

12/03/2001

ASS. BY:

REF: CS/FCI18002484/R1rd301 Special Instruction:

Surveyor:

(WS)

ASSIGNMENT (Office)

From (Person): Eileen Lee of FCI Date/Time: 7/2/18 @ 9:16am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKR 78572 Insured: SHA 48382

at Workshop m/s Moya Automotive Tel: G2723892

of Blk 1008, Blk Meruh Lane 3 # 01-04

Policy No: Claim No: D18001095MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 03/02/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time: 9:44am @ 7/2/18 Person Contacted: Nitha Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SKR 78572 -x
	SHA 48382 - CS3/FCI17020061/T1bs2 D.O.A: 16/10/17
	Bill
	9616 3377
	Confirm \$1209.70 2 days
	Req: \$1029.00 @ 46%

Surveyor

Pasau

REF:

FCL.

5258B

ASSIGNMENT

From: _____ Date: **28022018**

Estimated Cost: _____

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

To Inspect Vehicle No: **SKR 7857Z**

at Workshop mis: **MORA**

of **Blk 1008 Bukit Meruh Lane 3**

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: _____

IDAO Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SKR 7857Z** Yr Regn: **2015 MTR**

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

Truck / Trailer or

Make: **KIA SORENTO 2.4A** cc: **2359**

Colour: **Brown** A/C: Insured / Std / NI / NA

Sp. Reading: **47519** T. Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KNAPH813MF5043140**

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: **235/55R19**

R: _____

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

TOYO / YOKO or **Hankook**

Front

R/Bal: **6** mm

L/Bal: **6** mm

D.O.A: **03/02/18**

Survey held at: **MORA**

Rear

R/Bal: **6** mm

L/Bal: **6** mm

D.O.I: **28/02/18**

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

N/S FR

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

Date / Time Action / Instruction

Date/Time File Pass to?

1) **typical**

Date/Time File Return to?

2)

Report Format: **1P**

Lump Sum / I.B.I/S **1209.70**

☐ : Preli. Report

☒ : Final Report

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee: ☐ Site Insp /S

☐ Interview /S

☐ Tech. Insp /S

☐ Wee-ang /S

Survey Fee:

Transportation:

_____ S + PR _____ S

Photos

Others

TOTAL:

110

50

50

24

234



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/FCI18002484/R1rd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 07-02-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 4838Z	Veh. Inspected	SKR 7857Z
Policy No.		Coverage (\$)	0.00
Claim No.	D18001095MFSH	Excess (\$)	0.00
Assign From	CWS (EILEEN LEE)	Assign Date	07/02/2018

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	03/02/2018	Inspection Date
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722	

5a. Remarks

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

MOTOR SURVEY ASSIGNMENT

Date	06-02-2018	Our Ref No. D18001095MFSH
Accident Date	03-02-2018	Claim Type. Third Party
Insured Vehicle	SHA4838Z	Third Party Vehicle. SKR7857Z
Survey Location	BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08	
Contact Person.	NITHA	
Contact No.	62723892/ 0	Fax No. 62708314
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	MOVA AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

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/234700)



PRI Documents



Close



PRI Header Details

Claim No	D18001095MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & MOVA AU
Workshop Name	MOVA AUTOMOTIVE PTE LTD (Contact Person : NITHA)	Survey Location & Contact Details	BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08 Mobile: 0 , Phone: 62723892 , Fax: 62708314 EmailId: NITHA@MOVA.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	DIRECT SETTLEMENT:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA4838Z	TP Vehicle No	SKR7857Z
PRI Recieved Date	06-02-2018 04:40:10 PM	Surveyor Appointed Date	07-02-2018 09:15:37 AM	Surveyor Accept Date	07-02-2018 1

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	07-02-2018	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

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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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 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	05/02/2018 10:16
Date Of Accident	03/02/2018 22:15
Exact Location Of Accident	HERITAGE VIEW @ DOVER RISE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR7857Z
Insured/Policyholder	
Name Of Registered Owner	MASSIMINI LORIS
NRIC No	S7375258B
Email Address	LORISMASSIMINI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98152194
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO 2.4(A) GDI HID S/R
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA295399/1
Cover Note Number	

