

ASS. REC. BY:

REF: CS/FCI18003377/Kud302

Surveyor
CWS

ASSIGNMENT (Office)

From (Person): Aung Yin Min of FCI Date/Time: 20/2/18 @ 3:04pm

Estimated Cost: _____ Bill to: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLS 7199Y Insured: SHC 7904Kat Workshop m/s Kran Teong Auto Tel: 91786498
of Blk 176 Sin Ming Drive # 01-08Policy No: _____ Claim No: D1800/29 IMFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11/2/18
(Client's Record)CA / REV / REP. / REV 24 HRS 1wp wksp open on 26/2/2018

H.O.D. Endorsement: _____

Date/Time: 5:23pm @ 20/2/18 Person Contacted: Wendy Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SLS 7199Y-X</u>
	<u>SHC 7904K-CS3/FCI17010420/M1/rbs2-1</u> D.O.A. <u>25/5/17</u>
<u>13/3/18</u>	Email preli revised to FCI
<u>10/5/18</u>	@ 5:22pm Wendy said waiting Kenneth to finalise
<u>19/7/18</u>	@ 4:31pm Wendy said waiting Kenneth to finalise

FCI

ASSIGNMENT

Date 12/03/2018

SLS 7199Y 12 11

Estimated Cost

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

To Inspect Vehicle No SLS 7199Y

at Workshop no Kian Teong

at BIK 176 Sin Ming Drive # 01-08

Insured

Policy No

Claims No

Sum Insured

Excess

Clients Record

Wendy @ 9178 6498

Make of car

(Policy Condition)

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

NIS	O/S

Sal. or Market Value

IDAO Accident Report Consistent? : Yes or No

GIA / PR Seen Consistent? : Yes or No

Est. Repairs days Reps: Yes or No

Lum Sum % 3 Val: Yes or No

CA / REV / REP / 24 HRS 'wup'

Date Person Contacted

Vehicle IN / OUT

Date Time Action Instruction

13/3 File pass to Catherine

@ 17229.13 email

15/1/19 Final fig \$: 16,965.85 confirmed by email (Red 16,190.05, 4890) (No LS)

RECEIVED 10 JAN 2019

Date Time File Pass to

☐ Preli. Report
☐ Final Report

Days Of Repair

8

Resurvey No. of Trip

3

Date Time File Return to

16/1- typist

Add Fee:

☐ Site fee \$
☐ Reps \$
☐ Test \$
☐ Fee \$

Report Format

CWS

Lum Sum LE : p/p \$ 16,965.85

Type of Car M/Cycle Bus Van Lorry Taxi Prime Mover

Truck Trailer

Land Rover Range Rover

1999

Colour n.p. white

Self-Driving 96141

Eng No

C No

SALVAGE 2CH 619058

Gen Cond Good Fair Poor Burnt

Steering In order Jammed Locked Burnt or

Brake In order Jammed Locked Burnt or

Mod N/A S/R M STD

Tyre Size

R

255/45R20

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

TOYO/YOKO or

Front

Rear

R.Bal

J --

R.Bal

J --

L.Bal

J --

L.Bal

J --

D.O.A

11/2/18

D.O

12/3/18

Surveyed at

Des of Damages Fr. Rear O/S N/S U/O Roofed or

O/S Fr & U/O

The U/O Chassis/frame Body Structure affected due to bolts or

[Signature]

16/1/2019

23X15

345 4170

50

504 60450

40

550

058

16/1/19

705

Survey Department Check List (Case Handler)

Reference No.: CS/FCI/8003377/Kvd3

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all information created by the assignment team are ACCURATE.

