

ASS. REC. BY:

REF:

es/FCI/9021094/Agd36

Special Instruction:

Sponsor: Adnan
(ins)ASSIGNMENT (Office)From (Person): Jason Tea

of

FCI

Date/Time:

5:11pm 24/11/09

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

EU 1882 U

Insured:

SHC 2259Y

at Workshop in/s

People's Vehicle Recovery

Tel:

67433246

of

Blk 3023A Ubi Road 1 # 01-66

Policy No:

Claim No:

D1906 7537 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26/11/2009

CA / REV / REP. / REV 24 HRS

hup

H.O.D. Endorsement:

Date/Time:

5:11pm 28/11/09

Person Contacted:

Apple

Vehicle IN/OUT

OUT

Date/Time

Action/Instruction

Tolmott ✓EU 1882 U - NA/INC19020901/24DOA: 26/11/09SHC 2259Y - NA/INC19020901/24DOA: 26/11/0904/12/09 @ 9.46am email Jason Tea, we are pending estimate from repairer.28/2/2010 3.16pm revised to Jason Tea by email.US \$ 1200, 3 days (Real \$ 3915.90, 77%)

1200

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|--------------------------------------|-------------------------------------|
| Date | 27-11-2019 | Our Ref No. D19007537MFSH |
| Accident Date | 26-11-2019 | Claim Type. Third Party |
| Insured Vehicle | SHC2259Y | Third Party Vehicle. EU1882U |
| Survey Location | BLK 3023A #01-60 UBI ROAD 1 | |
| Contact Person. | APPLE | |
| Contact No. | 6743 3246/ 0 | Fax No. 6743 0013 |
| Survey Type | WITHOUT PREJUDICE: NO ESTIMATE GIVEN | |
| 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 | PEOPLE'S VEHICLE RECOVERY SERVICE | 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.

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Friday, 28 February 2020 3:16 PM
To: 'CWS Motor Claims'; assignments
Cc: 'Jason Tea'; SUR
Subject: RE: SURVEY ASSESSMENT - D19007537MFSH/1
Attachments: CSFCI19021094Aqd3.pdf

Dear Jason,

Enclosed herewith preliminary advice of EU 1882U.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Shiau Chan (LKKAuto) <siewsc@lkkauto.com>
Sent: Wednesday, 4 December 2019 9:46 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 - D19007537MFSH/1

Dear Jason,

Please be informed that the inspection date should be 03/12/2019 instead of 26/11/2019.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Shiau Chan (LKKAuto) <siewsc@lkkauto.com>
Sent: Wednesday, 4 December 2019 9:45 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 - D19007537MFSH/1

Dear Jason,

Please be informed that we have inspected the vehicle EU 1882U on 26/11/2019.

We are pending for estimate from repairer.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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



Auto
Consultants
Pte Ltd

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

Your Ref: D19007537MFSH

Date: 28 February 2020

Our Ref: CS/FCI19021094/Aqd3

The Motor Claims Department
MS First Capital Insurance Ltd

Dear Sir/Madam,

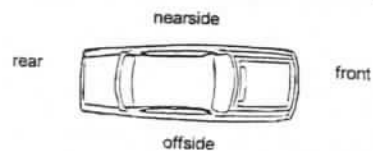
INITIAL INSPECTION REPORT OF VEHICLE NO. EU 1882U .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 03/12/2019 at the premises of M/s PEOPLE'S VEHICLE RECOVERY . and have the following to report:-

| | |
|--------------------------|------------------------------------|
| Workshop Estimate Amount | : S\$ <u>4,865.90</u> . |
| Revised Estimate Amount | : S\$ <u>1,200.00 (Lump Sum)</u> . |
| "Check" Items Amount | : S\$ <u>-</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.



Yours faithfully

ADRIAN LING WAI PING
B.Eng, AMSOE, AMIRTE, AMSAE-A, M.MATAI
Licensed Appraiser

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Wednesday, 4 December 2019 9:46 AM
To: 'CWS Motor Claims'; assignments
Cc: 'Jason Tea'; SUR
Subject: RE: SURVEY ASSESSMENT - D19007537MFSH/1

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Best Regards,

Shiau Chan (Ms) | Case Handler

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

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

From: Shiau Chan (LKKAuto) <siewsc@lkkauto.com>
Sent: Wednesday, 4 December 2019 9:45 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 - D19007537MFSH/1

Dear Jason,

Please be informed that we have inspected the vehicle EU 1882U on 26/11/2019.

We are pending for estimate from repairer.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@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: Friday, 29 November 2019 10:25 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 - D19007537MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

Best Regards

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Wednesday, 4 December 2019 9:45 AM
To: 'CWS Motor Claims'; assignments
Cc: 'Jason Tea'; SUR
Subject: RE: SURVEY ASSESSMENT - D19007537MFSH/1

Dear Jason,

Please be informed that we have inspected the vehicle EU 1882U on 26/11/2019.

We are pending for estimate from repairer.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@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: Friday, 29 November 2019 10:25 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 - D19007537MFSH/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, 28 November 2019 5:11 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Jason Tea <JasonTea@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19007537MFSH/1

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 | 27/11/2019 12:32 |
| Date Of Accident | 26/11/2019 13:35 |
| Exact Location Of Accident | SOUTH BRIDGE RD BEFORE SOUTH CANAL RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | EU1882U |
| Insured/Policyholder | |
| Name Of Registered Owner | YUE CHONG MENG |
| NRIC No | S7340680C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97888080 |
| Alternative Phone No | OFFICE-97888080 |

Vehicle Particulars

| | |
|--|--------------------------|
| Manufacturer | TOYOTA |
| Model | ESQUIRE HYBRID 1.8GI CVT |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5111276660 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YUE CHONG MENG |
| NRIC No | S7340680C |
| Date Of Birth | 09/10/1973 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/06/1992 |
| Driving Experience | 27 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97888080 |
| Fax Number | |
| Contact Number | OFFICE-97888080 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 142 TOA PAYOH LORONG 2 #24-174 |
| Postcode | 310142 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver 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 | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : - GENDER: : MALE |

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

| | |
|---|---------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | SHC2259Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | HAN PENG SEW |
| NRIC/Passport Number | |
| Contact Number | 97691237 |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN

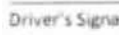
IMPORTANT NOTICE

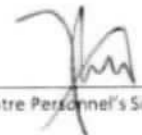
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving 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.



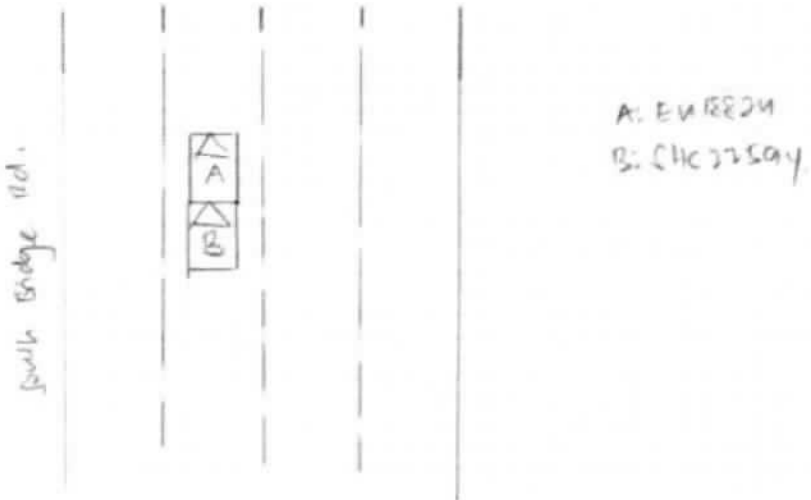
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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

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.:

PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023-A UBI ROAD 1 #01-60 SINGAPORE 408717
Tel No. : 67433246 / 67438552 Fax No. : 67430013
E-Mail : peoplevehicle@gmail.com
Tax Reg. No. : M90001895E Buss. Reg. No. : 31800200X

MS FIRST CAPITAL INSURANCE LIMITED
36 ROBINSON ROAD
#16-01 CITY HOUSE (S) 068877

Attention : Motor Claim Department
Contact : 6507 3848 Fax No. : 6507 3849

Xiao Chen

Estimate : ES19035

Date : 03/12/2019
Vehicle Num. : EU 1882 U
Make/Model : TOYOTA ESQUIRE HYBRID 1.8GI
Chassis/Eng# :
Accident Date : 21/11/2019
Claim No. : TT 365-19
Reference : SHC 2259 Y
Policy No. : NTUC 5111276660

| S/N | Quantity | Particular | Unit Price | Amount S\$ |
|---|----------|---|------------------|-------------------|
| LIST ITEMS : | | | | |
| 1. | 1 | TAILGATE <i>Repair</i> | | 1,802.79 <i>x</i> |
| 2. | 1 | TAILGATE ESQUIRE EMBLEM <i>new</i> | | 92.50 <i>✓</i> |
| 3. | 1 | TAILGATE LIFEAGE STICKER <i>Hybrid Emblem new</i> | | 78.10 <i>✓</i> |
| 4. | 1 | BUMPER REAR <i>Replaced</i> | | 534.51 <i>✓</i> |
| 5. | 1 | TAILGATE GLASS INNER SEAL <i>new</i> | | 118.00 <i>x</i> |
| List Total S\$: | | | 705.11 528.83 | 2,625.90 |
| SPECIAL NETT ITEMS : | | | | |
| 1. | 1 | WINDSCREEN GUM <i>new</i> | 200 | 60.00 <i>x</i> |
| 2. | 1 | REVERSE SENSOR <i>Damage</i> | | 280.00 <i>200</i> |
| Special Nett Total S\$: | | | | 340.00 |
| LABOUR : | | | | |
| REMOVE & REPLACE ACCIDENT DAMAGED PARTS | | | 810 | 800.00 <i>200</i> |
| SPRAY PAINTING ACCIDENT EFFECT PARTS | | | | 800.00 <i>400</i> |
| REMOVE AND REFIX WINDSCREEN REAR | | | | 140.00 <i>x</i> |
| CHECKING WIRING | | | | 60.00 <i>30</i> |
| <i>Paint Costing</i> | | | 250 180 | 1,900.00 |

SingDollars : Four Thousand Eight Hundred Sixty-Five & Cents Ninety Only

E. & O.E.

Total S\$: 4,865.90

LKK Auto Consultants hence notify the Reparer 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 Reparer
Signature:
Date:

Adrian Lj
w/s 03/12/19.
03 Aug.
total 1538.83
A/S: 1.2K.
\$115.90

JERGA DETAILS

UEN: 201736810K

61 Woodlands Industrial Park E9, E9 Premium, #01-02 Singapore 757047

Invoice

Date : 20/12/19
Invoice Number : 20/12/19-3
Car Brand & Model, Colour, License Plate : Toyota Esquire - Black - FU1882U

| Description | Amount |
|--|--------------|
| <p>1. Paint Protection Coating</p> <p><input type="checkbox"/> a. CAMUI CC4</p> <p><input type="checkbox"/> b. CAMUI Golden Expresser</p> <p><input checked="" type="checkbox"/> c. ULTIMEA Self Heal Coating (Rear Bumper & Tailgate)</p> <p>2. Platinum99 Solar Film</p> <p><input type="checkbox"/> Full Car <input type="checkbox"/> Half Car</p> <p><input type="checkbox"/> Others</p> <p>Remarks: _____</p> <p>3. Transition Solar Film</p> <p><input type="checkbox"/> Full Car <input type="checkbox"/> Half Car</p> <p><input type="checkbox"/> Others</p> <p>Remarks: _____</p> <p>4. Paint Protection Film (ULTIMEA FusionUltra Pro)</p> <p><input type="checkbox"/> a. Full Car</p> <p><input type="checkbox"/> b. Full Front</p> <p><input type="checkbox"/> c. 4 Doors</p> <p><input type="checkbox"/> d. Others</p> <p>Remarks: _____</p> <p>5. Others</p> <p><input type="checkbox"/> a. Remarks: _____</p> | <p>\$120</p> |

JERGA PTE. LTD.
UEN REG NO.
201736810K

Total Amount Payable:

\$120/-

Company Stamp

JERGA DETAILS

UEN: 201736810K

61 Woodlands Industrial Park E9, E9 Premium, #01-02 Singapore 757047

Invoice

Date : 6/8/19
Invoice Number :
Car Brand & : 6/8/19-1
Model, Colour, : Toyota Esquire - Black - EU 1882 U
License Plate :

| Description | Amount |
|--|--------|
| 1. Paint Protection Coating <input type="checkbox"/> a. CAMUI CC4 <input type="checkbox"/> b. CAMUI Golden Expresser <input checked="" type="checkbox"/> c. ULTIMEA Self Heal Coating | \$550 |
| 2. Platinum99 Solar Film <input type="checkbox"/> Full Car <input type="checkbox"/> Half Car <input type="checkbox"/> Others Remarks: _____ | |
| 3. Transition Solar Film <input type="checkbox"/> Full Car <input type="checkbox"/> Half Car <input type="checkbox"/> Others Remarks: _____ | |
| 4. Paint Protection Film (ULTIMEA FusionUltra Pro) <input type="checkbox"/> a. Full Car <input type="checkbox"/> b. Full Front <input type="checkbox"/> c. 4 Doors <input checked="" type="checkbox"/> d. Others Remarks: <u>Roof</u> | \$500 |
| 5. Others <input type="checkbox"/> a. Remarks: _____ | |

Total Amount Payable:

JERGA PTE. LTD.
UEN REG NO.
201736810K
Company Stamp


~~\$550~~ =
\$1050/=

**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/FCI19021094/Aqd3e2 | |
| 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | | Date : 03-03-2020 |  |
| | | | Code : FCI2 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHC 2259Y | Veh. Inspected | EU 1882U | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | D19007537MFSH | Excess (\$) | 0.00 | |
| Assign From | JASON TEA | Assign Date | 29/11/2019 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | TOYOTA ESQUIRE | c.c | 1797 | |
| Engine No. | HIDDEN | Year of Reg. | 2019 | |
| Chassis No. | ZWR800365119 | Colour | BLACK | |
| Odometer | 10231 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | SPORTS RIM | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 195/65 R15 | GOODYEAR | 6 mm | |
| L/H Front Tyre | 195/65 R15 | GOODYEAR | 6 mm | |
| R/H Rear Tyre | 195/65 R15 | GOODYEAR | 6 mm | |
| L/H Rear Tyre | 195/65 R15 | GOODYEAR | 6 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 26/11/2019 | Inspection Date | 03/12/2019 | |
| Survey held at | PEOPLE'S VEHICLE RECOVERY SERVICE BLK 3023-A, UBI ROAD 1 #01-60 SINGAPORE 408717 | | | |
| 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 | | |

**LKK Auto Consultants Pte Ltd**

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Reg. No: 199607198R GST Reg. No. 19-9607198-R

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. EU 1882U

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|---|----------------------|---------------------------|-------------------|
| | <u>REPLACEMENT OF PARTS</u> | | | |
| 1 | TAILGATE | TO REPAIR SEE LABOUR | 1,802.79 | - |
| 1 | TAILGATE ESQUIRE EMBLEM | NECESSARY | 92.50 | 92.50 |
| 1 | TAILGATE HYBRID EMBLEM | NECESSARY | 78.10 | 78.10 |
| 1 | BUMPER REAR | DEFORMED | 534.51 | 534.51 |
| 1 | TAILGATE GLASS INNER SEAL | NOT NECESSARY | 118.00 | - |
| | LESS 25% DISCOUNT | | - | -176.28 |
| | | | 2,625.90 | 528.83 |
| | <u>SPECIAL NETT ITEMS</u> | | | |
| 1 | WINDSCREEN GUM (SN) | NOT NECESSARY | 60.00 | - |
| 1 | REVERSE SENSOR (SN) | DAMAGED | 280.00 | 200.00 |
| | | | 340.00 | 200.00 |
| | <u>LABOUR</u> | | | |
| | REMOVE & REPLACE ACCIDENT DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF TAILGATE. | | 800.00 | 200.00 |
| | SPRAY PAINTING ACCIDENT EFFECT PARTS. | | 900.00 | 400.00 |
| | REMOVE AND REFIX WINDSCREEN REAR. | NOT NECESSARY | 140.00 | - |
| | CHECKING WIRING. | | 60.00 | 30.00 |
| | PAINT COATING. | | 250.00 | 180.00 |
| | | | 2,150.00 | 810.00 |
| | GRAND TOTAL | | 5,115.90 | 1,538.83 |
| | RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | 1,200.00 |

Report Ref No. CS/FCI19021094/Aqd3e2

ADRIAN LING WAI PING

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

Licensed Appraiser

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