

ASS. REC. BY:

REF:

CS/FCI19019318/018352

Special Instruction:

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person): Jason Paa

of FCI

Date/Time: 1/11/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SH 9220 E.

Insured: SHD 3608 L

at Workshop m/s Chunni Motor

Tel: 6542 1726

of BK10 AMC #03-19

Policy No:

Claim No: D19006945MESH

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 31/10/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 1/11

Person Contacted: Irene

Vehicle IN / OUT

Date/Time	Action/Instruction
	<u>Johny ()</u>
	<u>SH9220E-X</u>
	<u>SHD3608L-X</u>
	<u>6/11 @ 5:32pm - email prev advise to cws.</u>

ASSIGNMENT

ASSIGNMENT

COE 2024 Oct

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No. _____

at Workshop no. _____

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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repair: 6 days Res.: Yes or No

Lum Sum 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: SH 9220 E (i Resp) 2016 / Oct
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: Hyundai I40 C.C. 1685

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

Sp. Reading: 469231 T/Radio: Insured / Std / NI / NA

Eng/No: D4FD6U674646

C/No: KMHLB41UM6U093770

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: — 11 —

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

TOYO / YOKO or Hankook

Front S mm Rear S mm

R/Bal. S mm L/Bal. S mm

L/Bal. S mm L/Bal. S mm

D.O.A. 31/10/2019 D.O.I. 01/11/2019

Survey held at Chunni AMC

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

0/S Front

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	First Capital SHD 3608L
	lump sum \$7000/- (Fed: 12,211.68; 63%.)
	RECEIVED 10 DEC 2019

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

10/12 Typist : Final Report

Date/Time, File Return to?

2)

Report Format:

Final 0 / 7000/-

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Survey Fee:	305
Transportation	50
S + PS - SI	50
Probe	114
Others: <u>OSP</u>	
<u>24/12/19</u>	
TOTAL	<u>579</u>

9x15=135
135+170=305

MOTOR SURVEY ASSIGNMENT

Date	31-10-2019	Our Ref No. D19006945MFSH
Accident Date	31-10-2019	Claim Type. Third Party
Insured Vehicle	SHD3608L	Third Party Vehicle. SH9920E
Survey Location	BLK 10 ANG MO KIO INDUSTRIAL PARK 2AAMK AUTOPOINT #03-19	
Contact Person.	LYNN OR IRENE - 65421726	
Contact No.	65427162/ 0	Fax No. 65426039
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

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

THIRD PARTY SURVEY REQUEST

Cc : Workshop	CHUNNI MOTOR WORK PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JASON TEA CHEE KIAT	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
 This is a computer generated letter, no signature required.

Veli In

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Wednesday, 6 November 2019 5:32 PM
To: CWS Motor Claims; Admin-D (LKKAuto)
Cc: Jason Tea
Subject: RE: SURVEY ASSESSMENT - D19006945MFSH/1
Attachments: PRELI ADVISED OF SH 9220E.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SH 9220E**
Number of days (estimated) : 6 days

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@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: Wednesday, 6 November 2019 5:19 PM
To: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Cc: Jason Tea <JasonTea@msfirstcapital.com.sg>; CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19006945MFSH/1

Dear Sir/Mdm,

The TP vehicle no. has been amended.

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

From: Admin-D (LKKAuto) [<mailto:admin-d@lkkauto.com>]
Sent: Wednesday, November 06, 2019 1:05 PM
To: 'CWS Motor Claims' ; assignments
Cc: 'Jason Tea' ; SUR
Subject: RE: SURVEY ASSESSMENT - D19006945MFSH/1

Dear Sir/Mdm,

Please be informed that according to the repairer TP vehicle number is SH 9220E.



Auto
Consultants
Pte Ltd

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

Your Ref: D19006736MFSH

Date: 6/11/2019

Our Ref: CS/FCI19019318/Dtf3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

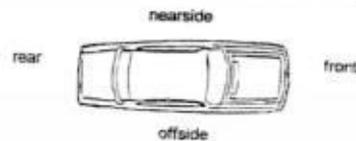
INITIAL INSPECTION REPORT OF VEHICLE NO. SH 9220E

Please be informed that we had conducted the inspection of the abovementioned vehicle 06/11/2019 at the premises of M/s Chun Ni have the following to report: -

Workshop Estimate Amount	: S\$	<u>19,211.68</u>
Revised Estimate Amount	: S\$	<u>8,849.04</u>
"Check" Items Amount	: S\$	<u>00.00</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.



