

22/03/2002

ASS. REC. BY:

REF: CS/FCI 19018035/k1qf32k Special Instruction:

Surveyor: kalvin ASSIGNMENT (Office)From (Person): Maria Chia San San of FCI Date/Time: 14.10.19 1.06p.m

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SLB 4776R Insured: SHB 3583Jat Workshop m/s Premier Automotiva Tel: 62148880of 23 Changi South Ave 2 #03-02Policy No: \_\_\_\_\_ Claim No: D19006543 mps4

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

Make of Veh: \_\_\_\_\_ D.O.A. 11.10.2019  
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 14.10.19 1.13p.m Person Contacted: Wee Dek H.O.D. Endorsement: \_\_\_\_\_Vehicle (IN) OUT

Date/Time	Action/Instruction (✓) Estimate
	SLB 4776R - X
	SHB 3583J - CC3 / AIG 1100 4345 / HM 1924 DOA - 01/03/2011
15/10/19 @ 1.39m	revised to Maria Chia by email.

(08/11/13)

Surveyor: Kalvin

REF:

## ASSIGNMENT

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

Estimated Cost: \_\_\_\_\_

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

To Insp'd 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.

N/S	O/S

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

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

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

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / .REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SLB 4776R Yr Regn: 11 Apr 2016

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

Truck / Trailer or

Make: Mitsubishi Attrage c.c. 1193Colour: Black A/C: Insured / Std / NI / NASp. Reading: 4695 T/Radio: Insured / Std / NI / NA

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

C/No: M MB57A13AFH 009005Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD / Rim orTyre Size: F: 195 / 55 R15

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

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

TOYO / YOKO or

Maxxis

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 11/10/19D.O.I. 14/10/19

Survey held at

Premise

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

Pen

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

Date / Time	Action / Instruction
21/10/19	Check PIP \$604 2 days.
	Check \$1787.70, 75%.
	no lump sum

RECEIVED 21 OCT 2019

21/10/2019

Date/Time, File Pass to?

☐

: Prell. Report

18/10/19 thru☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: TPLump Sum / I.B.I: (\$ 600)

110

50

50

24

234



Auto  
Consultants  
Pte Ltd

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

Your Ref: D19018035MFSH  
Our Ref: CS/FCI19018035/K1qf3

Date: 15 October 2019

The Motor Claims Department  
MS First Capital Insurance Ltd

Dear Sir/Madam,

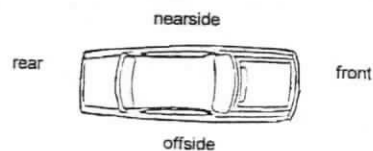
**INITIAL INSPECTION REPORT OF VEHICLE NO. SLB 4776R**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 14/10/2019 at the premises of M/s PREMIER AUTOMOTIVE, and have the following to report:-

Workshop Estimate Amount	: S\$ 2,387.20 .
Revised Estimate Amount	: S\$ 600.00 .
"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

Kalvin  
Automotive Assessor

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	11-10-2019	<b>Our Ref No.</b> D19006543MFSH
<b>Accident Date</b>	11-10-2019	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHB3583J	<b>Third Party Vehicle.</b> SLB4776R
<b>Survey Location</b>	23 CHANGI SOUTH AVENUE 2 #03-02	
<b>Contact Person.</b>	GOH WEE DEK	
<b>Contact No.</b>	65446682/ 62148880	<b>Fax No.</b> 62141511
<b>Survey Type</b>	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	PREMIER AUTOMOTIVE SERVICES PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	MERINA CHIA SAN SAN	

**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.

## Shiau Chan (LKKAUTO)

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Tuesday, 15 October 2019 1:39 PM  
**To:** 'CWS Motor Claims'; SUR  
**Cc:** 'Merina Chia'  
**Subject:** RE: SURVEY ASSESSMENT - D19006543MFSH/1  
**Attachments:** CSFCI19018035K1qf3.pdf

Dear Merina,

Enclosed herewith preliminary advice of SLB 4776R.

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) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>  
**Sent:** Monday, 14 October 2019 1:16 PM  
**To:** 'CWS Motor Claims' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Cc:** 'Merina Chia' <[MerinaChia@msfirstcapital.com.sg](mailto:MerinaChia@msfirstcapital.com.sg)>  
**Subject:** RE: SURVEY ASSESSMENT - D19006543MFSH/1

Dear Sir/Madam,

Thank you for your assignment.

Best Regards,

**Summer Lee** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** CWS Motor Claims <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>  
**Sent:** Monday, 14 October, 2019 1:06 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** CWS Motor Claims <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; Merina Chia <[MerinaChia@msfirstcapital.com.sg](mailto:MerinaChia@msfirstcapital.com.sg)>  
**Subject:** PRI: SURVEY ASSESSMENT - D19006543MFSH/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.

