

12/20/2018

super urgent

w/19p r/s ✓

ASS. REC. BY:

REF: CS/FCI18003376/Nqd302

Special Instruction:

Surveyor: Sebastian

ASSIGNMENT (Office)

Cus

From (Person): Serene Ter

of FCI

Date/Time: 20/2/18 @ 5:25pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLK 30 564

Insured: SHD 3389T

at Workshop m/s: Auto Insure

Tel: 91002998

of: G Maxiling Lane

Policy No: D-18088936MFSH

Claim No: D18001412MFSH

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A: 14/2/18

CA / REV / REP. / REV 24 HRS

'up'

H.O.D. Endorsement:

Date/Time: 5:25pm @ 20/2/18

Person Contacted: Sam

Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLK 30564-X
	SHD 3389T- NS/INC13007240/H/vn D.O.A: 17/04/13
23/2/18 @ 9:49pm	revised to Serene Ter by email.
31/2/18 @ 3:44pm	confirmed with Sam Groh final Ag @ 1652.80, 5 days. Used @ 3764.32, 69%

ASSIGNMENT

Report No: _____ Date: **20/2/18**

Estimated Cost: _____

OD: PWS / TP RES / OD RES / EVA / INV / MV

To: Inspect Vehicle No: **SLK 30564**

at Workshop No: **Auto Insure**

of: **6 Marsiling Lane**

Insured: _____

Policy No: _____

Claim No: _____

SUM Insured: _____ Excess: _____

Client's Record: _____

Make of Ven: _____

Plate No: **SLK 30564** Reg No: **12/1/17**

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

Truck / Trailer: _____

Make: **Mazda 3** CC: **1496**

Colour: **Silver** A/C: Insured: Std. M: N4

Sp. Reading: **76905** TP Read: Insured: Std. M: N4

Eng No: _____

CIN: **JM 60N22A 8110138074**

Gen. Cond: Good / Poor / Burnt

Steering: Jerk / Jammed / Leaked / Burnt /

Brake: Jerk / Jammed / Leaked / Burnt /

Mod: S Rim / STD 4 Rim /

Tyre Size: **F 205/60R16 Triangle**

R 11 Toyo

BS / DUN / EXNOVA / GY / PS / LIZA / MIC / OHTSU / PR / SUMI

TOYO / YOKO or _____

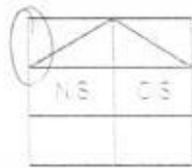
Front		Pass	
R.Ba	6	--	R.Ba 6
L.Ba	6	--	L.Ba 6
D.O.A	19/2/18	D.O.	21/2/18

Survey rec'd at: **Auto Insure**

Des. of Damages: Frt / Rear / OS / NS / U/C / Roof/Roller

N/S Frt

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



Policy Condition: _____

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

Est. of Market Value: _____

D.A.C. Accident Report: _____ Consistent? (Yes or No)

D.A. PP. Seen: _____ Consistent? (Yes or No)

Est. Repairs: **5** days Pass: Yes or No

Sum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS **up**

Date: _____ Person Contacted: _____

Vehicle IN / OUT

Date Time Action / Instruction

Sebastian

plz see my remarks

RECEIVED 01 AUG 2018

26/2

25/7/2018

Date/Time / File Pass of: **01/8 turn**

Prel. Report

Final Report

Days Of Repair: **5**

Resurvey No. of Trip: **1**

Add Fee:

<input type="checkbox"/>	Site Fee: \$	<table border="1"> <tr><td>140</td></tr> <tr><td>50</td></tr> <tr><td>50</td></tr> <tr><td>29</td></tr> <tr><td>269</td></tr> </table>	140	50	50	29	269
140							
50							
50							
29							
269							
<input type="checkbox"/>	Inter Fee: \$						
<input type="checkbox"/>	Test Fee: \$						
<input type="checkbox"/>	Res. Fee: \$						
<input type="checkbox"/>	_____						

Report Format: **TP**

Sumo Sum (L.B): **1652.80**



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/FCI18003376/Sqd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 22-02-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 3389T	Veh. Inspected	SLK 3056U
Policy No.		Coverage (\$)	0.00
Claim No.	D18001412MFSH	Excess (\$)	0.00
Assign From	CWS (SERENE LER)	Assign Date	22/02/2018

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	14/02/2018	Inspection Date	21/02/2018
Survey held at	AUTO INSURE PTE LTD 6 MARSILING LANE S739145		

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	15-02-2018	Our Ref No. D18001412MFSH
Accident Date	14-02-2018	Claim Type. Third Party
Insured Vehicle	SHD3389T	Third Party Vehicle. SLK3056U
Survey Location	6 MARSILING LANE	
Contact Person.	SAM GOH	
Contact No.	31572628/ 91002998	Fax No. 63680081
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED (NO EST. PROVIDED)	
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	AUTO INSURE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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/235068)



PRI Documents



Close



PRI Header Details

Claim No	D18001412MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & AUTO INS PTE LTD / LIM
Workshop Name	AUTO INSURE PTE LTD (Contact Person : SAM GOH)	Survey Location & Contact Details	6 MARSILING LANE Mobile: 91002998 , Phone: 31572628 , Fax: 6368008 EmailId: CLAIMS01@WEB-DEZIGNERS.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM PROVIDED)		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHD3389T	TP Vehicle No	SLK3056U
PRI Recieved Date	15-02-2018 04:03:47 PM	Surveyor Appointed Date	20-02-2018 02:53:57 PM	Surveyor Accept Date	22-02-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	22-02-2018	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

File Name

Action

Surveyor Job Remarks

Remarks

Shiau Chan (LKKAuto)

From: claims01@web-designers.com on behalf of AutoInsure (Claims) <claims01@autoinsure.com.sg>
Sent: Tuesday, 31 July 2018 3:44 PM
To: Shiau Chan (LKKAuto)
Cc: SUR
Subject: Re: REQUEST FINAL AMOUNT SLK3056U

WITHOUT PREJUDICE

Hi Shiau Chan,

We refer to the above matter and email below.

We confirm final amount at \$ 1,652.80

LOD send to who?

Thanks.

****Kindly note that our mailing address is as follows:***

6 Marsiling Lane S739145

tel: (65) 3157 2626

Please mail all future correspondence to stated address.*

Regards

Sam Goh
did: (65) 3157 2624 / 3157 2628
mobile: (65) 9743 6363
e: claims01@autoinsure.com.sg

Auto Insure Pte. Ltd.
201437380M
6 Marsiling Lane S739145

t: (65) 3157 2626
f: (65) 6368 0081
w: www.autoinsure.com.sg
g.e: claims@autoinsure.com.sg

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Data Privacy Policy Notice: Auto Insure Pte. Ltd. may collect, use and disclose your personal data for the purposes stated in our Privacy Policy. This may include disclosure to holding and associated companies, credit bureau, parties to whom disclosure is permitted/required by laws, our third party service providers and agents (acting on our behalf). Please click [here](#) for our Privacy Policy.

Shiau Chan (LKKAuto)

From: claims01@web-dezigners.com on behalf of AutoInsure (Claims) <claims01@autoinsure.com.sg>
Sent: Friday, 22 June 2018 4:36 PM
To: Sebastian Yeang (LKK Auto)
Subject: REQUEST FINAL AMOUNT SLK3056U

WITHOUT PREJUDICE

Hi Sebastian,

We refer to the above matter.

Please be informed that we have yet to receive your finalization amount till to-date.

Kindly let us have your finalization amount soon.

Thanks.

****Kindly note that w.e.f 21st Mar 2017, we are relocated to:
6 Marsiling Lane S739145
tel: (65) 3157 2626
Please mail all future correspondence to stated address.****

Regards

Sam Goh
did: (65) 3157 2624 / 3157 2628
mobile: (65) 9743 6363
e: claims01@autoinsure.com.sg

Auto Insure Pte. Ltd.
201437380M
6 Marsiling Lane S739145

t: (65) 3157 2626
f: (65) 6368 0081
w: www.autoinsure.com.sg
g.e: claims@autoinsure.com.sg

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Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Friday, 23 February 2018 4:49 PM
To: 'Claim Workflow System'; assignments
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18001412MFSH/1
Attachments: CSFC18003376Sqd3.pdf

Importance: Low

Dear Serene,

Enclosed herewith preliminary advice of SLK 3056U.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sjewsc@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAuto)
Sent: Tuesday, 20 February 2018 5:35 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18001412MFSH/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 | 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, 20 February 2018 2:54 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SERENELER@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18001412MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,
Admin Team
Claim Workflow System



Auto
Consultants
Pte Ltd

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

Your Ref: D18001412MFSH

Date: 23rd February 2018

Our Ref: CS/FCI18003376/Sqd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

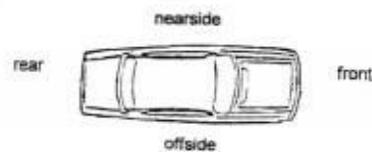
INITIAL INSPECTION REPORT OF VEHICLE NO. SLK 3056U

Please be informed that we had conducted the inspection of the abovementioned vehicle on 21/02/2018 at the premises of M/s AUTO INSURE, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>5,417.12</u> .
Revised Estimate Amount	: S\$ <u>1,812.80</u> .
"Check" Items Amount	: S\$ <u>1,240.40</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 n/s front portion.



Yours faithfully

Sebastian
Automotive Assessor

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the 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	14/02/2018 14:34
Date Of Accident	14/02/2018 11:25
Exact Location Of Accident	MANDARIN ORCHARD DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3056U
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	REPORTING@AUTOINSURE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-31572626

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 4 DOOR SEDAN SP (A)
Exact Purpose for which vehicle was being used at time of accident	UBER
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995003
Cover Note Number	

Driver

Name of Driver	LIM BOCK KOON
NRIC No	S7101875Z
Date Of Birth	18/01/1971
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1989
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88212626
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	6 MARSILING LANE
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	1

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

REFER TO ATTACHMENT (TYPE OF ACCIDENT SHOULD BE REVERSE)

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3389T
Vehicle Make/Model/Colour	
Details Of Properties	COMFORT TAXI
Vehicle Category	PRIVATE CAR
Name of Driver	GOH HWEE NGUAN
NRIC/Passport Number	S1160101D
Contact Number	96728216
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 reputate 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.

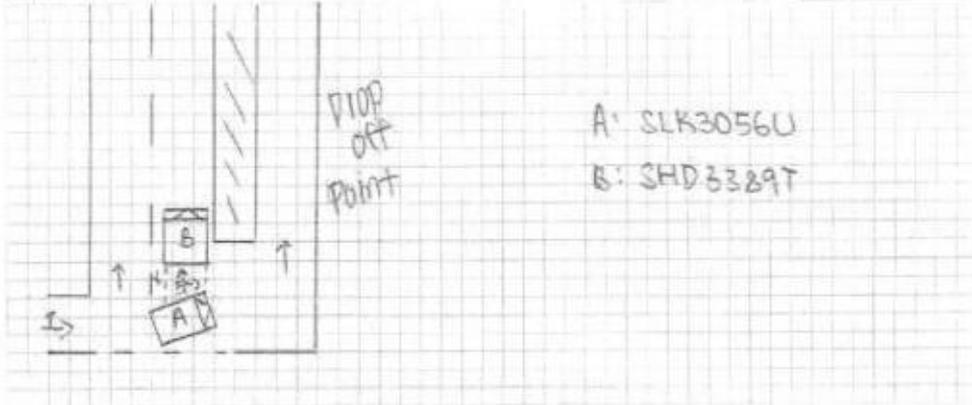

Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time: 14/03/18 13:50hll


Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14 Feb 2018 at 1125 hrs, I was driving along Mandarin Orchard Drop off point. While queuing to get to the drop off point, vehicle B suddenly reversed onto my front left portion.

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: 
14 Feb 13:00 hrs

Reporting Centre/Police Officer's Signature
Name:
NRIC/FIN No.: 



Auto Insure Pte. Ltd.

Blk 3, 391A Woodlands Road
Yew Tee Industrial Estate
Singapore (677964)
E: claims@autoinsure.com.sg
W: www.autoinsure.com.sg
T: 6368 2788 F: 6368 0081
GST No.: 2014373B0M

Page No.1

AUTOMOBILE ASSESSMENT REPORT

Our Ref: **SLK3056U**
Your Ref: **SHD3389T**

Date: **20-Feb-18**

BY EMAIL ONLY
(claims@autoinsure.com.sg)

ATTENTION: MOTOR CLAIMS DEPT

email: motor_claims@first-insurance.com.sg

First Capital Insurance Limited
6 Raffles Quay #21-00
Singapore 048580

Assessed Vehicle No : **SLK3056U**
Car Make and Model : **MAZDA 3**
Date of Accident : **14-Feb-18**
Date of Assessment : **20-Feb-18**

We have carried out a physical assessment of SLK3056U at our workshop Auto Insure Pte Ltd accordingly and are pleased to submit our report as follow;

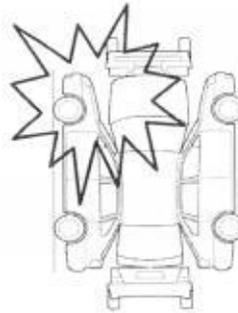
4. DESCRIPTION OF DAMAGE

At the time of the inspection observed that this vehicle had sustained damages to the FRONT LH portion of the vehicle.

Please see attached schedule for details.

Remarks: NIL

Estimated Amount : P/P
Adjusted Amount : \$ 5,700.00
Est. Repair Days : 5



Pursuant to your instruction, we have **NOT AUTHORIZED** repair.
The assessment was conducted on a "**WITHOUT PREJUDICE**" basis.

If we are not notified of anything within 14 Days from the date hereof, this report shall be treated as correct.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss of occurrence in which the assessed vehicle is involved.
No liability or responsibility whatsoever shall be held by
AUTO INSURE PTE. LTD. For any reliance on this report by any third party.

Our Ref: SLK3056U
Your Ref: SHD3389T

S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP
PARTS REPLACEMENT - LIST ITEMS				
1	1	FRONT FENDER LH ✓ BT		\$ 685.50
2	1	FRONT FENDER INNER SHIELD LH X NN		\$ 265.90
3	1	FRONT BUMPER SIDE RETAINERS LH ✓ N/C		\$ 118.00
4	1	FRONT BUMPER R		\$ 1,326.50
5	1	FRONT HEADLAMP LH 3 X } NN		\$ 1,245.00
6	1	FOGLAMP COVER LH 3 X } NN		\$ 148.00
SUB TOTAL				\$ 3,758.90
LESS 20%				\$ 751.78
TOTAL AMOUNT				\$ 3,007.12
SPECIAL NETT ITEMS				
1	1 set	FRONT BUMPER CLIPS ✓ N/C		\$ 60.00
SUB TOTAL				\$ 60.00
TOTAL PARTS COST				\$ 60.00
S/NO	DESCRIPTION			EST. BY WORKSHOP
LABOUR & PAINTWORK				
1	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS-AND			\$ 800.00
2	TOWING CHARGE			\$ -
3	TO REMOVE AND REFIX DOOR TRIM/POWER WINDOW AND MOTOR REGULATOR			\$ -
4	TO CONDUCT HEADLAMP FOCUS			\$ 150.00
5	TO DIAGNOSE ERASE FAULT MEMORY AFTER REPAIR			\$ 150.00
6	TO REMOVE / REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER			\$ 150.00
7	TO REMOVE / INSTALL FRONT WINDSCREEN			\$ -
8	TO REMOVE / REFIX UPHOSTERY, GARNISH AND ATTACHMENT PARTS			\$ -
9	TO REMOVE / REFIX REAR LUGGAGE COMPARTMENT			\$ -
10	LABOR FOR UNDERCARRIDGE			\$ -
11	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED			\$ 800.00
12	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS			\$ 100.00
13	TO VACUUM, WAXING & CLEAN			\$ 100.00
14	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS			\$ 100.00
TOTAL BEFORE GST				\$ 5,417.12
GST 7%				\$ 379.20
TOTAL (PARTS & LABOUR):				\$ 5,796.32

