

ASS. REC. BY  
CAL/Ver/01

es/FCI 19003798 / Rgd31r

ASSIGNMENT (Office)

CWS

From (Person) Joanne Yong

of FCI

Date/Time: 27/2/19 @ 3:06pm.

Estimated Cost

Bill to:

OD: (P) / WS / TP RES / OD RES / EVA / INV / MYTCS

To Inspect Vehicle No

YP 9667L

Insured

SHB 4167X

at Workshop m/s

AAK Logistics

Tel:

6665090/66776227

of

Blk 153 Blk Bctok st. 11 #03-292

Policy No:

Claim No:

D19001430MPSH

Sum Insured

Excess:

Make of Veh:

(Client's Record)

D.O.A. 25/01/2019

CA / REV / REP. / REV 24 HRS

rup

11/3/19

H.O.D. Endorsement

Date/Time: 28/2/19 @ 10:07am

Person Contacted:

pei juan

Vehicle IN (OUT)

Date/Time

Action/Instruction (✓) Estimate Insp: f penjun close

YP 9667L - CC4/ASM19001806/Ne63

D.O.A: 25/1/19

SHB 4167X - CC4/ASM19001806/Ne63

D.O.A: 25/1/19

11/3/19 @ 12.14pm revised to Joanne Yong by email -  
16/10/19 Submit prelim. report.

Rasm

REF:

5782M

INSURANCE

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimate No: \_\_\_\_\_

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

To Inspect Vehicle No: **4P 9667L**

at Workshop no: **ARK LOGISTICS**

at: **H. Pongwan Close**

Insured: **FLI**

Policy No: \_\_\_\_\_

Claim No: \_\_\_\_\_

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

(Client's Record)

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

(Policy Condition)

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

N/S	O/S

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

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

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

Est. Repair: **4** days Res: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: **4P 9667L** Yr Bgn: **2018** **DK**

Type: M/Car / M/Cycle / Bus / Van / ☒ **Other** / Taxi / Prime Mover /

Truck / Trailer or

Make: **MITSUBISHI CANTOR FES 21** **2998**

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

Sp. Reading: **9791** T/Radio: Insured / Std / NI / NA

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

C/Nr: **FES 21 EA 25370**

Gen. Cond: Good ☒ / Fair / Poor / Burnt

Steering: ☒ / Jammed / Leaked / Burnt or

Brake: ☒ / Jammed / Leaked / Burnt or

Modi: ☒ S/Rim / STD A/Rim or

Tyre Size: F: **195/85R18**

R: \_\_\_\_\_

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

TOYO / YOKO or

Front	Rear
R/Bal. <b>7</b> mm	R/Bal. <b>7/7</b> mm
L/Bal. <b>7</b> mm	L/Bal. <b>7/7</b> mm
D.O.A. <b>25/01/19</b>	D.O.I. <b>01/03/19</b>

Survey held at: **ARK LOGISTICS**

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

**FRT N/S**

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

RECEIVED 16 OCT 2019

Date/Time, File Pass to? ☒ : Preli. Report

**16/10 14:00** ☐ : Final Report

Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ Site Insp. (\$) ☐ Interview (\$) ☐ Tech. Insp. (\$) ☐ Other: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

1. \$ + \$5.00

2. Tickets: \_\_\_\_\_

3. Other: \_\_\_\_\_

Total: \_\_\_\_\_

130
90
36
216

Report Format: \_\_\_\_\_

Lump Sum / L.R. / L.S. \_\_\_\_\_

**MOTOR SURVEY ASSIGNMENT**

Date	26-02-2019	Our Ref No. D19001430MFSH
Accident Date	25-01-2019	Claim Type. Third Party
Insured Vehicle	SHB4167X	Third Party Vehicle. YP9667L
Survey Location	BLK 153 BT BATOK ST 11 #03-292	
Contact Person.	PEIJUAN	
Contact No.	66650190/ 66776227	Fax No. 65619509
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	AAK LOGISTICS SERVICES 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.

