

ASS. REC. BY:

REF: CS/FCL18020311/Nvber

Special Instruction:

Surveyor NGZ

ASSIGNMENT (Office)

From (Person): WWS Lurene Juw of FCL Date/Time: 09/12/2018 1242pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBD 9447R Insured: SHA 8029R

at Workshop m/s Elite Automotul Tel: 86606722

of 280 Woodlands Ind Park E5 #01-17

Policy No: Claim No: D18007987MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 05-11-2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'DS'

H.O.D. Endorsement:

Date/Time: 09/12/2018 109pm Person Contacted: Christy Vehicle: IN / OUT

Date/Time	Action/Instruction ( ✓ ) Estimate
	GBD 9447R - X
	SHA 8029R - NS / INCL 6024866 / H116044
	DA: 26/12/16
14/11/18	Email preli revised to Fca
26/11/18	LS \$5600 confirmed by email (Ref 5920.80, 5179)

REF:

REF:

Surveyor:

NAZ

FCL

# 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: \_\_\_\_\_

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: GBD 9447 R Yr Regn: 30 JUL 2018

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

Truck / Trailer or

Make: MERCEDES C170 C.G. 1/461

Colour: BROWN A/C: Insured / Std / NI / NA

Sp. Reading: 67300 T/Radi: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDF41560824164565

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

R: 11

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

TOYO / YOKO or

BSC(F) CONTINENTAL

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 5 mm

L/Bal. 6 mm L/Bal. 5 mm

D.O.A. 5/11/18 D.O.I. 9/11/18

Survey held at REAR ELITE AUTO

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

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Direct Settlement

FCL L/S

RECEIVED 26 NOV 2018

Date/Time, File Pass to?

☐ : Prel Report  
☐ : Final Report

1) \_\_\_\_\_  
Date/Time, File Return to?

2) 26/11 - typist

Report Format: CWS

Lump Sum / I.B.I: (\$) 5600/2

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Invs (\$) ☐ : Weekend (\$) ☐ : S + RS. SI ☐ : Photos ☐ : Others

TOTAL

170415
50
50
68
353

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	08-11-2018	<b>Our Ref No.</b> D18007987MFSH
<b>Accident Date</b>	05-11-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHA8029R	<b>Third Party Vehicle.</b> GBD9447R
<b>Survey Location</b>	280 WOODLANDS INDUSTRIAL PARK E5 #01-17 HARVEST @ WOODLANDS	
<b>Contact Person.</b>	CHRISTY	
<b>Contact No.</b>	63397378/ 86606722	<b>Fax No.</b> 63397475
<b>Survey Type</b>	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
<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>	ELITE AUTOMOTIVE PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	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.

**Veron Chen (LKKAuto)**

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**From:** Veron Chen (LKKAuto)  
**Sent:** Wednesday, 14 November 2018 2:29 PM  
**To:** 'CWS Motor Claims'  
**Cc:** 'Lurene Jaw'; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18007987MFSH/1, GBD 9447R  
**Attachments:** GBD 9447R PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle GBD 9447R  
Date of survey: 9/11/2018  
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)

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**From:** Admin-D (LKKAuto)  
**Sent:** Friday, 9 November 2018 1:11 PM  
**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 - D18007987MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Friday, 9 November, 2018 12:42 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** CWS Motor Claims <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; Lurene Jaw <[LureneJaw@msfirstcapital.com.sg](mailto:LureneJaw@msfirstcapital.com.sg)>  
**Subject:** PRI: SURVEY ASSESSMENT - D18007987MFSH/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.**



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: D18007987MFSH

Our ref: CS/FCI18020311/Nvb

Date: 14/11/2018

The Motor Claims Department  
MS FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam

**INITIAL INSPECTION REPORT OF VEHICLE NO. GBD 9447R**

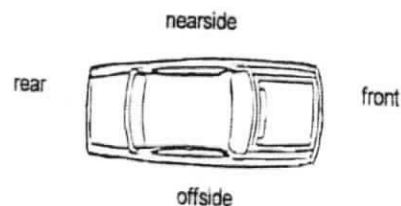
We thank for your instruction on 9/11/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on vehicle on 9/11/2018 at the premises of M/s ELITE AUTOMOTIVE PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$10,997.60
Revised Estimate Amount	: S\$6,336.80
"Check" Items Amount	: S\$410.00
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

The vehicle sustained damages at the rear portion



**Comments/Present Status:**

Damages Consistent

Yours faithfully,

Muhd Nazril  
Technical Investigator

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	5667E
<b>Vehicle Details</b>	
Vehicle No.:	GBD9447R
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Nov 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	CITAN 109 CDI VAN EXTRA-LONG - 2 SEATERS
Primary Colour:	Brown
Manufacturing Year:	2015
Engine No.:	K9KB608D539803
Chassis No.:	WDF4156052U164565
Maximum Power Output:	-
Open Market Value:	\$24,963.00
Original Registration Date:	30 Jul 2015
First Registration Date:	30 Jul 2015
Transfer Count:	0
Actual ARF Paid:	\$1,249.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	29 Jul 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$50,098.00
COE Rebate Amount:	\$33,600.00
<b>Total Rebate Amount:</b>	<b>\$33,600.00</b>

The information contained herein is correct as at 14 Nov 2018

OK

## 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	05/11/2018 18:45
Date Of Accident	05/11/2018 16:25
Exact Location Of Accident	SERANGOON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9447R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	APPS MACHINERY PTE LTD
Co Reg No	201005667E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68420312

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CITAN 109 CDI VAN-1.5 EXTRA LONG 2 SEATERS (A)
Exact Purpose for which vehicle was being used at time of accident	
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-003701
Cover Note Number	

### Driver

Name of Driver	LI CHENGXI
Passport No/FIN	G7638047W
Date Of Birth	09/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	20/09/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91014648
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	25C, SENOKO WAY
Postcode	758061
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 - 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	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

REFER TO ATTACHED ACCIDENT REPORT & SKETCH

#### Attachment(s)

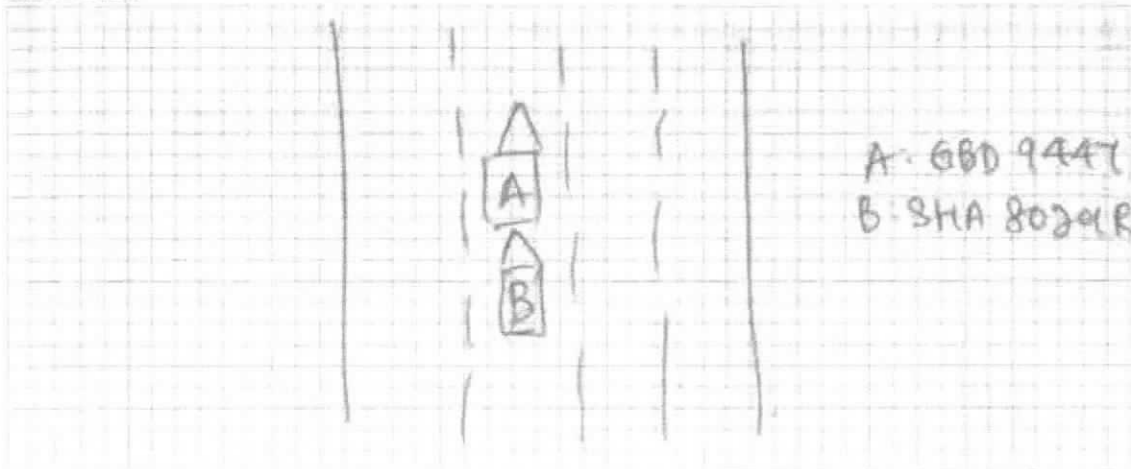
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8029R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ON SERANGOTIN RD & HAD COME TO A STOP DUE TO THE TRAFFIC JAM IN THE ARBA. SUDDENLY I FELT A PUSH TO THE BACK OF MY VEHICLE. I CAME OUT & REALISED THAT A TAXI HAD HIT THE BACK OF MY VEHICLE. I ASKED TO EXCHANGE PARTICULARS BUT THE OTHER DRIVER REFUSED.

