| Surveyor: Steve CWS From (Person); JUSON TE | ASSIGNMI of | ENT (Office) " FCI | Date/Tii | ne: D.4Spma | 19/ |
|--|----------------------------|---------------------|-----------------|----------------|-----|
| Estimated Cost: | | Bill to: | | | |
| OD TP / WS / TP RES / OD I | SMA 290 | OOE | Insured: | SHA 1688 | S |
| at Workshop m/sof | Motor Ima | ge | Tel: 670 | | |
| Policy No: | 25 HILL KELL F | Claim No: | D19007 | 265 MPSH | |
| Sum Insured: | | Excess: | | , | |
| Ninke of Vehr (Client's Record) | | | D.O.A. | 2/11/2016 | 7 |
| CA / REV / PED / | HRS (Up) | | ROD | . Endorsement: | |
| Date/Time: 2.58pmg 10 | 1/1110 Person Contacted: | Dennis | Vehicle_I | NOUT | |
| Date/Time: 2.58pm@ 10 Date/Time Action/Instruction | m Tolymore Contacted: | Dennis | Vehicle_J | NOUT | |
| Date/Time: 2.58pm@ 10 Date/Time Action/Instruction | m Tolymore Contacted: | Dennis_ | Vehicle_I | NOUT | |
| Date/Time: 2-88pm@ 10 Date/Time Action/Instruction SMA 291 | m Tolymore Contacted: | | Vehicle_J | DOA OG/ | 0/1 |
| SMA 291 SHA 1688 | m Tolymore Source 1 70 200 | | ······Vehicle-J | N(OUT) | 0/1 |

Western (\$

>04

Denise Tay (LKKAuto)

From:

Dennis Leong <dennisleong@motorimage.net>

Sent:

Thursday, 13 February 2020 3:31 PM

To:

Denise Tay (LKKAuto)

Subject:

RE: SMA 2900E / TP / DOA: 2/11/2019

Hi Denise,

This case liability unclear.

Best Regards,

Dennis Leong

Service Advisor Motor Image Enterprises Pte Ltd 25 Leng Kee Road Singapore 159097 HP:(65)9489 9000

DID:(65)6703 8161

FAX:(65)6479 1137

Email:dennisleong@motorimage.net

Save the Earth. Print only when necessary.



From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]

Sent: Thursday, 13 February 2020 3:13 PM

To: Dennis Leong <dennisleong@motorimage.net>

Subject: SMA 2900E / TP / DOA: 2/11/2019

Dear Dennis,

Can help me check if this case has done for repair? Can finalise?

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



MS First Capital Insurance Limited co.Reg. No. 193000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Hotor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date

18-11-2019

Our Ref No. D19007265MFSH

Accident Date

02-11-2019

Claim Type. Third Party

Insured Vehicle

SHA1688J

Third Party Vehicle. SMA2900E

Survey Location

25 LENG KEE ROAD

Contact Person.

DENNIS LEONG

Contact No.

67038161/94899000

Fax No. 64791137

Survey Type

WITHOUT PREJUDICE:

Appointed

Surveyor

LKK AUTO CONSULTANTS PTE LTD

Contact Person

NA

Fax No. 68416315

Contact Number.

NA

FOR DIRECT SETTLEMENT

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

THIRD PARTY SURVEY REQUEST

Cc: Workshop

MOTOR IMAGE

Attention, NIL

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

JASON TEA CHEE KIAT

ENTERPRISES PTE LTD

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.



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

Your Ref: D19007265MFSH

Date: 25/11/2019

Our Ref: CS/FCI19020487/Etd3

The Motor Claims Department First Capital Insurance Ltd

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SMA 2900E

Please be informed that we had conducted the inspection of the abovementioned vehicle

22/11/2019 at the premises of M/s Motor Image have the following to report: -

| Workshop Estimate Amount | : <u>S\$</u> | 3,579.76 |
|--------------------------|---------------|----------|
| Revised Estimate Amount | : <u>S\$</u> | 1,512.00 |
| "Check" Items Amount | : <u>S</u> \$ | 267.76 |
| Market Value | : <u>S\$</u> | |
| LTA Reimbursement Value | : <u>S\$</u> | |
| Nett Value | : S\$ | |

Description of Damage:
The vehicle sustained damages at the

Rear portion.

rear front offside

Comments/ Present Status:

Damages Consistent.

Yours faithfully Steve Chen Automotive Assessor

Denise Tay (LKKAuto)

From:

Denise Tay (LKKAuto)

Sent:

Monday, 25 November 2019 12:09 PM

To:

Admin-D (LKKAuto); 'CWS Motor Claims'; assignments

Cc:

'Jason Tea'; SUR

Subject:

RE: SURVEY ASSESSMENT - D19007265MFSH/1

Attachments:

PRELI ADVISED OF SMA 2900E.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SMA 2900E Number of days (estimated): 3 days

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>denisetay@lkkauto.com</u> | 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: Tuesday, 19 November 2019 3:00 PM

To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: 'Jason Tea' < Jason Tea@msfirstcapital.com.sg>; SUR < sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D19007265MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer will arrange.

