ASS., REC. BY:		REF: CS	/ FCL( 701	2214 /Tid	Special I	introction:		
Surveyor:	TimAlan	_A88	IGNMEN	(Office)				
From (Person)	CM3 SiAM	<u>a(a</u> of		701	Dete	e/Time	72062017	TH3 DM
Estimated Cos	t:		В	ill to:				
To Inspect Ve	hicle No:	SLE JE	/ MV / CS		Insured:	SHC	7773X	
at Workshop r of	n/s	Cycle &	Carrique ndan Gard	Automotive en	Tel:	65684	555 /6	5384501
				Claim No:	000F10	134MFS		
Sum Insured:				Excess:			1	
Make of Veh: (Client's Record					D.0	0F1	FIDCH	
	REP. / REV 24 22062077 44			-01.2017 Jian Ye		O.D. Endors		
Date/Time		n ( √ ) E						
	DE 789X		um 19am	/PG613			Don- 10	ilean
DI6/17			than.	71100			UM- IL	10/14
12/7/17	Change in		Ato In Sur	e				
18/7/17			ithum					

.

Sirrayor taught REF: TCL		f .
Carrendo de la Carren	GNMENT	
From: Date: 33062017 Estimated Cost:	Veh No: SLE287 X Yr Regn: Jell Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Move	
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No: SLE 287X	Make: Mitsuhishi Afrege c.c	1193
at Workshop m/s Cycle & Comage	Colour while A/S Insured / S	td/NI/NA
of 209 Pandon Garden	Sp.Reading 89145 T/Radio: Insured / S	td / NI / NA
Insured:	Eng/No:	16.
Policy No.	CINO: MM #5TA (3 MH4.0020	101
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt	
Sum insured: Excess:	Steering: Inorder,/ Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or	
Make of Veh: Jign Ye	Modi: Nil / S/Rim / STD A/Rim or	
	Tyre Size: F: / (5/) 5/2 )	
(Policy Condition)	R: 4 7	
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / S	SUMI /
repair at the time of inspection.	TOYOTYOKO OF ROUDEN	
Bal. or Market Value:	Front Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal mm R/Bal	mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. L/Bal.	mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 23/6/	136 (2p
Lum Sum: % 3 Val.: Yes or No	Survey held at (8) Parolin Gelm	
CA / REV / REP. / 24 HRS 1 4 P	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Roofto	p or
Date: Person Contacted:	COAV O/>	e te estision
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected do	e to collision.
Date / Time Action / Instruction		
Confirm with Som \$5496.06	, &days	
Red: 14615 &1, 467.		
DECEIVED 1.7	10.0044	
RECEIVED 1 / A	DJ 2010.	
	Days Of Renair:	
	- English of Reputit	
Date/Time, File Return to?	Resurvey No. of Trip:   Survey Fee:   Transportation:	70 F0
2) Add Fee		50
a a a a a a a a a a a a a a a a a a a		12
Report Format : TP	Tech Invs (\$ ) Others	
Lump_Sum / I.B.I: (\$ 5466.06)	Weekend (\$	
7,0,0,0	TOTAL	311
	(IVIN)	Ti ah-



# 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

FIR	ST CAPITAL INSU	RANCE LTD	Ref : CS/FCI170122	14/T1rb	
36 F	ROBINSON ROAD	INGAPORE 068877	Date: 22-06-2017 Code: FCI2		
1.		Policy Particu	lars :- THIRD PARTY CLA	IM	
	Insured Veh.	SHC 7773X	Veh. Inspected	SLE 287X	
	Policy No.	RESPONDED THE	Coverage (\$)	0.00	
	Claim No.	D17006134MFSH	Excess (\$)	0.00	
	Assign From	CWS (SITHARA)	Assign Date	22/06/2017	
2.		Vehicle F	Particulars & Condition		
	Make & Model		c.c	0	
	Engine No.	HIDDEN	Year of Reg.		
	Chassis No.		Colour		
	Odometer	£	Steering		
	Brakes		Modification		
	General				
3.		Co	nditions 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.	a Massassia	Desc	ription of Damages	axtieletmeze/fi	
5.	ENAMENA	Ger	neral Information		
	Accident Date	17/06/2017	Inspection Date	23/06/2017	
	Survey held at	CYCLE & CARRIAGE AUT		55,050(50)	
		209 PANDAN GARDENS S	INGAPORE 609339		
5a.	Generals		Remarks		
	A)THE INSPECTIO	N WAS CONDUCTED ON A	"WITHOUT PREJUDICE" BAS S, WE HAVE NOT AUTHORIS	SIS.	

