

SURVEYOR

ASSIGNMENT (Office)

CUS

From (Person)

Janne Yang

of

FCI

Date/Time:

2:42pm @ 2/12/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLT 2107R

Insured:

SH 6097P

at Workshop n/s

Kang Auto

Tel:

6556 0103

of

160 Sin Ming Drive # 02-16

Policy No:

Claim No:

D19001185M PSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

15/2/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement:

Date/Time:

5:39pm @ 2/12/19

Person Contacted:

May

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLT 2107P-X

SH 6097P - NS/INC 18011026 KIRBN2 DOA: 14/6/18

26/2-4:07pm - revised via email preli advise.

16/4 L1 Ly @ 2450c email & confirm (led: 2194.75; 47%)

REF: FCS

ASSIGNMENT

Form: Date: 25/2/19

Estimated Cost:

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

To inspect Vehicle No: SLT 2107R

at Work Shop No: Kang Auto

of 160 Sin Ming Drive #02-16

Insured:

Policy No:

Claim No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Ilan

(Policy Condition)

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

Bal. or Market Value:

\$170k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res: Yes or No

Lump Sum:

20

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Veh No: SLT 2107R

a Regn:

10. 17

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

Truck / Trailer or

Make:

Lexus NX 200

CC:

1998

Colour:

N. Grey

A/C:

Insured / Std / Nil / NA

Sp Reading:

31371

T/Radio: Insured / Std / Nil / NA

Eng/Ho:

ChNo:

JT JYARBZ 702 063484

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size: F:

R:

225/60R18

☒ IS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front:

Rear:

R/Bal:

5 mm

R/Bal:

6

mm

L/Bal:

5 mm

L/Bal:

6

mm

D.O.A.

15/2/19

D.O.I.

25/2/19

Survey held at

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or

C/S body

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

RECEIVED 16 APR 2019

Date/Time: File Pass to?

1614 Typist

Date/Time: File Return to?



: Preli. Report



: Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

Transportation:

) S & PE : G

) Pk & S

) Other:

TOTAL

Report Format:

Lump Sum / L.B. & C.

TP
24007

135

50

15

200

MOTOR SURVEY ASSIGNMENT

Date	18-02-2019	Our Ref No. D19001185MFSH
Accident Date	15-02-2019	Claim Type. Third Party
Insured Vehicle	SH6097P	Third Party Vehicle. SLT2107R
Survey Location	160 SIN MING DRIVE #02-16 SIN MING AUTO CITY	
Contact Person.	MAY ANG	
Contact No.	65560103/ 0	Fax No. 65561015
Survey Type	WITHOUT PREJUDICE:	
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	KANG AUTO ENGINEERING PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

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.

Denise Tay (LKKAUTO)

From: Denise Tay (LKKAUTO)
Sent: Tuesday, 26 February 2019 4:07 PM
To: Admin-D (LKKAUTO); 'CWS Motor Claims'; assignments
Cc: 'Joanne Yong Lai fong'; SUR
Subject: RE: SURVEY ASSESSMENT - D19001185MFSH/1
Attachments: PRELI ADVISED SLT 2107R.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SLT 2107R**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@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 5:42 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Joanne Yong Lai fong' <Joanneyong@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19001185MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in the workshop, repairer will arrange.

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Thursday, 21 February 2019 2:42 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Joanne Yong Lai fong <Joanneyong@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19001185MFSH/1

Dear Sir/Mdm,



Auto
Consultants
Pte Ltd

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

Your Ref: D19001185MFSH

Date: 26/2/2019

Our Ref: CS/FCI19003319/Ktd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

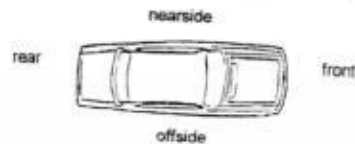
INITIAL INSPECTION REPORT OF VEHICLE NO. SLT 2107R

Please be informed that we had conducted the inspection of the abovementioned vehicle 25/2/2019 at the premises of M/s Kang Auto have the following to report: -

Workshop Estimate Amount	: S\$	<u>4,644.75</u>
Revised Estimate Amount	: S\$	<u>2,933.50</u>
"Check" Items Amount	: S\$	<u>551.25</u>
Market Value	: S\$	<u> </u>
LTA Reimbursement Value	: S\$	<u> </u>
Nett Value	: S\$	<u> </u>

Description of Damage:

The vehicle sustained damages at the o/s body portion.



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Kenneth

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	18/02/2019 10:58
Date Of Accident	15/02/2019 14:05
Exact Location Of Accident	BRADDELL ROAD AFTER EXITING CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2107R
Insured/Policyholder	
Name Of Registered Owner	HEW KIAN HEONG
NRIC No	S1787345H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92704328
Alternative Phone No	OTHERS-92704328

Vehicle Particulars

Manufacturer	LEXUS
Model	NX200T 2.0
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01016817
Cover Note Number	

Driver

Name of Driver	HEW KWAN CHIN
NRIC No	S2121040D
Date Of Birth	01/01/1941
Occupation	INDOOR
Date Of Driving Pass	25/02/1960
Driving Experience	58 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92704328
Fax Number	
Contact Number	OTHERS-92704328
Email Address	NOEMAIL

Address	BLK 533 WOODLANDS DRIVE 14 #08-583
Postcode	730533
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : LINDA 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

PLEASE REFER TO SKETCH PLAN.

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	SH6097P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	JUMA'AT BIN IDRIS
NRIC/Passport Number	S1092748Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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.

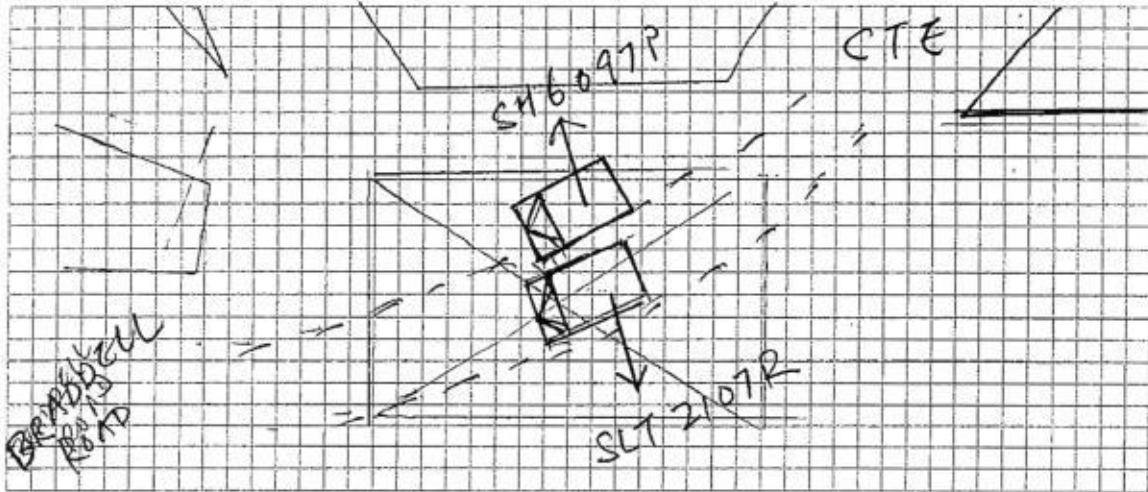
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 18 FEB 2019


Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No.: S6840583A

10:58 AM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG CTE EXITING TOWARDS BRADDULL AT THE MIDDLE LANE, TRAFFIC IS AT OUR FAVOUR, HALFWAY AT THE MIDDLE OF THE JUNCTION, A BLUE COMFORT TAXI SH 6097P AT MY RIGHT HITS ONTO THE DOOR OF MY CAR.

MY CAR'S RIGHT DOOR (FRONT & REAR) WAS DAMAGED. THERE IS A PASSENGER (MALE) AT HIS TAXI DURING THE ACCIDENT.

Nobody was injured

Workshop:

KANG AUTO ENGRG P/L
160 SEN MING DRIVE
#02-16 577722

DECLARATION

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

Policyholder's Signature

Date & Time:

Company Group (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18 FEB 2019

6:58 AM

Reporting Centre's Person's Signature

Name:

S6840583A

NRIC/FIN No.:

INSURANCE POLICY SCHEDULE Pg. 1



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg
Co. Reg. No.: 198905490E | GST Reg. No.: M200903195

PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11M04705

Policy No. : D18MTPV01016817

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE CAR Policy wordings, ref. MTP.27

Insured : HEW KIAN HEONG
Address : BLK 533 WOODLANDS DRIVE 14
#08-583
SINGAPORE 730533

Business/Profession : LAWYER

INSURED DETAILS

Date of Birth & Age : 13 OCT 1967 & 51 years old
Driving Experience in : 16 years
Singapore
Identification Type : NRIC(Singaporean)
Identification No. : S1787345H
Marital Status : MARRIED
Gender : Male

