

Surveyor:
CWS

Sckhyu

ASSIGNMENT (Office)

From (Person):

Eileen Lee

of

FCI

Date/Time: 18/6/18 @ 5:47pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

WC 9125 B

Insured:

SH 6418 Y

at Workshop m/s

Fook Heng Motor

Tel:

6244 3203

of

No. 29 Sungai Keroh St. 4

Policy No.:

Claim No.:

D18003481 MPSTH

Sum Insured:

Excess:

Make of Veh.:

D.O.A. 01/05/2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

9:27am @ 19/6/18

Person Contacted:

Annie

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (✓) Estimate
	WC 9125 B - CC4 / ASM 18008319 / Dub3 DOA: 01/05/2018
	SH 6418 Y - CC4 / ASM 18008319 / Dub3 DOA: 01/05/2018
20/06/18	@ 15:30 pm. revert pending estimate from repair to Gilman via email.
30/08/18	* Annie (repairer) mention, she forgot to arrange resurvey before paint photo.

ASSIGNMENT

From: Date: 19/6/2018

Estimated Cost:

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

To inspect Vehicle No: WC 9125B
at Workshop m/s: Fook Heng Motor
of No. 29 Sungai Kerdut Street 4

Insured:

Policy No.

Claims No.

Sum Insured:

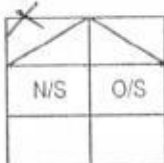
Excess:

(Client's Record)

Make of Veh: Annie @ 6244 3203 / 97620003

(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 / up

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: WC 9125B Yr Regn: 07, 15

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

Truck / Trailer or

Make: ISUZU CYH 525 C.C. 15681

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

Sp. Reading: 103745 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JALC1H52SF7000081

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: 295/80 R22.5

R: 295/80 R22.5 (D/D)

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

TOYO / YOKO or Amherstone

Front

Rear

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

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

D.O.A. D.O.I. 19/6/2018

Survey held at

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

Front N/S

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

Date / Time Action / Instruction

31/08/18 Confirmed P/P \$ 2,604.73 @ 3 days with Lim Teow Guan

(\$ 400.00 Red - 13%)

RECEIVED 31 AUG 2018

Date/Time: File Pass to?

31/08/18

1)

Typist

Date/Time: File Return to?

☐ : Preli. Report

☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation

\$ + RS \$

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$ 2,604.73 P/P)

TOTAL

130
50
43
223



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/FCI18011075/Vsd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 19-06-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SH 6418Y	Veh. Inspected	WC 9125B
Policy No.		Coverage (\$)	0.00
Claim No.	D18003481MFSH	Excess (\$)	0.00
Assign From	CWS (EILEEN LEE)	Assign Date	19/06/2018

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	01/05/2018	Inspection Date	19/06/2018
Survey held at	FOOK HENG MOTOR SERVICE 29 SUNGAI KADUT STREET 4 SINGAPORE 729054		

5a. Remarks

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

MOTOR SURVEY ASSIGNMENT

Date	04-05-2018	Our Ref No. D18003481MFSH
Accident Date	01-05-2018	Claim Type. Third Party
Insured Vehicle	SH6418Y	Third Party Vehicle. WC9125B
Survey Location	NO 29 SUNGEI KADUT STREET4	
Contact Person.	ANNIE	
Contact No.	62443203/ 97620003	Fax No. 64415451
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	FOOK HENG MOTOR SERVICE	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	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/241472)



PRI Documents



Close



PRI Header Details

Claim No	D18003481MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	2 & FOOK HEI
Workshop Name	FOOK HENG MOTOR SERVICE (Contact Person : ANNIE)	Survey Location & Contact Details	NO 29 SUNGEI KADUT STREET4 Mobile: 97620003 , Phone: 62443203 , Fax: 6441545. EmailId: SLMOTER@YAHOO.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH6418Y	TP Vehicle No	WC9125B
PRI Recieved Date	14-06-2018 08:20:53 PM	Surveyor Appointed Date	18-06-2018 05:46:37 PM	Surveyor Accept Date	19-06-2018 1

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	19-06-2018	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

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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Shirley Hiew (LKK Auto)

From: Yeong Siew Lien <slmoter@yahoo.com.sg>
Sent: Thursday, 30 August 2018 12:16 PM
To: Shirley Hiew (LKK Auto)
Subject: RE: RE: WC9125B (1116) - Discharge on 30-06-2018

Dear Shirley Hiew,

As indicated in yr email to me on 29th August, 2018. We are willing to accept yr offer COR P/P \$2,604.73 / 3 days.
Thank you.

