

22/03/2002

ASS. REC. BY:

REF:

es/FCI 19 000 768 / Jagdber

Special Instruction:

Surveyor:

three tie

ASSIGNMENT (Office)

From (Person):

CWS

Eileen Lee

of

FCI

Date/Time:

12/11/19 @ 12:19 pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

SLJ 3967 X

Insured:

SHA 1828 Y

at Workshop m/s

World Auto

Tel:

63621776

of

No. 1 Kranji JCorp.

Policy No.:

Claim No.:

D19000366MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

5/1/19

CA / REV / REP. / REV 24 HRS

hwp

H.O.D. Endorsement:

Date/Time:

10:33 am @ 14/11/19

Person Contacted:

Ainee

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SLJ 3967 X-X

SHA 1828 Y - CS 11NCO8031267 / Gac

DUA: 19/11/2008

16/1/19 @

4.47pm revised to Eileen Lee by email.

Customer: Hwee Jie

REF: FCI

ASSIGNMENT

From: Date: 14/1/19

Estimated Cost:

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

To inspect Vehicle No: SLJ 3967X

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

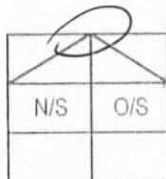
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No: SLJ 3967X

Yr Regn: 8 Dec 2016

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

Truck / Trailer or

Make: Honda Vezel

C.C. 1496

Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 180693

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: R031214811

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / 3/Rim / STD A/Rim or

Tyre Size: F: 215/60 R16

R: -

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

TOYO / YOKO or

Newton

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 5/1/19

D.O.I. 14/1/19

Survey held at

world Auto

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

7/3/19 Confirmed L/s \$2050 + with (Red \$4012.40, 66%)
slags of repair.

RECEIVED 11 MAR 2019

Date/Time, File Pass to?

1) 11/3 March

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B. (\$)

TL

2050

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation:

) S + RS SI

) Photos

) Others

TOTAL

149

50

50

24

269

MOTOR SURVEY ASSIGNMENT

| | | |
|--------------------|---------------------------------------|-------------------------------|
| Date | 11-01-2019 | Our Ref No. D19000366MFSH |
| Accident Date | 05-01-2019 | Claim Type. Third Party |
| Insured Vehicle | SHA1828Y | Third Party Vehicle. SLJ3967X |
| Survey Location | NO.1, KRANJI LOOP | |
| Contact Person. | AINEE | |
| Contact No. | 63621776/ 0 | Fax No. 63631250 |
| 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 | WORLD AUTO PTE LTD | 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.

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 16 January 2019 4:47 PM
To: 'CWS Motor Claims'; assignments
Cc: 'Eileen Lee'; SUR
Subject: RE: SURVEY ASSESSMENT - D19000366MFSH/1
Attachments: CSFC119000768Jqd3.pdf

Dear Eileen,

Enclosed herewith preliminary advice of SLJ 3967X.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Monday, 14 January 2019 10:34 AM
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 - D19000366MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Saturday, 12 January 2019 12:19 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Eileen Lee <EileenLee@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19000366MFSH/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.



Auto
Consultants
Pte Ltd

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

Your Ref: D19000366MFSH

Date: 16 January 2019

Our Ref: CS/FCI19000768/Jqd3

The Motor Claims Department
First Capital Insurance Ltd

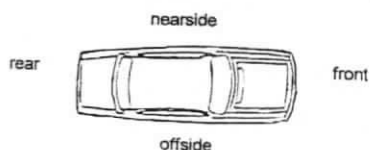
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SLJ 3967X .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 14/01/2019 at the premises of M/s WORLD AUTO, and have the following to report:-

| | |
|--------------------------|------------------|
| Workshop Estimate Amount | : S\$ 6,062.40 . |
| Revised Estimate Amount | : S\$ 2,581.60 . |
| "Check" Items Amount | : S\$ 1,542.40 . |
| Market Value | : S\$ - . |
| LTA Reimbursement Value | : S\$ - . |
| Nett Value | : S\$ - . |

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



Yours faithfully

Hwee Jie
Automotive Assessor

ISA Capitem

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 | 05/01/2019 12:10 |
| Date Of Accident | 05/01/2019 10:30 |
| Exact Location Of Accident | BAKER RD |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLJ3967X |
| Insured/Policyholder | |
| 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 | HONDA |
| Model | VEZEL-1.5 HYBRID (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 | 999995008 |
| Cover Note Number | |
| Driver | |
| Name of Driver | HARDIAL SINGH S/O KESIR SINGH |
| NRIC No | S7314735B |
| Date Of Birth | 25/04/1973 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/01/1994 |
| Driving Experience | 25 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90690742 |
| Fax Number | |
| Contact Number | |
| EMail 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 - MAJOR/MINOR RD |
| 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? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------|
| Vehicle Registration Number | SHA1828Y |
| 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 willful 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/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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A. SLJ3967X
B. SHA1828Y



Sketch Plan #2

Describe Circumstances of the Accident

05012019

AROUND 1030 HRS.

