

ASS. REC. BY:

REF: CS/FCI 17024576/4rb<sup>52</sup>

Special Instruction:

SUPERVISOR:

Marcus

ASSIGNMENT (Office)

CWS

From (Person):

Sithara

of

FCI

Date/Time:

2:13pm @ 28/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBE 3199R

Insured:

SHD 8541L

at Workshop m/s

Liu's Brother

Tel:

67411730

of

1, kaki Bkt Ave 6 # 01-01 Autobay

Policy No:

Claim No:

D17011479MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

9/12/17

CA / REV / REP. / REV 24 HRS

lwp

H.O.D. Endorsement:

Date/Time:

2:36pm @ 28/12/17

Person Contacted:

jasmine

Vehicle IN / OUT

Date/Time

Action/Instruction

(✓)

Estimate

29/12/17

Email preli revised to FCI

Suzuki Marcus

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: GBE 3199 Rat Workshop m/s: 144's B20

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

CA / PR Seen: 2 Consistent? : Yes or NoEst. Repairs: 3 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: GBE 3199 R Yr Regn: 10 15

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

Truck / Trailer or (M)Make: Toyota hiace c.c. 2982Colour: white A/C: Insured / Std / NI / NASp. Reading: 61034 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTFMT02P-300179981

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt or

Brake: Insured / Jammed / Leaked / Burnt or

Modl: 11 / S/Rim / STD A/Rim orTyre Size: F: 195 R15

R: \_\_\_\_\_

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

TOYO / YOKO or maxtrekFront 6 Rear 6R/Bal. \_\_\_\_\_ mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 9/12/17 D.O.I. 28/12/17

Survey held at \_\_\_\_\_

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

015 Pnt.

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

28/12/17 confirmed 4/5 @ 2100 w.b. AH Sec. (Red 2753.20, 5610)

RECEIVED 29 DEC 2017

Date/Time, File Pass to? ☐ : Preli. Report1) ☐ : Final Report

Date/Time, File Return to?

2) 21/12 - typistDays Of Repair: 3Resurvey No. of Trip: -

Survey Fee:

Transportation: \_\_\_\_\_

S + PS: \_\_\_\_\_

Photos: \_\_\_\_\_

Others: \_\_\_\_\_

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)Report Format: CWSLump Sum / I.B.I: (\$ 2100/2)

TOTAL

223

## Survey Department Check List (Case Handler)

Reference No.: CS/FCI 17024576/UVB  
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/FCI17024576/Uvb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 28-12-2017	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHD 8541L	Veh. Inspected	GBE 3199R	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	28/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	09/12/2017	Inspection Date	28/12/2017	
Survey held at	LIU'S BROTHER AUTO WORK SHOP 1 KAKI BUKIT AVENUE 6 #01-01 AUTO BAY @ KAKI BUKIT SINGAPORE 417883			
<b>5a. Remarks</b>				
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	13-12-2017	Our Ref No. D17011479MFSH
Accident Date	09-12-2017	Claim Type. Third Party
Insured Vehicle	SHD8541L	Third Party Vehicle. GBE3199R
Survey Location	1 KAKI BUKIT AVENUE 6 #01-01AUTOBAY @ KAKI BUKIT	
Contact Person.	JASMINE LOW	
Contact No.	67411730/ 67411730	Fax No. 67445746
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

## FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

### THIRD PARTY SURVEY REQUEST

Cc : Workshop	LIU'S BROTHER AUTO ENGINEERING WORKSHOP	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

## 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/231847)



PRI Documents



Close



## PRI Header Details

Claim No	D17011479MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & LIU'S BRO WORKSHOP
Workshop Name	LIU'S BROTHER AUTO ENGINEERING WORKSHOP (Contact Person : JASMINE LOW)	Survey Location & Contact Details	1 KAKI BUKIT AVENUE 6 #01-01AUTOBAY @ KAKI BUKI Mobile: 67411730 , Phone: 67411730 , Fax: 67445746 EmailId: LIUSBROJASMINE@YAHOO.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHD8541L	TP Vehicle No	GBE3199R
PRI Recieved Date	28-12-2017 03:23:07 PM	Surveyor Appointed Date	28-12-2017 02:12:28 PM	Surveyor Accept Date	28-12-2017 0

## Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	28-12-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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## 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

Veron Chen (LKKAuto)

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Friday, 29 December, 2017 9:02 AM  
**To:** 'Claim Workflow System'  
**Cc:** SITHARA@FIRST-INSURANCE.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D17011479MFSH/1, GBE 3199R  
**Attachments:** GBE 3199R PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle GBE 3199R  
Date of survey: 28/12/2017  
Number of days:3 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:** Thursday, 28 December, 2017 2:39 PM  
**To:** 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** SITHARA@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D17011479MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

"Wishes you a Happy New Year 2018"

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:** Thursday, 28 December, 2017 2:12 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [SITHARA@FIRST-INSURANCE.COM.SG](mailto:SITHARA@FIRST-INSURANCE.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D17011479MFSH/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.**





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: D17011479MFSH  
Our ref: CS/FCI17024576/Uvb

The Motor Claims Department  
M/s First Capital Insurance Limited

WITHOUT PREJUDICE

Dear Sir/Madam

**INITIAL INSPECTION REPORT OF VEHICLE NO. GBE 3199R**

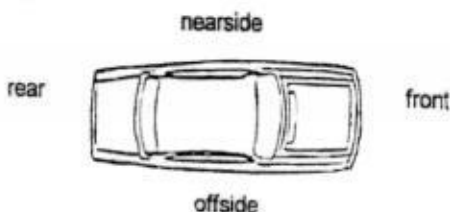
We thank for your instruction on 28/12/2017

Please be informed that we had conducted the inspection of the above mentioned vehicle on vehicle on 28/12/2017 at the premises of M/s LIU'S BROTHER AUTO WORK SHOP and have the following to report:-

Workshop Estimate Amount	: S\$4,853.20
Revised Estimate Amount	: S\$2,100.00 (Lump sum)
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

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



Comments/Present Status:  
Damages Consistent

Yours faithfully,

MARCUS CHUA  
Licensed Appraiser

## 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	09/12/2017 19:33
Date Of Accident	09/12/2017 11:00
Exact Location Of Accident	ALONG PIE NEAR EXIT 13
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3199R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96959288

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087422MFCV
Cover Note Number	

### Driver

Name of Driver	WONG HONG KONG
NRIC No	S2650205E
Date Of Birth	01/01/1965
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1994
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90260236
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

# Sketch Plan

## 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 GUA 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 application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
  - (i) 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 my 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 claim 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.
    - (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/are 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 based outside of Singapore, for one or more of the above Purposes.

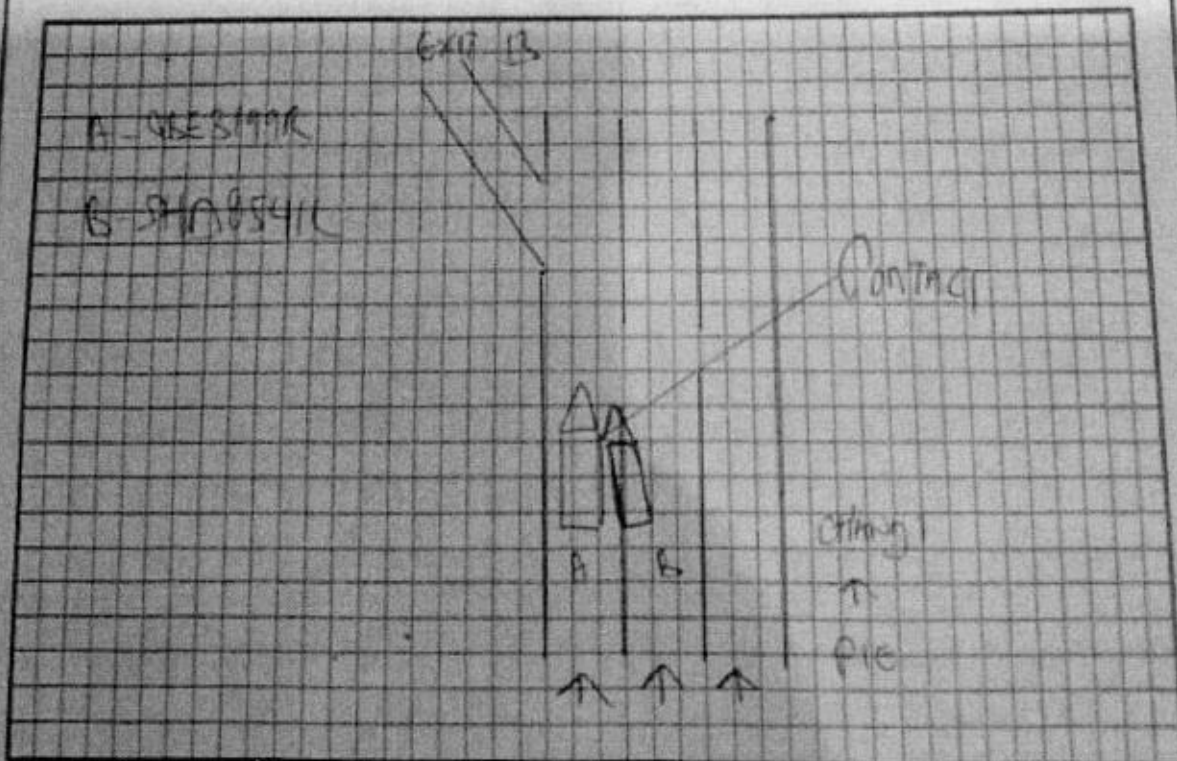
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMED SHAREL  
BIN SATAR

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3585C
Vehicle Details	
Vehicle No.:	GBE3199R
Vehicle to be Exported:	No
Intended De-registration Date:	28 Dec 2017
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	1KD2561451
Chassis No.:	JTFHT02P300179985
Maximum Power Output:	-
Open Market Value:	\$27,741.00
Original Registration Date:	30 Oct 2015
First Registration Date:	30 Oct 2015
Transfer Count:	0
Actual ARF Paid:	\$1,388.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Oct 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$42,743.00
COE Rebate Amount:	\$33,493.00
<b>Total Rebate Amount:</b>	<b>\$33,493.00</b>

The information contained herein is correct as at 28 Dec 2017

OK



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 27 Dec 2017 / 13:03:32

Receipt Date/Time : 27 Dec 2017 / 13:03:32

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-171227-001114

Previous Receipt No. :

S/N Item Description/

Business Transaction Reference  
No.

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
-------------------------------	------------------------	------------------------------

Result of Insurance Enquiry - SHD8541L

As at 09 Dec 2017/11:00:00

Insurance Co: FIRST CAPITAL INS LTD

1 Insurance Enquiry - SHD8541L

Enquiry Fee

20171227130152266854

7.00	0.49	7.49
------	------	------

Sub-Total

7.00	0.49	7.49
------	------	------

Total Before Rounding

7.00	0.49	7.49
------	------	------

Rounding Difference

0.04

Total Amount Payable

7.45

Paid By

xxxxxxxxxxxx4466 Credit Card:  
Visa/MasterCard

7.45

Total

7.45

Cash Change

0.00

Tendered Amount

7.45

Excess Refundable Amount

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

No. 1 Kaki Bukit Avenue 6 #01-01 Auto Bay @ Kaki Bukit Singapore 417883

ROB No: 53291793 / Tel: 6741-1730 / 731 Fax: 6744-5749 Email: liubro@ymail.com

Invoice/Ref No: GBE3199R171209

**Estimate****Customer**

Name: First Capital Insurance Limited

Address: Motor Claims Department

36 Robinson Road #16-01

City House

Singapore 068877

Date: 27/12/2017

Vehicle No: GBE3199R

Model/Make: Toyota Hiace

Manual

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Front Bumper <i>De 623.10</i>	\$ 796.80	<i>X</i>
2	Bumper Side Bracket <i>an</i>	\$ 139.00	<i>X</i>
3	Bumper Clips 1 set <i>ner</i>	\$ 50.00	<i>X</i>
4	Corner Panel <i>ols</i>	\$ 296.10	<i>X</i>
5	Step Panel Garnish <i>g-rack</i>	\$ 312.60	<i>X</i>
6	Head-Lamp <i>one</i>	\$ 230.70	<i>X</i>
7	"ROC Detail" Sticker <i>ner</i>	\$ 48.00	<i>305.00</i>
8	"Corporate" Advertisement Sticker <i>ner</i>	\$ 500.00	<i>1505.00</i>
	To check all wiring & electrical component for proper function	\$ 80.00	<i>20</i>
	To apply Rust Proofing, reseal tuff-coating treatment on accident area	\$ 100.00	<i>30</i>
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 800.00	<i>400</i>
	To putty & spray painting & including touch up paint on accident affected areas	\$ 800.00	<i>400</i>

Total Parts &amp; Labour of estimate for damaged vehicle

\$ 4,853.20

Total amount in Part By Part / Lump Sum Basis for repaired vehicle

\$ -

SDLS: \_\_\_\_\_



M/s Liu's Brother Auto Engrg Wks

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: \_\_\_\_\_

*not Authorised**L/S \$ 2100**3 day**7. hr photo after repair**28/12/17*

*7-2180.9*  
*25%*  
*1635.67*  
*2665.67*




# 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/FCI17024576/Uvbs2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 03-01-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHD 8541L	Veh. Inspected	GBE 3199R	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17011479MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	28/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA HIACE (M)	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	JTFHT02P300179985	Colour	WHITE	
Odometer	61034	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195 R15	MAXTREK	6 mm	
L/H Front Tyre	195 R15	MAXTREK	6 mm	
R/H Rear Tyre	195 R15	MAXTREK	6 mm	
L/H Rear Tyre	195 R15	MAXTREK	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	09/12/2017	Inspection Date	28/12/2017	
Survey held at	LIU'S BROTHER AUTO WORK SHOP 1 KAKI BUKIT AVENUE 6 #01-01 AUTO BAY @ KAKI BUKIT SINGAPORE 417883			
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 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. GBE 3199R**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER	DEFORMED	796.80	623.10
1	FRONT BUMPER SIDE BRACKET	NOT NECESSARY	139.00	-
1	SET FRONT BUMPER CLIPS	NECESSARY	50.00	50.00
1	FRONT CORNER PANEL O/S	DENTED	296.10	296.10
1	FRONT STEP PANEL GARNISH	GRAZED	312.60	312.60
1	FRONT HEAD-LAMP	CRACKED	930.70	899.10
	LESS 25% DISCOUNT		-	-545.22
			2,525.20	1,635.68
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT "ROC DETAIL" STICKER (SN)	NECESSARY	48.00	30.00
1	FRONT "CORPORATE" ADVERTISEMENT STICKER (SN)	NECESSARY	500.00	150.00
			548.00	180.00
<b><u>LABOUR</u></b>				
	TO CHECK ALL WIRING & ELECTRICAL COMPONENT FOR PROPER FUNCTION.		80.00	20.00
	TO APPLY RUST PROOFING, RESEAL TUFF-COATING TREATMENT ON ACCIDENT AREA.		100.00	30.00
	LABOR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN & REPLACING PARTS ETCS.		800.00	400.00
	TO PUTTY & SPRAY PAINTING & INCLUDING TOUCH UP PAINT ON ACCIDENT AFFECTED AREAS.		800.00	400.00
			1,780.00	850.00
<b>GRAND TOTAL</b>			<b>4,853.20</b>	<b>2,665.68</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>2,100.00</b>

Report Ref No. CS/FCI17024576/Uvbs2

CHUA KANG SENG

Licensed Appraiser

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