

ASS. REC. BY:

REF:

CG/FCI 8010213 / Vrber

(Special Instructions)

Surveyor:

Sally

ASSIGNMENT (Office)

From (Person): WS Wendy Jaw of FCI Date/Time: 05062018 1123am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: YN 1077U Insured: SHC 3178at Workshop no: SMART Tel: 6555 5556of 60 Woodlands Ind Park K4Policy No: _____ Claim No: D18004447 mFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A: 01062018
(Client's Record)CA / REV / REP. / REV 24 HRS (DS): 12062018 @ 11amDate/Time: 05062018 124pm Person Contacted: Esther Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>YN 1077U - X</u>
	<u>SHC 3178 - X</u>
	<u>Revert thru email.</u>
	<u>Confirm L1s \$1350 @ 2 days (Red: \$3636.14, 73%)</u>

REF: FCI

ASSIGNMENT

From

Date: 12/06/2018

Veh No: YN 10974

Yr Regn: Dec / 2009

Estimated Cost:

Type: M.Car / M.Cycle / Bus / Van / Corp / Taxi / Prime Mover /OD TP WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To inspect Vehicle No:

YN 10974

Make: Isuzu

C.C. 2999

at Workshop m/s

SMRT

Colour: White

A/C: Insured / Std / NI / NA

of

60 woodlands Ind. Park E4

Sp. Reading: 219657

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No: 4JT1840822

Policy No:

C/No: NJR857013042

Claims No:

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

11 am

Brake: In order / Jammed / Leaked / Burnt or

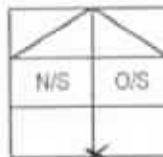
Make of Veh:

Esther @ 6555 5556

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

(Policy Condition)

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



Bal. or Market Value:

Tyre Size: F: 195 R15

R: 195 R15

IDAC Accident Rpt:

Consistent?: Yes or No

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

TOYO / YOKO or LINAM

GIA / PR Seen:

Consistent?: Yes or No

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

Est. Repairs:

days

Res.: Yes or No

D.O.A. 1/6/2018

D.O.I. 12/6/2018

Lum Sum:

%

3 Val.: Yes or No

Survey held at

SMRT

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

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

RECEIVED 20 JUN 2018

Date/Time: File Pass to?



Prel. Report

Days Of Repair: 2

1) typist



Final Report

Resurvey No. of Trip: 1

Date/Time: File Return to?

Survey Fee:

Transportation

Add Fee:



Site Insp \$



Interview \$



Tech Insp \$



Weeb \$

Photos

Charts

Report Format:

Lump Sum / H.T. \$

7P
1350

2018

135

50

50

20

255



MOTOR SURVEY ASSIGNMENT

Date	04-06-2018	Our Ref No. D18004447MFSH
Accident Date	01-06-2018	Claim Type. Third Party
Insured Vehicle	SHC0317B	Third Party Vehicle. YN1097U
Survey Location	60 WOODLANDS INDUSTRIAL PARK E4	
Contact Person.	ESTHER	
Contact No.	65555556/ 0	Fax No. 63340247
Survey Type	DIRECT SETTLEMENT:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

*050618 @ 124pm
 Esther veh and in*

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	SMRT AUTOMOTIVE SERVICES PTE LTD	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.



Auto
Consultants
Pte Ltd

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

Your Ref: D18004447MFSH

Our Ref: CS/FCI18010213/Vrb

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

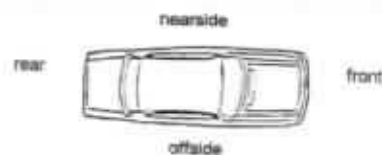
INITIAL INSPECTION REPORT OF VEHICLE NO. YN 1097U .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 12.06.2018 at the premises of M/s SMRT AUTOMOTIVE SERVICES PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ 4,986.14 .
Revised Estimate Amount	: S\$ 1,372.02 .
"Check" Items Amount	: S\$.
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages
at rear portion.



