

22/03/2002

ASS. REC. BY:

REF:

CS / FCL17022308 / T/Rob

Special Instruction:

Surveyor:

Taufik

ASSIGNMENT (Office)

From (Person):

CWS Lurene Jaw

of

FCL

Date/Time:

22.11.2017 3.10pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

EL 17E

Insured:

SHC 819U

at Workshop m/s

Wearnes

Tel:

81261237

of

45 Leng Kee Road

Policy No:

Claim No:

D17010818MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

19.11.2017

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

249 Alexandra Rd @ 23.11.2017

H.O.D. Endorsement:

Date/Time:

22.11.2017 4.30pm

Person Contacted:

Paul

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	EL 17E - X
	SHC 819U - C03 / LCR17009956 / H11wb3q2
	DOT: 180517
7/8/18	Called Paul, Liability not clear; w/s don't want finalise
7/8/18	Submit preli report

REF: FCL

## ASSIGNMENT

From: Date: 23-11-2017

Estimated Cost:

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

To Inspect Vehicle No: EL 17E

at Workshop mis

Wearnes

of 244 Alexandra Rd

Insured:

Policy No.:

Claims No.:

Sum Insured: Excess:

(Client's Record)

Make of Veh: Paul - 8126 1237

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAO 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 WPI

Date: Person Contacted:

Vehicle: IN / OUT

Paul

Veh No: EL 17E

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

Truck / Trailer or

Make: Volvo S60

1498

Colour:

Silver

A/C Insured / Std / NI / NA

Sp. Reading:

2467.

T. Radio Insured / Std / NI / NA

Eng/No:

C/No:

YV/FS28C0H2424524

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 215/55R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

23/11/17 EC/1340

Survey held at:

Wearnes

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

Frt o/s

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

Date / Time Action / Instruction

RECEIVED 11 SEP 2018

13/8

Date/Time File Pass to?



Preli. Report



Final Report

Date/Time File Return to?

Days Of Repair: -

Resurvey No. of Trip: -

Survey Fee

Transportation

Project

Other

Add Fee:



Site Insp. 15



Interview 15



Tech. Insp. 15



Witness 15

Report Format:

TP

Lump Sum / I.B. 15

8x15 = 120

170 + 120

50

20

360



# 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/FCI17022308/rb

36 ROBINSON ROAD  
#16-01 CITY HOUSES SINGAPORE 068877

Date : 22-11-2017



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 819U	Veh. Inspected	EL 17E
Policy No.		Coverage (\$)	0.00
Claim No.	D17010818MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	22/11/2017

## 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	19/11/2017	Inspection Date	23/11/2017
Survey held at	WEARNES AUTOMOTIVE PTE LTD 249 ALEXANDRA ROAD SINGAPORE 159935		

## 5a. Remarks

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

<b>Date</b>	21-11-2017	<b>Our Ref No.</b> D17010818MFSH
<b>Accident Date</b>	19-11-2017	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHC0819U	<b>Third Party Vehicle.</b> EL17E
<b>Survey Location</b>	45 LENG KEE ROAD	
<b>Contact Person.</b>	RICHMOND	
<b>Contact No.</b>	63789336/ 81261237	<b>Fax No.</b> 64304700
<b>Survey Type</b>	WITHOUT PREJUDICE: PENDING ID'S VF TO DETERMINE LIABILITY.	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	WEARNES AUTOMOTIVE PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	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/230461)



PRI Documents



Close



## PRI Header Details

<b>Claim No</b>	D17010818MFSH	<b>Policy No</b>	D-15072702MFSH	<b>Claimant S.No &amp; Name</b>	1 & WE LTD
<b>Workshop Name</b>	WEARNES AUTOMOTIVE PTE LTD (Contact Person : RICHMOND)	<b>Survey Location &amp; Contact Details</b>	45 LENG KEE ROAD <b>Mobile:</b> 81261237 , <b>Phone:</b> 63789336 , <b>Fax:</b> <b>EmailId:</b> RICHMOND.HO@WEARNES.COM		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE: PENDING ID'S VF TO DI		
<b>Insured Name</b>	CITYCAB PTE LTD	<b>Insured Vehicle No</b>	SHC0819U	<b>TP Vehicle No</b>	EL17E
<b>PRI Recieved Date</b>	22-11-2017 03:01:21 PM	<b>Surveyor Appointed Date</b>	22-11-2017 03:09:57 PM	<b>Surveyor Accept Date</b>	22-11-

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>		<b>Surveyor Report Date</b>	22-11-2017	<b>Upload Survey Report *:</b>	
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## Vehicle Particulars

