

22/03/2002

ASS. REC. BY:

REF: CS/FCI/8006713/ Krd36

Special Instruction:

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

aws

Lurene Jaw

of

FCI

Date/Time:

11/1/18 @ 4:01pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLS 6764Y

Insured:

SHC 0740 L

at Workshop m/s

Ah Lim motor

Tel:

6483 1244

of

176 Sin Ming Drive # 05-12

Policy No:

Claim No:

D18 002772 MFSTH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

06/04/2018

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

16/04/18 @ 10:30am; Insp: (AMK)

Date/Time:

4:09pm @ 11/1/18

Person Contacted:

Zila

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate Pending ID's VF to determine liability
	SLS 6764Y - X
	SHC 740 L - CS3 / FCI 17001153 / R1 / b m 2
	DOA: 1/1/2017
19/1/18	Owner withdraw claim - Zila said

REF: FCI

ASSIGNMENT

From: Date: 16042018

Estimated Cost: OD (TP) WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLS 6764Y

at Workshop m/s: Ah Lim Motor

of: Blk 10 AMK Ind Park 2A #01-09

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

10:30am

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

N/S	O/S

Bal. or Market Value: \$ 28k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 03 days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SLS 6764Y Yr Regn: 11 08

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

Make: Audi A6 C.C. 1984

Colour: Matt Black / Blue /C: Insured / Std / NI / NA

Sp. Reading: 182221 T/Radio: Insured / Std / NI / NA

Eng/No: W BAU 222418217877

C/No:

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: Dun R: 245/35ZR19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front	Rear
R/Bal. 6 mm	R/Bal. 4 mm
L/Bal. 6 mm	L/Bal. 4 mm
D.O.A. 614/18	D.O.I. 1614/18

Survey held at: ✓

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

N/S Rear

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

Date / Time Action / Instruction

14 File passed Carhume

RECEIVED 23 NOV 2018

Date/Time, File Pass to?

1) typint

Date/Time, File Return to?

2)

Report Format: TP

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

☒ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: 3

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

Survey Fee

Transportation

Photos

Other

TOTAL

140

50

14

204




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/FCI18006713/Krd3		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 11-04-2018		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 740L	Veh. Inspected	SLS 6764Y	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18002772MFSH	Excess (\$)	0.00	
Assign From	CWS (LURENE JAW)	Assign Date	11/04/2018	
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	06/04/2018	Inspection Date		
Survey held at	AH LIM MOTOR CO NO 10 ANG MO KIO IND PK 2A #01-09 AMK AUTOPOINT 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.				

MOTOR SURVEY ASSIGNMENT

Date	09-04-2018	Our Ref No. D18002772MFSH
Accident Date	06-04-2018	Claim Type. Third Party
Insured Vehicle	SHC0740L	Third Party Vehicle. SLS6764Y
Survey Location	176 SIN MING DRIVE #05-12 SIN MING AUTOCARE	
Contact Person.	ZILA	
Contact No.	64831244/ 0	Fax No. 64836170
Survey Type	WITHOUT PREJUDICE: PENDING ID'S VF TO DETERMINE LIABILITY	
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	AH LIM MOTOR COMPANY	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

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/236763)



PRI Documents



Close



PRI Header Details

Claim No	D18002772MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & AH LIM M
Workshop Name	AH LIM MOTOR COMPANY (Contact Person : ZILA)	Survey Location & Contact Details	176 SIN MING DRIVE #05-12 SIN MING AUTOCARE Mobile: 0 , Phone: 64831244 , Fax: 64836170 EmailId: ZILA@AHLIMMOTOR.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: PENDING ID'S VF TO DETERMINE		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC0740L	TP Vehicle No	SLS6764Y
PRI Recieved Date	11-04-2018 03:23:44 PM	Surveyor Appointed Date	11-04-2018 04:00:42 PM	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

<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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Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
Owner ID: 5675E

Vehicle Details

Vehicle No.: SLS6764Y
Vehicle to be Exported: Yes
Intended De-registration Date: 10 Apr 2018
Vehicle Make: AUDI
Vehicle Model: A6 2.0T FSI MU CVT ABS D/AIRBAG
GAS/D
Primary Colour: Blue
Manufacturing Year: 2008
Engine No.: BPJ114305
Chassis No.: WAUZZZ4F18N178771
Maximum Power Output: 125.0 kW (167 bhp)
Open Market Value: \$44,199.00
Original Registration Date: 10 Nov 2008
First Registration Date: 10 Nov 2008
Transfer Count: 2
Actual ARF Paid: \$44,199.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 09 Nov 2018
PARF Rebate Amount: \$22,099.00 ✓







Intended COE Rebate Details

COE Expiry Date: 09 Nov 2018
COE Category: E - Open Category
COE Period(Years): 10
QP Paid: \$12,001.00
COE Rebate Amount: \$441.00
Total Rebate Amount: \$22,540.00

MV - \$2910

The information contained herein is correct as at 10 Apr 2018

OK

 Delete  Archive  Junk |  Sweep  Move to  ...

Your Policy Details

Here's a quick summary of your policy:

Your **Motor Car** insurance policy begins **06/10/2017** and runs until **05/10/2018**

Policy Number: MT/00421520

Policyholder/ Car Owner	: Keng Chong Chia
Declared Main Driver	: Keng Chong Chia
Vehicle Registration No.	: SLS6764Y
Coverage/ Driver Plan	: Third-Party Fire and Theft/ Value Plan
Policy Period	: 06/10/2017 to 05/10/2018
Vehicle Usage	: Private and Business Use
No Claim Discount	: 0 %
Offence Free Discount	: No

Based on the information provided and coverage selected, you are covered following driver plan:

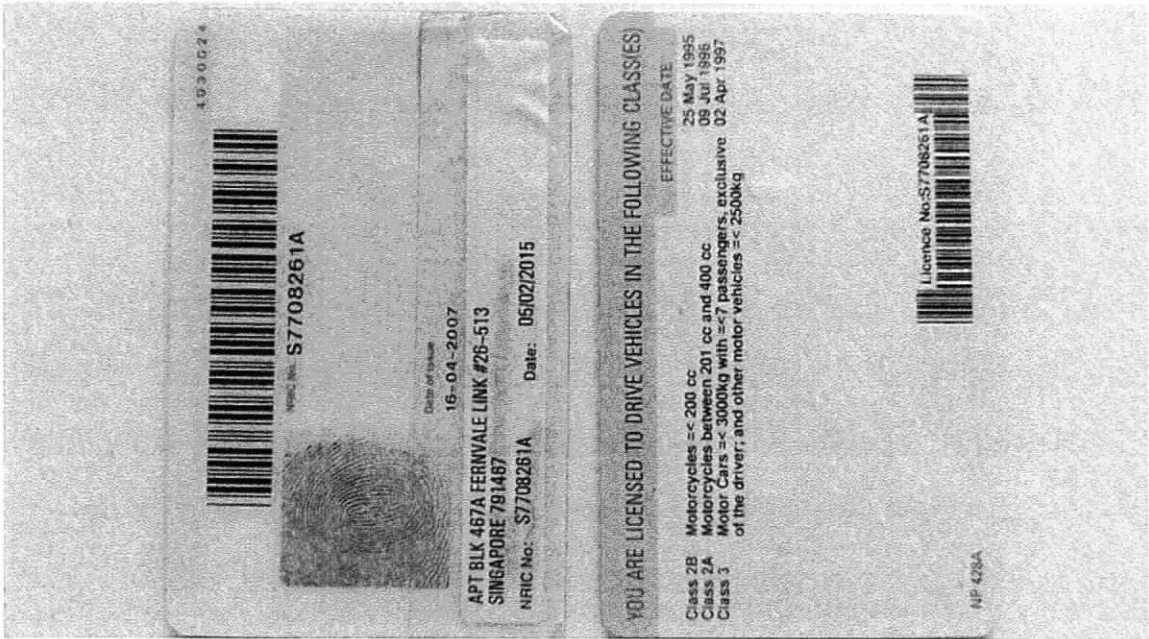
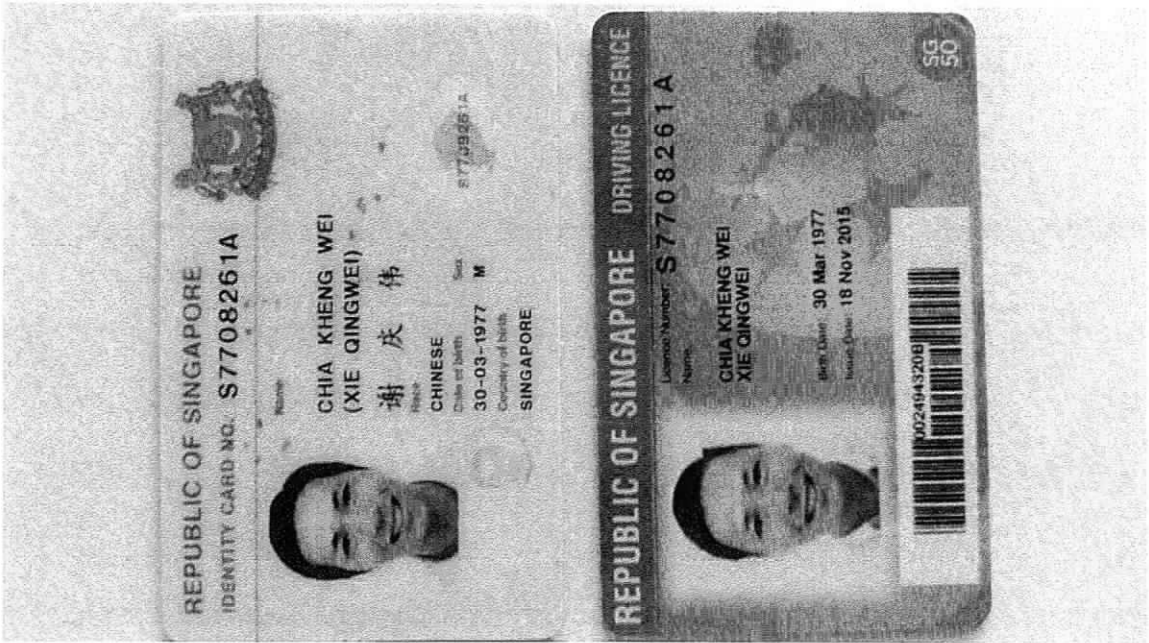
Value Plan: only the Main Driver and any Named Driver(s) on the policy are

Your 'My Account' Login Details

We have created [an account](#) for you which gives you details of your own person allowing you to manage your own insurance needs 24/7.

Your identification (ID) is your FIN/NRIC

Your password is: ebNfwYdz



YOUR POLICY SCHEDULE

This document forms part of your contract with us and should be read together with your Certificate of Insurance and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Car Insurance

Policy number	: MT/00421520		
Period of cover	: Policy begins 06/10/2017 15:23 and runs until 05/10/2018 23:59		
Premium	: S\$ 1,262.86 (inclusive of GST)		
Own Damage Excess	: S\$ 900.00 (before any applicable GST)		
Windscreen Excess	: Not Applicable (before any applicable GST)		
Vehicle Details			
Vehicle Registration	: SLS6764Y	Chassis number	: WAUZZZ4F18N178771
Make and model	: Audi A6 2.0 TFSI MU (A)	Car usage	: Private and Business Use
Year of registration	: 2008	No. of accidents/claims in the last 36 months	: 0
Finance company / Hire purchase	: NA		
Is your car modified? (Modifications are according to LTA guidelines)	: No		
Policyholder			
Policyholder	: Chia, Keng Chong		
Mailing Address	: 127 LORONG L TELOK KURAU, #04-04 BLU CORAL, Singapore 425562		
E-mail Address	: sam4000@hotmail.sg	Mobile Number	: 91054000
No Claims Discount (NCD)	: 0%	Your NCD is 0% because	: you were not insured in the last 12 months but you have been insured before
Main Driver Details			
Main Driver	: Chia, Keng Chong	Marital Status	: Married
Date of Birth	: 15/07/1973	Occupation	: Business owner/self employed
Gender	: Male	Number of accidents or claims in the last 36 months	: 0
Certificate of Merit	: No		
Years of valid driving licence	: > 5		
Named Driver Details			
Named Driver (1)	: Chia, Kheng Wei (Non-YIED)	Marital Status	: Single
Date of Birth	: 30/03/1977	Occupation	: Business owner/self employed
Gender	: Male	Number of accidents or claims in the last 36 months	: 1: Not at fault
Certificate of Merit	: No		
Years of valid driving licence	: > 5		
Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.			
Young and/ or Inexperienced Driver (YIED): refers to any driver who is below the age of 30 or holds a driving licence for less than 2 years.			

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 17:49
Date Of Accident	06/04/2018 07:30
Exact Location Of Accident	SLIP RD NEAR BCA ACADEMY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS6764Y
Insured/Policyholder	
Name Of Registered Owner	KENG CHONG CHIA
NRIC No	S7325675E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94733233
Alternative Phone No	OTHERS-94733233
Vehicle Particulars	
Manufacturer	AUDI
Model	A6-2.0 TFSI (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MT/00421520
Cover Note Number	
Driver	
Name of Driver	CHIA KHENG WEI (XIE QINGWEI)
NRIC No	S7708261A
Date Of Birth	30/03/1977
Occupation	INDOOR
Date Of Driving Pass	02/04/1997
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94733233
Fax Number	
Contact Number	OFFICE-94733233
Email Address	ANSONCHIA@GMAIL.COM

Address	BLK 467A FERNVALE LINK #26-513
Postcode	791467
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	
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 THE SKETCH PLAN BY DRIVER

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	SHC740L
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)	

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Date Of Accident	06/04/2018 07:30
Exact Location Of Accident	SLIP RD NEAR BCA ACADEMY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA6764Y
Insured/Policyholder	
Name Of Registered Owner	KENG CHONG CHIA
NRIC No	S7325675E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94733233
Alternative Phone No	OTHERS-94733233
Vehicle Particulars	
Manufacturer	AUDI
Model	A6-2.0 TFSI (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MT/00421520
Cover Note Number	
Driver	
Name of Driver	CHIA KHENG WEI (XIE QINGWEI)
NRIC No	S7708261A
Date Of Birth	30/03/1977
Occupation	INDOOR
Date Of Driving Pass	02/04/1997
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
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Fax Number	
Contact Number	OFFICE-94733233
Email Address	ANSONCHIA@GMAIL.COM

Address	BLK 467A FERNVALE LINK #26-513
Postcode	791467
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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If Yes, against whom?	

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Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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Vehicle Registration Number	SHC740L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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**.
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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:

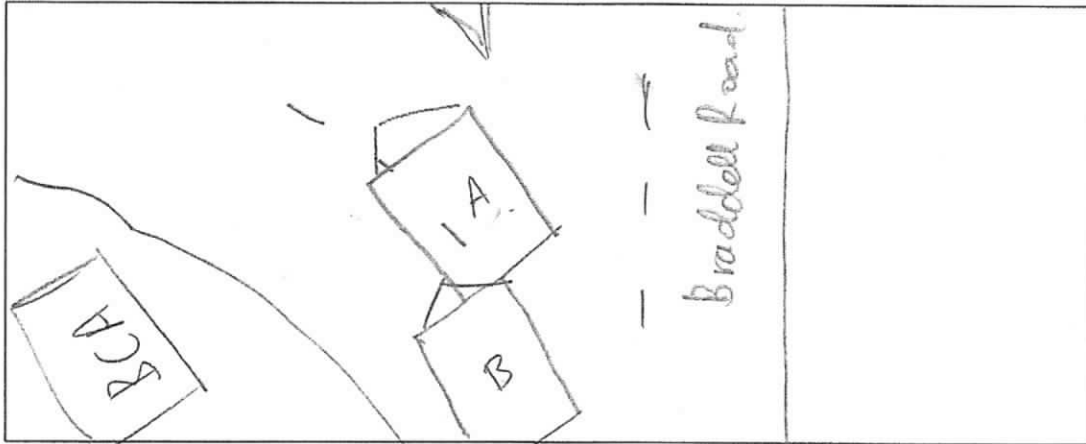
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

Date of accident: 06/04/18 Time: 7:30 Location: Slip rd Near BCA Academy.
 My Vehicle A: SL567647 Vehicle B: SHC740L Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6th April morning around 7:30am, I was on Braddell road going towards CTE, At the clip road, I was filtering & left when I was bumped from behind by a taxi, number plate SHC740L.

He refused to exchange particulars with me and all I did was to take photos of the incident and report this issue.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :
 Email address : ansonchia@gmail.com Hp: 94733233
 & myself :
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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/Channel's Signature
 Name:
 NRIC/FIN No.:



AH LIM MOTOR COMPANY



AH LIM MOTOR COMPANY

No. 10 Ang Mo Kio Ind. Park 2A #01-09 AMK Autopoint Singapore 568047
TEL: 6483 1244 (4 lines) FAX: 6483 6170 Email: ahlimmc@singnet.com.sg
GST:M9-0009639-E RCB NO:06470300B

SURVEYOR COPY

M/S : KENG CHONG CHIA
BLK 467A FERNVALE LINK
#26-513
SINGAPORE 791467

Estimate No: MC0912998
Date: 11 Apr 2018
Policy No: MT/00421520
Veh Reg No: SLS6764Y
Make/Model: AUDI A6 2.0T FSI MU
CVT

ATTN:

Your Ref No: SLS6764Y
Claim Type: Third Party *4K 1.30*
Accident Date: 06/04/2018
TP Veh Reg No: SHC740L

*(first cap) Not Authorized
11 Apr 87
Runny Blue Paint*

Estimate Repair Cost to Vehicle No :SLS6764Y

3 days

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
SPARE PARTS			
1 REAR BUMPER	1 PC	<i>11</i> 1,808.70	<i>X</i>
2 REAR BUMPER SIDE RETAINERS LH & RH	2 PC	<i>52</i> 76.70	<i>X</i>
3 REAR BUMPER CLIPS	12 PC	<i>22</i> 30.00	<i>X</i>
4 REAR BUMPER LOWER SPOILER	1 PC	<i>127</i> 149.50	<i>✓</i>
5 REAR BUMPER REVERSE SENSOR SIDE	2 PC	<i>52</i> 491.30	<i>X</i>
6 REAR BUMPER REVERSE SENSOR CTR	2 PC	<i>52</i> 491.30	<i>X</i>
7 REAR WHEEL BEARING WITH HUB LH	1 PC	477.70	<i>?</i>
8 REAR ABSORBER LH	1 PC	360.20	<i>?</i>
		3,885.40	
	Less 10%	388.54	3,496.86
Special Nett			
9 SPORT RIM LHR - CHECK PRICE	1 PC	<i>Net</i> 0.00	<i>✓</i>
		0.00	0.00
LABOUR			
10 TO DISCONNECT AND CHECK ELECTRICAL WIRING, WIRE SOCKETS AND ETC. TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNITS, TEST AND RECTIFY FOR PROPER FUNCTIONING.	1 PC	40.00	<i>151</i>
11 TO CHECK AND RE-ADJUST WHEEL ALIGNMENT.	1 PC	80.00	<i>601</i>
12 TO RESET REAR BUMPER REVERSE SENSOR CTR,SIDE	1 PC	<i>22</i> 250.00	<i>X</i>
13 TO REMOVE & REINSTALL/REPLACE UNDERCARRIAGE REAR WHEEL BEARING LH,WHEEL BEARING HUB, ABSORBER LH	1 PC	280.00	<i>?</i>
14 TO REMOVE AND REINSTALL/REPLACE FRONT/REAR BUMPER SENSORS.	1 PC	<i>22</i> 120.00	<i>X</i>
15 TO DISMANTLE ALL DAMAGED PARTS.TO CUT & WELD. TO KNOCK & REPAIR REAR BUMPER REINFORCEMENT, REAR FENDER LH INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	600.00	<i>2001</i>
16 TO SPRAY REAR BUMPER,REAR FENDER LH,REAR BUMPER REINFORCEMENT.	1 PC	600.00	<i>4001</i>
		1,970.00	1,970.00





AH LIM MOTOR COMPANY

No. 10 Ang Mo Kio Ind. Park 2A #01-09 AMK Autopoint Singapore 568047
TEL: 6483 1244 (4 lines) FAX: 6483 6170 Email: ahlimmc@singnet.com.sg
GST:M9-0009639-E RCB NO:06470300B

SURVEYOR COPY

M/S : KENG CHONG CHIA
BLK 467A FERNVALE LINK
#26-513
SINGAPORE 791467

Estimate No: MC0912998
Date: 11 Apr 2018
Policy No: MT/00421520
Veh Reg No: SLS6764Y
Make/Model: AUDI A6 2.0T FSI MU
CVT

ATTN:

Your Ref No: SLS6764Y
Claim Type: Third Party
Accident Date: 06/04/2018
TP Veh Reg No: SHC740L

Estimate Repair Cost to Vehicle No :SLS6764Y

Description	Quantity	List Price	Amount
		S\$	S\$
		Total	S\$ 5,466.86
		Add GST @ 7%	382.68
		Total Amount Payable	S\$ 5,849.54

TOTAL: SINGAPORE DOLLAR FIVE THOUSAND EIGHT HUNDRED FORTY NINE AND CENTS FIFTY FOUR ONLY

Please arrange this vehicle to be surveyed soonest possible.

