

ASS. REC. BY:

REF:

CS/FCI1900/718/Asd3n2

Special Instruction:

Surveyor:

Adrian

ASSIGNMENT (Office)

From (Person):

cus  
Henry Kao

of

FCP

Date/Time: 12.10pm 25/1/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLU 4235K

Insured:

SHA 8149C

at Workshop m/s

TK Motor

Tel:

96273323

of

Blk 1, kaki Bkt Ave 6 # 02-56 Autobay

Policy No:

Claim No:

D19000671MP8H

Sum Insured:

Excess:

Make of Veh:

D.O.A.

21/01/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

hpl

H.O.D. Endorsement:

Date/Time:

12.20pm 25/1/19

Person Contacted:

Ah Keong

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLU 4235K-NA/AIG19001569/h4 DOA: 21/01/2019
	SHA 8149C-NA/AIG19001569/h4 DOA: 21/01/2019
28/01/19	@ 15:20 p.m. recvt prodge estimate from repairer to Henry via email

ASS. REC. BY:

REF:

Adrian

## 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. \_\_\_\_\_

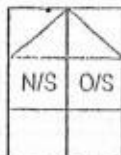
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 4 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: SLU 423SK Yr Regn: 2017 / NovType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Qashqai c.c. 1197Colour: Midnight A/C: Insured / Std / NI / NASp. Reading: 98989 T/Radio: Insured / Std / NI / NA

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

C/No: SJA FEA J1142105316Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim orTyre Size: F: 215/60R17.R: 215/60R17.

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

TOYO / YOKO or

Continental.

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 25/01/19Survey held at T.K.Des. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
15/07/19	TP 1st Cap. Confirmed H/S @ \$ 7,900/- @ 4 days with Adrian ( \$ 7,965.00 Red - 50% )
	MV : _____
	PV : _____
	Nett: _____

RECEIVED 15 JUL 2019

Resurvey No. of Trip - 3

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:	Survey Fee:	Date:
1) 15/07/19	2) _____	IN	Basic & Add.	5x15 = 75
3) Typ: 4	4) _____	OUT	S + RS, SL	170 + 75
5) _____	6) _____		Photos	50
Preli. Report:			Others	50 + 50 + 50
Final Report: H/S @ \$ 7,900/-			TOTAL	111
				556

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	24-01-2019	<b>Our Ref No.</b> D19000671MFSH
<b>Accident Date</b>	21-01-2019	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHA8149C	<b>Third Party Vehicle.</b> SLU4335K
<b>Survey Location</b>	Blk 1 Kaki Bukit Ave 6 #02-56 AutoBay @ Kaki Bukit	
<b>Contact Person.</b>	IRENE	
<b>Contact No.</b>	96273323/ 96273323	<b>Fax No.</b> 65322007
<b>Survey Type</b>	WITHOUT PREJUDICE: NO EST* (SJE) TPV NO SHLD BE SLU4235K	
<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>	TK MOTOR WORKSHOP	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	KURU & CO	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	HENRY KAO	

**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.

## Shirley Hiew (LKK Auto)

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**From:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Sent:** Monday, 28 January 2019 3:20 PM  
**To:** 'Henry Kao Cai Jie'; 'CWS Motor Claims'  
**Cc:** assignments; SUR; Admin-D (LKKAuto)  
**Subject:** RE: SURVEY ASSESSMENT - D19000671MFSH/1

Dear Henry,

Please be informed that we have inspected the vehicle SLU 4235K on 25/01/2019.

We are pending estimate from repairer.

Thank you.

Best Regards,

Shirley Hiew | 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:** Admin-D (LKKAuto) [mailto:[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)]  
**Sent:** Friday, 25 January 2019 12:31 PM  
**To:** 'CWS Motor Claims' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** 'Henry Kao Cai Jie' <[HenryKao@msfirstcapital.com.sg](mailto:HenryKao@msfirstcapital.com.sg)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D19000671MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](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](mailto:cwsmotorclaims@msfirstcapital.com.sg)]  
**Sent:** Friday, 25 January 2019 12:10 PM  
**To:** ASSIGNMENTS@LKKAUTO.COM  
**Cc:** CWS Motor Claims <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; Henry Kao Cai Jie <[HenryKao@msfirstcapital.com.sg](mailto:HenryKao@msfirstcapital.com.sg)>  
**Subject:** PRI: SURVEY ASSESSMENT - D19000671MFSH/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](http://www.avg.com)

