

22/03/2007

ASS. REC. BY:

REF: CS/FC117018020/Grber

Special Instruction:

Survivor

CWS

GD

ASSIGNMENT (Office)

From (Person):

Serene Ler

of

FCI

Date/Time: 19/9/17 12:19pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJS 5284X

Insured:

SHD 3089J

at Workshop m/s

Rispel Motor Services

Tel:

96 317762

of

Blk 3021 A ubi Rd 1 #01-39

Policy No:

Claim No:

DI7008888 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A 15/9/17

(Client's Record)

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement

Date/Time: 19/9/17 12:47pm

Person Contacted:

Lilian

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SJS 5284X - X
	SHD 3089J - X
19/9/17	Sent preli to Serene

ASSIGNMENT

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

(Policy Condition)

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

Bal. or Market Value: \$22K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: STS5284X Yr Regn: 21 Aug 2009
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Avante c.c. 1591
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 139128 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH DU41BR 9.4800075
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A Rim or _____
 Tyre Size: F: 195/60R15
 R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKG 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. 19-09-17
 Survey held at w/s 3.30pm
 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
15/12	Finalized \$2250 with lilian. (Ref 2571.76, 832)

RECEIVED 10 DEC 2017

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos:

Others:

TOTAL

Report Format : TP

Lump Sum / I.B.I: (\$ 2250)

135
50
50+50
58
343

Survey Department Check List (Case Handler)

Reference No. : CS/F117018020/Grb.
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (Catherine): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code	✓			
N	Assign From	✓			
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)	✓			
C	Report Type	✓			
C	Weekend Charges	✓			
N	Survey held at/Repairer				
C	Excess				

Surveyor (Guo Qiang): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
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Check By:

Catherine 18/07/19
Case Handler Date

*C: Critical *N: Non-Critical

21/05/201




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/FCI17018020/Grb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 19-09-2017	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 3089J	Veh. Inspected	SJS 5284X
Policy No.		Coverage (\$)	0.00
Claim No.	D17008888MFSH	Excess (\$)	0.00
Assign From	CWS (SERENE LER)	Assign Date	19/09/2017
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	15/09/2017	Inspection Date	19/09/2017
Survey held at	RISPEED MOTOR SERVICE BLK 3021A UBI ROAD 1 #01-39 SINGAPORE 408715		
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 LTD

Ref : CS/FCI17018020/Grb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 19-09-2017

Code : FCI2



First Capital Insurance Limited

A FAIRFAX Company

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

MOTOR SURVEY ASSIGNMENT

Date	18-09-2017	Our Ref No. D17008888MFSH
Accident Date	15-09-2017	Claim Type. Third Party
Insured Vehicle	SHD3089J	Third Party Vehicle. SJS5284X
Survey Location	Blk 3021A Ubi Road 1 #01-39	
Contact Person.	MS LILIAN	
Contact No.	96317782/ 96317782	Fax No. 0
Survey Type	WITHOUT PREJUDICE: NO EST. *	
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	RISPEED MOTOR SERVICE	Attention. NIL
Cc : TP Solicitor	CHEONGHOH LAW CORPORATION	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/228123)



PRI Documents



Close X

PRI Header Details

Claim No	D17008888MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & CHEONGH
Workshop Name	RISPEED MOTOR SERVICE (Contact Person : MS LILIAN)	Survey Location & Contact Details	Blk 3021A Ubi Road 1 #01-39 Mobile: 96317782 , Phone: 96317782 , Fax: 0 EmailId: MAIL@CHEONGHOH.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: NO EST. *		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHD3089J	TP Vehicle No	SJS5284X
PRI Recieved Date	18-09-2017 07:49:54 PM	Surveyor Appointed Date	19-09-2017 12:20:08 PM	Surveyor Accept Date	19-09-2017 1

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	19-09-2017	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

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

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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Auto
Consultants
Pte Ltd

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

Your Ref: D17008888MFSH

Our Ref: CS/FCI17018020/Grb

The Motor Claims Department
First Capital Insurance Ltd

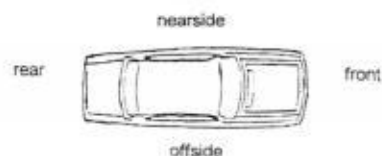
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SJS 5284X .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 19/09/2017 at the premises of M/s RISPEED MOTOR SERVICE and have the following to report:-

Workshop Estimate Amount	: S\$ 4,695.36 .
Revised Estimate Amount	: S\$ 2,741.36 .
"Check" Items Amount	: S\$ 578.40 .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:
The vehicle sustained damages
at the rear portion.



