

ASS. REC. BY:

REF: CS/FCI/7023582/KJqbnz

Special Instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

CWS

From (Person): Ang Yin Minof FCIDate/Time: 2.46pm @ 12/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJ 8324

Insured:

SHA 8086A

at Workshop m/s

Premier Automotive

Tel:

6214 8880

of

23 Changi South Avenue 2 #03-02

Policy No:

D-15072702MFSH

Claim No:

D17611290MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

5/12/2017

CA / REV / REP. / REV 24 HRS (wp)

H.O.D. Endorsement:

Date/Time:

3.00pm @ 12/12/17

Person Contacted:

Goh Wee DekVehicle ☒ IN ☐ OUT

| Date/Time         | Action/Instruction (✓) Estimate                              |
|-------------------|--------------------------------------------------------------|
|                   | <u>SJ 8324 - CC3/AIG/6024444/H1ha3a2</u> D.O.A: 10/12/2016   |
|                   | <u>SHA 8086A - CS3/FCI/15016066/T1vbs2</u> D.O.A: 31/05/2015 |
| <u>13/12/17 @</u> | <u>10.35am revised to Ang Yin Min by email.</u>              |
| <u>18/12/17 @</u> | <u>5.27pm 2nd revised to Ang Yin Min by email.</u>           |
|                   |                                                              |
|                   |                                                              |

By: Kalvin

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop, this \_\_\_\_\_  
 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 |
|     |     |

Bel. or Market Value: \_\_\_\_\_  
 IDAO Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 2 days Res: Yes or No  
 Lum Surp: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: STJ8324 (Reg) 'Ep 2008  
 Type: MC6 / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Mitsubishi Lancer cc 1584  
 Colour: Grey A/C 6 Ins: 6 Std / NI / NA  
 Sp Reading: 173569 T-Radio: 6 Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 O/No: JM XSTCS3ABU009515  
 Gen. Cond: Good / 6 / Poor / Burnt  
 Steering: Inor 6 / Jammed / Leaked / Burnt or  
 Brake: Inor 6 / Jammed / Leaked / Burnt or  
 Mod: 6 / STD A/Rim or  
 Tyre Size: F: 185/65R15  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Maxxis  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal: 7 mm R/Bal: 7 mm  
 L/Bal: 7 mm L/Bal: 7 mm  
 D.O.A: 5/12/12 D.O.I: 12/12/17  
 Survey held at: Premier  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
front  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction  
18/12/17 coll up \$950 / 2 hrs (Red \$1343.70, 59%) FCZ

RECEIVED 13 DEC 2017

Date/Time: File Pass to: ☐ : Preli. Report  
19/12/17 ☐ : Final Report

Days Of Repair: 2  
 Resurvey No. of Trip: 1

Survey Fee:  
 Transporter:

|     |
|-----|
| 110 |
| 50  |
| 50  |
| 31  |
| 241 |

Add Fee: ☐ Site Insp \$  
☐ Interview \$  
☐ Tech Insp \$  
☐ Workshop \$

Report Format: TP  
 Lump Sum / 950



# 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/FCI17023582/K1qb

36 ROBINSON ROAD  
#16-01 CITY HOUSES SINGAPORE 068877

Date : 12-12-2017



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

|              |                    |                |            |
|--------------|--------------------|----------------|------------|
| Insured Veh. | SHA 8086A          | Veh. Inspected | SJJ 832U   |
| Policy No.   |                    | Coverage (\$)  | 0.00       |
| Claim No.    | D17011290MFSH      | Excess (\$)    | 0.00       |
| Assign From  | CWS (AUNG YIN MIN) | Assign Date    | 12/12/2017 |

## 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  | 05/12/2017                                                                              | Inspection Date | 12/12/2017 |
| Survey held at | PREMIER AUTOMOTIVE SERVICES PTE LTD<br>23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443 |                 |            |

