23/03/2002

ASS. REC. BY: Surveyor CWS | REF: CS/FCI/19000628/R1vd 3/2 | Special Instruction:

ASSIGNMENT (Office)

From (Person): Eileen Lee of PEI Date/Time: 2.41pm@10/1/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: WC 1618Z Insured: SHC 0818 Y

at Workshop m/s Mova Tel: 62623377

of 15 Pen Yang Road

Policy No: Claim No: D19000307MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A 07/01/2019

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

Date/Time: 3:23pm@10/1/19 Person Contacted: Nitha H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	WC1618Z-X
	SHC0818Y-NS/INC7012510/Gubm2 DOA: 23/6/17
31/1/19	Email preli revised to FCI
19/2/19	@1201pm Alan said vehicle still under repair
12/3/19	LS $3600 confirmed by email (Red 1410, 2879

Surveyor: Rasme | REF: | 0680k (e)
COE XPIRY: 2022 Aug

ASSIGNMENT

From: | Date:
Estimated Cost:
OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: WC16182
at Workshop m/s: MOVA
of: 15, Fan Yoong Rd
Insured: FCI
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: 50K
IDAC Accident Rport: | 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
Vehicle: IN / OUT
Date: | Person Contacted:

Veh No: WC 16182 | Yr Regn: 2007 Dec
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / (Truck) / Trailer or Cement Truck
Make: NISSAN CGB45CL | c.c: 13074
Colour: MULTI | A/C: Insured / Std / NI / NA
Sp.Reading: 228367 | T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: CGB4CL S00085
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: 295/80R22.5
R: " "
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Linglong

	Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm

D.O.A. 07/01/19 | D.O.I. 28/01/19
Survey held at: MOVA (Fan Yoong)
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear O/S
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time | Action / Instruction

Note: MV: $50K (Est) LTA: $ 13,054 NV: $ 36,946

RECEIVED 12 MAR 2019

31/1

Date/Time File Pass to?
1):
Date/Time File Return to?
2): 12/3 – typist

[ ]: Preli. Report
[ ]: Final Report

Days Of Repair: 8
Resurvey No. of Trip: 1

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

Survey Fee:	140
Transportation:	50
S+RS SI	50
Photos	
Others	51
TOTAL	291

Report Format: CWS
Lump Sum / I.B.I: ($ 3600/-)

MS FirstCapital

MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9
6 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3547
Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877
Tel: (65) 6507 3848 Fax: (65) 6507 3849
www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date	09-01-2019	**Our Ref No.**	D19000307MFSH
Accident Date	07-01-2019	**Claim Type.**	Third Party
Insured Vehicle	SHC0818Y	**Third Party Vehicle.**	WC1618Z
Survey Location	15 FAN YOONG ROAD		
Contact Person.	NABILAH SENIN		
Contact No.	62623377/ 0	**Fax No.**	62643151
Survey Type	DIRECT SETTLEMENT:		
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	MOVA AUTOMOTIVE PTE LTD	**Attention.**	NIL
Cc : TP Solicitor	NA	**TP Solicitor Fax No.**	NA
Officer Incharge	EILEEN LEE		

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: Thursday, 31 January 2019 2:01 PM
To: 'CWS Motor Claims'
Cc: 'Eileen Lee'; SUR
Subject: RE: SURVEY ASSESSMENT - D19000307MFSH/1, WC 1618Z
Attachments: WC 1618Z PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle WC 1618Z
Date of survey: 25/1/2019
Number of days : 8 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Thursday, 10 January 2019 3:28 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Eileen Lee' <EileenLee@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19000307MFSH/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: Thursday, 10 January 2019 2:41 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Eileen Lee <EileenLee@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19000307MFSH/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.

