

22/03/2002

ASS. REC. BY:

REF:

CS/FCL 19020020/DSF362

Special Instruction:

(CWS)

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person): SHHara

of FCL

Date/Time: 11.11.19 5:33pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SH 8485P

Insured: SHA 9121A

at Workshop m/s Chunnii

Tel: 65425119

of BIC 10 AMR Industrial Park 2A Anti Autoport #103-19

Policy No:

Claim No: D1907122MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 9.11.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS ^{imp}

H.O.D. Endorsement:

Date/Time: 12.11.19 10:29am

Person Contacted: Innu

Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SH 8485P - CS/AIG/BOOF
	SHA 9121A - MAL INCL 18015355/24 R.07 - 21/03/2018

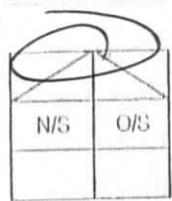
REF: REC BY:

REF:

ASSIGNMENT

02 Aug 2027
2019 Aug

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 Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 76 days Res.: Yes or No
 Lum Sum: 20 % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT



Veh No: SH 8485P Regn: 2019 Aug
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai bnig c.c: 1580
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 44298 T/Radio: Insured / Std / NI / NA
 Eng/No: G4LEKU299275
 C/No: KMHCB51CVKU165081
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: - - -
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Michelin
 Front: _____ Rear: _____
 R/Bal. S mm R/Bal. S mm
 L/Bal. S mm L/Bal. S mm
 D.O.A. 09/11/2019 D.O.I. 12/11/2019
 Survey held at Chunni AMK
 Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or
Front
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>21/11/19</u>	<u>First Capital SH9121A</u> <u>Sent Preli by email</u>
	<u>Bryan Confirmed L/S \$10,500/- @ 7 days with Boss</u> <u>C\$ 4,992.64 Red - 32%</u>

Date/Time, File Pass to? 11/12/19
 1) Typ. 4
 Date/Time, File Return to?
 2)
 Report Format:
 Temp. Sum / L.P. C: \$10,500/- 4s

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

5x15=75

Survey Fee:	<u>170+75</u>
Transportation:	<u>50</u>
Site Insp. (\$)	<u>50+50</u>
Photos	<u>176</u>
Others: <u>OSP</u>	
<u>20/11/19</u>	
TOTAL	<u>971</u>

MOTOR SURVEY ASSIGNMENT

Date	11-11-2019	Our Ref No. D19007122MFSH
Accident Date	09-11-2019	Claim Type. Third Party
Insured Vehicle	SHA9121A	Third Party Vehicle. SH8485P
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: ACCIDENT NOT REPORTED:	
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 SITHARA

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.

Yvonne Wong (LKK Auto)

From: Yvonne Wong (LKK Auto)
Sent: Thursday, November 21, 2019 12:21 PM
To: 'CWS Motor Claims'
Cc: 'Sithara'
Subject: RE: SURVEY ASSESSMENT - D19007122MFSH/1
Attachments: SH8485P DOA 09112019 REVERT.pdf

Dear Sir/ Madam

Enclosed preliminary revised of vehicle SH8485P
Date of survey : 12/11/2019
Number of days : 6 days

Thank you.

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Tuesday, November 12, 2019 10:29 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'Sithara' <Sithara@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19007122MFSH/1

Dear Sir/Madam,

Thank you for your assignment.

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>

Sent: Monday, 11 November, 2019 5:33 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Sithara <Sithara@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D19007122MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,

Admin Team

Claim Workflow System

Motor Claims Department

MS First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



Auto
Consultants
Pte Ltd

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

Your Ref: D19007122MFSH
Our Ref: CS/FCI19020020/Dsf3

Date: 21 Nov 2019

The Motor Claims Department
MS First Capital Insurance Ltd

Dear Sir/Madam,

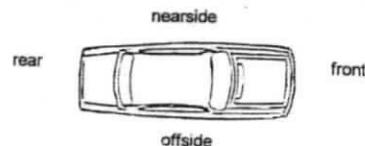
INITIAL INSPECTION REPORT OF VEHICLE NO. SH8485P

