| Burluph:S<br>CWS<br>From (Person): | Joanne Yord of PCI Dete/Time: 10/7/19@4:33pm   |
|------------------------------------|--|
| Estimated Cost                     |  |
| OD APP WS                          | TTP RES / OD RES / EVA / INV / MV / CS   |
| To Inspect Vel                     | 0 1 - 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| of Workshop n                      |  |
| of                                 | 2 woodlends see. 1 #05-12  |
| Policy No:                         | Claim No: D19004509MFSH  |
| Sum Insured:                       | Excess:  |
| Make of Veh:<br>(Client's Record   | D.O.A. 29 06 2019  |
| Comme recent                       |  |
|                                    |  |
| CA / REV /                         |  |
| CA / REV /                         | REP. / REV 24 HRS  OF amo 11/7/19 Person Confected: Kuny Vehicle IN/ OTT   |
| CA / REV /<br>Date/Time; 10        | REP. / REV 24 HRS  O7 am 11 7 19 Person Contacted: Kuny Vehicle IN LOUT  Action/Instruction Vehicle IN LOUT  |
| CA / REV /<br>Date/Time; 10        | REP. / REV 24 HRS  OTAMO 11/7/19 Person Contacted: Kuny Vehicle IN LOUT  Action/Instruction Instruction Instructio |
| CA / REV / Date/Time: 10           | REP. / REV 24 HRS  -07 am(0) 11 7119 Person Contacted: Luny - Vehicle IN LOUT  Action/Instruction   Shintall ()  PC 7436A X  SHC 2827H NA/INC18019248 h4 23 10/18  |
| CA / REV / Date/Time: 10           | REP. / REV 24 HRS  -07 am(0) 11 7119 Person Contacted: Luny - Vehicle IN LOUT  Action/Instruction   Shintall ()  PC 7436A X  SHC 2827H NA/INC18019248 h4 23 10/18  |
| CA / REV / Date/Time: 10           | REP. / REV 24 HRS  O7 amo 11/7/19 Person Contacted: Kuny Vehicle IN 1 (FIT)  Action/Instruction 1-3/1/10/10/10/10/10/10/10/10/10/10/10/10/1  |

| AS  | SIGNMENT                           |                                |                  |
|---|------------------------------------|--------------------------------|------------------|
| From Date: 161711                             | Veh No. PC 74367                   | 4 Yr Regn: (4/                 | 9/18             |
| Estimated Cost:                               | Type: M.Car / M.Cycle / Bus / Van  |                                | er/              |
| OD (TP) WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or                 |                                |                  |
| To Inspect Vehicle No: PC 7436 A              | Make: Yutong ZK6/19                | IH c.c                         | 6690             |
| at Workshop m/s LexBuild Internetional        | Colour Mattl-Colour                | A/G: Insured / S               | td / NI / NA     |
| of 2 woodlands see 1 #05-12                   | Sp.Reading 56363                   | T/Radio: Insured / S           | Std / NI / NA    |
| 2 Woodlands see 1 703-12                      | Eng/No:                            |                                |                  |
| Insured: 96/5 8280 Policy No. Shirled         | C/No: LZYTBTEGGT                   | 1019495 .                      |                  |
|   | Gen. Cond: 6000 / Fair / Poor / Bu |                                |                  |
| Claims No.                                    | Steering: Inforder / Jammed / Leak |                                |                  |
| Sum Insured: Excess:                          | Brake: Inorder / Jammed / Leak     |                                |                  |
| (Client's Record)                             |                                    |                                |                  |
| Make of Veh: 9am-12pm                         | Modi: Nil / S/Rim / S/D A/Rin      | 11827.5                        |                  |
|   | Tyre Size: F:                      | . 118                          |                  |
| (Policy Condition)                            | R;                                 | •                              |                  |
| Remark: The veh had commenced its N/S O/S     | BS / DUN / EXNOVA / GY / FS / LI   |                                | SUMI /           |
| repair at the time of inspection.             | TOYO/YOKO or Ou                    | pic com                        |                  |
| Bal, or Market Value:                         | Front                              | Rear                           |                  |
| IDAC Accident Rport: Consistent? : Yes or No  | R/Bal. S mm                        | R/Bal.                         | mm               |
| GIA / PR Seen: Consistent? : Yes or No        | L/Bal. S mm                        | L/Bal.                         | mm               |
| Est. Repairs: 2 days Res.: Yes or No          | D.O.A. 29/6/19                     | D.O.I. /6/                     | ///7             |
| Lum Sum: % 3 Val.: Yes or No                  | 'Survey held at                    | plind                          |                  |
| CA / REV / REP. / 24 HRS 1607                 | Des. of Damages : Frt / Rear / C   | OIS (NIS) I UIC I Roofto       | p or             |
| Vehicle: IN / OL                              |                                    |                                |                  |
| Date: Person Contacted                        | The U/C / Chassis frame / E        | Sody Structure affected d      | ue to collision. |
| Date / Time Action / Instruction              |                                    |                                |                  |
|   |                                    |                                |                  |
| RECEIVE                                       | D 2 1 AUG 2019                     |                                |                  |
|   | D Z 1 MUO 2013                     |                                |                  |
|   | _                                  |                                |                  |
|   |                                    |                                |                  |
|   |                                    |                                |                  |
|   |                                    |                                |                  |
| Date/Time, File Pass to? : Preli. Report      | Days Of Repair:                    |                                |                  |
|   |                                    | Suprov Ecro                    | Inn              |
| Date Time, File Return to?                    | Resurvey No. of Trip:              | Survey Fee:<br>Transportation: | 100<br>50        |
| A vive III                                    | au: Site Insp (\$                  | S + R8Sf                       | 90               |
| 2) (460)                                      | : Interview (\$                    | Fliolos                        | 17               |
| Report Formst                                 | : Tech. Invs (8                    | ) (siber:                      | .,               |
|   |                                    | 1.00                           |                  |
| Lump 2 um / U.B. it 16                        | :1//sel end (8                     |                                | ıra.             |
|   |                                    | TOTAL                          | 167              |



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. Mg-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

### MOTOR SURVEY ASSIGNMENT

Date

09-07-2019

Our Ref No. D19004509MFSH

**Accident Date** 

29-06-2019

Claim Type. Third Party

Insured Vehicle

SHC2827H

Third Party Vehicle. PC7436A

Survey Location

2 WOODLANDS SECTOR 1 #05-12(WOODLANDS SPECTRUM 1)

Contact Person.

SHIRLEY LIM

Contact No.

64563533/0

Fax No. 64563353

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

LEXBUILD

Cc: Workshop

INTERNATIONAL PTE

Attention. NIL

LTD

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

JOANNEY

## 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.

## Shiau Chan (LKKAuto)

From:

Shiau Chan (LKKAuto)

Sent:

Wednesday, 17 July 2019 3:39 PM 'CWS Motor Claims'; assignments

To: Cc:

'Joanne Yong Lai fong'; SUR

Subject:

RE: SURVEY ASSESSMENT - D19004509MFSH/1

Attachments:

CSFCI19012291Eqd3.pdf

Dear Joanne,

Enclosed herewith preliminary advice of PC 7436A.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>siewsc@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Thursday, 11 July 2019 10:14 AM

To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: 'Joanne Yong Lai fong' <Joanneyong@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D19004509MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

BEST REGARDS,

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: Wednesday, 10 July 2019 4:33 PM To: <a href="mailto:ASSIGNMENTS@LKKAUTO.COM">ASSIGNMENTS@LKKAUTO.COM</a>

Cc: CWS Motor Claims < cwsmotorclaims@msfirstcapital.com.sg>; Joanne Yong Lai fong

<Joanneyong@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D19004509MFSH/1

Dear Sir/Mdm,



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your Ref: <u>D19004509MFSH</u> Our Ref: <u>CS/FCI19012291/Eqd3</u> Date: 17 July 2019

