

ASS. REC. BY:

REF:

22 / FCI 19016127 / Gyd301

Special Instruction:

Surveyor: CHO Qiang
cus

ASSIGNMENT (Office)

From (Person): May chuaof FCIDate/Time: 9:13am @ 11/9/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

XD 4937R

Insured:

SH 8380H

at Workshop m/s

My Car Consultant

Tel:

88668232

of

53 ubi Ave 1 # 01-33

Policy No:

Claim No:

D19005634MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

28/08/2019

CA / REV / REP. / REV 24 HRS (DS)

H.O.D. Endorsement:

Date/Time: 10am @ 11/9/2019

Person Contacted:

Hui QinVehicle IN/OUT

Date/Time	Action/Instruction
	<u>Initiald /</u>
	<u>XD 4937R - NA/RSP/3016552/r3</u>
	<u>SH 8380H - X</u>

Don: 5/9/2013

ASS. REC. BY

BRL

REF: FCI

ASSIGNMENT

From

Date:

11/09/2019

Estimated Cost:

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

To Inspect Vehicle No:

XD 4937R

at Workshop m/s

My Car Consultant

of 53 ubi Ave 1 # 01-33

Insured:

Policy No.

Claims No.

Sum Insured:

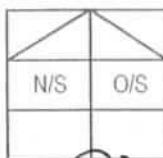
Excess:

(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

(OS)

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

XD 4937R

Yr Regn:

May / 11

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

Truck / Trailer or

FV5IJJD4RDEA

Make:

Mitsubishi

C.C.

12882

Colour:

white/yellow

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FV5IJJA00697

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: 295/80 R 22.5 (ling long)
R: 10.00 R 20 (Chao yang)

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6/6 6/6

mm

L/Bal.

6

mm

L/Bal.

6/6 6/6

mm

D.O.A.

D.O.I.

11-09-19

Survey held at

w/s

12pm

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

11/9

TMA - U-Mand (lindsay)
offer w/s \$35k. Jeremy (Red = \$15660.00, 30%)

16/9

Guo Qiang said workshop will provide estimate.

15/10/19

Sent Preli by email

16/10/2019

RECEIVED 17 OCT 2019

admin@mycar.sg

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

16/10/19 Typist

Days Of Repair:

5

Resurvey No. of Trip:

1

40x15: 600

Survey Fee:

170+ 600

Transportation:

50

3 + RS: \$1

50

Photos:

15

Other:

580

Total:

885

Report Format:

Lump Sum / 1st / 2nd

P/P = \$35K

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Weekend (\$)

18/10/19

Yvonne Wong (LKK Auto)

From: My Car Consultant <admin@mycar.sg>
Sent: Wednesday, October 16, 2019 4:59 PM
To: Yvonne Wong (LKK Auto)
Cc: SUR
Subject: re: REFER NO: D19005634MFSH XD4937R

Follow Up Flag: Follow up
Flag Status: Completed

WITHOUT PREJUDICE

Dear Yvonne,

We confirm the same for the above stated vehicle.

Best Regards,

Huiqin

Claims | My Car Consultant Pte Ltd



[+65 88668832](tel:+6588668832)

Admin@mycar.sg

Mycar.sg

53 Ubi Ave 1, Paya Ubi Industrial Park, 01-33, S408934

This Email, including attached files, may contain confidential information and is intended only for the use of the individual and/or entity to which it is addressed. If you have received this message in error, please notify the sender of the error and delete the message. Thank you.

From: "Yvonne Wong (LKK Auto)" <yvonnewong@lkkauto.com>
Sent: Wednesday, October 16, 2019 4:38 PM
To: "admin@mycar.sg" <admin@mycar.sg>
Cc: "SUR" <sur@lkkauto.com>
Subject: REFER NO: D19005634MFSH XD4937R

Dear Jeremy

WITHOUT PREJUDICE

Kindly check confirm Total \$35,000.00 before GST @ 5 working days

Kindly send final invoice and all supporting documents directly to MS FIRST CAPITAL INSURANCE LTD.

