

12/03/2001

ASS. REC. BY:

REF: cs/FCI18017306/ Rlt d36

Special Instruction:

Surveyor:

Rasul

ASSIGNMENT (Office)

cws

Sweene ker

of

FCI

Date/Time:

24/9/18 @ 11:58 am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKB 1310H

Insured:

SHD 3069S

at Workshop m/s

Weavnes Automotive

Tel:

9129 4556

of

249 Alexandra Road

Policy No:

Claim No:

D18006885MPFH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

15/09/2018

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

H.O.D. Endorsement:

Date/Time:

12:13pm @ 24/9/18

Person Contacted:

Michelee

Vehicle IN/OUT

(OUT)

Date/Time	Action/Instruction () Estimate
	SKB 1310H - cs/RS/11008535/Rbn DOA: 6/5/11
	SHD 3069S - cc/AS/M1800695/K1hb3q2 DOA: 7/1/18
25/9/18-	vehicle still not h yet
3/10 -	resused preli advise via email

Qinzyur Paul

REF:

81619

ASSIGNMENT

From: Date: Estimated Cost: OD (TP) WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: SKB 1310H at Workshop m/s WEARNES of 249, ALEXANDRA RD Insured: FCI Policy No. Claims No. Sum Insured: Excess: (Client's Record) Make of Veh:

Veh No: SKB 1310H Yr Regn: 2016 / SKP Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: VOLVO XC90 T5 c.c 1969 Colour: BLUE A/C: Insured / Std / NI / NA Sp.Reading: 31488 T/Radio: Insured / Std / NI / NA Eng/No: C/No: YULF10ACH1123961 Gen. Cond: Good / Fair / Poor / Burnt Steering: Order / Jammed / Leaked / Burnt or Brake: Order / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 235/55R19 R:

(Policy Condition) Mitchell

Table with 2 columns: N/S, O/S

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

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

Bal. or Market Value: IDAC Accident Rpt: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No

Front Rear R/Bal. 6 mm R/Bal. 6 mm L/Bal. 6 mm L/Bal. 6 mm D.O.A. 15/01/18 D.O.I. 01/10/18 Survey held at WEARNES

CA / REV / REP. / 24 HRS S/S Date: Person Contacted: Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or 0/S REAR The U/C / Chassis frame / Body Structure affected due to collision.

Table with 2 columns: Date / Time, Action / Instruction. Includes handwritten note: Part by Part \$25,886.57 (red: 395389; 130w) and RECEIVED 24 OCT 2018

Date/Time, File Pass to? 24/10 Typist [] Preli. Report [x] Final Report

Days Of Repair: 14 Resurvey No. of Trip: 1

Date/Time, File Return to? Report Format : Lump Sum / I.B.I. (\$ 25,886.57)

Add Fee: [] Site Insp (\$) [] Interview (\$) [] Tech. Invs (\$) [] Weekend (\$)

Table with Survey Fee: 170 + 285, Transportation: 50, S.R.S. St: 50, Photos: 61, Others: 580, TOTAL: 616

Signature and date: 24/10/2018

MOTOR SURVEY ASSIGNMENT

Date	18-09-2018	Our Ref No. D18006885MFSH
Accident Date	15-09-2018	Claim Type. Third Party
Insured Vehicle	SHD3069S	Third Party Vehicle. SKB1310H
Survey Location	BODY AND PAINT DEPT 249 ALEXANDRA ROAD	
Contact Person.	MICHELLE ONG	
Contact No.	91294556/ 0	Fax No. 62647137
Survey Type	DIRECT SETTLEMENT: EST. COR - \$31,912.55 (QUANTUM TO BE AGREED)	
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	WEARNES AUTOMOTIVE 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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/244304)



PRI Documents



Close



PRI Header Details

Claim No	D18006885MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & WEARNES [KOH THONG
Workshop Name	WEARNES AUTOMOTIVE PTE LTD (Contact Person : MICHELLE ONG)	Survey Location & Contact Details	BODY AND PAINT DEPT 249 ALEXANDRA ROAD Mobile: 0 , Phone: 91294556 , Fax: 62647137 EmailId: MICHELLE.ONG@WEARNES.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	DIRECT SETTLEMENT: EST. COR - \$31,912.55 (QUANTUM)		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHD3069S	TP Vehicle No	SKB1310H
PRI Recieved Date	18-09-2018 09:50:22 PM	Surveyor Appointed Date	24-09-2018 11:57:09 AM	Surveyor Accept Date	24-09-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	24-09-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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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	<input type="text"/>	<input type="button" value="Save"/>
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Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Wednesday, 3 October 2018 2:40 PM
To: Admin-D (LKKAuto); 'Claim Workflow System'; assignments
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18006885MFSH/1
Attachments: PRELI ADVISED SKBB 1310H - 1.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SKB 1310H**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Monday, 24 September 2018 12:20 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 - D18006885MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in the 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: Monday, 24 September 2018 11:57 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SERENELER@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18006885MFSH/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.



Auto
Consultants
Pte Ltd

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

Your Ref: D18006885MFSH

Date: 3/10/2018

Our Ref: CS/FCI18017306/R1td3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

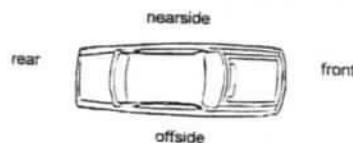
INITIAL INSPECTION REPORT OF VEHICLE NO. SKB 1310H

Please be informed that we had conducted the inspection of the abovementioned vehicle 3/10/2018 at the premises of M/s Wearnes Automobile and have the following to report: -

Workshop Estimate Amount	: S\$ <u>29,824.80</u>
Revised Estimate Amount	: S\$ <u>17,710.50</u>
"Check" Items Amount	: S\$ <u>454.90</u>
Market Value	: S\$ _____
LTA Reimbursement Value	: S\$ _____
Nett Value	: S\$ _____

Description of Damage:

The vehicle sustained damages at the o/s rear portion.



Comments/ Present Status:5

Damages Consistent.

Yours faithfully

Rasul

Automotive Assessor

21693

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	15/09/2018 12:47
Date Of Accident	15/09/2018 07:15
Exact Location Of Accident	ROBIN ROAD TO BT TIMAH ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB1310H
Insured/Policyholder	
Name Of Registered Owner	KOH THONG MENG DANNY
NRIC No	S7138161G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94364220
Alternative Phone No	OTHERS-94364220
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC90-2.0 T5 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA266140/1
Cover Note Number	
Driver	
Name of Driver	KOH THONG MENG DANNY
NRIC No	S7138161G
Date Of Birth	24/10/1971
Occupation	INDOOR
Date Of Driving Pass	25/10/1999
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94364220
Fax Number	
Contact Number	OTHERS-94364220
E-Mail Address	NOEMAIL

Address	1 ROBIN ROAD #12-01
Postcode	258176
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	CHAIN COLLISION
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

REFER TO ATTACHMENT.

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	SHD3069S
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NEO KOK SAY
NRIC/Passport Number	S1206546I
Contact Number	94371723
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC5578Y
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filling.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 15/09/2018 Time: 07:15hrs.
Exact Location of Accident	Robin Road to Bt Timah Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number	8KB 1310H.
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INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Koh Thong Meng Danny
Personal Identification - NRIC (Singaporean/PR)	S7138161G.
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer <u>Volvo</u> Model <u>XC90.</u>
Type of Vehicle*	<input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	Social
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	AXA
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	GA 266140/1
Motor CI	

DRIVER

	<input type="radio"/> Same as Insured above	
Name of Driver	Koh Thong Meng Danny	
Personal Identification - NRIC (Singaporean/PR)	S7138161G.	
- FIN/Passport Number		
Date of Birth	24	10 mm/1971/yy
Driving Date Pass	25	10 mm/1999/yy
Year of Driving Experience	Year(s)	Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	9436 4000.	

Danny. Tm. Koh @ gmail. com

Address of Driver	1 Robin Road #12-01	Postcode (258116)
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Owner	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Chain Collision	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	01	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	SHD 3069S	
Vehicle Make/ Model/ Colour	Comfort TAXI	
Details of Properties		
Name of Driver	Neo Kok Say	
Personal Identification - NRIC (Singaporean/PR)	S1206596I	
- FIN/Passport Number		
Contact Number	94371723	
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles.)		

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	SMC 5578Y
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	Alex Chan
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	9747 6090
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 4	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
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 Traffic Police Department for investigation.
6. This 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 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.

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

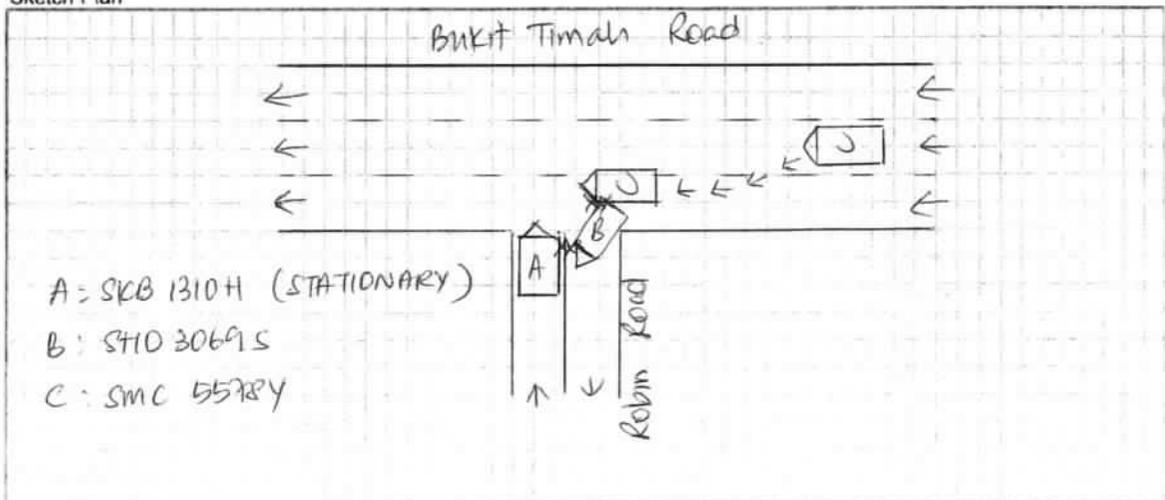
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

I was on my way to buy breakfast (alone) and was driving along Robin Road and turning out to Bukit Timah Road.

My car was stationary while waiting for taxi (SHD30695) driven by Mr Neo, that signaled his intention to turn left into Robin Road, to complete his turn before turning left out to Bukit Timah.

Another "Grab" car, ~~driven~~ (SMC 55784) driven by Alex Chan, suddenly jumped from ~~to~~ the middle lane and hit the taxi from behind.

The taxi invariably hit my stationary car on impact.

The "grab" car was with 2 passengers going to Botanic Gardens.

There was a witness, a motorcyclist, Johnson.

Mr Neo, 94371723
Mr Alex Chan, 97476090
Johnson, 85154336.

Patrol police came around 7.35 am and took statements

IMPORTANT NOTE

Under **General Condition - Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Déclaration

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

Witnessed by Reporting Centre Personnel

SERVICE ESTIMATE

85968 - C00001 SL: SERVICE SALES - PC

Mr Koh Thong Meng, Danny
 1 Robin Road
 #12-01

Singapore 258176

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1
 Inv.date. : 18/09/2018
 WIP No. . : 27693
 Veh.In/Out:
 *Tel.No. . : Mobile: 94364220
 Reg.No. . : SKB1310H
 Reg.date .: 30/09/2016
 Mileage .. : 0
 Chassis No: YV1LF10ACH1123961

Closed by : Michelle Ong Siew Be
 Svc Consultant :
 Remarks : Mr Koh Thong Meng, D

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT RH DOOR,FRT RH DOOR TRIM,REAR RH DOOR,REAR RH DOOR TRIM,REAR RH FENDER, REAR BUMPER,RH SIDE STEP,ETC	0	5600.00	0		5,600.00 S	4800
800	TO PUTTY SPRAY PAINT ON FRT RH DOOR,REAR RH DOOR,REAR RH FENDER,REAR BUMPER,RH ROCKER PANEL,ETC	0	4900.00	0		4,900.00 S	4200
802	TO TRANSFER FRONT RH & REAR RH DOOR PARTS	0	500.00	0		500.00 S	
802	TO REMOVE & INSTALL INTERIOR P	0	1600.00	0		1,600.00 S	1200
031	TO REPLACE REAR RH RIM	0	50.00	0		50.00 S	
10	COMPUTERISED WHEEL ALIGNMENT	0	280.00	0		280.00 S	
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00 S	
	DOOR PANEL FRT RH XC	1.0 EA	3297.70	0		3,297.70 S	3100

