

ASS. REC. BY:

REF: CS/FCI/8010616 / Dtd302

Special Instruction:

Survivor:

CWS

Bryan

ASSIGNMENT (Office)

From (Person):

Eileen Lee

of

FCI

Date/Time

11/6/18 @ 5:30pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 4880J

Insured:

SH 7448D

at Workshop m/s

Chunni motor

Tel:

G 5425119

of

AMK Autopoint # 01-05/06

Policy No:

Claim No:

D18004603MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

07/06/18

(Client's Record)

CA / REV / REP. / REV 24 HRS

lup

12/06/18

H.O.D. Endorsement:

Date/Time:

5:43pm @ 11/6/18

Person Contacted:

Lynn

Vehicle: ☒ IN ☐ OUT

Date/Time

Action/Instruction

( ☒ ) Estimate

SHD 4880J - CS/ III 14014474/H/1m3u2

DOA: 27/7/14

SH 7448D - CS/MSG 17004526/H/vbn2

DOA: 4/03/2017

26/6-

Revert via preli advise

REF: \_\_\_\_\_

**ASSIGNMENT**

COE March 2022

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

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

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

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: 16 14 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SHD 48805 Yr Regn: 2014 / March

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

Truck / Trailer or

Make: Hyundai I40 C.C. 1685

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

Sp. Reading 513926 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDFU529350

C/No: KMHLB41UM EU048409

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: In Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16 R: 11

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

TOYO / YOKO or Hankook

Front Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 07/06/2018 D.O.I. 12/06/2018

Survey held at Chummi AMK

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

0/3 Front 7 0/5 Rear

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



Date / Time	Action / Instruction
25/07/18	First Report SH4480
	John 4/5 17500/- - it's 16 days of work (Red: 1604204/49%)

RECEIVED 27 JUL 2018

Date/Time, File Pass to? ☐ : Preli. Report ☒ : Final Report

2) \_\_\_\_\_

Days Of Repair: 16

Resurvey No. of Trip: 2

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. SI \_\_\_\_\_

Photos 258

Others 380

24x15=
170+360
50
50+50
210
890

Report Format: TP

Lump Sum / I.B.I: (\$ 17,500/-)

30/1/18

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	08-06-2018	<b>Our Ref No.</b> D18004603MFSH
<b>Accident Date</b>	07-06-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SH7448D	<b>Third Party Vehicle.</b> SHD4880J
<b>Survey Location</b>	AMK AUTOPOINT, SOON HOCK MOTOR, #01-05/06,	
<b>Contact Person.</b>	LYNN OR IRENE - 65425119	
<b>Contact No.</b>	64836016/ 0	<b>Fax No.</b> 65426039
<b>Survey Type</b>	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
<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>	CHUNNI MOTOR WORK PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	EILEEN LEE	

**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/241277)



PRI Documents



Close



## PRI Header Details

Claim No	D18004603MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & CHUNNI M
Workshop Name	CHUNNI MOTOR WORK PTE LTD (Contact Person : LYNN OR IRENE - 65425119)	Survey Location & Contact Details	AMK AUTOPOINT, SOON HOCK MOTOR, #01-05/06, Mobile: 0 , Phone: 64836016 , Fax: 65426039 EmailId: CHUNNIMOTOR@GMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH7448D	TP Vehicle No	SHD4880J
PRI Recieved Date	08-06-2018 07:54:32 PM	Surveyor Appointed Date	11-06-2018 05:29:44 PM	Surveyor Accept Date	11-06-2018 0

## Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	11-06-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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## Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select Year"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

## Multiple Documents Upload

File Name

Action

## Surveyor Job Remarks

Remarks



# 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/FCI18010616/Dtd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 11-06-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SH 7448D	Veh. Inspected	SHD 4880J	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18004603MFSH	Excess (\$)	0.00	
Assign From	CWS (EILEEN LEE)	Assign Date	11/06/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	07/06/2018	Inspection Date		
Survey held at	CHUNNI MOTOR WORK PTE LTD BLK 10 ANG MO KIO IND. PARK 2A, #03-19 AMK AUTOPOINT SINGAPORE 568047.			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				



Auto  
Consultants  
Pte Ltd

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

Your Ref: D18004603MFSH

Date: 26/6/2018

Our Ref: CS/FCI18010616/Dtd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

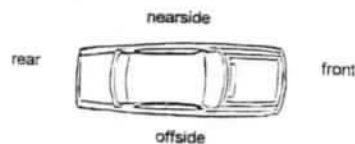
**INITIAL INSPECTION REPORT OF VEHICLE NO. SHD 4880J**

Please be informed that we had conducted the inspection of the abovementioned vehicle 12/06/2018 at the premises of M/s Chun Ni and have the following to report: -

Workshop Estimate Amount	: S\$ 4,242.50
Revised Estimate Amount	: S\$ 22,214.72
"Check" Items Amount	: S\$ -
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

The vehicle sustained damages at the o/s front and o/s rear portion.



**Comments/ Present Status:**

Damages Consistent.

Yours faithfully

Bryan

Automotive Assessor

## Denise Tay (LKKAUTO)

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**From:** Denise Tay (LKKAUTO)  
**Sent:** Tuesday, 26 June 2018 1:44 PM  
**To:** Admin-D (LKKAUTO); 'Claim Workflow System'; assignments  
**Cc:** EILEENLEE@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18004603MFSH/1  
**Attachments:** PRELI ADVISED SHD 4880J.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SHD 4880J**

Best Regards,

**Denise Tay** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [denisetay@lkkauto.com](mailto:denisetay@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:** Monday, 11 June 2018 5:42 PM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** EILEENLEE@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18004603MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](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:** Monday, 11 June 2018 5:29 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [EILEENLEE@MSFIRSTCAPITAL.COM.SG](mailto:EILEENLEE@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18004603MFSH/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

MCD616074360 / ComfortDotGro Engineering Pte Ltd - Layan  
 ENTRY DATE & TIME: 08/06/2018 10:49  
 SUBMITTED BY: Catherine Por Moy Juan

## 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	08/06/2018 10:49
Date Of Accident	07/06/2018 18:05
Exact Location Of Accident	SHEARES LINK TWDS BAYFRONT AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4880J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
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
<b>Insurance Company</b>	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM CHEE MENG
NRIC No	S1458295I
Date Of Birth	23/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	29/01/1988
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93913655
Fax Number	
Contact Number	
Email Address	ASIANDEBTS@GMAIL.COM



Address 406 #11-09 TAMPINES STREET 41  
Postcode 520406  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

**General Information of the Accident**

Type Of Accident SIDE SWIPE  
Weather Conditions CLEAR  
Road Surface DRY

**Other Information**

Was any foreign vehicle Involved in this accident? NO  
Number of vehicles involved in the accident  
Was any body injured in the Accident? YES  
Was any injured conveyed to hospital by ambulance? NO  
Was any other material or property damaged? YES  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 2  
Passenger 1  
NAME: : -  
GENDER: : FEMALE

**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**

SEE ATTACH.

**Attachment(s)**

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SH7448D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	LIM CHEE MENG
Approximate Age	58
Injuries Sustain	NECK,SHOULDER
Injured person in which vehicle?	SHD4880J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	MISS ANGELYN
Approximate Age	
Injuries Sustain	BODY PAIN
Injured person in which vehicle?	SHD4880J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**SKETCH PLAN****IMPORTANT NOTICE**


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


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mall 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.

CHUNNI MOTOR WORKS PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 08.06.2018 @ 09:40 Hrs

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

### SKETCH PLAN

Refer to attachment.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to attachment.

## DECLARATION

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

PORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

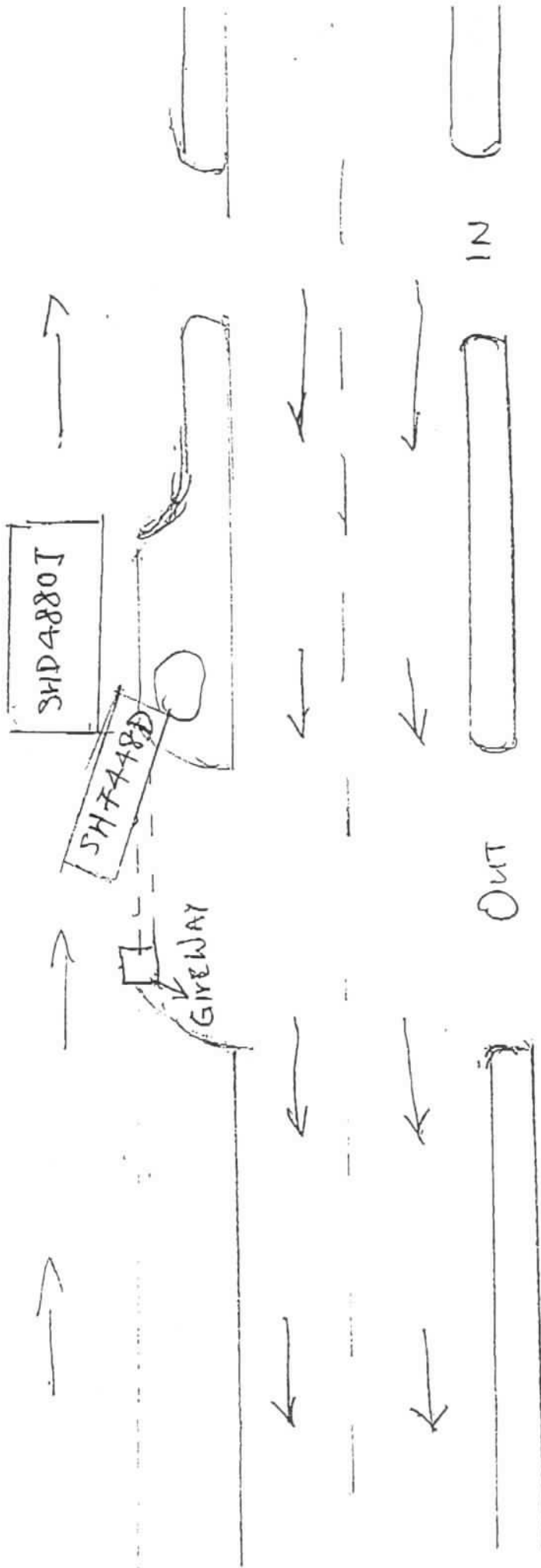
Date & Time: 08.06.2018 @ 09:40 Hrs

Reporting Centre Personnel's Signature

Name: Rubini

NRIC/FIN No.:

SHEARER LINK.



Name: LIM CHIE MENG  
NRIC No: S1458295/A  
Date: 08/06/2018.

## Accident Report

Time of accident: 18:05 Hrs.

Date of accident: 7th June 2018

My car plate number: SHD4880J

Involved car plate number: SH7448D

### Incident summary:

I was driving along Sheares Link towards Bayfront Avenue, with passenger, Ms. Angelyn (Contact number: 9170 1044) onboard. There was no car in front. My car was on the outer lane next to the central divider.

I felt a sudden jerk from the right side, so I stopped my taxi (SHD4880J). When I got off my taxi, I saw another Comfort taxi (SH7448D)'s right front light hit the tree at the central divider behind my taxi.

I wanted to take a photo of the actual car positions upon accident, but he shifted his taxi to park behind my taxi. I asked the other taxi driver why he did not stop his taxi to give way when he was turning in, which resulted in hitting my taxi. Because the central divider clearly has a sign "Give way".

However, seeing that his car (SH7448D)'s both right and left front portions damaged (photos taken), I suggested to make an insurance claim.



Name: LIM CHIK MENG

NRIC No: S1458295/I

Date: 08/06/2018



SHD 4880J

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	<b>Labour Charge</b>			
	Panel Beating			\$ 1,600.00 600/-
	Spray Painting Charge			\$ 600.00 400/-
	Wiring Charge			\$ 100.00 30/-
	Tuff Kote			\$ 100.00 20/-
	Towing Charge			\$ 50.00 14
	Remove/Refix Undercarriage (FRT)			\$ 400.00 150/-
	FRT Wheel Alignment			\$ 120.00 60/-
	Remove/Refix Aircon & Refill Gas			\$ 150.00 14
	Remove/Refix Dashboard			\$ 450.00 14
	Remove/Refix Front Windscreen Glass			\$ 120.00 80/-
	Remove/Refix Cushion & Upholstery Front			\$ 90.00 14
	<b>TOTAL LABOUR</b>			<b>\$ 3,780.00</b>
	Rear Bumper <i>crack mounting</i>			\$ 603.60 ✓
	Rear Bumper Clip 10 pcs <i>Nec</i>			\$ 22.00 ✓
	Rear Fender With Housing (RH) <i>2 Distorted</i>			\$ 4,736.80 ✓
	Rear Windscreen Moulding <i>Nec</i>			\$ 60.00 ✓
	Rear Tyre Rim (RH) <i>2 Distorted</i>			\$ 351.90 ✓
	Rear Wheel Hup-Cap (RH) <i>14</i>			\$ 150.70 ✓
	Rear Wheelbearing IN & Hub <i>2 Dem</i>			\$ 401.40 ✓
	Rear Trailing Arm (RH) <i>2 Distorted</i>			\$ 120.00 ✓
	Rear Assist (RH) <i>2 Distorted</i>			\$ 120.00 ✓
	Rear Shock Absorber (RH) <i>2 Distorted</i>			\$ 342.20 ✓
	Rear Shock Absorber Mounting (RH) <i>14</i>			\$ 57.70 X
	Rear Crossmember <i>14</i>			\$ 1,190.00 X
	Stabilizer Bar <i>2 Distorted Nec</i>			\$ 204.60 X
	Stabilizer Link <i>2 Distorted Distorted</i>			\$ 68.15 ✓
	Rear Upper Arm (RH) <i>2 Distorted</i>			\$ 335.75 ✓
	Rear Lower Arm (RH) <i>2 Distorted</i>			\$ 204.35 ✓
	Rear Knuckle Arm (RH) <i>2 Distorted</i>			\$ 574.80 ✓
	<b>SUB TOTAL</b>			<b>\$ 9,543.95</b>
	<b>LESS 20%</b>			<b>\$ 1,908.79</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 7,635.16</b>
	Rear Bumper Advertisement Logo <i>Nec</i>			\$ 50.00 <b>Nett</b> ✓
	Rear Bumper Rubber Mat <i>Nec</i>			\$ 50.00 <b>Nett</b> ✓
	Rear Fender Advertisement Logo (RH) <i>Nec</i>			\$ 100.00 <b>Nett</b> ✓
	Rear Windscreen Sealant <i>2 Nec</i>			\$ 46.00 <b>Nett</b> ✓
	Rear Tyre (RH) <i>14</i>			\$ 216.00 <b>Nett</b> X
				<b>\$ 462.00</b>

1340/-

8091.65  
6473.32

246.00



SHD 4880J

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	<b>Labour Charge</b>			
	Panel Beating			S 1,200.00 600/-
	Spray Painting Charge			S 600.00 500/-
	Tuff Kote			S 50.00 30/-
	Remove/Refix Cushion & Upholstery Rear			S 150.00 80/-
	Remove/Refix Rear Windscreen Glass			S 120.00 80/-
	Remove/Refix Reverse Sensor			S 120.00 40/-
	Remove/Refix Undercarriage (RR)		1480/-	S 400.00 150/-
	Rear Wheel Alignment			S 120.00 40/-
			</	

NAME  
ADDRESS

Home Tel.:

VIN:

Registration: SHD 4880 J

Technician:

Mileage: 513926

Time Printed 12.6.18 4:49 PM

HYUNDAI I40

Front : Left

Actual	BEFORE	Specified Range
1°41'		-3°00' 3°00'
4°13'		-0°19' 5°41'
-0°01'		-1°30' 1°30'
15°15'		
16°56'		

Camber  
Caster  
Toe  
SAI  
Included Angle  
Turning Angle Diff.

Front : Right

Actual	BEFORE	Specified Range
4°03'		-3°00' 3°00'
4°14'		-0°19' 5°41'
23°57'		-1°30' 1°30'
10°58'		
15°01'		

Front

Cross Camber  
Cross Caster  
Cross SAI  
Total Toe  
Cross Turn Diff.

Actual	BEFORE	Specified Range
-2°23'		-3°00' 3°00'
0°00'		-3°00' 3°00'
4°17'		-3°00' 3°00'
23°56'		-3°00' 3°00'

Rear : Left

Actual	BEFORE	Specified Range
-0°48'		-3°30' 2°30'
0°09'		-1°30' 1°30'

Camber  
Toe

Rear : Right

Actual	BEFORE	Specified Range
-0°50'		-3°30' 2°30'
1°11'		-1°30' 1°30'

Rear

Cross Camber  
Total Toe  
Thrust Angle

Actual	BEFORE	Specified Range
0°02'		-3°00' 3°00'
1°20'		-3°00' 3°00'
-0°31'		-3°00' 3°00'



# 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/FCI18010616/Dtd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 06-08-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SH 7448D	Veh. Inspected	SHD 4880J	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18004603MFSH	Excess (\$)	0.00	
Assign From	EILEEN LEE	Assign Date	11/06/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMEU048409	Colour	BLUE	
Odometer	513926	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	HANKOOK	5 mm	
L/H Front Tyre	205/60 R16	HANKOOK	5 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	5 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT AND O/S REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	07/06/2018	Inspection Date	12/06/2018	
Survey held at	AMK AUTOPOINT #01-05/06			
Repairer	CHUNNI MOTOR WORK PTE LTD			
<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>16 Working Days</b>		



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4880J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER COVER	CRACKED	562.30	562.30
1	FRONT BUMPER SPONGE	NOT NECESSARY	142.20	-
1	FRONT BUMPER GRILLE (RH)	SERVICEABLE	40.30	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER RETAINER MOUNTING @\$9.20	SERVICEABLE	18.40	-
1	HEADLAMP SUPPORT TOP COVER	NOT NECESSARY	398.00	-
1	HEADLAMP SUPPORT PANEL ASSY	BROKEN	1,067.50	1,067.50
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	619.00	619.00
1	FRONT FENDER APRON PANEL (RH)	DENTED	1,575.50	1,575.50
1	FRONT FENDER SHIELD (RH)	DEFORMED	169.80	169.80
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT WINDSCREEN MOULDING	NECESSARY	60.00	60.00
1	FRONT WINDSCREEN PILLAR OUTER (RH)	DENTED	1,843.10	1,843.10
1	FRONT WHEEL RIM (RH)	BENT	351.90	351.90
1	FRONT WHEEL HUB CAP (RH)	CUT	150.70	150.70
1	FRONT WHEEL BEARING	DAMAGED	258.50	258.50
1	FRONT SHOCK ABSORBER (ASSY) (RH)	DISTORTED	342.20	342.20
1	FRONT SHOCK ABSORBER MOUNTING (RH)	NOT NECESSARY	75.10	-
1	FRONT DRIVE SHAFT (RH)	DISTORTED	1,069.55	1,069.55
1	RACK & PINION ASSY	DISTORTED	2,184.00	2,184.00
1	STG TIE END	DISTORTED	69.50	69.50
1	STABILIZER BAR	DISTORTED	252.30	252.30
1	STABILIZER BAR BUSH (RH)	NOT NECESSARY	16.10	-
1	STABILIZER BAR LINK	DISTORTED	81.70	81.70
1	STABILIZER BRACKET	NOT NECESSARY	24.00	-
1	FRONT SUSPENSION LOWER ARM (RH)	DISTORTED	715.10	715.10
1	KNUCKLE ARM (RH)	DISTORTED	582.95	582.95
1	ABS SENSOR, RH	NOT NECESSARY	261.50	-
1	ENGINE CROSSMEMBER	DISTORTED	2,236.90	2,236.90
1	DASHBOARD COMPLETE	NOT NECESSARY	2,688.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	ELECTRIC POWER STEERING.	NOT NECESSARY	4,880.50	-
1	REAR BUMPER	MTG CRACKED	603.60	603.60
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR FENDER WITH HOUSING (RH)	DENTED	4,736.80	4,736.80
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
1	REAR TYRE RIM (RH)	DISTORTED	351.90	351.90
1	REAR WHEEL HUP-CAP (RH)	CUT	150.70	150.70
1	REAR WHEELBEARING ING & HUB	DAMAGED	401.40	401.40
1	REAR TRAILING ARM (RH)	DISTORTED	120.00	120.00
1	REAR ASSIST (RH)	DISTORTED	120.00	120.00
1	REAR SHOCK ABSORBER (RH)	DISTORTED	342.20	342.20
1	REAR SHOCK ABSORBER MOUNTING (RH)	NOT NECESSARY	57.70	-
1	REAR CROSSMEMBER	NOT NECESSARY	1,190.00	-
1	STABILIZER BAR	NOT NECESSARY	204.60	-
1	STABILIZER LINK	DISTORTED	68.15	68.15
1	REAR UPPER ARM (RH)	DISTORTED	335.75	335.75
1	REAR LOWER ARM (RH)	DISTORTED	204.35	204.35
1	REAR KNUCKLE ARM (RH)	DISTORTED	574.80	574.80
	LESS 20% DISCOUNT		-6,744.51	-4,734.43
			26,978.04	18,937.72
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT FENDER ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
1	FRONT WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
1	FRONT TYRE (RH) (50%) (SN)	CUT	216.00	108.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR FENDER ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR TYRE (RH) (SN)	NOT NECESSARY	216.00	-
			824.00	454.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING.		2,800.00	1,200.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	SPRAY PAINTING CHARGE.		1,200.00	900.00
	WIRING CHARGE.		100.00	30.00
	TUFF KOTE.		150.00	50.00
	TOWING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX UNDERCARRIAGE (FRT).		400.00	150.00
	FRT WHEEL ALIGNMENT.		120.00	60.00
	REMOVE / REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
	REMOVE / REFIX DASHBOARD.	NOT NECESSARY	450.00	-
	REMOVE / REFIX FRONT WINDSCREEN GLASS.		120.00	80.00
	REMOVE / REFIX CUSHION & UPHOLSTERY FRONT.	NOT NECESSARY	90.00	-
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	80.00
	REMOVE / REFIX REAR WINDSCREEN GLASS.		120.00	80.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	40.00
	REMOVE / REFIX UNDERCARRIAGE (RR).		400.00	150.00
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			6,540.00	2,820.00
<b>GRAND TOTAL</b>			<b>34,342.04</b>	<b>22,211.72</b>

<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>17,500.00</b>
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Report Ref No. CS/FC18010616/Dtd3e2

**ANG BRYAN TANI**

Automotive Assessor / Investigator

**ADRIAN LING WAI PING**

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

Licensed Appraiser

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