

12/03/2001

ASS: REC. BY:

REF: CS/FC1170220SI / Tirber Special Instructions:

Surveyor:

CWS

Tawfik

ASSIGNMENT (Office)

From (Person):

Luren Jaw

of

FCI

Date/Time:

11:05am @ 20/11/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGN 7634T

Insured:

SHC 7710C

at Workshop m/s

Movq

Tel:

of Blk 1008 Bkt Merah Lane 3 # 01-04/06/08

Policy No:

Claim No:

D17010634MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

14/11/17

CA / REV / REP. / REV 24 HRS

'wp'

22/11/2017 @ 12pm on

H.O.D. Endorsement:

Date/Time:

11:33am @ 20/11/17

Person Contacted:

ERIC

Vehicle IN / OUT

Date/Time

Action/Instruction

(✓)

Estimate

SGN 7634T-x

SHC 7710C-x

29/10/17

Sent poli through email to Luren

02/11/18

Nitha inform liability unclear

02/11/18

Submit preli report

Tan Jkh

REF: FCL

ASSIGNMENT

CoE 2021 Nov

From: Date 22.11.2017

Estimated Cost:

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

To Inspect Vehicle No: 06N 7634T

at Workshop in: move

of: Blk 1008 Bukit Merah Lane 3

Insured: #01-04

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

12pm

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: 56N 7634T

Vr Regn: 20-6 Nov

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

Truck / Trailer or

Make: Proton Gen 2

CC: 1597.

Colour: Blue.

A/C Insured / Std / NI / NA

Sp. Reading: 168633

T. Radio: Insured / Std / NI / NA

Eng/No

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / 6/Rim / STD A/Rim or

Tyre Size: F:

195/55R15

R:

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

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

6

mm

L/Bal.

mm

D.O.A.

D.O.A.

22/11/17 @ 12pm

Survey held at

Mova BM

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

Fnt O/S

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

Date / Time Action / Instruction

RECEIVED 02 NOV 2018

Date/Time File Pass to?

1) typat

Date/Time File Return to?



: Preli. Report



: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Food & Drink

Accommodation

Others

Total

Add Fee:



Site Insp: \$



Interview: \$



Tech. Insp: \$



Weekend: \$

Report Format: TP

Lump Sum / I.B. / ...

110
50
19
179



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/FCI17022051/T1rb

36 ROBINSON ROAD

#16-01 CITY HOUSES SINGAPORE 068877

Date : 20-11-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 7710C	Veh. Inspected	SGN 7634T
Policy No.		Coverage (\$)	0.00
Claim No.	D17010634MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	20/11/2017

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

5. General Information

Accident Date	14/11/2017	Inspection Date
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722	

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 Limited

A FAIRFAX Company

Company Reg. No. 195000106C

GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	15-11-2017	Our Ref No. D17010634MFSH
Accident Date	14-11-2017	Claim Type. Third Party
Insured Vehicle	SHC7710C	Third Party Vehicle. SGN7634T
Survey Location	BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08	
Contact Person.	ERIC KI	
Contact No.	62723892/ 0	Fax No. 62721527
Survey Type	WITHOUT PREJUDICE: PENDING ID'S VF TO DETERMINE LIABILITY	
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	MOVA AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

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/230262)



PRI Documents



Close



PRI Header Details

Claim No	D17010634MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & MOVA AUT
Workshop Name	MOVA AUTOMOTIVE PTE LTD (Contact Person : ERIC KI)	Survey Location & Contact Details	BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08 Mobile: 0 , Phone: 62723892 , Fax: 62721527 EmailId: ERIC@MOVA.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: PENDING ID'S VF TO DETERMINE		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7710C	TP Vehicle No	SGN7634T
PRI Recieved Date	17-11-2017 08:02:11 PM	Surveyor Appointed Date	20-11-2017 11:04:17 AM	Surveyor Accept Date	20-11-2017 1

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	20-11-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="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: D17010634MFSH

Our Ref: CS/FCI17022051/T1rb

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

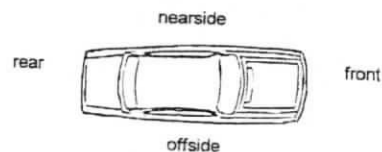
INITIAL INSPECTION REPORT OF VEHICLE NO. SGN 7634T .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 22/11/2017 at the premises of M/s MOVA AUTOMOTIVE PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ 2,332.90 .
Revised Estimate Amount	: S\$ 1,900.00 .
"Check" Items Amount	: S\$ 162.00 .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

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



Yours faithfully

TAUFIKH
Automotive Assessor

Janice Lee (LKKAUTO)

From: Janice Lee (LKKAUTO)
Sent: Wednesday, November 29, 2017 12:32 PM
To: 'Claim Workflow System'; LURENEJAW@FIRST-INSURANCE.COM.SG
Cc: SUR
Subject: RE: SURVEY ASSESSMENT - D17010634MFSH/1
Attachments: SGN 7634T.pdf

Dear Lurene,

Enclosed preliminary revised for **SGN 7634T**.

