

ASS. REC. BY:

REF: CS/FCI/9020486/Fyd302

Special Instruction:

Survey:

Ram

ASSIGNMENT (Office)

From (Person):

CWS

Joanne Yong

of

FCI

Date/Time:

2:17pm @ 19/11/19

Estimated Cost:

Bill to:

OD ~~TP~~ DWS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SHC 6914M

Insured:

84C 8017P

at Workshop m/s

Premier Automotive

Tel:

6214 8880 / 6544 6689 / (82)

of

23 Changi South Avenue 2 # 03-02

Policy No:

Claim No:

D1900728271FSL

Sum Insured:

Excess:

Make of Veh:

D.O.A.

18/11/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Cup)

H.O.D. Endorsement:

Date/Time:

3:02pm @ 19/11/19

Person Contacted:

wee dek

Vehicle IN/OUT

Date/Time

Action/Instruction

Isimongli

SHC 6914M - CS/INC 19006845 / 18/11/2019

D.O.A. 14/11/19

SHC 8017P - CS/AV 19017119 / Chrl

D.O.A. 7/8/2009

ASS. RES. BY Ram

RET

ASSIGNMENT

Front: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop no: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Reward)
 Make of Veh: _____
 (Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.
 Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 GIA / PR. Sum: _____ Consistent? Yes or No
 Est. Repairs: _____ days Res. Yes or No
 Lum Sum: _____ % J Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT



Veh No: SHC 6914m Yt Regn: 18/Sept 2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Kia Optima 1-7 ACC 1685
 Colour: Sliver A/C: Insured / Std / NI / NA
 Sp. Reading: 450045 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNAGM414 MFS62309
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: NII / S/Rin / STD A/Rin or
 Tyre Size F: 205/65 R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Achilles
 Front: _____ Rear: _____
 R/Bal: 5 mm R/Bal: 5 mm
 L/Bal: 5 mm L/Bal: 5 mm
 D.O.A. 18/11/19 D.O.I. 19/11/19
 Survey held at Premier
 Des. of Damages Fr / Rear / O/S NIS / UIC / Rooftop or
Frst 2 NIS Frst
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

22/11/19 Sent Preli by email.
Ram, RECEIVED 29 NOV 2019
 Pls see my remarks.

FC
 L/S

L/S: \$2300/= confirm on 28/11/19 (Red \$1380-80, 37%)
 3 repair days with weeder

Days Of Repair: 3
 Resurvey No. of Trip: 1

28/11/19 Typist

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech Invs (\$)
☐ Weekend (\$)

Survey Fee	130
Transportation	50
Food & Bev	35
Others	
TOTAL	215

Report Format:
 Lump Sum / I.B.I. (\$) \$2300f

Yvonne Wong (LKK Auto)

From: Parasuram (LKK Auto)
Sent: Thursday, November 28, 2019 4:38 PM
To: Goh Wee Dek
Cc: SUR
Subject: RE: SHC6914M- FINALIZE

WITHOUT PREJUDICE'
SAVE AS TO COSTS

Hi,

The lumpsum amount change to \$2300/= with 3 repair days.

Thanks .

Best Regards,

Parasuram | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 6741 3061 | Email: Parasuram@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Goh Wee Dek [mailto:weedek.goh@premiertaxi.com]
Sent: Thursday, 28 November, 2019 10:18 AM
To: Parasuram (LKK Auto) <Parasuram@lkkauto.com>
Subject: SHC6914M- FINALIZE

Dear Ram

Please confirm l/sum \$2,350 & 3days.

Regards

Goh Wee Dek
Assistant Claims Manager
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443
Tel: 6214 8880 Ext 068 | DID: 6544 6682 | Fax: 6214 1511
Visit us at: www.premiertaxi.com.sg

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 Please Consider Your Environmental Responsibility Before Printing This E-mail. SAVE OUR TREES and REDUCE POLLUTION 

Yvonne Wong (LKK Auto)

From: Yvonne Wong (LKK Auto)
Sent: Friday, November 22, 2019 2:13 PM
To: 'CWS Motor Claims'
Cc: SUR
Subject: RE: SURVEY ASSESSMENT - D19007282MFSH/1
Attachments: SHC6914M DOA 18112019 REVERT.pdf