LVV 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: D19000307MFSH

Our Ref: CS/FCI19000628/R1vd3 Date :31/1/2019

The Motor Claims Department
MS FIRST CAPITAL INSURANCE LTD

WITHOUT PREJUDICE

Dear Sir/Madam,

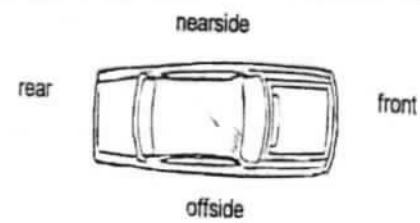
INITIAL INSPECTION REPORT OF VEHICLE NO.WC 1618Z

We thank you for your instruction on 10/1/2019

Please be informed that we had conducted the inspection of the above mentioned 25/1/2019 at the premises of M/s MOVA AUTOMOTIVE PTE LTD and have the following to report:-

Workshop Estimate Amount	: S$5,010.00
Revised Estimate Amount	: S$4,510.00
"Check" Items Amount	: S$
Market Value	: S$
LTA Reimbursement Value	: S$
Nett Value	: S$

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



Comments/Present Status:
Damages Consistent

Yours faithfully,

MOHAMMED RASUL
Automotive Assessor

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	0680K

Vehicle Details

Vehicle No.:	WC1618Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	09 Jan 2019
Vehicle Make:	NISSAN
Vehicle Model:	CGB45CLSMNB
Primary Colour:	Green
Manufacturing Year:	2007
Engine No.:	GE13334272B
Chassis No.:	CGB4CLS00085
Maximum Power Output:	-
Open Market Value:	$128,380.00
Original Registration Date:	27 Dec 2007
First Registration Date:	27 Dec 2007
Transfer Count:	0
Actual ARF Paid:	$0.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	31 Aug 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	$17,920.00
COE Rebate Amount:	$13,054.00
Total Rebate Amount:	**$13,054.00**

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 09 Jan 2019

OK

50,000
13,054
36,946

MMOV19003095-01 / Mova Automotive Pte Ltd - Bukit Merah
ENTRY DATE & TIME: 08/01/2019 09:58
SUBMITTED BY: Christina Sugumaran

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 witholding 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	08/01/2019 09:58
Date Of Accident	07/01/2019 06:30
Exact Location Of Accident	MARINA BAY FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	WC1618Z
Insured/Policyholder	
Name Of Registered Owner	YTL CONCRETE (S) PTE LTD
Co Reg No	200710680K
Email Address	JENICEMAH@YTLCEMENT.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62761381
Vehicle Particulars	
Manufacturer	NISSAN
Model	CGB45CLSMNB
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2018-V0093730-VCF-R004
Cover Note Number	
Driver	
Name of Driver	KARUPPIAH PERIYAIAH
NRIC No	G7610031X
Date Of Birth	05/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81419663
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	-
Postcode	
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 (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?	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 SKETCH PLAN

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	SHC818Y
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)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. The 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 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 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 processed 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, used [illegible] for the purpose of fraud detection, investigation and management of 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; ii)

   ii) for complying with requirements under any regulations, laws or rules under

YTL CONCRETE (S) PTE LTD

Policyholder's Signature Date & time	Driver's Signature (If Driver is not the Policyholder) Date & Time 11/2019	Reporting Centre Personnel's Signature Name: NRIC/FIN No.

Sketch Plan #2

[redacted]

SKETCH PLAN

A- WC 1182 ?
B- SHC 3184

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE WC 1182	ACCIDENT DATE & TIME 07/01/2019 @ 1030hrs
CONTACT NUMBER 91119445	E-MAIL ADDRESS —
LOCATION Marina Bay [illegible]	

On 07/01/2019 @ 1030hrs, I was travelling at Marina Bay [illegible]. Suddenly I feel heavy impact from behind, then I realize vehicle B SHC 3184 hit my vehicle A (WC 1182) from behind. No one was injured.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

( ) Claim Own Policy ( ) Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting Only

DECLARATION

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

Policyholder's Signature
Date & Time

YTL CONCRETE (S) PTE LTD

Driver's Signature
(If driver is not the policyholder)
Date & Time 7/1/19

AUTOMOTIVE PTE LTD

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

MOVA
Automotive Pte Ltd

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel : **(65) 6476 3333**
Fax : (65) 6271 5891
www.mova.com.sg

Workshop Dept:
Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722
Tel : **(65) 6272 3892**
Fax : (65) 6270 8314

Co. Reg. 198904033G
GST Reg. M2-0088864-2

Estimate

09/01/2019

MS FIRST CAPITAL INSURANCE LIMITED
36 Robinson Road
#16-01 City House
Singapore 068877.

