

2/10/2018

A.S.S. REC. BY:

REF:

CS/FCI 19002946/Ggd322

Special Instruction:

Surveyor:

CQ

ASSIGNMENT (Office)

From (Person):

Meina Chia

of

FCI

Date/Time:

10:58am@15/2/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLP 6812H

Insured:

8HA 8792U

at Workshop to/

Allswell

Tel:

66791146

of

25 Defuture 9

Policy No:

Claim No:

D19001117MFSH

Sum Insured:

Excess:

Make of Vch:

D.O.A.

402/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

DS?

H.O.D. Endorsement:

Date/Time:

3pm@15/2/19

Person Contacted:

Chai Yee

Vehicle

IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLP 6812H-X

SHA 8792U - CC3/A1G18006192/K1a3 DOA: 3/4/2018.

70/2/19@

3:43pm ADVISED to Meina Chia by email.

Surinder

Yael

REF: fci

C25418

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s: **Alls well**
 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: **4** days Res.: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SLP6812H** Yr Regn: **14 Jun 2017**
 Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Toyota wellfire 2493**
 Colour: **Black** A/C: Insured / Std / NI / NA
 Sp. Reading: **155188** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **AGH/300114594**
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ In order / Jammed / Leaked / Burnt or
 Brake: ☒ In order / Jammed / Leaked / Burnt or
 Modl: **Nil** / **STD** A/Rim or
 Tyre Size: F: **235/508R18**
 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.I: **15-02-19**
 Survey held at: **w/s** **6:10pm**
 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
06/3 **Finalized \$ 3731.5 with Ben (Red \$3571.50, 44%)**

RECEIVED 10 MAR 2020

Date/Time, File Pass to? ☐ : Prel. Report
10/3 **thasa** ☐ : Final Report
 Date/Time, File Return to?

Days Of Repair: **4**
 Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

1. S + RS. 51

2. Phone

3. Others

4.

TOTAL:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

☐ : Weekend (\$

Report Format :

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

7P

3731.50

190

50

50+90

47

307

MOTOR SURVEY ASSIGNMENT

Date	14-02-2019	Our Ref No. D19001117MFSH
Accident Date	14-02-2019	Claim Type. Third Party
Insured Vehicle	SHA8792U	Third Party Vehicle. SLP6812H
Survey Location	25 Defu lane 9	
Contact Person.	CHAI YEE	
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	MERINA CHIA SAN SAN	

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, 20 February 2019 3:43 PM
To: 'CWS Motor Claims'; assignments
Cc: 'Merina Chia San San'; SUR
Subject: RE: SURVEY ASSESSMENT - D19001117MFSH/1
Attachments: CSFC119002946Gqd3.pdf

Dear Merina,

Enclosed herewith preliminary advice of SLP 6812H.

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: Friday, 15 February 2019 3:00 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Merina Chia San San' <MerinaChia@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19001117MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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: Friday, 15 February 2019 10:58 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Merina Chia San San <MerinaChia@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19001117MFSH/1

Dear Sir/Mdm,



Auto
Consultants
Pte Ltd

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

Your Ref: D19001117MFSH
Our Ref: CS/FC119002946/Gqd3

Date: 20 February 2019

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SLP 6812H

Please be informed that we had conducted the inspection of the abovementioned vehicle on 19/02/2019 at the premises of M/s ALLSWELL, and have the following to report:-

Workshop Estimate Amount	: S\$ 7,303.00
Revised Estimate Amount	: S\$ 4,099.75
"Check" Items Amount	: S\$ 521.25
Market Value	: S\$ -
LTA Reimbursement Value	: S\$ -
Nett Value	: S\$ -

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



Yours faithfully

Guo Qiang
Automotive Assessor

[Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2541Z
Vehicle Particulars	
Vehicle No.:	SLP6812H
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Feb 2019
Vehicle Make:	TOYOTA
Vehicle Model:	VELLFIRE 2.5Z G-EDITION A
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	2ARH890200
Chassis No.:	AGH300114594
Maximum Power Output:	134.0 kW (179 bhp)
Open Market Value:	\$44,915.00
Original Registration Date:	14 Jun 2017
First Registration Date:	14 Jun 2017
Transfer Count:	0
Actual ARF Paid:	\$54,881.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Jun 2027
PARF Rebate Amount:	\$41,160.00
Intended COE Rebate Details	
COE Expiry Date:	13 Jun 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,001.00
COE Rebate Amount:	\$44,073.00
Total Rebate Amount:	\$85,233.00

