

22/03/2017

ASS. REC. BY:

REF:

CS/FCC1701/1519/Sgh302

Special Instruction:

Surveyor: Sebastian
cus

ASSIGNMENT (Office)

From (Person): Vin Lim

of PCZ

Date/Time: 14/6/2017 8:54am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SF55T

Insured: S4A5990J

at Workshop n/s Eunkars

Tel: 67602445

of 12 surge, road Avenue

Policy No:

Claim No: D17005885MFS4

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 10/6/2017

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

H.O.D. Endorsement:

Date/Time: 14/6/2017 9:17am

Person Contacted:

Jacky

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SF55T-X
	S4A5990J-CCS CR216011290 M1E0372
	Def - 15/6/2016

Surveyor Sebastian

REF:

68794

Jadey.

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SLP 55T Yr Regn: 9/12/2016
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Porsche Macan o.c. 2977
 Colour: black A/C: Insured / Std / NI / NA
 Sp. Reading: 7009 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WPI 222 95 ZHL 13 6 2 694
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: NI / S/Rim / STD A/Rim or _____
 Tyre Size: F: 265/45R20
 R: 295/40R20

(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: 7 days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

<u>Front</u>		<u>Rear</u>
R/Bal. <u>8</u> mm		R/Bal. <u>8</u> mm
L/Bal. <u>8</u> mm		L/Bal. <u>8</u> mm
D.O.A. <u>10/6/2017</u>		D.O.I. <u>14/6/2017</u>

Survey held at Kundars
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s Frt
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
15/6/17	email preli to Von.
18/12/17	Wksp informed owner convert to ob claim.
18/12/17	Submit preliminary report.

RECEIVED 18 DEC 2017

Date/Time, File Pass to?

: Preli. Report
 : Final Report

Days Of Repair: 7

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

1)

Date/Time, File Return to?

2)

Add Fee: : Site Insp (\$ _____)) S + RS \$
 : Interview (\$ _____)) Photos 850
 : Tech. Invs (\$ _____)) Others 580
 : Weekend (\$ _____)) 10/12/17

TOTAL

Report Format : _____

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

23x15=345
170+345
50
60
625



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/FCI17011519/Sgh3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 14-06-2017	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 5990J	Veh. Inspected	SLF 55T
Policy No.		Coverage (\$)	0.00
Claim No.	D17005885MFSH	Excess (\$)	0.00
Assign From	CWS (VION LIM)	Assign Date	14/06/2017
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	10/06/2017	Inspection Date	14/06/2017
Survey held at	EUROKARS HABITAT PTE LTD NO.12 SUNGEI KADUT AVE SINGAPORE 729648		
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

Date	13-06-2017	Our Ref No. D17005885MFSH
Accident Date	10-06-2017	Claim Type. Third Party
Insured Vehicle	SHA5990J	Third Party Vehicle. SLF557
Survey Location	12 SUNGEI KADUT AVENUE	
Contact Person.	RICK TEO	
Contact No.	63602445/ 0	Fax No. 63602899
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	EUROKARS LEASING PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	VION LIM LUO SHAN	

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/224042)  PRI Documents  Close 

PRI Header Details

Claim No	D17005885MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & EU
Workshop Name	EUROKARS LEASING PTE LTD (Contact Person : RICK TEO)	Survey Location & Contact Details	12 SUNGEI KADUT AVENUE Mobile: 0 , Phone: 63602445 , Fax: 6360289 EmailId: RICKTEO@EUROKARS.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA5990J	TP Vehicle No	SLF557
PRI Recieved Date	13-06-2017 09:10:01 PM	Surveyor Appointed Date	14-06-2017 08:53:53 AM	Surveyor Accept Date	14-06-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	14-06-2017	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

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Ai Phing (LKKAuto)

From: Ai Phing (LKKAuto)
Sent: Thursday, 15 June, 2017 5:23 PM
To: Claim Workflow System
Cc: VIONLIM@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17005885MFSH/1
Attachments: SLF 55T.pdf

Dear Vion,

Enclosed herewith preliminary advise of vehicle SLF 55T.

Best Regards,

Ai Phing | 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, #01-25 | S(408933)

From: Claim Workflow System [mailto:cwsmotorclaims@first-insurance.com.sg]
Sent: Wednesday, 14 June, 2017 11:18 AM
To: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Cc: VIONLIM@FIRST-INSURANCE.COM.SG; cwsmotorclaims@first-insurance.com.sg
Subject: RE: SURVEY ASSESSMENT - D17005885MFSH/1

Without Prejudice

Dear Sir/Madam,

TP's number amended to SLF55T in CWS.