**Enquire Vehicle Registration Details****Owner Particulars**

NRIC/Passport /Company Cert No.:	200612929E
Owner ID Type:	Company
Owner Name:	PREMIER RENT A CAR PTE. LTD.
Registered Address:	23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
Mailing Address:	-
Birth Date:	-

**Vehicle Particulars**

Vehicle No.:	SLB4776R
Previous Vehicle No.:	-
Effective Date of Ownership:	11 Apr 2016
Original Regn Date:	11 Apr 2016
Registration Date:	11 Apr 2016
Year of Manufacture:	2015
Vehicle Type:	Private Hire (Chauffeur) Motor Car
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	MITSUBISHI
Vehicle Model:	ATTRAGE 1.2 CVT
Primary Colour:	Black
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	MMBSTA13AFH009005
Engine No.:	3A92UCG9372
Engine Capacity /Power Rating:	1193 cc / -
Maximum Power Output:	57.0 kW (76 bhp)
Propellant:	Petrol

Max Unladen Weight:	940 kg
Maximum Laden Weight:	1335 kg
Open Market Value:	\$12,647.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Apr 2026
Minimum PARF Benefit:	\$2,500.00
No. of Transfers:	0
IU Label No.:	1126404986
COE No.:	2016010101002957R
COE Expiry Date:	10 Apr 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Registration Category:	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium:	\$54,301.00 / -
Actual QP Paid:	\$54,301.00
QP (Regn Cat):	\$54,301.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$54,301.00
Additional Registration Fee Rate:	First \$12,647.00 (100%)
Actual ARF Paid:	\$5,000.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	113.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$7,647.00
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category A. This is a public service vehicle.

## 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	11/10/2019 14:05
Date Of Accident	11/10/2019 11:45
Exact Location Of Accident	ECP - CHANGI AIRPORT (LAMP POLE # 321)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB4776P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIER RENT A CAR PTE LTD
Co Reg No	200612929E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62141101

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	B 29123167 MCX
Cover Note Number	

### Driver

Name of Driver	LAM WEI JUN
NRIC No	S8609416I
Date Of Birth	17/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97915796
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 416 #13-235 PASIR RIS DRIVE 6
Postcode	510416
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?	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)	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

VEH. A - NO PAX VEH. B - 1 PAX

#### 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	SHB3583J
Vehicle Make/Model/Colour	HY/YELLOW CITY CAB
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	JALILUDIN BIN MOHD TAHA
NRIC/Passport Number	S2008524Z
Contact Number	96931087
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLANIMPORTANT 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.

PREMIER RENT A CAR PTE LTD  
23 CHANGI SOUTH AVE 2  
#01-01  
SINGAPORE 486443  
TEL : 6214 1101

Policyholder's Signature  
Date & Time:

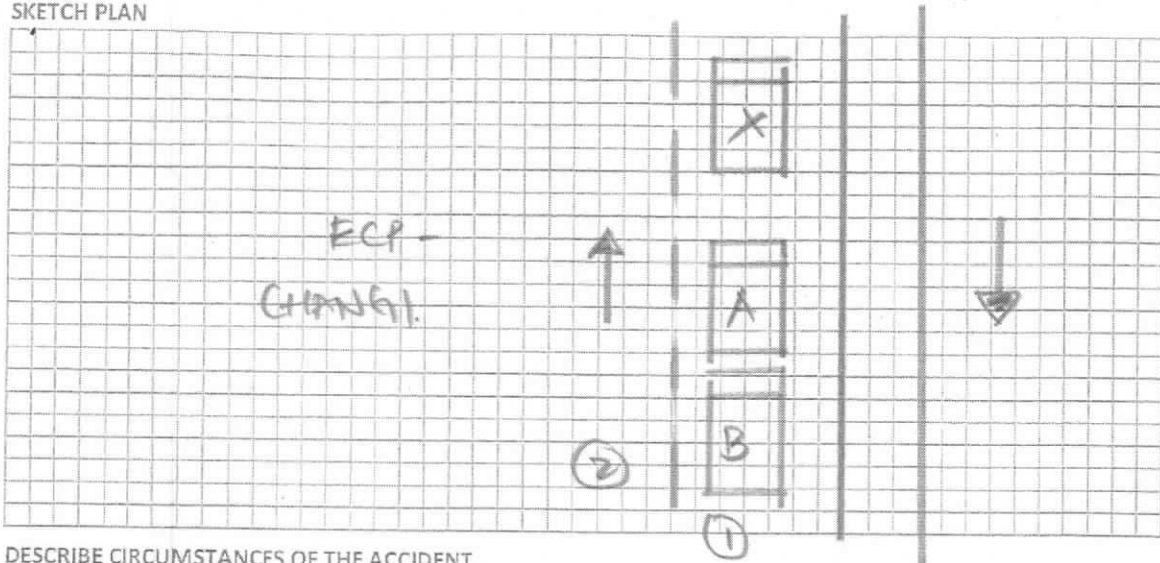
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

11 OCT 2019  
d 58609467

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SUB 4776R

B: SHB 3583J.

## DECLARATION

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

PREMIER RENT A CAR PTE LTD.  
23 CHANGI SOUTH AVE 2, #01-01  
SINGAPORE 486443  
TEL : 6234 1101

Policyholder's Signature  
Date & Time:

x

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

11 OCT 2019

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

GIARMC SketchPlanForm\_V3

58609416I

2

Describe Circumstance of the Accident.

ON 11/10/2019 @ 1145HRS, I WAS DRIVING MY VEHICLE ( SLB 4776 R )  
TRAVELLING ALONG ECP – CHANGI (LAMP POLE #321), IN LANE 1.

TRAFFIC WAS SLOW MOVING AHEAD AT THE POINT OF TIME.

I STOPPED MY VEHICLE AS VEHICLES AHEAD OF ME STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SHB 3583 J –  
HYUNDAI/YELLOW CITY CAB ) WHICH WAS BEHIND ME, HAD  
COLLIDED ONTO THE REAR OF MY VEHICLE.

DUE TO THE IMPACT, MY VEHICLE HAD DAMAGES ON THE REAR  
PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

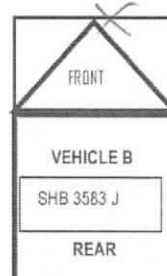
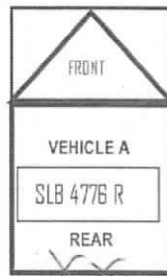
NO INJURY INVOLVED.

NO AMBULANCE AT SCENE.



NO PASSENGERS ONBOARD MY VEHICLE & VEHICLE B HAD A  
PASSENGER ONBOARD.

\*SCENE PHOTOS TAKEN.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



THIRD PARTY VEHICLE

 596094161  
Driver's Signature  
Friday, October 11, 2019 @ 2:13:20 PM  
( attended by  )

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02  
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511  
CO. REG:200707743D GST REG:200707743D

11-Oct-19

## ESTIMATE REPAIR BILL FOR MITSUBISHI ATTRAGE REGN NO: SLB 4776 R

1 pc	Rear bumper	X rep. 2	\$	659.00
1 pc	Rear bumper reinforcement	X su	\$	315.00
			\$	974.00
		Less 20%	\$	194.80
			\$	779.20

### S/NETT

1 set	Rear bumper clips	X 1" shld	\$	48.00
1 set	Reverse sensor		\$	<del>280.00</del> 200
	Sundry		\$	<del>50.00</del> X 1
	To dismantle / refit reverse sensor to new bumper and reset to the same		\$	<del>120.00</del> X 1
	To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.		\$	<del>180.00</del> X 1
	To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the end panel		\$	<del>600.00</del> 200
	To putty and spray painting on rear bumper		\$	<del>250.00</del> 200
	To apply rustproofing on the repaired and replaced panels.		\$	<del>80.00</del> X 1
			\$	2,387.20

( ALL THE REPAIR COSTS ARE SUBJECTED TO GST )

**THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.**

Kalvin (C/C)

14/10/19 1705 L

200

US

After Repair

LKK Auto Consultant's 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:




## 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/FCI19018035/K1qf3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 22-10-2019	
		Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHB 3583J	Veh. Inspected	SLB 4776R
Policy No.		Coverage (\$)	0.00
Claim No.	D19006543MFSH	Excess (\$)	0.00
Assign From	MERINA CHIA SAN SAN	Assign Date	14/10/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	mitsubishi attrage	c.c	1193
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	MMBSTA13AFH009005	Colour	BLACK
Odometer	46995	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/55 R15	MAXXIS	8 mm
L/H Front Tyre	195/55 R15	MAXXIS	8 mm
R/H Rear Tyre	195/55 R15	MAXXIS	8 mm
L/H Rear Tyre	195/55 R15	MAXXIS	8 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	11/10/2019	Inspection Date	14/10/2019
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		
<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:		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. SLB 4776R**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	659.00	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	315.00	-
	LESS 20% DISCOUNT		-194.80	-
			779.20	-
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET REAR BUMPER CLIPS (SN)	NOT NECESSARY	48.00	-
1	SET REVERSE SENSOR (SN)	SHORTED	280.00	200.00
1	SUNDRY (SN)	NOT NECESSARY	50.00	-
			378.00	200.00
	<b><u>LABOUR</u></b>			
	TO DISMANTLE/REFIT REVERSE SENSOR TO NEW BUMPER AND RESET TO THE SAME.	NOT NECESSARY	120.00	-
	TO DISMANTLE/REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS.	NOT NECESSARY	180.00	-
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE END PANEL. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		600.00	200.00
	TO PUTTY AND SPRAY PAINTING ON REAR BUMPER.		250.00	200.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.	NOT NECESSARY	80.00	-
			1,230.00	400.00
	<b>GRAND TOTAL</b>		<b>2,387.20</b>	<b>600.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>600.00</b>

Report Ref No. CS/FCI19018035/K1qf3e2

**KALVIN ANG WEI KUN**

Automotive Assessor / Investigator

**ADRIAN LING WAI PING**

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

Licensed Appraiser

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