22/03/2003

ASS. REC. BY: | REF: CS/FC1170246B3 | Special Instruction:

Surveyor: _____

ASSIGNMENT (Office)

From (Person): Sithara of FC1 Date/Time: 3/1/2018

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: YN3528E Insured: SHB3501X

at Workshop m/s Liu's Brother Tel: 67411730

of 1 Kaki Bukit Ave 6 #01-01

Policy No: D-15072702MFSH Claim No: D17011065MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28/11/2017
(Client's Record)

CA / REV / REP. / REV 24 HRS NP H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle **IN / OUT**

Date/Time	Action/Instruction ( ) Estimate
4/1/18	Email preli revised to FC1

Surveyor: Marcus

REF: Fc./

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: YN 3528

at Workshop m/s: Lu's BD

of:

Insured: SHB 3501X

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: 65k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS LTA 3087/

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: YN3528E Yr Regn: 2/13

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (M/

Make: HINO c.c 4009

Colour: white A/C: Insured / Std / NI / NA

Sp.Reading: 178686 T.Radio: Insured / Std / NI / NA

Eng.No:

C/No: JHHTCB3H70K00548

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 7.00 R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Triangle

	Front			Rear	
R/Bal.	6	mm	R/Bal.	6/6	mm
L/Bal.	6	mm	L/Bal.	6/6	mm

D.O.A. 28/11/17 D.O.I. ~~29/12/17~~

Survey held at → 3/1/18 Marcus 4/1/18

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

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

Date / Time Action / Instruction Syrs 2nfi. Dep 12k

4/1/18 Confirmed 2/5 $1800 with Susan. (Red 1900, 5190)

RECEIVED 0 4 JAN 20..

Date/Time, File Pass to?

1) [ ] : Preli. Report

[ ] : Final Report

Date/Time, File Return to?

2) 4/1 – typist

Report Format: CWS

Lump Sum / I.B.I: ($ 1800/-

Days Of Repair: 4

Resurvey No. of Trip: –

Add Fee: [ ] Site Insp ($

[ ] Interview ($

[ ] Tech. Invs ($

[ ] Weekend ($

Survey Fee	130
Transportation	50
$ + RS $	
Photos	30
Others	
TOTAL	210

Survey Department Check List (Case Handler)

Reference No. : CS/FCI/7024693/Ubb

Policy Type: OD / TP / TP RES / TL / EVA

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

		Case Handler		Typist	
(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 surveryor 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 (Case Handler) — H/1/8 (Date)

21/05/2014

*C: Critical *N: Non-Critical

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

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref : CS/FCI17024693/Uvb

Date : 29-12-2017

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHB 3501X	Veh. Inspected	YN 3528E
	Policy No.		Coverage ($)	0.00
	Claim No.		Excess ($)	0.00
	Assign From		Assign Date	29/12/2017

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	28/11/2017	Inspection Date	29/12/2017
	Survey held at	LIU'S BROTHER AUTO WORK SHOP 1 KAKI BUKIT AVENUE 6 #01-01 AUTO BAY @ KAKI BUKIT SINGAPORE 417883		

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	29-11-2017	**Our Ref No.**	D17011065MFSH
Accident Date	28-11-2017	**Claim Type.**	Third Party
Insured Vehicle	SHB3501X	**Third Party Vehicle.**	YN3528E
Survey Location	1 KAKI BUKIT AVENUE 6 #01-01AUTOBAY @ KAKI BUKIT		
Contact Person.	JASMINE LOW		
Contact No.	67411730/ 0	**Fax No.**	67445746
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:		
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/231236) PRI Documents Close

PRI Header Details

Claim No	D17011065MFSH	**Policy No**	D-15O72702MFSH	**Claimant S.No & Name**	1 & LIL ENGINI
Workshop Name	LIU'S BROTHER AUTO ENGINEERING WORKSHOP (Contact Person : JASMINE LOW)	**Survey Location & Contact Details**	1 KAKI BUKIT AVENUE 6 #01-01AUTOBAY @ K **Mobile:** 0 , **Phone:** 67411730 , **Fax:** 6744574 **EmailId:** LIUSBROJASMINE@YAHOO.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	WITHOUT PREJUDICE: LIABILITY UNCLEAR:		
Insured Name	CITYCAB PTE LTD	**Insured Vehicle No**	SHB3501X	**TP Vehicle No**	YN352
PRI Recieved Date	29-12-2017 05:20:07 PM	**Surveyor Appointed Date**	03-01-2018 10:03:51 AM	**Surveyor Accept Date**	03-01-

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	03-01-2018	**Upload Survey Report *:**	

Vehicle Particulars

Make	Please Select Make	**Model**	Please Select Model	**Year**	Select
Chasis No		**Engine No**		**Mileage**	
Color		**Cubic Capacity**			

Multiple Documents Upload

Upload Multiple Documents

File Name **Action**

Surveyor Job Remarks

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Thursday, 4 January, 2018 11:17 AM
To: 'Claim Workflow System'
Cc: SITHARA@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17011065MFSH/1, YN 3528E
Attachments: YN 3528E PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle YN 3528E
Date of survey: 3/1/2018
Number of days:4 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: Wednesday, 3 January, 2018 11:26 AM
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 - D17011065MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

"WISHES YOU A HAPPY NEW YEAR 2018"

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

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

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

From: Claim Workflow System [mailto:cwsmotorclaims@first-insurance.com.sg]
Sent: Wednesday, 3 January, 2018 10:03 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; SITHARA@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17011065MFSH/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.

LVK 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: D17011065MFSH
Our ref: CS/FCI17024693/Uvb

DATE: 4/1/2018

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

WITHOUT PREJUDICE

Dear Sir/Madam

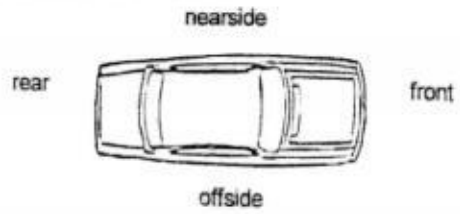
INITIAL INSPECTION REPORT OF VEHICLE NO. YN 3528E

We thank for your instruction on 3/1/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on vehicle on 3/1/2018 at the premises of M/s LIU'S BROTHER AUTO WORKSHOP and have the following to report:-

Workshop Estimate Amount	: S$3,700.00
Revised Estimate Amount	: S$1,800.00 (LUMP SUM)
"Check" Items Amount	:S$
Market Value	: S$
LTA Reimbursement Value	: S$
Nett Value	: S$

Description of Damage:
The vehicle sustained damages at the o/s body



Comments/Present Status:
Damages Consistent

Yours faithfully,

MARCUS CHUA
Licensed Appraiser

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3585C
Vehicle Details	
Vehicle No.:	YN3528E
Vehicle to be Exported:	No
Intended De-registration Date:	29 Dec 2017
Vehicle Make:	HINO
Vehicle Model:	XZU700R 4.0L MANUAL TURBO ABS 5T
Primary Colour:	White
Manufacturing Year:	2012
Engine No.:	N04CUV14015
Chassis No.:	JHHTCP3H70K001548
Maximum Power Output:	-
Open Market Value:	$32,281.00
Original Registration Date:	20 Feb 2013
First Registration Date:	20 Feb 2013
Transfer Count:	0
Actual ARF Paid:	$1,615.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	19 Feb 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$60,000.00
COE Rebate Amount:	$30,871.00
Total Rebate Amount:	**$30,871.00**

The information contained herein is correct as at 29 Dec 2017

OK

Land Transport Authority

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

Print Date/Time : 27 Dec 2017 / 17:50:13
Receipt Date/Time : 27 Dec 2017 / 17:50:13

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171227-002119
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 - SHB3501X As at 28 Nov 2017/12:35:00 Insurance Co: FIRST CAPITAL INS LTD			
1	Insurance Enquiry - SHB3501X Enquiry Fee 20171227174908278434	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: 53291793J . Tel: 6741-1730 / 731 . Fax: 6744-5746 Email: liusbro@gmail.com

Invoice/Ref No: YN3528E171128

Estimate

Customer

Name: First Capital Insurance Limited

Address: Motor Claims Department

36 Robinson Road #16-01

City House Singapore 068877

Date: 29-12-17

Vehicle No: YN3528E

Model/Make: Hino XZU700R 4.0L Manual Turbo ABS 5T

Item No.	Descriptions Of Parts	Original Quotation / Estimation		Revised Quotation / Cost Of Repair
1	**Rear Rh** Wheel Fender Bent/warped	$ 480.00	SN	✓
2	Freezer Box Side Lower Panel "	$ 600.00	SN	✗
3	Tail Lamp " "	$ 270.00	✗	
4	"Corporate" Advertisement Sticker "	$ 800.00	SN	680 S.H
	To check all wiring & electrical component for proper function "	$ 50.00	✗	
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etcs	$ 900.00	–	600
	To putty & spray painting & including touch up paint on accident affected area	$ 600.00	–	520

Total Parts & Labour of estimate for damaged vehicle | $ 3,700.00

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

SDLS:

Not Authorised [illegible]

1/5 # 1800

4 day

[illegible] [illegible] repair

Liu's Brother Auto Engineering Workshop

M/s Liu's Brother Auto Engrg Wks

2250

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:

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

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref : CS/FCI17024693/Uvbn2

Date : 09-01-2018

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHB 3501X	**Veh. Inspected**	YN 3528E
	Policy No.	D-15072702MFSH	**Coverage ($)**	0.00
	Claim No.	D17011065MFSH	**Excess ($)**	0.00
	Assign From	SITHARA	**Assign Date**	03/01/2018

2. Vehicle Particulars & Condition

	Make & Model	HINO (M)	**c.c**	4009
	Engine No.	HIDDEN	**Year of Reg.**	2013
	Chassis No.	JHHTCP3H70K001548	**Colour**	WHITE
	Odometer	178686	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	NIL
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	7.00 R16	TRIANGLE	6 mm
	L/H Front Tyre	7.00 R16	TRIANGLE	6 mm
	R/H Rear Tyre	7.00 R16 (D)	TRIANGLE	6/6 mm
	L/H Rear Tyre	7.00 R16 (D)	TRIANGLE	6/6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	28/11/2017	**Inspection Date**	03/01/2018
	Survey held at	LIU'S BROTHER AUTO WORK SHOP 1 KAKI BUKIT AVENUE 6 #01-01 AUTO BAY @ KAKI BUKIT SINGAPORE 417883		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **4 Working Days**

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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YN 3528E

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	REAR RH WHEEL FENDER (SN)	BENT / WARPED	480.00	480.00
1	REAR RH FREEZER BOX SIDE LOWER PANEL (SN)	TO REPAIR SEE LABOUR	600.00	-
1	REAR RH TAIL LAMP (SN)	NOT NECESSARY	270.00	-
1	REAR RH "CORPORATE" ADVERTISEMENT STICKER (SN)	NECESSARY	800.00	650.00
			2,150.00	1,130.00
	LABOUR			
	TO CHECK ALL WIRING & ELECTRICAL COMPONENT FOR PROPER FUNCTION.	NOT NECESSARY	50.00	-
	LABOUR FOR PANEL BEATING,CUT,WELD,STRAIGHTEN & REPLACING PARTS ETCS.INCLUSIVE OF THE REPAIR OF REAR RH FREEZER BOX SIDE LOWER PANEL.		900.00	600.00
	TO PUTTY & SPRAY PAINTING & INCLUDING TOUCH UP PAINT ON ACCIDENT AFFECTED AREA.		600.00	520.00
			1,550.00	1,120.00
	GRAND TOTAL		**3,700.00**	**2,250.00**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**1,800.00**

Report Ref No. CS/FCI17024693/Uvbn2

CHUA KANG SENG

Licensed Appraiser