

ASS. REC. BY:

REF: CS/FCI18017135/Nvd3

Special Instruction:

Surveyor:

Naz

ASSIGNMENT (Office)

CWS

From (Person):

Joanne Yong

of

FCI

Date/Time:

20/9/18 @ 2.10pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

PC 4199D

Insured:

SHA 5827Z

at Workshop m/s

Feida Bus Consortium

Tel:

90502365 / 66556665

of

6 Sungei Kadut Way

Policy No.:

Claim No.:

D17011233 MFSH

Sum Insured:

Excess:

Make of Veh.:

(Client's Record)

D.O.A.

3/12/2017

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

2.52pm @ 20/9/18

Person Contacted:

Yong

Vehicle IN / OUT

Date/Time

Action/Instruction

(✓) Estimate

PC 4199 D-X

PHA 5827Z-NS / INCI7024077 / K/rbn2

DOA: 18/12/17

26/9/18

Email preli revised to FCI

19/10/18

LS \$ 13,000 confirmed by email (Red 19,873, 60%)

REF:

F01

Surveyor: NAZ

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.

N/S	O/S

Bal. or Market Value: 75K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: PC 4199D Yr Regn: 30 OCT 2015

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

Truck / Trailer or

Make: FOTON BJ611547AJB-R c.c 6,690

Colour: MULTI COLOURED A/C: Insured / Std / NI / NA

Sp. Reading: 238,867 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LVCD5BEB5EM*010949

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 150 R15

R: 11R 22.5

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or BS(F) AEO LWS (R)

Front R/Bal. 4 mm Rear R/Bal. 6 mm

L/Bal. 4 mm L/Bal. 6 mm

D.O.A. 3/12/17 D.O.I. 24/9/18

Survey held at FEIDA BUS

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

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

Date / Time	Action / Instruction
	Repair margin = 35K-40K
	NAZ, Pls check with Tarikh Re parts prices before you finalised.
	Why damaged was on the RH side repairer claim LH?
	RECEIVED 19 OCT 2018
	F01 L/S
	26/9/18

Date/Time, File Pass to? : Preli. Report : Final Report

1) _____
Date/Time, File Return to?
2) 19/10 - typist

Days Of Repair: 5
Resurvey No. of Trip: 1

Add Fee:	<input type="checkbox"/> Site Insp (\$ _____)	<input type="checkbox"/> S + RS (\$ _____)	Survey Fee: 170 + 375
	<input type="checkbox"/> Interview (\$ _____)	<input type="checkbox"/> Photos (\$ 50)	Transportation: 50
	<input type="checkbox"/> Tech. Invs (\$ _____)	<input type="checkbox"/> Others (\$ 580)	50
	<input type="checkbox"/> Weekend (\$ _____)		46
			TOTAL 2960/18

Report Format: CWS
Lump Sum / I.B.I.: (\$ 13,000 / 2)



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial P

TEL: 6256 3561 FAX: 625

Reg. No: 199607198R GST Reg. N

*- See my marking -
- L/S 13K / 5 DAYS*

Affiliated to Federation Internationale Des Experts En

FIRST CAPITAL INSURANCE LTD

Ref : CS/FC118

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 20-09-201

Code : FCI2

- NAR



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 5827Z	Veh. Inspected	PC 4199D
Policy No.		Coverage (\$)	0.00
Claim No.	D17011233MFSH	Excess (\$)	0.00
Assign From	CWS (JAONNE YONG)	Assign Date	20/09/2018

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		Inspection Date	24/09/2018
Survey held at	FEIDA BUS CONSORTIUM PTE. LTD 6 SUNGEI KADUT WAY SINGAPORE 728786		

5a. Remarks

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

Job Sheet (/ClaimWS/Surveyor/JobSheet/231488)



PRI Documents



Close



PRI Header Details

Claim No	D17011233MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & FEIDA BU
Workshop Name	FEIDA BUS CONSORTIUM PTE LTD (Contact Person : YOEY)	Survey Location & Contact Details	6 SUNGEI KADUT WAY Mobile: 90502365 , Phone: 66556665 , Fax: 66556659 EmailId: CLAIMS@FEIDA.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA5827Z	TP Vehicle No	PC4199D
PRI Recieved Date	14-09-2018 08:42:08 PM	Surveyor Appointed Date	20-09-2018 02:09:10 PM	Surveyor Accept Date	20-09-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	20-09-2018	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

MOTOR SURVEY ASSIGNMENT

Date 05-12-2017 Our Ref No. D17011233MFSH
Accident Date 03-12-2017 Claim Type. Third Party
Insured Vehicle SHA5827Z Third Party Vehicle. PC4199D
Survey Location 6 SUNGEI KADUT WAY
Contact Person. YOHEY
Contact No. 66556665/ 90502365 Fax No. 66556659
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 FEIDA BUS Attention. NIL
CONSORTIUM PTE LTD
Cc : TP Solicitor NA TP Solicitor Fax No. NA
Officer Incharge JOANNEY

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.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Wednesday, 26 September 2018 9:25 AM
To: 'Claim Workflow System'
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17011233MFSH/1, PC 4199D
Attachments: PC 4199D PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle PC 4199D
Date of survey: 24/9/2018
Number of days : 5 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Thursday, 20 September 2018 3:18 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17011233MFSH/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 | 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, 20 September 2018 2:09 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; JOANNEYONG@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17011233MFSH/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



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: D17011233MFSH
Our ref: CS/FCI18017135/Nvd3

Date: 26/9/2018

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam

INITIAL INSPECTION REPORT OF VEHICLE NO. PC 4199S

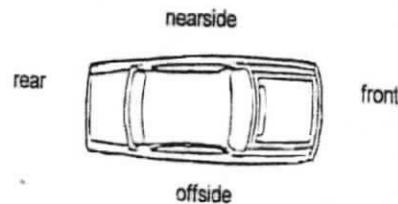
We thank for your instruction on 20/9/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on vehicle on 24/9/2018 at the premises of M/s FEIDA BUS CONSORTIUM PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$32,873.00
Revised Estimate Amount	: S\$16,328.00
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the o/s body.



Comments/Present Status:

Damages Consistent

Yours faithfully,

Muhd Nazril
Technical Investigator

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

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	9406R
Vehicle Details	
Vehicle No.:	PC4199D
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Sep 2018
Vehicle Make:	FOTON
Vehicle Model:	BJ6115U7AJB-R
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	ISB67E5285B22119755
Chassis No.:	LVCD5BEB5EM010949
Maximum Power Output:	-
Open Market Value:	\$115,357.00
Original Registration Date:	30 Oct 2015
First Registration Date:	30 Oct 2015
Transfer Count:	0
Actual ARF Paid:	\$5,768.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Oct 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$49,302.00
COE Rebate Amount:	\$34,988.00
Total Rebate Amount:	\$34,988.00

The information contained herein is correct as at 24 Sep 2018

OK

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\$58 until it's SOLD!

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[Classic Credit](#) [StarAd](#)



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2 vehicles

foton

Advanced Search 🔍

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	foton		Any	Any	Any	Any	Any	Any	Available
	Foton BJ6800		\$69,800	\$13,280 /yr	27-Dec-2013	4,500 cc	-	Bus	Available
	Fuel Type: Diesel CB Plate. Lifespan Tills Year 2033. 35 Seats. 1 Door. In-House Finance & Trade In Available. Think One Automobile & Trading Posted: 22-Aug-2018 Tags: 2013 Foton BJ6800, Foton BJ6800, Foton, BJ6800, Used Foton								
	Foton BJ6103		\$27,800	\$11,990 /yr	18-Jan-2011	6,693 cc	373,989 km	Bus	Available
	Fuel Type: Diesel 45 Seater Bus. Lifespan Expiry Date: 17 Jan 2031. Depreciation Less Than \$12K/Year. Posted: 21-Aug-2018 Tags: 2011 Foton BJ6103, Foton BJ6103, Foton, BJ6103, Used Foton								

Save this search criteria, to get email alerts whenever a match is found.

