

22/03/2002

ASS. REC. BY:

REF: CS/FCI7008837/Tthbe2

Special Instruction:

Surveyor: Tumbich

ASSIGNMENT (Office)

From (Person): CWS Sithara

of

FCI

Date/Time: 05/05/2017 9:51am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLF 70108

Insured:

SHA 8212C

at Workshop m/s

Cycle & Carriage

Tel:

6568 4501 / 4186 5202

of

209 Pandan Gardens

Policy No:

Claim No:

D17004519 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 29/04/2017

CA / REV / REP. / REV 24 HRS 1wpi

09.05.2017 @ 11am

H.O.D. Endorsement:

Date/Time: 05/05/2017 10:09am

Person Contacted:

Don.

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate:

SLF 70108 - X

SHA 8212C - NS/INC13006339/HHv2

DCA: 02/04/2013

According to repairer owner has withdraw claim.

Sivayur

Tanglin

REF: FCL

ASSIGNMENT

From: _____ Date: 09-05-2017

Estimated Cost: _____

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

To inspect Vehicle No: SLF 7010B
at Workshop m/s Cycle & Conveyance
of 209 Pandun Garden

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Don

11am

(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 'WP'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLF 7010B Yr Regn: 2016 / Sep

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

Truck / Trailer or

Make: Mitsubishi Lancer EX c.c. 1590

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 35270 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Jmy SRCY17.74005838

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 0 mm

D.O.A. _____

Survey held at C&C Pandun Garden

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

RECEIVED 27 NOV 2017

Date/Time, File Pass to?

1) 2411 Typist

Date/Time, File Return to?

2) _____

☒ : Preli. Report
☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee: 105

Transportation: 50

S + RS \$

Photos 14

Others

TOTAL

Report Format: TP

Lump Sum / I.B.I: (\$ _____)

209




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/FC117008837/T1tb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 05-05-2017	
		Code : FC12	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 8212C	Veh. Inspected	SLF 7010B
Policy No.		Coverage (\$)	0.00
Claim No.	D17004519MFSH	Excess (\$)	0.00
Assign From	CWS (SITHARA)	Assign Date	05/05/2017
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	29/04/2017	Inspection Date	09/05/2017
Survey held at	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD 209 PANDAN GARDENS SINGAPORE 609339		
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	03-05-2017	Our Ref No. D17004519MFSH
Accident Date	29-04-2017	Claim Type. Third Party
Insured Vehicle	SHA8212C	Third Party Vehicle. SLF7010B
Survey Location	209 PANDAN GARDENS	
Contact Person.	DON BONG	
Contact No.	65684501/ 0	Fax No. 65651240
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	CYCLE & CARRIAGE AUTOMOTIVE 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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/221600)



PRI Documents



Close



PRI Header Details

Claim No	D17004519MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & CY
Workshop Name	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD (Contact Person : DON BONG)	Survey Location & Contact Details	209 PANDAN GARDENS Mobile: 0 , Phone: 65684501 , Fax: 6565124 EmailId: KIONGHUA.BONG@CYCLECARRIAGE		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA8212C	TP Vehicle No	SLF701
PRI Recieved Date	04-05-2017 03:20:42 PM	Surveyor Appointed Date	05-05-2017 09:57:59 AM	Surveyor Accept Date	05-05-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	05-05-2017	Upload Survey Report *:	
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	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

Denise Tay (LKKAUTO)

From: Loi Ai Ting <aiting.loi@cyclecarriage.com.sg>
Sent: Tuesday, 21 November, 2017 4:05 PM
To: Denise Tay (LKKAUTO); Admin-D (LKKAUTO); Don Bong Kiong Hua
Cc: Andre Chow En De; Tay Jian Ye
Subject: RE: SLF 7010B / SHA 8212C ; TP CLAIM ; DOA: 29.04.2017 ; FIRST CAPITAL

Hi, Denise,

Please take note, claim cancelled.

Thanks.