(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No				
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form		Y-Date	N-Date	Y-Date	N-Date
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
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Check By: VERON 15/1/19
Case Handler Date

*C: Critical *N: Non-Critical

21/05/20:



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/FCI18003377/Kvd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 22-02-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 7904K	Veh. Inspected	SLS 7199Y
Policy No.		Coverage (\$)	0.00
Claim No.	D18001291MFSH	Excess (\$)	0.00
Assign From	CWS (AUNG YIN MIN)	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

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5. General Information

Accident Date	Inspection Date
Survey held at	KIAN TEONG AUTO CENTRE BLK 176 SIN MING DRIVE #01-08 SIN MING CARE SINGAPORE 575721

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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Job Sheet (/ClaimWS/Surveyor/JobSheet/234928)



PRI Documents



Close



PRI Header Details

Claim No	D18001291MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & KIAN TEO
Workshop Name	KIAN TEONG AUTO CENTRE (Contact Person : WENDY SIEW)	Survey Location & Contact Details	BLK 176 SIN MING DRIVE #01-08 SIN MING AUTOCARE Mobile: 91786498 , Phone: 64556268 , Fax: 64555160 EmailId: INFO@KTAUTO.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7904K	TP Vehicle No	SLS7199Y
PRI Recieved Date	12-02-2018 07:36:08 PM	Surveyor Appointed Date	13-02-2018 10:00:52 AM	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
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Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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MOTOR SURVEY ASSIGNMENT

Date	12-02-2018	Our Ref No. D18001291MFSH
Accident Date	11-02-2018	Claim Type. Third Party
Insured Vehicle	SHC7904K	Third Party Vehicle. SLS7199Y
Survey Location	BLK 176 SIN MING DRIVE #01-08 SIN MING AUTOCARE	
Contact Person.	WENDY SIEW	
Contact No.	64556268/ 91786498	Fax No. 64555166
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	KIAN TEONG AUTO CENTRE	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	AUNGYM	

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.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 13 March 2018 2:40 PM
To: 'Claim Workflow System'
Cc: Aungyinmin@msfirstcapital.com.sg; SUR
Subject: RE: SURVEY ASSESSMENT - D18001291MFSH/1, SLS 7199Y
Attachments: SLS 7199Y PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SLS 7199Y
Date of survey: 12/3/2018

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, 20 February 2018 5:32 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: Aungyinmin@msfirstcapital.com.sg; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18001291MFSH/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 3:03 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: Aungyinmin@msfirstcapital.com.sg; cwsmotorclaims@msfirstcapital.com.sg
Subject: PRI: SURVEY ASSESSMENT - D18001291MFSH/1

Please find below link to download document
[Jobsheet_D18001291MFSH_TPD1.pdf](#)

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.



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: D18001291MFSH

Our ref: CS/FCI18003377/Kvd3

Date : 13/3/2018

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SLS 7199Y

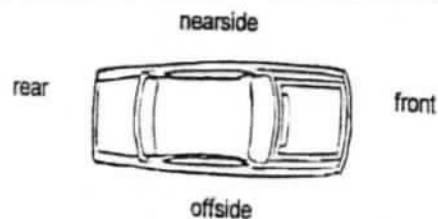
We thank for your instruction on 20/2/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 12/3/2018 at the premises of M/s KIAN TEONG AUTO CENTRE and have the following to report:-

Workshop Estimate Amount	: S\$5,645.00 (LABOUR ONLY)
Revised Estimate Amount	: S\$2,655.00 (LABOUR ONLY)
"Check" Items Amount	: S\$390.00
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the o/s front portion and undercarriage



Comments/Present Status:

Damages Consistent

Pending parts prices from repairer.

Yours faithfully,

Kenneth Kong
Licensed Appraiser

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C

GST Reg. No. M2-0001676-9

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy	PRIVATE MOTOR CAR INSURANCE
Type of Cover	Comprehensive
Certificate No.	D-17088853MVPC
Vehicle No / Chassis No	SLS7199Y / SALVA2AG2CH619658
Name of insured	MUHAMMAD FAZLY BIN RAZALI
Period Of Insurance	02.10.2017 To 28.09.2018
Insured Estimated Value	Market Value At Time Of Loss
Financial Institution	HONG LEONG FINANCE LIMITED

Excess :

SGD750.00 SECTION I FOR NAMED DRIVER
 SGD950.00 SECTION I FOR UNNAMED DRIVER
 SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE
 BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

