

22/03/2003

ASS. REC. BY:

REF: CS/FCI18008917/Klrd32

Special Instruction:

Surveyor
CWS

Kalvin

ASSIGNMENT (Office)

From (Person):

May chua

of

FCI

Date/Time:

16/5/18 @ 5:06pm

Estimated Cost:

Bill to:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV7CS

To Inspect Vehicle No:

SHC 6977G

Insured:

SHA 2720S

at Workshop m/s

Premier Automotive

Tel:

G54 46689

of

23 changi south Ave 2 # 03-02

Policy No:

Claim No:

D18003876MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

12/05/2018

CA / REV / REP. / REV 24 HRS

(wp)

17/05/2018

H.O.D. Endorsement:

Date/Time:

5:11pm @ 16/5/18

Person Contacted:

Vincent

Vehicle: ☒ IN/OUT

Date/Time	Action/Instruction (✓) Estimate	
	SHC 6977G - CS/FCI17005210/H/rbn2	DOA: 8/3/17
	SHA 2720S - CS/FCI17022977/K/bn2	DOA: 18/11/2017

Garage *Kahin*

REF: FCI

ASSIGNMENT

From: Date: *17/05/18*

Estimated Cost:

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

To Inspect Vehicle No: *SHC 6977G*
at Workshop m/s *Premier Automotive*
of *23 Changi South Ave 2 # 03-02*
Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS *1wp*

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: *SHC 6977G* Yr Regn: *13 Nov 2015*

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

Truck / Trailer or

Make: *KIA optima* C.C. *1615*

Colour: *Silver* A/C: *Insured* / Std / NI / NA

Sp.Reading: *181187* T/Radio: *Insured* / Std / NI / NA

Eng/No:

C/No: *1CNAHM414MF5642481*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or *Altered*

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: *205/65R16*

R: *1*

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

TOYO / YOKO or *Maxx 3*

Front

Rear

R/Bal. *7* mm R/Bal. *7* mm

L/Bal. *7* mm L/Bal. *7* mm

D.O.A. *12/5/18* D.O.I. *17/5/18*

Survey held at *Premier*

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

O/S Front.

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

Date / Time Action / Instruction

25/9/18 *Checked PIP \$ 7332 / 4 by.*
Red: 1532.90, 137.

RECEIVED 02 OCT 2018

Date/Time. File Pass to?

☐ : Preli. Report

1) *typist*

☒ : Final Report

Date/Time. File Return to?

2)

Days Of Repair: *4*

Resurvey No. of Trip: *1*

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format : *TP*

Lump Sum / I.B.I. (\$) *7332.00*

160

50

50

70

330

MOTOR SURVEY ASSIGNMENT

Date	15-05-2018	Our Ref No. D18003876MFSH
Accident Date	12-05-2018	Claim Type. Third Party
Insured Vehicle	SHA2720S	Third Party Vehicle. SHC6977G
Survey Location	23 CHANGI SOUTH AVENUE 2 #03-02	
Contact Person.	VINCENT CHUA	
Contact No.	62148880/ 65446689	Fax No. 62141511
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	PREMIER AUTOMOTIVE SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

IMPORTANT NOTE

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

Job Sheet (/ClaimWS/Surveyor/JobSheet/240361)



PRI Documents



Close



PRI Header Details

Claim No	D18003876MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & PREMIER LTD
Workshop Name	PREMIER AUTOMOTIVE SERVICES PTE LTD (Contact Person : VINCENT CHUA)	Survey Location & Contact Details	23 CHANGI SOUTH AVENUE 2 #03-02 Mobile: 65446689 , Phone: 62148880 , Fax: 62141511 EmailId: VINCENT.CHUA@PREMIERTAXI.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA2720S	TP Vehicle No	SHC6977G
PRI Recieved Date	16-05-2018 02:53:45 PM	Surveyor Appointed Date	16-05-2018 05:05:09 PM	Surveyor Accept Date	16-05-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	16-05-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	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



