

22/03/2002

ASS. REC. BY:

REF:

CS/TC17008397/Trbe2

Janice
Special Instruction:

Surveyor:

Taufik

ASSIGNMENT (Office)

From (Person):

WS

Ang Yin Min

of

TCL

Date/Time:

27/04/2017 541pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YP 5386Z

Insured:

SHA 8066H

at Workshop m/s

Sng Ah Tee

Tel:

6268 6183

of

Blk 3 Pioneer Road North #01-18

Policy No:

Claim No:

01700 3750MTFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

08/04/2017

CA / REV / REP. / REV 24 HRS 'DS'

18.05.2017

H.O.D. Endorsement:

Date/Time:

27/04/2017

545pm

Person Contacted:

Janice

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

YP 5386Z - x

SHA 8066H CS/TC17008397/Rev

D.O.A: 12/04/2017

19/5/17

Sent preli to Yin Min.

confirm \$2438.60, 5 days

Red: \$400, 141.

Surveyor: *Tanfer*

ASSIGNMENT

From: _____ Date: 18 02 2017

Estimated Cost: _____

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

To Inspect Vehicle No: YP 5386Z

at Workshop m/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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS 'DS'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

YP 5386Z

Yr Regn:

20/7 Jan.

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

Truck / Trailer or

Make:

Isuzu NPR 85.

c.c 2999

Colour

Blue.

A/C:

Insured / Std / NI / NA

Sp. Reading

8760

T/Radio:

Insured / Std / NI / NA

Eng/No:

JAAANPR 85 HG 710378

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/85 R16

R:

N/A.

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

D.O.I.

18/5/17 @ 1415

Survey held at

Sng Ah Tee

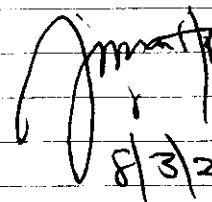
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

* To call Janice first to check if vehicle in w/s.



8/3/2018

RECEIVED 8 MAR 2018

Date/Time, File Pass to?



Preli. Report



Final Report

1) *typist*

Date/Time, File Return to?

2) _____

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

TOTAL

Report Format: TP

Lump Sum / I.B.I. (\$) 2438.60

110
90
90
46
254




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			
FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI17008397/T1rb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 27-04-2017	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 8066H	Veh. Inspected	YP 5386Z
Policy No.		Coverage (\$)	0.00
Claim No.	D17003750MFSH	Excess (\$)	0.00
Assign From	CWS (AUNG YIN MIN)	Assign Date	27/04/2017
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	08/04/2017	Inspection Date	
Survey held at	SNG AH TEE MOTOR & PANEL SERVICE PTE LTD BLK 3, PIONEER ROAD NORTH, #01-18 SINGAPORE 628457.		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C

GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date 11-04-2017 Our Ref No. D17003750MFSH

Accident Date 08-04-2017 Claim Type. Third Party

Insured Vehicle SHA8066H Third Party Vehicle. YP5386Z

Survey Location BLK 3 PIONEER ROAD NORTH #01-18

Contact Person. JANICE CHANG

Contact No. 62686183/ 62686183 Fax No. 62681429

Survey Type DIRECT SETTLEMENT:

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 SNG AH TEE MOTOR &
PANEL SERVICE PTE LTD
Attention. NIL

Cc : TP Solicitor NA TP Solicitor Fax No. NA

Officer Incharge AUNGYM

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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/219227)



PRI Documents



Close



PRI Header Details

Claim No	D17003750MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & SN SERVICE
Workshop Name	SNG AH TEE MOTOR & PANEL SERVICE PTE LTD (Contact Person : JANICE CHANG)	Survey Location & Contact Details	BLK 3 PIONEER ROAD NORTH #01-18 Mobile: 62686183 , Phone: 62686183 , Fax: EmailId: JANICE@SNGAHTTE.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	DIRECT SETTLEMENT:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA8066H	TP Vehicle No	YP5386
PRI Recieved Date	27-04-2017 05:17:16 PM	Surveyor Appointed Date	27-04-2017 05:41:19 PM	Surveyor Accept Date	27-04-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	27-04-2017	Upload Survey Report *:	
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

