

1/03/2002

ASS. REC. BY:

REF: CS/FCI18016222/ Ksd30

Special Instruction:

Surveyor: Kenneth  
CWS

ASSIGNMENT (Office)

From (Person): Karen Tan

of FCI

Date/Time: 5/11/18 @ 3:29pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SKM 5857M

Insured: SHA 5206R

at Workshop m/s: Motor Image

Tel: 8611 3195

of 19 Lorong 8 Toa Payoh

Policy No:

Claim No: D18006549 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 20/07/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement:

Date/Time: 3:52pm @ 5/11/18

Person Contacted:

Kuan

Vehicle IN (OUT)

Date/Time	Action/Instruction (✓) Estimate
	2/11/18 - VNI yet
	SKM 5857M - X
	14/12/18 - Vehicle not In yet.
	SHA 5206R - X
	4/12/18 - VNI yet
6/1/18 -	VNI yet (Kuan)
10/1/18 -	vehicle not In (Kuan)
19/09/18 -	vehicle still not In (Daniel)
9/10/18 -	vehicle still not In (Daniel)

REF: FCI

## ASSIGNMENT

From: Date: 13/12/18

Estimated Cost:

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

To Inspect Vehicle No: SKM 5857M

at Workshop/m/s:

Motor Image

of:

19 lorong &amp; toa payoh

Insured: /

Policy No.

Claims No.

Sum Insured:

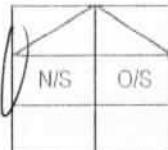
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

805k

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lump Sum:

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS <sup>sup</sup>

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SKM 5857M Yr Regn: 03 / 14

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

Truck / Trailer or

Make:

Subaru

A7

Wagon

C.C.

1998

Colour:

M. Maroon

A/C

Insured / Std / NI / NA

Sp. Reading:

59283

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JF1STGK85DG018060

Gen. Cond:  Good / Fair / Poor / BurntSteering: Inorder /  Jammed / Leaked / Burnt orBrake: Inorder /  Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD  A/Rim or

Tyre Size:

F:

225/55R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

2

mm

L/Bal.

3

mm

L/Bal.

2

mm

D.O.A.

20/7/18

D.O.I.

13/12/18

Survey held at

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

N/S Frn body

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

Date / Time

Action / Instruction

14/12 File pass to Catherine  
 14/12/18 @ 15:01 p.m. revised PA to Karen via email.

713 81540 Cabernet  
 (\$ 7,559.28 per 83%)

RECEIVED 07 MAR 2019

Date/Time, File Pass to?

07/03/19

: Preli. Report

1)

Typ. 24

: Final Report

Date/Time, File Return to?

2)

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

170

Transportation

50

) S + RS. \$

90

) Photos

16

) Other

Report Format :

Lump Sum / I.B.1: (\$

1,540 / P/P)

TOTAL

286

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	03-09-2018	<b>Our Ref No.</b> D18006549MFSH
<b>Accident Date</b>	20-07-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHA5206R	<b>Third Party Vehicle.</b> SKM5857M
<b>Survey Location</b>	19 LORONG 8 TOA PAYOH	
<b>Contact Person.</b>	DANIEL A JUDE	
<b>Contact No.</b>	86113195/ 86113195	<b>Fax No.</b> 0
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	MOTOR IMAGE ENTERPRISES PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	KARENT	

**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.

MOTOR IMAGE ENTERPRISES PTE LTD  
19 LORONG 8 TOA PAYOH SINGAPORE 319255  
TEL: 6417 0101 FAX: 62355535

**\*\*KINDLY FILL IN ALL DETAILS\*\***  
**\*\*CANCEL ACCORDINGLY\*\***

OD CLAIM  
EXCESS: \$ \_\_\_\_\_  
AUTHORISED / REVERT

TP CLAIM  
WITHOUT PREJUDICE

VEHICLE NO: SKM 5857M

PART BY PART / LUMP SUM REPAIR. INSURANCE / SURVEYOR COMPANY: Finn Cap (UKK)

KINDLY ARRANGE FOR SURVEYOR TO TAKE ~~BEFORE~~ / AFTER PAINTING PHOTOS

NUMBER OF REPAIR DAYS GIVEN BY SURVEYOR: 03 days

SURVEYED BY: Kenneth CONTACT NO: 96910663

DATE OF SURVEY: 13/12/18 TIME OF SURVEY: 12pm

EMAIL ADDRESS: KennethKong@UKKauto.com

ADDITIONAL NOTES:  
( IF ANY )

SIGNED BY SURVEYOR: 

## Shirley Hiew (LKK Auto)

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**From:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Sent:** Friday, 14 December 2018 3:01 PM  
**To:** KARENTAN@MSFIRSTCAPITAL.COM.SG; 'Claim Workflow System'  
**Cc:** SUR; Admin-D (LKKAuto); assignments  
**Subject:** RE: SURVEY ASSESSMENT - D18006549MFSH/1  
**Attachments:** SKM 5857M - Preli Advise.pdf

Dear Karen,

Enclosed preliminary revised of vehicle SKM 5857M.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:Sur@lkkauto.com) | fax: 6256-4315

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

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**From:** Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]  
**Sent:** Wednesday, 5 September 2018 3:54 PM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM  
**Cc:** KARENTAN@MSFIRSTCAPITAL.COM.SG; 'SUR' <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18006549MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer will arrange.

BEST REGARDS,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto: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:** Wednesday, 5 September 2018 3:29 PM  
**To:** ASSIGNMENTS@LKKAUTO.COM  
**Cc:** CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; KARENTAN@MSFIRSTCAPITAL.COM.SG  
**Subject:** PRI: SURVEY ASSESSMENT - D18006549MFSH/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  
Motor Claims Department  
MS First Capital Insurance Limited  
Tel : 6507 3848  
Fax : 6507 3849

**PS: This is a system generated mail. Please do not reply to this mail.**



This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18006549MFSH

Date: 14 December 2018

Our Ref: CS/FCI18016222/Ksd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

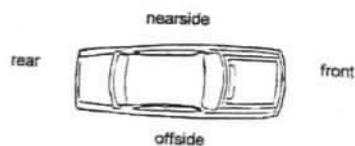
**INITIAL INSPECTION REPORT OF VEHICLE NO. SKM 5857M**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 13/12/2018 at the premises of M/s Motor Image Enterprises Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>9,099.28</u>
Revised Estimate Amount	: S\$ <u>1,540.00</u>
"Check" Items Amount	: S\$ _____
Market Value	: S\$ _____
LTA Reimbursement Value	: S\$ _____
Nett Value	: S\$ _____

**Description of Damage:**

The vehicle sustained damages at the n/s front body.



**Comments/ Present Status:**

Damages Consistent.  
Repair days: 3 Days

Yours faithfully,  
Kenneth Kong  
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	21/07/2018 09:45
Date Of Accident	20/07/2018 14:50
Exact Location Of Accident	JLN ANAK BUKIT BFR FILTER TO DUNEARN RD TO CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM5857M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARY ANNE DE SILVA
NRIC No	S7903299I
Email Address	MARYANNEDESILVA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81211859
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 XT AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	MARY ANNE DE SILVA
NRIC No	S7903299I
Date Of Birth	26/09/1979
Occupation	INDOOR
Date Of Driving Pass	18/07/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81211859
Fax Number	
Contact Number	OFFICE-NOPHONE
E Mail Address	MARYANNEDESILVA@HOTMAIL.COM

Address	53 HUME AVE #03-09
Postcode	598751
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	2
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 ATTACHED DOCUMENTS

#### 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	SHA5206R
Vehicle Make/Model/Colour	TOYOTA SONATA
Details Of Properties	RIGHT FRONT BUMPER
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	S1385375D
Contact Number	81153104
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The abovenamed taxi hit me on my left side while I was driving straight along Jalan Anak Bukit towards Danearn Rd.

DECLARATION

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

*Mangrove*  
Policyholder's Signature  
Date & Time: 20/7/2018  
6:07 pm

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: DANIEL JUDE  
NRIC/FIN No.: S9001578A

## 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)**

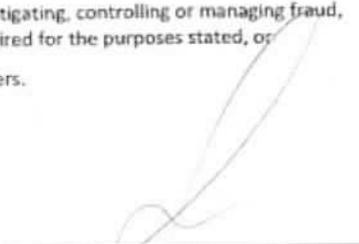
I understand, acknowledge, agree and consent that:

- (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: 20/07/2018  
6:07 pm

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



Reporting Centre Personnel's Signature  
Name: DANIEL JUDE  
NRIC/FIN No.: S9001518D

MOTORIMAGE ENTERPRISES PTE. LTD.  
19 LORONG 8, TOA PAYOH  
SINGAPORE 319255

ESTIMATE : ACCIDENT/BODY REPAIRS  
WORKSHOP : TOA PAYOH  
CONTACT NO : 64730333  
REFERENCE : INS/IC/CHI/0865/2018  
DATE : 21-JUL-2018

FIRST CAPITAL INSURANCE LIMITED  
16 ROBINSON ROAD  
16-01 CITY HOUSE  
(068877)  
TEL : 62222311 / 65063848  
FAX : 62223547 / 65073849

OWNER'S NAME : MARY ANNE DE SILVA  
ADDRESS : 894 UPPER BUKIT TIMAH ROAD  
#06-25  
S(678188)  
TELEPHONE NO : 81211859

TYPE OF CLAIM : THIRD PARTY CLAIM  
POLICY NO : 1  
VEHICLE NO : SKM5857M  
MODEL CODE : SJGAKK8  
MODEL/YEAR : FORESTER 2.0XT AWD CVT  
ENGINE NO : FA20H857495  
CHASSIS NO : JF1SJGR85DG018060  
MILEAGE : 1 KM  
DATE IN : 21/07/2018  
LABILITY : 0.00  
ACCESS CLAUSE : 0.00  
ESTIMATE BY : KUAN WEI LOONG\*\*  
ACCIDENT DATE : 21/07/2018

Print Date : 21/07/2018  
Print Time : 17:54:18

MOTORIMAGE ENTERPRISES PTE. LTD.  
19 LORONG 8, TOA PAYOH  
SINGAPORE 319255

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SKM5857M

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	TPCLAIM	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST SHA5206R - FIRST CAPITAL		
2	ZZ/001	CONDUCT TP CLAIM FIRST CAPITAL DATE:20/07/2018 LOCATION:JLN ANAK BUKIT TIME:1448HRS		
3	ZZ/002	REPAIR/REPLACE FRONT LHS FENDER, FRONT LHS DOOR AND REAR LHS DOOR	2800.00	2800
4	ZZ/003	RESPRAY FRONT LHS DOOR, FRONT LHS FENDER AND REAR LHS DOOR	2100.00	12600
5	ZZ/004	TRANSFER/BALANCE TYRE/RIM FRONT LHS TYRE	na 50.00	X
6	ZZ/005	WHEEL ALIGNMENT	na 200.00	X
7	ZZ/006	TRANSFER DOOR FRONT LHS AND REAR LHS MECHANISM	na 400.00	X
8	ZZ/007	SUNDRIES	na 100.00	X
		TOTAL LABOUR CHARGES	5650.00	

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SKM5857M

S/NO PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			S/LIST REMARKS
		NETT	LIST	S/NETT	
1 DISC WHEEL AL 17	28111SG130	<i>Sn</i> 1500.00			<i>X</i>
2 FRT FENDER LH (W/O SIGNAL LP)	57120SG0309P	<i>N</i> 270.00			<i>X</i>
3 PNL COMPL DR F LH	60009SG0529P	<i>N Sn</i> 720.00			<i>X</i>
4 PNL COMPL DR R LH	60409SG0119P	<i>N Sn</i> 684.00			<i>X</i>
5 TAPE DR SASH F F LH	90422SG010	<i>na</i> 5.40			<i>X</i>
6 TAPE DR SASH F M LH	90422SG030	<i>na</i> 18.00			<i>X</i>
7 TAPE DR SASH F R LH	90422SG050	<i>na</i> 18.00			<i>X</i>
8 TAPE DR SASH R F LH	90422SG070	<i>na</i> 18.00			<i>X</i>
9 TAPE DR SASH R M LH	90422SG090	<i>na</i> 10.80			<i>X</i>
10 TAPE DR SASH R R LH	90422SG110	<i>na</i> 14.40			<i>X</i>
11 GARNISH F FENDER LH	91112SG111	<i>na</i> 18.00			<i>X</i>
12 GARNISH AY DR F LH	91112SG231	<i>Sn</i> 216.00			<i>X</i>
13 GARNISH AY DR R LH	91112SG251	<i>Sn</i> 194.00			<i>X</i>
14 LH FRONT TYRE	T001FLH		<i>inc</i> 500.00		<i>X</i>
SUB TOTAL		3686.60	0.00	500.00	0.00
LESS DISCOUNT ( NETT-20 %)		737.32	0.00	0.00	0.00
GRAND TOTAL		2949.28	0.00	500.00	0.00
OVERALL TOTAL		3449.28			

LEGEND: REMARKS( OK ) = APPROVED, REMARKS( X ) = NOT APPROVED

MOTORIMAGE ENTERPRISES PTE. LTD.  
19 LORONG 8, TOA PAYOH  
SINGAPORE 319255

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SKM5857M

TOTAL LABOUR CHARGES	5650.00
TOTAL SPARE PARTS CHARGES	3449.28
GRAND TOTAL	9099.28 *

\* All charges do not include GST.

SURVEYOR'S PARTICULARS

NAME	:	
SURVEYED DATE	:	
AUTHORIZED DATE	:	
EXCESS CLAUSE	:	0.00
LIABILITY	:	0.00
REMARKS	:	

*Not Authorized  
Resurvey After Paint  
3days*

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

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:

MOTORIMAGE ENTERPRISES PTE. LTD.  
19 LORONG 8, TOA PAYOH  
SINGAPORE 319255

FINALIZED : ACCIDENT/BODY REPAIRS  
WORKSHOP : TOA PAYOH  
CONTACT NO : 64730333  
REFERENCE : INS/IC/CHI/0865/2018  
DATE : 21-JUL-2018

FIRST CAPITAL INSURANCE LIMITED  
36 ROBINSON ROAD  
#16-01 CITY HOUSE  
S(068877)  
TEL : 62222311 / 65063848  
FAX : 62223547 / 65073849

OWNER'S NAME : MARY ANNE DE SILVA  
ADDRESS : 894 UPPER BUKIT TIMAH ROAD  
#06-25  
S(678188)  
TELEPHONE NO : 81211859

TYPE OF CLAIM : THIRD PARTY CLAIM  
POLICY NO : 1  
VEHICLE NO : SK5857M  
MODEL CODE : SJGAKK8  
MODEL/YEAR : FORESTER 2.0XT AWD CVT  
ENGINE NO : FA20H857495  
CHASSIS NO : JF1SJK85DG018060  
MILEAGE : 60090 KM  
DATE IN : 21/07/2018  
LIABILITY : 0.00  
EXCESS CLAUSE : 0.00  
ESTIMATE BY : KUAN WEI LOONG\*\*  
ACCIDENT DATE : 21/07/2018

Print Date : 18/02/2019  
Print Time : 12:31:52

MOTORIMAGE ENTERPRISES PTE. LTD.  
19 LORONG 8, TOA PAYOH  
SINGAPORE 319255

LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SKM5857M

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S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	TPCLAIM	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST SHA5206R - FIRST CAPITAL		
2	ZZ/001	CONDUCT TP CLAIM FIRST CAPITAL DATE:20/07/2018 LOCATION:JLN ANAK BUKIT TIME:1448HRS		
3	ZZ/002	REPAIR/REPLACE FRONT LHS FENDER, FRONT LHS DOOR AND REAR LHS DOOR	2800.00	280.00
4	ZZ/003	RESPRAY FRONT LHS DOOR, FRONT LHS FENDER AND REAR LHS DOOR	2100.00	1260.00
5	ZZ/004	TRANSFER/BALANCE TYRE/RIM FRONT LHS TYRE	50.00	.00
6	ZZ/005	WHEEL ALIGNMENT	200.00	.00
7	ZZ/006	TRANSFER DOOR FRONT LHS AND REAR LHS MECHANISM	400.00	.00
8	ZZ/007	SUNDRIES	100.00	.00
TOTAL LABOUR CHARGES			5650.00	1540.00

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 SINGAPORE 319255

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SKM5857M

S/NO PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			S/LIST REMARKS
		NETT	LIST	S/NETT	
1 DISC WHEEL AL 17	28111SG130	1500.00			X
2 FRT FENDER LH	(W/O SIGNAL LP) 57120SG0309P	270.00			X
3 PNL COMPL DR F LH	60009SG0529P	720.00			X
4 PNL COMPL DR R LH	60409SG0119P	684.00			X
5 TAPE DR SASH F F LH	90422SG010	5.40			X
6 TAPE DR SASH F M LH	90422SG030	18.00			X
7 TAPE DR SASH F R LH	90422SG050	18.00			X
8 TAPE DR SASH R F LH	90422SG070	18.00			X
9 TAPE DR SASH R M LH	90422SG090	10.80			X
10 TAPE DR SASH R R LH	90422SG110	14.40			X
11 GARNISH F FENDER LH	91112SG111	18.00			X
12 GARNISH AY DR F LH	91112SG231	216.00			X
13 GARNISH AY DR R LH	91112SG251	194.00			X
14 LH FRONT TYRE	T001FLH			500.00	X
SUB TOTAL		0.00	0.00	0.00	0.00
LESS DISCOUNT ( )		0.00	0.00	0.00	0.00
GRAND TOTAL		0.00	0.00	0.00	0.00
OVERALL TOTAL		0.00			

LEGEND: REMARKS( OK ) = APPROVED, REMARKS( X ) = NOT APPROVED

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19 LORONG 8, TOA PAYOH  
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SUMMARY OF OVERALL CHARGES FOR VEHICLE REGN NO SRM5857M

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NETT ITEM	0.00
LESS 20 %	0.00
NETT AMOUNT	0.00
LIST ITEM	0.00
LESS 50 %	0.00
LIST AMOUNT	0.00
SPECIAL NETT AMOUNT	0.00
S/LIST ITEM	0.00
LESS 30 %	0.00
S/LIST AMOUNT	0.00
TOTAL LABOUR CHARGES	1540.00
TOTAL SPARE PARTS CHARGES	0.00
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TOTAL CHARGES	1540.00
ADD 7 % GST	107.80
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GRAND TOTAL	1647.80
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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

Affiliated to Federation Internationale Des Experts En Automobile			
MS FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI18016222/Ksd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 08-03-2019	
		Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHA 5206R	Veh. Inspected	SKM 5857M
Policy No.		Coverage (\$)	0.00
Claim No.	D18006549MFSH	Excess (\$)	0.00
Assign From	KAREN TAN	Assign Date	05/09/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	SUBARU FORESTER (A)	c.c	1998
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	JF1SJGK85DG018060	Colour	METALLIC MAROON
Odometer	59283	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	225/55 R18	BRIDGESTONE	3 mm
L/H Front Tyre	225/55 R18	BRIDGESTONE	3 mm
R/H Rear Tyre	225/55 R18	BRIDGESTONE	2 mm
L/H Rear Tyre	225/55 R18	BRIDGESTONE	2 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT BODY. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	20/07/2018	Inspection Date	13/12/2018
Survey held at	MOTOR IMAGE ENTERPRISES PTE LTD 19 TOA PAYOH LORONG 8 SINGAPORE 319255		
<b>5a. Remarks</b>			
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.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>3 Working Days</b>	



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKM 5857M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	DISC WHEEL AL 17 (N)	SERVICEABLE	1,500.00	-
1	FRT FENDER LH (N)	TO REPAIR SEE LABOUR	270.00	-
1	PNL COMPL DR F LH (N)	TO REPAIR SEE LABOUR	720.00	-
1	PNL COMPL DR R LH (N)	TO REPAIR SEE LABOUR	684.00	-
1	TAPE DR SASH F F LH (N)	NOT NECESSARY	5.40	-
1	TAPE DR SASH F M LH (N)	NOT NECESSARY	18.00	-
1	TAPE DR SASH F R LH (N)	NOT NECESSARY	18.00	-
1	TAPE DR SASH R F LH (N)	NOT NECESSARY	18.00	-
1	TAPE DR SASH R M LH (N)	NOT NECESSARY	10.80	-
1	TAPE DR SASH R R LH (N)	NOT NECESSARY	14.40	-
1	GARNISH F FENDER LH (N)	NOT NECESSARY	18.00	-
1	GARNISH AY DR F LH (N)	SERVICEABLE	216.00	-
1	GARNISH AY DR R LH (N)	SERVICEABLE	194.00	-
	LESS 20% DISCOUNT		-737.32	-
			2,949.28	-
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SUNDRIES (SN)	NOT NECESSARY	100.00	-
1	LH FRONT TYRE (SN)	SERVICEABLE	500.00	-
			600.00	-
<b><u>LABOUR</u></b>				
	REPAIR / REPLACE FRONT LHS FENDER, FRONT LHS DOOR AND REAR LHS DOOR. INCLUSIVE OF THE REPAIR OF FRT FENDER LH, PNL COMPL DR F LH AND PNL COMPL DR R LH.		2,800.00	280.00
	RESPRAY FRONT LHS DOOR, FRONT LHS FENDER AND REAR LHS DOOR.		2,100.00	1,260.00
	TRANSFER / BALANCE TYRE / RIM FRONT LHS TYRE.	NOT NECESSARY	50.00	-
	WHEEL ALIGNMENT.	NOT NECESSARY	200.00	-

Report Ref No. CS/FCI18016222/Ksd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TRANSFER DOOR FRONT LHS AND REAR LHS MECHANISM.	NOT NECESSARY	400.00	-
			5,550.00	1,540.00
<b>GRAND TOTAL</b>			<b>9,099.28</b>	<b>1,540.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>1,540.00</b>

Report Ref No. CS/FCI18016222/Ksd3e2

KONG SENG CHEONG

Licensed Appraiser

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