

22/03/2002

ASS. REC. BY:

REF:

C3/FCI19009212/Ked302

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Karen (C105)

of

FCI

Date/Time:

23/5/2019 5.52pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD51458

Insured:

SHC8926R

at Workshop m/s

Trans-cab

Tel:

62876666

of

No. 2 AMK St. 63

Policy No:

Claim No:

D19003356 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

21/5/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle-IN/OUT

Date/Time

Action/Instruction

Estimate (✓)

SHD51458-X

SHC8926R-X

23/05/19

@10:47 am revised PA to Karen via email.

ASS. REC. BY:

REF:

F021

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

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

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

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

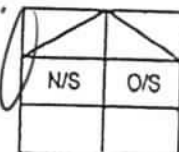
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SHD 51455 Yr Regn: 12, 18

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

Truck / Traller or

Make: Toy Pro J c.c. 1798

Colour MP White / Red A/C: Insured / Std / NI / NA

Sp. Reading 44056 T/Radio: Insured / Std / NI / NA

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

C/No: JTDKB3FU403077418

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

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

R/Bal. 2 mm R/Bal. 2 mm

L/Bal. 2 mm L/Bal. 2 mm

D.O.A. 21/5/19 D.O.I. 24/5/19

Survey held at \_\_\_\_\_

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

N/S body

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

Date / Time Action / Instruction

1 File pass to

2 5908.97 to Luman.

C \$ 27,939.92 Red - 83%

27/06/19 @ 14:40 pm checked with Wai Yee (report), they submit 5,908.97 P/P to FCI.

Date/Time, File Pass to?

27/06/19

1) Typist

Date/Time, File Return to?

2)

☐ : Prel. Report☒ : Final Report

RECEIVED 28 JUN 2019

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. SI

Firms

Others

TOTAL

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

Report Format:

Lump Sum / I.B.I (\$ 5,908.97 P/P)

350

350

**MOTOR SURVEY ASSIGNMENT**

Date	22-05-2019	Our Ref No. D19003356MFSH
Accident Date	21-05-2019	Claim Type. Third Party
Insured Vehicle	SHC8926R	Third Party Vehicle. SHD5145S
Survey Location	NO. 2 ANG MO KIO STREET 63	
Contact Person.	CANDY KONG	
Contact No.	62876666/ 0	Fax No. 62571330
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	TRANS-CAB AUTO SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

**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****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	3878K

**Vehicle Details**

Vehicle No.:	SHD5145S
Vehicle to be Exported:	Yes
Intended Deregistration Date:	21 May 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS SDR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2B81006
Chassis No.:	JTDKB3FU403077418
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	12 Dec 2018
First Registration Date:	12 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$14,247.00

**Intended PARF Rebate Details**

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Dec 2026
PARF Rebate Amount:	\$10,685.00

**Intended COE Rebate Details**

COE Expiry Date:	11 Dec 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$22,057.00
COE Rebate Amount:	\$17,645.00
<b>Total Rebate Amount:</b>	<b>\$28,330.00</b>

**Message**

Please note that the 8-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 21 May 2019

OK

## Shirley Hiew (LKK Auto)

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**From:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Sent:** Tuesday, 28 May 2019 10:47 AM  
**To:** 'Karen Tan'; 'CWS Motor Claims'  
**Cc:** SUR; assignments  
**Subject:** RE: SURVEY ASSESSMENT - D19003356MFSH/1  
**Attachments:** SHD 5145S - Preli Advise .pdf

Dear Karen,

Enclosed preliminary revised of vehicle SHD 5145S.

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:** CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Thursday, 23 May, 2019 5:52 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** CWS Motor Claims <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; Karen Tan <[karentan@msfirstcapital.com.sg](mailto:karentan@msfirstcapital.com.sg)>  
**Subject:** PRI: SURVEY ASSESSMENT - D19003356MFSH/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.**



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: D19003356MFSH

Date: 28 May 2019

Our Ref: CS/FCI19009212/Ksd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

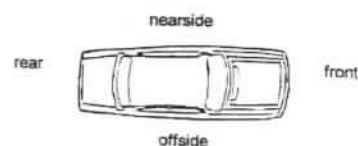
**INITIAL INSPECTION REPORT OF VEHICLE NO. SHD 5145S**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 24/05/2019 at the premises of M/s Trans-Cab Auto Services Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ 33,848.89 .
Revised Estimate Amount	: S\$ 13,228.96 .
"Check" Items Amount	: S\$ 670.57 .
Market Value	: S\$ .
LTA Reimbursement Value	: S\$ .
Nett Value	: S\$ .

**Description of Damage:**

The vehicle sustained damages at the n/s body.



**Comments/ Present Status:**

Damages Consistent.

Repair days: 4 Days

Yours faithfully,  
Kenneth Kong  
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	21/05/2019 14:27
Date Of Accident	21/05/2019 10:40
Exact Location Of Accident	BUKIT TIMAH ROAD TOWARDS ROCHOR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD5145S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	
<b>Driver</b>	
Name of Driver	SOH HIAP MIN @ SOH KAI YEN
NRIC No	S0766936D
Date Of Birth	21/12/1950
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1977
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93716663
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 291E BUKIT BATOK STREET 24 #05-01
Postcode	654291
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

ON 21/05/2019 AT ABOUT 1040HRS, I WAS TRAVELLING STRAIGHT ALONG THE SECOND LANE OF BUKIT TIMAH ROAD TOWARDS ROCHOR. SUDDENLY VEHICLE B(SHC8926R) SWERVED INTO MY LANE AND COLLIDED ONTO THE FRONT LEFT PORTION OF MY TAXI.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8926R
Vehicle Make/Model/Colour	COMFORT
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

#### 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:

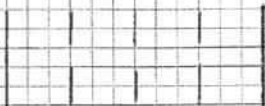
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Sketch Plan #2 Pg. 1

3. Sink Timer Run towards Raptor.

A: SMD51455.  
B: SHC 8926R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA Report.

## 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.:

**Trans-cab Auto Services Pte Ltd**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHD 5145S****AAD1905-168***Not Authored**Reserve B4 paint**85908.97*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**SHD 5145S**

JTDKB3FU403077418

RENAULT

LATITUDE

21.5.2019

**FCIL**

12/12/2018

**PART****LIST**

1	1 FRONT BUMPER	\$	<i>Bu</i> 509.10 ✓
2	1 BRACKET, FRONT BUMPER EXTENSION MOUNTING	\$	<i>Lu</i> 101.20 X
3	1 REINFORCEMENT, FRONT BUMPER	\$	<i>R</i> 708.10 X
4	1 COVER, FRONT BUMPER HOLE, LH	\$	<i>Lu</i> 29.00 ✓
5	1 ABSORBER, FRONT BUMPER, LOWER	\$	<i>Lu</i> 130.20 X
6	1 ABSORBER, FRONT BUMPER ENERGY	\$	<i>Lu</i> 78.10 X
7	1 FRONT BUMPER SIDE RETAINER RH	\$	<i>Lu</i> 78.00 X
8	1 FRONT BUMPER SIDE RETAINER LH	\$	<i>DIR</i> 78.00 ✓
9	1 FRONT BUMPER SUPPORT	\$	<i>Lu</i> 81.70 X
10	1 EXTENSION, FRONT BUMPER, RH	\$	<i>Lu</i> 118.50 X
11	1 EXTENSION, FRONT BUMPER, LH	\$	<i>Lu</i> 118.50 X
12	1 FRONT LED LAMP (LOWER) LH	\$	<i>mgm</i> 907.75 ✓
13	1 FRONT HEADLAMP LH	\$	<i>cm</i> 2,909.04 ✓
14	1 COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	<i>Pu</i> \$	<i>mgm</i> 492.30 X
15	1 MOTOR, HEADLAMP LEVELING, LH	\$	<i>Lu</i> 413.10 X
16	1 FRONT FENDER LH	\$	<i>Bu</i> 963.80 ✓
17	1 EXTENSION, FRONT FENDER, LH	\$	<i>R</i> 48.80 X
18	1 COVER SUB-ASSY, FRONT PILLAR, UPR LH	\$	<i>Lu</i> 98.30 X
19	1 LINER, FRONT FENDER, LH	\$	<i>DIR</i> 200.70 ✓
20	1 FRONT FENDER EMBLEM LH	\$	<i>Lu</i> 86.50 ✓
21	1 SEAL, FENDER APRON MUDGUARD, LH	\$	<i>Lu</i> 50.90 X
22	1 FRONT BONNET	\$	<i>R</i> 969.00
23	1 HINGE ASSY, HOOD, LH	\$	<i>R</i> 58.00
24	1 HINGE ASSY, HOOD, RH	\$	<i>R</i> 58.00
25	1 GRILLE, RADIATOR, LOWER NO.1	\$	<i>Lu</i> 167.90
26	1 FRONT LOWER ARM	\$	<i>Lu</i> 631.90
27	1 FRONT SHOCK ABSORBER	\$	<i>Lu</i> 398.20
28	1 SHAFT ASSY, FRONT DRIVE, LH	\$	<i>R</i> 1,186.20
29	1 ARM SUB-ASSY, FRONT SUSPENSION, LOWER NO.1 LH	\$	<i>Lu</i> 637.50

