

ASS. REC. BY:

REF:

CS/FCI19062088/TIVD32

Special Instruction.

Surveyor:

CWS

Taufik

ASSIGNMENT (Office)

From (Person):

Eileen Lee

of

FCI

Date/Time:

5.24pm @ 30/1/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKF 5689T

Insured:

SHA 6918M

at Workshop m/s

Trans Eurokars

Tel:

G331 0680 / 0683

of

S ubi Close

Policy No:

Claim No:

D19000778MFST

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

27/01/2019

CA / REV / REP. / REV 24 HRS

lupl

1/2/19 @ 12pm

H.O.D. Endorsement:

Date/Time:

10.46am @ 31/1/19

Person Contacted:

Eva

Vehicle IN / OUT

Date/Time

Action/Instruction

(✓)

Estimate

Insp: 27A Tanjung Penjun

SKF5689T-X

SHA 6918M-NA/INC15012947/01

POA: 14/7/15

07/02/19

@ 15:54 p.m. revised PA to Eileen via email.

27/3/19

@ 4:21pm Catherine said TP withdraw claim

28/3/19

@ 10:57am Double check with Vion TP withdraw claim

28/3/19

Submit preli revised

SYNOPSIS

Tanjan

REF: FCI

ASSIGNMENT

From: _____ Date: **01/02/19**

Estimated Cost: _____

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

To Inspect Vehicle No: **SKF 5689T**

at Workshop m/s: **Trans Eurokars**

of: **27A Tanjung Penjun**

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: **12pm owner waiting**

(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: **SKF 5689T** Yr Regn: **2015 March**

Type: MC ar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Mayda 2** C.C: **1496**

Colour: **Silver** A/C: **Insured / Std / NI / NA**

Sp. Reading: **58375** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **JM 6D J24 A A 01.122141**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: **185/60R16** R: _____

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

TOYO / YOKO or

Front: _____ Rear: _____

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

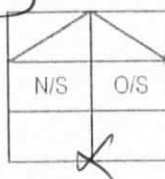
L/Bal. **6** mm L/Bal. **6** mm

D.O.A. _____ D.O.I. **01/02/19 @ 12pm**

Survey held at **Trans Eurokars**

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

RECEIVED 28 MAR 2019

Date/Time, File Pass to?

☒ : Preli. Report
☐ : Final Report

Days Of Repair: **4**

1) _____ Date/Time, File Return to?

Resurvey No. of Trip: _____

2) **28/3- typst**

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

Survey Fee: _____
Transportation: _____
S + RS: _____
Photos: _____
Others: _____

Report Format: **CWS**
Lump Sum / I.B.I: (\$)

100
50
22
212

TOTAL

MOTOR SURVEY ASSIGNMENT

Date	29-01-2019	Our Ref No. D19000778MFSH
Accident Date	27-01-2019	Claim Type. Third Party
Insured Vehicle	SHA6918M	Third Party Vehicle. SKF5689T
Survey Location	NO:5 UBI CLOSE	
Contact Person.	EVA KOK <i>lvion</i>	
Contact No.	63310680/ 0	Fax No. 63310690
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	TRANS EUROKARS 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: Monday, 11 February 2019 8:47 AM
To: eva.kok@eurokars.com.sg; Admin A; Admin-D (LKKAUTO); Shu Pei (LKKAUTO)
Cc: EileenLee@msfirstcapital.com.sg; jobithomas@eurokars.com.sg; vion.lim@eurokars.com.sg; samuel.ng@eurokars.com.sg
Subject: RE: SURVEYOR APPOINTED; OUR REF : D19000778MFSH ; YOUR REF: SKF5689T

Dear Eva,

For liability kindly refer to insurance.

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: eva.kok@eurokars.com.sg <eva.kok@eurokars.com.sg>
Sent: Friday, 1 February 2019 11:10 AM
To: Admin A <admin-a@lkkauto.com>; Admin-D (LKKAUTO) <admin-d@lkkauto.com>; Veron Chen (LKKAUTO) <veronchen@lkkauto.com>; Shu Pei (LKKAUTO) <shupe@lkkauto.com>
Cc: EileenLee@msfirstcapital.com.sg; jobithomas@eurokars.com.sg; vion.lim@eurokars.com.sg; samuel.ng@eurokars.com.sg
Subject: RE: SURVEYOR APPOINTED; OUR REF : D19000778MFSH ; YOUR REF: SKF5689T

Hi All,

Please assist revert liability for direct settlement for the case above.

