ASS. REC. BY: REF: CS FC[ 9]	019 832 / Tlq d3D Special Instruction:
Prom (Person); Julon Tea of	pcl Date/Time: 607pm@ 7/11/10
Estimated Cost:	Bill to:
OD/TE/WS/TP RES/OD RES/EVA/INV/M	V/CS
The state of the s	5826 J Insured: SHC 2618 4
at Workshop m/s cycle & Car	riage Automotive Tel: 91865200/.
	Gardens
Policy No:	Claim No: D19006981MFST
Sum Insured:	Excess:
Make of Veli: (Client's Record)	D.O.A 01/11 2019
CA / REV / REP. / REV 24 HRS (DS)  Date/Time: 9:32am 8/11/14 Person Control	H.O.D. Endorsement:
Person Contact	ed: COCOVehicle_IN_OIT
Date/Time Action/Instruction Folionolly (	
2LS 5826J-X	
3HC 2618U- CC3/A19	09015557 /Cin 20A: 16/7/2009
Mil 1909.13m revised to Ja	ann Tea Im email
10/11/19 Q 4.23m confirmed we	the lawy final fra \$1690, 3 days.
. / D - 1 ×	100 010 10 10 10
(1200 10 495, 730/1)	

Westend (8

188



MS First Capital Insurance Limited to the No. 195000105C 051 Reg. No. MZ-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

#### MOTOR SURVEY ASSIGNMENT

Date

04-11-2019

Our Ref No. D19006981MFSH

Accident Date

01-11-2019

Claim Type. Third Party

Insured Vehicle

SHC2618U

Third Party Vehicle. SLS5826J

Survey Location

209 PANDAN GARDENS

Contact Person.

COCO LU TING

Contact No.

65684501/91865200

Fax No. 65651240

Survey Type

DIRECT SETTLEMENT: QUANTUM AND NUMBER OF REPAIR DAYS AS

RECOMMENDED BY OUR SURVEYOR.

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

CYCLE & CARRIAGE

AUTOMOTIVE PTE LTD

Attention. NIL

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

JASON TEA CHEE KIAT

#### 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.

# Nivitha (LKK Auto)

From:

Coco Lu Ting <coco.lu@cyclecarriage.com.sg>

Sent:

Wednesday, 13 November 2019 8:00 PM

To:

Admin-D (LKKAuto)

Cc:

Edwin Abcede Caina; assignments; Andre Chow En De; Don Bong Kiong Hua

Subject:

RE: SURVEY ARRANGEMENT FOR SLS 5826J TP AGAINST FCI

Dear officer in charge,

Please arrange survey for our customer car on 20/11/2019 9am to 1pm. thank you

Best regards

Coco Lu Tina Executive - Customer Service Claim Division Operations Body & Paint Centre 209 Pandan Gardens Singapore 609339





Cycle & Carriage Singapore • 209 Pandan Gardens, Singapore 609339 T: +65 6568 4501 • F: +65 6565 1240 • H: +65 91865200 • www.cyclecarriage.com.sg



A member of the Jardine Cycle & Carriage Group

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>

Sent: Friday, 8 November, 2019 12:46 PM

To: Coco Lu Ting <coco.lu@cyclecarriage.com.sg>

Cc: Tay Jian Ye <jianye.tay@cyclecarriage.com.sg>; Edwin Abcede Caina <edwin.caina@cyclecarriage.com.sg>;

assignments <assignments@lkkauto.com>

Subject: SURVEY ARRANGEMENT FOR SLS 5826J TP AGAINST FCI

This email was sent from outside of your organisation

Dear Coco,

Is the vehicle SLS 5826J in the workshop?

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)

## Shiau Chan (LKKAuto)

From:

Shiau Chan (LKKAuto)

Sent:

Tuesday, 10 December 2019 4:23 PM

To:

Songcuan JR Lauro Araos

Cc:

SUR; Cheng Jo Jo; Andre Chow En De; Loi Ai Ting; Coco Lu Ting

Subject:

RE: SLS5826J (MIT) - FINALIZE TP CLAIM (FIRST CAPITAL)

Dear Larry,

WITHOUT PREJUDICE

Confirm final fig \$1,690.00 before GST and 3 repair days.

Kindly send the relevant documents to MS First Capital Insurance company.