Yours faithfully

XING GUO QIANG
Automotive Assessor

Janice Lee (LKKAuto)

From: Janice Lee (LKKAuto)
Sent: Wednesday, September 20, 2017 10:39 AM
To: 'Claim Workflow System'; SERENELER@FIRST-INSURANCE.COM.SG
Cc: SUR; assignments
Subject: RE: SURVEY ASSESSMENT - D17008888MFSH/1
Attachments: SJS 5284X.pdf

Dear Serene,

Enclosed preliminary revised for SJS 5284X

Thank you.

Best Regards,

Janice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Tuesday, September 19, 2017 12:48 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: SERENELER@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17008888MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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: Tuesday, 19 September, 2017 12:19 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; SERENELER@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17008888MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	16/09/2017 11:14
Date Of Accident	15/09/2017 23:30
Exact Location Of Accident	JUNCTION OF TAMPINES AVE & SIMEI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS5284X
Insured/Policyholder	
Name Of Registered Owner	TAN PEAN YEE
NRIC No	S1634022G
Email Address	RAYTAN@ALANTEKUSA.COM
Mobile Phone No	(LOCAL) +65-96191159
Alternative Phone No	OFFICE-96191159

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01011898
Cover Note Number	21/08/2017-20/08/2018

Driver

Name of Driver	TAN PEAN YEE
NRIC No	S1634022G
Date Of Birth	16/04/1964
Occupation	INDOOR
Date Of Driving Pass	19/11/1984
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96191159
Fax Number	
Contact Number	OFFICE-96191159
Email Address	RAYTAN@ALANTEKUSA.COM

Address

Postcode

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

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 SKETCH PLAN

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 SHD3089J

Vehicle Make/Model/Colour HYUNDAI SONATA

Details Of Properties

Name of Driver WONG ZSE CHIANG

NRIC/Passport Number S7430086C

Contact Number 97737206

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

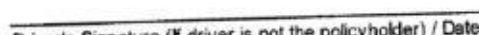
Email Address

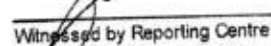
SKETCH PLAN

IMPORTANT NOTICE

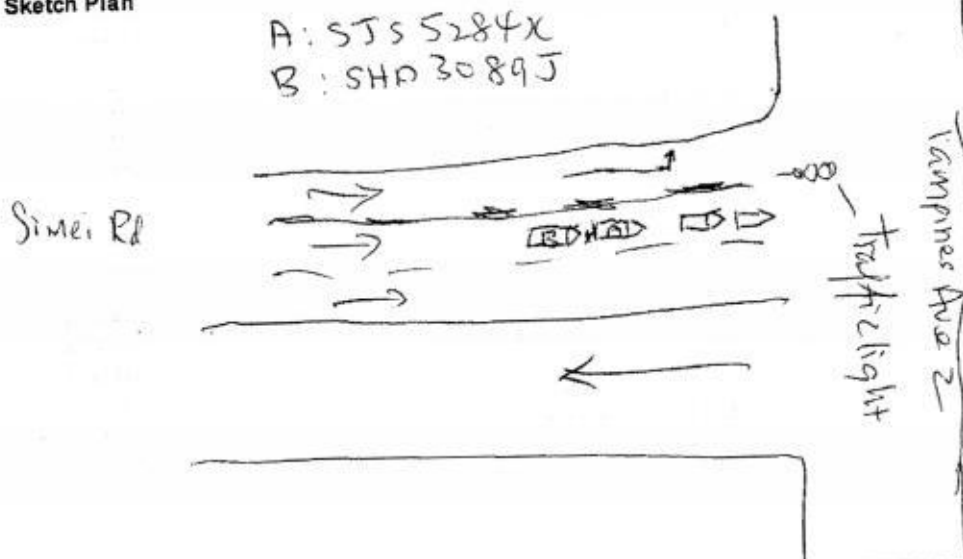
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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' 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