Driver

Name of Driver	MASSIMINI LORIS
NRIC No	S7375258B
Date Of Birth	17/05/1973
Occupation	INDOOR
Date Of Driving Pass	26/11/1996
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98152194
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	LORISMASSIMINI@GMAIL.COM

Address	BLK 6 DOVER RISE #14-06
Postcode	138678
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

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)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

-

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Details of Witness 1

Name	TAY BEE ENG ANGEL YNA
Phone Number	96888789
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4838Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NUR LATIFAH BINTE YAHYA
NRIC/Passport Number	S7935296I
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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 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: 5-2-2018

10.14 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:



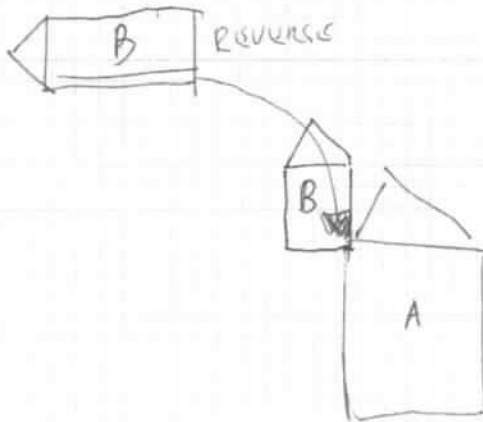
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



A - SKR78572

B-SHA 48382

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKR 78572 ACCIDENT DATE & TIME: 3-2-18 22.12

CONTACT NUMBER: 98152194 E-MAIL ADDRESS: loris.massimini@gmail.com

LOCATION: HERITAGE VIEW @ DOVER RISE

MY CAR WAS STATIONARY AT A PARKING LOT, THE TAXI REVERSED AND HIT MY FRONT LEFT BUMPER.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other 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 Personnel's Signature

Name:

NRIC/FIN No.:

Main Office:

Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel : (65) 6476 3333
Fax : (65) 6271 5891
www.mova.com.sg

Workshop Dept:

Block 1008
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722

Tel : (65) 6272 3892
Fax : (65) 6270 8314

Co. Reg. 198904033G
GST Reg. M2-0088864-2

Estimate

05/02/2018

MS FIRST CAPITAL INSURANCE LIMITED

36 Robinson Road
#16-01 City House
Singapore 068877.

Attention :- XA026

Page # :- 1

Veh # :- SKR7857Z

Veh Model :- KIA SORENTO

Estimate# :- CK417015

Claim # :-

ACC. Date :- 05/02/18

Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	FRONT BUMPER	1 PC	645.00	645.00
2.	FRONT BUMPER RETAINER LH	1 PC	45.00	45.00
3.	FRONT BUMPER CLIPS	10 PC	4.00	40.00
4.	HEADLAMP ASSY LH - CHECK XGL	1 PC		
5.	FRONT FENDER LH (REPAIR) XH	1 PC		
6.	FRONT FENDER ARCH GARNISH LH	1 PC	88.00	88.00
7.	FRONT SPORT RIM LH - CHECK XGL	1 PC		
8.	FRONT KNUCKLE ARM LH	1 PC	346.00	346.00
9.	FRONT KUCKLE BEARING LH	1 PC	279.00	279.00
10.	FRONT SHOCK ABSORBER LH - CHECK XGL	1 PC		
11.	FRONT LOWER ARM LH - CHECK XGL	1 PC		
LIST TOTAL S\$				1,443.00
10% DISCOUNT S\$				-144.30
				1,298.70
LABOUR :				
TO KNOCK AND STRAIGHTEN FRONT FENDER LH. REMOVE & REPLACE ACCIDENT DAMAGED PARTS. REALIGN ALL CONNECTION				
SPRAY PAINT FRONT BUMPER, FRONT FENDER LH				
REMOVE & REPLACE FRONT UNDER CARRIAGE SUSPENSION LH				
CHECK WIRING & FOCUS HEADLIGHT				
COMPUTER WHEEL ALIGHMENT				
LABOUR TOTAL S\$				940.00

Rame
Hp 90010068

2 days 200
P/P 200

28/02/18 @ 1435 150.00

Resurvey after repair 30.00

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

E. & O.E

[Signature]

NON-TAX AMOUNT S

AMOUNT S\$

GST @ 7 %

AMOUNT DUE S\$

2969.20

2,238.70

156.71

2,395.41

Acknowledged by Repairer

Signature:

Customer's Signature/Co. Stamp MOVA AUTOMOTIVE PTE LTD

Date:

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel: (65) 6476 3333
Fax: (65) 6271 5891
www.mova.com.sg

Workshop Dept:
Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722

Tel: (65) 6272 3892
Fax: (65) 6270 8314
Co. Reg. 198904033G
GST Reg. M2-0088864-2

SUPPLEMENTARY

MSIG INSURANCE (S) PTE LTD
16, RAFFLES QUAY
#21-01 HONG LEONG BUILDING
SINGAPORE 048581

Page : 1
Veh No : SKR7857Z
Model : KIA SORENTO
Claim No : CK417015
Acc Date : 5-Feb-18
Incharge : BILLY

No	Description	Qty	U.Price	Amt \$
LIST ITEMS:				
1	FRONT BUMPER SIDE GARNISH	1	\$ 645.00	\$645.00 <i>see ✓</i>
	LIST TOTAL S\$			\$645.00
	10% DISCOUNT			\$64.50
				<u>\$580.50</u>
SPECIAL NET ITEMS:				
1	FRONT SPORT RIM LH (REPAIR / RESPRAY) <i>see ✓</i>			\$150.00 <i>100</i>
	SPECIAL NET TOTAL S\$			<u>\$150.00</u>

NON-TAX AMOUNTS	\$730.50
GST @ 7%	\$51.14
AMOUNT DUE	<u>\$781.64</u>

Customer's Signature/Co. Stamp

[Signature]
MOVA AUTOMOTIVE PTE LTD

1) PARTS 659.70
2) SYNT 150.00
3) LABOUR 400.00
1209.70 PBP

Please advice. Thank You
RWT UAW.

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Co. Reg. 198904033G
GST Reg. M2-0088864-2

Estimate

05/02/2018

MS FIRST CAPITAL INSURANCE LIMITED
36 Robinson Road
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Singapore 068877.

Attention :- XA026

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Veh Model :- KIA SORENTO

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Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
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3.	FRONT BUMPER CLIPS	10 PC	4.00	40.00
4.	HEADLAMP ASSY LH - CHECK	1 PC		
5.	FRONT FENDER LH (REPAIR)	1 PC		
6.	FRONT FENDER ARCH GARNISH LH	1 PC	88.00	88.00
7.	FRONT SPORT RIM LH - CHECK	1 PC		
8.	FRONT KNUCKLE ARM LH	1 PC	345.00	345.00
9.	FRONT KUCKLE BEARING LH	1 PC	279.00	279.00
10.	FRONT SHOCK ABSORBER LH - CHECK	1 PC		
11.	FRONT LOWER ARM LH - CHECK	1 PC		
LIST TOTAL S\$				733.00 1,443.00
10% DISCOUNT S\$				73.30 -144.30
				659.70 1,298.70
LABOUR :				
TO KNOCK AND STRAIGHTEN FRONT FENDER LH. REMOVE & REPLACE ACCIDENT DAMAGED PARTS. REALIGN ALL CONNECTION				
SPRAY PAINT FRONT BUMPER, FRONT FENDER LH				
REMOVE & REPLACE FRONT UNDER CARRIAGE SUSPENSION LH				
CHECK WIRING & FOCUS HEADLIGHT				
COMPUTER WHEEL ALIGNMENT				
LABOUR TOTAL S\$				400.00 940.00

LKK Auto Consultants hence notify
the Repairer of the following:

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- To display damaged part(s) during resurvey
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- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 2,238.70

GST @ 7 % 156.71

AMOUNT DUE S\$ 2,395.41

Acknowledged by Repairer

Customer's Signature/Co. Stamp MOVA AUTOMOTIVE PTE LTD

Janice Lee (LKKAUTO)

From: Billy <billy@movva.com.sg>
Sent: Thursday, March 22, 2018 6:23 PM
To: Rasul (LKKAUTO)
Cc: SUR; CS A Team
Subject: FW: Re:SKR7857Z
Attachments: SKR7857Z Kia Sorento 2015.pdf; SAM_7931.JPG; SAM_7932.JPG; SAM_7933.JPG; SAM_7934.JPG; SAM_7935.JPG; SAM_7936.JPG

Hi Sir,

Please help to Finalize above mention case. Thank You.