Thank You

For AH LIM MOTOR COMPANY



AUTHORISED SIGNATURE

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				
MS FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI18006713/Krd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSES SINGAPORE 068877			Date : 28-11-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SHC 740L	Veh. Inspected	SLS 6764Y
	Policy No.	D-18088937MFSH	Coverage (\$)	0.00
	Claim No.	D18002772MFSH	Excess (\$)	0.00
	Assign From	LURENE JAW	Assign Date	11/04/2018
2. Vehicle Particulars & Condition				
	Make & Model	AUDI A6 (A)	c.c	1984
	Engine No.	HIDDEN	Year of Reg.	2008
	Chassis No.	WAUZZZ4F18N178771	Colour	MATALLIC DARK BLUE
	Odometer	182221	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	245/35Z R19	DUNLOP	6 mm
	L/H Front Tyre	245/35Z R19	DUNLOP	6 mm
	R/H Rear Tyre	245/35Z R19	TOYO	4 mm
	L/H Rear Tyre	245/35Z R19	TOYO	4 mm
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
	Accident Date	06/04/2018	Inspection Date	16/04/2018
	Survey held at	AH LIM MOTOR CO NO 10 ANG MO KIO IND PK 2A #01-09 AMK AUTOPOINT SINGAPORE 568047		
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	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLS 6764Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	1,808.70	-
2	REAR BUMPER SIDE RETAINERS LH & RH	SERVICEABLE	76.70	-
12	REAR BUMPER CLIPS	NOT NECESSARY	30.00	-
1	REAR BUMPER LOWER SPOILER	MISSING	149.50	149.50
2	REAR BUMPER REVERSE SENSOR SIDE	SERVICEABLE	491.30	-
2	REAR BUMPER REVERSE SENSOR CTR	SERVICEABLE	491.30	-
1	REAR WHEEL BEARING WITH HUB LH	* CHECK	477.70	-
1	REAR ABSORBER LH	* CHECK	360.20	-
	LESS 10% DISCOUNT		-388.54	-14.95
			3,496.86	134.55
	<u>SPECIAL NETT ITEMS</u>			
1	SPORT RIM LHR (SN)(NPA)	DENTED	-	-
			-	-
	<u>LABOUR</u>			
	TO DISCONNECT AND CHECK ELECTRICAL WIRING,WIRE SOCKETS AND ETC.TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNIT,TEST AND RECTIFY FOR PROPER FUNCTIONING.		40.00	15.00
	TO CHECK AND RE-ADJUST WHEEL ALIGNMENT.		80.00	60.00
	TO RESET REAR BUMPER REVERSE SENSOR CTR,SIDE.	NOT NECESSARY	250.00	-
	TO REMOVE & REINSTALL/REPLACE UNDERCARRIAGE REAR WHEEL BEARING LH,WHEEL BEARING HUB,ABSORBER LH.	* CHECK	280.00	-
	TO REMOVE AND REINSTALL/REPLACE FRONT/REAR BUMPER SENSORS.	NOT NECESSARY	120.00	-
	TO DISMANTLE ALL DAMAGED PARTS.TO CUT & WELD.TO KNOCK & REPAIR REAR BUMPER REINFORCEMENT.REAR FENDER LH INNER PANELS AND AFFECTED AREAS.TO REFIT LISTED PARTS BACK SAME.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		600.00	200.00
	TO SPRAY REAR BUMPER,REAR FENDER LH,REAR BUMPER REINFORCEMENT.		600.00	400.00
			1,970.00	675.00

Report Ref No. CS/FCI18006713/Krd3e2



GRAND TOTAL		5,466.86	809.55
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$1,034.11 NETT)			809.55

Report Ref No. CS/FCI18006713/Krd3e2

KONG SENG CHEONG

Licensed Appraiser

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