

ASS. REC. BY:

REF:

CS/FCI/18014705/Krd302

Special Instruction:

Surveyor:

CWS

Kenneth
May chua

ASSIGNMENT (Office)

From (Person):

of

FCI

Date/Time:

14/8/18 @ 8:28am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKM 834 L

Insured:

SHD 7210Z

at Workshop m/s

K. Kim Hin

Tel:

64527018

of

160 Sin Ming Drive # 02-20

Policy No:

Claim No:

D18005990MP8H

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

07/08/2018

CA / REV / REP. / REV 24 HRS

rup

H.O.D. Endorsement:

Date/Time:

9:02am @ 14/8/18

Person Contacted:

shumen

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

SKM 834 L - x

SHD 7210Z - CS/FCI/17002539/Uq.h3n2

DOA: 12/01/17

Sent preli form email.

Kenneth confirmed

L/S \$5050.00, 4 days (Red: \$1354.00, 21%).

ASS. REC. BY:

REF: FCZ /Kenneth

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. _____

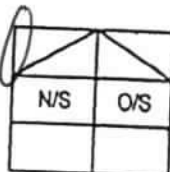
Sum Insured: _____

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: _____

210 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SKM 8342

Yr Regn: _____

06, 96Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: _____

MCE230

c.c.

2295

Colour: _____

M. Black

A/C: _____

Insured / Std / NI / NA

Sp. Reading _____

122828

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WDB2100372A 133641Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD / A/Rlm or

Tyre Size: _____

F: _____

195/65R1.5

R: _____

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

TOYO / YOKO or _____

Palkun

Front

Rear

R/Bal. _____

9

mm

R/Bal. _____

9

mm

L/Bal. _____

9

mm

L/Bal. _____

9

mm

D.O.A. _____

7/8/18

D.O.I. _____

16/8/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orN/S 1st

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

Date / Time

Action / Instruction

17/8File pass to Catherine

RECEIVED 02 NOV 2018

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2) _____



: Prel. Report



: Final Report

Days Of Repair: _____

4

Resurvey No. of Trip: _____

1

Add Fee: _____



: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech Invs (\$ _____)



: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fixtots _____

Others _____

TOTAL

Report Format: _____

TPLump Sum / L.B.I. (\$ 5050.00)

| |
|-----|
| 105 |
| 50 |
| 50 |
| 20 |
| 265 |



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/FCI18014705/Krd3

36 ROBINSON ROAD

#16-01 CITY HOUSES SINGAPORE 068877

Date : 14-08-2018



Code : FCI2

1.

Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SHD 7210Z | Veh. Inspected | SKM 834L |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | D18005990MFSH | Excess (\$) | 0.00 |
| Assign From | CWS (MAY CHUA) | Assign Date | 14/08/2018 |

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

| |
|--|
| |
|--|

5.

General Information

| | | | |
|----------------|---|-----------------|------------|
| Accident Date | 07/08/2018 | Inspection Date | 16/08/2018 |
| Survey held at | K.KIM HIN AUTOMOTIVE PTE LTD 160 SIN MING DRIVE, #02-20 SIN MING AUTOCITY SINGAPORE 575722 | | |

5a.

Remarks

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



Auto
Consultants
Pte Ltd

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

Your Ref: D18005990MFSH

Our Ref: CS/FCI18014705/Krd3

The Motor Claims Department
First Capital Insurance Ltd

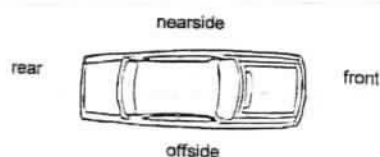
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SKM 834L .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 16.08.2018 at the premises of M/s K.KIM HIN AUTO PTE LTD and have the following to report:-

| | |
|--------------------------|------------------|
| Workshop Estimate Amount | : S\$ 6,404.00 . |
| Revised Estimate Amount | : S\$ 4,824.50 . |
| "Check" Items Amount | : S\$ 1,066.50 . |
| Market Value | : S\$. |
| LTA Reimbursement Value | : S\$. |
| Nett Value | : S\$. |

Description of Damage:
The vehicle sustained damages
at rear and n/s front portion.



Yours faithfully

KENNETH KONG
Automotive Assessor

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|--|-------------------------------------|
| Date | 08-08-2018 | Our Ref No. D18005990MFSH |
| Accident Date | 07-08-2018 | Claim Type. Third Party |
| Insured Vehicle | SHD7210Z | Third Party Vehicle. SKM834L |
| Survey Location | 160 Sin Ming Drive #02-20SIN MING AUTOCITY | |
| Contact Person. | SHUMAN | |
| Contact No. | 64527018/ 0 | Fax No. 64583895 |
| 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 | K. KIM HIN AUTO PTE LTD | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | MAY CHUA | |

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/243164)



PRI Documents



Close



PRI Header Details

| | | | | | |
|-------------------|--|-----------------------------------|---|----------------------|---------------|
| Claim No | D18005990MFSH | Policy No | D-18088936MFSH | Claimant S.No & Name | 1 & K. KIM HI |
| Workshop Name | K. KIM HIN AUTO PTE LTD (Contact Person : SHUMAN) | Survey Location & Contact Details | 160 Sin Ming Drive #02-20SIN MING AUTOCITY Mobile: 0 , Phone: 64527018 , Fax: 64583895 EmailId: ADMIN1@KKIMHIN.COM.SG | | |
| Our Surveyor | LKK AUTO CONSULTANTS PTE LTD | Instructions To Surveyor | WITHOUT PREJUDICE: | | |
| Insured Name | COMFORT TRANSPORTATION PTE LTD | Insured Vehicle No | SHD7210Z | TP Vehicle No | SKM834L |
| PRI Recieved Date | 08-08-2018 08:22:19 PM | Surveyor Appointed Date | 14-08-2018 08:27:12 AM | Surveyor Accept Date | 14-08-2018 1 |

Survey Report Upload

| | | | | | |
|-----------------------------|----------------------|----------------------|------------|-------------------------|--|
| Surveyor Inspection Date *: | <input type="text"/> | Surveyor Report Date | 14-08-2018 | Upload Survey Report *: | <input type="button" value="Choose File"/> |
|-----------------------------|----------------------|----------------------|------------|-------------------------|--|

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

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

| | |
|---|---|
| Vehicle Owner Particulars | |
| Owner ID Type: | Foreign Passport Country/Region: United States of America |
| Owner ID: | 32668 |
| Vehicle Details | |
| Vehicle No.: | SKM834L |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 07 Aug 2018 |
| Vehicle Make: | MERCEDES BENZ |
| Vehicle Model: | E230 AUTO |
| Primary Colour: | Black |
| Manufacturing Year: | 1996 |
| Engine No.: | 11197002030327 |
| Chassis No.: | WDB2100372A133641 |
| Maximum Power Output: | - |
| Open Market Value: | \$46,901.00 |
| Original Registration Date: | 24 Jun 1996 |
| First Registration Date: | 24 Jun 1996 |
| Transfer Count: | 3 |
| Actual ARF Paid: | \$0.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Forfeited |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Rebate Amount: | \$0.00 |
| Total Rebate Amount: | \$0.00 |
| Message | |
| This vehicle is eligible for pro-rated COE when it is converted from COE-exempted to non COE-exempted status. The COE is pro-rated to the number of years for the vehicle to be 10 years old, subject to a minimum of 5 years. Please call our Customer Service Hotline at 1800-CALL LTA (1800-2255 582) for further details. | |

The information contained herein is correct as at 07 Aug 2018

OK

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 | 07/08/2018 14:27 |
| Date Of Accident | 07/08/2018 06:50 |
| Exact Location Of Accident | JUNCTION OF ENGGOR ST AND TANJONG PAGAR RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SKM834L |
| Insured/Policyholder | |
| Name Of Registered Owner | DAVID ANTHONY ALEGRIA |
| Passport No/FIN | G1504927N |
| Email Address | DAVEALEGRIA@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-98364649 |
| Alternative Phone No | OFFICE-98364649 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | E230 2.3 (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 | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | GA055049 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | DAVID ANTHONY ALEGRIA |
| Passport No/FIN | G1504927N |
| Date Of Birth | 08/06/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/05/2012 |
| Driving Experience | 6 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98364649 |
| Fax Number | |
| Contact Number | OFFICE-98364649 |
| EMail Address | DAVEALEGRIA@GMAIL.COM |

| | |
|---|------------------------|
| Address | 16 ENGGOR ST #58-05 |
| Postcode | 079717 |
| 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 | SIDE SWIPE |
| 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 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 | SHD7210Z |
| Vehicle Make/Model/Colour | TOYOTA |
| 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) | |