# First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date

20-06-2017

Our Ref No. D17006134MFSH

Accident Date

17-06-2017

Claim Type. Third Party

Insured Vehicle

SHC7773X

Third Party Vehicle. SLE287X

Survey Location

209 PANDAN GARDENS

Contact Person.

TAY JIAN YE

Contact No.

65684555/65384501

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 (/0	ClaimWS/Surveyor/JobShee	t/224356) 🕌	PRI Documents 🙆 Close	x	
		701	PRI Header Details		
Claim No	D17006134MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & CY AUTON
Workshop Name	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD (Contact Person : TAY JIAN YE)	Survey Location & Contact Details	209 PANDAN GARDENS Mobile: 65384501 , Pho EmailId: JIANYE.TAY@C		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7773X	TP Vehicle No	SLE28
PRI Recieved Date	22-06-2017 11:52:23 AM	Surveyor Appointed Date	22-06-2017 04:43:18 PM	Surveyor Accept Date	22-06-
		S	urvey Report Upload		
Surveyor Inspection Date *:	134	Surveyor Report Date	22-06-2017	Upload Survey Report *:	
		- 3	Vehicle Particulars		
Make	Please Select Make	Model	Please Select Model 🕶	Year	Select
Chasis No		Engine No		Mileage	
Color		Cubic Capacity			
Multiple Do	ocuments Upload				
	Up	load Multiple Do	cuments		
File Nam	е		Δ.	tion	

Surveyor Job Remarks

#### Janice Lee (LKKAuto)

From:

Janice Lee (LKKAuto)

Sent:

Friday, June 30, 2017 5:50 PM

To:

'Claim Workflow System'; SITHARA@FIRST-INSURANCE.COM.SG

Cc:

SUR; Admin-D (LKKAuto); assignments

Subject:

RE: SURVEY ASSESSMENT - D17006134MFSH/1

Attachments:

SLE 287X.pdf

Dear Sithara,

Enclosed preliminary revised for SLE 287X

Thank you.

Best Regards,

Janice Lee (Ms) | Case Handler LKK Auto Consultants Pte Ltd

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

From: Admin-D (LKKAuto)

Sent: Thursday, June 22, 2017 5:14 PM
To: 'Claim Workflow System'; assignments
Cc: SITHARA@FIRST-INSURANCE.COM.SG; SUR

Subject: RE: SURVEY ASSESSMENT - D17006134MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: <u>assignments@lkkauto.com</u> | 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, 22 June, 2017 4:43 PM
To: ASSIGNMENTS@LKKAUTO.COM

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

Subject: PRI: SURVEY ASSESSMENT - D17006134MFSH/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.





Your Ref: D17006134MFSH

Date: 30 June 2017

Our Ref: CS/FCI17012214/T1rb

The Motor Claims Department First Capital Insurance Ltd

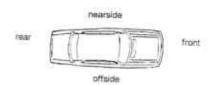
Dear Sir/Madam,

## INITIAL INSPECTION REPORT OF VEHICLE NO. SLE 287X .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 23/06/2017 at the premises of M/s CYCLE & CARRIAGE AUTOMOTIVE PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$	11,588.00	
Revised Estimate Amount	: S\$	7,773.00	
"Check" Items Amount	: S\$	832.00	
Market Value	: S\$		
LTA Reimbursement Value	: S\$	(20)	3
Nett Value	: S\$		