Yours faithfully
SATHYA
Automotive Assessor



Accident Photo

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	01/06/2018 16:37
Date Of Accident	01/06/2018 15:15
Exact Location Of Accident	SIMS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1097U
Insured/Policyholder	
Name Of Registered Owner	SMRT TRAINS LTD
Co Reg No	198702333K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	ISUZU
Model	NJR85AUE6W
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-18090155MFCV/18
Cover Note Number	

Driver

Name of Driver	KHAIRI BIN SARIP
NRIC No	S7728105C
Date Of Birth	14/10/1977
Occupation	INDOOR
Date Of Driving Pass	01/06/2000
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98577549
Fax Number	
Contact Number	
Email Address	KHAILOVELY1@GMAIL.COM

Address	BLK 757 WOODLANDS AVE 4 #02-269
Postcode	730757
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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: : MOHAMAD SYED GENDER: : MALE

Details of Police Action

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

Circumstances of Accident

I WAS TRAVELLING ALONG SIMS AVE AT THE SECOND LEFT LANE AND HAD STOPPED DUE TO TRAFFIC CONGESTED AHEAD WHEN SUDDENLY THE CITYCAB SHC317B FROM BEHIND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

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	SHC317B
Vehicle Make/Model/Colour	CITYCAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAR SEE POING
NRIC/Passport Number	S1180859Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

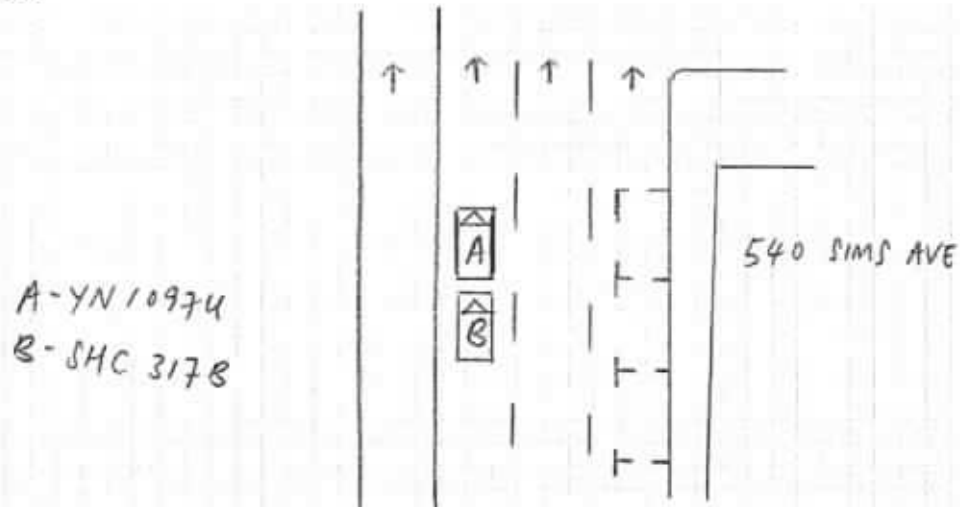
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Accident Photo



