

23/03/2003

ASS. REC. BY:

REF: CS/FCI18012359/ 71rd301

Special Instruction:

Surveyor: Tauhiah ASSIGNMENT (Office)From (Person): cus Sereine ler of FCI Date/Time: 8470m @ 5/7/18

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD / (3) WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLV 25972 Insured: SH 6619 J  
at Workshop m/s: Auto France Tel: 6477 7109 / 0383 3196  
of: 305 Alexandra RoadPolicy No: \_\_\_\_\_ Claim No: D18 CDS147 MFSH

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 28/06/2018  
(Client's Record)CA / REV / REP. / REV 24 HRS (Ds)Date/Time: 11:09am @ 5/7/18 Person Contacted: Shelbir H.O.D. Endorsement: \_\_\_\_\_  
Vehicle IN (OUT)

Date/Time	Action/Instruction (✓) Estimate
	SLV 25972-x
	SH 6619 J-CS TP15614698 / Mlvbd1 DOA: 18/08/2015
23/8/18	Revert thru email
23/8/18	Confirm \$2548.70 @ 3 days (Red: \$2540.80, 50%)

REF:

## 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: \_\_\_\_\_

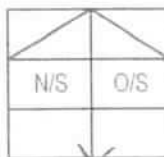
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: \_\_\_\_\_

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

Vehicle: IN / OUT

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

Veh No: \_\_\_\_\_

SLV 25972 Yr Regn: 2017 / Dec

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

Truck / Trailer or

Make: \_\_\_\_\_

Peugeot 3008

C/C

1199

Colour: \_\_\_\_\_

Blue

A/C

Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_

9859

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

VF3MKHNYWHSS06206

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: \_\_\_\_\_

225 / 50 R18

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or

Front

6

Rear

6

R/Bal. \_\_\_\_\_

mm

R/Bal. \_\_\_\_\_

mm

L/Bal. \_\_\_\_\_

mm

L/Bal. \_\_\_\_\_

mm

D.O.A. \_\_\_\_\_

D.O.I. \_\_\_\_\_

6/8/18 (1/5)

Survey held at \_\_\_\_\_

Auto France

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time: \_\_\_\_\_ Action / Instruction: \_\_\_\_\_

RECEIVED 24 AUG 2018

Date/Time: File Pass to?

1) typist

Date/Time: File Return to?

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

Report Format: \_\_\_\_\_

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

TP

2548.70

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: \_\_\_\_\_



Site Insp. (\$)



Interview (\$)



Tech. Insp. (\$)



Weekend (\$)

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

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

) S + RS = SI

) Photos: \_\_\_\_\_

) Others: \_\_\_\_\_

TOTAL

140

50

50

37

277



# 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/FCI18012359/T1rd3

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 06-07-2018



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SH 6619J	Veh. Inspected	SLV 2597Z
Policy No.		Coverage (\$)	0.00
Claim No.	D18005147MFSH	Excess (\$)	0.00
Assign From	CWS (SERENE LER)	Assign Date	06/07/2018

## 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

--

## 5. General Information

Accident Date	28/06/2018	Inspection Date	06/08/2018
Survey held at	AUTOFRANCE 305, ALEXANDRA ROAD SINGAPORE 159942.		

## 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	02-07-2018	Our Ref No. D18005147MFSH
Accident Date	28-06-2018	Claim Type. Third Party
Insured Vehicle	SH6619J	Third Party Vehicle. SLV2597Z
Survey Location	305 ALEXANDRA ROAD	
Contact Person.	WONG GUO XIANG	
Contact No.	64777409/ 0	Fax No. 83833190
Survey Type	DIRECT SETTLEMENT: EST. COR - \$5,445.77	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

*11:09am*

### 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	AUTOFRANCE	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

### 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/241996)



PRI Documents



Close



## PRI Header Details

Claim No	D18005147MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & AUTOFRANCE BIN BAHARI ]
Workshop Name	AUTOFRANCE (Contact Person : WONG GUO XIANG)	Survey Location & Contact Details	305 ALEXANDRA ROAD Mobile: 0 , Phone: 64777409 , Fax: 83833190 EmailId: WONG.GUO.XIANG@SIMEDARBY.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	DIRECT SETTLEMENT: EST. COR - \$5,445.77		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH6619J	TP Vehicle No	SLV2597Z
PRI Recieved Date	04-07-2018 07:57:37 PM	Surveyor Appointed Date	05-07-2018 08:46:49 AM	Surveyor Accept Date	05-07-2018 1

## Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	05-07-2018	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



Auto  
Consultants  
Pte Ltd

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

Your Ref: D18005147MFSH

Our Ref: CS/FCI18012359/T1rd3

The Motor Claims Department  
First Capital Insurance Ltd

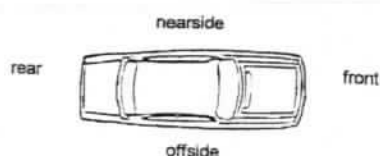
Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SLV 2597Z .**

Please be informed that we had conducted the inspection of the above mentioned vehicle on 06.08.2018 at the premises of M/s AUTOFRANCE PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ <u>5,089.50</u> .
Revised Estimate Amount	: S\$ <u>2,548.70</u> .
"Check" Items Amount	: S\$ _____ .
Market Value	: S\$ _____ .
LTA Reimbursement Value	: S\$ _____ .
Nett Value	: S\$ _____ .

Description of Damage:  
The vehicle sustained damages  
at rear portion.



Yours faithfully  
MOHAMAD TAUFIKH  
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	30/06/2018 11:03
Date Of Accident	28/06/2018 17:40
Exact Location Of Accident	PIE > CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2597Z
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### Insured/Policyholder

Name Of Registered Owner	MOHAMAD JAAFAR BIN BAHARI
NRIC No	S1230870A
Email Address	JAAFAR_ZAI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96785258
Alternative Phone No	OTHERS-96785258

### Vehicle Particulars

Manufacturer	PEUGEOT
Model	3008-1.2 PURETECH (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2052108
Cover Note Number	

### Driver

Name of Driver	MOHAMAD JAAFAR BIN BAHARI
NRIC No	S1230870A
Date Of Birth	15/09/1957
Occupation	INDOOR
Date Of Driving Pass	11/11/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96785258
Fax Number	
Contact Number	OTHERS-96785258
Email Address	JAAFAR_ZAI@YAHOO.COM.SG

Address	BLK 422 BEDOK NORTH RD #10 - 575
Postcode	460422
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

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

PLEASE REFER TO THE ATTACH STATEMENT & 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	SH6619J
Vehicle Make/Model/Colour	COMFORT DELGRO TAXI
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)	



## Accident Sketch Plan

### SKETCH PLAN

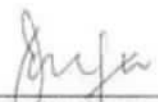
#### IMPORTANT NOTICE

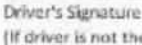
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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: Wong Hui Xiang  
NRIC/FIN No.: 226387932

# Accident Sketch Plan

## SKETCH PLAN

PIE  
towards  
Changi  
Airport



A - SLV 2347T  
B - SH 6619J

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/6/18 at around 1738hrs. I was travelling  
~~towards~~ on PIE towards Changi Airport.  
Somewhere <sup>near</sup> A Lornie Rd exit the vehicle in front  
of me slowed down. I slowed down my vehicle  
too and suddenly a taxi (SH 6619J) collided  
into the rear of my car.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: WONG HOO XIAO  
NRIC/FIN No.: 620517776

WONG HOO XIAO

# AUTOFRANCE

(A Division of Vantage Automotive Limited)

Business Registration No. 52907220C GST Registration No. M2-0000551-1

305 Alexandra Road

159942, Singapore

Tel : 6376 2288

Fax : 6477 7373



GST Registration No. M2-0000551-1

## ESTIMATE

Estimate No. : BP 3758  
Date Estimated : 03/07/2018  
Prepared By : Wong Guo Xiang

LKK Auto Consultants hence notify the Repairer of the following

- To resurvey before/after survey, painting
- To display damaged parts during survey
- Parts prices are subject to central approval
- Third party survey is subject to final approval from Insurance Company
- Supplementary items are subject to resurvey and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

### - ESTIMATE REPAIR FOR -

Mohamad Jaafar Bin Bahari  
Blk 422 Bedok North Road  
#10-575

Singapore 460422

### - ACCOUNT -

CASH - Sale service

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLV2597Z	VF3MRHNYWHS306206	27/12/2017	3008 1.2 Allure	0

### DESCRIPTION

SUNDRIES

VALUE

20 150.00

REPLACE / REPAIR REAR BUMPER, REAR BUMPER BEAM, REAR END PANEL

600 1,200.00

RESpray REAR BUMPER, REAR END PANEL

nn xx 1,200.00

TO CONDUCT WIRING CONNECTION & CHECK (NETT)

✓ 150.00

REMOVE & REPLACE REVERSE SENSOR (NETT)

✓ 150.00

REMOVE & REFIX REAR LIGHTING (NETT)

nn xx 150.00

TO CONDUCT ECU COMPUTER DIAGNOSTIC INCLUDING CLEAR FAULT CODE (NETT)

✓ 600.00

Total Labour 1: 3,600.00

PART NUMBER	DESCRIPTION	QTY	PRICE	DISC	VALUE
1617991080	REAR BUMPER <P84>	1	700.00	10.00	630.00
9816071580	RR BUMPER ABSORBER	1	490.00	10.00	441.00
1618041080	PLUG	1	125.00	10.00	112.50
9811652180	RR CENTRAL STRIP	1	220.00	10.00	198.00
9811280580	BUMPER BRACKET CENTRAL	1	120.00	10.00	108.00

Total Parts : 1,489.50

Reverse sensor nn ✓

Tamplin 97495749 WP

6/8/18 @ 12pm  
Receiving new parts @ 3 days  
sub @ lkhant.com

Labour 1	:	3,600.00
Parts	:	1,489.50
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	356.27
Grand Total	:	5,445.77

Customer Service Officer

Contact

The above estimates are base on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval.

Tel: 64777409 Fax: 64777398



**Date:** .06.08.2018

NO.	Supplementary / Check Items Parts	Part Number	Price
	OBSTACLE DETECTION SENSOR	1609981080 88-20	\$ 98.00
	PLUG	1618041080	\$ 125.00
			\$ 223.00

### Price

		Total Parts And Labour \$ 223.00

Raised By Technician	Approved By CSA	Acknowledge By Parts Assistant	Resurvey by	BO Parts: Yes / No  ETA: _____
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**AUTOFRANCE**

(A Division of Vantage Automotive Limited)

Co. Regs. No. 52907220C GST Regs. No. M2-0000551-1

305 Alexandra Road  
Vantage Automotive Centre  
Singapore 159942

Service Booking: 6477 7377  
Parts: 6477 7420  
Vantage 24-Hour Assalt: 6473 8588  
Fax: 6477 7300

**PEUGEOT****SERVICE TAX INVOICE**

RE-PRINT

REPAIR ORDER NO. <b>Bp 114576</b>	Date IN <b>06/08/2018</b> Payment Term <b>30 Days From Invoice</b> Customer Service Advisor <b>Wong Guo Xiang</b>	Invoice Number  Invoice Date  Invoice By <b>Wong Guo Xiang</b>	Page No. <b>1 of 1</b>
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CUSTOMER INFORMATION	INVOICE TO <b>14356</b>
<b>Mohamad Jaafar Bin Bahari</b> Blk 422 Bedok North Road #10-575 Singapore 460422	<b>First Capital Insurance Limited</b> 36 Robinson Road #16-01 City House Singapore 068877

REGISTRATION No. <b>SLV2597Z</b>	CHASSIS No. <b>VF3MRHNYWHS306206</b>	STOCK No. <b>210813</b>	REGISTRATION DATE <b>27/12/2017</b>	MODEL <b>3008 1.2 Allure</b>	MILEAGE <b>9589</b>
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CODE	DESCRIPTION	UNITS	DISC %	NETT
	SUNDRIES	1	0.00	20.00
	REPLACE / REPAIR REAR BUMPER, REAR BUMPER BEAM, REAR END PANEL	1	0.00	600.00
	TO CONDUCT WIRING CONNECTION & CHECK (NETT)	1	0.00	150.00
	REMOVE & REPLACE REVERSE SENSOR (NETT)	1	0.00	150.00
	TO CONDUCT ECU COMPUTER DIAGNOSTIC INCLUDING CLEAR FAULT CODE (NETT)	1	0.00	600.00
Sub-Total :				<b>1,520.00</b>
CODE	DESCRIPTION	UNITS	DISC %	NETT
1617991080	REAR BUMPER <P84>	1	10.00	630.00
9811652180	RR CENTRAL STRIP	1	10.00	198.00
1609981080	OBSTACLE DETECTION SENSOR	1	10.00	88.20
1618041080	PLUG	1	10.00	112.50
Sub-Total :				<b>1,028.70</b>

Attending CSO : Wong  
Should you require further explanation, please reach me at 64777409

Service Packages	<b>0.00</b>	Total Labour/Parts/Service Package Charges	<b>S\$ 2,548.70</b>
Labour Charges	<b>1,520.00</b>	Less Insurance Excess	<b>S\$ 0.00</b>
Parts Charges	<b>1,028.70</b>	GST @ 7%	<b>S\$ 178.41</b>
Lubricant/Misc	<b>0.00</b>	Invoice Total Amounts	<b>S\$ 2,727.11</b>
		Less Deposit/Voucher	<b>S\$ 0.00</b>
Computer generated invoice. No signature is required.		Amount Payable	<b>S\$ 2,727.11</b>

All amounts are in Singapore Dollars.

Work was carried out subject to the Company's Terms and Conditions of Service.

No complaints will be entertained unless reported within seven (7) days of the date of this invoice.

For credit purchases, interest @1% per month will be debited on overdue amounts.

**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/FCI18012359/T1rd3e2

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 27-08-2018



Code : FCI2

**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	SH 6619J	Veh. Inspected	SLV 2597Z
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18005147MFSH	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	05/07/2018

**2. Vehicle Particulars & Condition**

Make & Model	PEUGEOT 3008	c.c	1199
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	VF3MRHNYWHS306206	Colour	BEIGE
Odometer	9859	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	225/50 R18	MICHELIN	6 mm
L/H Front Tyre	225/50 R18	MICHELIN	6 mm
R/H Rear Tyre	225/50 R18	MICHELIN	6 mm
L/H Rear Tyre	225/50 R18	MICHELIN	6 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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**5. General Information**

Accident Date	28/06/2018	Inspection Date	06/08/2018
Survey held at	AUTOFRANCE 305, ALEXANDRA ROAD SINGAPORE 159942.		

**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.
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**5b. Estimate Days of Repair**

ESTIMATED NORMAL PERIOD FOR REPAIR:	<b>3 Working Days</b>
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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

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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLV 2597Z**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	SUNDRIES (SN)	NECESSARY	150.00	20.00
1	REAR BUMPER (P84)(SN)	DEFORMED	630.00	630.00
1	RR BUMPER ABSORBER (SN)	NOT NECESSARY	441.00	-
1	PLUG (SN)	CUT	112.50	112.50
1	RR CENTRAL STRIP (SN)	CUT	198.00	198.00
1	BUMPER BRACKET CENTRAL (SN)	NOT NECESSARY	108.00	-
1	OBSTACLE DETECTION SENSOR (SN)(ADDITIONAL)	NOT WORKING	88.20	88.20
1	PLUG (SN)(ADDITIONAL)	REPEATED	125.00	-
			1,852.70	1,048.70
	<b><u>LABOUR</u></b>			
	REPLACE/REPAIR REAR BUMPER,REAR BUMPER BEAM,REAR END PANEL.		1,200.00	600.00
	RESPRAY REAR BUMPER,REAR END PANEL.	NOT NECESSARY	1,200.00	-
	TO CONDUCT WIRING CONNECTION & CHECK.		150.00	150.00
	REMOVE & REPLACE REVERSE SENSOR.		150.00	150.00
	REMOVE & REFIX REAR LIGHTING.	NOT NECESSARY	150.00	-
	TO CONDUCT ECU COMPUTER DIAGNOSTIC INCLUDING CLEAR FAULT CODE.		600.00	600.00
			3,450.00	1,500.00
	<b>GRAND TOTAL</b>		<b>5,302.70</b>	<b>2,548.70</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>2,548.70</b>

Report Ref No. CS/FCI18012359/T1rd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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