From (Person); Jac	inne tong	ASSIGNA	TENT (Office		testime: 12.22pm 325
Estimated Cost:	')	- ***	Bill to:		
OD WS/TP	RES / OD RES /		-CS	•	
To Inspect Vehicle N		GBD 4134		Insured:	34617172
at Workshop m/s	Nou	truck Te	ek	Tel:	67479241
of	1 Keuli &	Ballit Ave	- 11	43	
Policy No:			Claim No	D1900	16139MFSH
Sum Insured:			Excess:		
Make of Veh:					No Alapore
(Client's Record)					0.11
CA / REV / REP.	/ REV 24 HRS	ing		1728 B	H.O.D. Endorsement:
AND LOSING NAMES OF THE PROPERTY.	2025/1/10	Person Contacted	: Suk	Yi Veh	ide DLOUT
Date/Time: 122Sp/	0			J	
Date/Time: 1228p/		1 /			
Date/Time Action	n/Instruction				
Date/Time Action Off	n/Instruction 30 4134 B	->			
Date/Time: 1998p/ Date/Time Actio	m/Instruction 10 4134 B 10 17172 - 0	-x estrctia0214	67/Allon2		DOA'. 8/11/2017
Date/Time: 1998p/ Date/Time Actio	m/Instruction 10 4134 B 10 17172 - 0	->	67/Allon2	ending &	DOA: 8/11/2017 Stimate) Red \$15376-40,

From:	Date:	Veh No: GBD4134	t Bayr Regn: 20	14, oct.
Estimated Cos	t	Type: M.Car / M.Cycle / Bus (Van)	Lorry / Taxi / Prime Mo	ver /
OD / TP / WS /	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Veh	nicle No:	Make: NISSUN NU	350 cc	2488
at Workshop m	v/s	colour Silves-	A/C: Insured /	Std / NI / NA
of	and the second second second	Sp.Reading 75678.	T/Radio: Insured I	Std / NI / NA
Insured:		Eng/No:		
Policy No.		CINO: JHIMCZE	2620002929	
Claims No.		Gen. Cond/ Good/ Fair / Poor / Bur	mt	
Sum Insured:	Excess:	Steering: Interder / Jammed / Leake	d/Burnt or	
(Client's Rec	ord)	Brake: Inorder/ Jammed / Leake	d/Burnt or	
Make of Veh:		Modi : Nil S/Rim / STD A/Rim	or	
		Tyre Size: F: /95	RIS	
(Policy Cond	ition)	R: 185	145	
Remark: The v	veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZ	A / MIC / OHTSU / PIR /	SUMI /
repa	ir at the time of inspection.	TOYO/YOKO or	htsy.	rugh
Bal. or Market	Value:	Front	Rear	
IDAC Accident	Rport: Consistent? : Yes or No	R/Bal. 0,6 mm	R/Bal.	6 mm
GIA / PR Sec	en: Consistent? : Yes or No	L/Bal. 06 mm	L/Bal. Q	6 mm
Est. Repairs:	days Res.: Yes or No	D.O.A.	D.O.I. 25	09/19.
Lum Sum:	% 3 Val.: Yes or No	'Survey held at N H'	r	
CA / REV	/ REP. / 24 HRS	Des. of Damages : Frt / Rear Of	\$ 1 N/S / U/C / Rooft	op or
Date	Vehicle: IN / OUT Person Contacted:			4 P 7
Date:		The U/C / Chassis frame / Bo	ody Structure affected	due to collision.
Date / Time	Action / Instruction TP 1St Cap .			
-	(, ,)			
	e see a comment of the second			
	mv : 35/-			
	PV: 26.51C RE Nett. 8.51C	CEIVED 1 1 DEC 201	9	
	Wetl , 0 3/4			
				10 x15 =15
5 - F- F- F				10×15 =18
Date/Time, File Pa	Ton Kopore	Days Of Repair: 7		and the same of th
1) Date/Time, File R		Resurvey No. of Trip:	Survey Fee:	320
		: Site Insp (\$	Transportation:)3+R8,st	50
9 4/17	alia Typist Add Fee	: Interview (\$) Photos	32
Report For	met:	: Tech. Invs (\$	- Others OS	-
ump Sum		Weel end (8	2412/19	
Course course) RS 45400=	. reserving to		(402)
			TOTAL	700



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 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

24-09-2019

Our Ref No. D19006139MFSH

Accident Date

24-09-2019

Claim Type. Third Party

Insured Vehicle

SHC1717Z

Third Party Vehicle. GBD4134B

Survey Location

1 KAKI BUKIT AVE 6 BLK C #01-43 AUTOBAY@KAKI BUKIT

Contact Person.

REENA

Contact No.

67479241/0

Fax No. 67417276

Survey Type

WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:

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

NEW HOCK TECK MOTOR PTE LTD

Attention, NIL

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.

Yvonne Wong (LKK Auto)

From:

Yvonne Wong (LKK Auto)

Sent:

Monday, December 09, 2019 4:30 PM

To:

'admin@nhtmotor.com'

Cc:

SUR

Subject:

Vehicle no: GBD4134B DOA: 24/09/2019

Hi Sukyi

Confirm L/S \$5400.00 @ 7 repair days.

Kindly send final invoice and all supporting documents directly to MSFIRST CAPITAL INSURANCE.

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)

Yvonne Wong (LKK Auto)

From:

Yvonne Wong (LKK Auto)

Sent:

Monday, December 09, 2019 3:59 PM

To:

'CWS Motor Claims'

Cc: Subject: 'Joanne Yong'; SUR RE: SURVEY ASSESSMENT - D19006139MFSH/1 GBD4134B

Attachments:

GBD4134B DOA 24092019 REVERT.pdf

Dear Sir/ Madam

Enclosed preliminary revised of vehicle GBD4134B

Date of survey: 25/09/2019 Number of days: 7 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)

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: Yvonne Wong (LKK Auto)

Sent: Thursday, September 26, 2019 4:02 PM

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

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

Subject: SURVEY ASSESSMENT - D19006139MFSH/1 GBD4134B

Dear Sir, Mdm

Please be informed that we have inspected the vehicle GBD4134B on 25/09/2019.

We are still pending estimate from repairer.

Yvonne Wong (LKK Auto)

From:

Yvonne Wong (LKK Auto)

Sent:

Thursday, September 26, 2019 4:02 PM

To:

'CWS Motor Claims'

Cc:

'Joanne Yong'; SUR

Subject:

SURVEY ASSESSMENT - D19006139MFSH/1 GBD4134B

Dear Sir, Mdm

Please be informed that we have inspected the vehicle GBD4134B on 25/09/2019.

We are still pending estimate from repairer.

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 25, 2019 2:14 PM

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

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

Subject: RE: SURVEY ASSESSMENT - D19006139MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: <u>assignments@lkkauto.com</u> | 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, 25 September 2019 12:22 PM

To: ASSIGNMENTS@LKKAUTO.COM

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

Subject: PRI: SURVEY ASSESSMENT - D19006139MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey. Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards, Admin Team Claim Workflow System Motor Claims Department MS First Capital Insurance Limited

Tel: 6507 3848 Fax: 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

This email has been checked for viruses by AVG antivirus software.

www.avg.com



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

Your Ref: D19006139MFSH

Date: 09 Dec 2019

Our Ref: CS/FCI1901689/Ayd3

The Motor Claims Department MS First Capital Insurance Ltd

Dear Sir/Madam,

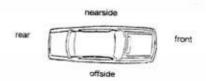
INITIAL INSPECTION REPORT OF VEHICLE NO. GBD4134B .

Please be informed that we had conducted the inspection of the abovementioned vehicle on <u>25/09/2019</u> at the premises of M/s <u>NEW HOCK TECK MOTOR PTE LTD.</u> and have the following to report:-

Workshop Estimate Amount	: S\$	20,776.40	- 23
Revised Estimate Amount	: <u>S\$</u>	5,387.98	_,
"Check" Items Amount	: <u>S\$</u>	-	
Market Value	: <u>S\$</u>	-	
LTA Reimbursement Value	: <u>S\$</u>		
Nett Value	: <u>S\$</u>		

Description of Damage:

The vehicle sustained damages at the o/s portion.



