

000001

Surveyor: Kelvin

REF: CC3/1ME19003531/KLAD302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP IWS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

is Workshop mis _____

of _____

Insured: SLW 78522

Policy No M7001772

Claims No M1901104

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Est. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

SHC71364-CS/FCI1600494/TIV/BI DOA: 18/1/16 To K.
SLW 78522-X P.Y
27/2/19 Claim P.Y & 1201.68/2 Ap. (Red 1282.96, 52%)

RECEIVED 27 FEB 2019

Date/Time, File Pass to?

☐ : Prel. Report

11/2/2019

☐ : Final Report

Date/Time, File Return to?

2

Report Final

MEX-TP

1201.68

1201.68

Veh No: SHC 74364 Yr Regn: 15 Dec, 2017

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

Truck / Trailer or

Make: Hyundai Ix cc 1600

Colour: Yellow A/C: Insu Q / Std / HI / NA

Sp. Reading: 127094 T/Radio: Insu Q / Std / HI / NA

Eng No: _____

C No: KM HCB414M H4100077

Gen. Cond: Good / Q / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or FlanKant

Front: _____ Rear: _____

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

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

D.O.A. 22/2/19 D.O.I. 25/2/19

Survey held at C. D G E (Loyang)

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

O/S B.L.

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

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (S)

☐ : Interview (S)

☐ : Tech. Insp (S)

☐ : _____

Survey Fee:

Transportation:

S + RS: 51

Photos

Others

250

10

260

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Wednesday, 27 February 2019 10:38 AM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD, DOA: 22/02/2019, SHC 7436U (TP Vehicle), SLW 7852Z (OI Vehicle)
Attachments: SHC7436 EST.pdf; SHC7436 GIA.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 7436U at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 25/02/2019.

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

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)

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	22/02/2019 15:54
Date Of Accident	22/02/2019 14:00
Exact Location Of Accident	AIRPORT BOULEVARD BEFORE AIRCRAFT BRIDGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7436U
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	CHIENG YEW FATT
NRIC No	S1636885G
Date Of Birth	23/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	21/05/1998
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96686103
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 390 YISHUN AVENUE 6 #10-1074
Postcode	760390
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

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

REFER ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW7852Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR SOH
NRIC/Passport Number	
Contact Number	90268488
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

LH WING MIRROR

Sketch Plan Pg. 1

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)**

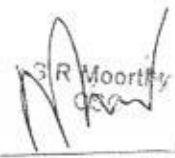
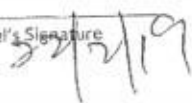
I understand, acknowledge, agree and consent that:

- (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 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.

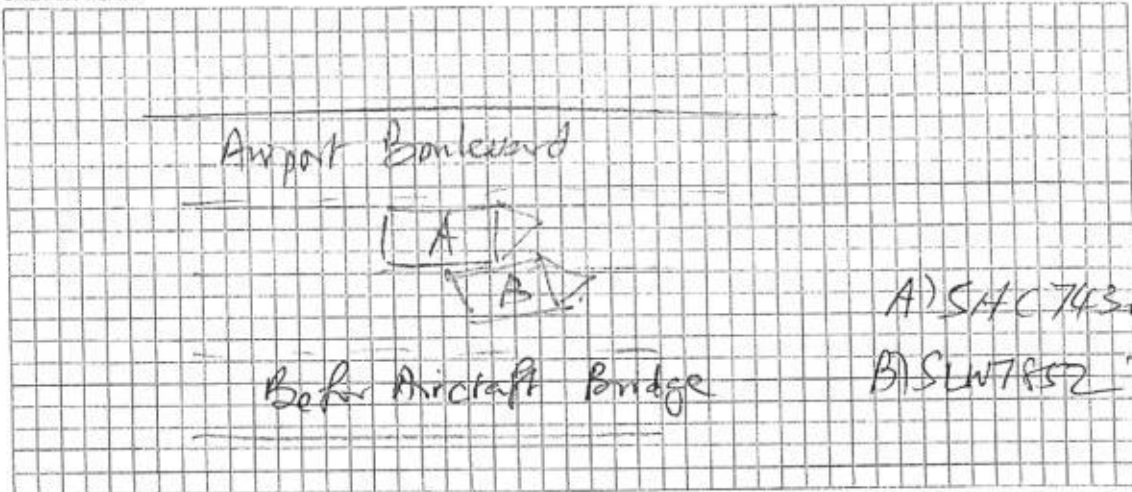
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/2/15 at about 1400 hrs while I veh A was travelling along Lane 3, veh B from the Lane 2 filtered to the left and collided on the right wing mirror portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
CO. REG. NO. 198502839G

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305271652

OWNER

ISS

OWNER NO.

LESS

(R)

(P)

DUPLICATE CARD NO.

CITYCAB PTE LTD

7010070

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(O)

REGN NO.:

SHC7436U

MILEAGE

MAKE :

HYUNDAI

FUEL

E 1/2 F

MODEL

I-40

DATE/TIME IN

22.02.2019 14:25

YR OF MANU.

15.12.2017

TARGET DATE

CHASSIS CODE

KMHLB41UMHU100077

COMPLETION DATE/TIME:

JOB DESCRIPTION

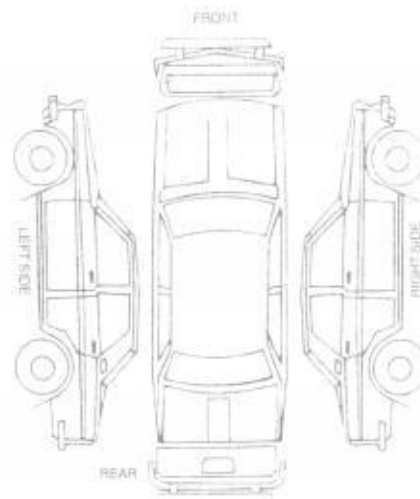
Accident Date: 22.02.2019

NATURE: 3P 22.02.19

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.:

SHC7436U

LIMITS

Vehicle No.:

SHC7436U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co.Reg No.199506048W)
59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TS

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CCPL

Singapore

LKK - Kalvin.

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	22/02/2019
Vehicle Reg. No.:	SHC7436U	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	15/12/2017
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4FDHU730965	Chassis No:	KMHLB41UMHU100077
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair 4 (day)			
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS**Amount**

Parts	1,314.64
Miscellaneous Items	10.00
Labour	1,160.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,484.64
+ GST 7.00% (S\$)	173.92
Nett Amount (S\$)	2,658.56

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

(Sat)
@ 1147hrs

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 23 Feb 2019)
 Parts: 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: ComfortDelGro Engineering Pte Ltd/SHC7436U/23/02/2019 11:47
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRT FENDER RH X <i>Ref</i>	20.00	0.00	*566.30 FL
2	1		*FRT FENDER SHIELD RH X <i>see</i>	20.00	0.00	*174.90 FL
3	1		*WING MIRROR RH <i>Ref</i>	20.00	0.00	*670.00 FL
4	1		*FRT WHEEL CAP RH <i>Ref</i>	20.00	0.00	*107.10 FL
5	1		*FRT FENDER ADVERTISEMENT RH <i>see</i>	0.00	0.00	*100.00 F
Sub Total (S\$)						1,618.30
- List Item Discount on L Items (S\$)						303.66
Total Parts (S\$)						1,314.64

F=Franchise part, L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHC7436U/23/02/2019 11:47. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	10.00
Sub Total (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	200 480.00
2	SPRAY PAINTING	New	480.00 250
3	WIRING CHECK	New	30.00 20
4	TUFF KOTE	New	50.00 X 2
5	WHEEL ALIGNMENT	New	120.00 X 2
Gross Labour Cost (S\$)			1,160.00

ComfortDelGro Engineering Pte Ltd/SHC7436U/23/02/2019 11:47. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalin (AK)
25/2/19 1135h
2 By
P/P
Before Paint photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To depict damaged parts during resurvey
- Parts prices are subject to price variation
- The quantity survey is on a "best estimate" basis
- No claims modification allowed
- Supplemental work orders are allowed and is subject to final approval from LKK Auto Consultants

