

(CWS)

Surveyor: Kenneth ASSIGNMENT (Office)

From (Person): May Chua of PC Date/Time: 4.12.19 2.06p.m

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: PC 1802R Insured: SHA 45004

at Workshop m/s Guan Motor Tel: 64536111

of 176 sin ming Drive # 02-03

Policy No: _____ Claim No: D19007641MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29.11.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS map H.O.D. Endorsement: _____

Date/Time: 4.12.19 3.34p.m Person Contacted: Ah Hung Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	PC1802R - NSI/NC 19021435 / Gf3 ROA - 02/12/2019
	SHA 45004 - NSI/NC 19021435 / Gf3 ROA - 02/12/2019
10/12/19	11.57am revised to May Chua by email.

ASS. REC. BY:

REF: FC2 /

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s Cavan Motor

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 842k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PC1802R Yr Regn: 08, 13

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Hiace (A) c.c. 2882

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 409459 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFST 22P 50 0017664

Gen. Cond: Good / Fair / Poor / Burnt

Sleering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195R 15X8

R: _____

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

TOYO / YOKO or

Front

R/Bal. P mm

L/Bal. P mm

D.O.A. 29/11/19

Rear

R/Bal. P mm

L/Bal. P mm

D.O.I. 9/12/19

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

C/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 File pass to

C/S Rep @ 1200 & confirmed (red @ 2049.30, 63%)

RECEIVED 19 DEC 2019

Date/Time, File Pass to?

: Prell. Report

19/12 1200

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation:

S - R/S \$

Fees

Others

TOTAL

130
90
14
194

Report Format: TP

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

1200



Auto
Consultants
Pte Ltd

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

Your Ref: D19007641MFSH

Date: 10 December 2019

Our Ref: CS/FC119021435/Kqf3

The Motor Claims Department
MS First Capital Insurance Ltd

Dear Sir/Madam,

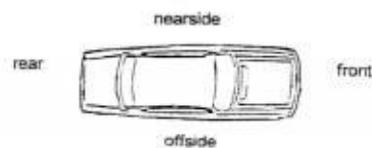
INITIAL INSPECTION REPORT OF VEHICLE NO. PC 1802R

Please be informed that we had conducted the inspection of the abovementioned vehicle on 09/12/2019 at the premises of M/s GUAN MOTOR and have the following to report:-

Workshop Estimate Amount	: <u>S\$ 3,249.30</u>
Revised Estimate Amount	: <u>S\$ 1,540.80</u>
"Check" Items Amount	: <u>S\$ -</u>
Market Value	: <u>S\$ -</u>
LTA Reimbursement Value	: <u>S\$ -</u>
Nett Value	: <u>S\$ -</u>

Description of Damage:

The vehicle sustained damages at the o/s rear portion.



Yours faithfully

KONG SENG CHEONG
Licensed Appraiser

MOTOR SURVEY ASSIGNMENT

Date	03-12-2019	Our Ref No. D19007641MFSH
Accident Date	29-11-2019	Claim Type. Third Party
Insured Vehicle	SHA4500Y	Third Party Vehicle. PC1802R
Survey Location	176 SIN MING DRIVE #02-03 SIN MING AUTOCARE	
Contact Person.	TUANG WILLOW	
Contact No.	6453 6111/ 0	Fax No. 0
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	GUAN MOTOR WORKS	Attention. NIL
Cc : TP Solicitor	CK TEO & CO	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

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: Tuesday, 10 December 2019 11:57 AM
To: 'CWS Motor Claims'; assignments; SUR
Cc: 'May Chua'
Subject: RE: SURVEY ASSESSMENT - D19007641MFSH/1
Attachments: CSFCI19021435Kqf3.pdf

Dear May,

Enclosed herewith preliminary advice of PC 1802R.

Best Wishes for Merry Christmas & Happy New Year 2020

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: 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: Wednesday, 4 December 2019 3:34 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'May Chua' <maychua@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19007641MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

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

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Wednesday, 4 December, 2019 2:06 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; May Chua <maychua@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19007641MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

源摩哆廠 GUAN MOTOR WORKS

Business Regn. No: 08102600E

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

3/12/2019

REPAIR ESTIMATE FOR TOYOTA HIACE – PC 1802 R

<u>List items</u>			
1 pc.	Rear RH Body panel	R	\$ 1,118.00 X
1 pc.	Rear RH Tail lamp	67	577.20 ✓
1 pc.	Rear Bumper	Not 67	517.20 ✓
			\$ 2,212.40
		Less 25%	553.10
			<u>\$ 1,659.30</u> \$ 1,659.30

Labour

1.	Labour charges for remove/refit, panel beating, and replacement of damages.	800.00	400
2.	To putty and spray Spray Paintings charges.	700.00	300
3.	To check wirings & lightings.	40.00	20
4.	To supply and apply anti rust treatment.	50.00	X
		<u>1,890.00</u>	
		<u>Total: \$ 3,249.30</u>	

*Not withain
Resony After Paint
3day
1/12/19 81200h*

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:



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/FCI19021435/Kqf3n2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 23-12-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 4500Y	Veh. Inspected	PC 1802R
Policy No.		Coverage (\$)	0.00
Claim No.	D19007641MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	04/12/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA HIACE (A)	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	JTFST22P500017664	Colour	SILVER
Odometer	409459	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195 R15X8	OHTSU	8 mm
L/H Front Tyre	195 R15X8	OHTSU	8 mm
R/H Rear Tyre	195 R15X8	OHTSU	8 mm
L/H Rear Tyre	195 R15X8	OHTSU	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	29/11/2019	Inspection Date	09/12/2019
Survey held at	GUAN MOTOR WORKS 176 SIN MING DRIVE #02-03 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:		3 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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 1802R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR RH BODY PANEL	TO REPAIR SEE LABOUR	1,118.00	-
1	REAR RH TAIL LAMP	CUT	577.20	577.20
1	REAR BUMPER	DENTED / CUT	517.20	517.20
	LESS 25% DISCOUNT		-553.10	-273.60
			1,659.30	820.80
	LABOUR			
	LABOUR CHARGES FOR REMOVE/REFIT,PANEL BEATING,AND REPLACEMENT OF DAMAGES.INCLUSIVE OF THE REPAIR OF REAR RH BODY PANEL.		800.00	400.00
	TO PUTTY AND SPRAY PAINTING CHARGES.		700.00	300.00
	TO CHECK WIRINGS & LIGHTINGS.		40.00	20.00
	TO SUPPLY AND APPLY ANTI RUST TREATMENT.	NOT NECESSARY	50.00	-
			1,590.00	720.00
	GRAND TOTAL		3,249.30	1,540.80
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,200.00

Report Ref No. CS/FC119021435/Kqf3n2

KONG SENG CHEONG

Licensed Appraiser

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