Yours faithfully

ADRIAN LING WAI PING

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

Licensed Appraiser

MSME19126673 SME Matar Pte Ltd - Kish Bukt ENTRY DATE & TIME 24/09/2019 17:50 SUBMITTED BY Cold Perfing

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.

Any false reporting may be referred to the Police for investigation.

- 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 STATEMEN	ı
-------------------	---

 Date Of Report
 24/09/2019 17:50

 Date Of Accident
 24/09/2019 14:05

 Exact Location Of Accident
 38 JOO CHIAT PLACE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD4134B

Insured/Policyholder

Name Of Registered Owner GUAN HOE SOON RESTAURANT

 Co Reg No
 02507500D

 Email Address
 NOEMAIL

Mobile Phone No.

Alternative Phone No OFFICE-63442761

Vehicle Particulars

Manufacturer NISSAN Model NV350

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?

1400

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 5084645157-03

Cover Note Number

Driver

Name of Driver OU YONG KENG SUN

 NRIC No
 \$1602782J

 Date Of Birth
 25/07/1963

 Occupation
 INDOOR

 Date Of Driving Pass
 14/01/1981

Driving Experience 38 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97322018

Fax Number

Contact Number

EMail Address NOEMAIL

Address

38A WAN THO AVE

Postcode

347614

Was driver an employee of the Insured's Company YES

rvas unver an employee of the moded's company

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

9

involved in the accident

GO.

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

n(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

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

MY VEHICLE WAS PARKED STATIONARY ALONG THE PARALLEL PARKING OF JOO CHIAT PLACE OUTSIDE SHOP NO.38. SUDDENLY, I HEARD A LOUD BANG AND I WENT OUT TO REALISED THAT MY VEHICLE WAS BEING HIT. SHORTLY AFTER, DRIVER B MADE AN U-TURN BACK TO LOOK FOR ME. WE EXCHANGED PARTICULARS AND AGREED THAT I CLAIM AGAINST HIS INSURANCE.

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

SHC1717Z

Vehicle Make/Model/Colour

VEHICLE B

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

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.
- 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:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

700 (mat Mare A. ABO4134B B. SH(17177.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vence has parked stationary along the Pavalley parking of the Uniat pack outside shop no. 38.

Bradienty, I need a loud barg and I went out to really that my vence was being into the really after, arrive is made a turn back to look. As me interpreted particular and agreed that I claim against me interpreted.

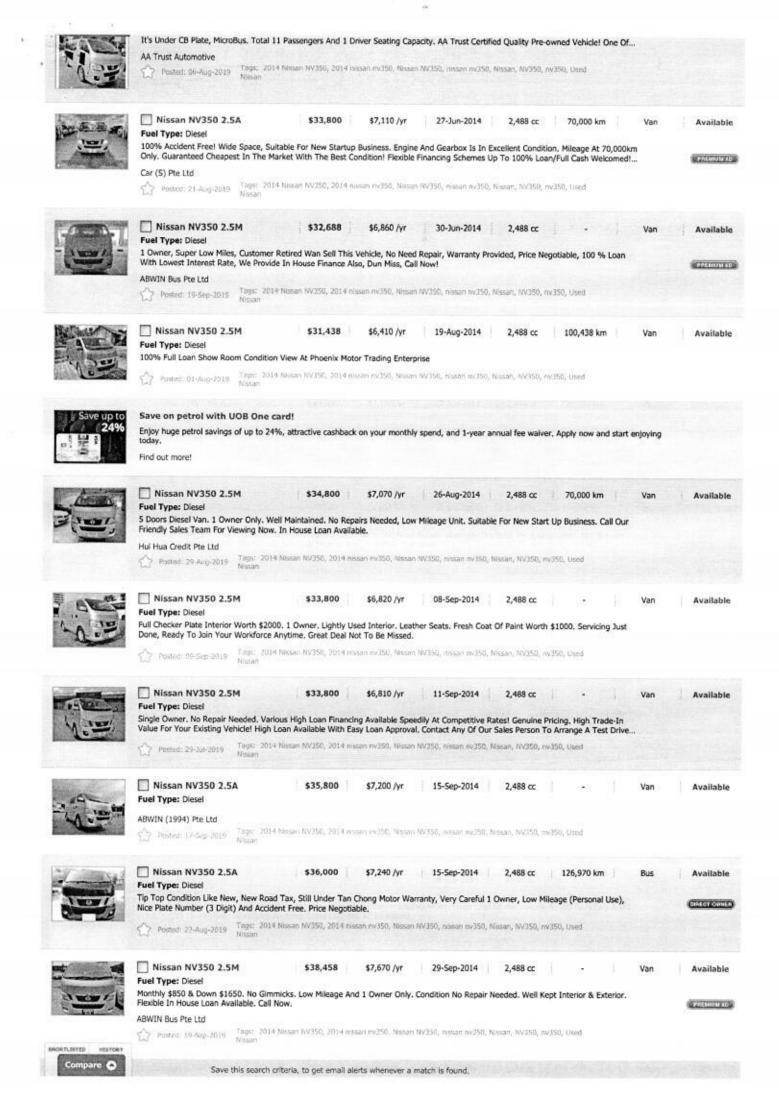
DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No ::



S/n	Qty	Items / Special Nett	U/price	Amount
18	1	R/H Sliding Door Advertisement Sticker 2	Aloc	\$450.00
19	1	Rear R/H Fender Advertisement Sticker	7.10.00	\$550.00
20	1	Rear R/H Mud Flap Deformed		\$100.30
21	1	Rear R/H Tyre 7		\$380.00
22	1	Rear R/H Shock Absorber		\$153.00
23	1	Rear R/H Axle Bearing		\$108.10
24	1	Rear Axle		\$5,494.40

700.30

\$7,235.80 Subtotal :-

Labour charges

To remove & refit L/H door, glass, lock, rubber & trim board		\$280.00 80
To remove & refit rear shock absorber, bearing & axle		\$480.00 +
To remove & refit advertisement sticker		\$200.00 +
To check wiring	2170	\$100.0030
Tuff kote		\$150.0060
Panel beating		\$1,800.00/800
Spray painting		\$1,800.00 /000

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 ifem(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Subtotal :- \$4,810.00

\$20,776.40

totw: 6734.98 1/5 5.4K 07 Pays. 5.4K



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

die		Affiliated to Federation Interr	nationale Des Experts En Auton	nobile
MS F	FIRST CAPITAL IN	SURANCE LTD	Ref : CS/FCI190168	91/Ayd3s2
	OBINSON ROAD 01 CITY HOUSES	INGAPORE 068877	Date: 24-12-2019 Code: FCI2	
1.		Policy Particul	ars :- THIRD PARTY CLA	IM
	Insured Veh.	SHC 1717Z	Veh. Inspected	GBD 4134B
	Policy No.		Coverage (\$)	0.00
	Claim No.	D19006139MFSH	Excess (\$)	0.00
	Assign From	JOANNE YONG	Assign Date	25/09/2019
2.		Vehicle P	articulars & Condition	
	Make & Model	NISSAN NV350	c.c	2488
	Engine No.	HIDDEN	Year of Reg.	2014
	Chassis No.	JN1MC2E26Z0002929	Colour	SILVER
	Odometer	75678	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Cor	nditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	195 R15	OHTSU	6 mm
	L/H Front Tyre	195 R15	онтѕи	6 mm
	R/H Rear Tyre	195 R15	OHTSU	6 mm
	L/H Rear Tyre	195 R15	OHTSU	6 mm
4.		Descr	iption of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE	O/S BODY.	
	DAMAGES SEE D	ETAILS.		
5.		Ger	neral Information	
	Accident Date	24/09/2019	Inspection Date	25/09/2019
	Survey held at	NEW HOCK TECK MOTOR	WORKSHOP	
		BLOCK 1, KAKI BUKIT AVE #01-43 SINGAPORE 417883	6	
5a.	A STATE OF THE		Remarks	
	B)THE INSPECTION	ISISTENT TO ACCIDENT RE DN WAS CONDUCTED ON A' CE TO YOUR INSTRUCTION:	'WITHOUT PREJUDICE" BAS	SIS. SED REPAIRS.
5b.		Estim	nate Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	7 Working Da	ys