# 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	24/01/2019 09:31
Date Of Accident	21/01/2019 23:30
Exact Location Of Accident	JUNC OF NEWTON RD & KHIANG GUAN AVE
Country/State of Loss	SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU4235K
Insured/Policyholder	
Name Of Registered Owner	LEONG LIN YUAN (LIANG LINYUAN)
NRIC No	S7818241E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96386497
Alternative Phone No	OFFICE-96386497

## Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

## Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700084674-01
Cover Note Number	-

## Driver

Name of Driver	LEE JIA HAO
NRIC No	S9343713F
Date Of Birth	19/11/1993
Occupation	INDOOR
Date Of Driving Pass	23/04/2012
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88667171
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 405 CHOA CHU KANG AVE 3 #13-261  
Postcode 680405  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured FRIEND  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident SIDE SWIPE  
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? YES  
Was any injured conveyed to hospital by ambulance? NO  
Was any other material or property damaged? YES  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 2  
Passenger 1 NAME: LEONG LIN YUAN  
GENDER: MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )  
Police Station Address ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 ,  
COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-7910000 - FAX NO: 68965649  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

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

#### Details of Witness 1

Name ZHI HAO  
Phone Number 91183566  
Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA8149C  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI

Name of Driver  
NRIC/Passport Number  
Contact Number 94899924  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LEE JIA HAO  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLU4235K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name LEONG LIN YUAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLU4235K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

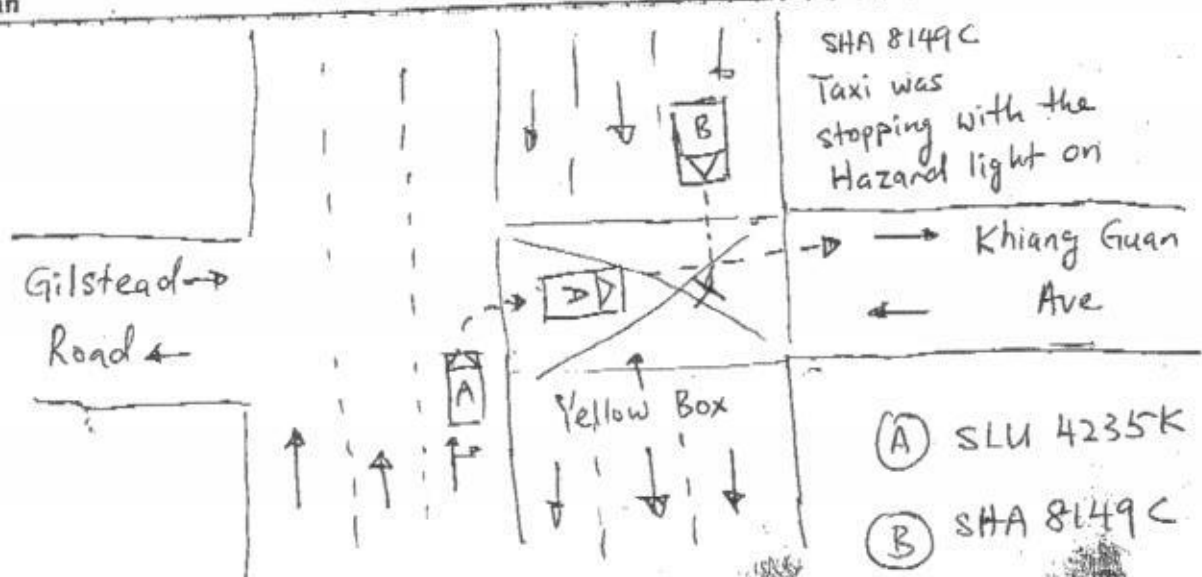
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





