

22/03/2002

urgent

ASS. REC. BY:

REF: CS/FCI18004388/R1/d3d Special Instruction:

Survivor:

WWS

ASSIGNMENT (Office)

From (Person): Joanne Yong

of FCI

Date/Time: 7/3/18 @ 9:41am

Estimated Cost:

Bill to:

OD: TP/WWS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SKD 9491E

Insured: SHA 23172

at Workshop m/s Wearnes Automotive

Tel: 97704368

of 45 Leng Kee Road

Policy No:

Claim No: D18001867MFSH

Sum Insured:

Excess:

Make of Veh: (Client's Record)

D.O.A. 3/3/2018

CA / REV / REP. / REV 24 HRS

1up

H.O.D. Endorsement:

Date/Time: 10:35am @ 7/3/18

Person Contacted: Mandy

Vehicle IN (OUT)

Date/Time	Action/Instruction (✓) Estimate
	SKD 9491E-X
	SHA 23172 - CS/7MI17018641/K1/rbn2 D.O.A: 26/9/17
	Part by Part \$16,332.60 (Red. + 3853.43; 19%)



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/FCI18004388/R1td3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 07-03-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 2317Z	Veh. Inspected	SKD 9491E
Policy No.		Coverage (\$)	0.00
Claim No.	D18001867MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	Assign Date	07/03/2018
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	03/03/2018	Inspection Date	
Survey held at	WEARNES AUTOMOTIVE PTE LTD 45 LENG KEE ROAD SINGAPORE 159103.		
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	06-03-2018	Our Ref No. D18001867MFSH
Accident Date	03-03-2018	Claim Type. Third Party
Insured Vehicle	SHA2317Z	Third Party Vehicle. SKD9491E
Survey Location	45 LENG KEE ROAD	
Contact Person.	MANDY NEO	
Contact No.	0/ 97704368	Fax No. 62647137
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	WEARNES AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

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/235640)



PRI Documents



Close



PRI Header Details

Claim No	D18001867MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & WEARNES
Workshop Name	WEARNES AUTOMOTIVE PTE LTD (Contact Person : MANDY NEO)	Survey Location & Contact Details	45 LENG KEE ROAD Mobile: 97704368 , Phone: 0 , Fax: 62647137 EmailId: MANDY.NEO@WEARNES.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA2317Z	TP Vehicle No	SKD9491E
PRI Recieved Date	06-03-2018 04:57:24 PM	Surveyor Appointed Date	07-03-2018 09:40:50 AM	Surveyor Accept Date	07-03-2018 1

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	07-03-2018	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

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Tuesday, 3 April 2018 11:47 AM
To: Admin-D (LKKAuto); 'Claim Workflow System'; assignments
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18001867MFSH/1
Attachments: PRELI ADVISED SKD 9491E.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SKD 9491E**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Wednesday, 7 March 2018 10:38 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18001867MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer will arrange.

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: Wednesday, 7 March 2018 9:41 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; JOANNEYONG@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18001867MFSH/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



Auto
Consultants
Pte Ltd

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

Your Ref: D18001867MFSH

Date: 3/4/2018

Our Ref: CS/FCI18004388/R1td3

The Motor Claims Department
First Capital Insurance Ltd

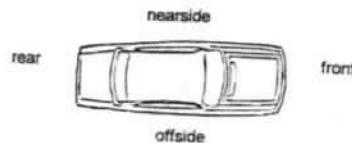
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SKD 9491E.

Please be informed that we had conducted the inspection of the abovementioned vehicle 29/3/2018 at the premises of M/s Wearnes Automotive and have the following to report: -

Workshop Estimate Amount	: S\$ <u>18,882.20</u>
Revised Estimate Amount	: S\$ <u>14,694.00</u>
"Check" Items Amount	: S\$ <u>876.30</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 front n/s portion.



Comments/ Present Status:
Damages Consistent.

Yours faithfully
Rasul
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	05/03/2018 10:43
Date Of Accident	03/03/2018 13:30
Exact Location Of Accident	ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD9491E
Insured/Policyholder	
Name Of Registered Owner	XU JIGUO
NRIC No	S7289427H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97327778
Alternative Phone No	OTHERS-97327778

Vehicle Particulars

Manufacturer	LAND ROVER
Model	FREELANDER 2-2.0 SI4 SE (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	XU JIGUO
NRIC No	S7289427H
Date Of Birth	09/01/1972
Occupation	INDOOR
Date Of Driving Pass	17/04/2012
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97327778
Fax Number	
Contact Number	OTHERS-97327778
EMail Address	NOEMAIL

Address	12 STIRLING ROAD #31-10
Postcode	148955
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 ON COLLISION
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 REPORT

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	SHA2317Z
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)	

TP-48296
FC

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing. 2. Please report correctly the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorised Driver. 4. 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. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffic Police Department for investigation.	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 3-03-18 Time: 1.20 PM
Exact Location of Accident	SKD 9491E
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	XU JIGUO
Personal Identification - NRIC (Singaporean/PR)	S7289427H
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer: Ford Focus Model: Focus 2
Type of Vehicle*	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others: _____
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	FILG
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No
Policy Number	
Motor CI	
DRIVER	<input type="radio"/> Same as Insured above
Name of Driver	XU JIGUO
Personal Identification - NRIC (Singaporean/PR)	S7289427H
- FIN/Passport Number	
Date of Birth	09 dd / 01 mm / 1972 yy
Driving Date Pass	17 dd / 04 mm / 2012 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	9732 7778

Address of Driver	12 STIRLING Road #31-10 Postcode (148955)
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____

OTHER INFORMATION

Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Number of Passengers (Including Driver)	01

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. _____ Fax No. _____
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	SHA 23172
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	9626 9505
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

(Note - Please use page 6 if you need to add more vehicles.)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

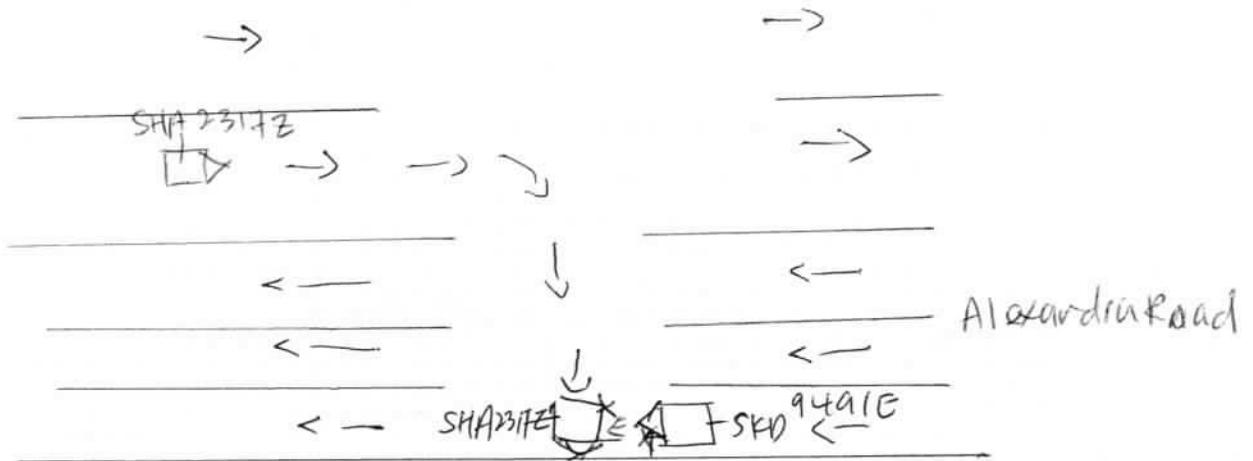


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving ^{→ towards} a Alexandra Road, I was driving straight at
 at my line. SHARBITZ. I was turning down to Express
 Way; he hit my vehicle in front of my bumper

DECLARATION

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

[Handwritten signature]

Policyholder's Signature
 Date & Time:

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

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

IDENTITY CARD NO. S7289427H



Name

XU JIGUO

徐 继 国

Race

CHINESE

Date of birth

09-01-1972

Sex

M

S7289427H

Country/Place of birth

CHINA



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7289427H

XU JIGUO

Birth Date: 09 Jan 1972

Issue Date: 05 Jan 2017



002644804F



NRIC No S7289427H



Nationality
CHINESE
Date of issue
20-10-2016

APT BLK 12 STIRLING ROAD #31-10
SINGAPORE 148955

NRIC No: S7289427H

Date: 14/11/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 17 Apr 2012



Licence No:S7289427H

NP 428A

LMP 3 Package

incl.

1 Service Kit	Full set	€ 8,000
2 Tyres	Full set	€ 15,000
3 Labour	32 h.	

Customer

Wearnes

Bugatti SAS

Payment	\$ 55,000	Invoice			
	\$ 30,000	Payment	€ 30,000	Invoice	
		Payment	€ 8,000	Invoice	Service Kit
		Payment	€ 15,000	Invoice	Tyres

Retail

Manual Performa	Invoice	€ 8,000	Payment	Service Kit
Manual Performa	Invoice	€ 15,000	Payment	Tyres
Manual Performa	Invoice	€ 6,440	Payment	Labour 32 h.
		€ 29,440		

Option 1
Warranty

Autoline	Invoice	€ 8,000	Payment	Service Kit
Autoline	Invoice	€ 15,000	Payment	Tyres
Autoline	Invoice	€ 6,440	Payment	Labour 32 h.
		€ 29,440		

Note: Do not post into P&L

Option 2
Warranty

SERVICE ESTIMATE

69075 - C00001
 Mr Xu Xu Jiguo
 143 Cecil Street
 #25-03 GB Building

 Singapore 069542

SL: SERVICE SALES - PC

GST Reg.No:M28920628X
 Inv.No. . : B&P 0 Page 1
 Inv.date. : 05/03/2018
 WIP No. . : 48299
 Veh.In/Out:
 *Tel.No. . : Mobile: 97327778
 Reg.No. . : SKD9491E
 Reg.date . : 19/01/2012
 Mileage .. : 0
 Chassis No: SALFA2AA2BH279121

Closed by : Mandy Neo
 Svc Consultant :
 Remarks : Mr Xu Jiguo

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
-------	-------------	----------	-------	-------	-----	--------	---

802	TO REPLACE FRONT BUMPER ASSY SUPPORT PANEL, FOG LAMP LH FRONT, BUMPER BEAM REPAIR FRONT BONNET	0	4800.00	0		4,800.00 S 3600	
800	TO SPRAY , PUTTY FRONT BONNET, FRONT BUMPER, FRONT BUMPER BEAM	0	4400.00	0		4,400.00 S 3300	
280	TO FOCUS FRONT HEADLAMP	0	162.00	0		162.00 S	
280	TO CHECK WIRING INCLUDING	0	486.00	0		486.00 S	
R06	TO INSTALL FRONT NUMBER PLATE AND HOLDER	0	60.00	0		60.00 S	
	LLR031399/BUMPER FRT	1.0 EA	2113.20			2,113.20 S	DE 190178
	BUMPER SHIELD FL2 BH	1.0 EA	202.50			202.50 S	Xsu
	BUMPER BEAM FRT FL2	1.0 EA	876.30			876.30 S	? 788.67
	BUMPER BRACKET FRT L	1.0 EA	34.50			34.50 S	31.05
	BUMPER BRACKET FRT R	1.0 EA	34.50			34.50 S	Xsu

Pass
 H# 90010068
 5 days
 29/03/18 R1115

 31/3/18

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:

SERVICE ESTIMATE

69075 - C00001 SL: SERVICE SALES - PC
 Mr Xu Xu Jiguo
 143 Cecil Street
 #25-03 GB Building

Singapore 069542

GST Reg.No:M28920628X
 Inv.No. . : B&P 0 Page 2
 Inv.date. : 05/03/2018
 WIP No. . : 48299
 Veh.In/Out:
 *Tel.No. . : Mobile: 97327778
 Reg.No. . : SKD9491E
 Reg.date. : 19/01/2012
 Mileage . : 0
 Chassis No: SALFA2AA2BH279121

Closed by : Mandy Neo
 Svc Consultant :
 Remarks : Mr Xu Jiguo

Op.No Description Mech Qty Price Disc% Pkg Amount G

Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
	BUMPER MTG BRACKET F	1.0	EA	35.10			35.10	S ✓
	FOGLAMP COVER LH FL2	1.0	EA	190.40			190.40	S ✓
	FOGLAMP COVER RH FL2	1.0	EA	204.50			204.50	S X ✓
	LLR035862/HEADLAMP H	1.0	EA	3599.60			3,599.60	S BR ✓
	FOG LAMP FRT D4 EA00	1.0	EA	265.40			265.40	S ✓
	LLR010927/PARKING AI	2.0	EA	190.00			760.00	S ✓
	PDC HOLDER FRT RH OU	1.0	EA	61.60			61.60	S ✓
	PDC HOLDER FRT INNER	2.0	EA	60.50			121.00	S ✓
	PDC HOLDER FRT LH OU	1.0	EA	61.60			61.60	S ✓
	WASHER COVER LH GREE	1.0	EA	27.10			27.10	S ✓
	WASHER JET LH FL2 BH	1.0	EA	28.60			28.60	S ✓
	ADHESIVE SEALER FL2	1.0	EA	358.30			358.30	S ✓

Gross Total. 18,882.20

Labour Total 9,908.00
 Parts Total 8,974.20
 Package Total 0.00

Net..... 18,882.20
 GST @ 7.0% 1,321.75
 Total..... 20,203.95
 Paid..... 0.00
 Please Pay.. 20,203.95

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

2018.03

2018.03



SERVICE ESTIMATE

0 - F00003
 FIRST CAPITAL INSURANCE LTD
 36 ROBINSON ROAD
 #16-01, CITY HOUSE
 SINGAPORE
 Singapore 068877

SL: FIRST CAPITAL INSURANCE LTD

GST Reg.No:M28920628X
 Inv.No. . : B&P 0 Page 1
 Inv.date. : 16/06/2018
 WIP No. . : 48299
 Veh.In/Out: 16/04/2018 23/04/2018
 *Tel.No. . :
 Reg.No. . : SKD9491E
 Reg.date . : 19/01/2012
 Mileage .. : 0
 Chassis No: SALFA2AA2BH279121

Closed by : Mandy Neo
 Svc Consultant :
 Remarks : Mr Xu Jiguo

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT BUMPER ASSY SUPPORT PANEL, FOG LAMP LH FRONT, BUMPER BEAM REPAIR FRONT BONNET	0	3600.00	0		3,600.00	S ✓
800	TO SPRAY , PUTTY FRONT BONNET, FRONT BUMPER, FRONT BUMPER BEAM	0	3300.00	0		3,300.00	S ✓
280	TO FOCUS FRONT HEADLAMP	0	162.00	0		162.00	S ✓
280	TO CHECK WIRING INCLUDING RESETTING ALL ELECTRICAL MOUDLE	0	486.00	0		486.00	S ✓
R06	TO INSTALL FRONT NUMBER PLATE AND HOLDER	0	60.00	0		60.00	S ✓
	LLR031399/BUMPER FRT 1	1.0 EA	2113.20	10		1,901.88	S
	BUMPER BEAM FRT FL2 3	1.0 EA	876.30	10		788.67	S
	BUMPER BRACKET FRT L 4	1.0 EA	34.50	10		31.05	S
	BUMPER MTG BRACKET F 6	1.0 EA	35.10	10		31.59	S
	FOGLAMP COVER LH FL2 7	1.0 EA	190.40	10		171.36	S



SERVICE ESTIMATE

0 - F00003 SL: FIRST CAPITAL INSURANCE LTD
 FIRST CAPITAL INSURANCE LTD
 36 ROBINSON ROAD
 #16-01, CITY HOUSE
 SINGAPORE
 Singapore 068877

GST Reg.No:M28920628X
 Inv.No. : B&P 0 Page 2
 Inv.date. : 16/06/2018
 WIP No. : 48299
 Veh.In/Out: 16/04/2018 23/04/2018
 *Tel.No. :
 Reg.No. : SKD9491E
 Reg.date. : 19/01/2012
 Mileage : 0
 Chassis No: SALFA2AA2BH279121

Closed by : Mandy Neo
 Svc Consultant :
 Remarks : Mr Xu Jiguo

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	LLR035862/HEADLAMP H 9	1.0 EA	3599.60	10		3,239.64	S
	FOG LAMP FRT D4 EA00 10	1.0 EA	265.40	10		238.86	S
	PDC HOLDER FRT RH OU 12	1.0 EA	66.00	10		59.40	S
	PDC HOLDER FRT INNER 13	2.0 EA	64.80	10		116.64	S
	PDC HOLDER FRT LH OU 14	1.0 EA	66.00	10		59.40	S
	WASHER COVER LH GREE 15	1.0 EA	32.00	10		28.80	S
	WASHER JET LH FL2 BH 16	1.0 EA	29.90	10		26.91	S
	FENDER PANEL FRT LH Supp	1.0 EA	1439.80	10		1,295.82	S
	WASHER JET CLIP FL2 new	1.0 EA	8.90	10		8.01	S
	PARKING AID Straight 11	2.0 EA	224.50	10		404.10	S
	ADHESIVE SEALER FL2 17	1.0 EA	358.30	10		322.47	S

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Gross Total. 16,332.60
 Net..... 16,332.60
 GST @ 7.0% 1,143.28
 Total..... 17,475.88
 Paid..... 0.00
 Please Pay.. 17,475.88

Labour Total 7,608.00
 Parts Total 8,724.60
 Package Total 0.00

GST: S=StdRated; 0=OutOfScope; Z=ZeroRated



SERVICE ESTIMATE

0 - F00003
 FIRST CAPITAL INSURANCE LTD
 36 ROBINSON ROAD
 #16-01, CITY HOUSE
 SINGAPORE
 Singapore 068877

SL: FIRST CAPITAL INSURANCE LTD

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1
 Inv.date. : 16/06/2018
 WIP No. . : 48299
 Veh.In/Out: 16/04/2018 23/04/2018
 *Tel.No. . :
 Reg.No. . : SKD9491E
 Reg.date .: 19/01/2012
 Mileage .. : 0
 Chassis No: SALFA2AA2BH279121

Closed by : Mandy Neo
 Svc Consultant :
 Remarks : Mr Xu Jiguo

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
NOTES	NOTES SUPP ITEM	0	0.00	0			S
	FENDER PANEL FRT LH	1.0 EA	1439.80	10		1,295.82	S <i>B1</i>

		Gross Total.	1,295.82
Labour Total	0.00	Net.....	1,295.82
Parts Total	1,295.82	GST @ 7.0%	90.71
Package Total	0.00	Total.....	1,386.53
		Paid.....	0.00
		Please Pay..	1,386.53

GST: S=StdRated; O=OutOfScope; Z=ZeroRated



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/FCI18004388/R1td3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 19-07-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 2317Z	Veh. Inspected	SKD 9491E
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18001867MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	07/03/2018
2. Vehicle Particulars & Condition			
Make & Model	LAND ROVER	c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.	SALFA2AA2BH279121	Colour	GREEN
Odometer	93003	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	235/60 R18	ROADSTONE	6 mm
L/H Front Tyre	235/60 R18	ROADSTONE	6 mm
R/H Rear Tyre	235/60 R18	ROADSTONE	6 mm
L/H Rear Tyre	235/60 R18	ROADSTONE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	03/03/2018	Inspection Date	29/03/2018
Survey held at	WEARNES AUTOMOTIVE PTE LTD 45 LENG KEE ROAD SINGAPORE 159103.		
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. SKD 9491E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT NUMBER PLATE AND HOLDER (SN)	BENT	60.00	60.00
1	LLR031399/BUMPER FRT (SN)	DEFORMED	2,113.20	1,901.88
1	BUMPER SHIELD FL2 BH (SN)	SERVICEABLE	202.50	-
1	BUMPER BEAM FRT FL2 (SN)	BENT	876.30	788.67
1	BUMPER BRACKET FRT L (SN)	NECESSARY	34.50	31.05
1	BUMPER BRACKET FRT R (SN)	SERVICEABLE	34.50	-
1	BUMPER MTG BRACKET F (SN)	NECESSARY	35.10	31.59
1	FOGLAMP COVER LH FL2 (SN)	SCRATCHED	190.40	171.36
1	FOGLAMP COVER RH FL2 (SN)	SERVICEABLE	204.50	-
1	LLR035862/HEADLAMP H (SN)	BROKEN	3,599.60	3,239.64
1	FOG LAMP FRT D4 EA00 (SN)	MISSING	265.40	238.86
4	LLR010927/PARKING AI @\$190.00 (SN)	NECESSARY - 3PCS ONLY	760.00	404.10
1	PDC HOLDER FRT RH OU (SN)	NECESSARY	61.60	59.40
2	PDC HOLDER FRT INNER @\$60.50 (SN)	NECESSARY	121.00	116.64
1	PDC HOLDER FRT LH OU (SN)	NECESSARY	61.60	59.40
1	WASHER COVER LH GREE (SN)	MISSING	28.80	28.80
1	WASHER JET LH FL2 BH (SN)	MISSING	28.60	26.91
1	ADHESIVE SEALER FL2 (SN)	NECESSARY	358.30	322.47
1	FENDER PANEL FRT LH (SN) (ADDITIONAL)	BENT	1,295.82	1,295.82
1	WASHER JET CLIP FL2 (SN) (ADDITIONAL)	NECESSARY	8.01	8.01
			10,339.73	8,784.60
<u>LABOUR</u>				
TO REPLACE FRONT BUMPER ASSY SUPPORT PANEL, FOG LAMP LH FRONT, BUMPER BEAM REPAIR FRONT BONNET.			4,800.00	3,600.00
TO SPRAY, PUTTY FRONT BONNET, FRONT BUMPER, FRONT BUMPER BEAM.			4,400.00	3,300.00
TO FOCUS FRONT HEADLAMP.			162.00	162.00
TO CHECK WIRING INCLUDING RESETTING ALL ELECTRICAL MODULE.			486.00	486.00
			9,848.00	7,548.00

Report Ref No. CS/FCI18004388/R1td3e2



GRAND TOTAL		20,187.73	16,332.60
RECOMMENDED COST OF REPAIRS			16,332.60

Report Ref No. CS/FCI18004388/R1td3e2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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