<b>Make</b>	Please Select Make ▼	<b>Model</b>	Please Select Model ▼	<b>Year</b>	Select
<b>Chasis No</b>	<input type="text"/>	<b>Engine No</b>	<input type="text"/>	<b>Mileage</b>	<input type="text"/>
<b>Color</b>	<input type="text"/>	<b>Cubic Capacity</b>	<input type="text"/>		

## Multiple Documents Upload

Upload Multiple Documents

File Name

Action

## Surveyor Job Remarks

## 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 17:10
Date Of Accident	19/11/2017 08:50
Exact Location Of Accident	JALAN EUNOS BETWEEN BLK 12 & 16
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EL17E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FRANCES TAN LING LING
NRIC No	S1804648B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97463145
Alternative Phone No	OFFICE-97463145

### Vehicle Particulars

Manufacturer	VOLVO
Model	S60-1.5 T2 (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100481077
Cover Note Number	

### Driver

Name of Driver	FRANCES TAN LING LING
NRIC No	S1804648B
Date Of Birth	29/06/1967
Occupation	INDOOR
Date Of Driving Pass	26/08/1986
Driving Experience	31 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97463145
Fax Number	
Contact Number	OFFICE-97463145
EMail Address	NOEMAIL

Address  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident SIDE SWIPE  
 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

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC819U  
 Vehicle Make/Model/Colour MERCEDES CAB  
 Details Of Properties  
 Name of Driver LIM HAN SENG  
 NRIC/Passport Number S0569590B  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident	Date: 17/11/17 Time: 0830
Exact Location of Accident	JALAN EUNOS Bkt Bkt 12 & Bkt 16

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	EL17F
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## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	FRANCES TAN LING LING
Personal Identification - NRIC (Singaporean/PR)	S1804648B
- FIN/Passport Number	
- Not Applicable	

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer VOLVO Model S60
Type of Vehicle*	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	AIG
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	2100481077
Motor CI	

## DRIVER

	<input checked="" type="radio"/> Same as Insured above
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Date of Birth	29 dd/ 06 mm/ 1967 yy
Driving Date Pass	26 dd/ 03 mm/ 1986 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	97463145

Address of Driver	Postcode ( )		
Email Address			
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	OWNER		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
<b>GENERAL INFORMATION OF THE ACCIDENT</b>			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	SIDE SWIPE		
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet	<input type="radio"/> Others, _____
<b>OTHER INFORMATION</b>			
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Number of Passengers (Including Driver)	04		
<b>DETAILS OF POLICE ACTION</b>			
Was the Accident reported to the Police?	<input type="radio"/> Yes	<input type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name			
Police Station Address			
Police Station Contact	Tel No.	Fax No.	
Was notice of intended Prosecution given?	<input type="radio"/> Yes	<input type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>			
Vehicle Registration Number	SHC819U		
Vehicle Make/ Model/ Colour	MERCE CAR		
Details of Properties			
Name of Driver	LIM HAN SENG		
Personal Identification - NRIC (Singaporean/PR)	S05 69590B		
- FIN/Passport Number			
Contact Number			
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles )			

## 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

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

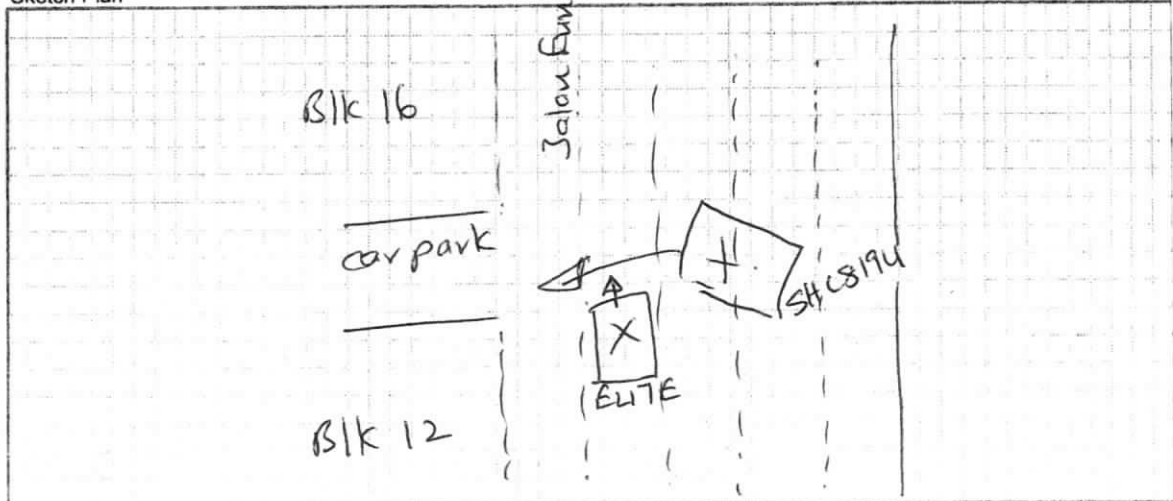
*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstance of the Accident**