Best Wishes for Merry Christmas & Happy New Year 2020

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>siewsc@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>

Sent: Wednesday, 4 December 2019 3:51 PM

To: SUR <sur@lkkauto.com>

Subject: FW: SLS5826J (MIT) - FINALIZE TP CLAIM (FIRST CAPITAL)

#### CS/FCI19019832/T1qd3

From: Songcuan JR Lauro Araos < lauro.songcuan@cyclecarriage.com.sg>

Sent: Wednesday, 4 December, 2019 3:50 PM

To: Taufikh (LKKAuto) < Taufikh@lkkauto.com >; Jojo Cheng < jojo.cheng@cyclecarriage.com.sg >

Cc: Admin A <a drawn-a@lkkauto.com>; Andre Chow En De <a drawn-central com and com and

<a iting.loi@cyclecarriage.com.sg>; Jojo Cheng <jojo.cheng@cyclecarriage.com.sg>; Jojo Cheng

<jojo.cheng@cyclecarriage.com.sg>; Coco Lu Ting <coco.lu@cyclecarriage.com.sg>

Subject: SLS5826J (MIT) - FINALIZE TP CLAIM (FIRST CAPITAL)

Dear Taufikh,

Pls. refer to attached files.

Kindly confirm finalized amount of \$ 1,690.00 before Gst.

Thank you so much.

Best regards,

Larry Songcuan Customer Service

## Shiau Chan (LKKAuto)

From:

Shiau Chan (LKKAuto)

Sent:

Friday, 22 November 2019 9:13 AM 'CWS Motor Claims'; assignments

To: Cc:

'Jason Tea'; SUR

Subject:

RE: SURVEY ASSESSMENT - D19006981MFSH/1

Attachments:

CSFCI19019832T1qd3.pdf

Dear Jason,

Enclosed herewith preliminary advice of SLS 5826J.

Best Regards,

Shiau Chan (Ms) | Case Handler

## LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>siewsc@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>

Sent: Friday, 8 November 2019 2:10 PM

To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: 'Jason Tea' <JasonTea@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D19006981MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer will arrange.

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: Thursday, 7 November 2019 6:27 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims < cwsmotorclaims@msfirstcapital.com.sg >; Jason Tea < JasonTea@msfirstcapital.com.sg >

Subject: PRI: SURVEY ASSESSMENT - D19006981MFSH/1

Dear Sir/Mdm,



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

Your Ref: D19006981MFSH

Date: 22 November 2019

Our Ref: CS/FCI19019832/T1qd3

The Motor Claims Department MS First Capital Insurance Ltd

Dear Sir/Madam,

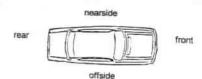
## INITIAL INSPECTION REPORT OF VEHICLE NO. SLS 5826J .

Please be informed that we had conducted the inspection of the abovementioned vehicle on  $\underline{20/11/2019}$  at the premises of M/s  $\underline{CYCLE \& CARRIAGE}$ . and have the following to report:-

Workshop Estimate Amount	: <u>S</u> \$	2,185.00	
Revised Estimate Amount	: <u>S</u> \$	1,690.00	
"Check" Items Amount	: <u>S</u> \$	308.00	
Market Value	: <u>S</u> \$	- 0 <u>-</u>	
LTA Reimbursement Value	: <u>S\$</u>	-	
Nett Value	: <u>S</u> \$	TE .	

Description of Damage:

<u>The vehicle sustained damages</u>
at the rear portion.



Yours faithfully

Taufikh Automotive Assessor

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	02/11/2019 11:57
Date Of Accident	01/11/2019 10:45
Exact Location Of Accident	BRAS BASAH ROAD
Country/State of Loss	SINGAPORE
Kiring and the state of the sta	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLS5826J
nsured/Policyholder	
Name Of Registered Owner	JONATHAN GOH WEI SHENG
NRIC No	S8934827G
Email Address	JON_GOH89@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-83224467
Alternative Phone No	OTHERS-67639612
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	SPACE STAR-1.2 CVT (A)
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	JONATHAN GOH WEI SHENG
IRIC No	S8934827G
Date Of Birth	23/09/1989
Occupation	INDOOR
Date Of Driving Pass	18/11/2010
Oriving Experience	8 YEARS AND 11 MONTHS
Sender	MALE
Nobile Number	(LOCAL) +65-83224467
ax Number	

OTHERS-67639612

JON\_GOH89@LIVE.COM.SG

Address

BLK 184 JELEBU ROAD #29-32

Postcode

670184

...

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

river 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

CHAIN COLLISION

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

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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 ATTACHMENT

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

SHC2618U

Vehicle Make/Model/Colour

COMFORT DELGRO TAXI TOYOTA PRIUS

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

LEONG WENG ONN

NRIC/Passport Number

Contact Number

91914369

Address

Postcode

Insurance Company Name

MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SHB5549X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TAXI

#### Sketch Plan

## SKETCH PLAN

## **IMPORTANT NOTICE**

- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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 purpos∉s stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 00 111

D835 L

Driver's Signature

(If driver is not the policyholder)

Date & Time: 02/11/19

0935 hr

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No.:

## Sketch Plan #2

SKETCH PLAN		Þ9H65549X			
Ada	MU inistration adding	<b>1</b>	<b>\</b>	Catton hotel	Demp post number 53
- ==	=====	Bras Basa	h Rd :	bi	SHC265
	nectral of Soud Shaphard	<b>^</b>	<b>V</b>	CHIJMES	A <sub>SLS5726</sub>
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDEN	п		1	
I was driving straight next to Singapore M Calton hotel, when I from the rear. I c the rear bumper of The blue toxi behi was reported.	sloved down	My vehice The har a	le, Sudde	tion Building. Upon the taxi fract of blue toxi	hid my can bonned hitted
ECLARATION  We declare the foregoing partic  olicyholder's Signature ate & Time:	Driver's Signat	2	der)	Reporting Centre Person Name: NRIC/FIN No.:	inel's Signature



# CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

**ESTIMATE** 

GST Reg No : MR-8500111-X

Reg No : 197701469G	LOTIMATE	GST Reg No : MR-8500111
Invoice Name & Address		Owner Name & Vehicle Info
Jonathan Goh Wei Sheng (wu Wei	Cust No/Name	/JONATHAN GOH WEI SHENG (WU WEIS
Johathan don wer Sheng (wa wer	Reg No/Reg Date	SLS5826J / 28/09/201
B1k 184	Date In/Mileage	/ 0
Jelebu Rd	Chassis No	MMCXTA03AGH049747
#29-32 Singapore 670184	Engine No	3A92UGD7879
Contact No Mobile: 83224467	Make/Model	MIT/SPACE STAR 1.2 CVT
	Colour/Trim	XO8 BLACK MICA / BK BLACK

Account No	Terms	Date/Time Pr	rinted	CSE	Operator		WIP No		
CSM00041	Cash	04/11/2019/	09:05	BLC	442 / CocoLu		47519		
		Description		/ Services	The Contract of the Contract o	Qty L	Init Price	Disc%	Amount
E PNT88000 REMOVE & E PNT98000 SPRAY PA M SUNDRY REAR NUM M SUNDRY SUPPLY P M SUNDRY SUNDRY SUNDRY FACE, RR M BRACKET, M BRACKET, M BRACKET, M REFLECTO	BUMPER RR BUMPER RR BUMPER RR BUMPER RR BUMPER	PARKING SENS REAR BUMPER E WITH FRAME ENSOR R R R SIDE,LH R SIDE,LH	SURVEYO SURVEYO DATE: REMARKS	R NAME: _ R SIGNATUR 2° SUV P (MU	11/19 (030)	1.00 1.00 1.00 1.00 1.00 1.00 1.00	590.00 68.00 10.00 10.00 23.00	00.00 00.00 00.00 00.00 00.00	550.00 60.100.00 420.500.00 220.00 20.00 20.00 7.68.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00 7.10.00
Confirm &	accepted <sup>TQ</sup> • Pa • Th • No	K Auto Consulta Repairer of the resurvey before/afte of splay damaged pairls prices are subject ird party survey is or illegal modification(i pplementary item(s)	Tollowing: er spray painting art(s) during re at to confirmation a "Without Pr	otify ng survey on rejudice" basis		7% GST on	Ne 2185.		2,185.00 152.95

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.

Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



TP CLAIM FIRST CAPITAL TAUFIKH (LKK)

Material	: \$	590.00
Labour	: \$	1,100.00
Sub-Total	: \$	1,690.00
Less 2% Disc	: \$	_
Less Excess	: \$ .	_
Total	: \$	1,690.00
GST 7%	: 3	118.30
Grand Total	: 8	1,808,30
Finalise By/Date	B: LAN	my on 04/12/19
	'W 100711	IN 7 DAYS,
	WILL PI	ROCEED WITH INVOI



# CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

# PRO-FORMA INVOICE

Co Reg No : 1977014690

THIS IS NOT AN OFFICIAL TAX INVOICE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info		
Jonathan Goh Wei Sheng (wu Wei	Cust No/Name	/Mr Jonathan Goh Wei Sheng (wu W	
Blk 184 Jelebu Rd	Reg No/Reg Date	SLS5826J / 28/09/2017	
	Date In/Mileage	21/11/2019/ 0	
	Chassis/Package	MMCXTAO3AGHO49747 /DC17S3C	
#29-32 Singapone 670184	Engine No	3A92UGD7879	
Singapore 670184 Contact No Mobile: 83224467	Make/Model	MIT/SPACE STAR 1.2 CVT	
20/11/2019	Colour/Trim	XOB BLACK MICA / BK BLACK	

