

S.S. REC. BY:

REF: CS/FCI/14020631/K/d302

Special Instruction:

Surveyor: Kenneth

CWS

ASSIGNMENT (Office)

From (Person): Jason Tan of FCI

Date/Time: 9:02am @ 2/11/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMH 1921P Insured: SHA 1749S

at Workshop m/s Hui Yung Motor Tel: 6451 5752

of Blk 176 Sin Ming Drive # 04-02

Policy No: Claim No: 019007348MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 18/11/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS 1DS?

H.O.D. Endorsement:

Date/Time: 10:17am @ 2/11/19 Person Contacted: Bel Vehicle IN/OUT

Date/Time	Action/Instruction
	SMH 1921P: X
	SHA 1749S-NS/INC 19007554 / K/d302 DOA: 26/4/2019
2/11/19 @ 11:12pm	Revised via email pre li advise
27/12	LI Emp 829501 email & confirm re-inform LIS \$2,900/- with workshop.

ASS. REC. BY:

REF: FCZ /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s 1 Hai Yang

of _____

Insured: _____

Policy No. _____

Claims No. _____

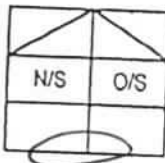
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vsh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 9106k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SM141P21P Yr Regn: 01, 19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: 707 Priv c.c. 1797Colour: M.P. White A/C: Insured / Std / NI / NASp. Reading: 55874 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 8 VW 50 6151617Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 3 mmL/Bal. 2 mm L/Bal. 3 mmD.O.A. 18/11/19 D.O.I. 20/11/19

Survey held at _____

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

1 File pass to

RECEIVED 31 DEC 2019

Date/Time, File Pass to?

☐ : Prel. Report☒ : Final Report1) 31/12 Typist

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

S - RS. \$ _____

Fees _____

Others _____

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: TP

Lump Sum / I.B.I. (\$ _____)

29001-

150
50
90+50
22
322

MOTOR SURVEY ASSIGNMENT

Date	19-11-2019	Our Ref No. D19007348MFSH
Accident Date	18-11-2019	Claim Type. Third Party
Insured Vehicle	SHA1749S	Third Party Vehicle. SMH1921P
Survey Location	BLK 176 SIN MING DRIVE #04-02 SIN MING AUTOCARE	
Contact Person.	BEL	
Contact No.	6451 5752/ 0	Fax No. 6451 4658
Survey Type	DIRECT SETTLEMENT: ESTIMATE - \$7767.58, BASING ON SAS AND AS PER MCF BOLA FOR CC, WE CAN AGREE TO DI	
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	HUI YANG MOTOR 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.

Denise Tay (LKKAUTO)

From: Denise Tay (LKKAUTO)
Sent: Thursday, 21 November 2019 11:42 AM
To: Admin-D (LKKAUTO); 'CWS Motor Claims'; assignments
Cc: 'Jason Tea'; SUR
Subject: RE: SURVEY ASSESSMENT - D19007348MFSH/1
Attachments: PRELI ADVISED OF SMH 1921P.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SMH 1921P**
Number of days (estimated) : 5 days

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | 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: Thursday, 21 November 2019 10:22 AM
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 - D19007348MFSH/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: Thursday, 21 November 2019 9:02 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Jason Tea <JasonTea@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19007348MFSH/1



Auto
Consultants
Pte Ltd

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

Your Ref: D19007348MFSH

Date: 21/11/2019

Our Ref: CS/FCI19020631/Ktd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

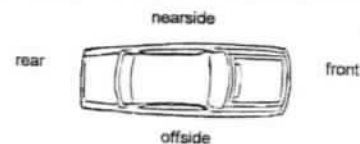
INITIAL INSPECTION REPORT OF VEHICLE NO. SMH 1921P

Please be informed that we had conducted the inspection of the abovementioned vehicle 20/11/2019 at the premises of M/s Hui Yang have the following to report: -

Workshop Estimate Amount	: S\$ <u>7,767.58</u>
Revised Estimate Amount	: S\$ <u>2,592.47</u>
"Check" Items Amount	: S\$ <u>2,868.74</u>
Market Value	: S\$ <u> </u>
LTA Reimbursement Value	: S\$ <u> </u>
Nett Value	: S\$ <u> </u>

Description of Damage:

The vehicle sustained damages at the rear portion.



