

ASS. REC. BY:

REF: CB/FCU8007089/Ribber2

Special Instruction:

Survivor:

Rasul

ASSIGNMENT (Office)From (Person): Wls Lurene Jaw of FCU Date/Time: 17042018 11:01am

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLQ 2886R Insured: SHC 227Cat Workshop m/s Wearnes Tel: 9129 12556of 45 Leng Kee RdPolicy No: \_\_\_\_\_ Claim No: D1800 2891MFSH

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 12042018  
(Client's Record)

CA / REV / REP. / REV 24 HRS 'DS'

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 17042018 11:30am Person Contacted: Michelle Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction ( <input checked="" type="checkbox"/> ) Estimate
	SLQ 2886R - X
	SHC 227C - CB/FCU17012389/Kibber2 DCA: 220617
19/4/18 @ 4:31pm	revised to Lurene by email.
26/4/18 @ 12:09pm	Rasul finalised with Michelle final fig @ 19655.74, 14 days.
	(Cred @ 3081.30, 147.)

(08/11/13)

REF:

1517E

Surveyor: P. J. J. J.

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLQ 2886Rat Workshop m/s W. BARNESof 45, Lenny KooInsured: ECI / PS

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

MichelleRemark: 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: 14 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SLQ 2886R Yr Regn: 2017 / JunType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: VOLVO S90 T5 c.c. 1969Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 8545 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: YU1PS10BDH1016904Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 245 / 45 R18

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 12/04/18 D.O.I. 17/04/18Survey held at W. BARNESDes. 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 26 JUL 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 14Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

12 x 15 = 180

170 + 180

50

50

71

521

Report Format : 7PLump Sum / I.B.I. (\$) 19655.24

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	16-04-2018	<b>Our Ref No.</b> D18002891MFSH
<b>Accident Date</b>	12-04-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHC0227C	<b>Third Party Vehicle.</b> SLQ2886R
<b>Survey Location</b>	45 LENG KEE ROAD	
<b>Contact Person.</b>	MICHELLE ONG	
<b>Contact No.</b>	0/ 91294556	<b>Fax No.</b> 62647137
<b>Survey Type</b>	DIRECT SETTLEMENT:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	WEARNES AUTOMOTIVE PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	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.

## Shiau Chan (LKKAUTO)

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**From:** Rasul (LKKAUTO)  
**Sent:** Thursday, 26 July 2018 12:09 PM  
**To:** Michelle Ong Siew Bee  
**Cc:** SUR  
**Subject:** RE: FINAL BILL for SLQ2886R

Hi Michelle,

Finalised amount of \$ 19,655.24 / 14 days of repair is confirmed

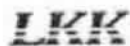
Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

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



Auto  
Consultants  
Pte Ltd

*Save the Earth. Print only when necessary.*

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**From:** Michelle Ong Siew Bee [mailto:[michelle.ong@wearnes.com](mailto:michelle.ong@wearnes.com)]  
**Sent:** Monday, 21 May, 2018 7:19 PM  
**To:** Rasul (LKKAUTO)  
**Cc:** Admin-D (LKKAUTO)  
**Subject:** FINAL BILL for SLQ2886R

Dear Rasul,

Please refer to Final Bill as attached.

Best regards,

**Michelle Ong**  
Service Consultant  
Bodyshop & Paint



**Wearnes Automotive Pte. Ltd.**

249 Alexandra Road Singapore 159103

M (65) 9129 4556 F (65) 6264 7137

[www.wearnes.com](http://www.wearnes.com) [michelle.ong@wearnes.com](mailto:michelle.ong@wearnes.com)

*This email, including any attachment, is confidential and may also be privileged.*

*If you have received it in error, please notify us immediately by reply email and then delete this message from your system.*

*Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

## Shiau Chan (LKKAUTO)

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Thursday, 19 April 2018 4:31 PM  
**To:** 'Claim Workflow System'; assignments  
**Cc:** LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18002891MFSH/1  
**Attachments:** CSFCI18007089R1qb.pdf