Accident Photo



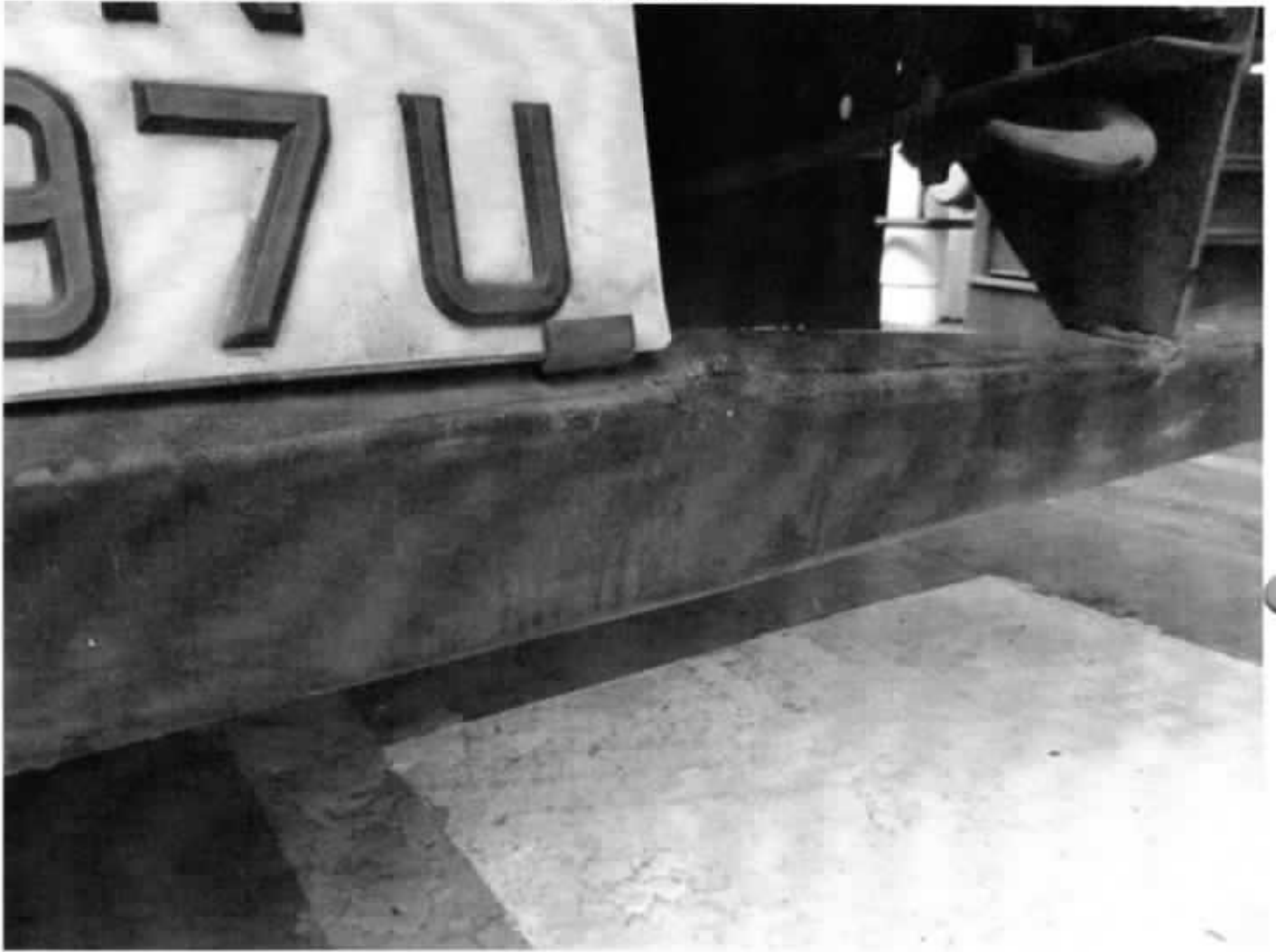
Accident Photo



Accident Photo



Accident Photo



Accident Photo



[> Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details

Vehicle No.:	YN1097U
Vehicle Type:	B31 - Goods (Open) Lorry (Metal Body)/Pickup
Vehicle Attachment 1:	With Hood
Vehicle Scheme:	Normal
Vehicle Make:	ISUZU
Vehicle Model:	NJR85AUE6W
Chassis No.:	NJR857013042
Propellant:	Diesel
Engine No.:	4JJ1840822
Engine Capacity:	2999 cc
Maximum Power Output:	-
Maximum Laden Weight:	5300 kg
Unladen Weight:	2440 kg
Year Of Manufacture:	2009
Original Registration Date:	09 Dec 2009
Lifespan Expiry Date:	08 Dec 2029
COE Category:	C - Goods Vehicle & Bus
Quota Premium:	\$17,000.00
COE Expiry Date:	08 Dec 2019
Road Tax Expiry Date:	08 Jun 2019
Inspection Due Date:	08 Jun 2019
Intended Transfer Date:	13 Jun 2018
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

Message

This vehicle has a road tax Over Payment of \$419.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

You may print this page for reference.

OK

Print

SMRT Vehicle Repair Estimate

Group : Buses / Taxis / Private Car

Reg. No : YN 1097 U

Make / Model : ISUZU

Chassis No : NJR

Name of Driver : _____

Date/Time of Accident : _____

Surveyor is Required ? **YES** / NO

If Yes, VICOM / LKK / AIS / Others MSIG : _____

Vehicle is Towed Back ? YES / NO Date / Time : _____

Accident reporting date : _____

Type of Accident : Skid / Head-Rear / Head-On / Side Swipe / Others

Special Instruction to ARC, if any :