Description of Damage: <u>The vehicle sustained damages</u> at the rear o/s portion



Yours faithfully

TAUFIKH Automotive Assessor



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

Your Ref: D17006134MFSH

Date: 18 July 2017

Our Ref: CS/FC117012214/T1rb

The Motor Claims Department First Capital Insurance Ltd

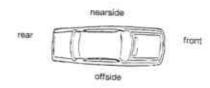
Dear Sir/Madam,

# INITIAL INSPECTION REPORT OF VEHICLE NO. SLE 287X .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 23/06/2017 at the premises of M/s AUTO INSURE PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$	9,375.87	- 2
Revised Estimate Amount	: S\$	4,599.75	12
"Check" Items Amount	: S\$	1,007.20	
Market Value	: S\$	•	
LTA Reimbursement Value	: S\$	(#):	
Nett Value	: S\$	-	- 1

Description of Damage: The vehicle sustained damages at the rear o/s portion



Yours faithfully

TAUFIKH Automotive Assessor

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy 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.

<ol><li>By the lodgement of this report to the insurers, yo aforesaid.</li></ol>	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 foresaid.				
British and the Sale was	ACCIDENT STATEMENT				
Date Of Report	19/06/2017 17:59				
Date Of Accident	17/06/2017 22:30				
Exact Location Of Accident	WOODLANDS TOWARDS SLE/BKE				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLE287X				
Insured/Policyholder					
Name Of Registered Owner	LION CITY RENTALS PTE LTD				
Co Reg No	201504621K				
Email Address	NOEMAIL				
Mobile Phone No					

Alternative Phone No. OFFICE-81816239

Vehicle Particulars

Manufacturer MITSUBISHI Model ATTRAGE-1.2 (A)

Exact Purpose for which vehicle was being used at

time of accident

SMOVE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY PRIVATE CAR

Insurance Company

Vehicle Category

Name of Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

YES

Policy Number

999995174

Cover Note Number

Driver

Name of Driver CHONG YUAN KIT, ADRIAN

NRIC No S8133308D Date Of Birth 03/11/1981 INDOOR Occupation 25/06/2015 Date Of Driving Pass

1 YEAR AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-81816239 Mobile Number

Fax Number

Contact Number

YUANKIT1981@GMAIL.COM EMail Address

Address

BLK 803B KEAT HONG CLOSE #11-124

. Postcode

682803

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

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.

NO

Number of Passengers (Including Driver)

4

**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

please refer to the attached

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

SHC7773X

Vehicle Make/Model/Colour

HYUNDAI SONAT / YELLOW

Details Of Properties

CITYCAB

S1155787B

Name of Driver

GOH ANN BENG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

FIRST CAPITAL INSURANCE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

Email Address

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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)

Lunderstand, 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.

OCHTAY 9

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Specificands 1942 2 Satrance

My car

SLK (BKE)

ON THE LOCAL SECTION . I MAN TIMES DEVINE DISCUSS DICK TO SE	
ON 17/6/17 of 2230 pm, I just fined driving customer back to a	ATT SEE WILLIAM
and when I was entering to weadland the a Emergence terrower's & E(BEE) a	t the SHP
used, as I was derived environery, southerdy, enjoyed very comments markers	HC 7773X
the base have a the base of Luckilly there is no mines	
IS MINORAL POST, IT, TUESDE SO, ME SON	

Declaration

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

Witnessed by Reporting Centre Personnel

Policyhalder's Signature / Date & Time

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

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8133308D



CHONG YUAN KIT, ADBIAN (ZHANG YUANJI, ADRIAN)

CHINESE

03-11-1981 SINGAPORE FOR C&C USE

EPUBLIC OF SINGAPORE DRIVING LICENCE

S8133308D

CHONG YUAN KIT, ADRIAN ZHANG YUANJI, ADRIAN

Burn Dam 03 Nov 1981 time (tes: 25 Jun 2015



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Motor Cars == 3000kg with ==7 passengers, exclusive 25 Jun 2015 of the driver; and other motor vehicles =< 2500kg

