

Signature: *[Signature]*

REF: CC3/MS617022151/Alb02

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: **FBK 2031R**  
 Policy No. **MSD/VMS/17-986331-WTY**  
 Claims No. **MSC/V/17-001798**  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. of Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: \_\_\_\_\_ 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 5374H** Yr Regn: **2012 / Aug**  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: **CHEVROLET EPICA** C.C. **1998**  
 Colour: **Maroon** A/C: Insured / Std / NI / NA  
 Sp. Reading: **591290** T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **KL169R3BB134151**  
 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: **205/65R15**  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Franken**  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal. **5** mm R/Bal. **5** mm  
 L/Bal. **5** mm L/Bal. **5** mm  
 D.O.A. **20/11/17** D.O.I. **20/11/17**  
 Survey held at: **SMRT**  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
**Rear - 13**  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction	QA: 170113	11/12/21
	SHB 5374H - CS / LPE13001655 / Rlyin		
	FBK 2031R - X		MS14
	Confirm LIS \$1200, 3 days		FBK 2031R
	Ed: \$4630.34, 791.		

RECEIVED 18 DEC 20

Date/Time, File Pass to? ☐ : Preli. Report  
 1) *typist* ☒ : Final Report  
 Date/Time, File Return to?

Days Of Repair: **3**  
 Resurvey No. of Trip: **1**

Survey Fee:  
 Transportation:

Report Format: **TP**  
 Lump Sum / L.B.I.: (\$ **1200**)

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

TOTAL

200
10
210



# 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			
MSIG INSURANCE (SINGAPORE) PTE LTD		Ref : CC3/MSG17022151/R1rb	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 21-11-2017	
		Code : MSG	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	FBK 2031R	Veh. Inspected	SHB 5374H
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	20/11/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	20/11/2017	Inspection Date	20/11/2017
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

## 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	20/11/2017 13:04
Date Of Accident	20/11/2017 08:15
Exact Location Of Accident	QUALITY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5374H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	TAXI

### Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D-17087562MFSH
Cover Note Number	

### Driver

Name of Driver	JAMIL BIN SAID
NRIC No	S1181337B
Date Of Birth	04/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1983
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RELIEF

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

I WAS TRAVELLING ALONG QUALITY ROAD WITH ONE PASSENGER (MALE CHINESE) ON BOARD. I SLOWED DOWN TO A STOP AS I WAS GOING TO TURN RIGHT INTO PTERIS GLOBAL TO ALIGHT MY PASSENGER. SUDDENLY I FELT AN IMPACT AT THE REAR RIGHT PORTION OF MY TAXI. A MOTORCYCLE FBK2031R HAD COLLIDED ONTO THE REAR RIGHT PORTION OF MY TAXI.

#### 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 FBK2031R

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver LAU KHAY WEI

NRIC/Passport Number S7369509J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

Quality Road

PETRIS GLOBAL

A-SHB 5374H  
B-FBK 2031R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## DECLARATION

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



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

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

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:

*[Signature]* 20/11/17

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

*[Signature]* 20/11/2017

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



## SMRT Accident Vehicle Repair Estimates

### Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SHB5374H  
 Ref. No : TAX/11/17/2121  
 Reg. Date : 03/08/2012  
 Vehicle Type : TAXI  
 Make : CHEVROLET EPICA 2.0 VCDI  
 Model : EPICA-2.0  
 Name of Driver : JAMIL BIN SAID  
 Type of Accident : HEAD TO REAR  
 Date / Time of Accident : 20/11/2017 08:15:00 AM  
 Accident Reported Date / Time : 20/11/2017 12:00:00 AM  
 Surveyor is Required? : Yes  
 Survey by :  
 Vehicle is Towed Back? : No  
 Towed Back Date/Time :  
 Replacement Vehicle issued? : No  
 Accident Repair Job Card No : 000024093178  
 Special Instruction to ARC, if any :  
 FBK2031R - MSIG / *Returning after repair*  
 Prepared Date : 20/11/2017 01:01:25 PM