## 5a. Remarks

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



Auto  
Consultants  
Pte Ltd

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

Your Ref: D17011290MFSH

Date: 18 December 2017

Our Ref: CS/FCI17023582/K1qb

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

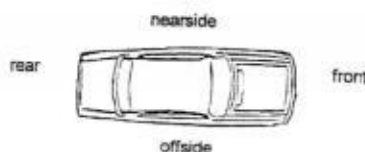
**INITIAL INSPECTION REPORT OF VEHICLE NO. SJJ 832U.**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 12/12/2017 at the premises of M/s PREMIER AUTOMOTIVE, and have the following to report:-

|                          |                                  |
|--------------------------|----------------------------------|
| Workshop Estimate Amount | : S\$ <u>2,293.70</u> .          |
| Revised Estimate Amount  | : S\$ <u>950.00 (Lump Sum)</u> . |
| "Check" Items Amount     | : S\$ <u>-</u> .                 |
| Market Value             | : S\$ <u>-</u> .                 |
| LTA Reimbursement Value  | : S\$ <u>-</u> .                 |
| Nett Value               | : S\$ <u>-</u> .                 |

**Description of Damage:**

The vehicle sustained damages at the front portion.



Yours faithfully

Kalvin Ang  
Automotive Assessor



Auto  
Consultants  
Pte Ltd

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

Your Ref: D17011290MFSH

Date: 12 December 2017

Our Ref: CS/FC117023582/K1qb

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

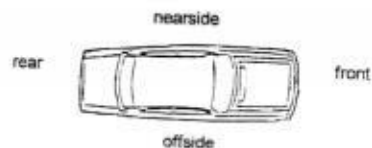
**INITIAL INSPECTION REPORT OF VEHICLE NO. SJJ 832U**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 12/12/2017 at the premises of M/s PREMIER AUTOMOTIVE, and have the following to report:-

|                          |                                          |
|--------------------------|------------------------------------------|
| Workshop Estimate Amount | : <u>S\$ 1,346.00 (SN + LABOUR ONLY)</u> |
| Revised Estimate Amount  | : <u>S\$ 495.00</u>                      |
| "Check" Items Amount     | : <u>S\$ -</u>                           |
| Market Value             | : <u>S\$ -</u>                           |
| LTA Reimbursement Value  | : <u>S\$ -</u>                           |
| Nett Value               | : <u>S\$ -</u>                           |

**Description of Damage:**

The vehicle sustained damages at the front portion.



Pending for parts prices.

Yours faithfully

Kalvin Ang  
Automotive Assessor

# Survey Department Check List (Case Handler)

Reference No.: C8/FC117073582/K196  
 Policy Type: OD / TP / TP RES / TL / EVA

SJJ 8324

Case Handler

Typist

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

## (1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

| Y-Date | N-Date | Y-Date | N-Date |
|--------|--------|--------|--------|
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |

## Surveyor ( Calvin )

: Case handler to make sure the surveyor completed all required information.

## (1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

|   |  |  |  |
|---|--|--|--|
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |

## (2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

|   |  |
|---|--|
| ✓ |  |
|---|--|

## (3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

|   |  |  |  |
|---|--|--|--|
| ✓ |  |  |  |
|   |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
|   |  |  |  |

## (4) System - (Views/Merimen)

- C Resurvey photo Uploaded

|   |  |
|---|--|
| ✓ |  |
|---|--|

Check By:

Calvin 18/12/17

Case Handler

Date

\*C: Critical \*N: Non-Critical

21/05/2014

# First Capital Insurance Limited

A FAIRFAX Company

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

## MOTOR SURVEY ASSIGNMENT

|                    |                                                           |                              |
|--------------------|-----------------------------------------------------------|------------------------------|
| Date               | 07-12-2017                                                | Our Ref No. D17011290MFSH    |
| Accident Date      | 05-12-2017                                                | Claim Type. Third Party      |
| Insured Vehicle    | SHA8086A                                                  | Third Party Vehicle. SJJ832U |
| Survey Location    | 23 CHANGI SOUTH AVENUE 2 #03-02                           |                              |
| Contact Person.    | GOH WEE DEK                                               |                              |
| Contact No.        | 62148880/ 0                                               | Fax No. 62141511             |
| 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     | PREMIER AUTOMOTIVE SERVICES PTE LTD | Attention. NIL          |
| Cc : TP Solicitor | NA                                  | TP Solicitor Fax No. NA |
| Officer Incharge  | AUNGYM                              |                         |

## IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.  
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/231572)



PRI Documents



Close



## PRI Header Details

|                   |                                                                       |                                   |                                                                                                                       |                      |                   |
|-------------------|-----------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------|-------------------|
| Claim No          | D17011290MFSH                                                         | Policy No                         | D-15072702MFSH                                                                                                        | Claimant S.No & Name | 1 & PREMIER , LTD |
| Workshop Name     | PREMIER AUTOMOTIVE SERVICES PTE LTD<br>(Contact Person : GOH WEE DEK) | Survey Location & Contact Details | 23 CHANGI SOUTH AVENUE 2 #03-02<br>Mobile: 0 , Phone: 62148880 , Fax: 62141511<br>EmailId: WEEDEK.GOH@PREMIERTAXI.COM |                      |                   |
| 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                | SHA8086A                                                                                                              | TP Vehicle No        | SJJ832U           |
| PRI Recieved Date | 11-12-2017 07:41:41 PM                                                | Surveyor Appointed Date           | 12-12-2017 02:45:44 PM                                                                                                | Surveyor Accept Date | 12-12-2017 0      |

## Survey Report Upload

|                             |  |                      |            |                         |                                            |
|-----------------------------|--|----------------------|------------|-------------------------|--------------------------------------------|
| Surveyor Inspection Date *: |  | Surveyor Report Date | 12-12-2017 | Upload Survey Report *: | <input type="button" value="Choose File"/> |
|-----------------------------|--|----------------------|------------|-------------------------|--------------------------------------------|

## Vehicle Particulars

|           |                      |                |                       |         |                      |
|-----------|----------------------|----------------|-----------------------|---------|----------------------|
| Make      | Please Select Make ▼ | Model          | Please Select Model ▼ | Year    | 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

File Name

Action

## Surveyor Job Remarks

Remarks



## Shiau Chan (LKKAUTO)

---

**From:** Shiau Chan (LKKAUTO)  
**Sent:** Monday, 18 December, 2017 5:22 PM  
**To:** 'Claim Workflow System'; assignments  
**Cc:** AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D17011290MFSH/1  
**Attachments:** CSFCI17023582K1qb(2).pdf

Dear Yin Min,

Enclosed herewith 2<sup>nd</sup> preliminary advice of SJJ 832U.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

---

**From:** Shiau Chan (LKKAUTO)  
**Sent:** Wednesday, 13 December, 2017 10:35 AM  
**To:** 'Claim Workflow System' <[cwsmotorclaims@first-insurance.com.sg](mailto:cwsmotorclaims@first-insurance.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D17011290MFSH/1

Dear Yin Min,

Enclosed herewith preliminary advice of SJJ 832U.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

---

**From:** Admin-D (LKKAUTO)  
**Sent:** Tuesday, 12 December, 2017 3:01 PM  
**To:** 'Claim Workflow System' <[cwsmotorclaims@first-insurance.com.sg](mailto:cwsmotorclaims@first-insurance.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D17011290MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

## Shiau Chan (LKKAUTO)

---

**From:** Shiau Chan (LKKAUTO)  
**Sent:** Wednesday, 13 December, 2017 10:35 AM  
**To:** 'Claim Workflow System'; assignments  
**Cc:** AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D17011290MFSH/1  
**Attachments:** CSFCI17023582K1qb.pdf

Dear Yin Min,

Enclosed herewith preliminary advice of SJJ 832U.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

---

**From:** Admin-D (LKKAUTO)  
**Sent:** Tuesday, 12 December, 2017 3:01 PM  
**To:** 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D17011290MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto: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:** Tuesday, 12 December, 2017 2:45 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [AUNGYINMIN@FIRST-INSURANCE.COM.SG](mailto:AUNGYINMIN@FIRST-INSURANCE.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D17011290MFSH/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