Thank you

Regards,



Eva Kok
Insurance Claims Officer
27A Tanjong Penjuru
Singapore 609042
T: (65) 6331 0680 D: (65) 6331 0683 F: (65) 6331 0690
E: eva.kok@eurokars.com.sg W: www.eurokarsgroup.com

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>

Sent: 30 January 2019 5:24 PM

To: Eva Kok <eva.kok@eurokars.com.sg>

Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Eileen Lee <EileenLee@msfirstcapital.com.sg>

Subject: SURVEYOR APPOINTED; OUR REF : D19000778MFSH ; YOUR REF: SKF5689T

Dear Sir/Madam

PRI Request For **SKF5689T** Accident Involving **SHA6918M** On 27-01-2019 AT 21:00:00HRS.

Please find below details for your reference

- **Claim number :** D19000778MFSH
- **Insured vehicle number :** SHA6918M
- **Accident date :** 27-01-2019
- **Third-party vehicle number :** SKF5689T
- **Assignment type :** WITHOUT PREJUDICE: LIABILITY UNCLEAR
- **Surveyor :** LKK AUTO CONSULTANTS PTE LTD
- **Officer-in-Charge :** EILEEN LEE

PS: This is a system generated mail. Please do not reply to this mail.

Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Thursday, 7 February 2019 3:54 PM
To: 'Eileen Lee'; 'CWS Motor Claims'
Cc: 'assignments'; 'SUR'; 'Admin-D (LKKAuto)'
Subject: RE: SURVEY ASSESSMENT - D19000778MFSH/1
Attachments: SKF 5689T - Preli Advise -.pdf

Dear Eileen,

Enclosed preliminary revised of vehicle SKF 5689T.

Thank you.

Best Regards,

Shirley Hiew | Case Handler **(On Behalf Veron)**

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) [mailto:admin-d@lkkauto.com]
Sent: Thursday, 31 January 2019 10:49 AM
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 - D19000778MFSH/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: Wednesday, 30 January 2019 5:24 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Eileen Lee <EileenLee@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19000778MFSH/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

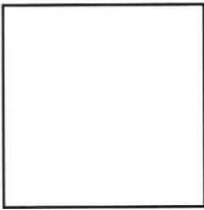
Motor Claims Department

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: D19000778MFSH

Date: 07 February 2019

Our Ref: CS/FCI19002088/T1vd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

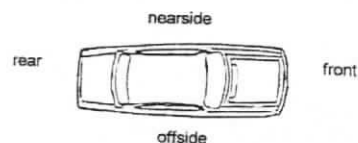
INITIAL INSPECTION REPORT OF VEHICLE NO. SKF 5689T .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 01/02/2019 at the premises of M/s Trans Eurokars Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>5,177.01</u> .
Revised Estimate Amount	: S\$ <u>4,867.40</u> .
"Check" Items Amount	: S\$ <u>74.59</u> .
Total	: S\$ <u>4,941.99</u> .
Market Value	: S\$ _____ .
LTA Reimbursement Value	: S\$ _____ .
Nett Value	: S\$ _____ .

Description of Damage:

The vehicle sustained damages at the rear portion.



Comments/ Present Status:

Damages Consistent.
Repair days: 5 Days

Yours faithfully,
Mohamad 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 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	28/01/2019 14:08
Date Of Accident	27/01/2019 21:15
Exact Location Of Accident	OUTRAM RD TRAFFIC LIGHT JUNCTION AT CTE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKF5689T
Insured/Policyholder	
Name Of Registered Owner	LOH YU KONG
NRIC No	S2014906Z
Email Address	LOHYUKONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97394414
Alternative Phone No	OTHERS-92298228
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 2
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	2100407427-03
Cover Note Number	
Driver	
Name of Driver	LOH YU KONG
NRIC No	S2014906Z
Date Of Birth	17/11/1934
Occupation	INDOOR
Date Of Driving Pass	22/06/1957
Driving Experience	61 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97394414
Fax Number	
Contact Number	OTHERS-92298228
EEmail Address	LOHYUKONG@GMAIL.COM

Address	23 BEDOK TERRACE
Postcode	469182
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 - 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)	2
Passenger 1	NAME: : CHAN CHWEE LIAN GENDER: : FEMALE

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 & STATEMENT

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA6918M
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEW SWEE HUAT
NRIC/Passport Number	S7047717C
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. 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: 28/1/19 1200h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

