

ASS. REC. BY:

REF:

CS/FCI 1901499A/R21F302 Special Instruction:

Assigner: ROSLU

ASSIGNMENT (Office)

aws

From (Person):

Karen Tan

of

FCI

Date/Time:

434pm @ 26/8/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 7231T

Insured:

SHD 8856S

at Workshop m/s

Ding Auto

Tel:

6265 7130/9146 2029

of

31 composition Road

Policy No:

Claim No:

D19005447 MPST

Sum Insured:

Excess:

Make of Veh:

D.O.A.

22/08/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

5:11pm @ 26/8/19

Person Contacted:

william

Vehicle IN / OUT

Date/Time

Action/Instruction

1st initial ✓

SHD 6856S - CS/FCI 19002538/UVJ302 D.O.A. 28/01/2019

SHC 7231T - CS/FCI 19005225/UVJ302 D.O.A. 19/03/2019

27/8/19 Sent Preli Revise by email

lump sum \$4000- (led: 2202; 35%)



**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	22-08-2019	<b>Our Ref No.</b> D19005447MFSH
<b>Accident Date</b>	22-08-2019	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHD6856S	<b>Third Party Vehicle.</b> SHC7231T
<b>Survey Location</b>	31 CORPORATION ROAD	
<b>Contact Person.</b>	WILLIAM TAN	
<b>Contact No.</b>	62657130/ 91462029	<b>Fax No.</b> 0
<b>Survey Type</b>	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	DING AUTOMOTIVE PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	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.

## Denise Tay (LKKAuto)

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**From:** Yvonne Wong (LKK Auto)  
**Sent:** Tuesday, 27 August 2019 2:52 PM  
**To:** 'CWS Motor Claims'  
**Cc:** 'Karen Tan'; SUR  
**Subject:** SURVEY ASSESSMENT - D19005447MFSH/1  
**Attachments:** SHC7231T DOA 22082019 REVERT.pdf

Dear Karen Tan

Enclosed preliminary revised of vehicle SHC7231T  
Date of survey : 26/08/2019  
Number of days : 4 days

Thank you.

Best Regards,

**Yvonne Wong (Ms)** | Case Handler (behalf Denise)

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [yvonne Wong@lkkauto.com](mailto:yvonne Wong@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)  
**Sent:** Monday, August 26, 2019 5:14 PM  
**To:** 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** 'Karen Tan' <karentan@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D19005447MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards

**G.NIVITHA**

**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:** Monday, 26 August 2019 4:34 PM  
**To:** ASSIGNMENTS@LKKAUTO.COM  
**Cc:** CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Karen Tan <karentan@msfirstcapital.com.sg>  
**Subject:** PRI: SURVEY ASSESSMENT - D19005447MFSH/1

## Denise Tay (LKKAUTO)

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**From:** Taxis Customer Service <taxiscs@stengg.com>  
**Sent:** Monday, 2 September 2019 2:48 PM  
**To:** Rasul (LKKAUTO)  
**Cc:** dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg  
**Subject:** RE: 50111952 / SHC7231T - Finalize Amount & After Repair Photo . (DOA:22/08/2019)

Dear Rasul,

We accept this finalize amount.

Thanks

Best Regards,  
Guang  
Ding Automotive Pte Ltd  
Hp : 93299929 / 62657130

---

**From:** Rasul (LKKAUTO) <Rasul@lkkauto.com>  
**Sent:** Monday, September 02, 2019 2:44 PM  
**To:** Taxis Customer Service <taxiscs@stengg.com>  
**Cc:** dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg  
**Subject:** RE: 50111952 / SHC7231T - Finalize Amount & After Repair Photo . (DOA:22/08/2019)