Best Regards,
Annie Yeong
Fook Heng Motor Service

On Wed, 29/8/18, Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com> wrote:

Subject: RE: RE: WC9125B (1116) - Discharge on 30-06-2018
To: "'Yeong Siew Lien'" <slmoter@yahoo.com.sg>
Date: Wednesday, 29 August, 2018, 2:15 PM

Hi Annie,

Please confirm COR P/P \$2,604.73 , 3 days.

Thank you.

Best Regards,
Shirley Hiew |
Case Handler

LKK Auto Consultants Pte Ltd

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

-----Original Message-----

From: Yeong Siew Lien [mailto:slmoter@yahoo.com.sg]

Sent: Monday, 27 August 2018 11:03 AM

To: ShirleyHiew@lkkauto.com

Subject: Fw: RE: WC9125B (1116) - Discharge on
30-06-2018

--- On Wed, 1/8/18, Yeong Siew
Lien <slmoter@yahoo.com.sg>
wrote:

> From: Yeong
Siew Lien <slmoter@yahoo.com.sg>
> Subject: RE: WC9125B (1116) - Discharge on

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Wednesday, 20 June 2018 3:30 PM
To: 'EILEENLEE@MSFIRSTCAPITAL.COM.SG'; 'Claim Workflow System'
Cc: 'Nivitha (LKK Auto)'; 'SUR'; 'ASSIGNMENTS@LKKAUTO.COM'
Subject: RE: SURVEY ASSESSMENT - D18003481MFSH/2

Dear Eileen,

Please be informed that we have inspected the vehicle WC 9125B on 19/06/2018.

We are pending for estimate from repairer.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@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: Tuesday, 19 June 2018 9:30 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: EILEENLEE@MSFIRSTCAPITAL.COM.SG; "SUR" <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18003481MFSH/2

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 | 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, 18 June 2018 5:46 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; EILEENLEE@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18003481MFSH/2

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.

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 02/05/2018 17:12
Date Of Accident 01/05/2018 03:45
Exact Location Of Accident SCIENCE PARK DRIVE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number WC9125B
Insured/Policyholder
Name Of Registered Owner INFINITE LOGISTICS & TRADING PTE LTD
Co Reg No 201311759M
Email Address OFM.INFINITE@GMAIL.COM
Mobile Phone No
Alternative Phone No OFFICE-65471487
Vehicle Particulars
Manufacturer ISUZU
Model CYH52S
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 REPORTING ONLY
Vehicle Category COMMERCIAL VEHICLE
Insurance Company
Name of Insurance Company AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number P1647148
Cover Note Number
Driver
Name of Driver GOVINDARAJAN SURESHBABU
NRIC No G7411445N
Date Of Birth 10/07/1976
Occupation INDOOR
Date Of Driving Pass 20/12/2010
Driving Experience 7 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-83074741
Fax Number
Contact Number
Email Address NOEMAIL

Address

Postcode

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 - 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) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of Intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SH641BY

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

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 Pg. 1

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 Authorized 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 #2 Pg. 1

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.

Policyholder's Signature
Date & Time:



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

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

Accident Report

Date: 01 May 2018

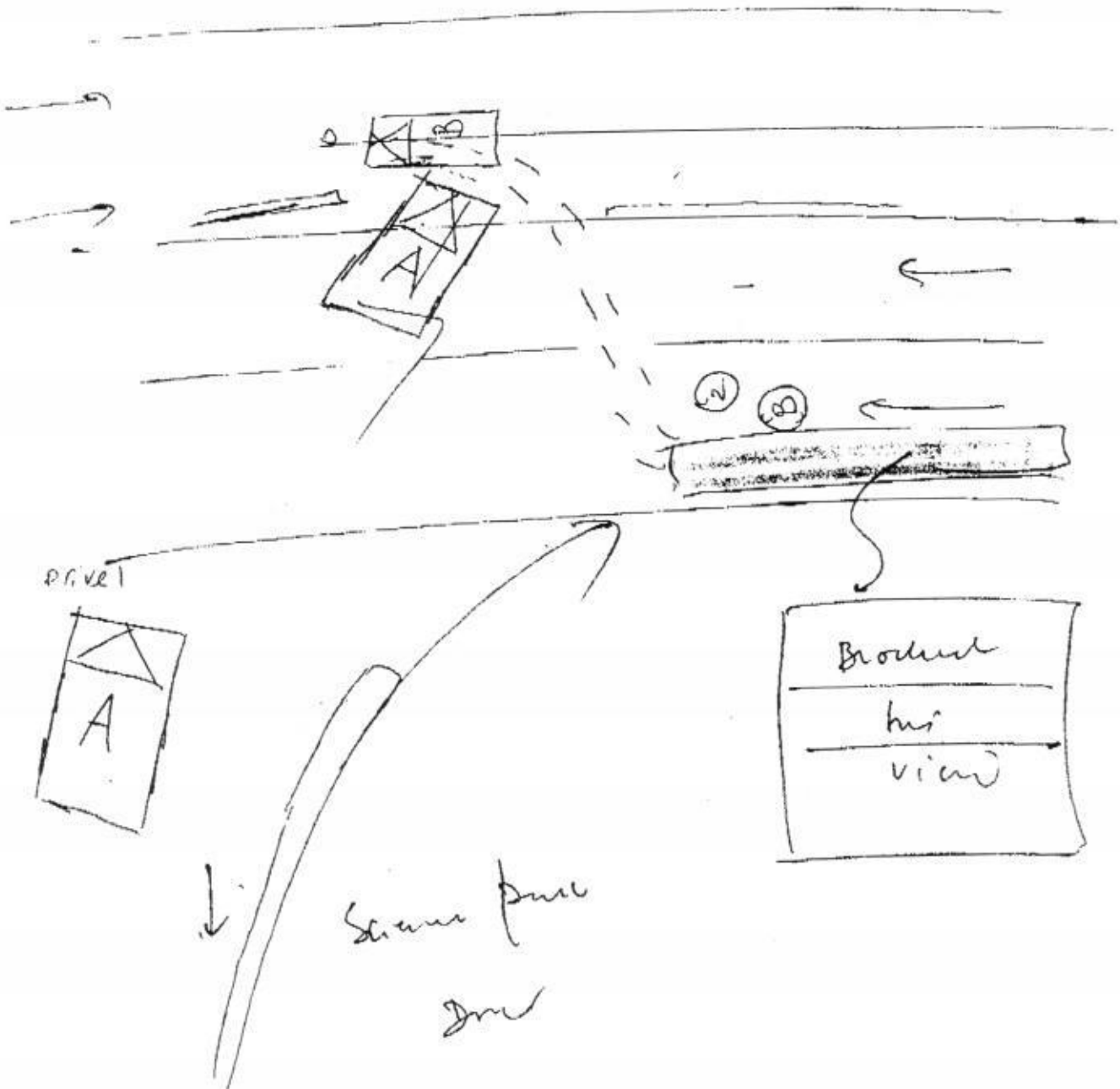
Driver: Govindarajan Sureshbabu

Fin No: G7411445N

- At about 0347hrs, I just ended my casting at Nakano Science Park construction.
- I was driving along Science Park heading towards Science Park Drive 1 in order to return back to Tuas Plant.
- At the junction of Science Park Drive, I stopped, looked to the right and left of Science Park Drive 1.
- Seeing no car, I drove slowly out to make a right turn.
- I was already driving on the 2nd lane of Science Park Drive 1 when suddenly I heard a horn and I saw a taxi speed towards me from the right.
- To avoid my truck, the taxi swerved to the right onto the opposite lane, hitting my left side bumper of my truck.
- There are passengers in the taxi. Police and ambulance came down on scene at that time.

Dr. Suresh B N

0348ms
01/05/10



Addendum Sheet Pg. 1

GENERAL
INSURANCE
ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6724 0030 Fax (65) 6724 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S666500206 / GST Reg. No.: M300017715

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MSME18057409 Vehicle Registration No: WC 9125B
Name (as shown in NRIC): INFINITE LOGISTICS & TRADING PTE LTD NRIC/FIN/Passport No: 201311759M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: _____
Email Address: DEF.INFINITE@GMAIL.COM
Date of Accident: 01/05/2018 Time of Accident: 0345HRS
Place of Accident: SCIENCE PARK DRIVE
Insurance Company: AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CHANGE INSURED VEHICLE NUMBER TO WC9125B. INSTEAD OF WC9115E
Policy Number - VSX/P1647148

