

ASS. REC. BY:

REF: CS/FC119007466/ T/C d3²

Special Instruction:

Surveyor: Taufik

ASSIGNMENT (Office)

CWS From (Person): Joanny of FC1 Date/Time: 29.4.19 12.49p.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: JSE 1293

Insured: SHD 4247M

at Workshop m/s Asin Motorsports

Tel: 67453811

of NO 568 Gunglang Road

Policy No:

Claim No: D19007538 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A 14.4.2019

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement:

Date/Time: 29.4.19 1.5p.m

Person Contacted:

Ah RU

Vehicle (IN) OUT

Date/Time	Action/Instruction	Estimate (X)
	JSE 1293 - X	
	SHD 4247M - NBA / INC 14021956/21	D.O.A - 14/11/2014
	pending TP documents.	
	Diagnosis: 9/5/2019	
	After repair: 15/5/2019.	

POST
Certificate

Taujika

REF:

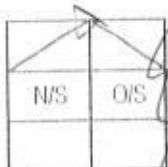
FCI

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 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

PRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: JSE 1293 Yt Regn: No record
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Vanaher C.C. _____
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading: — T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: _____
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: (Nil) / S/Rim / STD A/Rim or
 Tyre Size: F: 90/80R17
 R: 120/70R17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Metzeler

Front: _____ Rear: _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.L. 29/4/19 5.50 p.m.
 Survey held at Asia Motorsports
 Des. of Damages: Fr / Rear O/S / N/S / U/C / Rooftop or

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

568 Greyling Rd.

Date / Time Action / Instruction

NO Report & No logcard

RECEIVED 09 JUL 2019

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

) S + RS: 24

) Photos:

) Others:

TOTAL

Report Format: PRE

Lump Sum / L.B.L: (\$ _____)

Add Fee: ☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Insp (\$ _____)

☐ Weekend (\$ _____)

MOTOR SURVEY ASSIGNMENT

Date	15-04-2019	Our Ref No.	D19002538MFSH
Accident Date	14-04-2019	Claim Type.	Third Party
Insured Vehicle	SHD4247M	Third Party Vehicle.	JSE1293
Survey Location	NO. 568 GEYLANG ROAD		
Contact Person.	NA		
Contact No.	67453811/ 0	Fax No.	67465110
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	ASIA MOTORSPORTS SOLUTION 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.

**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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PRE-REPAIR INSPECTION REPORTMS FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref: CS3/FCI19007468/T1cd3s2

Date: 12-07-2019



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHD 4247M	Veh. Inspected	JSE 1293
Policy No.		Coverage (\$)	0.00
Claim No.	D19002538MFSH	Excess (\$)	0.00
Assign From	JOANNEY	Assign Date	29/04/2019

2. Vehicle Particulars & Condition

Make & Model	YAMAHA	c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	RED
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	90/80 R17	METZELER	5 mm
L/H Front Tyre			mm
R/H Rear Tyre	120/70 R17	METZELER	5 mm
L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION AND O/S BODY.

**5. General Information**

Accident Date	14/04/2019	Inspect Date / Time	29/04/2019 (05:50 PM)
Survey held at	ASIA MOTORSPORTS SOLUTION PTE LTD 568 GEYLANG ROAD SINGAPORE 389514		

5a. Remarks

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

Report Ref No. CS3/FCI19007468/T1cd3s2

Inspected By

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEE,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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