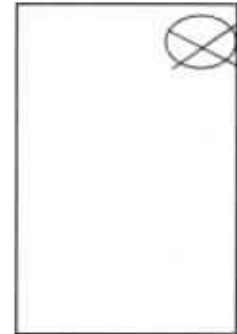
Ref. No. : _____

Reg. Date : _____

Mileage : _____

Rental/Replacement Vehicle : **Yes** / No

The damages on the vehicle are as indicated in the following diagram :



TP Claim FCI

Signed : _____ Date : _____

Accident Repair Job Card No : _____ Date Prepared : _____

Summary of Repair Estimates Repair Completed : _____

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labour Charges : \$ 800.00

Total Spray Painting Charges : \$ 800.00

Total Material Charges : \$ 3,086.14

Other Charges : \$ 300.00

TOTAL : \$ 4,986.14

\$ -

\$ -

\$ -

\$ -

\$ -

Lump Sum Repair, if any : _____

No. of Repair Days : [4] days

[2] days

Signature : Prepared by: _____

Adjusted by: _____

QN No : _____ Invoice No. : _____

Signed : _____ Date : _____

Part 1 - Labour Works

Job Scope	Quotation from ARC	
To renew damaged parts, replace and realign support panel, and aligned all parts	\$ 800.00 400	
Total Labour Cost	\$ 800.00	\$ -

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	
To respray affected areas	\$ 800.00 200	
Spray Painting	\$ 800.00	

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

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Job Scope	Quotation from ARC	
Towing		X
Windscreen sealant		X
To tuffcoat affect areas	\$ 120.00 60	
To renew front/ windscreen glass		X
To renew engine mountings		X
To remove /refit aircon condensor, pipings, vacuum and recharge aircon gas		X
To remove/refit replace dashboard		X
To remove and refit interior upholstery		X
To remove and replace steering column		X
To remove /refit wiring check	\$ 60.00	X
To remove/refit adjust brake 4 wheel		X
To remove/replace exhaust silencer box and straighten centre pipe		X
To remove/replace reverse sensors	\$ 120.00	X
To remove/replace brake booster pump		X
To remove & renew Fuel Tank		X
To remove & realign tail gate		X
Total Other Costs	\$ 300.00	

Part 4 - Spare Parts / Material Usage

To be completed by Service Advisor, ARC

Part Number	Parts Description	Qty	Cost Price (\$)	Discount 15%	Final Price (\$)	Repair (R) Replace (/)	Not given (X) Repair (R) Replace (/)
	REAR NUMBER PLATE LAMP x	1	\$ 42.50	15%	\$ 36.13		
	REAR NUMBER PLATE HOLDER x	1	\$ 85.10	15%	\$ 72.34		
	REAR TAIL LAMP x	2	\$ 313.60	15%	\$ 266.56		
	REAR TAIL GATE x	1	\$ 1,425.60	15%	\$ 1,211.76		
	REAR TAIL GATE SIDE MOUNTING x	2	\$ 81.60	15%	\$ 69.36		

Special Nett Items	Parts Description	Qty	Cost Price (\$)	Discount	Final Price (\$)	Repair (R) Replace (/)	Not given (X) Repair (R) Replace (/)
	REAR NUMBER PLATE ✓ OT	1	\$ 40.00	-	\$ 40.00		
	REAR SAFETY BAR ✓ OT	1	\$ 550.00	-	\$ 550.00		
	REAR SAFETY BAR BRACKET ✓ deform	2	\$ 300.00	-	\$ 300.00		
	REAR TAIL GATE 60KM/H STICKER x	1	\$ 15.00	-	\$ 15.00		
	REAR TAIL GATE 4 PAX STICKER x	1	\$ 20.00	-	\$ 20.00		
	REAR TAIL GATE ST2 STICKER x	1	\$ 55.00	-	\$ 55.00		
	REAR REVERSE SENSOR x	1	\$ 450.00	-	\$ 450.00		

TOTAL MATERIALS	\$ 3,378.40	-	\$ 3,086.14	
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Surveyor Remark:

Sathya Sai
12/6/2018
LKK

- Lump Sum Repair
- Photo after paint -
98072012

2 days

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:



for Surveyor Marking

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4
Singapore 757705
Tel: 65 6362 9422
Fax: 65 6368 7420