Please be informed that we had conducted the inspection of the abovementioned vehicle on 12/11/2019 at the premises of M/s CHUNNI MOTOR WORK PTE LTD. and have the following to report:-

Workshop Estimate Amount	: <u>S\$ 15,492.64</u>
Revised Estimate Amount	: <u>S\$ 10,587.64</u>
“Check” Items Amount	: <u>S\$ -</u>
Market Value	: <u>S\$ -</u>
LTA Reimbursement Value	: <u>S\$ -</u>
Nett Value	: <u>S\$ -</u>

Description of Damage:

The vehicle sustained damages at the front portion.



Yours faithfully

Bryan Ang
Automotive Assessor

MCD0191 AB557 / ComfortDelGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 10/11/2019 09:04
 SUBMITTED BY: Janet Lim Slang Gek

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	10/11/2019 09:04
Date Of Accident	09/11/2019 15:30
Exact Location Of Accident	BT BATOK EAST AVE 6 X BT BATOK EAST ST 23
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8485P
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	IONIQ HYBRID
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	CHIANG ANN JOON
NRIC No	S0963575J
Date Of Birth	05/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1978
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98410233
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 715 BEDOK RESERVOIR ROAD
#02-3000
Postcode 470715
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 - HEAD TO REAR
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 anybody 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) 2
Passenger 1
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

REFER 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 SHA9121A
Vehicle Make/Model/Colour CITYCAB
Details Of Properties
Vehicle Category TAXI
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage

WHOLE LH SIDE

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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
 200, 202, 204, 206, 208, 210, 212, 214, 216, 218, 220, 222, 224, 226, 228, 230, 232, 234, 236, 238, 240, 242, 244, 246, 248, 250, 252, 254, 256, 258, 260, 262, 264, 266, 268, 270, 272, 274, 276, 278, 280, 282, 284, 286, 288, 290, 292, 294, 296, 298, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 340, 342, 344, 346, 348, 350, 352, 354, 356, 358, 360, 362, 364, 366, 368, 370, 372, 374, 376, 378, 380, 382, 384, 386, 388, 390, 392, 394, 396, 398, 400, 402, 404, 406, 408, 410, 412, 414, 416, 418, 420, 422, 424, 426, 428, 430, 432, 434, 436, 438, 440, 442, 444, 446, 448, 450, 452, 454, 456, 458, 460, 462, 464, 466, 468, 470, 472, 474, 476, 478, 480, 482, 484, 486, 488, 490, 492, 494, 496, 498, 500, 502, 504, 506, 508, 510, 512, 514, 516, 518, 520, 522, 524, 526, 528, 530, 532, 534, 536, 538, 540, 542, 544, 546, 548, 550, 552, 554, 556, 558, 560, 562, 564, 566, 568, 570, 572, 574, 576, 578, 580, 582, 584, 586, 588, 590, 592, 594, 596, 598, 600, 602, 604, 606, 608, 610, 612, 614, 616, 618, 620, 622, 624, 626, 628, 630, 632, 634, 636, 638, 640, 642, 644, 646, 648, 650, 652, 654, 656, 658, 660, 662, 664, 666, 668, 670, 672, 674, 676, 678, 680, 682, 684, 686, 688, 690, 692, 694, 696, 698, 700, 702, 704, 706, 708, 710, 712, 714, 716, 718, 720, 722, 724, 726, 728, 730, 732, 734, 736, 738, 740, 742, 744, 746, 748, 750, 752, 754, 756, 758, 760, 762, 764, 766, 768, 770, 772, 774, 776, 778, 780, 782, 784, 786, 788, 790, 792, 794, 796, 798, 800, 802, 804, 806, 808, 810, 812, 814, 816, 818, 820, 822, 824, 826, 828, 830, 832, 834, 836, 838, 840, 842, 844, 846, 848, 850, 852, 854, 856, 858, 860, 862, 864, 866, 868, 870, 872, 874, 876, 878, 880, 882, 884, 886, 888, 890, 892, 894, 896, 898, 900, 902, 904, 906, 908, 910, 912, 914, 916, 918, 920, 922, 924, 926, 928, 930, 932, 934, 936, 938, 940, 942, 944, 946, 948, 950, 952, 954, 956, 958, 960, 962, 964, 966, 968, 970, 972, 974, 976, 978, 980, 982, 984, 986, 988, 990, 992, 994, 996, 998, 1000

