

ASS. REC. BY

REF CS/FCI 17023730/T1qd32

Send location

Surveyor

Taufik

ASSIGNMENT (Office)

CWS

From (Person)

Serene Ler

FCI

Date/Time 9:05am @ 14/12/17

Estimated Cost

Bill to

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

To Inspect Vehicle No

SHD 2003M

Insured

SHD 3449D

at Workshop m/s

Prime Auto

Tel

68610908

of

6 Benoi place

Policy No

D-15072701mtSA

Claim No

D17 011295 MFSH

Sum Insured

Excess

Make of Veh:

(Client's Record)

D.O.A. 6/12/2017

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

H.O.D. Endorsement

Date/Time

9:30am @ 14/12/17

Person Contacted

Pei Yee

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

SHD 2003M - CC4 / AXA15016726 / M1hv3q2

D.O.A.: 2/10/2015

SHD 3449D - CS / SM017005584 / M1vbm2

D.O.A.: 17/03/2017

19/12/17 @ 5:29pm revised to Serene Ler by email.

Taufik finalised final fig \$ 950, 1 day (fair & reasonable).
(Bed top, 0%).

M/1/18

Signature

Tanglin

REF: FCI

ASSIGNMENT

From:

Date:

14/12/17

Estimated Cost:

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

To Inspect Vehicle No:

SHD 2003M

at Workshop m/s

Prime Auto

of

6 Benoi place

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.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

1

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

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

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Fair & reasonable.

Veh No:

SHD 2003M

Yr Regn:

2014 Aug

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

Truck / Trailer or

Make:

Toyota Prius Hybrid

cc

1797.

Colour:

Orange

A/C

Insured / Std / NI / NA

Sp. Reading

283657

Ti Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZVW 301821740

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ STD A/Rim / STD A/Rim or

Tyre Size:

F:

185/65R15

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.

14/12/17.

Survey held at

Prime Auto

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

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

RECEIVED 03 JAN 2018

Date/Time File Pass to?



Preli. Report

03/11/17



Final Report

Date/Time File Return to?

Days Of Repair:

1

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:



Site Insp. (\$



Interview (\$



Tech. Insp. (\$



Weekend (\$

Report Format:

TP

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

950

3 - 4 - 5

Photos

Others

90

50

11

151

Survey Department Check List (Case Handler)

Reference No.: *CS/TA/7003730/T19d3*
Policy Type: OD / TP / TP RES / TL / EVA

SHD 2003M

Case Handler

Typist

Admin (*Niville*): 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
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			

Surveyor (*Tankkh*): 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

<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

<i>✓</i>			
----------	--	--	--

(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

<i>✓</i>			
<i>✓</i>			
<i>✓</i>			

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

--	--	--	--

Check By:

[Signature] *03/01/18*

Case Handler

Date



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/FCI17023730/T1qd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 14-12-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 3449D	Veh. Inspected	SHD 2003M
Policy No.		Coverage (\$)	0.00
Claim No.	D17011295MFSH	Excess (\$)	0.00
Assign From	CWS (SERENE LER)	Assign Date	14/12/2017

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

Engine No.	HIDDEN	Accident Date	06/12/2017	Inspection Date	14/12/2017
Survey held at	PRIME AUTO CLAIMS SERVICE PTE LTD 6 BENOI PLACE SINGAPORE 629927				

5a. Remarks

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

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C

GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	07-12-2017	Our Ref No. D17011295MFSH
Accident Date	06-12-2017	Claim Type. Third Party
Insured Vehicle	SHD3449D	Third Party Vehicle. SHD2003M
Survey Location	6 BENOI PLACE	
Contact Person.	PEI YEE	
Contact No.	68610908/ 0	Fax No. 65152948
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED (NO EST. PROVIDED)	
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	PRIME AUTO CLAIMS SERVICE PTE. LTD.	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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/231571)



PRI Documents



Close



PRI Header Details

Claim No	D17011295MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & PRIME AU LTD.
Workshop Name	PRIME AUTO CLAIMS SERVICE PTE. LTD. (Contact Person : PEI YEE)	Survey Location & Contact Details	6 BENOI PLACE Mobile: 0 , Phone: 68610908 , Fax: 65152948 EmailId: PEIYEE@PRIMEAUTOCLAIMS.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM PROVIDED)		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHD3449D	TP Vehicle No	SHD2003M
PRI Recieved Date	13-12-2017 06:54:13 PM	Surveyor Appointed Date	14-12-2017 09:04:46 AM	Surveyor Accept Date	14-12-2017 11

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	14-12-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
-----------------------------	----------------------	----------------------	------------	-------------------------	--

Vehicle Particulars

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

Multiple Documents Upload

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
---------	----------------------	-------------------------------------

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Tuesday, 19 December, 2017 5:29 PM
To: 'Claim Workflow System'; assignments
Cc: SERENELER@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17011295MFSH/1
Attachments: CSFCI17023730T1qd3.pdf

Dear Serene,

Enclosed herewith preliminary advice of SHD 2003M.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAUTO)
Sent: Thursday, 14 December, 2017 9:39 AM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: SERENELER@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17011295MFSH/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 | 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: Thursday, 14 December, 2017 9:04 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; SERENELER@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17011295MFSH/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



Auto
Consultants
Pte Ltd

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

Your Ref: D17011295MFSH
Our Ref: CS/FCI17023730/T1qd3

Date: 19 December 2017

The Motor Claims Department
First Capital Insurance Ltd

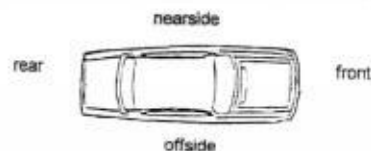
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHD 2003M

Please be informed that we had conducted the inspection of the abovementioned vehicle on 14/12/2017 at the premises of M/s PRIME AUTO. and have the following to report:-

Workshop Estimate Amount	: S\$ <u>950.00</u>
Revised Estimate Amount	: S\$ <u>950.00</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 o/s body.



Yours faithfully

Taufikh
Automotive Assessor

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	06/12/2017 15:52
Date Of Accident	06/12/2017 13:10
Exact Location Of Accident	WOODLANDS SQUARE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2003M
Insured/Policyholder	
Name Of Registered Owner	PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Co Reg No	199606293Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68982000

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8L CVT ABS D/AIRBAG 2WD
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	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5068045737-03
Cover Note Number	

Driver

Name of Driver	SIM CHUN HWEE
NRIC No	S2621530G
Date Of Birth	22/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	27/02/1993
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91880568
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 686B WOODLANDS DRIVE 73 #09-76 SINGAPORE
Postcode	732686
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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)	3

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT

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	SHD3449D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	98440889
Address	
Postcode	
Insurance Company Name	FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

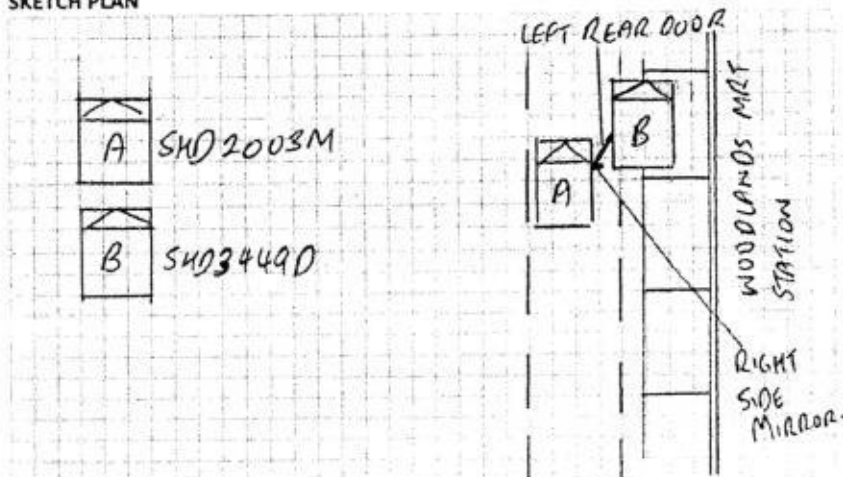


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06.12.2017 @ 1310 hrs, I was driving my taxi SHD2003M along Woodlands Square on left lane. Approaching to Woodlands MRT station taxi stand, there was one Comfort taxi SHD3449D stationary on the right side of my taxi. When passing by the said taxi, suddenly the left rear door opened. As a result the door hit onto the right side mirror of my taxi. My taxi right front door and right front fender advertisement sticker also scratched.

After the accident, we alighted from our vehicles to check on damages. We exchanged phone numbers. Driver of SHD3449D asked me to lodge an accident report. No one was injured in this accident.

[Handwritten signatures]

DECLARATION

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

Policyholder's Signature
Date & Time:

LAURIN' Secretariat V2

[Signature] 6/12/2017 3:48pm
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M
5 Benoi Place Singapore 629926
Tel: 6861 0908 Fax: 6515 2948

Date: 07.12.2017

First Capital Insurance Ltd
36 Robinson Road #16-01
City House
Singapore 068877

Attn: Motor Claims Dept

RE: COST OF REPAIR TO VEHICLE SHD2003M TOYOTA PRIUS HYBRID 1.8L A (2014)

To Supply

1)	1pc	Left side mirror assy	\$	720.00	<i>dis</i>
2)	1pc	Left side mirror cover	\$	40.00	<i>ent</i>

Sub total parts	\$	760.00
Less: 25% discount	\$	190.00
	\$	570.00

To Supply S.Nett Parts

1)	1pc	Left front fender sticker	\$	180.00	<i>ent</i>
2)	1pc	Left front door advertisement sticker	\$	200.00	<i>ent</i>

Sub total S.Nett Parts	\$	380.00
Estimated Grand Total	\$	950.00

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:

Tan Kah 97495749

WP

14/12/17

01 day

sur @ lkk auto . com

[Signature]
19/12/17



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/FCI17023730/T1qd3s2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 03-01-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 3449D	Veh. Inspected	SHD 2003M
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17011295MFSH	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	14/12/2017

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS HYBRID	c.c	1797
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	ZVW301821740	Colour	ORANGE
Odometer	283657	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	185/65R15	BRIDGESTONE	6 mm
L/H Front Tyre	185/65R15	BRIDGESTONE	6 mm
R/H Rear Tyre	185/65R15	BRIDGESTONE	6 mm
L/H Rear Tyre	185/65R15	BRIDGESTONE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	06/12/2017	Inspection Date	14/12/2017
Survey held at	PRIME AUTO CLAIMS SERVICE PTE LTD 6 BENOI PLACE SINGAPORE 629927		

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:	1 Working Days
-------------------------------------	----------------



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

OPINION ON REPAIR COST FOR VEHICLE NO. SHD 2003M

Qty	Description of Parts	Condition	Recommended (\$)
REPLACEMENT OF PARTS			
1	LEFT SIDE MIRROR ASSY	DISTORTED	720.00
1	LEFT SIDE MIRROR COVER	CUT	40.00
	LESS 25% DISCOUNT		-190.00
			570.00
SPECIAL NETT ITEMS			
1	LEFT FRONT FENDER STICKER (SN)	CUT	180.00
1	LEFT FRONT DOOR ADVERTISEMENT STICKER (SN)	CUT	200.00
			380.00
GRAND TOTAL			950.00
RECOMMENDED COST OF REPAIRS			950.00

Report Ref No. CS/FCI17023730/T1qd3s2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.
No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.