Paul

Hp 90010068

14 days

01/10/18 @ 1530

Rez LF part

(Signature)
3/10/18

SERVICE ESTIMATE

85968 - C00001 SL: SERVICE SALES - PC
 Mr Koh Thong Meng, Danny
 1 Robin Road
 #12-01

Singapore 258176

GST Reg.No:M28920628X
 Inv.No. . : B&P 0 Page 2
 Inv.date. : 18/09/2018
 WIP No. . : 27693
 Veh.In/Out:
 *Tel.No. . : Mobile: 94364220
 Reg.No. . : SKB1310H
 Reg.date. : 30/09/2016
 Mileage . : 0
 Chassis No: YV1LF10ACH1123961

Closed by : Michelle Ong Siew Be
 Svc Consultant :
 Remarks : Mr Koh Thong Meng, D

Op.No Description Mech Qty Price Disc% Pkg Amount G

Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
	DOOR PANEL REAR RH X	1.0	EA	3066.40			3,066.40	S PA - 2759.76
	SEAL STRIP DOOR FRT	1.0	EA	320.80			320.80	S ne - 288.72
	SEAL STRIP DOOR REAR	1.0	EA	320.80			320.80	S ne - 288.72
	TRIM MOULDING CHROME	1.0	EA	205.90			205.90	S ne - 185.31
	V031479450/DOOR WAIS	1.0	EA	259.20			259.20	S ne - 233.28
	TRIM MOULDING CHROME	1.0	EA	205.90			205.90	S ne - 185.31
	TRIM MOULDING	1.0	EA	205.90			205.90	S ? X ne
	DOOR WAIST CHROME RH	1.0	EA	249.00			249.00	S ? X ne
	DOOR TRIM MOULDING R	1.0	EA	262.90			262.90	S sea - 236.61
	DOOR TRIM MOULDING R	1.0	EA	262.90			262.90	S sea - 236.61
	Running board XC90 1	1.0	EA	4866.00			4,866.00	S cut - 4279.40
	MUDGUARD WIDENER RHR	1.0	EA	337.80			337.80	S sea - 304.02
	ALLOY RIM 8x19" 10 s	1.0	EA	1250.00			1,250.00	S cut - 1125
	ROCKER MOULDING RH X	1.0	EA	530.40			530.40	S cut - 477.36
	SOUND DEADENING PAD	2.0	EA	250.00			500.00	S ne - 450
	ADHESIVE TUBE CHEMIC	4.0	EA	75.80			303.20	S ne - 272.88

Gross Total. 29,824.80

Labour Total 13,380.00
 Parts Total 16,444.80
 Package Total 0.00

Net..... 29,824.80
 GST @ 7.0% 2,087.74
 Total..... 31,912.55
 Paid..... 0.00
 Please Pay.. 31,912.55

GST: S=StdRated; 0=OutOfScope; Z=ZeroRated

2984046



SERVICE ESTIMATE

0 - F00003 SL: FIRST CAPITAL INSURANCE LTD
 FIRST CAPITAL INSURANCE LTD
 36 ROBINSON ROAD
 #16-01, CITY HOUSE
 SINGAPORE
 Singapore 068877

GST Reg.No:M28920628X
 Inv.No. . : B&P 0 Page 1
 Inv.date. : 19/10/2018
 WIP No. . : 27693
 Veh.In/Out: 01/10/2018 18/10/2018
 *Tel.No. . :
 Reg.No. . : SKB1310H
 Reg.date .. : 30/09/2016
 Mileage .. : 31,496
 Chassis No: YV1LF10ACH1123961

Closed by : Michelle Ong Siew Be
 Svc Consultant : ACC
 Remarks : Mr Koh Thong Meng, D

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT RH DOOR,FRT RH DOOR TRIM,REAR RH DOOR,REAR RH DOOR TRIM,REAR RH FENDER, REAR BUMPER,RH SIDE STEP,ETC	0	4800.00	0		4,800.00	S ✓
800	TO PUTTY SPRAY PAINT ON FRT RH DOOR,REAR RH DOOR,REAR RH FENDER,REAR BUMPER,RH ROCKER PANEL,ETC	0	4200.00	0		4,200.00	S ✓
802	TO TRANSFER FRONT RH & REAR RH DOOR PARTS	0	500.00	0		500.00	S ✓
802	TO REMOVE & INSTALL INTERIOR P	0	1200.00	0		1,200.00	S ✓
031	TO REPLACE REAR RH RIM	0	50.00	0		50.00	S ✓
10	COMPUTERISED WHEEL ALIGNMENT	0	280.00	0		280.00	S ✓
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S ✓
	① DOOR PANEL FRT RH XC	1.0 EA	3297.70	10		2,967.93	S

SERVICE ESTIMATE

0 - F00003 SL: FIRST CAPITAL INSURANCE LTD

FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD
 #16-01, CITY HOUSE
 SINGAPORE
 Singapore 068877

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 2
 Inv.date. : 19/10/2018
 WIP No. . : 27693
 Veh.In/Out: 01/10/2018 18/10/2018
 *Tel.No. . :
 Reg.No. . : SKB1310H
 Reg.date. : 30/09/2016
 Mileage . : 31,496
 Chassis No: YV1LF10ACH1123961

Closed by : Michelle Ong Siew Be
 Svc Consultant : ACC
 Remarks : Mr Koh Thong Meng, D

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
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2	DOOR PANEL REAR RH X	1.0 EA	3066.40	10		2,759.76	S
3	SEAL STRIP DOOR FRT	1.0 EA	320.80	10		288.72	S
4	SEAL STRIP DOOR REAR	1.0 EA	320.80	10		288.72	S
5	TRIM MOULDING CHROME	1.0 EA	205.90	10		185.31	S
6	V031479450/DOOR WAIS	1.0 EA	259.20	10		233.28	S
7	TRIM MOULDING CHROME	1.0 EA	205.90	10		185.31	S
8	DOOR TRIM MOULDING R	1.0 EA	262.90	10		236.61	S
9	DOOR TRIM MOULDING R	1.0 EA	262.90	10		236.61	S
12	Running board	1.0 EA	4866.00	10		4,379.40	S
13	MUDGUARD WIDENER RHR	1.0 EA	337.80	10		304.02	S
14	ROCKER MOULDING RH X	1.0 EA	530.40	10		477.36	S
	DECAL TIRE PRESSURE -supp	1.0 EA	17.40	10		15.66	S (CA)
16	SOUND DEADENING PAD	1.0 EA	250.00	10		225.00	S
17	SOUND DEADENING PAD	1.0 EA	250.00	10		225.00	S
18	ADHESIVE TUBE CHEMIC	4.0 EA	75.80	10		272.88	S
19	ALLOY RIM 8x19" 10 s	1.0 EA	1250.00	10		1,125.00	S

Gross Total. 25,886.57

Labour Total 11,480.00
 Parts Total 14,406.57
 Package Total 0.00

Net..... 25,886.57
 GST @ 7.0% 1,812.06
 Total..... 27,698.63
 Paid..... 0.00
 Please Pay.. 27,698.63

GST: S=StdRated; 0=OutOfScope; Z=ZeroRated



Supplementary List

SERVICE ESTIMATE

0 - F00003 SL: FIRST CAPITAL INSURANCE LTD
 FIRST CAPITAL INSURANCE LTD GST Reg.No:M28920628X
 36 ROBINSON ROAD Inv.No. . : B&P 0 Page 1
 #16-01, CITY HOUSE Inv.date. : 19/10/2018
 SINGAPORE WIP No. . : 27693
 Singapore 068877 Veh.In/Out: 01/10/2018 18/10/2018
 *Tel.No. . :
 Reg.No. . : SKB1310H
 Closed by : Michelle Ong Siew Be Reg.date .: 30/09/2016
 Svc Consultant : ACC Mileage ..: 31,496
 Remarks : Mr Koh Thong Meng, D Chassis No: YV1LF10ACH1123961

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	DECAL TIRE PRESSURE	1.0 EA	17.40	10		15.66	S (A) <i>nee</i>

			Gross Total.			15.66	
Labour Total	0.00		Net.....			15.66	
Parts Total	15.66		GST @ 7.0%			1.10	
Package Total	0.00		Total.....			16.76	
			Paid.....			0.00	
			Please Pay..			16.76	

GST: S=StdRated; O=OutOfScope; Z=ZeroRated



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/FCI18017306/R1td3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 23-11-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 3069S	Veh. Inspected	SKB 1310H
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18006885MFSH	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	24/09/2018
2. Vehicle Particulars & Condition			
Make & Model	VOLVO XC90 T5	c.c	1969
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	YV1LF10ACH1123961	Colour	BLUE
Odometer	31488	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	235/55 R19	MICHELIN	6 mm
L/H Front Tyre	235/55 R19	MICHELIN	6 mm
R/H Rear Tyre	235/55 R19	MICHELIN	6 mm
L/H Rear Tyre	235/55 R19	MICHELIN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/09/2018	Inspection Date	01/10/2018
Survey held at	WEARNES AUTOMOTIVE PTE LTD 249 ALEXANDRA ROAD SINGAPORE 159935		
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:		14 Working Days	



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TEL: 6256 3561 FAX: 6256 4315

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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKB 1310H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	DOOR PANEL FRT RH XC (SN)	BENT	3,297.70	2,967.93
1	DOOR PANEL REAR RH X (SN)	BENT	3,066.40	2,759.76
1	SEAL STRIP DOOR FRT (SN)	NECESSARY	320.80	288.72
1	SEAL STRIP DOOR REAR (SN)	NECESSARY	320.80	288.72
1	TRIM MOULDING CHROME (SN)	NECESSARY	205.90	185.31
1	V031479450/DOOR WAIS (SN)	NECESSARY	259.20	233.28
1	TRIM MOULDING CHROME (SN)	NECESSARY	205.90	185.31
1	TRIM MOULDING (SN)	SERVICEABLE	205.90	-
1	DOOR WAIST CHROME RH (SN)	SERVICEABLE	249.00	-
1	DOOR TRIM MOULDING R (SN)	SCRATCHED	262.90	236.61
1	DOOR TRIM MOULDING R (SN)	SCRATCHED	262.90	236.61
1	RUNNING BOARD XC90 1 (SN)	CUT	4,866.00	4,379.40
1	MUDGUARD WIDENER RHR	SCRATCHED	337.80	304.02
1	ALLOY RIM 8X19" 10 S (SN)	CUT	1,250.00	1,125.00
1	ROCKER MOULDING RH X (SN)	CUT	530.40	477.36
2	SOUND DEADENING PAD @\$250.00 (SN)	NECESSARY	500.00	450.00
4	ADHESIVE TUBE CHEMIC @\$75.80 (SN)	NECESSARY	303.20	272.88
1	DECAL TIRE PRESSURE (SN) (ADDITIONAL)	NECESSARY	15.66	15.66
			16,460.46	14,406.57
LABOUR				
	TO REPLACE FRONT RH DOOR, FRT RH DOOR TRIM, REAR RH DOOR, REAR RH DOOR TRIM, REAR RH FENDER, REAR BUMPER, RH SIDE STEP, ETC		5,600.00	4,800.00
	TO PUTTY SPRAY PAINT ON FRT RH DOOR, REAR RH DOOR, REAR RH FENDER, REAR BUMPER, RH ROCKER PANEL, ETC.		4,900.00	4,200.00
	TO TRANSFER FRONT RH & REAR RH DOOR PARTS.		500.00	500.00
	TO REMOVE & INSTALL INTERIOR P.		1,600.00	1,200.00
	TO REPLACE REAR RH RIM.		50.00	50.00
	COMPUTERISED WHEEL ALIGMENT.		280.00	280.00



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES.		450.00	450.00
			13,380.00	11,480.00
GRAND TOTAL			29,840.46	25,886.57
RECOMMENDED COST OF REPAIRS				25,886.57

Report Ref No. CS/FCI18017306/R1td3e2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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