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/FCI18008917/K1rd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 16-05-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 2720S	Veh. Inspected	SHC 6977G
Policy No.		Coverage (\$)	0.00
Claim No.	D18003876MFSH	Excess (\$)	0.00
Assign From	CWS (MAY CHUA)	Assign Date	16/05/2018

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

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5. General Information

Accident Date	12/05/2018	Inspection Date	
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

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	14/05/2018 10:48
Date Of Accident	12/05/2018 01:40
Exact Location Of Accident	HOUGANG AVE 3 // TAMPINES ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6977G
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	HARDAVE SINGH S/O GURCHARAN SINGH
NRIC No	S7017659I
Date Of Birth	13/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	03/10/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90584016
Fax Number	
Contact Number	
EMAIL Address	NOEMAIL

Address	BLK 286 #10-181 TAMPINES ST 22
Postcode	520286
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	2
Passenger 1	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 1 PAX VEH. B - NO PAX *REFER TO ATTACH POLICE REPORT

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	SHA2720S
Vehicle Make/Model/Colour	COMFORT TAXI/TOYOTA PRIUS
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	LOW PENG SUM
NRIC/Passport Number	S1046916C
Contact Number	91885438
Address	

Postcode

Insurance Company Name

Nature Of Damage

DAMAGED ON THE FRONT PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

HARDAVE SINGH S/O GURCHARAN SINGH - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

FELT SOME DISCOMFORT, WENT TO CLINIC & HAD 5 DAYS MC

Injured person in which vehicle?

SHC6977G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

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:

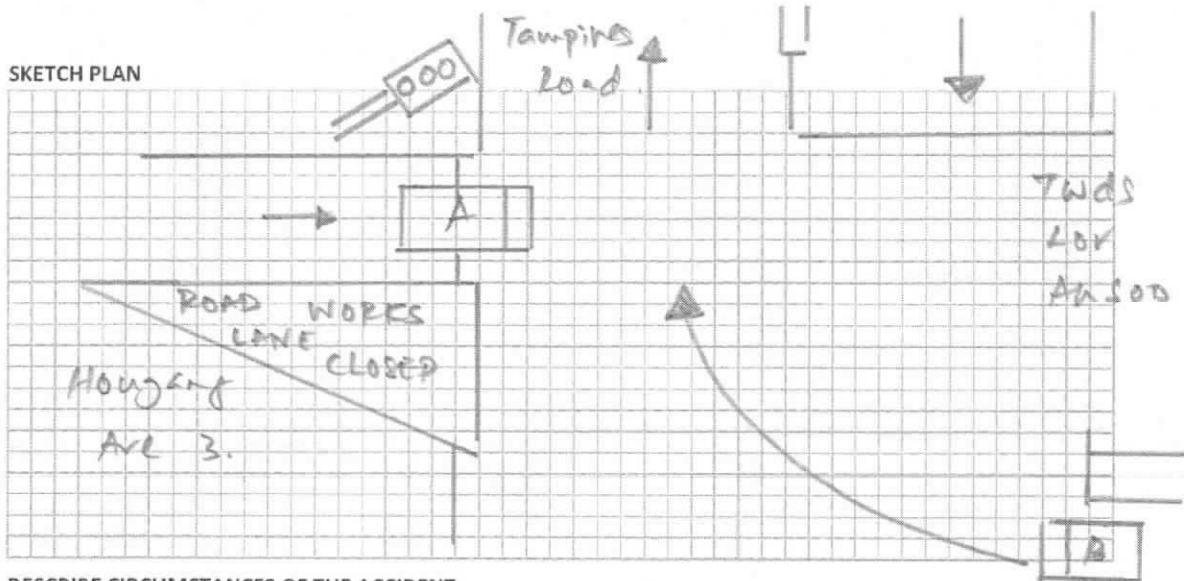
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

14 MAY 2018
x *[Signature]* ST0176591
SHC69774

[Signature]

SKETCH PLAN




A: SHC 69776

B: SHA 27205

* Refer to attach police report

* video footage captured

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

Signature 

W-1. 57017659T

5



**SINGAPORE
POLICE FORCE**



T/20180512/2080

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

1 of 4

Report No. T/20180512/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2018 14:18	Vide Report No.:	Station Diary No.: 14
--------------------------------------------	------------------	--------------------------

