

ASS. REC. ET

REF: CS/FCI18006253/Dvd3et and Instructions

Surveyor

CWS

Bryan

ASSIGNMENT (Office)

From (Person)

Serene Ter

of

FCI

Date/Time: 04/04/18 @ 3:40pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 8175R

Insured:

SHIA 3829G

at Workshop m/s

Chunni Motor Work

Tel:

6542 5119

of

AMK Autopoint, soon back motor # 01-05/06

Policy No:

Claim No:

D18002660 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 03/04/2018

CA / REV / REP. / REV 24 HRS /wp

H.O.D. Endorsement:

Date/Time:

9:37am @ 5/1/18

Person Contacted:

Lynn

Vehicle: IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 8175R-CC4 / JTC 17000147 / M/zb3g2

D.O.A.: 02/05/17

SHIA 3829G-CS/FCI16011458/R/qh3c2

D.O.A.: 19/6/16

11/4/18

Email preli revised to FCI

REF:

ASSIGNMENT

COE May 2024

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: _____

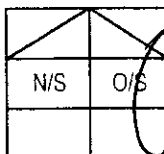
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 12 hr days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SHC 81752** Yr Regn: **May 2016**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / **(Taxi)** Prime Mover /
 Truck / Trailer or

Make: **Hyundai I40** C.C. **1685**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **235044** T/Radio: Insured / Std / NI / NAEng/No: **D4FDGU625908**C/No: **KMHLEB41UMGU090074**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Good** / Jammed / Leaked / Burnt orBrake: **Good** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **205/60R16**R: **---**

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

TOYO / YOKO or **Wootake**

Front

Rear

R/Bal. **5'** mm R/Bal. **5'** mmL/Bal. **5'** mm L/Bal. **5'** mmD.O.A. **03/04/2018** D.O.I. **06/04/2018**Survey held at **Chunni AMK**

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

o/s Front 7 o/s Body 9 o/s Rear

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

Date / Time Action / Instruction

First Cap SHC 3829G

20/04/18 finger 4/5 17K with 12 dgs. 7m (Red 11,770.20, 41%)

RECEIVED 07 MAY 2018

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2) 20/4 - typist

Report Format: **CWS**Lump Sum / I.B.I. (\$) **17,000 / 2**Days Of Repair: **12**Resurvey No. of Trip: **2**Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

Survey Fee:

Transportation

) ... S + RS ... SI

) Phone

) Others

23/4/18

18x15

1704270

50

50450

164

794




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/FCI18006253/Dvd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 05-04-2018	
			Code : FCI2	
1. Policy Particulars - THIRD PARTY CLAIM				
Insured Veh.	SHA 3829G	Veh. Inspected	SHC 8175R	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18002660MFSH	Excess (\$)	0.00	
Assign From	CWS (SERENE LER)	Assign Date	05/04/2018	
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	03/04/2018	Inspection Date	05/04/2018	
Survey held at	CHUNNI MOTOR REPAIRS PTE LTD BLK 10 ANG MO KIO INDUSTRIAL PARK 2A AMK AUTOPOINT #03-19 SINGAPORE 568047			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

Job Sheet (/ClaimWS/Surveyor/JobSheet/236627)



PRLDocuments



Close



PRI Header Details

Claim No	D18002660MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & CHUNNI MOTOR WORK PTE LTD COMFORT TRANSPORTATION PTE LTD YEO NGEE SO
Workshop Name	CHUNNI MOTOR WORK PTE LTD (Contact Person : LYNN OR IRENE - 65421726)	Survey Location & Contact Details	AMK AUTOPOINT, SOON HOCK MOTOR, #01-05/06, Mobile: 65425119 , Phone: 64836016 , Fax: 65426031 EmailId: CHUNNIMOTOR@GMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	DIRECT SETTLEMENT: EST. COR - \$28,770.20		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA3829G	TP Vehicle No	SHC8175R
PRI Recieved Date	03-04-2018 09:38:59 PM	Surveyor Appointed Date	04-04-2018 03:39:00 PM	Surveyor Accept Date	05-04-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	05-04-2018	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

MOTOR SURVEY ASSIGNMENT

Date	03-04-2018	Our Ref No. D18002660MFSH
Accident Date	03-04-2018	Claim Type. Third Party
Insured Vehicle	SHA3829G	Third Party Vehicle. SHC8175R
Survey Location	AMK AUTOPOINT, SOON HOCK MOTOR, #01-05/06,	
Contact Person.	LYNN OR IRENE - 65421726	
Contact No.	64836016/ 65425119	Fax No. 65426039
Survey Type	DIRECT SETTLEMENT: EST. COR - \$28,770.20	
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	CHUNNI MOTOR WORK PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Wednesday, 11 April 2018 4:50 PM
To: 'Claim Workflow System'
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18002660MFSH/1, SHC 8175R
Attachments: SHC 8175R PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SHC 8175R
Date of survey: 6/4/2018
Number of days: 11 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: Admin-D (LKKAUTO)
Sent: Thursday, 5 April 2018 9:38 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18002660MFSH/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: Wednesday, 4 April 2018 3:38 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SERENELER@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18002660MFSH/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.



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: D18002660MFSH
Our ref: CS/FCI18006253/Dvd3

Date: 11/4/2018

The Motor Claims Department
M/s First Capital Insurance Limited

Without Prejudice

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHC 8175R

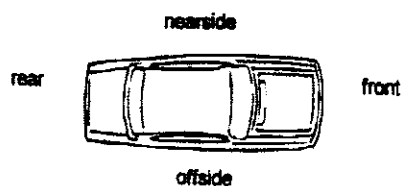
We thank you for your instruction on 4/4/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 6/4/2018 at the premises of M/s CHUNNI MOTOR REPAIRS PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$28,770.20
Revised Estimate Amount	: S\$21,876.40
"Check" Items Amount	: S\$216.00
Book Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the o/s front portion, o/s rear portion and o/s body



Comments/Present Status:
Damages Consistent

Yours faithfully,

Bryan Ang
Motor Surveyor / Investigator

MCD81804405 / ComfortDelGro Engineering Pte Ltd - Layan
 ENTRY DATE & TIME: 03/04/2018 14:51
 SUBMITTED BY: Janet Lim Siang Gek

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 03/04/2018 14:51
 Date Of Accident 03/04/2018 00:30
 Exact Location Of Accident THOMSON ROAD X WHITLEY RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8175R
 Insured/Policyholder
 Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
 Co Reg No 199303821R
 Email Address FLEETSAFETY@CDGTAXI.COM.SG
 Mobile Phone No
 Alternative Phone No OFFICE-65508768
 Vehicle Particulars
 Manufacturer HYUNDAI
 Model I40
 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 TAXI
 Insurance Company
 Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy YES
 Policy Number MCOM0015
 Cover Note Number
 Driver
 Name of Driver YEO NGEE SOON
 NRIC No S1759695J
 Date Of Birth 15/04/1966
 Occupation OUTDOOR
 Date Of Driving Pass 02/12/1988
 Driving Experience 29 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address BLK 616 SENJA ROAD
#17-66
Postcode 670616
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - TAXI 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 - 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 2
Was any body injured in the Accident? YES
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) 4

Passenger 1
NAME: : -
GENDER: : FEMALE
Passenger 2
NAME: : -
GENDER: : MALE
Passenger 3
NAME: : -
GENDER: : FEMALE

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 ATTACHED * TYPE OF ACCIDENT :- HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: -
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA3829G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver SIM YEE MIN
NRIC/Passport Number S7830308E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YEO NGEE SOON

Approximate Age

Injuries Sustain RH KNEE, HEADACHE, RH ELBOW, RH HAND

Injured person in which vehicle? SHC8175R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN**IMPORTANT NOTICE**

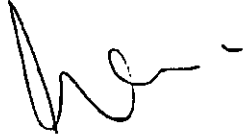
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 03.04.2018 @ 14:10 Hrs


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

NAME
ADDRESS

Home Tel.:

VIN:

Registration: SHC 8175 R

Technician:

Mileage: 235044

Time Printed 6.4.18 3:54 PM

HYUNDAI I40

Front : Left

Actual	BEFORE	Specified Range
0°10'		-3°00' 3°00'
4°07'		-0°19' 5°41'
-0°02'		-1°30' 1°30'
13°36'		
13°46'		

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	BEFORE	Specified Range
3°57'		-3°00' 3°00'
4°04'		-0°19' 5°41'
-6°23'		-1°30' 1°30'
11°39'		
15°36'		

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	BEFORE	Specified Range
-3°47'		-3°00' 3°00'
0°03'		-3°00' 3°00'
1°57'		-3°00' 3°00'
-6°24'		-3°00' 3°00'

Rear : Left

Actual	BEFORE	Specified Range
0°45'		-3°30' 2°30'
-0°08'		-1°30' 1°30'

Camber
Toe

Rear : Right

Actual	BEFORE	Specified Range
5°10'		-3°30' 2°30'
22°38'		-1°30' 1°30'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	BEFORE	Specified Range
-4°25'		-3°00' 3°00'
22°30'		-3°00' 3°00'
-11°23'		-3°00' 3°00'

CHUNNI MOTOR WORK PTE LTD

To Survey my LKK

REPAIR ESTIMATE*

VEHICLE NO : SHC 8175R

DATE : 3.04.2018

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI i40

FAX : 6542 6039

FCI

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Wheel Rim (RH) NH			\$ 351.90	X
	Front Wheel Hub Cap (RH) NH			\$ 150.70	✓
	Front Wheel Bearing NH & DR			\$ 258.50	✓
	Front Shock Absorber (Assy) (RH) NH & distribute			\$ 342.20	X
	Front Shock Absorber Mounting (RH) NH			\$ 75.10	X
	Front Drive Shaft (RH) NH			\$ 1,069.55	X
	Rack & Pinion Assy NH			\$ 2,184.00	X
	STG Tie End NH			\$ 69.50	X
	Front Suspension Lower Arm (RH) NH & distribute			\$ 715.10	X
	Knuckle Arm (RH) NH & distribute			\$ 582.95	X
	ABS Sensor, RH NH			\$ 261.50	X
			2049.45		
	SUB TOTAL			\$ 6,061.00	
	LESS 20%		1639.56	\$ 1,212.20	
	DISCOUNTED TOTAL			\$ 4,848.80	
	Front Tyre (RH) SXL			\$ 216.00	Nett X
	Rear Fender With Housing (RH) SXL			\$ 4,736.80	✓
	Rear Fender Inner Lining (RH) deformed			\$ 164.40	✓
	Rear Windscreen Moulding NH			\$ 60.00	✓
	Rear Door (RH) SXL			\$ 1,351.10	✓
	Rear Door Rubber (RH) deformed			\$ 280.50	✓
	Rear Door Gear/Regulator (RH) & mounting crack			\$ 785.50	✓
	Rear Door Power Motor (RH) NH shorted			\$ 530.50	✓
	Rear Door Lock Assy, RH & SXL			\$ 321.85	✓
	Rear Door Hinge Lower (RH) SXL			\$ 53.40	✓
	Rear Door Check (RH) SXL			\$ 66.50	✓
	Rear Door Trim Board (RH) & mounting crack			\$ 892.55	✓
	Front Door (RH) SXL			\$ 1,403.05	✓
	Front Door Rubber deformed			\$ 290.50	✓
	Front Door Gear / Regulator (RH) & mounting crack			\$ 785.50	✓
	Front Door Power Motor NH			\$ 950.90	X
	Front Door Trim Board (RH) & mounting crack			\$ 1,196.90	✓
	Door Centre Pillar Outer (RH) SXL		1660.95	\$ 1,786.20	✓
	Rocker Panel Outer Garnish (RH) NH			\$ 483.60	✓
	Rocker Panel Outer SXL			\$ 1,380.00	✓
	Rocker Panel Step Garnish (Rear) (RH) deformed			\$ 31.70	✓

SHC 8175R

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Tyre Rim (RH) <i>dist/rt</i>			\$ 351.90	<i>✓</i>
	Rear Wheel Hub-Cap (RH) <i>cnt</i>			\$ 150.70	<i>✓</i>
	Rear Wheelbearing ING & Hub <i>Dist</i>			\$ 401.40	<i>✓</i>
	Rear Trailing Arm (RH) <i>dist/rt</i>			\$ 120.00	<i>✓</i>
	Rear Assist (RH) <i>dist/rt</i>			\$ 120.00	<i>✓</i>
	Rear Shock Absorber (RH) <i>dist/rt</i>			\$ 342.20	<i>✓</i>
	Rear Shock Absorber Mounting (RH) <i>nd</i>			\$ 57.70	<i>X</i>
	Rear Crossmember <i>dist/rt</i>			\$ 1,190.00	<i>✓</i>
	Stabilizer Bar <i>nd</i>			\$ 204.60	<i>nd</i>
	Stabilizer Link <i>nd</i>			\$ 68.15	<i>✓</i>
	Rear Upper Arm (RH) <i>dist/rt</i>			\$ 335.75	<i>✓</i>
	Rear Lower Arm (RH) <i>dist/rt</i>			\$ 204.35	<i>✓</i>
	Rear Knuckle Arm (RH) <i>dist/rt</i>			\$ 574.80	<i>✓</i>
			<i>3859.25</i>		
			<i>20459.80</i>		
			<i>16367.84</i>		
	SUB TOTAL			\$ 21,673.00	
	LESS 20%			\$ 4,334.60	
	DISCOUNTED TOTAL			\$ 17,338.40	
	Rear Fender Advertisement Logo (RH) <i>nd</i>			\$ 100.00	Nett <i>✓</i>
	Rear Windscreen Sealant <i>nd</i>			\$ 46.00	Nett <i>✓</i>
	Rear Door Comfortdelgro & Apps Sticker (RH) <i>nd</i>			\$ 80.00	Nett <i>✓</i>
	Front Door Coloured Comfort Logo (RH) <i>nd</i>			\$ 75.00	Nett <i>✓</i>
	Front Door Advertisement Logo (RH) <i>nd</i>			\$ 100.00	Nett <i>✓</i>
	Rear Tyre (RH) <i>cnt 50% def</i>		<i>50%</i>	\$ 100.00	Nett <i>✓</i>
	Front Fender Advertisement Logo (RH) <i>nd</i>			\$ 100.00	Nett <i>✓</i>
			<i>609.00</i>		
				\$ 717.00	
	Labour Charge				
	Panel Beating			\$ 2,200.00	<i>1600/-</i>
	Spray Painting Charge			\$ 1,600.00	<i>1000/-</i>
	Wiring Charge			\$ 100.00	<i>40/-</i>
	Tuff Kote			\$ 150.00	<i>60/-</i>
	Towing Charge			\$ 50.00	<i>nd</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00	<i>80/-</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00	<i>80/-</i>
	Remove/Refix Reverse Sensor			\$ 120.00	<i>nd</i>
	Remove/Refix Undercarriage (FRT)			\$ 400.00	<i>nd 120/-</i>
	Transfer of Door		\$ 120.00	\$ 240.00	<i>160/-</i>
	Remove/Refix Undercarriage (RR)			\$ 400.00	<i>180/-</i>
	Four Wheel Alignment			\$ 120.00	<i>60/-</i>
			<i>3380/-</i>		
	TOTAL LABOUR			\$ 5,650.00	
	ESTIMATE TOTAL			\$ 28,770.20	<i>21996.40</i>
	This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				<i>4517,000</i>

1kk dnd

12 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

Affiliated to Federation Internationale Des Experts En Automobile

FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI18006253/Dvd3e2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 11-05-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 3829G	Veh. Inspected	SHC 8175R
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18002660MFSH	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	04/04/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU090074	Colour	BLUE
Odometer	235044	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	5 mm
L/H Front Tyre	205/60 R16	WEST LAKE	5 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	5 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY, O/S FRONT AND O/S REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	03/04/2018	Inspection Date	06/04/2018
Survey held at	AMK AUTOPOINT, SOON HOCK MOTOR #01-05/06		
Repairer	CHUNNI MOTOR WORK PTE LTD		

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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	12 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8175R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT WHEEL RIM (RH)	NOT NECESSARY	351.90	-
1	FRONT WHEEL HUB CAP (RH)	CUT	150.70	150.70
1	FRONT WHEEL BEARING	DAMAGED	258.50	258.50
1	FRONT SHOCK ABSORBER (ASSY) (RH)	DISTORTED	342.20	342.20
1	FRONT SHOCK ABSORBER MOUNTING (RH)	NOT NECESSARY	75.10	-
1	FRONT DRIVE SHAFT (RH)	NOT NECESSARY	1,069.55	-
1	RACK & PINION ASSY	NOT NECESSARY	2,184.00	-
1	STG TIE ROD	NOT NECESSARY	69.50	-
1	FRONT SUSPENSION LOWER ARM (RH)	DISTORTED	715.10	715.10
1	KNUCKLE ARM (RH)	DISTORTED	582.95	582.95
1	ABS SENSOR, RH	NOT NECESSARY	261.50	-
1	REAR FENDER WITH HOUSING (RH)	BUCKLED	4,736.80	4,736.80
1	REAR FENDER INNER LINING (RH)	DEFORMED	164.40	164.40
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
1	REAR DOOR (RH)	BUCKLED	1,351.10	1,351.10
1	REAR DOOR RUBBER (RH)	DEFORMED	280.50	280.50
1	REAR DOOR GEAR /REGULATOR (RH)	MTG CRACKED	785.50	785.50
1	REAR DOOR POWER MOTOR (RH)	SHORTED	530.50	530.50
1	REAR DOOR LOCK ASSY, RH	BENT	321.85	321.85
1	REAR DOOR HINGE LOWER (RH)	BENT	53.40	53.40
1	REAR DOOR CHECK (RH)	BENT	66.50	66.50
1	REAR DOOR TRIM BOARD (RH)	MTG CRACKED	892.55	892.55
1	FRONT DOOR (RH)	BUCKLED	1,403.05	1,403.05
1	FRONT DOOR RUBBER	DEFORMED	290.50	290.50
1	FRONT DOOR GEAR / REGULATOR (RH)	MTG CRACKED	785.50	785.50
1	FRONT DOOR POWER MOTOR	NOT NECESSARY	950.90	-
1	FRONT DOOR TRIM BOARD (RH)	MTG CRACKED	1,196.90	1,196.90
1	DOOR CENTRE PILLAR OUTER (RH)	BUCKLED	1,786.20	1,786.20
1	ROCKER PANEL OUTER GARNISH (RH)	CUT	483.60	483.60
1	ROCKER PANEL OUTER	BUCKLED	1,380.00	1,380.00
1	ROCKER PANEL STEP GARNISH (REAR) (RH)	DEFORMED	31.70	31.70

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR TYRE RIM (RH)	DISTORTED	351.90	351.90
1	REAR WHEEL HUB-CAP (RH)	CUT	150.70	150.70
1	REAR WHEELBEARING ING & HUB	DAMAGED	401.40	401.40
1	REAR TRAILING ARM (RH)	DISTORTED	120.00	120.00
1	REAR ASSIST (RH)	DISTORTED	120.00	120.00
1	REAR SHOCK ABSORBER (RH)	DISTORTED	342.20	342.20
1	REAR SHOCK ABSORBER MOUNTING (RH)	NOT NECESSARY	57.70	-
1	REAR CROSSMEMBER	DISTORTED	1,190.00	1,190.00
1	STABILIZER BAR	NOT NECESSARY	204.60	-
1	STABILIZER LINK	BENT	68.15	68.15
1	REAR UPPER ARM (RH)	DISTORTED	335.75	335.75
1	REAR LOWER ARM (RH)	DISTORTED	204.35	204.35
1	REAR KNUCKLE ARM (RH)	DISTORTED	574.80	574.80
	LESS 20% DISCOUNT		-5,546.80	-4,501.85
			22,187.20	18,007.40
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT TYRE (RH) (SN)	SERVICEABLE	216.00	-
1	REAR FENDER ADVERTISEMENT LOGO (RH) (SN)	CUT	100.00	100.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	CUT	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (RH) (SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
1	REAR TYRE (RH) (50%) (SN)	CUT	216.00	108.00
1	FRONT FENDER ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
			933.00	609.00
	<u>LABOUR</u>			
	PANEL BEATING.		2,200.00	1,600.00
	SPRAY PAINTING CHARGE.		1,600.00	1,000.00
	WIRING CHARGE.		100.00	40.00
	TUFF KOTE.		150.00	60.00
	TOWING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	80.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE / REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	80.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	-
	REMOVE / REFIX UNDERCARRIAGE (FRT).		400.00	120.00
	TRANSFER OF DOOR.		240.00	160.00
	REMOVE / REFIX UNDERCARRIAGE (RR)		400.00	180.00
	FOUR WHEEL ALIGNMENT.		120.00	60.00
			5,650.00	3,380.00
GRAND TOTAL			28,770.20	21,996.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				17,000.00

Report Ref No. CS/FCI18006253/Dvd3e2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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