I WAS DRIVING OUT OF BAKER RD
METHODISTS CHURCH LOOKING TO MY LEFT WHEN I
COLLIDED WITH TAXI SH#18297 WHO WAS TURNING IN.
EXCHANGED PARTICULARS WITH DRIVER AND DRIVER
WANTS TO SETTLE THROUGH COMFORT.

Declaration

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

Witnessed by Reporting Centre
Personnel

Sketch Plan #3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7314735B



Name
HARDIAL SINGH S/O KESIR SINGH

Race
SIKH

Date of birth
29-04-1973

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S7314735B**

Name
HARDIAL SINGH S/O KESIR SINGH

DOB Date **29 Apr 1973**

Issue Date **16 Oct 2008**



Land Transport Authority

POVL/TOVL
35 BUS STATION
256416

VOCATIONAL LICENCE

LICENCE NO. **S7314735B**

Name **HARDIAL SINGH S/O KESIR SINGH**

Issue Date **22/6/2012**

Please visit www.lta.gov.sg to check the status of this vocational licence

4714188



Ident No. **S7314735B**




Date of issue
29-04-2011

Address
**APT BLK 244 BUKIT PANJANG RING ROAD
#02-197
SINGAPORE 670244**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:


| Class | Description | Issue Date |
|---------|--|-------------|
| Class 1 | Motor Cars < 3000kg w/o > 7 passengers, exclusive of the driver, and a few motor vehicles < 2500kg | 03 Jan 1994 |
| Class 2 | Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg | 06 Sep 2003 |
| Class 3 | Motor vehicles which are not constructed to carry load and the unladen weight < 2250kg | 16 Oct 2006 |
| Class 4 | Motor vehicles not constructed to carry any load and the unladen weight > 2250kg | |

Licence No. **S7314735B**



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 670701.

| Type | Description | Issue Date |
|------|-------------|------------|
| 02 | TAXI VL | 22/06/2012 |



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 : ES190015

Date : 11/01/2019
 Vehicle Num. : SLJ 3967X (LCR)
 Make/Model : HONDA VEZEL HYBRID
 Chassis/Eng# :
 Accident Date : 05/01/2019
 Claim No. :
 Reference :
 Policy No. :

| S/N | Quantity | Particular | Unit Price | Amount S\$ |
|-----|----------|------------|------------|------------|
|-----|----------|------------|------------|------------|

| | | | | |
|--------------|------|--|----------|---|
| LIST ITEMS : | | | | |
| 1. | 1 | FRONT BUMPER DD | 900.00 | ✓ |
| 2. | 1 | FRONT RADIATOR GRILLE BASE | 360.00 | ✓ |
| 3. | 1 | FRONT RADIATOR GRILLE CHROME | 380.00 | ✓ |
| 4. | 1 | FRONT RADIATOR GRILLE CHROME STRIP } SCR | 180.00 | ✓ |
| 5. | 1 | FRONT BUMPER TOW COVER SCR | 89.00 | ✓ |
| 6. | 1 | FRONT HEADLAMP - RH NN | 1,850.00 | ✗ |
| 7. | 1/RH | FRONT HEADLAMP LOWER BRACKET NN | 78.00 | ✗ |
| 8. | 1/RH | FRONT HEADLAMP TOP BRACKET NN | 68.00 | ✗ |
| 9. | 1 | FOG LAMP ASSY - RH NN | 315.00 | ✗ |
| 10. | 1 | FOG LAMP BRACKET RH NN | 65.00 | ✗ |
| 11. | 1 | FOG LAMP COVER RH SCR | 68.00 | ✓ |
| 12. | 1 | FRONT LOWER BUMPER DD | 300.00 | ✓ |
| 13. | 1 | FRONT WHEEL ARCH MOULDING RH NN | 250.00 | ✗ |

| | |
|-----------------------|-----------------|
| List TotalS\$: | 4,903.00 |
| 20.00% Discount S\$: | 980.60 |
| | 3,922.40 |

| | | | | |
|--------------------------|---|---------------------------------|----------|-------|
| SPECIAL NETT ITEMS : | | | | |
| 1. | 1 | FRONT BUMPER CLIP | 30 40.00 | ✓ nec |
| 2. | 1 | FRONT WHEEL ARCH MOULDING CLIPS | 40.00 | ✗ m |
| Special Nett Total S\$: | | | 80.00 | |

| | |
|---|----------|
| LABOUR : | |
| TO APPLY RUSTPROOFING/ TUFFCOATING TREATMENT TO REPLACED PARTS. | 180.00 ✗ |

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 : ES190015

Date : 11/01/2019
 Vehicle Num. : SLJ 3967X (LCR)
 Make/Model : HONDA VEZEL HYBRID
 Chassis/Eng# :
 Accident Date : 05/01/2019
 Claim No. :
 Reference :
 Policy No. :

