

ASS. REC. BY:

REF:

CS/FCI17008716/Tirber

Special Instruction:

Surveyor: Taufiq

**ASSIGNMENT (Office)**

From (Person): CWG Serene Lee

of

FCI

Date/Time:

04052017 8:15am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

8JT 7887M

Insured:

SHD 4599Y

at Workshop m/s

Shu Fatt Auto

Tel:

6273 0119

of

Blk 1009 Bukit Merah Lane 3 # 01-90

Policy No:

Claim No:

D17004527MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

28042017

(Client's Record)

CA / REV / REP. / REV 24 HRS 110p1

08052017 @ before 11:30am

H.O.D. Endorsement:

Date/Time:

04052017 8:58am

Person Contacted:

Pat

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	8JT 7887M. x
	SHD 4599Y - CS/LPC16000826/1-11/bdi
11/5/17	Sent preli to Serene
7/6/17	@ 1227pm Pat said owner overseas until end of June, she said need to check with owner whether want to repair or not, liability 50% - 50%

(08/11/13)

Surveyor: Tan Jia

REF:

FCS

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: STT 7887Mat Workshop m/s Shu Fattof BK1009 Bt Merah #01-90

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

before 11.30am.

(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: 5 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP.

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: STT 7887M Yr Regn: 2009 SepType: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Latio c.c. 1498Colour: Black A/C: Insured / Std / NI / NASp. Reading: 145405 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: SN1FAA C1170010640Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 185 / 65 R15R: 2 / 2

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 8/5/17 @ 11amSurvey held at Shu FattDes. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

17/10 10.15am Spoken to Pat, vehicle has not send in for repair. Submit preli report.

RECEIVED 17 OCT 2018

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5Resurvey No. of Trip: -

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format: Preli reportLump Sum / I(B): (\$ 1256.70)1005033183



# 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/FCI17008716/T1rb

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 04-05-2017



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 4599Y	Veh. Inspected	SJT 7887M
Policy No.		Coverage (\$)	0.00
Claim No.	D17004527MFSH	Excess (\$)	0.00
Assign From	CWS (SERENE LER)	Assign Date	04/05/2017

## 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	28/04/2017	Inspection Date	08/05/2017
Survey held at	SHU FATT AUTO WORKS BLK 1009, BUKIT MERAH LANE 3 #01-90 SINGAPORE 159723		

## 5a. Remarks

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

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	03-05-2017	<b>Our Ref No.</b> D17004527MFSH
<b>Accident Date</b>	28-04-2017	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHD4599Y	<b>Third Party Vehicle.</b> SJT7887M
<b>Survey Location</b>	BLK 1009 #01-90 BUKIT MERAH LANE 3	
<b>Contact Person.</b>	JULIA WONG	
<b>Contact No.</b>	62730119/ 62730119	<b>Fax No.</b> 0
<b>Survey Type</b>	WITHOUT PREJUDICE: NO EST. PROVIDED	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	SHU FATT AUTO WORKS	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	SERENE	

**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/221612)



PRI Documents



Close



## PRI Header Details

<b>Claim No</b>	D17004527MFSH	<b>Policy No</b>	D-15072701MFSH	<b>Claimant S.No &amp; Name</b>	1 & SH
<b>Workshop Name</b>	SHU FATT AUTO WORKS (Contact Person : JULIA WONG)	<b>Survey Location &amp; Contact Details</b>	BLK 1009 #01-90 BUKIT MERAH LANE 3 <b>Mobile:</b> 62730119 , <b>Phone:</b> 62730119 , <b>Fax:</b> <b>EmailId:</b> SHUFATT@SINGNET.COM.SG		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE: NO EST. PROVIDED		
<b>Insured Name</b>	COMFORT TRANSPORTATION PTE LTD	<b>Insured Vehicle No</b>	SHD4599Y	<b>TP Vehicle No</b>	SJT788
<b>PRI Recieved Date</b>	03-05-2017 10:00:07 PM	<b>Surveyor Appointed Date</b>	04-05-2017 08:15:45 AM	<b>Surveyor Accept Date</b>	04-05-

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>	<input type="text"/>	<b>Surveyor Report Date</b>	04-05-2017	<b>Upload Survey Report *:</b>	<input type="text"/>
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## Vehicle Particulars

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

## Multiple Documents Upload

File Name

Action

## Surveyor Job Remarks



Auto  
Consultants  
Pte Ltd

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

Your Ref: D17004527MFSH  
Our Ref: CS/FCI17008716/T1rb

Date: 11 May 2017

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

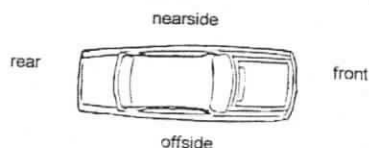
**INITIAL INSPECTION REPORT OF VEHICLE NO. SJT 7887M .**

We thank you for the instruction on 04/05/2017.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 08/05/2017 at the premises of SHU FATT AUTO WORKS have the following to report:-

Workshop Estimate Amount	: S\$ <u>1,775.30</u> .
Revised Estimate Amount	: S\$ <u>1,256.70</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 n/s body portion.



Comments/ Present Status:  
Damages Consistent.

Yours faithfully

TAUFIKH  
Automotive Assessor

## Janice Lee (LKKAuto)

---

**From:** Janice Lee (LKKAuto)  
**Sent:** Thursday, 11 May, 2017 12:44 PM  
**To:** 'Claim Workflow System'; SERENELER@FIRST-INSURANCE.COM.SG  
**Cc:** SUR; Admin-D (LKKAuto); assignments  
**Subject:** RE: SURVEY ASSESSMENT - D17004527MFSH/1  
**Attachments:** SJT 7887M.pdf

Dear Serene,

Enclosed preliminary revised of vehicle **SJT 7887M**.  
Date of survey : 08/05/2017

Thank you.

Best Regards,

**Janice Lee (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [janicelee@lkkauto.com](mailto: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, 4 May, 2017 9:06 AM  
**To:** 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** SERENELER@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D17004527MFSH/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](mailto: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, 4 May, 2017 8:15 AM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)

**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [SERENELER@FIRST-INSURANCE.COM.SG](mailto:SERENELER@FIRST-INSURANCE.COM.SG)

**Subject:** PRI: SURVEY ASSESSMENT - D17004527MFSH/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.**



## 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	02/05/2017 10:28
Date Of Accident	28/04/2017 22:45
Exact Location Of Accident	CTE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT7887M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM ENG GEK WINIFRED TERESA
NRIC No	S0005200J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91390840
Alternative Phone No	OTHERS-94311748

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 L (A)
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A27856233QMX
Cover Note Number	

### Driver

Name of Driver	ALBERT YEE TECK KANG
NRIC No	S0074191D
Date Of Birth	26/11/1948
Occupation	INDOOR
Date Of Driving Pass	19/02/1974
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94311748
Fax Number	
Contact Number	
EEmail Address	ALBERTYEE88@YAHOO.COM

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

#### General Information of the Accident

Type Of Accident UNKNOWN - TP HIT INSURED WHILE CHANGING LANE  
Weather Conditions CLEAR  
Road Surface DRY

#### 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. YES  
Number of Passengers (Including Driver) 2

#### 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

SEE ATTACHED ANNEX A.

#### 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 SHD4599Y  
Vehicle Make/Model/Colour BLUE TAXI  
Details Of Properties  
Name of Driver JIANG YAN  
NRIC/Passport Number S2633475F  
Contact Number 90019875  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

#### 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*W. J. Lim Eng Jek*

Policyholder's Signature / Date &  
Time 2/5/17

Sketch Plan

*[Signature]*

Driver's Signature (If driver is not the policyholder) / Date  
& Time 2/5/17



Witnessed by Reporting Centre  
Personnel

*Refer to Annex A for sketch*

**Describe Circumstances of the Accident**

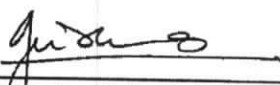
Refer to Report of Annex A attached.

**Declaration**

We declare the foregoing particulars are true in every respect.

W. Y. Li Eng Lok

Policyholder's Signature / Date &  
Time 2/5/17

  
Driver's Signature (If driver is not the policyholder) / Date  
& Time 2/5/17



Witnessed by Reporting Centre  
Personnel

Annex A

TRAFFIC ACCIDENT INVOLVING SHD 4599Y AND SJT 7887M ALONG CTE IN THE DIRECTION OF PIE (CHANGI AIRPORT) AND SLE ON FRIDAY 28 APRIL 2017 AT AROUND 10.45 PM

On Friday 28 April 2017 at around 10.45pm, I was driving my vehicle SJT 7887M along CTE in the direction of PIE (Changi Airport) heading for home. At that time, I was at lane 3 (i.e. second lane from extreme left) and was around 200m from before Exit 7A (Moulmein Rd) when the driver of taxi SHD 4599Y who was on the extreme left turning lane towards Exit 7A cut into my lane and hit the left front passenger door of my vehicle. The traffic at that time was very heavy as there was already an alert sign at the CTE tunnel to warn drivers that there was a traffic accident at lane 1 ahead. My vehicle came to a stop when the taxi hit my vehicle. I found blue-paint scratch marks as well as scratches to the left back passenger door. The road condition then was dry and well lighted. There was no injury sustained by either my spouse (front passenger) or me. The taxi driver was also not injured. Not long after, a tow truck team came along to inspect our vehicles. The officer advised us to drive into Moulmein Road to discuss how we want to settle the accident. We exchanged our personal particulars and I informed the female taxi driver that I will be making an official report on the accident. Please refer to diagram of traffic accident below.

### Particulars of Drivers

#### Self (Name)

ALBERT YEE TECK KANG

#### NRIC NO

S0074191 D

#### ADDRESS

66 FLORA ROAD

#03-58 PARC OLYMPIA

SINGAPORE 560861

#### TAXI DRIVER

JIANG YAN

#### NRIC NO

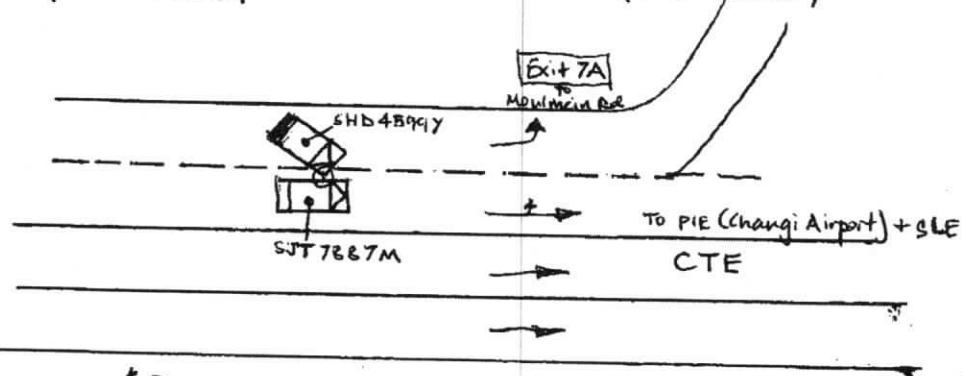
S 2633 475 F

#### ADDRESS

BLK 179 ANG MO KIO AVE 5

#11-2888

SINGAPORE 560179



Signature:

*[Signature]*  
2/5/17



# 樹發汽車修理廠 SHU FATT AUTO WORKS

0-419

BLOCK 1009 BUKIT MERAH LANE 3 #01-90 SINGAPORE 159723 TEL: 6273 0119 FAX: 6270 7065

Our Ref: WSK/jw/SF-quo  
3<sup>rd</sup> May 2017  
TP-52

SJT 7887 M NISSAN LATIO

			S\$	
Spare Parts	1	Left ft fender signal light.	36.70	Snet <i>ut</i>
	1	Left firt door glass outer moulding.	107.90	Snet <i>x 00</i>
	1	Left rear door glass outer moulding.	90.70	Snet <i>x 00</i>
			235.30	
Labour	To knock, straighten left firt fender, left firt door, left rear door, left rear fender, renew damaged parts and assembly.		550.00	<i>450</i>
	To respray damaged parts.		750.00	<i>650</i>
	To remove left firt door, left rear door glass, regulator, motors, handle to facilitate repairs and assembly.		240.00	<i>120</i>
			1775.3-	

JN1FAAC11Z0010640

Tanjilun 97495749.  
- WP'  
8/5/17R 11am  
5 days.  
Resurvey after repair.

**LKK Auto Consultants** hence notify  
the Repairer of the following:

- To resurvey before/after repair
- To display damaged parts
- Parts prices are subject to change
- Third party survey is on a "Without prejudice" basis
- No illegal modifications is allowed
- Supplementary costs must be surveyed and is subject to final approval by the company

Acknowledged by Repairer

Signature:

Date:


(17)

**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/FCI17008716/T1rbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 26-10-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHD 4599Y	Veh. Inspected	SJT 7887M	
Policy No.	D-15072701MFSH	Coverage (\$)	0.00	
Claim No.	D17004527MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	04/05/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	NISSAN LATIO	c.c	1498	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	JN1FAAC11Z0010640	Colour	BLACK	
Odometer	145405	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	185/65 R15	MICHELIN	6 mm	
L/H Front Tyre	185/65 R15	MICHELIN	6 mm	
R/H Rear Tyre	185/65 R15	MICHELIN	6 mm	
L/H Rear Tyre	185/65 R15	MICHELIN	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	28/04/2017	Inspection Date	08/05/2017	
Survey held at	SHU FATT AUTO WORKS BLK 1009, BUKIT MERAH LANE 3 #01-90 SINGAPORE 159723			
<b>5a. Remarks</b>				
A) THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B) DAMAGES CONSISTENT TO ACCIDENT REPORT. C) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. D) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>5 Working Days</b>		



# LKK Auto Consultants Pte Ltd

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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJT 7887M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	LEFT FT FENDER SIGNAL LIGHT (SN)	CUT	36.70	36.70
1	LEFT FRT DOOR GLASS OUTER MOULDING (SN)	NOT NECESSARY	107.90	-
1	LEFT REAR DOOR GLASS OUTER MOULDING (SN)	NOT NECESSARY	90.70	-
			235.30	36.70
	<b><u>LABOUR</u></b>			
	TO KNOCK, STRAIGHTEN LEFT FRT FENDER, LEFT FRT DOOR, LEFT REAR DOOR, LEFT REAR FENDER, RENEW DAMAGED PARTS AND ASSEMBLY.		550.00	450.00
	TO RESPRAY DAMAGED PARTS.		750.00	650.00
	TO REMOVE LEFT FRT DOOR, LEFT REAR DOOR GLASS, REGULATOR, MOTORS, HANDLE TO FACILITATE REPAIRS AND ASSEMBLY.		240.00	120.00
			1,540.00	1,220.00
	<b>GRAND TOTAL</b>		<b>1,775.30</b>	<b>1,256.70</b>
	<b>RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)</b>			<b>1,256.70</b>

Report Ref No. CS/FC117008716/T1rbe2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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