Describe Circumstances of the Accident


Refer To Police Report NO: J/20190123/7020

Declaration

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

  
Witnessed by Reporting Centre Personnel



Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 23/01/2019 13:55	Vide Report No.	Station Diary No.
Name Of Informant LEE JIA HAO	Address APT BLK 405 CHOA CHU KANG AVENUE 3 #13-261 SINGAPORE 680405	
ID Type / ID No. NRIC NO / S9343713F	Contact No. Home/Office:	Mobile: 88667171
Nationality SINGAPORE CITIZEN	Email Address jiaahao.lee@gmail.com	
Occupation Sales executive	Sex Male	Age 25
Institution/School Name	Date of Birth 19/11/1993	Race Chinese
Date/Time Of Incident 21/01/2019 23:30 - 21/01/2019 23:55	Language English	
	Location Of Incident APT BLK 405 CHOA CHU KANG AVENUE 3 #13-261 SINGAPORE 680405	

**Brief details.**

On 21/01/2019 around 1130pm, i was driving SLU4235K along newton road. I wanted to turn into Kiang Guan Avenue. As the junction is not controlled by any traffic lights, i inch out my car to check if there is any incoming traffic, as soon as the traffic was clear and in my favour, i turned into Kiang guan avenue. However, while my car was still in the yellow box of newton road, one yellow comfort taxi, SHA8149C which was previously stationary at the side of the road with hazard light on drove straight towards my direction. I stopped my car immediately however the driver continued to drive forward and collided into

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2019 13:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



SINGAPORE  
POLICE FORCE



2 of 2



# T K MOTOR WORKSHOP

1 KAKI BUKIT AVE 6 #02-56  
SINGAPORE 417883  
TEL: 96273323 FAX: 68442641  
CO. REG NO: 53049097L

LKK-Adrian

Third party: First Capital  
US: 7 day.

DATE: 1/3/2019

LEONG LIN YUAN (LIANG LINYUAN)  
BLK 405 CHOA CHU KANG AVE 3 #23-261  
SINGAPORE 680405

Shirley By Hand: 13/5/19  
SINFEA J1142105316.

ACCIDENT DATE: 21/01/2019

ESTIMATE COST OF REPAIRS BILL TO NISSAN QASHQAI CAR NO: SLU4235K

1	PC	FRONT BONNET	Repairs	SS	985.00	985.00	NETT	+
2	PC	FRONT LED HEADLAMP	ut		5,932.00	<del>5,932.00</del>	NETT	5500
2	PC	FRONT LED HEADLAMP BRACKET	ut included		140.00	<del>140.00</del>	NETT	70
1	PC	FRONT L/H FENDER	Repairs		628.00	628.00	NETT	+
1	PC	FRONT L/H FENDER ARC GARNISH	3 new		483.00	483.00	NETT	+
8	PC	FRONT L/H FENDER ARC GARNISH CLIP	3 new		64.00	64.00	NETT	+
1	PC	FRONT L/H FENDER INNER SHIELD	3 new		120.00	120.00	NETT	+
18	PC	FRONT L/H FENDER INNER SHIELD CLIP	3 new		63.00	63.00	NETT	+
1	PC	FRONT L/H FENDER INNER SHIELD CLIP LOWER RUBBER SEAL	3 new		80.00	80.00	NETT	+
2	PC	FRONT RADIATOR SIDE GARNISH	3 new		182.00	182.00	NETT	+
4	PC	FRONT RADIATOR SIDE GARNISH CLIP	3 new		14.00	14.00	NETT	+
2	PC	FRONT L/H FUSE BOX	included		340.00	340.00	NETT	✓
1	PC	FRONT BUMPER	Distorted		630.00	630.00	NETT	✓
1	PC	FRONT BUMPER LOWER COVER GARNISH	Distorted		220.00	220.00	NETT	✓
8	PC	FRONT BUMPER LOWER COVER GARNISH CLIP	new		40.00	40.00	NETT	✓
1	PC	FRONT BUMPERTOP REINFORCEMENT BEAM	Best		678.00	678.00	NETT	✓
1	PC	FRONT BUMPERTOP REINFORCEMENT BEAM SPONGE	included		230.00	230.00	NETT	✓
1	PC	FRONT BUMPER LOWER BEAM	Best		358.00	<del>358.00</del>	NETT	183
1	PC	FRONT BUMPER LOWER BEAM SPONGE	included		260.00	<del>260.00</del>	NETT	150
8	PC	FRONT BUMPER CLIP	new		28.00	28.00	NETT	✓
2	PC	FRONT BUMPER SIDE GARNISH	new		330.00	330.00	NETT	+
1	SET	FRONT BUMPER PARKING SENSOR	new		200.00	200.00	S/NETT	+
1	PC	FRONT BUMPER TOW COVER	deformed		30.00	30.00	NETT	✓
1	PC	FRONT GRILLE	ut		466.00	466.00	NETT	✓
1	PC	FRONT GRILLE EMBLEM	new		130.00	130.00	NETT	✓
1	PC	FRONT GRILLE TOP COVER	3 new		212.00	212.00	NETT	+
8	PC	FRONT GRILLE TOP COVER CLIP	3 new		28.00	28.00	NETT	+
2	PC	FRONT GRILLE CLIP	new		20.00	20.00	NETT	✓
1	PC	FRONT NO. PLATE GARNISH	ut		351.00	351.00	NETT	✓
6	PC	FRONT NO. PLATE GARNISH CLIP	new		21.00	21.00	NETT	✓
1	PC	FRONT NO. PLATE	3 Distorted		26.00	26.00	S/NETT	✓
1	PC	FRONT NO. PLATE COVER	3 Distorted		26.00	26.00	S/NETT	✓
1	PC	FRONT BUMPER L/H FOG LAMP & BRACKET	Damaged		380.00	380.00	NETT	✓

