From (Person) Karen Tan of	FCI	Date/Tune	2.10pm@17
Estimated Cost	Bill to		
To Inspect Vehicle No: SIW	88461 Insur	ed SHI) 4876×
at Workshop m/s 7dn (Chong Motor Bullittimah Road	Tel 670	3 8916
Policy No:	Claim No: D	180083	SSMF8H.
Sum Insured:	Excess.		
Make of Veh. (Chent's Record) CA / REV / REP. / REV 24 HRS		D.O.A H.O.D. En	18/11 2018
Date/Time: 3.07pm@ 17/1/19 Person C		Vehicle IN I	(OUI)
9W88461-X	TI 60 12 035/M/wg	1320	Avr. 23/6/1
		Tr. Comment	
19/1/19 @ 11.28an verised to	, Caven Tan by e	ne-	1

TayMh REF: . FC	
- 11 - 1 - 1	
F _E m Date	Type Mar / M. Gycle / Bus / Van / Lorry / Taxi / Prime Mover /
on Applysite Residence (EVALINVIMV	Truck / Trailer or
To the perit Vehicle No.	Make Nissan Andry ac (197
at Workshop mis	Colour white A/G Insured / Std / NI / NA
oł.	Sp.Reading 23603 - T/Radio Insured / Std / NI / NA
Insured	Eng/No:
Policy No.	CINO: SJNFE14 J142015 766
Claims No.	Gen Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering Inorder / Jammed / Loaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi Nil (8/Rim / STD A/Rim for Sort)
(Policy Condition) N/S 0/S	R: CALLED A
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO OF / A SAFE!
——————————————————————————————————————	
Bal, or Market Value:	R/Bal. C mm R/Bal. C mm
IDAC Accident Rport: Consistent? : Yes or No	
GIA / PR Seen: Consistent? : Yes or No Est Persers 4 days Res.: Yes or No	D.O.A. D.O.I. (4 /2 /9
2 Lot (repeate)	Survey held at TC BK+ Timen
Eum Sum: % 3 Val.: Yes or No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS - Vehicle: IN / OUT	Des. of Damages 111 Vision 1 Sec. 115
Date Person Contacted: Zulun'	The U/C / Chassis frame / Body Structure affected due to collision
22/8 21485.04 3 dys - 8 CRED \$ 1174.84, 44%	meil 6 Zuhri
- RECE	EIVED 27 AGG 2019
	219
Contest time File Pass to 2 : Preli. Report	Days Of Repair: 3
Oale/Time, File Return 107	Resurvey No. of Trip: / Survey Fee 110 50
Add Fe	e: Site Insp. (\$) 5.F % 50
1 22	Interney \$ 1665 17
Report Format: TP	Tarin trops US
Europ Sym / I.B 1: 18 1485.04	West and 18



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 5 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Hoter 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

20-11-2018

Our Ref No. D18008255MFSH

Accident Date

18-11-2018

Claim Type. Third Party

Insured Vehicle

SHD4876Y

Third Party Vehicle. SJW8846J

Survey Location

913 BUKIT TIMAH ROAD

Contact Person.

ZUHRI

Contact No.

64694091/67038916

Fax No. 64697472

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

TAN CHONG MOTOR

SALES PTE LTD

Attention. NIL

Cc : TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

KARENT

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:

Tuesday, 19 February 2019 11:28 AM

To:

'CWS Motor Claims'; assignments

Cc:

'Karen Tan'; SUR

Subject:

RE: SURVEY ASSESSMENT - D18008255MFSH/1

Attachments:

CSFCI19001108T1qd3.pdf

Dear Karen,

Enclosed herewith preliminary advice of SJW 8846J.

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: Thursday, 17 January 2019 3:08 PM

To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: 'Karen Tan' <karentan@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D18008255MFSH/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, 17 January 2019 2:09 PM To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims < cwsmotorclaims@msfirstcapital.com.sg>; Karen Tan < karentan@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D18008255MFSH/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.



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

Your Ref: D18008255MFSH

Date: 19 February 2019

Our Ref: CS/FCI19001108/T1qd3

The Motor Claims Department First Capital Insurance Ltd

Dear Sir/Madam,

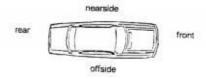
INITIAL INSPECTION REPORT OF VEHICLE NO. SJW 8846J .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 14/02/2019 at the premises of M/s TAN CHONG MOTOR. and have the following to report:-

Workshop Estimate Amount	: S\$	2,659.88	-
Revised Estimate Amount	: S\$	1,385.04	
"Check" Items Amount	: S\$	359.84	
Market Value	: <u>S</u> \$	((*)	14
LTA Reimbursement Value	: S\$	0.2	
Nett Value	: S\$		

Description of Damage:

<u>The vehicle sustained damages</u>
at the rear portion.



Yours faithfully

Taufikh 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 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

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.

1000	DENT	стлт	 -
	DENT	OLAI	 CIVI

Date Of Report

18/11/2018 14:13

Date Of Accident

18/11/2018 10:20

Exact Location Of Accident

ALONG CTE

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJW8846J

Insured/Policyholder

Name Of Registered Owner

CHANDRASIRI MAHAWATTAGE DON UPUL RANJAN

NRIC No

S2685548I

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-90025143

Alternative Phone No.

OTHERS-90025143

Vehicle Particulars

Manufacturer

NISSAN

Model

QASHQAI

Exact Purpose for which vehicle was being used at PRIVATE USE

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

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

Policy Number

5103762504 (DRIVO CLASSIC)

Cover Note Number

Driver

Name of Driver

CHANDRASIRI M AMA MADHAVI

NRIC No Date Of Birth S9272343G

Occupation

29/09/1992

Date Of Driving Pass

INDOOR 08/12/2011

Driving Experience

6 YEARS AND 11 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-96457264

Fax Number

Contact Number

OTHERS-96457264

EMail Address

NOEMAIL

Address

BLK 296D #09-52 CHOA CHU KANG AVENUE 2

Postcode

684296

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

Passenger 1

NAME:

: JOSHUA CHAN

GENDER:

: MALE

Passenger 2

NAME:

: JEN TAN

GENDER:

: FEMALE

Passenger 3

NAME:

: MOHD NAZREE

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 STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

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

SHD4876Y

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

ANG HOCK THOR

NRIC/Passport Number

S1724357H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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 daims;
 - (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.

18 NOV 2018

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.:

0.00

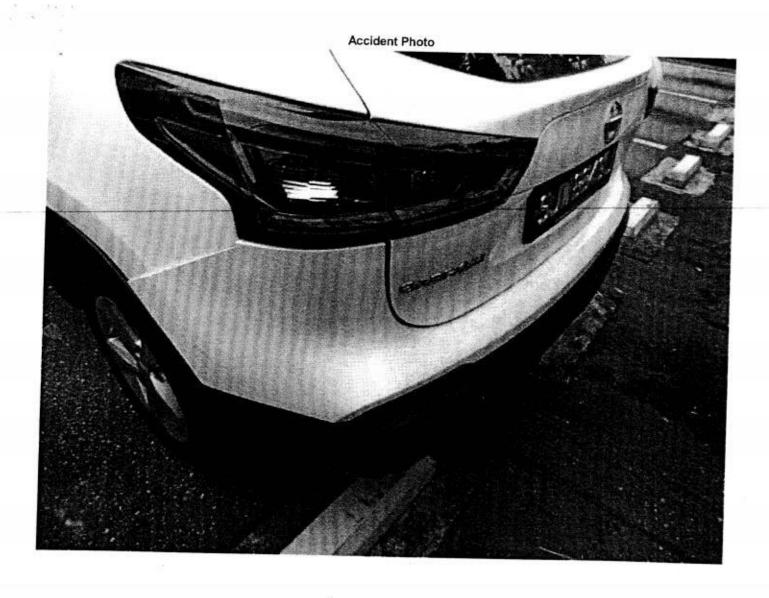
SKETCH PLAN			
BOL-CANZ		+	
10 N/4			
- B 10/11	7102	1-1-1-1-1-1-	
	!!		SJW 8846J
		THE TANK	JW 00,163
		B-	SHD 48764
			0/10/10/1
			201 10/1/2
			DOA - 18/11/18
SECONDE CIRCUNACTANICE	OF THE ACCIDENT		
ESCRIBE CIRCUMSTANCES			
Car C in fro	nt stopped. I stopp	ed behind.	Le car C. I did
not hit car	nt stopped. I stopp C. Car C drove.	away. Taxi	B lit from
behind.			
P COTTINUE.			
() 1 ct 1 :	1 4 0	Ja . C	1 (4)4
Light sigal	names on left SI	ae of par	bumper. Chr
body on the	e lest lower left	slightly mis	aligned with
car door. Al	cressory on rea	r brimpor fe	11 off, but was
able to be to	ccessory on real wished back in N	o initrice for	passemers.
7			•
Cab b lose	d the care is also	plata	constad. No
all bring	d the car number damage to tax	P PIKIN BOT	arata. No
other usible	damage to tax	kibor allier	
	/		
631		15	
		-	
			COM ASS
ECLARATION	NV a post con organization and a second		12 78
We declare the foregoing parti	culars are true in every respect.	10 10.	1 18
	1 1	18 NOV 2018	SE CEN
	lord ho		
olicyholder's Signature	Driver's Signature		ng Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder) Name:	W N-

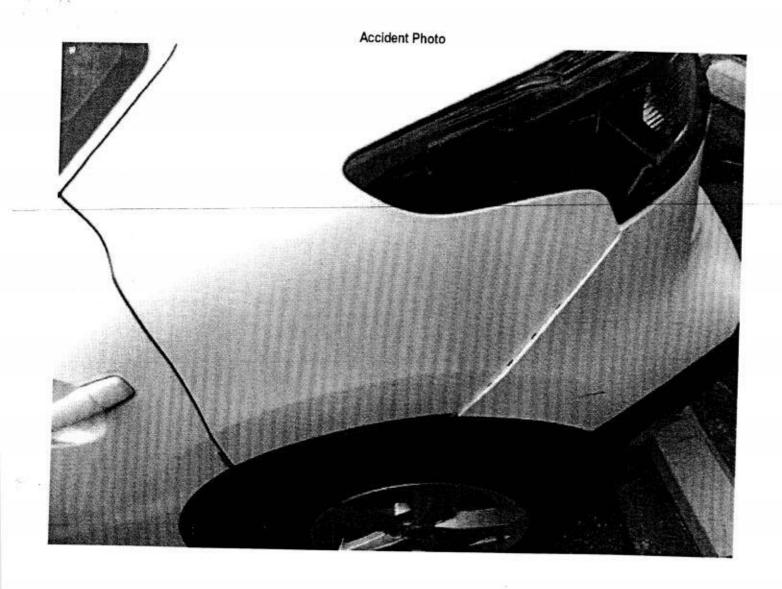












Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE GENERAL INSURANCE ASSOCIATION OF RAFFIELD ASSOCIATION

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

	wit	h whom you subm	ltted the Origin	al Report.		- 8	
			ADDEND	UM			
A)	PARTICULARSOFPE	RSON MAKING TH	EAMENDMENT	'S:			
	Original Report No :			Vehicle Registratio	n No:	SJW 8	846.
	Name(as shownin NRIC) :	Chandiasiri	Mahawatt	Vehicle Registratio プログルドルト NRIC/FIN/Passport	Ranj	32685	548I
	(*Vehicle Driver/Vei	hicle Owner) (*) Ple	ease delete as a				-
	Address :			- NAC - Toll Toll - 18-2 - 18-2		_Singapore()
	Contact (Tel) :			_Mobile No.:_	900 25		15
	Email Address :						
	Date of Accident :	18/11/18		_Time of Accident :	10:2	0	
	Place of Accident :	Alons C	16				
	Insurance Company:	HTIL					-
•	Claim	my third	party				_
_							
			- Daniel -				
					ALC: STATE OF THE PARTY OF THE		
	Rya.		- 11117-101	(
	licyholder / Driver's Si	gnature		Reporting Centre P	ersonnel'	s Signature	
υa	ote: 0 5 DB	EC 2018		Name: NRIC/FIN No.: Date:			

TAN CHONG MOTOR SALES PTE. LTD. 911, BUKIT TIMAH ROAD SINGAPORE 589623

ESTIMATE : ACCIDENT/BODY REPAIRS

WORKSHOP

: BUKIT TIMAH

CONTACT NO : 4694091

REFERENCE

: INS/IC/ZHR/0569/2018

: 16-JAN-2019

MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD

#16-01 CITY HOUSE

S(068877)

TEL: 65073848

ATTN: MOTOR CLAIM DEPT

OWNER'S NAME : MR CHANDRA SIRI

ADDRESS

: BLK 296D CHOA CHU KANG AVE 2

#09-52 S(684296)

TELEPHONE NO : 68922924/90025143

DIRECT SETTLEMENT

OWNER CLAIMING LOSS OF USE / RENTAL

CAR AT WORKSHOP / CAR NOT AT WORKSHOP

KINDLY REVERT TO ME ASAP

EMAIL: zuhri@tanchong.com

OFFICE: 67038916 FAX: 64697472

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM

POLICY NO : TP-SHD4876Y

VEHICLE NO

: SJW8846J

MODEL CODE : FRLARDWJ11USA--A--

MODEL/YEAR : NISSAN QASHQAI 1.2 MY2017

ENGINE NO

: HRA2484514A

CHASSIS NO : SJNFEAJ11U2015766

MILEAGE

: 1 KM

DATE IN

: 16/01/2019

LIABILITY

: 0.00

EXCESS CLAUSE :

ACCIDENT DATE : 18/11/2018

ESTIMATE BY : MUHAMMAD ZUHRI

. . . .

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SJW8846J

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	RPI	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED	120.00	X va
2	RSI	PANEL REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	110.00	1,
3	SEALI	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	100.00	x nn
4	22/001	REPAIR REAR END PANEL & REAR FENDER LH 340 RENEW REAR BUMPER COVER	585.00	390/
5	22/002	S/PAINT REAR BUMPER, RR END PANEL & RR FENDER LH	750.00	250
		TOTAL LABOUR CHARGES	1665.00	6 6

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SJW8846J

			DAMAGED	PARTS & PRI	CES	
S/NO	PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST	S/NETT	REMARKS
						7
1	SUNDRIES	NPN			50.00	? Knu
2	ENERGY ABSORBER	85090-HV00A	126.40 ?	× nn		
3	BRACKET-BUMPER LH	85221-4EA0A	35.90	Xun		
4	CANOE RIVET(2X6.5)	76882-0M000	13.00 A	21/		
5	CLIP(7.4X3)	85284-JD00A	51.80 N	4 -		
6	CLIP(10X1.2)	01553-05933	12.00			
-7	FASCIA-RR BUMP	85022-HV00H	717.00	le-		
	REVERSE SENSOR	SENSOR-TE5140			180.00	?×nŋ
					230.00	
	SUB TOTAL		956.10	0.00	0.00	
	LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT	005)	191.22	0.00		
	GRAND TOTAL		764.88	0.00	230.00	
	OVERALL TOTAL		994.88			

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

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SJW8846J

TOTAL LABOUR CHARGES 1665.00
TOTAL SPARE PARTS CHARGES 994.88

GRAND TOTAL

2659.88 *

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME :
SURVEYED DATE :
AUTHORIZED DATE :
EXCESS CLAUSE :
LIABILITY :
REMARKS :

0.00

0.00

REMARKS

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.

TAN CHONG MOTOR SALES PTE. LTD. 911, BUKIT TIMAN ROAD SINGAPORE 589623

PINALIZED

: ACCIDENT/BODY REPAIRS

WORKSHOP

: BUKIT TIMAH

CONTACT NO : 4694091

REFERENCE

: INS/IC/EHR/0569/2018

white by

: 16-JAN-2019

DS=>Taufikh

MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD

#16-01 CITY HOUSE

\$(068877)

TEL : 65073848

FAX 1

ATTN: MOTOR CLAIM DEPT

ZXIR

OWNER'S NAME

1 MR CHANDRA SIRI

ADDRESS

BLK 296D CHOA CHU KANG AVE 2

109-52

5(684296)

TELEPHONE NO

: 68922924/90025143

Recommend 3 days.

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM

POLICY NO

: TP-SHD4876Y

VEHICLE NO

1 SJW8846J

MODEL CODE : FRLARDWJ11USA--A--MODEL/YEAR : NISSAN QASHQAI 1.2 MY2017

ENGINE NO

: HRA2484514A

CHASSIS NO

: SJNFEAJ11U2015766

MILEAGE

1 KM

DATE IN

: 16/01/2019

LIABILITY

EXCESS CLAUSE :

ACCIDENT DATE : 18/11/2018

0.00

ESTIMATE BY

: MUHAMMAD ZUHRI

x 3day)

788.90

LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SJW8846J

TOTAL LABOUR CHARGES

	JOB CODE	NATURE OF JOB PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	CHARGES	SURVEYOR'S RECOMMENDATION .00
2	RSI	R/INSTALL REVERSE SENSOR, NECESSARY ADJUSTMENT PUNCTION TEST	110.00	110.00
3	SEALI	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	100.00	.00
•	22/001	REPAIR REAR END PANEL & REAR FENDER LH RENEW REAR BUMPER COVER	585.00	390.00
5	22/002	S/PAINT REAR BUMPER, RR END PANEL & RR FENDER LH	750.00	350.00

1665.00 850.00

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SJW8846J

DAMAGED PARTS & PRICES

						29
5/NO	PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST	S/NETT	
1	SUNDRIES	มคม			50.00	
2	ENERGY ABSORBER	85090-HV00A	126.40			×
3	BRACKET-BUMPER LH	85221-4EA0A	35.90			x
4	CANGE RIVET(2X6.5)	76882-09000	13.00			OK
5	CLIP(7.4X3)	85284-JD00A	51.80			ок
6	CLIP(10X1.2)	01553-05933	12.00			OK
7	FASCIA-RR BUMP	85022-HV00H	717.00			oĸ
8	REVERSE SENSOR	SENSOR-TE5140			180.00	x
						54
	SUB TOTAL		793.80	0.00	0.00)
	LBSS DISCOUNT (NETT-20.00%, LIST-30.00%	, S/NETT00%)	159.76	0.00	0.00	
	GRAND TOTAL		635.04	0.00	0.0	0
	OVERALL TOTAL		635.04			Ō

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

TAN CHONG MOTOR SALES PTE. LTD. 911, BUKIT TIMAS ROAD SINGAPORE 589623

SUMMARY OF OVERALL CHARGES FOR VEHICLE REGN NO SJW8846J

NETT ITEM	793.80	
LESS 20.00%)	-158.76	
NETT AMOUNT	635.04	
LIST ITEM	0.00	
LESS 30.00%)	0.00	
LIST AMOUNT	0.00	
SPECIAL NETT ITEM	0.00	
LESS .00%)	0.00	
SPECIAL NETT AMOUNT	0.00	
TOTAL LABOUR CHARGES	850.00	
TOTAL SPARE PARTS CHARGES	635.04	
TOTAL CHARGES	1485.04	
ADD 7 % GST	103.95	
GRAND TOTAL	1588.99	



