

ASS. REC. BY:

REF:

es/FCI18023274/ Rlt d 3er

Special Instruction:

Surveyor

Rasul

ASSIGNMENT (Office)

From (Person):

Joanne Yong

of

FCI

Date/Time: 11:19am @ 28/12/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SME 7850L

Insured:

SHB4977A

at Workshop m/s

Motor Image

Tel:

94899000

of

25 Jeng Kee Road

Policy No:

Claim No:

D19000044MPSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

18/12/2018

CA / REV / REP. / REV 24 HRS

1up

31/18 @ 11am

H.O.D. Endorsed:

Date/Time:

11:22am @ 28/12/18

Person Contacted:

Dennis

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SME 7850L-X
	SHB 4977A-CC4/III17021423/Dwb342
	JDA: 7/11/17
7/1/19	Email preli revised to FCI
25/1/18 @ 5:39 pm	Check with Dennis vehicle convert to on

12384

REF: FCI

ASSIGNMENT

From: Date: 3/1/18

Estimated Cost:

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

To inspect Vehicle No: SME7850L
at Workshop n/s Motor Image
of 25 Leong Kee Road

Insured:

Policy No:

Claims No: *

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

11am
Dennis

(Policy Condition)

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

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

CA / REV / REP. / 24 HRS ^{up}

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SME7850L Yt Regn: 2018 / 09

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

Truck / Trailer or

Make: Subaru IMPREZA 2.0i-S c.c. 1995

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

Sp. Reading: 3779 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF16T7KLSJG046453

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: 205/50R17

R: "

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

TOYO / YOKO or

Front

Rear

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

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

D.O.A. 18/12/18 D.O.I. 03/01/19

Survey held at: MOTOR IMAGE

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

N/S FR

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

Date / Time Action / Instruction

25/14- Submit preli report

RECEIVED 26 APR 2019

Date/Time, File Pass to?

1) 25/14 Typist

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$)

☒: Preli. Report
☐: Final Report

Days Of Repair: 4

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

) S + RS SI

) Photos

) Others

) ?

TOTAL

146

50

27

222

MOTOR SURVEY ASSIGNMENT

Date	27-12-2018	Our Ref No. D19000044MFSH
Accident Date	18-12-2018	Claim Type. Third Party
Insured Vehicle	SHB4977A	Third Party Vehicle. SME7850L
Survey Location	25 LENG KEE ROAD	
Contact Person.	DENNIS LEONG	
Contact No.	94899000/ 94899000	Fax No. 64791137
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:	
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	MOTOR IMAGE ENTERPRISES PTE LTD	Attention. NIL
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: Monday, 7 January 2019 1:51 PM
To: 'CWS Motor Claims'
Cc: 'Joanne Yong Lai fong'; SUR
Subject: RE: SURVEY ASSESSMENT - D19000044MFSH/1, SME 7850L
Attachments: SME 7850L PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SME 7850L
Date of survey: 3/1/2019
Number of days : 4 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: Friday, 28 December 2018 1:55 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Joanne Yong Lai fong' <Joanneyong@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19000044MFSH/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: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Friday, 28 December 2018 11:19 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Joanne Yong Lai fong <Joanneyong@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19000044MFSH/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: D19000044MFSH

Our Ref: CS/FCI18023274/R1td3

Date :7/1/2019

The Motor Claims Department
MS FIRST CAPITAL INSURANCE LTD

WITHOUT PREJUDICE

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SME 7850L

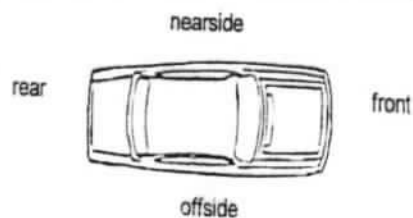
We thank you for your instruction on 28/12/2018

Please be informed that we had conducted the inspection of the above mentioned
3/1/2019 at the premises of M/s MOTOR IMAGE ENTERPRISE PTE LTD
and have the following to report:-

Workshop Estimate Amount	: S\$6,255.48
Revised Estimate Amount	: S\$4,820.60
"Check" Items Amount	: S\$217.60
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the
n/s front portion



Comments/Present Status:
Damages Consistent

Yours faithfully,

MOHAMMED RASUL
Automotive Assessor

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	18/12/2018 17:54
Date Of Accident	18/12/2018 08:00
Exact Location Of Accident	HILLVIEW AVC IN FRONT OF MERAWOODS CONDO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME7850L
Insured/Policyholder	
Name Of Registered Owner	BOO HWEE SEE,JINA
NRIC No	S6831238H
Email Address	JINABHS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97960085
Alternative Phone No	OTHERS-97960085
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA 5D-2.0 I-S EYESIGHT (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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800116725
Cover Note Number	

Driver

Name of Driver	BOO HWEE SEE,JINA
NRIC No	S6831238H
Date Of Birth	18/08/1968
Occupation	INDOOR
Date Of Driving Pass	03/05/1997
Driving Experience	21 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97960085
Fax Number	
Contact Number	OTHERS-97960085
EMail Address	JINABHS@YAHOO.COM

Address	136B HILLVIEW AVENUE #03-02
Postcode	669607
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : RAYMOND TANG GENDER: : MALE

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 SKETCH PLAN

Attachment(s)

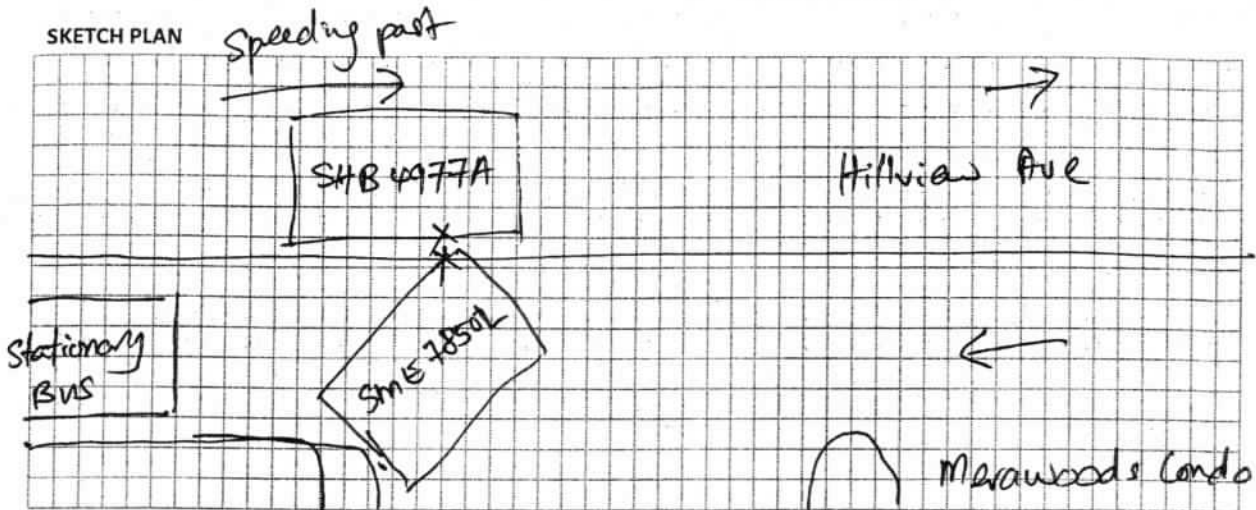
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

