

ASS. REC. BY:

REF: CC/FCI 19004500 / Gtd 302

Special Instruction:

SWI Vey/pt

GQ

ASSIGNMENT (Office)

CWS

From (Person):

Eileen Lee

of

FCI

Date/Time:

2:36pm @ 12/31/19

Estimated Cost:

Bill to:

OD TWS / TP RES / OD RES / EVA / INV / MVTC

To Inspect Vehicle No.:

SJS 1914M

Insured:

SHC 8108K

at Workshop n/s:

progressive Car

Tel:

67415336

of

Blk 3022A ubi rd 1 # 01-45

Policy No.:

Claim No.:

D19000846MFSH

Sum Insured:

Excess:

Make of Veh.:

(Client's Record)

D.O.A. 27/01/2019

14/3/19 @ 11:30am

CA / REV / REP. / REV 24 HRS

109

H.O.D. Endorsement:

Date/Time:

3:33pm @ 12/31/19

Person Contacted:

SOU

Vehicle IN / OUT

Date/Time	Action/Instruction	Estimate
	SJS 1914 M - X	
12/31/19	SHC 8108K - NS/INC 17024546 / K1 rbn 2	D.O.A - 23/12/2017
	Revised via email. preli advise.	
3/6-	Not yet sent in for repair.	

Surveyor

602

REF: FCI

ASSIGNMENT

(-2019)

From: _____ Date: **14/3/19**

Estimated Cost: _____

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

To Inspect Vehicle No: **SJS1914M**

at Workshop m/s: **Progressive**

of: **Blk 3022A Ubi Rd 1 #01-15/46**

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

11:30am
see 4 GO

(Policy Condition)

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

Bal. or Market Value: **\$15K**

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 **(DS)**

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

N/S	O/S

Veh No: **SJS1914M** Yr Regn: **31 Jul 2009**

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

Make: **Toyota wish** c.c **1797**

Colour: **silver** A/C: **Insured / Std / NI / NA**

Sp. Reading: **185548** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **2GE200005619**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: **195/65 R15**
R: **N**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front R/Bal. **6** mm Rear R/Bal. **6** mm

L/Bal. **6** mm L/Bal. **6** mm

D.O.A. _____ D.O.I. **14-03-19**

Survey held at **w/s** **11:30**

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

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

Date / Time	Action / Instruction
	Submit preli report.
	RECEIVED 04 JUN 2019

Date/Time, File Pass to? : Preli. Report : Final Report

1) **3lb Typist.**

Date/Time, File Return to? _____

2) _____

Report Format: **TP**

Lump Sum / I.B.I: (\$) _____

Days Of Repair: **2**

Resurvey No. of Trip: **-**

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

Survey Fee: **100**

Transportation: **90**

S + RS, St **42**

Photos **42**

Others _____

TOTAL **192**

MOTOR SURVEY ASSIGNMENT

Date	01-02-2019	Our Ref No. D19000846MFSH
Accident Date	27-01-2019	Claim Type. Third Party
Insured Vehicle	SHC8108K	Third Party Vehicle. SJS 1914 M
Survey Location	BLK 3022A UBI ROAD #01-45/46	
Contact Person.	PEI WEN NG	
Contact No.	67415336/ 0	Fax No. 67417208
Survey Type	DIRECT SETTLEMENT:	
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	PROGRESSIVE CAR CARE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Friday, 15 March 2019 5:05 PM
To: Admin-D (LKKAuto); 'CWS Motor Claims'; assignments
Cc: 'Eileen Lee'; SUR
Subject: RE: SURVEY ASSESSMENT - D19000846MFSH/1
Attachments: PRELI ADVISED SJS 1914M.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SJS 1914M**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Tuesday, 12 March 2019 3:47 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Eileen Lee' <EileenLee@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19000846MFSH/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, 12 March 2019 2:36 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Eileen Lee <EileenLee@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19000846MFSH/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: D19000846MFSH

Date: 15/3/2019

Our Ref: CS/FCI19004500/Gtd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

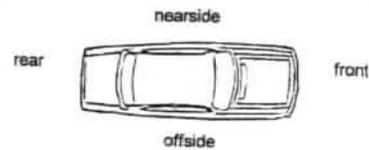
INITIAL INSPECTION REPORT OF VEHICLE NO. SJS 1914M

Please be informed that we had conducted the inspection of the abovementioned vehicle 14/3/2019 at the premises of M/s Progressive Car have the following to report: -

Workshop Estimate Amount	: S\$	<u>1,741.13</u>
Revised Estimate Amount	: S\$	<u>1,023.75</u>
“Check” Items Amount	: S\$	<u>0.00</u>
Market Value	: S\$	<u> </u>
LTA Reimbursement Value	: S\$	<u> </u>
Nett Value	: S\$	<u> </u>

Description of Damage:

The vehicle sustained damages at the Rear portion.



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Guo Qiang

Automotive Assessor

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	28/01/2019 17:58
Date Of Accident	27/01/2019 12:05
Exact Location Of Accident	JUNCTION OF NASSIM RD / TANGLIN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1914M
Insured/Policyholder	
Name Of Registered Owner	DAVID LAI
NRIC No	S1702464G
Email Address	DAVID09BD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94386699
Alternative Phone No	OTHERS-96421584
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00399776
Cover Note Number	
Driver	
Name of Driver	TAY CHWEE PHENG PATRICIA
NRIC No	S1637845C
Date Of Birth	25/01/1964
Occupation	INDOOR
Date Of Driving Pass	13/03/1998
Driving Experience	20 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96421584
Fax Number	
Contact Number	OTHERS-94386699
Email Address	DAVID09BD@GMAIL.COM

Address 70 TREVOSE CRESCENT #04-06
 Postcode 298071
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1 NAME: : DAWT HLEI IANG-MAID
 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 TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8108K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TAN JENG JEE
 NRIC/Passport Number S1336295E
 Contact Number 86294959
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

Direct Asla
Vehicle : SIS 1914 M

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.

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.:

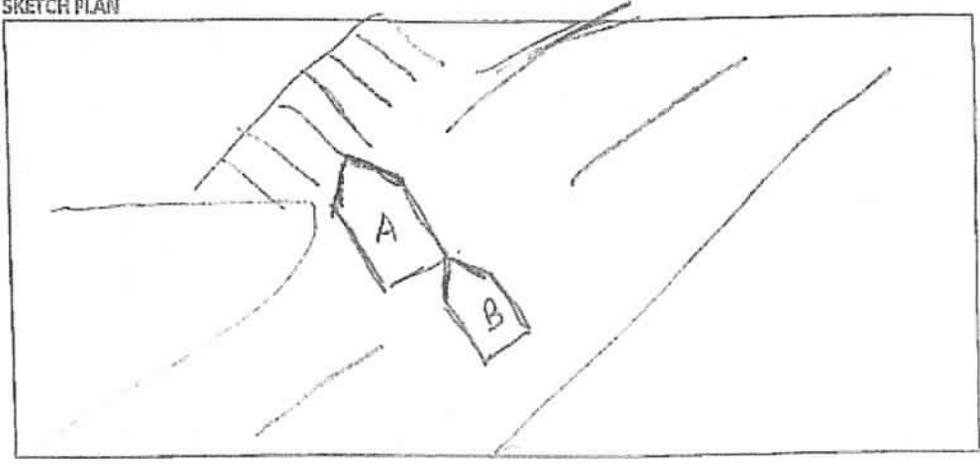
28/1/19



28/1/19

Date of accident: 27th January 2019 Time: 12:03pm Location: Junction of Nassim Road & Tanglin Road, opposite
 My Vehicle A: SJS1914M Vehicle B: S1C 1605K Vehicle C: _____
 (Tanglin Shopping Centre)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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

Remarks: Please forward a copy of my cfile accident report to:

My workshop : _____
 Email address : _____
 & myself : _____
 Email address : dauid09bd@gmail.com

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. Vehicle: SJS 1914M

Policyholder's Signature
 Date & Time:

Per
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time: 28/1/19

Reporting Centre Person's Signature
 Name: Michelle
 NRIC/FIN No.: 28/1/19



I, Patricia Lai of IC number S1637845C was travelling along Tanglin Road, just opposite Tanglin Shopping Centre at 12.03pm on 27th January 2019 when a blue Comfort Del Gro taxi, bearing the licence plate: SHC 8108K, driven by Tan Jeng Jee (IC no: S1336295E) collided into the right rear bumper of my 1.8L silver Toyota Wish, licence plate SJS 1914 M. I was turning left into Nassim Road when the accident took place just before the pedestrian crossing. I had stopped to allow pedestrians to cross when i felt a bump at the rear of my Toyota Wish. The above-mentioned taxi driver admitted to his mistake after stepping out of the cab. As a result of the accident, the rear bumper is slightly dislodged and there are multiple scratches at the site where the impact was made due to the collision.

Sent from my iPhone=

Pat
28/01/19

28-Jun-19

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2464G
Vehicle Details	
Vehicle No.:	SJS1914M
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Mar 2019
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8X A
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	2ZR0422440
Chassis No.:	ZGE200005619
Maximum Power Output:	106.0 kW (142 bhp)
Open Market Value:	\$21,343.00
Original Registration Date:	31 Jul 2009
First Registration Date:	31 Jul 2009
Transfer Count:	0
Actual ARF Paid:	\$21,343.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Jul 2019
PARF Rebate Amount:	\$10,671.00
Intended COE Rebate Details	
COE Expiry Date:	30 Jul 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$18,501.00
COE Rebate Amount:	\$696.00
Total Rebate Amount:	\$11,367.00

The information contained herein is correct as at 14 Mar 2019

OK

Progressive Car Care Pte Ltd

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716
 TEL: 6741 5336 FAX: 6741 7208 Email: claims@proccare.com.sg
 GST:201006949C RCB NO:201006949C

M/S : DAVID LAI
 70 TREVOSE CRESCENT #04-06
 SINGAPORE 298071

Estimate No: EST1504654
Date: 09 Mar 2019
Policy No: MT/00399776
Veh Reg No: SJS1914M
Make/Model: TOYOTA WISH 1.8X A
Chassis No: ZGE200005619
Engine No: 2ZR0422440
Reg. Date: 31/07/2009

ATTN: FIRST CAPITAL
Your Ref No: TP 0319-5435
Claim Type: Third Party
Accident Date: 27/01/2019
TP Veh Reg No: SHC 8108 K

Estimate Repair Cost to Vehicle No :SJS1914M

Description	U/Price	Quantity	Price	Amount
			<u>SS</u>	<u>SS</u>
List Price				
1 REAR BUMPER <i>2 / Re</i>	426.10	1 PC	426.10	✓
2 REAR BUMPER SIDE HOLDER - LH, RH <i>?</i>	66.10	2 PCS	132.20	
3 REAR BUMPER BRACKET - LH, RH <i>?</i>	67.30	2 PC	134.60	
4 REAR BUMPER CLIPS <i>1 No. X. NN</i>	5.89	10 PC	58.90	✓
5 REAR BUMPER REFLECTOR - RH <i>?</i>	49.70	1 PC	49.70	
			801.50	
		Less 25%	200.38	601.13
Special Net				
6 REAR BUMPER SENSOR <i>1 om</i>	220.00	1 SET	220.00	
			220.00	220.00
Labour				
7 TO REMOVE, REALIGN, REPAIR, CUT/WELD, KNOCK OUT DENTS & REPLACE ACCIDENT PARTS	400.00	1 JOB	400.00	200
8 TO RESPRAY PAINT ON ACCIDENT PORTIONS	400.00	1 JOB	400.00	200
9 TO REMOVE, REPLACE REAR BUMPER SENSOR	120.00	1 JOB	120.00	40.
			920.00	920.00
		Total	SS 1,741.13	
		Add GST @ 7%		121.88
		Total Amount Payable	SS 1,863.01	

TOTAL: SINGAPORE DOLLAR ONE THOUSAND EIGHT HUNDRED SIXTY THREE AND CENTS ONE ONLY

18/3/19
 1 up sum repair.
 2 Days.
 After repair photos.
 Gno Qiang - 8288 0282
 14/3/19.

For Progressive Car Care Pte Ltd
 LKK Auto Consultants hence notify the Repairer of the following:

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

AUTHORISED SIGNATURE
 Acknowledged by Repairer
 Signature:
 Date:



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/FCI19004500/Gtd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 06-06-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 8108K	Veh. Inspected	SJS 1914M
Policy No.		Coverage (\$)	0.00
Claim No.	D19000846MFSH	Excess (\$)	0.00
Assign From	EILEEN LEE	Assign Date	12/03/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA WISH	c.c	1797
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	ZGE200005619	Colour	SILVER
Odometer	185548	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	BRIDGESTONE	6 mm
L/H Front Tyre	195/65 R15	BRIDGESTONE	6 mm
R/H Rear Tyre	195/65 R15	BRIDGESTONE	6 mm
L/H Rear Tyre	195/65 R15	BRIDGESTONE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	27/01/2019	Inspection Date	14/03/2019
Survey held at	PROGRESSIVE CAR CARE PTE LTD BLK 3022A UBI ROAD 1 #01-45/46, SINGAPORE 048716		
5a. Remarks			
A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B)DAMAGES CONSISTENT TO ACCIDENT REPORT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 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. SJS 1914M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	426.10	426.10
2	REAR BUMPER SIDE HOLDER-LH & RH @\$66.10	* CHECK	132.20	-
2	REAR BUMPER BRACKET-LH & RH @\$67.30	NOT NECESSARY	134.60	-
10	REAR BUMPER CLIPS @\$5.89	NECESSARY	58.90	58.90
1	REAR BUMPER REFLECTOR-RH	* CHECK	49.70	-
	LESS 25% DISCOUNT		-200.37	-121.25
			601.13	363.75
SPECIAL NETT ITEMS				
1	SET REAR BUMPER SENSOR (SN)	DAMAGED	220.00	220.00
			220.00	220.00
LABOUR				
	TO REMOVE, REALIGN, REPAIR, CUT / WELD, KNOCK OUT DENTS & REPLACE ACCIDENT PARTS.		400.00	200.00
	TO RESPRAY PAINT ON ACCIDENT PORTIONS.		400.00	200.00
	TO REMOVE,REPLACE REAR BUMPER SENSOR.		120.00	40.00
			920.00	440.00
GRAND TOTAL			1,741.13	1,023.75
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$136.43 NETT)				1,023.75

Report Ref No. CS/FCI19004500/Gtd3e2

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 contact 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.