Please reply my email and officer-in charge is May Chua

Thank you very much

Thank you.

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

Yvonne Wong (LKK Auto)

From: Yvonne Wong (LKK Auto)
Sent: Tuesday, October 15, 2019 6:18 PM
To: 'CWS Motor Claims'
Cc: 'May Chua'; SUR
Subject: SURVEY ASSESSMENT - D19005634MFSH/1
Attachments: XD4937R DOA 08082019 REVERT.pdf

Dear Sir/ Madam

Enclosed preliminary revised of vehicle XD4937R
Date of survey : 11/09/2019
Number of days : 5 days
Thank you.

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Wednesday, September 11, 2019 10:08 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'May Chua' <maychua@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19005634MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards

G.NIVITHA

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, 11 September 2019 9:13 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; May Chua <maychua@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19005634MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

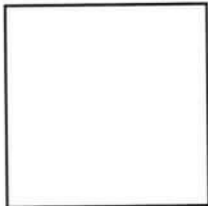
Please find attached the necessary documents for survey.

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

MOTOR SURVEY ASSIGNMENT

Date	30-08-2019	Our Ref No. D19005634MFSH
Accident Date	28-08-2019	Claim Type. Third Party
Insured Vehicle	SH8380H	Third Party Vehicle. XD4937R
Survey Location	53 UBI AVE 1 #01-33 PAYA UBI INDUSTRIAL PARK	
Contact Person.	KAI LING	
Contact No.	98686000/ 98686000	Fax No. 69255219
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	MY CAR CONSULTANT	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.



Auto
Consultants
Pte Ltd

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

Your Ref: D19005634MFSH

Date: 15 Oct 2019

Our Ref: CS/FCI19016127/Gyf3

The Motor Claims Department
MS First Capital Insurance Ltd

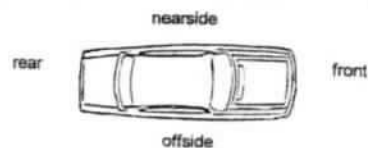
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. XD4937R.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 11/09/2019 at the premises of M/s MY CAR CONSULTANT, and have the following to report:-

Workshop Estimate Amount	: S\$ 50,660.00 .
Revised Estimate Amount	: S\$ 35,000.00 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:
The vehicle sustained damages
at the rear portion.



Yours faithfully

XING GUO QIANG
Licensed Appraiser

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	29/08/2019 12:46
Date Of Accident	28/08/2019 22:50
Exact Location Of Accident	SLE TWDS TPE AT 13 KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4937R
Insured/Policyholder	
Name Of Registered Owner	KOON CONSTRUCTION & TRANSPORT CO PTE LTD
Co Reg No	197901282N
Email Address	PATRICIA.TEY@KOON.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64130839

Vehicle Particulars

Manufacturer	MAZDA
Model	FV51JJD4RDEA
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18092170MFVS
Cover Note Number	17/11/18 - 27/03/20

Driver

Name of Driver	KOH ENG LAI
NRIC No	S1455295B
Date Of Birth	25/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1983
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-82644903
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 486C TAMPINES AVE 9 #07-86
Postcode	522486
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	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?	
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 ATTACH.

