

ASS. REC. BY:

REF

CS/FC19000961 / GYD312

Special Instruction:

Surveyor

CWS

From (Person):

Sthara

of

FCF

Date/Time:

15/1/19 @ 5:23pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLU 9132R

Insured:

SHA 9184T

at Workshop m/s

Alls well Motor

Tel:

9147 8545

of

25 Defu-fene 9

Policy No:

Claim No:

D19000431MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

13/1/19

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

18/1/19 @ 4pm

H.O.D. Endorsement:

Date/Time:

10:04am @ 16/1/19

Person Contacted:

Ben

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLU 9132R - X

SHA 9184T - CS/QW07004193/Ref

DIA: 03/12/2007

21/1/19 @ 2:08pm

NOTIFIED TO Sthara by email.

Xphl.

REF: FCI

B 2889J

ASSIGNMENT

From: Date: 18/1/19

Estimated Cost:

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

To inspect Vehicle No: SLU 9132R

at Workshop m/s: Allswell

of: 25 Defu June 9

Insured

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

~~Amoco Insurance~~

(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: 4 days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: 8U9132R Yr Regn: 18 Dec 2017

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

Truck / Trailer or

Make: Toyota Prius C.C. 1797

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

Sp. Reading: 114687 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: 2VW4000 27147

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: 11

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

TOYO / YOKO or kapsen

Front

Rear

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A.: D.O.A.: 18-01-19

Survey held at: w/s 4:30pm

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

N/S Frt.

The UIC / Chassis frame / Body Structure affected due to collision.

06/3 Finalized \$2911.32 with Ben.
 (Red 6 1579.78, 35%)

RECEIVED 10 MAR 2020

Date/Time, File Pass to? ☐ : Preli. Report1) 10/3 ~~Final~~ ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

1) \$ + RS SI

2) Photos

3) Other:

TOTAL

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

Report Format:

Lump Sum / I.B. (\$)

TP
2911.32

135

50

50490

20

309

MOTOR SURVEY ASSIGNMENT

Date	15-01-2019	Our Ref No. D19000431MFSH
Accident Date	13-01-2019	Claim Type. Third Party
Insured Vehicle	SHA9184T	Third Party Vehicle. SLU9132R
Survey Location	25 DEFU LANE 9	
Contact Person.	MR BEN OOI	
Contact No.	66791146/ 91478545	Fax No. 0
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	ALLSWELL MOTOR TRADERS	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

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: Monday, 21 January 2019 2:08 PM
To: 'CWS Motor Claims'; assignments
Cc: 'Sithara'; SUR
Subject: RE: SURVEY ASSESSMENT - D19000431MFSH/1
Attachments: CSFCI19000961Gqd3.pdf

Dear Sithara,

Enclosed herewith preliminary advice of SLU 9132R.

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: Wednesday, 16 January 2019 10:07 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Sithara' <Sithara@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19000431MFSH/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, 15 January 2019 5:23 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Sithara <Sithara@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19000431MFSH/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: D19000431MFSH
Our Ref: CS/FCI19000961/Gqd3

Date: 21 January 2019

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

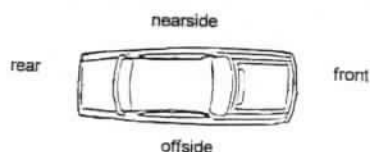
INITIAL INSPECTION REPORT OF VEHICLE NO. SLU 9132R.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 18/01/2019 at the premises of M/s ALLSWELL MOTOR . and have the following to report:-

Workshop Estimate Amount	: S\$ <u>3,012.10</u> .
Revised Estimate Amount	: S\$ <u>1,949.53</u> .
"Check" Items Amount	: S\$ <u>-</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Pending for parts prices.