Upload Multiple Documents

File Name

Action

Surveyor Job Remarks

Text size + -

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 0336D

Vehicle Details

Vehicle No.: YP5386Z

Vehicle to be Exported: No

Intended De-registration
Date: 15 Apr 2017

Vehicle Make: ISUZU

Vehicle Model: NPR85UH5A

Primary Colour: Blue

Manufacturing Year: 2016

Engine No.: 4JJ12P7775

Chassis No.: JAANPR85HG7100378

Maximum Power Output: -

Open Market Value: \$29,949.00

Original Registration Date: 20 Jan 2017

First Registration Date: 20 Jan 2017

Transfer Count: 0

Actual ARF Paid: \$1,498.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry
Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 19 Jan 2027

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$47,001.00

COE Rebate Amount: \$45,876.00

Total Rebate Amount: \$45,876.00

The information contained herein is correct as at 10 Apr 2017

OK

Land Transport Authority

Please read through the Privacy Statement, Terms of Use and Disclaimer.

Please do not use the **Back** or **Forward** buttons on your browser as this may alter the results of the transactions.

Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution

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Janice Lee (LKKAuto)

From: Janice Lee (LKKAuto)
Sent: Friday, 19 May, 2017 3:27 PM
To: 'Claim Workflow System'; AUNGYINMIN@FIRST-INSURANCE.COM.SG
Cc: SUR; Admin-D (LKKAuto); assignments
Subject: RE: SURVEY ASSESSMENT - D17003750MFSH/1
Attachments: YP 5386Z.pdf

Dear Yin Min,

Enclosed preliminary revised of vehicle **YP 5386Z**.
Date of survey : 18/05/2017

Thank you.

Best Regards,

Janice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Thursday, 27 April, 2017 5:47 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17003750MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

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

Best Regards,

Catherine Chong | 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: Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]
Sent: Thursday, 27 April, 2017 5:41 PM
To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; AUNGYINMIN@FIRST-INSURANCE.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D17003750MFSH/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.

Best Regards,

Admin Team

Claim Workflow System

Motor Claims Department

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: D17003750MFSH
Our Ref: CS/FCI17008397/T1rb

Date: 19 May 2017

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

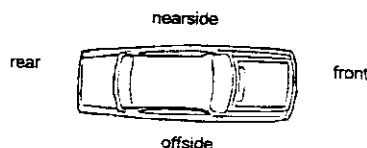
INITIAL INSPECTION REPORT OF VEHICLE NO. YP 5386Z .

We thank you for the instruction on 27/04/2017.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 18/05/2017 at the premises of SNG AH TEE MOTOR have the following to report:-

Workshop Estimate Amount	: S\$ <u>2,838.60</u> .
Revised Estimate Amount	: S\$ <u>2,438.60</u> .
"Check" Items Amount	: S\$ <u>-</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 body.



Comments/ Present Status:
Damages Consistent.

Yours faithfully

TAUFIKH
Automotive Assessor

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 ability.
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 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	10/04/2017 15:56
Date Of Accident	08/04/2017 11:00
Exact Location Of Accident	TEBAN GARDENS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5386Z
Insured/Policyholder	
Name Of Registered Owner	MSS MARINE & OFFSHORE PTE LTD
Co Reg No	200500336D
Email Address	ACCT@MSS-MARINE.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64811565

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5A-3.0 D (M)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-000472
Cover Note Number	

Driver

Name of Driver	MANICKAM DHANASEKAR
Passport No/FIN	F7505595K
Date Of Birth	06/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	10/11/2012
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91849745
Fax Number	
Contact Number	
Email Address	SALES@MSS-MARINE.SG

Address
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident UNKNOWN - REFER TO SKETCH PLAN
 Weather Conditions CLEAR
 Road Surface WET