**Trans-cab Auto Services Pte Ltd**

AAD1905-168

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHD 5145S**

30	1 LINK ASSY, WINDSHIELD WIPER	\$	<i>Sm</i> 421.40 X
30	1 KNUCKLE, STEERING, LH	\$	<i>Sm</i> 562.30 X
31	1 LINK ASSY, FRONT STABILIZER, LH	\$	<i>Sm</i> 199.00 X
32	1 BAR, STABILIZER, FRONT	\$	<i>Sm</i> 360.30 X
33	1 SUPPORT SUB-ASSY, FRONT SUSPENSION, LH	\$	<i>Sm</i> 200.60 X
34	1 ABSORBER ASSY, SHOCK, FRONT LH	\$	<i>Sm</i> 401.80 X
		\$	<b>14,453.69</b>
	25%	\$	<b>3,613.42</b>
		\$	<b>10,840.27</b>

**Special Nett**

1	1 FRONT WHEEL RIM	\$	<i>Sm</i> 1,570.55 X
2	1 FRONT WHEEL RIM COVER	\$	<i>not Sm</i> 175.80 ✓
3	1 CLIP, FRONT FENDER LINER	\$	<i>Sm</i> 22.00 ✓
	<b>TOTAL</b>	\$	<b>1,768.35</b>
	<b>TOTAL PARTS</b>	\$	<b>12,608.62</b>

**LABOUR**

Putty And Spray Painting Of The Affected Portion.	\$	4,200.00 <i>8801</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	4,200.00 <i>5001</i>
To Rust-Proofing Of The Affected Areas.	\$	170.00 <i>301</i>
To transfer of Fender fittings, attachments and perform water seepage test.	\$	<i>nn</i> 170.00 X
To transfer of Front Bumper fittings, attachments and perform water seepage test.	\$	<i>nn</i> 170.00 X

**Trans-cab Auto Services Pte Ltd****AAD1905-168**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHD 51455**

To transfer of front windscreen fittings and conduct water seepage test.	\$	na	170.00	X
To check steering geometry and computer wheel alignment	\$		220.00	601
To vacuum, replace, refix and recharge air condenser	\$	na	380.00	X
To replace, refix and top up coolant for radiator	\$	na	170.00	X
To vacuum, replace, refix and recharge Air Intercooler	\$	na	170.00	X
To dismantle and refit aircon assy and attachment, vacuum and charge-in-gas.	\$	na	380.00	X

**TOTAL \$ 10,400.00****Over All Total \$ 33,848.89****(PART-BY-PART) Repair Days****14 days****4 days**

23008.62

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:




# 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/FCI19009212/Ksd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 10-07-2019		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 8926R	Veh. Inspected	SHD 5145S	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19003356MFSH	Excess (\$)	0.00	
Assign From	KAREN	Assign Date	23/05/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS (A)	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	JTDKB3FU403077418	Colour	M.P. WHITE / RED	
Odometer	44056	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	GOODYEAR	8 mm	
L/H Front Tyre	195/65 R15	GOODYEAR	8 mm	
R/H Rear Tyre	195/65 R15	GOODYEAR	8 mm	
L/H Rear Tyre	195/65 R15	GOODYEAR	8 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	21/05/2019	Inspection Date	24/05/2019	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
<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>4 Working Days</b>		