MUHAMMAD FAZLY BIN RAZALI

Persons or classes of persons entitled to drive*

- 1) The Insured.
 The Insured may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him or his employer or his partner.
- 2) Any other person who is driving on the Insured's order or with his permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use*

Use only for social, domestic and pleasure purposes and for the insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

ITHMINAH/A0075/MX1F

Issued at Singapore On 04.10.2017

First Capital Insurance Limited
 (Approved Insurers)

Authorised Signature

PCV Accident Report

(For Reporting only)



☐ Braddell ☒ Sin Ming ☐ Sg. Kadut ☐ Pandan ☐ Loyang ☐ Ubi

Section A - To Be Completed By Driver Who Is Involved in The Accident

Date & Time of Accident	Date: 11/02/2018 0950HRS	Time: 0950HRS
Date & Time of Reporting	Date: 12/02/2018 1230HRS	Time: 1230HRS
Place of Accident	CAIRNHILL TUNNEL, CTE	
Vehicle Reg. No.:	SLS 7199Y	Make / Model: RANGE ROVER / EVOQUE
Purpose of Use at Time of Accident : Goods transportation (private usage) / others:		
Name :	MUHAMMAD FAZLY BIN RAZALI	NRIC / FIN No. S7900753F
Address :	663A PUNGAOL DRIVE #12-264	
Postcode :	821663	Date Of Birth : 03/01/79
Home :	-	Handphone : 90037797
Email :	fazlyrazali79@gmail.com	Gender : (Male) Female
Occupation : Management / Sales / Retiree / Housewife / Technical / Education (Others):		
Type of Claims : (Third Party) / Own Damage / Reporting Only	Licence Pass Date :	
Driver Status : Owner / Non-owner	Years of Driving Experience : 13	08/10/2004

If you are not the owner, the owner's name & tel : AS ABOVE

Owner's Address : AS ABOVE

Relationship with Owner : Owner's NRIC / Company Reg. No :

Vehicle Towed In ?	(Yes) / No	My Insurance Company:	FIRST CAPITAL
Police Reported ?	Yes / (No)	Police Report Reference No. :	N 4
Company's Vehicle ?	Yes / (No)	Insurance Policy No:	D-17088853MVPC
Do you have witness ?	Yes / (No)	Type of Policy: (Comprehensive) Third Party Fire & Theft / Third Party Only	
(If Yes, Witness Name & Contact No :)			

Weather Condition : (Clear) / Cloudy / Light Rains / Heavy Rains

Road Condition : (Dry) / Wet Was anyone injured in the accident ? Yes / (No)

Other vehicle or property damage ? Yes / (No) Was Notice of Intended Prosecution given ? Yes / (No)

Describe How Accident Happened : Please use **SKETCH PLAN** for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model :	SHC7904 CITICAB	Vehicle Reg. No. :	SHC7904K
Name of Driver :	CHING YAN WAH	NRIC No. :	
Insurance Company :		Handphone :	98429161

Driver's Declaration : I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.

Signature :  Date : 12/02/2018

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.

COMFORTDELGRO ENGINEERING PTE LTD
383 SIN MING DRIVE
SINGAPORE 575117

Policyholder's Signature
Date & Time:

