

22/03/2002

ASS. REC. BY:

REF:

CS/FCI18012560 / KHb 9/1

Special Instruction:

Survivor

ASSIGNMENT (Office)

From (Person):

WS Eileen Lee

of

FCL

Date/Time:

10/7/2018 5:24pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 6800H

Insured:

SHD 7178J

at Workshop m/s

Premier

Tel:

6544 6671

of

33 Changi South Ave 3 # 03-02

Policy No:

Claim No:

D18005287MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

08/7/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS' wp:

11.07.2018

H.O.D. Endorsement:

Date/Time:

10/7/2018 5:33pm

Person Contacted:

Gary

Vehicle ☒ IN / OUT

Date/Time

Action/Instruction (☒) Estimate

SHC 6800H - CS / C727007509 / H1003K2

DA: 180417

SHD 7178J - REV 18AA 17006799 / MWD3

DA: 060417

16/7@11:18am Revert via email presi

ASSIGNMENT

From: _____ Date: 11/07/18

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SHC 6800 Hat Workshop m/s Premierof 23 Chengji South Ave 2# 03-02

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.

N/S	O/S

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 6800 H Yr Regn: 29 May 2015

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

Truck / Trailer or

Make: KIA optima c.c. 1685Colour: silver A/C: Insured / Std / NI / NASp. Reading: 395564 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KN AHA 44MF5593571

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/65 R16

R: _____

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

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 8/7/18Survey held at Premier

Rear

R/Bal. 7 mmL/Bal. 7 mmD.O.I. 11/7/18Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
4's Front

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

Date / Time Action / Instruction

26/7/18 General U/S \$3150 / 3 hrs. Cred: 4977.60! (61%)

RECEIVED 27 JUL 2018

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report1) 27/7/18 Typist

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 160Transportation: 50Photos: 49

Others: _____

TOTAL: 308Report Format: TPump Sum / I.B.I. (\$) 3500

MOTOR SURVEY ASSIGNMENT

Date	09-07-2018	Our Ref No. D18005287MFSH
Accident Date	08-07-2018	Claim Type. Third Party
Insured Vehicle	SHD7178J	Third Party Vehicle. SHC6800H
Survey Location	23 CHANGI SOUTH AVENUE 2 #03-02	
Contact Person.	GARY SHI	
Contact No.	62148880/ 65446671	Fax No. 62141511
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	PREMIER AUTOMOTIVE SERVICES PTE LTD	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.

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	09/07/2018 12:11
Date Of Accident	08/07/2018 00:10
Exact Location Of Accident	YISHUN AVE 2 // YISHUN CENTRAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6800H
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	YAP YIAN POH
NRIC No	S1356669J
Date Of Birth	28/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86150421
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 673C #03-621 EDGEFIELD PLAINS
Postcode	823673
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH CENTRAL
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEHICLES - NO PAX *REFER TO ATTACH POLICE REPORT

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	SHD7178J
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MOHD SAFIE BIN KALIL
NRIC/Passport Number	S6941156H
Contact Number	84536116
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT LEFT PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	YAP YIAN POH - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	FELT UNWELL, WENT TO MT ALVERNIA HSPTL & HAD 5 DAYS OF MEDICAL LEAVE
Injured person in which vehicle?	SHC6800H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

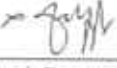
IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