\*\*\*WARNING! THIS EMAIL ORIGINATES FROM OUTSIDE ST ENGINEERING.\*\*\*

Hi Guang,

Finalised amount lump sum is \$ 4000.00 / 4 days of repair  
Kindly confirmed

Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

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



Auto  
Consultants  
Pte Ltd

*Save the Earth. Print only when necessary.*

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**From:** Taxis Customer Service [<mailto:taxiscs@stengg.com>]  
**Sent:** Monday, 2 September, 2019 2:32 PM  
**To:** Rasul (LKKAUTO)  
**Cc:** dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg; Asher Sng (LKKAUTO); SUR; CS A Team; Admin A  
**Subject:** 50111952 / SHC7231T - Finalize Amount & After Repair Photo . (DOA:22/08/2019)

Dear Rasul ,



Auto  
Consultants  
Pte Ltd

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

Your Ref: D19005447MFSH

Date: 27 Aug 2019

Our Ref: CS/FCI19014994/R1tf3

The Motor Claims Department  
MS First Capital Insurance Ltd

Dear Sir/Madam,

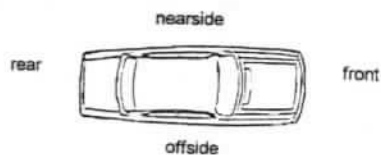
**INITIAL INSPECTION REPORT OF VEHICLE NO. SHC7231T .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 26/08/2019 at the premises of M/s DING AUTOMOTIVE PTE LTD. and have the following to report:-

Workshop Estimate Amount	: S\$ 6,202.00 .
Revised Estimate Amount	: S\$ 5,005.60 .
"Check" Items Amount	: S\$ 33.20 .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

**Description of Damage:**

The vehicle sustained damages at the o/s portion.



Yours faithfully

Rasul  
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	22/08/2019 15:00
Date Of Accident	22/08/2019 09:50
Exact Location Of Accident	ALONG JURONG EAST ST 13 TOWARDS JURONG GATEWAY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7231T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40-1.7 D CRDI (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	TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	LAW SOON SIANG
NRIC No	S8137543G
Date Of Birth	19/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2005
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91493755
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 109 JURONG EAST ST13 #11-328
Postcode	600109
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 - U-TURN
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	1
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)	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

REFER TO ATTACHED

#### Attachment(s)

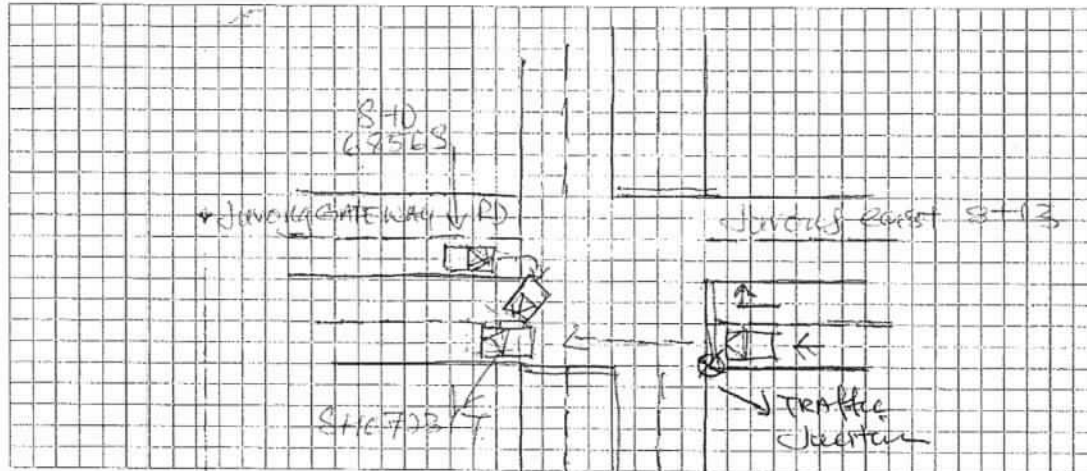
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE NOT SUITABLE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6856S
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	FRT PORTION
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Jurong Road ST 13 towards Jurong Gateway Rd

Traffic Junction suddenly this blue comfort taxi SHD 6856S making a

U-turn and collided onto my driver door and rear door.

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.:

**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.:

TO :

FAX NO:

**ESTIMATE REPORT** 1ST Quotation

23/08/2019 8:34

JOB-NO: 50111952

**OWNER'S PARTICULARS**NAME: CityCab PTE LTD (Fleet)  
ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0CONTACT: 65533880  
64739522

Page 1 of 2

**VEHICLE DETAILS**LICENSE NO: SHC7231T  
MAKE / MODEL: HYUNDAI / i40  
OWNER'S INSURER: MS First Capital Insurance Limited  
JOB-CODE: TP  
TRANS: AUTO  
SA: Ding Auto User 2CHASSIS: KMHLB41UMGU092542  
ENGINE: D4FDGU661867**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<b>LABOUR</b>							
1 TRANSFER DOOR PARTS	1.00	400.00	0.00	400.00		Y	120
2 CHEKC WIRING SYS	1.00	120.00	0.00	120.00		Y	60
3 DIAGNOSTIS & REPROGRAMMED ELECTRICAL SYS	1.00	200.00	0.00	200.00		Y	60
4 STRIAGHTEN, PANEL BEAT RHS DOOR, B PILLAR & ACCIDENT AREA.	1.00	800.00	0.00	800.00		Y	500
5 SPRAY RHF DOOR	1.00	250.00	0.00	250.00		Y	200
6 SPRAY RHR DOOR	1.00	250.00	0.00	250.00		Y	200
7 SPRAY RHS B PILLAR	1.00	250.00	0.00	250.00		Y	100
TOTAL:		2,270.00	0.00	2,270.00			
<b>MATERIALS</b>							
1 RHF DOOR	1.00	2,256.00	451.20	1,804.80	L	Y	
2 RHR DOOR	1.00	2,201.00	440.20	1,760.80	L	Y	
3 RHR DOOR UPPER HINGE	1.00	41.50	8.30	33.20	L	Y	
4 RHR DOOR LOWER HINGE	1.00	41.50	8.30	33.20	L	Y	
5 RHF DOOR STICKER	1.00	150.00	0.00	150.00	S	Y	
6 RHR DOOR STICKER	1.00	150.00	0.00	150.00	S	Y	
TOTAL:		4,840.00	908.00	3,932.00			
TOTAL PARTS & LABOUR :		7,110.00	908.00	6,202.00			

EXCESS/LOADING:SS 0.00

No. Of Day:

RE-SURVEY: BEFORE AFTER PAINTING  
PART-BY-PART OR LUMP SUM SS

DATE OF SURVEY: 26 / 08 / 19 @ 1750

SURVEYED BY: Raul

CONTACT NO:

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

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 subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
TEL:		FAX:					

DENISE

TO :

FAX NO: \*\*

ESTIMATE REPORT 1ST Quotation

23/08/2019 8:34

JOB-NO: 50111952

OWNER'S PARTICULARSNAME: CityCab PTE LTD (Fleet)  
ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0CONTACT: 65533880  
64739522