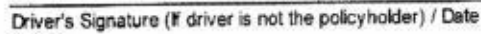


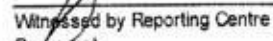
SKETCH PLAN

IMPORTANT NOTICE

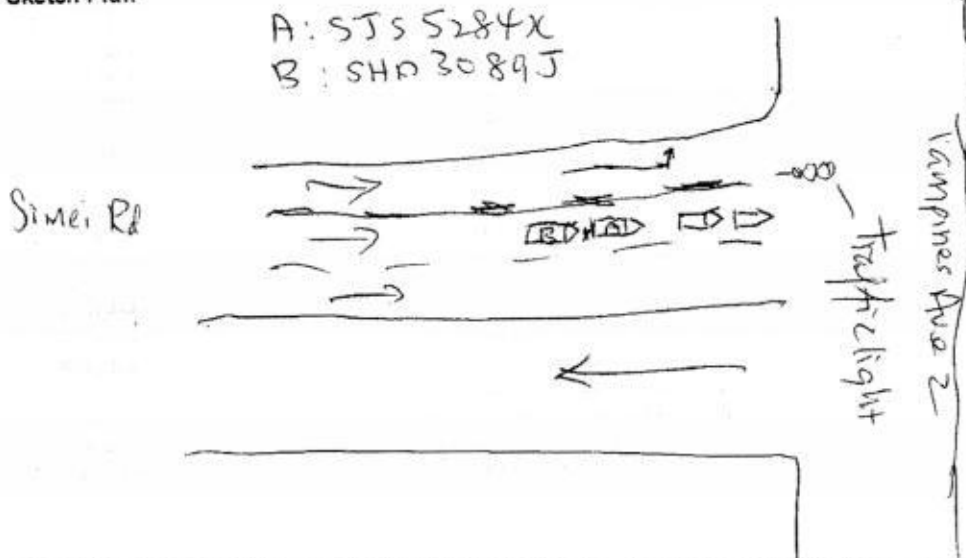
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Text size + -

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC

Owner ID: 4022G

Vehicle Details

Vehicle No.: SJS5284X

Vehicle to be Exported: No

Intended De-registration
Date: 20 Sep 2017

Vehicle Make: HYUNDAI

Vehicle Model: HD AVANTE 1.6 A

Primary Colour: Black

Manufacturing Year: 2009

Engine No.: G4FC9U679903

Chassis No.: KMH DU41BR9U800075

Maximum Power
Output: 89.7 kW (120 bhp)

Open Market Value: \$11,224.00

Original Registration
Date: 21 Aug 2009

First Registration Date: 21 Aug 2009

Transfer Count: 0

Actual ARF Paid: \$11,224.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry
Date: 20 Aug 2019

PARF Rebate Amount: \$6,173.00

Intended COE Rebate Details

COE Expiry Date: 20 Aug 2019

COE Category: A - Car (1600cc & below)

COE Period(Years): 10

QP Paid: \$15,019.00

COE Rebate Amount: \$2,878.00

Total Rebate Amount: \$9,051.00

The information contained herein is correct as at 20 Sep 2017

OK

Land Transport Authority

Please read through the Privacy Statement, Terms of Use and Disclaimer.
Please do not use the **Back** or **Forward** buttons on your browser as this may alter the results of the transactions.

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Last updated on 27 Aug 2017 at 01:09 AM



RISPEED MOTOR SERVICE

Page 1 / 2

BLK 3021A, UBI ROAD 1, #01-39, SINGAPORE 408715

TEL: 67472488 FAX: 67452620 REG NO: 36694400B GST REG NO: M90360548J

EMAIL: rispeed@live.com.sg

FIRST CAPITAL INSURANCE LIMITED

36, Robinson Road # 16-01

City House Singapore 068877

Attention : Motor Claim Department

Contact : 65073848 Fax No. : 65073849

Estimate : ES000275

Date : 13/09/2017

Vehicle Num. : SJS 5284X

Make/Model : Hyundai Avante

Chassis/Eng# :

Accident Date : 15/09/2017

Claim No. :

Reference :

Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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LIST ITEMS :

1.	1	Rear Bumper		447.50	/
2.	1	Bumper Reinforcement		270.00	/
3.	2	Bumper Bracket	79.00	158.00	X
4.	6	Bumper Clips	5.00	30.00	/
5.	2	Rear Lamp	282.80	565.60	X
6.	1	Rear Lamp Panel		580.90	/
7.	1	Rear Gate Cover		985.90	X
8.	1	Rear Cover Wealthstrip		79.50	/
9.	1	Rear Cover Lock (inter)		118.30	/
10.	1	Rear Cover Lock (outer)		69.00	X
11.	2	Rear Cover Hing	132.00	264.00	X
12.	1	Rear Panel Inter Garnish		163.00	/

List Total S\$:

20.00% Discount S\$:

3,731.70

746.34

2,985.36

SPECIAL NETT ITEMS :

1.	2	Bumper Sensor	125.00	250.00	
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Special Nett Total S\$:

250.00

LABOUR :

Labour charge recommended for repaired & replaced

CONTINUE / ...