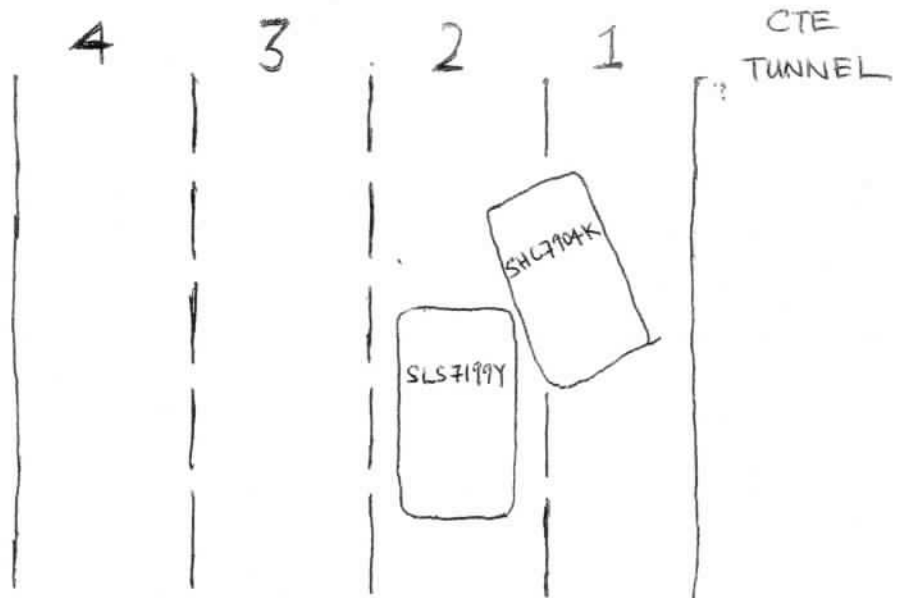
12/02/2018
1300HRS

Driver's Signature
(If driver is not the policyholder)
Date & Time:

12/02/2018
1300HRS

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

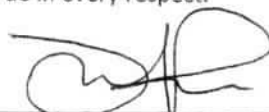
I WAS DRIVING ON IN THE CTE TUNNEL ON THE 11/02/2018, 0950HRS IN THE LANE 2 AND A TAXI HIT MY CAR ON THE SIDE.

DECLARATION

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


Policyholder's Signature

Date & Time: 12/02/2018 1300HRS


Driver's Signature
(If driver is not the policyholder)

Date & Time: 12/02/2018 1300HRS

COMFORTDELGRO ENGINEERING PTE. LTD.
383 SIN MING DRIVE
SINGAPORE 575717


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

KIAN TEONG AUTO CENTRE

Blk 176 Sin Ming Drive #01-08

Sin Ming AutoCare Singapore 575721

Tel No. : 64556268 Fax No. : 64555166

E-Mail : info@ktauto.com.sg

Website : www.ktauto.com.sg

Tax Reg. No. : 52991859E Buss. Reg. No. : 52991859E

Surveyor's copy

FIRST CAPITAL INSURANCE LIMITED
30 ROBINSON ROAD #10-01/02 ROBINSON TOWERS
SINGAPORE 048546

Estimate : ES000431

Attention : Motor Claim Department

Contact : 6507 6848 Fax No. : 6507 3849

Not Authorised
1-B1
Henry Bepain

Date : 09/03/2018
Vehicle Num. : S287199Y
Make/Model : ROVER EVOQUE
Chassis/Eng# :
Accident Date :
Claim No. :
Reference :
Policy No. :

Henry
96910663

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

- | | | | | |
|-----|------------|---------------------------------|--|--|
| 1. | RH | LIST ITEMS : | | |
| 2. | 1 | FRONT RIMS | | |
| 3. | 1 | FRT TYRE - RH | | |
| 4. | 1 | FRONT FENDER - RH | | |
| 5. | PROTECTOR | FRONT FENDER GARNISH | | |
| 6. | RR PROECTO | FRONT FENDER GARNISH | | |
| 7. | CLIPS | FRONT FENDER GARNISH | | |
| 8. | 11 | FRONT FENDER INNER SHIELD | | |
| 9. | 1 SET | FRONT FENDER INNER SHIELD CLIPS | | |
| 10. | 1 | FRONT BUMPER | | |
| 11. | 1 | FRONT BUMPER LOWER SPOILER | | |
| 12. | RH | FRONT KNUCKLE | | |
| 13. | RH | FRONT KNUCKLE BEARING | | |
| 14. | RH | FRONT SHOCK ABSORBER | | |
| 15. | RH | FRONT ABSORBER MOUNTING | | |
| 16. | STOPPER | FRONT ABSORBER | | |
| 17. | RH | FRONT ABSORBER BEARING | | |
| 18. | RH | FRONT STABILIZER LINKAGE | | |
| 19. | RH | FRONT LOWER ARM | | |
| 20. | | FRONT RH ABS SENSOR | | |
| 21. | | FRONT RH HIGH LEVEL SENSOR | | |
| 22. | | FRONT RH DRIVE SHAFT ASSY | | |
| 23. | | FRONT STEERING RACK ASSY | | |

List TotalS\$:

- | | | | | |
|----|-------|-----------------------------------|--|--|
| 1. | 1 SET | NETT ITEMS : | | |
| 2. | 1 | FRONT BUMPER SENSOR | | |
| 3. | 1 | BRAKE FLUID | | |
| 4. | 1 | COMPUTERISED FOUR WHEEL ALIGNMENT | | |

220.00 ✓
35.00 ✓
90.00 ✓

CONTINUE / ...

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:

KIAN TEONG AUTO CENTRE

Blk 176 Sin Ming Drive #01-08

Sin Ming AutoCare Singapore 575721

Tel No. : 64556268 Fax No. : 64555166

E-Mail : info@ktauto.com.sg

Website : www.ktauto.com.sg

Tax Reg. No. : 52991859E Buss. Reg. No. : 52991859E

FIRST CAPITAL INSURANCE LIMITED

30 ROBINSON ROAD #10-01/02 ROBINSON TOWERS

SINGAPORE 048546

Attention : Motor Claim Department

Contact : 6507 6848 Fax No. : 6507 3849

Estimate : ES000431

Date : 09/03/2018

Vehicle Num. : SFA 7711 J

Make/Model : RANGE ROVER EVOQUE-2012

Chassis/Eng# : SALVA2AGXDH715328/0150652321242

Accident Date : 09/03/2018

Claim No. :

Reference :

Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

4.		TOWING OF VEHICLE (KING DOLLY) + ERP		
----	--	--------------------------------------	--	--

(Bill) 130.00 7

Nett Total S\$:

475.00

LABOUR :

LABOUR FEES:

TO PUTTY APPLY PRIMER & SPRAY PAINT THE AFFECTED AREAS

TO KNOCK AND REPAIR ALL DAMAGED PARTS

TO REMOVE AND CHANGE ALL DAMAGED PARTS

TO CHECK ALL WIRING AND LIGHTINGS

STEERING ANGLE CALIBRATION AND ALIGNMENT

900
1400 1,400.00
3,360.00

150.00

260.00

Labour Total S\$:

5,170.00

E. & O.E.

Total S\$:

5,645.00

for KIAN TEONG AUTO CENTRE

Please do not hesitate to contact us at the above number if there is any other further quire.

We thank you for your kind attention. Your prompt reply is greatly appreciated.

KIAN TEONG AUTO CENTRE

Blk 176 Sin Ming Drive #01-08

Sin Ming AutoCare Singapore 575721

Tel No. : 64556268 Fax No. : 64555166

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FIRST CAPITAL INSURANCE LIMITED

30 ROBINSON ROAD #10-01/02 ROBINSON TOWERS

SINGAPORE 048546

Attention : Motor Claim Department

Contact : 6507 6848 Fax No. : 6507 3849

Estimate : ES000431

Date : 09/03/2018

Vehicle Num. : SLS 7199Y

Make/Model : RANGE ROVER EVOQUE-2012

Chassis/Eng# : SALVA2AGXDH715328/0150652321242

Accident Date : 09/03/2018

Claim No. :

Reference :

Policy No. :

S/N Quantity Particular Unit Price Amount S\$

- LIST ITEMS :
1. RH FRONT RIMS
 2. 1 FRT TYRE - RH
 3. 1 FRONT FENDER - RH
 4. PROTECTOR FRONT FENDER GARNISH
 5. RR PROECTO FRONT FENDER GARNISH
 6. CLIPS FRONT FENDER GARNISH
 7. 4x1 FRONT FENDER INNER SHIELD
 8. 1 SET FRONT FENDER INNER SHIELD CLIPS
 9. 1 FRONT BUMPER
 10. 1 FRONT BUMPER LOWER SPOILER
 11. RH FRONT KNUCKLE 1556.80
 12. RH FRONT KNUCKLE BEARING
 13. RH FRONT SHOCK ABSORBER
 14. RH FRONT ABSORBER MOUNTING
 15. STOPPER FRONT ABSORBER
 16. RH FRONT ABSORBER BEARING
 17. RH FRONT STABILIZER LINKAGE
 18. RH FRONT LOWER ARM
 19. FRONT RH ABS SENSOR
 20. FRONT RH HIGH LEVEL SENSOR
 21. FRONT RH DRIVE SHAFT ASSY
 22. FRONT STEERING RACK ASSY
 23. FRONT SIDE PANNEL RH GARNISH (PLASTIC)

List TotalS\$:

- NETT ITEMS :
1. 1 SET FRONT BUMPER SENSOR
 2. 1 BRAKE FLUID

Rd 495.00 ✓
 Bu 385.00 X
 Bu 1,528.50 ✓
 Di's 495.00 ✓
 em 495.00 ✓
 cm 150.00 ✓
 cm 380.00 4180.00 ✓
 Bu 98.00 ✓
 Bu 3,978.20 X
 Bu 1,755.00 ✓
 Bu 1,850.00 ✓
 Bu 398.50 ✓
 Bu 985.00 X
 Bu 590.00 X
 Bu 498.00 X
 Bu 395.00 X
 Di's 195.00 ✓
 Bu 978.50 ✓
 Bu 487.50 X
 Bu 442.50 X
 Bu 958.70 ✓
 Bu 5,987.50 X
 cm 185.00 ✓
 27,510.90

CONTINUE / ...

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:

KIAN TEONG AUTO CENTRE

Blk 176 Sin Ming Drive #01-08
 Sin Ming AutoCare Singapore 575721
 Tel No. : 64556268 Fax No. : 64555166
 E-Mail : info@ktauto.com.sg
 Website : www.ktauto.com.sg
 Tax Reg. No. : 52991859E Buss. Reg. No. : 52991859E

FIRST CAPITAL INSURANCE LIMITED
 30 ROBINSON ROAD #10-01/02 ROBINSON TOWERS
 SINGAPORE 048546

Attention : Motor Claim Department
 Contact : 6507 6848 Fax No. : 6507 3849

Estimate : ES000431

Date : 09/03/2018
 Vehicle Num. : SFA 7711 J
 Make/Model : RANGE ROVER EVOQUE-2012
 Chassis/Eng# : SALVA2AGXDH715328/0150652321242
 Accident Date : 09/03/2018
 Claim No. :
 Reference :
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
3.		COMPUTERISED FOUR WHEEL ALIGNMENT		90.00
4.		TOWING OF VEHICLE (KING DOLLY) + ERP	(9.00)	130.00
		Nett Total S\$:		475.00
		LABOUR :		
		LABOUR FEES:		
		TO PUTTY APPLY PRIMER & SPRAY PAINT THE AFFECTED AREAS		1,400.00
		TO KNOCK AND REPAIR ALL DAMAGED PARTS		3,360.00
		TO REMOVE AND CHANGE ALL DAMAGED PARTS		
		TO CHECK ALL WIRING AND LIGHTINGS		150.00
		STEERING ANGLE CALIBRATION AND ALIGNMENT		260.00
		Labour Total S\$:		5,170.00

E. & O.E.

Total S\$: 33,155.90
 =====

for KIAN TEONG AUTO CENTRE



Please do not hesitate to contact us at the above number if there is any other further quire.
 We thank you for your kind attention. Your prompt reply is greatly appreciated.

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Tuesday, 15 January 2019 1:22 PM
To: info@ktauto.com.sg; SUR
Subject: RE: OUR REF : D18001291MFSH ; YOUR REF: SLS7199Y

Dear Wendy,

Noted with thanks.

Kindly send Final invoice and all supporting documents to First Capital Ins Ltd.

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: info@ktauto.com.sg <info@ktauto.com.sg>
Sent: Tuesday, 15 January 2019 11:08 AM
To: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: RE: OUR REF : D18001291MFSH ; YOUR REF: SLS7199Y

Dear Veron,

Please close case as per your finalization. Kindly advice where to sent LOD.

Yours faithfully
Wendy Siew
On and behalf of
Kian Teong Auto Centre
176 Sin Ming Drive
Sin Ming autocare #01-08
Singapore 575721
Tel: 65 64556268
Fax: 65 64555166
HP: 91786498
Website: www.ktauto.com.sg

From: "Veron Chen (LKKAUTO)" <veronchen@lkkauto.com>
Sent: 12/27/18 2:54 PM
To: "info (info@ktauto.com.sg)" <info@ktauto.com.sg>, SUR <sur@lkkauto.com>
Subject: RE: OUR REF : D18001291MFSH ; YOUR REF: SLS7199Y
Dear Wendy,

WITHOUT PREJUDICE

Finalise amount \$16,965.85 @ 8 working days.

Please check and confirm.

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: Shu Pei (LKKAuto)
Sent: Wednesday, 26 December 2018 12:11 PM
To: Admin-D (LKKAuto)
Subject: FW: OUR REF : D18001291MFSH ; YOUR REF: SLS7199Y

Best Regards,
Shu Pei| Admin
LKK Auto Consultants Pte Ltd
Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: info@ktauto.com.sg >
Sent: Wednesday, 26 December 2018 11:42 AM
To: cwsmotorclaims@msfirstcapital.com.sg; Kenneth Kong (LKKAuto) >; Admin A >
Subject: Re: OUR REF : D18001291MFSH ; YOUR REF: SLS7199Y

Dear Kenneth,

Kindly please help to finalize this case ASAP.

Yours faithfully
Wendy Siew
On and behalf of
Kian Teong Auto Centre
176 Sin Ming Drive
Sin Ming autocare #01-08
Singapore 575721
Tel: 65 64556268
Fax: 65 64555166
HP: 91786498
Website: www.ktauto.com.sg

From: "Claim Workflow System" >
Sent: 2/13/18 10:01 AM
To: INFO@KTAUTO.COM.SG
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG, AUNGYINMIN@MSFIRSTCAPITAL.COM.SG
Subject: SURVEYOR APPOINTED; OUR REF : D18001291MFSH ; YOUR REF: SLS7199Y
Dear Sir/Madam

PRI Request For SLS7199Y Accident Involving SHC7904K On 11-02-2018 AT 09:55:00HRS.

Please find below details for your reference

- * Claim number : D18001291MFSH
- * Insured vehicle number : SHC7904K
- * Accident date : 11-02-2018
- * Third-party vehicle number : SLS7199Y
- * Assignment type : WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED
- * Surveyor : LKK AUTO CONSULTANTS PTE LTD
- * Officer-in-Charge : AUNGYM

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

Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

Veron Chen (LKKAuto)

From: info@ktauto.com.sg
Sent: Thursday, 6 September 2018 3:06 PM
To: Veron Chen (LKKAuto)
Subject: Re: SLS 7199Y-DOA: 11/2/2018 (FIRST CAPITAL TP)
Attachments: 7199 EST.pdf

From: "Veron Chen (LKKAuto)" <veronchen@lkkauto.com>
Sent: 9/5/18 4:07 PM
To: "info (info@ktauto.com.sg)" <info@ktauto.com.sg>
Subject: SLS 7199Y-DOA: 11/2/2018 (FIRST CAPITAL TP)
Dear Wendy,

Kindly forward us estimate with parts prices, in order for us to finalise

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)




