

A.S. REC. BY

REP

CS/FCI 19007158/ES d307

Special Instruction

SA/VEY/01

Steve

ASSIGNMENT (Office)

From (Person)

CWS

Eileen Lee

of

FET

Date/Time

4:53pm @ 23/4/19

Estimated Cost

Bill to:

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

To Inspect Vehicle No

SMJ 4645G

Insured

SHA 7688U

at Workshop m/s

Mora Automotive

Tel

82728892

of

Blk 1008 Blk Merah Line 3 # 01-04

Policy No

Claim No

D19002620MPSH

Sum Insured

Excess:

Make of Veh:

D.O.A.

13/04/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

1up

H.O.D. Endorsement

Date/Time

11:27am @ 23/4/19

Person Contacted

Nithan

Vehicle IN

OUT

Date/Time

Action/Instruction (✓) Estimate

SMJ 4645G-x

SHA 7688U - NA / RSI / 2004597 / w/

DUA: 4/3/2012

08/11/13)

ASS. REC. BY:

Steve

REF

PC1

ASSIGNMENT

From:

Date:

11.6.2019

Estimated Cost:

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

To Inspect Vehicle No: SMJ 46459

at Workshop m/s MORA Automotiva

of BIK 1008 Bukit Merah Lane 3 # 01-04/06/08

Insured:

Policy No.:

Claims No.:

Sum Insured:

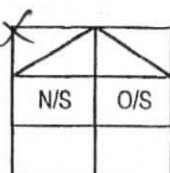
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SMJ 46456

Yr Regn:

6/3/19

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

Truck / Trailer or

Make:

Hyundai Accent

c.c

1368

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

9990

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHCU41BTK4464857

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

175/70R14

R:

11

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

TOYO / YOKO or

Kumho

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

13/4/19

D.O.I.

11/6/19

Survey held at

Mora, Bukit Merah

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

Frt LH

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

Date / Time

Action / Instruction

MV-69K

12/06/19

@ 17:42 pm revised PA to Eileen Lee via email

20/6/19

Finalize confirm \$439 (Ah Wei), 2 repair days.

(\$110.00 Red 20%)

RECEIVED JUN 2019

Date/Time, File Pass to?

21/06/19



Preli. Report



Final Report

1) Typist

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

90

50

50

16

206

Report Format:

Lump Sum / I.B.I: (\$ 430/- p/p)

MOTOR SURVEY ASSIGNMENT

| | | |
|--------------------|--|-------------------------------|
| Date | 18-04-2019 | Our Ref No. D19002620MFSH |
| Accident Date | 13-04-2019 | Claim Type. Third Party |
| Insured Vehicle | SHA7688U | Third Party Vehicle. SMJ4645G |
| Survey Location | BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08 | |
| Contact Person. | NITHA | |
| Contact No. | 62723892/ 0 | Fax No. 62708314 |
| Survey Type | WITHOUT PREJUDICE: LIABILITY UNCLEAR: | |
| Appointed Surveyor | LKK AUTO CONSULTANTS PTE LTD | |
| Contact Person | NA | Fax No. 68416315 |
| Contact Number. | NA | |

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

| | | |
|-------------------|-------------------------|-------------------------|
| Cc : Workshop | MOVA AUTOMOTIVE PTE LTD | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | EILEEN LEE | |

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

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

| | |
|-------------------------------------|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 0026G |
| Vehicle Details | |
| Vehicle No.: | SMJ4645G |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 11 Jun 2019 |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | ACCENT (RB) 1.4 CVT |
| Primary Colour: | Silver |
| Manufacturing Year: | 2019 |
| Engine No.: | G4LCKU140885 |
| Chassis No.: | KMHCU41BTKU464857 |
| Maximum Power Output: | 73.6 kW (98 bhp) |
| Open Market Value: | \$8,988.00 |
| Original Registration Date: | 06 Mar 2019 |
| First Registration Date: | 06 Mar 2019 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$8,988.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 05 Mar 2029 |
| PARF Rebate Amount: | \$6,741.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 05 Mar 2029 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$26,301.00 |
| COE Rebate Amount: | \$25,592.00 |
| Total Rebate Amount: | \$32,333.00 |

The information contained herein is correct as at 11 Jun 2019

OK

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Wednesday, 12 June 2019 5:42 PM
To: 'Eileen Lee'; 'CWS Motor Claims'
Cc: Admin-D (LKKAuto)
Subject: RE: OUR REF(D19002620MFSH) ACCIDENT INVOLVING SMJ4645G & SHA7688U ON 13.04.2019 ALONG BUKIT TIMAH TOWARDS NEWTON CIRCUS
Attachments: SMJ 4645G - Preli Advise .pdf

Dear Eileen,

Enclosed preliminary revised of vehicle SMJ 4645G.

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: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]
Sent: Wednesday, 29 May 2019 6:22 PM
To: enny@mov.com.sg
Cc: Eileen Lee <EileenLee@msfirstcapital.com.sg>; Admin-D (LKKAuto) <admin-d@lkkauto.com>; CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Subject: RE: OUR REF(D19002620MFSH) ACCIDENT INVOLVING SMJ4645G & SHA7688U ON 13.04.2019 ALONG BUKIT TIMAH TOWARDS NEWTON CIRCUS

Without Prejudice

Dear Sir/Madam,

We wish to state that we are agreeable to WITHOUT PREJUDICE – admit liability with quantum to be agreed.

Kindly liaise with our surveyor accordingly.

Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited

From: Enny <enny@mov.com.sg>
Sent: Wednesday, May 29, 2019 11:40 AM
To: Eileen Lee <EileenLee@msfirstcapital.com.sg>
Subject: RE: OUR REF(D19002620MFSH) ACCIDENT INVOLVING SMJ4645G & SHA7688U ON



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: D19002620MFSH

Date: 12 June 2019

Our Ref: CS/FCI19007158/Esd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

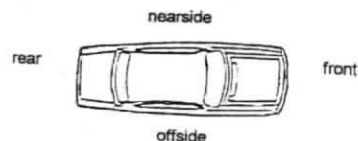
INITIAL INSPECTION REPORT OF VEHICLE NO. SMJ 4645G .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 11/06/2019 at the premises of M/s Mova Automotive Pte Ltd and have the following to report:-

| | |
|--------------------------|-----------------------|
| Workshop Estimate Amount | : <u>S\$ 540.00</u> . |
| Revised Estimate Amount | : <u>S\$ 540.00</u> . |
| "Check" Items Amount | : <u>S\$</u> . |
| Total | : <u>S\$</u> . |
| Market Value | : <u>S\$</u> . |
| LTA Reimbursement Value | : <u>S\$</u> . |
| Nett Value | : <u>S\$</u> . |

Description of Damage:

The vehicle sustained damages at the front n/s portion.



Comments/ Present Status:

Damages Consistent.
Repair days: 2 days

Yours faithfully,
Chen Tsue Yee
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 | 15/04/2019 11:12 |
| Date Of Accident | 13/04/2019 10:20 |
| Exact Location Of Accident | BUKIT TIMAH TOWARDS NEWTON CIRCUS |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SMJ4645G |
| Insured/Policyholder | |
| Name Of Registered Owner | GAN WOON POH |
| NRIC No | S6810026G |
| Email Address | GANWOONPOH@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-98561606 |
| Alternative Phone No | OTHERS-98561606 |
| Vehicle Particulars | |
| Manufacturer | HYUNDAI |
| Model | ACCENT-1.4 (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 | AVIVA LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 10902784 |
| Cover Note Number | |
| Driver | |
| Name of Driver | GAN WOON POH |
| NRIC No | S6810026G |
| Date Of Birth | 08/04/1968 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/03/1993 |
| Driving Experience | 26 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98561606 |
| Fax Number | |
| Contact Number | OTHERS-98561606 |
| Email Address | GANWOONPOH@GMAIL.COM |

| | |
|---|---|
| Address | BLK 535 SERANGOON NORTH AVENUE 4 #02-185 |
| Postcode | 550535 |
| 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 - 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: : CHOO GUAT LENG GENDER: : FEMALE |

Details of Police Action

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

Circumstances of Accident

REFER TO SKETCH PLAN

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 | SHA7688U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"). the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

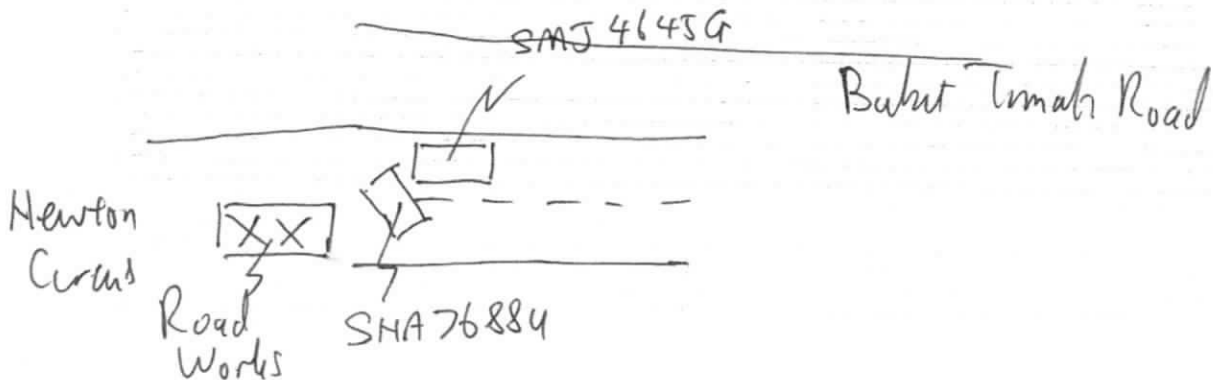
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| | |
|--|--|
| LICENSE PLATE: SMJ 4645 G | ACCIDENT DATE & TIME: 13/4/19 10:18 |
| CONTACT NUMBER: 98561606 | E-MAIL ADDRESS: ganwoonpoh@gmail.com |
| LOCATION: Bukit Timah towards Newton Circus. | |
| <p>From Bukit Timah Road towards Newton Circus Slow traffic at road works on left lane. When pedestrian crossing light turned green, I proceed to move. Taxi SHA 76884 cut into my lane. I stopped, he swerved into my lane. As he drive by, his vehicle scrapped the bumper. Felt the vibration as his vehicle scrapped the bumper. Had to honk him to stop.</p> | |
| NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION | |
| Please state: | |
| <input type="checkbox"/> Claim Own Policy | <input type="checkbox"/> Claim Third Party |
| <input type="checkbox"/> Claim OD/TP at other workshop | <input checked="" type="checkbox"/> Reporting Only |

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel: (65) 6476 3333
Fax: (65) 6271 5891
www.mova.com.sg

Workshop Dept:
Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722
Tel: (65) 6272 3892
Fax: (65) 6270 8314
Co. Reg. 198904033G
GST Reg. M2-0088864-2

Estimate

18/04/2019

MS FIRST CAPITAL INSURANCE LIMITED
36 Robinson Road
#16-01 City House
Singapore 068877.

Attention :- XA026

Page # :- 1
Veh # :- SMJ4645G
Veh Model :- HYUNDAI ACCENT 1.4
Estimate# :- CK419026
Claim # :-
ACC. Date :- 13/04/19
Terms :- C.O.D Days
Remarks :-

| No. | Description | Qty | U.Price | Amounts S\$ |
|---------------------|---|-----|---------|-------------|
| LIST ITEMS : | | | | |
| 1. | FRONT BUMPER - REPAIR | 1 | PC | |
| | LIST TOTAL S\$ | | | |
| | 20% DISCOUNT S\$ | | | |
| LABOUR : | | | | |
| | TO REPAIR FRONT BUMPER AND REALIGN ON ACCIDENT AFFECTED AREAS. TO REMOVE & REPLACE ALL ACCIDENT AREAS | | 200 | 250.00 |
| | TO SPRAY PAINT ON ACCIDENT DAMAGED PARTS | | 200 | 250.00 |
| | TO INSPECT FRONT HEADLAMP WATER LEAKAGE TEST | | 30 | 40.00 |
| | LABOUR TOTAL S\$ | | | 540.00 |

E. & O.E

| | |
|------------------|--------|
| NON-TAX AMOUNT S | |
| AMOUNT S\$ | 540.00 |
| GST @ 7 % | 37.80 |
| AMOUNT DUE S\$ | 577.80 |

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

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:

Steve (CLKK) W. Pradha 11/6/19, 2.30pm
2 days
K# R# AL Spy
Page # :- 1

Estimate

18/04/2019

MS FIRST CAPITAL INSURANCE LIMITED
36 Robinson Road
#16-01 City House
Singapore 068877.