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.:

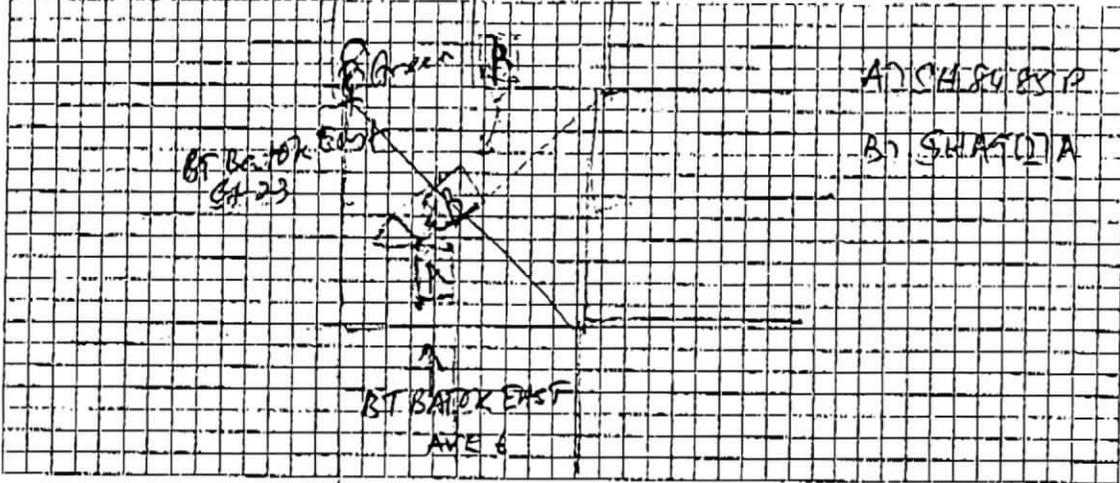
[Handwritten Signature]
 R.M.C.
 CSO
 10/11/19

GIA/IGIC Sketch Plan Form_V2



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/11/19 at about 1530hrs while I Veh A was driving straight ahead on ~~the~~ traffic as the traffic signal was in my favour (green) Veh B intercepted from the opposite direction onto BT Batoke St 23 and there was a collision.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 19070-NCLR

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.:

[Handwritten Signature]
S/R M.orthy
GSO 10/11/19

CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 8485P (Supplementary)

DATE : 12.11.2019

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI IONIQ

FAX : 6542 6039

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Inverter <i>KT</i>			\$ 884.80
	Flap Assy Active Air Upper, (LH/RH) <i>Clack</i>		\$ 356.00	\$ 712.00
	Frt Windscreen Side Cover ,LH <i>dislodged</i>			\$ 158.00
	Horn Unit (LH) <i>Clack</i>			\$ 72.80
	SUB TOTAL		1827.60	\$ 1,827.60
	LESS 20%			\$ 365.52
	DISCOUNTED TOTAL		1462.08	\$ 1,462.08
	Front Number Plate <i>dislodged / broken</i>			\$ 25.00
	Front Number Plate Garnish <i>dislodged / broken</i>			\$ 99.00
	<i>cut</i>		124.00	\$ 124.00
	ESTIMATE TOTAL			\$ 1,586.08