Dear Lurene,

Enclosed herewith preliminary advice of SLQ 2886R.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Admin-D (LKKAUTO)  
**Sent:** Tuesday, 17 April 2018 11:14 AM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18002891MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto: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:** Tuesday, 17 April, 2018 11:01 AM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [LURENEJAW@MSFIRSTCAPITAL.COM.SG](mailto:LURENEJAW@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18002891MFSH/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



Auto  
Consultants  
Pte Ltd

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

Your Ref: D18002891MFSH

Date: 19 April 2018

Our Ref: CS/FCI18007089/R1qb

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

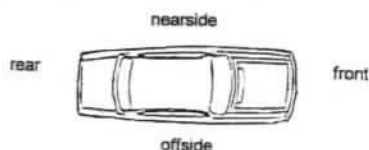
**INITIAL INSPECTION REPORT OF VEHICLE NO. SLQ 2886R .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 17/04/2018 at the premises of M/s WEARNES . and have the following to report:-

Workshop Estimate Amount	: <u>S\$ 20,873.00</u> .
Revised Estimate Amount	: <u>S\$ 18,573.00</u> .
"Check" Items Amount	: <u>S\$ -</u> .
Market Value	: <u>S\$ -</u> .
LTA Reimbursement Value	: <u>S\$ -</u> .
Nett Value	: <u>S\$ -</u> .

**Description of Damage:**

The vehicle sustained damages at the rear portion.



Yours faithfully

Rasul  
Automotive Assessor

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	12/04/2018 18:58
Date Of Accident	12/04/2018 14:25
Exact Location Of Accident	JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
------------------------	--

Vehicle Registration Number	SLQ2886R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH HENG CHEW
NRIC No	S1291517I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96630004
Alternative Phone No	OTHERS-96630004

### Vehicle Particulars

Manufacturer	VOLVO
Model	S90-2.0 T5 MOMENTUM (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V08845/VPC2/R00
Cover Note Number	

### Driver

Name of Driver	NEO BEE KEAW
NRIC No	S1381881I
Date Of Birth	13/12/1959
Occupation	INDOOR
Date Of Driving Pass	18/01/1980
Driving Experience	38 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96630004
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	86 WEST COAST ROAD #02-31
Postcode	126818
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

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

#### Circumstances of Accident

REFER 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	SHC227C
Vehicle Make/Model/Colour	CITYCAB TAXI
Details Of Properties	FRONT PORTION
Vehicle Category	TAXI
Name of Driver	YEE KAH WAH
NRIC/Passport Number	S7224665I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident	Date: 12/04/2018 Time: 1425hrs
Exact Location of Accident	Jurong <del>Gate</del> Town Hall Road
DETAILS OF OWN VEHICLE	SLQ2886R

Vehicle Registration Number

## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Goh Heng Chew
Personal Identification - NRIC (Singaporean/PR)	S1291517I
- FIN/Passport Number	
- Not Applicable	

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer Volvo Model S90 -
Type of Vehicle*	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	Social.
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	Liberty
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	SD12V08845/VPL2/R00
Motor CI	

## DRIVER

	<input type="radio"/> Same as Insured above
Name of Driver	Neo Bee Kean
Personal Identification - NRIC (Singaporean/PR)	S1381887I
- FIN/Passport Number	
Date of Birth	13 dd/ 12 mm/ 1959yy
Driving Date Pass	18 dd/ 01 mm/ 1980yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number / Mobile Phone / Fax No	9663 0004

Address of Driver	86 West Coast Road #02-31		Postcode (126818)
Email Address			
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
If No, Relationship of the Driver with the Insured	Spouse		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
<b>GENERAL INFORMATION OF THE ACCIDENT</b>			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Head to Rear		
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____		
Road Surface	<input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others, _____		
<b>OTHER INFORMATION</b>			
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Number of Passengers (Including Driver)	01		
<b>DETAILS OF POLICE ACTION</b>			
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)		
Police Station Name			
Police Station Address			
Police Station Contact	Tel No.	Fax No.	
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)		
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>			
Vehicle Registration Number	SHC 227C		
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver	Yee Kah Wah		
Personal Identification - NRIC (Singaporean/PR)	S7224665I		
- FIN/Passport Number			
Contact Number			
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles.)			