Regards,
Loi

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Monday, 20 November, 2017 9:28 AM
To: Admin-D (LKKAUTO); Don Bong Kiong Hua; Loi Ai Ting
Cc: Andre Chow En De; Tay Jian Ye
Subject: RE: SLF 7010B / SHA 8212C ; TP CLAIM ; DOA: 29.04.2017 ; FIRST CAPITAL

Any updates on finalize?

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Denise Tay (LKKAUTO)
Sent: Thursday, 12 October, 2017 7:07 PM
To: Admin-D (LKKAUTO) <admin-d@lkkauto.com>; 'Don Bong Kiong Hua' <kionghua.bong@cyclecarriage.com.sg>; Loi Ai Ting <aiting.loi@cyclecarriage.com.sg>
Cc: 'Andre Chow En De' <andre.chow@cyclecarriage.com.sg>; 'Jian Ye Tay' <jianye.tay@cyclecarriage.com.sg>
Subject: RE: SLF 7010B / SHA 8212C ; TP CLAIM ; DOA: 29.04.2017 ; FIRST CAPITAL

Dear all,

Any update?

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	03/05/2017 09:11
Date Of Accident	29/04/2017 21:55
Exact Location Of Accident	SUNTEC CITY FOUNTAIN ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7010B
Insured/Policyholder	
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	201504621K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81019964
Alternative Phone No	OFFICE-81019964

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	UBER
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999995174
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SAIFUDIN BIN HAMRAN
NRIC No	S9512493C
Date Of Birth	16/04/1995
Occupation	INDOOR
Date Of Driving Pass	10/09/2015
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81019964
Fax Number	
Contact Number	
EMail Address	DIN_1695@HOTMAIL.COM

Address	BLK 894B WOODLANDS DRIVE 50 #03-53
Postcode	731894
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE- SAME DIRECTION
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.	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

REFER TO ATTACHMENT

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	SHA8212C
Vehicle Make/Model/Colour	HYUNDAI COMFORT DELGRO CAB/YELLOW
Details Of Properties	
Name of Driver	GWEE YEOW NGUANG
NRIC/Passport Number	S1103502G
Contact Number	98322558
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LEFT BUMPER
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 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.



Policyholder's Signature / Date & Time

Sketch Plan

[Signature]

2/5/17 1045hrs



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

[Signature]

