ACC. REC. BY: | REF: CS/FCI18003471/Avd3 | Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Lurene Jaw of FEI Date/Time: 22/2/18 @ 3.44pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKS3739C Insured: SHC0908X

at Workshop m/s: MG solution Tel: 62431373

of: 23 Kaki Bkt Ave 4 #02-03

Policy No: Claim No: D18001438MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 13/02/2018

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

Surname

REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

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:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKS3739C Yr Regn: 2015 April

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

Make: Volvo V40 c.c 1560

Colour Black. A/C Insured / Std / NI / NA

Sp.Reading 97644 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV1MV845BF2236820.

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: 205/55R16

R: 205/55R16

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

Front		Rear	
R/Bal.	0/0 mm	R/Bal.	0/0 mm
L/Bal.	0/0 mm	L/Bal.	0/0 mm
D.O.A.		D.O.I.	23/02/18.

Survey held at M6 Solution.

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

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

Date / Time	Action / Instruction
	TP 1st Cap.

RECEIVED 27 APR 2018

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 27/4 - typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Report Format : CWS

Lump Sum / I.B.I: ($ 2200)

Survey Fee	170
Transportation	50
$ - PS SI	50
Photos	35
Others	
TOTAL	305

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/FCI18003471/Avd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 23-02-2018

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHC 908X	Veh. Inspected	SKS 3739C
	Policy No.		Coverage ($)	0.00
	Claim No.	D18001438MFSH	Excess ($)	0.00
	Assign From	CWS (LURENE JAW)	Assign Date	23/02/2018

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	13/02/2018	Inspection Date	23/02/2018
	Survey held at	MGARAGE (EAST) PTE LTD 23 KAKI BUKIT CENTRE AAS KAKI BUKIT CENTRE #04-01 SINGAPORE 415933		

5a. Remarks

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

MS FirstCapital

MS First Capital Insurance Limited Co.Reg.No. 199000108C GST Reg.No. M2-0001670-9
6 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877
Tel: (65) 6507 3848 Fax: (65) 6507 3849
www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date	19-02-2018	**Our Ref No.**	D18001438MFSH
Accident Date	13-02-2018	**Claim Type.**	Third Party
Insured Vehicle	SHC0908X	**Third Party Vehicle.**	SKS3739C
Survey Location	23 KAKI BUKIT AVE 4 AAS KAKI BUKIT CENTRE#02-03		
Contact Person.	SU WONG		
Contact No.	62431373/ 0	**Fax No.**	62431376
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	MG SOLUTION PTE LTD	**Attention.**	NIL
Cc : TP Solicitor	NA	**TP Solicitor Fax No.**	NA
Officer Incharge	LURENE		

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/235098) PRI Documents Close

PRI Header Details

Claim No	D18001438MFSH	**Policy No**	D-18088937MFSH	**Claimant S.No & Name**	1 & MG SOLU
Workshop Name	MG SOLUTION PTE LTD (Contact Person : SU WONG)	**Survey Location & Contact Details**	23 KAKI BUKIT AVE 4 AAS KAKI BUKIT CENTRE#02-03 **Mobile:** 0 , **Phone:** 62431373 , **Fax:** 62431376 **EmailId:** MG3SOLUTION@GMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM		
Insured Name	CITYCAB PTE LTD	**Insured Vehicle No**	SHC0908X	**TP Vehicle No**	SKS3739C
PRI Recieved Date	20-02-2018 05:40:55 PM	**Surveyor Appointed Date**	22-02-2018 03:48:32 PM	**Surveyor Accept Date**	23-02-2018 1

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	23-02-2018	**Upload Survey Report *:**	Choose File

Vehicle Particulars

Make	Please Select Make	**Model**	Please Select Model	**Year**	Select Year
Chasis No		**Engine No**		**Mileage**	
Color		**Cubic Capacity**			

Multiple Documents Upload

Upload Multiple Documents

File Name **Action**

Surveyor Job Remarks

Remarks		Save

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Friday, 27 April 2018 10:50 AM
To: 'Claim Workflow System'
Cc: 'LURENEJAW@MSFIRSTCAPITAL.COM.SG'; SUR
Subject: RE: SURVEY ASSESSMENT - D18001438MFSH/1, SKS 3739C
Attachments: SKS 3739C PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SKS 3739C
Date of survey: 23/2/2018
Number of days:3 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Veron Chen (LKKAuto)
Sent: Monday, 26 February 2018 7:53 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18001438MFSH/1, SKS 3739C

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SKS 3739C on 23/2/2018.

We are pending estimate from repairer.

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: Friday, 23 February 2018 11:10 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18001438MFSH/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: Thursday, 22 February 2018 3:49 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; LURENEJAW@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18001438MFSH/1

Dear Sir/Mdm,

We refer to the above reference.
Please find attached the necessary documents for survey.
Kindly submit your report via CWS within the next 14 days.

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

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

LVV Auto Consultants Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D18001438MFSH
Our ref: CS/FCI18003471/Avd3

Date : 27/4/2018

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

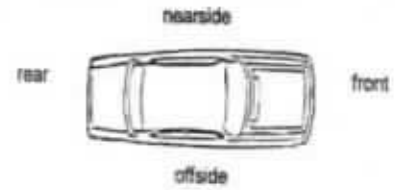
INITIAL INSPECTION REPORT OF VEHICLE NO. SKS 3739C

We thank you for your instruction on 22/2/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 23/2/2018 at the premises of M/s MG SOLUTION PTE LTD and have the following to report:-

Workshop Estimate Amount	: S$9,103.00
Revised Estimate Amount	: S$2,200.00 (LUMP SUM)
"Check" Items Amount	: S$
Market Value	: S$
LTA Reimbursement Value	: S$
Nett Value	: S$

Description of Damage:
The vehicle sustained damages at the rear poriton



Comments/Present Status:
Damages Consistent

Yours faithfully,

ADRIAN LING WAI PING
B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI
Licensed Appraiser

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Monday, 26 February 2018 7:53 AM
To: 'Claim Workflow System'
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18001438MFSH/1, SKS 3739C

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SKS 3739C on 23/2/2018.

We are pending estimate from repairer.

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: Friday, 23 February 2018 11:10 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18001438MFSH/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]
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To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; LURENEJAW@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18001438MFSH/1

Dear Sir/Mdm,

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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.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	4519A
Vehicle Details	
Vehicle No.:	SKS3739C
Vehicle to be Exported:	No
Intended De-registration Date:	23 Feb 2018
Vehicle Make:	VOLVO
Vehicle Model:	V40 D2 A/T ABS D/AIRBAG 2WD
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	D4162T3202900
Chassis No.:	YV1MV845BF2236820
Maximum Power Output:	84.0 kW (112 bhp)
Open Market Value:	$23,709.00
Original Registration Date:	10 Apr 2015
First Registration Date:	10 Apr 2015
Transfer Count:	0
Actual ARF Paid:	$10,193.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Apr 2025
PARF Rebate Amount:	$7,644.00
Intended COE Rebate Details	
COE Expiry Date:	09 Apr 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$67,749.00
COE Rebate Amount:	$48,303.00
Total Rebate Amount:	**$55,947.00**

The information contained herein is correct as at 23 Feb 2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the 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 12:32
Date Of Accident	13/02/2018 13:25
Exact Location Of Accident	SLIP ROAD FROM CAVENAGH RD TOWARDS BT TIMAH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKS3739C
Insured/Policyholder	
Name Of Registered Owner	OC GLOBAL
Co Reg No	53274519A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888
Vehicle Particulars	
Manufacturer	VOLVO
Model	V40-1.6 D CROSS COUNTRY D2 (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094283356
Cover Note Number	
Driver	
Name of Driver	CHOW KAH WAI, LAURENCE
NRIC No	S8835655A
Date Of Birth	21/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	09/04/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96697281
Fax Number	
Contact Number	
EMail Address	LAURENCE88@GMAIL.COM

Address	BLK 686C CHOA CHU KANG CRESCENT #10-220
Postcode	683686
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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

ON 13/02/2018 AT ABOUT 1325HRS AT SLIP ROAD FROM CAVENAGH ROAD TOWARDS BT TIMAH ROAD. I WAS TRAVELLING ON THE ABOVE MENTIONED SLIP ROAD AND CAME TO A STOP WHILE GIVING WAY TO THE MAIN TRAFFIC ALONG BT TIMAH ROAD. SUDDENLY I FELT A GREAT IMPACT AND A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SKS 3739C (B) SHC908X

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC908X
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

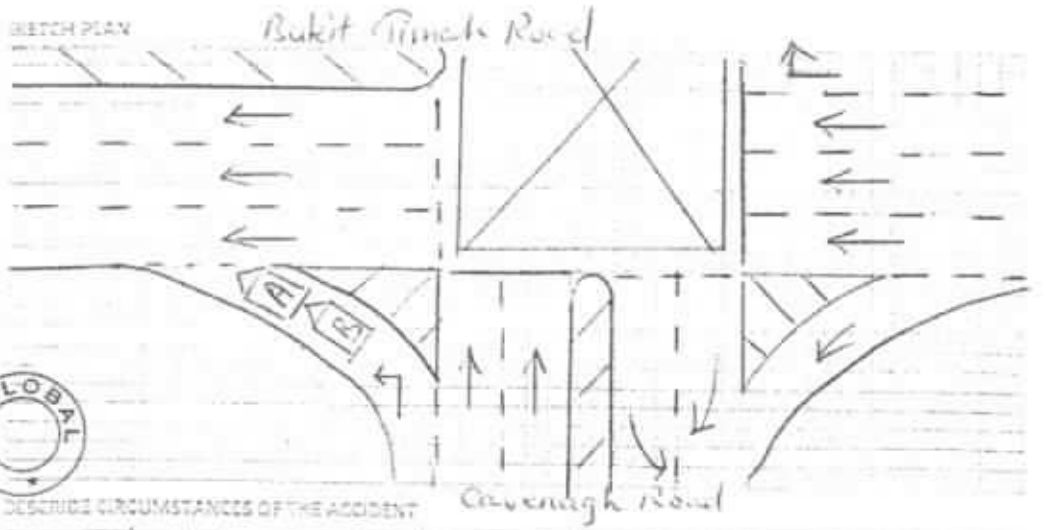
I, [redacted] hereby authorise and the General Insurance Association of Singapore ("GIA") may, [redacted] disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") 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:

[redacted]

OC GLOBAL

[redacted]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 13/02/2018 at about 1325 hrs at Slip road from Cavenagh Road towards Bt Timah Road. I was travelling on the above mentioned slip road and came to a stop while giving way to the main traffic along Bt Timah Road. Suddenly I felt a great impact and a loud bang from behind and when I alighted, I realised that it was vehicle (B) who hit onto my Rear Portion of my vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle. (A) SKS 3734 C
(B) SHC 908 X

DECLARATION

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933
Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376
Reg. No: 201427944N

TO	: FIRST CAPITAL	DATE	: 19/02/2018
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
ESTIMATE REPORT	:		

VEHICLE DETAILS

VEHICLE NO	: SKS3739C
MODEL	: VOLVO V40 Veron
CHASSIS NO	

ACCIDENT DETAILS DATE : 13-Feb-18
TIME : 13:25HRS

THIRD PARTY REQUESTOR / CONTACT : JACK LI

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE	
1	TAIL GATE WEATHERSTRIP Not inc.	1	$ 235.00	$ 235.00	+
2	REAR BUMPER Deformed	1	$ 1,280.00	$ 1,280.00	~
3	REAR BUMPER SIDE RETAINER Not inc	2	$ 82.00	$ 164.00	~
4	REAR BUMPER REFLECTOR Not inc	2	$ 150.00	$ 300.00	+
5	REAR BUMPER TOWING COVER Missing	1	$ 140.00	$ 140.00	~
6	REAR BUMPER REINFORCEMENT Not inc	1	$ 1,130.00	$ 1,130.00	+
7	REAR BUMPER REINFORCEMENT BRACKET Not inc	2	$ 103.00	$ 206.00	+
8	REAR BUMPER SPONGE Not inc	1	$ 190.00	$ 190.00	+
9	REAR BUMPER CENTER BEAM Not inc	1	$ 380.00	$ 380.00	+
10	REAR BUMPER LOWER LID Cut	1	$ 580.00	$ 580.00	~
11	REAR END PANEL Repair	1	$ 830.00	$ 830.00	+
12	REAR END PANEL INNER TOP GARNISH Not inc	1	$ 233.00	$ 233.00	+

2164
1947.60

TOTAL PRICE	$	5,668.00
LESS 0%	$	-
SUB TOTAL PRICE	$	5,668.00

SPECIAL NETT ITEMS

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT	
1	REAR NUMBER PLATE Not inc	1	$ 50.00	$ 50.00	+

2	REAR BUMPER CLIP(SET) Nil	1	$ 20.00	$	20.00
3	REAR END PANEL TOP GARNISH CLIPS Nil Nil	1	$ 20.00	$	20.00
4	REAR END PANEL INSULATION SEAL Nil Nil	1	$ 150.00	$	150.00
5	REVERSE SENSOR (1 SET) Tangled	1	$ 250.00	$	250.00
	270		TOTAL	$	490.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

1	PANEL BEATING, REMOVAL AND REPLACING PARTS	$1,200.00	250	
2	TO SPRAY PAINT AFFECTED AREA	$1,000.00	250	
3	TUFF COAT	$250.00	X	
4	WIRING CHECK	$120.00	30	
5	REMOVE AND REFIX CUSHION SEAT/ UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR	$250.00	X	
6	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	$80.00	50	
7	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS,RESET MEMORIES TO SPECIFICATION ETC.	$120.00	X	
	TOTAL	**$3,020.00**	580	

ESTIMATE REPORT

TOTAL PARTS COST	: $	6,083.00
TOTAL LABOUR COST	: $	3,020.00
TOTAL REPAIR COST	: $	9,103.00

APPROVED DETAILS

SURVEYOR :

CONTACT NO : **FAX** :

PART BY PART / LUMP SUM :

NO OF DAYS :

Adrian Ling Bill: 27876
L/S 23/02/18 L/S: 22K
03 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

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref : CS/FCI18003471/Avd3q2

Date : 27-04-2018

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHC 908X	**Veh. Inspected**	SKS 3739C
	Policy No.	D-18088937MFSH	**Coverage ($)**	0.00
	Claim No.	D18001438MFSH	**Excess ($)**	0.00
	Assign From	LURENE JAW	**Assign Date**	22/02/2018

2. Vehicle Particulars & Condition

	Make & Model	VOLVO V40	**c.c**	1560
	Engine No.	HIDDEN	**Year of Reg.**	2015
	Chassis No.	YV1MV845BF2236820	**Colour**	BLACK
	Odometer	97644	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	205/55 R16	MICHELIN	6 mm
	L/H Front Tyre	205/55 R16	MICHELIN	6 mm
	R/H Rear Tyre	205/55 R16	MICHELIN	6 mm
	L/H Rear Tyre	205/55 R16	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	13/02/2018	**Inspection Date**	23/02/2018
	Survey held at	MGARAGE (EAST) PTE LTD 23 KAKI BUKIT CENTRE AAS KAKI BUKIT CENTRE #04-01 SINGAPORE 415933		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **3 Working Days**

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKS 3739C

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	TAIL GATE WEATHERSTRIP	NOT NECESSARY	235.00	-
1	REAR BUMPER	DEFORMED	1,280.00	1,280.00
2	REAR BUMPER SIDE RETAINER @$82.00	NECESSARY	164.00	164.00
2	REAR BUMPER REFLECTOR @$150.00	NOT NECESSARY	300.00	-
1	REAR BUMPER TOWING COVER	MISSING	140.00	140.00
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	1,130.00	-
1	REAR BUMPER REINFORCEMENT BRACKET @$103.00	NOT NECESSARY	206.00	-
1	REAR BUMPER SPONGE	NOT NECESSARY	190.00	-
1	REAR BUMPER CENTER BEAM	NOT NECESSARY	380.00	-
1	REAR BUMPER LOWER LID	CUT	580.00	580.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	830.00	-
1	REAR END PANEL INNER TOP GARNISH	NOT NECESSARY	233.00	-
	LESS 10% DISCOUNT		-	-216.40
			5,668.00	1,947.60
	SPECIAL NETT ITEMS			
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	50.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	20.00	20.00
1	REAR END PANEL TOP GARNISH CLIPS (SN)	NOT NECESSARY	20.00	-
1	REAR END PANEL INSULATION SEAL (SN)	NOT NECESSARY	150.00	-
1	SET REVERSE SENSOR (SN)	DAMAGED	250.00	250.00
			490.00	270.00
	LABOUR			
	PANEL BEATING ,REMOVAL AND REPLACING PARTS.INCLUSIVE OF THE REPAIR OF REAR END PANEL .		1,200.00	250.00
	TO SPRAY PAINT AFFECTED AREA.		1,000.00	250.00
	TUFF COAT.	NOT NECESSARY	250.00	-
	WIRING CHECK .		120.00	30.00
	REOVE AND REFIX CUSHION SEAT /UPHOLSTERY AND ROOF LINING TO FACILITATE REPAIR.	NOT NECESSARY	250.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING.		80.00	50.00
	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS ,RESET MEMORIES TO SPECIFICATION ETC.	NOT NECESSARY	120.00	-
			3,020.00	580.00
	GRAND TOTAL		**9,178.00**	**2,797.60**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**2,200.00**

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ADRIAN LING WAI PING

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

Licensed Appraiser