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:

**Section B - To be Completed by Service Advisor, Accident Repair Centre**

Chassis No : KL1LA69RJBB134151

Mileage


0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates**

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	845.00	0.00
Total Spray Painting Charges	936.00	0.00
Total Material Charges	2,112.72 3549.34	2,155.84
Other Charges	500.00	0.00
<b>TOTAL</b>	<b>4,393.72 5830.34</b>	<b>0.00</b>
<b>Lum Sum Total</b>	<b>4,400.00</b>	<b>0.00</b>
No. of Repair Days	5.00	0.00 3 days - Longman
Prepared / Adjusted By		
Arc / Surveyor Sing Off Date	20/11/2017 04:09:32 PM	01/01/1900 12:00:00 AM

  
20/11/17 @ 1600

Prepared / Adjusted Date :

Remarks :

Prepared Date : 20/11/2017 04:08:35 PM

**Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair**

Quotation No :	Invoice No :
Quotation Date :	Invoice Date :
Invoice Amount :	Prepared Date :



# Section D - Details of Repair Estimates

## Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH REAR PORTION	845.00	0.00 200
<b>Total Labour</b>	<b>845.00</b>	<b>0.00</b>

## Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY REAR BUMPER	378.00	0.00 200
TO RESPRAY REAR FENDER RH	378.00	0.00 200
TO RESPRAY RIM	180.00	0.00 50
<b>Total Spray Painting &amp; Panel Beating</b>	<b>936.00</b>	<b>0.00</b>

## Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 30
TO PROVIDE LABOUR & MATERIAL TO REPLACE SHIELD REAR BUMPER (NET)	140.00	0.00 X 140 SV
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 X hn
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 40
<b>Total Other Costs</b>	<b>500.00</b>	<b>0.00</b>

**Part 4 - Spare Parts / Material Usage**

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
93745100	REAR	6504569	BUMPER RR	1	1,238.00	30.00	866.60	Replace	Replace <i>Repair</i>	No
96633534	REAR		BRACKET RR BUMPER SIDE RH	1	49.00	30.00	34.30	Replace	Replace <i>X</i>	No
96851764	REAR	6504511	LAMP RR COMBINATION RH	1	415.00	10.00	373.50	Replace	Replace <i>Bro</i>	No
96632800	REAR	6504638	FENDER RH REAR	1	1,467.00	30.00	1,026.90	Replace	Replace <i>Repair</i>	No
	COMMO N		SMRT LOGO	1	7.80	0.00	7.80	Replace	Replace <i>ne</i>	No
	COMMO N		STICKER DECAL 6555 8888	1	21.60	0.00	21.60	Replace	Replace <i>ne</i>	No
	COMMO N	6504666	TYRE RIM	1	328.99	0.00	328.99	Replace	Replace <i>Repair</i>	No
96452311	COMMO N		CAP HUB	1	21.95	30.00	15.36	Replace	Replace <i>sd</i>	No
<b>TOTAL MATERIALS</b>								<b>2,675.06</b>	<b>2,675.05</b>	
<b>TOTAL MATERIALS(Discounted)</b>								<b>2,112.72</b>	<b>2,155.84</b>	

**Added Spare Parts / Material Usage After Surveyor Signed off**

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
<b>TOTAL SUPPLEMENTARY MATERIALS</b>									

# SMRT Accident Vehicle Repair Estimates

20-11-17/16:53

## Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SHB5374H  
Ref. No : TAX/11/17/2121  
Reg. Date : 03/08/2012  
Vehicle Type : TAXI  
Make : CHEVROLET EPICA 2.0 VCDI  
Model : EPICA-2.0  
Name of Driver : JAMIL BIN SAID  
Type of Accident : HEAD TO REAR  
Date / Time of Accident : 20/11/2017 08:15:00 AM  
Accident Reported Date / Time : 20/11/2017 12:00:00 AM  
Surveyor is Required? : Yes  
Survey by : Rasul  
Vehicle is Towed Back? : No  
Towed Back Date/Time :  
Replacement Vehicle issued? : No  
Accident Repair Job Card No : 000024093178  
Special Instruction to ARC, if any :

