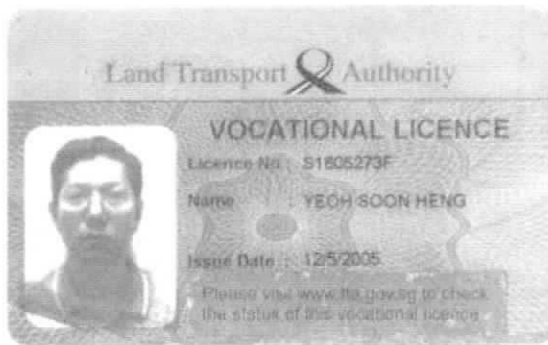
Policyholder's Signature / Date & Time

Handwritten signature of the driver and the date/time '7/1/19 1600 hrs'.

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

Witnessed by Reporting Centre Personnel

### Sketch Plan #3





**WORLD AUTO PTE LTD**

47, Jalan Pemimpin #01-02/03  
 Halcyon 2, S'pore 577200  
 Tel No. : 6451 3933 Fax No. : 6455 7576  
 E-Mail : worldaut@singnet.com.sg  
 Website : www.worldauto.com.sg  
 Tax Reg. No. : 200006765-H Buss. Reg. No. : 200006765H

**MS FIRST CAPITAL INSSURANCE LIMITED**  
 6 RAFFLES QUAY,  
 #21-00 048580

Attention : Motor Claim Department  
 Contact : 6222 2311 Fax No. : 6222 3547

**Estimate : ES190009**

Date : 08/01/2019  
 Vehicle Num. : SLN 6920P (LCR)  
 Make/Model : TOYOTA PRIUS HYBRID  
 Chassis/Eng# :  
 Accident Date : 05/01/2019  
 Claim No. :  
 Reference :  
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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LIST ITEMS :				
1.	1	FRONT FENDER LH <i>BVC</i>	880.00	✓
2.	1	FRONT FENDER HYBRID EMBLEM LH <i>NGL</i>	<del>50 89.00</del>	✓
3.	1	FRONT WINDSCREEN OUTER MOULDING LH CUT	250.00	✓
4.	1	FRONT FENDER QUARTER GARNISH LH <i>SCR</i>	190.00	✓
5.	1	SIDE MIRROR COVER - LH <i>SVR</i>	90.00	✗
6.	1/LH	SIDE MIRROR ASSY <i>NN</i>	680.00	✗
7.	1	FRONT DOOR - LH <i>Repair</i>	1,450.00	✗
8.	1	FRONT DOOR OUTER HANDLE LH <i>Repair</i>	380.00	✗
9.	1	FRONT DOOR GLASS LH <i>SCR</i>	790.00	✓
10.	1/LH	FRONT WINDSCREEN PILLAR PANEL <i>Repair</i>	336.10	✗
List TotalS\$ :			5,135.10	
25.00% Discount S\$ :			1,283.78	
			3,851.32	

**LABOUR :**

TRANSFER DOOR MECHANISM

~~50 180.00~~ ✗

TO APPLY RUSTPROOFING/ TUFFCOATING TREATMENT TO REPLACED PARTS.

~~50 180.00~~ ✓

COMPUTERISED ALIGNMENT

180.00 ✗

REMOVE ACCIDENT DAMAGED PARTS IN ORDER TO FACILITATE REPAIRS INCLUDING PANEL BEAT, CUT/WELD, STRAIGHTEN CHASSIS WHERE NECESSARY AND REPLACE ABOVE BODY PARTS

~~650 1,000.00~~ ✓

PUTTY &amp; SPRAY PAINT ALL AFFECTED AREAS (INNER/ OUTER)

~~650 1,000.00~~ ✓

CONTINUE / ...

**WORLD AUTO PTE LTD**

47 Jalan Pemimpin #01-02/03  
 Halcyon 2, S'pore 577200  
 Tel No. : 6451 3933 Fax No. : 6455 7576  
 E-Mail : worldaut@singnet.com.sg  
 Website : www.worldauto.com.sg  
 Tax Reg. No. : 200006765-H Buss. Reg. No. : 200006765H

**MS FIRST CAPITAL INSSURANCE LIMITED**  
 6 RAFFLES QUAY,  
 #21-00 048580

Attention : Motor Claim Department  
 Contact : 6222 2311 Fax No. : 6222 3547

**Estimate : ES190009**

Date : 08/01/2019  
 Vehicle Num. : SLN 6920P (LCR)  
 Make/Model : TOYOTA PRIUS HYBRID  
 Chassis/Eng# :  
 Accident Date : 05/01/2019  
 Claim No. :  
 Reference :  
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
		DEACTIVATE HV BATTERY SYSTEM IN ORDER TO FACILITATE REPAIRS AND REACTIVATE BACK SAME. (HV HYBRID SYSTEM SAFETY PROCEDURES)		450.00 X
		PERFORM WHOLE VEHICLE DIAGNOSTICS INCLUDING CLEARING FAULT CODES AND REINITIALISING HV HYBRID SYSTEM FOR POST REPAIRS. (HV HYBRID SYSTEM SAFETY PROCEDURES)		450.00 X
		Labour Total S\$ :		3,440.00

E. &amp; O.E.

Total S\$ : 7,291.32

Total - \$2990

for WORLD AUTO PTE LTD

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:

*[Signature]*  
 10/1/19  
 Hwee Jie - LKK

9/1/19

P/P 4 days

7331.32

Photo before paint

*[Signature]*

# WORLD AUTO PTE LTD

47 Jalan Pemimpin #01-02/03  
Halcyon 2, S'pore 577200  
Tel No. : 6451 3933 Fax No. : 6455 7576  
E-Mail : worldaut@singnet.com.sg  
Website : www.worldauto.com.sg  
Tax Reg. No. : 200006765-H Buss. Reg. No. : 200006765H

MS FIRST CAPITAL INSSURANCE LIMITED  
6 RAFFLES QUAY,  
#21-00 048580

## Supplementary Estimate : ES190013

Attention : Motor Claim Department  
Contact : 6222 2311 Fax No. : 6222 3547

Date : 11/01/2019  
Vehicle Num. : SLN 6920P (LCR)  
Make/Model : TOYOTA PRIUS HYBRID  
Chassis/Eng# :  
Accident Date : 05/01/2019  
Claim No. :  
Reference :  
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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1.		SPECIAL NETT ITEMS : FRONT WINDSCREEN OUTER MOULDING CLIPS	NEC	20 40.00 ✓
		Special Nett Total S\$ :		40.00

E. & O.E.	Total S\$ :	40.00
		=====

for WORLD AUTO PTE LTD




# 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/FCI19000460/Jtbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 18-01-2019	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHA 6676K	Veh. Inspected	SLN 6920P	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19000251MFSH	Excess (\$)	0.00	
Assign From	KAREN TAN	Assign Date	08/01/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS	c.c	1797	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU903558104	Colour	SILVER	
Odometer	170782	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	PIRELLI	6 mm	
L/H Front Tyre	195/65 R15	PIRELLI	6 mm	
R/H Rear Tyre	195/65 R15	PIRELLI	6 mm	
L/H Rear Tyre	195/65 R15	PIRELLI	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	05/01/2019	Inspection Date	09/01/2019	
Survey held at	NO 1 KRANJI LOOP			
Repairer	WORLD AUTO PTE LTD			
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>4 Working Days</b>		



# 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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLN 6920P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT FENDER LH	BUCKLED	880.00	880.00
1	FRONT FENDER HYBRID EMBLEM LH	NECESSARY	89.00	50.00
1	FRONT WINDSCREEN OUTER MOULDING LH	CUT	250.00	250.00
1	FRONT FENDER QUARTER GARNISH LH	SCRATCHED	190.00	190.00
1	SIDE MIRROR COVER - LH	SERVICEABLE	90.00	-
1	LH SIDE MIRROR ASSY	NOT NECESSARY	680.00	-
1	FRONT DOOR - LH	TO REPAIR SEE LABOUR	1,450.00	-
1	FRONT DOOR OUTER HANDLE LH	TO REPAIR SEE LABOUR	380.00	-
1	FRONT DOOR GLASS LH	SCRATCHED	790.00	790.00
1	LH FRONT WINDSCREEN PILLAR PANEL	TO REPAIR SEE LABOUR	336.10	-
	LESS 25% DISCOUNTY		-1,283.78	-540.00
			3,851.32	1,620.00
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT WINDSCREEN OUTER MOULDING CLIPS (SN) (ADDITIONAL)	NECESSARY	40.00	20.00
			40.00	20.00
<b><u>LABOUR</u></b>				
	TRANSFER DOOR MECHANISM.	NOT NECESSARY	180.00	-
	TO APPLY RUSTPROOFING / TUFFCOATING TREATMENT TO REPLACED PARTS.		180.00	50.00
	COMPUTERISED ALIGNMENT.	NOT NECESSARY	180.00	-
	REMOVE ACCIDENT DAMAGED PARTS IN ORDER TO FACILITATE REPAIRS INCLUDING PANEL BEAT, CUT / WELD, STRAIGHTEN CHASSIS WHERE NECESSARY AND REPLACE ABOVE BODY PARTS. INCLUSIVE OF THE REPAIR OF FRONT DOOR - LH, FRONT DOOR OUTER HANDLE LH AND LH FRONT WINDSCREEN PILLAR PANEL.		1,000.00	650.00
	PUTTY & SPRAY PAINT ALL AFFECTED AREAS ( INNER / OUTER ) .		1,000.00	650.00

Report Ref No. CS/FCI19000460/Jtbe2



## 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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	DEACTIVATE HV BATTERY SYSTEM IN ORDER TO FACILITATE REPAIRS AND REACTIVATE BACK SAME. (HV HYBRID SYSTEM SAFETY PROCEDERES)	NOT NECESSARY	450.00	-
	PERFORM WHOLE VEHICLE DIAGNOSTICS INCLUDING CLEARING FAULT CODES AND REINTIALISING HV HYBRID SYSTEM FOR POST REPAIRS. (HV HYBRID SYSTEM SAFETY PROCEDURES)	NOT NECESSARY	450.00	-
			3,440.00	1,350.00
GRAND TOTAL			7,331.32	2,990.00
RECOMMENDED COST OF REPAIRS				2,990.00

Report Ref No. CS/FCI19000460/Jtbe2

ONG HWEE JIE

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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