FOR C&C USE ONLY

3635108

25-10-2004 APT BLK 803B KEAT HONG CLOSE #11-124 SINGAPORE 682803

NAME N= \$87333080

Detail 06/02/2016

NF 428A





### Auto Insure Pte. Ltd.

6 Marsiling Lane Singapore (739145) E: claims@autoinsure.com.sg W: www.autoinsure.com.sg T: 3157 2626 F: 6368 0081 GST No.: 201437380M

Page No.1

#### AUTOMOBILE ASSESSMENT REPORT

Our Ref

SLE287X

Your Ref:

SHC7773X

Date:

3-Jul-17

BY EMAIL ONLY

(claims@autoinsure.com.sg)

#### ATTENTION: MOTOR CLAIMS DEPT

email:

motor claims@first-insurance.com.sg

First Capital Insurance Limited 6 Raffles Quay #21-00 Singapore 048580

Car Make and Model

: MITSUBISHI ATTRAGE 1.2 CVT

Date of Accident

: 17-Jun-17

Date of Assessment

: 3-Jul-17

We have carried out a physical assessment of SLE287X at our workshop Auto Insure Pte Ltd accordingly and are pleased to submit our report as follow;

#### 4. DESCRIPTION OF DAMAGE

At the time of the inspection observed that this vehicle had sustained damages to rear portion of the vehicle.

Please see attached schedule for details.

Remarks: NIL

Estimated Amount

P/P

Adjusted Amount

: \$ 10,000.00 6

Est. Repair Days

\*\* Considering that our vehicle is less then 6 months old. We will not agree to any repair of parts, only replacement will be done. \*\*

Pursuant to your instruction, we have NOT AUTHORIZED repair. The assessment was conducted on a "WITHOUT PREJUDICE" basis.

If we are not notified of anything within 14 Days from the date hereof, this report shall be treated as correct.

This report is intended for the exclusive use of the adressee solely in relation to the loss of occurrence in which the assessed vehicle is involved.

No liability or responsibilty whatsoever shall be held by

AUTO INSURE PTE. LTD. For any reliance on this report by any third party.

Our Ref:

SLE287X

Your Ref:

SHC7773X

S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP
1 2	1 2	PARTS REPLACEMENT - LIST ITEMS REAR BUMPER REAR BUMPER SIDE RETAINER		\$ 1,326.50 \$ MEL 118.00
3 4	1	REAR END PANEL END PANEL TOP GARNISH		\$ 658.0 \$ WA & 428.0
5 6 7	1 1 2	REAR FLOOR COMPARTMENT PANEL REAR SPARE WHEEL CARRIER REAR BUMPER REFLECTOR		\$ K 1,326.5 \$ Mn X 421.5 \$ 7 380.0
8 9 10	1 1 3	REAR BOOT CHROME MOULDING REAR BOOT EMBLEM		\$ R> 866.8 \$ 45 × 299.5 \$ M/190.0
11 13 14	1 1 1	REAR BOOT RUBBER MOULDING REAR TAIL LAMP RH REAR BOOT LOCK UPPER		\$ 44 × 180.0 \$ 585.9 \$ 44 × 203.6
			SUB TOTAL	Est SUSS
			SUB TOTAL LESS 10%	\$ 6,984.3 \$ 698.4
			TOTAL AMOUNT	\$ 6,285.8
S/NO	OTV	SDECIAL NETT ITEMS		

S/NO	QTY	SPECIAL NETT ITEMS		EST. BY WORKSHOP
2	1 SET 2	REAR BUMPER CLIPS REAR REVERSE SENSOR		\$ 200. N 2 280.00
			SUB TOTAL	\$ 340.00
			TOTAL PARTS COST	\$ 6,625.87

5HC7773X Your Ref.