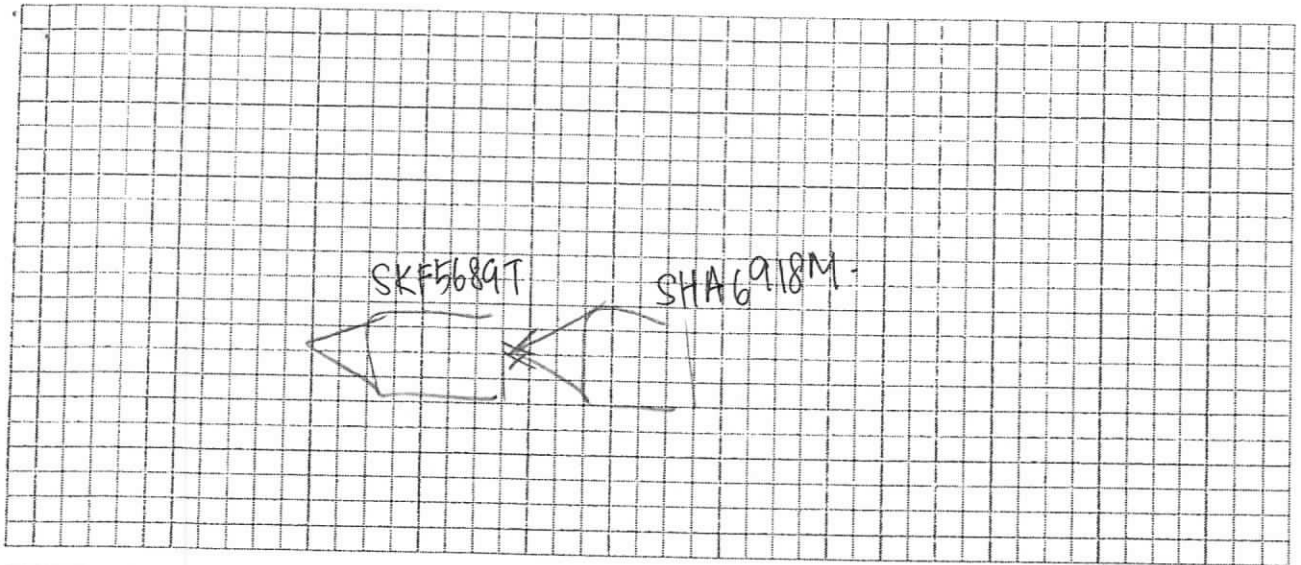


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SKF 56 89T

ACCIDENT DATE: 27/1/19

CONTACT NUMBER: 97394414

ACCIDENT TIME: 9.15pm

EMAIL: loh yu kong@gmail.com

LOCATION: Outram Road @ traffic light junction after CTE exit

I was stopped at the traffic light junction. When the light changed green, my car stalled and did not move.

As I was trying to re-start the engine, I felt a jerk and realised that another car had hit my car from behind.

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

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: () CLAIM OWN POLICY ☒ CLAIM THIRD PARTY () REPORTING ONLY

DECLARATION

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

Policyholder's Signature
Date & Time: 28/1/19 1200h.

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

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



TRANS EUROKARS PTE LTD
NO:5 UBI CLOSE, SINGAPORE 408605
ESTIMATE COST OF REPAIRS



NTUC INCOME INSURANCE 1 MARITIME SQUARE #10-01 HARBOURFRONT CENTRE SINGAPORE 099253 ATTN.: MOTOR CLAIMS FAX:		NAME: Mr Loh Yu Kong ADDRESS: 23 Bedok Terrace Singapore 469182 TEL: 97394414		WIP: 34047 EXCESS: DATE: 28-Jan-19	
VEH NO:	SKF5689T	DATE IN:		CONTACT PERSON:	EVA
CHASSIS NO:	JM6DJ2HAA01100141	MILEAGE:		TYPE OF CLAIM:	THIRD PARTY CLAIM
MODEL:	MAZDA2	DATE REG.:	27-Mar-15	POLICY NO.:	

NATURE OF WORKS

Parts Description

NO	QTY	REVISED	PRICES
1	REAR BUMPER 1 MDC3R-50-221BBB	de✓	\$ 850.80
2	BRACKET CENTER 1 MKD53-50-251	?	\$ 5.10
3	STAY, REAR BUMPER 2 MD09W-50-271A	nn X	\$ 21.60
4	FASTENER, REAR BUMPER 7 MB45A-56-146A	ner✓	\$ 19.60
5	GROMMET, REAR BUMPER 2 M9991-00-501	ner✓	\$ 5.60
6	GROMMET, REAR BUMPER 4 MBHN1-50-021A	ner✓	\$ 10.00
7	LAMP, LICENSE PLATE 2 MD09H-51-270B	nn X	\$ 106.20
<i>rear end panel - bt✓</i>			
<i>TAIL LAMP GASKET RH ✓</i>			TOTAL PARTS \$ 1,018.90
<i>TAIL LAMP GASKET LH ✓</i>			LESS 10% \$ 101.89
TOTAL PARTS COST			\$ 917.01