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	SH8380H
Vehicle Make/Model/Colour	BLUE COMFORT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR. SAMRI
NRIC/Passport Number	S0533346F
Contact Number	98207748
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

VEHICLE NO.: XD 4937R
INSURER : FC
DATE & TIME: 28/8/19 @ 22:50


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: (YS)
NRIC/FIN No.: _____

[> Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	XD4937R		
Vehicle Type :	B33 - Goods (Open) Tipper/Dumper Truck		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	MITSUBISHI		
Vehicle Model :	FV51JJD4RDEA		
Chassis No. :	FV51JJA00697		
Propellant :	Diesel		
Engine No. :	6M70445836		
Engine Capacity :	12882 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	28000 kg		
Unladen Weight :	11100 kg		
Year Of Manufacture :	2011		
Original Registration Date :	25 May 2011		
Lifespan Expiry Date :	24 May 2031		
COE Category :	C - Goods Vehicle & Bus		
Quota Premium :	\$23,900.00		
COE Expiry Date :	24 May 2021		
Road Tax Expiry Date :	16 Nov 2019		
Inspection Due Date :	16 May 2020		
Intended Transfer Date :	16 Sep 2019		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
The current road tax expiry is 16 Nov 2019. You may renew the road tax from 17 Aug 2019 with all pre-requisite(s) fulfilled. If the road tax is renewed after 16 Nov 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable (From 17 Nov 2019 to 16 May 2020)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	0.00	-	0.00
Total Amount Payable :			25.00
Amount Payable (From 17 Nov 2019 to 16 Nov 2020)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	0.00	-	0.00
Total Amount Payable :			25.00
Message			
This vehicle has a road tax Over Payment of \$338.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.			

You may print this page for reference.

OK

Print

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

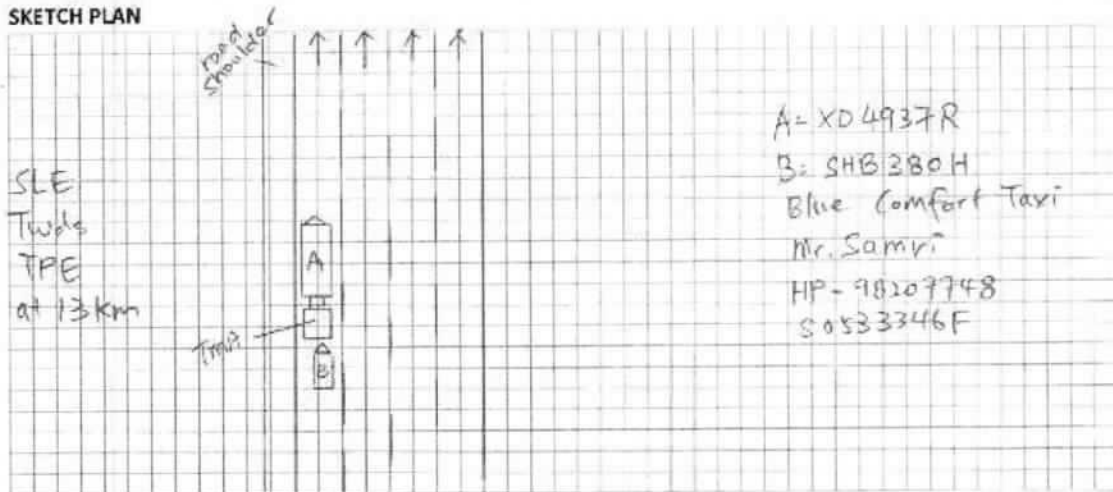
Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	282N
Vehicle Details	
Vehicle No.:	XD4937R
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Sep 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	FV51JJD4RDEA
Primary Colour:	White
Manufacturing Year:	2011
Engine No.:	6M70445836
Chassis No.:	FV51JJA00697
Maximum Power Output:	-
Open Market Value:	\$105,314.00
Original Registration Date:	25 May 2011
First Registration Date:	25 May 2011
Transfer Count:	3
Actual ARF Paid:	\$5,266.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	24 May 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$23,900.00
COE Rebate Amount:	\$4,034.00
Total Rebate Amount:	\$4,034.00

The information contained herein is correct as at 16 Sep 2019

OK

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

with hazard light on,
My vehicle was parked preparing for road closure when
suddenly m/taxi SHB 380H hit onto my vehicle TMA causing
damage. My worker was placing the cones halfway
when the accident happened. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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