Regards,

Admin Team

Claim Workflow System

Motor Claims Department

First Capital Insurance Limited

From: Ashley Chong (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Wednesday, June 14, 2017 6:41 AM
To: 'Claim Workflow System'
Cc: VIONLIM@FIRST-INSURANCE.COM.SG
Subject: RE: SURVEY ASSESSMENT - D17005885MFSH/1



Auto
Consultants
Pte Ltd

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

Your Ref: D17005885MFSH

Date: 15-06-2017

Our Ref: CS/FCI17011519/Sgh3

The Motor Claims Department
First Capital Insurance Ltd

Without Prejudice

Dear Sir/Madam,

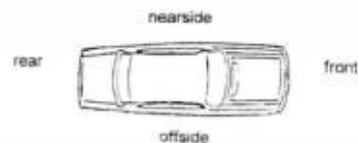
INITIAL INSPECTION REPORT OF VEHICLE NO. SLF 55T.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 14-06-2017 at the premises of M/s EUROKARS HABITAT and have the following to report:-

Workshop Estimate Amount	: S\$	<u>33,331.54</u>
Revised Estimate Amount	: S\$	<u>25,337.95</u>
"Check" Items Amount	: S\$	<u>6,043.59</u>
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the o/s front portion.



Yours faithfully

Sebastian Yeang
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	12/06/2017 09:49
Date Of Accident	10/06/2017 19:20
Exact Location Of Accident	CARPARK DRIVEWAY TWDS EXIT OF SPRING GROVE CONDO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5990J
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-1572701MFSH
Cover Note Number	

Driver

Name of Driver	TAN SOON LENG (CHEN SHUNLONG)
NRIC No	S7805557Z
Date Of Birth	26/02/1978
Occupation	OUTDOOR
Date Of Driving Pass	26/01/1999
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Sketch Plan Pg. 1

SKETCH PLAN

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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.

COMFORT TRANSPORTATION PTE LTD.
CO REG NO 199303821R

[Signature] 11/6/17 *[Signature]*

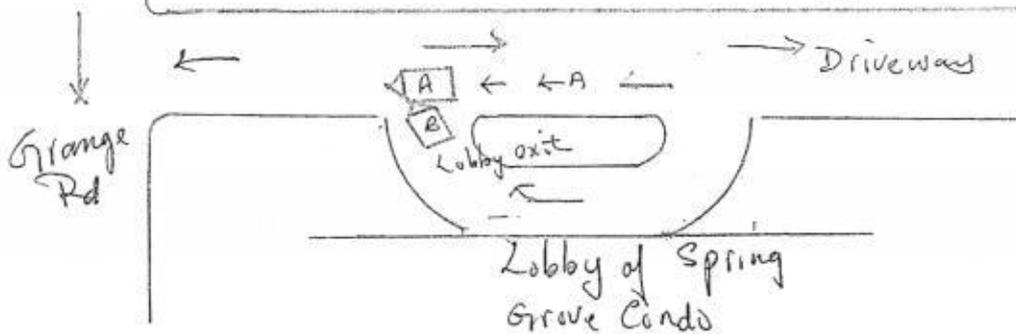
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SHA5990J
B = SLF55T



Sketch Plan Pg. 3

SHA 5990 J - ACCIDENT STATEMENT

Last night(10/06/2017) at about 7.20 pm, after a male passenger boarded my taxi in the open air carpark at Spring Grove, I proceeded to exit the condo and moving towards the main road(Grange Road),

As seen in the video footage, while I was going at slow speed on the driveway and was a short distance before the exit when my taxi was suddenly hit into by vehicle B(SLF 55T), a Porsche, amid exiting the lobby arena on the left side of the driveway I was travelling along.

There was no way I could resort to to avoid the accident when vehicle was moving out very fast in the face of my approaching car.

The impact damaged the left front portion of my taxi while the front right to vehicle B was dented.

I took photos at the scene following the accident.

My passenger was not injured at the time of accident.

I affirmed the above-statement is true and correct.


Driver name : Tan Soon Leng
NRIC NO : S 7805557Z
Date: 11/06/2017

Recorded by Alex Lim


SINGAPORE ACCIDENT STATEMENT

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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	12/06/2017 13:17
Date Of Accident	10/06/2017 19:00
Exact Location Of Accident	53 GRANGE ROAD (SPRING GROVE CONDO DRIVE WAY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF55T
Insured/Policyholder	
Name Of Registered Owner	CHAN CHOON ENG CALVIN
NRIC No	S7126874H
Email Address	CALVINCCE71@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98191108
Alternative Phone No	OFFICE-98191108
Vehicle Particulars	
Manufacturer	PORSCHE
Model	MACAN-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPX/P1878829
Cover Note Number	
Driver	
Name of Driver	CHAN CHOON ENG CALVIN
NRIC No	S7126874H
Date Of Birth	11/08/1971
Occupation	INDOOR
Date Of Driving Pass	09/10/1990
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98191108
Fax Number	
Contact Number	OFFICE-98191108
EMail Address	CALVINCCE71@YAHOO.COM

Address	BLK 329 CLEMENTI AVENUE 2 #05-254
Postcode	120329
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION- HEAD TO REAR (TP HIT INSURED)
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

REFER TO SKETCH PLAN ATTACHED.

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	SHA5990J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN SOON LENG
NRIC/Passport Number	S7805557Z
Contact Number	94520966
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Describe Circumstances of the Accident

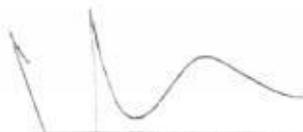
On 10/06/2017 at around 1900hrs I was waiting at my condo driveway for my wife to get into the car. After she got into the car, I started to move off slowly. Before ~~to~~ my car got out of the driveway began suddenly vehicle B hit onto the front right portion of my car

Declaration

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


Policyholder's Signature / Date & Time

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


Witnessed by Recording Centre Personnel

SKETCH PLAN

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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

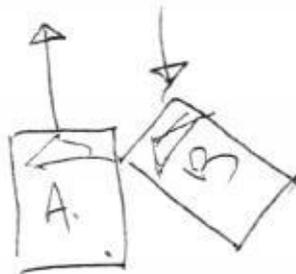
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



		Total Parts	\$ 23,121.54
Labour Description			
1	TO REMOVE / REPACE FRONTAL DAMAGED & AFFECTED BODY PARTS, & FITTINGS WHICHEVER NECESSARY INCLUDING ALIGNMENT OF BODY STRUCTURE.	3500	\$ 5,000.00
2	TO SPRAY PAINT FRONT BUMPER, BONNET	2200	\$ 2,500.00
3	TO CARRY OUT BODY CAVITY PRESERVATION TO ALL AFFECTED AREAS	100	\$ 200.00
4	TO CHECK ELECTRICAL WIRING SYSTEM FOR PROPER FUNCTION ABILITY INCLUDING PARKING ASSIST SENSORS	NETT	\$ 250.00 ✓
5	TO REMOVE / REPLACE TURBO CHARGE COOLER.	NETT	\$ 700.00 ✓
6	TO RE-PROGRAMMED SYSTEM & ERASE FAULT CODES AFTER ACCIDENT REPAIR.	NETT	\$ 600.00 ✓
7	TO CHECK STEERING GEOMETRY & CONDUCT WHEEL ALIGNMENT ACCORDING TO SPECIFICATIONS.	NETT	\$ 680.00 ✓
8	TO REMOVE REPLACE REFIT TYRES & RIMS @ \$60/-	NETT	\$ 60.00 ✓
9	TO SUPPLY BONNET CHASSIS STICKER	NETT	\$ 120.00 ✓
10	SUNDRIES.	50.	\$ 100.00
		TOTAL LABOUR	\$ 10,210.00
		TOTAL PARTS	\$ 23,121.54
		GRAND TOTAL	\$ 33,331.54

Please note that this is **only an estimate**, base on our visual inspection. However should there be any additional work be found necessary in the course of repair and thus additional parts, materials and labor cost will be deem necessary, you will be inform accordingly prior to any action taken. In view of this, expected delays will be indivertible and therefore additional working days will be required. As such the loss of use and other incidentals will be adjusted accordingly.

Prepared By

Acknowledge By


 Sebastian
 14/6/2017
 90036121
 sebastianyeang@lkkauto.com.
 - Photo before paint.
 - Question Mark Item.
 Photo.

7 days.

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

C:



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/FCI17011519/Sgh3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 26-12-2017	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 5990J	Veh. Inspected	SLF 55T
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17005885MFSH	Excess (\$)	0.00
Assign From	VION LIM	Assign Date	14/06/2017
2. Vehicle Particulars & Condition			
Make & Model	PORSCHE MACAN	c.c	2997
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WP1ZZZ95ZHLB62694	Colour	BLACK
Odometer	7009	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	265/45 R20	MICHELIN	8 mm
L/H Front Tyre	265/45 R20	MICHELIN	8 mm
R/H Rear Tyre	295/40 R20	MICHELIN	8 mm
L/H Rear Tyre	295/40 R20	MICHELIN	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	10/06/2017	Inspection Date	14/06/2017
Survey held at	EUROKARS HABITAT PTE LTD NO.12 SUNGEI KADUT AVE SINGAPORE 729648		
5a. Remarks			
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		7 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLF 55T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	LINING	* CHECK	103.50	-
1	P95B-809-962-E -/WHEEL-HOUSING LINER	DEFORMED	252.30	252.30
1	P999-507-795-09-/SPEED NUT	NECESSARY	1.90	1.90
5	NUT	NECESSARY	5.00	5.00
5	CLIP	NECESSARY	9.50	9.50
5	SCREW	NECESSARY	2.00	2.00
1	GRILLE	CUT	797.70	797.70
1	GRILLE	CRACKED	1,907.60	1,907.60
1	DISC	CUT	381.50	381.50
1	COVER	CUT	606.80	606.80
6	EXPANSION RIVET	NECESSARY	7.20	7.20
1	SUPPORT	* CHECK	25.50	-
1	P5Q0-919-275-A -/SENSOR PARKASSIST	* CHECK	215.00	-
1	P5Q0-919-133- -/GASKET	* CHECK	2.20	-
1	FRONT SPOILER	BENT	1,215.60	1,215.60
7	P999-073-491-01-/TAPPING SCREW	NECESSARY	11.90	11.90
1	CROSS MEMBER	* CHECK	238.60	-
1	AIR DUCT	* CHECK	57.80	-
1	P95B-805-594- -/BRACKET, CHARGE AIR COO	* CHECK	211.40	-
1	P95B-807-890-A -/GUIDE PIECE	* CHECK	72.70	-
1	AIR DUCT	* CHECK	158.00	-
1	P95B-823-031-CY-GRV/LID	CUT	2,974.90	2,974.90
2	GASKET	NECESSARY	14.00	14.00
1	COVER	NECESSARY	53.40	53.40
1	LED HEADLIGHTS	* CHECK	4,791.80	-
1	ADDITIONAL HEADLAMP	* CHECK	327.30	-
1	FOG LAMP FRONT (RH)	* CHECK	511.30	-
1	ALLOY WHEEL	CUT	5,645.00	5,645.00
1	P5Q0-907-275- -/SENSOR TPM (433MHz)	NECESSARY	221.70	221.70
1	VALVE	NECESSARY	59.60	59.60
1	CHARGE AIR COOLER RH	BENT	1,451.70	1,451.70

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
3	CLIP	NECESSARY	17.10	17.10
3	GROMMET	NECESSARY	20.10	20.10
3	SPACER	NECESSARY	20.10	20.10
3	HEXAGON-HEAD BOLT	NECESSARY	3.90	3.90
1	LINING (BUMPER)	CRACKED	3,295.00	3,295.00
	LESS 10% DISCOUNT		-2,569.06	-1,897.55
			23,121.54	17,077.95
	<u>SPECIAL NETT ITEMS</u>			
1	SUNDRIES (SN)	NECESSARY	100.00	50.00
			100.00	50.00
	<u>LABOUR</u>			
	TO REMOVE / REPLACE FRONTAL DAMAGED & AFFECTED BODY PARTS & FITTINGS WHICHEVER NECESSARY INCLUDING ALIGNMENT OF BODY STRUCTURE.		5,000.00	3,500.00
	TO SPRAY PAINT FRONT BUMPER, BONNET.		2,500.00	2,200.00
	TO CARRY OUT BODY CAVITY PRESERVATION TO ALL AFFECTED AREAS.		200.00	100.00
	TO CHECK ELECTRICAL WIRING SYSTEM FOR PROPER FUNCTION ABILITY INCLUDING ASSIST SENSORS.		250.00	250.00
	TO REMOVE / REPLACE TURBO CHARGE COOLER.		700.00	700.00
	TO RE-PROGRAMMED SYSTEM & ERASE FAULT CODES AFTER ACCIDENT REPAIR.		600.00	600.00
	TO CHECK STEERING GEOMETRY & CONDUCT WHEEL ALIGNMENT ACCORDING TO SPECIFICATIONS.		680.00	680.00
	TO REMOVE REPLACE REFIT TYRES & RIMS @\$60/-		60.00	60.00
	TO SUPPLY BONNET CHASSIS STICKER.		120.00	120.00
			-	-
			-	-
			10,110.00	8,210.00
GRAND TOTAL			33,331.54	25,337.95
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$6,043.59 NETT)				25,337.95

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YEANG WAI KEEN
Automotive Assessor

A handwritten signature in black ink, appearing to be 'ALWP'.

ADRIAN LING WAI PING
B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI
Licensed Appraiser

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