

ASS. REC. BY:

REF:

CS/FCI/8002833/Wqd3

Special Instruction:

Surveyor:

Wilson

ASSIGNMENT (Office)

From (Person):

CWS

May Chua

of

FCI

Date/Time:

12/02/2018 @ 2:17pm

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SLL14721

Insured:

SHD3150P

at Workshop m/s:

Allswell Motor

Tel:

91478545

of

25 Deft June 9

Policy No:

Claim No:

D18001127MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

03/02/2018

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

H.O.D. Endorsement:

Date/Time:

4:07pm @ 12/2/18

Person Contacted:

Mr Ben

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (X) Estimate

SLL14721 - X

SHD3150P-CS/FCI/6024836/Avbr2

D.O.A: 25/12/2016

Wilson

Pls write damaged condition

03/4/18 @ 4:44pm revised to May Chua by email.

men  
2/4

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD/TP/WS/TP RES/OD RES/EVA/INV/INV  
 To inspect Vehicle No SLL 1472 J  
 at Workshop mis 25 De Laune 9.  
 of Alt. 211  
 Insured \_\_\_\_\_  
 Policy No \_\_\_\_\_  
 Claims No \_\_\_\_\_  
 Sum Insured \_\_\_\_\_ Excess \_\_\_\_\_  
 (Client's Record)  
 Make of Van \_\_\_\_\_

(Policy Condition)

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

N/S	OS

Est. or Market Value: \_\_\_\_\_  
 JDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 4 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 SLL 1472 J Yr Regn 12/3/2008  
 Type M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make Tyoto AHY... cc 1598  
 Colour Green / Silver Insured / Std / NI / NA  
 Sp. Reading 18775 T.Radi: Insured / Std / NI / NA  
 Eng No \_\_\_\_\_  
 C/No MR053 ZEE 13610690  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or  
 Tyre Size F: 195/65 R15  
 R: 195/65 R15  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or FIRENZA (F)  
 Front Kapsen Rear (R)  
 R/Bal 3 mm R/Bal 3 mm  
 L/Bal 3 mm L/Bal 3 mm  
 D.O.A. \_\_\_\_\_ DOI 12/2/2018  
 Survey held at: As Above  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Right F. 4  
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction  
12/2/2018 Accident Report Not Given  
2/4/2018 Finished work int shop @ 1700  
1700  
4 Day Rep

RECEIVED 01 APR 2018

Date Time File Passed: <u>03/04/2018</u> Date Time File Returned: _____ Report Format: <u>71</u> Lump Sum / I.B.A: <u>1700</u>	<input type="checkbox"/> : Prel. Report <input type="checkbox"/> : Final Report Add Fee: <input type="checkbox"/> Site Insp (\$) <input type="checkbox"/> Interview (\$) <input type="checkbox"/> Tech Insp (\$) <input type="checkbox"/> Weekend (\$) Survey Fee: <u>130</u> Transporter: <u>50</u> S-RE: <u>50+50</u> Other: <u>73</u> Total: <u>353</u>
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**MOTOR SURVEY ASSIGNMENT**

Date	06-02-2018	Our Ref No. D18001127MFSH
Accident Date	03-02-2018	Claim Type. Third Party
Insured Vehicle	SHD3150P	Third Party Vehicle. SLL1472J
Survey Location	25 Defu lane 9	
Contact Person.	MR BEN OOI	
Contact No.	66791146/ 91478545	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
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	ALLSWELL MOTOR TRADERS	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

**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/234743)



PRI Documents



Close



## PRI Header Details

Claim No	D18001127MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & ALLSWELL
Workshop Name	ALLSWELL MOTOR TRADERS (Contact Person : MR BEN OOI)	Survey Location & Contact Details	25 Defu lane 9 Mobile: 91478545 , Phone: 66791146 , Fax: 0 EmailId: BEN@ALLSWELLMOTOR.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHD3150P	TP Vehicle No	SLL1472J
PRI Recieved Date	07-02-2018 02:45:14 PM	Surveyor Appointed Date	12-02-2018 02:16:05 PM	Surveyor Accept Date	13-02-2018 0

## Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	13-02-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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## Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	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

## Wilson (LKKAuto)

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**From:** Wilson (LKKAuto)  
**Sent:** Monday, 2 April, 2018 10:42 AM  
**To:** 'OOI, Ben'  
**Subject:** RE: Estimate - SLL1472J

Dear Ben,

Finalised the above at \$1700 / 4 days repair.

Kindly revert.

