

W/100  
ASSIGNMENT

REF: CS/FCI18001374/4vd302

CWS- Marcus

ASSIGNMENT/OTHER

Trainer Name: Lurene Jaw

FCI

6:31pm @ 22/1/18

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

OD: ① TWS / TRES / OD RES / IVA / DN / MV / CS

To Inspect Vehicle No: GBF9659K

SHA 9208J

to Working on: LBA Automotive

65095521

at: 1kaki Bkt Ave 6 #02-47 Autobay

Policy No: \_\_\_\_\_

D18000479MFSH

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

Make of Vch: \_\_\_\_\_

02/01/2018

CA / REV / REP. / REV 24 HRS 'w/p

Date Time: 909am @ 23/1/18

Person Examined:

Karen

①

Date Time: \_\_\_\_\_

Action Required: ☒ ☐ ☐

GBF9659K-X

SHA9208J-X

24/1/18 Email preli revised to FCI

(08/11/13) wel

ASS. REC. BY: Marcus

REF:

701/**ASSIGNMENT**

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

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

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

To Inspect Vehicle No: GBF9659Kat Workshop m/s LBA

of \_\_\_\_\_

Insured: SH992087

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 Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: 9

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

LB50

Vehicle: IN / OUT

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

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

Veh No: GBF9659KYr Regn: 4, 17

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

Truck / Trailer or (M)Make: Nissan urbanc.c 2488Colour: (blue)

A/C: Insured / Std / NI / NA

Sp. Reading: 16443

T/Radio: Insured / Std / NI / NA

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

C/No: JN1MC2E2620007642

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / 8/Rim / STD A/Rim or

Tyre Size: F: 195 215

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

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 7

mm

R/Bal. 7

mm

L/Bal. 7

mm

L/Bal. 7

mm

D.O.A. 21/1/18D.O.I. 23/1/18

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

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

o/s Rpt.

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

Date / Time

Action / Instruction

25/1/18 Turbo-caster 82121-60 S.N  
confirmed d/s 8 4600 w/c Keren (Red 4540-72, 5010)

RECEIVED JAN 2018

Date/Time. File Pass to? ☐

: Preli. Report

1)

☐

: Final Report

Date/Time. File Return to?

2)

25/1- typistDays Of Repair: 4Resurvey No. of Trip: 1Survey Fee: 170Transportation: 50) S + RS. SI 50+50) Photos 58

) Others \_\_\_\_\_

TOTAL

378Report Format: CWSLump Sum / I.B.I. (\$) 4600/-Add Fee: ☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech. Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

## Survey Department Check List (Case Handler)

Reference No.: CS/FCI18001374/UY03  
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	✓			
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### (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 25/11/18  
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/FCI18001374/Uvd3

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 23-01-2018



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 9208J	Veh. Inspected	GBF 9659K
Policy No.		Coverage (\$)	0.00
Claim No.	D1800479MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	23/01/2018

## 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

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## 5. General Information

Engine No.	HIDDEN	Accident Date	02/01/2018	Inspection Date	23/01/2018
Survey held at	LBA AUTOMOTIVE PTE. LTD. 1 KAKI BUKIT AVENUE 6 #02-47 AUTOBAY 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.
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# First Capital Insurance Limited

A FAIRFAX Company

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

## MOTOR SURVEY ASSIGNMENT

Date	17-01-2018	Our Ref No. D18000479MFSH
Accident Date	02-01-2018	Claim Type. Third Party
Insured Vehicle	SHA9208J	Third Party Vehicle. GBF9659K
Survey Location	1 KAKI BUKIT AVE 6 #02-47 AUTOBAY	
Contact Person.	MS KAREN	
Contact No.	65095521/ 0	Fax No. 65095523
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	LBA AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

## 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/233889)



PRI Documents



Close



## PRI Header Details

Claim No	D18000479MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & LBA AUTC
Workshop Name	LBA AUTOMOTIVE PTE LTD (Contact Person : MS KAREN)	Survey Location & Contact Details	1 KAKI BUKIT AVE 6 #02-47 AUTOBAY Mobile: 0 , Phone: 65095521 , Fax: 65095523 EmailId: LBAAUTOMOTIVE@HOTMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA9208J	TP Vehicle No	GBF9659K
PRI Recieved Date	22-01-2018 05:35:58 PM	Surveyor Appointed Date	22-01-2018 06:30:01 PM	Surveyor Accept Date	23-01-2018 0

## Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	23-01-2018	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