Dear Sir/ Madam

Enclosed preliminary revised of vehicle SHC6914M
Date of survey : 19/11/2019
Number of days : 3 days

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)

From: Admin-D (LKKAuto)
Sent: Friday, November 22, 2019 1:59 PM
To: Yvonne Wong (LKK Auto) <yvonnewong@lkkauto.com>
Subject: FW: SURVEY ASSESSMENT - D19007282MFSH/1

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: Tuesday, 19 November 2019 2:47 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Joanne Yong <JoanneYong@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19007282MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

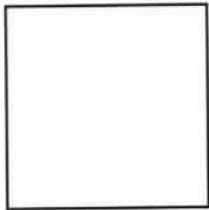
Please find attached the necessary documents for survey.

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	18-11-2019	Our Ref No. D19007282MFSH
Accident Date	18-11-2019	Claim Type. Third Party
Insured Vehicle	SHC8017P	Third Party Vehicle. SHC6914M
Survey Location	23 CHANGI SOUTH AVENUE 2 #03-02	
Contact Person.	GOH WEE DEK	
Contact No.	62148880/ 0	Fax No. 62141511
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	PREMIER AUTOMOTIVE SERVICES 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.



Auto
Consultants
Pte Ltd

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

Your Ref: D19007282MFSH
Our Ref: CS/FC119020486/Fyd3

Date: 21 Nov 2019

The Motor Claims Department
MS First Capital Insurance Ltd

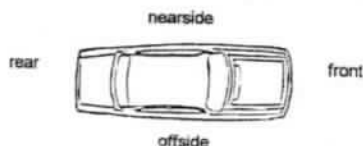
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHC6914M

Please be informed that we had conducted the inspection of the abovementioned vehicle on 19/11/2019 at the premises of M/s PREMIER AUTOMOTIVE, and have the following to report:-

Workshop Estimate Amount	: S\$ 3,680.80 .
Revised Estimate Amount	: S\$ 2,456.64 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:
The vehicle sustained damages
at the front & n/s front portion.



Yours faithfully

RAM
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	18/11/2019 13:35
Date Of Accident	18/11/2019 10:00
Exact Location Of Accident	STRAITS BLVD - MCE/ECP/KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6914M
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5107202885
Cover Note Number	

Driver

Name of Driver	ONG LOY YONG
NRIC No	S6831532H
Date Of Birth	14/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1998
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98231831
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 207C #02-962 PUNGGOL PLACE
Postcode	823207
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NPP
Police Station Address	ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - NO PAX VEH. B - 1 PAX *REFER TO ATTACH POLICE REPORT

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	SHC8017P
Vehicle Make/Model/Colour	M/BENZ TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

ONG LOY YONG - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

SEEK FOR MEDICAL @ CLINIC & HAD 3 DAYS MC

Injured person in which vehicle?

SHC6914M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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:

[Signature]

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

8-6831532-H
S H C 6914 M

19 NOV 2019

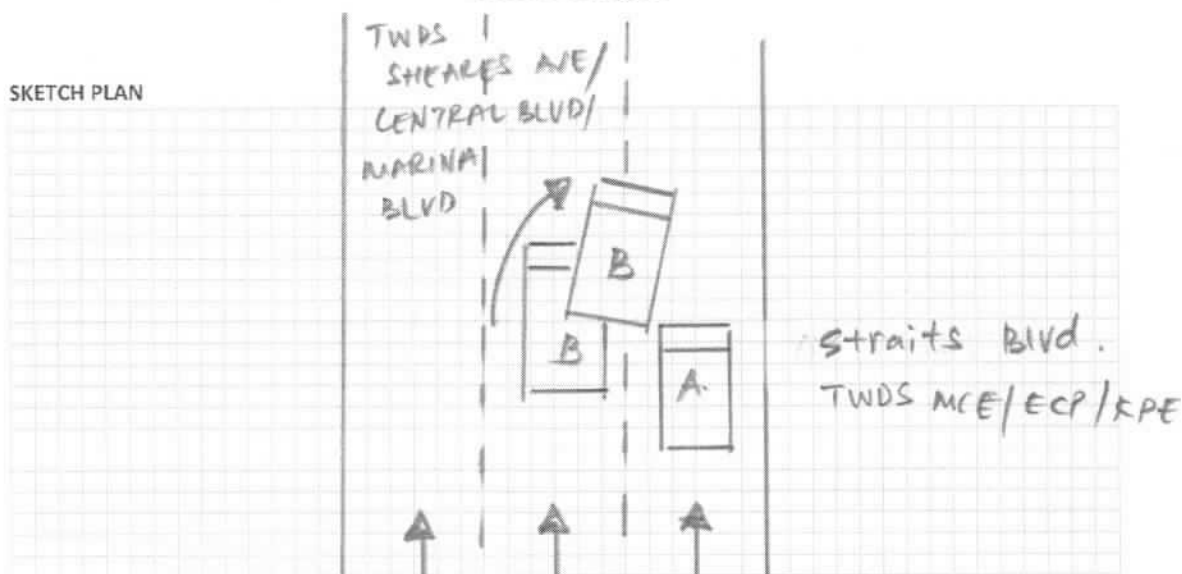
[Signature]