Wilson  
Surveyor  
LKK Auto Consultants Pte Ltd  
Hp 96404178

**From:** OOI, Ben [<mailto:ben@allswellmotor.com.sg>]  
**Sent:** Tuesday, 27 March, 2018 11:36 AM  
**To:** Wilson (LKKAuto)  
**Subject:** Estimate - SLL1472J

Dear Wilson,

Please expedite..

Truly

OOI, Ben

Allswell Motor Traders  
25, Defu Lane 9  
Singapore 539266  
Office: +65 6679 1146  
Mobile: +65 9147 8545  
Email: [ben@allswellmotor.com.sg](mailto:ben@allswellmotor.com.sg)

## Shiau Chan (LKKAUTO)

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Tuesday, 3 April 2018 4:44 PM  
**To:** 'Claim Workflow System'; assignments  
**Cc:** MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18001127MFSH/1  
**Attachments:** CSFCI18002833Wqd3.pdf

Dear May,

Enclosed herewith preliminary advice of SLL 1472J.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

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**From:** Admin-D (LKKAUTO)  
**Sent:** Monday, 12 February 2018 4:10 PM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18001127MFSH/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, 12 February 2018 2:16 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [MAYCHUA@MSFIRSTCAPITAL.COM.SG](mailto:MAYCHUA@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18001127MFSH/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



Auto  
Consultants  
Pte Ltd

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

Your Ref: D18001127MFSH

Date: 03 April 2018

Our Ref: CS/FCI18002833/Wqd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

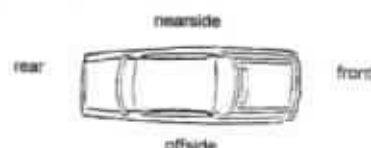
**INITIAL INSPECTION REPORT OF VEHICLE NO. SLL 1472J .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 12/02/2018 at the premises of M/s ALLSWELL MOTOR, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>10,137.00</u> .
Revised Estimate Amount	: S\$ <u>1,700.00 (Lump Sum)</u> .
"Check" Items Amount	: S\$ <u>-</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

**Description of Damage:**

The vehicle sustained damages at the o/s front portion.



Yours faithfully

Wilson  
Automotive Assessor

*Handwritten signature/initials*

## 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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 15:30
Date Of Accident	03/02/2018 16:20
Exact Location Of Accident	STADIUM CRES
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1472J
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#### Insured/Policyholder

Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE LTD
Co Reg No	201432541Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64625405

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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 HIRE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5095581315
Cover Note Number	

#### Driver

Name of Driver	YAP SIEW LOON
NRIC No	S7440369G
Date Of Birth	08/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	07/06/2001
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90103903
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	APT BLK 112 BUKIT PURMEI ROAD #05-215
Postcode	090112
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	
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)	4
Passenger 1	NAME: : INDIAN PASSENGER GENDER: : MALE
Passenger 2	NAME: : INDIAN PASSENEGR GENDER: : FEMALE
Passenger 3	NAME: : INDIAN PASSENGER GENDER: : FEMALE

#### 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

While travelling along stadium cres ,i goo=ing straight.Suddenly a taxi SHD3150P on my right make a right turn and collided into the front of my vehicle.That's all

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3150P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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 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: 5/2/18

Driver's Signature

(if driver is not the policyholder)

Date & Time: 5/2/18

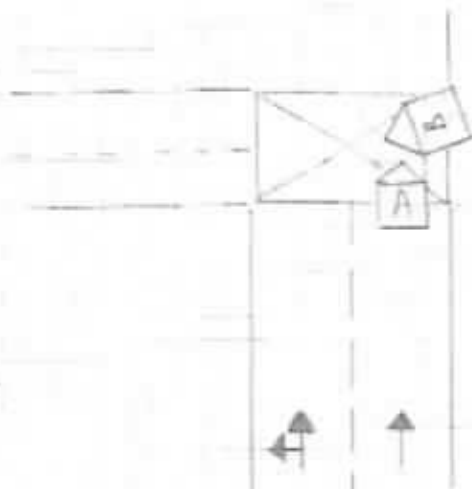
Reporting Centre Personnel's Signature

Name:

NRIC/IN No.:

### Sketch Plan #2

### SKETCH PLAN



A-641472J

B- SHD3150P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While travelling along Stadium cres. i going straight, <sup>Suddenly</sup> a taxi SHD3160P on my right make a right turn and collided into the front of my vehicle. That's all.