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: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]

Sent: Tuesday, 19 November 2019 3:00 PM

To: 'CWS Motor Claims' < cws.motorclaims@msfirstcapital.com.sg; 'ASSIGNMENTS@LKKAUTO.COM'

<assignments@lkkauto.com>

MOR119146180 / ETHOZ Protect Pte Ltd - Bukit Batok ENTRY DATE & TIME: 04/11/2019 18:41 SUBMITTED BY: JACKSON TEO Ban Chye

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 witholding 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.

| 到8. 24人。J. 古典的手部外是那种 | ACCIDENT STATEMENT | |
|----------------------------|-----------------------|--|
| Date Of Report | 04/11/2019 18:41 | |
| Date Of Accident | 02/11/2019 18:25 | |
| Exact Location Of Accident | ALEXANDRA FOOD CENTRE | |
| Country/State of Loss | SINGAPORE | |

| DETAILS OF OWN VEHICLE | | |
|-----------------------------|----------|--|
| Vehicle Registration Number | SMA2900E | |
| | | |

Insured/Policyholder

Name Of Registered Owner LING LIK WONG

NRIC No S2603893F

Email Address SIEWKWONG.90@GMAIL.COM

Mobile Phone No (LOCAL) +65-97712306
Alternative Phone No OTHERS-97712306

Vehicle Particulars

Manufacturer SUBARU

Model FORESTER 2.0I-L CVT AWD SR

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 FWD SINGAPORE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number PNPV2019-00008397

Cover Note Number

Driver

Name of Driver LING SIEW KWONG

 NRIC No
 S9070279C

 Date Of Birth
 15/02/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 09/04/2010

Driving Experience 9 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91556975

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 673B JURONG WEST ST 65 #10-04

Postcode

642673

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle

CHILDREN

Vehicle Registration Number of Driver's Own

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 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)

Passenger 1

NAME:

: CHEN MEI QI

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

KINDLY REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA1688J

Vehicle Make/Model/Colour

TOYOTA PRIUS (BLUE)

Details Of Properties

Vehicle Category

TAXI

Name of Driver

PEH IN SIN

NRIC/Passport Number

S1324485E

Contact Number

98680311

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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. Amy false reporting may be referred to the Police for investigation-
- 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.
- 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 ("G(A") 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 :
 - 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 daims. (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 titelr 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 comple 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

04/4/19

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 04Nav19/

Reporting Centre Person

Name: NRIC/FIN No.:

GIAAME SketchFlunForm_V2

| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT AS I was Waitine By the capacile lot, I saw car O ready to move out. All of a sudden, I he and a bump at my car bumper and I realized my car and the taxi came into cantact. The analysis you can policy (DD CLAIM), There is a FOURTEEN (14) AN'S CLAUSE WHEREEP MUST BE MADE within the stipulated time frame on the day of the occurrence. | SKETCH PLAN CARPARK 1 | -O7S. |
|---|--|--|
| Important: Ou have been advised by the workshop that in the event that you wish to laim against your own policy (OD CLAIM), There is a FOURTEEN (14) AYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame om the day of the occurrence. | DESCRIBE CIRCUMSTANCES OF THE ACCIDENT As I was waiting for the carpark to more out. All of a cudden, I had | ot, I saw car O ready to rd a bump of my car |
| ou have been advised by the workshop that in the event that you wish to laim against your own policy (OD CLAIM), There is a FOURTEEN (14) AYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame om the day of the occurrence. | | Julia |
| Chin on the | ou have been advised by the workshop that in the event that you wish to aim against your own policy (OD CLAIM), There is a FOURTEEN (14) | - Claim OD |
| | om the day of the occurrence. ECLARATION | |

Policyholder's signature

Date & Time

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | LIDIC |
|--|---------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 893F |
| Vehicle Details | SMA2900E |
| Vehicle No.: | (III) |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 22 Nov 2019 |
| Vehicle Make: | SUBARU |
| Vehicle Model: | FORESTER 2.0I-L CVT AWD SR |
| Primary Colour: | White |
| Manufacturing Year: | 2018 |
| Engine No.: | FB20YD78617 |
| Chassis No.: | JF1SJ5KC5JG109659 |
| Maximum Power Output: | 110.0 kW (147 bhp) |
| Open Market Value: | \$13,488.00 |
| Original Registration Date: | 01 Jun 2018 |
| First Registration Date: | 01 Jun 2018 |
| Transfer Count: | 0 |
| Actual ARF Paid: Intended PARF Rebate Details | \$13,488.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 31 May 2028 |
| PARF Rebate Amount: Intended COE Rebate Details | \$10,116.00 |
| COE Expiry Date: | 31 May 2028 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$37,989.00 |
| COE Rebate Amount: | \$32,382.00 |
| Total Rebate Amount: | \$42,498.00 |

