

22/03/2002

ASS. REC. BY:

REF: CS/FC118010908/Krd307

Special Instruction:

Survivor:

ASSIGNMENT (Office)

From (Person):

Lurene jaw

of

FCI

Date/Time:

14/6/18 @ 2:35pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKA 2447X

Insured:

SHA 0747D

at Workshop m/s

Ah Lim Motor

Tel:

6456 3637

of

176 Sin Ming Drive # 05-12

Policy No:

Claim No:

D18004692MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

10/06/2018

CA / REV / REP. / REV 24 HRS

'up'

18/06/2018 @ 1pm

H.O.D. Endorsement:

Date/Time:

2:51pm @ 14/6/18

Person Contacted:

Meili

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SKA 2447X - X
	SHA 0747D - NSINC 10018 8363 / Fy
	Revert thru email
15/10	@ 1302.10 Carburer by email
	Red: \$841.80, 39%.

DOA: 09/09/2010

REF: FC1

## ASSIGNMENT

From: Date: 18062018

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:

03 days

Res.: Yes or No

Lum Sum:

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKA 2447X

Yr Regn:

01 11

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

Truck / Trailer or

Make:

Kia Cerato Forte

1591

Colour:

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

123601

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNA FW 41 MB 53 45582

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

215/45R17

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

TOYO / YOKO or

Hunho

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

18/6/18

D.O.I.

18/6/18

Survey held at

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

FR N/S

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

Date / Time

Action / Instruction

18/6 File pass to Customer

MV: \$30K, LTA Abate: \$18,811.00, NY: \$11,189.00

RECEIVED 17 OCT 2018

Date/Time, File Pass to?



: Preli. Report



: Final Report

1) typist

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

TP

Lump Sum / I.B.I: (\$130210)

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

110

50

50

12

222

**MOTOR SURVEY ASSIGNMENT**

Date	12-06-2018	Our Ref No. D18004692MFSH
Accident Date	10-06-2018	Claim Type. Third Party
Insured Vehicle	SHA0747D	Third Party Vehicle. SKA2447X
Survey Location	176 SIN MING DRIVE #05-12 SIN MING AUTOCARE	
Contact Person.	MEILI TAN	
Contact No.	64563637/ 0	Fax No. 64563686
Survey Type	WITHOUT PREJUDICE: WAITING FOR ID'S VF TO DETERMINE LIABILITY	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

**FOR DIRECT SETTLEMENT**

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

**THIRD PARTY SURVEY REQUEST**

Cc : Workshop	AH LIM MOTOR COMPANY	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

**IMPORTANT NOTE**

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/241395)



PRI Documents



Close



## PRI Header Details

<b>Claim No</b>	D18004692MFSH	<b>Policy No</b>	D-18088937MFSH	<b>Claimant S.No &amp; Name</b>	1 & AH LIM M
<b>Workshop Name</b>	AH LIM MOTOR COMPANY (Contact Person : MEILI TAN )	<b>Survey Location &amp; Contact Details</b>	176 SIN MING DRIVE #05-12 SIN MING AUTOCARE <b>Mobile:</b> 0 , <b>Phone:</b> 64563637 , <b>Fax:</b> 64563686 <b>EmailId:</b> MEILI@ALMSM.COM.SG		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE: WAITING FOR ID'S VF TO DETER		
<b>Insured Name</b>	CITYCAB PTE LTD	<b>Insured Vehicle No</b>	SHA0747D	<b>TP Vehicle No</b>	SKA2447X
<b>PRI Recieved Date</b>	12-06-2018 11:28:29 PM	<b>Surveyor Appointed Date</b>	14-06-2018 02:34:36 PM	<b>Surveyor Accept Date</b>	14-06-2018 0

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>	<input type="text"/>	<b>Surveyor Report Date</b>	14-06-2018	<b>Upload Survey Report *:</b>	<input type="button" value="Choose File"/>
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## Vehicle Particulars

