

ASS. REC. BY:

REF:

CS/FCT17020225/Ugbak

Special Instruction:

Surveyor:

Marius

ASSIGNMENT (Office) ✓

From (Person):

CWS Aung Yin Min

of

FCL

Date/Time:

20-10-2017

5:48pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLE 4146T

Insured:

SHC 7905H

at Workshop m/s

Ethuz

Tel:

6654 7617

of

22 Tampines St 92

Policy No:

D-15077707mpt

Claim No:

D17009791MTSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

14-10-2017

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

H.O.D. Endorsement:

Date/Time:

23/10/2017 11:14am

Person Contacted:

Boon Kai

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SLE 4146T - x

SHC 7905H - CC3/GBE 1607871 / Hleg3 m2

DA: 190716

12/12/17 1.51pm revised to Aung Yin Min by email.

Similar works

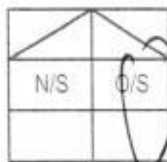
REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLE 41467
 at Workshop m/s Sihwa
 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: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res: Yes or No
 Lum Sum: 1.31 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLE 41467 Yr Regn: 7 16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA
 Make: Mazda 3 c1 496
 Colour: Brown A/C: Insured / Std / NI / NA
 Sp. Reading: 32991 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JM6BM42A860338327
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/60R10
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front _____ Rear _____
 R/Bal. S mm R/Bal. S mm
 L/Bal. S mm L/Bal. S mm
 D.O.A. 14/10/17 D.O.I. 11/12/17
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

21/12/17 confirmed fine/g & 950 with AM/legi
 (Ref to 5031.84, 84/1)

RECEIVED 22 DEC 2017

Date/Time, File Pass to? ☐ : Preli. Report
☒ : Final Report
 Date/Time, File Return to? _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee:

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

Report Format :

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

TP

950

140
50
50
20
260



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/FCI17020225/Uqb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 23-10-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 7905H	Veh. Inspected	SLE 4146T
Policy No.		Coverage (\$)	0.00
Claim No.	D17009791MFSH	Excess (\$)	0.00
Assign From	CWS (AUNG YIN MIN)	Assign Date	20/10/2017

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	14/10/2017	Inspection Date	
Survey held at	ETHOZ GROUP LTD 22 TAMPINES STREET 92 SINGAPORE 528876		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

Reference No. : C8/FC/17070773/496
Policy Type: OD / TP / TP RES / TL / EVA

SLE 4146T
Typist

(1) Office Assign Form

- | | |
|---|---------------------------------------|
| 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 |

Y-Date	N-Date
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	

(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 |

[illegible]

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

--	--

(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

--	--

Check By:

Case Handler

Date _____

First Capital Insurance Limited

A FAIRFAX Company

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

MOTOR SURVEY ASSIGNMENT

Date	17-10-2017	Our Ref No. D17009791MFSH
Accident Date	14-10-2017	Claim Type. Third Party
Insured Vehicle	SHC7905H	Third Party Vehicle. SLE4146T
Survey Location	22 TAMPINES STREET 92	
Contact Person.	NG BOON KAI	
Contact No.	66547617/ 0	Fax No. 66547648
Survey Type	DIRECT SETTLEMENT:	
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	ETHOZ GROUP LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	AUNGYM	

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/229217)



PRI Documents



Close



PRI Header Details

Claim No	D17009791MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & ETI
Workshop Name	ETHOZ GROUP LTD (Contact Person : NG BOON KAI)	Survey Location & Contact Details	22 TAMPINES STREET 92 Mobile: 0 , Phone: 66547617 , Fax: 6654764 EmailId: BOONKAI.NG@ETHOZGROUP.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	DIRECT SETTLEMENT:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7905H	TP Vehicle No	SLE414
PRI Recieved Date	19-10-2017 07:55:35 PM	Surveyor Appointed Date	20-10-2017 05:47:49 PM	Surveyor Accept Date	23-10-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	23-10-2017	Upload Survey Report *:	
------------------------------------	--	-----------------------------	------------	--------------------------------	--

Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	Select
Chasis No		Engine No		Mileage	
Color		Cubic Capacity			

Multiple Documents Upload

Upload Multiple Documents

File Name

Action

Surveyor Job Remarks

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Tuesday, 12 December, 2017 1:51 PM
To: 'Claim Workflow System'; assignments
Cc: AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17009791MFSH/1
Attachments: CSFCI17020225Uqb.pdf

Dear Yin Min,

Enclosed herewith preliminary advice of SLE 4146T.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Monday, 23 October, 2017 11:16 AM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17009791MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | 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: Friday, 20 October, 2017 5:48 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; AUNGYINMIN@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17009791MFSH/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: D17009791MFSH

Date: 12 December 2017

Our Ref: CS/FCI17020225/Uqb

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

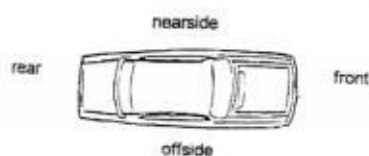
INITIAL INSPECTION REPORT OF VEHICLE NO. SLE 4146T

Please be informed that we had conducted the inspection of the abovementioned vehicle on 11/12/2017 at the premises of M/s ETHOZ, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>5,981.84</u>
Revised Estimate Amount	: S\$ <u>950.00</u>
"Check" Items Amount	: S\$ <u>-</u>
Market Value	: S\$ <u>-</u>
LTA Reimbursement Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:

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



Yours faithfully

CHUA KANG SENG
Licensed Appraiser

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	14/10/2017 13:11
Date Of Accident	14/10/2017 11:00
Exact Location Of Accident	LITTLE INDIA /SERANGOON RD (OPP DIWALI VILLAGE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE4146T
Insured/Policyholder	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	198104531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777

Vehicle Particulars

Manufacturer	MAZDA
Model	3 1.5 (A) SEDAN STANDARD
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	THIRD PARTY
Fleet Policy	NO
Policy Number	D17MTRENT000051
Cover Note Number	

Driver

Name of Driver	MONTEIRO DHEERAJ ANTHONY PAUL
Passport No/FIN	G6376104X
Date Of Birth	16/11/1986
Occupation	INDOOR
Date Of Driving Pass	02/06/2012
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97889578
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

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 - CHANGE/CROSS LANE
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

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: OWNER HAVE TO RETRIEVE FROM OWN PC
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7905H
Vehicle Make/Model/Colour HYUNDAI (B)
Details Of Properties
Name of Driver LIM KEOW HONG
NRIC/Passport Number S0067813I
Contact Number 96474270
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name CERTIS CISCO OFFICER
Phone Number
Email Address

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

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



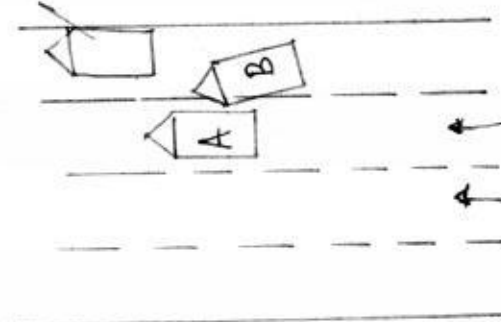
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

DELIVERED
12 packages



(A) - SLE 4146T.

(B) - SHC 7905H

Describe Circumstances of the Accident

Driving straight along Sangan Road, certainly,
I felt an impact from my side right.
Car drove and ended at the damage.
They offered money to settle private
but on inquiry, company report drive
changed stance. Drove down to workshop
& submitted the claim.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input checked="" type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

Declaration

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 Reporting Centre Personnel

PLEASE ARRANGE TO SURVEY
VEHICLE AT 22 TAMPINES ST 92 (S
528876)

Ng Boon Kai
CLAIM DEPARTMENT
DID : 6654_7617
FAX :

Date : 19/10/2017

To : **FIRST CAPITAL INSURANCE LIMITED**

ESTIMATION

Attn : **Motor Claim Department**

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000051

Accident Date : 14/10/2017

Vehicle No : SLE-4146-T

Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

List Item

- 1 REAR BUMPER
- 10 REAR BUMPER CLIPS
- 1 REAR BUMPER SIDE RETAINER RH
- 1 REAR FENDER R/H
- 1 REAR DOOR RH
- 1 ROCKER PANEL RH
- 1 REAR FENDER INNER SHIELD RH
- 10 REAR FENDER INNER SHIELD CLIPS