Witnessed by Reporting Centre Personnel

Tower 3/4 Suntec city

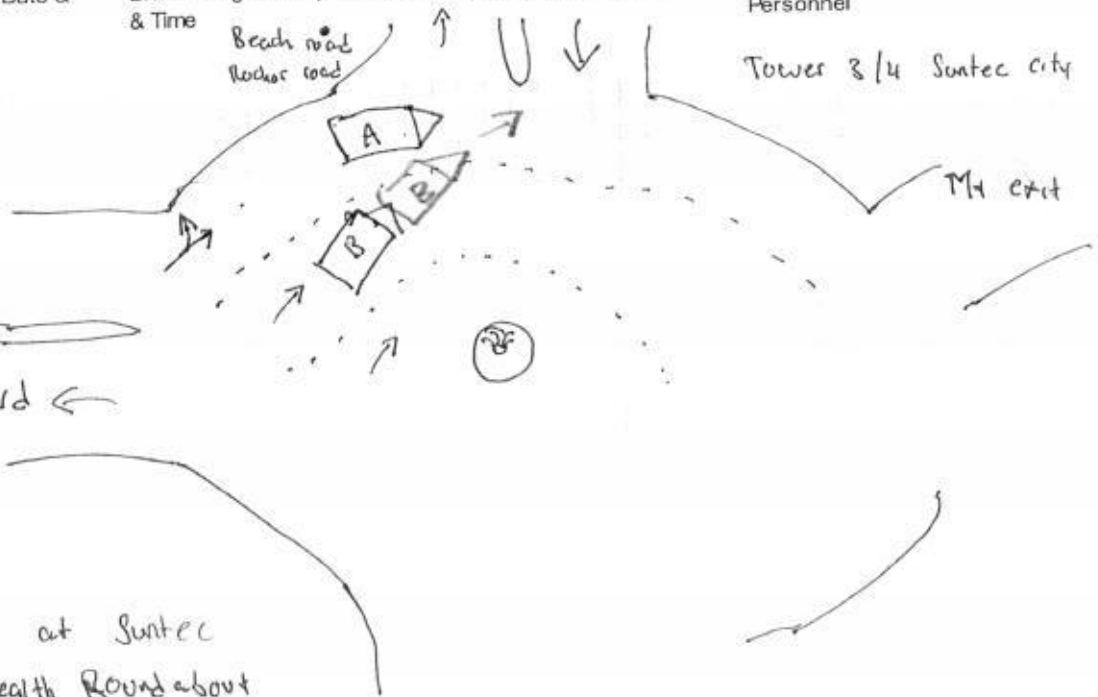
Beach road
Rochor road

[A] - SLF7010B

[B] - SHA 8212C

Temasek Boulevard

Accident occurred at Suntec
City Fountain of Wealth Roundabout



Describe Circumstances of the Accident

Accident happened on the 29th of April 2017 at 2:55 hrs. I was driving along Temasek boulevard towards Suntec city roundabout. Made a safe and clear exit into the roundabout. Position vehicle on the third lane from the inside. Making an exit to Tower 3/4, which is the second exit from where I came from.

There were two other vehicles nearby, one car on my front and a yellow cab on my right (2nd lane). I was driving at a speed of 40 km/h at that point. When I am nearing the first exit, which is towards Rochor and Beach road, I drove slowly as the vehicle in front of me is making the left exit. After he cleared the turn, I checked my side mirrors and I saw the yellow cab coming closer to the left (my right side) on the corner of my eye. I decided to keep up the speed to avoid any collision and it happened too fast. I managed to save my side of the door but not my right rear. When I turn and I saw him making ~~to~~ turn on the left signal. By then my right side passenger door is already damaged. Hence it is evident that his late signalling and rush reaction led to the accident. I am well on my lane, where else he wanted to make an exit when he is on the inner lane. I believe this was a last minute decision to make the sudden exit of his, when he could have one more round in order to make that exit in the right lane, safely.

When I wanted to get the details of the passengers in his cars, he prevented me from doing so and claiming that they were tourist and it would be pointless. He was very irresponsible in handling the situation as I wanted to collect as much details of the accident but he was in rush to continue his taxi trip instead of allowing the matter to be sorted out orderly.

but

As I was explaining to him what could have been right and I was told off by him for being in the way of his reckless exit.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Signature

2/5/17

104 chs



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

Signature

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9512493C



Name
MUHAMMAD SAIFUDIN BIN
HAMRAN

محمد سايفودين بن همران

Race

MALAY

Date of birth

16-04-1995

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9512493C
Name



MUHAMMAD SAIFUDIN BIN
HAMRAN

Birth Date: 16 Apr 1995

Issue Date: 21 Nov 2014



4776375

NRIC No. S9512493C



Date of issue
10-09-2011

Address

APT BLK 894B WOODLANDS DRIVE 50
#03-53
SINGAPORE 731894

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

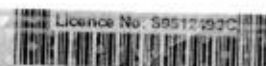
EFFECTIVE DATE

Class 2B	MOTORCYCLES NOT EXCEEDING 100 CC	21 Nov 2014
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	27 Jan 2016
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	18 Sep 2015
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	07 Jan 2016

S9512493C

S / No. 9000248675

NP 428A





CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED. PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