Period of Insurance : 23 OCTOBER 2018 00:00 TO 22 OCTOBER 2019 23:59

Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

VEHICLE DETAILS

Vehicle Registration No. : SLT2107R
Chassis No. : JTJYARBZ702063484
Engine No. : 8ARW470946
Vehicle Make & Model : LEXUS NX200T 2.0
EXECUTIVE
Engine Capacity/Tonnage : 1998
Type of Body : SUV
Year of Registration : 2017
Seating Capacity (including driver) : 5
Estimated value of Vehicle : Market value at time of loss
Hire Purchase Owner : HONG LEONG FINANCE
LIMITED

PREMIUM DETAILS

Premium	2,957.00
Less No Claim Discount (50%)	(1,478.50)
Less Offence free Discount (5%)	(73.93)
Total	S\$ 1,404.57
GST	S\$ 98.32
Premium (incl. GST)	S\$ 1,502.89

Coverage : Comprehensive - ExcelDrive PRESTIGE

Excess : \$ 1100 - Section I
(Waived up to S\$1,000 if accident repair is done at ExcelDrive Workshops for the first claim per policy year)

Voluntary Excess : N/A

Additional Excess : Named Young and/or Inexperienced Drivers or Elderly Drivers - \$1,500
Un-named Young and/or Inexperienced Drivers or Elderly Drivers - \$3,000
Un-named All Other Drivers - \$500

The terms shall be defined as follows:
'Young Drivers' shall be defined as drivers (including the Insured) who are below 25 years old.
'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 2 years of driving experience in Singapore.
'Elderly Drivers' shall be defined as drivers (including the Insured) who are above 70 years old.

Paragraph 2 of Endorsement E in the policy will not apply to insured's spouse provided he/she is 25 years old & above but less than 70 years old &/or has 2 or more years driving experience.

Windscreen Excess : S\$100.00 - Waived if Repair at ExcelDrive Workshop

Endorsements Applicable : Endorsement D - Young and/or Inexperienced or Elderly Drivers Excess
Endorsement E - Excess Clause
Endorsement H - Total Loss
Endorsement L - Hire Purchase
Endorsement M - Inclusion Of Special Perils
Endorsement P6 - Riot And Strike Endorsement

DRIVER'S NRIC + DRIVING LICENCE Pg. 1



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3		25 Feb 1960

NP 428A



License No: S2121040D



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SH6097P	15 Feb 2019 / 20:00:00	MS FIRST CAPITAL INSURANCE LIMITED

KANG

AUTO ENGINEERING PTE LTD

Sin Ming Auto City



160 Sin Ming Drive #02-16 Singapore 575722 Tel: 6556 0103 (Main Line) Fax: 6556 1015
Email: kangauto@singnet.com.sg

M/S **FIRST CAPITAL INSURANCE LTD**
30 Robinson Road, #16-01
City House
Singapore 068877
Motor Claims Dept

Date : 20/2/2019

Your Insured: SH6079P
Our Insured : SLT2107R
OUR REF: TP19/02/1128

Notice to conduct Pre-Repair Inspection within 2 working days pursuant to paragraph 6.2 of Pre-Action Protocol for NIMA Case.

We act for Mr Hew Kian Heong, the owner of motor vehicle **SLT2107R** who has appointed us **Kang Auto Engineering Pte Ltd** to act on his behalf to claim against your insured's vehicle. **SH6097P** in regards to the road traffic accident on 15/2/2019 along Junction of Braddell Road exit from CTE.

Please be informed that the said motor vehicle can be inspected at :

Kang Auto Engineering Pte Ltd
Sin Ming AutoCity
160 Sin Ming Drive, #02-16
Singapore 575722
Tel: 6556 0103 fax: 6556 1015
Contact : Kenny/May

Please note that if you fail to conduct the pre-repair inspection within the next 2 working days excluding and intervening Saturday, Sunday or Public holiday, the said workshop will commence repairs thereafter without further reference to you.

YOURS FAITHFULLY,


KANG AUTO ENGINEERING PTE LTD

Specialised in :

• Motor Insurance Claims • Repairs all Types of Motor Cars • Vehicle Inspection Services • Car Rental • Sourcing of Motor Insurance Premium

KANG

AUTO ENGINEERING PTE LTD

Sin Ming Auto City



160 Sin Ming Drive #02-16 Singapore 575722 Tel: 6556 0103 (Main Line) Fax: 6556 1015
Email: kangauto@singnet.com.sg

M/S HEW KWAN CHIN
BLK 533 WOODLANDS DRIVE 14
#08-583
SINGAPORE 730533

POLICY NO : THIRD PARTY CLAIMS
OUR REF : TP19/02/1128
VEHICLE NO : SLT2107R
MAKE/MODEL : LEXUS NX200 2.0
DATE OF ACCIDENT : 15.02.2019

- 1 PC FRONT RH DOOR *2103*
- 1 PC FRONT RH DOOR REGULATOR
- 1 PC RH SIDE SKIRT (CORNER RUBBER)

Delwan
S\$ 2458.00 ✓
S\$ 660.00 X
S\$ 75.00 X

3193.00
LESS 25% 798.25

2,394.75

TO RE SET WIRING
TO TRANSFER DOOR MECHANISM TO NEW DOOR
TO APPLY RUST PROOFING ON REPLACED/REPAIRED PANELS
TO PUTTY AND SPRAY PAINT CHARGES. (Front RH
Fender, Front Door, Rear Door, Side Skirt & Car wrapping film
LABOUR CHARGE

S\$ 50.00 *20%*
120.00 *60%*
80.00 *30%*
1,200.00 *500 + 400.*

800.00 *480%*

S\$ 4,644.75

SGD FOUR THOUSAND SIX HUNDRED FORTY-FOUR AND CENTS SEVENTY-FIVE

YOUS FAITHFULLY

KANG AUTO ENGINEERING PTE LTD

Not wither
61 Sep 82450h
Repair After Paint
4 days

Specialised in :

• Motor Insurance Claims • Repairs all Types of Motor Cars • Vehicle Inspection Services • Car Rental • Sourcing of Motor Insurance Premium

Name : Kang Auto Engineering Pte Ltd
Date : 2nd April 2019
Contact : 9247 6344
Invoice No. : 0014 / 0419
Car make : Lexus
Payment term: 3 days
Car model : NX200T
Car reg no. : SLT2107R

Item	Description	amount
CYS Premium Wrapping Film Metallic Grey Cast Iron	Exterior car wrap Old film removal	\$2100 \$200
Received By : _____ Date : _____		
Payment mode : Cash / Cheque / Nets / CC / PayNow / Bank Trf All cheque should be crossed and made payment to EXQUISITE TECHNIQUE PTE LTD Bank remittance to United Overseas Bank A/C NO 4203 100 617 PayNow 9777 2952 *Late payment will be subjected to 10% of the total amount.		Total : \$2300 Deposit : \$- Balance : \$-

Terms and Conditions


- Exquisite Technique will no liability for any damages to car paintwork upon removal of wrap.
- Current wrap will be chargeable upon remove.
- Credit cards applies 3% charges.

**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/FCI19003319/Ktd3s2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 23-04-2019		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 6097P	Veh. Inspected	SLT 2107R	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19001185MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	21/02/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA LEXUS NX200T (A)	c.c	1998	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTJYARBZ702063484	Colour	METALLIC GREY	
Odometer	31371	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/60R18	BRIDGESTONE	5 mm	
L/H Front Tyre	225/60R18	BRIDGESTONE	5 mm	
R/H Rear Tyre	225/60R18	BRIDGESTONE	6 mm	
L/H Rear Tyre	225/60R18	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	15/02/2019	Inspection Date	25/02/2019	
Survey held at	KANG AUTO ENGINEERING PTE LTD 160 SIN MING DRIVE #02-16 SIN MING AUTOCITY SINGAPORE 575722			
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:		4 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLT 2107R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT RH DOOR	DENTED / WARPED	2,458.00	2,105.00
1	FRONT RH DOOR REGULATOR	SERVICEABLE	660.00	-
1	RH SIDE SKIRT (CORNER RUBBER)	NOT INSURED	75.00	-
	LESS 25% DISCOUNT		-798.25	-526.25
			2,394.75	1,578.75
	<u>LABOUR</u>			
	TO RE SET WIRING.		50.00	20.00
	TO TRANSFER DOOR MECHANISM TO NEW DOOR.		120.00	60.00
	TO APPLY RUST PROOFING ON REPLACED/REPAIRED PANELS.		80.00	30.00
	TO PUTTY AND SPRAY PAINT CHARGES (FRONT RH FENDER,FRONT DOOR,REAR DOOR,SIDE SKIRT & CAR WRAPPING FILM.		1,200.00	900.00
	LABOUR CHARGE.		800.00	480.00
			2,250.00	1,490.00
	GRAND TOTAL		4,644.75	3,068.75
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,450.00

Report Ref No. CS/FCI19003319/Ktd3s2

KONG SENG CHEONG

Licensed Appraiser

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