SINGAPORE ACCIDENT STATEMENT

Accident Date & Time: 18 Dec 18 8.22am		
Accident Location: Hillview Ave, in front of Merawoods Condo		
Vehicle Number: 3ME7850L	Make/Model: Subaru, Impreza	
Policy Holder Name: BOO HWEE SEE JINA		
NRIC/ROC: S6831238H	Mobile: 97960085	
Email: jinabhs@yahoo.com		
Insurance Company: AIG		
Policy Number: 1800116725	Policy Period: 17 Oct 18 to 16 Oct 19	
Policy Coverage: Comprehensive <input checked="" type="checkbox"/>	Third Party <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/>	
State Action Taken: Claim Own Policy <input type="checkbox"/> Claim Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/>		
Driver Name: BOO HWEE SEE JINA		
NRIC: S6831238H	Mobile: 97960085	
Date Of Birth: 18/08/1968	Driving Pass Date: 03/05/1997	
Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Address: 136B Hillview Ave #03-02 Merawoods Condo S669607		
Is driver an employee of the insured's company: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If No, Relationship of the driver with the insured:		
Owner <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Children <input type="checkbox"/> Sibling <input type="checkbox"/> Hirer <input type="checkbox"/>		
Weather Conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>		
Road Surface: Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others <input type="checkbox"/>		
Was any foreign vehicle involved in this accident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Was anybody injured in the Accident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Was there any video captured by Car Camera? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Number of Passenger (Including Driver): 2		
1) Raymond Tong 2) 3) 4)		
Was the accident reported to the police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> "attach Police Report, if any"		
3 rd Party Name: Nagar Meeran S/o Mohamed Sha		
Vehicle Number: SHB 4977A	Make & Model: Hyundai, Delgro Taxi	
NRIC: S7250/47J	Mobile No: 9021 4706	
Witness Details (if any):		
NAME: Tang Peng Chuan	NRIC: S1810771F	Mobile No: 97960782
Other remark: if any refer to sketch plan		

Montrosa Condo

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 8:02am on 14 Dec 2018, SME 7850L exited from Marawoods Condo after checking for vehicles on left & right. A bus had just stopped on the left of the exit.

Suddenly, a taxi sped past and hit the front left bumper of SME 7850L.

After alighting to check on the status of the vehicles, it was noticed that the front left bumper of SME 7850L and fog light cover was damaged. The driver (right side) door was

damaged for vehicle SHB 4977A. No injuries for all parties involved.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

✓	- Reporting Only
	- Claim OD
	- Claim TP
	- Claim OD/ TP at other workshop

DECLARATION

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

[Signature]

Policyholder's signature
Date & Time

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

[Signature]

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

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.:

MOTORIMAGE ENTERPRISES PTE. LTD.
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE
CONTACT NO :
REFERENCE : INS/IC/JHI/153/2018
DATE : 20-DEC-2018

AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16 AIG BUILDING
S(079120)
TEL : 91007211
FAX :
MOTOR CLAIM DEPT

OWNER'S NAME : BOO HWEE SEE JINA
ADDRESS : 136B HILLVIEW AVENUE
#03-02
S(669607)
TELEPHONE NO : 97960085

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 1800116725
VEHICLE NO : SME7850L
MODEL CODE : GT78KBL
MODEL/YEAR : IMPREZA 5D 2.0I-S EYESIGHT AWD CVT
ENGINE NO : FB20YE63487
CHASSIS NO : JF1GT7KL5JG046453
MILEAGE : 1 KM
DATE IN : 20/12/2018
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : DENNIS LEONG JIA HUI
ACCIDENT DATE : 20/12/2018

Print Date : 20/12/2018
Print Time : 19:01:24

MOTORIMAGE ENTERPRISES PTE. LTD.
25 LENG KEE ROAD
SINGAPORE*159097

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SME7850L

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	ZZ/001	REPLACE FRONT BUMPER ,HEAD LAMP,RHS FENDER	1740.00	1120
2	ZZ/002	RESPRAY FRONT BUMPER , ^x BONNET,LHS FENDER	1380.00	880
3	ZZ/003	TO CONDUCT (FRONT) LIGHTING TEST	150.00	
4	ZZ/004	SUNDRIES	100.00	20
		nec		
		TOTAL LABOUR CHARGES	3370.00	

MOTORIMAGE ENTERPRISES PTE. LTD.
25 LENG KEE ROAD
SINGAPORE 159097

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SME7850L

		DAMAGED PARTS & PRICES				
S/NO	PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST	S/NETT	S/LIST REMARKS
1	FENDER F LH <i>BT</i> ✓	57120FL0309P	216.00			
2	BUMPER PUNCHING F <i>DE</i> ✓	57702FL300	468.00			
3	BRKT SD F RH <i>X</i> <i>na</i>	57707FL020	21.60			
4	BRKT SD F LH <i>na</i> ✓	57707FL030	21.60			
5	MUD GUARD ASSY F LH <i>DE</i> ✓	59110FL030	87.65			
6	LAMP ASSY HEAD <i>set</i> ✓	84002FL110	2520.00			
7	FOG LAMP ASSY F(SUPP) <i>?</i>	84501AJ060	272.00			
SUB TOTAL			3606.85	0.00	0.00	0.00
LESS DISCOUNT (NETT-20 %)			721.37	0.00	0.00	0.00
GRAND TOTAL			2885.48	0.00	0.00	0.00
OVERALL TOTAL			2885.48			

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

MOTORIMAGE ENTERPRISES PTE. LTD.
25 LENG KEE ROAD
SINGAPORE 159097

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SME7B50L

TOTAL LABOUR CHARGES	3370.00
TOTAL SPARE PARTS CHARGES	2885.48
GRAND TOTAL	6255.48 *

* All charges do2 not include GST.

[Handwritten signature]
8/1/19

SURVEYOR'S PARTICULARS

NAME	: RASUL (LKK)
SURVEYED DATE	: 03/01/19 @ 1120
AUTHORIZED DATE	:
EXCESS CLAUSE	: 0.00 4 days
LIABILITY	: 0.00
REMARKS	:

Resony 54 paint

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




LKK Auto Consultants 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/FCI18023274/R1td3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 06-05-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHB 4977A	Veh. Inspected	SME 7850L	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19000044MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	28/12/2018	
2. Vehicle Particulars & Condition				
Make & Model	SUBARU IMPREZA 2.0 I-S	c.c	1995	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	JF1GT7KL5JG046453	Colour	BLUE	
Odometer	3779	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/50 R17	BRIDGESTONE	6 mm	
L/H Front Tyre	205/50 R17	BRIDGESTONE	6 mm	
R/H Rear Tyre	205/50 R17	BRIDGESTONE	6 mm	
L/H Rear Tyre	205/50 R17	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/12/2018	Inspection Date	03/01/2019	
Survey held at	25 LENG KEE ROAD			
Repairer	MOTOR IMAGE ENTERPRISES PTE LTD			
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:		4 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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SME 7850L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FENDER F LH (N)	BENT	216.00	216.00
1	BUMPER PUNCHING F (N)	DEFORMED	468.00	468.00
1	BRKT SD F RH (N)	NOT NECESSARY	21.60	-
1	BRKT SD F LH (N)	NECESSARY	21.60	21.60
1	MUD GUARD ASSY F LH (N)	DEFORMED	87.65	87.65
1	LAMP ASSY HEAD (N)	SCRATCHED	2,520.00	2,520.00
1	FOG LAMP ASSY F (SUPP)(N)	* CHECK	272.00	-
	LESS 20% DISCOUNT		-721.37	-662.65
			2,885.48	2,650.60
	<u>SPECIAL NETT ITEMS</u>			
1	SUNDRIES (SN)	NECESSARY	100.00	20.00
			100.00	20.00
	<u>LABOUR</u>			
	REPLACE FRONT BUMPER, HEAD LAMP, RHS FENDER.		1,740.00	1,120.00
	RESPRAY FRONT BUMPER, BONNET, LHS FENDER.		1,380.00	880.00
	TO CONDUCT (FRONT) LIGHTING TEST.		150.00	150.00
			3,270.00	2,150.00
	GRAND TOTAL		6,255.48	4,820.60
	RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$217.60 NETT)			4,820.60

Report Ref No. CS/FCI18023274/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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