

ASS. REC. BY:

REF:

CS/FCI18014963/Kad3dr

Special Instruction:

Surveyor

CWS

Kenneth

ASSIGNMENT (Office)

From (Person):

Severe Ler

of

FCI

Date/Time:

16/8/18 @ 5:20am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLU 2566T

Insured:

SH 7699X

at Workshop m/s:

Comfort Delgro

Tel:

63837362

of

205 Brudbell Rd

Policy No:

Claim No:

D1800 6066 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

10/28/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

(DS)

H.O.D. Endorsement:

Date/Time:

11:49am @ 16/8/18

Person Contacted:

Andrew

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLU 2566T-X
	SH 7699X - NS/INC 16006614 / H/V/C2
17/8/18 @ 3:58pm	revised to Severe Ler by email.
	Kenneth finalised final fig. \$1452.24
	(Red \$2316.64, 61%)

ASS. REC. BY:

REF: 1621

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / PWS / 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 Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

17/8 File pass to Catherine

RECEIVED 21 NOV 2018

Date/Time, File Pass to?

17/11 14:15

Date/Time, File Return to?

☐ : Prel. Report☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + F.S. SI

Factors

Others

TOTAL

Report Format :

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

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

130
50
50
11
241



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/FCI18014963/Kqd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 16-08-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 7699X	Veh. Inspected	SLU 2566T	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18006066MFSH	Excess (\$)	0.00	
Assign From	CWS (SERENE LER)	Assign Date	16/08/2018	
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	10/08/2018	Inspection Date	16/08/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 205 BRADDELL ROAD Blk C, 3rd Floor SINGAPORE 579701.			
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	13-08-2018	Our Ref No. D18006066MFSH
Accident Date	10-08-2018	Claim Type. Third Party
Insured Vehicle	SH7699X	Third Party Vehicle. SLU2566T
Survey Location	205 BRADDELL ROAD BLOCK C CAR DEPT	
Contact Person.	ANDREW	
Contact No.	63837362/ 0	Fax No. 62815767
Survey Type	DIRECT SETTLEMENT: EST. COR - \$2290.00	
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	COMFORTDELGRO ENGINEERING PTE LTD	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.

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Friday, 17 August 2018 3:58 PM
To: 'Claim Workflow System'; assignments
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18006066MFSH/1
Attachments: CSFCI18014963Kqd3.pdf

Dear Serene,

Enclosed herewith preliminary advice of SLU 2566T.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sjewsc@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAuto)

Sent: Thursday, 16 August 2018 2:10 PM

To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D18006066MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Claim Workflow System [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]

Sent: Thursday, 16 August 2018 8:19 AM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SERENELER@MSFIRSTCAPITAL.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D18006066MFSH/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.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,

Admin Team

Claim Workflow System



Auto
Consultants
Pte Ltd

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

Your Ref: D18006066MFSH

Date: 17 August 2018

Our Ref: CS/FCI18014963/Kqd3

The Motor Claims Department
First Capital Insurance Ltd

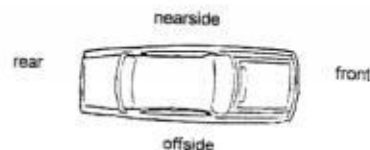
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SLU 2566T

Please be informed that we had conducted the inspection of the abovementioned vehicle on 16/08/2018 at the premises of M/s COMFORTDELGRO, and have the following to report:-

Workshop Estimate Amount	: S\$ 3,768.88 .
Revised Estimate Amount	: S\$ 1,452.24 .
"Check" Items Amount	: S\$ 280.00 .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

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



Yours faithfully

KONG SENG CHEONG
Licensed Appraiser

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	11/08/2018 01:08
Date Of Accident	10/08/2018 14:00
Exact Location Of Accident	ALONG PUNGGOL EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2566T
Insured/Policyholder	
Name Of Registered Owner	COMFORTDELGRO RENT-A-CAR PTE. LTD
Co Reg No	198105775H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68820888
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M460802
Cover Note Number	N.A.
Driver	
Name of Driver	TAN BAN HONG
NRIC No	S7924122I
Date Of Birth	17/08/1979
Occupation	INDOOR
Date Of Driving Pass	01/04/2004
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90118083
Fax Number	
Contact Number	OFFICE-90118083
Email Address	NOEMAIL

Address	BLK 637A PUNGGOL DRIVE #11-431
Postcode	821637
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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

I was traveling along Punggol East on the left lane. I braked my car to a stop when taxi SH7699X from behind collided onto the rear of my car. Damages to my car were on the rear portion. No injuries were involved.

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	SH7699X
Vehicle Make/Model/Colour	HYUNDA/I40 1.7L CRDI/BLU
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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to assist in the claims process.
2. This Plan must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any false misrepresentation or withholding of material facts may affect insurance coverage or constitute policy liability.
4. The report and acceptance of this form by the insurer constitute an admission of policy liability on the part of insurance companies.
5. Any claim reporting must be referred to the Police for investigation.
6. The 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 request by interested parties.
7. By the completion 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 elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) My insurer, my workplace 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 me (including but not limited to the "Personal Information") and disclose and transfer such personal information to all insurers who have insured my vehicle (collectively the "Insurers") and to the relevant government agency/authority (such as the "Police") for the purposes 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 making of correspondence, statements, records, reports or notices to me, which could involve disclosure of certain personal data about me to third parties; and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (b) All insurers 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/are 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 used outside of Singapore, for one or more of the above purposes.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Muhammad Faizul

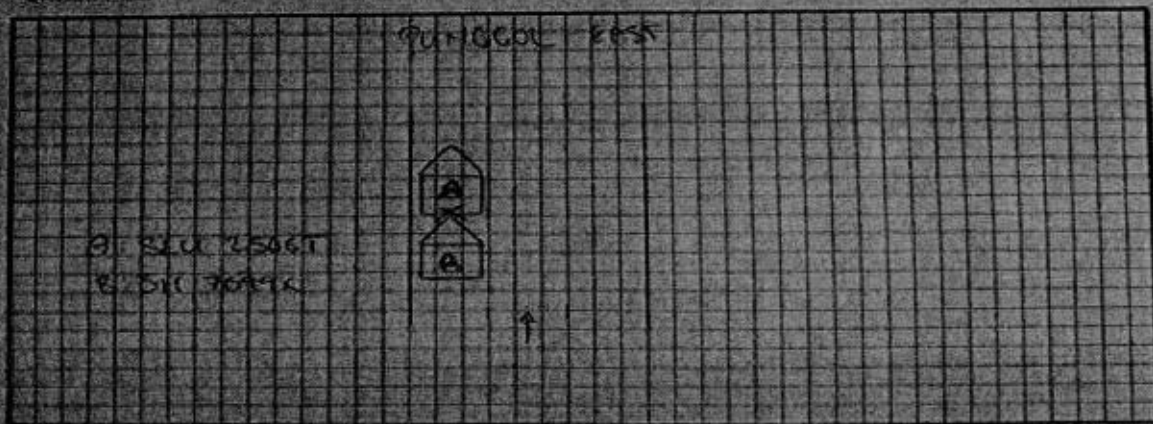
On Behalf

Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

I was traveling along Punggol East on the left lane. I braked my car to a stop when taxi SH7699X from behind collided onto the rear of my car. Damages to my car were on the rear portion. No injuries were involved.

Taxi Voucher No

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

10 August 2018 at 5:41 PM

Date/Time:

10 August 2018 at 5:41 PM



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATE

Our Ref:

Type of Claim : TPVehicle No. : SLU2566TMake & Model : MAZDA3 SEDAN 1.5 AT EU6Year of Manufacture : 2017Chassis No. : JM6BN22A8J0182572Ins Company : III / FCI

Engine No. : _____

Excess : _____

Policy No. : _____

Date of Accident : 10/08/2018

Time of Accident : _____

Suggested Days of Repair : _____

In-house Vehicle Assessor**Repair Estimate**Case Owner : Andrew

Signature : _____

Parts (a) Cost / List Price Items \$ 1,498.60Plus/Less 20% \$ 299.72Total of Cost / List \$ 1,198.88(b) Nett Price Items \$ -

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ 280.00Total Parts Cost (Appendix A) \$ 1,478.88Labour (Appendix B) \$ 2,290.00Total Repair Cost \$ 3,768.88

Contact No

Frt Counter Operation

6383 7466 - Patrick Tia

6383 7730 - Brenda Ng

6383 7890 - Rohani

braddell_cr@sparkcarcare.com**Workshop Operation**

63837656 - Ngo Toh Wee

63837362 - Andrew Goh

63838115 - William Wang

braddell_operation@sparkcarcare.com

The above total will be subjected to 7% G.S.T.

Name of Surveyor : HenriethCompany : CKKSurvey conducted on : 16/8/18 at _____Remarks By Surveyor(a) The repair of this vehicle is ~~authorized~~ / is not authorized until further notice.(b) Recommended Days of Repair : 02 day(s)(c) Resurvey : Required / ~~Not Required~~

(d) Excess : \$ _____

(e) Signature of surveyor : Se Date: 16/8/18

Spark Car Care

ComfortDelGro Engineering Pte Ltd

205 Braddell Road S (579701)

Tel: 63837168 / 63837466 Fax: 62844284, 62815767

Spare Parts

Vehicle No : SLU2566T Case Owner : Andrew

Make & Model : MAZDA3 SEDAN 1.5 AT EL Year Manufacture : 2017

Chassis No : JM6BN22A8J0182572 Engine No : 0

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : TP

S/N	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	Rear bumper	1	<i>Ref 1 Bm</i>	\$ 1,074.80			✓
2	Rear bumper lower garnish	1	<i>NN</i>	TBA			
3	Rear bumper tow cover LH	1	<i>Sn</i>	\$ 15.70			X
4	Rear bumper tow cover RH	1	<i>Sn</i>	\$ 15.70			X
5	Rear bumper reflector LH	1	<i>Sn</i>	\$ 50.40			X
6	Rear bumper reflector RH	1	<i>Sn</i>	\$ 50.40			X
7	Rear bumper side retainer LH	1	<i>Sn</i>	\$ 36.10			X
8	Rear bumper side retainer RH	1	<i>Sn</i>	\$ 36.10			X
9	Rear bumper clips	10	<i>nn</i>	\$ 28.00			✓
10	Bootlid emblem logo	1	<i>nn</i>	\$ 74.40			X
11	Bootlid emblem SKYACTIV	1	<i>nn</i>	\$ 63.60			X
12	Bootlid emblem MAZDA 3	1	<i>nn</i>	\$ 53.40			X
13	Reverse sensor	1				\$ 280.00	? XSV
14	0	0					
15	0	0					
16	0	0					
17	0	0					
18	0	0					
19	0	0					
20	0	0					
21	0	0					
22	0	0					
23	0	0					
24	0	0					
25	0	0					
26	0	0					
27	0	0					
28	0	0					
29	0	0					
30	0	0					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

Tel: 63837168 / 63837466 Fax: 62844284, 62815767

: Andrew
 : 2017

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

Spark Car Care
ComfortDelGro Engineering Pte Ltd
 205 Braddell Road S (579701)
 Tel: 63837168 / 63837466 Fax: 62844284, 62815767

Spare Parts

Vehicle No : SLU2566T Case Owner : Andrew

Make & Model : MAZDA3 SEDAN 1.5 AT EL Year Manufacture : 2017

Chassis No : JM6BN22A8J0182572 Engine No : 0

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : TP

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	Rear bumper	1	<i>Ref / Bu</i>	\$ 1,074.80	/		✓
2	Rear bumper lower garnish	1		TBA			
3	Rear bumper tow cover LH	1	<i>Sn</i>	\$ 15.70			X
4	Rear bumper tow cover RH	1	<i>Sn</i>	\$ 15.70			X
5	Rear bumper reflector LH	1	<i>Sn</i>	\$ 50.40			X
6	Rear bumper reflector RH	1	<i>Sn</i>	\$ 50.40			X
7	Rear bumper side retainer LH	1	<i>Sn</i>	\$ 36.10			X
8	Rear bumper side retainer RH	1	<i>Sn</i>	\$ 36.10			X
9	Rear bumper clips	10	<i>Sn</i>	\$ 28.00	/		✓
10	Bootlid emblem logo	1	<i>nn</i>	\$ 74.40			X
11	Bootlid emblem SKYACTIV	1	<i>nn</i>	\$ 63.60			X
12	Bootlid emblem MAZDA 3	1	<i>nn</i>	\$ 53.40			X
13	Reverse sensor	1			<i>Sn</i>	\$ 280.00	X
14	0	0					
15	0	0					
16	0	0					
17	0	0					
18	0	0					
19	0	0					
20	0	0					
21	0	0					
22	0	0					
23	0	0					
24	0	0					
25	0	0					
26	0	0					
27	0	0					
28	0	0					
29	0	0					
30	0	0					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

1107.80

Spark Car Care

ComfortDelGro Engineering Pte Ltd

205 Braddell Road S (579701)

Tel: 63837168 / 63837466 Fax: 62844284, 62815767

Labour

Vehicle No. : SLU2566T Case Owner : Andrew
 Make & Model : IAZDA3 SEDAN 1.5 AT EU6 Year of Manufacture : 2017

S/No	Labour Description	Estimated Price	Adjusted Price
1	To panel beat, repair rear end panel, bootlid and to replace damaged parts	\$720.00	2401
2	To install reverse sensor	\$120.00	801
3	To apply rust proofing on repair and replace panels <i>am</i>	\$200.00	X
4	To putty and spray paint rear bumper, rear bumper lower garnish, bootlid, rear end panel and all affected areas	\$1,250.00	2501
			570
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: _____ Date: _____</p> </div>			
	<i>70 = Kenneth</i>		
	<i>Parts = 1100.80</i>		
	<i> = 220.56</i>		
	<i>= 880.24</i>		
	<i>+ Labour 570.00</i>		
	<i>= 1450.24</i>		
	<i>10/9/18</i>		

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

Shiau Chan (LKKAuto)

From: Admin-D (LKKAuto)
Sent: Wednesday, 21 November 2018 9:03 AM
To: 'CWS Motor Claims'; SUR
Cc: 'Serene Ler'; assignments
Subject: RE: REQUEST OF SURVEY REPORT-OUR REF:D18006066MFSH;ACCIDENT INVOLVING SH7699X AND SLU2566T ON 10-08-2018

Dear Sir / Madam,

Thank you for your email.

Dear Shiau Chan,

FYNA. Our Ref: CS/FCI18014963/Kqd3

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]
Sent: Tuesday, 20 November, 2018 9:33 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Serene Ler <Sereneler@msfirstcapital.com.sg>
Subject: REQUEST OF SURVEY REPORT-OUR REF:D18006066MFSH;ACCIDENT INVOLVING SH7699X AND SLU2566T ON 10-08-2018

Dear Sir,

We received LOD from workshop/solicitor.

Please let us have the **Survey Report including Vehicle Inspection Photos & Survey Fees Invoice** asap.

Kindly upload the survey report through CWS from document management screen by selecting option Survey report.


Thanks & Regards,
Motor Claims Department
MS First Capital Insurance Ltd
cwsmotorclaims@msfirstcapital.com.sg

**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				
MS FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI18014963/Kqd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 22-11-2018		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 7699X	Veh. Inspected	SLU 2566T	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18006066MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	16/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	MAZDA 3 (A)	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JM6BN22A8J0182572	Colour	METALLIC GREY	
Odometer	15078	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	YOKOHAMA	9 mm	
L/H Front Tyre	205/60 R16	YOKOHAMA	9 mm	
R/H Rear Tyre	205/60 R16	YOKOHAMA	9 mm	
L/H Rear Tyre	205/60 R16	YOKOHAMA	9 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/08/2018	Inspection Date	16/08/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 205 BRADDELL ROAD Blk C, 3rd Floor SINGAPORE 579701.			
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:		2 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

Page No.: 1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLU 2566T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DENTED / BUCKLED	1,074.80	1,074.80
1	REAR BUMPER LOWER GARNISH (NPA)	NOT NECESSARY	-	-
1	REAR BUMPER TOW COVER LH	SERVICEABLE	15.70	-
1	REAR BUMPER TOW COVER RH	SERVICEABLE	15.70	-
1	REAR BUMPER REFLECTOR LH	SERVICEABLE	50.40	-
1	REAR BUMPER REFLECTOR RH	SERVICEABLE	50.40	-
1	REAR BUMPER SIDE RETAINER LH	SERVICEABLE	36.10	-
1	REAR BUMPER SIDE RETAINER RH	SERVICEABLE	36.10	-
10	REAR BUMPER CLIPS	NECESSARY	28.00	28.00
1	BOOTLID EMBLEM LOGO	NOT NECESSARY	74.40	-
1	BOOTLID EMBLEM SKYACTIV	NOT NECESSARY	63.60	-
1	BOOTLID EMBLEM MAZDA 3	NOT NECESSARY	53.40	-
	LESS 20% DISCOUNT		-299.72	-220.56
			1,198.88	882.24
SPECIAL NETT ITEMS				
1	REVERSE SENSOR (SN)	SERVICEABLE	280.00	-
			280.00	-
LABOUR				
	TO PANEL BEAT, REPAIR REAR END PANEL, BOOTLID AND TO REPLACE DAMAGED PARTS.		720.00	240.00
	TO INSTALL REVERSE SENSOR.		120.00	80.00
	TO APPLY RUST PROOFING ON REPAIR AND REPLACE PANELS.	NOT NECESSARY	200.00	-
	TO PUTTY AND SPRAY PAINT REAR BUMPER, REAR BUMPER LOWER GARNISH, BOOTLID, REAR END PANEL AND ALL AFFECTED AREAS.		1,250.00	250.00
			2,290.00	570.00
GRAND TOTAL			3,768.88	1,452.24
RECOMMENDED COST OF REPAIRS				1,452.24

Report Ref No. CS/FCI18014963/Kqd3e2



Report Ref No. CS/FCI18014963/Kqd3e2

Page No.:2 of 2

A handwritten signature in black ink, appearing to read 'KSC'.

KONG SENG CHEONG

Licensed Appraiser

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