## 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:  
NRIC/FIN No.:

## Individual Statement

### 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 willful 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.:

# ELITE AUTOMOTIVE PTE LTD

280 Woodlands Industrial Park E5, #01-17,

Harvest @ Woodlands Singapore 757322

Tel: 6339 7378 Fax: 6339 7475

Vehicle Number : GBD 9447R

Vehicle Model : MERCEDES BENZ CITAN

Chassis Number : WDF4156052U164565

Estimated Repair Cost

S/N	Parts Description	Qty	List Price
1	TAIL GATE (LH)	1	1386.00 / DEF
2	TAIL GATE (RH)	1	1008.00 / XP
3	TAIL GATE LOWER LOCK	1	245.00 X SVL
4	TAIL GATE "CITAN" EMBLEM	1	50.00 / NEC
5	TAIL GATE "109 CDI" EMBLEM	1	36.00 / NEC
6	TAIL GATE "MERCEDES" LOGO	1	50.00 / NEC
7	TAIL GATE OUTER HANDLE	1	145.00 X SVL
8	REAR NUMBER PLATE UPPER GARNISH <i>informe Naz</i>	1	175.00 X SVL / CRK
9	"4PAX" STICKER	1	50.00 / NEC
10	"70 KM/H" STICKER	1	50.00 / NEC
11	TAIL GATE WEATHERSTRIP	2	424.00 X SVL
12	TAIL LAMP LH & RH	2	336.00 X SVL
13	REAR BUMPER <i>1170</i>	1	1060.00 / DD
14	REAR BUMPER CLIPS	10	90.00 / NEC
15	REAR BUMPER REFLECTOR LH & RH	2	478.00 X SVL
16	REAR BUMPER OUTER GARNISH (BLACK)	1 SET	488.00 / CRK
17	TOWING CAP	1	76.00 / CRK
18	END PANEL <i>609</i>	1	620.00 / DD
19	END PANEL UPPER GARNISH <i>494</i>	1	210.00 / CRK
20	END PANEL UPPER GARNISH CLIPS	10	100.00 / NEC
21	TAIL GATE INNER TRIM BOARD CLIPS	30	270.00 / BT
22	TAIL GATE UPPER LOCK	1	240.00 X SVL
23	REAR BUMPER REINFORCEMENT <i>368</i>	1	485.00 / BT
24	REAR BUMPER RETAINER <i>\$183 x 2 = \$366</i>	2	485.00 / CRK
25.	REAR BUMPER BRACKET <i>\$288</i>	1	8072.00 / DEF
Discount Less 20%			\$ 1614.40
List Prices Total			\$ 6,457.60

S/N	Special Nett Items:	Qty	
1	REVERSE SENSOR <i>- Inform Naz</i>	2PCS	\$ 300 . 350.00 / BT
2	REAR NUMBER PLATE WITH HOLDER		\$ 60.00 / DD
Special Nett Total			\$ 410.00
Spare Part's Total Price			\$ 6867.60