The information contained herein is correct as at 22 Nov 2019

OK

MOTORIMAGE ENTERPRISES PTE. LTD. 25 LENG KEE ROAD SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS WORKSHOP : LENG KEE

CONTACT NO :

6 · - 2 · - =

REFERENCE : INS/IC/JHI/044/2019

DATE

: 17-NOV-2019

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY #07-16 AIG BUILDING

5(079120)

TEL: 91007211

FAX:

MOTOR CLAIM DEPT

OWNER'S NAME : LING LIK WONG

ADDRESS

: APT BLK 673B JURONG WEST STREET 65

#10-04

5(642673)

TELEPHONE NO : 9771 2306

TYPE OF CLAIM : THIRD PARTY CLAIM

POLICY NO : PNPV2019-00008397

VEHICLE NO

: SMA2900E

MODEL CODE : SJ5EK7C

MODEL/YEAR : FORESTER 2.0I-L AWD CVT

ENGINE NO : FB20YD78617

MILEAGE

CHASSIS NO : JF1SJ5KC5JG109659

DATE IN

: 1 KM

DATE IN : 17/11/2019 LIABILITY : 0.00

EXCESS CLAUSE :

0.00

ESTIMATE BY : DENNIS LEONG JIA HUI

ACCIDENT DATE : 17/11/2019

Print Date : 17/11/2019

Print Time

: 17:42:12

MOTORIMAGE ENTERPRISES PTE. LTD. 25 LENG KEE ROAD .SINGAPORE 159097

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SMA2900E

| S/NO | JOB CODE | NATURE OF JOB | ESTIMATED CHARGES | SURVEYOR'S RECOMMENDATION |
|------|----------|--|-------------------|------------------------------|
| 1 | ZZ/001 | REPLACE REAR BUMPER, BUMPER BEAM, BRACKET. 560 | 1740.00 | 560 |
| 2 | ZZ/002 | RESPRAY REAR BUMPER AND BUMPER BEAM (4)9 | 960.00 | 420 |
| 3 | ZZ/003 | REMOVE AND REFIX REVERSE SENSOR | 80.00 | |
| 4 | ZZ/004 | SUNDRIES | 100.00 | 20 |
| | | TOTAL LABOUR GUARAGE | | |
| | | TOTAL LABOUR CHARGES | 2880.00 | |

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SMA2900E

| | | | DAMAGED PARTS & PRICES | | | |
|------|--|--------------|------------------------|------|--------|----------------|
| S/NO | PARTS DESCRIPTION | PARTS NUMBER | NETT | LIST | S/NETT | S/LIST REMARKS |
| 1 | BUMPER FACE REAR FORESTER IL / SR /CUT | 57704SG012 | 540.00 | | | |
| 2 | BRKT SD R RH ? (1) | 57707SG080 | 14.40 | | | |
| 3 | BRKT SD R LH 2 | 57707SG090 | 14.40 | | | |
| 4 | BEAM COMPL R EU (SUPP) 7 | 57711SG0219P | 288.00 | | | |
| 5 | COVER HOOK R | 57731SG010NN | 12.60 | | | |
| б | CLIP BMPR | 909140007 | 2.40 | | | |
| 7 | CLIP 2 PCS | 909140062 | 2.90 | | | |
| | SUB TOTAL | | 874.70 | 0.00 | 0.00 | 0.00 |
| | LESS DISCOUNT (NETT-20 %) | | 174.94 | 0.00 | | 0.00 |
| | CORNEL TOTAL | | | | | |
| | GRAND TOTAL | | 699.76 | 0.00 | 0.00 | 0.00 |
| | OVERALL TOTAL | | 699.76 | | | |
| | | | | | | |

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

MOTORIMAGE ENTERPRISES PTE. LTD. 25 LENG KEE ROAD SINGAPORE 159097

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SMA2900E

TOTAL LABOUR CHARGES

2880.00

TOTAL SPARE PARTS CHARGES

699.76

GRAND TOTAL

3579.76 *

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

SURVEYED DATE

AUTHORIZED DATE

EXCESS CLAUSE

LIABILITY REMARKS

: Steve CLKK) Steve Chm@lkkawlo.com

: 8322 8813 wit Mm 22/11/19, 5-15pg

0.00

PLS NOTE: This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

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:



5b.

