

22/03/2012

ASS. REC. BY:

REF: CS/FCI17017082 / Ngber Special Instruction:

Survivor

CWS

Taufik

ASSIGNMENT (Office)

From (Person):

Joanne Ong

of

FCI

Date/Time: 4/9/17 4.56pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKR 8873 U

Insured:

SH 9847 Y

at Workshop m/s

Auto Lution

Tel: 64909666 / 96450079

of

19, Ubi Road 4

Policy No:

Claim No: D17008433 MFSH

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 30/08/2017

CA / REV / REP. / REV 24 HRS

'wp'

5/9/17 @ 2pm

H.O.D. Endorsement:

Date/Time:

4/9/17 5:13pm

Person Contacted:

Mavis

Vehicle IN

OUT

Date/Time

Action/Instruction (✓) Estimate

SKR 8873 U - X

SH 9847 Y - NS/INC10010339/Dn - D.O.A: 26/05/2010

Surveyor: Tanfer

ASSIGNMENT

From: _____ Date: 05/09/2017

Estimated Cost: _____

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

To inspect Vehicle No: GKR 8873U

at Workshop m/s Autolution

of 19 Ubi Rd 4

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Hosni - 9645 0084

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S KR 8873U Yr Regn: 2015, March

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

Truck / Trailer or

Make: Nissan Elgrand C.G. 2488

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

Sp. Reading: 42177 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SWITHAES2.20802388

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: 225/55KR8
R: _____

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

TOYO / YOKO or

Front Rear
R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 5/9/17 @ 2pm

Survey held at Autolution.

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
<u>6/9/17</u>	<u>email preli to Joanne.</u>
<u>24/11/17</u>	<u>confirmed final fig \$ 650 with Hamzah.</u> <u>(Ref. 200, 241.)</u>

RECEIVED 24 NOV 2017

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Invs (\$) ☐ : Weekend (\$)
☐ : S + RS. SI

Report Format: TP

Lump Sum / PL: (\$ 650)

Survey Fee:

Transportation:

Photos

Others

TOTAL

<u>90</u>
<u>50</u>
<u>50</u>
<u>21</u>
<u>211</u>




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/FCI17017082/T1gb		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 04-09-2017		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 9847Y	Veh. Inspected	SKR 8873U	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17008433MFSH	Excess (\$)	0.00	
Assign From	CWS (JOANNE YONG)	Assign Date	04/09/2017	
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	30/08/2017	Inspection Date	05/09/2017	
Survey held at	AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623			
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	31-08-2017	Our Ref No. D17008433MFSH
Accident Date	30-08-2017	Claim Type. Third Party
Insured Vehicle	SH9847Y	Third Party Vehicle. SKR8873U
Survey Location	19 UBI ROAD 4	
Contact Person.	HAMZAH SA'AD	
Contact No.	64909666/ 96450079	Fax No. 68467483
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	AUTOLUTION INDUSTRIAL PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

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/227588)



PRI Documents



Close



PRI Header Details

Claim No	D17008433MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & AUTOLUTI
Workshop Name	AUTOLUTION INDUSTRIAL PTE LTD (Contact Person : HAMZAH SA'AD)	Survey Location & Contact Details	19 UBI ROAD 4 Mobile: 96450079 , Phone: 64909666 , Fax: 6846748: EmailId: HAMZAH_SAAD@TANCHONG.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH9847Y	TP Vehicle No	SKR8873U
PRI Recieved Date	31-08-2017 10:14:29 PM	Surveyor Appointed Date	04-09-2017 04:56:38 PM	Surveyor Accept Date	04-09-2017 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	04-09-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	Select Year ▼
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

File Name

Action

Surveyor Job Remarks

Remarks

Ai Phing (LKKAuto)

From: Ai Phing (LKKAuto)
Sent: Wednesday, 6 September, 2017 5:45 PM
To: 'Claim Workflow System'
Cc: JOANNEYONG@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17008433MFSH/1
Attachments: SKR 8873U.pdf

Dear Joanne,

Enclosed with preliminary advise of vehicle SKR 8873U.

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: Admin-D (LKKAuto)
Sent: Monday, 4 September, 2017 5:21 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: JOANNEYONG@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>; assignments@lkkauto.com'
Subject: RE: SURVEY ASSESSMENT - D17008433MFSH/1

Dear Joanne,

Thank you for the Assignment.

Please be informed vehicle not in workshop, repairer arrange on 05/09/2017.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]
Sent: Monday, 4 September, 2017 4:56 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; JOANNEYONG@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17008433MFSH/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.