| S/N | Quantity | Particular | Unit Price | Amount S\$ |
|-----|----------|---|----------------------------|------------|
| | | REMOVE ACCIDENT DAMAGED PARTS IN ORDER TO FACILITATE REPAIRS INCLUDING PANEL BEAT, CUT / WELD, STRAIGHTEN CHASSIS WHERE NECESSARY AND REPLACE ABOVE PARTS | 350 2000 900.00 | / |
| | | PUTTY AND SPRAY PAINT ALL AFFECTED AREAS (INNER/OUTER) | 350 2400 800.00 | / |
| | | TO REMOVE, REARRANGE ALL ELECTRICAL WIRING, CHECK LIGHTINGS & RESET HEADLAMP FOCUSING | 30 180.00 | / |
| | | Labour Total S\$: | | 2,060.00 |

E. & O.E.

Total S\$: 6,062.40

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

Endorsed by Repairer

Huse Jie
 14/1/19

L/S ~~1 day~~ 3dayLS

Total - \$2050/-



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/FCI19000768/Jqd3e2 | |
| 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | | Date : 13-03-2019 |  |
| | | | Code : FCI2 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHA 1828Y | Veh. Inspected | SLJ 3967X | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | D19000366MFSH | Excess (\$) | 0.00 | |
| Assign From | EILEEN LEE | Assign Date | 12/01/2019 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | HONDA VEZEL | c.c | 1496 | |
| Engine No. | HIDDEN | Year of Reg. | 2016 | |
| Chassis No. | RU31214811 | Colour | BLACK | |
| Odometer | 180693 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | SPORTS RIM | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 215/60 R16 | NEUTON | 6 mm | |
| L/H Front Tyre | 215/60 R16 | NEUTON | 6 mm | |
| R/H Rear Tyre | 215/60 R16 | NEUTON | 6 mm | |
| L/H Rear Tyre | 215/60 R16 | NEUTON | 6 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 05/01/2019 | Inspection Date | 14/01/2019 | |
| Survey held at | NO.1 KRANJI LOOP | | | |
| Repairer | WORLD AUTO PTE LTD | | | |
| 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: | | | 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLJ 3967X

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|--|---------------|---------------------------|-------------------|
| | <u>REPLACEMENT OF PARTS</u> | | | |
| 1 | FRONT BUMPER | DENTED | 900.00 | 900.00 |
| 1 | FRONT RADIATOR GRILLE BASE | SCRATCHED | 360.00 | 360.00 |
| 1 | FRONT RADIATOR GRILLE CHROME | SCRATCHED | 380.00 | 380.00 |
| 1 | FRONT RADIATOR GRILLE CHROME STRIP | SCRATCHED | 180.00 | 180.00 |
| 1 | FRONT BUMPER TOW COVER | SCRATCHED | 89.00 | 89.00 |
| 1 | FRONT HEADLAMP - RH | NOT NECESSARY | 1,850.00 | - |
| 1 | RH FRONT HEADLAMP LOWER BRACKET | NOT NECESSARY | 78.00 | - |
| 1 | RH FRONT HEADLAMP TOP BRACKET | NOT NECESSARY | 68.00 | - |
| 1 | FOG LAMP ASSY - RH | NOT NECESSARY | 315.00 | - |
| 1 | FOG LAMP BRACKET RH | NOT NECESSARY | 65.00 | - |
| 1 | FOG LAMP COVER RH | SCRATCHED | 68.00 | 68.00 |
| 1 | FRONT LOWER BUMPER | DENTED | 300.00 | 300.00 |
| 1 | FRONT WHEEL ARCH MOULDING RH | NOT NECESSARY | 250.00 | - |
| | LESS 20% DISCOUNT | | -980.60 | -455.40 |
| | | | 3,922.40 | 1,821.60 |
| | <u>SPECIAL NETT ITEMS</u> | | | |
| 1 | FRONT BUMPER CLIP (SN) | NECESSARY | 40.00 | 30.00 |
| 1 | FRONT WHEEL ARCH MOULDING CLIPS (SN) | NOT NECESSARY | 40.00 | - |
| | | | 80.00 | 30.00 |
| | <u>LABOUR</u> | | | |
| | TO APPLY RUSTPROOFING / TUFFCOATING TREATMENT TO REPLACED PARTS. | 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 PARTS. | | 900.00 | 350.00 |
| | PUTTY AND SPRAY PAINT ALL AFFECTED AREAS (INNER / OUTER). | | 800.00 | 350.00 |
| | TO REMOVE, REARRANGE ALL ELECTRICAL WIRING, CHECK LIGHTINGS & RESET HEADLAMP FOCUSING. | | 180.00 | 30.00 |
| | | | 2,060.00 | 730.00 |
| | GRAND TOTAL | | 6,062.40 | 2,581.60 |

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| | | | |
|---|--|--|----------|
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | 2,050.00 |
|---|--|--|----------|

Report Ref No. CS/FCI19000768/Jqd3e2

ONG HWEE JIE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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