**Enquire Transaction History****Transaction History Details**

|                                     |                                 |                     |                                                         |
|-------------------------------------|---------------------------------|---------------------|---------------------------------------------------------|
| Log Date/Time:                      | 01 Sep 2008 / 11:38:30          | Receipt No.:        | AACCA002-AX239-080901-000051                            |
| Asset Type:                         | Vehicle                         | Transaction Amount: | \$0.00                                                  |
| Asset ID:                           | SJJ832U                         | Channel:            | AA Counterless - CYCLE & CARRIAGE<br>AUTOMOTIVE PTE LTD |
| Transaction Type:                   | 01.02 Register New Vehicle (AA) |                     |                                                         |
| Business Transaction Reference No.: | 20080901113830506735            |                     |                                                         |

|                                |                                           |
|--------------------------------|-------------------------------------------|
| Vehicle No.:                   | SJJ832U                                   |
| Vehicle Type:                  | R10 - Private Hire (Self-Drive) Motor Car |
| Vehicle Attachment 1:          | No Attachment                             |
| Vehicle Attachment 2:          | -                                         |
| Vehicle Attachment 3:          | -                                         |
| Vehicle Scheme:                | Normal                                    |
| First Registration Date:       | 01 Sep 2008                               |
| Original Registration Date:    | 01 Sep 2008                               |
| Vehicle Make:                  | MITSUBISHI                                |
| Vehicle Model:                 | LANCER 1.6 A                              |
| Chassis No.:                   | JMYSTCS3A8U009515                         |
| Engine No.:                    | 4G18JS5549                                |
| Motor No.:                     | -                                         |
| Trailer Chassis No.:           | -                                         |
| Propellant:                    | Petrol                                    |
| Passenger Capacity:            | 4                                         |
| Engine Capacity:               | 1584                                      |
| Power Rating:                  | -                                         |
| Unladen Weight:                | 1162                                      |
| Maximum Laden Weight:          | 1600                                      |
| Primary Color:                 | Grey                                      |
| Secondary Color:               | -                                         |
| Manufacturing Year:            | 2008                                      |
| Open Market Value:             | \$12,225.00                               |
| Minimum PARF Benefit:          | \$6,112.00                                |
| PARF Eligibility:              | Y                                         |
| No. of Transfer:               | 0                                         |
| Effective Ownership Date/Time: | 01 Sep 2008 11:38:30                      |
| COE No.:                       | 20080801D1003905E                         |
| COE Expiry Date:               | 31 Aug 2018                               |
| COE Bid Category:              | A - Car (1600cc & below) & Taxi           |
| Actual QP/PQP Paid Amount:     | \$14,101.00                               |
| Lifespan Expiry Date:          | 31 Dec 9999                               |
| Owner ID Type:                 | Company                                   |
| Owner ID:                      | 200612929E                                |

200806000088

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02  
SINGAPORE 486443

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

12-Dec-17

## ESTIMATE REPAIR BILL FOR MIT LANCER REGN NO: SJJ 832 U

|              |                                |          |        |
|--------------|--------------------------------|----------|--------|
| 1 pc         | Front bumper                   | Rebuilt  | \$ 737 |
| 1 pc         | Front bumper reinforcement     | * - Part | \$ 131 |
| 1 pc         | Front bumper o/s side retainer | X 5      | \$ 44  |
| 1 pc         | Front o/s fender inner shield  | X 5      | \$ 105 |
| 1 pc         | Front no. plate garnish        | 1        | \$ 36  |
|              |                                |          | \$ -   |
| Less 20% 10% |                                |          | \$ -   |
|              |                                |          | \$ -   |

### S/NETT

|                                                                                                                                                          |                                     |     |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----|---------------|
| 1 set                                                                                                                                                    | Front bumper clips                  | 1   | \$ 48.00      |
| 1 pc                                                                                                                                                     | Front no. plate                     | 1   | \$ 50.00 35   |
| 1 set                                                                                                                                                    | Front n/s fender inner shield clips | X 4 | \$ 28.00      |
| Sundry                                                                                                                                                   |                                     |     | \$ 50.00 20   |
| To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the front o/s fender |                                     |     | \$ 650.00 200 |
| To putty and spray painting on front bumper, front n/s fender                                                                                            |                                     |     | \$ 400.00 200 |
| To apply rustproofing on the repaired and replaced panels.                                                                                               |                                     |     | \$ 120.00 X 2 |

