

03/2012

ASS. REC. BY:

REF: CS/FCI MD15635/ Ky f307

Special Instruction:

Surveyor: Kamran ASSIGNMENT (Office)From (Person): Jason Teachue Kiat of FCI Date/Time: 3.9.19 5:43p.m

Estimated Cost: _____ Bill to: _____

OD / TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBG 2727M Insured: SHA 2118Gat Workshop m/s Accord Auto Tel: 97400999of 10 Amk Industrial Park 2A Amk Autopoint #03-11Policy No: _____ Claim No: D19 005628MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28.8.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 4.9.19 11.04a.m Person Contacted: Jacqueline H.O.D. Endorsement: _____

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	GBG 2727M - NS/INV 1905445/K1rf3 D.O.A - 28/08/2019
	SHA 2118G - NS/INV 1905445/K1rf3 D.O.A - 28/08/2019
12/9/19	Sent Preli Revise by E-Mail
	3400/-
	61 Rm 833501 email (Red \$3180-00, 48%)

10/11/19

REF: FCI

Surveyor

ASSIGNMENT

From: Date: 10.9.2019

Estimated Cost:

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

To Inspect Vehicle No: GBG 2727M

at Workshop m/s Accord Auto Service

of 10 Amk Industrial Park 2A 1103-11

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: After 11.00g.m

(Policy Condition)

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

Bal. or Market Value: \$60k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBG 2727M Yr Regn: 04 16

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

Truck / Trailer or

Make: Toyota Make C.C. 2982

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

Sp. Reading: 18337 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: N/S / Rim / STD A/Rim or

Tyre Size: F:

R:

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 28/8/19

Survey held at

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

N/S M

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

Date / Time Action / Instruction

RECEIVED 07 JAN 2020

Date/Time, File Pass to?

: Preli. Report

1)

: Final Report

Date/Time, File Return to?

2)

7/1/20 Typist

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

Lump Sum I.B.I. (\$) \$3400/-

145

50

50

19

264

Yvonne Wong (LKK Auto)

From: Yvonne Wong (LKK Auto)
Sent: Thursday, September 12, 2019 9:49 AM
To: 'CWS Motor Claims'; SUR
Cc: 'Jason Tea'
Subject: SURVEY ASSESSMENT - D19005628MFSH/1 GBG2727M
Attachments: GBG2727M DOA 29082019 REVERT.pdf

Dear Sir/Madam

Enclosed preliminary revised of vehicle GBG2727M
Date of survey : 10/09/2019
Number of days: 4 days

Thank you.

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: yvonnewong@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAuto)
Sent: Wednesday, September 04, 2019 1:47 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'Jason Tea' <JasonTea@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19005628MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

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

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>

Sent: Tuesday, 3 September, 2019 5:43 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Jason Tea <JasonTea@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D19005628MFSH/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.

MOTOR SURVEY ASSIGNMENT

Date	30-08-2019	Our Ref No. D19005628MFSH
Accident Date	28-08-2019	Claim Type. Third Party
Insured Vehicle	SHA2118G	Third Party Vehicle. GBG2727M
Survey Location	10 ANG MO KIO INDUSTRIAL PARK 2A AMK AUTO POINT #03-11	
Contact Person.	JACQUELINE	
Contact No.	64819517/ 97400999	Fax No. 64819516
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:	
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	ACCORD AUTO SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JASON TEA CHEE KIAT	

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.



Auto
Consultants
Pte Ltd

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

Your Ref: D19005628MFSH

Date: 19 Sep 2019

Our Ref: CS/FCI19015635/Kyf3

The Motor Claims Department
MS First Capital Insurance Ltd

Dear Sir/Madam,

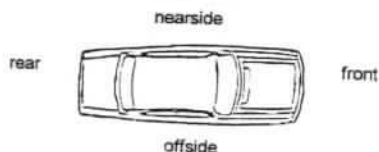
INITIAL INSPECTION REPORT OF VEHICLE NO. GBG2727M .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 10/09/2019 at the premises of M/s ACCORD AUTO SERVICES PTE LTD. and have the following to report:-

Workshop Estimate Amount	: S\$ 7,880.00 .
Revised Estimate Amount	: S\$ 4,290.00 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages at the n/s front.