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Kenneth
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 15:32
Date Of Accident	18/11/2019 10:15
Exact Location Of Accident	ALONG ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1921P
Insured/Policyholder	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	199904194N
Email Address	JENNIFER@SKYWAY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63336333

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.5 HYBRID (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 HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A28795104
Cover Note Number	

Driver

Name of Driver	TING CHENG SING
NRIC No	S6814913D
Date Of Birth	12/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	03/04/1991
Driving Experience	28 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93889475
Fax Number	
Contact Number	
Email Address	WT88832@YAHOO.COM.SG

Address	BLK 320 HOUGANG AVE 5 #08-06
Postcode	530320
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	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?	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)	2
Passenger 1	NAME: : PASSENGER 1 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	HOUGANG NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1749S
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHIA KIM LONG
NRIC/Passport Number	S1665109E
Contact Number	96900726
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKC1535X
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG YUN LIN
NRIC/Passport Number	S9732266Z
Contact Number	96392641
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

Towards
Meyrick Rd.
Ang Mo Kio Ave 1

Amk Ave 10

A
B
C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police reports attached

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 18/11/19.

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

Sketch Plan Pg. 2

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:

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

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



**SINGAPORE
POLICE FORCE**



T/20191118/2093

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

1 of 4

Report No. T/20191118/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2019 13:57	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars			
Name of Informant: TING CHENG SING		Address: APT BLK 320 HOUGANG AVENUE 5 #08-06 SINGAPORE 530320	
ID Type / ID No.: NRIC NO / S6814913D		Contact No.: Home/Office: Mobile: 93889475	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 12/05/1968	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE 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 10:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 1 ANG MO KIO AVENUE 10 T-Junction of Ang Mo Kio Avenue 1 and Ang Mo Kio Avenue 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SHA1749S	Car				Slightly Damaged	0
SKC1535X	Car				Slightly Damaged	0
SMH1921P	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20191118/2093

2 of 4

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20191118/2093

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIA KIM LONG	ID No.	S1665109E
Related Vehicle	SHA1749S (Car)	Contact No.	96900726
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG YUN LIN	ID No.	S9732266Z
Related Vehicle	SKC1535X (Car)	Contact No.	96392641
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TING CHENG SING	ID No.	S6814913D
Related Vehicle	SMH1921P (Car)	Contact No.	93889475
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 18/11/2019 at about 1015hrs, I was driving a white Toyota Prius Hybrid (SMH1291P) along Ang Mo Kio Avenue 1, at the T-Junction of Ang Mo Kio Avenue 1 and Ang Mo Kio Avenue 10.

It just turned green light when I was about to move off. I suddenly felt a heavy impact from the rear. I got out of my car and realised that my vehicle was involved in 3-car collision. The vehicle just behind me was one Comfort taxi (SHA1749S) while the last car was one light blue car (SKC1535X).

The collision resulted in my rear bumper to be slightly dislodged. I felt neck and shoulder ache from the



**SINGAPORE
POLICE FORCE**



T/20191118/2093

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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Report No. T/20191118/2093

CONTINUATION OF REPORT

whiplash. I then proceeded to Healthcare Hougang Medical Clinic (Blk 311 Hougang Avenue 5 #01-191) to seek medical treatment and was granted 3 days of medical leave from 18/11/2019 to 20/11/2019. My female passenger felt similar symptoms as me. I am currently feeling slightly giddiness and blurry vision.

There was no Police or ambulance at scene. There is rear dashcam installed in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20191118/2093

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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Report No. T/20191118/2093

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:

F /

Sgt 2 LIM ENJIE

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 13:57

Classification Of Case:

