

ASS. REC. BY:

REP:

CS3/F019002912/Evd3⁵²-1

CS3/F019002912/Ecd3⁵

Special Instruction:

Surveyor:

us

ASSIGNMENT (Office)

10/3/2020

From (Person):

Memna Chig

of

FCI

Date/Time:

4:46pm @ 15/2/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBH 1049M

Insured:

SHC 7234K

at Workshop n/s

Falco Auto Care Cycle & Carriage Fulco
330 Ubi Road 3

Tel:

96552177

Policy No:

Claim No:

D19001107MPSH

Sum Insured:

Excess:

Make of Vch:
(Client's Record)

D.O.A.

30/01/19

CA / REV / REP. / REV 24 HRS

'up'

H.O.D. Endorsement

18/2/19

Date/Time:

230pm @ 15/2/19

Person Contacted:

Christopher

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	GBH 1049M - X
	SHC 7234K - CC2/AIG17008941/K1pa3.2-1 DOA: 3/5/17

15/2/19

Email preli revised to FCI

14/3/19

@ 9:45am Spoken to Candice, TP vehicle already tow out from CDC
no finalise amount, she said vehicle tow to Fulco Auto Care

9/3/20 LS \$7900 confirmed by email (Reel 15,695, 6670) , 8 days

RECEIVED 11 MAR 2020

10/01/18

Sten

REF:

CS3/FCS19002912/ECd3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect 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.

N/S	O/S

Bal. or Market Value: **\$95K**
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ 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: **GBH1049M** Vi Regn: **2/01/18**
 Type: **(M.Car)** M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Mitsubishi L200** C.C: **2.4L**
 Colour: **Silver** A/C: **Insured / Std / NI / NA**
 Sp. Reading: **008755** T/Ratio: **Insured / Std / NI / NA**
 Eng/No: _____
 Cr.No: **MMCJYKL10HH014425**
 Gen. Cond: **(Good)** Fair / Poor / Burnt
 Steering: **(Inorder)** Jammed / Leaked / Burnt or
 Brake: **(Inorder)** Jammed / Leaked / Burnt or
 Modi: **Nil (S/Rim)** STD A/Rim or
 Tyre Size: F: **275 245/70R16**
 R: _____

(BS) DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front		Rear
R/Bal. 7 mm		R/Bal. 7 mm
L/Bal. 7 mm		L/Bal. 7 mm
D.O.A. 30/1/19		D.O.A. 14/3/19

Survey held at **Fulco**

Des. of Damages: Frt / Rear / O/S **(N/S)** / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time / Action / Instruction

~~MV - 103,000~~
~~PV - 36,093~~
~~MV - 66,977~~

RECEIVED 2019

Date/Time: File Pass to?

☐ : Prelim. Report
☐ : Final Report

4) Date/Time: File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:
 Transportation

5)

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech Insp (\$)
☐ : Weekend (\$)

Report Format: **PRC**

Lump Sum / I.B.F. to:

☐ : S-Rt. G
☐ : Printer
☐ : Paper
☐ : Ink
☐ : Toner

Steve Chen (LKK Auto)

From: Fulco Autocare Pte Ltd <fulco0302@gmail.com>
Sent: Monday, March 09, 2020 9:46 AM
To: Steve Chen (LKK Auto)
Subject: Re: GBH1049M - Finalize

Dear Steve,

We confirm repair costs at \$7,900 (before GST) and 8 repair days.

Best Regards,

Fulco Autocare Pte Ltd

On Fri, Mar 6, 2020 at 6:03 PM Steve Chen (LKK Auto) <SteveChen@lkkauto.com> wrote:

Dear Jenny,

As spoken just now. Kindly refer our finalize \$7900 (L/S, before GST). 8 repair days.

We don't have before spray photo, so do Lump sum.

Thanks.

Celine Fong (LKKAuto)

68 64817675

From: Mei Kwan (LKKAuto)
Sent: Monday, 29 July 2019 5:39 PM
To: Admin-D (LKKAuto)
Subject: FW: GBH1049M (TP: FIRST CAPITAL)

From: Fulco Autocare Pte Ltd <fulco0302@gmail.com>
Sent: Monday, 29 July, 2019 3:38 PM
To: Admin A <admin-a@lkkauto.com>
Subject: GBH1049M (TP: FIRST CAPITAL)

Jenny

Dear Admin,

This vehicle was surveyed by your Mr. Marcus Chua. Kindly advise the recommended costs of repair and repair days.