Policyholder's
Date & Time:

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

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

GAIRMC Sketch Plan Form 91

() Claim Own Policy () Claim Third Party () Reporting Only
(x) Claim OOT/TP at other workshop (by own workshop)



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park Singapore 408934

HP: 98888885

Estimation

Date: 01 October 2019

Vehicle: XD4937R

Make / Model

Chassis:

No.	Description		Unit Price	Amount
	Parts Replacement:			
1	TRUCK MOUNTED ATTENUATOR (TMA)	1	\$ 45,000.00	\$ 45,000.00
				\$ 45,000.00
	S/Nett items:			
2	REAR NUMBER PLATE	1	\$ 80.00	\$ 80.00
3	60KM/H STICKER	1	\$ 60.00	\$ 60.00
4	REAR TMA DECAL	1	\$ 1,500.00	\$ 1,500.00
				\$ 1,640.00
	Labour to:			
5	CHECK ALL WIRING AND LIGHTNING SYSTEM		\$ 120.00	\$ 120.00
6	TRANSFER PARTS, ATACHMENT FROM OLD TMA TO NEW		\$ 1,200.00	\$ 1,200.00
7	PANEL BEATING ON AFFECTED AREAS		\$ 600.00	\$ 600.00
8	SPRAY PAINTING ON AFFECTED AREAS		\$ 900.00	\$ 900.00
9	LTA INSPECTON ON AFFECTED PARTS		\$ 500.00	\$ 500.00
10	REMOVE AND RENEW DECAL ON AFFECTED PART		\$ 700.00	\$ 700.00
				\$ 4,020.00
			Parts Replacement Amount	\$ 46,640.00
			Total Amount for Labour	\$ 4,020.00
			Total Amount	\$ 50,660.00

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:


Total: 35k.
5 & 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/FCI19016127/Gyd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 21-10-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 8380H	Veh. Inspected	XD 4937R	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19005634MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	11/09/2019	
2. Vehicle Particulars & Condition				
Make & Model	MITSUBISHI FV51JJD4RDEA	c.c	12882	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	FV51JJA00697	Colour	WHITE / YELLOW	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	295/80 R22.5	LING LONG	6 mm	
L/H Front Tyre	295/80 R22.5	LING LONG	6 mm	
R/H Rear Tyre	10.00 R20 (D/D)	CHAO YANG	6/6/6/6 mm	
L/H Rear Tyre	10.00 R20 (D/D)	CHAO YANG	6/6/6/6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	28/08/2019	Inspection Date	11/09/2019	
Survey held at	MY CAR CONSULTANT PTE LTD 53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934			
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:		5 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. XD 4937R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	TRUCK MOUNTED ATTENUATOR (TMA)(SN)	DISTORTED	45,000.00	35,000.00
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	80.00	-
1	60KM/H STICKER (SN)	NOT NECESSARY	60.00	-
1	REAR TMA DECAL (SN)	NOT NECESSARY	1,500.00	-
			46,640.00	35,000.00
LABOUR				
	CHECK ALL WIRING AND LIGHTING SYSTEM.	NOT NECESSARY	120.00	-
	TRANSFER PARTS, ATTACHMENT FROM OLD TMA TO NEW.	NOT NECESSARY	1,200.00	-
	PANEL BEATING ON AFFECTED AREAS.	NOT NECESSARY	600.00	-
	SPRAY PAINTING ON AFFECTED AREAS.	NOT NECESSARY	900.00	-
	LTA INSPECTION ON AFFECTED PARTS.	NOT NECESSARY	500.00	-
	REMOVE AND RENEW DECAL ON AFFECTED AREAS.	NOT NECESSARY	700.00	-
			4,020.00	-
GRAND TOTAL			50,660.00	35,000.00
RECOMMENDED COST OF REPAIRS				35,000.00

Report Ref No. CS/FCI19016127/Gyd3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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