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

## Multiple Documents Upload

File Name

Action

## Surveyor Job Remarks

Remarks



Auto  
Consultants  
Pte Ltd

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

Your Ref: D18004692MFSH

Date: 17 October 2018

Our Ref: CS/FCI18010908/Krd3

The Motor Claims Department  
First Capital Insurance Ltd

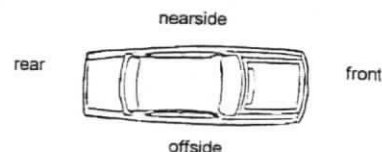
Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SKA 2447X .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 18.06.2018 at the premises of M/s AH LIM MOTOR and have the following to report:-

Workshop Estimate Amount	: S\$ <u>2,143.90</u> .
Revised Estimate Amount	: S\$ <u>1,302.10</u> .
"Check" Items Amount	: S\$ <u>                    </u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:  
The vehicle sustained damages  
at the front n/s portion.



Yours faithfully

KENNETH  
Automotive Assessor

## Janice Lee (LKKAuto)

---

**From:** Janice Lee (LKKAuto)  
**Sent:** Wednesday, October 17, 2018 2:33 PM  
**To:** 'Claim Workflow System'  
**Cc:** LURENEJAW@MSFIRSTCAPITAL.COM.SG  
**Subject:** RE: SURVEY ASSESSMENT - D18004692MFSH/1  
**Attachments:** SKA 2447X.pdf

Dear Sir,

Enclosed preliminary revised for SKA 2447X.

Thank you.

Best Regards,

**Jannice Lee (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

---

**From:** Nivitha (LKK Auto) [<mailto:admin-d@lkkauto.com>]  
**Sent:** Thursday, 14 June, 2018 2:52 PM  
**To:** 'Claim Workflow System' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [LURENEJAW@MSFIRSTCAPITAL.COM.SG](mailto:LURENEJAW@MSFIRSTCAPITAL.COM.SG); "SUR" <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D18004692MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer will arrange.

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:** Thursday, 14 June 2018 2:34 PM  
**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 - D18004692MFSH/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  
Tel : 6507 3848  
Fax : 6507 3849

**PS: This is a system generated mail. Please do not reply to this mail.**

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	4335Z
<b>Vehicle Details</b>	
Vehicle No.:	SKA2447X
Vehicle to be Exported:	Yes
Intended De-registration Date:	18 Jun 2018
Vehicle Make:	KIA
Vehicle Model:	CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 4DR
Primary Colour:	Silver
Manufacturing Year:	2010
Engine No.:	G4FCAH279111
Chassis No.:	KNAFW411MB5345582
Maximum Power Output:	91.1 kW (122 bhp)
Open Market Value:	\$13,862.00
Original Registration Date:	31 Jan 2011
First Registration Date:	31 Jan 2011
Transfer Count:	0
Actual ARF Paid:	\$13,862.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Jan 2021
PARF Rebate Amount:	\$8,317.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	30 Jan 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$40,123.00
COE Rebate Amount:	\$10,494.00
<b>Total Rebate Amount:</b>	<b>\$18,811.00</b>

The information contained herein is correct as at 11 Jun 2018

OK



PERSON CARD NO. S1774335Z

Name

CHIA SER WEE

谢世伟

Race

CHINESE

Date of Birth

04-03-1966

Sex

M

Country of Birth

SINGAPORE

S1774335Z



REC NO. S1774335Z



Issued Group

Date of Issue

06-05-14 03

32 SEGAR ROAD #15-18  
SINGAPORE 677722

NRIC No: S1774335Z

Date: 17/11/2014

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1774335Z**  
Name:

**CHIA SER WEE**

Birth Date: **04 Mar 1966**  
Issue Date: **27 Sep 2003**



000872343J

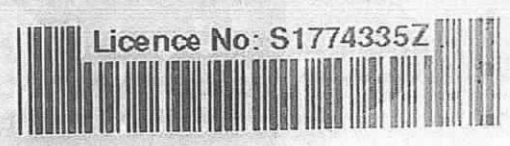
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

15 Sep 1986

NP 428A



Licence No: S1774335Z

## 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	11/06/2018 13:35
Date Of Accident	10/06/2018 20:40
Exact Location Of Accident	PENANG ROAD / BUYONG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA2447X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA SER WEE
NRIC No	S1774335Z
Email Address	WRITEME188-1@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97241629
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE- 1,6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01002806
Cover Note Number	

### Driver

Name of Driver	CHIA SER WEE
NRIC No	S1774335Z
Date Of Birth	04/03/1966
Occupation	INDOOR
Date Of Driving Pass	15/09/1986
Driving Experience	31 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97241629
Fax Number	
Contact Number	OFFICE-NOPHONE
E-Mail Address	WRITEME188-1@YAHOO.COM.SG

Address	32 SEGAR ROAD #15-18
Postcode	677722
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	4
Passenger 1	NAME: : HOE BEE TIN GENDER: : FEMALE
Passenger 2	NAME: : CHIA YI YUN GENDER: : FEMALE
Passenger 3	NAME: : CHIA MING HAO 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

REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA747D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

SKETCH PLAN

Sompo

Vehicle: - SKA  
2447X

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:

11/06/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

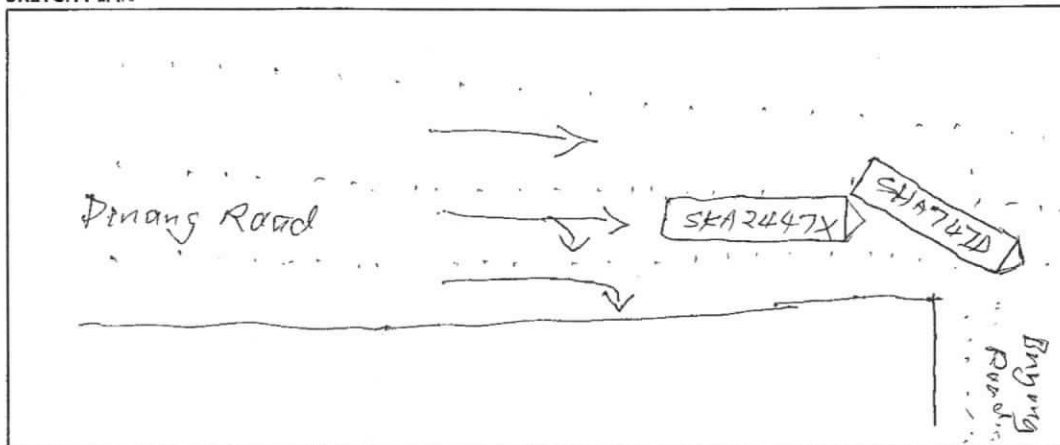
Mei Li  
11/06/18



# Sketch Plan Pg. 2

Date of accident: 10 Jun 2018 Time: 8:40pm Location: Anang Road before Bayong Rd  
 My Vehicle A: SKA2447X Vehicle B: SHA747D Vehicle C: —

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 8:40pm on 10 Jun 2018, I was driving along Anang Road towards Scotts Road. Some 50m away from Bayong Road, I was on the second right lane which allows me to go straight. There was a yellow taxi SHA747D some 30m ahead of me on <sup>my left</sup> ~~my left~~ which is strictly go-straight only.

About 3m before Bayong Road, the taxi suddenly turn right into my lane ~~to~~ to try to turn into Bayong Road. It was an unexpected turn since I had ample time before to filter into my lane with a wide space ahead of me. I was driving at 20km/h but I couldn't slow enough to avoid my front left bumper being scratched by his rear right.

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

Remarks: Please forward a copy of my efile accident report to:  
 My workshop :  
 Email address :  
 & myself :  
 Email address : write me 188-1@yahoo.com.sg

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

## DECLARATION

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

Vehicle SKA  
2447X

Policyholder's Signature

Date & Time: 11/06/18

GIARMC SketchPlanForm\_V2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person's Signature

Name: Ma Li

NRIC/FIN No.

11/06/18

AH LIM MOTOR COMPANY







# AH LIM MOTOR COMPANY

176 Sin Ming Drive #05-12 Sin Ming Autocare Singapore 575721  
TEL: 6456 3637 FAX: 6456 3686 Email: admin@almsm.com.sg  
GST:M9-0009639-E RCB NO:06470300B

SURVEYOR COPY

M/S : CHIA SER WEE  
32 SEGAR ROAD  
#15-18  
SINGAPORE 677722

Estimate No: MCS1102439  
Date: 11 Jun 2018  
Policy No: D18MTPV01002806  
Veh Reg No: SKA2447X  
Make/Model: KIA CERATO FORTE

ATTN:  
Your Ref No: SKA2447X  
Claim Type: Third Party  
Accident Date: 10/06/2018  
TP Veh Reg No: SHA747D

*Not Withheld  
1-B1  
Re survey B4 again 3 days*

## Estimate Repair Cost to Vehicle No :SKA2447X

Description	Quantity	List Price	Amount
		SS	SS
<b>SPARE PARTS</b>			
1 FRONT BUMPER	1 PC	<i>R</i> 562.00	<i>X</i>
2 FRONT BUMPER CLIP	10 PC	<i>na</i> 40.00	<i>X</i>
3 FRONT BUMPER SPOILER	1 PC	<i>CMF</i> 669.00	<i>✓</i>
		1,271.00	
	Less 10%	127.10	1,143.90
<b>LABOUR</b>			
4 TO REPAIR & ALIGN FRONT BUMPER & TO REFIT FRONT BUMPER SPOILER	1 PC	500.00	<i>300</i>
5 TO SPRAY FRONT BUMPER & BUMPER SPOILER	1 PC	500.00	<i>400</i>
		1,000.00	1,000.00
Total			SS 2,143.90
Add GST @ 7%			150.07
Total Amount Payable			SS 2,293.97

TOTAL: SINGAPORE DOLLAR TWO THOUSAND TWO HUNDRED NINETY THREE AND CENTS NINETY SEVEN ONLY

For AH LIM MOTOR COMPANY



AUTHORISED SIGNATURE

**LKK Auto Consultants** hence notify the Repairer of the following:

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

Acknowledged by Repairer  
Signature:  
Date:






## LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile			
FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI18010908/Krd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 24-10-2018	
		Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHA 747D	Veh. Inspected	SKA 2447X
Policy No.	D-18088937MFSH	Coverage (\$)	0.00
Claim No.	D18004692MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	14/06/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	KIA CERATO FORTE (A)	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KNAFW411MB5345582	Colour	METALLIC SILVER
Odometer	123601	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	215/45 R17	KUMHO	6 mm
L/H Front Tyre	215/45 R17	KUMHO	6 mm
R/H Rear Tyre	215/45 R17	KUMHO	6 mm
L/H Rear Tyre	215/45 R17	KUMHO	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	10/06/2018	Inspection Date	18/06/2018
Survey held at	AH LIM MOTOR COMPANY 176 SIN MING DRIVE #05-12 SIN MING AUTOCARE SINGAPORE 575721		
<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>3 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 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKA 2447X**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER	TO REPAIR SEE LABOUR	562.00	-
10	FRONT BUMPER CLIP	NOT NECESSARY	40.00	-
1	FRONT BUMPER SPOILER	CRACKED	669.00	669.00
	LESS 10% DISCOUNT		-127.10	-66.90
			1,143.90	602.10
	<b><u>LABOUR</u></b>			
	TO REPAIR & ALIGN FRONT BUMPER & TO REFIT FRONT BUMPER SPOILER. INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		500.00	300.00
	TO SPRAY FRONT BUMPER & BUMPER SPOILER.		500.00	400.00
			1,000.00	700.00
	<b>GRAND TOTAL</b>		<b>2,143.90</b>	<b>1,302.10</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>1,302.10</b>

Report Ref No. CS/FC18010908/Krd3e2

**MARKET VALUE: \$30,000.00(EST)-LTA REIMBURSEMENT VALUE: \$18,811.00=NETT VALUE: \$11,189.00****KONG SENG CHEONG**

Licensed Appraiser

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