

ASS./REC. BY:

REF: CS/PCI19018970/ KS f307

Special Instruction:

(CWS)

Surveyor: Kenneth ASSIGNMENT (Office)

From (Person): Jason Teache Kiat of FCI Date/Time: 25.10.19 12:39p.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJK 5725H Insured: SH 6539G

at Workshop m/s Kian Hong Auto Tel: 64556268 / 9086498

of BIK 176 San Ming Drive #01-08

Policy No: Claim No: D19006782MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 22-10-2019

(Client's Record) CA / REV / REP. / REV 24 HRS "imp" 29.10.2019

Date/Time: 25.10.19 1.09p.m Person Contacted: wandy H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SJK 5725H - CC6/2PC18016824/ A213m2 DOA - 30/03/2018
	SH 6539G - NSI/NC1600 3135/H10h3h2 DOA - 17/02/2016
30/10/19	15:55 pm

REF: FCI

ASS. REC. BY:

ASSIGNMENT

From: Date: 29.10.2019

Veh No: SJK 5725H Regn: 10, 08

Estimated Cost:

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

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

Truck / Trailer or MPV

To Inspect Vehicle No: SJK 5725H

Make: Honda Stream C.C 1799

at Workshop m/s Kron Trong AUTO

Colour: M-Black A/C: Insured / Std / NI / NA

of BK 176 sin ming Drive #101-08

Sp. Reading: 170807 T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No: RN6 . 1070436

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

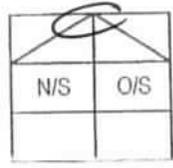
Make of Veh: Before 12.00 p.m. own 90 car

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

(Policy Condition)

Tyre Size: F: 205/63R15

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



R: _____

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

TOYO / YOKO or Mattis

Bal. or Market Value: 844k

Front Rear

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal. 7 mm R/Bal. 7 mm

GIA / PR Seen: Consistent? : Yes or No

L/Bal. 7 mm L/Bal. 7 mm

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

D.O.A. 22/10/19 D.O.I. 29/10/19

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

Survey held at ✓

CA / REV / REP. / 24 HRS 9/28

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

Date: Person Contacted: Vehicle: IN / OUT

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

Date / Time Action / Instruction

Talk photo only, require engine independent

Submit Preli report, pending parts prices.

MV - \$ 44k
LTA - \$ 29,761.00
NET - \$ 14,239.00

RECEIVED 31 OCT 2019

Date/Time, File Pass to? 31/10/19
1) Typist
Date/Time, File Return to?

: Preli. Report
 : Final Report

Days Of Repair: 4
Resurvey No. of Trip: 1

Survey Fee:	100
Transportation:	90
S + RS, SI	
Photos	16
Others	
TOTAL	166

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

Rep. Format: Preli

Emp. Sora / EP: 09

MOTOR SURVEY ASSIGNMENT

Date	24-10-2019	Our Ref No. D19006782MFSH
Accident Date	22-10-2019	Claim Type. Third Party
Insured Vehicle	SH6539G	Third Party Vehicle. SJK5725H
Survey Location	BLK 176 SIN MING DRIVE #01-08 SIN MING AUTOCARE	
Contact Person.	SAMPU	
Contact No.	64556268/ 0	Fax No. 64555166
Survey Type	WITHOUT PREJUDICE: ESTIMATE NOT GIVEN	
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	KIAN TEONG AUTO CENTRE	Attention. NIL
Cc : TP Solicitor	KSCGP JURIS LLP	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.

Surveyor's copy

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	23/10/2019 16:00
Date Of Accident	22/10/2019 20:00
Exact Location Of Accident	BLK 28 KELANTAN ROAD CAR PARK S(200028)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK5725H
Insured/Policyholder	
Name Of Registered Owner	SIM KEE LENG
NRIC No	S6824605I
Email Address	KEEL-SIM@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81336281
Alternative Phone No	OFFICE-81336281
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM-1.7 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103566646
Cover Note Number	DRIVO CLASSIC
Driver	
Name of Driver	LIM MUN WAI
NRIC No	S7231406I
Date Of Birth	02/09/1972
Occupation	INDOOR
Date Of Driving Pass	29/03/2007
Driving Experience	12 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90669848 - Facetime
Fax Number	
Contact Number	OFFICE-90669848
EEmail Address	LIMGRACE0272@GMAIL.COM

Address	BLK 997B BUANGKOK CRESCENT #14-849
Postcode	532997
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6539G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOK YIN SHAO ALVIN
NRIC/Passport Number	S8704709A
Contact Number	9800996Z
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

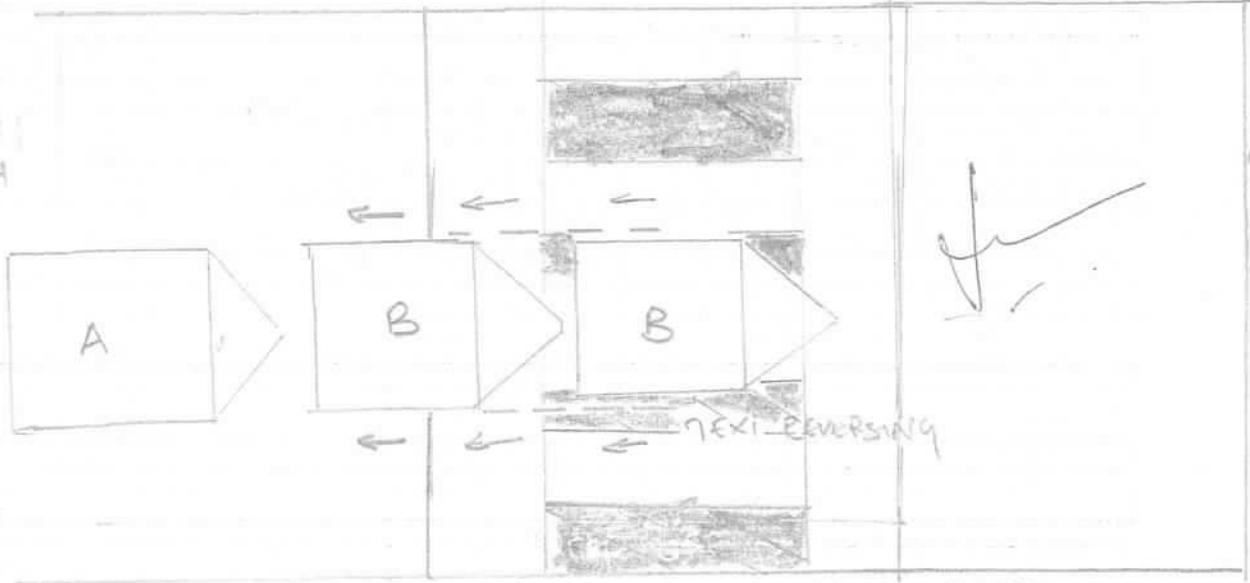
Blk 28 Kelantan Lane

SKETCH PLAN

Parking Lot B

SJK 5725H

3SH 6539G



Parking Lot S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Drop off Point SHELTER

On 22/10/2019, I was at Blk 28 Kelantan Lane approaching the sheltered drop off point. There was a taxi SH 6539G dropping off passengers at the shelter. I was stationary about 1 car length from the taxi, suddenly the taxi reversed instead of moving forward to do a 3 point turn and collided onto my front side, causing damages to my bumpers etc. We exchanged particulars. After the accident, I was feeling unwell.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]



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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to regulate 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/PIH No.:



MT/106828/-001
CR 19027.6

Sin Ming Autocare SPS Pte Ltd
176, Sin Ming Drive #02-05
Sin Ming Autocare Complex
Singapore 575721
Tel: (65) 6455 0600
Fax: (65) 6455 8192
Website: www.autocare.com.sg
GST Reg. No: 20-0210093-H

MOTOR ACCIDENT REPORT
ACCIDENT INFORMATION

Date Of Accident: 22/10/2019 Time Of Accident: 7.59 - 8 pm
Exact Location Of Accident: BK 28 Kelantan Road Car park SC 200038

DETAILS OF OWN VEHICLE

Vehicle No: SJK5725H Make & Model: Honda stream
Name of Registered Owner: Sim Kee Leng
NRIC / FIN / Passport No: S6824605I Email Address: keel_sim@yahoo.com.sg
Mobile Phone No: 81336281 Other Contact No: _____
Insurance Company: NTUC
Coverage: Comprehensive / Third Party / Third Party, Fire & Theft: Drive Classic
Policy Number: 5103566646
Vehicle Category: Private / Commercial / Motorcycle / Private Hire / Rental
Type Of Claim: Own Damage / Third Party / Reporting Only

DRIVER PARTICULARS

Name Of Driver: LIM Mun Wai
NRIC / FIN / Passport No: S7231406I Email Address: Limgrace0572@gmail.co
Mobile Phone No: 90669848 Other Contact No: _____
Date Of Birth: 02091972 Driving Pass Date: 29/03/2007
Occupation: Indoor / Outdoor
Relationship With Owner: Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others
specify: Sister-in-law

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: Chain Collision / Side Swipe / Head to Rear / Others: Rear to Head
Weather Condition: Clear / Raining / Others:
Road Surface: Wet / Dry / Others:
Any Injuries: Yes / No (if yes, fill in part B)
(B) Name/ In Which Vehicle: _____
Police Report Made? Yes / No (if yes, fill in part B)

(B) Police Station Name: _____
Number Of Passengers (Including driver): 01 Any In-Car Camera: Yes / No
Passenger 1 Name/Gender: _____ Passenger 2 Name/Gender: _____
Passenger 3 Name/Gender: _____ Passenger 4 Name/Gender: _____

Details of Witness(if any): Name: _____ Contact: _____

DETAILS OF OTHER VEHICLE

	Vehicle B	Vehicle C	Vehicle D
Vehicle No:	<u>SH6539A</u>		
Make & Model:	<u>Taxi</u>		
Name Of Driver:	<u>KOK Yin Shao Alvin</u>		
NRIC / FIN / Passport No:	<u>S8704709A</u>		
Contact No:	<u>98009962</u>		
Insurance Company:			

Driver's Declaration: I declare that the above information given in this report are true in every respect. I undertake full responsibilities for all consequences should there be any information given above be untrue.

Signature: 

Date: _____

Policy Information

Policy No.	5103566646	Policyholder Name	SIM KEE LENG	Policyholder NRIC	S68246051
Certificate No.					
Address	BLK 478 #08-423 PASIR RIS DRIVE 4 SINGAPORE 510478				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/09/2018	Effective Date	05/09/2018 00:00	Expiry Date	23/10/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	TAI THONG LEE TRADING PTE L	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 478 #08-423	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510478
Address 4		Address Type	Singapore address	Post Code	510478
Unit No.		Related Policy Number	5103566646-01		

Insured Object: SJK5725H

Vehicle No.	SJK5725H	Model	STREAM	Make	HONDA
Vehicle Type	Station Wagon	Date of Registration	24/10/2008		
Classis No.	RN61070436	Engine No.	R18A1777934	Vehicle Capacity	
No. of Seats	7	Parallel Import	0	Imported/Reconditioned	0
Off peak car	0				

Coverage	Coverage Category	Sum Insured	Excess Description	Remark
drivo CLASSIC Own Damage or Loss		999,999,999.99		
drivo CLASSIC TPI		999,999,999.99		
drivo CLASSIC TPPD		5,000,000.00		
drivo CLASSIC Own Damage or Loss in transit		999,999,999.99		
drivo CLASSIC Windscreen Damage		999,999,999.99		
drivo CLASSIC Personal Accident for PH		20,000.00		
drivo CLASSIC Personal Accident for Driver Liability		10,000.00		
drivo CLASSIC Personal Accident for Passenger		10,000.00		
drivo CLASSIC Medical Expenses		300.00		
drivo CLASSIC Towing Fee		200.00		
drivo CLASSIC Own Damage Benefit		99,999,999.99		

Driver Name	ID No.	Date of Birth	Driving License Reg Date	Role
LIM MUN WAI (LIN MINHUI)	S72314061	02/09/1972	29/03/2007	Main Driver

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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KIAN TEONG AUTO CENTRE

Blk 176 Sin Ming Drive #01-08
 Sin Ming AutoCare Singapore 575721
 Tel No. : 64556268 Fax No. : 64555166
 E-Mail : info@ktauto.com.sg
 Website : www.ktauto.com.sg
 Tax Reg. No. : 52991859E Buss. Reg. No. : 52991859E

FIRST CAPITAL INSURANCE LIMITED
 30 ROBINSON ROAD #10-01/02 ROBINSON TOWERS
 SINGAPORE 048546

Attention : Motor Claim Department
 Contact : 6507 6848 Fax No. : 6507 3849

Estimate : ES000502

Date : 29/10/2019
 Vehicle Num. : SJK 5725 H
 Make/Model : HONDA STREAM-2008
 Chassis/Eng# : RN61070436/R18A1777934
 Accident Date : 29/10/2019
 Claim No. :
 Reference :
 Policy No. :

Not Authored
11 Sep 20?
Resurvey After Paint
4 days

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

- | | | | | |
|-----|---|----------------------------|------------|--|
| 1. | 1 | LIST ITEMS : | | |
| 2. | 1 | FRONT BONNET | <i>RX</i> | |
| 3. | 1 | FRONT GRILL | <i>Red</i> | |
| 4. | 1 | FRONT GRILL CHROME | <i>?</i> | |
| 5. | 1 | FRONT GRILL EMBLEM | <i>new</i> | |
| 6. | 1 | RADIATOR TOP PANNEL | <i>RX</i> | |
| 7. | 1 | RADIATOR TOP PANNEL | <i>new</i> | |
| 8. | 1 | FRONT BONNET LOCK | <i>RX</i> | |
| 9. | 1 | FRONT BUMPER | <i>new</i> | |
| 10. | 1 | FRONT BUMPER REINFORCEMENT | <i>?</i> | |
| 10. | 1 | FRONT SUPPORT PANEL | <i>RX</i> | |

List Total S\$:

- | | | | | |
|----|-------|--------------------------------|--|--|
| 1. | 1 SET | NETT ITEMS : | | |
| | | FRONT NUMBER PLATE WITH CASING | | |

Nett Total S\$:

LABOUR :
 LABOUR FEES:
 TO PUTTY APPLY PRIMER & SPRAY PAINT THE AFFECTED AREAS
 TO KNOCK AND REPAIR ALL DAMAGED PARTS
 REMOVE AND REFIT FRONT RADIATOR ASSY TO FACIATE REPAIR
 TO CHECK HEAD LAMP WIRING

Labour Total S\$:

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: _____

Date: _____

58.00 X
 58.00

4900
 700.00
 1,000.00 *400*
new 120.00 X
 100.00 *200*

1,920.00

E. & O.E.

Total S\$: 1,978.00

for KIAN TEONG AUTO CENTRE

Please do not hesitate to contact us at the above number if there is any other further quire.
 We thank you for your kind attention. Your prompt reply is greatly appreciated.



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/FCI19018970/Ksf3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 15-11-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SH 6539G	Veh. Inspected	SJK 5725H
Policy No.		Coverage (\$)	0.00
Claim No.	D19006782MFSH	Excess (\$)	0.00
Assign From	JASON TEA CHEE KIAT	Assign Date	25/10/2019
2. Vehicle Particulars & Condition			
Make & Model	HONDA STREAM (A)	c.c	1799
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	RN61070436	Colour	METALLIC BLACK
Odometer	170807	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/65 R15	MAXXIS	7 mm
L/H Front Tyre	205/65 R15	MAXXIS	7 mm
R/H Rear Tyre	205/65 R15	MAXXIS	7 mm
L/H Rear Tyre	205/65 R15	MAXXIS	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	22/10/2019	Inspection Date	29/10/2019
Survey held at	KIAN TEONG AUTO CENTRE BLK 176 SIN MING DRIVE #01-08 SIN MING CARE SINGAPORE 575721		
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. SJK 5725H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BONNET (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT GRILL (NPA)	DENTED	-	-
1	FRONT GRILL CHROME (NPA)	* CHECK	-	-
1	FRONT GRILL EMBLEM (NPA)	NECESSARY	-	-
1	RADIATOR TOP PANNEL (NPA)	TO REPAIR SEE LABOUR	-	-
1	RADIATOR TOP PANNEL CLIPS (NPA)	NECESSARY	-	-
1	FRONT BONNET LOCK (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT BUMPER (NPA)	BUCKLED	-	-
1	FRONT BUMPER REINFORCEMENT (NPA)	* CHECK	-	-
1	FRONT SUPPORT PANEL (NPA)	TO REPAIR SEE LABOUR	-	-
			-	-
SPECIAL NETT ITEMS				
1	SET FRONT NUMBER PLATE WITH CASING (SN)	SERVICEABLE	58.00	-
			58.00	-
LABOUR				
TO PUTTY APPLY PRIMER & SPRAY PAINT THE AFFECTED AREAS.			700.00	440.00
TO KNOCK AND REPAIR ALL DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF FRONT BONNET, RADIATOR TOP PANNEL, FRONT BONNET LOCK AND FRONT SUPPORT PANEL.			1,000.00	400.00
REMOVE AND REFIT FRONT RADIATOR ASSY TO FACIATE REPAIR.		NOT NECESSARY	120.00	-
TO CHECK HEAD LAMP WIRING.			100.00	20.00
			1,920.00	860.00
GRAND TOTAL			1,978.00	860.00
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$ NETT)				860.00



Report Ref No. CS/FCI19018970/Ksf3e2

MARKET VALUE: \$44,000.00(EST)-LTA REIMBURSEMENT VALUE: \$29,761.00=NETT VALUE: \$14,239.00

A handwritten signature in black ink, consisting of the letters 'KSC' in a stylized, cursive font.

KONG SENG CHEONG

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 contract or tort is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report in whole or in part does so at his or her own risk.