The Motor Claims Department MS First Capital Insurance Ltd

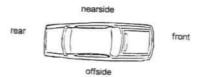
Dear Sir/Madam,

## INITIAL INSPECTION REPORT OF VEHICLE NO. PC 7436A .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 16/07/2019 at the premises of M/s LEXBUILD. and have the following to report:-

| Workshop Estimate Amount | : <u>S</u> \$ | 1,600.00         |  |
|--------------------------|---------------|------------------|--|
| Revised Estimate Amount  | : <u>S</u> \$ | 600.00           |  |
| "Check" Items Amount     | : S\$         | ( <del>=</del> ) |  |
| Market Value             | : <u>S</u> \$ | l <del>e</del> s |  |
| LTA Reimbursement Value  | : S\$         | :#E              |  |
| Nett Value               | : S\$         | . <del>.</del> . |  |

Description of Damage: The vehicle sustained damages at the n/s portion.



Yours faithfully

Steve Automotive Assessor

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars                          |                         |  |
|--|-------------------------|--|
| Owner ID Type:                                     | Company                 |  |
| Owner ID:<br><b>Vehicle Details</b>                | 7110H                   |  |
| Vehicle No.:                                       | PC7436A                 |  |
| Vehicle to be Exported:                            | No                      |  |
| Intended Deregistration Date:                      | 16 Jul 2019             |  |
| Vehicle Make:                                      | YUTONG                  |  |
| Vehicle Model:                                     | ZK6119H AUTO            |  |
| Primary Colour:                                    | Multi-Colour            |  |
| Manufacturing Year:                                | 2018                    |  |
| Engine No.:  | ISB67E6C29022308031     |  |
| Chassis No.:                                       | LZYTBTE66J1019495       |  |
| Maximum Power Output:                              | •                       |  |
| Open Market Value:                                 | \$144,538.00            |  |
| Original Registration Date:                        | 14 Sep 2018             |  |
| First Registration Date:                           | 14 Sep 2018             |  |
| Transfer Count:                                    | 0                       |  |
| Actual ARF Paid:<br>Intended PARF Rebate Details   | \$7,227.00              |  |
| PARF Eligibility:                                  | No                      |  |
| PARF Eligibility Expiry Date:                      |                         |  |
| PARF Rebate Amount:<br>Intended COE Rebate Details | \$0.00                  |  |
| COE Expiry Date:                                   | 13 Sep 2028             |  |
| COE Category:                                      | C - Goods Vehicle & Bus |  |
| COE Period(Years):                                 | 10                      |  |
| QP Paid:   | \$30,889.00             |  |
| COE Rebate Amount:                                 | \$28,293.00             |  |
| Total Rebate Amount:                               | \$28,293.00             |  |

The information contained herein is correct as at 16 Jul 2019

OK

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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   | 29/06/2019 16:03                               |
| Date Of Accident   | 29/06/2019 09:35                               |
| Exact Location Of Accident   | HAVELOCK ROAD TURNING INTO FOUR POINT SHERATON |
| Country/State of Loss  | SINGAPORE                                      |
| D  | ETAILS OF OWN VEHICLE                          |
| Vehicle Registration Number  | PC7436A  |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | SINGAPORE COACH SERVICES PTE LTD               |
| Co Reg No  | 201227110H                                     |
| Email Address  | ADMIN@SINGAPORECOACHSERVICES.COM               |
| Mobile Phone No  | (LOCAL) +65-96204026                           |
| Alternative Phone No   | OFFICE-66945458                                |
| Vehicle Particulars  |  |
| Manufacturer   | YUTONG   |
| Model  | ZK6119H AUTO                                   |
| Exact Purpose for which vehicle was being used at time of accident           | PICK UP PASSENGER FROM FOUR POINT SHERATON     |
| 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   | YES  |
| Policy Number  | 5092609656-01                                  |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | ONG TAI SENG                                   |
| NRIC No  | S1730325B                                      |
| Date Of Birth  | 19/04/1965                                     |
|  |  |