803.5
- 20%
642.8
+ 30
+ 1180
\$ 1852.80 @ 5 days

too high
400
30
120
dupicate Δ
600
30
30 X Δ

Adjustments / Recommendations

Our estimator have thoroughly inspected each and every item on the estimate against physical damage found on the vehicle and have listed the breakdown of our finding and recommendation.

Our Workshop has agreed to undertake the job at a sum of \$5,700.00 for direct settlement with the third party insurance.

Yours Faithfully,

Jason Heng
Claims Director

[Signature]
26/2/18

Sebastian
21/2/18
- Part by part repair
- Question Mark Item Photo
- Photo Before Paint
90036121
sebastian.yang@lkkauto.com

5 days

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		Ref : CS/FC118003376/Nqd3s2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 08-08-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 3389T	Veh. Inspected	SLK 3056U
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18001412MFSH	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	20/02/2018
2. Vehicle Particulars & Condition			
Make & Model	MAZDA 3	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JM6BN22A8H0138074	Colour	SILVER
Odometer	76905	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60R16	TRIANGLE	6 mm
L/H Front Tyre	205/60R16	TRIANGLE	6 mm
R/H Rear Tyre	205/60R16	TOYO	6 mm
L/H Rear Tyre	205/60R16	TOYO	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	14/02/2018	Inspection Date	21/02/2018
Survey held at	AUTO INSURE PTE LTD 6 MARSILING LANE S739145		
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:		5 Working Days	



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLK 3056U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT FENDER LH	BENT	685.50	685.50
1	FRONT FENDER INNER SHIELD LH	NOT NECESSARY	265.90	-
1	FRONT BUMPER SIDE RETAINER LH	NECESSARY	118.00	118.00
1	FRONT BUMPER	TO REPAIR SEE LABOUR	1,326.50	-
1	FRONT HEADLAMP LH	NOT NECESSARY	1,245.00	-
1	FOGLAMP COVER LH	NOT NECESSARY	118.00	-
	LESS 20% DISCOUNT		-751.78	-160.70
			3,007.12	642.80
<u>SPECIAL NETT ITEMS</u>				
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	60.00	30.00
			60.00	30.00
<u>LABOUR</u>				
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DMAGED PARTS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		800.00	400.00
	TOWING CHARGE. (NPA)	NOT NECESSARY	-	-
	TO REMOVE AND REFIX DOOR TRIM / POWER WINDOW AND MOTOR REGULATOR. (NPA)	NOT NECESSARY	-	-
	TO CONDUCT HEADLAMP FOCUS.		150.00	30.00
	TO DIAGNOSE ERASE FAULTY MEMORY AFTER REPAIR.		150.00	120.00
	TO REMOVE / REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER.	NOT NECESSARY	150.00	-
	TO REMOVE / INSTALL FRONT WINDSCREEN. (NPA)	NOT NECESSARY	-	-
	TO REMOVE / REFIX UPHOLSTERY, GARNISH AND ATTACHMENT PARTS. (NPA)	NOT NECESSARY	-	-
	TO REMOVE / REFIX REAR LUGGAGE COMPARTMENT. (NPA)	NOT NECESSARY	-	-
	LABOUR FOR UNDERCARRIAGE. (NPA)	NOT NECESSARY	-	-
	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED.		800.00	400.00
	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS.		100.00	30.00

Report Ref No. CS/FCI18003376/Nqd3s2



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO VACUUM, WAXING & CLEAN.	NOT NECESSARY	100.00	-
	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS.	NOT NECESSARY	100.00	-
			2,350.00	980.00
GRAND TOTAL			5,417.12	1,652.80
RECOMMENDED COST OF REPAIRS				1,652.80

Report Ref No. CS/FCI18003376/Nqd3s2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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