

22/03/2002

ASS. REC. BY:

REF: CS/FCI18019247/09d3e2

Special Instruction:

Surveyor: Bryan
CWS

ASSIGNMENT (Office)

From (Person): Lurene jaw

of FCI

Date/Time: 23/10/18 @ 5:40pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SFB 29224

Insured: SHA 8027X

at Workshop m/s Rally Pitstop

Tel: 9100 5500

of 176 sin Ming Drive # 04-17

Policy No:

Claim No: D18007629 MFSTH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 19/10/2018

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

H.O.D. Endorsement:

Date/Time: 10:12am @ 23/10/18

Person Contacted:

Terrence

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SFB 29224 - CC4 / III 16020879 / M/29342 DOA: 31/10/16
	SHA 8027X - NA/RSP/2007463/01 DOA: 12/04/2002
<u>24/10/18 @ 11:33am</u>	<u>revised to Lurene by email.</u>

ASSIGNMENT

ROB Jan 2026

From: _____ Date: _____
 Estimated Cost: _____
 (C) / TP / WS / TP / BUS / CO / RES / EVA / HM / MV
 Vehicle (Vehicle No): _____
 at Work Shop no: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claim No: _____
 Date Insured: _____
 (Client's Record)
 Make of Vehicle: _____

Vehicle: **8FB 2922U** Year Bought: **Jan 2006**
 Type: Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
 Make: **Honda Odyssey** No: **2354**
 Colour: **Blue** A/C: Insured / Std / H / HA
 Sp. Reading: **343391** Mileage: Insured / Std / H / HA
 Engine No: **K24A5701601**
 Chassis No: **RB11201312**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Free / Jammed / Leaked / Burnt or
 Brakes: OK / Jammed / Leaked / Burnt or
 Mod: Nil / SRM / STD / RM or
 Tyre Size: **F: 225/50 R17**
R: — 11 —



BS / DUR / EXNOVA / CY / PS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Goodyear**

Front: _____ Rear: _____
 R/Rat: **S** mm R/Rat: **S** mm
 L/Rat: **S** mm L/Rat: **S** mm
 D.O.A. _____ D.O.A. **23/10/2018**

Survey held at: **Rally Pitstop Sin Ming**

Dir. of Damage: Front / Rear / G/S / N/S / U/C / Rooftop or

Rear o/s

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

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

Est. of Repair Value: _____
 IDAC Accident Report: _____ Consistent? **You or No**
 GIA / PR Book: _____ Consistent? **You or No**
 Est. Repair: **5** days Rep: **You or No**
 Est. Cost: **20** % 3 Val: **You or No**

CA / REV / REP. / 24 HRS _____
 Date: _____ Person Contacted: _____
 Validity: **IN / OUT**

Date / Time: _____ Action / Instruction: _____
*** First Capital**
MV 48K (cost) using a yearly depreciation of
LIA 42.5K 42543 obt 6K
HL 42.5K 5.5K 5457 Balance obt 2 yrs so 6 x 8 = 48K
07/11/18 jmsw 1/5 42001- with 5 days of rep
used 53336.72, (44%)
RECEIVED 08 NOV 2018

Date/Time, File Ref for: _____
 1) **08/11/18 jmsw** Prel. Report Final Report
 Date/Time, File Ref for: _____
 2) _____
 Report Format: **TP**
 Lump Sum / ~~10%~~ **4200**
 Days Of Repair: **5**
 Recovery No. of Trip: **2**
 Add Fee: _____
) Site Insp (\$) _____
) Interview (\$) _____
) Tech. Insp (\$) _____
) Wreckard (\$) _____
 Survey Fee: _____
 Transportation: _____
) S + RB, SI: **90 + 90**
) Phone: **50**
) Other: _____
350

MOTOR SURVEY ASSIGNMENT

Date 22-10-2018 **Our Ref No.** D18007629MFSH

Accident Date 19-10-2018 **Claim Type.** Third Party

Insured Vehicle SHA8027X **Third Party Vehicle.** SFB2922U

Survey Location 176 Sin Ming Drive #04-17 Sin Ming Autocare
Contact Person. TERRENCE LIM
Contact No. 91005500/ 91005500 **Fax No.** 0

Survey Type WITHOUT PREJUDICE: WE ADMIT LIABILITY 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 RALLY PITSTOP **Attention.** NIL
Cc : TP Solicitor NA **TP Solicitor Fax No.** NA

Officer Incharge LURENE

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: Wednesday, 24 October 2018 11:33 AM
To: 'CWS Motor Claims'; assignments
Cc: 'Lurene Jaw'; SUR
Subject: RE: SURVEY ASSESSMENT - D18007629MFSH/1
Attachments: CSFCI18019247Dqd3.pdf

Dear Lurene,

Enclosed herewith preliminary advice of SFB 2922U.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Tuesday, 23 October 2018 11:16 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Lurene Jaw' <LureneJaw@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18007629MFSH/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: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Monday, 22 October 2018 5:40 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Lurene Jaw <LureneJaw@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D18007629MFSH/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: D18007629MFSH
Our Ref: CS/FCI18019247/Dqd3

Date: 24 October 2018

The Motor Claims Department
First Capital Insurance Ltd

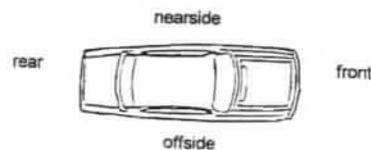
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SFB 2922U

Please be informed that we had conducted the inspection of the abovementioned vehicle on 23/10/2018 at the premises of M/s RALLY PITSTOP, and have the following to report:-

Workshop Estimate Amount	: <u>S\$ 7,536.72</u>
Revised Estimate Amount	: <u>S\$ 4,684.72</u>
"Check" Items Amount	: <u>S\$ 938.80</u>
Market Value	: <u>S\$ -</u>
LTA Reimbursement Value	: <u>S\$ -</u>
Nett Value	: <u>S\$ -</u>

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



Yours faithfully

Bryan Ang Tani
Motor Surveyor / Investigator

RALLY PITSTOP

176 Sin Ming Drive
 #04-17 Sin Ming Autocare
 Singapore 575721
 Tel: 64516985
 Email: tar6985@hotmail.com

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

Acknowledged by Repairer
 Signature:
 Date:

Date: 22-10-2018

To: Motor Claims Department
 Tel: 65073848

Fax: 65073849

RE: Estimate repair cost of SFB2922U

Your Insured: SHA8027X

Dear Sir/Madam,
 Vehicle No: SFB2922U
 Make Model: Honda Odyssey
 Date of accident: 19-10-2018

We are pleased to quote you the repair cost for the above-mentioned vehicle:

Qty	Description	Unit Price	TOTAL
1	Rear bumper <i>distorted</i>		789.60
1	Rear bumper lower spoiler <i>distorted</i>		452.80
1	Side retainer RH <i>SVC</i>		68.60
1	Taillamp RH <i>crack</i>		485.70
1	Taillamp chrome cover RH <i>crack</i>		125.90
1	Rear end panel <i>2 Bumper</i>		685.60
1	Reverse sensor <i>Down</i>	SN	250.00
1	Exhaust pipe <i>BT</i>		1523.90
1	Exhaust chrome cover <i>BT</i>		89.60
1	Rear reinforcement <i>2 42</i>		487.90
1	Tailgate <i>NH</i>		1428.60
1	Tailgate outer garnish <i>cut</i>		325.90
1	Rear wndscreen moulding <i>NH</i>		132.90
1	Bumper reflector RH <i>NH</i>		98.90
	Sub-total before discount		6945.90
	Parts percentage discount 20%		1389.18
	PARTS TOTAL		5556.72
	LABOUR CHARGES & MISC		
1	Labour to dismantle and change all damaged parts		1000.00
2	To putty and spray paint		800.00
3	To remove and reinstall rear windscreen		120.00
4	Under coating		60.00
	LABOUR TOTAL		1980.00
	LABOUR & PARTS TOTAL		7536.72

Regards,
 Terrence Lim

23/10/2018 @ 1500m
 N/A Andrew
 2/3mm 15 days
 R
 2000 And

Parts 4479.00
 20% 3583.20
 SN 220.00
 Labov 1430.00
 5233.20
 2/5 4200.00

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 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. 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	22/10/2018 14:26
Date Of Accident	19/10/2018 17:25
Exact Location Of Accident	JUNCTION OF AMK AVE 5 & IND PARK 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFB2922U
Insured/Policyholder	
Name Of Registered Owner	CHOO THIAM CHUAN
NRIC No	S7122673E
Email Address	JOEWELL888@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92786816
Alternative Phone No	OTHERS-92786816

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA010983/1
Cover Note Number	27/01/2018 - 26/01/2019

Driver

Name of Driver	CHOO THIAM CHUAN
NRIC No	S7122673E
Date Of Birth	12/07/1971
Occupation	INDOOR
Date Of Driving Pass	19/09/1991
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92786816
Fax Number	
Contact Number	OTHERS-92786816
EMail Address	JOEWELL888@GMAIL.COM

Address	BLK 102B PUNGGOL FIELD #16-428
Postcode	822102
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	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?	YES
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)	3
Passenger 1	NAME: : IVAN GENDER: : MALE
Passenger 2	NAME: : AH BEE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KEBUN BARU NPP
Police Station Address	ROAD: 111 ANG MO KIO AVE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8027X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	CHOW YEW LEONG
NRIC/Passport Number	S1436230D
Contact Number	97219933
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHOO THIAM CHUAN
Approximate Age	
Injuries Sustain	SORE AT BACK OF NECK
Injured person in which vehicle?	SFB2922U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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: 22/10/18
10:00 AM

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

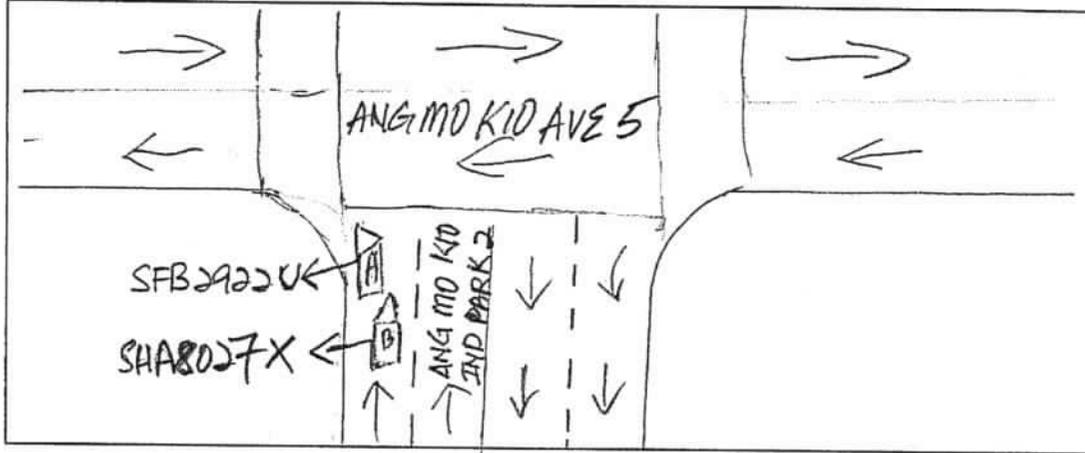


Reporting Centre for Personal Injury Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 19/10/13 Time: 17:25 Location: Junction of Ang Mo Kio Ave 5 & Ind Park 2
 My Vehicle A: SFB2922U Vehicle B: SHAB027X Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the ~~Accident~~ police report.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :
 Email address :
 & myself : joerwell888@gmail.com
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
 Date & Time: 19/10/13
10:00 hrs

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

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



AH LIM MOTOR COMPANY



**SINGAPORE
POLICE FORCE**



T/20181020/2076

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

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Report No. T/20181020/2076

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOO THIAM CHUAN	ID No.	S7122673E
Related Vehicle	SFB2922U (Car)	Contact No.	92786816
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	20/10/2018	Date Discharge	20/10/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	CHOW YEW LEONG	ID No.	S1436230D
Related Vehicle	SHA8027X (Car)	Contact No.	97219933
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/10/2018, at about 1725hrs, I was travelling along Ang Mo Kio Industrial Park 2 towards Ang Mo Kio Avenue 5. I stopped my vehicle (SFB2922U) at the junction as it was red. Whilst waiting, one vehicle (SHA8027X) from my rear collided onto my vehicle. After which, I alighted and went to make a check. I notice the rear right tail light cracked. My vehicle rear bumper suffered collision dent and crack on the right side. The taxi suffered shattered headlight and the bonnet and bumper suffered collision dent. I managed to take photos of all the damages.

At the point I only felt uncomfortable after the collision impact. The following day, I felt sore at the back of my neck. I went to make further medical check and was given 7 days of medical leave. No police or ambulance were activated to the accident as no one was injured at the point in time. I am making this report for insurance claim and I felt sore the following day. There is an active in-car-camera at both the front and rear of my vehicle that may have captured the accident.



**SINGAPORE
POLICE FORCE**



T/20181020/2076

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

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Report No. T/20181020/2076

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 TAN JIA HAO	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	
Authentication Stamp NP168	

Signature Of Informant:	
Date/Time: 20/10/2018 15:00	
Classification Of Case:	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2673E
Vehicle Details	
Vehicle No.:	SFB2922U
Vehicle to be Exported:	Yes
Intended Deregistration Date:	23 Oct 2018
Vehicle Make:	HONDA
Vehicle Model:	ODYSSEY 2.4A
Primary Colour:	Purple
Manufacturing Year:	2005
Engine No.:	K24A5701601
Chassis No.:	RB11201312
Maximum Power Output:	147.0 kW (197 bhp)
Open Market Value:	\$34,986.00
Original Registration Date:	27 Jan 2006
First Registration Date:	27 Jan 2006
Transfer Count:	2
Actual ARF Paid:	\$38,485.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Jan 2026
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$58,615.00
COE Rebate Amount:	\$42,543.00
Total Rebate Amount:	\$42,543.00

The information contained herein is correct as at 23 Oct 2018

OK



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

MS FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI18019247/Dqd3e2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 16-11-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 8027X	Veh. Inspected	SFB 2922U
Policy No.		Coverage (\$)	0.00
Claim No.	D18007629MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	23/10/2018

2. Vehicle Particulars & Condition

Make & Model	HONDA ODYSSEY	c.c	2354
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	RB11201312	Colour	BLUE
Odometer	343391	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/50 R17	GOODYEAR	5 mm
L/H Front Tyre	225/50 R17	GOODYEAR	5 mm
R/H Rear Tyre	225/50 R17	GOODYEAR	5 mm
L/H Rear Tyre	225/50 R17	GOODYEAR	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	19/10/2018	Inspection Date	23/10/2018
Survey held at	RALLY PITSTOP 176 SIN MING DRIVE #04-17 SIN MING AUTO CARE SINGAPORE 575721		

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SFB 2922U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DISTORTED	789.60	789.60
1	REAR BUMPER LOWER SPOILER	DISTORTED	452.80	452.80
1	SIDE RETAINER RH	SERVICEABLE	68.60	-
1	TAILLAMP RH	CRACKED	485.70	485.70
1	TAILLAMP CHROME COVER RH	CRACKED	125.90	125.90
1	REAR END PANEL	DENTED	685.60	685.60
1	EXHAUST PIPE	BENT	1,523.90	1,523.90
1	EXHAUST CHROME COVER	BENT	89.60	89.60
1	REAR REINFORCEMENT	NOT NECESSARY	487.90	-
1	TAILGATE	NOT NECESSARY	1,428.60	-
1	TAILGATE OUTER GARNISH	CUT	325.90	325.90
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	132.90	-
1	BUMPER REFLECTOR RH	NOT NECESSARY	98.90	-
	LESS 20% DISCOUNT		-1,339.18	-895.80
			5,356.72	3,583.20
1	REVERSE SENSOR	DAMAGED	250.00	220.00
	LESS 20% DISCOUNT		-50.00	-
			200.00	220.00
LABOUR				
	LABOUR TO DISMANTLE AND CHANGE ALL DAMAGED PARTS.		1,000.00	700.00
	TO PUTTY AND SPRAY PAINT.		800.00	700.00
	TO REMOVE AND REINSTALL REAR WINDSCREEN.	NOT NECESSARY	120.00	-
	UNDER COATING.		60.00	30.00
			1,980.00	1,430.00
GRAND TOTAL			7,536.72	5,233.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,200.00

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MARKET VALUE: \$48,000.00(EST)-LTA REIMBURSEMENT VALUE: \$42,543.00=NETT VALUE: \$5,457.00

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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