Best Regard's
Billy Liaw

MOVA Automotive Pte Ltd
Tel: +65 6272 3892
Fax: +65 6270 8314



From: Billy [mailto:billy@movva.com.sg]
Sent: 12 March 2018 09:45
To: 'Rasul (LKKAUTO)'
Subject: FW: Re:SKR7857Z

Hi Sir,

Attach with Finalization Report, Please advice. Thank You.

Best Regard's
Billy Liaw

MOVA Automotive Pte Ltd
Tel: +65 6272 3892
Fax: +65 6270 8314



From: Billy [mailto:billy@movva.com.sg]
Sent: 07 March 2018 15:20
To: 'Rasul (LKKAUTO)'
Subject: Re:SKR7857Z

Hi Sir,

Attach with Finalization Report, Please advice. Thank You.




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/FCI18002484/R1rd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 10-08-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 4838Z	Veh. Inspected	SKR 7857Z	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18001095MFSH	Excess (\$)	0.00	
Assign From	EILEEN LEE	Assign Date	07/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	KIA SORENTO 2.4(A)	c.c	2359	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KNAPH813MF5043140	Colour	BROWN	
Odometer	47519	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	235/55 R19	HANKOOK	6 mm	
L/H Front Tyre	235/55 R19	HANKOOK	6 mm	
R/H Rear Tyre	235/55 R19	HANKOOK	6 mm	
L/H Rear Tyre	235/55 R19	HANKOOK	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	03/02/2018	Inspection Date	28/02/2018	
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722			
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:		2 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. SKR 7857Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	TO REPAIR SEE LABOUR	645.00	-
1	FRONT BUMPER RETAINER LH	SERVICEABLE	45.00	-
10	FRONT BUMPER CLIPS	SERVICEABLE	40.00	-
1	HEADLAMP ASSY LH (NPA)	SERVICEABLE	-	-
1	FRONT FENDER LH (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT FENDER ARCH GARNISH LH	SCRATCHED	88.00	88.00
1	FRONT SPORT RIM LH (NPA)	SERVICEABLE	-	-
1	FRONT KNUCKLE ARM LH	SERVICEABLE	346.00	-
1	FRONT KNUCKLE BEARING LH	SERVICEABLE	279.00	-
1	FRONT SHOCK ABSORBER LH (NPA)	SERVICEABLE	-	-
1	FRONT LOWER ARM LH (NPA)	SERVICEABLE	-	-
1	FRONT BUMPER SIDE GARNISH (ADDITIONAL)	SCRATCHED	645.00	645.00
	LESS 10% DISCOUNT		-208.80	-73.30
			1,879.20	659.70
<u>SPECIAL NETT ITEMS</u>				
1	FRONT SPORT RIM LH (REPAIR / RESPRAY) (SN) (ADDITIONAL)	SCRATCHED	150.00	150.00
			150.00	150.00
<u>LABOUR</u>				
	TO KNOCK AND STRAIGHTEN FRONT FENDER LH. REMOVE & REPLACE ACCIDENT DAMAGED PARTS. REALIGN ALL CONNECTION. INCLUSIVE OF THE REPAIR OF FRONT BUMPER AND FRONT FENDER LH.		300.00	200.00
	SPRAY PAINT FRONT BUMPER, FRONT FENDER LH.		400.00	200.00
	REMOVE & REPLACE FRONT UNDER CARRIAGE SUSPENSION LH.	NOT NECESSARY	150.00	-
	CHECK WIRING & FOCUS HEADLIGHT.	NOT NECESSARY	30.00	-
	COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	60.00	-
			940.00	400.00
GRAND TOTAL			2,969.20	1,209.70

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RECOMMENDED COST OF REPAIRS			1,209.70
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MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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