

Form No:

ASS. REC. BOM

REF: CS/FCI18000735/T1 qd302

CWS

Tau Hieh

ASSIGNMENT (Office)

From Person:

Aung Yin Ming

FCI

Date/Time:

11/01/18 @ 6:28pm

Estimated Cost:

Bill to:

OD / HP / WS / TP RES / OD RES / EVA / ENV / MY / CS

To Inspect Vehicle No:

SKH 9666Y

Insured:

SHC 7255A

at Workshop n/s:

Cheng Auto Bodyworks

Tel:

66310707

at 5 soon lee street #01-60 pioneer

Policy No:

Claim No:

D17011612 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A:

15/12/2017

15/01/18 @ After 11am

MOD Endorsement:

CA / REV / REP. / REV 24 HRS

'wp'

Date/Time: 9:03am @ 12/01/18

Person Contacted:

Michael

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SKH 9666Y - X

SHC 7255A - CS/FCI13023462/Dqb

D.O.A: 05/12/2017

17/1/18 @ 3:11pm revised to Aung Yin min by email.

Tanpin

FCI

15/01/2018

SKH 9666Y

2009 Dec

Estimated Cost

TP / WS / TP RES / CO RES / EVAL / INV / MV

SKH 9666Y
Cheng Auto Bodyworks
5 Soon Lee Street #01-60 Pioneer

Insured

Policy No

Damage No

Sum Insured

Excess

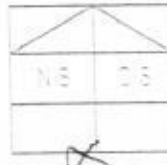
Clients Record

After 11am

Mixed / Item

Policy Condition

Remark: The veh had commenced its repair at the time of inspection



Sal or Market Value

Q10 Accident Report Consistent? Yes or No

Q11 PP Cash Consistent? Yes or No

Ben Record 3 days Yes Yes or No

Lim Sum 3 days Yes Yes or No

Q12 REV / REP / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

Value XC 60

2953

Silva

81422

yVIDZ99S6A2065950

Gen Cons / Fair / Poor / Burnt

Steering / Locked / Jammed / Burnt

Brake / Locked / Jammed / Burnt

Mod N/A / STD A / Rim

Tyre Size

235/50R18

BS / DUN / EXNOVA / GR / FS / LIZA / MITS / OHTSU / RIR / SUM

TOYO / YOKO or

Front

R/R

6

L/R

6

Q13A

Survey Report

Cheng Auto

Q14 Damages / Fee / DS / NS / UO / Roofline

The UO / Chassis frame / Body Structure affected due to collision

Date / Time / Action / Inspector

Used 3683A3, 612) 45\$2400, 3 days - email to w/s.

RECEIVED 17 MAY 2018

One Time Ref Pass of



Prelim Report

Final Report

Days Of Repair

3

Resurvey / No of Trip

1

Add Fee



Site Fee

Phone

Travel

Food

Other

Survey Fee

Transport

Subsidiary

Phone

Travel

Food

Other

145

50

50

35

280

Record / Photo

Photo / Video

TP

2400




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/FCI18000735/T1qd3		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 12-01-2018		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7255A	Veh. Inspected	SKH 9666Y	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17011612MFSH	Excess (\$)	0.00	
Assign From	CWS (AUNG YIN MING)	Assign Date	12/01/2018	
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	15/12/2017	Inspection Date		
Survey held at	5 SOON LEE STREET #01-60			
Repairer	CHENG AUTO BODYWORKS			
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	18-12-2017	Our Ref No. D17011612MFSH
Accident Date	15-12-2017	Claim Type. Third Party
Insured Vehicle	SHC7255A	Third Party Vehicle. SKH9666Y
Survey Location	5 SOON LEE STREET #01-60 PIONEER POINT	
Contact Person.	NA	Fax No. 63162431
Contact No.	66310707/ 86667775	
Survey Type	DIRECT SETTLEMENT:	
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	CHENG AUTO BODYWORKS	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/232048)



PRI Documents



Close



PRI Header Details

Claim No	D17011612MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & CHENG AI
Workshop Name	CHENG AUTO BODYWORKS (Contact Person : NA)	Survey Location & Contact Details	5 SOON LEE STREET #01-60 PIONEER POINT Mobile: 86667775 , Phone: 66310707 , Fax: 6316243 EmailId: CLAIMS@CHENGAUTO.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	DIRECT SETTLEMENT:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7255A	TP Vehicle No	SKH9666Y
PRI Recieved Date	11-01-2018 06:41:51 PM	Surveyor Appointed Date	11-01-2018 06:27:37 PM	Surveyor Accept Date	12-01-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	12-01-2018	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	<input type="text"/>	<input type="button" value="Save"/>
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Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 17 January 2018 3:11 PM
To: 'Claim Workflow System'; assignments
Cc: AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17011612MFSH/1
Attachments: CSFCI18000735T1qd3.pdf

Dear Yin Min,

Enclosed herewith preliminary advice of SKH 9666Y.

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: Friday, 12 January 2018 9:06 AM
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 - D17011612MFSH/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: Thursday, 11 January 2018 6:27 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; AUNGYINMIN@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17011612MFSH/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



Auto
Consultants
Pte Ltd

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

Your Ref: D17011612MFSH

Date: 17 January 2018

Our Ref: CS/FCI18000735/T1qd3

The Motor Claims Department
First Capital Insurance Ltd

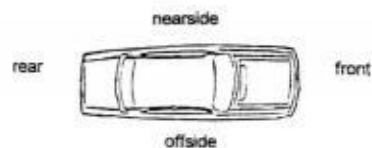
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SKH 9666Y.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 15/01/2018 at the premises of M/s CHENG AUTO BODYWORKS, and have the following to report:-

Workshop Estimate Amount	: S\$ 6,083.93 .
Revised Estimate Amount	: S\$ 2,991.47 .
"Check" Items Amount	: S\$ 892.80 .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:
The vehicle sustained damages
at the rear portion.



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 06/01/2018 13:37
Date Of Accident 15/12/2017 18:30
Exact Location Of Accident CTE TWDS CITY BEFORE BALESTIER FLYOVER NEAR EXIT 7
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH9666Y
Insured/Policyholder
Name Of Registered Owner ABRAHAM CHONG KUM LUNG
NRIC No S7610183C
Email Address CONTACT@ABECHONG.COM
Mobile Phone No (LOCAL) +65-96581125
Alternative Phone No OFFICE-96581125

Vehicle Particulars

Manufacturer VOLVO
Model XC60-3.0 T6 3.0L (A)

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 PRIVATE CAR

Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number DMPCSN3040381703
Cover Note Number

Driver

Name of Driver ABRAHAM CHONG KUM LUNG
NRIC No S7610183C
Date Of Birth 09/04/1976
Occupation INDOOR
Date Of Driving Pass 05/11/2009
Driving Experience 8 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-96581125
Fax Number
Contact Number OFFICE-96581125
Email Address CONTACT@ABECHONG.COM

Address

33A WEST COAST PARK #09-41

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? 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) 2

Passenger 1 NAME: : TONG TIEN NING

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CLEMENTI N.P.C

Police Station Address ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

On the 15/12/17 at 1803Hrs I was travelling along CTE, vehicle C(SLP6519E) came to a stop due to a jam 15/12/17 causing my car's automatic braking system to engage thus abrupt stopping causing vehicle B (SHC7255A) to bang into the rear of my vehicle and thus making a slight nudge to vehicle C. All passengers and drivers were fine. No one was injured and vehicles suffered very minor damages.

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 SHC7255A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver HENG WAH KOH

NRIC/Passport Number S7539066A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SPL6519E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOK FOOK LOKE

NRIC/Passport Number

S0182676Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident 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 Authorised 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 repeal 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.

B. 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/Pass No.:



Accident Sketch Plan

Date of Accident: 15/12/17

SKETCH PLAN

A : SKH 9666Y
B : SHC 7255A
C : SLP 6519E

(B) * (A) * (C)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 15/12/17 at 1803Hrs I was travelling along CTE, vehicle C(SLP6519E) came to a stop due to a jam causing my car's automatic braking system to engage thus abrupt stopping causing vehicle B (SHC7255A) to bang into the rear of my vehicle and thus making a slight nudge to vehicle C. All passengers and drivers were fine. No one was injured and vehicles suffered very minor damages.

- ☐ Own Damage Claim
☒ Third Party Claim
☐ OD/TP Claim at another workshop : _____
☐ Reporting Only

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRIC/PIN No.:



REPAIR DETAILS			
REFERENCE			
Vehicle Reg No.	: SKH9666Y		
Make & Model	: VOLVO	XC60 T6 3.0L AT ABS D/AB HID 4WD 5DR TC	
Chassis No.	: YV1DZ9956A2065950		
Engine No.	: B6304T18080923593		
Year of Manufacture	: 2009		
Labour	: REPAIRER'S		
TP Vehicle Reg No.	: SHC7255A		
DOA & Location	: 15/12/2017	CTE TWDS CITY BEFORE BALESTIER FLYOVER NEAR E	
Our Ref	: SKH9666Y	ABRAHAM CHONG KUM LUNG	

ESTIMATES ON PARTS

No.	Qty	Particulars	Part No.	Price
1	1	REAR BUMPER		\$ 1,556.30 cat
2	1	REAR BUMPER SPOILER COVER		\$ 545.70 cat
3	2	REAR SENSOR		\$ 992.00 ? xnn
4	1	STEP GARNISH		\$ 296.30 cat
5	1	R/R BUMPER RETAINER		\$ 63.70 xnn
6	1	L/R BUMPER RETAINER		\$ 63.70 xnn
7	10	BUMPER CLIPS		\$ 70.00 rec
Sub-Total			(S\$) \$	3,587.70 2468.30
SAAA List Item Discount 10%			(S\$) \$	358.77
Total Parts			(S\$) \$	3,228.93 2221.47

LABOUR

No.	Particulars	Amount
1	LABOUR	\$ 1,200.00 300
2	SPRAYPAINTING	\$ 1,200.00 400
3	REMOVE & REFIT REAR END PANEL LINING & GARNISH TO FACILITATE REPAIR	\$ 100.00 40
4	REMOVE & REPLACE BUMPER SENSOR	\$ 150.00 30
5	REMOVE & REPLACE EXHAUST PIPE/SYSTEM TO FACILITATE REPAIR	\$ 160.00 xnn
Total Labour		(S\$) \$ 2,810.00 770

MISCELLANEOUS ITEMS

No.	Particulars	Amount
1	NO. PLATE W/ COVER	\$ 45.00 pnn
Total Miscellaneous Items		(S\$) \$ 45.00

Total Parts	(S\$) \$	3,228.93
Total Labour	(S\$) \$	2,810.00
Total Miscellaneous	(S\$) \$	45.00
Total	(S\$) \$	6,083.93

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:

(Signature)
18/11/18

Tanjin 974 98749
15/11/2018

Lumpsum 3 days
Resurvey after repair
sure (Kuantan)

2991.45
4/5/2400
3day

REPAIR DETAILS
REFERENCE

Vehicle Reg No. : SKH9666Y
 Make & Model : VOLVO XC60 T6 3.0L AT ABS D/AB HID 4WD 5DR TC
 Chassis No. : YV1D29956A2065950
 Engine No. : B6304T18080923593
 Year of Manufacture : 2009
 Labour : REPAIRER'S
 TP Vehicle Reg No. : SHC7255A
 DOA & Location : 15/12/2017 CTE TWDS CITY BEFORE BALESTIER FLYOVER NEAR E
 Our Ref : SKH9666Y ABRAHAM CHONG KUM LUNG