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:

9467 S.N: 52.  
852030

# T K MOTOR WORKSHOP

1 KAKI BUKIT AVE 6 #02-56  
SINGAPORE 417883  
TEL: 96273323 FAX: 68442641  
CO. REG NO : 53049097L

TO SPRAY PAINTING.	900.00	<del>900.00</del> x 60
TO TOP-UP AIR- CON GAS	100.00	100.00 x
TO REMOVE & REFIX FRONT FUSE BOX WIRING HARLESS.	280.00	280.00 x
TO APPLY UNDERCOATING ON THE REPAIRED & REPLACED PANEL FOR RUST PROTECTION.	80.00	80.00 x
TO MEASURE, DRILL THE REPLACED BUMPER, POSITION & REINSTALL FRONT SENSOR, CONTROL UNIT, CHECK & TEST FOR FUNCTIONING.	80.00	<del>80.00</del> 50
TO RESET FAULT CODE & CARRY OUT DIAGNOSTIC CHECK.	80.00	80.00 x
TO LABOUR CHARGE FOR PANEL BEATING, WELDING, REMOVING ALL DAMAGED PARTS & REPLACING OF THE NEW PARTS ETC.	650.00	<del>650.00</del> 600

TOTAL S\$

15,865.00

1300

total: 9872.30

h/s : 7.9K

04 Days.

7.9K






# 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/FCI19001718/Asd3n2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 18-07-2019	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHA 8149C	Veh. Inspected	SLU 4235K	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19000671MFSH	Excess (\$)	0.00	
Assign From	HENRY KAO	Assign Date	25/01/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	NISSAN QASHQAI	c.c	1197	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	SJNFEAJ11U2105316	Colour	MAROON	
Odometer	98989	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/60 R17	CONTINENTAL	6 mm	
L/H Front Tyre	215/60 R17	CONTINENTAL	6 mm	
R/H Rear Tyre	215/60 R17	CONTINENTAL	6 mm	
L/H Rear Tyre	215/60 R17	CONTINENTAL	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	21/01/2019	Inspection Date	25/01/2019	
Survey held at	T K MOTOR WORKSHOP BLK 1 KAKI BUKIT AVE 6 #02-56 SINGAPORE 417883			
<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:		4 Working Days		



# LKK Auto Consultants Pte Ltd

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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLU 4235K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	FRONT BONNET (N)	TO REPAIR SEE LABOUR	985.00	-
2	FRONT LED HEADLAMP (N)	CUT	5,932.00	5,500.00
2	FRONT LED HEADLAMP BRACKET (N)	N/S CRACKED	140.00	70.00
1	FRONT L/H FENDER (N)	TO REPAIR SEE LABOUR	628.00	-
1	FRONT L/H FENDER ARC GARNISH (N)	NOT NECESSARY	483.00	-
8	FRONT L/H FENDER ARC GARNISH CLIP (N)	NOT NECESSARY	64.00	-
1	FRONT L/H FENDER INNER SHIELD (N)	NOT NECESSARY	120.00	-
18	FRONT L/H FENDER INNER SHIELD CLIP (N)	NOT NECESSARY	63.00	-
1	FRONT L/H FENDER INNER SHIELD CLIP LOWER RUBBER SEAL (N)	NOT NECESSARY	80.00	-
2	FRONT RADIATOR SIDE GARNISH (N)	NOT NECESSARY	182.00	-
4	FRONT RADIATOR SIDE GARNISH CLIP (N)	NOT NECESSARY	14.00	-
2	FRONT L/H FUSE BOX (N)	CRACKED	340.00	340.00
1	FRONT BUMPER (N)	DISTORTED	630.00	630.00
1	FRONT BUMPER LOWER COVER GARNISH (N)	DISTORTED	220.00	220.00
8	FRONT BUMPER LOWER COVER GARNISH CLIP (N)	NECESSARY	40.00	40.00
1	FRONT BUMPER TOP REINFORCEMENT BEAM (N)	BENT	678.00	678.00
1	FRONT BUMPER TOP REINFORCEMENT BEAM SPONGE (N)	CRACKED	230.00	230.00
1	FRONT BUMPER LOWER BEAM (N)	BENT	358.00	183.00
1	FRONT BUMPER LOWER BEAM SPONGE (N)	CRACKED	260.00	150.00
8	FRONT BUMPER CLIP (N)	NECESSARY	28.00	28.00
2	FRONT BUMPER SIDE GARNISH (N)	NOT NECESSARY	330.00	-
1	FRONT BUMPER TOW COVER (N)	DEFORMED	30.00	30.00
1	FRONT GRILLE (N)	CUT	466.00	466.00
1	FRONT GRILLE EMBLEM (N)	NECESSARY	130.00	130.00
1	FRONT GRILLE TOP COVER (N)	NOT NECESSARY	212.00	-
8	FRONT GRILLE TOP COVER CLIP (N)	NOT NECESSARY	28.00	-
2	FRONT GRILLE CLIP (N)	NECESSARY	20.00	20.00
1	FRONT NO PLATE GARNISH (N)	CUT	351.00	351.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
6	FRONT NO PLATE GARNISH CLIP (N)	NECESSARY	21.00	21.00
1	FRONT BUMPER L/H FOG LAMP & BRACKET (N)	DAMAGED	380.00	380.00
	LESS 10% DISCOUNT		-	-946.70
			13,443.00	8,520.30
	<b>SPECIAL NETT ITEMS</b>			
1	SET FRONT BUMPER PARKING SENSOR (SN)	NOT NECESSARY	200.00	-
1	FRONT NO PLATE (SN)	DISTORTED	26.00	26.00
1	FRONT NO PLATE COVER (SN)	DISTORTED	26.00	26.00
			252.00	52.00
	<b>LABOUR</b>			
	TO SPRAY PAINTING.		900.00	650.00
	TO TOP-UP AIR-CON GAS.	NOT NECESSARY	100.00	-
	TO REMOVE & REFIX FRONT FUSE BOX WIRING HARLESS.	NOT NECESSARY	280.00	-
	TO APPLY UNDERCOATING ON THE REPAIRED & REPLACED PANEL FOR RUST PROTECTION.	NOT NECESSARY	80.00	-
	TO MEASURE,DRILL THE REPLACED BUMPER.POSITION & REINSTALL FRONT SENSOR,CONTROL UNIT,CHECK & TEST FOR FUNCTIONING.		80.00	50.00
	TO RESET FAULT CODE & CARRY OUT DIAGNOSTIC CHECK.	NOT NECESSARY	80.00	-
	TO LABOUR CHARGE FOR PANEL BEATING,WELDING,REMOVING ALL DAMAGED PARTS & REPLACING OF THE NEW PARTS ETC.INCLUSIVE OF THE REPAIR OF FRONT BONNET AND FRONT L/H FENDER.		650.00	600.00
			2,170.00	1,300.00
<b>GRAND TOTAL</b>			<b>15,865.00</b>	<b>9,872.30</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>7,900.00</b>

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ADRIAN LING WAI PING

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

Licensed Appraiser

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