

ASS. REC. BY:

REF:

CS/FCU7021625/mib2

Special Instruction:

Surveyor

MA

ASSIGNMENT (Office)

From (Person):

CWS Hung Yin Min

of

FCL

Date/Time:

13-11-2017 3:01pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB 8046K

Insured:

SHB 2324Y

at Workshop m/s

Premier

Tel:

6544 6689

of

23 Chungi South Ave 2 # 03-D

Policy No:

D/150 72707MESH

Claim No:

D17010501MESH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

09-11-2017

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

13-11-2017 3:10pm

Person Contacted:

Vincent

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate	
	SHB 8046K - CC3 / EQ116010480 / Yhgj2	DLA: 01/06/16
	SHB 2324Y - 03 / INC03033070 / Kcei	DLA: 17/12/08
14/11/17 @ 2:11pm	REVISED to Hung Yin Min by email.	
	US \$550, 2 days (rid \$1262.80, 70%)	

1587
000000

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s

PREMIER

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.

N/S	O/S

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: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 8046 K Yr Regn: DEC 2015

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

Truck / Trailer or

Make: KIA OPTIMA

c.c 1685

Colour: SILVER

A/C: Insured / Std / NI / NA

Sp. Reading: 153910

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNA9M1H14MF5658069

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: 205/65 R16

R: _____

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

TOYO / YOKO or

MAXXIS

Front

Rear

R/Bal. 8

mm

R/Bal. 8

mm

L/Bal. 8

mm

L/Bal. 8

mm

D.O.A. 09/11/2017

D.O.I. 18/11/2017

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

OS/FRT

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

RECEIVED 20 NOV 2017

Date/Time, File Pass to?

11/23/11

Date/Time, File Return to?

2)

☐

: Preli. Report

☐

: Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: 100

Transportation: 50

\$ + RS \$

Photos: 50

Others: 17

TOTAL

217

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: 7P

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

550



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/FCI17021625/M1qb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 13-11-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 2324Y	Veh. Inspected	SHB 8046K
Policy No.		Coverage (\$)	0.00
Claim No.	D17010501MFSH	Excess (\$)	0.00
Assign From	CWS (AUNG YIN MIN)	Assign Date	13/11/2017

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

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5. General Information

Accident Date	09/11/2017	Inspection Date	13/11/2017
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		

5a. Remarks

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

Survey Department Check List (Case Handler)

Reference No.: *CS/KAL/7072675/ML/96*
 Policy Type: OD / TP / TP RES / TL / EVA

SHG 8046K

Case Handler

Typist

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

(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	Y-Date	N-Date
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Surveyor (*Ma C.F.*): 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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

<input checked="" type="checkbox"/>			
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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

<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

<input checked="" type="checkbox"/>			
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Check By:

[Signature] *23/11/17*

Case Handler

Date

First Capital Insurance Limited

A FAIRFAX Company

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

MOTOR SURVEY ASSIGNMENT

Date	10-11-2017	Our Ref No. D17010501MFSH
Accident Date	09-11-2017	Claim Type. Third Party
Insured Vehicle	SHB2324Y	Third Party Vehicle. SHB8046K
Survey Location	23 CHANGI SOUTH AVENUE 2 #03-02	
Contact Person.	GOH WEE DEK	
Contact No.	62148880/ 65446682	Fax No. 62141511
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	PREMIER AUTOMOTIVE SERVICES PTE 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/230087)



PRI Documents

Close X

PRI Header Details

Claim No	D17010501MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & PRI SERVICE
Workshop Name	PREMIER AUTOMOTIVE SERVICES PTE LTD (Contact Person : GOH WEE DEK)	Survey Location & Contact Details	23 CHANGI SOUTH AVENUE 2 #03-02 Mobile: 65446682 , Phone: 62148880 , Fax: EmailId: WEEDEK.GOH@PREMIERTAXI.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHB2324Y	TP Vehicle No	SHB80
PRI Recieved Date	10-11-2017 08:53:29 PM	Surveyor Appointed Date	13-11-2017 03:00:39 PM	Surveyor Accept Date	13-11-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	13-11-2017	Upload Survey Report *:	
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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, 14 November, 2017 2:11 PM
To: 'Claim Workflow System'; assignments
Cc: AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17010501MFSH/1
Attachments: CSFCI17021625M1qb.pdf

Dear Yin Min,

Enclosed herewith preliminary advice of SHB 8046K.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Monday, 13 November, 2017 3:14 PM
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 - D17010501MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]
Sent: Monday, 13 November, 2017 3:01 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; AUNGYINMIN@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17010501MFSH/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



Auto
Consultants
Pte Ltd

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

Your Ref: D17010501MFSH
Our Ref: CS/FCI17021625/M1qb

Date: 14 November 2017

The Motor Claims Department
First Capital Insurance Ltd

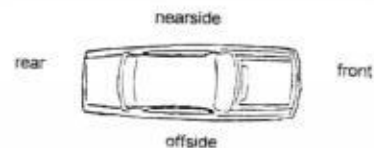
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHB 8046K.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 13/11/2017 at the premises of M/s PREMIER, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>1,812.80</u> .
Revised Estimate Amount	: S\$ <u>664.40</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 front portion.



Yours faithfully

Ma C.F.
Automotive Assessor

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	22 Dec 2015 / 08:42:21	Receipt No.:	AACCK001-AX239-151222-000003
Asset Type:	Vehicle	Transaction Amount:	\$68,909.00
Asset ID:	SHB8046K	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151222084221428038		
Vehicle No.:	SHB8046K		
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-		
Vehicle Attachment 3:	-		
Vehicle Scheme:	Taxi (Company)		
First Registration Date:	22 Dec 2015		
Original Registration Date:	22 Dec 2015		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5658069		
Engine No.:	D4DFDH314495		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2015		
Open Market Value:	\$22,359.00		
Minimum PARF Benefit:	\$13,981.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	22 Dec 2015 08:42:21		
COE No.:	2015122201003527M		
COE Expiry Date:	21 Dec 2023		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$45,466.00		
Lifespan Expiry Date:	21 Dec 2023		

SKETCH PLAN

IMPORTANT NOTICE

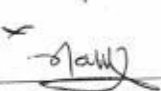
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

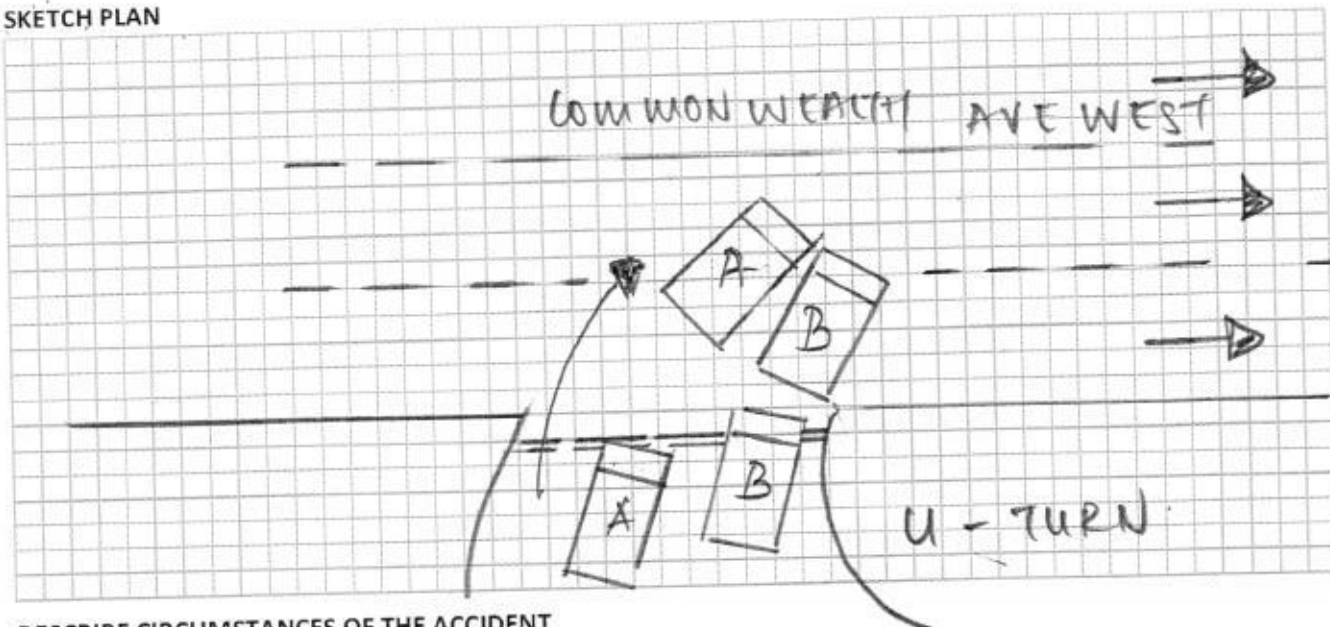

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

10 NOV 2017

31338308A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 8046 K

B: SHB 2374 U.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

[Signature] S1338308A

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

10 NOV 2017

[Signature]

Describe Circumstance of the Accident.

ON 09/11/2017 @ 1950 HRS, I WAS DRIVING MY TAXI (SHB 8046 K)
TRAVELLING ALONG COMMONWEALTH AVE WEST WITH 2 PASSENGERS ONBOARD
(FEMALE MALAYS) – UNDER THE COMMONWEALTH MRT STATION.

I STOPPED MY TAXI – GIVING WAY TO ONCOMING VEHICLES FROM THE LEFT @ THE
U-TURNING JUNCTION, IN THE LEFT LANE.

WHEN ONCOMING TRAFFIC WAS CLEAR AND SAFE, I THEN PROCEED AHEAD INTO
THE MIDDLE LANE OF COMMONWEALTH AVE WEST BUT SUDDENLY I FELT AN
IMPACT FROM MY RIGHT.