ESTIMATED NORMAL PERIOD FOR REPAIR:

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

| | | Reg. No: | 199607198R GST Reg. No. 19-9 | 607198-R |
|------|---------------------------------|---|--------------------------------|------------|
| 11/3 | | Affiliated to Federation Intern | nationale Des Experts En Autom | nobile |
| MS I | FIRST CAPITAL IN | SURANCE LTD | Ref : CS/FCI1902048 | 87/Etd3e2 |
| | ROBINSON ROAD 01 CITY HOUSES | INGAPORE 068877 | Date: 14-02-2020 Code: FCI2 | |
| 1. | | Policy Particul | ars :- THIRD PARTY CLAI | M |
| | Insured Veh. | SHA 1688J | Veh. Inspected | SMA 2900E |
| | Policy No. | | Coverage (\$) | 0.00 |
| | Claim No. | D19007265MFSH | Excess (\$) | 0.00 |
| | Assign From | JASON TEA | Assign Date | 19/11/2019 |
| 2. | | Vehicle P | articulars & Condition | |
| | Make & Model | SUBARU FORESTER | c.c | 1995 |
| | Engine No. | HIDDEN | Year of Reg. | 2018 |
| | Chassis No. | JF1SJ5KC5JG109659 | Colour | WHITE |
| | Odometer | 24030 | Steering | IN ORDER |
| | Brakes | IN ORDER | Modification | SPORTS RIM |
| | General | GOOD | | |
| 3. | | Cor | nditions of Tyres | |
| | | Size | Make | Balance |
| | R/H Front Tyre | 225/60 R17 | YOKOHAMA | 6 mm |
| | L/H Front Tyre | 225/60 R17 | YOKOHAMA | 6 mm |
| | R/H Rear Tyre | 225/60 R17 | YOKOHAMA | 6 mm |
| | L/H Rear Tyre | 225/60 R17 | YOKOHAMA | 6 mm |
| 1. | | | ription of Damages | |
| | THE VEHICLE SU | STAINED DAMAGES AT THE DETAILS. | REAR PORTION. | |
| 5. | | Ger | neral Information | |
| | Accident Date | 02/11/2019 | Inspection Date | 22/11/2019 |
| | Survey held at | 25 LENG KEE ROAD | | |
| | Repairer | MOTOR IMAGE ENTERPRI | ISES PTE LTD | |
| āa. | | | Remarks | |
| | B)THE INSPECTION | NSISTENT TO ACCIDENT RE ON WAS CONDUCTED ON A' CE TO YOUR INSTRUCTION | "WITHOUT PREJUDICE" BAS | |

Estimate Days of Repair

3 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMA 2900E

| Qty | Description of Parts | Condition | Estimate By Workshop (\$)) | Our Adjusted (\$) |
|-----|--|--------------|-------------------------------|-------------------|
| | REPLACEMENT OF PARTS | | | |
| 1 | BUMPER FACE REAR FORESTER IL (N) | BROKEN / CUT | 540.00 | 540.00 |
| 1 | BRKT SD R RH (N) | * CHECK | 14.40 | - |
| 1 | BRKT SD R LH (N) | * CHECK | 14.40 | - |
| 1 | BEAM COMPL R EU (N) | * CHECK | 288.00 | 2= |
| 1 | COVER HOOK R (N) | * CHECK | 12.60 | - |
| 1 | CLIP BMPR (N) | * CHECK | 2.40 | V= |
| 2 | CLIP (N) | * CHECK | 2.90 | - |
| | LESS 20% DISCOUNT | | -174.94 | -108.00 |
| | | | 699.76 | 432.00 |
| | SPECIAL NETT ITEMS | | | |
| 1 | SUNDRIES (SN) | NECESSARY | 100.00 | 20.00 |
| | | | 100.00 | 20.00 |
| | LABOUR | | | |
| | REPLACE REAR BUMPER, BUMPER BEAM, BRACKET. | | 1,740.00 | 560.00 |
| | RESPRAY REAR BUMPER AND BUMPER BEAM. | | 960.00 | 420.00 |
| | REMOVE AND REFIX REVERSE SENSOR. | | 80.00 | 80.00 |
| | | | 2,780.00 | 1,060.00 |
| | GRAND TOTAL | | 3,579.76 | 1,512.00 |

| RECOMMENDED COST OF REPAIRS | | 1,512.00 |
|--------------------------------------|--|----------|
| (REPAIR COST NOT CONCLUDE) | | |
| (EXCLUDE CHECK ITEMS S\$267.76 NETT) | De la constante de la constant | |

Report Ref No. CS/FCI19020487/Etd3e2

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CHEN TSUE YEE

Automotive Assessor

St. S.

ADRIAN LING WAI PING

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

Licensed Appraiser

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