Other Information

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

Details of Police Action

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

Circumstances of Accident

ON 08/04/2017 @ ABT 1100HRS. I WAS DRIVING ALONG TEBAN GARDENS RD. WHILE I APPROACHING THE T-JUNCTION, SUDDENLY THE TAXI SHA8066H DASH OUT FROM THE MINOR RD WITHOUT STOPPED AT THE STOP LINE & KNOCKED ONTO MY VEHICLE AT RIGHT SIDE. THE IMPACT CAUSING MY VEHICLE DAMAGE AT RIGHT SIDE & REAR RIGHT TAILLAMP. NO ONE WAS INJURED. THAT'S ALL.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA8066H
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver ANG ENG SIN, ALBERT
 NRIC/Passport Number S1420810J
 Contact Number 91881550
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of thereport 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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

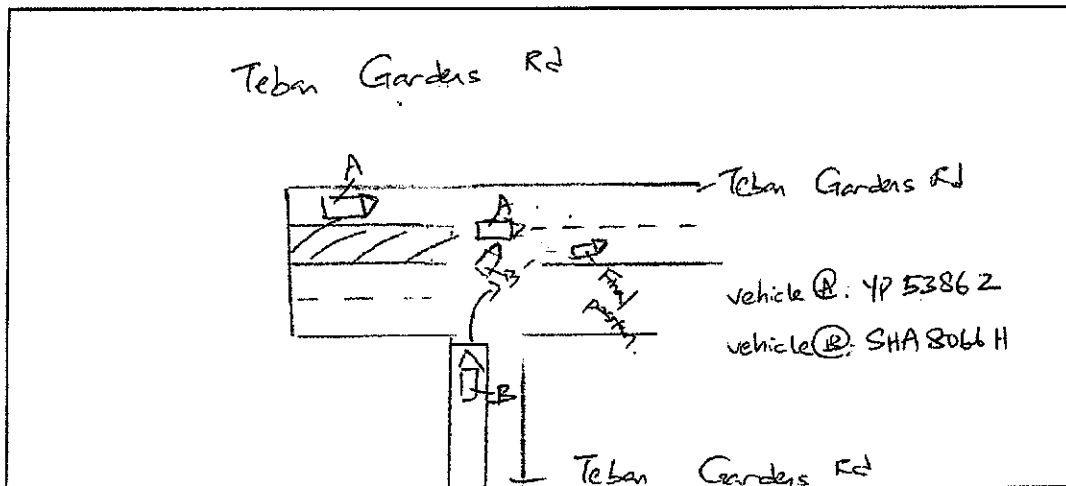


Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan



Sketch Plan Pg. 2

Describe Circumstances of the Accident

On 08/04/2020 at 1130 hrs

Refer to circumstances of Accident.

Declaration

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



☐ Claim own policy

☐ Claim third party

☐ Claim OD / TP at other workshop

☐ For record purpose

Policy No. DMCP 4217-000472

Insurer E2 (C) Veh.No. 7P5386Z

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

孫亞弟汽車燒焊私人有限公司 SNG AH TEE MOTOR & PANEL SERVICE PTE LTD

Blk 3, Pioneer Road North, #01-18 Singapore 628457

Tel: 6268 6183 (4 Lines) Fax: 6268 1429

Email: sngahtee@singnet.com.sg

Website: www.sngahtee.com

RCB. Reg. / GST Reg. No: 200810440N

EST/QUOTE NO. SQ002698

FIRST CAPITAL INSURANCE LIMITED

MOTOR CLAIMS DEP

36 ROBINSON ROAD #16-01

CITY HOUSE SINGAPORE 068877

ATTENTION:

CONTACT: 6222 2311

FAX NO: 6507 3849

DATE: 19/04/2017
ACCIDENT DATE: 08/04/2017
VEHICLE NO: YP5386Z
CHASSIS/ENG.NO:
VEHICLE MODEL: ISUZU NPR85
CLAIM NO:
POLICY NO:
REMARK: 5386FIRST TP AGST
SHA8066H

S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
------	-----	------	-------------	-------	--------	-------------	-----------

