

ASS. REC. BY:

REF: CS/FCI17024017/Klvdsn2 Special Instructions:

Survivor:

Kalvin

ASSIGNMENT (Office)

CWS

From (Person):

Serehe ler

of

FCI

Date/Time: 8:49am @ 11/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 1899B

Insured:

SHA 7929A

at Workshop m/s

Premier Automotive

Tel:

62148880

of

23 changi south Ave 2 # 03-02

Policy No:

Claim No:

D17011633 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

14/12/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

9:03am @ 11-12-17

Person Contacted:

Vincent

Vehicle ID:

DLOUT

| Date/Time | Action/Instruction | Estimate |
|-----------|--|--------------------|
| | SHD 1899B - cc3 / III 15017262 / khg3q2 -1 | D.O.A : 11/10/2015 |
| | SHA 7929A - cc3 / AIC 11002436 / Dvg 1 | D.O.A : 06/02/2011 |
| 28/12/17 | Email preli revised to FCI | |

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: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHP 1899 B Page: 3/26 2013

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

Truck / Trailer or

Make: Mitsubishi Pajero E220 CC: 2183

Colour: White A/C: ☒ Ins: ☒ Std / NI / NA

Se Reading: 460739 T Radio: ☒ Ins: ☒ Std / NI / NA

Eng No: _____

C/No: LPD21200 22A 7 60587

Gen Cond: Good / ☒ / Poor / Burnt

Steering: In order / ☒ / Jammed / Leaked / Burnt or

Brake: In order / ☒ / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / ☒ Rim or

Tyre Size: F: 205/60R16 R: _____

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

TOYO / YOKO or Harok

| Front | Rear |
|------------------------|------------------------|
| R.Bal: <u>7</u> mm | R.Bal: <u>7</u> mm |
| L.Bal: <u>7</u> mm | L.Bal: <u>7</u> mm |
| D.O.A: <u>14/12/12</u> | D.O.A: <u>26/12/12</u> |

Survey held at: Premier

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

N/S Fmt.

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

Date / Time: _____ Action / Instruction: 28/12/12 - Contact 4S \$1000 / 2 days (Rad 1424, 5590) FCZ

RECEIVED 2-9 DEC 2012

Date/Time File Pass to: ☐ : Prel. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Date/Time File Return to: 29/12- typist

Add Fee: ☐ Site Insp \$

☐ Interview \$

☐ Tech Insp \$

☐ Wheel-end \$

Survey Fee

Transporter

Food

Other

| |
|-----|
| 110 |
| 50 |
| 50 |
| 28 |
| 238 |

Report Format: CWS

Lump Sum / I.B.I: 1300/-

Survey Department Check List (Case Handler)

Reference No. : CS/FCI 17024017/K1W03
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

(1) Office Assign Form

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

Surveyor (): 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: VERON 29/12/17
Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014

**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/FCI17024017/Kvd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 19-12-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|------------------|----------------|------------|
| Insured Veh. | SHA 7929A | Veh. Inspected | SHD 1899B |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | D17011633MFSH | Excess (\$) | 0.00 |
| Assign From | CWS (SERENE LER) | Assign Date | 19/12/2017 |

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 | 14/12/2017 | Inspection Date | |
| Survey held at | PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443 | | |

5a. Remarks

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



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D17011633MFSH
Our ref: CS/FCI17024017/K1vd3

DATE: 28/12/2017

The Motor Claims Department
M/s First Capital Insurance Limited

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHD 1899B

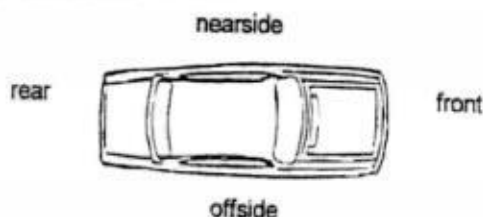
We thank you for your instruction on 19/12/2017

Please be informed that we had conducted the inspection of the above mentioned vehicle on 26/12/2017 at the premises of M/s PREMIER AUTOMOTIVE SERVICES PTE LTD and have the following to report:-

| | |
|--------------------------|---------------|
| Workshop Estimate Amount | : S\$2,724.00 |
| Revised Estimate Amount | : S\$1,664.10 |
| "Check" Items Amount | : S\$ |
| Book Value | : S\$ |
| LTA Reimbursement Value | : S\$ |
| Nett Value | : S\$ |

Description of Damage:

The vehicle sustained damages at the n/s front portion.