RESTORE

12	1,074.80	X
11	55.00	X
17	48.50	X
12	1,174.10	X
12	1,024.40	X
17	483.20	X
17	112.30	X
17	55.00	X

Date : 19/10/2017

To : FIRST CAPITAL INSURANCE LIMITED

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000051

Accident Date : 14/10/2017

Vehicle No : SLE-4146-T

Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	4027.30	
	Discount 20% On Parts	(805.46)	
	<u>Special Nett Item</u>		
1	REAR TRYE RH	220.00	✓
1	REAR SPORT RIM RH	450.00	✓
	Sub Total	670.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILIATE REPAIR	900.00	200
	LABOUR TO SPRAY PAINT AFFECTED AREAS	1,000.00	680
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	✓

Date : 19/10/2017

To : FIRST CAPITAL INSURANCE LIMITED

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000051

Accident Date : 14/10/2017

Vehicle No : SLE-4146-T

Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO RUSH PROOF ON AFFECTED AREAS	11 80.00	X
	TO CONDUCT ALL WHEEL COMPUTERISED WHEEL ALIGNMENT	80.00	70
	Sub Total	2090.00	

LKK Auto Consultants hereby 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:

5,981.84

Remarks:

Not Advised

SUB TOTAL

GST 7.0 % 418.73

TOTAL 6,400.57

Surveyor's name: *Marcus LKK*

P/R \$950 / 2 day

Principal's name: ETHOZ Group Ltd

Survey Date & Time: *11/12/17 Tohkeah Office repair*

PAGE : 3




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/FCI17020225/Uqbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 22-12-2017	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7905H	Veh. Inspected	SLE 4146T	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17009791MFSH	Excess (\$)	0.00	
Assign From	AUNG YIN MIN	Assign Date	20/10/2017	
2. Vehicle Particulars & Condition				
Make & Model	MAZDA 3 (A)	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JM6BM42A8G0338327	Colour	BROWN	
Odometer	32991	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R10	BRIDGESTONE	8 mm	
L/H Front Tyre	205/60 R10	BRIDGESTONE	8 mm	
R/H Rear Tyre	205/60 R10	BRIDGESTONE	8 mm	
L/H Rear Tyre	205/60 R10	BRIDGESTONE	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/10/2017	Inspection Date	11/12/2017	
Survey held at	ETHOZ GROUP LTD 22 TAMPINES STREET 92 SINGAPORE 528876			
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:		2 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. SLE 4146T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	1,074.80	-
10	REAR BUMPER CLIPS	NOT NECESSARY	55.00	-
1	REAR BUMPER SIDE RETAINER RH	NOT NECESSARY	48.50	-
1	REAR FENDER R/H	TO REPAIR SEE LABOUR	1,174.10	-
1	REAR DOOR RH	TO REPAIR SEE LABOUR	1,024.40	-
1	ROCKER PANEL RH	NOT NECESSARY	483.20	-
1	REAR FENDER INNER SHIELD RH	NOT NECESSARY	112.30	-
10	REAR FENDER INNER SHIELD CLIPS	NOT NECESSARY	55.00	-
	LESS 20% DISCOUNT		-805.46	-
			3,221.84	-
<u>SPECIAL NETT ITEMS</u>				
1	REAR TYRE RH (SN)	NOT NECESSARY	220.00	-
1	REAR SPORT RIM RH (SN)	TO REPAIR SEE LABOUR	450.00	-
			670.00	-
<u>LABOUR</u>				
	LABOUR TO FACILITATE REPAIR. INCLUSIVE OF THE REPAIR OF REAR BUMPER, REAR FENDER R/H, REAR DOOR RH AND REAR SPORT RIM RH.		900.00	200.00
	LABOUR TO SPRAY PAINT AFFECTED AREAS.		1,000.00	680.00
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS.	NOT NECESSARY	30.00	-
	TO RUSH PROOF ON AFFECTED AREAS.	NOT NECESSARY	80.00	-
	TO CONDUCT ALL WHEEL COMPUTERISED WHEEL ALIGNMENT.		80.00	70.00
			-	-
			-	-
			-	-



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

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
			-	-
			2,090.00	950.00
	GRAND TOTAL		5,981.84	950.00
RECOMMENDED COST OF REPAIRS				950.00

Report Ref No. CS/FC117020225/Uqbe2

CHUA KANG SENG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report in whole or in part, does so at his or her own risk.