Yours faithfully

KONG SENG CHEONG
Licensed Appraiser

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	30/08/2019 14:33
Date Of Accident	29/08/2019 22:40
Exact Location Of Accident	JUNCTION OF JALAN BAHAT & JURONG WEST AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2727M
Insured/Policyholder	
Name Of Registered Owner	POWER DEKOR (S) PTE LTD
Co Reg No	200818501Z
Email Address	JONNE@POWERDEKOR.COM.SG
Mobile Phone No	(LOCAL) +65-96953888
Alternative Phone No	OFFICE-64884088

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0 DX DIESEL TURBO MT 2WD LGV
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111564727
Cover Note Number	

Driver

Name of Driver	AMIR MAHMOOD
NRIC No	S8478818Z
Date Of Birth	06/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	20/12/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92710005
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 162 YISHUN STREET 11 #04-234
Postcode	760162
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

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)	8
Passenger 1	NAME: : ARAYSH GENDER: : MALE
Passenger 2	NAME: : FANDEEN SHAH GENDER: : MALE
Passenger 3	NAME: : ROHANA BIN MD YUSUF GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 5	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 6	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 7	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

REFER TO ATTACHED SKETCH PLAN. WILL REPAIR AND CLAIM AT ACCORD AUTO SERVICES.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2118G
Vehicle Make/Model/Colour	
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

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.:

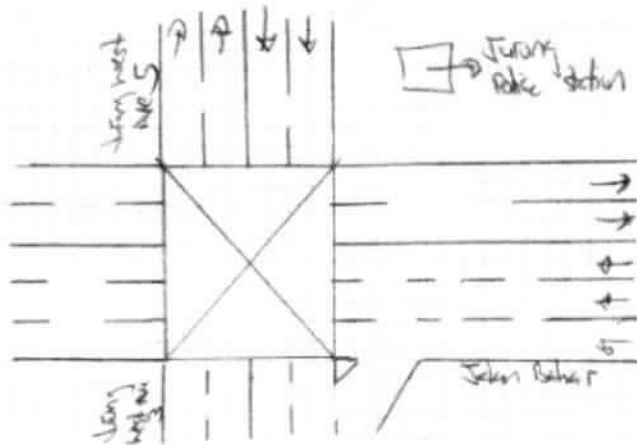
Sketch Plan #2

SKETCH PLAN

Wh. A: 686777m

VerB: SH221186

Junction of Johns Baker
 & Irving west Ave 3.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic turn green, so I proceed to move on.
Suddenly I saw a vehicle on my left abruptly cut into my lane without signal (I try to turn) and collided onto my car.
Will repair and clean at Accord Auto Services

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: _____

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

Not Notarised ESTIMATE

MSIG Insurance (Singapore) Pte Ltd

16 Raffles Quay

#24-01 Hong Leong Building

Singapore 048581

Attn: Accident Claims Department

10/8/19 1-08pm

*11 Sep @ 3350h
Penny Adu Pain
Today*

Date :

31.07.2019

Vehicle No :

GBH 6276 R

Veh Make/Model :

Toyota

YOM :

Hiace

Chassis No :

KDH2010216096

Date of Accident :