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



Yours faithfully

Guo Qiang
Automotive Assessor

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	2889J
Vehicle Details	
Vehicle No.:	SLU9132R
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jan 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS ALPHA HYBRID 1.8S CVT
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	2ZR0A23417
Chassis No.:	ZVW400027147
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,354.00
Original Registration Date:	18 Dec 2017
First Registration Date:	18 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$18,096.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Dec 2027
PARF Rebate Amount:	\$13,572.00
Intended COE Rebate Details	
COE Expiry Date:	17 Dec 2027
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$57,000.00
COE Rebate Amount:	\$50,752.00
Total Rebate Amount:	\$64,324.00

The information contained herein is correct as at 21 Jan 2019

OK

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	14/01/2019 17:05
Date Of Accident	13/01/2019 23:30
Exact Location Of Accident	ENTRANCE OF GOLDEN MILE TOWER DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9132R
Insured/Policyholder	
Name Of Registered Owner	ALLSWELL MOTOR TRADERS
Co Reg No	53192889J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66791146

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID-1.8 S CVT (A)
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	999994368
Cover Note Number	

Driver

Name of Driver	MOHAMED ZAKIR BIN MOHAMED ALI
NRIC No	S1747195C
Date Of Birth	01/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	20/12/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-87876059
Fax Number	
Contact Number	OFFICE-66791146
Email Address	NOEMAIL

Address	SRI MULIA CONDO, JLN ABD SAMAD, KOLAM AYER 05-02. JB JOHOR MALAYSIA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	6
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE
Passenger 4	NAME: : PASSENGER GENDER: : MALE
Passenger 5	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

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

Circumstances of Accident

refer to attached police report T/20190114/2002

Attachment(s)

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

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 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 used 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: 14/01/2019
1234 HRG


Reporting Centre Personnel's Signature
Name: A.I.-2019
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN

71

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER Police Refery - T/20190114/2002

DECLARATION

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

poly



WE IN EVERY RESPECT

Policyholder's Signature _____
Date & Time: _____

Driver's Signature
(if driver is not the policyholder)
Date & Time: 14/01/2019
13:30 HRS

Beli
19.1.2019

Reporting Centre Personnel's Signature:
Name: _____
NRCC/File No.: _____

Sketch Plan #3

A = SL4 9132 R

B = SHA 9184 T

12/01/2019
12/20/19
12/20/19

Golden Mile
TUNNEL

compete -



Beach Road

Police Report



**SINGAPORE
POLICE FORCE**



T/20190114/2002

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8090999

1 of 3

Report No: T/20190114/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 14/01/2019 03:03		Vide Report No. A/20190113/0187		Station Diary No. 12
Informant's Particulars				
Name of Informant: MOHAMED ZAKIR BIN MOHAMED A.L.		Address: SR: M ULIA CONDO, JLN ABD SAMAD, KOLAM AYER 05-02 JB JOHOR MALAYSIA		
ID Type / ID No. NRIC NO / S1747195C		Contact No. Home/Office: Mobile: 87876059		
Nationality SINGAPORE CITIZEN		Email:		
Sex Male	Age 52	Date of Birth 01/11/1965	Type of Informant Rider	
Race Banyanese		Language	Institution / School Name	
Occupation GRAB DRIVER		Driving Licence Information: Class: Date of Expiry		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2019 23:30	Type of Location: Straight Road
Location: Along Road 1 BEACH ROAD				
Entrance of Golden Mile Tower				
Weather: Clear		Road Surface: Dry	Road Speed Limit	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH49184T	Taxi	HYUNDAI	Latio	Yellow	Slightly Damaged	2
SLU9132R	Car	TOYOTA	Prus	Black	Slightly Damaged	5

Police Report



SINGAPORE
POLICE FORCE



T/20190114/2002

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3

Report No: T/20190114/2002

CONTINUATION OF REPORT

Brief Details.