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Bryan Ang
Automotive Assessor

NAME
ADDRESS

Home Tel.:

VIN:

Registration: SH 9220 E

Technician:

Mileage: 469231

Time Printed 1.11.19 3:36 PM

HYUNDAI I40

Front : Left

Actual	BEFORE	Specified Range
-0°29'		-3°00' 3°00'
3°50'		-0°19' 5°41'
-0°04'		-1°30' 1°30'
14°50'		
14°21'		

Front : Right

Actual	BEFORE	Specified Range
-0°21'		-3°00' 3°00'
4°18'		-0°19' 5°41'
2°47'		-1°30' 1°30'
19°23'		
19°02'		

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	BEFORE	Specified Range
-0°08'		-3°00' 3°00'
-0°28'		-3°00' 3°00'
-4°33'		-3°00' 3°00'
2°43'		-3°00' 3°00'

Rear : Left

Actual	BEFORE	Specified Range
-1°47'		-3°30' 2°30'
0°02'		-1°30' 1°30'

Rear : Right

Actual	BEFORE	Specified Range
-1°41'		-3°30' 2°30'
-0°02'		-1°30' 1°30'

Camber
Toe

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	BEFORE	Specified Range
-0°06'		-3°00' 3°00'
0°00'		-3°00' 3°00'
0°02'		-3°00' 3°00'

MCD 6191420 / ComfortDelGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 31/10/2019 16:17
 SUBMITTED BY: Huang XiaoYan

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	31/10/2019 16:17
Date Of Accident	31/10/2019 01:50
Exact Location Of Accident	CLARKE QUAY X RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9220E
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	GAJENDHIRAN S/O BALAN
NRIC No	S6926618E
Date Of Birth	21/07/1969
Occupation	OUTDOOR
Date Of Driving Pass	24/08/1999
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97453746
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 437 HOUGANG AVENUE 8 #13-1523
 Postcode 530437
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER
 Vehicle Registration Number of Driver's Own Vehicle -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
 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) 3
 Passenger 1 NAME: : -
 GENDER: : MALE
 Passenger 2 NAME: : -
 GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD3608L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver LOH KOON LENG
 NRIC/Passport Number
 Contact Number
 Address

PO S/code

Insurance Company Name

MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

WHOLE LEFT SIDE

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.

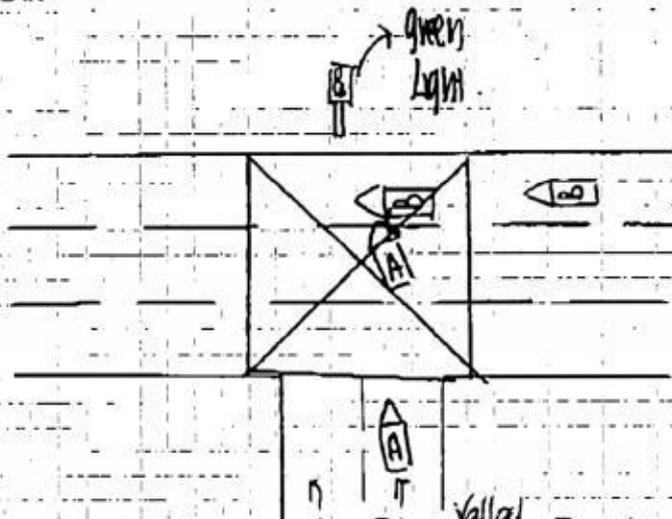
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31.10.2019
@ 13:30 hrs

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

SKETCH PLAN



A - SH 9220E
B - SHD 3608L

Along Clarke Quay T Junction River Valley Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31.10.2019 at about 01:05 hours I was travelling along Clarke Quay T Junction
River Valley Road With One Male , One Female Passenger onboard .
While the traffic light is green in my favour I proceed to make a left turn , suddenly veh B
(SHD 3608L) dash the red light and collided into my taxi A - Front Right Portion .
As it took place too fast I could not take evasive action to prevent the accident .
No injury in this accident .
I have company video and photos at scene to support my claims .
Veh B (SHD 3608L) - MR Loh Koon Leng

