ASS. REC. BY: | REF: CS/FCI18001698/LWB | Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): CWS Joanne Yong of FCI Date/Time: 30012018 9:38am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: YN 9878E Insured: SHA 7497D

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

of: Blk 1 Kaki Bukit Ave 6 #01-01

Policy No: Claim No: D1901134 3MPCH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 07122017

CA / REV / REP. / REV 24 HRS / DS

Date/Time: 30012018 Person Contacted: Susan H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	YN 9878E - X
	SHA 7497D - CS/FCI18001281/LWB 2nd
30/1/18	Email preli revised to FCI

(08/11/13) wef

ASS. REC. BY: Marcus

REF: FC/1

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: YN 9878C

at Workshop m/s Lin's Bro

of

Insured: SHA 7497D

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 Rport: Consistent? : Yes or No

GA / PR Seen: Y Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: YN 9878C Yr Regn: 10 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A7

Make: M.F center c.c 2998

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

Sp.Reading 92139 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FEB21EA 10502

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65-R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6/6 mm
L/Bal.	6 mm	L/Bal.	6/6 mm
D.O.A.	7/1/17	D.O.I.	30/1/18

Survey held at

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

MS RH, MS Body

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

Date / Time	Action / Instruction
31/1/18	Confirmed L/S # 3200 w/ Susan (Rad 4356.60, 5790

RECEIVED 31 JAN 2018

Date/Time, File Pass to? 1) : Preli. Report : Final Report

Date/Time, File Return to? 2) 31/1 typist

Days Of Repair: 3

Resurvey No. of Trip: —

Add Fee: Site Insp ($) Interview ($) Tech. Invs ($) Weekend ($)

Report Format : CWS

Lump Sum / I.B.I: ($ 3200/2)

Survey Fee	150
Transportation	50
___S + RS___SI	
Photos	47
Others	
TOTAL	247

Survey Department Check List (Case Handler)

Reference No. : CS/FCI/800/698/Uvb
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) 31/1/18 (Date)

21/05/201

*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/FCI18001698/Uvb

Date : 29-01-2018

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHA 7497D	Veh. Inspected	YN 9878E
	Policy No.		Coverage ($)	0.00
	Claim No.	D17011343MFSH	Excess ($)	0.00
	Assign From	CWS (JOANNE YONG)	Assign Date	29/01/2018

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	07/12/2017	Inspection Date	29/01/2018
	Survey held at	LIU'S BROTHER AUTO ENGINEERING WORKSHOP 1 KAKI BUKIT AVENUE 6 #01-01 AUTOBAY @ 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	08-12-2017	**Our Ref No.**	D17011343MFSH
Accident Date	07-12-2017	**Claim Type.**	Third Party
Insured Vehicle	SHA7497D	**Third Party Vehicle.**	YN9878E
Survey Location	1 KAKI BUKIT AVENUE 6 #01-01AUTOBAY @ KAKI BUKIT		
Contact Person.	SUSAN LOW		
Contact No.	67411730/ 0	**Fax No.**	67445746
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	LIU'S BROTHER AUTO ENGINEERING WORKSHOP	**Attention.**	NIL
Cc : TP Solicitor	NA	**TP Solicitor Fax No.**	NA
Officer Incharge	JOANNEY		

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/231628) PRI Documents Close

PRI Header Details

Claim No	D17011343MFSH	**Policy No**	D-15O72701MFSH	**Claimant S.No & Name**	1 & LIL ENGINI
Workshop Name	LIU'S BROTHER AUTO ENGINEERING WORKSHOP (Contact Person : SUSAN LOW)	**Survey Location & Contact Details**	1 KAKI BUKIT AVENUE 6 #01-01AUTOBAY @ K **Mobile:** 0 , **Phone:** 67411730 , **Fax:** 6744574 **EmailId:** LIUSBRO@YMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	WITHOUT PREJUDICE: WE ADMIT LIABILITY Q		
Insured Name	COMFORT TRANSPORTATION PTE LTD	**Insured Vehicle No**	SHA7497D	**TP Vehicle No**	YN987I
PRI Recieved Date	26-01-2018 04:58:16 PM	**Surveyor Appointed Date**	30-01-2018 09:27:32 AM	**Surveyor Accept Date**	30-01-

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	30-01-2018	**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: Tuesday, 30 January 2018 11:53 AM
To: 'Claim Workflow System'
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17011343MFSH/1, YN 9878E
Attachments: YN 9878E PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle YN 9878E
Date of survey: 30/1/2018
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: Tuesday, 30 January 2018 10:30 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17011343MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

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@msfirstcapital.com.sg]
Sent: Tuesday, 30 January, 2018 9:28 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; JOANNEYONG@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17011343MFSH/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
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

LVV 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: D17011343MFSH
Our ref: CS/FCI18001698/Uvb

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

WITHOUT PREJUDICE

Dear Sir/Madam

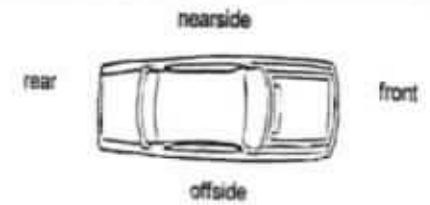
INITIAL INSPECTION REPORT OF VEHICLE NO. YN 9878E

We thank for your instruction on 30/1/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on vehicle on 30/1/2018 at the premises of M/s LIU'S BROTHER AUTO ENGINEERING WORKSHOP and have the following to report:-

Workshop Estimate Amount	: S$7,556.60
Revised Estimate Amount	: S$4,377.93
"Check" Items Amount	:S$
Market Value	: S$
LTA Reimbursement Value	: S$
Nett Value	: S$

Description of Damage:
The vehicle sustained damages at the n/s front portion and n/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.:	YN9878E
Vehicle to be Exported:	No
Intended De-registration Date:	26 Jan 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEB21ER3SDEB (CBU)
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	4P10B83203
Chassis No.:	FEB21EA10502
Maximum Power Output:	-
Open Market Value:	$28,881.00
Original Registration Date:	28 Oct 2015
First Registration Date:	28 Oct 2015
Transfer Count:	0
Actual ARF Paid:	$1,445.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3585C
Vehicle Details	
Vehicle No.:	YN9878E
Vehicle to be Exported:	No
Intended De-registration Date:	29 Jan 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEB21ER3SDEB (CBU)
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	4P10B83203
Chassis No.:	FEB21EA10502
Maximum Power Output:	-
Open Market Value:	$28,881.00
Original Registration Date:	28 Oct 2015
First Registration Date:	28 Oct 2015
Transfer Count:	0
Actual ARF Paid:	$1,445.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Oct 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	$4,800.00
COE Rebate Amount:	$3,716.00
Total Rebate Amount:	**$3,716.00**

The information contained herein is correct as at 29 Jan 2018

OK

Land Transport Authority

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

Print Date/Time : 26 Jan 2018 / 12:10:37
Receipt Date/Time : 26 Jan 2018 / 12:10:37

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180126-000728
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 - SHA7497D As at 12 Dec 2017/10:00:00 Insurance Co: FIRST CAPITAL INS LTD			
1	Insurance Enquiry - SHA7497D Enquiry Fee 20180126120937663599	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		
xxxxxxxxxxx4559	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.

Print Receipt | OK | Save as PDF

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 witholding 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	07/12/2017 15:50
Date Of Accident	07/12/2017 10:00
Exact Location Of Accident	CARPARK OF BLK 762-766 JURONG WEST ST 74 BEHIND GE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9878E

Insured/Policyholder

Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	ISAACNGCL@GOLDBELLCORP.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64942897

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER3SDEB (CBU
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	N.A

Driver

Name of Driver	SHAMSALI BIN SUBEE
NRIC No	S7716302F
Date Of Birth	20/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	02/04/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87499867
Fax Number	
Contact Number	
EMail Address	SHAM7716.SB@GMAIL.COM

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to assist 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 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 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 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 the [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")

