

A/S REC. BY:

REF: CS/FC119016950/R2 + f3

n2

Special Instruction:

Surveyor: Rosul

ASSIGNMENT (Office)

From (Person): Merina Chia San Sanof FC1Date/Time: 26.9.19 9.04A.M

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No: SML 6590GInsured: SHC 7189Hat Workshop m/s PerformanceTel: 6319 0174of 303 Alexandra Road

Policy No: _____

Claim No: D19006156M FSH

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 25.9.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

R.O.D. Endorsement: _____

Date/Time: 26.9.19 10.24A.MPerson Contacted: Caroline

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SML 6590G - X

SHC 7189H - 31/08/2019/266711/REP1

D.O.A. - 19/11/2009

29/10/19 12.01 PM revised to Merina Chia by email.

Part by Part \$5821.20, 5 days (Red: 2608.10; 30%.)

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SML 65909
 at Workshop m/s: PERFORMANCE
 of _____
 Insured: FCI
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? Yes or No

GIA / PR Seen: _____ Consistent? Yes or No

Est. Repairs: _____ days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS 0/5

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SML 65909 Yr Regn: 2019 MAY
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: B.M.W 2162 c.c. 1499
 Colour: GREY A/C: Insured / Std / NI / NA
 Sp. Reading: 06199 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBA 6V12020 E0 05873
 Gen. Conid: Good / ☒ Fair / Poor / Burnt
 Steering: ☒ Inorder / Jammed / Leaked / Burnt or _____
 Brake: ☒ Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / ☒ S/Rim / STD A/Rim or _____
 Tyre Size: F: 205/55R17
 R: 1 -

BS / DUN / EXNOVA / GY / FS / LIZA / ☒ M12 / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

| | | |
|--|--|------------------------|
| Front | | Rear |
| R/Bal. <u>6</u> mm | | R/Bal. <u>6</u> mm |
| L/Bal. <u>6</u> mm | | L/Bal. <u>6</u> mm |
| D.O.A. <u>28/09/19</u> | | D.O.I. <u>28/10/19</u> |
| Survey held at <u>PERFORMANCE</u> | | |
| Des. of Damages: Frt / <input checked="" type="checkbox"/> Rear / O/S / N/S / U/C / Rooftop or _____ | | |

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

| Date / Time | Action / Instruction |
|-------------|----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

RECEIVED 1 DEC 2019

Date/Time, File Pass to? ☐ Prel. Report

12/12/19 ☒ Final Report

Date/Time, File Return to?

2

Report Fee: _____

Long Term Fee: TP 5321.20

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp 15
☐ Interview 15
☐ Tech Insp 15
☐ Wash car 15

Survey Fee: _____

Transportation: _____

Phone: _____

Other: _____

Other: _____

Other: _____

Other: _____

| |
|-----|
| 160 |
| 50 |
| 29 |
| |
| 239 |



Auto
Consultants
Pte Ltd

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

Your Ref: D19006156MFSH

Date: 29 October 2019

Our Ref: CS/FCI19016950/R1tf3

The Motor Claims Department
MS First Capital Insurance Ltd

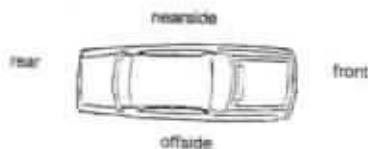
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SML 6590G

Please be informed that we had conducted the inspection of the abovementioned vehicle on 25/10/2019 at the premises of M/s PERFORMANCE MOTORS LIMITED, and have the following to report:-

| | |
|--------------------------|----------------|
| Workshop Estimate Amount | : S\$ 8,429.30 |
| Revised Estimate Amount | : S\$ 5,741.20 |
| "Check" Items Amount | : S\$ 1,063.10 |
| Market Value | : S\$ - |
| LTA Reimbursement Value | : S\$ - |
| Nett Value | : S\$ - |

Description of Damage:
The vehicle sustained damages
at the rear portion.



Yours faithfully

Rasul
Automotive Assessor

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|---|--------------------------------------|
| Date | 25-09-2019 | Our Ref No. D19006156MFSH |
| Accident Date | 25-09-2019 | Claim Type. Third Party |
| Insured Vehicle | SHC7189H | Third Party Vehicle. SML6590G |
| Survey Location | 303 ALEXANDRA ROAD | |
| Contact Person. | CAROLINE | |
| Contact No. | 63190174/ 0 | Fax No. 64794601 |
| Survey Type | WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED: | |
| 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 | PERFORMANCE MOTORS LIMITED | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | MERINA CHIA SAN SAN | |

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: Tuesday, 29 October 2019 12:01 PM
To: 'CWS Motor Claims'; assignments; SUR
Cc: 'Merina Chia'
Subject: RE: SURVEY ASSESSMENT - D19006156MFSH/1
Attachments: CSFC19016950R1tf3.pdf

Dear Merina,

Enclosed herewith preliminary advice of SML 6590G.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Thursday, 26 September 2019 10:25 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'Merina Chia' <MerinaChia@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19006156MFSH/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)

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Thursday, 26 September, 2019 9:04 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Merina Chia <MerinaChia@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19006156MFSH/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.

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 | 25/09/2019 11:10 |
| Date Of Accident | 25/09/2019 08:25 |
| Exact Location Of Accident | BKE LANE 2 BEFORE ERP GANTRY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SML6590G |
| Insured/Policyholder | |
| Name Of Registered Owner | YEO CHIN SIANG |
| NRIC No | S7138665A |
| Email Address | EHSPTRO@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96926510 |
| Alternative Phone No | OTHERS-96926510 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | BMW |
| Model | 216i |
| Exact Purpose for which vehicle was being used at time of accident | NORMAL USAGE |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | C0095298 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | YEO CHIN SIANG |
| NRIC No | S7138665A |
| Date Of Birth | 14/10/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/03/2015 |
| Driving Experience | 4 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96926510 |
| Fax Number | |
| Contact Number | OTHERS-96926510 |
| Email Address | EHSPTRO@GMAIL.COM |

| | |
|---|-------------------|
| Address | 57 VERDE CRESCENT |
| Postcode | 688412 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-----------------|
| Type Of Accident | CHAIN COLLISION |
| 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 | 3 |
| 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 ATTACH.

Attachment(s)

| | |
|---|----------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | FILE TOO BIG-BURN CD |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------------------|
| Vehicle Registration Number | SHC7189H |
| Vehicle Make/Model/Colour | HYUNDAI I40 YELLOW |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | TOH KAI AIK |
| NRIC/Passport Number | S0184843G |
| Contact Number | 97614614 |
| Address | 119 TECK WHYE LANE #010-784 |
| Postcode | 2368 |
| Insurance Company Name | MS FIRST CAPITAL INSURANCE LTD |
| Nature Of Damage | FRONT & REAR |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|---------------------------------|
| Vehicle Registration Number | GBJ8272C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | MUHAMMAD NURAREEF BIN NURSAH |
| NRIC/Passport Number | S9602588B |
| Contact Number | 81619558 |
| Address | 102 WOODLANDS STREET 13 #06-240 |
| Postcode | 730102 |
| 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.
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:

25/09/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

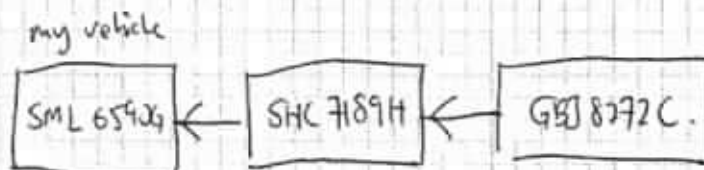
Reporting Desk Personnel's Signature

Name:

NRIC/FIN No.:

Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was driving along Lane 2 BKE before ERP Gantry, the car in front of me jammed brake, I maintained safe distance and braked as well. A taxi SHC 7189H behind my car braked as well, however a commercial vehicle GBJ 8272C, collided into the taxi and subsequently the commercial vehicle taxi banged into the rear of my vehicle. There was no injury to the drivers or any passengers of the other vehicles.

DECLARATION

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

Policyholder's Signature

Date & Time:

25/09/19.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941

Performance Motors Limited

A Sime Darby Motors Company
Co. Reg. No. 197401559W GST Reg. No. M2-0020081-X
Toll-Free Number (1800-2255269)

303, Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Fax: 64747770

288, Kampong Arang Road
East Coast Centre
Singapore 438180
Fax: 63449773

319, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Fax: 64796601 (AfterSales)
64796624 (Motorrad)



GST REG. NO : M2 - 0020081 - X

25 SEP 2019

E S T I M A T E

Estimate No. : b1 52854
Date Estimated : 25/09/2019
Prepared By : Joseph Yaguel

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -

Yeo Chin Siang
57 Verde Crescent

singapore 688412

- ACCOUNT - 303

MS First Capital Insurance Limited
6 Raffles Quay
#21-00
Singapore 048580

| REGN. NO. | CHASSIS NO. | REGN. DATE | MODEL | MILEAGE |
|-----------|-------------------|------------|---------|---------|
| SML6590G | WBA6V12020ED05873 | 30/05/2019 | 216i GT | 0 |

DESCRIPTION

Replacing rear bumper panel and attachments, rework
bootlid and tail panel

VALUE

✓ 1700 2,975.00

Spray rear bumper and bootlid

✓ 2537 2,819.00

To remove and install boot compartment carpet and garnish
to facilitate repairs.

✓ 230 271.00

To remove old PDC assembly, replace damaged parts and
reconnect to new bumper including conduct checks for
proper function.

x ? 150 171.00

To check electrical wiring systems and lightings at the
rear section for proper function.

✓ 150 177.00

Sundries

net ✓ 80 ? 150.00

Total Labour 1: 6,569.00

DESCRIPTION

RR BUMPER LH SIDE GUIDE ?
RR BUMPER RH SIDE GUIDE ?
REAR BUMPER CARRIER ?
RR BUMPER LH INNER SIDE GUIDE ?
RR BUMPER RH INNER SIDE GUIDE ?
REAR BUMPER PANEL PRIMED (LINES PDC de-
REAR BUMPER TRIM STRIP CHROM cut
DECOUPING RING PDC TORQUE CONVERTER ?

QTY PRIC

1 61.35
1 61.35
1 458.10
1 67.55
1 67.55
1 1,045.45
1 78.75
4 5.05

VALUE

m {
X 61.35
X 61.35
X 458.10
X 67.55
X 67.55
✓ 1,045.45
X 78.75
X 20.20

Total Parts : 1,860.30

Performance Motors Limited

A Sime Darby Motors Company

Co. Reg. No. 197401359M GST Reg. No M2-0020081-X

Toll-Free Number (1800-2255269)



307, Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Fax: 64747770

280, Kampong Arang Road
East Coast Centre
Singapore 436160
Fax: 63449773

115, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Fax: 64796601 (AfterSales)
64796624 (Motorrad)

GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 52854
Date Estimated : 25/09/2019
Prepared By : Joseph Yaguel

Page No. : 2 of 5

| REGN. NO. | CHASSIS NO. | REGN. DATE | MODEL | MILEAGE |
|-----------|-------------------|------------|---------|---------|
| SML6590G | WBA6V12020ED05873 | 30/05/2019 | 2161 GT | 0 |

Claims OD / 3rd Party / Uninsured losses / Direct Settlement

Regn No. _____ Claim No. _____

Date&Time 25/10/19 @ 1545 Excess S\$ _____

Surveyor's Name RASHU Sign _____

Surveyor's Tel 90010068 Authorized Yes / No _____

Authorized Date _____ Time _____

RESURVEY PARTS PHOTO BY SURVEYOR Yes / No PM Yes / No _____

Surveyor's E-mail _____

No. of Working Days Recommended 5 days



| | | |
|----------------|---|----------|
| Labour 1 | : | 6,569.00 |
| Parts | : | 1,860.30 |
| Labour 2 | : | 0.00 |
| Excess | : | 0.00 |
| Total GST @ 7% | : | 590.05 |
| Grand Total | : | 9,019.35 |

** THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY**

** PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **

3429.20

Performance Motors Limited

A member of the Sime Darby Group
Co. Reg. No. 197401558W. GST Reg. No. M2-0020081-X



Final Report

Estimate No. : b1 52854
Date Estimated : #####
Prepared By : Joseph Yaguel

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -

Yeo Chin Siang
57 Verde Crescent

- ACCOUNT - 303

MS First Capital Insurance Limited
6 Raffles Quay
#21-00
Singapore 048580

singapore 688412

| REGN. NO. | CHASSIS NO. | REGN. DATE | MODEL | MILEAGE |
|-----------|-------------------|------------|---------|---------|
| SML6590G | WBA6V12020ED05871 | 30/05/2019 | 216i GT | 0 |

| DESCRIPTION | ORIGINAL PRICE | DISC. % | NETT |
|---|----------------|---------|----------|
| To replace rear bumper panel and bumper trim strip including to remove and install body parts in order to carry out painting job. | 1,700.00 | 0.00 | 1,700.00 |
| To respray rear bumper and rear boot lid. | 2,537.00 | 0.00 | 2,537.00 |
| To remove and install boot compartment carpet and garnish to facilitate repairs. | 230.00 | 0.00 | 230.00 |
| To check electrical wiring systems and lighting at the rear section for proper function | 150.00 | 0.00 | 150.00 |
| Sundries | 80.00 | 0.00 | 80.00 |

| DESCRIPTION | UNIT PRICE | QTY | DISC. % | NETT |
|-------------------------------------|------------|-----|---------|---------|
| REAR BUMPER PANEL PRIMED (LINES PDC | 1045.45 | 1 | 0 | 1045.45 |
| REAR BUMPER TRIM STRIP CHROM | 78.75 | 1 | 0 | 78.75 |

| | |
|------------------------|----------|
| Total Labour : | 4,697.00 |
| Total Parts : | 1,124.20 |
| Total Labour & Parts : | 5,821.20 |
| GST @7%: | 407.48 |
| Grand Total : | 6,228.68 |

LOSS OF USE = \$60 X 5 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

Affiliated to Federation Internationale Des Experts En Automobile

MS FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI19016950/R1tf3n2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 03-12-2019



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------------|----------------|------------|
| Insured Veh. | SHC 7189H | Veh. Inspected | SML 6590G |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | D19006156MFSH | Excess (\$) | 0.00 |
| Assign From | MERINA CHIA SAN SAN | Assign Date | 26/09/2019 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|------------|
| Make & Model | B.M.W 216I | c.c | 1499 |
| Engine No. | HIDDEN | Year of Reg. | 2019 |
| Chassis No. | WBA6V12020ED05873 | Colour | GREY |
| Odometer | 6199 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS RIM |
| General | FAIR | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|----------|---------|
| R/H Front Tyre | 205/55 R17 | MICHELIN | 6 mm |
| L/H Front Tyre | 205/55 R17 | MICHELIN | 6 mm |
| R/H Rear Tyre | 205/55 R17 | MICHELIN | 6 mm |
| L/H Rear Tyre | 205/55 R17 | MICHELIN | 6 mm |

4. Description of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 25/09/2019 | Inspection Date | 25/10/2019 |
| Survey held at | PERFORMANCE MOTORS LTD 303 ALEXANDRA ROAD SINGAPORE 159941 | | |

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. |
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5b. Estimate Days of Repair

| | |
|-------------------------------------|-----------------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 5 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SML 6590G

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|--|---------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | RR BUMPER LH SIDE GUIDE (SN) | NOT NECESSARY | 61.35 | - |
| 1 | RR BUMPER RH SIDE GUIDE (SN) | NOT NECESSARY | 61.35 | - |
| 1 | REAR BUMPER CARRIER (SN) | NOT NECESSARY | 458.10 | - |
| 1 | RR BUMPER LH INNER SIDE GUIDE (SN) | NOT NECESSARY | 67.55 | - |
| 1 | RR BUMPER RH INNER SIDE GUIDE (SN) | NOT NECESSARY | 67.55 | - |
| 1 | REAR BUMPER PANEL PRIMED (LINES PDC)(SN) | DEFORMED | 1,045.45 | 1,045.45 |
| 1 | REAR BUMPER TRIM STRIP CHROM (SN) | CUT | 78.75 | 78.75 |
| 4 | DECOUPING RING PDC TORQUE CONVERTER (SN) | NOT NECESSARY | 20.20 | - |
| 1 | SUNDRIES (SN) | NECESSARY | 150.00 | 80.00 |
| | | | 2,010.30 | 1,204.20 |
| LABOUR | | | | |
| | REPLACING REAR BUMPER PANEL AND ATTACHMENTS,REWORK BOOTLID AND TAIL PANEL. | | 2,975.00 | 1,700.00 |
| | SPRAY REAR BUMPER AND BOOTLID. | | 2,819.00 | 2,537.00 |
| | TO REMOVE AND INSTALL BOOT COMPARTMENT CARPET AND GARNISH TO FACILITATE REPAIRS. | | 271.00 | 230.00 |
| | TO REMOVE OLD PDC ASSEMBLY,REPLACE DAMAGED PARTS AND RECONNECT TO NEW BUMPER INCLUDING CONDUCT CHECKS FOR PROPER FUNCTION. | NOT NECESSARY | 177.00 | - |
| | TO CHECK ELECTRICAL WIRING SYSTEMS AND LIGHTINGS AT THE REAR SECTION FOR PROPER FUNCTION. | | 177.00 | 150.00 |
| | | | 6,419.00 | 4,617.00 |
| GRAND TOTAL | | | 8,429.30 | 5,821.20 |
| RECOMMENDED COST OF REPAIRS | | | | 5,821.20 |

Report Ref No. CS/FC119016950/R1tf3n2

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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