0135

輝陽汽車有限公司 HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 571721

Tel: 64515752 (2 Lines) . Fax: 64514658

GST & Reg No. 201629438M

18/11/2019

Owner: SKYWAY MOTOR PTE LTD

ESTIMATE TO REPAIR TOYOTA PRIUS HYBRID 1.8S A - SMH1921P

1pc	rear tailgate "PRIUS" emblem	RM	\$	61.75	—
1pc	rear tailgate "HYBRID" emblem	RM	\$	53.75	—
1pc	rear tailgate "TOYOTA" logo	RM	\$	61.10	—
1pc	rear tailgate outer garnish	CM	\$	741.35	—
1pc	rear tailgate inner lock	R	\$	381.85	X
1pc	rear tailgate inner rubber	R	\$	281.50	X
1pc	rear bumper	BUR	\$	928.35	—
2pcs	rear bumper side retainer @\$141.40	PL	\$	282.80	X
2pcs	rear bumper side lamp @\$371.45.00	PL	\$	742.90	X
1pc	rear bumper diffuser	B	\$	379.00	—
1pc	rear bumper reinforcement	R	\$	458.00	—
1pc	rear bumper towing cover	RM	\$	61.00	—
2pcs	rear bumper lower side cover @\$191.55	PL	\$	383.10	X
1pc	rear end panel	R	\$	970.25	X
1pc	rear end panel inner garnish	R	\$	381.90	X
1pc	rear end panel sensor	CM	\$	281.50	—
				\$	6,450.10
less 25%				\$	1,612.53
				\$	4,837.58

1set rear number plate & casing

1set rear parking sensor

tuffkote

wiring

spray painting

labour charges

Total

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:

s.nett \$ 50.00 X

RM s.nett \$ 280.00 200.00

RM \$ 100.00 X

\$ 100.00 200

\$ 1,200.00 660

\$ 1,200.00 500

\$ 7,767.58





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/FCI19020631/Ktd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 03-01-2020		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SHA 1749S	Veh. Inspected	SMH 1921P
	Policy No.		Coverage (\$)	0.00
	Claim No.	D19007348MFSH	Excess (\$)	0.00
	Assign From	JASON TEA	Assign Date	21/11/2019
2. Vehicle Particulars & Condition				
	Make & Model	TOYOTA PRIUS (A)	c.c	1797
	Engine No.	HIDDEN	Year of Reg.	2019
	Chassis No.	ZVW506151617	Colour	METALLIC PEARL WHITE
	Odometer	55874	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	195/65 R15	DUNLOP	2 mm
	L/H Front Tyre	195/65 R15	DUNLOP	2 mm
	R/H Rear Tyre	195/65 R15	DUNLOP	3 mm
	L/H Rear Tyre	195/65 R15	DUNLOP	3 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	18/11/2019	Inspection Date	21/11/2019
	Survey held at	HUI YANG MOTOR PTE LTD BLOCK 176 SIN MING DRIVE #04-02 SIN MING AUTOCARE SINGAPORE 575721		
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:		4 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. SMH 1921P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR TAILGATE "PRIUS" EMBLEM	NECESSARY	61.75	61.75
1	REAR TAILGATE "HYBRID" EMBLEM	NECESSARY	53.75	53.75
1	REAR TAILGATE "TOYOTA" LOGO	NECESSARY	61.10	61.10
1	REAR TAILGATE OUTER GARNISH	CRACKED	741.35	741.35
1	REAR TAILGATE INNER LOCK	TO REPAIR SEE LABOUR	381.85	-
1	REAR TAILGATE INNER RUBBER	SERVICEABLE	281.50	-
1	REAR BUMPER	BUCKLED	928.35	928.35
2	REAR BUMPER SIDE RETAINER @\$141.40	SERVICEABLE	282.80	-
2	REAR BUMPER SIDE LAMP @\$371.45	SERVICEABLE	742.90	-
1	REAR BUMPER DIFFUSER	BENT	379.00	379.00
1	REAR BUMPER REINFORCEMENT	BENT	458.00	458.00
1	REAR BUMPER TOWING COVER	MTG DISTORTED	61.00	61.00
2	REAR BUMPER LOWER SIDE COVER @\$191.55	SERVICEABLE	383.10	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	970.25	-
1	REAR END PANEL INNER GARNISH	SERVICEABLE	381.90	-
1	REAR END PANEL SENSOR	CRACKED	281.50	281.50
	LESS 25% DISCOUNT		-1,612.53	-756.45
			4,837.57	2,269.35
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR NUMBER PLATE & CASING (SN)	SERVICEABLE	50.00	-
1	SET REAR PARKING SENSOR (SN)	DENTED	280.00	200.00
			330.00	200.00
<u>LABOUR</u>				
	TUFFKOTE.	NOT NECESSARY	100.00	-
	WIRING.		100.00	20.00
	SPRAY PAINTING.		1,200.00	660.00
	LABOUR CHARGES. INCLUSIVE OF THE REPAIR OF REAR TAILGATE INNER LOCK AND REAR END PANEL.		1,200.00	500.00
			2,600.00	1,180.00

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GRAND TOTAL		7,767.57	3,649.35
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,900.00

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KONG SENG CHEONG

Licensed Appraiser

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