ESTIMATES ON PARTS

No.	Qty	Particulars	Part No.	Price
1	1	REAR BUMPER		\$ 1,556.30
2	1	REAR BUMPER SPOILER COVER		\$ 545.70
3	4	REAR SENSOR		
4	1	STEP CUSHION		\$ 296.30
5	1	R/R BUMPER RETAINER		
6	1	L/R BUMPER RETAINER		
7	10	BUMPER CLIPS		\$ 70.00

Sub-Total (\$\$) \$ 2,468.30
 SAAA List Item Discount 10% (\$\$) \$ 246.83
Total Parts (\$\$) \$ 2,221.47

LABOUR

No.	Particulars	Amount
1	LABOUR	\$ 300.00
2	SPRAYPAINTING	\$ 400.00
3	REMOVE & REFIT REAR END PANEL LINING & GARNISH TO FACILITATE REPAIR	\$ 40.00
4	REMOVE & REPLACE BUMPER SENSOR	\$ 30.00
5	REMOVE & REPLACE EXHAUST PIPE/SYSTEM TO FACILITATE REPAIR	

Total Labour (\$\$) \$ 770.00

MISCELLANEOUS ITEMS

No.	Particulars	Amount
1	NO. PLAT	

Total Miscellaneous Items (\$\$) \$ -


Total Parts (\$\$) \$ 2,221.47
 Total Labour (\$\$) \$ 770.00
Total (\$\$) \$ 2,991.47
 Lumpsum 20% (\$\$) \$ 598.29
Grand Total (\$\$) \$ 2,393.18

**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/FCI18000735/T1qd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 17-05-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7255A	Veh. Inspected	SKH 9666Y	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17011612MFSH	Excess (\$)	0.00	
Assign From	AUNG YIN MING	Assign Date	11/01/2018	
2. Vehicle Particulars & Condition				
Make & Model	VOLVO XC60	c.c	2953	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	YV1DZ9956A2065950	Colour	SILVER	
Odometer	81422	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	235/50 R18	MICHELIN	6 mm	
L/H Front Tyre	235/50 R18	MICHELIN	6 mm	
R/H Rear Tyre	235/50 R18	MICHELIN	6 mm	
L/H Rear Tyre	235/50 R18	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	15/12/2017	Inspection Date	15/01/2018	
Survey held at	5 SOON LEE STREET #01-60 PIONEER			
Repairer	CHENG AUTO BODYWORKS			
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:		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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKH 9666Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CUT	1,556.30	1,556.30
1	REAR BUMPER SPOILER COVER	CUT	545.70	545.70
4	REAR SENSOR	NOT NECESSARY	992.00	-
1	STEP GARNISH	CUT	296.30	296.30
1	R/R BUMPER RETAINER	NOT NECESSARY	63.70	-
1	L/R BUMPER RETAINER	NOT NECESSARY	63.70	-
10	BUMPER CLIPS	NECESSARY	70.00	70.00
	LESS 10% DISCOUNT		-358.77	-246.83
			3,228.93	2,221.47
<u>SPECIAL NETT ITEMS</u>				
1	NO. PLATE W/COVER (SN)	NOT NECESSARY	45.00	-
			45.00	-
<u>LABOUR</u>				
	LABOUR.		1,200.00	300.00
	SPRAY PAINTING.		1,200.00	400.00
	REMOVE & REFIT REAR END PANEL LINING & GARNISH TO FACILITATE REPAIR.		100.00	40.00
	REMOVE & REPLACE BUMPER SENSOR.		150.00	30.00
	REMOVE & REPLACE EXHAUST PIPE / SYSTEM TO FACILITATE REPAIR.	NOT NECESSARY	160.00	-
			2,810.00	770.00
GRAND TOTAL			6,083.93	2,991.47
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,400.00

Report Ref No. CS/FC18000735/T1qd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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