Informant's Particulars

Name of Informant: HARDAVE SINGH S/O GURCHARAN SINGH	Address: APT BLK 286 TAMPINES STREET 22 #10-181 SINGAPORE 520286		
ID Type / ID No.: NRIC NO / S7017659I	Contact No.: Home/Office: Mobile: 90584016		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 48	Date of Birth: 13/04/1970	Type of Informant: Driver
Race: Sikh	Language: English		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/05/2018 01:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 HOUGANG AVENUE 3 TAMPINES ROAD ALONG HOUGANG AVENUE 3 TOWARDS THE DIRECTION OF LORONG AH SOO				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2720S	Car	TOYOTA	PRIUS		Seriously Damaged	0
SHC6977G	Car	KIA	OPTIMA	Silver	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180512/2080

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

2 of 4

Report No. T/20180512/2080

CONTINUATION OF REPORT

Driver			
Name	LOW PENG SUM	ID No.	S1046916C
Related Vehicle	SHA2720S (Car)	Contact No.	91885438
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HARDAVE SINGH S/O GURCHARAN SINGH	ID No.	S7017659I
Related Vehicle	SHC6977G (Car)	Contact No.	90584016
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	12/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	MALE CHINESE PASSENGER	ID No.	-
Related Vehicle	SHC6977G (Car)	Contact No.	-
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/05/2018 at about 1.45am, I was driving my taxi (SHC6977G) along Hougang Avenue 3 towards the direction of Lorong Ah Soo. While my taxi crossed the junction of Tampines Road, I saw a ComfortDelgro taxi (SHA2720S) from the opposite traffic making a right turn. I tried to slow down but the other taxi moved forward and both of us were caught in a collision. My taxi's front right bumper was hit by the other taxi's front center bumper. Due to the impact, my right bumper was scratched and dented and has to be towed away. The other taxi's front bumper was dislodged and dropped on the road.

At that point of time, I have a male passenger and he informed that he was not injured. I wish to state that the traffic was in my favour at that point of time. I visited the clinic and was given 5 days of medical leave. My taxi has an in-built car camera and will only be retrievable by my taxi company (Premier Cab).



**SINGAPORE
POLICE FORCE**



T/20180512/2080

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

3 of 4

Report No. T/20180512/2080

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180512/2080

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

4 of 4

Report No. T/20180512/2080

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /
Staff Sgt NGOO TSE EE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/05/2018 14:18

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No.: 65476325

Classification Of Case:

Authentication Stamp
NP188



SN 062

SIGNATURE

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	13 Nov 2015 / 09:38:18	Receipt No.:	AACCK001-AX239-151113-000011
Asset Type:	Vehicle	Transaction Amount:	\$69,056.00
Asset ID:	SHC6977G	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151113093818175188		

Vehicle No.:	SHC6977G
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)

First Registration Date:	13 Nov 2015
Original Registration Date:	13 Nov 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5642481
Engine No.:	D4FDFH314187
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2015
Open Market Value:	\$22,606.00
Minimum PARF Benefit:	\$14,189.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	13 Nov 2015 09:38:18
COE No.:	2015111301003567Z
COE Expiry Date:	12 Nov 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$45,267.00
Lifespan Expiry Date:	12 Nov 2023