# ELITE AUTOMOTIVE PTE LTD

280 Woodlands Industrial Park E5, #01-17,

Harvest @ Woodlands Singapore 757322

Tel: 6339 7378 Fax: 6339 7475

Vehicle Number : GBD 9447R

Vehicle Model : MERCEDES BENZ CITAN

Chassis Number : WDF4156052U164565

S/N	Labour Descriptions	Charges
1	LABOUR CHARGES TO CUT & WELD WHERE NECESSARY; TO STRAIGHTEN & REPAIR REAR LUGGAGE FLOOR PANEL; TO REMOVE & REPLACE PARTS AS LISTED ABOVE.	\$ 1800.00 600 1,000
2	TO SPRAY PAINTING ON TAIL GATE (LH & RH), REAR END PANEL, REINFORCEMENT REAR LUGGAGE FLOOR PANEL & REINFORCEMENT AND REAR BUMPER & REAR BUMPER LOWER LID.	\$ 1800.00 600 1,000
3	TO REMOVE & TRANSFER TAIL GATE SCREEN TO NEW TAIL GATE AND PERFORM WEST TEST.	\$ 150.00 50
4	TO REMOVE & TRANSFER TAIL GATE SERVICEABLE COMPONENTS & FITTINGS TO NEW TAIL GATE & CHECK FUNCTION.	\$ 100.00 50
5	TO CHECK ELECTRICAL WIRINGS AND REAR LIGHTS FUNCTION	\$ 100.00 30
6	CHECK & CLEAR FAULT CODES AFTER NECESSARY ACCIDENT REPAIRS.	\$ 180.00 50

Labour Total \$ 4130.00

Parts & Labour Total \$ 10997.60 11,500.80

NAZ LKK

9/11/18

LIS

5 Days

CHECK ITEMS PHOTO

AFTER REPAIR PHOTO

**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 modifications is allowed
- Supplemental charges must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

**Veron Chen (LKKAuto)**

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**From:** Veron Chen (LKKAuto)  
**Sent:** Monday, 26 November 2018 3:59 PM  
**To:** 'Elite Automotive'; SUR  
**Subject:** RE: GBD 9447R-DOA: 5/11/2018

Dear Christy,

Noted with thanks.

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:** Elite Automotive <elite.automotive13@gmail.com>  
**Sent:** Monday, 26 November 2018 2:56 PM  
**To:** Veron Chen (LKKAuto) <veronchen@lkkauto.com>  
**Subject:** Re: GBD 9447R-DOA: 5/11/2018

Hi Veron,

Good day! We accept the offer. Thanks!

Regards,

Christy

On Fri, 23 Nov 2018 at 10:40, Veron Chen (LKKAuto) <[veronchen@lkkauto.com](mailto:veronchen@lkkauto.com)> wrote:

Dear Christy,

WITHOUT PREJUDICE

Offer Lump Sum \$5600 @ 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](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:** Veron Chen (LKKAuto)  
**Sent:** Tuesday, 20 November 2018 3:27 PM  
**To:** [elite.automotive13@gmail.com](mailto:elite.automotive13@gmail.com)  
**Subject:** GBD 9447R-DOA: 5/11/2018

Dear Christy,

WITHOUT PREJUDICE

Offer Lump Sum \$5200 @ 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](mailto:sur@lkkauto.com) | fax: 6256-4315

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

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Regards,





## 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/FCI18020311/Nvbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 29-11-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHA 8029R	Veh. Inspected	GBD 9447R	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18007987MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	09/11/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MERCEDES BENZ CITAN 109	c.c	1461	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	WDF4156052U164565	Colour	BROWN	
Odometer	67300	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	BRIDGESTONE	6 mm	
L/H Front Tyre	195/65 R15	BRIDGESTONE	6 mm	
R/H Rear Tyre	195/65 R15	CONTINENTAL	5 mm	
L/H Rear Tyre	195/65 R15	CONTINENTAL	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.  DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	05/11/2018	Inspection Date	09/11/2018	
Survey held at	ELITE AUTOMOTIVE 280 WOODLANDS INDUSTRIAL PARK E5 #01-17 HARVEST@WOODLANDS SINGAPORE 757322			
<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>5 Working Days</b>		