Describe Circumstance of the Accident

I was travelling along the 3rd lane of Jurong Town Hall Road. Upon approaching the traffic junction, vehicles in front stopped and thus I follow suit. While waiting for clearance, vehicle B from behind came and hit onto the rear portion of my stationary vehicle.

**IMPORTANT NOTE**

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy 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

Witnessed by Reporting Centre Personnel

## 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

### 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' law firms/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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

A: SLQ 2886R  
B: SHC 227C

Jurong Town Hall Road

### SERVICE ESTIMATE

30460 - C00001 SL: SERVICE SALES - PC

Mr Goh Heng Chew  
86 West Coast Road  
#02-31

Singapore 126818

Closed by .... : Michelle Ong Siew Be  
Svc Consultant :  
Remarks ..... : Mr Goh Heng Chew

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1

Inv.date. : 16/04/2018

WIP No. . : 55456

Veh.In/Out: 12/04/2018

\*Tel.No. . : Mobile: 96261271

Reg.No. . : SLQ2886R

Reg.date .: 30/06/2017

Mileage .. : 0

Chassis No: YV1PS10BDH1016904

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BOOT LID, REAR EMBLEM,REAR BUMPER, REAR BRACKET,REAR BEAM,REAR SPOLIER,REAR SENSOR,REAR HEAT SHEILD,REAR SENSOR,REAR END PANEL,ETC	0	6400.00	0		<del>6,400.00</del> S 5600	
800	TO PUTTY SPRAY PAINT ON REAR BOOT LID,REAR END PANEL,REAR BUMPER,ETC	0	3500.00	0		<del>3,500.00</del> S 2800	
802	TO TRANSFER REAR BOOT LID PART	0	250.00	0		250.00 S	
802	TO REMOVE & INSTALL REAR BOOT COMPARTMENT PARTS	0	2400.00	0		<del>2,400.00</del> S 1600	
R06	TO INSTALL REAR NUMBER PLATE INCLUDE HOLDER	0	60.00	0		60.00 S M	
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00 S	

### SERVICE ESTIMATE

30460 - C00001 SL: SERVICE SALES - PC

Mr Goh Heng Chew  
86 West Coast Road  
#02-31

Singapore 126818

Closed by .... : Michelle Ong Siew Be  
Svc Consultant :  
Remarks ..... : Mr Goh Heng Chew

GST Reg.No:M28920628X  
Inv.No. . : B&P 0 Page 2  
Inv.date. : 16/04/2018  
WIP No. . : 55456  
Veh.In/Out: 12/04/2018  
\*Tel.No. . : Mobile: 96261271  
Reg.No. . : SLQ2886R  
Reg.date. : 30/06/2017  
Mileage . : 0  
Chassis No: YV1PS10BDH1016904

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
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BUMPER COVER REAR S9	1.0 EA	1412.30	1271.07		1,412.30	S	DE
BUMPER BRACKET LHR S	1.0 EA	46.70	42.03		46.70	S	DE
BUMPER BRACKET RHR S	1.0 EA	46.70	42.03		46.70	S	DE
BUMPER BRACKET LHR S	1.0 EA	4.50	4.05		4.50	S	DE
BUMPER BRACKET RHR S	1.0 EA	4.50	4.05		4.50	S	DE
BUMPER RETAINER LHR	1.0 EA	28.60	25.74		28.60	S	DE
BUMPER RETAINER RHR	1.0 EA	28.60	25.74		28.60	S	DE
BUMPER BRACKET REAR	1.0 EA	79.20	71.78		79.20	S	DE
BUMPER SPACER LHR SV	1.0 EA	79.20	71.78		79.20	S	DE
BUMPER SPACER RHR SV	1.0 EA	79.20	71.78		79.20	S	DE
PDC HOLDER LHR CTR S	1.0 EA	29.90	26.91		29.90	S	DE
PDC HOLDER RHR CTR S	1.0 EA	29.90	26.91		29.90	S	DE
PDC HOLDER LHR CORNE	1.0 EA	47.30	42.57		47.30	S	DE
PDC HOLDER RHR CORNE	1.0 EA	47.30	42.57		47.30	S	DE
PDC HOLDER LHR SIDE	1.0 EA	26.90	24.71		26.90	S	DE
PDC HOLDER RHR SIDE	1.0 EA	26.90	24.71		26.90	S	DE
PROTECTING PLATE REA	1.0 EA	253.30	227.97		253.30	S	DE