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: Monday, November 20, 2017 11:45 AM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: LURENEJAW@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17010634MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not In workshop, repairer will arrange.

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, 20 November, 2017 11:04 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; LURENEJAW@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17010634MFSH/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	14/11/2017 15:01
Date Of Accident	14/11/2017 09:55
Exact Location Of Accident	CLEMENCEAU AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGN7634T
Insured/Policyholder	
Name Of Registered Owner	KHATIJAH BINTE MOHAMED SAAT
NRIC No	S1248107A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96231851
Alternative Phone No	OFFICE-96231851
Vehicle Particulars	
Manufacturer	PROTON
Model	GEN2-1.6 (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5024744620
Cover Note Number	
Driver	
Name of Driver	ZAINUDDIN BIN MOKHTAR
NRIC No	S1122638H
Date Of Birth	14/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1978
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
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 SPOUSE
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
 Weather Conditions RAINING
 Road Surface WET

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 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 SHC7710C
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 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

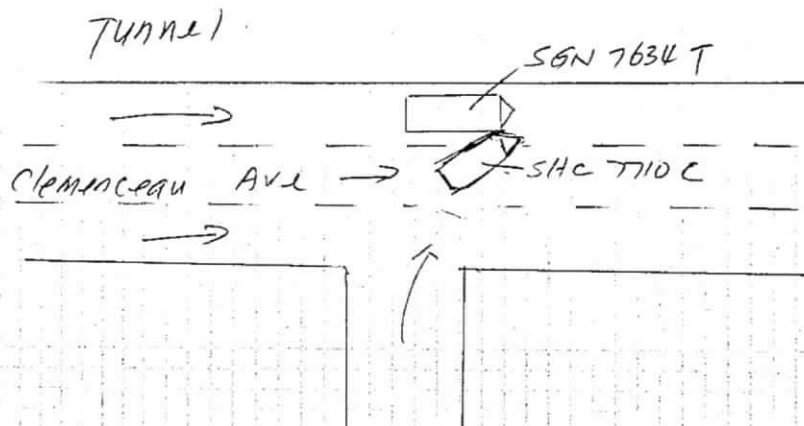
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg. 2

Describe Circumstances of the Accident		LICENSE PLATE NUMBER: <u>SGN 76347</u>	
ACCIDENT DATE: <u>14/11/2017</u>		CONTACT NUMBER: <u>96231851</u>	
ACCIDENT TIME: <u>0955 hrs</u>		EMAIL:	
LOCATION: <u>CLEMENCEAU AVE</u>			
<p>When I was driving straight along Clemenceau Ave towards River Valley Road at the outer left lane. A taxi (SHC 7100) turning out from CTE hit my vehicle SGN 76347 front right fender.</p>			
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>			
Please state:			
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only			

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

Estimate

16/11/2017

FIRST CAPITAL INSURANCE LTD
36 Robinson Road
#16-01 City House
Singapore 068877.

Attention :- XA026

Page # :- 1
Veh # :- SGN7634T
Veh Model :- PROTON GEN
Estimate# :- CK416681
Claim # :-
ACC. Date :- 14/11/17
Terms :- C.O.D Days
Remarks :-

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel : (65) 6476 3333
Fax : (65) 6271 5891
www.mova.com.sg

Workshop Dept:
Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722
Tel : (65) 6272 3892
Fax : (65) 6270 8314
Co. Reg. 198904033G
GST Reg. M2-0088864-2