DECLARATION

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

TRANSPORTATION PTE LTD
REG. NO. 199303821R

Policyholder's Signature
COMFORTRANE

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31.10.2019
@ 13:30 hrs

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

CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 9220E

DATE : 31.10.2019

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI i40

FAX : 6542 6039

FCI

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Radiator Grille <i>NW</i>			\$ 1,110.10	X
	Radiator Grille H Emblem <i>NW</i>			\$ 39.50	X
	Front Bumper Cover <i>distorted / mandy crack</i>			\$ 1,052.20	✓
	Front Bumper Sponge <i>tra</i>			\$ 99.20	✓
	Front Bumper Reinforcement <i>ist</i>			\$ 402.10	✓
	Front Bumper Grille (RH) <i>NW</i>			\$ 93.60	X
	Front Bumper Grille Airduct (RH) <i>NW</i>			\$ 26.20	X
	Front Bumper Bracket Top (RH) <i>NW</i>			\$ 22.40	X
	Front Bumper Bracket (RH) <i>broken</i>			\$ 24.60	✓
	Headlamp Support Panel Assy <i>broken</i>			\$ 907.40	✓
	Headlamp (LH/RH) <i>mandy broken / scratched</i>		\$ 1,388.00	\$ 2,776.00	✓
	Front Fender (RH) <i>Distorted</i>			\$ 566.30	✓
	Front Fender Apron Panel (RH) <i>Distorted</i>			\$ 637.00	✓
	Front Fender Shield (RH) <i>s/c</i>			\$ 174.90	X
	Front Fender Retainer <i>NW</i>			\$ 24.60	X
	Front Wheel Rim (RH) <i>distorted</i>			\$ 325.30	✓
	Front Wheel Hub Cap (RH) <i>cut</i>			\$ 107.10	✓
	Front Wheel Bearing <i>Distorted</i>			\$ 540.50	✓
	Front Shock Absorber (Assy) (RH) <i>distorted</i>			\$ 342.20	✓
	Front Shock Absorber Mounting (RH) <i>NW</i>			\$ 108.80	X
	Front Drive Shaft (RH) <i>NW</i>			\$ 1,030.80	X
	Rack & Pinion Assy <i>NW</i>			\$ 969.60	X
	STG Tie End <i>distorted</i>			\$ 62.60	✓
	Stabilizer Bar <i>NW</i>			\$ 252.30	X
	Stabilizer Bar Bush (RH) <i>NW</i>			\$ 16.40	X
	Stabilizer Bar Link <i>NW</i>			\$ 61.10	X
	Stabilizer Bracket <i>NW</i>			\$ 24.00	X
	Front Suspension Lower Arm (RH) <i>distorted</i>			\$ 529.30	✓
	Knuckle Arm (RH) <i>distorted</i>			\$ 552.00	✓
	Engine Under Cover <i>NW</i>		8923.80	\$ 334.60	X
	Engine Crossmember <i>NW</i>			\$ 2,094.40	X
	ABS Sensor <i>NW</i>		7139.04	\$ 234.00	X
	Electric Power Steering <i>NW</i>			\$ 3,641.00	X
				SUB TOTAL	\$ 19,182.10
				LESS 20%	\$ 3,836.42
				DISCOUNTED TOTAL	\$ 15,345.68
	Front Tyre (RH) <i>s/c</i>			\$ 216.00	Nett X

SH 9220E

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 1,600.00 700/-
	Spray Painting Charge			\$ 750.00 500/-
	Wiring Charge			\$ 50.00 30/-
	Tuff Kote			\$ 50.00 40/-
	Towing Charge			\$ 50.00 1/2
	Remove/Refix Undercarriage (FRT)			\$ 200.00 150/-
	FRT Wheel Alignment		1710.00	\$ 120.00 60/-
	Remove/Refix Aircon & Refill Gas			\$ 150.00 80/-
	Re-set Frt ABS System			\$ 200.00
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00 } 150/-
	TOTAL LABOUR			\$ 3,650.00
	ESTIMATE TOTAL			\$ 19,211.68
	01/11/2019 @ 1330hrs		8849.04	
	Not Author		457000/-	
	2/sum 6 days.			
	<u>Ryan</u>			
	LKK Auto			
				

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:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.