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. GBD 4134B

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT R/H DOOR PILLAR	TO REPAIR SEE LABOUR	1,239.00	-
1	REAR BUMPER	DEFORMED	667.20	667.20
10	REAR BUMPER CLIP @ \$6.50	NECESSARY	65.00	30.00
2	REAR BUMPER SIDE RETAINER @ \$18.10	O/S NECESSARY	36.20	18.10
1	REAR R/H TAILLAMP	CRACKED	224.80	224.80
2	REAR R/H TAILLAMP CLIP @ \$8.00	NECESSARY	16.00	16.00
1	REAR R/H TAILLAMP PANEL	TO REPAIR SEE LABOUR	504.00	
1	R/H SLIDING DOOR	DENTED	1,355.70	1,355.70
1	REAR R/H FENDER	DISTORTED	1,893.40	1,893.40
1	REAR R/H FENDER INNER PANEL	TO REPAIR SEE LABOUR	1,239.00	100
1	REAR R/H FENDER INNER TRIM BOARD	NOT NECESSARY	189.00	85
8	REAR R/H FENDER INNER TRIM BOARD CLIP @ \$6.50	NOT NECESSARY	52.00	
1	REAR R/H FENDER AIR DUCT	NOT NECESSARY	69.10	
1	REAR R/H FENDER MUD FLAP	NOT NECESSARY	121.90	8.
1	REAR R/H FUEL COVER	NOT NECESSARY	104.50	
1	REAR R/H FUEL TANK	NOT NECESSARY	767.50	10-
1	REAR R/H TYRE	NOT NECESSARY	380.00	9.
1	REAR R/H SHOCK ABSORBER	NOT NECESSARY	153.00	
1	REAR R/H AXLE BEARING	NOT NECESSARY	108.10	
1	REAR AXLE	NOT NECESSARY	5,494.40	
	LESS 10% DISCOUNT		-	-420.52
		1	14,679.80	3,784.68
	SPECIAL NETT ITEMS			
1	REAR R/H HUB CAP (SN)	сит	186.30	80.00
1	R/H SLIDING DOOR ADVERTISEMENT STICKER (SN)	NECESSARY	450.00	300.00
1	REAR R/H FENDER ADVERTISEMENT STICKER (SN)	NECESSARY	550.00	300.00
1	REAR R/H MUD FLAP (SN)	DEFORMED	100.30	100.30
			1,286.60	780.30

Report Ref No. CS/FCI19016891/Ayd3s2



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.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	LABOUR			1
	TO REMOVE & REFIT L/H DOOR, GLASS, LOCK, RUBBER & TRIM BOARD.		280.00	80.00
	TO REMOVE & REFIT REAR SHOCK ABSORBER, BEARING & AXLE.	NOT NECESSARY	480.00	
	TO REMOVE & REFIT ADVERTISEMENT STICKER.	NOT NECESSARY	200.00	
	TO CHECK WIRING.	0.500.000000000000000000000000000000000	100.00	30.00
	TUFF KOTE.		150.00	60.00
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT R/H DOOR PILLAR, REAR R/H TAILLAMP PANEL AND REAR R/H FENDER INNER PANEL.		1,800.00	1,000.00
	SPRAY PAINTING.		1,800.00	1,000.00
			4,810.00	2,170.00
	GRAND TOTAL		20,776.40	6,734.98

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) 5,400.00

Report Ref No. CS/FCI19016891/Ayd3s2



ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.