# 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. GBD 9447R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	TAIL GATE (LH)	DEFORMED	1,386.00	1,386.00
1	TAIL GATE (RH)	TO REPAIR SEE LABOUR	1,008.00	-
1	TAIL GATE LOWER LOCK	SERVICEABLE	245.00	-
1	TAIL GATE "CITAN" EMBLEM	NECESSARY	50.00	50.00
1	TAIL GATE "109 CDI" EMBLEM	NECESSARY	36.00	36.00
1	TAIL GATE "MERCEDES" LOGO	NECESSARY	50.00	50.00
1	TAIL GATE OUTER HANDLE	SERVICEABLE	145.00	-
1	REAR NUMBER PLATE UPPER GARNISH	CRACKED	175.00	175.00
1	"4PAX" STICKER	NECESSARY	50.00	50.00
1	"70KM/H" STICKER	NECESSARY	50.00	50.00
2	TAIL GATE WEATHERSTRIP	SERVICEABLE	424.00	-
2	TAIL LAMP LH & RH	SERVICEABLE	336.00	-
1	REAR BUMPER	DENTED	1,060.00	1,060.00
10	REAR BUMPER CLIPS	NECESSARY	90.00	90.00
2	REAR BUMPER REFLECTOR LH & RH	SERVICEABLE	478.00	-
1	SET REAR BUMPER OUTER GARNISH (BLACK)	CRACKED	488.00	488.00
1	TOWING CAP	CRACKED	76.00	76.00
1	END PANEL	DENTED	620.00	609.00
1	END PANEL UPPER GARNISH	CRACKED	210.00	210.00
10	END PANEL UPPER GARNISH CLIPS	NECESSARY	100.00	100.00
30	TAIL GATE INNER TRIM BOARD CLIPS	BENT	270.00	270.00
1	TAIL GATE UPPER LOCK	SERVICEABLE	240.00	-
1	REAR BUMPER REINFORCEMENT	BENT	485.00	368.00
2	REAR BUMPER RETAINER	CRACKED	366.00	366.00
1	REAR BUMPER BRACKET	DEFORMED	288.00	288.00
	LESS 20% DISCOUNT		-1,745.20	-1,144.40
			6,980.80	4,577.60
<b><u>SPECIAL NETT ITEMS</u></b>				
2	REVERSE SENSOR (SN)	BENT	350.00	300.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR NUMBER PLATE WITH HOLDER (SN)	DENTED	60.00	60.00
			410.00	360.00
	<b>LABOUR</b>			
	LABOUR CHARGES TO CUT & WELD WHERE NECESSARY; TO STRAIGHTEN & REPAIR REAR LUGGAGE FLOOR PANEL; TO REMOVE & REPLACE PARTS AS LISTED ABOVE. INCLUSIVE OF THE REPAIR OF TAIL GATE (RH).		1,800.00	1,000.00
	TO SPRAY PAINTING ON TAIL GATE (LH & RH), REAR END PANEL, REINFORCEMENT REAR LUGGAGE FLOOR PANEL & REINFORCEMENT AND REAR BUMPER & REAR BUMPER LOWER LID.		1,800.00	1,000.00
	TO REMOVE & TRANSFER TAIL GATE SCREEN TO NEW TAIL GATE AND PERFORM WEST TEST.		150.00	50.00
	TO REMOVE & TRANSFER TAIL GATE SERVICEABLE COMPONENTS & FITTINGS TO NEW TAIL GATE & CHECK FUNCTION.		100.00	50.00
	TO CHECK ELECTRICAL WIRING AND REAR LIGHTS FUNCTION.		100.00	30.00
	CHECK & CLEAR FAULT CODES AFTER NECESSARY ACCIDENT REPAIRS.		180.00	50.00
			4,130.00	2,180.00
<b>GRAND TOTAL</b>			<b>11,520.80</b>	<b>7,117.60</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>5,600.00</b>

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**MUHAMMAD NAZRIL BIN ABDULLAH**

Automotive Assessor

**ADRIAN LING WAI PING**

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

Licensed Appraiser

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