Occupation OUTDOOR Date Of Driving Pass 24/04/1989 Driving Experience

30 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90606648

Fax Number Contact Number

**EMail Address** NOEMAIL Address BLOCK 411 PANDAN GARDENS #11-92

Postcode 600411

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

SIDE SWIPE Type Of Accident 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

NO

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

On 29/06/2019 around 0938 0hr, While I was driving my bus PC7436A along Havelock Road trying to turn Left Into Four Point Sheraton Hotel, i signal early before i making a wide turn into Four Point Sheraton hotel, I have make clear than no vehicle on my left suddenly I heard a bang sound and saw a Taxi SHC2827H trying to squeeze through my bus when I trying to make a wide angle turn At the material of time no one is injured.

## Attachment(s)

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

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

SHC2827H Vehicle Registration Number Vehicle Make/Model/Colour TOYOTA

**Details Of Properties** 

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- . 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 :
  - 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:
  - 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: 29/06/2019 1350 Reporting Centre Personnel's Signature

Name: Shirley Lim NRIC/FIN No: S1552208I SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| DESCRIBE CIRCUMSTRATES OF THE RECEIPENT  |       |
|--|-------|
| On 29/06/2019 around 0938 Ohr, While I was driving my bus PC7436A along Havelock Road trying to t        | turn  |
| Left into Four Point Sheraton Hotel , I signal early before I making a wide turn into Four Point Sherato | n     |
| hotel, I have make clear than no vehicle on my left suddenly I heard a bang sound and saw a Taxi SHC     | 2827H |
| trying to squeeze through my bus when I trying to make a wide angle turn                                 |       |
| At the material of time no one is injured.   |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |

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:23/06/209 1350

Reporting Centre Personnel's Signature

Name: Shirley Lim NRIC/RN No.:51552208I



09th July 2019

MS First Capital Insurance Limited 36, Robinson Road, #16-01 City House Singapore 068877

Quotation No.: Q19-OPS-0909

#### Dear Sir

We are pleased to submit herein, our quotation for Accident Bus PC7436A - YuTong ZK6119H with SHC2827H on 29/06/2019

| S/n | Description   | Qty | иом   | Uı  | nit Price             | 7  | Total Price     |
|-----|---|-----|-------|-----|-----------------------|----|-----------------|
| 1   | To supply skilled labour and material to putty, grinding and spray paint LHS rear 2nd last panel & wheelarc panel | 2   | days  | \$  | 800.00<br><i>39</i> 1 | \$ | 1,600.00<br>600 |
| тот | AL  |     | ***   |     |                       | \$ | 1,600.00        |
|     |   | Va  | LOS Y | δ.  | GST                   | \$ | 112.00          |
|     |   | 1   | (ex)  | , ( | Total                 | \$ | 1,712.00        |

**Terms and Conditions:** 

Validity: 30 days

Yours faithfully

Steve (LKK) Wit Projudice 16/7/19, 11-30 am 83228813 2 chys P/P Steve Chin @ IKKarli con Roy AL Spy