Page 1 of 2

VEHICLE DETAILSLICENSE NO: SHC7231T  
MAKE / MODEL: HYUNDAI / i40  
OWNER'S INSURER: MS First Capital Insurance Limited  
JOB-CODE: TP  
TRANS: AUTO  
SA: Ding Auto User 2CHASSIS: KMHLB41UMGU092542  
ENGINE: D4FDGU661867CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<u>LABOUR</u>							
1 TRANSFER DOOR PARTS	1.00	400.00	0.00	400.00			Y 120
2 CHEKC WIRING SYS	1.00	120.00	0.00	120.00			Y 60
3 DIAGNOSTIS & REPROGRAMMED ELECTRICAL SYS	1.00	200.00	0.00	200.00			Y 60
4 STRIAGHTEN, PANEL BEAT RHS DOOR, B PILLAR & ACCIDENT AREA.	1.00	800.00	0.00	800.00			Y 500
5 SPRAY RHF DOOR	1.00	250.00	0.00	250.00			Y 200
6 SPRAY RHR DOOR	1.00	250.00	0.00	250.00			Y 200
7 SPRAY RHS B PILLAR	1.00	250.00	0.00	250.00			Y 100
TOTAL:		2,270.00	0.00	2,270.00			
<u>MATERIALS</u>							
1 RHF DOOR <i>bt</i>	1.00	2,256.00	451.20	1,804.80	L	Y	
2 RHR DOOR <i>bt</i>	1.00	2,201.00	440.20	1,760.80	L	Y	
3 RHR DOOR UPPER HINGE <i>X</i>	1.00	41.50	8.30	33.20	L	Y	
4 RHR DOOR LOWER HINGE <i>X</i>	1.00	41.50	8.30	33.20	L	Y	
5 RHF DOOR STICKER <i>re</i>	1.00	150.00	0.00	150.00	S	Y	
6 RHR DOOR STICKER <i>m</i>	1.00	150.00	0.00	150.00	S	Y	
TOTAL:		4,840.00	908.00	3,932.00			
TOTAL PARTS & LABOUR:		7,110.00	908.00	6,202.00			

EXCESS/LOADING:SS 0.00

No. Of Day:

4 days

RE-SURVEY: BEFORE AFTER PAINTING  
PART-BY-PART OR LUMP SUM SS

DATE OF SURVEY: 26 / 08 / 19 @ 1750

SURVEYED BY:

Rahul

CONTACT NO:

90010068

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED  
DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

Lump Sum

Labour = \$ 1240

S/N = \$ 200

Parts = \$ 3565.60

LSP = \$ 5005.60 - 20% L/S  
= \$ 4004.48

Final Amount = \$ 4004.48



## 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/FCI19014994/R1tf3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 17-09-2019		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHD 6856S	Veh. Inspected	SHC 7231T	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19005447MFSH	Excess (\$)	0.00	
Assign From	KAREN TAN	Assign Date	26/08/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40 1.7	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU092542	Colour	YELLOW	
Odometer	385835	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	TRIANGLE	6 mm	
L/H Front Tyre	205/60 R16	TRIANGLE	6 mm	
R/H Rear Tyre	205/60 R16	TRIANGLE	6 mm	
L/H Rear Tyre	205/60 R16	TRIANGLE	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	22/08/2019	Inspection Date	26/08/2019	
Survey held at	31 CORPORATION ROAD			
Repairer	DING AUTO PTE LTD			
<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:		4 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. SHC 7231T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	RHF DOOR	BENT	2,256.00	2,256.00
1	RHR DOOR	BENT	2,201.00	2,201.00
1	RHR DOOR UPPER HINGE	SERVICEABLE	41.50	-
1	RHR DOOR LOWER HINGE	SERVICEABLE	41.50	-
	LESS 20% DISCOUNT		-908.00	-891.40
			3,632.00	3,565.60
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	RHF DOOR STICKER (SN)	NECESSARY	150.00	100.00
1	RHR DOOR STICKER (SN)	NECESSARY	150.00	100.00
			300.00	200.00
	<b><u>LABOUR</u></b>			
	TRANSFER DOOR PARTS.		400.00	120.00
	CHECK WIRING SYS.		120.00	60.00
	DIAGNOSTIS & REPROGRAMMED ELECTRICAL SYS.		200.00	60.00
	STRAIGHTEN, PANEL BEAT RHS DOOR, B PILLAR & ACCIDENT AREA.		800.00	500.00
	SPRAY RHF DOOR.		250.00	200.00
	SPRAY RHR DOOR.		250.00	200.00
	SPRAY RHS B PILLAR.		250.00	100.00
			2,270.00	1,240.00
	<b>GRAND TOTAL</b>		<b>6,202.00</b>	<b>5,005.60</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>4,000.00</b>

Report Ref No. CS/FCI19014994/R1tf3e2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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