ryan
JKK Auto


✓
✓ photo
✓
✓
 Nett *✓*
 Nett *✓*

\$ 1,586.08

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/FCI19020020/Dsf3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 20-12-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh. SHA 9121A	Veh. Inspected	SH 8485P
	Policy No.	Coverage (\$)	0.00
	Claim No. D19007122MFSH	Excess (\$)	0.00
	Assign From SITHARA	Assign Date	11/11/2019
2. Vehicle Particulars & Condition			
	Make & Model HYUNDAI IONIQ	c.c	1580
	Engine No. HIDDEN	Year of Reg.	2019
	Chassis No. KMHC851CVKU165081	Colour	BLUE
	Odometer 44298	Steering	IN ORDER
	Brakes IN ORDER	Modification	NIL
	General GOOD		
3. Conditions of Tyres			
		Size	Make
	R/H Front Tyre	195/65 R15	MICHELIN
	L/H Front Tyre	195/65 R15	MICHELIN
	R/H Rear Tyre	195/65 R15	MICHELIN
	L/H Rear Tyre	195/65 R15	MICHELIN
			Balance
			5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
	Accident Date 09/11/2019	Inspection Date	12/11/2019
	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:		7 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 8485P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	RADIATOR GRILLE	BROKEN	1,409.10	1,409.10
1	UNIT ASSY-SMART CRU (RADAR SENSOR)	DAMAGED / SHORTED	2,910.90	2,910.90
1	FRONT BUMPER COVER	TORN / CRACKED	418.30	418.30
1	FRONT BUMPER SPONGE	TORN	86.90	86.90
1	FRONT BUMPER REINFORCEMENT	BENT	1,075.10	1,075.10
1	FRONT BUMPER CENTRE MOULDING	CUT / SCRATCHED	188.00	188.00
1	FRONT BUMPER BRACKET TOP (LH)	NOT NECESSARY	35.00	-
1	FRONT BUMPER BRACKET (LH)	NOT NECESSARY	28.00	-
10	FRONT BUMPER CLIPS	NECESSARY	22.00	22.00
1	FRONT BUMPER CENTRE GRILLE	CUT	318.80	318.80
1	HEADLAMP SUPPORT TOP COVER	NOT NECESSARY	398.00	-
1	HEADLAMP SUPPORT PANEL ASSY	CRACKED	949.30	949.30
2	HEADLAMP (LH/RH) @\$2110.30	CRACKED	4,220.60	4,220.60
2	DAY LIGHT, LH / RH @\$642.50	NOT NECESSARY	1,285.00	-
1	RADIATOR	BENT	510.50	510.50
1	EMBLEM - BLUE DRIVE (LH)	NOT NECESSARY	26.60	-
1	AIRCON CONDENSER	BENT	663.60	663.60
1	RADIATOR INVERTER (ADDITIONAL)	BENT	884.80	884.80
2	FLAP ASSY ACTIVE AIR UPPER, (LH/RH) @\$356.00 (ADDITIONAL)	CRACKED	712.00	712.00
1	FRT WINDSCREEN SIDE COVER, LH (ADDITIONAL)	DISLODGE	158.00	158.00
1	HORN UNIT (LH) (ADDITIONAL)	CRACKED	72.80	72.80
	LESS 20% DISCOUNT		-3,274.66	-2,920.14
			13,098.64	11,680.56
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NUMBER PLATE (SN) (ADDITIONAL)	DISLODGE / BROKEN	25.00	25.00
1	FRONT NUMBER PLATE GARNISH (SN) (ADDITIONAL)	CUT	99.00	99.00
			124.00	124.00



LKK Auto Consultants Pte Ltd

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

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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 (\$)
	LABOUR			
	PANEL BEATING.		1,000.00	600.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	30.00
	TOWING CHARGE.	NOT NECESSARY	90.00	-
	REMOVE / REFIX AIRCON & REFILL GAS.		150.00	80.00
	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE.		480.00	320.00
			2,270.00	1,430.00
	GRAND TOTAL		15,492.64	13,234.56
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			10,500.00

Report Ref No. CS/FCI19020020/Dsf3e2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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