( ALL THE REPAIR COSTS ARE SUBJECTED TO GST )

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

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts for resurvey
- Parts prices subject to quotation
- Third party's liability on "no-fault" basis
- No Regret on "no-fault" basis
- Supplier's liability on "no-fault" basis

Acknowledged:

Signature:

Date:

Kelvin HLEE

12/12/17 1625hr

2 Pags

4/5

After Repair photo

LK

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## LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

| Affiliated to Federation Internationale Des Experts En Automobile                                                                                                                      |                                                                                         |                             |            |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------|------------|-------------------------------------------------------------------------------------|
| FIRST CAPITAL INSURANCE LTD                                                                                                                                                            |                                                                                         | Ref : CS/FCI17023582/K1qbn2 |            |                                                                                     |
| 36 ROBINSON ROAD<br>#16-01 CITY HOUSESINGAPORE 068877                                                                                                                                  |                                                                                         | Date : 22-12-2017           |            |  |
|                                                                                                                                                                                        |                                                                                         | Code : FCI2                 |            |                                                                                     |
| <b>1. Policy Particulars :- THIRD PARTY CLAIM</b>                                                                                                                                      |                                                                                         |                             |            |                                                                                     |
| Insured Veh.                                                                                                                                                                           | SHA 8086A                                                                               | Veh. Inspected              | SJJ 832U   |                                                                                     |
| Policy No.                                                                                                                                                                             | D-15072702MFSH                                                                          | Coverage (\$)               | 0.00       |                                                                                     |
| Claim No.                                                                                                                                                                              | D17011290MFSH                                                                           | Excess (\$)                 | 0.00       |                                                                                     |
| Assign From                                                                                                                                                                            | AUNGYM                                                                                  | Assign Date                 | 12/12/2017 |                                                                                     |
| <b>2. Vehicle Particulars &amp; Condition</b>                                                                                                                                          |                                                                                         |                             |            |                                                                                     |
| Make & Model                                                                                                                                                                           | MITSUBISHI LANCER                                                                       | c.c                         | 1584       |                                                                                     |
| Engine No.                                                                                                                                                                             | HIDDEN                                                                                  | Year of Reg.                | 2008       |                                                                                     |
| Chassis No.                                                                                                                                                                            | JMYSTCS3A8U009515                                                                       | Colour                      | GREY       |                                                                                     |
| Odometer                                                                                                                                                                               | 173569                                                                                  | Steering                    | IN ORDER   |                                                                                     |
| Brakes                                                                                                                                                                                 | IN ORDER                                                                                | Modification                | SPORTS RIM |                                                                                     |
| General                                                                                                                                                                                | FAIR                                                                                    |                             |            |                                                                                     |
| <b>3. Conditions of Tyres</b>                                                                                                                                                          |                                                                                         |                             |            |                                                                                     |
|                                                                                                                                                                                        | Size                                                                                    | Make                        | Balance    |                                                                                     |
| R/H Front Tyre                                                                                                                                                                         | 185/65 R15                                                                              | MAXXIS                      | 7 mm       |                                                                                     |
| L/H Front Tyre                                                                                                                                                                         | 185/65 R15                                                                              | MAXXIS                      | 7 mm       |                                                                                     |
| R/H Rear Tyre                                                                                                                                                                          | 185/65 R15                                                                              | MAXXIS                      | 7 mm       |                                                                                     |
| L/H Rear Tyre                                                                                                                                                                          | 185/65 R15                                                                              | MAXXIS                      | 7 mm       |                                                                                     |
| <b>4. Description of Damages</b>                                                                                                                                                       |                                                                                         |                             |            |                                                                                     |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.<br>DAMAGES SEE DETAILS.                                                                                                            |                                                                                         |                             |            |                                                                                     |
| <b>5. General Information</b>                                                                                                                                                          |                                                                                         |                             |            |                                                                                     |
| Accident Date                                                                                                                                                                          | 05/12/2017                                                                              | Inspection Date             | 12/12/2017 |                                                                                     |
| Survey held at                                                                                                                                                                         | PREMIER AUTOMOTIVE SERVICES PTE LTD<br>23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443 |                             |            |                                                                                     |
| <b>5a. Remarks</b>                                                                                                                                                                     |                                                                                         |                             |            |                                                                                     |
| A) DAMAGES CONSISTENT TO ACCIDENT REPORT.<br>B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.<br>C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |                                                                                         |                             |            |                                                                                     |
| <b>5b. Estimate Days of Repair</b>                                                                                                                                                     |                                                                                         |                             |            |                                                                                     |
| ESTIMATED NORMAL PERIOD FOR REPAIR:                                                                                                                                                    |                                                                                         | <b>2 Working Days</b>       |            |                                                                                     |

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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJJ 832U**

| Qty                                                                         | Description of Parts                                                                                                                                      | Condition     | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------|-------------------|
| <b><u>REPLACEMENT OF PARTS</u></b>                                          |                                                                                                                                                           |               |                           |                   |
| 1                                                                           | FRONT BUMPER                                                                                                                                              | DEFORMED      | 737.00                    | 737.00            |
| 1                                                                           | FRONT BUMPER REINFORCEMENT                                                                                                                                | BENT          | 131.00                    | 131.00            |
| 1                                                                           | FRONT BUMPER O/S SIDE RETAINER                                                                                                                            | SERVICEABLE   | 44.00                     | -                 |
| 1                                                                           | FRONT O/S FENDER INNER SHIELD                                                                                                                             | SERVICEABLE   | 105.00                    | -                 |
| 1                                                                           | FRONT NO PLATE GARNISH                                                                                                                                    | CRACKED       | 36.00                     | 36.00             |
|                                                                             | LESS 10% DISCOUNT                                                                                                                                         |               | -105.30                   | -                 |
|                                                                             | LESS 200% DISCOUNT                                                                                                                                        |               | -                         | -180.80           |
|                                                                             |                                                                                                                                                           |               | 947.70                    | 723.20            |
| <b><u>SPECIAL NETT ITEMS</u></b>                                            |                                                                                                                                                           |               |                           |                   |
| 1                                                                           | SET FRONT BUMPER CLIPS (SN)                                                                                                                               | NECESSARY     | 48.00                     | 48.00             |
| 1                                                                           | FRONT NO PLATE (SN)                                                                                                                                       | DENTED        | 50.00                     | 35.00             |
| 1                                                                           | SET FRONT N/S FENDER INNER SHIELD CLIPS (SN)                                                                                                              | NOT NECESSARY | 28.00                     | -                 |
| 1                                                                           | SUNDRY (SN)                                                                                                                                               | NECESSARY     | 50.00                     | 20.00             |
|                                                                             |                                                                                                                                                           |               | 176.00                    | 103.00            |
| <b><u>LABOUR</u></b>                                                        |                                                                                                                                                           |               |                           |                   |
|                                                                             | TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE FRONT O/S FENDER. |               | 650.00                    | 200.00            |
|                                                                             | TO PUTTY AND SPRAY PAINTING ON FRONT BUMPER, FRONT N/S FENDER.                                                                                            |               | 400.00                    | 200.00            |
|                                                                             | TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.                                                                                                | NOT NECESSARY | 120.00                    | -                 |
|                                                                             |                                                                                                                                                           |               | 1,170.00                  | 400.00            |
| <b>GRAND TOTAL</b>                                                          |                                                                                                                                                           |               | <b>2,293.70</b>           | <b>1,226.20</b>   |
| <b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b> |                                                                                                                                                           |               |                           | <b>950.00</b>     |

Report Ref No. CS/FCI17023582/K1qbn2

**KALVIN ANG WEI KUN**

Automotive Assessor / Investigator

**ADRIAN LING WAI PING****B.Eng, AMSOE, AMIRTE, AMSAE-A, M. MATAI**

Licensed Appraiser

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