Attention :- XA026

Veh # :- SMJ4645G
Veh Model :- HYUNDAI ACCENT 1.4
Estimate# :- CK419026
Claim # :-
ACC. Date :- 13/04/19
Terms :- C.O.D Days
Remarks :-

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel: (65) 6476 3333
Fax: (65) 6271 5891
www.mova.com.sg

Workshop Dept:
Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722

Tel: (65) 6272 3892
Fax: (65) 6270 8314
Co. Reg. 198904033G
GST Reg. M2-0088664-2

| No. | Description | Qty | U.Price | Amounts S\$ |
|-----|-------------|-----|---------|-------------|
|-----|-------------|-----|---------|-------------|

| | | | | |
|----|---------------------------------------|---|----|--|
| 1. | LIST ITEMS : FRONT BUMPER - REPAIR | 1 | PC | |
| | LIST TOTAL S\$ | | | |
| | 20% DISCOUNT S\$ | | | |

LABOUR :
TO REPAIR FRONT BUMPER AND REALIGN ON
ACCIDENT AFFECTED AREAS. TO REMOVE & REPLACE
ALL ACCIDENT AREAS

total \$420

TO SPRAY PAINT ON ACCIDENT DAMAGED PARTS

TO INSPECT FRONT HEADLAMP WATER LEAKAGE TEST

LABOUR TOTAL S\$

| | |
|-----|--------|
| 200 | 250.00 |
| 200 | 250.00 |
| 30 | 40.00 |
| | 540.00 |

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 540.00

GST @ 7 % 37.80

AMOUNT DUE S\$ 577.80

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**




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/FCI19007158/Esd3e2 | |
| 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | | Date : 27-06-2019 |  |
| | | | Code : FCI2 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHA 7688U | | Veh. Inspected | SMJ 4645G |
| Policy No. | | | Coverage (\$) | 0.00 |
| Claim No. | D19002620MFSH | | Excess (\$) | 0.00 |
| Assign From | EILEEN LEE | | Assign Date | 23/04/2019 |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | HYUNDAI ACCENT | | c.c | 1368 |
| Engine No. | HIDDEN | | Year of Reg. | 2019 |
| Chassis No. | KMHCU41BTKU464857 | | Colour | SILVER |
| Odometer | 9990 | | Steering | IN ORDER |
| Brakes | IN ORDER | | Modification | SPORTS RIM |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 175/70 R14 | KUMHO | 7 mm | |
| L/H Front Tyre | 175/70 R14 | KUMHO | 7 mm | |
| R/H Rear Tyre | 175/70 R14 | KUMHO | 7 mm | |
| L/H Rear Tyre | 175/70 R14 | KUMHO | 7 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 13/04/2019 | | Inspection Date | 11/06/2019 |
| Survey held at | MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722 | | | |
| 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: | | | 2 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. SMJ 4645G

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|----------------------|---------------------------|-------------------|
| 1 | REPLACEMENT OF PARTS | TO REPAIR SEE LABOUR | | |
| | FRONT BUMPER (NPA) | | - | - |
| | | | - | - |
| | LABOUR | | | |
| | TO REPAIR FRONT BUMPER AND REALIGN ON ACCIDENT AFFECTED AREAS. TO REMOVE & REPLACE ALL ACCIDENT AREAS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER. | | 250.00 | 200.00 |
| | TO SPRAY PAINT ON ACCIDENT DAMAGED PARTS. | | 250.00 | 200.00 |
| | TO INSPECT FRONT HEADLAMP WATER LEAKAGE TEST. | | 40.00 | 30.00 |
| | | | 540.00 | 430.00 |
| GRAND TOTAL | | | 540.00 | 430.00 |
| RECOMMENDED COST OF REPAIRS | | | | 430.00 |

Report Ref No. CS/FCI19007158/Esd3e2

CHEN TSUE YEE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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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.