Auto
Consultants
Pte Ltd

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

Your Ref: D17008433MFSH

Date: 06-09-2017

Our Ref: CS/FCI17017082/T1gb

The Motor Claims Department
First Capital Insurance Ltd

Without Prejudice

Dear Sir/Madam,

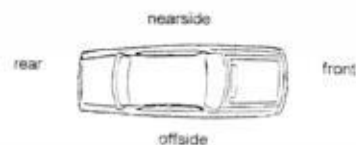
INITIAL INSPECTION REPORT OF VEHICLE NO. SKR 8873U.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 05-09-2017 at the premises of M/s AUTOLUTION INDUSTRIAL and have the following to report:-

Workshop Estimate Amount	: S\$ 850.00
Revised Estimate Amount	: S\$ 650.00
"Check" Items Amount	: S\$ -
Market Value	: S\$ -
LTA Reimbursement Value	: S\$ -
Nett Value	: S\$ -

Description of Damage:

The vehicle sustained damages at the rear portion.



Yours faithfully

Mohamed Taufikh
Automotive Assessor

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	31/08/2017 11:14
Date Of Accident	30/08/2017 11:50
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR8873U
Insured/Policyholder	
Name Of Registered Owner	TAY NGIANG BOON CALVIN
NRIC No	S7106860I
Email Address	CALVINTAYNB@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96156200
Alternative Phone No	OFFICE-64549698

Vehicle Particulars

Manufacturer	NISSAN
Model	ELGRAND-2.5 (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100404633-02000
Cover Note Number	

Driver

Name of Driver	TAY NGIANG BOON CALVIN
NRIC No	S7106860I
Date Of Birth	24/02/1971
Occupation	INDOOR
Date Of Driving Pass	19/09/1995
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96156200
Fax Number	(LOCAL) +65-96156200
Contact Number	OFFICE-64549698
E-Mail Address	CALVINTAYNB@YAHOO.COM.SG

SKETCH PLANIMPORTANT 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

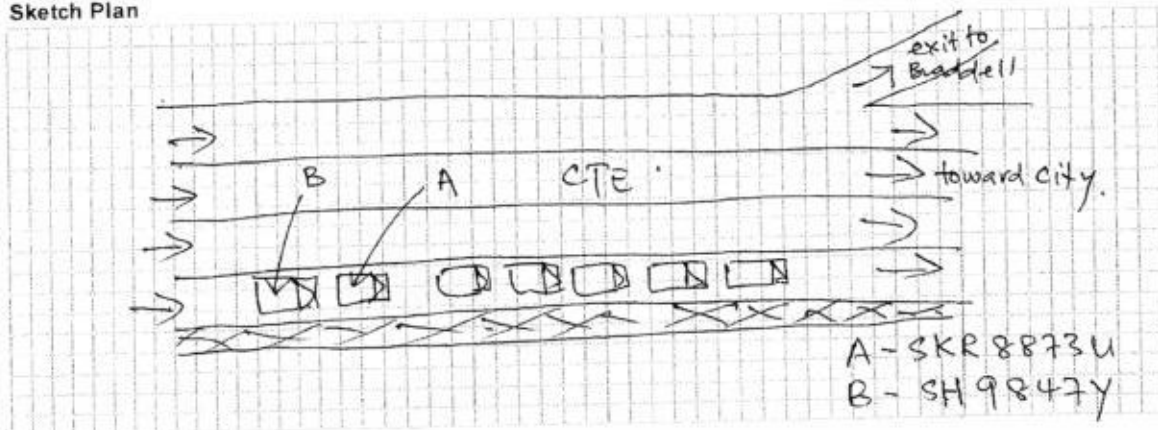
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

AUTOLUTION INDUSTRIAL PTE LTD
19 USI ROAD
SINGAPORE 408623
TEL: 6490 8633 FAX: 6490 7777

Policyholder's Signature / Date & Time
31/8/17
E1510 hvi.

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AUTOLUTION INDUSTRIAL PTE. LTD.

ESTIMATE : ACCIDENT/BODY REPAIRS

REFERENCE : INS/IC/H/0522/17

DATE : 31-AUG-2017

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6845 7129

FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD

#16-01 CITY HOUSE

S(068877)

TEL : 65073848 / 68543466

FAX : 65073849

ATTN: MOTOR CLAIM MANAGER (MARY 68543461)

OWNER'S NAME : TAY NGIANG BOON CALVIN

ADDRESS : BLK 209 YISHUN STREET 21

#09-143

S(760209)

TELEPHONE NO : 98374363 96156200

TYPE OF CLAIM : THIRD PARTY CLAIM

POLICY NO : *

VEHICLE NO : SKR8873U

MODEL CODE : TDBARTWE52EDBY282Z

MODEL/YEAR : ELGRAND 2.5L HIGHWAY STAR 8 STR MY14

ENGINE NO : QR25220136L-E52BM

CHASSIS NO : JN1TBAE52Z0802388

MILEAGE : 42062 KM

DATE IN : 31/08/2017

LIABILITY : 0.00

EXCESS CLAUSE : 0.00

ESTIMATE BY : HAMZAH

ACCIDENT DATE : 30/08/2017

- 96450079

Tanpin 97495749.

WP

5/9/17

[Signature]

11/9/17

After Repair photos

sur@ikanto.com

3days.

AUTOLUTION INDUSTRIAL PTE. LTD.

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SKRB873U

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED	SURVEYOR'S
			CHARGES	RECOMMENDATION
1	ZZ/001	LABOUR CHARGES TO REPAIR REAR BUMPER INCLUDING REMOVE AND INSTALL.	450.00	390/
2	ZZ/002	CHARGES TO SPRAY PAINTING REAR BUMPER.	350.00	290/
TOTAL LABOUR CHARGES			800.00	

AUTOLUTION INDUSTRIAL PTE. LTD.

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SKRBB73U

		DAMAGED PARTS & PRICES			
S/NO	PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST	S/NETT REMARKS
1	SUNDRIES	NPN			50.00 10/
SUB TOTAL			0.00	0.00	50.00
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)			0.00	0.00	0.00
GRAND TOTAL			0.00	0.00	50.00
OVERALL TOTAL			50.00		

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SKR8873U

TOTAL LABOUR CHARGES	800.00
TOTAL SPARE PARTS CHARGES	50.00

GRAND TOTAL	850.00 *

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME	:	
SURVEYED DATE	:	
AUTHORIZED DATE	:	
EXCESS CLAUSE	:	0.00
LIABILITY	:	0.00
REMARKS	:	

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

AUTOLUTION INDUSTRIAL PTE. LTD.

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6846 7483

FINALIZED : ACCIDENT/BODY REPAIRS

REFERENCE : INS/IC/H/0522/17
DATE : 31-AUG-2017

FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSE
S(068877)
TEL : 65073848 / 68643466
FAX : 65073849
ATTN:MOTOR CLAIM MANAGER(MARY 68543401)

OWNER'S NAME : TAY NGIANG BOON CALVIN
ADDRESS : BLK 209 TSHUN STREET 21
#09-143
S(760209)
TELEPHONE NO : 96374363 96156200

3 days

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : *
VEHICLE NO : SKR88739
MODEL CODE : TOBARTW52EDBY2B22
MODEL/YEAR : ELGRAND 2.5L HIGHWAY STAR B STR MY14
ENGINE NO : GR25220136L
CHASSIS NO : JN1TBAL5270R02388
MILEAGE : 42547 KM
DATE IN : 31/08/2017
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : NAMZAH
ACCIDENT DATE : 30/08/2017

96450079

AUTOLUTION INDUSTRIAL PTE. LTD.

LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SKR8873U

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	ZZ/001	LABOUR CHARGES TO REPAIR REAR BUMPER INCLUDING REMOVE AND INSTALL.	450.00	390.00
2	ZZ/002	CHARGES TO SPRAY PAINTING REAR BUMPER.	350.00	250.00
		TOTAL LABOUR CHARGES	800.00	640.00

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SKRB073U

		DAMAGED PARTS & PRICES		
S/NO PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST	S/NETT REMARKS
1 SUNDRIES	NPN			10.00 OK
SUB TOTAL		0.00	0.00	10.00
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)		0.00	0.00	0.00
GRAND TOTAL		0.00	0.00	10.00
OVERALL TOTAL		10.00		

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

AUTOLUTION INDUSTRIAL PTE. LTD.

SUMMARY OF OVERALL CHARGES FOR VEHICLE REGN NO SKR8873U

NETT ITEM	0.00
LESS 20.00%	0.00
NETT AMOUNT	0.00

LIST ITEM	0.00
LESS 30.00%	0.00
LIST AMOUNT	0.00

SPECIAL NETT ITEM	10.00
LESS .00%	0.00
SPECIAL NETT AMOUNT	10.00

TOTAL LABOUR CHARGES	640.00
TOTAL SPARE PARTS CHARGES	10.00

TOTAL CHARGES	650.00
ADD 7 % GST	45.50

GRAND TOTAL	695.50
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LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI17017082/T1gbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 08-12-2017	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 9847Y	Veh. Inspected	SKR 8873U	
Policy No.	D-15072701MFSH	Coverage (\$)	0.00	
Claim No.	D17008433MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	04/09/2017	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN ELGRAND	c.c	2488	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	JN1TBAE52Z0802388	Colour	SILVER	
Odometer	42177	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/55 R18	MICHELIN	6 mm	
L/H Front Tyre	225/55 R18	MICHELIN	6 mm	
R/H Rear Tyre	225/55 R18	MICHELIN	6 mm	
L/H Rear Tyre	225/55 R18	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	30/08/2017	Inspection Date	05/09/2017	
Survey held at	AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623			
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:		3 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. SKR 8873U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	NECESSARY		
	SUNDRIES (SN)		50.00	10.00
			50.00	10.00
	LABOUR			
	LABOUR CHARGES TO REPAIR REAR BUMPER INCLUDING REMOVE AND INSTALL.		450.00	390.00
	CHARGES TO SPRAY PAINTING REAR BUMPER.		350.00	250.00
			800.00	640.00
GRAND TOTAL			850.00	650.00
RECOMMENDED COST OF REPAIRS				650.00

Report Ref No. CS/FCI17017082/T1gbe2

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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