Attention :- **XA026**

Page # :- 1
Veh # :- WC1618Z
Veh Model :- NISSAN CGB45
Estimate# :- CK418547
Claim # :-
ACC. Date :- 07/01/19
Terms :- C.O.D Days
Remarks :- Alan 96869276

No.	Description	Qty		U.Price	Amounts S$
	SPECIAL NET ITEMS :				
1.	REAR REINFORCEMENT BF	1	PC	800.00	800.00
2.	REAR STEP PANEL RH BRO	1	PC	500.00	500.00
3.	REAR WHEEL ARCH PANEL RH	1	PC	1,000.00	1,000.00
4.	REAR PUMP BRACKET RH	1	PC	300.00	300.00
5.	REAR WHEEL MUDFLAP RH DE	1	PC	150.00	150.00
6.	REAR WHEEL MUDFLAP BRACKET BA	2	PCS	30.00	60.00
7.	REAR TAIL LAMP ASSY RH BRO	1	PC	500.00	500.00
8.	REAR TAIL LAMP BRACKET RH BA	1	PC	200.00	200.00
	SPECIAL NET TOTAL S$				3,510.00
	LABOUR :				
	TO REPLACE REAR DAMAGED PARTS & SPRAY PAINTING ON REPLACED PANEL			1000	~~1,500.00~~
	LABOUR TOTAL S$				1,500.00

E. & O.E

NON-TAX AMOUNT S	
AMOUNT S$	5,010.00
GST @ 7 %	350.70
AMOUNT DUE S$	5,360.70

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

Rasul
Hp 90010068
8 days
4/S
25/01/19 @1050
Resp after 1 hour

31/1/19

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be acknowledged and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

MOVA
Automotive Pte Ltd

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel : **(65) 6476 3333**
Fax : (65) 6271 5891
www.mova.com.sg

Workshop Dept:
Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722
Tel : **(65) 6272 3892**
Fax : (65) 6270 8314

Co. Reg. 198904033G
GST Reg. M2-0088864-2

Estimate

09/01/2019

MS FIRST CAPITAL INSURANCE LIMITED
36 Robinson Road
#16-01 City House
Singapore 068877.

Attention :- **XA026**

Page # :- 1
Veh # :- WC1618Z
Veh Model :- NISSAN CGB45
Estimate# :- CK418547
Claim # :-
ACC. Date :- 07/01/19
Terms :- C.O.D Days
Remarks :- Alan 9466 9276

No.	Description	Qty	U.Price	Amounts S$
	SPECIAL NET ITEMS :			
1.	REAR REINFORCEMENT BT	1 PC	800.00	800.00
2.	REAR STEP PANEL RH BRO	1 PC	500.00	500.00
3.	REAR WHEEL ARCH PANEL RH BLACK	1 PC	1,000.00	1,000.00
4.	REAR PUMP BRACKET RH BA	1 PC	300.00	300.00
5.	REAR WHEEL MUDFLAP RH DE	1 PC	150.00	150.00
6.	REAR WHEEL MUDFLAP BRACKET BA	2 PCS	30.00	60.00
7.	REAR TAIL LAMP ASSY RH BRO	1 PC	500.00	500.00
8.	REAR TAIL LAMP BRACKET RH BA	1 PC	200.00	200.00
	SPECIAL NET TOTAL S$			3,510.00
	LABOUR :			
	TO REPLACE REAR DAMAGED PARTS & SPRAY PAINTING ON REPLACED PANEL		1000	~~1,500.00~~
	LABOUR TOTAL S$			1,500.00

H510
-206
3608

E. & O.E

NON-TAX AMOUNT S	
AMOUNT S$	5,010.00
GST @ 7 %	350.70
AMOUNT DUE S$	5,360.70

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

Rasul
Hp 90010068
8 days
4S
25/01/19 @1050
Resy after 14 days

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 12 March 2019 11:21 AM
To: 'Alan Chng'; Rasul (LKKAuto)
Cc: SUR
Subject: RE: finalization for veh no:WC1618Z

Dear Alan,

Confirmed Lump Sum $3600/- & 8 working days.

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

Best Regards,
Veron Chen | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----
From: Alan Chng <tuckmeng@mova.com.sg>
Sent: Saturday, 23 February 2019 2:04 PM
To: Rasul (LKKAuto) <Rasul@lkkauto.com>
Cc: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Subject: finalization for veh no:WC1618Z

Dear Rasul,

Please refer the attach to confirm the COR & working days, repair cost L/S
$3600 & 8 working days.
Please confirm and reply by email ASAP.
Thanks!

Best Regards
Alan Chng
Claims Estimator
Mova Automotive Pte Ltd
H/P 9686 9276
Office No:6262 3377
Fax No:6264 3151

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

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref : CS/FCI19000628/R1vd3e2

Date : 13-03-2019

Code : FCI2

1.	Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh.	SHC 818Y	**Veh. Inspected**	WC 1618Z
	Policy No.		**Coverage ($)**	0.00
	Claim No.	D19000307MFSH	**Excess ($)**	0.00
	Assign From	EILEEN LEE	**Assign Date**	10/01/2019

2.	Vehicle Particulars & Condition			
	Make & Model	NISSAN CGB45CLSMNB	**c.c**	13074
	Engine No.	HIDDEN	**Year of Reg.**	2007
	Chassis No.	CGB4CLS00085	**Colour**	MULTI COLOUR
	Odometer	228367	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	NIL
	General	FAIR		

3.	Conditions of Tyres			
		Size	**Make**	**Balance**
	R/H Front Tyre	295/80 R22.5	LING LONG	8 mm
	L/H Front Tyre	295/80 R22.5	LING LONG	8 mm
	R/H Rear Tyre	295/80 R22.5 (D)	LING LONG	8/8 mm
	L/H Rear Tyre	295/80 R22.5 (D)	LING LONG	8/8 mm

4.	Description of Damages
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.

5.	General Information			
	Accident Date	07/01/2019	**Inspection Date**	25/01/2019
	Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 . SINGAPORE 159722		

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:	**8 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. WC 1618Z

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	REAR REINFORCEMENT (SN)	BENT	800.00	800.00
1	REAR STEP PANEL RH (SN)	BROKEN	500.00	500.00
1	REAR WHEEL ARCH PANEL RH (SN)	BUCKLED	1,000.00	1,000.00
1	REAR PUMP BRACKET RH (SN)	BENT	300.00	300.00
1	REAR WHEEL MUDFLAP RH (SN)	DEFORMED	150.00	150.00
2	REAR WHEEL MUDFLAP BRACKET @$30.00 (SN)	BENT	60.00	60.00
1	REAR TAIL LAMP ASSY RH (SN)	BROKEN	500.00	500.00
1	REAR TAIL LAMP BRACKET RH (SN)	BENT	200.00	200.00
			3,510.00	3,510.00
	LABOUR			
	TO REPLACE REAR DAMAGED PARTS & SPRAY PAINTING ON REPLACED PANEL.		1,500.00	1,000.00
			1,500.00	1,000.00
	GRAND TOTAL		**5,010.00**	**4,510.00**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**3,600.00**

Report Ref No. CS/FCI19000628/R1vd3e2

MARKET VALUE: $50,000.00(EST)-LTA REIMBURSEMENT VALUE: $13,054.00=NETT VALUE: $36,946.00

MRB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser