

ASS. REC. BY:

REF:

CS/TCU17022950/Yrbel

Special Instruction:

Surveyor:

Rosli

ASSIGNMENT (Office)

From (Person): CWS Joanne Yong of FCL Date/Time: 04/22/07 226pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLK 1754B Insured: SHA 7297P

at Workshop m/s MOVG Tel: 62723892

of Blk 1008 Bukit Merah Lane 3 #01-04

Policy No: Claim No: D17011137MESH

Sum Insured: Excess:

Make of Veh: D.O.A. 2-11-2017
(Client's Record)

CA / REV / REP. / REV 24 HRS

15.12.2017 @ 3pm

H.O.D. Endorsement:

Date/Time: 04.12.2017 3pm WPI Person Contacted: Nittha Vehicle IN / OUT

| Date/Time | Action/Instruction (✓) Estimate |
|-----------|---|
| | SLK 1754B - CCA 1AXA17021073 / Sp03 DA: 2910.2017 |
| | SHA 7297P - CS/TCU17003557 / Tlv02 DA: 10022017 |
| 15/3/18 | Sent poli thru email. |
| 02/11/18 | Nittha inform Liability not clear |
| 02/11/18 | Submit poli report |

ASS. REC. BY:

REF:

Y | Rel L

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: _____

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: \$18K

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: SLK 1754P Yr Regn: Jan, 05Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz SLK 200 c.c. 1796Colour: SILVER A/C: Insured / Std / NI / NASp. Reading: 102800 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: N/A / S/Rim / STD A/Rim orTyre Size: F: 245/55 R15R: 245/55 R15

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

TOYO / YOKO or Michelin

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. ? D.O.I. 15/12/2017Survey held at Mova

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

FR7 N/S

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

Date / Time

Action / Instruction

15/12/17 17:35 DO ESTIMATE

RECEIVED 02 NOV 2018

MV: \$18K, LTA: \$12,438.00, NV: \$5,062.00

Date/Time, File Pass to?



Preli. Report

1) tpst

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS \$1

Photos

Others

TOTAL

110

50

13

173

Report Format: TP

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



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/FCI17022950/Yrb | |
| 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | | Date : 04-12-2017 |  |
| | | | Code : FCI2 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHA 7297P | Veh. Inspected | SLK 1754B | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | D17011137MFSH | Excess (\$) | 0.00 | |
| Assign From | CWS (JOANNE YONG) | Assign Date | 04/12/2017 | |
| 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 | 29/11/2017 | Inspection Date | 15/12/2017 | |
| 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. | | | | |

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|--|--------------------------------------|
| Date | 01-12-2017 | Our Ref No. D17011137MFSH |
| Accident Date | 29-11-2017 | Claim Type. Third Party |
| Insured Vehicle | SHA7297P | Third Party Vehicle. SLK1754B |
| Survey Location | BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08 | |
| Contact Person. | NITHA | |
| Contact No. | 62723892/ 0 | Fax No. 62708314 |
| 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 | MOVA AUTOMOTIVE PTE LTD | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | JOANNEY | |

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/231335)



PRI Documents



Close



PRI Header Details

| | | | | | |
|--------------------------|---|--|---|---------------------------------|--------|
| Claim No | D17011137MFSH | Policy No | D-15072701MFSH | Claimant S.No & Name | 1 & MC |
| Workshop Name | MOVA AUTOMOTIVE PTE LTD (Contact Person : NITHA) | Survey Location & Contact Details | BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06 Mobile: 0 , Phone: 62723892 , Fax: 6270831 EmailId: NITHA@MOVA.COM.SG | | |
| Our Surveyor | LKK AUTO CONSULTANTS PTE LTD | Instructions To Surveyor | WITHOUT PREJUDICE: | | |
| Insured Name | COMFORT TRANSPORTATION PTE LTD | Insured Vehicle No | SHA7297P | TP Vehicle No | SLK175 |
| PRI Recieved Date | 01-12-2017 09:10:27 PM | Surveyor Appointed Date | 04-12-2017 02:26:59 PM | Surveyor Accept Date | 04-12- |

Survey Report Upload

| | | | | | |
|------------------------------------|--|-----------------------------|------------|--------------------------------|--|
| Surveyor Inspection Date *: | | Surveyor Report Date | 04-12-2017 | Upload Survey Report *: | |
|------------------------------------|--|-----------------------------|------------|--------------------------------|--|

Vehicle Particulars

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

Multiple Documents Upload

Upload Multiple Documents

File Name

Action

Surveyor Job Remarks



Auto
Consultants
Pte Ltd

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

Your Ref: D17011137MFSH

Our Ref: CS/FCI17022950/Yrb

The Motor Claims Department
First Capital Insurance Ltd

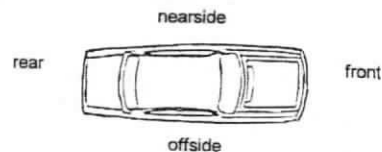
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SLK 1754B .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 15/12/2017 at the premises of M/s MOVA AUTOMOTIVE PTE LTD and have the following to report:-

| | |
|--------------------------|------------------|
| Workshop Estimate Amount | : S\$ 2,430.20 . |
| Revised Estimate Amount | : S\$ 2,250.20 . |
| "Check" Items Amount | : S\$. |
| Market Value | : S\$ - . |
| LTA Reimbursement Value | : S\$ - . |
| Nett Value | : S\$ - . |

Description of Damage:
The vehicle sustained damages
at front n/s portion.



Yours faithfully
ROSLI
Automotive Assessor

Janice Lee (LKKAuto)

From: Janice Lee (LKKAuto)
Sent: Thursday, March 15, 2018 12:07 PM
To: 'Claim Workflow System'
Cc: JOANNEYONG@FIRST-INSURANCE.COM.SG
Subject: RE: SURVEY ASSESSMENT - D17011137MFSH/1
Attachments: SLK 1754B.pdf

Dear Sir,

Enclosed preliminary revised for **SLK 1754B**.

Thank you.

Best Regards,

Jannice 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, December 04, 2017 3:02 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: JOANNEYONG@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17011137MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

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

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

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

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

From: Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]
Sent: Monday, 4 December, 2017 2:26 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; JOANNEYONG@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17011137MFSH/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.

Enquire PARF/COE Rebate for Registered Vehicle

D.O.A. 29/11/2017
Bal = 2 yrs 1m 7d

| | |
|---|--|
| Vehicle Owner Particulars | |
| Owner ID Type: | Foreign Passport Country/Region: Indonesia |
| Owner ID: | 92566 |
| Vehicle Details | |
| Vehicle No.: | SLK1754B |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 15 Mar 2018 |
| Vehicle Make: | MERCEDES BENZ |
| Vehicle Model: | SLK200ML |
| Primary Colour: | Silver |
| Manufacturing Year: | 2004 |
| Engine No.: | 27194430449046 |
| Chassis No.: | WDB1714422F027299 |
| Maximum Power Output: | 120.0 kW (160 bhp) |
| Open Market Value: | \$53,859.00 |
| Original Registration Date: | 05 Jan 2005 |
| First Registration Date: | 05 Jan 2005 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$59,245.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Forfeited |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 31 Dec 2019 |
| COE Category: | B - Car (1601cc & above) |
| COE Period(Years): | 5 |
| PQP Paid: | \$36,081.00 |
| COE Rebate Amount: | \$12,938.00 |
| Total Rebate Amount: | \$12,938.00 |
| Message | |
| Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier. | |

The information contained herein is correct as at 15 Mar 2018

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 | 30/11/2017 16:48 |
| Date Of Accident | 29/11/2017 10:40 |
| Exact Location Of Accident | RIVER VILLAGE RD. AFTER KIM SENG JUNCTION |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLK1754B |
| Insured/Policyholder | |
| Name Of Registered Owner | KRISMAN |
| Passport No/FIN | PN192566 |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92981198 |
| Alternative Phone No | OFFICE-NOPHONE |

Vehicle Particulars

| | |
|--------------|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | SLK200ML |

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 | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | VA1/GA009339 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | STEVEN KRISMAN |
| Passport No/FIN | F2561981K |
| Date Of Birth | 05/11/1985 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/07/2008 |
| Driving Experience | 9 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96263198 |
| Fax Number | |
| Contact Number | |
| Email Address | STEVENKRISMAN@GMAIL.COM |

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 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

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 SHA7297P

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver LOW MENG LIANG

NRIC/Passport Number S1377270C

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

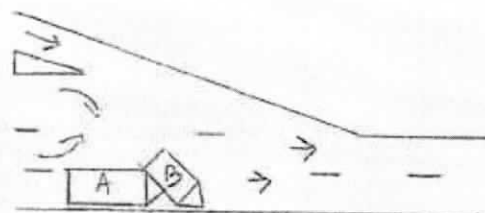
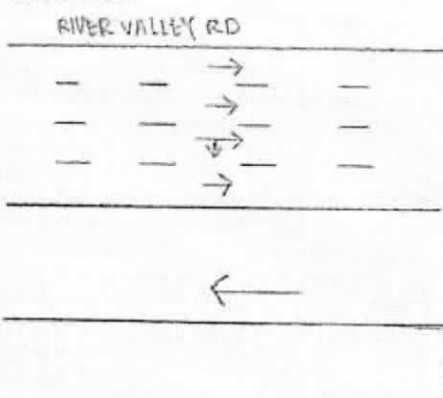
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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



A: SLK 1754 B

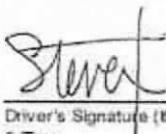
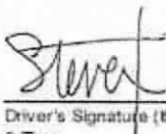
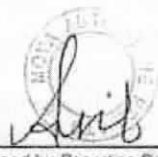
B: SHA 7297 P

Sketch Plan Pg. 2

| | |
|---|--------------------------------|
| Describe Circumstances of the Accident | LICENSE PLATE NUMBER: SLK1754B |
| ACCIDENT DATE: 29 NOV. 2017 | CONTACT NUMBER: 96263198 |
| ACCIDENT TIME: 10:40 AM | EMAIL: StevenKrisman@gmail.com |
| LOCATION: ALONG RIVER VALLEY RD. AFTER KIM SENG JUNCTION. | |
| <p>I, Steven Krisman, was travelling along River Valley Rd and stopped at the red light just before the Kim Seng Rd junction. The lane that I stopped at was a go-straight and right-turn lane. The taxi (SHA 7297P) involved in the accident stopped at the red light as well. He was 2 lanes to the left of me. When the light turned green, I accelerated and connected to the my appropriate lane after I passed the Kim Seng junction. The taxi, however, cut 2 lanes and veered into my lane without signalling nor slowing down. I applied the brake as hard as possible but it was not enough to avoid the accident. As a result, his rear right fender came into contact with my vehicle's front left fender. We both immediately put stopped and got out our car to take photos of the accident scene. The pictures clearly show that the taxi intercepted my right of way. There was no room for me to manoeuvre as immediately to my right is the lane barrier.</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. | |
| 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

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 30-NOV.2017 5PM.  | Witnessed by Reporting Centre Personnel  |
|---|--|--|

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: M2-008864-2

Estimate

01/12/2017

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

Page # :- 1
Veh # :- SLK1754B
Veh Model :- MERC
Estimate# :- CK416743
Claim # :-
ACC. Date :- 29/11/17
Terms :- C.O.D Days
Remarks :-

Attention :- XA026

| No. | Description | Qty | U.Price | Amounts S\$ |
|--|--------------------------------|-----|-------------|-------------|
| LIST ITEMS : | | | | |
| 1 | FRONT HEADLAMP LH | 1 | PC 1,250.00 | 1,250.00 |
| 2 | FRONT BUMPER GUIDE LH | 1 | PC 140.00 | 140.00 |
| 3 | FRONT BUMPER SPONGE LH | 1 | PC 128.00 | 128.00 |
| 4 | FRONT BUMPER RIVET | 10 | PC 6.00 | 60.00 |
| 5 | FRONT BUMPER SENSOR LH - CHECK | 1 | PC | |
| 6 | FRONT BUMPER - REPAIR | 1 | PC | |
| 7 | FRONT FENDER LH - REPAIR | 1 | PC | |
| LIST TOTAL S\$ | | | | 1,578.00 |
| 10% DISCOUNT S\$ | | | | -157.80 |
| | | | | 1,420.20 |
| LABOUR : | | | | |
| TO REPAIR FRONT BUMPER & FRONT FENDER LH | | | | |
| TO REMOVE & REPLACE ACCIDENT DAMAGED PARTS | | | | |
| & REALIGN ALL AFFECTED AREAS | | | | |
| TO SPRAY PAINT ON ACCIDENT AFFECTED AREAS | | | | |
| TO INSPECT FRONT LIGHTING & WATER LEAKAGE | | | | |
| TEST | | | | 40.00 |
| LABOUR TOTAL S\$ | | | | 1,010.00 |

E. & O.E

NON-TAX AMOUNT S
AMOUNT S\$ 2,430.20
GST @ 7 % 170.11

AMOUNT DUE S\$ 2,600.31

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

LKK AUTO CONSTRUCTION
RELI WATAS
15/12/2017 1735
An

15/12/18
4048
PAP
BF PAINT

Janice Lee (LKKAUTO)

From: Nitha <nitha@mov.com.sg>
Sent: Friday, November 02, 2018 10:58 AM
To: Janice Lee (LKKAUTO)
Cc: tuckmeng@mov.com.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@mov.com.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@mov.com.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 | | | | |
|--|---|-----------------------|----------------------------|---|
| MS FIRST CAPITAL INSURANCE LTD | | | Ref : CS/FCI17022950/Yrbe2 | |
| 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | | Date : 09-11-2018 |  |
| | | | Code : FCI2 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHA 7297P | Veh. Inspected | SLK 1754B | |
| Policy No. | D-15072701MFSH | Coverage (\$) | 0.00 | |
| Claim No. | D17011137MFSH | Excess (\$) | 0.00 | |
| Assign From | JOANNE YONG | Assign Date | 04/12/2017 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | MERCEDES BENZ SLK200 | c.c | 1796 | |
| Engine No. | HIDDEN | Year of Reg. | 2005 | |
| Chassis No. | WDB1714422F027299 | Colour | SILVER | |
| Odometer | 102800 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | NIL | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 245/55 R15 | MICHELIN | 6 mm | |
| L/H Front Tyre | 245/55 R15 | MICHELIN | 6 mm | |
| R/H Rear Tyre | 245/55 R15 | MICHELIN | 6 mm | |
| L/H Rear Tyre | 245/55 R15 | MICHELIN | 6 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 29/11/2017 | Inspection Date | 15/12/2017 | |
| 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 | | |

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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLK 1754B

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|---|----------------------|---------------------------|-------------------|
| | <u>REPLACEMENT OF PARTS</u> | | | |
| 1 | FRONT HEADLAMP LH | SCRATCHED | 1,250.00 | 1,250.00 |
| 1 | FRONT BUMPER GUIDE LH | BENT | 140.00 | 140.00 |
| 1 | FRONT BUMPER SPONGE LH | BENT | 128.00 | 128.00 |
| 10 | FRONT BUMPER RIVET @\$6.00 | MISSING | 60.00 | 60.00 |
| 1 | FRONT BUMPER SENSOR LH (NPA) | TO REPAIR SEE LABOUR | - | - |
| 1 | FRONT BUMPER (NPA) | TO REPAIR SEE LABOUR | - | - |
| 1 | FRONT FENDER LH (NPA) | TO REPAIR SEE LABOUR | - | - |
| | LESS 10% DISCOUNT | | -157.80 | -157.80 |
| | | | 1,420.20 | 1,420.20 |
| | <u>LABOUR</u> | | | |
| | TO REPAIR FRONT BUMPER & FRONT FENDER LH. TO REMOVE & REPLACE ACCIDENT DAMAGED PARTS & REALIGN ALL AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER SENSOR LH, FRONT BUMPER AND FRONT FENDER LH. | | 420.00 | 380.00 |
| | TO SPRAY PAINT ON ACCIDENT AFFECTED AREAS. | | 550.00 | 450.00 |
| | TO INSPECT FRONT LIGHTING & WATER LEAKAGE TEST. | | 40.00 | 40.00 |
| | | | 1,010.00 | 870.00 |
| | GRAND TOTAL | | 2,430.20 | 2,290.20 |
| | RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) | | | 2,290.20 |

Report Ref No. CS/FCI17022950/Yrbe2

MARKET VALUE: \$18,000.00(EST)-LTA REIMBURSEMENT VALUE: \$12,938.00=NETT VALUE: \$5,062.00

ROSLI BIN ABDUL WAHAB

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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