RISPEED MOTOR SERVICE

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BLK 3021A, UBI ROAD 1, #01-39, SINGAPORE 408715

TEL: 67472488 FAX: 67452620 REG NO: 36694400B GST REG NO: M90360548J

EMAIL: rispeed@live.com.sg

FIRST CAPITAL INSURANCE LIMITED
36, Robinson Road # 16-01
City House Singapore 068877

Attention : Motor Claim Department

Contact : 65073848 Fax No. : 65073849

Estimate : ES000275

Date : 13/09/2017

Vehicle Num. : SJS 5284X

Make/Model : Hyundai Avante

Chassis/Eng# :

Accident Date : 15/09/2017

Claim No. :

Reference :

Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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		damaged parts	500	600.00
		To putty and spraypainting including touch up all affected areas	600	800.00
		To check rear wiring & function including to remove & refix rear sensor	40	60.00
		Labour Total S\$:		1,460.00

5 Days.

lump sum repair

After repair photos.

Guo Ricmp - 82880282

19/9/17

2817.76

24%: 2250

[Signature]
21/9/17

for RISPEED MOTOR SERVICE

E. & O.E.

Total S\$:

4,695.36

4821.76

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

Signature:

Date:



RISPEED MOTOR SERVICE

BLK 3021A, UBI ROAD 1, #01-39, SINGAPORE 408715

TEL: 67472488 FAX: 67452620 REG NO: 36894400B GST REG NO: M90360548J

EMAIL: rispeed@live.com.sg

ATTENTION: GUO QIANG

FIRST CAPITAL INSURANCE LIMITED
36, Robinson Road # 16-01
City House Singapore 068877

Attention : Motor Claim Department
Contact : 65073848 Fax No. : 65073849

Supplementary Estimate : ES000276

Date : 21/09/2017
Vehicle Num. : SJS 5284X
Make/Model : Hyundai Avante
Chassis/Eng# :
Accident Date : 15/09/2017
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
1.	2	LIST ITEMS : Bumper Reinforcement Bracket / BT	79.00	158.00
		List Total S\$:		158.00
		20.00% Discount S\$:		31.60
				126.40

E. & O.E. Total S\$: 126.40


for RISPEED MOTOR SERVICE




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/FCI17018020/Grbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 26-12-2017	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 3089J	Veh. Inspected	SJS 5284X
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17008888MFSH	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	19/09/2017
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI AVANTE	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	KMHJU41BR9U800075	Colour	BLACK
Odometer	139128	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/60 R15	YOKOHAMA	6 mm
L/H Front Tyre	195/60 R15	YOKOHAMA	6 mm
R/H Rear Tyre	195/60 R15	YOKOHAMA	6 mm
L/H Rear Tyre	195/60 R15	YOKOHAMA	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/09/2017	Inspection Date	19/09/2017
Survey held at	RISPEED MOTOR SERVICE BLK 3021A UBI ROAD 1 #01-39 SINGAPORE 408715		
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJS 5284X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	447.50	447.50
1	BUMPER REINFORCEMENT	BENT	270.00	270.00
2	BUMPER BRACKET @\$79.00	NOT NECESSARY	158.00	-
6	BUMPER CLIPS @\$5.00	NECESSARY	30.00	30.00
2	REAR LAMP @\$282.80	NOT NECESSARY	565.60	-
1	REAR LAMP PANEL	BUCKLED	580.90	580.90
1	REAR GATE COVER	TO REPAIR SEE LABOUR	985.90	-
1	REAR COVER WEATHERSTRIP	TWISTED	79.50	79.50
1	REAR COVER LOCK (INTER)	BENT	118.30	118.30
1	REAR COVER LOCK (OUTER)	NOT NECESSARY	69.00	-
2	REAR COVER HING @\$132.00	NOT NECESSARY	264.00	-
1	REAR PANEL INTER GARNISH	DEFORMED	163.00	163.00
2	BUMPER REINFORCEMENT BRACKET @\$79.00 (ADDITIONAL)	BENT	158.00	158.00
	LESS 20% DISCOUNT		-777.94	-369.44
			3,111.76	1,477.76
SPECIAL NETT ITEMS				
2	BUMPER SENSOR @\$125.00 (SN)	DAMAGED	250.00	200.00
			250.00	200.00
LABOUR				
	LABOUR CHARGE & RECOMMENDED FOR REPAIRED & REPLACED DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF REAR GATE COVER.		600.00	500.00
	TO PUTTY AND SPRAY PAINTING INCLUDING TOUCH UP ALL AFFECTED AREAS.		800.00	600.00
	TO CHECK REAR WIRING & FUNCTION INCLUDING TO REMOVE & REFIX REAR SENSOR.		60.00	40.00
			1,460.00	1,140.00
GRAND TOTAL			4,821.76	2,817.76

Report Ref No. CS/FCI17018020/Grbe2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,250.00
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Report Ref No. CS/FCI17018020/Grbe2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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