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

## SERVICE ESTIMATE

30460 - C00001 SL: SERVICE SALES - PC

Mr Goh Heng Chew  
86 West Coast Road  
#02-31

Singapore 126818

Closed by .... : Michelle Ong Siew Be  
Svc Consultant :  
Remarks ..... : Mr Goh Heng Chew

Kamal  
Hp 90010068

14 days

12/04/18 11:50

Resy 54 print

25/5/18



GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 3

Inv.date. : 16/04/2018

WIP No. . : 55456

Veh.In/Out: 12/04/2018

\*Tel.No. . : Mobile: 96261271

Reg.No. . : SLQ2886R

Reg.date. : 30/06/2017

Mileage . : 0

Chassis No: YV1PS10BDH1016904

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
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BUMPER RAIL REAR S90	1.0 EA	1304.80	1174.32		1,304.80	S	PA /
TAILLAMP RH S90 17-	1.0 EA	420.40	378.36		420.40	S	CL /
BOOT LAMP RH S90 17-	1.0 EA	119.80	107.82		119.80	S	CL /
BOOT REAR S90 17-	1.0 EA	2240.80	2016.72		2,240.80	S	PA /
EMBLEM 'VOLVO' REAR	1.0 EA	83.60	75.24		83.60	S	RE /
EMBLEM 'S90' S90 17-	1.0 EA	76.60	68.94		76.60	S	RE /
EMBLEM 'T5' XC60 S80	1.0 EA	88.00	79.20		88.00	S	RE /
HEAT SHIELD	1.0 EA	340.80	306.72		340.80	S	PA /
BLIND RIVET 4.0*21MM	10.0 EA	3.00	27		30.00	S	RE /
BUMPER EXPANSION PLU	10.0 EA	3.30	29.70		33.00	S	RE /
PLASTIC RIVET P/W RA	10.0 EA	6.90	62.10		69.00	S	RE /
BUMPER INSTALLING MT	1.0 EA	83.40	75.06		83.40	S	RE /
ADHESIVE TUBE CHEMIC	2.0 EA	75.80	136.44		151.60	S	RE /
*D* PAINT SEALANT	1.0 EA	500.20	450.18		500.20	S	RE /

Gross Total. 20,873.00

Labour Total 13,060.00  
Parts Total 7,813.00  
Package Total 0.00

Net..... 20,873.00  
GST @ 7.0% 1,461.11  
Total..... 22,334.10  
Paid..... 0.00  
Please Pay.. 22,334.10

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

22/36.54

### SERVICE ESTIMATE

O - F00003      SL: FIRST CAPITAL INSURANCE LTD  
 FIRST CAPITAL INSURANCE LTD      GST Reg.No:M28920628X  
 36 ROBINSON ROAD      Inv.No. : B&P      0 Page 1  
 #16-01, CITY HOUSE      Inv.date. : 21/05/2018  
 SINGAPORE      WIP No. : 55456  
 Singapore 068877      Veh.In/Out: 12/04/2018 16/05/2018  
                                  \*Tel.No. :  
                                  Reg.No. : SLQ2886R  
                                  Reg.date : 30/06/2017  
                                  Mileage : 8,665  
                                  Chassis No: YV1PS10BDH1016904

Closed by .... : Michelle Ong Siew Be  
 Svc Consultant : ACC  
 Remarks ..... : Mr Goh Heng Chew

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BOOT LID, REAR EMBLEM,REAR BUMPER, REAR BRACKET,REAR BEAM,REAR SPOILER,REAR SENSOR,REAR HEAT SHEILD,REAR SENSOR,REAR END PANEL,ETC	0	5600.00	0		5,600.00	S
800	TO PUTTY SPRAY PAINT ON REAR BOOT LID,REAR END PANEL,REAR BUMPER,ETC	0	2800.00	0		2,800.00	S
802	TO TRANSFER REAR BOOT LID PART	0	250.00	0		250.00	S
802	TO REMOVE & INSTALL REAR BOOT COMPARTMENT PARTS	0	1600.00	0		1,600.00	S
R06	TO INSTALL REAR NUMBER PLATE INCLUDE HOLDER	0	60.00	0		60.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S

10760



### SERVICE ESTIMATE

Q - F00003	SL: FIRST CAPITAL INSURANCE LTD	GST Reg.No:M28920628X
FIRST CAPITAL INSURANCE LTD		Inv.No. : B&P 0 Page 2
36 ROBINSON ROAD		Inv.date. : 21/05/2018
#16-01, CITY HOUSE		WIP No. : 55456
SINGAPORE		Veh.In/Out: 12/04/2018 16/05/2018
Singapore 068877		*Tel.No. :

Closed by .... : Michelle Ong Siew Be  
 Svc Consultant : ACC  
 Remarks ..... : Mr Goh Heng Chew

Reg.No. : SLQ2886R  
 Reg.date. : 30/06/2017  
 Mileage : 8,665  
 Chassis No: YV1PS10BDH1016904

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
①	BUMPER COVER REAR S9	1.0 EA	1412.30	10		1,271.07	S
②	BUMPER BRACKET LHR S	1.0 EA	46.70	10		42.03	S
③	BUMPER BRACKET RHR S	1.0 EA	46.70	10		42.03	S
④	BUMPER BRACKET LHR S	1.0 EA	4.50	10		4.05	S
⑤	BUMPER BRACKET RHR S	1.0 EA	4.50	10		4.05	S
⑥	BUMPER RETAINER LHR	1.0 EA	28.60	10		25.74	S
⑦	BUMPER RETAINER RHR	1.0 EA	28.60	10		25.74	S
⑧	BUMPER BRACKET REAR	1.0 EA	79.20	10		71.28	S
⑨	BUMPER SPACER LHR SV	1.0 EA	79.20	10		71.28	S
⑩	BUMPER SPACER RHR SV	1.0 EA	79.20	10		71.28	S
⑪	PDC HOLDER LHR CTR S	1.0 EA	29.90	10		26.91	S
⑫	PDC HOLDER RHR CTR S	1.0 EA	29.90	10		26.91	S
⑬	PDC HOLDER LHR CORNE	1.0 EA	47.30	10		42.57	S
⑭	PDC HOLDER RHR CORNE	1.0 EA	47.30	10		42.57	S
⑮	PDC HOLDER LHR SIDE	1.0 EA	26.90	10		24.21	S
⑯	PDC HOLDER RHR SIDE	1.0 EA	26.90	10		24.21	S
⑰	PROTECTING PLATE REA	1.0 EA	253.30	10		227.97	S

2043.90

### SERVICE ESTIMATE

O - F00003      SL: FIRST CAPITAL INSURANCE LTD  
 FIRST CAPITAL INSURANCE LTD      GST Reg.No:M28920628X  
 36 ROBINSON ROAD      Inv.No. : B&P      0 Page 3  
 #16-01, CITY HOUSE      Inv.date. : 21/05/2018  
 SINGAPORE      WIP No. : 55456  
 Singapore 068877      Veh.In/Out: 12/04/2018 16/05/2018  
                                  \*Tel.No. :  
                                  Reg.No. : SLQ2886R  
                                  Reg.date. : 30/06/2017  
                                  Mileage : 8,665  
                                  Chassis No: YV1PS108DH1016904

Closed by .... : Michelle Ong Siew Be  
 Svc Consultant : ACC  
 Remarks ..... : Mr Goh Heng Chew