The information contained herein is correct as at 20 Feb 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	14/02/2019 14:51
Date Of Accident	14/02/2019 08:50
Exact Location Of Accident	ALONG ROAD 1 EAST COAST EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP6812H
Insured/Policyholder	
Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE LTD
Co Reg No	201432541Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64625405

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.5 Z G-EDITION 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	999994370
Cover Note Number	06 NOV 2018 TO 05 NOV 2019

Driver

Name of Driver	CHUA BOON PEOW (CAI WENBIAO)
NRIC No	S7321316I
Date Of Birth	17/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1993
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97645576
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	APT BLK 778 BEDOK RESERVOIR ROAD #13-26
Postcode	479254
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 - HEAD TO REAR
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?	YES
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: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER WITH 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8792U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM CHEP CHER
NRIC/Passport Number	S0050580C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHUA BOON PEOW

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time: 14/02/19


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


Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report 7/20/92/4/2040.

I/We declare the foregoing particulars are true in my/our regard.

Date & Time: 14/02/19

(if driver is not the policyholder)
State & Date

negative
SURVIVAL

Police Report



**SINGAPORE
POLICE FORCE**



T/20190214/2040

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5571999

Report No: T/20190214/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2019 11:45		Vias Report No.		Station Diary No: 37	
Informant's Particulars					
Name of Informant: CHUA BOON PEOW			Address: APT BLK 778 BEDOK RESERVOIR ROAD #13-25 SINGAPORE 479254		
ID Type / ID No. NRIC NO / S73213161			Contact No. Home/Office: Mobile: 97545576		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 17/06/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: LIMO DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Driver: No	Date/Time of Accident: 14/02/2019 08:50	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY				
Towards City				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
SHA8792U	Car				Slightly Damaged	1
SLP8812H	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190214/01403

Police Station Of Origin:
Tampines N.P.C.
8 Tampines Avenue 4 SINGAPORE 529692
Tel No: 1800-5671999

2 of 3

Report No: T/20190214/01403

CONTINUATION OF REPORT

Driver			
Name	CHUA BOON PEOW	ID No.	S73213161
Related Vehicle	SLP6812H (Car)	Contact No.	97945576
Hospital/Clinic	SHENTON FAMILY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/02/2019	Date Discharge	14/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:

On the 14/02/2019, at about 8.50am, I was on the first lane along ECP towards City. Subsequently, traffic was slow moving and the vehicle in front of me had slowed down to a stop and I did likewise. Subsequently, as the vehicle in front of me slowly moved off, before I could move off, I was hit at the back by a taxi (SHA8792U). My vehicle sustained damages to the rear boot and bumper. The boot is unable to be closed. I suffered from neck and back ache. I also have numbness on the whole of my right arm and I got 3 days of MC. I also had passengers with me, namely Ben Haynes and Debra Haynes. They initially were not injured but when I dropped them off at their hotel, they informed me that they might see a doctor.

Police Report



SINGAPORE
POLICE FORCE



T/20190214/2040

3 of 3

Police Station Of Origin:
Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 520882
Tel No. 1800-5871999

Report No. T/20190214/2040

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:

G /

Sgt 2 MUHAMMAD FIRDAUS BIN YUSOFF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

654764

Signature Of Informant:

Date/Time:

14/02/2019 11:45

Classification Of Case:



Allswell Motor Traders

25 Defu Lane 9, Singapore 539266

Tel : +65 6679 1146

email: enalliben@allswellmotor.com.sg

(3rd party claim against

MS FIRST CAPITAL Insured SH87924

Estimate repair

Vehicle No. : SUP6012H
 Make & Model : TOYOTA VELEUR
 Chassis No. : 25G

Submitted by :
 COE expiry :
 Engine No. :

Date of survey :

20/2/19 4 Days.
 Part by part.
 before paint photos

Aug Qir
 19/2/19.

Bm

13-06-2027

S/No	Part Description	Qty	Unit Price	Price	Disposition by
01	Tailgate / Rmc	01	\$1,919.00	1718	
02	Rear bumper / RL	01	\$1,219.00	/	
03	Rear sensor x 2 @ \$225 each	01+01	\$450.00	200 (SN)	
04	End panel ?	01	\$695.00	X NN	
05	LH side panel X	01	\$215.00	X NN	
06	RH side panel X	01	\$215.00	X NN	
07	Windscreen moulding / RL	01	\$145.00	/	
	Special net				
01	Clips / waterbar studs for bumper, tailgate board, 02 side L/R panel @ \$120 / pkr	01	\$120.00	40	
02	Windscreen sealant / RL	01	\$65.00	40	
	Labour Description			80	
01	Remove / re-fix windscreen wiper	01	\$200.00	100	
02	Dismantle of affected parts bumper, 2x side panel, tailgate	01	\$360.00	200	
03	Spray painting of all affected parts (bumper, end panel, 2x side panel, tailgate 2x) inclusive of anti-rust paint, polish & wash	01	\$1200.00	600	
04	Panel knocking on LH/RH fender	01	\$300.00	200	
05	Reset reverse sensor	01	\$200.00	40	

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

3082
 25% = 2311.5
 3731.5

1140

7303



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/FCI19002946/Gqd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSES SINGAPORE 068877		Date : 16-03-2020	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 8792U	Veh. Inspected	SLP 6812H
Policy No.		Coverage (\$)	0.00
Claim No.	D19001117MFSH	Excess (\$)	0.00
Assign From	MERINA CHIA	Assign Date	15/02/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA VELLFIRE	c.c	2493
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	AGH300114594	Colour	BLACK
Odometer	155188	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	235/50Z R18	KAPSEN	6 mm
L/H Front Tyre	235/50Z R18	KAPSEN	6 mm
R/H Rear Tyre	235/50Z R18	KAPSEN	6 mm
L/H Rear Tyre	235/50Z R18	KAPSEN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	14/02/2019	Inspection Date	19/02/2019
Survey held at	25 DEFU LANE 12		
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. SLP 6812H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	TAILGATE	BUCKLED	1,919.00	1,718.00
1	REAR BUMPER	DEFORMED	1,219.00	1,219.00
1	END PANEL	NOT NECESSARY	695.00	-
1	LH SIDE PANEL	NOT NECESSARY	215.00	-
1	RH SIDE PANEL	NOT NECESSARY	215.00	-
1	WINDSCREEN MOULDING	NECESSARY	145.00	145.00
	LESS 25% DISCOUNT		-	-770.50
			4,408.00	2,311.50
SPECIAL NETT ITEMS				
2	REAR SENSOR @\$225.00 (SN)	DAMAGED	450.00	200.00
1	CLIPS / RETAINER STUDS FOR BUMPER, TAILGATE BOARD, 02 SIDE L/R PANEL (SN)	NECESSARY	120.00	40.00
1	WINDSCREEN SEALANT (SN)	NECESSARY	65.00	40.00
			635.00	280.00
LABOUR				
	REMOVE / RE-FIX WINDSCREEN REAR.		200.00	100.00
	DISMANTLE OF AFFECTED PARTS (BUMPER, 2X SIDE PANEL, TAILGATE).		360.00	200.00
	SPRAY PAINTING OF ALL AFFECTED PARTS (BUMPER, END PANEL, 2X SIDE PANEL, TAILGATE 2X) INCLUSIVE OF ANTI-RUST PAINT, POLISH & WASH.		1,200.00	600.00
	PANEL KNOCKING ON LH / RH FENDER.		300.00	200.00
	RESET REVERSE SENSOR.		200.00	40.00
			2,260.00	1,140.00
GRAND TOTAL			7,303.00	3,731.50
RECOMMENDED COST OF REPAIRS				3,731.50

Report Ref No. CS/FC119002946/Gqd3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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