## Rasul (LKKAUTO)

---

**From:** Peijuan <auto@aakls.com>  
**Sent:** Tuesday, 15 October, 2019 5:45 PM  
**To:** Rasul (LKKAUTO)  
**Subject:** RE: YP 9667L DOA : 25/01/19

Hi Rasul,

Confirm at \$ 1,900.00 / 4 days lump sum

Best regards,  
Peijuan  
AAK  
4 Penjuru Close  
Singapore 608574  
Tel: 66776227

---

**From:** Rasul (LKKAUTO) <Rasul@lkkauto.com>  
**Sent:** Tuesday, 15 October 2019 5:37 PM  
**To:** Peijuan <auto@aakls.com>  
**Subject:** RE: YP 9667L DOA : 25/01/19

Hi Peijuan,

But need to confirm the finalised amount

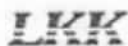
Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

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



Auto  
Consultants  
Pte Ltd

*Save the Earth. Print only when necessary.*

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**From:** Peijuan [<mailto:auto@aakls.com>]  
**Sent:** Tuesday, 15 October, 2019 4:40 PM  
**To:** Rasul (LKKAUTO)  
**Subject:** RE: YP 9667L DOA : 25/01/19

Hi Rasul,

Close case. No claim.

Best regards,  
Peijuan  
AAK  
4 Penjuru Close  
Singapore 608574

Tel: 66776227

---

**From:** Rasul (LKKAUTO) <[Rasul@lkkauto.com](mailto:Rasul@lkkauto.com)>  
**Sent:** Tuesday, 15 October 2019 2:47 PM  
**To:** [auto@aacls.com](mailto:auto@aacls.com)  
**Subject:** RE: YP 9667L DOA : 25/01/19

Hi Peijuan,

Any update?

Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

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---

**From:** Rasul (LKKAUTO)  
**Sent:** Wednesday, 24 July, 2019 9:57 AM  
**To:** [auto@aacls.com](mailto:auto@aacls.com)  
**Subject:** RE: YP 9667L DOA : 25/01/19

Hi Peijuan,

Kindly assist to finalise

Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

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**From:** Rasul (LKKAUTO)  
**Sent:** Thursday, 20 June, 2019 9:25 AM  
**To:** [auto@aacls.com](mailto:auto@aacls.com)  
**Subject:** RE: YP 9667L DOA : 25/01/19

Hi Peijuan,

Kindly confirm the amount

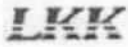
Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

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**From:** Rasul (LKKAuto)

**Sent:** Wednesday, 12 June, 2019 5:55 PM

**To:** [auto@aaakls.com](mailto:auto@aaakls.com)

**Subject:** RE: YP 9667L DOA : 25/01/19

Hi Peijuan,

Kindly confirm the amount

Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

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**From:** Rasul (LKKAuto)

**Sent:** Thursday, 23 May, 2019 10:03 AM

**To:** [auto@aaakls.com](mailto:auto@aaakls.com)

**Subject:** RE: YP 9667L DOA : 25/01/19

Hi Peijuan,

Kindly confirm the finalised amount

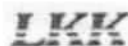
Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

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**From:** Rasul (LKKAuto)

**Sent:** Friday, 17 May, 2019 5:54 PM

**To:** [auto@aaakls.com](mailto:auto@aaakls.com)

**Subject:** RE: YP 9667L DOA : 25/01/19

Hi Peijuan,

Kindly assist

Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

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**From:** Rasul (LKKAuto)

**Sent:** Thursday, 4 April, 2019 4:38 PM

**To:** 'auto@aakls.com'

**Cc:** Shiau Chan (LKKAuto)

**Subject:** YP 9667L DOA : 25/01/19

Hi Peijuan,

Refer to attachment

Finalise amount is at \$ 1,900.00 / 4 days lump sum

Kindly confirm

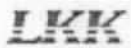
Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

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



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## Shiau Chan (LKKAUTO)

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Monday, 11 March 2019 12:14 PM  
**To:** 'CWS Motor Claims'; assignments  
**Cc:** 'Joanne Yong Lai fong'; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D19001430MFSH/1  
**Attachments:** CSFCI19003798R1qd3.pdf

Dear Joanne,

Enclosed herewith preliminary advice of YP 9667L.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

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**From:** Admin-D (LKKAUTO)  
**Sent:** Thursday, 28 February 2019 10:09 AM  
**To:** 'CWS Motor Claims' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** 'Joanne Yong Lai fong' <[JoanneYong@msfirstcapital.com.sg](mailto:JoanneYong@msfirstcapital.com.sg)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D19001430MFSH/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](mailto: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, 27 February 2019 3:06 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** CWS Motor Claims <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; Joanne Yong Lai fong <[JoanneYong@msfirstcapital.com.sg](mailto:JoanneYong@msfirstcapital.com.sg)>  
**Subject:** PRI: SURVEY ASSESSMENT - D19001430MFSH/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: D19001430MFSH

Date: 11 March 2019

Our Ref: CS/FCI19003798/R1qd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

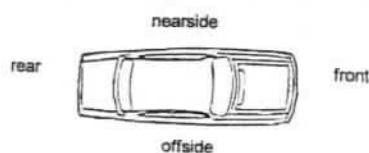
**INITIAL INSPECTION REPORT OF VEHICLE NO. YP 9667L .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 01/03/2019 at the premises of M/s AAK LOGISTICS. and have the following to report:-

Workshop Estimate Amount	: S\$ <u>3,671.00</u> .
Revised Estimate Amount	: S\$ <u>2,971.00</u> .
"Check" Items Amount	: S\$ <u>-</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 front n/s portion.



Yours faithfully

Rasul  
Automotive Assessor

Vehicle Registration Number of Driver's Own Vehicle (if applicable)

Insurance Company of Driver's Own Vehicle (if applicable)

**General Information of the Accident**

Type Of Accident	Unknown - TP REVERSED
Weather Conditions	Clear
Road Surface	Dry

**Other Information**

Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes

**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 ATTACHED

Are accident photos available for attachment?	Yes
---	-----

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GW6512X
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Name of Driver	CHEN YI
NRIC/Passport Number	G8180098M
Contact Number	91233551
Address	BLK 76 BEDOK NORTH RD #05-184
Postcode	460076
Insurance Company Name	Chartis Singapore Insurance Pte Ltd
Nature Of Damage	NO VISIBLE DAMAGED
No. Of Passenger (Including Driver)	

**Details of Witness**

Name	
Phone Number	
Email Address	

**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	11/02/2019 10:44
Date Of Accident	25/01/2019 20:00
Exact Location Of Accident	ALONG PIE CHANGI
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	YP9667L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AAK LOGISTICS SERVICES PTE LTD
Co Reg No	201325787M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66650190

**Vehicle Particulars**

Manufacturer	MITSUBISHI
Model	FEB21EA25370
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	COMMERCIAL VEHICLE

**Insurance Company**

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCX/P2219280
Cover Note Number	

**Driver**

Name of Driver	MUHAMMAD SHAFIIE BIN ROSLAN
NRIC No	S9630271A
Date Of Birth	03/09/1996
Occupation	OUTDOOR
Date Of Driving Pass	21/08/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92397439
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 731 JURONG WEST ST 72 #03-35
Postcode	640731
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	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: : AIDIL GENDER: : MALE

#### 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

ON MENTIONED DATE AND TIME, I WAS TRAVELLING ALONG PIE TOWARDS CHANGI ON THE THIRD LANE, WHEN A TAXI SHB4167X FROM FILTER LANE JOIN THE MERGING LANE TO THE EXPRESSWAY. THE TAXI DRIVER LIM TIONG HO ADMITTED HIS FAULT FOR DASHING IN MY LANE AND WANTED TO DO PRIVATE SETTLEMENT AND TOLD ME THAT HE WOULD CALLED ME AND BEAR THE COST FOR MY DAMAGE REPAIR, SO I GAVE HIM MY CONTACT NUMBER. I WAS IN A RUSH AND FORGET TO TAKE HIS CONTACT NUMBER. SO I WAITED FOR MORE THAN 5 DAYS WHEN MY COMPANY TOLD ME THE TAXI MAKE A THIRD PARTY CLAIM INSURANCE REPORT AGAINST ME.

#### 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	SHB4167X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM TIONG HO
NRIC/Passport Number	S1329131D
Contact Number	

Address	BLK 559 ANG MO KIO AVE 10 #03-1850
Postcode	560559
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

FILTER LANE

P/E EXPRESSION

A

B

A - SHB 4167X

B - YP 9667L

Refer report

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

654216C: Journal Pre-proof

Date & Time: 11/2/19 @ 10am



NRIC/FIN No.: 85095571



# AAK LOGISTICS SERVICES PTE LTD

Blk 153 Bukit Batok Street 11 #03-292 Singapore 650153

Tel: (65) 6665 0190 Fax: (65) 6561 9509

E-mail: admin@aakls.com

Company Registration No.: 201325787M

GST Reg. No.: 201325787M

TO:

CDG Claims Control

claimscontrol@comfortdelgro.com

## Quotation

DATE: 26-Feb-19

TERMS: 30 Days

PAGE NO.: Page 1 of 1

S/N	DESCRIPTION	QTY	UNIT PRICE	AMOUNT (\$)
<b>Third Party Claim for YP9667L</b>				
1	Front Bumper <i>PH</i>	1 <i>2221</i>	\$949.00	\$ 949.00
2	Front Bumper Cover LH <i>MIS</i>	1 <i>2520</i>	\$333.00	\$ 333.00
3	Signal Lamp LH <i>CRA</i>	1 <i>1665.75</i>	\$251.00	\$ 251.00
4	Headlamp LH <i>CRA</i>	1	\$471.00	\$ 471.00
5	Headlamp Garnish LH <i>CRA</i>	1	\$217.00	\$ 217.00
<b>LABOUR CHARGES</b>				
1	To Spray Painting			\$500.00
2	To Panel Beat			\$750.00
3	To dismantle/replace above-mentioned parts			\$200.00
<div><p>LKK Auto Consultants hence notify the Repairer of the following:</p><ul style="list-style-type: none"><li>• To resurvey before and after spray painting</li><li>• To display damaged part(s) during resurvey</li><li>• Parts prices are subject to confirmation</li><li>• Third party survey is on a "Without Prejudice" basis</li><li>• No illegal modification(s) is allowed</li><li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li></ul><p>Acknowledged by Repairer Signature: Date:</p></div> <div><p><i>Resue</i> <i>4p 9001068</i> <i>4 days</i> <i>4/5</i> <i>01/03/19 @ 1555</i> <i>Resue after repair</i></p></div>				
E. & O. E.			SUB-TOTAL	\$3,671.00
SGD: THREE THOUSAND SIX HUNDRED SEVENTY-ONE AND CENTS NINETY-SEVEN ONLY.			7% GST	\$256.97
			<b>TOTAL</b>	<b>\$3,927.97</b>

Note:

Cheque should be crossed and make payable to "AAK Logistics Services Pte. Ltd.".

AAK LOGISTICS SERVICES PTE LTD

Authorised Signature



*1665.75*  
*750100*  
*2415.75*  
*20%*  
*1932.60*  
*45-1,900*  
*4 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/FCI19003798/R1qd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 17-10-2019		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHB 4167X	Veh. Inspected	YP 9667L	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19001430MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	27/02/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MITSUBISHI CANTER FEB21	c.c	2998	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	FEB21EA25370	Colour	WHITE	
Odometer	9791	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/85 R15	DUNLOP	7 mm	
L/H Front Tyre	195/85 R15	DUNLOP	7 mm	
R/H Rear Tyre	195/85 R15 (D)	DUNLOP	7/7 mm	
L/H Rear Tyre	195/85 R15 (D)	DUNLOP	7/7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	25/01/2019	Inspection Date	01/03/2019	
Survey held at	4 PENJURU CLOSE			
Repairer	AAK LOGISTICS SERVICES PL			
<b>5a. Remarks</b>				
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>4 Working Days</b>		



**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. YP 9667L**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER	BENT	949.00	949.00
1	FRONT BUMPER COVER LH	MISSING	333.00	333.00
1	SIGNAL LAMP LH	CRACKED	251.00	251.00
1	HEADLAMP LH	CRACKED	471.00	471.00
1	HEADLAMP GARNISH LH	CRACKED	217.00	217.00
	LESS 25% DISCOUNT		-	-555.25
			2,221.00	1,665.75
<b><u>LABOUR</u></b>				
	TO SPRAY PAINTING.		500.00	300.00
	TO PANEL BEAT.		750.00	450.00
	TO DISMANTLE/REPLACE ABOVE-MENTIONED PARTS.	NOT NECESSARY	200.00	-
			1,450.00	750.00
<b>GRAND TOTAL</b>			<b>3,671.00</b>	<b>2,415.75</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (REPAIR COST NOT CONCLUDE)</b>				<b>1,900.00</b>

Report Ref No. CS/FCI19003798/R1qd3e2

**MOHAMMED RASUL BIN MOHD YUNUS**

Automotive Assessor

**ADRIAN LING WAI PING****B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI**

Licensed Appraiser

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