

ASS. REC. BY:

REF:

CS/FC118003894/Stber

Special Instruction:

Surveyor: Sebastian

ASSIGNMENT (Office)

From (Person): LWS Karen Tan

of

FCL

Date/Time: 28022018 9/14am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLA 2960J

Insured:

SHA L736J

at Workshop m/s

Auto Insure

Tel:

9100 2998

of

6 Marsiling Lane

Policy No:

Claim No:

D18001506MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

20022018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

28022018 11:11am

Person Contacted:

Jason

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLA 2960J - XC3 / LCR17020761 / 5pb392
	SHA L736J - CCH / MxA16022678 / M1wb352
	Part by Part \$3,406.25 (Red: 6993.75; 67%)

S1+046

REF:

Simulator

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 Rpt: 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:

Date / Time / Action / Instruction

Veh No:

SLQ 2960J

Yr Regn:

4/7/2017

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

Truck / Trailer or

Make:

Toyota Prius

cc 1798

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

/

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDK53F4103561211

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 195/65 R15

R:

u. u

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

20/2/18

D.O.I.

28/2/18

Survey held at

Auto Insure

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, File Pass to?



Preli. Report

1) 217 Typist



Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$) TP

TP

3406.25

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

) \$ + RS. \$

) Photos

) Others

TOTAL

170

50

15

235

RECEIVED 02 JUL 2018




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/FCI18003894/Stb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 28-02-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 4736J	Veh. Inspected	SLQ 2960J
Policy No.		Coverage (\$)	0.00
Claim No.	D18001506MFSH	Excess (\$)	0.00
Assign From	CWS (KAREN TAN)	Assign Date	28/02/2018
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	20/02/2018	Inspection Date	28/02/2018
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 21-02-2018 **Our Ref No.** D18001506MFSH

Accident Date 20-02-2018 **Claim Type.** Third Party

Insured Vehicle SHA4736J **Third Party Vehicle.** SLQ2960J

Survey Location 6 MARSILING LANE
Contact Person. JASON HENG
Contact No. 315712626/ 91002998 **Fax No.** 63680081

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

28022018 @ William
Jason veh'in
Robertian

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 KARENT

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/235194)



PRI Documents



Close



PRI Header Details

Claim No	D18001506MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & AU
Workshop Name	AUTO INSURE PTE LTD (Contact Person : JASON HENG)	Survey Location & Contact Details	6 MARSILING LANE Mobile: 91002998 , Phone: 315712626 , Fax EmailId: CLAIMS01@AUTOINSURE.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY Q		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA4736J	TP Vehicle No	SLQ290
PRI Recieved Date	27-02-2018 08:09:28 PM	Surveyor Appointed Date	28-02-2018 09:14:06 AM	Surveyor Accept Date	28-02-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	28-02-2018	Upload Survey Report *:	
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Vehicle Particulars

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

Multiple Documents Upload

Upload Multiple Documents	
File Name	Action

Surveyor Job Remarks

Denise Tay (LKKAuto)

From: claims01@web-designers.com on behalf of AutoInsure (Claims) <claims01@autoinsure.com.sg>
Sent: Thursday, 28 June 2018 5:43 PM
To: Sathya Sai (LKK Auto)
Cc: Sebastian Yeang (LKK Auto)
Subject: Re: REQUEST FINAL AMOUNT SLQ2960J

WITHOUT PREJUDICE

Hi Sathya,

We refer to the above matter and email below.

We confirm final amount at \$3406.25

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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On Thu, Jun 28, 2018 at 5:12 PM, Sathya Sai (LKK Auto) <SathyaSai@lkkauto.com> wrote:

Good Day,

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	21/02/2018 10:24
Date Of Accident	20/02/2018 09:25
Exact Location Of Accident	FROM KEPPEL RD TOWARDS ANSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2960J
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201604597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID-1.8 (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

Driver

Name of Driver	MICHAEL BURKE
NRIC No	S2727444G
Date Of Birth	01/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	23/05/2007
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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 SKETCH PLAN

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	SHA4736J
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 willful 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 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.
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.

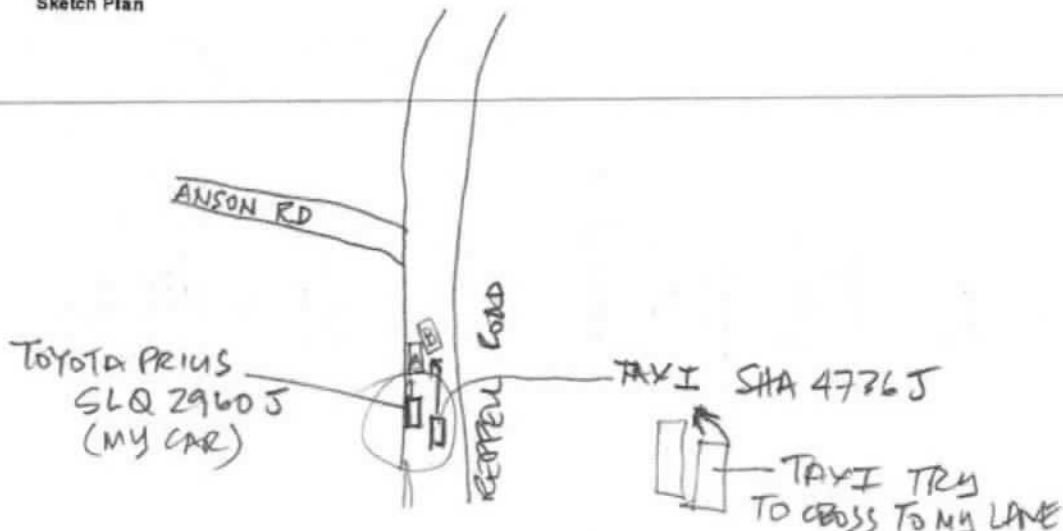


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

I WAS DRIVING ALONG KEPPEL ROAD TOWARDS ANSON ROAD. ABOUT 300M FROM ANSON ROAD THE TAXI NO SHA 4936 I TRIED TO MOVE INTO MY LANE AND HIT MY CAR AT THE RIGHT HAND, FRONT AND DAMAGED THE DOOR, UNDER THE DOOR, WHEEL ARCH AND FRONT RIGHT WING PLUS WHEEL.

THE TAXI DRIVER ADMITTED IT WAS HIS FAULT AND ASKED IF I WANTED TO GET THE REPAIRS DONE AT HIS FRIENDS WORKSHOP. I REFUSED AND TOLD HIM I HAD TO GO AND MAKE A REPORT.

Declaration

We declare the foregoing particulars are true in every respect.

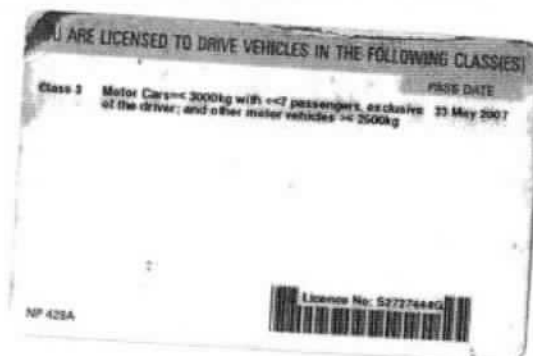
Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan #3





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.: 201437380M

Page No.1

AUTOMOBILE ASSESSMENT REPORT

Our Ref: SLQ2960J
Your Ref: SHA4736J

Date: 27-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 : SLQ2960J
Car Make and Model : TOYOTA PRIUS 1.8A HYBRID
Date of Accident : 20-Feb-18
Date of Assessment : 27-Feb-18

We have carried out a physical assessment of SLP5366K at our workshop Auto Insure Pte Ltd sustained damages to the RH portion of the vehicle.

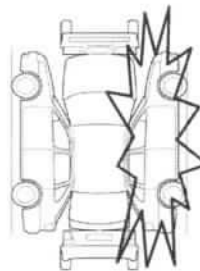
4. DESCRIPTION OF DAMAGE

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

Please see attached schedule for details.

Remarks: NIL

Estimated Amount : P/P
Adjusted Amount : \$ 10,400.00
Est. Repair Days : 7



** Considering that our vehicle is less than 6 months old.
We will not agree to any repair of parts, only replacement will be done. **

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: SLQ2960J
Your Ref: SHA4736J

S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP
<u>PARTS REPLACEMENT - LIST ITEMS</u>				
1	1	FRONT BUMPER R		\$ 1,395.80
2	1	FRONT FENDER RH VDT		\$ 685.00
3	1	FRONT DOOR RH R		\$ 1,385.00
4	1	REAR DOOR RH R		\$ 1,385.00
5	1	FRONT BUMPER SIDE RETAINERS RH ? Jm		\$ 118.00
6	1	FRONT FENDER INNER SHIELD RH ?		\$ 279.20
7	1	ROCKER PANEL Moulding V Deform.		\$ 1,130.00
8	1	RIM Cover V cut		\$ 500.00
9	1	FRONT LOWER ARM RH ?		\$ 358.00
10	1	FRONT KNUCKLE ARM RH ? Jm		\$ 472.00
11	1	FRONT ABSORBER RH ?		\$ 498.00
12	1	FRONT WHEEL BEARING RH ?		\$ 84.50
			SUB TOTAL	\$ 8,290.50
			LESS 25%	\$ 2,072.63
			TOTAL AMOUNT	\$ 6,217.88

S/NO	QTY	SPECIAL NETT ITEMS	ASSESSED CONDITION	EST. BY WORKSHOP
1	1 SET	FRONT BUMPER CLIPS ✓ NEC		\$ 788.00
			SUB TOTAL	\$ 60.00
			TOTAL PARTS COST	\$ 6,277.88

Our Ref: SLQ2960J

Your Ref: SHA4736J

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 COMPONENTS	\$ 1,788.00
2	TOWING CHARGE	\$ 100.00
	TO CONDUCT HEADLAMP FOCUS	\$ -
3	TO REMOVE/REFIX A/C CONDENSOR & REFILL AIRCON GAS	\$ -
4	TO REMOVE/INSTALL FRONT WINDSCREEN	\$ -
5	TO DIAGNOSE ERASE FAULT MEMORY AFTER REPAIR	\$ 200.00
6	TO REMOVE / REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS	\$ 80.00
7	TO REMOVE / INSTALL REAR REVERSE SENSOR	\$ -
8	TO REMOVE / REFIX UPHOSTERY, GARNISH AND ATTACHMENT PARTS	\$ -
9	TO REMOVE / REFIX REAR LUGGAGE COMPARTMENT	\$ -
10	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	\$ 1,400.00
11	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS	\$ 150.00
12	TO VACUUM, WAXING & CLEAN	\$ 100.00
13	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS	\$ 100.00
	TOTAL BEFORE GST	\$ 9,807.88
	GST 7%	\$ 686.55
	TOTAL (PARTS & LABOUR):	\$ 10,494.43

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 \$10,400.00** for direct settlement with the third party insurance.

Yours Faithfully,

Jason Heng
Claims Director

Sebastian
28/2/18
- Part by part repair
- Question mark Item
Photo
- Photo Before Paint
90036121
sebastian.yeang@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:

Quotation
Your Ref: SLQ29601
SHA4736J

S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP
PARTS REPLACEMENT - LIST ITEMS				
1	1	FRONT BUMPER R	\$	1,395.80 R
2	1	FRONT FENDER RH ✓DT	\$	685.00 ✓DT
3	1	FRONT DOOR RH R	\$	1,385.00 R
4	1	REAR DOOR RH R	\$	1,385.00 R
5	1	FRONT BUMPER SIDE RETAINERS RH ?	\$	118.00 X } NH
6	1	FRONT FENDER INNER SHIELD RH ?	\$	279.20 X }
7	1	ROCKER PANEL moulding ✓Deform.	\$	1,110.00 ✓Deform
8	1	RIM Cover ✓cut	\$	500.00 ✓cut
9	1	FRONT LOWER ARM RH ?	\$	358.00 X }
10	1	FRONT KNUCKLE ARM RH ?	\$	472.00 X } NH
11	1	FRONT ABSORBER RH ?	\$	498.00 X }
12	1	FRONT WHEEL BEARING RH ?	\$	84.50 X }
SUB TOTAL			\$	8,290.50
LESS 25%			\$	2,072.63
TOTAL AMOUNT			\$	6,217.88

2315
 - 25%
 1736.25
 + 30.00
 + 1640.00
 3406.25

COR : \$ 3406.25 @ 5 days

confirmed.

S/NO	QTY	SPECIAL NETT ITEMS	ASSESSED CONDITION	EST. BY WORKSHOP
1	1 SET	FRONT BUMPER CLIPS ✓ N.E.C.		\$ 160.00 30
			SUB TOTAL	\$ 60.00
			TOTAL PARTS COST	\$ 6,277.88

Our Ref: SLQ2960J

Your Ref: SHA4736J

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 COMPONENTS	\$ 1,760.00 600
2	TOWING CHARGE	\$ 100.00 60
	TO CONDUCT HEADLAMP FOCUS	\$ -
3	TO REMOVE/REFIX A/C CONDENSOR & REFILL AIRCON GAS	\$ -
4	TO REMOVE/INSTALL FRONT WINDSCREEN	\$ -
5	TO DIAGNOSE ERASE FAULT MEMORY AFTER REPAIR	\$ 200.00 100
6	TO REMOVE / REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS	\$ 80.00 X
7	TO REMOVE / INSTALL REAR REVERSE SENSOR	\$ -
8	TO REMOVE / REFIX UPHOLSTERY, GARNISH AND ATTACHMENT PARTS	\$ -
9	TO REMOVE / REFIX REAR LUGGAGE COMPARTMENT	\$ -
10	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	\$ 1,400.00 800
11	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS	\$ 150.00 50
12	TO VACUUM, WAXING & CLEAN	\$ 100.00 X
13	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS	\$ 200.00 30
	TOTAL BEFORE GST	\$ 9,807.88
	GST 7%	\$ 686.55
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Yours Faithfully,

Jason Heng
Claims Director

Sebastian
28/2/18

- Part by part repair
- Question mark Item
Photo
- Photo Before Paint
90036121

sebastian.jiang@lkkauto.com

5 days

LKK Auto Consultants hence notify the Repairer of the following:

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- 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/FCI18003894/Stbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 05-07-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SHA 4736J	Veh. Inspected	SLQ 2960J
	Policy No.	D-18088936MFSH	Coverage (\$)	0.00
	Claim No.	D18001506MFSH	Excess (\$)	0.00
	Assign From	KARENT	Assign Date	28/02/2018
2. Vehicle Particulars & Condition				
	Make & Model	TOYOTA PRIUS	c.c	1798
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	JTDKB3FU103561711	Colour	WHITE
	Odometer	-	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	FAIR		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	195/65 R15	PIRELLI	7 mm
	L/H Front Tyre	195/65 R15	PIRELLI	7 mm
	R/H Rear Tyre	195/65 R15	PIRELLI	7 mm
	L/H Rear Tyre	195/65 R15	PIRELLI	7 mm
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.				
DAMAGES SEE DETAILS.				
5. General Information				
	Accident Date	20/02/2018	Inspection Date	28/02/2018
	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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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLQ 2960J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	TO REPAIR SEE LABOUR	1,395.80	-
1	FRONT FENDER RH	DENTED	685.00	685.00
1	FRONT DOOR RH	TO REPAIR SEE LABOUR	1,385.00	-
1	REAR DOOR RH	TO REPAIR SEE LABOUR	1,385.00	-
1	FRONT BUMPER SIDE RETAINERS RH	NOT NECESSARY	118.00	-
1	FRONT FENDER INNER SHIELD RH	NOT NECESSARY	279.20	-
1	ROCKER PANEL MOULDING	DEFORMED	1,130.00	1,130.00
1	RIM COVER	CUT	500.00	500.00
1	FRONT LOWER ARM RH	NOT NECESSARY	358.00	-
1	FRONT KNUCKLE ARM RH	NOT NECESSARY	472.00	-
1	FRONT ABSORBER RH	NOT NECESSARY	498.00	-
1	FRONT WHEEL BEARING RH	NOT NECESSARY	84.50	-
	LESS 25% DISCOUNT		-2,072.62	-578.75
			6,217.88	1,736.25
	<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 DAMAGED PARTS AND COMPONENTS.INCLUSIVE OF THE REPAIR OF FRONT BUMPER,FRONT DOOR RH AND REAR DOOR RH.		1,400.00	600.00
	TOWING CHARGE.		100.00	60.00
	TO CONDUCT HEADLAMP FOCUS. (NPA)		-	-
	TO REMOVE/REFIX A/C CONDENSOR & REFILL AIRCON GAS. (NPA)		-	-
	TO REMOVE/INSTALL FRONT WINDSCREEN. (NPA)		-	-
	TO DIAGNOSE ERASE FAULT MEMORY AFTER REPAIR.		200.00	100.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE/REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS.	NOT NECESSARY	80.00	-
	TO REMOVE/INSTALL REAR REVERSE SENSOR. (NPA)		-	-
	TO REMOVE/REFIX UPHOSTERY GARNISH AND ATTACHMENT PARTS. (NPA)		-	-
	TO REMOVE/REFIX REAR LUGGAGE COMPARTMENT. (NPA)		-	-
	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED.		1,400.00	800.00
	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS.		150.00	50.00
	TO VACUUM,WAXING & CLEAN.	NOT NECESSARY	100.00	-
	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS.		100.00	30.00
			3,530.00	1,640.00
GRAND TOTAL			9,807.88	3,406.25

RECOMMENDED COST OF REPAIRS				3,406.25
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YEANG WAI KEEN

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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