

22/09/2001

ASS. REC. BY:

REF: CS3/FCI18014283/CP1d3⁵²

Special Instruction:

Surveyor:

GG

ASSIGNMENT (Office)

From (Person):

CWS

Lurene Juw

of

FCI

Date/Time: 6/8/18 @ 2:43pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMC9075E

Insured:

SHA 8140B

at Workshop m/s

Mcwell Ventures

Tel:

9062 5945

of

8 Kalki Bkt Ave 4 #01-48 premier

Policy No:

Claim No:

D18005890MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

02/08/2018

8/8/2018 @ Before 12pm

H.O.D. Endorsement:

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

Date/Time:

6/8/18 @ 1:10pm

Person Contacted:

Don

Vehicle IN (OUT)

Date/Time

Action/Instruction (X) Estimate

SMC9075E-X

SHA 8140B - CS/FCI180069188/Klrba2

D.O.A.: 17/08/2018

Dismantle: 13/8/2018

After repair: 20/8/2018

(08/11/13) wef
ASS. REC. BY:

PRS

Xml.

REF: FCI

ASSIGNMENT

From: _____ Date: 8/8/18

Estimated Cost: _____

OP: ☒ TP / ☐ WS / ☐ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV

To Inspect Vehicle No: SMC 9075E

at Workshop m/s Mcwell Ventures

of 8 kaki Bkt Ave 4 # 01-48

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record) Before 12pm

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 lup

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMC9075E Yr Regn: / No record

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

Truck / Trailer or

Make: BMW 335i c.c. 2979

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

Sp. Reading: 174456 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAWB 720 20PW 81664

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 / ☐ Rim or

Tyre Size: F: 245/35 ZR19

R: 11

BS: ☒ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 08-08-18

Survey held at w/s 11:30 AM

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

N/S RT

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1) _____
Date/Time, File Return to?

☐ : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation: _____ \$ + RS, _____ SI

Photos

Others

TOTAL

Report Format: PRG.

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



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 : CS3/FCI18014283/Gz4d3

36 ROBINSON ROAD
#16-01 CITY HOUSES SINGAPORE 068877

Date : 06-08-2018



Code : FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHA 8140B	Veh. Inspected	SMC 9075E
Policy No.		Coverage (\$)	0.00
Claim No.	D18005890MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	06/08/2018

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	02/08/2018	Inspection Date	08/08/2018
Survey held at	8 KAKI BUKIT AVE 4 # 01-48 PREM		
Repairer	MCWELL VENTURES PTE LTD		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.
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MOTOR SURVEY ASSIGNMENT

Date	03-08-2018	Our Ref No. D18005890MFSH
Accident Date	02-08-2018	Claim Type. Third Party
Insured Vehicle	SHA8140B	Third Party Vehicle. SMC9075E
Survey Location	8 KAKI BUKIT AVENUE 4 #01-48 PREMIER @ KAKI BUKIT	
Contact Person.	DON CHUA	
Contact No.	68444640/ 90625945	Fax No. 0
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	MCWELL VENTURES PTE LTD	Attention. NIL
Cc : TP Solicitor	KSCGP JURIS LLP	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

IMPORTANT NOTE

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

This is a computer generated letter, no signature required.

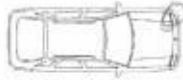
**LKK Auto Consultants Pte Ltd**

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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PRE-REPAIR INSPECTION REPORT			
FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI18014283/Gz4d3s2	
36 ROBINSON ROAD		Date: 18-10-2018	
#16-01 CITY HOUSES SINGAPORE 068877		Code: FCI2	
			
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHA 8140B	Veh. Inspected	SMC 9075E
Policy No.		Coverage (\$)	0.00
Claim No.	D18005890MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	06/08/2018
2. Vehicle Particulars & Condition			
Make & Model	BMW 335i	c.c	2979
Engine No.	HIDDEN	Year of Reg.	
Chassis No.	WBAWB72020PW81664	Colour	BLACK
Odometer	174456 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	245/35ZR19	DUNLOP	6 mm
L/H Front Tyre	245/35ZR19	DUNLOP	6 mm
R/H Rear Tyre	245/35ZR19	DUNLOP	6 mm
L/H Rear Tyre	245/35ZR19	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.			
5. General Information			
Accident Date	02/08/2018	Inspect Date / Time	08/08/2018 (11:30 AM)
Survey held at	8 KAKI BUKIT AVE 4 # 01-48 PREMIER		
Repairer	MCWELL VENTURES PTE LTD		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.			

Report Ref No. CS3/FCI18014283/Gz4d3s2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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