ESTIMATE

Co Reg No : 197701469G

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
Lion City Rentals Pte Ltd	Cust No/Name /Lion City Rentals Pte Ltd
60 Anson Road	Reg No/Reg Date SLF7010B / 06/09/201
Mapletree Anson Level 11	Date In/Mileage / 0
Singapore 079914	Chassis No JMYSRCY1AGU005838
Contact No Mobile: 67420984	Engine No 4A92CJ7931
	Make/Model MIT/16MY LANCER EX 1.6 4AT
	Colour/Trim W03 WHITE SOLID / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
CSM00041	Cash	02/05/2017/ 12:27	QUD	247 / DonBong	60672		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000							1375 2200.00
RENEW ACCIDENT DAMAGED PARTS ON RH REAR DOOR, REPAIR RH REAR FENDER PANEL, RH SIDE SILL							250 300.00
E PNT88000							840 1680.00
REMOVE AND TRANSFER DOOR MECHANISM, DOOR GLASS, TRIM AND OTHERS ATTACHMENT TO ANOTHER NEW PANEL DOOR							80 160.00
E PNT98000							40 50.00
PAINT WORK SPRAY RH REAR DOOR, REPAIR RH REAR FENDER PANEL, RH SIDE SILL AN AFFECTED PORTION							✓ 200.00
M SUNDRY							80 120.00
APPLY BODY SEALANT ON AFFECTED PORTION							20 50.00
A 54900099							66 1038.00
CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM							37 37.00
A 10028901							422 422.00
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST							7 290.00
M SUNDRY							
APPLY ANTI CORROSION ON AFFECTED PANEL							
M SUNDRY							
SUNDRIES							
M	PANEL ASSY,RR DOOR,RH			1.00	1038.00	00.00	1038.00
M	TAPE,RR DOOR SASH,RH			1.00	37.00	00.00	37.00
M	MOTOR,F/DR POWER WDO REG,L			1.00	422.00	00.00	422.00
M	LATCH,RR DOOR,RH			1.00	290.00	00.00	290.00
SURVEYOR NAME :				Tangin 97495749			
SURVEYOR SIGNATURE :				[Signature]			
DATE :				9/5/17 @ 1120			
REMARKS :				5 days			

SURVEYOR NAME: Tanjin 9749749SURVEYOR SIGNATURE: [Signature]DATE: 9/5/17 @ 1120REMARKS: 5 days

Resurvey before paint
sur @ 11h ant.com.

Confirm & accepted by

**LRA 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

Authorized Signatory and company stamp

Nett 6,547.00
7% GST on 458.29
Total Payable 7,005.29

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.




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/FCI17008837/T1tbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 08-12-2017	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 8212C	Veh. Inspected	SLF 7010B	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17004519MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	05/05/2017	
2. Vehicle Particulars & Condition				
Make & Model	MITSUBISHI LANCER EX	c.c	1590	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JMYSRCY1AGU005838	Colour	WHITE	
Odometer	33220	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	MICHELIN	6 mm	
L/H Front Tyre	205/60 R16	MICHELIN	6 mm	
R/H Rear Tyre	205/60 R16	MICHELIN	6 mm	
L/H Rear Tyre	205/60 R16	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/04/2017	Inspection Date	09/05/2017	
Survey held at	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD 209 PANDAN GARDENS SINGAPORE 609339			
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:		5 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. SLF 7010B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	SUNDRIES (SN)	NECESSARY	50.00	20.00
1	PANEL ASSY, RR DOOR, RH (SN)	BENT	1,038.00	1,038.00
1	TAPE, RR DOOR SASH, RH (SN)	NECESSARY	37.00	37.00
1	MOTOR, F/DR POWER WDO REG, L (SN)	* CHECK	422.00	-
1	LATCH, RR DOOR, RH (SN)	* CHECK	290.00	-
			1,837.00	1,095.00
	LABOUR			
	RENEW ACCIDENT DAMAGED PARTS ON RH REAR DOOR, REPAIR RH REAR FENDER PANEL, RH SIDE SILL.		2,200.00	1,375.00
	REMOVE AND TRANSFER DOOR MECHANISM, DOOR GLASS, TRIM AND OTHERS ATTACHMENT TO ANOTHER NEW PANEL DOOR.		300.00	250.00
	PAINT WORK SPRAY RH REAR DOOR, REPAIR RH REAR FENDER PANEL, RH SILL AN AFFECTED PORTION.		1,680.00	840.00
	APPLY BODY SEALANT ON AFFECTED PORTION.		160.00	80.00
	CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM.		50.00	40.00
	TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST.		200.00	200.00
	APPLY ANTI CORROSION ON AFFECTED PANEL.		120.00	80.00
			4,710.00	2,865.00
	GRAND TOTAL		6,547.00	3,960.00
	RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$712.00 NETT)			3,960.00

Report Ref No. CS/FCI17008837/T1tbe2

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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