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	⑩ BUMPER RAIL REAR S90	1.0 EA	1304.80	10		1,174.32	\$
	⑪ TAILLAMP RH S90 17-	1.0 EA	420.40	10		378.36	\$
	⑫ BOOT LAMP RH S90 17-	1.0 EA	119.80	10		107.82	\$
	⑬ BOOT REAR S90 17-	1.0 EA	2240.80	10		2,016.72	\$
	⑭ EMBLEM 'VOLVO' REAR	1.0 EA	83.60	10		75.24	\$
	⑮ EMBLEM 'S90' S90 17-	1.0 EA	76.60	10		68.94	\$
	⑯ EMBLEM 'T5' XC60 S80	1.0 EA	88.00	10		79.20	\$
	⑰ HEAT SHIELD	1.0 EA	340.80	10		306.72	\$
	⑱ ADHESIVE TUBE CHEMIC	2.0 EA	75.80	10		136.44	\$
	END PIPE	1.0 EA	123.20	10		110.88	\$
	BRACKET	1.0 EA	67.80	10		61.02	\$
	CLIP	10.0 EA	4.80	10		43.20	\$
	REAR SECTION	1.0 EA	915.80	10		824.22	\$
	REAR SECTION	1.0 EA	915.80	10		824.22	\$
	⑳ *D* PAINT SEALANT	1.0 EA	500.20	10		450.18	\$
	㉑ BUMPER INSTALLING MT	1.0 EA	83.40	10		75.06	\$
	㉒ PLASTIC RIVET P/W RA	10.0 EA	6.90	10		62.10	\$

6794.64

### SERVICE ESTIMATE

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

GST Reg.No:M28920628X  
 0 Page 4

Inv.No. : B&P  
 Inv.date. : 21/05/2018  
 WIP No. : 55456  
 Veh.In/Out: 12/04/2018 16/05/2018  
 \*Tel.No. :  
 Reg.No. : SLQ2886R  
 Reg.date. : 30/06/2017  
 Mileage : 8,665  
 Chassis No: YV1PS10BDH1016904

Closed by .... : Michelle Ong Siew Be  
 Svc Consultant : ACC  
 Remarks ..... : Mr Goh Heng Chew

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BLIND RIVET 4.0*21MM	10.0 EA	3.00	10		27.00	\$
	BUMPER EXPANSION PLU	10.0 EA	3.30	10		29.70	\$

5670

Labour Total 10,760.00  
 Parts Total 8,895.24  
 Package Total 0.00

Gross Total. 19,655.24  
 Net..... 19,655.24  
 GST @ 7.0% 1,375.87  
 Total..... 21,031.11  
 Paid..... 0.00  
 Please Pay.. 21,031.11

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





## LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI18007089/R1qbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 26-07-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
	Insured Veh.	SHC 227C	Veh. Inspected	SLQ 2886R
	Policy No.		Coverage (\$)	0.00
	Claim No.	D18002891MFSH	Excess (\$)	0.00
	Assign From	LURENE JAW	Assign Date	17/04/2018
<b>2. Vehicle Particulars &amp; Condition</b>				
	Make & Model	VOLVO S90 T5	c.c	1969
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	YV1PS10BDH1016904	Colour	BLUE
	Odometer	8545	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	FAIR		
<b>3. Conditions of Tyres</b>				
		Size	Make	Balance
	R/H Front Tyre	245/45 R18	PIRELLI	6 mm
	L/H Front Tyre	245/45 R18	PIRELLI	6 mm
	R/H Rear Tyre	245/45 R18	PIRELLI	6 mm
	L/H Rear Tyre	245/45 R18	PIRELLI	6 mm
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
	Accident Date	12/04/2018	Inspection Date	17/04/2018
	Survey held at	WEARNES AUTOMOTIVE PTE LTD 45 LENG KEE ROAD SINGAPORE 159103.		
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
	ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>14 Working Days</b>	