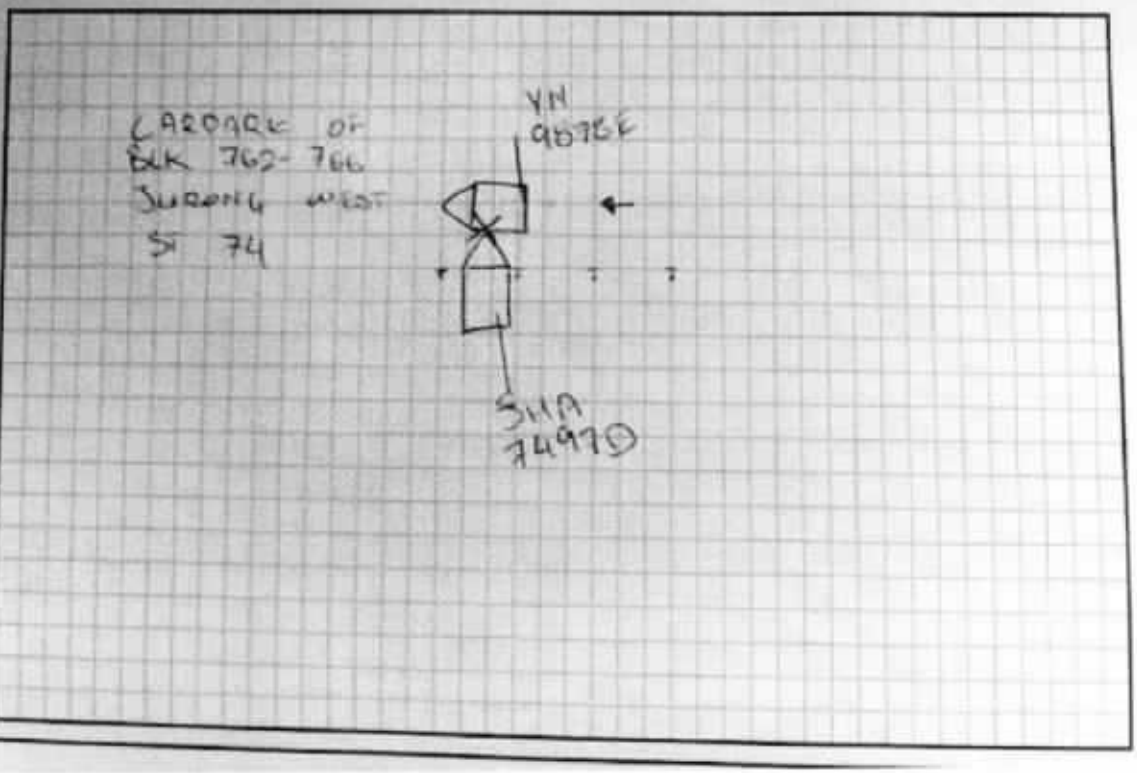
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Muhammad Faizal
Bin Pabila

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



LIU'S BROTHER AUTO ENGINEERING WORKSHOP

Invoice/Ref No: YN9878E171207

Estimate

Customer

Name: First Capital Insurance Limited
Address: Motor Claims Department
36 Robinson Road #16-01
City House Singapore 068877

Date: 26-01-18
Vehicle No: YN9878E
Model/Make: Mitsubishi Canter
FEB21ER3SDEB (CBU)

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	**Front Lh** Bumper Side grind 354.67	$ 375.00	
2	Bumper Side Clip 1 set N/A	$ 40.00	SN
3	Signal Lamp Scr	$ 324.30	
4	Head Lamp N/A	$ 672.70	
5	Side Lamp Scr	$ 259.20	
6	Step Panel Garnish Outer grind 341.70	$ 647.40	
7	Door D/Skin grind 1834.45 (25%)	$ 2,001.50	
8	Door Outer Garnish Lower grind	$ 241.50	
9	Rear Wheel ~~Fender~~ Mudflap N/A N/A	$ 495.00	
10	"Corporate" Advertisement Sticker N/A	$ 600.00	180 SN
	To check all wiring & electrical component for proper function	$ 100.00	20
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etcs	$ 800.00	390
	To putty & spray painting & including touch up paint on accident affecteed areas	$ 800.00	450
	To apply Rust Proofing , reseal tuff-coating treatment on accident area	$ 80.00	30
	To remove, replace and transfer door panel, fitting and mechanisms	$ 120.00	60

