

ASS. REC. BY:

REF:

FCI19003305/Evd327

Special Instruction:

Surveyor:

aws

ASSIGNMENT (Office)

From (Person):

May chun

of

FCI

Date/Time:

5:53pm @ 21/02/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

8LS 24584

Insured:

SHD 3420K

at Workshop m/s

Te Autoclinic

Tel:

9615 0023

of

25 Leng Kee Rd

Policy No:

Claim No:

D19001221 MFSTH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

14/2/19

CA / REV / REP. / REV 24 HRS

100

22/2/19 @ before 5pm

H.O.D. Endorsement:

Date/Time:

11:28am @ 21/2/19

Person Contacted:

shawn

Vehicle IN /

OUT

Date/Time

Action/Instruction (✓) Estimate

8LS 24584-X

SHD 3420K - C8 FCI 19000668 / 14/2/19

D.O.A: 9/11/19

25/2/19

Email preli revised to FCI

1/3/19

Final fig \$ 2272.92 confirmed by email (Red 3204.64 589)

4/3/19

Re-confirmed \$ 2196.68 bu email (Red 3280.88, 609)

Steve

REF: FCE

POLICY NO.

Date: 22/2/19

SL52458H

23/ 17

Estimated Cost

OD: ☒ WS / ☐ PRES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV

To inspect Vehicle No

SL52458H

at Workshop no

7c Autoclinic
25 Leng Kee Road

at

Policy No

Claim No

Sum Insured

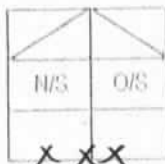
Excess

(Client's Record)

Make of Veh

Shawin 96450023

(Policy Condition)

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

Bal. or Market Value

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

CA / REV / REP. / 24 HRS

1PS

Vehicle IN / OUT

Date

Person Contacted

Sub No

Type: ☒ M Car / ☐ M Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make

Nissan Pulsar

Colour

Red

Sp. Reading

27/15

Eng/No

Chassis

VSK DDAC 13401109S2

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orMod: ☒ Nil / ☐ STD A/Rim or

Tyre Size

F:

205/50R17

R:

H

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

14/2/19

D.O.A.

22/2/19

Survey held at

TC Autoclinic

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 5 MAR 2019

Date/Time: File Pass to?

☐

: Prel. Report

Days Of Repair:

3

1)

☐

: Final Report

Resurvey No. of Trip:

1

Date/Time: File Return to?

2)

4/3 - typist

Add Fee:

☐

Site Insp. \$

☐

Interview \$

☐

Techn. try \$

☐

Workbench \$

Survey Fee:

Transportation

))))))

) Holes

) Other

))))

Total

Report Format

CWS

Lump Sum / L.B. \$

2196.68

180

50

50 + 50

209

319

MOTOR SURVEY ASSIGNMENT

| | | |
|--------------------|---|-------------------------------|
| Date | 19-02-2019 | Our Ref No. D19001221MFSH |
| Accident Date | 14-02-2019 | Claim Type. Third Party |
| Insured Vehicle | SHD3420K | Third Party Vehicle. SLS2458H |
| Survey Location | 25 LENG KEE ROAD | |
| Contact Person. | SHAWN CHUA | |
| Contact No. | 67038511/12/13/ 96450023 | Fax No. 64795019 |
| Survey Type | WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED: | |
| 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 | TC AUTOCLINIC PTE LTD | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | MAY CHUA | |

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, 25 February 2019 3:20 PM
To: 'CWS Motor Claims'
Cc: 'May Chua Hui Chin'; SUR
Subject: RE: SURVEY ASSESSMENT - D19001221MFSH/1, SLS 2458H
Attachments: SLS 2458H PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SLS 2458H
Date of survey: 22/2/2019
Number of days : 3 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Thursday, 21 February 2019 2:04 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'May Chua Hui Chin' <maychua@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19001221MFSH/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: Wednesday, 20 February 2019 5:53 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; May Chua Hui Chin <maychua@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D19001221MFSH/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: D19001221MFSH

Our ref: CS/FCI19003305/Evd3

Date : 25/2/2019

The Motor Claims Department
MS FIRST CAPITAL INSURANCE LTD

Without Prejudice

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SLS 2458H

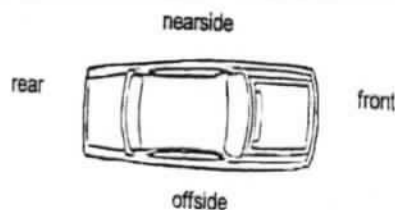
We thank you for your instruction on 21/2/2019

Please be informed that we had conducted the inspection of the above mentioned vehicle on 22/2/2019 at the premises of M/s TC AUTOCLINIC PTE LTD and have the following to report:-

| | |
|--------------------------|---------------|
| Workshop Estimate Amount | : S\$5,477.56 |
| Revised Estimate Amount | : S\$2,196.68 |
| "Check" Items Amount | : S\$638.56 |
| 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

Yours faithfully,

STEVE CHEN
Automotive Assessor

| | |
|---|--------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 6234F |
| Vehicle Details | |
| Vehicle No.: | SL52458H |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 23 Feb 2019 |
| Vehicle Make: | NISSAN |
| Vehicle Model: | PULSAR 1.2 DIG-T CVT |
| Primary Colour: | Red |
| Manufacturing Year: | 2017 |
| Engine No.: | HRA2467926A |
| Chassis No.: | VSKDDAC13U0110952 |
| Maximum Power Output: | 85.0 kW (113 bhp) |
| Open Market Value: | \$17,527.00 |
| Original Registration Date: | 15 Sep 2017 |
| First Registration Date: | 15 Sep 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$7,527.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 14 Sep 2027 |
| PARF Rebate Amount: | \$5,645.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 14 Sep 2027 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QPPaid: | \$36,001.00 |
| COE Rebate Amount: | \$30,818.00 |
| Total Rebate Amount: | \$36,463.00 |
| The information contained herein is correct as at 23 Feb 2019 | |

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 | 14/02/2019 21:44 |
| Date Of Accident | 14/02/2019 21:05 |
| Exact Location Of Accident | ALONG CLEMENTI AVE 6 TO PIE BESIDE CLEMENTI CAMP |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLS2458H |
| Insured/Policyholder | |
| Name Of Registered Owner | SIE SIZ |
| NRIC No | S7826234F |
| Email Address | SIESIZT@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97433997 |
| Alternative Phone No | OTHERS-97433997 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | PULSAR-1.2 DIG-T CVT (A) |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 1700052915-01 |
| Cover Note Number | 15/09/2018 - 14/09/2019 |
| Driver | |
| Name of Driver | SIE SIZ |
| NRIC No | S7826234F |
| Date Of Birth | 07/09/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/03/2005 |
| Driving Experience | 13 YEARS AND 10 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-97433997 |
| Fax Number | |
| Contact Number | OTHERS-97433997 |
| Email Address | SIESIZT@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | BLK 614B EDGEFIELD PLAINS #03-307 |
| Postcode | S822614 |
| 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) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

Refer to attached sketch plan

Attachment(s)

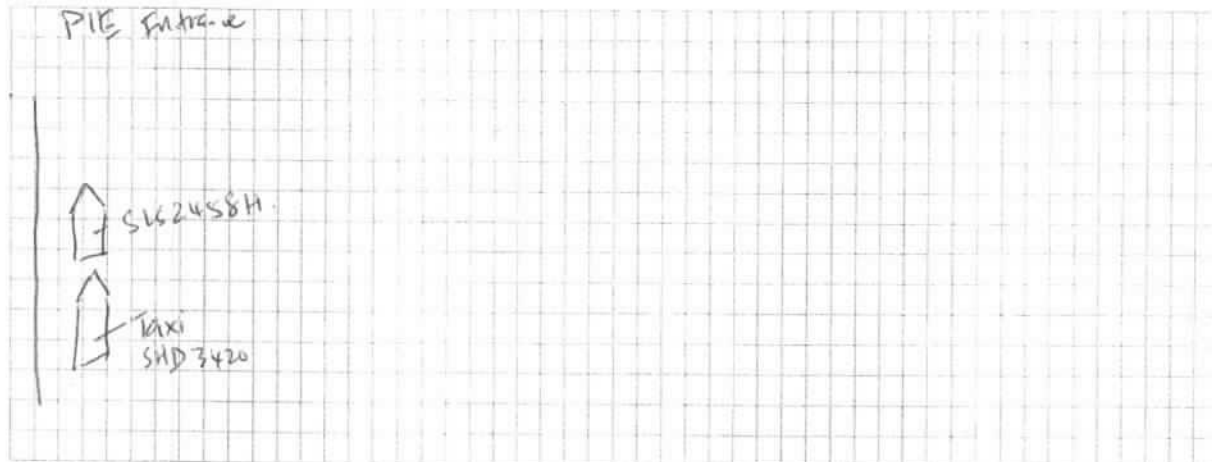
| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------------------|
| Vehicle Registration Number | SHD3420K |
| Vehicle Make/Model/Colour | HYUNDAI BLUE |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | LEE LIANG HUAT |
| NRIC/Passport Number | S2609326J |
| Contact Number | 92377166 |
| Address | |
| Postcode | |
| Insurance Company Name | MS FIRST CAPITAL INSURANCE LTD |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14.2.19 at about 2107hr, while travelling on Clementi Ave 6 towards PIE, taxi SHD 3420K hit the rear of the car that I was driving. Traffic volume moderate. I was on the left most lane. As I slowed down due to cars in front slow down, I was hit on the rear. Visibility was clear. Road was dry with no debris.

| | | |
|---|--|----------------------------------|
| Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence. | | - Reporting Only |
| | | - Claim OD |
| | | - Claim TP |
| | | - Claim OD/ TP at other workshop |

DECLARATION

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

Policyholder's signature

Date & Time 15/2/19
0830hrs

Driver's Signature

(if driver not the policyholder)

Date & Time



Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

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: 15/2/19
0830 hr

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



Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE
CONTACT NO : 67038511
REFERENCE : 019/IC/TCAC/CCR/2019
DATE : 15-FEB-2019

MS FIRST CAPITAL INSURANCE LIMITED
36 ROBINSON ROAD
#16-01 CITY HOUSE
S(068877)
TEL : 65073848
FAX :
ATTN:MOTOR CLAIM DEPT

OWNER'S NAME : MISS SIE SIZ
ADDRESS : BLK 614B EDGEFIELD PLAINS
#03-307
S(822614)
TELEPHONE NO : 97433997

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM
POLICY NO : 1700052915-01
VEHICLE NO : SLS2458H
MODEL CODE : DRLARDZC13UEAB-H-E
MODEL/YEAR : NISSAN PULSAR 1.2 MY2017
ENGINE NO : HRA2467926A
CHASSIS NO : VSKDDAC13U0110952
MILEAGE : 26691 KM
DATE IN : 15/02/2019
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : SHAWN CHUA CHU RONG
ACCIDENT DATE : 14/02/2019

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SLS2458H

| S/NO JOB CODE | NATURE OF JOB | ESTIMATED CHARGES | SURVEYOR'S RECOMMENDATION |
|----------------------|--|-------------------|---------------------------|
| 1 RPI | PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL | 120.00 | X |
| 2 RSI | REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST | 55.00 | ✓ |
| 3 SEALI | APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA | 100.00 | X |
| 4 ZZ/001 | REPLACE REAR BUMPER, ENERGY ABSORBERS, REINFORCEMENT REAR UPPER PANEL ETC. REPAIR PANELS 390 | 1560.00 | 780 ✓ |
| 5 ZZ/002 | RESPRAY REAR BUMPER, REAR UPPER PANEL, END PANELS ETC 250 | 1000.00 | 500 ✓ |
| 6 ZZ/003 | QC, RETUNE & CONSULT CHECK X | | |
| 7 ZZ/004 | COMPLIMENTARY WASH & VACUUM X | | |
| TOTAL LABOUR CHARGES | | 2835.00 | |

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SLS2458H

| S/NO PARTS DESCRIPTION | PARTS NUMBER | DAMAGED PARTS & PRICES | | |
|---|---------------|------------------------|------|----------------|
| | | NETT | LIST | S/NETT REMARKS |
| 1 REVERSE SENSOR / <i>DR</i> | SENSOR-TE5140 | | | 180.00 |
| 2 RIGHT BUMPER BRACKET / <i>DR</i> | 85226-3ZL0A | 59.30 | | |
| 3 LEFT BUMPER BRACKET / <i>DR</i> | 85227-3ZL0A | 59.30 | | |
| 4 REINFORCEMENT ? <i>X NN</i> | H5030-3ZLMA | 486.40 | | |
| 5 RIGHT ENERGY ABSORBER ? <i>X NN</i> | 85092-3ZL0A | 157.20 | | |
| 6 LEFT ENERGY ABSORBER ? <i>X NN</i> | 85093-3ZL0A | 154.60 | | |
| 7 CLIP (\$1.20 EA X 2) / <i>NLC</i> | 01553-05933 | 2.40 | | |
| 8 REAR BUMPER / <i>DD</i> | H5022-3ZLMH | 731.10 | | |
| 9 REAR UPPER PANEL <i>X R</i> | G9110-3ZLMA | 800.30 | | |
| 10 RIGHT TAIL LAMP (FENDER) <i>X NN</i> | 26550-3ZL0A | 313.80 | | |
| 11 LEFT TAIL LAMP (FENDER) <i>X NN</i> | 26555-3ZL0A | 313.80 | | |
| SUB TOTAL | | 3078.20 | 0.00 | 180.00 |
| LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%) | | 615.64 | 0.00 | 0.00 |
| GRAND TOTAL | | 2462.56 | 0.00 | 180.00 |
| OVERALL TOTAL | | 2642.56 | | |

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

[Signature]
25/2/19

Steve (LKK) with P/P 22/2/19 12.29pm
8322 8813
P/P
Rec bef & Aft
3 days

sterechen@lkkauto.com

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:

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SLS245BH

| | |
|---------------------------|-----------|
| TOTAL LABOUR CHARGES | 2835.00 |
| TOTAL SPARE PARTS CHARGES | 2642.56 |
| | ----- |
| GRAND TOTAL | 5477.56 * |
| | ----- |

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

| | | |
|-----------------|---|------|
| NAME | : | |
| SURVEYED DATE | : | |
| AUTHORIZED DATE | : | |
| EXCESS CLAUSE | : | 0.00 |
| LIABILITY | : | 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.

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

FINALIZED : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE
CONTACT NO : 67038511
REFERENCE : 019/IC/TCAC/CCR/2019
DATE : 15-FEB-2019

MS FIRST CAPITAL INSURANCE LIMITED
36 ROBINSON ROAD
#16-01 CITY HOUSE
S(068877)
TEL : 65073848
FAX :
ATTN:MOTOR CLAIM DEPT

OWNER'S NAME : MISS SIE SIZ
ADDRESS : BLK 614B EDGEFIELD PLAINS
#03-307
S(822614)
TELEPHONE NO : 97433997

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM
POLICY NO : 1700052915-01
VEHICLE NO : SLS2458H
MODEL CODE : DRLARDZC13UEAB-H-E
MODEL/YEAR : NISSAN PULSAR 1.2 MY2017
ENGINE NO : HRA2467926A
CHASSIS NO : VSKDDAC13U0110952
MILEAGE : 26691 KM
DATE IN : 15/02/2019
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : SHAWN CHUA CHU RONG
ACCIDENT DATE : 14/02/2019

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SLS2458H

| S/NO JOB CODE | NATURE OF JOB | ESTIMATED CHARGES | SURVEYOR'S RECOMMENDATION |
|---------------|--|-------------------|---------------------------|
| 1 RPI | PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL | 120.00 | .00 |
| 2 RSI | REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST | 55.00 | 55.00 |
| 3 SEALI | APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA | 100.00 | .00 |
| 4 ZZ/001 | REPLACE REAR BUMPER,BRACKETS REPAIR REAR UPPER PANEL | 1560.00 | 780.00 |
| 5 ZZ/002 | RESPRAY REAR BUMPER,REAR UPPER PANEL | 1000.00 | 500.00 |
| 6 ZZ/003 | QC, RETUNE & CONSULT CHECK | | |
| 7 ZZ/004 | COMPLIMENTARY WASH & VACUUM | | |
| | TOTAL LABOUR CHARGES | 2835.00 | 1335.00 |

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SLS245BH

| S/NO | PARTS DESCRIPTION | PARTS NUMBER | DAMAGED PARTS & PRICES | | | REMARKS |
|---|--------------------------------------|---------------|------------------------|------|--------|---------|
| | | | NETT | LIST | S/NETT | |
| 1 | REVERSE SENSOR / <i>BR</i> | SENSOR-TE5140 | | | 180.00 | OK |
| 2 | RIGHT BUMPER BRACKET / <i>BR</i> | 85226-3ZL0A | 59.30 | | | OK |
| 3 | LEFT BUMPER BRACKET / <i>BR</i> | 85227-3ZL0A | 59.30 | | | OK |
| 4 | REINFORCEMENT X <i>NN</i> | H5030-3ZLMA | 486.40 | | | X |
| 5 | RIGHT ENERGY ABSORBER X <i>NN</i> | 85092-3ZL0A | 157.20 | | | X |
| 6 | LEFT ENERGY ABSORBER X <i>NN</i> | 85093-3ZL0A | 154.60 | | | X |
| 7 | CLIP (\$1.20 EA X 2) / <i>NEC</i> | 01553-05933 | 2.40 | | | OK |
| 8 | REAR BUMPER / <i>00</i> | H5022-3ZLMH | 731.10 | | | OK |
| 9 | REAR UPPER PANEL X <i>R</i> | G9110-3ZLMA | 800.30 | | | X |
| 10 | RIGHT TAIL LAMP (FENDER) X <i>NN</i> | 26550-3ZL0A | 313.80 | | | X |
| 11 | LEFT TAIL LAMP (FENDER) X <i>NN</i> | 26555-3ZL0A | 313.80 | | | X |
| SUB TOTAL | | | 852.10 | 0.00 | 180.00 | |
| LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%) | | | 170.42 | 0.00 | 0.00 | |
| GRAND TOTAL | | | 681.68 | 0.00 | 180.00 | |
| OVERALL TOTAL | | | 861.68 | | | |

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

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

SUMMARY OF OVERALL CHARGES FOR VEHICLE REGN NO SLS245BH

| | |
|--------------|---------|
| NETT ITEM | 852.10 |
| LESS 20.00%) | -170.42 |
| NETT AMOUNT | 681.68 |

| | |
|--------------|------|
| LIST ITEM | 0.00 |
| LESS 30.00%) | 0.00 |
| LIST AMOUNT | 0.00 |

| | |
|---------------------|--------|
| SPECIAL NETT ITEM | 180.00 |
| LESS .00%) | 0.00 |
| SPECIAL NETT AMOUNT | 180.00 |

| | |
|---------------------------|---------|
| TOTAL LABOUR CHARGES | 1335.00 |
| TOTAL SPARE PARTS CHARGES | 861.68 |

| | |
|---------------|---------|
| TOTAL CHARGES | 2196.68 |
| ADD 7 % GST | 153.77 |

| | |
|-------------|---------|
| GRAND TOTAL | 2350.45 |
|-------------|---------|

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Monday, 4 March 2019 8:27 AM
To: Steve Chen (LKK Auto); Shawn Chua / TCAC
Cc: SUR
Subject: RE: SLS2458H Finalized Claim

Dear Shawn,

WITHOUT PREJUDICE

Re-confirmed finalize amount \$2,196.68 before GST @ 3 working days

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

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Veron Chen (LKKAuto)
Sent: Friday, 1 March 2019 10:10 AM
To: Steve Chen (LKK Auto) <SteveChen@lkkauto.com>; Shawn Chua / TCAC <shawnychua@tanchong.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: SLS2458H Finalized Claim

Dear Shawn,

WITHOUT PREJUDICE

Confirmed finalize amount \$ 2272.92 before GST @ 3 working days

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

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Steve Chen (LKK Auto)
Sent: Friday, 1 March 2019 8:26 AM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Subject: SLS2458H Finalized Claim

Dear Veron,

FYI.

Thanks

Best Regards,
Steve Chen | Assistant Automotive Assessor
LKK Auto Consultants
Phone: 6256 3561 | Email: SteveChen@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Shawn Chua [<mailto:shawnychua@tanchong.com>]
Sent: Thursday, February 28, 2019 12:14 PM
To: Steve Chen (LKK Auto)
Subject: SLS2458H Finalized Claim

MS First Capital Ref: **D19001221MFSH**
Our Ref: **SLS2458H**

Good afternoon.

Attached is **SLS2458H** finalized claim.

Kindly reply so that I can close the case soon.

Thank you very much for your time & assistance.

Shawn Chua
Service Executive
TC AutoClinic Pte Ltd
25 Leng Kee Road
Singapore 159097
DID: +65 67038515
HP: +65 96450023
Fax: +65 64795019

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Friday, 1 March 2019 10:10 AM
To: Steve Chen (LKK Auto); Shawn Chua / TCAC
Cc: SUR
Subject: RE: SLS2458H Finalized Claim

Dear Shawn,

WITHOUT PREJUDICE

Confirmed finalize amount \$ 2272.92 before GST @ 3 working days

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

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Steve Chen (LKK Auto)
Sent: Friday, 1 March 2019 8:26 AM
To: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Subject: SLS2458H Finalized Claim

Dear Veron,

FYI.

Thanks

Best Regards,

Steve Chen | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 6256 3561 | Email: SteveChen@lkkauto.com | fax: 6256-4315

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

From: Shawn Chua [<mailto:shawnychua@tanchong.com>]
Sent: Thursday, February 28, 2019 12:14 PM
To: Steve Chen (LKK Auto)
Subject: SLS2458H Finalized Claim

MS First Capital Ref: **D19001221MFSH**

Our Ref: **SLS2458H**

Good afternoon.

Attached is **SLS2458H** finalized claim.

Kindly reply so that I can close the case soon.

Thank you very much for your time & assistance.

Shawn Chua
Service Executive
TC AutoClinic Pte Ltd
25 Leng Kee Road
Singapore 159097
DID: +65 67038515
HP: +65 96450023
Fax: +65 64795019






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/FCI19003305/Evd3e2 | |
| 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | | Date : 06-03-2019 |  |
| | | | Code : FCI2 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHD 3420K | Veh. Inspected | SLS 2458H | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | D19001221MFSH | Excess (\$) | 0.00 | |
| Assign From | MAY CHUA | Assign Date | 21/02/2019 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | NISSAN PULSAR | c.c | 1197 | |
| Engine No. | HIDDEN | Year of Reg. | 2017 | |
| Chassis No. | VSKDDAC13U0110952 | Colour | RED | |
| Odometer | 27115 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | SPORTS RIM | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 205/50 R17 | CONTINENTAL | 6 mm | |
| L/H Front Tyre | 205/50 R17 | CONTINENTAL | 6 mm | |
| R/H Rear Tyre | 205/50 R17 | CONTINENTAL | 6 mm | |
| L/H Rear Tyre | 205/50 R17 | CONTINENTAL | 6 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. | | | | |
| DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 14/02/2019 | Inspection Date | 22/02/2019 | |
| Survey held at | TC AUTOCLINIC PTE LTD 25 LENG KEE RD SINGAPORE 159097 | | | |
| 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: | | 3 Working Days | | |



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLS 2458H

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|--|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | RIGHT BUMPER BRACKET (N) | BROKEN | 59.30 | 59.30 |
| 1 | LEFT BUMPER BRACKET (N) | BROKEN | 59.30 | 59.30 |
| 1 | REINFORCEMENT (N) | NOT NECESSARY | 486.40 | - |
| 1 | RIGHT ENERGY ABSORBER (N) | NOT NECESSARY | 157.20 | - |
| 1 | LEFT ENERGY ABSORBER (N) | NOT NECESSARY | 154.60 | - |
| 2 | CLIP @\$1.20 (N) | NECESSARY | 2.40 | 2.40 |
| 1 | REAR BUMPER (N) | DENTED | 731.10 | 731.10 |
| 1 | REAR UPPER PANEL (N) | TO REPAIR SEE LABOUR | 800.30 | - |
| 1 | RIGHT TAIL LAMP (FENDER) (N) | NOT NECESSARY | 313.80 | - |
| 1 | LEFT TAIL LAMP (FENDER) (N) | NOT NECESSARY | 313.80 | - |
| | LESS 20% DISCOUNT | | -615.64 | -170.42 |
| | | | 2,462.56 | 681.68 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | REVERSE SENSOR (SN) | BROKEN | 180.00 | 180.00 |
| | | | 180.00 | 180.00 |
| <u>LABOUR</u> | | | | |
| | PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL. | NOT NECESSARY | 120.00 | - |
| | REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST. | | 55.00 | 55.00 |
| | APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA. | NOT NECESSARY | 100.00 | - |
| | REPLACE REAR BUMPER, ENERGY ABSORBERS, REINFORCEMENT REAR UPPER PANEL ETC. REPAIR PANELS. INCLUSIVE OF THE REPAIR OF REAR UPPER PANEL. | | 1,560.00 | 780.00 |
| | RESPRAY REAR BUMPER, REAR UPPER PANEL, END PANELS ETC. | | 1,000.00 | 500.00 |
| | | | 2,835.00 | 1,335.00 |
| GRAND TOTAL | | | 5,477.56 | 2,196.68 |
| RECOMMENDED COST OF REPAIRS | | | | 2,196.68 |

Report Ref No. CS/FCI19003305/Evd3e2



Report Ref No. CS/FCI19003305/Evd3e2

CHEN TSUE YEE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.