Labour Description

1	MZ-BR-REAR01	TO REPLACE REAR BUMPER. TO REPAIR REAR END PANEL AND ALL AREAS AFFECTED BY THE ACCIDENT. <i>660</i>	<i>1980</i> \$ 1,320.00
2		TO RESPRAY REAR BUMPER AND REAR END PANEL. <i>632</i>	<i>/</i> \$ 1,260.00
3	MZ-BR-REVSER	TO TRANSFER REVERSE SENSORS. (WITH REVERSE SENSOR)	<i>330</i> \$ 660.00
4	MZ-BR-PLATE1	TO SUPPLY NUMBER PLATE.	? NETT \$ 70.00
5	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.	<i>150</i> \$ 250.00
6	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	<i>152</i> \$ 250.00
7	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	<i>180</i> \$ 350.00

8	MZ-BR-SUNDRI	SUNDRIES.	20. NETT	\$ 100.00
			TOTAL LABOUR	\$ - \$ 4,260.00
			TOTAL PARTS	\$ - \$ 917.01
			TOTAL	\$ - \$ 5,177.01
			LESS EXCESS	\$ - \$ -
			TOTAL AFTER EXCESS	\$ -
			GST 7%	\$ - \$ -
			GRAND TOTAL	\$ - \$ -

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT. TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A **QUOTATION FEE OF \$400** WILL BE APPLIED ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

TRANS EUROKARS PTE LTD

9877.01

Authorised Signature

Tanpin 97495749

01/02/19 @ 12pm

Resurvey before paint

sur @ ukanta.com.

5 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:




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/FCI19002088/T1vd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 01-04-2019		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 6918M	Veh. Inspected	SKF 5689T	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19000778MFSH	Excess (\$)	0.00	
Assign From	EILEEN LEE	Assign Date	30/01/2019	
2. Vehicle Particulars & Condition				
Make & Model	MAZDA 2	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	JM6DJ2HAA01100141	Colour	SILVER	
Odometer	58375	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	185/60 R16	TOYO	6 mm	
L/H Front Tyre	185/60 R16	TOYO	6 mm	
R/H Rear Tyre	185/60 R16	TOYO	6 mm	
L/H Rear Tyre	185/60 R16	TOYO	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	27/01/2019	Inspection Date	01/02/2019	
Survey held at	27A TANJONG PENJURU			
Repairer	TRANS EUROKARS 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:		5 Working Days		



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKF 5689T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	850.80	850.80
1	BRACKET CENTER	* CHECK	5.10	-
2	STAY, REAR BUMPER	NOT NECESSARY	21.60	-
7	FASTENER, REAR BUMPER	NECESSARY	19.60	19.60
2	GROMMET, REAR BUMPER	NECESSARY	5.60	5.60
4	GROMMET, REAR BUMPER	NECESSARY	10.00	10.00
2	LAMP, LICENSE PLATE	NOT NECESSARY	106.20	-
1	REAR END PANEL (NPA)	BENT	-	-
1	TAIL LAMP GASKET RH (NPA)	NECESSARY	-	-
1	TAIL LAMP GASKET LH (NPA)	NECESSARY	-	-
	LESS 10% DISCOUNT		-101.89	-88.60
			917.01	797.40
<u>SPECIAL NETT ITEMS</u>				
1	NUMBER PLATE (SN)	* CHECK	70.00	-
1	SUNDRIES (SN)	NECESSARY	100.00	20.00
			170.00	20.00
<u>LABOUR</u>				
	TO REPLACE REAR BUMPER. TO REPAIR REAR END PANEL AND ALL AREAS AFFECTED BY THE ACCIDENT.		1,980.00	1,980.00
	TO RESPRAY REAR BUMPER AND REAR END PANEL.		1,260.00	1,260.00
	TO TRANSFER REVERSE SENSORS. (WITH REVERSE SENSOR)		660.00	330.00
	TO CARRY-OUT BODY CAVITY PRESERVATION.		250.00	150.00
	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		250.00	150.00
	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORK.		350.00	180.00
			4,750.00	4,050.00
GRAND TOTAL			5,837.01	4,867.40
RECOMMENDED COST OF REPAIRS				4,867.40

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MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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