

ASSIGNMENT

Surveyor: **ADRIAN**

DOI: 04/02/2020

Date / Time : **04/02/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **SHB 6226X**

Claim No. : **D20000720MFSH**

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**

Policy No. : **D-20094922MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI IONIQ**

Excess Sec II : \$\$ D.O.A : **30/01/2020 06:10**

Place of Accident : **TERMINAL 3 ARRIVAL HALL**

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : **WONG KIM HENG (HUANG JIANXING)**

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : **+65-90267597** (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

SLL 1467A



INSRS: **KAP Horn**
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
	SLL 1467A - X	
	SHB 6226X - NA/MSG19014736/z4; DOA: 21.08.19	Non-Reporting ltr (1st):
	- NBA/GAI18018572/Y; DOA: 11.10.18	Non-Reporting ltr (2nd):
	- CS/FCI18019428/R1sd3s2; DOA: 11.10.18	Non-Reporting ltr (Final):
	- CS/FCI18003472/T1vd3e2; DOA: 20.02.18	Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List:
		Notification ltr (if non-pickup) <input type="checkbox"/> Handler <input type="checkbox"/> Typist <input type="checkbox"/>
		After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice: <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>
		Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>
		LOD: <input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost:	SS (_____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>26</u>	If NO or B 28, Ass. Lia :
Repair Cost:	SS	
Loss of Rental (LOR):	SS (_____ days)	
Loss of Use (LOU):	SS (\$ _____ x _____ days)	
Loss of Income (LOI):	SS (\$ _____ x _____ days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search:	SS	
Medical:	SS	
Disbursement:	SS (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost:	SS	2) Report Format: <u>WP</u>
Total:	SS Global Sum S\$:	3) Survey fee: <u>\$525</u>
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS Name 1: _____	
Payee 2: (Strike if N.A.)	SS Name 2: _____	
Payee 3: (Strike if N.A.)	SS Name 3: _____	

COPY SENT
19/3/2020

2057(A)

ASSIGNMENT

Job No: 041

Estimated Cost:

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

To Support Vehicle No:

At Workshop no:

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.

NS	O/S

Est. or Market Value:

IDAC Accident Report Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 6 days Fix Yes or No

Loan Sats: 20 % 3 Val Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Job No: SLL1467A Date: 2017 Feb.

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

Truck / Trailer or

Make: Toyota Altis - 1598

Colour: Silver

Sp Reading: 208292

Eng No:

City: MROS3REH104555632

Gen. Condt: Good Fair Poor Burnt

Steering: In order Jammed / Leaked / Burnt or

Brake: In order Jammed / Leaked / Burnt or

Mod: Nil S/Rim STD A/Rim or

Tyre Size: F: 215/45R17
R: 215/45R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / FIR / SUM /

TOYO / YOKO or Falken

Front	Rear
R/Bal: 06 mm	R/Bal: 06 mm
L/Bal: 06 mm	L/Bal: 06 mm
D.O.A.	D.O.I: 04/02/20

Survey held at: Hiap they

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
	TP / 1st Cap
	4/3 - \$5500 (red \$ 5484.50 / 502)
	MV:
	PV:
	Nett:

Days Of Repair: _____

Resurvey No. of Trip: _____

Days Of Repair: Prel. Report Final Report

And Rep: Site Insp: 15 Initial: 15 Final: 15 Other: 15

Survey Fee	\$170
Diagnosis	\$50 + \$50 = \$100
	\$53
	\$323

SLL1467A.

TP14 Cap

Toyota Altis 1598CC

Jia Le.

MROS3REH104555632

Front LH Fender. Dented 761.50 ✓

WTi Emblem. New 45.10 ✓

Front LH Door Dented 1252.30 ✓

Front LH Door Lock Dented 561.40 ✓

Front LH Door Weatherstripe. New 178.40 +

Front LH Door Lower Hinge Bent 84.10 ✓

Front LH Door Handle Dented 159.80 ✓

Front LH Door Glass. Lit 451 ✓

Front LH Door Glass Chrome Moulding. ^{dented} 172.20 ✓

Front LH Door Glass Regulator Gear ^{not new} 246.10 +

Front LH Door Inner Trim Board. ^{new} 698.40 +

Front LH Door Inner Trim Board Clips. ^{new} 30 ✓

Front LH Door Wing Mirror Broken 1178.60 ✓

Front LH Door Wing Mirror Cover ^{dented} 82 ✓

Front LH Door Black Tape. ^{new} 80(SW) ✓

Front LH Door Glass Solar Film. ^{new} ~~200(SW)~~ 150(SW)

JN }

SLL1467A.

Rees LH Door Dented	1176.20 ✓
Rees LH Door Handle. ^{MP} _{NA}	164.90 x.
Rees LH Door Weatherstripe. ^{MP} _{NA}	182.40. x
Rees LH Door Black Tape. _{NA}	80(SN) ✓
5957.20	S.N: 310
4465.65	

Panel Bending	1200 800
Spray Painting.	1645 1100
Wiring.	1000 30
To transfer front door fittings.	1500 80
To transfer rees door fittings.	1500 80
	2090

1524 TD

total: 6865.65

h/s: 55k ✓

06 Days ✓

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:

MOTOR SURVEY ASSIGNMENT

Date	31-01-2020	Our Ref No. D20000720MFSH
Accident Date	30-01-2020	Claim Type. Third Party
Insured Vehicle	SHB6226X	Third Party Vehicle. SLL1467A
Survey Location	2 KAKI BUKIT AVENUE 2 #02-13 AUTO HUB	
Contact Person.	NA	
Contact No.	67459633/ 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	HIAP HONG MOTOR REPAIR	Attention. NIL
Cc : TP Solicitor	TNG SOON CHYE & CO	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

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.

Sur: Adrem

*P. Ah Kiat
 T: 2.25pm 4/21/2020
 V:lh
 E:✓*

Jia Le (LKK Auto)

From: Jia Le (LKK Auto)
Sent: Thursday, 19 March 2020 9:04 AM
To: CWS Motor Claims
Cc: Karen Tan; Admin A; Hsiao Tong (LKKAuto)
Subject: RE: SURVEY ASSESSMENT - D20000720MFSH/1
Attachments: Preliminary Advice.pdf; TP ESTIMATE - MARKED (FINAL).pdf

Dear Sir/Madam,

Enclosed preliminary advice of vehicle SLL 1467A.
Date of survey : 04/02/2020
Number of days : 6 days

Thank you.

Best Regards,

Chan Jia Le | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749 5792 | email: Jiale@lkkauto.com | fax: 6741-4108

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

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Tuesday, 4 February, 2020 2:25 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>;
Admin A <admin-a@lkkauto.com>
Cc: 'Karen Tan' <karentan@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D20000720MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

Wishing you a Happy and Prosperous Lunar New Year



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: Tuesday, 4 February, 2020 2:14 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Karen Tan <karentan@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D20000720MFSH/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.

**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 : CC4/FCI20002007/Ada3q2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 26-03-2020



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 6226X	Veh. Inspected	SLL 1467A
Policy No.	D-20094922MFSH	Coverage (\$)	0.00
Claim No.	D20000720MFSH	Excess (\$)	0.00
Assign From	KAREN TAN	Assign Date	04/02/2020

2. Vehicle Particulars & Condition

Make & Model	TOYOTA ALTIS	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	MR053REH104555632	Colour	SILVER
Odometer	208292	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/45 R17	FALKEN	6 mm
L/H Front Tyre	215/45 R17	FALKEN	6 mm
R/H Rear Tyre	215/45 R17	FALKEN	6 mm
L/H Rear Tyre	215/45 R17	FALKEN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	30/01/2020	Inspection Date	04/02/2020
Survey held at	HIAP HONG MOTOR REPAIR 2 KAKI BUKIT AVE 2 #02-13 SINGAPORE 417921		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	6 Working Days
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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. SLL 1467A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT LH FENDER	DENTED	761.50	761.50
1	VVTI EMBLEM	NECESSARY	45.10	45.10
1	FRONT LH DOOR	DENTED	1,252.30	1,252.30
1	FRONT LH DOOR LOCK	DAMAGED	561.40	561.40
1	FRONT LH DOOR WEATHERSTRIPE	NOT NECESSARY	178.40	-
1	FRONT LH DOOR LOWER HINGE	BENT	84.10	84.10
1	FRONT LH DOOR HANDLE	DAMAGED	159.80	159.80
1	FRONT LH DOOR GLASS	CUT	451.00	451.00
1	FRONT LH DOOR GLASS CHROME MOUDLING	DENTED	172.20	172.20
1	FRONT LH DOOR GLASS REGULATOR GEAR	NOT NECESSARY	246.20	-
1	FRONT LH DOOR INNER TRIM BOARD	NOT NECESSARY	698.40	-
1	FRONT LH DOOR INNER TRIM BOARD CLIPS	NECESSARY	30.00	30.00
1	FRONT LH DOOR WING MIRROR	BROKEN	1,178.60	1,178.60
1	FRONT LH DOOR WING MIRROR COVER	DAMAGED	82.00	82.00
1	REAR LH DOOR	DENTED	1,176.20	1,176.20
1	REAR LH DOOR HANDLE	NOT NECESSARY	164.90	-
1	REAR LH DOOR WEATHERSTRIPE	NOT NECESSARY	182.40	-
	LESS 25% DISCOUNT		-	-1,488.55
			7,424.50	4,465.65
SPECIAL NETT ITEMS				
1	FRONT LH DOOR BLACK TAPE (SN)	NECESSARY	80.00	80.00
1	FRONT LH DOOR GLASS SOLAR FILM (SN)	NECESSARY	200.00	150.00
1	REAR LH DOOR BLACK TAPE (SN)	NECESSARY	80.00	80.00
			360.00	310.00
LABOUR				
	PANEL BEATING.		1,200.00	800.00
	SPRAY PAINTING .		1,600.00	1,100.00
	WIRING.		100.00	30.00
	TO TRANSFER FRONT DOOR FITTINGS.		150.00	80.00

Report Ref No. CC4/FCI20002007/Ada3q2



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TEL: 6256 3561 FAX: 6256 4315

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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO TRANSFER REAR DOOR FITTINGS.		150.00	80.00
			3,200.00	2,090.00
GRAND TOTAL			10,984.50	6,865.65

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,500.00
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Report Ref No. CC4/FCI20002007/Ada3q2

ADRIAN LING WAI PING

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

Licensed Appraiser

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