

22/03/2003

ASS. REC. BY:

REF:

CS/FCI/8011286/Ksd3ch

Special Instruction:

Surveyor:

CWS

Kenneth

ASSIGNMENT (Office)

From (Person):

Karen Tan

of

FCI

Date/Time:

21/6/2018 @ 2:47pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GW 71252

Insured:

8HD4926L

at Workshop m/s

Accord Auto

Tel:

6481 9517

of

10 AMK Ind. park 2A #03-11

Policy No:

Claim No:

D18CS04840MPSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

16/06/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

lwp

H.O.D. Endorsement:

Date/Time:

3:37pm @ 21/6/18

Person Contacted:

jersey

Vehicle-IN/OUT

☒

Date/Time

Action/Instruction

☒

Estimate

GW 71252 - NA1AIG15009735/r3

DOA: 11/06/15

8HD4926L - CS/FCI/7021585/Krbn2

DOA: 8/11/2017

21/06/18

@ 17:15 p.m. revised PA to Karen via email.

3/17

C/Lm 820501 email &amp; confirm

ASS. REC. BY:

REF:

1-621

## ASSIGNMENT

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:

8/18

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

29/6

File pass to Catherine

(\$ 2,980.20 Red - 59%)

RECEIVED 02 AUG 2010

Date/Time, File Pass to?

02/08/18

1)

Typ. 3+

Date/Time, File Return to?

2)

☐

: Prell. Report

☒

: Final Report

Days Of Repair:

4

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + P.S. SI

Fixturs

Others

TOTAL

190
50
50
20
270

Report Format :

Lump Sum / I.B.I. (\$

2,050.00 1/5)

Veh No:

GW 71252

Yr Regn:

10.03

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

Truck / Trailer or

Make:

Toyota Dyna

c.c

2986

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

665026

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JT-FUR-344003001706

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185R14X8

R:

155R12X8(N)

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

2

2

mm

L/Bal.

3

mm

L/Bal.

2

2

mm

D.O.A.

16/6/18

D.O.I.

28/6/18

Survey held at

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

Rear N/S

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

**MOTOR SURVEY ASSIGNMENT**

Date	19-06-2018	Our Ref No. D18004840MFSH
Accident Date	16-06-2018	Claim Type. Third Party
Insured Vehicle	SHD4926L	Third Party Vehicle. GW7125Z
Survey Location	10 ANG MO KIO INDUSTRIAL PARK 2A AMK AUTO POINT #03-11	
Contact Person.	JESSY SOE	
Contact No.	64819517/ 97400999	Fax No. 64819516
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	ACCORD AUTO SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

**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/241578)



PRI Documents



Close



## PRI Header Details

Claim No	D18004840MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & ACCORD
Workshop Name	ACCORD AUTO SERVICES PTE LTD (Contact Person : JESSY SOE )	Survey Location & Contact Details	10 ANG MO KIO INDUSTRIAL PARK 2A AMK AUTO POINT Mobile: 97400999 , Phone: 64819517 , Fax: 64819517 EmailId: CLAIMS@MYCARWORKSHOP.COM.SG		
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	SHD4926L	TP Vehicle No	GW7125Z
PRI Recieved Date	20-06-2018 09:04:07 PM	Surveyor Appointed Date	21-06-2018 02:46:13 PM	Surveyor Accept Date	21-06-2018 0

## Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	21-06-2018	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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# 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/FCI18011286/Ksd3

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 21-06-2018



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 4926L	Veh. Inspected	GW 7125Z
Policy No.		Coverage (\$)	0.00
Claim No.	D18004840MFSH	Excess (\$)	0.00
Assign From	CWS (KAREN TAN)	Assign Date	21/06/2018

## 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	16/06/2018	Inspection Date
Survey held at	ACCORD AUTO SERVICES PTE LTD 10 ANG MO KIO INDUSTRIAL PARK 2A AMK AUTO POINT #03-11 SINGAPORE 568047	

## 5a. Remarks

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

[> Back to OneMotoring](#)**Enquire Transfer Fee**

Vehicle No.:	GW7125Z
Vehicle Type:	B31 - Goods (Open) Lorry (Metal Body)/Pickup
Vehicle Attachment 1:	With Hood
Vehicle Scheme:	Normal
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 D
Chassis No.:	JTFUF34Y003001706
Propellant:	Diesel
Engine No.:	5L5370151
Engine Capacity:	2986 cc
Maximum Power Output:	-
Maximum Laden Weight:	3500 kg
Unladen Weight:	1780 kg
Year Of Manufacture:	2003
Original Registration Date:	03 Oct 2003
Lifespan Expiry Date:	02 Oct 2023
COE Category:	C - Goods Vehicle & Bus
PQP Paid:	\$34,609.00
COE Expiry Date:	02 Oct 2018
Road Tax Expiry Date:	02 Oct 2018
Inspection Due Date:	02 Oct 2018
Intended Transfer Date:	20 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 Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
<b>Total Amount Payable:</b>			<b>25.00</b>

This vehicle has a road tax Over Payment of \$75.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

You may print this page for reference.

[OK](#)[Print](#)

## Shirley Hiew (LKK Auto)

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**From:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Sent:** Friday, 29 June 2018 5:15 PM  
**To:** 'Claim Workflow System'  
**Cc:** KARENTAN@MSFIRSTCAPITAL.COM.SG; "SUR"; 'Nivitha (LKK Auto)'; ASSIGNMENTS@LKKAUTO.COM  
**Subject:** RE: SURVEY ASSESSMENT - D18004840MFSH/1  
**Attachments:** GW 7125Z - Preli Advise.pdf

Dear Karen,

Enclosed herewith preliminary advice of GW 7125Z.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]  
**Sent:** Thursday, 21 June 2018 3:39 PM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM  
**Cc:** KARENTAN@MSFIRSTCAPITAL.COM.SG; "SUR" <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18004840MFSH/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)

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**From:** Claim Workflow System [mailto:cwsmotorclaims@msfirstcapital.com.sg]  
**Sent:** Thursday, 21 June 2018 2:45 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [KARENTAN@MSFIRSTCAPITAL.COM.SG](mailto:KARENTAN@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18004840MFSH/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.**





Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18004840MFSH

Date: 29 June 2018

Our Ref: CS/FCI18011286/Ksd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

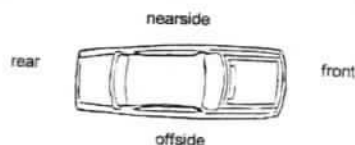
**INITIAL INSPECTION REPORT OF VEHICLE NO. GW 7125Z .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 28/06/2018 at the premises of M/s Accord Auto Services Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>5,030.20</u> .
Revised Estimate Amount	: S\$ <u>2,612.95</u> .
"Check" Items Amount	: S\$ _____ .
Market Value	: S\$ _____ .
LTA Reimbursement Value	: S\$ _____ .
Nett Value	: S\$ _____ .

**Description of Damage:**

The vehicle sustained damages at the rear n/s portion.



**Comments/ Present Status:**

Damages Consistent.

Repair days: 4 Days

Yours faithfully,  
Kenneth Kong  
Automotive Assessor

## 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	20/06/2018 10:54
Date Of Accident	16/06/2018 10:40
Exact Location Of Accident	TPE TOWARDS SENGKANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW7125Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUMMER POND & LANDSCAPING PTE LTD
Co Reg No	200307000D
Email Address	ANGIENG@SUMMERPOND.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64510995

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AVFCSB0012311702
Cover Note Number	

### Driver

Name of Driver	HO CHOON SENG
NRIC No	S1410560C
Date Of Birth	06/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1980
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93224610
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	7030 ANG MO KIO AVE 5 #05-27 NORTHSTAR@AMK
Postcode	569880
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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: : MEJUEL GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

#### 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	SHD4926L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIONG CHIN TOON
NRIC/Passport Number	S1521190C
Contact Number	

Address	BLK 326C SUMANG WALK #15-956
Postcode	821313
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

#### 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

  
Driver's Signature (if driver is not the policyholder) / Date & Time

20/06/2018  
10:45am

  
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: **6W7T55Z**

Vehicle B: **3HD4926L**

Vehicle C: **Unknown**

Exit (Chompers Ave 10)

Road work

A

B

C

TPE towards Singapore

## Accident Sketch Plan

### Describe Circumstance of the Accident

Date & Time of Accident: 16/06/2018 @ 10:40am

Vehicle A: GW 7125Z

Vehicle B: SHD 4926L

Vehicle C: Unknown (Lorry)

On the date and time above, I was travelling along TPE. The traffic was heavy and slow. My front vehicle moving slowly so I follow suit. Suddenly I felt an impact from rear portion, vehicle B was hit onto ~~my~~ rear portion of my vehicle. I alighted from my vehicle and realized vehicle C had hit onto rear portion of vehicle B.

### IMPORTANT NOTE

Under **General Condition - Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

### Declaration

(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

Witnessed by Reporting Centre Personnel

*[Handwritten signature]*



# ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

MS First Capital Insurance Limited  
36, Robinson Road  
#16-01 City House  
Singapore 068877  
Attn: Motor Claims Department

*Not Notified*  
*11 Sep @ 2050h*  
*Mummy After Rain*  
*4 days*

## ESTIMATE

Date : 21/06/2018  
Vehicle No : GW7125Z  
Veh Make/Model : Toyota Dyna 150D  
YOM : 2003  
Chassis No : JTFUF34Y003001706  
Date of Accident : 16/06/2018

No	Qty	Description	Amount \$
<b>List Items:-</b>			
1	1	Tail gate	\$ <i>Rn</i> 980.40 ✓
2	1	Tailgate "TOYOTA" sticker	\$ <i>Rn</i> 105.60 ✓
3	<i>42</i>	Tail gate hinge	\$ <i>Rn</i> 393.60 ✓
4	2	Tailgate side lock	\$ <i>Rn</i> 211.20 ✓
5	2	Tailgate side lock bracket	\$ <i>div</i> 209.40 ✓
6	1	LH Tail lamp	\$ <i>cm</i> 247.20 ✓
7	1	LH Tail lamp bracket	\$ <i>Rn</i> 79.80 X
8	1	RH Tail lamp	\$ <i>Rn</i> 247.20 ✓
9	1	RH Tail lamp bracket	\$ <i>Rn</i> 68.70 X
10	1	Spare tyre carrier	\$ <i>Rn</i> 230.60 X
11	1	Floor panel	\$ <i>Rn</i> 3,640.00 X
13	1	Number plate bracket	\$ <i>Rn</i> 58.90 ✓
14	1	Number plate lamp	\$ <i>Rn</i> 121.00 X
<b>Total - List Item</b>			\$ 6,593.60
<b>Less 25%</b>			\$ 1,648.40
<b>Total</b>			\$ 4,945.20
<b>Special Nett Items:-</b>			
1	1	Rear number plate	\$ <i>Rn</i> 35.00 X
2	1	"DYNA" sticker	\$ <i>Rn</i> 50.00 ✓
<b>Total - SN Item</b>			\$ 85.00
<b>Labour Charges:-</b>			
1		Spray painting on all affected area.	\$ 850.00 <i>5500</i>
2		Labour remove/refix accident damages parts to knock, jack, cut weld and realign accident affected area.	\$ 800.00 <i>5000</i>
3		To apply anti rust treatment.	\$ 180.00 <i>300</i>
4		To check wiring system & light.	\$ 80.00 <i>200</i>
5		To remove and replace tailgate attachments	\$ <i>nn</i> 100.00 X
<b>Total - L/C</b>			\$ 2,010.00
<b>Sub-Total</b>			\$ 5,030.20
<b>7% GST</b>			\$ 352.11
<b>Total</b>			\$ 5,382.31