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

17-May-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6977 G

1 pc	o/s head lamp	grazed	\$	1,028.00
1 pc	Front bumper emblem	re	\$	44.00
1 pc	Front bumper	Reformed	\$	531.00
1 pc	Front bumper tow hook cover @ \$14.00	cut	\$	14.00
1 pc	Front bumper o/s side retainer	cr	\$	16.00
1 pc	Front bumper o/s protector @ \$51.00	cr	\$	51.00
1 pc	Front bumper o/s fog lamp cover @ \$66.00	cr	\$	66.00
1 pc	Front o/s fender	Bent	\$	384.00
1 pc	Front o/s fender inner shield	ton	\$	120.00
1 pc	Front o/s lower arm	Bent	\$	439.00
1 pc	Front o/s shock absorber	Bent	\$	330.00
1 pc	Front o/s ball joint	Bent	\$	59.00
1 pc	Front o/s tie rod end	X su	\$	61.00
1 pc	Front o/s knuckle bearing	Bent	\$	157.00
1 pc	Front o/s stabilizer link	Bent	\$	86.00
1 pc	Front o/s knuckle arm	Bent	\$	547.00
1 pc	Front o/s rim @ \$246.00	Bent	\$	246.00
1 pc	Front o/s wheel cover @ \$116.00	cr	\$	116.00
1 pc	Washer tank	cr	\$	47.00
	Front Bumper reinforcement	Bent \$ 328	\$	4,342.00
	Front Bumper Sponge	ton \$ 110	\$	434.20
		Less 10%	\$	3,907.80

S/NETT

1 set	Front o/s fender inner shield clips	X an	\$	28.00
1 set	Front bumper clips	re	\$	48.00
1 pc	Front o/s fender sticker	X re un	\$	30.00

SN: 48

Sundry	\$	50.00 20
Towing Fee	\$	50.00 /
To check wheel alignment	\$	80.00 60
To dismantle and replace front o/s undercarriage	\$	250.00 100
To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.	\$	180.00 X 17
To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the same, etc	\$	650.00 400
To putty and spray painting on front bumper, front o/s fender	\$	400.00 360
To apply rustproofing on the repaired and replaced panels.	\$	150.00 50
	\$	<u>5,781.50</u>

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

8864.90

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

L: \$1290

8907.20

K. L. 11/11/14
 17/5/18 0745hr
 4 Days
 P/P
 Before Paint photo

PIP \$7332

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 modifications are allowed
- Supplementary (Part 9) must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer
 Signature: _____
 Date: _____

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

21-May-18

SUPPLEMENTARY ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6977 G

1 pc	Front bumper reinforcement	X <i>X Repeat</i>	\$	328.00
1 pc	Front bumper sponge	X <i>X Repeat</i>	\$	110.00
1 pc	Hub assy- Front wheel	<i>check</i> Don't	\$	153.00
1 pc	Cross member	<i>check</i> Don't	\$	789.00
1 pc	Insulator Assy- Strut	<i>check</i> Don't	\$	105.00
1 pc	Front o/s knuckle arm	X <i>Repeat</i>	\$	547.00
1 pc	Front o/s driveshaft	<i>check</i> As before	\$	894.00
			\$	2,926.00
			\$	292.60
			\$	2,633.40
			\$	1,941.00
			\$	1,746.90

To dismantle and replace the cross member, dismantle and refit front n/s undercarriage to facilitate repair

\$	450.00	\$450.00 <i>\$250</i>
\$	3,083.40	

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT
INCLUDE ANY UNFORESEEN DAMAGES.

CASH SALE/WORK ORDER No:AD4068



PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-60, SINGAPORE 408717

TEL : 6743 1987 (3 LINES) FAX : 6743 0013

Reg No: 200415052W

Date, 12-5-18

寶號

Messrs:

Premier

車號

Vehicle No:

SHC6977G

車型

Model No:

OPTIMA

由

From:

Hougang Ave 3

到

To:

Omega

其他

Remark:

時間

Time:

01:51:02:30:03:10

AMOUNT: \$

注意：本公司對所拖之車輛，在進行中如有任何損失或破壞，一概由車主自行負責。

NOTE: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

經手人

Authorised by:

[Signature]

收貨人

Received by:

**AT GREEN
DOOR
UNDERCARRIAGE
DAMAGE**




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/FCI18008917/K1rd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 01-11-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 2720S	Veh. Inspected	SHC 6977G	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18003876MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	16/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	KIA OPTIMA	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KNAGM414MF5642481	Colour	SILVER	
Odometer	181187	Steering	AFFECTED	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/65 R16	MAXXIS	7 mm	
L/H Front Tyre	205/65 R16	MAXXIS	7 mm	
R/H Rear Tyre	205/65 R16	MAXXIS	7 mm	
L/H Rear Tyre	205/65 R16	MAXXIS	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/05/2018	Inspection Date	17/05/2018	
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443			
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:		4 Working Days		