30.07.2019

No	Qty	Description	Amount \$
List Items:-			
1	1	Front headlamp (LH) <i>2303-10</i>	\$ <i>Ln</i> 2,510.00 ✓
2	1	Front side panel (upper headlamp)	\$ <i>Ln</i> 230.00 X
3	1	Front bumper	\$ <i>Not in</i> 495.00 ✓
4	1	Front bumper bracket (LH)	\$ <i>CPA</i> 150.00 X
5	1	Front door (LH) <i>14P8-50</i>	\$ <i>Ln</i> 1,795.00 ✓
6	2	Front door hinge (LH)	\$ <i>Ln</i> 230.00 X
7	1	Front door checker (LH)	\$ <i>Ln</i> 115.00 X
8	1	Foot step (LH) <i>258</i>	\$ <i>Ln</i> 155.00 X
9	1		\$ -
10	1		\$ -
11	1		\$ -
12	1		\$ -
13	1		\$ -
14	1		\$ -
15	1		\$ -
16	1		\$ -
17	1		\$ -
18	1		\$ -
19	1		\$ -
20	1		\$ -
21	1		\$ -
22	1		\$ -
23	1		\$ -
24	1		\$ -
25	1		\$ -
26	1		\$ -
27	1		\$ -
28	1		\$ -
29	1		\$ -
30	1		\$ -
Total - List Item			\$ -
Less 25%			\$ -
Total			\$ -

LKK Auto Consultants hence notify the Receiver of the following.

- To resurvey before/after spray painting
- To disassemble damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party resurvey 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

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

Attn: Accident Claims Department

Date : 31.07.2019

Vehicle No : GBH 6276 R

Veh Make/Model : Toyota

YOM : Hiace

Chassis No : KDH2010216096

Date of Accident : 30.07.2019

[illegible]

GBG 2727 M

Att2 Eyoone

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

F. capital

Not Notarized

ESTIMATE

MSIG Insurance (Singapore) Pte Ltd

16 Raffles Quay

#24-01 Hong Leong Building

Singapore 048581

Attn: Accident Claims Department

10/8/19 1-08pm

11/8/19

Penny Atan

Gday

Date:

Vehicle No:

Veh Make/Model:

YOM:

Chassis No:

Date of Accident:

28.8.19

30.07.2019

GEH 6278 R

Toyota

Hiace

KDH2010216096

30.07.2019

28.8.19

No	Qty	Description	Amount \$
<u>List Items:-</u>			
1	1	Front headlamp (LH)	\$ 2,510.00
2	1	Front side panel (upper headlamp)	\$ 230.00
3	1	Front bumper	\$ 495.00
4	1	Front bumper bracket (LH) / photo	\$ 150.00
5	1	Front door (LH)	\$ 1,795.00
6	2	Front door hinge (LH)	\$ 230.00
7	1	Front door checker (LH)	\$ 115.00
8	1	Foot step (LH)	\$ 155.00
9	1		\$ -
10	1		\$ -
11	1		\$ -
12	1		\$ -
13	1	Supple ventr	\$ -
14	1		\$ -
15	1	→ side vetamov	\$ -
16	1		\$ -
17	1		\$ -
18	1		\$ -
19	1		\$ -
20	1		\$ -
21	1		\$ -
22	1		\$ -
23	1		\$ -
24	1		\$ -
25	1		\$ -
26	1		\$ -
27	1		\$ -
28	1		\$ -
29	1		\$ -
30	1		\$ -
Total - List Item			\$ -
Less 25%			\$ -
Total			\$ -

4950
 1237.50
 3712.50
 SN 90
 LB 690

4492.50 - LS 3600, Pls confirm
 Can 28/1

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

MSIG Insurance (Singapore) Pte Ltd

16 Raffles Quay

#24-01 Hong Leong Building

Singapore 048581

Attn: Accident Claims Department

Date :

Vehicle No :

Veh Make/Model : Toyota

YOM :

Chassis No :

Date of Accident :

31.07.2019

GBH 6,76 R.