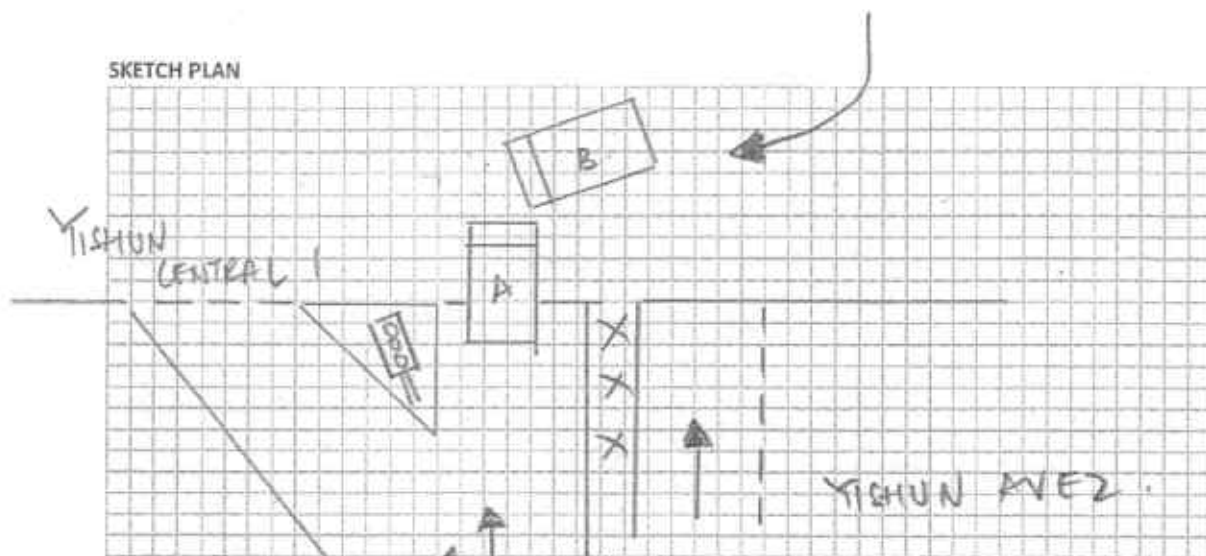

Policyholder's Signature
Date & Time:


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


09 JUL 2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

X S 1356669-J
X SMC 6800 H

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Barricade

A: SHC 68004.

B: SHD 7182J.

* Refer to attach police report

* Video footage captured

DECLARATION

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

Policyholder's Signature
Date & Time:

©ARMC Sketch Plan Form V3

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

51356669-J

19 JUL 2018

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



**SINGAPORE
POLICE FORCE**



T/20180708/2049

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20180708/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2018 16:19		Vide Report No.:		Station Diary No.: 119	
Informant's Particulars					
Name of Informant: YAP YIAN POH			Address: APT BLK 673C EDGEFIELD PLAINS #03-621 SINGAPORE 823673		
ID Type / ID No.: NRIC NO / S1356669J			Contact No.: Home/Office: Mobile: 86150421		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 28/01/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/07/2018 00:05	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 YISHUN AVENUE 2 YISHUN CENTRAL 1 T-junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6800H	Taxi					0
SHD7178J	Taxi					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180708/2049

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

2 of 3

Report No. T/20180708/2049

Driver:			
Name	YAP YIAN POH	ID No.	S1356669J
Related Vehicle	SHC6800H (Taxi)	Contact No.	86150421
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/07/2018	Date Discharge	08/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver:			
Name	MOHAMED SAFIE BIN KALIL	ID No.	S6941156H
Related Vehicle	SHD7178J (Taxi)	Contact No.	84536116
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/07/2018 at about 0005hrs, my taxi vehicle bearing plate number SHC6800H (V1), collided with one taxi vehicle bearing plate number SHD7178J (V2).

I would like to state that the accident occurred at the traffic light junction of Yishun Avenue 2 junction of Yishun Central 1. I was travelling along Yishun Avenue 2 towards city whereas (V2) was travelling from the opposite direction and had intended to make a right turn towards Yishun Central 1. I do note V2 was approaching from the opposite direction and had driven straight with caution as the traffic light was in my favour. However, I was caught by surprise when V2 did not stop and caused the collision.

My taxi vehicle is equipped with in-dash camera and I am able to provide the footage if it is required for Traffic Police investigation.



**SINGAPORE
POLICE FORCE**



T/20180708/2049

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3

Report No. T/20180708/2049

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / SI AHMAD FAIZAL BIN SALAM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/07/2018 16:19
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case: 1
Authentication Stamp NP168	 SIGNATURE

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	29 May 2015 / 09:10:03	Receipt No.:	AACCK001-AX239-150529-000002
Asset Type:	Vehicle	Transaction Amount:	\$65,428.00
Asset ID:	SHC6800H	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150529091003285768		

Vehicle No.:	SHC6800H
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)
First Registration Date:	29 May 2015
Original Registration Date:	29 May 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5593571
Engine No.:	D4FDEH313364
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2014
Open Market Value:	\$21,451.00
Minimum PARF Benefit:	\$8,719.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	29 May 2015 09:10:03
COE No.:	2015052901002467C
COE Expiry Date:	28 May 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,756.00
Lifespan Expiry Date:	28 May 2023