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

			mationale Des Experts En Auton	nobile
MS	FIRST CAPITAL I	NSURANCE LTD	Ref : CS/FCI190011	08/T1qd3e2
	ROBINSON ROAD I-01 CITY HOUSES	SINGAPORE 068877	Date: 20-09-2019 Code: FCI2	
1.	TOBIC POUR	Policy Particu	ars :- THIRD PARTY CLAI	M
	Insured Veh.	SHD 4876Y	Veh. Inspected	SJW 8846J
	Policy No.		Coverage (\$)	0.00
	Claim No.	D18008255MFSH	Excess (\$)	0.00
	Assign From	KAREN TAN	Assign Date	17/01/2019
2.		Vehicle P	articulars & Condition	
	Make & Model	NISSAN QASHQAI	c.c	1197
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	SJNFEAJ11U2015766	Colour	WHITE
	Odometer	23603	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Cor	ditions of Tyres	
		Size	Make	Balance
_	R/H Front Tyre	215/50 R17	CONTINENTAL	6 mm
	L/H Front Tyre	215/50 R17	CONTINENTAL	6 mm
	R/H Rear Tyre	215/50 R17	CONTINENTAL	6 mm
	L/H Rear Tyre	215/50 R17	CONTINENTAL	6 mm
			iption of Damages	
	DAMAGES SEE D	STAINED DAMAGES AT THE ETAILS.	REAR PORTION.	
;.		Gen	eral Information	
	Accident Date	18/11/2018	Inspection Date	14/02/2019
	Survey held at	TAN CHONG MOTOR SALE	S PTE LTD	
		913 BUKIT TIMAH ROAD SINGAPORE 589623		
a.			Remarks	
	B)THE INSPECTION	SISTENT TO ACCIDENT REP ON WAS CONDUCTED ON A" CE TO YOUR INSTRUCTIONS	PORT. WITHOUT PREJUDICE" BASI: 5, WE HAVE NOT AUTHORISE	S. ED REPAIRS
b.			ate Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	3 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJW 8846J

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	ENERGY ABSORBER (N)	NOT NECESSARY	126.40	
1	BRACKET-BUMPER LH (N)	NOT NECESSARY	35.90	
1	CANOE RIVET (2X6.5) (N)	NECESSARY	13.00	13.00
1	CLIP (7.4X3) (N)	NECESSARY	51.80	51.80
1	CLIP (10X1.2) (N)	NECESSARY	12.00	12.00
1	FASCIA-RR BUMP (N)	DEFORMED	717.00	717.00
	LESS 20% DISCOUNT		-191.22	-158.76
			764.88	635.04
	SPECIAL NETT ITEMS			
1	SUNDRIES (SN)	NOT NECESSARY	50.00	
1	REVERSE SENSOR (SN)	NOT NECESSARY	180.00	
			230.00	
	LABOUR			
	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL.	NOT NECESSARY	120.00	-
	REMOVE & INSTALL SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST.		110.00	110.00
	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA.	NOT NECESSARY	100.00	-
	REPAIR REAR END PANEL & REAR FENDER LH RENEW REAR BUMPER COVER.		585.00	390.00
	S/PAINT REAR BUMPER, RR END PANEL & RR FENDER LH.		750.00	350.00
			1,665.00	850.00
	GRAND TOTAL		2,659.88	1,485.04

RECOMMENDED COST OF REPAIRS	1,485.04
	1,100.01

Report Ref No. CS/FCI19001108/T1qd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

ADRIAN LING WAI PING

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

Licensed Appraiser

Automotive Assessor

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