

ASS. REC. BY:

REF: CC/FCI 1900745 / ES d30

Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)From (Person): Hunny Kaoof FCIDate/Time: 26.4.19 7.35a.m.

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: PC 2993RInsured: SHC 74664at Workshop m/s Woodlands Transport ServiceTel: 65598984 (92994122)of NO 8 Gul Circle

Policy No:

Claim No: D19002710 MP SH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 21.4.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 26.4.19 9.45am

Person Contacted:

Mr. ChenVehicle IN OUT

Date/Time

Action/Instruction (✓) Estimate

28/4/19-

called more than 3 times no call no reply email. Request  
to insurance.

PC 2993R - CS / FCI 19000641 / RLS/d3e2

D.O.A - 08/01/2019

SHC 74664 - CC3 / AIC 10023724 Pbg

D.O.A - 21/11/2010

29/4/19-

Vincent answered the call and say Mr. Chen leave till thursday. so  
he will get to arrange the car.

Surveyor *Steve*

REF: *FC1*

ASSIGNMENT

From: \_\_\_\_\_ Date: *8.5.2019*

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: *PC 2993R*

at Workshop m/s *woodland Transport Service*

of *NO 8 Gul Circle*

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: *Mr chan 92994122*

*1030A.M*

(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 *rap'*

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

N/S	O/S

Veh No: *PC 2993R* Yr Regn: *10/09/14*

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

Truck / Trailer or \_\_\_\_\_

Make: *Yutong ZK6126H6A* C.C. *6690*

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

Sp. Reading: *262468* T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: *L2YTAG 67E 1016783*

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: *275/70R225*

R: *9*

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

TOYO / YOKO or *Goodyear*

Front \_\_\_\_\_ Rear \_\_\_\_\_

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

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

D.O.A. *21/4/19* D.O.I. *8/5/19*

Survey held at *Woodland Transport*

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

*Front RM*

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

Date / Time	Action / Instruction
<i>09/05/19</i>	<i>@ 17:20 pm revised PA to Henry via email.</i>
<i>28/2/19</i>	<i>Finalize confirm \$1000 (L/S, 3 days) Mr Chan (Woodland Transport)</i>
	<i>(5485.29 Red - 33%)</i>
	<i>RECEIVED 29 MAY 2019</i>

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

*29/05/19* ☒ : Final Report

1) *Typist*

Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: *3*

Resurvey No. of Trip: *1*

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:	<i>100</i>
Transportation:	<i>90</i>
S + RS, SI	<i>90</i>
Photos	<i>27</i>
Others	
TOTAL	<i>227</i>

Report Format : \_\_\_\_\_

Lump Sum / I.B.I. (\$) *1,000/- H/S*

*29/5/2019*



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: D19002710MFSH

Date: 09 May 2019

Our Ref: CS/FCI19007451/Esd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

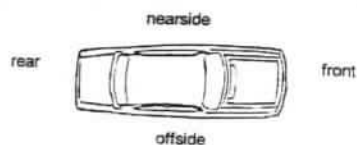
**INITIAL INSPECTION REPORT OF VEHICLE NO. PC 2993R**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 08/05/2019 at the premises of M/s Woodlands Transport Service Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ 1,165.29 .
Revised Estimate Amount	: S\$ 1,165.29 .
"Check" Items Amount	: S\$ .
Market Value	: S\$ .
LTA Reimbursement Value	: S\$ .
Nett Value	: S\$ .

**Description of Damage:**

The vehicle sustained damages at the o/s front portion.



**Comments/ Present Status:**

Damages Consistent.  
Repair days: 3 Days

Yours faithfully,  
Chen Tsue Yee  
Automotive Assessor

**MOTOR SURVEY ASSIGNMENT**

Date	23-04-2019	Our Ref No. D19002710MFSH
Accident Date	21-04-2019	Claim Type. Third Party
Insured Vehicle	SHC7466H	Third Party Vehicle. PC2993R
Survey Location	NO 8 GUL CIRCLE	
Contact Person.	KENJI LEE	
Contact No.	65598984/ 0	Fax No. 68622163
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	WOODLANDS TRANSPORT SERVICE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	HENRY KAO	

**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.

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	2721M
<b>Vehicle Details</b>	
Vehicle No.:	PC2993R
Vehicle to be Exported:	No
Intended Deregistration Date:	08 May 2019
Vehicle Make:	YUTONG
Vehicle Model:	ZK6126HGA
Primary Colour:	Multi-Colour
Manufacturing Year:	2014
Engine No.:	ISB67E5285B22119893
Chassis No.:	LZYTAGE67E1016783
Maximum Power Output:	-
Open Market Value:	\$158,330.00
Original Registration Date:	10 Sep 2014
First Registration Date:	10 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$7,917.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	09 Sep 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$12,799.00
COE Rebate Amount:	\$6,829.00
<b>Total Rebate Amount:</b>	<b>\$6,829.00</b>

The information contained herein is correct as at 08 May 2019

OK

## Steve Chen (LKK Auto)

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**From:** Chan Soo Lye <slchan@woodlandstransport.com.sg>  
**Sent:** Tuesday, May 28, 2019 1:35 PM  
**To:** Steve Chen (LKK Auto)  
**Subject:** RE: PC2993R AFTER REPAIR PHOTOS

Dear Steve,

Confirmed.

*Thank you.*

Best Regards

**Chan Soo Lye**  
Service Executive  
WTS Engineering Pte Ltd



**Woodlands Transport Service Pte Ltd**

8, Gul Circle, Singapore 629564

Direct Line : +65 6559 8984

Fax : +65 6862 2163

[www.woodlandstransport.com.sg](http://www.woodlandstransport.com.sg)

Group of Companies:



CASHBOX



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**From:** Steve Chen (LKK Auto) [<mailto:SteveChen@lkkauto.com>]  
**Sent:** Tuesday, 28 May, 2019 9:47 AM  
**To:** Chan Soo Lye  
**Subject:** PC2993R AFTER REPAIR PHOTOS

Dear Mr Chan,

We have come out with the finalize \$1000 (L/S, before GST). 3 days.

Kindly confirm.

Thanks

Best Regards,  
**Steve Chen** | Assistant Automotive Assessor  
LKK Auto Consultants

## Shirley Hiew (LKK Auto)

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**From:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Sent:** Thursday, 9 May 2019 5:20 PM  
**To:** 'Henry Kao Cai Jie'; 'CWS Motor Claims'  
**Cc:** assignments; SUR; Admin-D (LKKAuto)  
**Subject:** RE: SURVEY ASSESSMENT - D19002710MFSH/1  
**Attachments:** PC 2993R - Preli Advise .pdf

Dear Henry,

Enclosed preliminary revised of vehicle PC 2993R.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:Sur@lkkauto.com) | fax: 6256-4315

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

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**From:** Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]  
**Sent:** Monday, 29 April 2019 3:42 PM  
**To:** 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** 'Henry Kao Cai Jie' <HenryKao@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D19002710MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

We called another time today and Mr. Chan's colleague Mr. Vincent assist us, he said

Mr. Chan is on leave till this Thursday and vehicle is not in the workshop.

They will rearrange.

Best Regards,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]  
**Sent:** Friday, 26 April 2019 5:35 PM  
**To:** 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** 'Henry Kao Cai Jie' <HenryKao@msfirstcapital.com.sg>  
**Subject:** RE: SURVEY ASSESSMENT - D19002710MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that we have been calling the repairer since morning but nobody picked up and no return call too.

We have also emailed them but no response from them.

Kindly advise.

Best Regards,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]  
**Sent:** Friday, 26 April 2019 9:35 AM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Henry Kao Cai Jie <HenryKao@msfirstcapital.com.sg>  
**Subject:** PRI: SURVEY ASSESSMENT - D19002710MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

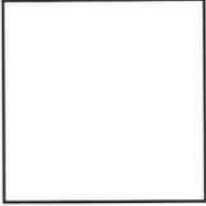
Please find attached the necessary documents for survey.

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](http://www.avg.com)

> Back to OneMotoring

## Enquire Transfer Fee

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	PC2993R		
Vehicle Type :	D20 - Private Hire Bus/Coach/Minibus		
Vehicle Attachment 1 :	With Wheelchair Lift		
Vehicle Scheme :	Public Service Vehicle (Others)		
Vehicle Make :	YUTONG		
Vehicle Model :	ZK6126HGA		
Chassis No. :	LZYTAGE67E1016783		
Propellant :	Diesel		
Engine No. :	ISB67E5285B22119893		
Engine Capacity :	6690 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	18000 kg		
Unladen Weight :	11260 kg		
Year Of Manufacture :	2014		
Original Registration Date :	10 Sep 2014		
Lifespan Expiry Date :	09 Sep 2034		
COE Category :	C - Goods Vehicle & Bus		
PQP Paid :	\$12,799.00		
COE Expiry Date :	09 Sep 2024		
Road Tax Expiry Date :	09 Sep 2019		
Inspection Due Date :	09 Sep 2019		
Intended Transfer Date :	08 May 2019		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

## 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 22/04/2019 16:52  
Date Of Accident 21/04/2019 15:10  
Exact Location Of Accident T2 BOULEVARD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number PC2993R  
**Insured/Policyholder**  
Name Of Registered Owner WOODLANDS TRANSPORT SERVICE PTE LTD  
Co Reg No 198102721M  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-98383481  
Alternative Phone No OFFICE-65598954

### Vehicle Particulars

Manufacturer YUTONG  
Model ZK6126HGA A

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy YES  
Policy Number SD18V07062  
Cover Note Number

### Driver

Name of Driver YEO CHIN HENG  
NRIC No S1302540A  
Date Of Birth 14/08/1958  
Occupation OUTDOOR  
Date Of Driving Pass 14/01/1981  
Driving Experience 38 YEARS AND 3 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-93897112  
Fax Number (LOCAL) +65-68982394  
Contact Number OFFICE-65598954  
Email Address NOEMAIL

Address	BLK 206 SERANGOON CENTRAL #11-164
Postcode	550206
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	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?	
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

On 21/04/2019, at about 15:10 hrs, my vehicle was along T2 Boulevard in lane 2. The weather was clear with dry road surfaces at that point of time. As I was traveling within my lane, a vehicle SHC7466H suddenly encroached into my lane and grazed against my vehicle. As a result, my bus sustained damages on the front right body panel and front right corner panel. No one was injured in the accident.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7466H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

#### 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:

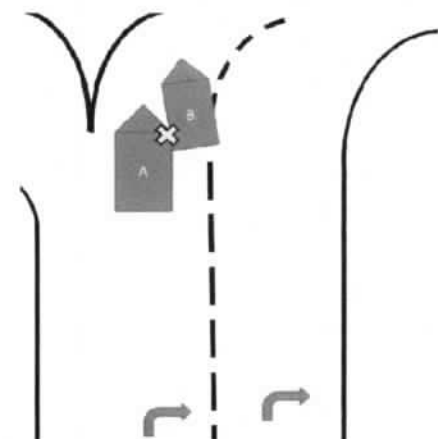
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

### SKETCH PLAN



A -PC2993R  
B -SHC7466H  
T2 BOULEVARD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

## DECLARATION

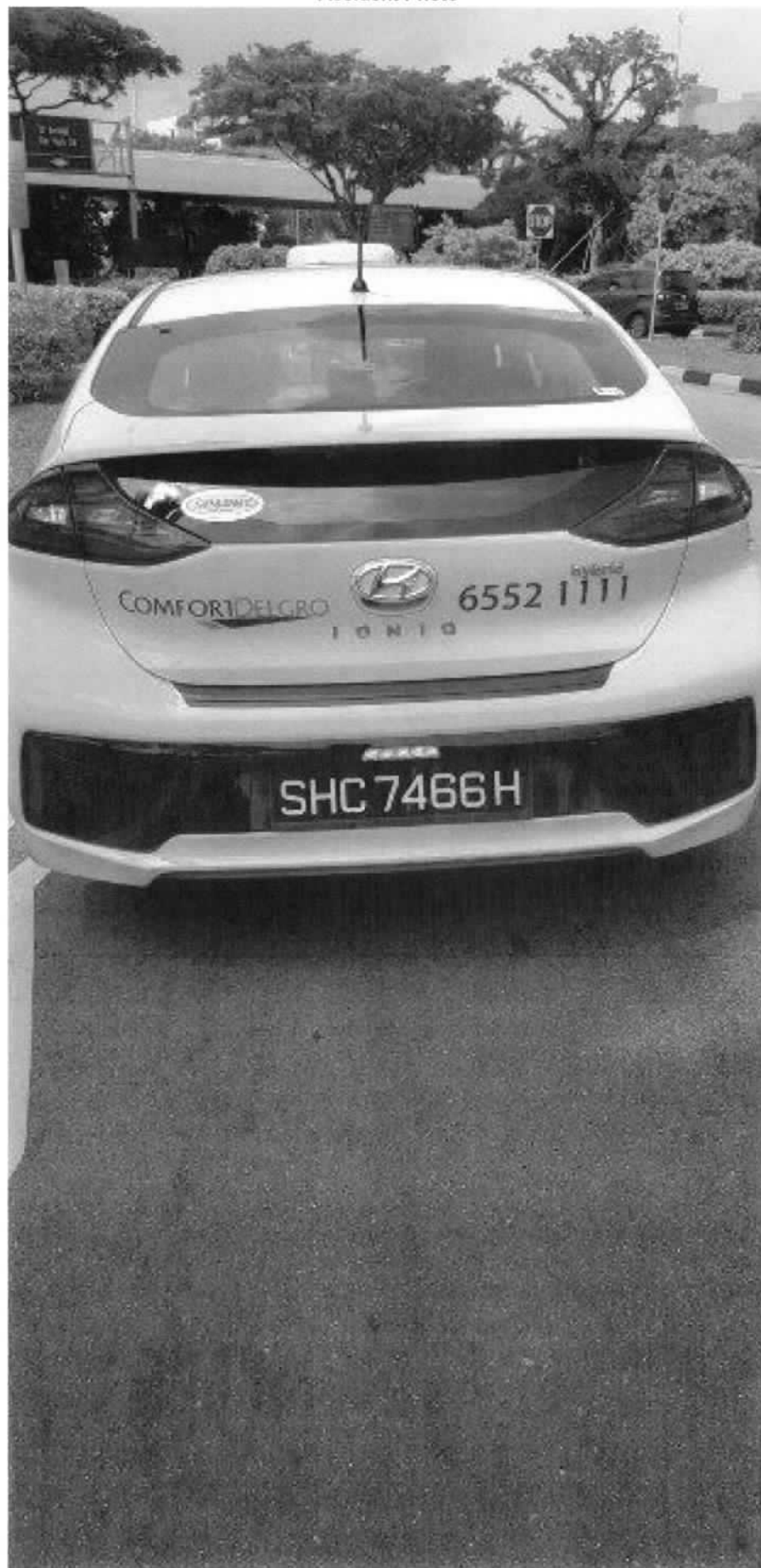
I/We declare the foregoing particulars are true in every respect.

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



WTS Engineering Pte Ltd

8 Gul Circle, Singapore 629564 Tel: 65598984 Fax: 68622163

Company Registration Number: 200505706E

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:

Gul Workshop

## Quotation

DATE: 24/04/19  
VEHICLE NO: PC2993R  
DRIVER: YEO CHIN HENG  
ATTENTION TO:  
PREPARED BY: Jeff

LOCATION: Gul Workshop  
Q REF No: Q19/04/291  
DEPARTMENT: WTS Bus Department  
ACCIDENT DATE: 21/04/19  
REF No: JW-0419-291

S/N	Description	Qty	Cost per Unit	Amount S\$
Spare Parts				
1	SIDE MARKER LAMP / BR	1	15.29	15.29
Labour Costs				
	TO PANEL BEAT FRONT BUMPER RHS CORNER AND SIDE PANEL. TO PUTTY AND GRINDING SMOOTHLY FRONT BUMPER RHS CORNER AND SIDE PANEL. TO PANEL BEAT FRONT RHS TYRE RIM WHEEL COVER.	1	400	400.00
Spray Paint				
1	SPRAY PAINTING RHS TOP AND BELOW CORNER PANEL	1	250	250.00
	TO REPLACED STICKER FRONT BUMPER RHS CORNER, SIDE PANEL AND FRONT SIDE BODY PANEL.	1	500	500.00
TOTAL:				1,165.29
Total Amount				1,165.29

Remarks:

Signature of Workshop Dpt

Signature of Department Head

Signature of Claim Department

Surveyor Sign:

Surveyor Name:

Date:

Steve

8/5/19

Steve (LKK)  
8322 8813

Stevechen@lkkauto.com

1 / 1

WIL Paradise 8/5/19  
3 days 11:00am

L/S

Ry At Spry

LKK

62563561


### Quotation

DATE: 09/05/19  
 VEHICLE NO: PC2993R  
 DRIVER: Yeo Chin Heng  
 ATTENTION TO:  
 PREPARED BY: Chan Soo Lye


LOCATION: Gul Workshop  
 Q REF No: Q19/05/1019  
 DEPARTMENT: WTS Bus Department  
 ACCIDENT DATE: 21/04/19  
 REF No: JW-0419-291

S/N	Description	Qty	Cost per Unit	Amount S\$
<b>Spare Parts</b>				
1	RHS TYRE RIM CAP, / 00	1	320	320.00
<b>TOTAL:</b>				<b>320.00</b>
<b>Total Amount</b>				<b>SGD 320.00</b>

Remarks:  
 SUPPLEMENTARY QUOTATION

  
 Signature of Workshop Dpt

  
 Signature of Department Head

  
 Signature of Claim Department

P- 13-76  
 Supp - 288  
 L - 950  
 1251-76  
 L/S - 1,091.40  
 = 1090




## 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/FCI19007451/Esd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 31-05-2019	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 7466H	Veh. Inspected	PC 2993R	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19002710MFSH	Excess (\$)	0.00	
Assign From	HENRY KAO	Assign Date	26/04/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	YUTONG ZK6126HGA	c.c	6690	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	LZYTAGE67E1016783	Colour	MULTI COLOUR	
Odometer	262468	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	275/70 R22.5	GOODYRE	7 mm	
L/H Front Tyre	275/70 R22.5	GOODYRE	7 mm	
R/H Rear Tyre	275/70 R22.5	GOODYRE	7 mm	
L/H Rear Tyre	275/70 R22.5	GOODYRE	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	21/04/2019	Inspection Date	08/05/2019	
Survey held at	WOODLANDS TRANSPORT SERVICE PTE. LTD. 8 GUL CIRCLE SINGAPORE 629564			
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>3 Working Days</b>		



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 2993R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	SIDE MARKER LAMP	BROKEN	15.29	15.29
1	RHS TYRE RIM,CAP (ADDITIONAL)	DENTED	320.00	320.00
	LESS 10% DISCOUNT		-	-33.53
			335.29	301.76
	<b><u>LABOUR</u></b>			
	TO PANEL BEAT FRONT BUMPER RHS CORNER AND SIDE PANEL.		400.00	300.00
	TO PUTTY AND GRINDING SMOOTHLY FRONT BUMPER RHS CORNER AND SIDE PANEL.			
	TO PANEL BEAT FRONT RHS TYRE RIM WHEEL COVER.			
	SPRAY PAINTING RHS TOP AND BELOW CORNER PANEL.		250.00	200.00
	TO REPLACED STICKER FRONT BUMPER RHS CORNER,SIDE PANEL AND FRONT SIDE BODY PANEL.		500.00	450.00
			1,150.00	950.00
	<b>GRAND TOTAL</b>		<b>1,485.29</b>	<b>1,251.76</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>1,000.00</b>

Report Ref No. CS/FCI19007451/Esd3e2

CHEN TSUE YEE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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