## Veron Chen (LKKAuto)

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**From:** Veron Chen (LKKAuto)  
**Sent:** Wednesday, 24 January 2018 8:28 AM  
**To:** 'Claim Workflow System'  
**Cc:** LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18000479MFSH/1, GBF 9659K  
**Attachments:** GBF 9659K PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle GBF 9659K  
Date of survey: 23/1/2018  
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:** Tuesday, 23 January 2018 9:11 AM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18000479MFSH/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](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@msfirstcapital.com.sg>]  
**Sent:** Monday, 22 January 2018 6:31 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [LURENEJAW@MSFIRSTCAPITAL.COM.SG](mailto:LURENEJAW@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18000479MFSH/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: D18000479MFSH  
Our ref: CS/FCI18001374/Uvd3

DATE: 24/1/2018

The Motor Claims Department  
M/s FIRST CAPITAL INSURANCE LTD

WITHOUT PREJUDICE

Dear Sir/Madam

**INITIAL INSPECTION REPORT OF VEHICLE NO. GBF 9659K**

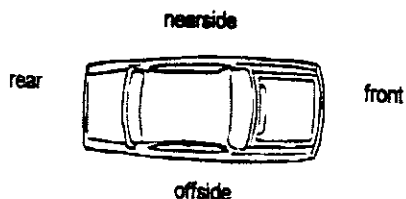
We thank for your instruction on 22/1/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on vehicle on 23/1/2018 at the premises of M/s LBA AUTOMOTIVE PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$9,140.72
Revised Estimate Amount	: S\$6,026.54
"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

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 5655D

### Vehicle Details

Vehicle No.: GBF9659K

Vehicle to be Exported: No

Intended De-registration  
Date: 23 Jan 2018

Vehicle Make: NISSAN

Vehicle Model: NV350 PANEL VAN 2.5  
5AT 5DR EURO V

Primary Colour: Grey

Manufacturing Year: 2016

Engine No.: YD25414576A

Chassis No.: JN1MC2E26Z0007842

Maximum Power Output: -

Open Market Value: \$25,460.00

Original Registration Date: 21 Apr 2017

First Registration Date: 21 Apr 2017

Transfer Count: 0

Actual ARF Paid: \$1,273.00

### Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry  
Date: -

PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 20 Apr 2027

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

PQP Paid: \$27,099.00

COE Rebate Amount: \$25,049.00

**Total Rebate Amount: \$25,049.00**

The information contained herein is correct as at 23 Jan 2018

OK

MSME18001411 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 03/01/2018 14:43  
 SUBMITTED BY: Chia Pei Ying

## 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	03/01/2018 14:43
Date Of Accident	02/01/2018 16:40
Exact Location Of Accident	TOA PAYOH NORTH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9659K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RICOOL ENGINEERNG PTE LTD
Co Reg No	199905655D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97331415
Alternative Phone No	OFFICE-97331415

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MU005288-R00
Cover Note Number	

### Driver

Name of Driver	LEONG KOOI CHEE
NRIC No	S2607858Z
Date Of Birth	26/11/1965
Occupation	INDOOR
Date Of Driving Pass	13/07/1984
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98286065
Fax Number	
Contact Number	
Email Address	NOEMAIL

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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.:

# LBA AUTOMOTIVE PTE.LTD

NO 1 KAKI BUKIT AVE 6 #02-47  
 AUTOBAY SINGAPORE 417883  
 Tel : 6509 5521 / 65095524 Fax : 6509 5523

The Motor Claims Dept.

## FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD

#16-01 CITY HOUSE

SINGAPORE 068877

SHA9208J

## ESTIMATE

DATE : 22.01.2018  
 VEHICLE NO : GBF9659K  
 MAKE/MODEL : NISSAN NV350  
 ACC DATE : 02.01.2018

NOT APPROVED  
 2/5 # 4600/2  
 Today.  
 Take photo After repair  
 23/1/18

PARTICULAR		UNIT PRICE	AMOUNT
QTY		S\$	S\$
1	1 FRT DOOR RH 1015.00	1,115.00	1,115.00
2	1 FRT DOOR TOP HINGE RH	56.10	56.10
3	1 FRT DOOR BOTTOM HINGE RH	56.10	56.10
4	1 FRT DOOR CHECKER RH	40.00	40.00
5	1 FRT STEP GARNISH	58.70	58.70
6	1 FRT BUMPER 514.70	520.70	520.70
7	1 FRT BUMPER FOG LAMP RH	311.80	311.80
8	1 FRT BUMPER FOG LAMP COVER RH	107.80	107.80
9	1 FRT BUMPER BEAM	630.00	630.00
10	1 FRT BUMPER BRACKET RH	104.70	104.70
11	1 FRT BUMPER SIDE HOLDER	147.00	147.00
12	1 FRT CORNER PANEL	477.70	477.70
13	1 FRT HEADLAMP	408.00	408.00
14	1 TURBO COOLER 2121.60	2,321.60	2,321.60
15	1 TURBO COOLER HOSE	545.60	545.60
			6,900.80
		LESS 10%	690.08
			6,210.72

