

ASS. REC. BY:

REF: CS/FCI19005993/Js d3⁰⁷

Special Instruction:

Surveyor: Hwee Jie

ASSIGNMENT (Office)

CWS

From (Person): SITHARA

of

ms FCI

Date/Time:

4/4

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PC3425H

Insured:

SHC 7393J

at Workshop m/s

CROWN ASIA BUS

Tel:

69669995

of

44 Sungei Kadul Ave

Policy No:

Claim No:

D1900796mFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 29.3.2019

8.4.19 (10.00-12p.m)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement:

Date/Time:

4.4.19

350pm

Person Contacted:

Jayden

Vehicle IN (OUT)

Date/Time

Action/Instruction (✓) Estimate

PC 3425H - X

SHC 7393J - CS3/FCI15021419/ Ggk2 DOA-11/12/2015

09/04/19

@ 14:36 p.m. revert pending estimate from reporter to others via email

Surinder Hune Jia

REF: FCI

ASSIGNMENT

From: Date: 8/4/19

Estimated Cost:

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

To Inspect Vehicle No: PC 3425H

at Workshop m/s Crown Asia Bus

of 44 Sungai Kadut Ave

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

10am-12pm
Jayden 69669995

(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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 1up

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: PC 3425H Yr Regn: 21 May 2015

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

Truck / Trailer or

Make: Mitsubishi Rosa C.C. 2998

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

Sp.Reading: 377505 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: BE641JK30017

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/75 R17.5

R:

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

TOYO / YOKO or Landy Tire

Front

Rear

R/Bal. 7 mm R/Bal. 7/7 mm

L/Bal. 7 mm L/Bal. 7/7 mm

D.O.A. 29/3/19 D.O.I. 8/4/19

Survey held at Crown Asia Bus

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

8/4/19 waiting for repairer to e-mail estimate.

18/06/19 @ 17:19 pm checked with Jayden, pending liability from insurance. vehicle has not repair.

RECEIVED 19 JUN 2019

Date/Time, File Pass to?

19/06/19
Typist

Date/Time, File Return to?

2)

Report Format: Preb

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

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation

S + RS, 31

Photos

Others

TOTAL

130
50

31

211

MOTOR SURVEY ASSIGNMENT

Date	01-04-2019	Our Ref No. D19002196MFSH
Accident Date	29-03-2019	Claim Type. Third Party
Insured Vehicle	SHC7393J	Third Party Vehicle. PC3425H
Survey Location	44 SUNGEI KADUT AVE	
Contact Person.	JAYDEN	
Contact No.	69669995/ 69969995	Fax No. 64694319
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	CROWN ASIA BUS BUILDER PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Tuesday, 9 April 2019 2:36 PM
To: 'Sithara'; 'CWS Motor Claims'
Cc: assignments; SUR; Admin-D (LKKAuto)
Subject: RE: SURVEY ASSESSMENT - D19002196MFSH/1

Dear Sithara,

Please be informed that we have inspected the vehicle PC 3425H on 08/04/2019.

We are pending estimate from repairer.

Thank you.

Best Regards,

Shirley Hiew | 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) [mailto:admin-d@lkkauto.com]
Sent: Thursday, 4 April 2019 3:42 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Sithara' <Sithara@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19002196MFSH/1

Dear Sir / Mdm,

Thank you for the assignment.

Please be informed that repairer agreed to survey on 5/4/2019.

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | 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: Thursday, 4 April, 2019 3:32 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Sithara <Sithara@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19002196MFSH/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.

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	29/03/2019 13:28
Date Of Accident	29/03/2019 08:05
Exact Location Of Accident	ALONG EWE BOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3425H
Insured/Policyholder	
Name Of Registered Owner	RUI FENG CHARTERED PTE. LTD.
Co Reg No	200713472Z
Email Address	RUIFENGCHARTERED@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64670956

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA BUS BE641JRMDEB
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105026547
Cover Note Number	

Driver

Name of Driver	LIM YU KOK
Passport No/FIN	F7996325U
Date Of Birth	24/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	26/05/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84263588
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NA
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	23

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

AS PER SKETCH PLAN

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	SHC7393J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG AH TIONG
NRIC/Passport Number	S1225973E
Contact Number	98582557
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be 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.



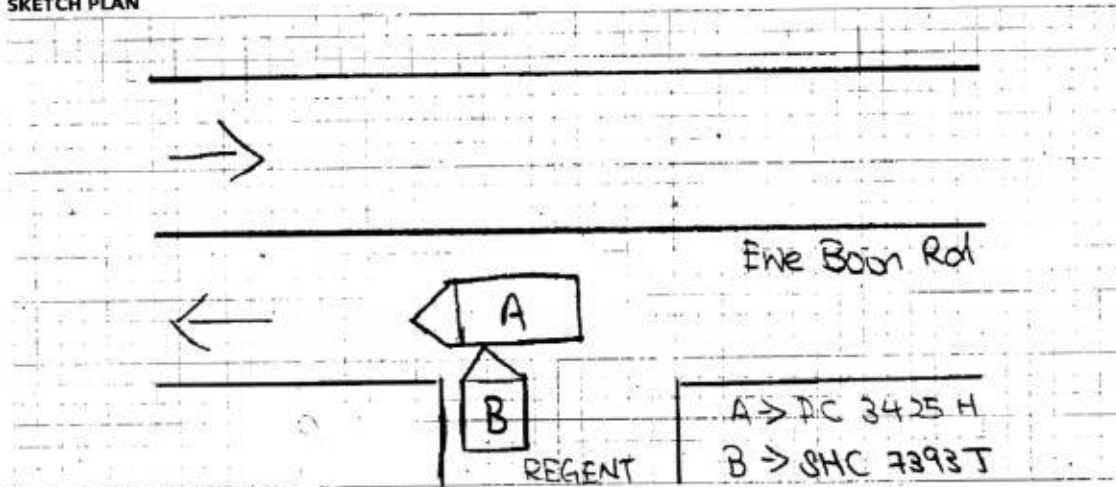
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 29 Mar 2019, 8.08 am

Accident Location: Along Ewe Boon Rd

I was driving straight along the above-mentioned location. Suddenly, veh. B who was exiting 'REGENT' condo collided onto my vehicle.

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TP)

DECLARATION

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

* IMPORTANT NOTE:

You have been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

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.:

GAS/IC Sketch Plan Form, V3

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	3472Z

Vehicle Details

Vehicle No.:	PC3425H
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Apr 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	ROSA BUS BE641JRMDEB
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	4P10B64803
Chassis No.:	BE641JK30017
Maximum Power Output:	-
Open Market Value:	\$65,708.00
Original Registration Date:	21 May 2015
First Registration Date:	21 May 2015
Transfer Count:	0
Actual ARF Paid:	\$3,286.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	20 May 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$50,098.00
COE Rebate Amount:	\$30,624.00
Total Rebate Amount:	\$30,624.00

The information contained herein is correct as at 09 Apr 2019

OK



CROWN ASIA BUS BUILDER PTE LTD

44 SUNGAI KADUT AVE, SINGAPORE 729667

Tel : +65 6467 0956 (112) Fax : +65 6469 4319

Email : claims@crownasia.com.sg

Company Reg No: 201023449R

2 April 2019

To: MS First Capital Insurance Limited

BY EMAIL ONLY

(motor_claims@msfirstcapital.com.sg)

Attn: Motor Claims Dept.

Dear Sirs,

We are instructed by M/s RUI FENG CHARTERED PTE LTD to notify you of a road traffic accident on 29/03/2019 at about 0805 hours along Ewe Boon Road involving our customer's bus, PC3425H and your insured's taxi SHC7393J. A copy of the Singapore Accident Statement report is enclosed.

As a result of the accident, our customer's vehicle has been damaged. Before we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, we shall proceed to repair the vehicle without further reference to you.

Please contact our PIC Mr. Jayden at 87511688 for the survey.

Kindly provide to us your list of 10 surveyors for us to choose as SJE.

Yours faithfully

Encl.



Hwee Jie - LKK

8/4/19

hweejie@lkkauto.com

**CROWN ASIA BUS BUILDER PTE. LTD.** (UEN:201023449R)

44 Sungei Kadut Avenue Singapore 729667

Tel: (65) 6469 3319, Fax: (65) 6902 6758

GST ID No : 201023449R

Repair Estimate**No. : QT-000036**

MS FIRST CAPITAL INSURANCE LIMITED

6 Raffles Quay,
Singapore 048580

Your Ref. :

Our D/O No. :

Terms : C.O.D.

Date : 10-04-2019

Page : 1 of 2

TEL :

FAX :

Item	Tax Code	Description	Qty	UOM	U/ Price S\$	Disc.	Total S\$
ZR		Traffic accident on 29/03/2019 involving PC3425H and SHC7393J along Ewe Boon Road.					
<u>Parts Required:</u>							
1.	ZR	SIDE SIGNAL LAMP <i>CRA ✓</i>	3.00		80.00		240.00
	SR	SubTotal					240.00
2.	ZR	LESS 10% TRADE DISCOUNT	1.00		-24.00		-24.00
<u>Net Item:</u>							
3.	ZR	STICKER EXCURSION <i>rec ✓</i>	1.00		20.00		20.00
<u>Labour Charges:</u>							
4.	ZR	LABOUR CHARGES 1. TO CHECK ALL THE WIRING OF SIGNAL LAMP, DOOR AND OTHER AFFECTED AREA	1.00		200.00		<i>50</i> 200.00
5.	ZR	LABOUR CHARGES 2. TO KNOCK AND REPAIR, PUTTY AND SPRAY ON LEFT HAND SIDE REAR, CENTER, DOOR AREA AND ALL AFFECTED ACCIDENT PARTS (TWO COLOUR PAINT)	1.00		2,850.00		<i>1600</i> 2,850.00

NOTE: THIS ESTIMATE IS BASED ON VISIBLE DAMAGE ONLY. SHOULD ANY HIDDEN PARTS AND/OR LABOUR CHARGES REQUIRED DURING WORKS IN PROGRESS, IT WILL BE NOTIFIED ACCORDINGLY.

PRICE QUOTED IS SUBJECTED TO 7% GST

**CROWN ASIA BUS BUILDER PTE. LTD.** (UEN:201023449R)

44 Sungei Kadut Avenue Singapore 729667

Tel: (65) 6469 3319, Fax: (65) 6902 6758

GST ID No : 201023449R

Repair Estimate**No. : QT-000036**

MS FIRST CAPITAL INSURANCE LIMITED

6 Raffles Quay,
Singapore 048580

Your Ref. :

Our D/O No. :

Terms : C.O.D.

Date : 10-04-2019

Page : 2 of 2

TEL :

FAX :

Item	Tax Code	Description	Qty	UOM	U/ Price S\$	Disc.	Total S\$
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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:

SINGAPORE DOLLAR THREE THOUSAND TWO HUNDRED EIGHTY SIX
ONLYSub Total (Excluding GST) **3,286.00**GST payable @ 7% on 0.00 **0.00**Total (Inclusive of GST) **3,286.00****Notes :**

1. All cheques should be crossed and made payable to
CROWN ASIA BUS BUILDER PTE. LTD.
2. Goods sold are neither returnable nor refundable. Otherwise
a cancellation fee of 20% on purchase price will be imposed.

GST Summary**Amount(S\$)****Tax(S\$)**

Authorised Signature


18/4/19
Three Re - LKK
15/4/19
L/S Sdeys.

**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/FCI19005993/Jsd3s2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 20-06-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7393J	Veh. Inspected	PC 3425H	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19002196MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	04/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	MITSUBISHI ROSA	c.c	2998	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	BE641JK30017	Colour	WHITE	
Odometer	377505	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/75 R17.5	LANDY TIRE	7 mm	
L/H Front Tyre	215/75 R17.5	LANDY TIRE	7 mm	
R/H Rear Tyre	215/75 R17.5 (D)	LANDY TIRE	7/7 mm	
L/H Rear Tyre	215/75 R17.5 (D)	LANDY TIRE	7/7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/03/2019	Inspection Date	08/04/2019	
Survey held at	CROWN ASIA BUS BUILDER PTE LTD NO. 44 SUNGEI KADUT STREET 1 SINGAPORE 729349			
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:		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. PC 3425H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
3	SIDE SIGNAL LAMP @\$80.00	CRACKED	240.00	240.00
	LESS 10% DISCOUNT		-24.00	-24.00
			216.00	216.00
	<u>SPECIAL NETT ITEMS</u>			
1	STICKER EXCURSION (SN)	NECESSARY	20.00	20.00
			20.00	20.00
	<u>LABOUR</u>			
	TO CHECK ALL THE WIRING OF SIGNAL LAMP,DOOR AND OTHER AFFECTED AREA.		200.00	50.00
	TO KNOCK AND REPAIR,PUTTY AND SPRAY ON LEFT HAND SIDE REAR,CENTER,DOOR AREA AND ALL AFFECTED ACCIDENT PARTS (TWO COLOUR PAINT).		2,850.00	1,600.00
			3,050.00	1,650.00
GRAND TOTAL			3,286.00	1,886.00
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)				1,886.00

Report Ref No. CS/FC119005993/Jsd3s2

ONG HWEE JIE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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