

2/20/2019

ANS. REG. RV

REF

CS/FCI19003208/Asd3dr

Action/Instruct

Surveyor

ASSIGNMENT (Office)

CWS

From (Person)

Scene for

of

FCI

Date/Time:

5:32pm @ 20/2/19

Estimated Cost:

Bill for

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

To Inspect Vehicle No:

SLU 9234E

Insured:

SHD 7159P

at Workshop n/s

BW workshop

Tel:

6284 8800

of

30 ubi Rd 4

Policy No:

Claim No:

D19001226MPSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

02/02/2019

20/2/19 @ 4pm

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

10:50am @ 20/2/19

Person Contacted:

Justin

Vehicle IN/

☒ OUT

Date/Time

Action/Instruct

(✓)

Estimate

SLU 9234E -X

SHD 7159P -X

27/02/19

@ 17:51 p.m. rec'd prob'g estimate from rep'd car
to scene via email

REF FCI

SINCE 1987

Form Date 22/2/19

Estimated Cost

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

Form post Vehicle No

SLU9234E

at Workshop

BW workshop

at

30 Ubi Rd 4

Insured

Policy No

Claim No

Sum Insured

Excess

(Client's Record)

Make of Veh

4pm

(Policy Condition)

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



Bal. or Market Value

75K.

IDAC Accident Report

Consistent? : Yes or No

GIA / PR Seen

Consistent? : Yes or No

Est. Repairs:

days Res.: Yes or No

Lump Sum:

% 3 Val.: Yes or No

GA / REV / REP. / 24 HRS

up

Date

Person Contacted

Vehicle: IN / OUT

Veh No SLU9234E. Regn 2017 Dec

Type: MCab / MCycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make

Honda Shuttle Hybrid 7496

Colour

Red.

A/C

Insured / Std / NI / NA

Sp Reading

25899.

U/Radio: Insured / Std / NI / NA

Eng/No

C/No

GP 71121313

Gen Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orMod: Nil / SRim / STD A/Rim or

Tyre Size:

F:

185/60 R15

R:

185/60 R15

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

TOYO / YOKO or

Front

Rear

R/Bal.

06 mm

R/Bal.

06 mm

L/Bal.

06 mm

L/Bal.

06 mm

D.O.A.

D.O.I

22/02/19.

Survey held at

BW.

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

TP 1st Cap.

Owner Convert to OD claim

RECEIVED 05 MAR 2019

Date/Time: File Pass to:

05/03/19

H

Typ: 4

Date/Time: File Return to:



Preli. Report



Final Report

Days Of Repair:

8

Resurvey No. of Trip:

/

Survey Fee:

Transportation

F. S. F. S.

F. Photo

F. Other

F. Other

TOTAL

Add Fee:



Site Insp. (\$



Interview (\$



Techn. try (\$



Work and (\$

Report Format

Preli

Lump Sum / L.R. (\$

150

50

90

290

MOTOR SURVEY ASSIGNMENT

Date	19-02-2019	Our Ref No. D19001226MFSH
Accident Date	02-02-2019	Claim Type. Third Party
Insured Vehicle	SHD7159P	Third Party Vehicle. SLU9234E
Survey Location	30 UBI ROAD 4	
Contact Person.	JUSTIN EE	
Contact No.	52898800/ 0	Fax No. 68582120
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR - EST. COR \$6,693.40	
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	BW WORKSHOP SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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.

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8757A
Vehicle Details	
Vehicle No.:	SLU9234E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	18 Feb 2019
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Primary Colour:	Red
Manufacturing Year:	2017
Engine No.:	LEB6326282
Chassis No.:	GP71121313
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$23,664.00
Original Registration Date:	18 Dec 2017
First Registration Date:	18 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Dec 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	17 Dec 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,711.00
COE Rebate Amount:	\$42,968.00
Total Rebate Amount:	\$46,718.00

The information contained herein is correct as at 18 Feb 2019

OK

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Wednesday, 27 February 2019 5:51 PM
To: 'Serene Ler'; 'CWS Motor Claims'
Cc: assignments; SUR; Admin-D (LKKAuto)
Subject: RE: SURVEY ASSESSMENT - D19001226MFSH/1

Dear Serene,

Please be informed that we have inspected the vehicle SLU 9234E on 22/02/2019.