X G. Suresh
Policyholder / Driver's Signature
Date:



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

福興修理囉哩汽車 FOOK HENG MOTOR SERVICE

No. 29, Sungei Kadut Street 4, Sungei Kadut Industrial Estate,
Singapore 729054 Tel: 6244 3203 Fax: 6441 5451
E-mail: slmoter@yahoo.com.sg
Business Reg. No.: 52938821M

Date: 28th June, 2018

MS FIRST CAPITAL INSURANCE LIMITED
36, Robinson Road
#16-01, City House
Singapore 068877
To Fax: 65073849

VEHICLE ESTIMATE REPORT FOR ISUZU CYH52S WC9125B (1116)

NUMBER	LIST ITEMS	QUANTITY	NUMBER	UNIT PRICE
1)	front bumper LH	1 pc	1)	✓ \$ 1,152.00 DD ✓
2)	front headlamp LH	1 pc	2)	✓ \$ 382.50 BR ✓
3)	front headlamp bracket LH	1 pc	3)	✓ \$ 252.00 DD ✓
4)	fog lamp LH	1 pc	4)	✓ \$ 144.00 BR ✓
5)	signal lamp LH	1 pc	5)	✓ \$ 37.80 BR ✓
6)	lower aluminium step panel LH	1 pc	6)	✓ \$ 36.00 BR ✓
				\$ 2,004.30
PART BY PART REPAIR 10%				\$ 200.43
TOTAL (PARTS)				\$ 2,204.73

LABOUR CHARGES & MISC

7)	Spray painting on the accident affected area.	\$ -400.00	200.00
8)	To dismantle and installation to above damaged parts, to panel beat and repair affected parts.	\$ 400.00	200.00
TOTAL (LABOUR)		\$ 800.00	400.00

LOSS OF USE

9)	Loss of use to mixer truck no. WC9125B @ \$200.00 X 4 days	\$ 800.00	(Exclude)
TOTAL (LOU)		\$ 800.00	

ALL TOTAL AMOUNT

3,004.73
\$ 3,804.73 2604.73

Repair days 43.

Signature
28/8/18



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/FC118011075/Nsd3s2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 07-09-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 6418Y	Veh. Inspected	WC 9125B	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18003481MFSH	Excess (\$)	0.00	
Assign From	EILEEN LEE	Assign Date	18/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	ISUZU CYH52S	c.c	15681	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	JALCYH52SF7000081	Colour	MULTI COLOUR	
Odometer	103745	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	295/80 R22.5	AMBERSTONE	5 5 mm	
L/H Front Tyre	295/80 R22.5	AMBERSTONE	5 5 mm	
R/H Rear Tyre	295/80 R22.5 (D/D)	AMBERSTONE	5/5 5/5 mm	
L/H Rear Tyre	295/80 R22.5 (D/D)	AMBERSTONE	5/5 5/5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	01/05/2018	Inspection Date	19/06/2018	
Survey held at	FOOK HENG MOTOR SERVICE 29 SUNGEI KADUT STREET 4 SINGAPORE 729054			
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:		3 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. WC 9125B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER LH (WCP)	DENTED	1,152.00	1,152.00
1	FRONT HEADLAMP LH (WCP)	BROKEN	382.50	382.50
1	FRONT HEADLAMP BRACKET LH (WCP)	DENTED	252.00	252.00
1	FOG LAMP LH (WCP)	BROKEN	144.00	144.00
1	SIGNAL LAMP LH (WCP)	BROKEN	37.80	37.80
1	LOWER ALUMINIUM STEP PANEL LH (WCP)	BROKEN	36.00	36.00
	COST PLUS 10%		200.43	200.43
			2,204.73	2,204.73
LABOUR				
	SPRAY PAINTING ON THE ACCIDENT AFFECTED AREAS.		400.00	200.00
	TO DISMANTLE AND INSTALLATION TO ABOVE DAMAGED PARTS, TO PANEL BEAT AND REPAIR AFFECTED PARTS.		400.00	200.00
			800.00	400.00
GRAND TOTAL			3,004.73	2,604.73
RECOMMENDED COST OF REPAIRS				2,604.73

Report Ref No. CS/FCI18011075/Nsd3s2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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