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	FRONT FENDER RH <i>bt ✓</i>	1 PC	750.00	750.00
2.	FRONT FENDER COWLING RH	1 PC	141.00	141.00
3.	FRONT FENDER COWLING CLIPS <i>at ✓</i>	10 PC	4.00	40.00
4.	FRONT FENDER SIGNAL RH	1 PC	50.00	50.00
5.	FRONT BUMPER - TO REPAIR <i>Rx</i>	1 PC		
6.	FRONT DOOR RH - TO REPAIR <i>Rx</i>	1 PC		
LIST TOTAL S\$				981.00
10% DISCOUNT S\$				-98.10
				882.90
LABOUR :				
TO REPAIR FRONT BUMPER, FRONT DOOR RH REMOVE AND REFIX DAMAGED PARTS. STRAIGHTEN & REALIGN AFFECTED.				500 600.00
TO SPRAY AFFECTED AREAS				600 750.00
TO CHECK WHEEL ALIGNMENT				80 100.00
LABOUR TOTAL S\$				1,450.00

E. & O.E

NON-TAX AMOUNT S
AMOUNT S\$ 2,332.90
GST @ 7 % 163.30
AMOUNT DUE S\$ 2,496.20

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

LKK Auto Consultants hence notify
the Repairer of the following:

- To display damage tag for during survey
- Parts prices are subject to estimate basis
- Third party survey is on a "Without Prejudice" basis
- No illegal modifications is allowed
- Supplementary items must be approved and is subject to quotation from Insurance Company

Acknowledge by Repairer
Signature:
Date:

Taufik 97495749
WP 4 days
22/11/17 @ 12pm
Repairing after repair
sur @ lkkauto.com

Janice Lee (LKKAUTO)

From: Nitha <nitha@movacom.sg>
Sent: Friday, November 02, 2018 10:58 AM
To: Janice Lee (LKKAUTO)
Cc: tuckmeng@movacom.sg
Subject: RE: Case status

Dear Janice,

Please refer below for the status :

GBF 4397Z DOA : 20/02/2018 – owner withdraw the case

SGN 7634T DOA : 14/11/2017 - liability unclear

SLK 1754B DOA : 29/11/17 – liability unclear

Thank You

Best Regards,

Nitha

Claims Officer
Mova Automotive Pte Ltd
Tel: 6272 3892 Fax: 6270 8314



From: Alan Chng [mailto:tuckmeng@movacom.sg]
Sent: Tuesday, 30 October 2018 11:32 AM
To: 'nitha'
Cc: 'Enny'; 'AVRIL HO'; 'Crystal'; 'Jia Yu'
Subject: FW: Case status

Dear Nitha,

Please help me to check who handle this 3 cars. Thanks!

Best Regards
Alan Chng
Claims Estimator
Mova Automotive Pte Ltd
H/P 9686 9276
Office No:6262 3377
Fax No:6264 3151

From: Janice Lee (LKKAUTO) [mailto:JaniceLee@lkkauto.com]
Sent: Monday, 29 October 2018 4:35 PM
To: tuckmeng@movacom.sg
Subject: Case status




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/FCI17022051/T1rbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 07-11-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7710C	Veh. Inspected	SGN 7634T	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17010634MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	20/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	PROTON GEN 2	c.c	1597	
Engine No.	HIDDEN	Year of Reg.	2006	
Chassis No.	PL1CM6LNR7G089800	Colour	BLUE	
Odometer	168633	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/55 R15	DUNLOP	6 mm	
L/H Front Tyre	195/55 R15	DUNLOP	6 mm	
R/H Rear Tyre	195/55 R15	DUNLOP	6 mm	
L/H Rear Tyre	195/55 R15	DUNLOP	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/11/2017	Inspection Date	22/11/2017	
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722			
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:		4 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. SGN 7634T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT FENDER RH	BENT	750.00	750.00
1	FRONT FENDER COWLING RH	* CHECK	141.00	-
10	FRONT FENDER COWLING CLIPS @\$4.00	* CHECK	40.00	-
1	FRONT FENDER SIGNAL RH	CUT	50.00	50.00
1	FRONT BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT DOOR RH (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 10% DISCOUNT		-98.10	-80.00
			882.90	720.00
	<u>LABOUR</u>			
	TO REPAIR FRONT BUMPER, FRONT DOOR RH REMOVE AND REFIX DAMAGED PARTS. STRAIGHTEN & REALIGN AFFECTED. INCLUSIVE OF THE REPAIR OF FRONT BUMPER AND FRONT DOOR RH.		600.00	500.00
	TO SPRAY AFFECTED AREAS.		750.00	600.00
	TO CHECK WHEEL ALIGNMENT.		100.00	80.00
			1,450.00	1,180.00
GRAND TOTAL			2,332.90	1,900.00
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$162.90 NETT)				1,900.00

Report Ref No. CS/FC117022051/T1rbe2

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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