** LIST PRICE **

1	1	PC	DIESEL TANK - <i>plus to</i>	766.00	15	651.10	<i>dl</i> 651.10
2	2	PC	DIESEL TANK BRACKET	400.00	15	340.00	<i>bt</i> 680.00
3	2	PC	DIESEL TANK STRAP	75.00	15	63.75	<i>twi</i> 127.50

SUB-TOTAL: 1,458.60

** SPECIAL NETT PRICE **

1	1	PC	SIDE GUARD(RH)	400.00		400.00	<i>bt</i> 300 400.00
2	2	PC	SIDE GUARD BRACKET(RH)	50.00		50.00	<i>bt</i> 100.00
3	1	PC	REAR MUDGUARD(RH)	250.00		250.00	<i>Rp</i> 250.00
4	1	PC	REAR DECK WOODEN BEAM	280.00		280.00	<i>an</i> 280.00

SUB-TOTAL 1,030.00

** WORK LABOUR **

TO REMOVE & FIX DIESEL TANK

100.00 ✓ 100.00

TO REMOVE & REPLACE ABOVE PARTS

250.00 *200* 250.00

SUB-TOTAL 350.00

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: *1 of 1*

JANICE

Janice

ON BEHALF OF SNG AH TEE PANEL & SERVICE PTE LTD E & O.E

Tanjah 97495749
- wp' jmk
53 days - 22/5/17
18/5/17 @ 1415
**Resurvey new parts.*

SUB-TOTAL: S\$ 2,838.60
ADD 7% GST. S\$ 198.70
GRAND TOTAL: S\$ 3,037.30



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

FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI17008397/T1rbe2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 13-03-2018



Code : FCI2

1. Policy Particulars - THIRD PARTY CLAIM

Insured Veh.	SHA 8066H	Veh. Inspected	YP 5386Z
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17003750MFSH	Excess (\$)	0.00
Assign From	AUNG YIN MIN	Assign Date	27/04/2017

2. Vehicle Particulars & Condition

Make & Model	ISUZU NPR85UH5A	c.c	2999
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JAANPR85HG7100378	Colour	BLUE
Odometer	8760	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/85 R16	BRIDGESTONE	8 mm
L/H Front Tyre	195/85 R16	BRIDGESTONE	8 mm
R/H Rear Tyre	195/85 R16 (D)	BRIDGESTONE	8/8 mm
L/H Rear Tyre	195/85 R16 (D)	BRIDGESTONE	8/8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	08/04/2017	Inspection Date	18/05/2017
Survey held at	SNG AH TEE MOTOR & PANEL SERVICE PTE LTD BLK 3, PIONEER ROAD NORTH, #01-18 SINGAPORE 628457.		

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:	5 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YP 5386Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	DIESEL TANK	DENTED	766.00	766.00
2	DIESEL TANK BRACKET @\$400.00	BENT	800.00	800.00
2	DIESEL TANK STRAP @\$75.00	TWISTED	150.00	150.00
	LESS 15% DISCOUNT		-257.40	-257.40
			1,458.60	1,458.60
<u>SPECIAL NETT ITEMS</u>				
1	SIDE GUARD (RH) (SN)	BENT	400.00	300.00
2	SIDE GUARD BRACKET (RH) @\$50.00 (SN)	BENT	100.00	100.00
1	REAR MUDGUARD (RH) (SN)	TO REPAIR SEE LABOUR	250.00	-
1	REAR DECK WOODEN BEAM (SN)	CRACKED	280.00	280.00
			1,030.00	680.00
<u>LABOUR</u>				
	TO REMOVE & FIX DIESEL TANK.		100.00	100.00
	TO REMOVE & REPLACE ABOVE PARTS. INCLUSIVE OF THE REPAIR OF REAR MUDGUARD (RH).		250.00	200.00
			350.00	300.00
GRAND TOTAL			2,838.60	2,438.60
RECOMMENDED COST OF REPAIRS				2,438.60

Report Ref No. CS/FCI17008397/T1rbe2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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