

22/03/2002

SS. REG. BY:

REF:

cs/FCI18005760 / Srd302

Special Instruction:

Surveyor:

CWS

ASSIGNMENT (Office)

From (Person):

May chua

of

FCI

Date/Time:

27/3/18 @ 6pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLM 844X

Insured:

SHC 1070E

at Workshop m/s

Auto Insure

Tel:

88332626

of

G Marsiling Lane

Policy No:

Claim No:

D18002451MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

25/03/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS ^{Imp}

29/03/2018

H.O.D. Endorsement:

Date/Time:

8:58am @ 28/3/18

Person Contacted:

Samgoh

Vehicle

IN/OUT

Date/Time	Action/Instruction	Estimate
	SLM 844X - X	
	SHC 1070E - CS. FCI 18004799 / Kd3	D.O.A: 23/2/18
	Confirm \$3201.30 @ 3 days with Sam	
	Red: \$4218.20, 57%.	

REF: FCI

ASSIGNMENT

From:

Date:

29/3/18

Estimated Cost:

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

To Inspect Vehicle No:

SLM 844X

at Workshop m/s

Auto Insure

of

G Marsiling Lane

Insured:

Policy No.

Claims No.

Sum Insured:

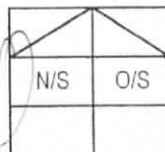
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



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

lwp

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLM 844X

Yr Regn:

21/3/17

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

Truck / Trailer or

Make:

Mazda 3

c.c. 1496

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

46875

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Jm 63 N 224.814 014 974

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:

205/60R16

R:

11

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.

1

mm

D.O.A.

25/3/18

D.O.I.

29/3/18

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

Action / Instruction

RECEIVED 23 AUG 2018

RECEIVED 11 SEP 2018 extend w

Date/Time. File Pass to?



Preli. Report



Final Report

1) typist

Date/Time. File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation

) \$ + RS \$

) Photos

) Others

TOTAL

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Weekend (\$)

Report Format:

TP

Lump sum / I.B.I. (\$ 3201.30)

150

50

50

32

282



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/FCI18005760/Srd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 28-03-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 1070E	Veh. Inspected	SLM 844X
Policy No.		Coverage (\$)	0.00
Claim No.	D18002451MFSH	Excess (\$)	0.00
Assign From	CWS (MAY CHUA)	Assign Date	28/03/2018

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	25/03/2018	Inspection Date	
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	26-03-2018	Our Ref No. D18002451MFSH
Accident Date	25-03-2018	Claim Type. Third Party
Insured Vehicle	SHC1070E	Third Party Vehicle. SLM844X
Survey Location	6 MARSILING LANE	
Contact Person.	SAM GOH	
Contact No.	315712626/ 88332626	Fax No. 633680081
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	AUTO INSURE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

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/236366)



PRI Documents



Close



PRI Header Details

Claim No	D18002451MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & AUTO INS
Workshop Name	AUTO INSURE PTE LTD (Contact Person : SAM GOH)	Survey Location & Contact Details	6 MARSILING LANE Mobile: 88332626 , Phone: 315712626 , Fax: 6336800 EmailId: CLAIMS01@WEB-DEZIGNERS.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC1070E	TP Vehicle No	SLM844X
PRI Recieved Date	26-03-2018 09:59:25 PM	Surveyor Appointed Date	27-03-2018 05:58:47 PM	Surveyor Accept Date	27-03-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	27-03-2018	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

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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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	26/03/2018 14:33
Date Of Accident	25/03/2018 03:45
Exact Location Of Accident	ALONG 69 SOUTH BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM844X
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	REPORTING@AUTOINSURE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-31572626

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 SEDAN L SP.6EAT (A)
Exact Purpose for which vehicle was being used at time of accident	UBER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995093
Cover Note Number	

Driver

Name of Driver	LEE RONGJIE
NRIC No	S9202408C
Date Of Birth	25/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	28/04/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88212626
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NO 6 MARSILING LANE
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	SHC1070E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	JAOSN
NRIC/Passport Number	
Contact Number	96616898
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to 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.

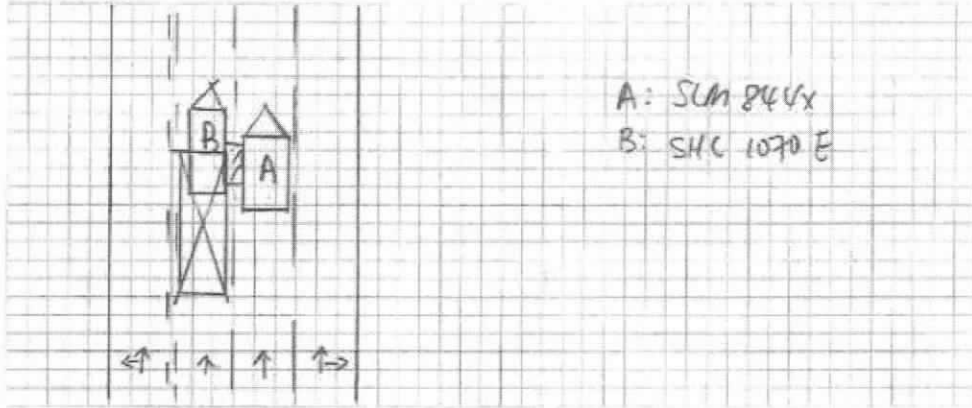

Policyholder's Signature
Date & Time: _____


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 25/03/2018 at about 0345, I was travelling along 69 South bridge road, as I was travelling straight, suddenly vehicle B passenger open door and hit onto my vehicle. LHS of my vehicle damaged.

DECLARATION

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

Policyholder's Signature
Date & Time:

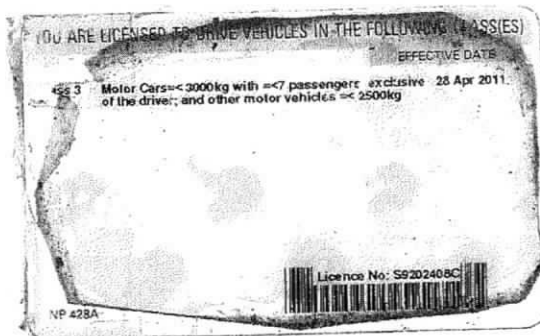


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

0423307 Y:\0423307\0423307_P0101_01

Accident Sketch Plan Pg. 1





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: SLM844X

Your Ref: SHC1070E

Date: 27-Mar-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 : SLM844X
Car Make and Model : MAZDA 3 1.5 SDN
Date of Accident : 25-Mar-18
Date of Assessment : 27-Mar-18

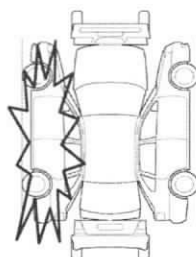
We have carried out a physical assessment of SLN2184Z at our workshop Auto Insure Pte Ltd sustained damages to the LH portion of the vehicle.

4. DESCRIPTION OF DAMAGE

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

Please see attached schedule for details.

Remarks: NIL



Estimated Amount : P/P
Adjusted Amount : \$ 8,000.00
Est. Repair Days : 4

** 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: SLM844X
Your Ref: SHC1070E

S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP
PARTS REPLACEMENT - LIST ITEMS				
1	1	FRONT DOOR LH ✓ DT		\$ 999.40 1,385.00 ✓
2	1	FRONT DOOR LH LOWER HINGE X NN		\$ 72.00
3	1	FRONT DOOR LH UPPER HINGE X NN		\$ 72.00
4	1	FRONT DOOR HANDLE LH X NN		\$ 189.00
5	1	REAR DOOR LH R		\$ 1,385.00
6	1	REAR DOOR LH LOWER HINGE X NN		\$ 72.00
7	1	REAR DOOR LH UPPER HINGE X NN		\$ 72.00
8	1	REAR DOOR HANDLE LH X R		\$ 189.00
9	1	FRONT DOOR WINDOW CHROME SILL LH ✓ DT		\$ 120.00 ✓
10	1	FRONT DOOR WINDOW GLASS LH ✓ SCR		\$ 309.00 550.00
11	1	SIDE MIRROR MOTOR WITH GLASS AND HOUSING ✓ MS		\$ 1,070.00 ✓
12	1	DOOR WINDOW MECHANISM LH 2JM		\$ 410.00 770.00
			SUB TOTAL	\$ 5,946.00
			LESS 25%	\$ 1,486.50
			TOTAL AMOUNT	\$ 4,459.50

Our Ref: SLM844X
Your Ref: SHC1070E

S/NO	QTY	SPECIAL NETT ITEMS	ASSESSED CONDITION	EST. BY WORKSHOP
			SUB TOTAL	\$ -
			TOTAL PARTS COST	\$ -

Our Ref: SLM844X
Your Ref: SHC1070E

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	\$ 1,200.00 400
2	TOWING CHARGE	\$ -
3	BEFORE AND AFTER WHEEL ALIGNMENT	\$ -
4	TO REMOVE/INSTALL REAR WINDSCREEN	\$ -
5	LABOR FOR UNDERCARRIDGE	\$ -
	TO REMOVE /INSTALL DOOR MECHANISIM,PANEL AND MIRROR	\$ 200.00 80
6	TO DIAGNOSE ERASE FAULT MEMORY AFTER REPAIR	\$ 150.00 X
7	TO CONDUCT HEADLAMP FOCUS	\$ -
8	TO REMOVE / REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS	\$ 200.00 30
9	TO REMOVE / REFIX UPHOSTERY. GARNISH AND ATTACHMENT PARTS	\$ 180.00 X
10	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	\$ 1,000.00 450
11	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS	\$ 150.00 30
12	TO VACUUM, WAXING & CLEAN	\$ 100.00 X

13	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS	\$	100.00	30
	TOTAL BEFORE GST	\$	7,419.50	
	GST 7%	\$	519.37	
	TOTAL (PARTS & LABOUR):	\$	7,938.87	

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 \$8,000.00 for direct settlement with the third party insurance.

Yours Faithfully,

Jason Heng
Claims Director

7619 50

4 days.

Sebastian.
29/3/18.

- Part by part repair.
- Question Mark Item Photo
- Photo Before Paint

96036121

LKA 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:

sebastianyeang@lkaauto.com.

Janice Lee (LKKAUTO)

From: claims01@web-designers.com on behalf of AutoInsure (Claims) <claims01@autoinsure.com.sg>
Sent: Monday, August 20, 2018 4:54 PM
To: Janice Lee (LKKAUTO)
Subject: Re: REQUEST FINAL AMOUNT SLM844X

WITHOUT PREJUDICE

Hi Janice,

We refer to the above matter and email below.

We confirm final amount at \$3201.30

Thanks.

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

6 Marsiling Lane S739145

tel: (65) 3157 2626

Please mail all future correspondence to stated address.*

Regards

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

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

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

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

On Mon, Aug 20, 2018 at 4:30 PM, Janice Lee (LKKAuto) <JaniceLee@lkkauto.com> wrote:

Hi Sam,

Please refer to the attachment. Kindly confirm \$3,201.30, 4 days.

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: claims01@web-dezigners.com [mailto:claims01@web-dezigners.com] **On Behalf Of** AutoInsure (Claims)

Sent: Thursday, August 16, 2018 1:58 PM

To: Sebastian Yeang (LKK Auto) <SebastianYeang@lkkauto.com>; SUR <sur@lkkauto.com>; Asher Sng (LKKAuto) <AsherSng@lkkauto.com>

Subject: Re: REQUEST FINAL AMOUNT SLM844X

WITHOUT PREJUDICE

Hi All,

We refer to the above matter and email below.

Please be inform that we have yet to receive your finalization amount to 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/FCI18005760/Brd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 11-09-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 1070E	Veh. Inspected	SLM 844X	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18002451MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	27/03/2018	
2. Vehicle Particulars & Condition				
Make & Model	MAZDA 3	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JM6BN22A8H0145974	Colour	RED	
Odometer	46875	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	TOYO	7 mm	
L/H Front Tyre	205/60 R16	TOYO	7 mm	
R/H Rear Tyre	205/60 R16	TOYO	7 mm	
L/H Rear Tyre	205/60 R16	TOYO	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	25/03/2018	Inspection Date	29/03/2018	
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:		3 Working Days		



LKK Auto Consultants Pte Ltd

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLM 844X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT DOOR LH	DENTED	1,385.00	999.40
1	FRONT DOOR LH LOWER HINGE	NOT NECESSARY	72.00	-
1	FRONT DOOR LH UPPER HINGE	NOT NECESSARY	72.00	-
1	FRONT DOOR HANDLE LH	NOT NECESSARY	189.00	-
1	REAR DOOR LH	TO REPAIR SEE LABOUR	1,385.00	-
1	REAR DOOR LH LOWER HINGE	NOT NECESSARY	72.00	-
1	REAR DOOR LH UPPER HINGE	NOT NECESSARY	72.00	-
1	REAR DOOR HANDLE LH	TO REPAIR SEE LABOUR	189.00	-
1	FRONT DOOR WINDOW CHROME SILL LH	DENTED	120.00	120.00
1	FRONT DOOR WINDOW GLASS LH	SCRATCHED	550.00	309.00
1	SIDE MIRROR MOTOR WITH GLASS AND HOUSING	MISSING	1,070.00	1,070.00
1	DOOR WINDOW MECHANISM LH	JAMMED	770.00	410.00
	LESS 25% DISCOUNT		-1,486.50	-727.10
			4,459.50	2,181.30
	<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 REAR DOOR LH AND REAR DOOR HANDLE LH.		1,200.00	400.00
	TOWING CHARGE. (NPA)	NOT NECESSARY	-	-
	BEFORE AND AFTER WHEEL ALIGNMENT. (NPA)	NOT NECESSARY	-	-
	TO REMOVE / INSTALL REAR WINDSCREEN. (NPA)	NOT NECESSARY	-	-
	LABOR FOR UNDERCARRIAGE. (NPA)	NOT NECESSARY	-	-
	TO REMOVE / INSTALL DOOR MECHANISM, PANEL AND MIRROR.		200.00	80.00
	TO DIAGNOSE ERASE FAULT MEMORY AFTER REPAIR.	NOT NECESSARY	150.00	-
	TO CONDUCT HEADLAMP FOCUS. (NPA)	NOT NECESSARY	-	-
	TO REMOVE / REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS.		80.00	30.00
	TO REMOVE / REFIX UPHOLSTERY, GARNISH AND ATTA	NOT NECESSARY	180.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED.		1,000.00	450.00
	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS.		150.00	30.00
	TO VACUUM, WAXING & CLEAN.	NOT NECESSARY	100.00	-
	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS.		100.00	30.00
			3,160.00	1,020.00
GRAND TOTAL			7,619.50	3,201.30

RECOMMENDED COST OF LUMP SUM REPAIRS			3,201.30
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Report Ref No. CS/FC118005760/Brd3e2

LIM TEOW GUAN

Asst. Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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