FBK2031R - MSIG

Before paint photo, After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL

/ HP : 9001 0068. email: rasul@lkkauto.com

LUMPSUM REPAIR

Prepared Date : 20/11/2017 01:01:25 PM



Recording Camera

Radio Antenna

1st witness

Date

2nd witness

Date

E 1/2 F  
KM 591289

23/11/17 1054 P983

Vehicle to Waga No: 2/11  
Time to: 1200  
Waga Job No: 13952/11  
Vehicle sent to SMRT Rto k: 23/11/17  
Time to: 1005  
Received by (SMRT):

Chassis No : KL1LA69RJBB134151

Mileage : 0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates**

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 845.00	200.00
Total Spray Painting Charges	: 936.00	450.00
Total Material Charges	: 334.61	334.61
Other Charges	: 500.00	230.00
<b>TOTAL</b>	<b>: 2,615.61</b>	<b>1,214.61</b>
Lum Sum Total	: 2,600.00	1,200.00
No. of Repair Days	: 5.00	3.00
Prepared / Adjusted By	:	RASUL (LKK)
Arc / Surveyor Sign Off Date	: 20/11/2017 04:09:32 PM	20/11/2017 04:30:56 PM





Prepared / Adjusted Date :

Remarks :

Prepared Date : 20/11/2017 04:08:35 PM

**Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair**

Quotation No : *QX-1711-0594*

Invoice No :

Quotation Date : *20/11*

Invoice Date :

Invoice Amount :

Prepared Date :

**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH REAR PORTION	845.00	200.00
<b>Total Labour</b>	<b>845.00</b>	<b>200.00</b>

**Part 2 - Spray Painting & Panel Beating Related Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY REAR BUMPER	378.00	200.00
TO RESPRAY REAR FENDER RH	378.00	200.00
TO RESPRAY RIM	180.00	50.00
<b>Total Spray Painting &amp; Panel Beating</b>	<b>936.00</b>	<b>450.00</b>

**Part 3 - Other Costs - Accident and Accident Repair Related Expenses**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	30.00
TO PROVIDE LABOUR & MATERIAL TO REPLACE SHIELD REAR BUMPER (NET)	140.00	140.00 <i>S. net</i>
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 <i>fun</i>
TO REPLACE SUNDRY PARTS	100.00	20.00
TO WASH AND VACUUM	60.00	40.00
<b>Total Other Costs</b>	<b>500.00</b>	<b>230.00</b>

5830-34

# Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
93745100	REAR	6504569	BUMPER RR	1	1,238.00	100.00	0.00	Replace	Repair	No
96633534	REAR		BRACKET RR BUMPER SIDE RH	1	49.00	30.00	0.00	Replace	Not given	No
96851764	REAR	6504511	LAMP RR COMBINATION RH	1	415.00	10.00	373.50	Replace	Replace	No
96632800	REAR	6504638	FENDER RH REAR	1	1,467.00	100.00	0.00	Replace	Repair	No
	COMMO N		SMRT LOGO	1	7.80	0.00	7.80	Replace	Replace	No
	COMMO N		STICKER DECAL 6555 8888	1	21.60	0.00	21.60	Replace	Replace	No
	COMMO N	6504666	TYRE RIM	1	328.99	100.00	0.00	Replace	Repair	No
96452311	COMMO N		CAP HUB	1	21.95	30.00	15.36	Replace	Replace	No
TOTAL MATERIALS								418.27	418.26	
TOTAL MATERIALS(Discounted)								334.61	334.61	