Acknowledged by: _____
Signature: _____
Date: _____

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305271652
REGN NO : SHC7436U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 15.12.2017
DATE/TIME IN : 22.02.2019 14:25
ACCIDENT DATE : 22.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0658-G	FRT WHEEL CAP RH	1	107.10	20.00	85.68
0002 04-01-0103-0594-G	WING MIRROR RH	1	670.00	20.00	536.00


SUB-TOTAL : 621.68

JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 20-05	TP MERIMEN	10.00
0002 20-05	Frt Fender Adv.Sticker RH	100.00
0003 SP	SPRAYPAINT CHARGE	250.00
0004 17-01	WIRING CHECK	20.00

SUB-TOTAL : 580.00

TOTAL : 1,201.68


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Our Job Ref No : 305272064
Date : 26/02/19

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG
Vehicle Reg No. : SHC7436U

Fax :

Date of Accident : 22-Feb-19

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: TOKIO MARINE --- SLW7852Z
2. The finalized amount shall be:

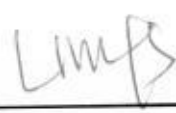
(a) Spare Parts after List discount	\$621.68
(b) Labour Charges	\$580.00
Total for Part-By-Part Repair Cost	\$1,201.68
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	


3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 27/2/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks: 3P REQUEST DIRECT SETTLE (REFER EMAIL FROM Ms YY - ATTACHED)

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/TMI19003531/K1QD3N2
Date: 27/02/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MJ001772
Claimant Vehicle No :	SHC7436U	Insured Vehicle No :	SLW7852Z
Date of Loss:	22/02/2019	Nature of Claim:	TP
		Claim No:	M1901104

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC7436U	Engine No:	D4FDHU730965
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMHU100077
Reg. Date:	15/12/2017 (Man. Year: 2016)	Odometer:	127094 km
Colour:	Yellow		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Hankook 6 mm	Rear Left Side:	Hankook 6 mm
Front Right Side:	Hankook 6 mm	Rear Right Side:	Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,314.64	721.68	592.96	45.10
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,160.00	470.00	690.00	59.48
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,484.64	1,201.68	1,282.96	51.64
+ GST 7.00/7.00% (S\$)	173.92	84.12	89.80	51.63
Nett Amount (S\$)	2,658.56	1,285.80	1,372.76	51.64

INSPECTION

Date of Assignment:	27/02/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	25/02/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 27 Feb 2019)
Parts: 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHC7436U)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRT FENDER RH	Repair	566.30 FL	*- FL
2	1		*FRT FENDER SHIELD RH	Serviceable	174.90 FL	*- FL
3	1		*WING MIRROR RH	Broken	670.00 FL	*670.00 FL
4	1		*FRT WHEEL CAP RH	Grazed	107.10 FL	*107.10 FL
5	1		*FRT FENDER ADVERTISEMENT RH	Necessary	100.00 F	*100.00 FS
					Sub Total (\$\$)	1,618.30 877.10
					- List Item Discount on L Items 20.00/20.00% (\$\$)	303.66 155.42
					Total Parts (\$\$)	1,314.64 721.68

F=Franchise part. S=SpcNett. L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	480.00	200.00
2	SPRAY PAINTING	New	480.00	250.00
3	WIRING CHECK	New	30.00	20.00
4	TUFF KOTE	New	50.00	0.00
5	WHEEL ALIGNMENT	New	120.00	0.00
Gross Labour Cost (S\$)			1,160.00	470.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >



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

TAX INVOICE

MS FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877

INV No. AC1901653
INV Date 27/02/2019
Reference CS3/FCI19002945/Ecd3s2
Code FCI2



PROFESSIONAL SERVICE FEE

Vehicle No. FBC 3887Z
Insured Veh. SHA 5389X
Claim No. D19001080MFSH
Policy No.
Accident Date 11/02/2019
Inspection Date 15/02/2019

Description	Total
Pre-Repair Survey	150.00
Subtotal	150.00
GST (7%)	10.50
Grand Total	160.50

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to **'LKK Auto Consultants Pte Ltd'**

LKK Auto Consultants Pte Ltd

NSA