Total Parts & Labour of estimate for damaged vehicle	$ 7,556.60	
Total amount in Lump Sum Basis for repaired vehicle		$ -

3857.16
2488.37
6008.37

SDLS:

M/s Liu's Brother Auto Engrg Wks

Not Authorised
Lkh
L/s #3200/-
3 days
Take photo after repair

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/FCI18001698/Uvbe2

Date : 02-02-2018

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHA 7497D	**Veh. Inspected**	YN 9878E
	Policy No.	D-15072701MFSH	**Coverage ($)**	0.00
	Claim No.	D17011343MFSH	**Excess ($)**	0.00
	Assign From	JOANNE YONG	**Assign Date**	30/01/2018

2. Vehicle Particulars & Condition

	Make & Model	MITSUBISHI CANTER (A)	**c.c**	2998
	Engine No.	HIDDEN	**Year of Reg.**	2015
	Chassis No.	FEB21EA10502	**Colour**	YELLOW
	Odometer	92139	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	NIL
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	195/85 R15	YOKOHAMA	6 mm
	L/H Front Tyre	195/85 R15	YOKOHAMA	6 mm
	R/H Rear Tyre	195/85 R15 (D)	YOKOHAMA	6/6 mm
	L/H Rear Tyre	195/85 R15 (D)	YOKOHAMA	6/6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY AND N/S FRONT PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	07/12/2017	**Inspection Date**	30/01/2018
	Survey held at	LIU'S BROTHER AUTO ENGINEERING WORKSHOP 1 KAKI BUKIT AVENUE 6 #01-01 AUTOBAY @ 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: **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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YN 9878E

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT LH BUMPER SIDE	GRAZED	375.00	354.61
1	FRONT LH SIGNAL LAMP	SCRATCHED	324.30	324.30
1	FRONT LH HEAD LAMP	NOT NECESSARY	672.70	-
1	FRONT LH SIDE LAMP	SCRATCHED	259.20	259.20
1	FRONT LH STEP PANEL GARNISH OUTER	GRAZED	647.40	341.70
1	FRONT LH DOOR	DENTED / BENT	2,001.50	1,834.85
1	FRONT LH DOOR OUTER GARNISH LOWER	GRAZED	241.50	241.50
1	REAR WHEEL MUDFLAP N/S	TORN	495.00	495.00
	LESS 25% DISCOUNT		-	-962.79
			5,016.60	2,888.37
	SPECIAL NETT ITEMS			
1	SET FRONT LH BUMPER SIDE CLIP (SN)	NOT NECESSARY	40.00	-
1	FRONT LH "CORPORATE" ADVERTISEMENT STICKER (SN)	NECESSARY	600.00	180.00
			640.00	180.00
	LABOUR			
	TO CHECK ALL WIRING & ELECTRICAL COMPONENT FOR PROPER FUNCTION.		100.00	20.00
	LABOR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN & REPLACING PARTS ETCS.		800.00	380.00
	TO PUTTY & SPRAY PAINTING & INCLUDING TOUCH UP PAINT ON ACCIDENT AFFECTED AREAS.		800.00	450.00
	TO APPLY RUST PROOFING, RESEAL TUFF-COATING TREATMENT ON ACCIDENT AREA.		80.00	30.00
	TO REMOVE, REPLACE AND TRANSFER DOOR PANEL, FITTING AND MECHANISMS.		120.00	60.00
			-	-
			-	-
			1,900.00	940.00
	GRAND TOTAL		**7,556.60**	**4,008.37**

	RECOMMENDED COST OF LUMP SUM REPAIRS			**3,200.00**

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CHUA KANG SENG

Licensed Appraiser