

22/03/2012

ASS. REC. BY:

REF:

08/FCI 19019734/Dg d307

Special Instruction:

Survey: Bryan

ASSIGNMENT (Office)

From (Person): Jason Tea

of

FCI

Date/Time: 5.22pm 7/11/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 29124

Insured:

SH 8109B

at Workshop m/s

ehunni motor

Tel:

GS425119

of

Blk 10 Amk Ind. Park 2A Amk 403-19

Policy No:

Claim No:

D19007032MPSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 4/11/2019

CA / REV / REP. / REV 24 HRS

"up"

H.O.D. Endorsement:

Date/Time: 9:30am 7/11/19

Person Contacted:

Lynn

Vehicle IN / OUT

Date/Time

Action/Instruction

Johnnie ✓

SHC 29124-CC4 / III 17013283 / Khb3y2

DOA: 6/7/2017

SH 8109B-CC3 / LCR 17021909 / Mlw3y2

DOA: 13/11/2017

Mul19 @ 1.25pm revised to Jason Tea by email.

LS \$10000, 6 days cred \$14494.12, 59%.

ASS. REC. BY:

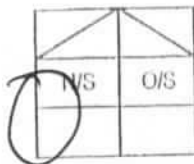
ASSIGNMENT

COP June 2021

From _____ Date _____
 Estimated Cost _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV _____
 To Inspect Vehicle No. _____
 at Workshop n/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.



Bal. or Market Value _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

G/A / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 65 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No SHC 2912U In Regn 2013 June
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Truck / Prime Mover /
 Truck / Trailer or _____
 Make: Mercedes Benz E220 c.c. 2143
 Colour White A/C: Insured / Std / NI / NA
 Sp. Reading 904245 T/Radio: Insured / Std / NI / NA
 Eng/No: 65192431502813
 C/No: WDD2120022A759611
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: 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 Westlake
 Front Rear
 R/Bal. S mm R/Bal. S mm
 L/Bal. S mm L/Bal. S mm
 D.O.A. 04/11/2019 D.O.I. 08/11/2019
 Survey held at Chunni AMK
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time _____ Action / Instruction
First Capital SHB 109B

RECEIVED 10 DEC 2019

Date/Time, File Pass to?

☐ : Prel. Report1) 10/12 turnip☐ : Final Report

Date/Time, File Return to?

2)

Rep. Form: _____

Lump Sum / H.R. / C

7P
10000Days Of Repair: 6Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos:

Others:

Total:

14 x 15 = 210

170 + 210

50

90 + 50

70

600

580
037
20/12/19

MOTOR SURVEY ASSIGNMENT

Date	06-11-2019	Our Ref No. D19007032MFSH
Accident Date	04-11-2019	Claim Type. Third Party
Insured Vehicle	SH8109B	Third Party Vehicle. SHC2912U
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: WAIT FOR VIDEO FOOTAGE	
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.

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Tuesday, 12 November 2019 1:25 PM
To: 'CWS Motor Claims'; assignments
Cc: 'Jason Tea'; SUR
Subject: RE: SURVEY ASSESSMENT - D19007032MFSH/1
Attachments: CSFCI19019734Dqd3.pdf

Dear Jason,

Enclosed herewith preliminary advice of SHC 2912U.

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, 7 November 2019 9:39 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Jason Tea' <JasonTea@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19007032MFSH/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: Wednesday, 6 November 2019 5:22 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Jason Tea <JasonTea@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19007032MFSH/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: D19007032MFSH
Our Ref: CS/FCI19019734/Dqf3

Date: 12 November 2019

The Motor Claims Department
MS First Capital Insurance Ltd

Dear Sir/Madam,

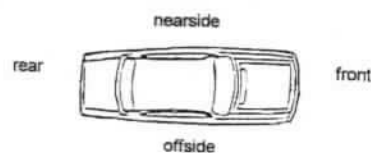
INITIAL INSPECTION REPORT OF VEHICLE NO. SHC 2912U .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 08/11/2019 at the premises of M/s CHUNNI MOTOR. and have the following to report:-

Workshop Estimate Amount	: S\$ 24,494.12 .
Revised Estimate Amount	: S\$ 12,963.95 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages
at the n/s body.