NO.	DESCRIPTION		EST. BY WORKSHOP		
3	LABOUR & PAINTWORK				
1	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS AND COMPONENTS	\$	1000.	1,200.00	
2	TO REMOVE / REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS	\$	ζo	100.00	
3	TO DIAGNOSE ERASE FAULT MEMORY AFTER REPAIR	\$			
4	TO REMOVE AND INSTALL REAR REVERSE SENSOR	\$	30	100.0	
6	TO REMOVE / REFIX REAR BOOT MACHANISM	\$	ил х	100.00	
7	TO RESPRAY UNDERCOATING ON PARTS REPLACED	\$	60	150.00	
8	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	\$	700	800.00	
9	TO REMOVE / REFIX UPHOSTERY. GARNISH AND ATTACHMENT PARTS	\$	100.	200.00	
10	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS	\$	30	100.00	

TOTAL BEFORE GST S 9,375.87 **GST 7%** \$ 656.31 TOTAL (PARTS & LABOUR): 10,032.18 \$

Adjustments / Recommendations

Our estimator have throughly inspected each and every item

found on the vehicle and have listed the breakdown of our finding and recommendation.

Our Workshop has agreed to undertake the job at a sum of \$10,000.00 or direct settlement with the third party insurance.

Yours Faithfully,

Jason Heng Claims Director

LKK Auto Consultants hence notify the Repairer of the following:

- To recurvey before/after spray painting
- To display damaged part(s) during recurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- \* No illegal medification(s) is allowed
- . Supplementary item(s) must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairor Signature:

Date:

Resurvey byon part.

Tauphin 97495749.

62563561

Sur Clehanto. w.m.

10171.87



# Auto Insure Pte. Ltd.

6 Marsiling Lane Singapore (739145) E: claims@autoinsure.com.sg W: www.autoinsure.com.sg

T: 3157 2626 F: 6368 0081 GST No.: 201437380M

# Supplementary Items

Our Ref:

SLE287X

Your Ref:

SHC7773X

S/NO	QTY	DESCRIPTIONS	ASSESSED	EST. BY WORKSHOP
1 2	1	PARTS REPLACEMENT - LIST ITEMS  REAR FENDER RH  REAR TAIL LAMP PANEL RH	CONDITION	\$ ht 750.00 \$ ht 245.00
			SUB TOTAL	\$ 995.00
			TOTAL	



# **CYCLE & CARRIAGE AUTOMOTIVE** PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

Co Reg No : 197701469G

#### **ESTIMATE**

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info			
Lion City Rentals Pte Ltd	Cust No/Name	KL000023/Lion City Rentals Pte Ltd		
Lion orty hentars ree cea	Reg No/Reg Date SLE287X / 04/07/201			
60 Anson Road	Date In/Mileage	/ 0		
Mapletree Anson Level 11-01	Chassis No	MMBSTA13AHH002049		
Singapore 079914	Engine No	3A92UDH5949		
Contact No Mobile: 67420984	Make/Model	MIT/17MY ATTRAGE 1.2 CVT		
	Colour/Trim	WO5 WHITE PEARL / BK BLACK		

Account No	Terms	Date/Time Pri	inted	CSE	Operator		WIP No		The market
CSM00041	Cash	19/06/2017/	22:31		465 / Tay Jian Ye		63703		
		Description	of Goods	s / Services		Qty	Unit Price	Disc%	Amount
REAR RH I E PNT88000 TO REMO E PNT88000 TO REMOVI E PNT98000	FENDER . VE REAR I E AND REF	MPER WELD AND REPAIR RH RE BOOT AND SIDE FIT REAR WIND	CUT END AR DOOR REAR FE SCREEN	PANEL , F	LOOR PANEL ,  TO FACILIATE REPAIR  REAR END PANEL -	Sety	Ontrido		2750 3300.00 160 - 300.00 24 3 300.00 (680 .2520.00
TO REMOVE A 54900099 CHECK WIF A 10028901	E AND REF	R RH DOOR K FIT EXHAUST P CHASSIS ELEC SNOSTIC CHECK D TEST	TRICAL		lma'	ie	2		260 300.00 20. 50.00 / 200.00 +65. 240.00
TO APPLY M SUNDRY TO APPLY M SUNDRY TO APPLY M SUNDRY TO SUPPLY	ANTI CON	ALANT ON AFFE ROSSION ON AFF EEN SEALANT G SENSOR							/00 120.0 / 80.0 ? 220.0
M SUNDRY SUNDRIES M FACE,RR I M BRACKET, M PANEL,RR M BRACE,RR M FLOOR,RR M PANEL,QTI	RR BUMPER END FLOOR S	IDE,RH				1.00 1.00 1.00 1.00 1.00	414.00 31.00 933.00	00.00 00.00 00.00	66 729.00 66 414.00 66 31.00 89 933.00

Authorized signatory and company stamp

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.



Authorized signatory and company stamp

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



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

ESTIMATE CST No. 10

Co Reg No : 197701469G	ESTIMATE	GST Reg No : MR-8500111-X
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Lion orey mentals recited	Reg No/Reg Date	SLE287X / 04/07/201
60 Anson Road	Date In/Mileage	/ 0
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Singapore 079914	Engine No	3A92UDH5949
Contact No Mobile: 67420984	Make/Model	MIT/17MY ATTRAGE 1.2 CVT
Performance and page and the performance and t	Colour/Trim	WO5 WHITE PEARL / BK BLACK

	Terms	Date/Time Printed	CSE	Operator		WIP No	
CSM00041	Cash	19/06/2017/ 22:31		465 / Tay Jian Ye		63703	
en en		Description of Good	s / Services		Qty	Unit Price Disc%	Amount
P SPACER,R M SHIELD,R M TRIM,TRU M BOARD,TR M PIPE,EXH	WINDSHIEL R WINDOW R WHEELHO NK ROOM : UNK ROOM AUST TAIL XHAUST MI	DUSE,RH SIDE,RH FLOOR			2.00 3.00 1.00 1.00 1.00 1.00	3.00 00.00 8.00 00.00 39.00 00.00 158.00 00.00 190.00 00.00 588.00 00.00 24.00 00.00	24.0 24.0 24.0 24.0 24.0 24.0
the R • To re • To d	epairer of t survey before spliny damage s prices are su	Itants hence notify the following: Value spray painting and part(s) during resurvey ubject to confirmation	SURVEYOR NA SURVEYOR SI DATE :	GNATURE:	n 17	195749 = - L WP'	
* Third * No il * Supp is su	legal modifica elementary its bject to final a wledged by Ri	is on a "Without Prejudice" basis tion(s) is allowed m(s) must be resurveyed and approval from Insurance Company epairer	REWARKS:	Sur Olhhan	h. am	Jan Jan	
= Third = No it = Supplies sup	legal modifica dementary ite bject to final a wiedged by Ri	tion(s) is allowed m(s) must be resurveyed <b>and</b> opproval from Insurance Company epairer	REWARKS:	Sur@ Whand	7% GST on	Nett 11588.00	11,588. 811.

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5b.

ESTIMATED NORMAL PERIOD FOR REPAIR:

# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

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

	1 n	Affiliated to Federation Intern	ationale Des Experts En Auton	nobile
FIRS	ST CAPITAL INSU	RANCE LTD	Ref : CS/FCI170122	14/T1rbq2
	OBINSON ROAD 01 CITY HOUSES	INGAPORE 068877	Date: 12-09-2018 Code: FCI2	
1.		Policy Particula	ars :- THIRD PARTY CLA	IM
	Insured Veh.	SHC 7773X	Veh. Inspected	SLE 287X
	Policy No.	D-15072702MFSH	Coverage (\$)	0.00
	Claim No.	D17006134MFSH	Excess (\$)	0.00
	Assign From	SITHARA	Assign Date	22/06/2017
2.		Vehicle Pa	rticulars & Condition	
	Make & Model	MITSUBISHI ATTRAGE	c.c	1193
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	MMBSTA13AHH002049	Colour	WHITE
	Odometer	89145	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Con	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	195/50 R15	ROADSTONE	6 mm
	L/H Front Tyre	195/50 R15	ROADSTONE	6 mm
	R/H Rear Tyre	195/50 R15	ROADSTONE	6 mm
	L/H Rear Tyre	195/50 R15	ROADSTONE	6 mm
1.			ption of Damages	
	THE VEHICLE SU DAMAGES SEE D	STAINED DAMAGES AT THE ETAILS.	REAR O/S PORTION.	
5.		Gene	eral Information	THE RESERVE
	Accident Date	17/06/2017	Inspection Date	23/06/2017
	Survey held at	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD		
	Repairer	AUTO INSURE PTE LTD		
5a.	SWA STATE		Remarks	COLUMN TURNS OF THE PARTY OF TH
	B)THE INSPECTIO	ISISTENT TO ACCIDENT REP ON WAS CONDUCTED ON A"N DE TO YOUR INSTRUCTIONS	WITHOUT PREJUDICE" BAS	IIS.

Estimate Days of Repair

8 Working Days



## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLE 287X

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS		12.00	
1	REAR BUMPER	DISTORTED	1,326.50	1,326.50
2	REAR BUMPER SIDE RETAINER	NECESSARY	118.00	118.00
1	REAR END PANEL	BENT	658.00	658.00
1	END PANEL TOP GARNISH	NOT NECESSARY	428.00	
1	REAR FLOOR COMPARTMENT PANEL	TO REPAIR SEE LABOUR	1,326.50	
1	REAR SPARE WHEEL CARRIER	NOT NECESSARY	421.50	-
2	REAR BUMPER REFLECTOR	NOT NECESSARY	380.00	
1	REAR BOOT	TO REPAIR SEE LABOUR	866.80	
1	REAR BOOT CHROME MOULDING	NOT NECESSARY	299.50	
3	REAR BOOT EMBLEM	NECESSARY	190.00	190.00
1	REAR BOOT RUBBER MOULDING	NOT NECESSARY	180.00	
1	REAR TAIL LAMP RH	CRACKED	585.90	585.90
1	REAR BOOT LOCK UPPER	NOT NECESSARY	203.60	
1	REAR FENDER RH (ADDITIONAL)	BENT	750.00	750.00
1	REAR TAIL LAMP PANEL RH (ADDITIONAL)	BENT	245.00	245.00
	LESS 10% DISCOUNT		-797.93	-387.34
			7,181.37	3,486.06
	SPECIAL NETT ITEMS			
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	60.00	60.00
2	REAR REVERSE SENSOR (SN)	NOT NECESSARY	280.00	
	N =2		340.00	60.00
	LABOUR			
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS AND COMPONENTS INCLUSIVE OF THE REPAIR OF REAR FLOOR COMPARTMENT PANEL AND REAR BOOT.		1,200.00	1,000.00
	TO REMOVE/REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS.		100.00	30.00
	TO REMOVE AND INSTALL REAR REVERSE SENSOR.		100.00	30.00

Report Ref No. CS/FCI17012214/T1rbq2



RECOMMENDED COST OF REPAIRS

#### 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.:2 of 2

5,496.06

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO REMOVE/REFIX REAR BOOT MECHANISM.	NOT NECESSARY	100.00	
	TO RESPRAY UNDERCOATING ON PARTS REPLACED.		150.00	60.00
	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED.		800.00	700.00
	TO REMOVE/REFIX UPHOSTERY, GARNISH AND ATTACHMENT PARTS.		200.00	100.00
	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS.		100.00	30.00
			2,750.00	1,950.00
	GRAND TOTAL		10,271.37	5,496.06

Report Ref No. CS/FCI17012214/T1rbq2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

**ADRIAN LING WAI PING** 

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

Licensed Appraiser

**Automotive Assessor** 

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