

ASS. REC. BY:

REF: CS/FCI 19017 516/K19 d302 Special Instruction:

Surveyor:

(WS)

Kalvin

ASSIGNMENT (Office)

From (Person):

Menirachia

of

FCI

Date/Time:

4:58pm @ 31/10/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

Yp 21727

Insured:

SHA 0927B

at Workshop m/s

Efficient Motor

Tel:

9239 9009

of

56 layeng way # 06-07

Policy No:

Claim No:

D19006342 MP8H

Sum Insured:

Excess:

Make of Veh:

D.O.A.

28/09/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

1 wpl

H.O.D. Endorsement:

Date/Time:

10:20am @ 4/10/19

Person Contacted:

ERIC

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓) Estimate

Yp 21727-CC3/TM 19017218/Klyf3

DOA: 28/9/2019

SHA 0927B-CC3/TM 19017218/Klyf3

DOA: 28/9/2019

07/10/19 @ 11:32am replied to Menirachia by email.

(08/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: YP 2172T Yr Regn: 5 My 2016

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

Truck / Trailer or

Make: Mitsubishi Canter c.c. 2998Colour: White A/C: Insured / Std / NI / NASp. Reading: 113399 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEB 21 EA 2012

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 195 / 85 R15 LT

R: _____

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

TOYO / YOKO or

Double star

Front

Rear

R/Bal. 8 mm R/Bal. 8.8 mmL/Bal. 8 mm L/Bal. 8.8 mmD.O.A. 28/9/19 D.O.I. 4/10/19Survey held at Edfield Motor

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

6/5 Front

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

Date / Time	Action / Instruction
22/10/19	<u>Weld 45 \$3900 / 4 Pgs. (Red \$7707.96, 65%)</u> <u>PCZ</u>

RECEIVED 22 OCT 2019

Date/Time, File Pass to?

☐ : Prell. Report1) 22/10/19☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

<u>170416</u>
<u>50</u>
<u>50</u>
<u>51</u>
<u>376</u>

Report Format: 7PLump Sum / I.B.I. (\$) 3900

MOTOR SURVEY ASSIGNMENT

Date	03-10-2019	Our Ref No. D19006342MFSH
Accident Date	28-09-2019	Claim Type. Third Party
Insured Vehicle	SHA0927B	Third Party Vehicle. YP2172T
Survey Location	56 LOYANG WAY #06-07LOYANG ENTERPRISE BUILDING	
Contact Person.	MR ERIC KEE	
Contact No.	62840827/ 92399009	Fax No. 63416758
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD	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: Monday, 7 October 2019 11:32 AM
To: 'CWS Motor Claims'; assignments
Cc: 'Merina Chia'; SUR
Subject: RE: SURVEY ASSESSMENT - D19006342MFSH/1
Attachments: CSFCI19017516K1qd3.pdf

Dear Merina,

Enclosed herewith preliminary advice of YP 2172T.

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: Friday, 4 October 2019 10:19 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Merina Chia' <MerinaChia@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19006342MFSH/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 | 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: Thursday, 3 October 2019 4:58 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Merina Chia <MerinaChia@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19006342MFSH/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.



Auto
Consultants
Pte Ltd

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

Your Ref: D19006342MFSH
Our Ref: CS/FCI19016588/K1qd3

Date: 07 October 2019

The Motor Claims Department
MS First Capital Insurance Ltd

Dear Sir/Madam,

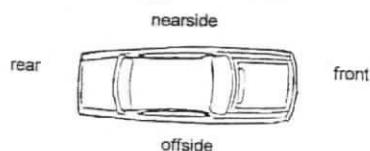
INITIAL INSPECTION REPORT OF VEHICLE NO. YP 2172T

Please be informed that we had conducted the inspection of the abovementioned vehicle on 03/10/2019 at the premises of M/s EFFICIENT MOTOR, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>11,107.96</u> .
Revised Estimate Amount	: S\$ <u>5,674.79</u> .
"Check" Items Amount	: S\$ <u>-</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:

The vehicle sustained damages
at the o/s front portion.



Yours faithfully

Kalvin
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 30/09/2019 17:25
Date Of Accident 28/09/2019 14:30
Exact Location Of Accident CHANGI SOUTH ST 2 (IN FRT OF MEDTRONIC)
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP2172T
Insured/Policyholder
Name Of Registered Owner PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No 201511635R
Email Address EFFICIENTLOYANG@GMAIL.COM
Mobile Phone No
Alternative Phone No OFFICE-62840827

Vehicle Particulars

Manufacturer MITSUBISHI
Model CANTER-3.0 D (M)
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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number 18-MJ001454-R00
Cover Note Number

Driver

Name of Driver S KARTHIK S/O SOWOSAISMUTHU
NRIC No S9523045H
Date Of Birth 28/06/1995
Occupation OUTDOOR
Date Of Driving Pass 22/08/2016
Driving Experience 3 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-87499878
Fax Number
Contact Number
EMail Address NOEMAIL

Address	BLK 108A CANBERRA ST #12-405
Postcode	751108
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 - OPENING DOOR OF VEHICLE
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

I WAS PARKED IN THE VEHICLE LOT. I CHECKED MY MIRROR AND ROAD WAS CLEAR, I OPEN MY DOOR, SWITCH OFF MY ENGINE, TOOK MY THINGS TO LEAVE THAT'S WHEN SHA927B TAXI SIDE MIRROR HIT ON TO MY DOOR. MY DOOR WAS LEFT OPEN FOR 20 SECONDS PRIOR TO ACCIDENT. THE TAXI MANAGED TO AVOID A TRAILER WHICH WAS PARKED BEHIND ME THEN HE SWERVED INTO MY DOOR. YM7145E DRIVER SAW THE WHOLE INCIDENT. TAXI SHA927B SIDE MIRROR WAS THE ONLY DAMAGE CASUED BY THE INCIDENT. TAXI DRIVER CLAIMED THE DAMAGE OF THE TWO DENTS ON THE BONNET IN HIS VEHICLE WAS FROM PREVIOUS ACCIDENT.

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 Witness 1

Name	PREMKUMAR
Phone Number	87766550
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA927B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG GEOK SOON
NRIC/Passport Number	S0171171G

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**.
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.



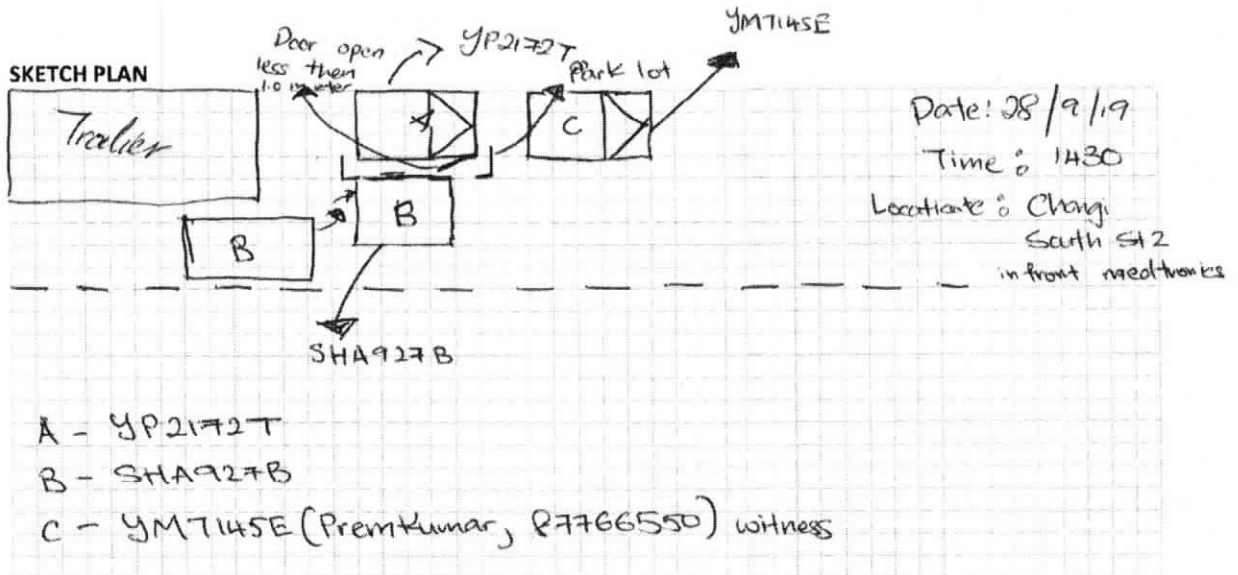
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was parked in the vehical lot. I checked my mirror and road was clear I open my door switch off my engine took my things to leave thats when SHA927B taxi side mirror hit on to my door. My door was left open for 20 second prior to accident. The taxi driver manage avoid a trailer which was park behind me. YM7145E Driver saw the whole incident. Taxi SHA927B side mirror was the only damage. cause by the incident. Taxi driver claim the damage of the two dents in his vehical was previous accident.

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: 28/9/19

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

EFFICIENT MOTOR & ENGINEERING WORK PTE LTD

56 LOYANG WAY # 06-07 ENTERPRISE BUILDING SINGAPORE 508775

VEHICLE NO : YP2172T

MAKE & MODEL : MITSUBISHI CAMTER

CHASSIS NO : FEB21EA20512

DATE : 03/10/2019

CLAIM TYPE : TP CLAIM

TO : FIRST CAPITAL INSURANCE LIMITED

PARTS DESCRIPTION

QTY UNTIL PRICE AMOUNT

LIST ITEMS				
1	RH FRONT DOOR	1	\$ 2,071.55	\$ 2,071.55
2	RH FRONT DOOR HING TOP	1	\$ 162.54	\$ 162.54
3	RH FRONT DOOR HING BOTTOM	1	\$ 162.54	\$ 162.54
4	RH FRONT DOOR WEATHER STRIPE	1	\$ 283.86	\$ 283.86
5	RH FRONT CORNER PANEL	1	\$ 506.76	\$ 506.76
6	RH FRONT HEADLAMP	1	\$ 501.50	\$ 501.50
7	FRONT FRONT SIGNAL LAMP	1	\$ 266.35	\$ 266.35
8	RH FRONT SIDE LAMP	1	\$ 223.55	\$ 223.55
9	RH FRONT DOOR PILLAR OUTER PANEL	1	\$ 1,533.24	\$ 1,533.24
10	RH FRONT DOOR PILLAR INNER PANEL	1	\$ 562.34	\$ 562.34
11	RH FRONT BUMPER GUIDE	1	\$ 353.71	\$ 353.71
12	FRONT BUMPER	1	\$ 1,010.35	\$ 1,010.35
13	FRONT BUMPER BARCKET	1	\$ 187.05	\$ 187.05
14	RH FRONT STEP GARNISH	1	\$ 622.40	\$ 622.40
TOTAL :			\$ 8,447.74	\$ 8,447.74
LESS 10% 25%			\$ 844.77	\$ 844.77
TOTAL :			\$ 7,602.96	\$ 7,602.96

S/NETT ITEMS

1	RH FRONT DOOR STICKER	1	\$ 25.00	\$ 25.00
TOTAL :			\$ 25.00	\$ 25.00
TOTAL PARTS :			\$ 7,627.96	\$ 7,627.96

- 1 LABOUR FOR PANEL BEATING
- 2 LABOUR FOR SPRAYPAINTING
- 3 WIRNG
- 4 TO APPLY ANTI RUST PROOF ON ACCIDENT AREAS
- 5 LABOUR FOR TRANSFER ALL RH FRONT DOOR FITTING

		800	
\$	1,800.00		
\$	1,200.00	700	
\$	80.00	50	
\$	200.00	50	
\$	200.00	100	
TOTAL :	\$	3,480.00	

TOTAL PARTS AND LABOUR : \$ 11,107.96

PREPARE BY:

Kalin 11/11/11

4/5 \$3900

4/10/19 1115 hrs

4 Days

L/s

After Reg-2 p. 4.

p 22
 notify
 ing:
 ing
 survey
 basis
 and
 company
 Acknowledged by for
 Signature:
 Date:




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
MS FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI19017516/K1qd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 23-10-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 927B	Veh. Inspected	YP 2172T	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19006342MFSH	Excess (\$)	0.00	
Assign From	MERINA CHIA	Assign Date	03/10/2019	
2. Vehicle Particulars & Condition				
Make & Model	MITSUBISHI CANTER	c.c	2998	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	FEB21EA20512	Colour	WHITE	
Odometer	113399	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15 LT	DOUBLESTAR	8 mm	
L/H Front Tyre	195/65 R15 LT	DOUBLESTAR	8 mm	
R/H Rear Tyre	195/65 R15 LT (D)	DOUBLESTAR	8/8 mm	
L/H Rear Tyre	195/65 R15 LT (D)	DOUBLESTAR	8/8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	28/09/2019	Inspection Date	04/10/2019	
Survey held at	EFFICIENT MOTOR & ENGINEERING WORKS PTE. LTD. 56 LOYANG WAY #06-07 LOYANG ENTERPRISE BUILDING SINGAPORE 508775			
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. YP 2172T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	RH FRONT DOOR	BENT	2,071.55	2,071.55
1	RH FRONT DOOR HINGE TOP	SERVICEABLE	162.54	-
1	RH FRONT DOOR HINGE BOTTOM	BENT	162.54	162.54
1	RH FRONT DOOR WEATHER STRIPE	SERVICEABLE	283.86	-
1	RH FRONT CORNER PANEL	TO REPAIR SEE LABOUR	506.76	-
1	RH FRONT HEADLAMP	CRACKED	501.50	501.50
1	FRONT SIGNAL LAMP	CRACKED	266.35	266.35
1	RH FRONT SIDE LAMP	CRACKED	223.55	223.55
1	RH FRONT DOOR PILLAR OUTER PANEL	TO REPAIR SEE LABOUR	1,533.24	-
1	RH FRONT DOOR PILLAR INNER PANEL	TO REPAIR SEE LABOUR	562.34	-
1	RH FRONT BUMPER GUIDE	CUT	353.71	353.71
1	FRONT BUMPER	TO REPAIR SEE LABOUR	1,010.35	-
1	FRONT BUMPER BRACKET	CRACKED	187.05	187.05
1	RH FRONT STEP GARNISH	CRACKED	622.40	496.03
	LESS 10% DISCOUNT		-844.78	-
	LESS 25% DISCOUNT		-	-1,065.57
			7,602.96	3,196.71
<u>SPECIAL NETT ITEMS</u>				
1	RH FRONT DOOR STICKER (SN)	NECESSARY	25.00	25.00
			25.00	25.00
<u>LABOUR</u>				
	LABOUR FOR PANEL BEATING.INCLUSIVE OF THE REPAIR OF RH FRONT CORNER PANEL,RH FRONT DOOR PILLAR OUTER PANEL,RH FRONT DOOR PILLAR INNER PANEL AND FRONT BUMPER.		1,800.00	800.00
	LABOUR FOR SPRAYPAINTING.		1,200.00	700.00
	WIRING.		80.00	50.00
	TO APPLY ANTI RUST PROOF ON ACCIDENT AREAS.		200.00	50.00

Report Ref No. CS/FCI19017516/K1qd3e2



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 FOR TRANSFER ALL RH FRONT DOOR FITTING.		200.00	100.00
			3,480.00	1,700.00
	GRAND TOTAL		11,107.96	4,921.71
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,900.00

Report Ref No. CS/FC19017516/K1qd3e2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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