# Shirley Lim

Shirley Lim

## LexBuild International Pte. Ltd.

2 Woodlands Sector 1, #05-12 (Woodlands Spectrum 1), Singapore 738068.

Tel: (65) 6456 3533, Fax: (65) 6456 3353

Website: www.LexBuild.com | Email: claims@LexBuild.com

LKK Auto Corse the Repaire

- · 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

|               |  | Reg. No:                        | 199607198R GST Reg. No. 19-96  | 307198-R  |  |
|---------------|--|---------------------------------|--|---|--|
| 171           |  | Affiliated to Federation Intern | nationale Des Experts En Autom   | obile   |  |
| MS            | FIRST CAPITAL IN   | SURANCE LTD                     | Ref : CS/FCI1901229  | )1/Eqd3e2   |  |
|               | ROBINSON ROAD<br>-01 CITY HOUSES   | SINGAPORE 068877                | Date: 28-08-2019   |   |  |
|               |  |                                 | Code: FCI2   |   |  |
| 1.            |  | Policy Particul                 | lars :- THIRD PARTY CLAIR  |   |  |
|               | Insured Veh.   | SHC 2827H                       | Veh. Inspected   | PC 7436A  |  |
|               | Policy No.   |                                 | Coverage (\$)  | 0.00  |  |
|               | Claim No.  | D19004509MFSH                   | Excess (\$)  | 0.00  |  |
|               | Assign From  | JOANNE YONG                     | Assign Date  | 10/07/2019  |  |
| 2.            |  | Vehicle P                       | articulars & Condition   |   |  |
|               | Make & Model   | YUTONG ZK6119H                  | c.c  | 6690  |  |
|               | Engine No.   | HIDDEN                          | Year of Reg.   | 2018  |  |
|               | Chassis No.  | LZYTBTE66J1019495               | Colour   | MULTI COLOUR  |  |
|               | Odometer   | 56363                           | Steering   | IN ORDER  |  |
|               | Brakes   | IN ORDER                        | Modification   | STANDARD ALLOY RIM  |  |
|               | General  | GOOD                            |  |   |  |
| 3.            |  | Cor                             | nditions of Tyres  |   |  |
|               |  | Size                            | Make   | Balance   |  |
|               | R/H Front Tyre   | 11 R22.5                        | DOUBLE COIN  | 5 mm  |  |
|               | L/H Front Tyre   | 11 R22.5                        | DOUBLE COIN  | 5 mm  |  |
|               | R/H Rear Tyre  | 11 R22.5                        | DOUBLE COIN  | 5 mm  |  |
|               | L/H Rear Tyre  | 11 R22.5                        | DOUBLE COIN  | 5 mm  |  |
| 4.            |  | Descr                           | ription of Damages   |   |  |
|               | THE VEHICLE SU   | ISTAINED DAMAGES AT THE         | N/S PORTION.   |   |  |
|               | DAMAGES SEE D  | DETAILS.                        |  |   |  |
| 5.            |  | Ger                             | neral Information  | 是有1000000000000000000000000000000000000   |  |
|               | Accident Date  | 29/06/2019                      | Inspection Date  | 16/07/2019  |  |
|               | Survey held at   | LEXBUILD INTERNATIONA           | AL PTE LTD   |   |  |
|               | 2 WOODLANDS SECTOR 1 ,#05-12<br>(WOODLANDS SPECTRUM 1)<br>SINGAPORE 738068 |                                 |  |   |  |
| 5a.           |  |                                 | Remarks  |   |  |
|               | A)DAMAGES CON<br>C)THE INSPECTION  |                                 |  |   |  |
| 5b.           |  | Estim                           | nate Days of Repair  | CONTRACTOR OF THE PARTY OF THE |  |
| $\overline{}$ | 1  |                                 | AND THE STATE OF T |   |  |

2 Working Days

ESTIMATED NORMAL PERIOD FOR REPAIR:



## 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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 7436A

| Qty | Description of Parts   | Condition | Estimate By<br>Workshop (\$)) | Our Adjusted<br>(\$) |
|-----|--|-----------|-------------------------------|----------------------|
|     | LABOUR   |           |                               |                      |
|     | TO SUPPLY SKILLED LABOUR AND MATERIAL TO PUTTY, GRINDING AND SPRAY PAINT LHS REAR 2ND LAST PANEL & WHEELARC PANEL. |           | 1,600.00                      | 600.00               |
|     |  |           | 1,600.00                      | 600.00               |
|     | GRAND TOTAL  |           | 1,600.00                      | 600.00               |

| RECOMMENDED COST OF REPAIRS | 600.00 |
|-----------------------------|--------|
| (REPAIR COST NOT CONCLUDE)  |        |

Report Ref No. CS/FCI19012291/Eqd3e2

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**CHEN TSUE YEE** 

**Automotive Assessor** 

St.S.

ADRIAN LING WAI PING

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

**Licensed Appraiser** 

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