## DECLARATION

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



\_\_\_\_\_  
Folger's Signature

Date & Time: 5/2/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 5/2/2018



Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

# Allswell Motor Traders

25 Defu Lane 9, Singapore 539266

Tel : +65 6679 1146 email: ben@allswellmotor.com.sg

Wilson.

Estimate (3<sup>rd</sup> party claim against First Insurance Insured SHD315DP)

## Final Repair Bill

Vehicle No. : SL1472J  
Make & Model : \_\_\_\_\_  
Chassis No. : \_\_\_\_\_  
Date of survey : \_\_\_\_\_

Submitted by : BIM  
Year Manufacture : 2008  
Engine No. : \_\_\_\_\_

S/No	Part Description	Qty	Unit Price (SGD)	Price (SGD)	Disposition by Surveyor
01	Bonnet front R	01	<del>\$870.0</del>		
02	Bumper front ✓-DD	01	<del>\$700.2</del>	550	
03	Headlamp ✓CRA	01	<del>\$600.0</del>	560	
04	R/H Fender ✓-DD	01	<del>\$592.0</del>	✓	
05	Dismantle and Assembly	01	<del>\$260</del>	✓	
06	Bumper drops @ \$12.00 ✓	02 NEC	<del>\$24.0</del>	✓	
07	Respray bumper, fender front bonnet and polished	01	<del>\$700</del>	600	
Part (List)			\$1726.00		
Discount			<del>\$431.50</del>		
(25%)			\$1294.50		
Labour			\$260.00		
S.P			<del>\$620.00</del>		
			\$2154.50		
Discount			<del>\$430.90</del>		
(20%)			\$1723.60		
Lump Sum →			\$1700	/ 4	Day
Lump Sum,					Repair

Note: If any of the quoted parts are recommended to be repaired, then an additional labour cost will be charged accordingly under supplementary.

10137




# 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/FCI18002833/Wqd3q2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 09-04-2018		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHD 3150P	Veh. Inspected	SLL 1472J	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18001127MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	12/02/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA ALTIS	c.c	1598	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	MR053ZEE106100690	Colour	GREEN /SILVER	
Odometer	187775	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65R15	FIRENZA	3 mm	
L/H Front Tyre	195/65R15	FIRENZA	3 mm	
R/H Rear Tyre	195/65R15	KAPSEN	3 mm	
L/H Rear Tyre	195/65R15	KAPSEN	3 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	03/02/2018	Inspection Date	12/02/2018	
Survey held at	ALLSWELL MOTOR TRADERS 100 JALAN SULTAN #02-41 SULTAN PLAZA SINGAPORE 199001			
<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

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/FCI18002833/Wqd3q2

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 09-04-2018



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 3150P	Veh. Inspected	SLL 1472J
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18001127MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	12/02/2018

## 2. Vehicle Particulars & Condition

Make & Model	TOYOTA ALTIS	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	MR053ZEE106100690	Colour	GREEN /SILVER
Odometer	187775	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65R15	FIRENZA	3 mm
L/H Front Tyre	195/65R15	FIRENZA	3 mm
R/H Rear Tyre	195/65R15	KAPSEN	3 mm
L/H Rear Tyre	195/65R15	KAPSEN	3 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.
---

## 5. General Information

Accident Date	03/02/2018	Inspection Date	12/02/2018
Survey held at	ALLSWELL MOTOR TRADERS 100 JALAN SULTAN #02-41 SULTAN PLAZA SINGAPORE 199001		

## 5a. Remarks

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

## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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**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

Page No.:1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLL 1472J**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	BONNET FRONT	TO REPAIR SEE LABOUR	879.00	-
1	BUMPER FRONT	DENTED	700.20	550.00
1	HEADLAMP	CRACKED	620.00	560.00
1	R/H FENDER	DENTED	592.00	592.00
2	BUMPER CLIPS @\$12.00	NECESSARY	24.00	24.00
	LESS 25% DISCOUNT		-	-431.50
			2,815.20	1,294.50
	<b><u>LABOUR</u></b>			
	DISMANTLE AND ASSEMBLY INCLUSIVE OF THE REPAIR OF BONNET FRONT.		260.00	260.00
	RESPRAY BUMPER, FENDER FRONT BONNET AND POLISHED.		760.00	600.00
			1,020.00	860.00
	<b>GRAND TOTAL</b>		<b>3,835.20</b>	<b>2,154.50</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>1,700.00</b>

Report Ref No. CS/FCI18002833/Wqd3q2

**WILSON TEO CHENG MING**

Automotive Assessor

**ADRIAN LING WAI PING**

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

Licensed Appraiser

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