Yours faithfully

Bryan Ang Tani
Motor Surveyor / Investigator

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	05/11/2019 16:09
Date Of Accident	04/11/2019 23:40
Exact Location Of Accident	AIRPORT BLVD TWDS AIRPORT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC2912U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	MERC
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	WONG CHING CHAI
NRIC No	S6864828I
Date Of Birth	01/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	26/12/1989
Driving Experience	29 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88151875
Fax Number	
Contact Number	
Email Address	WONGXIAOPA@GMAIL.COM

Address 632A 05-197 SENJA ROAD
 Postcode 671632
 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 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 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? YES
 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? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] TRAFFIC POLICE
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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 SH8109B
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number 91824417
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRT RHT
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	WONG CHING CHAI
Approximate Age	51
Injuries Sustain	NECK, BACK
Injured person in which vehicle?	
Were seat belts worn?	
Was this Injured conveyed to hospital by ambulance?	
Address	
Postcode	

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.

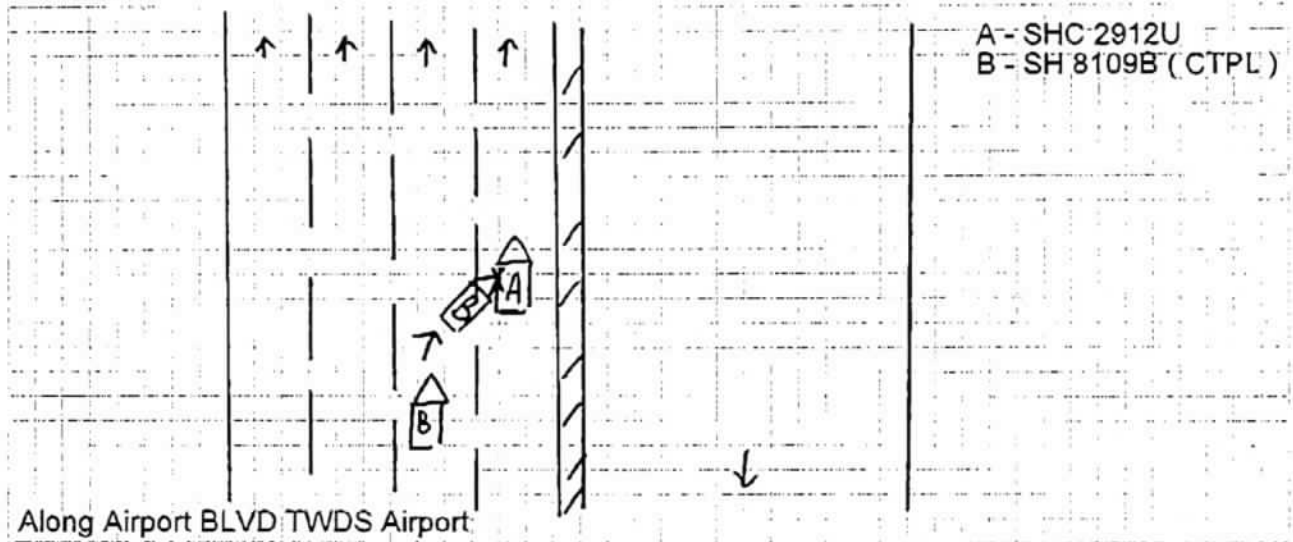
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 05.11.2019
@ 13:30 hrs

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20191105/7005

DECLARATION

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

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 05.11.2019
@ 13:30 hrs

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



SINGAPORE POLICE FORCE



T/20191105/7005

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191105/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2019 11:41		Vide Report No.:		Station Diary No.:	
Informant Details					
Name of Informant: WONG CHING CHAI			Address: 632A SENJA ROAD #05-197 SINGAPORE 671632		
ID Type / ID No.: NRIC NO / S68648281			Contact No.: Home/Office: Mobile: 88151875		
Nationality: SINGAPORE CITIZEN			Email: wongxiaopa@gmail.com		
Sex: Male	Age: 51	Date of Birth: 01/08/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3		Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/11/2019 23:40	Type of Location: Straight Road
Location: AIRPORT BOULEVARD ROAD TOWARDS AIRPORT				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Vehicle No.	Vehicle Type	Make	Model	Color	Damage	Count
SH8109B	Car	TOYOTA	PURIS	Blue	Slightly Damaged	0
SHC2912U	Car	MERCEDES BENZ	CDI	White	Slightly Damaged	0

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191105/7005

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191105/7005

CONTINUATION OF REPORT

Name	WONG CHING CHAI	ID No.	S6864828I
Related Vehicle	SHC2912U (Car)	Contact No.	88151875
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	05/11/2019	Date Discharge	05/11/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 4/11/19 @ 2340 hours i (SHC2912U) was travelling along AIRPORT BLVD road towards airport at 1st lane of 4th lane road. Suddenly i felt a hard impact from my left portion & i immediately stopped my taxi & noticed that a taxi (SH8109B) from the 2nd lane encroach into my lane. His taxi right front portion hit my taxi left passenger both door. Today i wake up i felt my neck & back was in pain so i consulted doctors at KOO & CHOO MEDICAL CLINIC P.L & was given 4 days MC.
MAHENDRAN S/O SINGARAVELU S1434778Z
(91824417)

Driver particulars:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20191105/7005

3 of 3

Report No. T/20191105/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
05/11/2019 11:41

Classification Of Case:

REPAIR ESTIMATE*

DATE : 5.11.2019

TEL : 6542 5119

FAX : 6542 6039

FCI

1/6

**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/FCI19019734/Dqd3e2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 07-11-2019



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SH 8109B	Veh. Inspected	SHC 2912U
Policy No.		Coverage (\$)	0.00
Claim No.	D19007032MFSH	Excess (\$)	0.00
Assign From	JASON TEA	Assign Date	06/11/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A759611	Colour	WHITE
Odometer	904245	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

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

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	04/11/2019	Inspection Date	08/11/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	6 Working Days
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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. SHC 2912U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR FENDER (LH)	DENTED	2,980.50	2,980.50
1	REAR FENDER SPLASH SHIELD (LH)	NOT NECESSARY	195.00	-
1	REAR WINDSCREEN GLASS C/W MOULDING	NECESSARY	1,845.00	1,845.00
1	REAR DOOR (LH)	DENTED	2,870.00	2,870.00
1	REAR TYRE (LH)	NOT NECESSARY	480.00	-
1	REAR TYRE RIM (LH)	CUT	1,250.00	1,250.00
1	REAR WHEEL HUB BEARING	NOT NECESSARY	561.80	-
1	REAR SHOCK ABSORBER (LH)	NOT NECESSARY	532.00	-
1	REAR SHOCK ABSORBER MOUNTING (LH)	NOT NECESSARY	235.00	-
1	REAR WHEEL DRIVE SHAFT	NOT NECESSARY	2,500.00	-
1	REAR CONTROL ARM LONG (LH)	NOT NECESSARY	939.50	-
1	REAR CONTROL ARM LOWER (LH)	NOT NECESSARY	859.50	-
1	REAR KNUCKLE ASSY. (LH)	NOT NECESSARY	1,700.00	-
1	CONTROL ARM RR / THRUST ARM	NOT NECESSARY	950.00	-
1	CONTROL ARM RR / THRUST ROD	NOT NECESSARY	858.50	-
1	DOOR SHELL, FRT, LH	DENTED	2,970.00	2,970.00
	LESS 10% DISCOUNT		-2,172.68	-1,191.55
			19,554.12	10,723.95
<u>SPECIAL NETT ITEMS</u>				
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	180.00	180.00
1	REAR DOOR COMFORT LIMO CAB LOGO (SN)	NECESSARY	60.00	60.00
			240.00	240.00
<u>LABOUR</u>				
	PANEL BEATING.		1,200.00	900.00
	SPRAY PAINTING CHARGE.		900.00	700.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TOWING CHARGES - KING DOLLY.	NOT NECESSARY	150.00	-
	TUFF KOTE.		100.00	40.00
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	80.00



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 (\$)
	REMOVE / REFIX REAR WINDSCREEN GLASS (SEALANT).		120.00	80.00
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	REMOVE / REFIX UNDERCARRIAGE (RR).	NOT NECESSARY	400.00	-
	TRANSFER OF DOOR.		240.00	120.00
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
	RE-SET REAR ABS SYSTEM.	NOT NECESSARY	200.00	-
	RE-SET FRT & REAR POWER WINDOW SYSTEM.		400.00	80.00
	RE-SET & DIAGNOSIS.	NOT NECESSARY	550.00	-
			4,700.00	2,000.00
GRAND TOTAL			24,494.12	12,963.95

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			10,000.00
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Report Ref No. CS/FCI19019734/Dqd3e2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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