Comments/Present Status:

Damages Consistent

Yours faithfully,

Kalvin Ang

Technical Investigator

Technical Investigation & Reconstructionist (SAE-A)

First Capital Insurance Limited

A FAIRFAX Company

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

MOTOR SURVEY ASSIGNMENT

| | | | |
|--------------------|-------------------------------------|----------------------|---------------|
| Date | 18-12-2017 | Our Ref No. | D17011633MFSH |
| Accident Date | 14-12-2017 | Claim Type. | Third Party |
| Insured Vehicle | SHA7929A | Third Party Vehicle. | SHD1899B |
| Survey Location | 23 CHANGI SOUTH AVENUE 2 #03-02 | | |
| Contact Person. | VINCENT CHUA | | |
| Contact No. | 62148880/ 65446689 | Fax No. | 62141511 |
| Survey Type | WITHOUT PREJUDICE: EST NOT 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 | PREMIER AUTOMOTIVE SERVICES 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/232075)



PRI Documents



Close



PRI Header Details

| | | | | | |
|-------------------|--|-----------------------------------|--|----------------------|--|
| Claim No | D17011633MFSH | Policy No | D-15072701MFSH | Claimant S.No & Name | 1 & PREMIER , LTD [M/S PRE SOON LIANG] |
| Workshop Name | PREMIER AUTOMOTIVE SERVICES PTE LTD (Contact Person : VINCENT CHUA) | Survey Location & Contact Details | 23 CHANGI SOUTH AVENUE 2 #03-02 Mobile: 65446689 , Phone: 62148880 , Fax: 62141511 EmailId: VINCENT.CHUA@PREMIERTAXI.COM | | |
| Our Surveyor | LKK AUTO CONSULTANTS PTE LTD | Instructions To Surveyor | WITHOUT PREJUDICE: EST NOT PROVIDED | | |
| Insured Name | COMFORT TRANSPORTATION PTE LTD | Insured Vehicle No | SHA7929A | TP Vehicle No | SHD1899B |
| PRI Recieved Date | 18-12-2017 09:13:23 PM | Surveyor Appointed Date | 19-12-2017 08:48:10 AM | Surveyor Accept Date | 19-12-2017 1 |

Survey Report Upload

| | | | | | |
|-----------------------------|----------------------|----------------------|------------|-------------------------|--|
| Surveyor Inspection Date *: | <input type="text"/> | Surveyor Report Date | 19-12-2017 | 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

File Name

Action

Surveyor Job Remarks

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

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Thursday, 28 December, 2017 12:41 PM
To: 'Claim Workflow System'
Cc: SERENELER@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17011633MFSH/1, SHD 1899B
Attachments: SHD 1899B PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SHD 1899B
Date of survey: 26/12/2017
Number of days: 2 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Tuesday, 19 December, 2017 9:09 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 - D17011633MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

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: Tuesday, 19 December, 2017 8:48 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; SERENELER@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17011633MFSH/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 Transaction History**Transaction History Details**

| | | | |
|-------------------------------------|---------------------------------|---------------------|--|
| Log Date/Time: | 31 Jul 2013 / 09:22:00 | Receipt No.: | AACCI001-AX239-130731-000015 |
| Asset Type: | Vehicle | Transaction Amount: | \$86,275.00 |
| Asset ID: | SHD1899B | Channel: | AA Counterless - CYCLE & CARRIAGE INDUSTRIES PTE LTD |
| Transaction Type: | 01.02 Register New Vehicle (AA) | | |
| Business Transaction Reference No.: | 20130731092200647361 | | |

| | |
|--------------------------------|---|
| Vehicle No.: | SHD1899B |
| Vehicle Type: | H10 - Public Transport Taxi (Motor Car) |
| Vehicle Attachment 1: | Air-Con (Taxi) |
| Vehicle Attachment 2: | - |
| Vehicle Attachment 3: | - |
| Vehicle Scheme: | Taxi (Company) |
| First Registration Date: | 31 Jul 2013 |
| Original Registration Date: | 31 Jul 2013 |
| Vehicle Make: | MERCEDES BENZ |
| Vehicle Model: | E 220 CDI BLUEEFFICIENCY |
| Chassis No.: | WDD2120022A760087 |
| Engine No.: | 65192431509245 |
| Motor No.: | - |
| Trailer Chassis No.: | - |
| Propellant: | Diesel |
| Passenger Capacity: | 4 |
| Engine Capacity: | 2143 |
| Power Rating: | - |
| Unladen Weight: | 1735 |
| Maximum Laden Weight: | 2270 |
| Primary Color: | White |
| Secondary Color: | - |
| Manufacturing Year: | 2013 |
| Open Market Value: | \$40,946.00 |
| Minimum PARF Benefit: | \$20,595.00 |
| PARF Eligibility: | Y |
| No. of Transfer: | 0 |
| Effective Ownership Date/Time: | 31 Jul 2013 09:22:00 |
| COE No.: | 2013073101001064D |
| COE Expiry Date: | 30 Jul 2021 |
| COE Bid Category: | - |
| Actual QP/PQP Paid Amount: | \$51,810.00 |
| Lifespan Expiry Date: | 30 Jul 2021 |
| Owner ID Type: | Company |
| Owner ID: | 200304975H |

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

26-Dec-17

ESTIMATE REPAIR BILL FOR MERCEDES 2212 REGN NO: SHD 1899 B

| | | | |
|------|--|----|----------|
| 1 pc | Front bumper n/s side retainer @ \$95.40 <i>X</i> <i>mc</i> | \$ | 95.40 |
| 1 pc | Front n/s rim <i>X</i> <i>mc</i> | \$ | 427.31 |
| 1 pc | Front n/s fender inner shield @ \$146.07 <i>X</i> <i>mc</i> | \$ | 146.07 |
| 1 pc | n/s mirror assy @ \$726.78 <i>/</i> <i>mc</i> | \$ | 726.78 |
| | | \$ | 1,395.56 |
| | Less 10% | \$ | 139.56 |
| | | \$ | 1,256.00 |

S/NETT

| | | | |
|-------|--|----|--------------------------------------|
| 1 set | Front n/s fender inner shield clips | \$ | 38.00 <i>X</i> <i>mc</i> |
| | Sundry <i>mc</i> | \$ | 50.00 <i>20</i> |
| | To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs. | \$ | 180.00 <i>X</i> <i>mc</i> |
| | To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the same | \$ | 450.00 <i>400</i> |
| | To putty and spray painting on front bumper, front n/s fender, front n/s door | \$ | 600.00 <i>590</i> |
| | To apply rustproofing on the repaired and replaced panels. | \$ | 150.00 <i>X</i> <i>mc</i> |
| | | \$ | 2,724.00 |

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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

Kalvin (LKK)

26/12/17 13:20 hrs

2 Rep.

4/5

After Repair photo

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts for resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary service must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

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/FCI17024017/K1vd3n2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 03-01-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SHA 7929A | Veh. Inspected | SHD 1899B |
| Policy No. | D-15072701MFSH | Coverage (\$) | 0.00 |
| Claim No. | D17011633MFSH | Excess (\$) | 0.00 |
| Assign From | SERENE | Assign Date | 19/12/2017 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|---------------------|--------------|--------------------|
| Make & Model | MERCEDES BENZ E 220 | c.c | 2143 |
| Engine No. | HIDDEN | Year of Reg. | 2013 |
| Chassis No. | WDD2120022A760087 | Colour | WHITE |
| Odometer | 460739 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | FAIR | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|---------|---------|
| R/H Front Tyre | 205/60 R16 | HANKOOK | 7 mm |
| L/H Front Tyre | 205/60 R16 | HANKOOK | 7 mm |
| R/H Rear Tyre | 205/60 R16 | HANKOOK | 7 mm |
| L/H Rear Tyre | 205/60 R16 | HANKOOK | 7 mm |

4. Description of Damages

| |
|---|
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS. |
|---|

5. General Information

| | | | |
|----------------|---|-----------------|------------|
| Accident Date | 14/12/2017 | Inspection Date | 26/12/2017 |
| Survey held at | PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443 | | |

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: | 2 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 1899B

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|---------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | FRONT BUMPER N/S SIDE RETAINER | SERVICEABLE | 95.40 | - |
| 1 | FRONT N/S RIM | SERVICEABLE | 427.31 | - |
| 1 | FRONT N/S FENDER INNER SHIELD | SERVICEABLE | 146.07 | - |
| 1 | N/S MIRROR ASSY | CRACKED | 726.78 | 726.78 |
| | LESS 10% DISCOUNT | | -139.56 | -72.68 |
| | | | 1,256.00 | 654.10 |
| SPECIAL NETT ITEMS | | | | |
| 1 | SET FRONT N/S FENDER INNER SHIELD CLIPS (SN) | NOT NECESSARY | 38.00 | - |
| 1 | SUNDRY (SN) | NECESSARY | 50.00 | 20.00 |
| | | | 88.00 | 20.00 |
| LABOUR | | | | |
| | TO DISMANTLE/REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS. | NOT NECESSARY | 180.00 | - |
| | TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE SAME. | | 450.00 | 400.00 |
| | TO PUTTY AND SPRAY PAINTING ON FRONT BUMPER, FRONT N/S FENDER, FRONT N/S DOOR. | | 600.00 | 590.00 |
| | TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS. | NOT NECESSARY | 150.00 | - |
| | | | 1,380.00 | 990.00 |
| GRAND TOTAL | | | 2,724.00 | 1,664.10 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 1,300.00 |

Report Ref No. CS/FCI17024017/K1vd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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.

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 | 15/12/2017 17:25 |
| Date Of Accident | 14/12/2017 03:35 |
| Exact Location Of Accident | AYE - TOWARDS JURONG |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SHD1899B |
| Insured/Policyholder | |
| Name Of Registered Owner | PREMIER TAXIS PTE LTD |
| Co Reg No | 200304975H |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62148880 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | MERCEDES-BENZ |
| Model | E220-2.0 (A) |
| Exact Purpose for which vehicle was being used at time of accident | HIRED & REWARDS |
| 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 |
| Fleet Policy | YES |
| Policy Number | 5095103893 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN SOON LIANG |
| NRIC No | S1261643J |
| Date Of Birth | 20/05/1957 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/09/1975 |
| Driving Experience | 42 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | +65-90484023 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |