ASS. REC. BY:	REF: 08 FC1 19	021193/05	d302 Special In	struction:
Surveyor: Sun Pi	ASSIG	MENT (Office)		
From (Person); Main	nachia of	FCI	Date	Time: 9.16 am 2/12/10
Estimated Cost:		Bill to:		
OD TP/WS/TP RI	ES / OD RES / EVA / INV / M	V /-CS		
To Inspect Vehicle No		9845P	40	SHA 8238D
at Workshop m/s	teng shang	Motor	Tel: _67	1639733 .
of BW6	No. 399 9 woodlar	ids Road, Y	ew Ter Inc	d. £8f.
Policy No:	,		D19007	
Sum Insured:		Excess:		
Make of Veh: (Client's Record)			D.O.	A 28/11/2019
CA / REV / REP. /	REV 24 HRS WY		H	O.D. Endorsement:
Date/Time: 9:37cm2		ted: Ms. WCC	✓ Vehicl	A
Date/Time Action	Abstruction Tohrnoll (	1		
	E1845P-X			
	8238D-68/11/80	19434/13)	X	DUA . 18/10/18
			7/	
05/12/19 @	17:37 pm revise	I PA 7	to Miss	cho un email
	10036		1.01/2	Cha vid avenu

# ASSIGNMENT

From Date: 4/12/19	Veh No: SIME 9845 P YI Regn: 27/Sep/2018
Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OF TP WS TP RESTOD RESTEVATINY MV	Truck / Trailer or
To Inspect Vehicle No: SME 9845 P	Make: Mitsybishi Eclipse CROSS 1.5 c.c 1499
To Inspect Vehicle No: SME 9845 p at Workshop m/s Long Sheng Motor	Colour Red A/C: Insured / Std / NI / NA
of BIK 6 NO: 399 G woodlands Road	Sp.Reading 32843 T/Radio: Insured / Std / NI / NA
Insured: Yew tee Ind.	Eng/No:
Policy No.	C/No: JMAXTGKIWJZ063992
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh: After 10am	Modi: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 225/55 R18
(Policy Condition)	R: 225 / 55 R18
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / OKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 26/11/2019 D.O.I. 04/12/2019
Lum Sum: % 3 Val.: Yes or No	Survey held at Long Sheng
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	•
MV: 95 K REC	EIVED 0 0 JAN 2020
PV= 51,810	LIVED
NV: 43,190	
	Od to 11
(confirm with Miss Woon.	re gst). (\$3/251.20 Red - 64%)
Finalize \$ 1,800 @ 3 days (LIS, before	re gst). (\$ 3/251.26 Red - 64%)
Dale/Time, File Pass to? : Preli. Report	Days Of Revair: 3
	Resurvey No. of Trip: Survey Fee: 140
Date/Time, File Return to?	Transportation: 50
2) Add Fee	: Site Insp (\$ ) _ S+RS_SI
	:Interview (\$ _ ) Photos 47
Report Format :	: Tech, Invs (\$ ) ones
1 mp gun / LB. 1 \$1, 300/- 4/5	:Weel and (S
	TOTAL 237



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Hotor 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

27-11-2019

Our Ref No. D19007536MFSH

Accident Date

26-11-2019

Claim Type. Third Party

Insured Vehicle

SHA8238D

Third Party Vehicle. SME9845P

**Survey Location** 

BLK 6 NO. 399-G WOODLANDS ROADYEW TEE INDUSTRIAL ESTATE

Contact Person.

MISS WOON

Contact No.

67639733/0

Fax No. 67639866

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

LONG SHENG MOTOR

Attention. NIL

Cc: TP Solicitor

NA

SERVICE

TP Solicitor Fax No. NA

Officer Incharge

MERINA CHIA SAN SAN

#### IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection. This is a computer generated letter, no signature required.

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	401E
Vehicle No.:	SME9845P
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Dec 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	ECLIPSE CROSS 1.5 CVT SUNROOF
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	4B40DX5442
Chassis No.:	JMAXTGK1WJZ003992
Maximum Power Output:	120.0 kW (160 bhp)
Open Market Value:	\$26,207.00
Original Registration Date:	27 Sep 2018
First Registration Date:	27 Sep 2018
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$28,690.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Sep 2028
PARF Rebate Amount: Intended COE Rebate Details	\$21,517.00
COE Expiry Date:	26 Sep 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$34,381.00
COE Rebate Amount:	\$30,293.00
Total Rebate Amount:	\$51,810.00

The information contained herein is correct as at 04 Dec 2019

OK



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# Oi Sun Pin (LKK Auto)

From:

Long Sheng Motor Service <lsmstyc@singnet.com.sg>

Sent:

Thursday, 2 January, 2020 10:50 AM

To:

Oi Sun Pin (LKK Auto)

Subject:

RE: After Repair Photo SME9845P

Follow Up Flag: Flag Status: Follow up Flagged

Dear Sun Pin.

We accept the offer amount \$1,800.00 with 3 days repair.

Thank you.

Have a good days .....

Best Regards, Miss Woon

Long Sheng Motor Service Blk 6, No.399-G, Woodlands Road, Yew Tee Industrial Estate, Singapore 678007.

Tel: +65 6763 9733 Fax: +65 6763 9866

Email: lsmstyc@singnet.com.sg

From: Oi Sun Pin (LKK Auto) < sunpin@lkkauto.com>

Sent: 02 January 2020 09:53

To: Long Sheng Motor Service < Ismstyc@singnet.com.sg>

Subject: RE: After Repair Photo SME9845P

Dear Miss Woon,

Kindly refer the finalize amount \$1,800. Repair day 3 days. (L/S repair, before gst). If agree please update.

Thank you.

Best Regards,

Oi Sun Pin| Assistant Automotive Assessor

LKK Auto Consultants

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

# Shirley Hiew (LKK Auto)

From:

Shirley Hiew (LKK Auto)

Sent:

Thursday, 5 December 2019 5:37 pm

To: Cc: 'Merina Chia'; 'CWS Motor Claims' assignments; SUR

Subject:

RE: SURVEY ASSESSMENT - D19007536MFSH/1

Attachments:

PRELI ADVISE - SME 9845P.pdf

Dear Merina,

Enclosed preliminary revised of vehicle SME 9845P.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

#### LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>Sur@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: Monday, 2 December 2019 9:56 am

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

Cc: 'Merina Chia' <MerinaChia@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D19007536MFSH/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)



51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL; (065) 62563561 FAX; (065) 62564315

Your Ref: D19007536MFSH

Date: 05 December 2019

Our Ref: CS/FCI19021193/Qsd3

The Motor Claims Department First Capital Insurance Ltd

Dear Sir/Madam,

# INITIAL INSPECTION REPORT OF VEHICLE NO. SME 9845P .

Please be informed that we had conducted the inspection of the abovementioned vehicle on <u>04/12/2019</u> at the premises of M/s <u>Long Sheng Motor Service</u> and have the following to report:-

Workshop Estimate Amount	: <u>S</u> \$	5,051.20	
Revised Estimate Amount	: <u>S</u> \$	2,973.20	
"Check" Items Amount	: <u>S\$</u>	=	
Market Value	: <u>S\$</u>	-	
LTA Reimbursement Value	: <u>S</u> \$	-	
Nett Value	: <u>S</u> \$	- 2	

### Description of Damage:

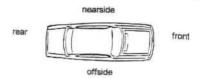
The vehicle sustained damages at the o/s body.

## Comments/ Present Status:

Damages Consistent. Repair days: 3 days

Yours faithfully

Oi Sun Pin 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 <u>truthful and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT	
Date Of Report	27/11/2019 13:54	
Date Of Accident	26/11/2019 23:25	
Exact Location Of Accident	BUKIT TIMAH TURNING RIGHT TO CASHEW ROAD	
Country/State of Loss	SINGAPORE	

DETAILS OF OW	N VEHICLE

Vehicle Registration Number SME9845P

Insured/Policyholder

Name Of Registered Owner LIM WEE BOON

NRIC No S7913401E

 Email Address
 BOON@TALCO.COM.SG

 Mobile Phone No
 (LOCAL) +65-98458456

 Alternative Phone No
 OTHERS-98458456

Vehicle Particulars

Manufacturer MITSUBISHI

Model ECLIPSE CROSS-1.5 CVT S/R (A)

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

GA492412/1

Cover Note Number

Driver

Name of Driver LIM WEE BOON

 NRIC No
 \$7913401E

 Date Of Birth
 17/04/1979

 Occupation
 OUTDOOR

 Date Of Driving Pass
 21/09/2004

Date Of Driving Pass 21/09/2004
Driving Experience 15 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98458456

Fax Number

Contact Number OTHERS-98458456

EMail Address BOON@TALCO.COM.SG

Address

31 BANGKIT ROAD

#16-01

Postcode

679973

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

2

Number of vehicles (including own vehicle) involved in the accident

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)

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 STATEMENT

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

SHA8238D

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI

Vehicle Category Name of Driver

CHIA GEK HUP

NRIC/Passport Number

S1183964I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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
- 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 insurers) 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.
  - 111 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
  - iii for complying with requirements under any regulations. laws or court orders

14]

Policyholder's Signature Date & Time Oriver's Signature (If driver o not the policyholder) Date & Time: Name: And Straight and Last of Name: Name

### Sketch Plan #2

924694 4

to that a sale

KETCH PLAN		
		-
BUEFF IM	rah Ry	
		-1
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	2	
	7	
ESCRIBE CIRCUMSTANCES OF	F THE ACCIDENT	- Callyn P
On 16 2.4.	et arnel 1 11/2 1	hand traveley along
	and your Price born 10	I seems the seems
	Maria Cale Rad . To	
	NA PLUS TO THE TO	
	12 - 12 A 12 A 14 A	
	are little is us against	
	has then my appeared	
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	throng pris Rivers Card p	
my long of the		the David Hold by a
who the tre	AT SHE BY BY BY	F 17. 4- 1 MA
ECLARATION	and was finite or source	
We declare the foregoing particul	ers are true in every respect:	- Mil
4	4	CYS Automobile Sarvaiss Pte
olicyholder's Signature	Driver's Signature	Reporting Control for summers Signature: First
late & Time	iff driver is not the policyholder!	NAME SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOLD

# 龙胜汽车服务 LONG SHENG MOTOR SERVICE

Blk 6, No. 399-G, Woodlands Road, Yew Tee Industrial Estate Singapore 678007

Tel: 67639733

Fax: 67639866

Email: lsmstyc@singnet.com.sg

4/5=1,800

Date:

03.12.2019

Owner:

LIM WEE BOON

Attention: MS FIRST CAPITAL INSURANCE LTD - Motor Claims Department

3 days

1,790.4

1

RE:ACCIDENT FOR VEHICLE NO. SME9845P MITSUBISHI ECLIPSE CROSS (2018) DOA: 26.11.2019 estimated cost of repair of the above mentioned vehicle:-

Replacer	ment Parts:-			Page 1
1 pc	Side Mirror RH / BR	CuT	\$	950.00 600
1 pc	Front Fender Wheel Arch Garnish F	RH /	\$	172.00 150
1 pc	Tront magnap iti i	CUT	\$	112.00 95
1 pc	Front Door Protector RH	cur	\$	210.00 90
1 pc	Front Wheel Rim RH	CYT	\$	1,110.00 600
1 pc	Front Shock Absorber RH × 5 v s		\$	490.00
1 pc	Front Knuckle Arm RH × 5 VC		\$	450.00
1 pc	Front Lower Arm RH X SVC		\$	430.00
1 pc	Front Wheel Bearing RH XIVE		_ \$	440.00
	Less 20%	the Repairer of the industry  • To resurvey before the spoor parelleg  • To display damaged promit number resurvey.	\$	4,364.00 1,63 5 (872.80) 2046
		Parts prices are subject to continue for	\$	3,491.20 1,308
To Repai	ir	Third party survey is on a Winner Provided basis No illegal modification appropriate Supplementary items and a subject to final appropriate in a surance Company  Third party survey is on a Winner Provided basis  Third party survey is on a Winner Provided basis  Third party survey is on a Winner Provided basis  Third party survey is on a Winner Provided basis  Third party survey is on a Winner Provided basis  Third party survey is on a Winner Provided basis  Third party survey is on a Winner Provided basis  Third party survey is on a Winner Provided basis  Third party survey is on a Winner Provided basis  Third party survey is on a Winner Provided basis  Third party survey is one a Winner Provided basis  Third		
1pc	Front Door RH (To Repair) 🗶			
1pc	Front Fender RH (To Repair)	Acknowledged by Repairin		
	, , ,	Signature: Date:		
Add:	ı			

Labour Charges	\$	480.00 400
Spray Painting	\$	650.00 400
To Remove & Replace Front Undercarriage	\$	180.00 🗶
Wheel Alignment	\$	120.00 60
Turf Kote	\$	80.00 40
Check Wiring Mary	\$	50.00 3 0
Total Amount:	\$	5,051.20 930.
Sun Pin (Liele) Repair day - 30	days P-	1,30%
04/12/2019 Lump Sum Repa	400	, ,
	Li	930
TP without Preguda. After spray photo	· ·	2,238
8661 2627	-	
Suhpin@ Malkkauto, com	-	20%
SUIPTIO MAINQUIO, COM	1	766

#### YEW TEE CAR ALIGNMENT CENTRE BLK at WOODLANDS ROAD 18KM 387-L YEW TEE IND. EST.

SINGAPORE 677956 TEL: 63683231

TEL: 63683231 FAX: 63684366 Customer

Vehicle ident no. SME9845P Repair order no. R013593

Technician KT Date 3.12.19

License plate no.

First reg. date

Model

Odometer reading: km/miles

Mitsubishi : Outlander/Airtrek : 2013- (GF/GG) : Front

12345

Wheel Drive

Complaints or reason for alignment check

				Before	Targ	get Data	Actual
			left		-0°30'	. / 00451	-1°08'
С	amber		right			+/-0°45'	-1°16' /
			cross		0.00,	+/-0°30'	0°08'
Rear			left				-0°08'
	oe		right		0°07'	+/-0°05'	0°16'
			total		0°14'	+/-0°10'	0°08' /
G	Geometrical driving axis				0°00'		-0°12'
			left		0°20'	. / 00201	-0°01'
С	Camber		right		0 20	+/-0°30'	1°33'
			cross		0°00'	+/-0°30'	-1°34'
_	Caster		left		2°35'	+/-0°30'	2°07'
Front axle C			right				2°20'
			cross		0°00'	+/-0°30'	-0°13'
_	SAI		left		40045	+/-1°30'	13°29'
s			right		12°45'	+/-1°30	11°38'
			cross		0°00'		1°50'
_			left				
,	rack differential a	angie	right				
			left		00031	+/-0°04'	0°09'
т	oe		right		0°02'	+/-0 04	-0°02*
			total		0°04'	+/-0°08'	0°07'
S	Setback				0°00'		
	Max steering lock	left steer	left				
			right				
IV.		right steer	left				
			right				



# **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

198		Affiliated to Federation Internation	nale Des Experts En Automo	obile
MS	FIRST CAPITAL IN	ISURANCE LTD	Ref : CS/FCI19021193	3/Qsd3e2
	OBINSON ROAD 01 CITY HOUSES	INGAPORE 068877	Date: 21-01-2020 Code: FCI2	
1.		Policy Particulars	:- THIRD PARTY CLAIM	N STANDARD BY STANDARD
	Insured Veh.	SHA 8238D	Veh. Inspected	SME 9845P
	Policy No.		Coverage (\$)	0.00
	Claim No.	D19007536MFSH	Excess (\$)	0.00
	Assign From	MERINA CHIA	Assign Date	02/12/2019
2.	WELL THE SE	Vehicle Parti	culars & Condition	
	Make & Model	MITSUBISHI ECLIPSE CROSS 1.5	c.c	1499
	Engine No.	HIDDEN	Year of Reg.	2018
	Chassis No.	JMAXTGK1WJZ003992	Colour	RED
	Odometer	32843	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Conditi	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	225/55 R18	YOKOHAMA	6 mm
	L/H Front Tyre	225/55 R18	YOKOHAMA	6 mm
	R/H Rear Tyre	225/55 R18	YOKOHAMA	6 mm
	L/H Rear Tyre	225/55 R18	YOKOHAMA	6 mm
1.		Description	on of Damages	<b>学</b> 或是 下作与 自 4 · 1
	THE VEHICLE SU	STAINED DAMAGES AT THE O/S	S BODY.	
5.	DAINAGES SEE D		I Information	ENGLISH SHOWING
	Accident Date	26/11/2019	Inspection Date	04/12/2019
	Survey held at	LONG SHENG MOTOR SERVICE		
		BLK 6, NO. 399-G, WOODLANDS RD YEW TEE IN SINGAPORE 678007.	D. ESTATE	
5a.		R	emarks	
	B)THE INSPECTIO	ISISTENT TO ACCIDENT REPOR ON WAS CONDUCTED ON A"WIT DE TO YOUR INSTRUCTIONS, W	HOUT PREJUDICE" BASIS	
5b.			Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	3 Working Days	3



# 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. SME 9845P

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	SIDE MIRROR RH	BROKEN	950.00	600.00
1	FRONT FENDER WHEEL ARCH GARNISH RH	CUT	172.00	150.00
1	FRONT MUDFLAP RH	CUT	112.00	95.00
1	FRONT DOOR PROTECTOR RH	CUT	210.00	190.00
1	FRONT WHEEL RIM RH	CUT	1,110.00	600.00
1	FRONT SHOCK ABSORBER RH	SERVICEABLE	490.00	
1	FRONT KNUCKLE ARM RH	SERVICEABLE	450.00	
1	FRONT LOWER ARM RH	SERVICEABLE	430.00	
1	FRONT WHEEL BEARING RH	SERVICEABLE	440.00	
	LESS 20% DISCOUNT		-872.80	-327.00
			3,491.20	1,308.00
	SPECIAL NETT ITEMS			
1	FRONT DOOR RH (SN) (NPA)	TO REPAIR SEE LABOUR	-	
1	FRONT FENDER RH (SN) (NPA)	TO REPAIR SEE LABOUR	-	
	LABOUR			
	LABOUR CHARGES. INCLUSIVE OF THE REPAIR OF FRONT DOOR RH AND FRONT FENDER RH.		480.00	400.00
	SPRAY PAINTING.		650.00	400.00
	TO REMOVE & REPLACE FRONT UNDERCARRIAGE.	NOT NECESSARY	180.00	
	WHEEL ALIGNMENT.		120.00	60.00
	TUFF KOTE.		80.00	40.00
	CHECK WIRING.		50.00	30.00
			-	
			1,560.00	930.00
	GRAND TOTAL		5,051.20	2,238.00

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RECOMMENDED COST OF LUMP SUM REPAIRS	1,800.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS/FCI19021193/Qsd3e2

for

OI SUN PIN

Asst. Automotive Assessor

St. S.

ADRIAN LING WAI PING

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

Licensed Appraiser

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