Date of accident : 19-NOV 2017

Time : 8:50am

Description : 1. Driving along Jalan Eunos (heading towards)  
2. Taxi (SHC 8194) came from  
outer 4th lane  
3. Taxi (SHC 8194) make a sudden  
90 degree left turn (sharp turn)  
to get into the carpark between  
Blk 12 and Blk 16.  
4. Taxi Driver, Mr Lim Han Beng of  
vehicle SHC 8194 admitted that he  
overshot.

**IMPORTANT NOTE**

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**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

Witnessed by Reporting Centre Personnel

### SERVICE ESTIMATE

86603 - C00001 SL: SERVICE SALES - PC  
 Ms Frances Tan Ling Ling  
 17 Siglap Plain

Singapore 456006

Closed by .... : Paul Ong Qing Yong  
 Svc Consultant :  
 Remarks ..... : Ms Frances Tan Ling

GST Reg.No:M28920628X  
 Inv.No. . : B&P 0 Page 1  
 Inv.date. : 21/11/2017  
 WIP No. . : 30330  
 Veh.In/Out:  
 \*Tel.No. . : Mobile: 97463145  
 Reg.No. . : EL17E  
 Reg.date . : 31/08/2016  
 Mileage .. : 0  
 Chassis No: YV1FS28C0H2424524

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE BONNET, 800	0	3200.00	0		3,200.00	S 2400.
	FRT BUMPER, RHF FENDER, RADIATOR GRILLE, LH & RH HEADLAMP 700	0	2800.00	0		2,800.00	S 2100.
800	TO PUTTY SPRAYPAINT ON BONNET, FRT BUMPER, RHF FENDER	0	450.00	0		450.00	S ✓
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES						
R06	FRT NUMBER PLATE & HOLDER	0	60.00	0		60.00	S Xmm
280	TO FOCUS FRT HEADLAMP	0	150.00	0		150.00	S ✓
	BUMPER COVER FRT SV6	1.0 EA	1519.90			1,519.90	S de ✓
	BUMPER FOAM FRT SV60	1.0 EA	345.20			345.20	S ?
	BUMPER BRACKET LHF V	1.0 EA	88.70			88.70	S ?
	BUMPER BRACKET RHF V	1.0 EA	88.70			88.70	S ✓
	BUMPER BRACKET LHF S	1.0 EA	88.70			88.70	S ?
	BUMPER BRACKET RHF S	1.0 EA	88.70			88.70	S ✓
	TOW COVER FRT S60 14	1.0 EA	73.90			73.90	S mis ✓

**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:

Tanji'm 97495749  
 -wp  
 23/11/17 @ 1340  
 Resurvey before paint  
 sur @ lkk auto com  
 5 days

### SERVICE ESTIMATE

86603 - C00001 SL: SERVICE SALES - PC

Ms Frances Tan Ling Ling  
17 Siglap Plain

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 2

Inv.date. : 21/11/2017

WIP No. . : 30330

Veh.In/Out:

\*Tel.No. . : Mobile: 97463145

Reg.No. . : EL17E

Reg.date. : 31/08/2016

Mileage . : 0

Chassis No: YV1FS28COH2424524

Singapore 456006

Closed by .... : Paul Ong Qing Yong

Svc Consultant :

Remarks ..... : Ms Frances Tan Ling

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	RADIATOR GRILLE D4 S	1.0 EA	605.00			605.00	S ?
	BUMPER COVER LHF BLA	1.0 EA	105.80			105.80	S ?
	BUMPER COVER RHF BLA	1.0 EA	105.80			105.80	S at -
	BUMPER CASING COVER	1.0 EA	80.40			80.40	S ?
	BUMPER CASING COVER	1.0 EA	76.90			76.90	S ?
	BUMPER GRILLE LOWER	1.0 EA	119.50			119.50	S at -
	HEADLAMP RH T2 SV60	1.0 EA	919.20			919.20	S car -
	BONNET FRT S60 14- C	1.0 EA	2642.80			2,642.80	S bt -
	FRAME PANEL FRT SV60	1.0 EA	1707.10			1,707.10	S ?
	BUMPER RAIL (BEAM) F	1.0 EA	1158.80			1,158.80	S ?
	*D* AUTO TRANS OIL 4	1.0 EA	211.50			211.50	S ?
	V009437654/*D* VOLVO	2.0 EA	40.50			81.00	S ?
	BLIND RIVET 4.0*21MM	10.0 EA	3.00			30.00	S ne -
	BUMPER INSTALLING MT	1.0 EA	83.40			83.40	S ne -
	EXTERIOR ADHESIVE GL	1.0 EA	142.20			142.20	S ne -
	HEADLAMP LH T2 SV60	1.0 EA	919.20			919.20	S ?
	FENDER FRT RH S60 14	1.0 EA	1040.50			1,040.50	S R x