# LKK Auto Consultants Pte Ltd

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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 5145S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER	BUCKLED	509.10	509.10
1	BRACKET, FRONT BUMPER EXTENSION MOUNTING	SERVICEABLE	101.20	-
1	REINFORCEMENT, FRONT BUMPER	TO REPAIR SEE LABOUR	708.10	-
1	COVER, FRONT BUMPER HOLE, LH	SERVICEABLE	29.00	-
1	ABSORBER, FRONT BUMPER, LOWER	SERVICEABLE	130.20	-
1	ABSORBER, FRONT BUMPER ENERGY	SERVICEABLE	78.10	-
1	FRONT BUMPER SIDE RETAINER RH	SERVICEABLE	78.00	-
1	FRONT BUMPER SIDE RETAINER LH	DISTORTED	78.00	78.00
1	FRONT BUMPER SUPPORT	SERVICEABLE	81.70	-
1	EXTENSION, FRONT BUMPER, RH	SERVICEABLE	118.50	-
1	EXTENSION, FRONT BUMPER, LH	SERVICEABLE	118.50	-
1	FRONT LED LAMP (LOWER) LH	MTG CRACKED	907.75	907.75
1	FRONT HEADLAMP LH	CRACKED	2,909.04	2,909.04
1	COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	SERVICEABLE	492.30	-
1	MOTOR, HEADLAMP LEVELING, LH	SERVICEABLE	413.10	-
1	FRONT FENDER LH	BENT	963.80	963.80
1	EXTENSION, FRONT FENDER, LH	TO REPAIR SEE LABOUR	48.80	-
1	COVER SUB-ASSY, FRONT PILLAR, UPR LH	SERVICEABLE	98.30	-
1	LINER, FRONT FENDER, LH	DISTORTED	200.70	200.70
1	FRONT FENDER EMBLEM LH	NECESSARY	86.50	86.50
1	SEAL, FENDER APRON MUDGUARD, LH	SERVICEABLE	50.90	-
1	FRONT BONNET	TO REPAIR SEE LABOUR	969.00	-
1	HINGE ASSY, HOOD, LH	TO REPAIR SEE LABOUR	58.00	-
1	HINGE ASSY, HOOD, RH	TO REPAIR SEE LABOUR	58.00	-
1	GRILLE, RADIATOR, LOWER NO.1	SERVICEABLE	167.90	-
1	FRONT LOWER ARM	SERVICEABLE	631.90	-
1	FRONT SHOCK ABSORBER	SERVICEABLE	398.20	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SHAFT ASSY, FRONT DRIVE, LH	TO REPAIR SEE LABOUR	1,186.20	-
1	ARM SUB-ASSY, FRONT SUSPENSION, LOWER NO.1, LH	SERVICEABLE	637.50	-
1	LINK ASSY, WINDSHIELD WIPER	SERVICEABLE	421.40	-
1	KNUCKLE, STEERING, LH	SERVICEABLE	562.30	-
1	LINK ASSY, FRONT STABILIZER, LH	SERVICEABLE	199.00	-
1	BAR, STABILIZER, FRONT	SERVICEABLE	360.30	-
1	SUPPORT SUB-ASSY, FRONT SUSPENSION, LH	SERVICEABLE	200.60	-
1	ABSORBER ASSY, SHOCK, FRONT LH	SERVICEABLE	401.80	-
	LESS 25% DISCOUNT		-3,613.42	-1,413.72
			10,840.27	4,241.17
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT WHEEL RIM (SN)	SERVICEABLE	1,570.55	-
1	FRONT WHEEL RIM COVER (SN)	DENTED / SCRATCHED	175.80	175.80
1	CLIP, FRONT FENDER LINER (SN)	NECESSARY	22.00	22.00
			1,768.35	197.80
	<b><u>LABOUR</u></b>			
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		4,200.00	880.00
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF REINFORCEMENT, FRONT BUMPER, EXTENSION, FRONT FENDER, LH, FRONT BONNET, HINGE ASSY, HOOD, LH, HINGE ASSY, HOOD, RH AND SHAFT ASSY, FRONT DRIVE, LH.		4,200.00	500.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	30.00
	TO TRANSFER OF FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF FRONT BUMPER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF FRONT WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.		220.00	60.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO VACUUM, REPLACE, REFIX AND RECHARGE AIR CONDENSER.	NOT NECESSARY	380.00	-
	TO REPLACE, REFIX AND TOP UP COOLANT FOR RADIATOR.	NOT NECESSARY	170.00	-
	TO VACUUM, REPLACE, REFIX AND RECHARGE AIR INTERCOOLER.	NOT NECESSARY	170.00	-
	TO DISMANTLE AND REFIT AIRCON ASSY AND ATTACHMENT, VACUUM AND CHARGE-IN-GAS.	NOT NECESSARY	380.00	-
			10,400.00	1,470.00
GRAND TOTAL			23,008.62	5,908.97
RECOMMENDED COST OF REPAIRS				5,908.97

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KONG SENG CHEONG

Licensed Appraiser

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