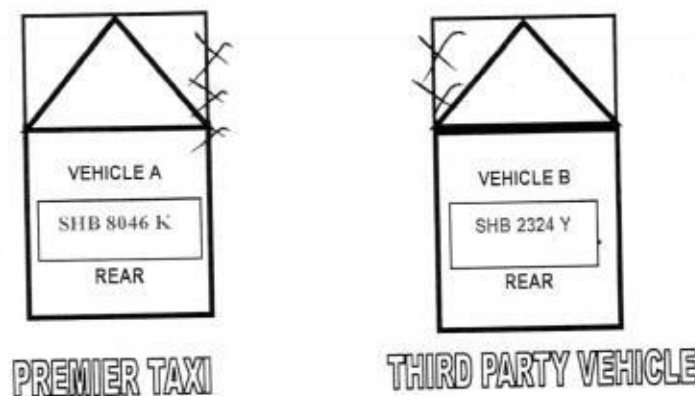
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHB 2324 Y – CITY CAB)
WHICH WAS INITIALLY IN THE RIGHT LANE @ THE U-TURNING JUNCTION, HAD
FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO KEEP IN LANE - HAD
ENCROACHED ONTO THE RIGHT PORTION OF MY TAXI WHILE HE WAS FILTERING
INTO THE MIDDLE LANE INSTEAD OF THE RIGHT LANE ALONG COMMONWEALTH
AVE WEST.

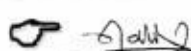
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT FRONT PORTION AND
VEHICLE B HAD DAMAGES ON THE LEFT FRONT PORTION.

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD VEHICLE B.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



 21338308 A

Driver's Signature & NRIC Number
Friday, November 10, 2017 @ 3:42:43 PM

(attended by )

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

10-Nov-17

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8046 K

1 pc Front o/s fender inner shield
1 pc Front bumper o/s side retainer
1 pc Front o/s wheel cover

\$ ✓ 120.00 *SM*
\$ ✗ 16.00 *NIN*
\$ ✓ 116.00 *WA*
\$ 252.00
\$ 25.20
\$ 226.80

Less 10%

S/NETT

1 set Front o/s fender inner shield clips
1 set Front bumper clips
1 pc Front o/s fender sticker

LKK Auto Consultants hence not 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:

\$ ✓ 28.00 *NIN*
\$ ✗ 48.00 *NIN*
\$ ✗ 30.00 *NIN*
\$ 50.00 *X NN*
\$ 80.00 *60*

Sundry

To check wheel alignment

To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.

560

\$ 180.00 *X NN*

To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of front o/s fender, front bumper etc

\$ 650.00 *200*

To putty and spray painting on front bumper, front o/s fender

\$ 400.00 *360*

To apply rustproofing on the repaired and replaced panels.

\$ 120.00 *X NN*

\$ 1,812.80

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

550
2 w days

#664.40
2 w days

Not Section
P/R Repair
AFTER PAINT Photo.
2 w days
18/11/2017



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/FCI17021625/M1qbn2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 24-11-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 2324Y	Veh. Inspected	SHB 8046K
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17010501MFSH	Excess (\$)	0.00
Assign From	AUNGYM	Assign Date	13/11/2017

2. Vehicle Particulars & Condition

Make & Model	KIA OPTIMA	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KNAGM414MF5658069	Colour	SILVER
Odometer	153910	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/65 R16	MAXXIS	8 mm
L/H Front Tyre	205/65 R16	MAXXIS	8 mm
R/H Rear Tyre	205/65 R16	MAXXIS	8 mm
L/H Rear Tyre	205/65 R16	MAXXIS	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	09/11/2017	Inspection Date	13/11/2017
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		

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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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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

Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 8046K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT O/S FENDER INNER SHIELD	SERVICEABLE	120.00	-
1	FRONT BUMPER O/S SIDE RETAINER	NOT NECESSARY	16.00	-
1	FRONT O/S WHEEL COVER	CUT	116.00	116.00
	LESS 10% DISCOUNT		-25.20	-11.60
			226.80	104.40
SPECIAL NETT ITEMS				
1	SET FRONT O/S FENDER INNER SHIELD CLIPS (SN)	NOT NECESSARY	28.00	-
1	SET FRONT BUMPER CLIPS (SN)	NOT NECESSARY	48.00	-
1	FRONT O/S FENDER STICKER (SN)	NOT NECESSARY	30.00	-
1	SUNDRY (SN)	NOT NECESSARY	50.00	-
			156.00	-
LABOUR				
	TO CHECK WHEEL ALIGNMENT.		80.00	60.00
	TO DISMANTLE / REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS.	NOT NECESSARY	180.00	-
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF FRONT O/S FENDER, FRONT BUMPER ETC.		650.00	200.00
	TO PUTTY AND SPRAY PAINTING ON FRONT BUMPER, FRONT O/S FENDER.		400.00	360.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.	NOT NECESSARY	120.00	-
			1,430.00	620.00
	GRAND TOTAL		1,812.80	724.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				550.00

Report Ref No. CS/FCI17021625/M1qbn2

MA CHIN FOOK

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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