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: 718/17 @
NRIC/FIN No.: 12m



SKETCH PLAN


Please refer to sketch.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

7 AUG, 0650 = I, the insured and driver, was at intersection of
ENGEL ST + 76th AVE, while going STRAIGHT THROUGH THE
INTERSECTION + TAXI, WHILE IN A LANE THAT CAN ONLY GO
STRAIGHT, TURNED RIGHT. IN THE PROCESS THE TAXI HIT
MY LEFT FRONT SIDE AND CAUSED SIGNIFICANT DAMAGE
TO THE FRONT END AND BUMPER. I TOOK PHOTOS + VIDEOS
AND CALLED POLICE. I WAS INFORMED CONTACT INSURANCE COMPANY.

DECLARATION

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


Policyholder's Signature

Date & Time:

Company Chop (if applicable)

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

Reporting Centre Personnel's Signature
Name: 7/10/10
NRIC/FIN No.: 10

Name: _____

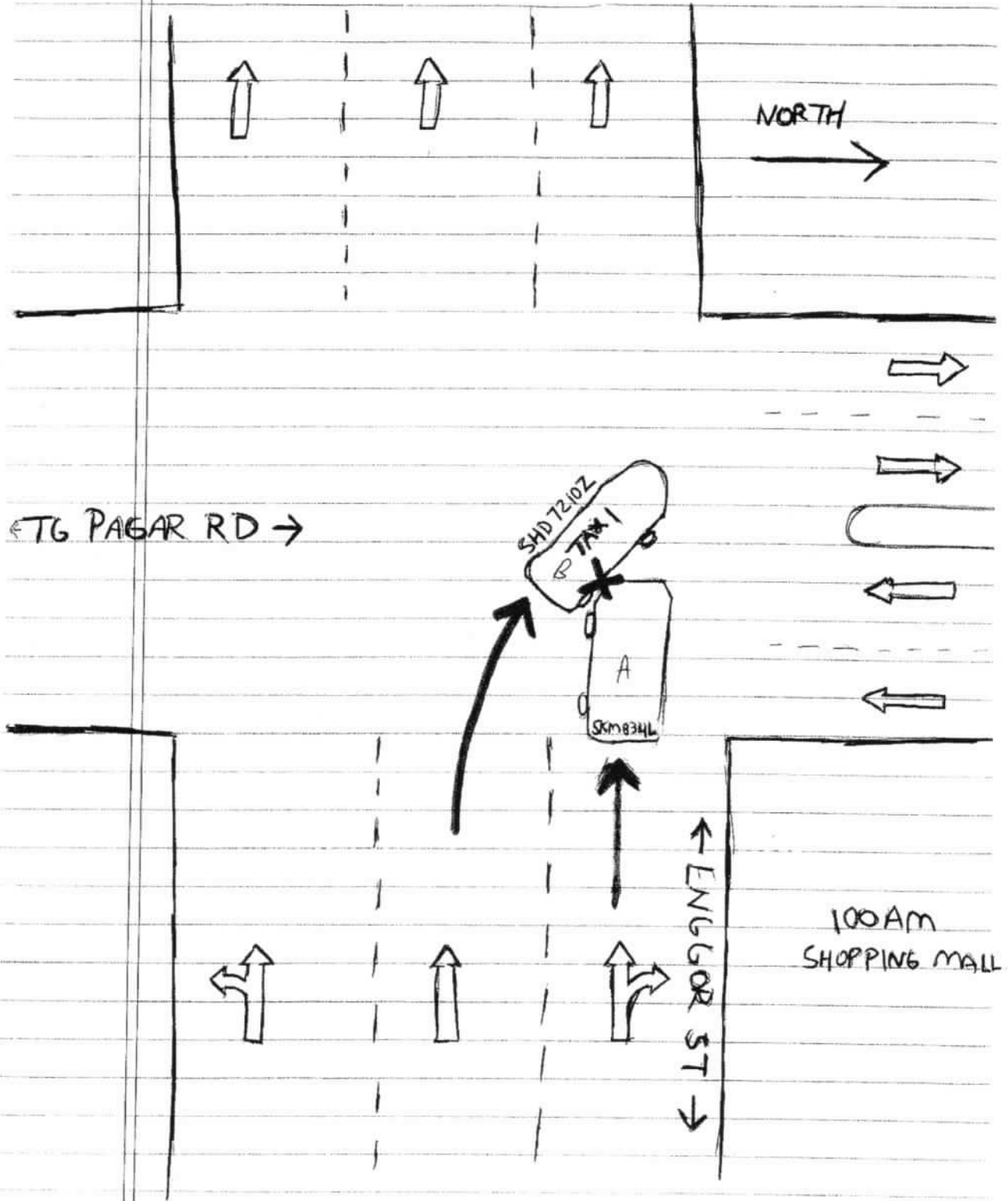
NRIC/FIN No.:



Sketch Pg. 1

07 AUG
0650

TRAVELING WESTBOUND ON ENGGBOR ST, CROSSING INTERSECTION.
TAXI TRAVELING WESTBOUND MADE AN ILLEGAL RIGHT TURN
ATTEMPTING TO CROSS ONE LANE NORTH ON 7. PAGAR RD



DAVID AZEGLIA

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkimhin.com.sg

No. : 29952

Vehicle Insured : SHD 7210 Z
Accident Date : 07-Aug-2018

Date : 08-Aug-2018

Our Ref : 180504 (FIRST) / SHUMAN

PAGE : 1

DAVID ANTHONY ALEGRIA (MR)
Singapore

*Not Withheld
L1 Sp & ?
Resurvey After Paint*

ESTIMATED COST OF REPAIR FOR MERCEDES BENZ E230 2295cc (1996) SKM834L

| | | | |
|--|------------------------|--------------------|--------|
| 1 pc front bumper | | <i>Mr</i> 1,115.00 | ✓ |
| 2 pcs front bumper top chrome moulding (lh/rh) | <i>N/A</i> @ S\$225.00 | 450.00 | ✓ +225 |
| 2 pcs front bumper sponge (lh/rh) | @ S\$ 45.00 | <i>N/A</i> 90.00 | ✓ 45 |
| 1 pc front bumper sponge-centre | | 60.00 | ✓ x 50 |
| 1 pc n/s front bumper fog lamp | | <i>Mr</i> 330.00 | ✓ |
| 1 pc n/s front bumper fog lamp bracket | | <i>Mr</i> 155.00 | ✓ |
| 1 pc front bumper reinforcement | | <i>Mr</i> 640.00 | ✓ |
| 1 pc n/s front fender | | <i>Mr</i> 700.00 | ✓ |
| 1 pc n/s front fender protector | | <i>Mr</i> 30.00 | ✓ |
| 1 pc n/s front fender inner shield | | <i>CM</i> 135.00 | ✓ |
| 10 pcs n/s front fender inner shield clips | @ S\$ 5.00 | <i>Mr</i> 50.00 | ✓ |
| 1 pc n/s front fender protector chrome | | <i>Mr</i> 110.00 | ✓ |
| 1 pc n/s front headlamp | | <i>Mr</i> 890.00 | ✓ |
| 2 pcs front bumper bracket | @ S\$ 85.00 | <i>Mr</i> 170.00 | ✓ |
| 1 pc front bumper pad | | <i>CM</i> 380.00 | ✓ |
| 1 pc front bumper lower | | <i>Mr</i> 290.00 | ✓ |
| 1 pc outside temperature sensor | | <i>Mr</i> 65.00 | ✓ |
| | | 5,660.00 | |
| | Less 10% : | -566.00 | |
| | | 5,094.00 | |
| 1 pc front number plate | | <i>Mr</i> 40.00 | sn ✓ |

To remove, cut out damaged parts,
panel beating, welding, align,
refix and to renew affected parts.

500.00 *400*

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(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature: _____
Date: _____

Con't Page 2 ...



CO. REG. NO: 199402370D
GST NO: M2-0123250-3

AUTO PTE LTD

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkinhin.com.sg

Vehicle Insured : SHD 7210 Z
Our Ref : 180504

Page : 2
No. : 29952

| | | |
|---|--------------|------|
| To apply undersealing | 40.00 | 301 |
| To putty and respray on affected portions. | 700.00 | 5501 |
| To focus headlamps. To check front wiring and lighting operation. | 30.00 | 201 |
| Total : | S\$ 6,404.00 | |

Singapore Dollars Six Thousand Four Hundred and Four Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.



金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkinhin.com.sg

No. : 29952

Vehicle Insured : SHD 7210 Z
Accident Date : 07-Aug-2018

Date : 08-Aug-2018

Our Ref : 180504 (FIRST) / SHUMAN

PAGE : 1

DAVID ANTHONY ALEGRIA (MR)
Singapore

ESTIMATED COST OF REPAIR FOR MERCEDES BENZ E230 2295cc (1996) SKM834L

| | |
|--|-------------------------------|
| 1 pc front bumper | my 1,115.00 ✓ |
| 2 pcs front bumper top chrome moulding (lh/rh) | Mini @ S\$225.00 450.00 ✓ 225 |
| 2 pcs front bumper sponge (lh/rh) | @ S\$ 45.00 Mini 90.00 ✓ 45 |
| 1 pc front bumper sponge-centre | sn 60.00 X |
| 1 pc n/s front bumper fog lamp | my 330.00 X |
| 1 pc n/s front bumper fog lamp bracket | my 155.00 ✓ |
| 1 pc front bumper reinforcement | my 640.00 ✓ |
| 1 pc n/s front fender | my 700.00 ✓ |
| 1 pc n/s front fender protector | my 30.00 ✓ |
| 1 pc n/s front fender inner shield | CM 135.00 ✓ |
| 10 pcs n/s front fender inner shield clips | @ S\$ 5.00 my 50.00 ✓ |
| 1 pc n/s front fender protector chrome | my 110.00 ✓ |
| 1 pc n/s front headlamp | my 890.00 ✓ |
| 2 pcs front bumper bracket | @ S\$ 85.00 r 170.00 X |
| 1 pc front bumper pad | CM 380.00 ✓ |
| 1 pc front bumper lower | my 290.00 ✓ |
| 1 pc outside temperature sensor | sn 65.00 X |
| | 5,660.00 |
| Less 10% : | -566.00 |
| | 5,094.00 |

1 pc front number plate

my 40.00 sn ✓

To remove, cut out damaged parts,
panel beating, welding, align,
refix and to renew affected parts.

500.00 400

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(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Con't Page 2 ...

CO. REG. NO: 199402370D
GST NO: M2-0123250-3

金興(龔)汽車私人有限公司
AUTO PTE LTD

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkinhinh.com.sg

Vehicle Insured : SHD 7210 Z
Our Ref : 180504

Page : 2
No. : 29952

To apply undersealing

40.00 30/

To putty and respray on affected
portions.

700.00 550/

To focus headlamps. To check front
wiring and lighting operation.

30.00 20/

Total : S\$ 6,404.00
=====

Singapore Dollars Six Thousand Four Hundred and
Four Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

5095.00
-10%

4585.50 s/parts
40.00 SN

+1000.00 Labour

5625.50
-10%

5062.95

5 days
L/Sum \$5050/- ✓ ok




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/FCI18014705/Krd3e2 | |
| 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | | Date : 07-11-2018 |  |
| | | | Code : FCI2 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHD 7210Z | Veh. Inspected | SKM 834L | |
| Policy No. | D-18088936MFSH | Coverage (\$) | 0.00 | |
| Claim No. | D18005990MFSH | Excess (\$) | 0.00 | |
| Assign From | MAY CHUA | Assign Date | 14/08/2018 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | MERCEDES E230 (A) | c.c | 2295 | |
| Engine No. | HIDDEN | Year of Reg. | 1996 | |
| Chassis No. | WDB2100372A133641 | Colour | METALLIC BLACK | |
| Odometer | 122828 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 195/65 R15 | FALKEN | 9 mm | |
| L/H Front Tyre | 195/65 R15 | FALKEN | 9 mm | |
| R/H Rear Tyre | 195/65 R15 | FALKEN | 9 mm | |
| L/H Rear Tyre | 195/65 R15 | FALKEN | 9 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 07/08/2018 | Inspection Date | 16/08/2018 | |
| Survey held at | K.KIM HIN AUTOMOTIVE PTE LTD 160 SIN MING DRIVE, #02-20 SIN MING AUTOCITY SINGAPORE 575722 | | | |
| 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: | | 4 Working Days | | |



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKM 834L

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|--|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | FRONT BUMPER | MISSING | 1,115.00 | 1,115.00 |
| 2 | FRONT BUMPER TOP CHROME MOULDING (LH/RH) @\$225.00 | N/S MISSING | 450.00 | 225.00 |
| 2 | FRONT BUMPER SPONGE (LH/RH) @\$45.00 | N/S MISSING | 90.00 | 45.00 |
| 1 | FRONT BUMPER SPONGE-CENTRE | SERVICEABLE | 60.00 | - |
| 1 | N/S FRONT BUMPER FOG LAMP | MTG CRACKED | 330.00 | 330.00 |
| 1 | N/S FRONT BUMPER FOG LAMP BRACKET | MISSING | 155.00 | 155.00 |
| 1 | FRONT BUMPER REINFORCEMENT | BENT | 640.00 | 640.00 |
| 1 | N/S FRONT FENDER | BENT | 700.00 | 700.00 |
| 1 | N/S FRONT FENDER PROTECTOR | MISSING | 30.00 | 30.00 |
| 1 | N/S FRONT FENDER INNER SHIELD | CRACKED | 135.00 | 135.00 |
| 10 | N/S FRONT FENDER INNER SHIELD CLIPS @\$5.00 | NECESSARY | 50.00 | 50.00 |
| 1 | N/S FRONT FENDER PROTECTOR CHROME | MISSING | 110.00 | 110.00 |
| 1 | N/S FRONT HEADLAMP | MTG CRACKED | 890.00 | 890.00 |
| 2 | FRONT BUMPER BRACKET @\$85.00 | TO REPAIR SEE LABOUR | 170.00 | - |
| 1 | FRONT BUMPER PAD | CRACKED | 380.00 | 380.00 |
| 1 | FRONT BUMPER LOWER | MISSING | 290.00 | 290.00 |
| 1 | OUTSIDE TEMPERATURE SENSOR | SERVICEABLE | 65.00 | - |
| | LESS 10% DISCOUNT | | -566.00 | -509.50 |
| | | | 5,094.00 | 4,585.50 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | FRONT NUMBER PLATE (SN) | MISSING | 40.00 | 40.00 |
| | | | 40.00 | 40.00 |
| <u>LABOUR</u> | | | | |
| | TO REMOVE,CUT OUT DAMAGED PARTS,PANEL BEATING,WELDING,ALIGN,REFIX AND TO RENEW AFFECTED PARTS.INCLUSIVE OF THE REPAIR OF FRONT BUMPER BRACKET. | | 500.00 | 400.00 |
| | TO APPLY UNDERSEALING. | | 40.00 | 30.00 |
| | TO PUTTY AND RESPRAY ON AFFECTED PORTIONS. | | 700.00 | 550.00 |

Report Ref No. CS/FCI18014705/Krd3e2



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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|--|-----------|---------------------------|-------------------|
| | TO FOCUS HEADLAMPS.TO CHECK FRONT WIRING AND LIGHTING OPERATION. | | 30.00 | 20.00 |
| | | | 1,270.00 | 1,000.00 |
| GRAND TOTAL | | | 6,404.00 | 5,625.50 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 5,050.00 |

Report Ref No. CS/FCI18014705/Krd3e2

KONG SENG CHEONG

Licensed Appraiser

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