On the 13/01/2019 at about 2330hrs, I went to drop off my passenger at Golden Mile Tower Entrance. I am a Grab Driver and I was driving my black colour Toyota Prius Vehicle No: SLU8132H. I then stopped my vehicle at the right side of the entrance. There was another Yellow Cab taxi bearing Vehicle No. 5HA9184T at my left side. All of a sudden, the passenger of the said taxi flung opened widely the right side door of the taxi, hence there were damages to the left side of my vehicle. I did not know that the taxi was stopping as I did not see any hazard light and he was not stopping at the drop off point of Golden Mile Tower to drop off the passenger. There were CCTV camera at Golden Mile Tower. I am lodging this report for insurance claim purposes.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190114/2002

Police Station Of Origin:
Jurong East N.P.C
52 Boon Lay Way SINGAPORE 609962
Tel No. 1800-8999999

3 of 3

Report No. T/20190114/2002

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: D / Sgt 2 B KAARTHIKA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2019 03:03
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMMAD HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:
Authentication Stamp 14/1/19	

Allswell Motor Traders

25 Defu Lane 9, Singapore 539266

Tel : +65 6679 1146

email:ben@allswellmotor.com.sg

(3rd party claim against

MSFCI

LMF Auto Consultants hence notify the Repairer of the following:

- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Estimate repair

Vehicle No. : SUU9132R

Make & Model : Prince Alpha

Chassis No. : 1-85CVT.

Date of survey :

Acknowledged by Repairer

Submitted by :

COE expiry :

Engine No. :

Ben

17-12-2027

S/No	Part Description	Qty	Unit Price	Price	Disposition by
01	Front bonnet / B7	01	\$869.10	/	
02	LH fender / Bmc	01	\$631.60	435	
03	LH retainer x NN, Cut	01	\$67.40	X	
04	LH front smaller windscreen	01			
05	LH front headlamp - SCR	01	\$1479	/	
	Special net				
01	Clips / retainer shud \$24/pct	01	\$24.00	/	
				2783.1	
				25% = 2087.32	
	Labour Description				
01	Dismantle / Assembly of affected parts	01	\$260.00	150	
02	Spray paint of all affected parts	01	\$500.00	400	
03	Panel knocking of support panel	01	\$360.00	250	
				800	
	4 Days				
	part by part.				
	before paint photos.				

Note: If any of the quoted parts are recommended to be repaired, then an additional labour cost will be charged accordingly under supplementary.

Eno Qiang
18/1/19

2911.32

4491.10




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/FCI19000961/Gqd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 12-03-2020	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 9184T	Veh. Inspected	SLU 9132R	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19000431MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	15/01/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1797	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	ZVW400027147	Colour	BLACK	
Odometer	114687	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	KAPSEN	6 mm	
L/H Front Tyre	205/60 R16	KAPSEN	6 mm	
R/H Rear Tyre	205/60 R16	KAPSEN	6 mm	
L/H Rear Tyre	205/60 R16	KAPSEN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/01/2019	Inspection Date	18/01/2019	
Survey held at	25 DEFU LANE 9			
Repairer	ALLSWELL MOTOR TRADERS			
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:		4 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. SLU 9132R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BONNET	BENT	869.10	869.10
1	LH FENDER	BUCKLED	631.60	435.00
1	LH RETAINER	NOT NECESSARY	67.40	-
1	LH FRONT SMALLER WINDSCREEN (NPA)	CUT	-	-
1	LH FRONT HEADLAMP	SCRATCHED	1,479.00	1,479.00
	LESS 25% DISCOUNT		-	-695.78
			3,047.10	2,087.32
	<u>SPECIAL NETT ITEMS</u>			
1	CLIPS / RETAINER SHIELDS (SN)	NECESSARY	24.00	24.00
			24.00	24.00
	<u>LABOUR</u>			
	DISMANTLE / ASSEMBLY OF AFFECTED PARTS.		260.00	150.00
	SPRAY PAINT OF ALL AFFECTED PARTS.		800.00	400.00
	PANEL KNOCKING OF SUPPORT PANEL.		360.00	250.00
			1,420.00	800.00
	GRAND TOTAL		4,491.10	2,911.32
	RECOMMENDED COST OF REPAIRS			2,911.32

Report Ref No. CS/FCI19000961/Gqd3e2

XING GUO QIANG

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.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.