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									

418.26  
 - 20%  
 334.61  
 200  
 + 680  
 1214.61

45- \$1200  
 3 days



# LKK Auto Consultants Pte Ltd (Co.Reg.No.199607198R)

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

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/MSG17022151/R1RBN2  
Date: 19/12/2017

### REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMS/17-986331-WTT	
Claimant Vehicle No :	SHB5374H	Insured Vehicle No :	FBK2031R	
Date of Loss:	20/11/2017	Nature of Claim:	TP	Claim No: MSC/V/17-001798

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB5374H	Engine No:	Z20S1450372K
Make & Model:	CHEVROLET EPICA, 2.0 2.0DSL AT ABS D/AB 2WD 4DR TUR (A)	Chassis No:	KL1LA69RJBB134151
Reg. Date:	03/08/2012 (Man. Year: 2012)	Odometer:	591290 km
Colour:	Maroon		
Engine Capacity:	1991 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

### CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

### CONDITION OF TYRES

Front Tyre Size:	205/65R15	Rear Tyre Size:	205/65R15
Front Left Side:	Falken 5 mm	Rear Left Side:	Falken 5 mm
Front Right Side:	Falken 5 mm	Rear Right Side:	Falken 5 mm

The above values represent the remaining tyre treads depth

### COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,689.34	558.25	3,131.09	84.87
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,141.00	740.00	1,401.00	65.44
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>5,830.34</b>	<b>1,298.25</b>	<b>4,532.09</b>	<b>77.73</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,200.00</b>		
<b>Nett Amount (S\$)</b>	<b>5,830.34</b>	<b>1,200.00</b>	<b>4,630.34</b>	<b>79.42</b>

### INSPECTION

Date of Assignment:	22/11/2017	
Date Inspected:	20/11/2017 Inspected At:	SMRT Automotive Services Pte Ltd (Woodlands) 60 Woodlands Industrial Park E4 Singapore 757705
Estimated Period of Repair:	3.0 days	

Adjuster: MOHD RASUL

Manager: Janice Lee Si Hua

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.



## REPAIR DETAILS

## Reference

**Part Source:** MRM-SG      Version: 1.0 (Last Synchronised: 19 Dec 2017)

**Parts:** 143      CHEVROLET EPICA 2.0 2.0DSL AT ABS D/AB 2WD 4DR TUR (A) (Catalogue:Merimen Singapore 1.0)

**Labour:** Repairer's      (Price-denominated Standard List)

**Print Code:** (Unsubmitted, no print-code for SHB5374H)

**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk \*.

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*CAP HUB (DISC 30%)	Scratched	21.95 F	*15.35 F
2	1		*LAMP RR COMBINATION RH (DISC 10%)	Broken	415.00 F	*373.50 F
3	1		*SMRT LOGO (SN)	Necessary	7.80 F	*7.80 F
4	1		*STICKER DECAL 65558888 (SN)	Necessary	21.60 F	*21.60 F
5	1		*BUMPER RR	Repair	1,238.00 F	*- F
6	1		*FENDER RH REAR	Repair	1,467.00 F	*- F
7	1		*TYRE RIM	Repair	328.99 F	*- F
8	1		*BRACKET RR BUMPER SIDE RH	Serviceable	49.00 F	*- F
9	1		*SHIELD REAR BUMPER (SN)	Necessary	140.00 F	*140.00 F
				<b>Total Parts (S\$)</b>	<b>3,689.34</b>	<b>558.25</b>

F=Franchise part.

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING & BODY WORK	New	845.00	200.00
2	SPRAY PAINT	New	936.00	450.00
3	TO CHECK WIRING AND SYSTEM FUNCTION	New	80.00	30.00
4	TO TEST AND REFIX REVERSE SENSOR SYSTEM	New	120.00	-
5	TO REPLACE SUNDRY PARTS	New	100.00	20.00
6	TO WASH AND VACUUM	New	60.00	40.00
Gross Labour Cost (\$\$)			2,141.00	740.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >