

ASS. REC. BY:

REF

CS/FCI18006669/Kvd3

Special Instructions:

Survivor
CWSKenneth
Sithera

ASSIGNMENT (Office)

From (Person)

of FCI

Date/Time 11/4/18 @ 9:37am

Estimated Cost

Bill to

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

To Inspect Vehicle No:

SHD 318T

Insured:

SHB 3283A

at Workshop m/s

Trans-cab Auto

Tel:

6287 6666

of

No. 2 Amk 8f-63

Policy No:

Claim No:

D18002802MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

09/04/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

9:37am @ 11/4/18

Person Contacted

Cindy

Vehicle

☒ IN ☐ OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 318T-CC3/AXA/7019031/Kmcl3 D.O.A. 02/10/2017
	SHB 3283A-NA/INC/17015222/r3 D.O.A. 06/08/2017
13/4/18	Email preli revised to FCI

REF: FCI

ASSIGNMENT

From: Date: 11/4/18

Estimated Cost:

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

To Inspect Vehicle No: SHD 3187

at Workshop m/s Trans cab

of No. 2 AMK St. 63

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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 1/2 days Res: Yes or No

Lump Sum: 1.13.1% 3 Val: Yes or No

CA / REV / REP. / 24 HRS ^{1wp}

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SHD 3187 Yr Regn: 03 16

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

Truck / Trailer or

Make: Renault Latitude cc 1995

Colour: White A/C Insured / Std / NI / NA

Sp. Reading: 321739 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VF1ABL15AUC 282393

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R: -

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

TOYO / YOKO or Giti

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 9/4/18

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 11/4/18

Survey held at: ✓

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

N/S Fr

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

Date / Time Action / Instruction

12/4 File pass to Corham
@ 2784.93 (Red 20,935.43, 8890)

RECEIVED 15 APR 2018

Date/Time: File Pass to? ☐ : Preli. Report1) ☐ : Final Report

Date/Time: File Return to?

2) 13/4 - typist

Report Format: CWS

Lump Sum / I.B.I. / S 2784.93

Days Of Repair: 2.5

Resurvey No. of Trip: -

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

Survey Fee:

Transportation:

1 S + RC \$

1 Price

1 Chas

1 12/4/18

TOTAL

13x15=195

170+195

50

12

427

Job Sheet (/ClaimWS/Surveyor/JobSheet/236804)



PRI Documents



Close



PRI Header Details

Claim No	D18002802MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & TRANS-C/
Workshop Name	TRANS-CAB AUTO SERVICES PTE LTD (Contact Person : CANDY KONG)	Survey Location & Contact Details	NO. 2 ANG MO KIO STREET 63 Mobile: 62876666 , Phone: 62876666 , Fax: 62877766 EmailId: CANDY.KONG@TRANSCAB.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHB3283A	TP Vehicle No	SHD318T
PRI Recieved Date	10-04-2018 09:32:57 PM	Surveyor Appointed Date	11-04-2018 09:36:13 AM	Surveyor Accept Date	11-04-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	11-04-2018	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	10-04-2018	Our Ref No. D18002802MFSH
Accident Date	09-04-2018	Claim Type. Third Party
Insured Vehicle	SHB3283A	Third Party Vehicle. SHD318T
Survey Location	NO. 2 ANG MO KIO STREET 63	
Contact Person.	CANDY KONG	
Contact No.	62876666/ 62876666	Fax No. 62877764
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	TRANS-CAB AUTO SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

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: Friday, 13 April 2018 9:19 AM
To: 'Claim Workflow System'
Cc: SITHARA@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18002802MFSH/1, SHD 318T
Attachments: SHD 318T PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SHD 318T
Date of survey: 11/4/2018
Number of days: 2.5 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: Wednesday, 11 April 2018 9:39 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: SITHARA@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18002802MFSH/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, 11 April 2018 9:37 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SITHARA@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18002802MFSH/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: D18002802MFSH

Our ref: CS/FCI18006669/Kvd3

Date : 13/4/2018

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHD 318T

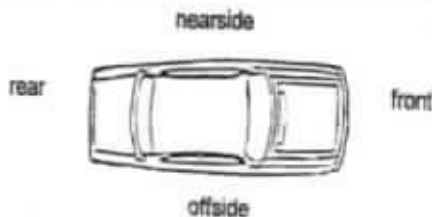
We thank for your instruction on 11/4/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 11/4/2018 at the premises of M/s TRANS-CAB AUTO SERVICES PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$23,720.36
Revised Estimate Amount	: S\$2,784.93
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the n/s front portion.



Comments/Present Status:

Damages Consistent

Yours faithfully,

Kenneth Kong
Licensed Appraiser

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	387BK
Vehicle Details	
Vehicle No.:	SHD318T
Vehicle to be Exported:	Yes
Intended De-registration Date:	09 Apr 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002968
Chassis No.:	VF1ABL15AUC282393
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	04 Mar 2016
First Registration Date:	04 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Mar 2024
PARF Rebate Amount:	\$14,998.00

COE Expiry Date:	03 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	#
PQP Paid:	\$39,633.00
COE Rebate Amount:	\$29,223.00
Total Rebate Amount:	\$44,221.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

OK

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	09/04/2018 14:32
Date Of Accident	09/04/2018 08:55
Exact Location Of Accident	WOODLANDS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD318T
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L DCI (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	NG YAOHAN
NRIC No	S8635753D
Date Of Birth	06/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2006
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98277198
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 314 SEMBAWANG DRIVE #06-454
Postcode	750314
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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: : ELEN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

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

Circumstances of Accident

On 09.04.18 at about 0855hrs, I was travelling straight along 2nd lane along Woodlands Ave 5. Suddenly I felt an impact on the left side of my taxi (vehicle A:SHD318T), after alighting I found out that vehicle B (SHB3283A) had swerved into my lane from lane 3 and collided into the front left side of my bumper and door of my vehicle.

Attachment(s)

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

Details of Witness 1

Name	ELEN
Phone Number	83393287
Email Address	

Vehicle Registration Number	SHB3283A
Vehicle Make/Model/Colour	CITY CAB
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)	

DETAILS OF INJURED PERSON 1

Name	NG YAO HAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD318T
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.

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 #2 Pg. 1

SKETCH PLAN

Needlands Avenue S.

A: SHD 3187
B: SHB 3283 A.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.:

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD 318T**AAD1804-090**

Not Authorized
1-B.1
Resurvey B4 paint @ 2784.93

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

SHD 318T

VF1ABL15AUC282393

RENAULT

LATITUDE

9.4.2018

*Fell***PART****LIST**

1	BUMPER COVER FRT
1	BUMPER SPOILER FRT
1	BUMPER ABSORBER FRT
1	BUMPER RETAINER FRT LH
1	BUMPER SUPPORT FRT
1	BUMPER RETAINER FRT RH
1	BUMPER SUPPORT FRT
1	BUMPER UNDERTRAY FRT
1	BUMPER GRILLE LOWER FRT
1	BUMPER FOG LAMP GRILLE LH
1	BUMPER BEAM FRT
1	HEADLAMP LH
1	HEADLAMP PANEL FRT LH
1	FENDER PANEL FRT LH
1	WHEELARCH FRT LH
1	FENDER BRACKET LOWER LH
1	FENDER INSULATOR LH
1	DOOR PANEL FRT LH
1	RADIATOR GRILLE
1	RADIATOR GRILLE BADGE 'RENAULT'
1	RADIATOR GRILLE FRAME
1	RADIATOR FAN COWLING
1	RADIATOR FAN MOTOR LH
1	RADIATOR FAN MOTOR RH

\$	<i>no / Bu</i>	1,259.42 ✓
\$	<i>Sm</i>	181.75
\$	<i>Sm</i>	394.68
\$	<i>Sm</i>	151.41
\$	<i>Sm</i>	123.88
\$	<i>Sm</i>	150.77
\$	<i>Sm</i>	123.88
\$	<i>Sm</i>	472.83
\$	<i>Sm</i>	266.80
\$	<i>Sm</i>	207.21
\$	<i>R</i>	914.08
\$	<i>Sm</i>	1,184.43
\$	<i>R</i>	152.15
\$	<i>B</i>	783.83 ✓
\$	<i>Sm</i>	278.84
\$	<i>Sm</i>	15.79
\$	<i>Sm</i>	130.84
\$	<i>R</i>	2,844.66
\$	<i>Sm</i>	1,707.78
\$	<i>Sm</i>	225.36
\$	<i>Sm</i>	1,353.75
\$	<i>Sm</i>	820.54
\$	<i>Sm</i>	967.36
\$	<i>Sm</i>	1,479.46

TOTAL	\$	16,191.51
10%	\$	1,619.15
	\$	14,572.36

Trans-cab Auto Services Pte Ltd

AAD1804-090

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD 318T

Specical Nett

1SET	BUMPER CLIP FRT	\$	66.00 ✓
1	BUMPER BRACKET CLIP FRT LH	\$	12.00 X
1	BUMPER SUPPORT CLIP FRT LH	\$	10.50 X
1SET	BUMPER GRILLE LOWER CLIP	\$	69.00 X
1SET	FRAME FULL SUPPORT PANEL CLIP	\$	70.00 X
2	FRAME FULL SUPPORT PANEL NUT	\$	20.00 X
2	FRAME FULL SUPPORT PANEL STUD	\$	30.00 X
1SET	WHEELARCH CLIP FRT RH	\$	30.50 X
1	FRONT DOOR STICKER 'Trans-cab'	\$	80.00 X
1	FRONT DOOR STICKER 'Chassis'	\$	50.00 X

TOTAL	\$	438.00
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TOTAL PARTS	\$	15,010.36
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LABOUR

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	3,500.00 400/
Putty and spray painting of the affected portion.	\$	3,000.00 440/
To rust-proofing of the affected areas.	\$	170.00 30/
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00 X
To check steering geometry and computer wheel alignment	\$	220.00 X
To transfer of tire, rim and on wheel balancing.	\$	170.00 X
To Check Electrical Lighting Concerned.	\$	170.00 10/

Trans-cab Auto Services Pte Ltd**AAD1804-090**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD 318T

To transfer of front fender fittings, attachment and perform water seepage test.	\$	~ 380.00	X
To vacuum, replace, refix and recharge air condenser	\$	~ 380.00	X
To replace, refix and top up coolant for radiator	\$	~ 170.00	X
To vacuum, replace, refix and recharge Air Intercooler	\$	~ 170.00	X

TOTAL	\$	8,710.00
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Over All Total	\$	23,720.36
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LUMP SUM (REPAIR DAY)~~10 DAYS~~
2 1/2 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI18006669/Kvd3q2

36 ROBINSON ROAD
#16-01 CITY HOUSES SINGAPORE 068877

Date : 16-04-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 3283A	Veh. Inspected	SHD 318T
Policy No.	D-18088937MFSH	Coverage (\$)	0.00
Claim No.	D18002802MFSH	Excess (\$)	0.00
Assign From	SITHARA	Assign Date	11/04/2018

2. Vehicle Particulars & Condition

Make & Model	RENAULT LATITUDE (A)	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	VF1ABL15AUC282393	Colour	WHITE
Odometer	321739	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	GITI	8 mm
L/H Front Tyre	215/60 R16	GITI	8 mm
R/H Rear Tyre	215/60 R16	GITI	7 mm
L/H Rear Tyre	215/60 R16	GITI	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	09/04/2018	Inspection Date	11/04/2018
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		

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:	2.500 Working Days
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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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 318T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER COVER FRT	DENTED / BUCKLED	1,259.42	1,259.42
1	BUMPER SPOILER FRT	SERVICEABLE	181.75	-
1	BUMPER ABSORBER FRT	SERVICEABLE	394.68	-
1	BUMPER RETAINER FRT LH	SERVICEABLE	151.41	-
1	BUMPER SUPPORT FRT	SERVICEABLE	123.88	-
1	BUMPER RETAINER FRT RH	SERVICEABLE	150.77	-
1	BUMPER SUPPORT FRT	SERVICEABLE	123.88	-
1	BUMPER UNDERTRAY FRT	SERVICEABLE	472.83	-
1	BUMPER GRILLE LOWER FRT	SERVICEABLE	266.80	-
1	BUMPER FOG LAMP GRILLE LH	SERVICEABLE	207.21	-
1	BUMPER BEAM FRT	TO REPAIR SEE LABOUR	914.08	-
1	HEADLAMP LH	SERVICEABLE	1,184.43	-
1	HEADLAMP PANEL FRT LH	TO REPAIR SEE LABOUR	152.15	-
1	FENDER PANEL FRT LH	BENT	783.83	783.83
1	WHEELARCH FRT LH	SERVICEABLE	278.84	-
1	FENDER BRACKET LOWER LH	SERVICEABLE	15.79	-
1	FENDER INSULATOR LH	SERVICEABLE	130.84	-
1	DOOR PANEL FRT LH	TO REPAIR SEE LABOUR	2,844.66	-
1	RADIATOR GRILLE	SERVICEABLE	1,707.78	-
1	RADIATOR GRILLE BADGE 'RENAULT'	NOT NECESSARY	225.36	-
1	RADIATOR GRILLE FRAME	SERVICEABLE	1,353.75	-
1	RADIATOR FAN COWLING	SERVICEABLE	820.54	-
1	RADIATOR FAN MOTOR LH	SERVICEABLE	967.36	-
1	RADIATOR FAN MOTOR RH	SERVICEABLE	1,479.46	-
	LESS 10% DISCOUNT		-1,619.15	-204.32
			14,572.35	1,838.93
SPECIAL NETT ITEMS				
1	SET BUMPER CLIP FRT (SN)	NECESSARY	66.00	66.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	BUMPER BRACKET CLIP FRT LH (SN)	NOT NECESSARY	12.00	-
1	BUMPER SUPPORT CLIP FRT LH (SN)	NOT NECESSARY	10.50	-
1	SET BUMPER GRILLE LOWER CLIP (SN)	NOT NECESSARY	69.00	-
1	SET FRAME SUPPORT PANEL CLIP (SN)	NOT NECESSARY	70.00	-
2	FRAME FULL SUPPORT PANEL NUT (SN)	NOT NECESSARY	20.00	-
2	FRAME FULL SUPPORT PANEL STUD (SN)	NOT NECESSARY	30.00	-
1	SET WHEELARCH CLIP FRT RH (SN)	NOT NECESSARY	30.50	-
1	FRONT DOOR STICKER 'TRANS-CAB' (SN)	NOT NECESSARY	80.00	-
1	FRONT DOOR STICKER 'CHASSIS' (SN)	NOT NECESSARY	50.00	-
			438.00	66.00
	LABOUR			
	PANEL BEATING ,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS ,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF BUMPER BEAM FRT,HEADLAMP PANEL FRT LH AND DOOR PANEL FRT LH .		3,500.00	400.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION .		3,000.00	440.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	30.00
	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER ,TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT .	NOT NECESSARY	220.00	-
	TO TRANSFER OF TIRE ,RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	10.00
	TO TRANSFER OF FRONT FENDER FITTINGS ,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO VACUUM ,REPLACE,REFIX AND RECHARGE IN CONDENSER .	NOT NECESSARY	380.00	-
	TO REPLACE ,REFIX AND TOP UP COOLANT FOR RADIATOR.	NOT NECESSARY	170.00	-
	TO VACUUM ,REPLACE ,REFIX AND RECHARGE AIR INTERCOOLER.	NOT NECESSARY	170.00	-
			8,710.00	880.00

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GRAND TOTAL		23,720.35	2,784.93
RECOMMENDED COST OF REPAIRS			2,784.93

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KONG SENG CHEONG

Licensed Appraiser

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