4684.6  
 4216.44

## SPECIAL NETT ITEMS

1	1 DOOR STICKER	20.00	20.00
2	1 (SET) FRT BUMPER CLIP	45.00	45.00
3	1 (SET) FRT STEP GARNISH CLIP	35.00	35.00
			80.00

## LABOUR CHARGES :

1	TO KNOCK OUT DENT AND REPLACE ACCIDENT PARTS	600	1,400.00
2	TO SPRAY PAINTING ON ACCIDENT PORTION	700	1,000.00
3	TO CHECK WIRING	30	30.00
4	TO TRANSFER DOOR PARTS	160	180.00
5	TO REMOVE, REPLACE TURBO COOLER	50	180.00
6	TO TUFF KOTE	30	60.00

TOTAL: 2,850.00

5751.14

I, the undersigned, hereby 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

ESTIMATE PARTS AND LABOUR GRAND TOTAL : \$ 9,140.72

9160.72




# 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/FCI18001374/Uvd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 29-01-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHA 9208J	Veh. Inspected	GBF 9659K	
Policy No.	D-18088937MFSH	Coverage (\$)	0.00	
Claim No.	D18000479MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	22/01/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	NISSAN URVAN (M)	c.c	2488	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JN1MC2E26Z0007842	Colour	GREY	
Odometer	16443	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	DUNLOP	7 mm	
L/H Front Tyre	195 R15	DUNLOP	7 mm	
R/H Rear Tyre	195 R15	DUNLOP	7 mm	
L/H Rear Tyre	195 R15	DUNLOP	7 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	02/01/2018	Inspection Date	23/01/2018	
Survey held at	LBA AUTOMOTIVE PTE. LTD. 1 KAKI BUKIT AVENUE 6 #02-47 AUTOBAY 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:		4 Working Days		



# LKK Auto Consultants Pte Ltd

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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBF 9659K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRT DOOR RH	DENTED / BENT	1,115.00	1,015.00
1	FRT DOOR TOP HINGE RH	TO REPAIR SEE LABOUR	56.10	-
1	FRT DOOR BOTTOM HINGE RH	TO REPAIR SEE LABOUR	56.10	-
1	FRT DOOR CHECKER RH	NOT NECESSARY	40.00	-
1	FRT STEP GARNISH	DENTED / DEFORMED	58.70	58.70
1	FRT BUMPER	TORN	520.70	514.70
1	FRT BUMPER FOG LAMP RH	BROKEN	311.80	311.80
1	FRT BUMPER FOG LAMP COVER RH	TORN	107.80	107.80
1	FRT BUMPER BEAM	TO REPAIR SEE LABOUR	630.00	-
1	FRT BUMPER BRACKET RH	NOT NECESSARY	104.70	-
1	FRT BUMPER SIDE HOLDER	BENT	147.00	147.00
1	FRT CORNER PANEL	TO REPAIR SEE LABOUR	477.70	-
1	FRT HEADLAMP	BROKEN	408.00	408.00
1	TURBO COOLER	DENTED / PUNCTURE	2,321.60	2,121.60
1	TURBO COOLER HOSE	NOT NECESSARY	545.60	-
	LESS 10% DISCOUNT		-690.08	-468.46
			6,210.72	4,216.14
<b><u>SPECIAL NETT ITEMS</u></b>				
1	DOOR STICKER (SN)	NECESSARY	20.00	20.00
1	SET FRT BUMPER CLIP (SN)	NECESSARY	45.00	45.00
1	SET FRT STEP GARNISH CLIP (SN)	NOT NECESSARY	35.00	-
			100.00	65.00
<b><u>LABOUR</u></b>				
	TO KNOCK OUT DENT AND REPLACE ACCIDENT PARTS. INCLUSIVE OF THE REPAIR OF FRT DOOR TOP HINGE RH, FRT DOOR BOTTOM HINGE RH AND FRT BUMPER BEAM.		1,400.00	600.00

Report Ref No. CS/FCI18001374/Uvd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO SPRAY PAINTING ON ACCIDENT PORTION.		1,000.00	700.00
	TO CHECK WIRING.		30.00	30.00
	TO TRANSFER DOOR PARTS.		180.00	60.00
	TO REMOVE, REPLACE TURBO COOLER.		180.00	50.00
	TO TUFF KOTE.		60.00	30.00
			2,850.00	1,470.00
GRAND TOTAL			9,160.72	5,751.14
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,600.00

Report Ref No. CS/FCI18001374/Uvd3e2

CHUA KANG SENG

Licensed Appraiser

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