

ASS. REC. BY

REF

es/FCI19003564/Kvd3ch

Area of Instruction

Surveyor

CWS

ASSIGNMENT (Office)

From (Person)

May chua

of

FCI

Date/Time

8:58am @ 26/2/19

Estimated Cost

Bill to

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

To Inspect Vehicle No

SFN 339D

Insured

SHC 1130R

at Workshop m/s

Guaⁿ tin Motor

Tel

G 4837111

of

No. 10 AMK Ind. Park 2A # 02-03

Policy No

Claim No

D19001376MPSTH

Sum Insured

Excess

Make of Veh

(Client's Record)

D.O.A.

15/01/2019

CA / REV / REP. / REV 24 HRS

lup

27/2/19

H.O.D. Endorsement

Date/Time

9:21am @ 26/2/19

Person Contacted

L.C.

Vehicle IN/OUT

Date/Time

Action/Instruction



Estimate

SFN 339D - NA / INC14001842/d2

D.O.A: 29/1/2019

SHC 1130R - x

1/3/19

Email preli revised to FCI

14/3

11 Lm 826000 email to confirm (Red 21TH, 45TH)

REF: **PCI**

ASSIGNMENT

Form Date **27/12/19**

Estimated Cost

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

To inspect Vehicle No

SFN 339D

at Workshop no

Gua Hin Motorof **10 AMK Ind. Park 2A # 02-03**

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

\$ 21K

IDAC Accident Report

Consistent? : Yes or No

GIA / PR Seen

Consistent? : Yes or No

Est. Repairs

05 days

Res.: Yes or No

Lump Sum

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS **123** **1up**

Date:

Person Contacted

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No

SFN 339D **01 08**Type: ☒ Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make

MST Lada

G.C.

1499

Colour

M. Black

A/C

Insured / Std / NI / NA

Sp. Reading

214693

T/Radio: Insured / Std / NI / NA

Eng/No

JmySRCY2A8U 005088

Chassis

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

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

Tyre Size: F:

R:

205/60R16

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

TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

15/1/19

D.O.I

26/12/19

Survey held at

NIS Rec

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

NIS Rec

The U/C / Chassis frame / Body Structure affected due to collision.

MV: \$ 21K (EST) LTA: \$ 16,783 NV = \$ 407

RECEIVED 14 MAR 2019

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

5

1)

☐

: Final Report

Resurvey No. of Trip:

1

Date/Time, File Return to?

Survey Fee:

Transportation

) S. P. S.

) Photos

) Other

TOTAL

2) **14/3 - typist**

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Insp (\$

☐

Weekend (\$

Report Format:

CWS

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

2600/2**135****50****50****16****251**

MOTOR SURVEY ASSIGNMENT

Date	25-02-2019	Our Ref No. D19001376MFSH
Accident Date	15-01-2019	Claim Type. Third Party
Insured Vehicle	SHC1130R	Third Party Vehicle. SFN339D
Survey Location	NO.10 ANG MO KIO INDUSTRIAL PARK 2A #02-03 AMK AUTOPOINT	
Contact Person.	L C NG	
Contact No.	64837111/ 0	Fax No. 64837221
Survey Type	WITHOUT PREJUDICE:	
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	GUA HIN MOTOR WORKSHOP	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

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.

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Friday, 1 March 2019 5:32 PM
To: 'CWS Motor Claims'
Cc: 'May Chua Hui Chin'; SUR
Subject: RE: SURVEY ASSESSMENT - D19001376MFSH/1, SFN 339D
Attachments: SFN 339D PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SFN 339D
Date of survey: 26/2/2019
Number of days : 5 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Tuesday, 26 February 2019 9:30 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'May Chua Hui Chin' <maychua@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19001376MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in the workshop, repairer will arrange.

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, 26 February 2019 8:58 AM
To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; May Chua Hui Chin
<maychua@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D19001376MFSH/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.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



This email has been checked for viruses by AVG antivirus software.
www.avg.com



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D19001376MFSH

Our ref: CS/FCI1903564/Kvd3

Date : 1/3/2019

The Motor Claims Department
MS FIRST CAPITAL INSURANCE LTD

WITHOUT PREJUDICE

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SFN 339D

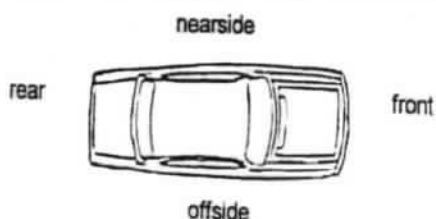
We thank for your instruction on 26/2/2019

Please be informed that we had conducted the inspection of the above mentioned vehicle on 26/2/2019 at the premises of M/s GUAN HIN MOTOR WORKSHOP and have the following to report:-

Workshop Estimate Amount	: S\$4,774.00
Revised Estimate Amount	: S\$3,499.00
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the n/s rear portion



Comments/Present Status:
Damages Consistent

Yours faithfully,

Kenneth Kong
Licensed Appraiser

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6843H
Vehicle Details	
Vehicle No.:	SFN339D
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Mar 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER 1.5 MIVEC GLS 4A/T
Primary Colour:	Black
Manufacturing Year:	2007
Engine No.:	4A910076676
Chassis No.:	JMYSRCY2A8U005088
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$16,555.00
Original Registration Date:	29 Jan 2008
First Registration Date:	29 Jan 2008
Transfer Count:	0
Actual ARF Paid:	\$18,211.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Jan 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$21,485.00
COE Rebate Amount:	\$16,783.00
Total Rebate Amount:	\$16,783.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 01 Mar 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	15/01/2019 16:16
Date Of Accident	15/01/2019 11:20
Exact Location Of Accident	ALONG COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFN339D
Insured/Policyholder	
Name Of Registered Owner	YEO SIEW WEI
NRIC No	S0006843H
Email Address	SFN339@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91887725
Alternative Phone No	OTHERS-91887725

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA013098
Cover Note Number	29/01/2018 - 28/01/2019

Driver

Name of Driver	YEO SIEW WEI
NRIC No	S0006843H
Date Of Birth	25/01/1950
Occupation	INDOOR
Date Of Driving Pass	08/10/1969
Driving Experience	49 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91887725
Fax Number	
Contact Number	OTHERS-91887725
Email Address	SFN339@YAHOO.COM.SG

Address	BLK 432B SENGKANG WEST WAY #10-523
Postcode	792432
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

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

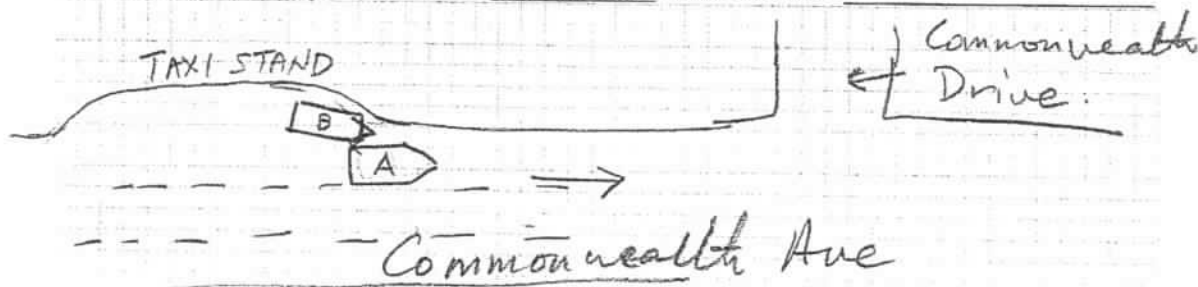
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1130R
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 Pg. 1

SKETCH PLAN

Date of Accident: 15 JAN 19 Time: 1120 am Location: Commonwealth Ave
 My Vehicle A: SEN339D Vehicle B: SHC1130R Vehicle C/Others: —



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the material date and time I was driving SEN339D along Commonwealth Ave intending to turn into Commonwealth Drive.

Approaching the taxi stand near the Commonwealth MRT station I notice the taxi SHC1130R in the taxi stand bay getting ready to drive off. I sound my horn to get his attention but the driver just drove into the main road and before I can react, the taxi hit my rear left wheel well resulting in a slight dent and scratch. No one was hurt. The taxi also have dent and scratch on its front right wheel well.

() Claim OD/TP at Ah Lim Motor (☒) Claim OD/TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to:
 My workshop :
 email address :
 & myself :
 email address :
 Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Yes
 Policyholder's Signature

Date & Time:

1525
 15 Jan 2019

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

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



SKETCH PLAN

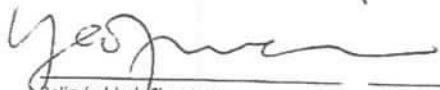
IMPORTANT NOTICE

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.
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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.


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.:

15 Jan 2019
G:ARMC SketchPlanForm_V3











Sent from my iPhone

GUAN HIN MOTOR WORKSHOP

NO 10 ANG MO KIO INDUSTRIAL PARK 2A

#02-03 AMK AUTOPOINT 568047

Tel No. : 64837111 Fax No. : 64837221

E-Mail : guanhinmotor@yahoo.com

Buss. Reg. No. : 06035200X

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

Attention : Motor Claim Department

Contact : 65073848 Fax No. : 65073849

Estimate : ES000861

Date : 26/02/2019

Vehicle Num. : SFN 339 D

Make/Model : MITSUBISHI 1.5 MIVEC-2007

Chassis/Eng# : JMYSRCY2ABU005088/4A910076676

Accident Date : 15/01/2019

Claim No. :

Reference :

Policy No. : (29/01/2008)

*Not Authorised
1/1 Surp @ 2600h
Resurvey After Paint
5 days*

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

1.	1	LIST ITEMS :		
2.	1	REAR LH FENDER	950.70	
3.	1	REAR BUMPER		
4.	1	LH TAIL LAMP		
		List Total S\$:		1,844.00
1.	1	NETT ITEMS :		
		REAR LH RIM		200.00
		Nett Total S\$:		200.00
1.	1	SPECIAL NETT ITEMS :		
2.	1	REAR WINDSCREEN SEALANT		50.00
		REAR WINDSCREEN MOULDING		100.00
		Special Nett Total S\$:		150.00
		LABOUR :		
		CUTTING & WELDING REAR FENDER AND REPAIR WHEEL-HOUSING		1,050.00
		DOOR AND REPLACEMENT OF PARTS		
		REMOVE & REFIX CUSHION AND UPHOLSTERY		120.00
		REMOVE & FIX BACK REAR WINDSCREEN		230.00
		SPRAY PAINTING ON REAR LH DOOR, FENDER AND BUMPER		80.00
		CHANGE RIM AND WHEEL ALIGNMENT		100.00
		REMOVE & FIX BACK FUEL TANK		1,000.00
		SPRAY PAINTING		
		Labour Total S\$:		2,580.00

E. & O.E.

Total S\$: 4,774.00

for GUAN HIN MOTOR WORKSHOP

LKK Auto Consultants hence notify
the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

Veron Chen (LKKAUTO)

From: Guan Hin Motor Workshop <gvanhinmotor@yahoo.com>
Sent: Thursday, 14 March 2019 10:28 AM
To: Kenneth Kong (LKKAUTO)
Subject: Re: SFN339 D

Ok accept \$2600

GUAN HIN MOTOR WORKSHOP.
No 10 Ang Mo Kio Industrial Park 2A
#02-03 Singapore 568047
Tel: 64837111
Fax:64837221
L C NG

On Thursday, 14 March 2019, 10:02:42 am SGT, Kenneth Kong (LKKAUTO) <KennethKong@lkkauto.com> wrote:

Attach finalised for SFN 339D. Kenneth

From: L C NG [mailto:gvanhinmotor@yahoo.com]
Sent: Wednesday, 13 March, 2019 1:01 PM
To: Kenneth Kong (LKKAUTO)
Subject: SFN339 D

Please finalised it




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/FCI19003564/Kvd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 14-03-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 1130R		Veh. Inspected	SFN 339D
Policy No.			Coverage (\$)	0.00
Claim No.	D19001376MFSH		Excess (\$)	0.00
Assign From	MAY CHUA		Assign Date	26/02/2019
2. Vehicle Particulars & Condition				
Make & Model	MITSUBISHI LANCER (A)		c.c	1499
Engine No.	HIDDEN		Year of Reg.	2008
Chassis No.	JMYSRCY2A8U005088		Colour	METALLIC BLACK
Odometer	214693		Steering	IN ORDER
Brakes	IN ORDER		Modification	STANDARD ALLOY RIM
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	YOKOHAMA	6 mm	
L/H Front Tyre	205/60 R16	YOKOHAMA	6 mm	
R/H Rear Tyre	205/60 R16	YOKOHAMA	6 mm	
L/H Rear Tyre	205/60 R16	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	15/01/2019		Inspection Date	26/02/2019
Survey held at	GUAN HIN MOTOR WORKSHOP BLK 10 ANG MO KIO IND PK 2A #02-03 AMK AUTOPOINT SINGAPORE 568047			
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:			5 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. SFN 339D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR LH FENDER	BENT	988.00	950.70
1	REAR BUMPER	BUCKLED / CUT	731.00	731.00
1	LH TAIL LAMP (CRACKED)	NOT CONSISTENT WITH THE IMPACT	125.00	-
	LESS 10% DISCOUNT		-	-168.17
			1,844.00	1,513.53
<u>SPECIAL NETT ITEMS</u>				
1	REAR LH RIM (SN)	DENTED	200.00	200.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	50.00	40.00
1	REAR WINDSCREEN MOULDING (SN)	NECESSARY	100.00	100.00
			350.00	340.00
<u>LABOUR</u>				
	CUTTING & WELDING REAR FENDER AND REPAIR WHEEL-HOUSING DOOR AND REPLACEMENT OF PARTS.		1,050.00	600.00
	REMOVE & REFIX CUSHION AND UPHOLSTERY.		120.00	100.00
	REMOVE & FIX BACK REAR WINDSCREEN.SPRAY PAINTING ON REAR LH DOOR,FENDER AND BUMPER		230.00	120.00
	CHANGE RIM AND WHEEL ALIGNMENT.		80.00	60.00
	REMOVE & FIX BACK FUEL TANK.		100.00	60.00
	SPRAY PAINTING.		1,000.00	500.00
			2,580.00	1,440.00
GRAND TOTAL			4,774.00	3,293.53
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,600.00

Report Ref No. CS/FCI19003564/Kvd3e2

MARKET VALUE: \$21,000.00(EST)-LTA REIMBURSEMENT VALUE: \$16,783.00=NETT VALUE: \$4,217.00

KONG SENG CHEONG

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.