LKK Auto Consultants Pte Ltd

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

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 6977G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	O/S HEAD LAMP	GRAZED	1,028.00	1,028.00
1	FRONT BUMPER EMBLEM	NECESSARY	44.00	44.00
1	FRONT BUMPER	DEFORMED	531.00	531.00
1	FRONT BUMPER TOW HOOK COVER	CUT	14.00	14.00
1	FRONT BUMPER O/S SIDE RETAINER	CRACKED	16.00	16.00
1	FRONT BUMPER O/S PROTECTOR	CRACKED	51.00	51.00
1	FRONT BUMPER O/S FOG LAMP COVER	CRACKED	66.00	66.00
1	FRONT O/S FENDER	DENTED	384.00	384.00
1	FRONT O/S FENDER INNER SHIELD	TORN	120.00	120.00
1	FRONT O/S LOWER ARM	BENT	439.00	439.00
1	FRONT O/S SHOCK ABSORBER	BENT	330.00	330.00
1	FRONT O/S BALL JOINT	BENT	59.00	59.00
1	FRONT O/S TIE ROD END	SERVICEABLE	61.00	-
1	FRONT O/S KNUCKLE BEARING	BENT	157.00	157.00
1	FRONT O/S STABILIZER LINK	BENT	86.00	86.00
1	FRONT O/S KNUCKLE ARM	BENT	547.00	547.00
1	FRONT O/S RIM	BENT	246.00	246.00
1	FRONT O/S WHEEL COVER	CRACKED	116.00	116.00
1	WASHER TANK	CRACKED	47.00	47.00
1	FRONT BUMPER REINFORCEMENT (ADDITIONAL)	BENT	328.00	328.00
1	FRONT BUMPER SPONGE (ADDITIONAL)	TORN	110.00	110.00
1	HUB ASSY-FRONT WHEEL (ADDITIONAL)	BENT	153.00	153.00
1	CROSS MEMBER (ADDITIONAL)	BENT	789.00	789.00
1	INSULATOR ASSY-STRUT (ADDITIONAL)	BENT	105.00	105.00
1	FRONT O/S KNUCKLE ARM (ADDITIONAL)	REPEATED	547.00	-
1	FRONT O/S DRIVESHAFT (ADDITIONAL)	DISLODGE	894.00	894.00
	LESS 10% DISCOUNT		-726.80	-666.00
			6,541.20	5,994.00
SPECIAL NETT ITEMS				
1	SET FRONT O/S FENDER INNER SHIELD CLIPS (SN)	NOT NECESSARY	28.00	-

Report Ref No. CS/FCI18008917/K1rd3e2

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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	48.00	48.00
1	FRONT O/S FENDER STICKER (SN)	NOT NECESSARY	30.00	-
1	SUNDRY (SN)	NECESSARY	50.00	20.00
			156.00	68.00
	LABOUR			
	TOWING FEE.		50.00	50.00
	TO CHECK WHEEL ALIGNMENT.		80.00	60.00
	TO DISMANTLE AND REPLACE FRONT O/S UNDERCARRIAGE.		250.00	100.00
	TO DISMANTLE / REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS.	NOT NECESSARY	180.00	-
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE SAME, ETC.		650.00	400.00
	TO PUTTY AND SPRAY PAINTING ON FRONT BUMPER, FRONT O/S FENDER.		400.00	360.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.		150.00	50.00
	TO DISMANTLE AND REPLACE THE CROSSMEMBER, DISMANTLE AND REFIT FRONT N/S UNDERCARRIAGE TO FACILITATE REPAIR. (ADDITIONAL)		450.00	250.00
			2,210.00	1,270.00
GRAND TOTAL			8,907.20	7,332.00
RECOMMENDED COST OF REPAIRS				7,332.00

Report Ref No. CS/FCI18008917/K1rd3e2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING**B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI**

Licensed Appraiser

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