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/FCI18011286/Ksd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 03-08-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHD 4926L	Veh. Inspected	GW 7125Z	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18004840MFSH	Excess (\$)	0.00	
Assign From	KAREN TAN	Assign Date	21/06/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA DYNA	c.c	2986	
Engine No.	HIDDEN	Year of Reg.	2003	
Chassis No.	JTFUF34Y003001706	Colour	SILVER	
Odometer	665026	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	185 R14X8	YOKOHAMA	3 mm	
L/H Front Tyre	185 R14X8	YOKOHAMA	3 mm	
R/H Rear Tyre	155 R12X8 (D)	YOKOHAMA	2/2 mm	
L/H Rear Tyre	155 R12X8 (D)	YOKOHAMA	2/2 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	16/06/2018	Inspection Date	28/06/2018	
Survey held at	ACCORD AUTO SERVICES PTE LTD 10 ANG MO KIO INDUSTRIAL PARK 2A AMK AUTO POINT #03-11 SINGAPORE 568047			
<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>4 Working Days</b>		





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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GW 7125Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	TAIL GATE	BENT	980.40	980.40
1	TAILGATE "TOYOTA" STICKER	NECESSARY	105.60	105.60
4	TAIL GATE HINGE	BENT (2 PCS ONLY)	393.60	196.80
2	TAILGATE SIDE LOCK	BENT	211.20	211.20
2	TAILGATE SIDE LOCK BRACKET	DISTORTED	209.40	209.40
1	LH TAIL LAMP	CRACKED	247.20	247.20
1	LH TAIL LAMP BRACKET	TO REPAIR SEE LABOUR	79.80	-
1	RH TAIL LAMP	SERVICEABLE	247.20	-
1	RH TAIL LAMP BRACKET	TO REPAIR SEE LABOUR	68.70	-
1	SPARE TYRE CARRIER	TO REPAIR SEE LABOUR	230.60	-
1	FLOOR PANEL	TO REPAIR SEE LABOUR	3,640.00	-
1	NUMBER PLATE BRACKET	TO REPAIR SEE LABOUR	58.90	-
1	NUMBER PLATE LAMP	SERVICEABLE	121.00	-
	LESS 25% DISCOUNT		-1,648.40	-487.65
			4,945.20	1,462.95
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR NUMBER PLATE (SN)	SERVICEABLE	35.00	-
1	"DYNA" STICKER (SN)	NECESSARY	50.00	50.00
			85.00	50.00
<b><u>LABOUR</u></b>				
	SPRAY PAINTING ON ALL AFFECTED AREA.		850.00	550.00
	LABOUR REMOVE/REFIX ACCIDENT DAMAGES PARTS TO KNOCK,JACK,CUT WELD AND REALIGN ACCIDENT AFFECTED AREA.INCLUSIVE OF THE REPAIR OF LH TAIL LAMP BRACKET,RH TAIL LAMP BRACKET,SPARE TYRE CARRIER,FLOOR PANEL AND NUMBER PLATE BRACKET.		800.00	500.00
	TO APPLY ANTI RUST TREATMENT.		180.00	30.00
	TO CHECK WIRING SYSTEM & LIGHT.		80.00	20.00

Report Ref No. CS/FCI18011286/Ksd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REPLACE TAILGATE ATTACHEMENTS.	NOT NECESSARY	100.00	-
			2,010.00	1,100.00
GRAND TOTAL			7,040.20	2,612.95
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,050.00

Report Ref No. CS/FCI18011286/Ksd3e2

KONG SENG CHEONG

Licensed Appraiser

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