Account No	Terms	Date/Time Prin	ited CSE	Operator		WIP No	23世上 公人
TP00040	Cash	04/12/2019/		DOMESTIC AND ADDRESS OF THE PARTY OF THE PAR	7.1.3	47519	
		Description o	f Goods / Services	5	Qty Ur	ilt Price Disc%	Amount 550.00
E PNT88000	AD DUMBE						550.00
RENEW RE E PNT88000	AK BUMPE	<u>«</u>				1	60.00
	INSTALL	PARKING SENSO	R				
E PNT98000							420.0
	INT FOR	REAR BUMPER					20.0
M SUNDRY SUNDRIES							
S SPECIALIS	TJOB						50.0
			H FRAME (RECTANG	GULAR & BLACK)	71000	500 00 00 00	590.0
X FACE,RR	BUMPER -		17(0)	12001	71:00	590.00 00.00	590.0
Z TEXT TP FIRST	CAD S	UC2619II				21	
DOA: 01/		HC20100					
		20/11/2019				1	
03 DAYS							
						1	
						1	
				ebrates 120 year.			
		Visit www	w.cyclecarriage.	com/120 for more	info!		
Parts			590.00			Nett	1,690
Labour			1,030.00		7% GST on	1690.00	118.
Standard			0.00				91.2931
Specialis			50.00		Tot	al Payable	1,808.
Diagnosti Sundry/Ot			0.00				
Total (w/c			20.00				
			1,030.00				

This is not an official tax invoice.
This is a computer generated document, no signature is 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

		Affiliated to Federation Internat	ionale Des Experts En Automo	bile
MS F	IRST CAPITAL IN	ISURANCE LTD	Ref : CS/FCI19019832	2/T1qd3e2
	OBINSON ROAD 01 CITY HOUSES	INGAPORE 068877	Date: 17-12-2019 Code: FCI2	
1.		Policy Particulars	s :- THIRD PARTY CLAIM	
	Insured Veh.	SHC 2618U	Veh. Inspected	SLS 5826J
	Policy No.		Coverage (\$)	0.00
	Claim No.	D19006981MFSH	Excess (\$)	0.00
	Assign From	JASON TEA	Assign Date	07/11/2019
2.		Vehicle Part	ticulars & Condition	
	Make & Model	MITSUBISHI SPACE STAR	c.c	1193
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	MMCXTA03AGH049747	Colour	BLACK
	Odometer	43452	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Condi	tions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	175/55 R15	YOKOHAMA	6 mm
	L/H Front Tyre	175/55 R15	YOKOHAMA	6 mm
	R/H Rear Tyre	175/55 R15	YOKOHAMA	6 mm
	L/H Rear Tyre	175/55 R15	YOKOHAMA	6 mm
4.	URE IN SURE	Descript	tion of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE R	EAR PORTION.	
	DAMAGES SEE D	ETAILS.		
5.	MANAGEM 1885	Gener	al Information	
	Accident Date	01/11/2019	Inspection Date	20/11/2019
	Survey held at	CYCLE & CARRIAGE FRANCI	E PTE LTD	
		209 PANDAN GARDENS SINGAPORE 609339		
5a.			Remarks	
	B)THE INSPECTIO	ISISTENT TO ACCIDENT REPO ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS,"	ITHOUT PREJUDICE" BASIS	
5b.			e Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	3 Working Days	



# LKK Auto Consultants Pte Ltd

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLS 5826J

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR NUMBER PLATE WITH FRAME (SN)	DENTED	50.00	50.00
1	PARKING SENSOR (SN)	NOT NECESSARY	220.00	-
1	SUNDRY (SN)	NECESSARY	20.00	20.00
1	FACE, RR BUMPER (SN)	DEFORMED	590.00	590.00
1	BRACKET, RR BUMPER (SN)	NOT NECESSARY	68.00	-
1	BRACKET, RR BUMPER SIDE, LH (SN)	NOT NECESSARY	10.00	-
1	BRACKET, RR BUMPER SIDE, LH (SN)	NOT NECESSARY	10.00	-
1	REFLECTOR (SN)	NOT NECESSARY	23.00	
1	LAMP ASSY, LICENSE PLATE (SN)	NOT NECESSARY	44.00	-
	~ ~		1,035.00	660.00
	LABOUR			
	RENEW REAR BUMPER.		550.00	550.00
	REMOVE & INSTALL PARKING SENSOR.		100.00	60.00
	SPRAY PAINT FOR REAR BUMPER.		500.00	420.00
			1,150.00	1,030.00
	GRAND TOTAL		2,185.00	1,690.00

RECOMMENDED COST OF REPAIRS	1,690.00

Report Ref No. CS/FCI19019832/T1qd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A
Automotive Assessor

**ADRIAN LING WAI PING** 

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

Licensed Appraiser

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