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 | 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: Wednesday, 20 February 2019 11:00 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Serene Ler' <Sereneler@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19001226MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in the workshop, repairer arrange on 22/02/2019.

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: Tuesday, 19 February 2019 5:32 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Serene Ler <SereneLer@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D19001226MFSH/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

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	04/02/2019 12:29
Date Of Accident	02/02/2019 13:30
Exact Location Of Accident	ALONG NEIL ROAD AFTER KEONG SAIK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9234E
Insured/Policyholder	
Name Of Registered Owner	TOH PEI RU
NRIC No	S8818757A
Email Address	MAETPR@LIVE.COM
Mobile Phone No	(LOCAL) +65-92700423
Alternative Phone No	OTHERS-92700423

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00016821
Cover Note Number	N.A

Driver

Name of Driver	TOH PEI RU
NRIC No	S8818757A
Date Of Birth	29/05/1988
Occupation	INDOOR
Date Of Driving Pass	27/08/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92700423
Fax Number	
Contact Number	OTHERS-92700423
Email Address	MAETPR@LIVE.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

I was on the left lane of two lane road turning out from Keong Saik Road into Neil Road into the center lane. My car was in the center lane when a taxi SHD7159P turned left out from Craig Road on the one lane road had made a wide turn and its front right side collided my car left rear side. Damages to my car were on the left rear portion. No injuries were involved.

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	SHD7159P
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR / BLUE
Details Of Properties	N.A
Vehicle Category	TAXI
Name of Driver	LIM KONG BOO
NRIC/Passport Number	S0629433B
Contact Number	96385723
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

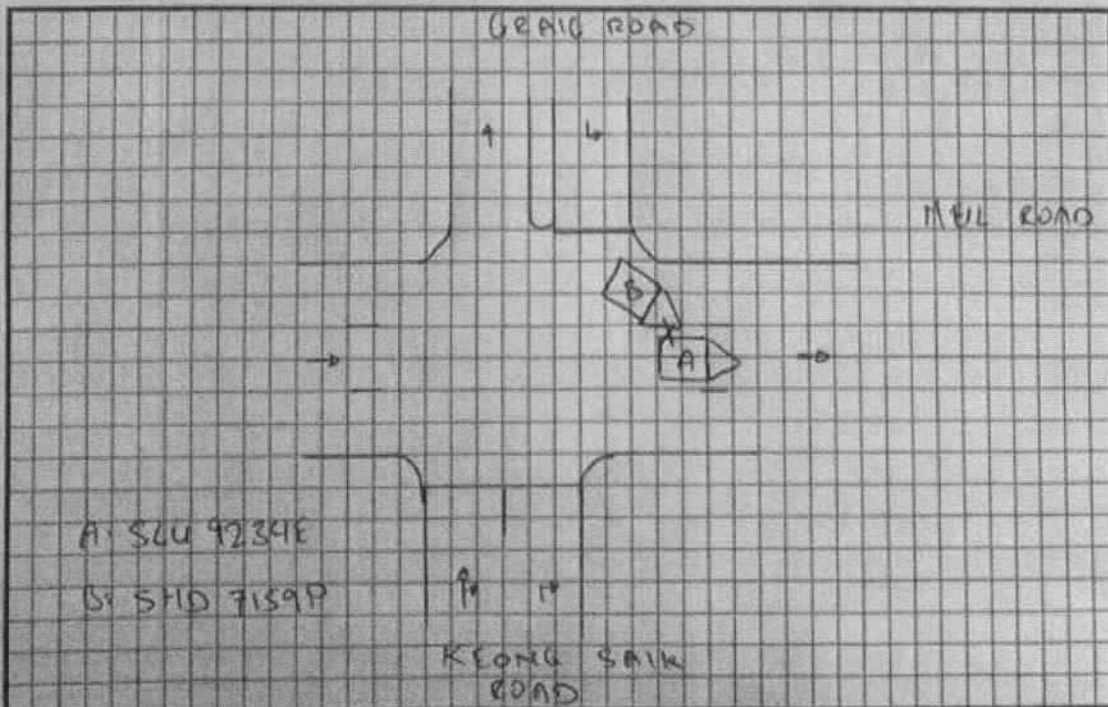
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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 making 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/are 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Muhammad Falzal
Bin Pabita
Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