Make Model Price Depreciation Reg Date Eng Cap Mileage Veh Type Status

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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 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	04/12/2017 13:54
Date Of Accident	03/12/2017 06:30
Exact Location Of Accident	ALONG CENTRAL BLVD NEAR MARINA VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4199D
Insured/Policyholder	
Name Of Registered Owner	SIN U LIAN TRAVEL & COACH PTE LTD
Co Reg No	NA 200209406 R
Email Address	SINULIAN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-92383030
Alternative Phone No	OFFICE-83334555

Vehicle Particulars

Manufacturer	FOTON
Model	BUS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5092320169
Cover Note Number	

Driver

Name of Driver	AZMAN BIN KAMIS
NRIC No	S1719008C
Date Of Birth	30/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	07/02/1990
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92383030
Fax Number	
Contact Number	OFFICE-92383030
Email Address	SINULIAN@SINGNET.COM.SG

Address	10 PHOENIX - PHOENIX HEIGHT
Postcode	668161
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	20

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

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH COMPANY
Was there any audio recorded?	NO

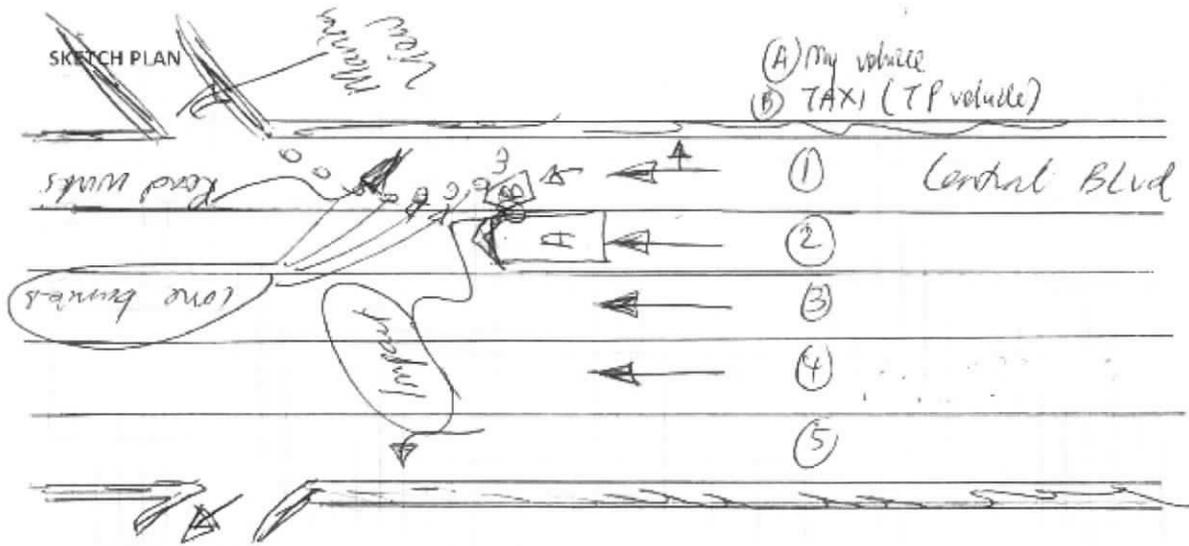
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA5827Z
Vehicle Make/Model/Colour	TAXI - BLUE COLOR
Details Of Properties	LH SIDE PORTION
Name of Driver	NA
NRIC/Passport Number	
Contact Number	96262579
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling, on the 2nd lane going straight and was in my lane. On the 1st lane ahead I saw Road works with cones. As I was moving slowly, suddenly a vehicle "B" a Blue taxi cut into my lane and collided onto my vehicle. Dept front portion causing damages on both vehicles. No one was hurt. I taken photos at the scene.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: RICHARD WOODRUFF
NRIC/FIN No: S1257169/S

Sketch Plan #2

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:

NRIC/FIN No.:

REUNARD WOODKORO
S1657169/A



Feida Bus Consortium Pte Ltd

06 Sungei Kadut Way Singapore 728786

Tel: 6655 6665 Fax: 6655 6659

Date of Estimate: 23.09.2018
 Vehicle No: PC4199D
 Owner: Sin U Lian Travel & Coach Pte Ltd
 Date of Accident: 03.12.2017
 Make & Model: FOTON BJ6115U7AJB-R
 Chassis No : LVCD5BEB5EM010949

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:

ESTIMATE FOR ACCIDENT VEHICLE NO PC4199D

LABOUR

- Panel beating for replace and repair affected parts
- Spray painting on affected area for 3 colours (8 panels)
- Apply putty and anti-corrosion to affected parts
- R/R luggage handle/lock mechanism L/H

SUB TOTAL (LABOUR)

\$3,200.00 220
 \$3,600.00 240
 \$1,600.00 800
 \$400.00 200
\$8,800.00

PARTS

- 1 Front wheel panel LH RH
- 1 Luggage door nos 1 LH (repair) RH
- 1 Luggage door nos 1 handle/lock LH RH
- 1 Luggage door nos 2 LH
- 1 Luggage door nos 2 handle/lock LH RH
- 1 Luggage door nos 3 LH (repair) RH
- 1 Luggage door nos 3 handle/lock LH RH
- 1 Rear wheel panel LH (repair) RH
- 1 Luggage door nos 4 LH RH
- 1 Luggage door nos 4 handle/lock LH RH
- 1 Rear engine vent panel
- 2 Rear engine vent panel handle/lock @ \$120.00
- 1 Rear corner panel (repair)
- 4 Luggage door weather strip @ \$300.00
- 1 Rear engine vent panel weather strip

SUB TOTAL

LESS 5 %

DISCOUNTED SUB TOTAL

10240
 9728

\$25,340.00

\$1,267.00

\$24,073.00

S. NETT ITEM

- 1 Front wheel rim RH
- 1 Rear wheel rim RH

SUB TOTAL

LESS 0 %

DISCOUNTED SUB TOTAL

1,000 \$1,200.00 DD
 \$1,200.00 X R

\$2,400.00

\$0.00

\$2,400.00

NA2 LKIC
 24/9/18 1030
 L/S
 5 DAYS

S.NET ITEM

SUB TOTAL (PARTS)

SUB TOTAL (LABOUR)

ESTIMATED GRAND TOTAL

\$1,000

9,728

3,600

\$16,328

LESS 20% \$13,062

\$2,400.00

\$24,073.00

\$8,800.00

\$32,873.00

PLEASE NOTE THAT THE ABOVE IS ONLY AN ESTIMATE. THEREFORE, SHOULD THERE OF REPAIRS, WE WOULD INFORM YOU ACCORDINGLY FOR NECESSARY ACTION. PRICES OF PARTS QUOTED ARE SUBJECT TO CHANGE WITHOUT NOTICE.

L/S total = \$13,000

35273

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Friday, 19 October 2018 10:49 AM
To: 'claims@feida.com.sg'
Cc: SUR
Subject: RE: PC 4199D-DOA: 3/12/2017

Dear Yoey Teng,

Noted with thanks.

Kindly send Final invoice and all supporting documents to First Capital Ins Ltd.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: claims@feida.com.sg <claims@feida.com.sg>
Sent: Friday, 19 October 2018 10:32 AM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Subject: RE: PC 4199D-DOA: 3/12/2017

Dear Veron,

We are agreeable the lump sum cost of repair at \$13,000 and 5 repair working days.

Thank you.

Regards,
Yoey Teng
H/P: 9050 2365



Feida Bus Consortium Pte Ltd
No. 6 Sungei Kadut Way
Singapore 728786

From: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Sent: Wednesday, 17 October 2018 11:08 AM
To: claims@feida.com.sg

Cc: SUR <sur@lkkauto.com>

Subject: PC 4199D-DOA: 3/12/2017

Dear Yoey,

WITHOUT PREJUDICE

Offer Lump Sum \$13,000/- @ 5 working days.

Please check and confirm.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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



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/FCI18017135/Nvd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 21-11-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 5827Z	Veh. Inspected	PC 4199D
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17011233MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	20/09/2018
2. Vehicle Particulars & Condition			
Make & Model	FOTON BJ6115U7AJB-R	c.c	6690
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	LVCD5BEB5EM010949	Colour	MULTI COLOUR
Odometer	238867	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	180 R18	BRIDGESTONE	4 mm
L/H Front Tyre	180 R18	BRIDGESTONE	4 mm
R/H Rear Tyre	11 R22.5	AEOLUS	6 mm
L/H Rear Tyre	11 R22.5	AEOLUS	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	03/12/2017	Inspection Date	24/09/2018
Survey held at	FEIDA BUS CONSORTIUM PTE. LTD 6 SUNGEI KADUT WAY SINGAPORE 728786		
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:		5 Working Days	



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 4199D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT WHEEL PANEL RH	DENTED	3,200.00	2,500.00
1	LUGGAGE DOOR NOS 1 RH	TO REPAIR SEE LABOUR	2,200.00	-
1	LUGGAGE DOOR NOS 1 HANDLE / LOCK RH	SCRATCHED	250.00	250.00
1	LUGGAGE DOOR NOS 2 LH	DENTED	3,200.00	2,500.00
1	LUGGAGE DOOR NOS 2 HANDLE / LOCK RH	SCRATCHED	250.00	250.00
1	LUGGAGE DOOR NOS 3 RH	TO REPAIR SEE LABOUR	2,800.00	-
1	LUGGAGE DOOR NOS 3 HANDLE / LOCK RH	SCRATCHED	250.00	250.00
1	REAR WHEEL PANEL RH	TO REPAIR SEE LABOUR	3,200.00	-
1	LUGGAGE DOOR NOS 4 RH	DENTED	2,200.00	2,000.00
1	LUGGAGE DOOR NOS 4 HANDLE / LOCK RH	SCRATCHED	250.00	250.00
1	REAR ENGINE VENT PANEL	DENTED	2,200.00	2,000.00
2	REAR ENGINE VENT PANEL HANDLE / LOCK @\$120.00	BENT	240.00	240.00
1	REAR CORNER PANEL	TO REPAIR SEE LABOUR	3,600.00	-
4	LUGGAGE DOOR WEATHER STRIP @\$300.00	SERVICEABLE	1,200.00	-
1	REAR ENGINE VENT PANEL WEATHERSTRIP	SERVICEABLE	300.00	-
	LESS 5% DISCOUNT		-1,267.00	-512.00
			24,073.00	9,728.00
<u>SPECIAL NETT ITEMS</u>				
1	FRONT WHEEL RIM RH (SN)	DENTED	1,200.00	1,000.00
1	REAR WHEEL RIM RH (SN)	TO REPAIR SEE LABOUR	1,200.00	-
			2,400.00	1,000.00
<u>LABOUR</u>				
	PANEL BEATING FOR REPLACE AND REPAIR AFFECTED PARTS. INCLUSIVE OF THE REPAIR OF LUGGAGE DOOR NOS 1 RH, LUGGAGE DOOR NOS 3 RH, REAR WHEEL PANEL RH, REAR CORNER PANEL AND REAR WHEEL RIM RH.		3,200.00	2,200.00
	SPRAY PAINTING ON AFFECTED AREA FOR 3 COLOURS		3,600.00	2,400.00

Report Ref No. CS/FCI18017135/Nvd3e2



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	APPLY PUTTY AND ANTI-CORROSION TO AFFECTED PARTS.		1,600.00	800.00
	R/R LUGGAGE HANDLE / LOCK MECHANISM L/H.		400.00	200.00
			8,800.00	5,600.00
GRAND TOTAL			35,273.00	16,328.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				13,000.00

Report Ref No. CS/FCI18017135/Nvd3e2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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