Toy

Étude

FDH2010246096

~~70-0742019~~

GG 27: 7m

29.8.19

No	Qty	Description	Amount \$
		Balance c/f	
		Special Nett Items:-	
1	1	LH door decal	\$ 60 -
2	1	LH door lower company detail decal	\$ 30 -
3	1	LH door lower HDB decal	\$ 30 -
4	1		\$ -
5	1	SN 90	\$ -
		Total - SN Item	\$ -
		Labour Charges:-	
1		Spray painting on all affected area.	\$ 800.00
2		Labour remove/refix accident damages parts to knock, jack, cut weld and realign accident affected area.	\$ 800.00
3		To apply anti rust treatment.	\$ 120.00
4		To check wiring system & light.	\$ 100.00
5		To check & adjust wheel alignment.	\$ 100.00
6		To remove car decal for facilities repair	\$ 100.00
7		To remove / refix / replace inner door compartment, lock window glass to new door	\$ 180.00
		Total - L/C	
		LB 690	
		Sub-Total	\$ -
		7% GST	\$ -
		Total	\$ -

**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/FCI19015635/Kyf3e2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 09-01-2020



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 2118G	Veh. Inspected	GBG 2727M
Policy No.		Coverage (\$)	0.00
Claim No.	D19005628MFSH	Excess (\$)	0.00
Assign From	JASON TEA CHEE KIAT	Assign Date	03/09/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA HIACE	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KDH2010182675	Colour	MULTI COLOUR
Odometer	183371	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195 R15X8	DELIUM	7 mm
L/H Front Tyre	195 R15X8	DELIUM	7 mm
R/H Rear Tyre	195 R15X8	DELIUM	7 mm
L/H Rear Tyre	195 R15X8	DELIUM	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	29/08/2019	Inspection Date	10/09/2019
Survey held at	ACCORD AUTO SERVICES PTE LTD 10 ANG MO KIO INDUSTRIAL PARK 2A AMK AUTO POINT #03-11 SINGAPORE 568047		

5a. Remarks

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.
--

5b. Estimate Days of Repair

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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBG 2727M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT HEADLAMP (LH)	CUT	2,510.00	2,503.10
1	FRONT SIDE PANEL (UPPER HEADLAMP)	SERVICEABLE	230.00	-
1	FRONT BUMPER	DENTED / CUT	495.00	495.00
1	FRONT BUMPER BRACKET (LH)	CRACKED	150.00	150.00
1	FRONT DOOR (LH)	BENT	1,795.00	1,498.50
2	FRONT DOOR HINGE (LH)	TO REPAIR SEE LABOUR	230.00	-
1	FRONT DOOR CHECKER (LH)	TO REPAIR SEE LABOUR	115.00	-
1	FOOT STEP (LH)	SERVICEABLE	155.00	-
	LESS 25% DISCOUNT		-1,420.00	-1,161.65
			4,260.00	3,484.95
<u>SPECIAL NETT ITEMS</u>				
1	LH DOOR DECAL (SN)	NECESSARY	60.00	60.00
1	LH DOOR LOWER COMPANY DETAIL DECAL (SN)	NECESSARY	30.00	30.00
1	LH DOOR LOWER HDB DECAL (SN)	NECESSARY	30.00	30.00
			120.00	120.00
<u>LABOUR</u>				
	SPRAY PAINTING ON ALL AFFECTED AREA.		800.00	200.00
	LABOUR REMOVE/REFIX ACCIDENT DAMAGES PARTS TO KNOCK,JACK,CUT WELD AND REALIGN ACCIDENT AFFECTED AREA.INCLUSIVE OF THE REPAIR OF FRONT DOOR HINGE (LH) AND FRONT DOOR CHECKER (LH).		800.00	300.00
	TO APPLY ANTI RUST TREATMENT.		120.00	30.00
	TO CHECK WIRING SYSTEM & LIGHT.		100.00	20.00
	TO CHECK & ADJUST WHEEL ALIGNMENT.	NOT NECESSARY	100.00	-
	TO REMOVE CAR DECAL FOR FACILITIES REPAIR.		100.00	80.00
	TO REMOVE/REFIX/REPLACE INNER DOOR COMPARTMENT,LOCK WINDOW GLASS TO NEW DOOR.		180.00	60.00
			2,200.00	690.00
GRAND TOTAL			6,580.00	4,294.95



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,400.00
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Report Ref No. CS/FCI19015635/Kyf3e2

KONG SENG CHEONG

Licensed Appraiser

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