Gross Total. 18,982.90

Labour Total 6,660.00  
Parts Total 12,322.90  
Package Total 0.00

Net..... 18,982.90  
GST @ 7.0% 1,328.80  
Total..... 20,311.70  
Paid..... 0.00  
Please Pay.. 20,311.70

GST: S=StdRated; O=OutOfScope; Z=ZeroRated





# 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/FCI17022308/T1rbe2

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 11-09-2018



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 819U	Veh. Inspected	EL 17E
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17010818MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	22/11/2017

## 2. Vehicle Particulars & Condition

Make & Model	VOLVO S60	c.c	1498
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	YV1FS28C0H2424524	Colour	SILVER
Odometer	24167	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/55 R16	MICHELIN	6 mm
L/H Front Tyre	215/55 R16	MICHELIN	6 mm
R/H Rear Tyre	215/55 R16	MICHELIN	6 mm
L/H Rear Tyre	215/55 R16	MICHELIN	6 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	19/11/2017	Inspection Date	23/11/2017
Survey held at	WEARNES AUTOMOTIVE PTE LTD 45 LENG KEE ROAD SINGAPORE 159103.		

## 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:	5 Working Days
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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. EL 17E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT NUMBER PLATE & HOLDER (SN)	NOT NECESSARY	60.00	-
1	BUMPER COVER FRT SV6 (SN)	DEFORMED	1,519.90	1,519.90
1	BUMPER FOAM FRT SV60 (SN)	* CHECK	345.20	-
1	BUMPER BRACKET LHF V (SN)	* CHECK	88.70	-
1	BUMPER BRACKET RHF V (SN)	NECESSARY	88.70	88.70
1	BUMPER BRACKET LHF S (SN)	* CHECK	88.70	-
1	BUMPER BRACKET RHF S (SN)	NECESSARY	88.70	88.70
1	TOW COVER FRT S60 14 (SN)	MISSING	73.90	73.90
1	RADIATOR GRILLE D4 S (SN)	* CHECK	605.00	-
1	BUMPER COVER LHF BLA (SN)	* CHECK	105.80	-
1	BUMPER COVER RHF BLA (SN)	CUT	105.80	105.80
1	BUMPER CASING COVER (SN)	* CHECK	80.40	-
1	BUMPER CASING COVER (SN)	* CHECK	76.90	-
1	BUMPER GRILLE LOWER (SN)	CUT	119.50	119.50
1	HEADLAMP RH T2 SV60 (SN)	CRACKED	919.20	919.20
1	BONNET FRT S60 14- C (SN)	BENT	2,642.80	2,642.80
1	FRAME PANEL FRT SV60 (SN)	* CHECK	1,707.10	-
1	BUMPER RAIL (BEAM) F (SN)	* CHECK	1,158.80	-
1	*D* AUTO TRANS OIL 4 (SN)	* CHECK	211.50	-
2	V009437654/*D* VOLVO @\$40.50 (SN)	* CHECK	81.00	-
10	BLIND RIVET 4.0*21MM @\$3.00 (SN)	NECESSARY	30.00	30.00
1	BUMPER INSTALLING MT (SN)	NECESSARY	83.40	83.40
1	EXTERIOR ADHESIVE GL (SN)	NECESSARY	142.20	142.20
1	HEADLAMP LH T2 SV60 (SN)	* CHECK	919.20	-
1	FENDER FRT RH S60 14 (SN)	TO REPAIR SEE LABOUR	1,040.50	-
			12,382.90	5,814.10
<b>LABOUR</b>				
TO REPLACE BONNET, FRT BUMPER, RHF FENDER, RADIATOR GRILLE, LH & RH HEADLAMP. INCLUSIVE OF THE REPAIR OF FENDER FRT RH S60 14.			3,200.00	2,400.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO PUTTY SPRAYPAINT ON BONNET, FRT BUMPER, RHF FENDER.		2,800.00	2,100.00
	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES.		450.00	450.00
	TO FOCUS FRT HEADLAMP.		150.00	150.00
			6,600.00	5,100.00
GRAND TOTAL			18,982.90	10,914.10
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$5,468.30 NETT)				10,914.10

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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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