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/FC19019318/Dtf3s2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 24-12-2019



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 3608L	Veh. Inspected	SH 9220E
Policy No.		Coverage (\$)	0.00
Claim No.	D19006945MFSH	Excess (\$)	0.00
Assign From	JASON TEA	Assign Date	01/11/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093770	Colour	BLUE
Odometer	469231	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	5 mm
L/H Front Tyre	205/60 R16	HANKOOK	5 mm
R/H Rear Tyre	205/60 R16	HANKOOK	5 mm
L/H Rear Tyre	205/60 R16	HANKOOK	5 mm

4. Description of Damages

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

5. General Information

Accident Date	31/10/2019	Inspection Date	01/11/2019
Survey held at	CHUNNI MOTOR WORK PTE LTD BLK 10 ANG MO KIO IND. PARK 2A, #03-19 AMK AUTOPOINT SINGAPORE 568047.		

5a. Remarks

A) DAMAGES CONSISTENT TO ACCIDENT REPORT.
B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **6 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. SH 9220E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	RADIATOR GRILLE	NOT NECESSARY	1,110.10	-
1	RADIATOR GRILLE H EMBLEM	NOT NECESSARY	39.50	-
1	FRONT BUMPER COVER	DISTORTED / MTG CRACKED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	TORN	99.20	99.20
1	FRONT BUMPER REINFORCEMENT	BENT	402.10	402.10
1	FRONT BUMPER GRILLE (RH)	NOT NECESSARY	93.60	-
1	FRONT BUMPER GRILLE AIRDUCT (EH)	NOT NECESSARY	26.20	-
1	FRONT BUMPER BRACKET TOP (RH)	NOT NECESSARY	22.40	-
1	FRONT BUMPER BRACKET (RH)	BROKEN	24.60	24.60
1	HEADLAMP SUPPORT PANEL ASSY	BROKEN	907.40	907.40
2	HEADLAMP (LH/RH) @ \$1388.00	MTG BROKEN / SCRATCHED	2,776.00	2,776.00
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER APRON PANEL (RH)	BENT / DENTED	637.00	637.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	174.90	-
1	FRONT FENDER RETAINER	NOT NECESSARY	24.60	-
1	FRONT WHEEL RIM (RH)	DISTORTED	325.30	325.30
1	FRONT WHEEL HUB CAP (RH)	CUT	107.10	107.10
1	FRONT WHEEL BEARING	DAMAGED	540.50	540.50
1	FRONT SHOCK ABSORBER (ASSY) (RH)	DISTORTED	342.20	342.20
1	FRONT SHOCK ABSORBER MOUNTING (RH)	NOT NECESSARY	108.80	-
1	FRONT DRIVE SHAFT (RH)	NOT NECESSARY	1,030.80	-
1	RACK & PINION ASSY	NOT NECESSARY	969.60	-
1	STG TIE END	DISTORTED	62.60	62.60
1	STABILIZER BAR	NOT NECESSARY	252.30	-
1	STABILIZER BAR BUSH (RH)	NOT NECESSARY	16.40	-
1	STABILIZER BAR LINK	NOT NECESSARY	61.10	-
1	STABILIZER BRACKET	NOT NECESSARY	24.00	-
1	FRONT SUSPENSION LOWER ARM (RH)	DISTORTED	529.30	529.30
1	KNUCKLE ARM (RH)	DISTORTED	552.00	552.00

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LKK Auto Consultants Pte Ltd

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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	ENGINE UNDER COVER	NOT NECESSARY	334.60	-
1	ENGINE CROSSMEMBER	NOT NECESSARY	2,094.40	-
1	ABS SENSOR	NOT NECESSARY	234.00	-
1	ELECTRIC POWER STEERING	NOT NECESSARY	3,641.00	-
	LESS 20% DISCOUNT		-3,836.42	-1,784.76
			15,345.68	7,139.04
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT TYRE (RH) (SN)	SERVICEABLE	216.00	-
			216.00	-
	<u>LABOUR</u>			
	PANEL BEATING.		1,600.00	700.00
	SPRAY PAINTING CHRAGE.		750.00	500.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	40.00
	TOWING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX UNDERCARRIAGE (FRT)		200.00	150.00
	FRT WHEEL ALIGNMENT.		120.00	60.00
	REMOVE / REFIX AIRCON & REFILL GAS.		150.00	80.00
	RE-SET FRT ABS SYSTEM. }		200.00	150.00
	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE. }		480.00	-
			3,650.00	1,710.00
	GRAND TOTAL		19,211.68	8,849.04
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			7,000.00

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ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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