SMRT Vehicle Repair Estimate

Group : Buses / Taxis / Private Car
Reg. No. : YN 1097 U
Make / Model : ISUZU
Chassis No. : NJR
Name of Driver : _____

Ref. No. _____

Reg. Date : _____

Mileage : _____

Rental/Replacement Vehicle : Yes / No

Date/Time of Accident : _____

Surveyor is Required ? YES / NO

If Yes, VICOM / LKK / AIS / Others MSIG : _____

Vehicle is Towed Back ? YES / NO Date / Time : _____

Accident reporting date : _____

Type of Accident : Skid / Head-Rear / Head-On / Side Swipe / Others

Special Instruction to ARC, if any : _____

TP Claim FCI

The damages on the vehicle are as indicated in the following diagram :



Signed : _____ Date : _____

Accident Repair Job Card No. : _____ Date Prepared : _____

Summary of Repair Estimates : _____ Repair Completed : _____

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labour Charges : \$ 800.00

Total Spray Painting Charges : \$ 800.00

Total Material Charges : \$ 3,086.14

Other Charges : \$ 300.00

TOTAL : \$ 4,986.14

Lump Sum Repair, if any : _____

No. of Repair Days : [1] days [2] days

Signature : Prepared by _____ Adjusted by _____

QN No. _____ Invoice No. _____

Signed : _____ Date : _____

Part 1 - Labour Works

Job Scope	Quotation from ARC	
To renew damaged parts, replace and realign support panel, and aligned all parts	\$ 800.00 400	
Total Labour Cost	\$ 800.00	\$ -

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	
To respray affected areas	\$ 800.00 200	
Spray Painting	\$ 800.00	

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Page ()

Job Scope	Quotation from ARC	
Towing		X
Windscreen sealant		X
To tuffcoat affect areas	\$ 120.00 60	
To renew front/ windscreen glass		X
To renew engine mountings		X
To remove /refit aircon condensor, pipings, vacuum and recharge aircon gas		X
To remove/refit replace dashboard		X
To remove and refit interior upholstery		X
To remove and replace steering column		X
To remover /refit wiring check	\$ 60.00	X
To remove/refit adjust brake 4 wheel		X
To remove/replace exhaust silencer box and straighten centre pipe		X
To remove/replace reverse sensors	\$ 120.00	X
To remove/replace brake booster pump		X
To remove & renew Fuel Tank		X
To remove & realign tail gate		X
Total Other Costs	\$ 300.00	

Part 4 - Spare Parts / Material Usage

To be completed by Service Advisor, ARC							
Part Number	Parts Description	Qty	Cost Price (\$)	Discount 15%	Final Price (\$)	Repair (R) Replace (/)	Not given (X) Repair (R) Replace (/)
	REAR NUMBER PLATE LAMP ✕	1	\$ 42.50	15%	\$ 36.13		
	REAR NUMBER PLATE HOLDER ✕	1	\$ 85.10	15%	\$ 72.34		
	REAR TAIL LAMP ✕	2	\$ 313.60	15%	\$ 266.56		
	REAR TAIL GATE ✕	1	\$ 1,425.60	15%	\$ 1,211.76		
	REAR TAIL GATE SIDE MOUNTING ✕	2	\$ 81.80	15%	\$ 69.36		

Special Nett Items	Parts Description	Qty	Cost Price (\$)	Discount	Final Price (\$)	Repair (R) Replace (/)	Not given (X) Repair (R) Replace (/)
	REAR NUMBER PLATE ✓ OT	1	\$ 40.00	-	\$ 40.00		
	REAR SAFETY BAR ✓ OT	1	\$ 550.00	-	\$ 550.00		
	REAR SAFETY BAR BRACKET ✓ Deform	2	\$ 300.00	-	\$ 300.00		
	REAR TAIL GATE 60KM/H STICKER ✕	1	\$ 15.00	-	\$ 15.00		
	REAR TAIL GATE 4 PAX STICKER ✕	1	\$ 20.00	-	\$ 20.00		
	REAR TAIL GATE ST2 STICKER ✕	1	\$ 55.00	-	\$ 55.00		
	REAR REVERSE SENSOR ✕	1	\$ 450.00	-	\$ 450.00		
TOTAL MATERIALS			\$ 3,378.40	-	\$ 3,086.14		

Surveyor Remark:

890 ✓
- 20%
= 712
+ 400
+ 260
= 1372

L/S - \$ 1350 @ 2 days confirmed.

Sathya Sai
12/6/2018
LKK

- Lump Sum Repair
- Photo after paint -

98075012

2 days

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI18010213/Vrbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 04-07-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 317B	Veh. Inspected	YN 1097U	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18004447MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	05/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	ISUZU NJR85AUE6W	c.c	2999	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	NJR857013042	Colour	WHITE	
Odometer	219657	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15	LINAM	6 mm	
L/H Front Tyre	195 R15	LINAM	6 mm	
R/H Rear Tyre	195 R15	LINAM	6 mm	
L/H Rear Tyre	195 R15	LINAM	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	01/06/2018	Inspection Date	12/06/2018	
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705			
5a. Remarks				
A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:			2 Working Days	



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YN 1097U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR NUMBER PLATE LAMP	NOT NECESSARY	42.50	-
1	REAR NUMBER PLATE HOLDER	NOT NECESSARY	85.10	-
2	REAR TAIL LAMP	NOT NECESSARY	313.60	-
1	REAR TAIL GATE	NOT NECESSARY	1,425.60	-
2	REAR TAIL GATE SIDE MOUNTING	NOT NECESSARY	81.60	-
	LESS 15% DISCOUNT		-292.26	-
			1,656.14	-
SPECIAL NETT ITEMS				
1	WINDSCREEN SEALANT (SN) (NPA)	NOT NECESSARY	-	-
1	REAR NUMBER PLATE (SN)	DENTED	40.00	40.00
1	REAR SAFETY BAR (SN)	BENT	550.00	550.00
2	REAR SAFETY BAR BRACKET (SN)	DEFORMED	300.00	300.00
1	REAR TAILGATE 60KM/H STICKER (SN)	NOT NECESSARY	15.00	-
1	REAR TAIL GATE 4 PAX STICKER (SN)	NOT NECESSARY	20.00	-
1	REAR TAIL GATE ST2 STICKER (SN)	NOT NECESSARY	55.00	-
1	REAR REVERSE SENSOR (SN)	NOT NECESSARY	450.00	-
			1,430.00	890.00
LABOUR				
	TO RENEW DAMAGED PARTS, REPLACE AND REALIGN SUPPORT PANEL, AND ALIGNED ALL PARTS.		800.00	400.00
	TO RESPRAY AFFECTED AREAS.		800.00	200.00
	TOWING. (NPA)		-	-
	TO TUFFCOAT AFFECT AREAS.		120.00	60.00
	TO RENEW FRONT / WINDSCREEN GLASS. (NPA)		-	-
	TO RENEW ENGINE MOUNTINGS. (NPA)		-	-
	TO REMOVE / REFIT AIRCON CONDENSOR, PIPING, VACUUM AND RECHARGE AIRCON GAS. (NPA)	NOT NECESSARY	-	-
	TO REMOVE / REFIT REPLACE DASHBOARD. (NPA)	NOT NECESSARY	-	-
	TO REMOVE AND REFIT INTERIOR UPHOLSTERY. (NPA)	NOT NECESSARY	-	-
	TO REMOVE AND REPLACE STEERING COLUMN. (NPA)	NOT NECESSARY	-	-
	TO REMOVER / REFIT WIRING CHECK.	NOT NECESSARY	60.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE / REFIT ADJUST BRAKE 4 WHEEL. (NPA)		-	-
	TO REMOVE / REPLACE EXHAUST SILENCER BOX AND STRAIGHTEN CENTRE PIPE. (NPA)	NOT NECESSARY	-	-
	TO REMOVE / REPLACE REVERSE SENSORS.	NOT NECESSARY	120.00	-
	TO REMOVE / REPLACE BRAKE BOOSTER PUMP. (NPA)	NOT NECESSARY	-	-
	TO REMOVE & RENEW FUEL TANK. (NPA)	NOT NECESSARY	-	-
	TO REMOVE & REALIGN TAIL GATE. (NPA)	NOT NECESSARY	-	-
			1,900.00	660.00
GRAND TOTAL			4,986.14	1,550.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,350.00

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SATHYA SAI KATHIRRASEN

Asst. Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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