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02

SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511

CO. REG:200707743D GST REG:200707743D

9-Jul-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6800 H

1 pc	Bonnet grille <i>x repair</i>	\$	385.00
1 pc	Support panel <i>x repair</i>	\$	645.00
1 pc	Front bumper <i>— car</i>	\$	531.00
1 pc	Front bumper emblem <i>— car</i>	\$	44.00
1 pc	Front bumper centre grille <i>x repair</i>	\$	174.00
1 pc	Front bumper lower stiffer <i>✓ Best</i>	\$	134.00
1 pc	Front bumper tow hook cover <i>x car</i>	\$	14.00
1 pc	Front bumper lip <i>— car</i>	\$	52.00
1 pc	Front bumper inner sponge <i>✓ Best</i>	\$	110.00
1 pc	Front bumper reinforcement <i>✓ Best</i>	\$	328.00
2 pcs	Front bumper o/s & n/s side retainer @ \$16.00 <i>n/s x su o/s — car</i>	\$	32.00
2 pcs	Front bumper o/s & n/s upper bracket @ \$16.00 <i>n/s x su o/s — car</i>	\$	32.00
2 pcs	Front bumper o/s & n/s support bracket @ \$16.00 <i>n/s x su o/s — car</i>	\$	32.00
1 pc	o/s headlamp <i>— car</i>	\$	1,028.00
1 pc	Front bumper o/s fog lamp cover <i>— car</i>	\$	66.00
1 pc	Front bumper o/s protector <i>— car</i>	\$	51.00
1 pc	Washer tank motor <i>x su</i>	\$	48.00
1 pc	Washer tank <i>✓ car</i>	\$	47.00
1 pc	Front o/s fender inner shield <i>✓ car</i>	\$	120.00
1 pc	Front o/s lower arm <i>x su</i>	\$	439.00
1 pc	Front o/s shock absorber <i>x su</i>	\$	330.00
1 pc	Front o/s ball joint <i>x su</i>	\$	59.00
1 pc	Front o/s tie rod end <i>x su</i>	\$	61.00
1 pc	Front o/s knuckle bearing <i>x su</i>	\$	157.00
1 pc	Front o/s stabilizer link <i>x su</i>	\$	86.00
1 pc	Front o/s knuckle arm <i>x su</i>	\$	547.00
1 pc	Front o/s rim <i>x su</i>	\$	246.00
1 pc	Front o/s wheel cover <i>— brand</i>	\$	116.00
		\$	5,914.00
		Less 10%	\$ 591.40
			\$ 5,322.60

S/NETT

1 pc	Front no. plate with casing <i>x su</i>	\$	50.00
1 pc	Front bumper clips <i>— su</i>	\$	48.00
1 pc	Front o/s head lamp lower clip <i>— su</i>	\$	6.00
2 pcs	Front o/s head lamp side clip <i>— su</i>	\$	3.00
1 set	Front o/s fender inner shield clips <i>x su</i>	\$	28.00
1 pc	Front o/s fender sticker <i>x su</i>	\$	30.00

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6800 H

Towing Fee	\$	50.00	✓
Sundry	\$	50.00 20	
To check for wiring and to focus head lamps	\$	80.00 20	
To check wheel alignment	\$	80.00 60	
To dismantle and replace front o/s undercarriage	\$	250.00 11	
To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.	\$	180.00 11	
To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the front o/s chassis member, front o/s fender	\$	850.00 600	
To putty and spray painting on front bumper, bonnet grille, front o/s fender & front o/s chassis member	\$	900.00 720	
To apply rustproofing on the repaired and replaced panels.	\$	200.00 11	
	\$	<u>8,127.60</u>	

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

Kalvin Alley
 11/7/8 1040 hr
 3 Pys
 4/5
 Atta R. Wrighto -

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 is allowed
- Supplementary claim 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/FCI18012560/K1tbq2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 24-08-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 7178J	Veh. Inspected	SHC 6800H	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18005287MFSH	Excess (\$)	0.00	
Assign From	EILEEN	Assign Date	10/07/2018	
2. Vehicle Particulars & Condition				
Make & Model	KIA OPTIMA	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KNAGM414MF5593571	Colour	SILVER	
Odometer	395564	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/65 R16	MAXXIS	7 mm	
L/H Front Tyre	205/65 R16	MAXXIS	7 mm	
R/H Rear Tyre	205/65 R16	MAXXIS	7 mm	
L/H Rear Tyre	205/65 R16	MAXXIS	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	08/07/2018	Inspection Date	11/07/2018	
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443			
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. SHC 6800H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BONNET GRILLE	TO REPAIR SEE LABOUR	385.00	-
1	SUPPORT PANEL	TO REPAIR SEE LABOUR	645.00	-
1	FRONT BUMPER	CRACKED	531.00	531.00
1	FRONT BUMPER EMBLEM	NECESSARY	44.00	44.00
1	FRONT BUMPER CENTRE GRILLE	TO REPAIR SEE LABOUR	174.00	-
1	FRONT BUMPER LOWER STIFFER	BENT	134.00	134.00
1	FRONT BUMPER TOW HOOK COVER	SERVICEABLE	14.00	-
1	FRONT BUMPER LIP	CUT	52.00	52.00
1	FRONT BUMPER INNER SPONGE	TORN	110.00	110.00
1	FRONT BUMPER REINFORCEMENT	BENT	328.00	328.00
2	FRONT BUMPER O/S & N/S SIDE RETAINER @\$16.00	N/S SERVICEABLE / O/S CRACKED	32.00	16.00
2	FRONT BUMPER O/S & N/S UPPER BRACKET @\$16.00	N/S SERVICEABLE / O/S CRACKED	32.00	16.00
2	FRONT BUMPER O/S & N/S SUPPORT BRACKET @\$16.00	N/S SERVICEABLE / O/S CRACKED	32.00	16.00
1	O/S HEADLAMP	CRACKED	1,028.00	1,028.00
1	FRONT BUMPER O/S FOG LAMP COVER	CUT	66.00	66.00
1	FRONT BUMPER O/S PROTECTOR	CUT	51.00	51.00
1	WASHER TANK MOTOR	SERVICEABLE	48.00	-
1	WASHER TANK	CRACKED	47.00	47.00
1	FRONT O/S FENDER INNER SHIELD	TORN	120.00	120.00
1	FRONT O/S LOWER ARM	SERVICEABLE	439.00	-
1	FRONT O/S SHOCK ABSORBER	SERVICEABLE	330.00	-
1	FRONT O/S BALL JOINT	SERVICEABLE	59.00	-
1	FRONT O/S TIE ROD END	SERVICEABLE	61.00	-
1	FRONT O/S KNUCKLE BEARING	SERVICEABLE	157.00	-
1	FRONT O/S STABILIZER LINK	SERVICEABLE	86.00	-
1	FRONT O/S KNUCKLE ARM	SERVICEABLE	547.00	-
1	FRONT O/S RIM	SERVICEABLE	246.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FRONT O/S WHEEL COVER	GRAZED	116.00	116.00
	LESS 10% DISCOUNT		-591.40	-267.50
			5,322.60	2,407.50
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT NO.PLATE WITH CASING (SN)	SERVICEABLE	50.00	-
1	FRONT BUMPER CLIPS (SN)	NECESSARY	48.00	48.00
1	FRONT O/S HEAD LAMP LOWER CLIP (SN)	NECESSARY	6.00	6.00
2	FRONT O/S HEAD LAMP SIDE CLIP (SN)	NECESSARY	3.00	3.00
1	SET FRONT O/S FENDER INNER SHIELD CLIPS (SN)	NOT NECESSARY	28.00	-
1	FRONT O/S FENDER STICKER (SN)	NOT NECESSARY	30.00	-
1	SUNDRY (SN)	NECESSARY	50.00	20.00
			215.00	77.00
	<u>LABOUR</u>			
	TOWING FEE.		50.00	50.00
	TO CHECK FOR WIRING AND TO FOCUS HEAD LAMPS .		80.00	20.00
	TO CHECK WHEEL ALIGNMENT .		80.00	60.00
	TO DISMANTLE AND REPLACE FRONT O/S UNDERCARRIAGE .	NOT NECESSARY	250.00	-
	TO DISMANTLE /REFIT THE INNER GARNISHES ,INNER LININGS ,INNER TRIMS ,CUSHION SEAT,CARPET ,ETC TO FACILITATE REPAIRS.	NOT NECESSARY	180.00	-
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS ,INCLUDING KNOCK - OUT ,STRAIGHTEN ,REPAIR,RESHAPE AND ADJUST OF THE FRONT O/S CHASSIS MEMBER ,FRONT O/S FENDER ,INCLUSIVE OF THE REPAIR OF BONNET GRILLE ,SUPPORT PANEL AND FRONT BUMPER CENTRE GRILLE.		850.00	600.00
	TO PUTTY AND SPRAY PAINTING ON FRONT BUMPER ,BONNET GRILLE,FRONT O/S FENDER & FRONT O/S CHASSIS MEMBER.		900.00	720.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.	NOT NECESSARY	200.00	-
			2,590.00	1,450.00
	GRAND TOTAL		8,127.60	3,934.50

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,150.00
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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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