# 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

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLQ 2886R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	REAR NUMBER PLATE INCLUDE HOLDER (SN)	BENT	60.00	60.00
1	BUMPER COVER REAR S9 (SN)	DEFORMED	1,412.30	1,271.07
1	BUMPER BRACKET LHR S (SN)	NECESSARY	46.70	42.03
1	BUMPER BRACKET RHS S (SN)	NECESSARY	46.70	42.03
1	BUMPER BRACKET LHR S (SN)	NECESSARY	4.50	4.05
1	BUMPER BRACKET RHR S (SN)	NECESSARY	4.50	4.05
1	BUMPER RETAINER LHR (SN)	NECESSARY	28.60	25.74
1	BUMPER RETAINER RHR (SN)	NECESSARY	28.60	25.74
1	BUMPER BRACKET REAR (SN)	NECESSARY	79.20	71.28
1	BUMPER SPACER LHR SV (SN)	NECESSARY	79.20	71.28
1	BUMPER SPACER RHR SV (SN)	NECESSARY	79.20	71.28
1	PDC HOLDER LHR CTR S (SN)	NECESSARY	29.90	26.91
1	PDC HOLDER RHR CTR S (SN)	NECESSARY	29.90	26.91
1	PDC HOLDER LHR CORNE (SN)	NECESSARY	47.30	42.57
1	PDC HOLDER RHR CORNE (SN)	NECESSARY	47.30	42.57
1	PDC HOLDER LHR SIDE (SN)	NECESSARY	26.90	24.21
1	PDC HOLDER RHR SIDE (SN)	NECESSARY	26.90	24.21
1	PROTECTING PLATE REA (SN)	DEFORMED	253.30	227.97
1	BUMPER RAIL REAR S90 (SN)	BENT	1,304.80	1,174.32
1	TAILLAMP RH S90 17- (SN)	CRACKED	420.40	378.36
1	BOOT LAMP RH S90 17- (SN)	CRACKED	119.80	107.82
1	BOOT REAR S90 17- (SN)	BENT	2,240.80	2,016.72
1	EMBLEM 'VOLVO' REAR (SN)	NECESSARY	83.60	75.24
1	EMBLEM 'S90' S90 17- (SN)	NECESSARY	76.60	68.94
1	EMBLEM 'T5' XC60 S80 (SN)	NECESSARY	88.00	79.20
1	HEAT SHIELD (SN)	BENT	340.80	306.72
10	BLIND RIVET 4.0*21MM @\$3.00	NECESSARY	30.00	27.00
10	BUMPER EXPANSION PLU @\$3.30 (SN)	NECESSARY	33.00	29.70
10	PLASTIC RIVET PW RA @\$6.90 (SN)	NECESSARY	69.00	62.10
1	BUMPER INSTALLING MT (SN)	NECESSARY	83.40	75.06
2	ADHESIVE TUBE CHEMIC @\$75.80 (SN)	NECESSARY	151.60	136.44

Report Ref No. CS/FCI18007089/R1qbe2

**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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	*D* PAINT SEALANT (SN)	NECESSARY	500.20	450.18
1	END PIPE (SN) (ADDITIONAL)	BENT	110.88	110.88
1	BRACKET (SN) (ADDITIONAL)	NECESSARY	61.02	61.02
10	CLIP (SN) (ADDITIONAL)	NECESSARY	43.20	43.20
1	REAR SECTION (SN) (ADDITIONAL)	BENT	824.22	824.22
1	REAR SECTION (SN) (ADDITIONAL)	BENT	824.22	824.22
			9,736.54	8,955.24
	<b>LABOUR</b>			
	TO REPLACE REAR BOOT LID, REAR EMBLEM, REAR BUMPER, REAR BRACKET, REAR BEAM, REAR SPOILER, REAR SENSOR, REAR HEAT SHIELD, REAR SENSOR, REAR END PANEL, ETC.		6,400.00	5,600.00
	TO PUTTY AND SPRAY PAINT O REAR BOOT LID, REAR END PANEL, REAR BUMPER, ETC.		3,500.00	2,800.00
	TO TRANSFER REAR BOOT LID PART.		250.00	250.00
	TO REMOVE & INSTALL REAR BOOT COMPARTMENT PARTS.		2,400.00	1,600.00
	TO CHECK WIRING INCLUDE RESETING OF ALL ELECTRICAL MODULES.		450.00	450.00
			13,000.00	10,700.00
<b>GRAND TOTAL</b>			<b>22,736.54</b>	<b>19,655.24</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>19,655.24</b>

Report Ref No. CS/FCI18007089/R1qbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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