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

SWISS REINSURANCE CO. LTD.

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6914W

B: SHC 8017P.

* Refer to attach police report

* Video footage captured.

DECLARATION

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

19 NOV 2019

Policyholder's Signature
Date & Time:



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

[Signature] 5-6835324

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

[Signature]



**SINGAPORE
POLICE FORCE**



T/20191118/2061

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 3

Report No. T/20191118/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2019 12:39		Vide Report No.:	Station Diary No.: 15
Informant's Particulars			
Name of Informant: ONG LOY YONG		Address: APT BLK 207C PUNGGOL PLACE #02-962 SINGAPORE 823207	
ID Type / ID No.: NRIC NO / S6831532H		Contact No.: Home/Office: Mobile: 98231831	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 14/09/1968	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/11/2019 10:00	Type of Location: Straight Road
Location: Along Road 1 MAXWELL LINK STRAITS BLVD towards MCE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6914M	M/Taxi				Slightly Damaged	0
SHC8017P	M/Taxi				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191118/2061

2 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20191118/2061

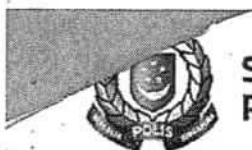
CONTINUATION OF REPORT

Driver			
Name	ONG LOY YONG	ID No.	S6831532H
Related Vehicle	SHC6914M (M/Taxi)	Contact No.	98231831
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 18/11/2019 @ 1000 hrs, I was driving my M/ Taxi SHC6914M along *straits Blvd* ~~Maxwell Link~~ heading towards MCE when another Taxi SHC8017P from my left side veered into my lane and caused my front portion of the taxi to hit his rear right portion of his taxi. It happened so fast that I did not even realized if he had signal his intentions to change lanes. I have to view my in car camera later for that.

I was given 3 days MC and sustained pain on my back due to the impact.



**SINGAPORE
POLICE FORCE**



T/20191118/2061

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20191118/2061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sr Staff Sgt MOHAMMAD ABDULGHANI BIN
MOHD ADNAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

18/11/2019 12:39

Classification Of Case:



SIGNATURE

Accident Photo



Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	18 Sep 2015 / 08:37:21	Receipt No.:	AACCK001-AX239-150918-000002
Asset Type:	Vehicle	Transaction Amount:	\$70,493.00
Asset ID:	SHC6914M	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150918083721150967		

Vehicle No.:	SHC6914M
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)
First Registration Date:	18 Sep 2015
Original Registration Date:	18 Sep 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5623019
Engine No.:	D4FDEH313424
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2015
Open Market Value:	\$22,128.00
Minimum PARF Benefit:	\$13,788.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	18 Sep 2015 08:37:21
COE No.:	2015091801003713E
COE Expiry Date:	17 Sep 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$47,373.00
Lifespan Expiry Date:	17 Sep 2023

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

18-Nov-19

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6914 M

1 pc	Front bumper <i>CRA</i>	\$	531.00
1 pc	Front bumper emblem <i>na</i> na <i>xna</i>	\$	44.00 <i>XNW</i> Δ
2 pc	Front n/s & o/s bumper side bucket @ \$16.00 <i>1 nec</i>	\$	32.00
1 pc	Front n/s bumper protector <i>SCR</i>	\$	51.00
1 pc	Front n/s bumper fog lamp cover <i>xnn</i>	\$	66.00
1 pc	Front n/s fender <i>BUL</i>	\$	384.00
1 pc	Front n/s fender inner shield <i>cut</i>	\$	120.00
1 pc	n/s headlamp <i>CRA</i>	\$	1,028.00
1 pc	Front n/s wheel cover <i>SCR</i>	\$	116.00
		\$	2,372.00
Less 10%		\$	237.20
		\$	2,134.80

S/NETT

1 set	Front bumper clips <i>nec</i>	\$	48.00
1 pc	Front n/s fender sticker <i>nec</i>	\$	30.00
1 set	Front n/s fender inner shield clips <i>nec</i>	\$	28.00
Sundry		\$	50.00 <i>\$30</i>
To check front n/s wheel alignment		\$	80.00 <i>xnn</i>
To dismantle and refit inner garnishes, inner linings, inner trims, cushion seats, carpet, etc to facilitate repairs		\$	180.00 180.00 <i>X</i>
To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the same, etc		\$	650.00 <i>\$360</i>
To putty and spray painting on front bumper, front n/s fender		\$	400.00 <i>\$360</i>
To apply rustproofing on repaired/replaced panels		\$	80.00 <i>\$30</i>
		\$	3,680.80

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 time limit for completion of repairs

• **THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE**

ANY UNFORESEEN DAMAGES

is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Parasuram
21/11/19
Ram (LKR)

88622718hr

Parasuram@lkkauto.com

4/5

add repair photo

3 repair 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/FCI19020486/Fyd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 02-12-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 8017P	Veh. Inspected	SHC 6914M	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19007282MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	19/11/2019	
2. Vehicle Particulars & Condition				
Make & Model	KIA OPTIMA 1.7	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KNAGM414MF5623019	Colour	SILVER	
Odometer	450045	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/65 R16	ACHILLES	5 mm	
L/H Front Tyre	205/65 R16	ACHILLES	5 mm	
R/H Rear Tyre	205/65 R16	ACHILLES	5 mm	
L/H Rear Tyre	205/65 R16	ACHILLES	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/11/2019	Inspection Date	19/11/2019	
Survey held at	23 CHANGI SOUTH AVENUE 2 #03-02			
Repairer	PREMIER AUTOMOTIVE SERVICES PTE LTD			
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:			3 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 6914M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	CRACKED	531.00	531.00
1	FRONT BUMPER EMBLEM	NOT NECESSARY	44.00	-
2	FRONT N/S & O/S BUMPER SIDE BRACKET @\$16.00	N/S NECESSARY	32.00	16.00
1	FRONT N/S BUMPER PROTECTOR	SCRATCHED	51.00	51.00
1	FRONT N/S BUMPER FOG LAMP COVER	NOT NECESSARY	66.00	-
1	FRONT N/S FENDER	BUCKLED	384.00	384.00
1	FRONT N/S FENDER INNER SHIELD	CUT	120.00	120.00
1	N/S HEADLAMP	CRACKED	1,028.00	1,028.00
1	FRONT N/S WHEEL COVER	SCRATCHED	116.00	116.00
	LESS 10% DISCOUNT		-237.20	-224.60
			2,134.80	2,021.40
<u>SPECIAL NETT ITEMS</u>				
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	48.00	48.00
1	FRONT N/S FENDER STICKER (SN)	NECESSARY	30.00	30.00
1	SET FRONT N/S FENDER INNER SHIELD CLIPS (SN)	NECESSARY	28.00	28.00
1	SUNDRY (SN)	NECESSARY	50.00	30.00
			156.00	136.00
<u>LABOUR</u>				
	TO CHECK FRONT N/S WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	TO DISMANTLE AND REFIT INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEATS, 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 SAME, ETC.		650.00	360.00
	TO PUTTY AND SPRAY PAINTING ON FRONT BUMPER, FRONT N/S FENDER.		400.00	360.00
	TO APPLY RUSTPROOFING ON REPAIRED / REPLACED PANELS.		80.00	30.00
			1,390.00	750.00
GRAND TOTAL			3,680.80	2,907.40



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,300.00
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Report Ref No. CS/FCI19020486/Fyd3e2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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