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				
MS FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI18003377/Kvd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 18-01-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7904K	Veh. Inspected	SLS 7199Y	
Policy No.	D-18088937MFSH	Coverage (\$)	0.00	
Claim No.	D18001291MFSH	Excess (\$)	0.00	
Assign From	AUNG YIN MIN	Assign Date	20/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	LAND ROVER RANGE ROVER (A)	c.c	1999	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	SALVA2AG2CH619658	Colour	METALLIC PEARL WHITE	
Odometer	96141	Steering	JAMMED	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	255/45 R20	MICHELIN	8 mm	
L/H Front Tyre	255/45 R20	MICHELIN	8 mm	
R/H Rear Tyre	255/45 R20	MICHELIN	8 mm	
L/H Rear Tyre	255/45 R20	MICHELIN	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT AND UNDERCARRIAGE PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	11/02/2018	Inspection Date	12/03/2018	
Survey held at	KIAN TEONG AUTO CENTRE BLK 176 SIN MING DRIVE #01-08 SIN MING CARE SINGAPORE 575721			
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:		8 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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLS 7199Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	RH FRONT RIMS	DENTED	495.00	495.00
1	FRT TYRE - RH	SERVICEABLE	385.00	-
1	FRONT FENDER - RH	BUCKLED	1,528.50	1,528.50
1	PROTECTOR FRONT FENDER GARNISH	DISTORTED	495.00	495.00
1	RR PROTECTOR FRONT FENDER GARNISH	CRACKED	495.00	495.00
1	CLIPS FRONT FENDER GARNISH	CRACKED	150.00	150.00
11	FRONT FENDER INNER SHIELD @\$380.00	CRACKED-1PC ONLY	4,180.00	380.00
1	SET FRONT FENDER INNER SHIELD CLIPS	NECESSARY	98.00	98.00
1	FRONT BUMPER	TO REPAIR SEE LABOUR	3,978.20	-
1	FRONT BUMPER LOWER SPOILER	CUT	1,755.00	1,755.00
1	RH FRONT KNUCKLE	BENT	1,850.00	1,556.80
1	RH FRONT KNUCKLE BEARING	NECESSARY	398.50	398.50
1	RH FRONT SHOCK ABSORBER	SERVICEABLE	985.00	-
1	RH FRONT ABSORBER MOUNTING	SERVICEABLE	590.00	-
1	STOPPER FRONT ABSORBER	SERVICEABLE	498.00	-
1	RH FRONT ABSORBER BEARING	NOT NECESSARY	395.00	-
1	RH FRONT STABILIZER LINKAGE	DISTORTED	195.00	195.00
1	RH FRONT LOWER ARM	BENT	978.50	978.50
1	FRONT RH ABS SENSOR	SERVICEABLE	487.50	-
1	FRONT RH HIGH LEVEL SENSOR	SERVICEABLE	442.50	-
1	FRONT RH DRIVE SHAFT ASSY	BENT	958.70	958.70
1	FRONT STEERING RACK ASSY	BENT	5,987.50	5,987.50
1	FRONT SIDE PANNEL RH GARNISH (PLASTIC)	CRACKED	185.00	185.00
	LESS 10% DISCOUNT		-	-1,565.65
			27,510.90	14,090.85
<u>SPECIAL NETT ITEMS</u>				
1	SET FRONT BUMPER SENSOR (SN)	SCRATCHED	220.00	220.00
1	BRAKE FLUID (SN)	NECESSARY	35.00	35.00
			255.00	255.00

Report Ref No. CS/FCI18003377/Kvd3e2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	COMPUTERISED FOUR WHEEL ALIGNMENT.		90.00	80.00
	TOWING OF VEHICLE (KING DOLLY) + ERP.		130.00	120.00
	TO PUTTY APPLY PRIMER & SPRAY PAINT THE AFFECTED AREAS.		1,400.00	900.00
	TO KNOCK AND REPAIR ALL DAMAGED PARTS. TO REMOVE AND CHANGE ALL DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		3,360.00	1,400.00
	TO CHECK ALL WIRING AND LIGHTINGS.		150.00	20.00
	STEERING ANGLE CALIBRATION AND ALIGNMENT.		260.00	100.00
			5,390.00	2,620.00
	GRAND TOTAL		33,155.90	16,965.85
RECOMMENDED COST OF REPAIRS				16,965.85

Report Ref No. CS/FCI18003377/Kvd3e2

KONG SENG CHEONG

Licensed Appraiser

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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.