Sketch Plan #2 Pg. 1

ACCIDENT STATEMENT (2000 characters)

I was on the left lane of two lane road turning out from Keong Saik Road into Neil Road into the center lane. My car was in the center lane when a taxi SHD7159P turned left out from Craig Road on the one lane road had made a wide turn and its front right side collided my car left rear side. Damages to my car were on the left rear portion. No injuries were involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 February 2019 at 5:01 PM

Date/Time:

3 February 2019 at 5:01 PM

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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	04/02/2019 12:29
Date Of Accident	02/02/2019 13:30
Exact Location Of Accident	ALONG NEIL ROAD AFTER KEONG SAIK ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU9234E
Insured/Policyholder	
Name Of Registered Owner	TOH PEI RU
NRIC No	S8818757A
Email Address	MAETPR@LIVE.COM
Mobile Phone No	(LOCAL) +65-92700423
Alternative Phone No	OTHERS-92700423
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00016821
Cover Note Number	N.A
Driver	
Name of Driver	TOH PEI RU
NRIC No	S8818757A
Date Of Birth	29/05/1988
Occupation	INDOOR
Date Of Driving Pass	27/08/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92700423
Fax Number	
Contact Number	OTHERS-92700423
Email Address	MAETPR@LIVE.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

I was on the left lane of two lane road turning out from Keong Saik Road into Neil Road into the center lane. My car was in the center lane when a taxi SHD7159P turned left out from Craig Road on the one lane road had made a wide turn and its front right side collided my car left rear side. Damages to my car were on the left rear portion. No injuries were involved.

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	SHD7159P
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR / BLUE
Details Of Properties	N.A
Vehicle Category	TAXI
Name of Driver	LIM KONG BOO
NRIC/Passport Number	S0629433B
Contact Number	96385723
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

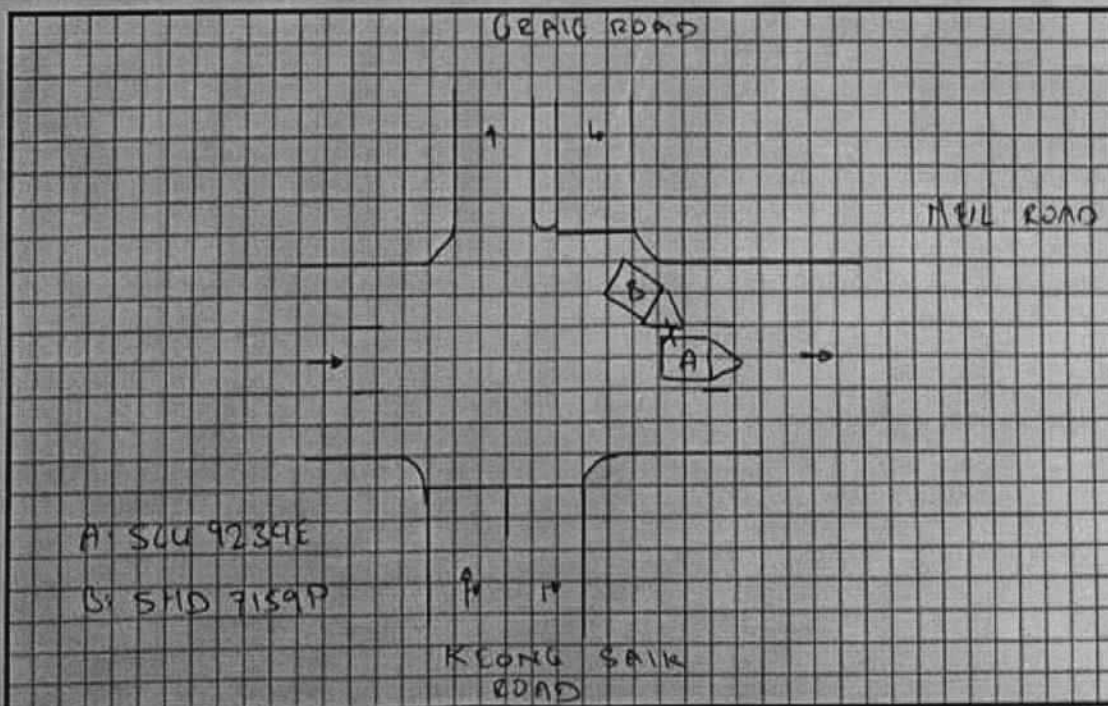
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Muhammad Faizal
Bin Pabla
Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was on the left lane of two lane road turning out from Keong Saik Road into Neil Road into the center lane. My car was in the center lane when a taxi SHD7159P turned left out from Craig Road on the one lane road had made a wide turn and its front right side collided my car left rear side. Damages to my car were on the left rear portion. No injuries were involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 February 2019 at 5:01 PM

Date/Time:

3 February 2019 at 5:01 PM



ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

InsuranceCompany: FWD SINGAPORE PTE. LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

1.

Date: 01/03/2019

BW WORKSHOP SERVICES PTE. LTD.

30 UBI ROAD 4 SINGAPORE 408615

TEL: 5289 8800 FAX: 6858 2120

GST REG NO : 201504834E

Estimate

To : **FIRST CAPITAL INSURANCE LTD** DATE : **18/2/2019**
Attn : **Clamis Officer**
CC : **1499** VEHICLE NO : **SLU 9234 E**
YEAR : **2017** CHASSIS NO : **GP71121313**
MODEL : **HONDA SHUTTLE HYBRID 1.5** PAGE : **1 OF 1**

Please quote the following items listed.

Third Party Claims

S/NO	ITEMS	Qty	Price
1	Rear door - LH <i>Revised</i>	1	\$810.00 ✓
2	Side Skirting - LH <i>Repair</i>	1	\$390.00 ✓
3	Rear fender - LH <i>Revised</i>	1	\$1,100.00 ✓
4	Rear bumper bracket - LH <i>Revised</i>	1	\$35.50 ✓
	<i>Rear bumper</i>		\$2,335.50
		Discount 20%	\$467.10
		TOTAL :	\$1,868.40
S/NO	SPECIAL ITEMS	Qty	Price
1	Tyre - Yokohama - 185/60R15 <i>new</i>	1	\$135.00 ✓
2	Wheel cap cover <i>at</i>	1	\$495.00 ✓
3	Rear fender glass moulding <i>re</i>	1	\$85.00 ✓
			\$415.00
		Parts Total :	\$1,868.40
		S/P Item :	\$415.00
		TOTAL :	\$2,283.40

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:

BW WORKSHOP SERVICES PTE. LTD.

30 UBI ROAD 4 SINGAPORE 408615

TEL: 5289 8800 FAX: 6858 2120

GST REG NO : 201504834E

Estimate

To	: FIRST CAPITAL INSURANCE LTD	DATE	: 18/2/2019
Attn	: Clamis Officer		
CC	: 1499	VEHICLE NO	: SLU 9234 E
YEAR	: 2017	CHASSIS NO	: GP71121313
MODEL	: HONDA SHUTTLE HYBRID 1.5	PAGE	: 1 OF 1

S/NO	LABOURS	AMOUNT
1	TO REMOVE, CUT OUT DAMAGED PARTS, PANEL BEATING, WELDING, ALIGN, REFIT AND TO RENEW AFFECTED PARTS. \$300/Per Day	\$ 1,800.00
2	TO PUTTY AND RESPRAY ON AFFECTED PORTIONS. \$280/Per Panel	\$ 1,680.00
3	DISCONNECT AND CHECK ELECTRICAL WIRING, HARNESS, WIRE SOCKETS,ETC. REMOVE AND REINSTALL DAMAGED PARTS, TEST AND RECTIFY FOR PROPER FUNCTIONING.	\$ 120.00
4	TO FOCUS TAILLAMPS. TO CHECK WIRING AND LIGHTING OPERATION.	\$ 100.00
5	TO REMOVE AND REFIT REAR FENDER GLASS AND CONDUCT WATER LEAK TEST.	\$ 100.00
6	TO REMOVE AND REFIT REAR UPHOLSTERY TRIMMING, ROOF LINING, SEATS, SPEAKER BOARD IN ORDER TO FACILITATE REPAIRING WORK.	\$ 100.00
7	TO APPLY UNDERSEALING.	\$ 100.00
8	TO REMOVE DOOR'S FITTINGS.	\$ 100.00
9	TO REMOVE AND REFIT PETROL/DIESEL TANK IN ORDER TO FACILITATE REPAIRING WORKS.	\$ 150.00
10	TO CONDUCT TYRE BALACING.	\$ 40.00
11	REMOVE AND REPLACE BUMPER SENSOR.	\$ 120.00

Working Days : 11 Days.

NOTE: ALL QUOTED PRICE IS SUBJECT TO 7% GST

7489.40

TOTAL	:	\$4,410.00
PARTS TOTAL	:	\$2,283.40
GRAND TOTAL	:	\$6,693.40

Adrian Lj
P/p 22/02/19.
08 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

Affiliated to Federation Internationale Des Experts En Automobile				
MS FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI19003208/Asd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 07-03-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 7159P	Veh. Inspected	SLU 9234E	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19001226MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	20/02/2019	
2. Vehicle Particulars & Condition				
Make & Model	HONDA SHUTTLE HYBRID	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	GP71121313	Colour	RED	
Odometer	25899	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	185/60 R15	YOKOHAMA	6 mm	
L/H Front Tyre	185/60 R15	YOKOHAMA	6 mm	
R/H Rear Tyre	185/60 R15	YOKOHAMA	6 mm	
L/H Rear Tyre	185/60 R15	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	02/02/2019	Inspection Date	22/02/2019	
Survey held at	BW WORKSHOP SERVICES PTE LTD 30 UBI ROAD 4 SINGAPORE 408615			
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		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLU 9234E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR DOOR - LH	DENTED	810.00	810.00
1	SIDE SKIRTING - LH	TO REPAIR SEE LABOUR	390.00	-
1	REAR FENDER - LH	DISTORTED	1,100.00	1,100.00
1	REAR BUMPER BRACKET - LH	NECESSARY	35.50	35.50
1	REAR BUMPER	DEFORMED	995.00	995.00
	LESS 20% DISCOUNT		-666.10	-588.10
			2,664.40	2,352.40
<u>SPECIAL NETT ITEMS</u>				
1	TYRE - YOKOHAMA - 185/60R15 (SN)	NOT NECESSARY	135.00	-
1	WHEEL CAP COVER (SN)	CUT	195.00	80.00
1	REAR FENDER GLASS MOULDING (SN)	NECESSARY	85.00	85.00
			415.00	165.00
<u>LABOUR</u>				
	TO REMOVE, CUT OUT DAMAGED PARTS, PANEL BEATING, WELDING, ALIGN, REFIT AND TO RENEW AFFECTED PARTS. \$300/PER DAY. INCLUSIVE OF THE REPAIR OF SIDE SKIRTING - LH.		1,800.00	1,000.00
	TO PUTTY AND RESPRAY ON AFFECTED PORTION. \$280/PER PANEL.		1,680.00	800.00
	DISCONNECT AND CHECK ELECTRICAL WIRING, HARNESS, WIRE SOCKETS, ETC. REMOVE AND REINSTALL DAMAGED PARTS, TEST AND RECTIFY FOR PROPER FUNCTIONING.		120.00	30.00
	TO FOCUS TAILLAMP. TO CHECK WIRING AND LIGHTING OPERATION.	NOT NECESSARY	100.00	-
	TO REMOVE AND REFIT REAR FENDER GLASS AND CONDUCT WATER LEAK TEST.		100.00	60.00
	TO REMOVE AND REFIT REAR UPHOLSTERY TRIMMING, ROOF LINING, SEATS, SPEAKER BOARD IN ORDER TO FACILITATE REPAIRING WORK.		100.00	60.00
	TO APPLY UNDERSEALING.		100.00	60.00
	TO REMOVE DOOR'S FITTINGS.		100.00	80.00
	TO REMOVE AND REFIT PETROL / DIESEL TANK IN ORD		150.00	80.00

Report Ref No. CS/FCI19003208/Asd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CONDUCT TYRE BALACING.		40.00	40.00
	REMOVE AND REPLACE BUMPER SENSOR.		120.00	50.00
			4,410.00	2,260.00
GRAND TOTAL			7,489.40	4,777.40
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)				4,777.40

Report Ref No. CS/FCI19003208/Asd3e2

ADRIAN LING WAI PING

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

Licensed Appraiser

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