We hope you can revert soon.

Best Regards,

Fulco Autocare Pte Ltd

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 CIA Records Management Centre established by the General Insurance Association of Singapore (CIA) 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 30/01/2019 14:16
 Date Of Accident 30/01/2019 08:35
 Exact Location Of Accident CHIN BEE DRIVE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH1049M

Insured/Policyholder

Name Of Registered Owner FULCO LEASING PTE LTD
 Co Reg No 201021308G
 Email Address JOHNSON.POON@FULCOLEASING.COM.SG
 Mobile Phone No (LOCAL) +65-98387928
 Alternative Phone No OFFICE-67436266

Vehicle Particulars

Manufacturer MITSUBISHI
 Model L200 D/CAB 2.4 AT
 Exact Purpose for which vehicle was being used at time of accident NORMAL USAGE
 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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number
 Cover Note Number 100859508

Driver

Name of Driver ANG CHUN HAU (HONG JUNHAO)
 NRIC No S7836765B
 Date Of Birth 28/11/1978
 Occupation INDOOR
 Date Of Driving Pass 15/09/2005
 Driving Experience 13 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97970867
 Fax Number
 Contact Number
 EMail Address ANGJAY@STENGGI.COM

Address	BLK 241 BUKIT PANJANG RING RD #10-147
Postcode	670241
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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)	4
Passenger 1	NAME : ANG HIN LI GENDER : MALE
Passenger 2	NAME : SUNDERAVAJ S/O MUTHU MANICKAM GENDER : MALE
Passenger 3	NAME : WEE YEAN LEONG CHRISON 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

I WAS TRAVELLING STRAIGHT ALONG CHIN BEE DRIVE TOWARDS JALAN BOON LAY. THEN SUDDENLY VEHICLE B (SHC7234K) MAKE AN ILLEGAL U TURN AND COLLIDED INTO MY VEHICLE.

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	SHC7234K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TENG ENG KIONG
NRIC/Passport Number	S1679097D

Contact Number

Address

BLK 296B CHUA CHU KANG AVE 2 #08-34

Postcode

682296

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Report:	30/1/17	Time:	1130
Date of Accident:	30/1/17	Time:	1230
Exact Location of Accident:	Sun Hill Drive - outside ST Anthony's Land Suburb 116 (Chia Hin Drive)		

DETAILS OF OWN VEHICLE

Vehicle Registration Number:	GE-1040P	Name of Registered Owner:	FULCO LEASING PTE LTD
NRIC/Passport No./FIN:		Company Reg. No (for Company Veh):	200217086

VEHICLE PARTICULARS

Manufacturer:	MI-SUBARU	Model:	LEON
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others		
Are You Claiming Under Your Own Insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input type="checkbox"/> NO 3rd Party		
Vehicle Category	<input type="checkbox"/> Private car <input checked="" type="checkbox"/> Commercial Vehicle		

INSURANCE DETAILS

Name of Insurance:	AIC		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	100069504 (CASH ACFT)		
Driver when the Accident Happen			
Name of Driver:	Ang Chuan Hou (HNB JIN HUI)	NRIC/Passport/Fin No:	578361658
Date of Birth:	23/1/1978	Occupation:	Engineer
Date of Driving Pass:	15 Sep 2008	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	97372201	Home No.:	
Address:	Rm 241 Sub - Conquest Bldg Rd 13-147 Postal Code 610241		
Email Address:	angchuanhou@chongsh.com		
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured LEASE		
Vehicle Registration Number of driver's Own Vehicle:			
Insurance Company:			

OTHER INFORMATION OF THE ACCIDENT

Type of Accident:	CHANGE / CROSS LANE		
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify		
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify		
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of Passengers (including Driver): 4		
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was there any video captured by your Camera?: YES		
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was there any audio recording?: NO		
Which Police Station:			
Was notice of Intended Prosecution given:			

DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)

Vehicle Registration Number:	SAC 7234K	Name of Registered Owner:	Teng Eng Kiang
NRIC/Passport No./FIN:	51179277D	Company Reg. No (for Company Veh):	CIA 000
Name of Driver:	Teng Eng Kiang	NRIC/Passport/Fin No:	51179277D
Mobile No.:		Home No.:	
Address:	Rm 286 Chong Chong Bldg A-42 Postal Code 632776		
Email Address:	51179277D		
Insurance Company:			

Details of Passenger if any

Passenger Name:	
Contact Number:	
Gender:	

Details of Injured Person

Name:		Age:	
Address:			
Injured Sustained:	Injured Person in which vehicle:		
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		


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.:

SKETCH PLAN



VEHICLE A - 1970 Ford

VEHICLE B - 1970 Ford

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling straight along Car Box drive towards Jalan Buraq. When suddenly vehicle B (SA 7237) made an illegal u-turn and collided into my vehicle.

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.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	1308G

Vehicle Details

Vehicle No.:	GBH1049M
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Feb 2019
Vehicle Make:	MAZDA
Vehicle Model:	L200 DOUBLE CAB 2.4 AT
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	4N15UBY5428
Chassis No.:	MMCJYKL10HH024425
Maximum Power Output:	-
Open Market Value:	\$25,039.00
Original Registration Date:	02 Jan 2018
First Registration Date:	02 Jan 2018
Transfer Count:	0
Actual ARF Paid:	\$27,055.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	01 Jan 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$40,943.00
COE Rebate Amount:	\$36,320.00
Total Rebate Amount:	\$36,320.00

The information contained herein is correct as at 18 Feb 2019

OK



CYCLE & CARRIAGE

CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD
EUNOS LINK SERVICE CENTRE

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857

MITSUBISHI
MOTORS

ESTIMATE

Invoice Name & Address	Owner Name & Vehicle Info
MS First Capital Insurance Limited 36 Robinson Road #16-01 City House Singapore 068877	Cust No/Name /Fulco Leasing Pte Ltd Reg No/Reg Date GBH1049M / 02/01/2018 Date In/Mileage 30/01/2019/ 0 Chassis No MMCJYKL10HH024425 Engine No 4N15UB5428 Make/Model MITCV/17MY L200 D/CAB 2.4 AT (T95) Colour/Trim U25 / BK/
Contact No	

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
F0000034	Credit	14/02/2019/ 10:00		303 / Renemer	18234		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
S	MIPNT88088	DIAGNOSTIC/SCANNING					30 250.00
S	MIPNT88088	TO CHECK LIGHTING / WIRING SYSTEM ON LHS ACCIDENT AFFECTED AREAS					X 100.00
S	MIPNT88088	WHEEL BALANCING					60 100.00
S	MIPNT88088	WHEEL ALIGNMENT					X 180.00
S	MIPNT88088	TO REPLACE LHF UNDERCARRIAGE					200 1200.00
S	MIPNT88088	TO TRANSFER LHF & LHR DOOR COMPONENTS AND MECHANISM					80 1200.00
S	MIPNT88088	TO REPLACE LHF FENDER, LHF & LHR DOOR, SIDE STEP, ETC.					1400 4200.00
		-TO REPAIR LHR SIDE PANEL, LH SIDE SILL					
		STRAIGHTEN, REFORM, ALIGN ON LHS ACCIDENT AFFECTED AREAS					1200
S	MIPNT98088	SPRAY PAINTING ON LHS ACCIDENT AFFECTED AREAS					3360.00
M	JJ5220K099	LH, FR FENDER			1.00	578.00	0.00 578.00
M	JJ5370B899	LH, RR SHIELD, FR WHEEL			1.00	97.00	0.00 97.00
M	JJ5370B577	LH, FR SHIELD, WHEEL HO			1.00	45.00	0.00 45.00
M	JJ5370B525	LH, RR SHIELD, WHEEL H			1.00	103.00	0.00 103.00
M	JJ5700B793	LH, FR PANEL ASSY, DOO			1.00	1046.00	0.00 1046.00
M	JJ5702A161	LH, UPR HINGE, FR DOOR			1.00	54.00	0.00 54.00
M	JJ5702A162	LH, LWR HINGE, FR DOOR			1.00	54.00	0.00 54.00
M	JJ5725A311	LH, INR WEATHERSTRIP,			1.00	84.00	0.00 84.00
M	JJ5725A315	LH, OTR WEATHERSTRIP,			1.00	153.00	0.00 153.00
M	JJ5730B491	LH, RR PANEL ASSY, RR			1.00	1385.00	0.00 1385.00
M	JJ5732A143	LH, UPR HINGE, RR DOOR			1.00	69.00	0.00 69.00
M	JJ5702A162	HINGE, FR DOOR, UPR RH			1.00	54.00	0.00 54.00
M	JJ5755A321	LH, OTR WEATHERSTRIP,			1.00	118.00	0.00 118.00

Confirm & accepted by

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



CYCLE & CARRIAGE

CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD
EUNOS LINK SERVICE CENTRE

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857



ESTIMATE

Invoice Name & Address	Owner Name & Vehicle Info
MS First Capital Insurance Limited 36 Robinson Road #16-01 City House Singapore 068877	Cust No/Name /Fulco Leasing Pte Ltd Reg No/Reg Date 6BH1049M / 02/01/2018 Date In/Mileage 30/01/2019/ 0 Chassis No MMCJYKL10HH024425 Engine No 4N15UBY5428 Make/Model MITCV/17MY L200 D/CAB 2.4 AT (T95) Colour/Trim U25 / BK/
Contact No	

Account No	Terms	Date/Time Printed	CSE	Operator	WIP/No	
F0000034	Credit	14/02/2019/ 10:00		303 / Renemer	18234	
Description of Goods / Services			Qty	Unit Price	Disc%	Amount
M	JJ5755A313	LH, INR WEATHERSTRIP, 11	1.00	114.00	0.00	114.00
M	JJ7410B201XA	LH, TAPE FR DOOR SASH 121	1.00	19.00	0.00	19.00
M	JJ7410B203XA	LH, TAPE RR DOOR SASH 121	1.00	19.00	0.00	19.00
M	JJ5370B551	LH, FR MUD GUARD cut	1.00	57.00	0.00	57.00
M	JJ5370B553	LH, RR MUD GUARD cut	1.00	62.00	0.00	62.00
M	JJ7407A271HC	LH, FR OVERFENDER 70.1	1.00	276.00	0.00	276.00
M	JJ7407A273WA	OVERFENDER, RR LH cut	1.00	386.00	0.00	386.00
M	JJ4250C994	WHEEL, DISC cut	2.00	791.00	0.00	1582.00
M	JJ6722A463	LH, GATE RR BODY SIDE 1	1.00	1122.00	0.00	1122.00
M	JJ6410C967	FACE, RR BUMPER 1	1.00	682.00	0.00	682.00
M	JJ6410C738	REINFORCEMENT, RR BUM 1	1.00	659.00	0.00	659.00
M	JJ6420A018	COVER, RR BUMPER 1	1.00	43.00	0.00	43.00
M	JJ6420A019	LH, COVER, RR BUMPER 1	1.00	33.00	0.00	33.00
M	JJ6420A020	RR, COVER, RR BUMPER 1	1.00	33.00	0.00	33.00
M	JJMR200300	CLIP, BUMPER 10.00	10.00	2.00	0.00	20.00
M	JJMR992374	HUB ASSY, FR WHEEL 1	1.00	511.00	0.00	511.00
M	JJMR992377	KNUCKLE, LH 1	1.00	619.00	0.00	619.00
M	JJMN102281	LH, COVER FR BRAKE DI 1	1.00	81.00	0.00	81.00
M	JJ4013A471	LH, LWR ARM ASSY, FR S 1	1.00	503.00	0.00	503.00
M	JJ4010A147	LH, UPR ARM ASSY, FR S 1	1.00	302.00	0.00	302.00
M	JJ4062A099	LH, SHOCK ABSORBER, FR 1	1.00	296.00	0.00	296.00
M	JJ4056A197	BAR, FR SUSP STABILIZ 1	1.00	389.00	0.00	389.00
M	JJ4056A219	BUSHING, FR SUSP STAB 1	1.00	16.00	0.00	16.00
M	JJ4056A198	LH, LINK, FR SUSP STAB 1	1.00	102.00	0.00	102.00
M	JJMR992319	CLAMP, FR SUSP STABIL 1	1.00	20.00	0.00	20.00
M	JJ5360A053	LH STEP PLATE 1	1.00	747.00	0.00	747.00
M	WYK2457016-G056	245/70/16, G056 YOKO 2	2.00	236.00	0.00	472.00
Z	NOTES					
ACCIDENT ON 30/01/2019 ALONG CHIN BEE DRIVE						
OWNER CLAIMING THIRD PARTY						
REQUIRED REPLACEMENT CAR						
TP# SHC7234K TP INS:						

Confirm & accepted by

L- 2977

P- 6901-92

9871.92 L15-7896-81

= 7900

Parts	13,005.00
Labour	0.00
Standard Menu	0.00
Specialist Job	10,590.00
Others(Lub,etc)	0.00
Sundry	0.00
Total(w/o GST)	23,595.00

Authorized signatory and company stamp


Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

**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 : CS3/FCI19002912/Evd3s2-1		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 16-03-2020		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7234K	Veh. Inspected	GBH 1049M	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19001107MFSH	Excess (\$)	0.00	
Assign From	MERINA CHIA	Assign Date	10/03/2020	
2. Vehicle Particulars & Condition				
Make & Model	MITSUBISHI L200	c.c	2442	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	MMCJYKL10HH024425	Colour	SILVER	
Odometer	008755	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	245/70 R16	BRIDGESTONE	7 mm	
L/H Front Tyre	245/70 R16	BRIDGESTONE	7 mm	
R/H Rear Tyre	245/70 R16	BRIDGESTONE	7 mm	
L/H Rear Tyre	245/70 R16	BRIDGESTONE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	30/01/2019	Inspection Date	14/03/2019	
Survey held at	FULCO AUTOCARE PTE LTD 176 SIN MING DRIVE# 03-02 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:		8 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBH 1049M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	LH, FR FENDER	BADLY DENTED	578.00	578.00
1	LH, RR SHIELD, FR WHEEL	DISTORTED	97.00	97.00
1	LH, FR SHIELD, WHEELHO	DISTORTED	45.00	45.00
1	LH, RR SHIELD, WHEEL H	DISTORTED	103.00	103.00
1	LH, FR PANEL ASSY, HOOD	DISTORTED / CRACKED	1,046.00	1,046.00
1	LH, UPR HINGE, FR DOOR	NOT NECESSARY	54.00	-
1	LH, LWR HINGE, FR DOOR	BENT	54.00	54.00
1	LH, INR WEATHERSTRIP,	NOT NECESSARY	84.00	-
1	LH, OTR WEATHERSTRIP,	NOT NECESSARY	153.00	-
1	LH, RR PANEL ASSY, RR	DENTED / BENT	1,385.00	1,385.00
1	LH, UPR HINGE, RR DOOR	NOT NECESSARY	69.00	-
1	HINGE, FR DOOR, UPR RH	NOT NECESSARY	54.00	-
1	LH, OTR WEATHERSTRIP,	NOT NECESSARY	118.00	-
1	LH, INR WEATHERSTRIP,	NOT NECESSARY	114.00	-
1	LH, TAPE FR DOOR SASH	NECESSARY	19.00	19.00
1	LH, TAPE RR DOOR SASH	NECESSARY	19.00	19.00
1	LH, FR MUD GUARD	CUT	57.00	57.00
1	LH, RR MUD GUARD	CUT	62.00	62.00
1	LH, FR OVERFENDER	TORN	276.00	276.00
1	OVERFENDER, RR LH	CUT	386.00	386.00
2	WHEEL, DISC	CUT	1,582.00	1,582.00
1	LH, GATE RR BODY SIDE	TO REPAIR SEE LABOUR	1,122.00	-
1	FACE, RR BUMPER	GRAZED	682.00	682.00
1	REINFORCEMENT, RR BUM	NOT NECESSARY	659.00	-
1	COVER, RR BUMPER	NOT NECESSARY	43.00	-
1	LH, COVER, RR BUMPER	NOT NECESSARY	33.00	-
1	RH, COVER, RR BUMPER	NOT NECESSARY	33.00	-
10	CLIP, BUMPER	NECESSARY	20.00	20.00
1	HUB ASSY, FR WHEEL	NECESSARY	511.00	511.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	KNUCKLE, LH	BENT	619.00	619.00
1	LH, COVER FR BRAKE DI	NOT NECESSARY	81.00	-
1	LH, LWR ARM ASSY, FR S	NOT NECESSARY	503.00	-
1	LH, UPR ARM ASSY, FR S	NOT NECESSARY	302.00	-
1	LH, SHOCK ABSORBER, FR	NOT NECESSARY	296.00	-
1	BAR, FR SUSP STABILIZ	NOT NECESSARY	389.00	-
1	BUSHING, FR SUSP STAB	NOT NECESSARY	16.00	-
1	LH, LINK, FR SUSP STAB	NOT NECESSARY	102.00	-
1	CLAMP, FR SUSP STABIL	NOT NECESSARY	20.00	-
1	LH STEP PLATE	CUT / DEFORMED	747.00	747.00
2	245/70/16, G056 YOKO (@ \$472.00 DISC 80%)	PUNCTURE 1PC ONLY	472.00	188.80
	LESS 10% DISCOUNT		-	-847.68
			13,005.00	7,629.12
	LABOUR			
	DIAGNOSTIC / SCANNING.		250.00	30.00
	TO CHECK LIGHTING / WIRING SYSTEM ON LHS ACCIDENT AFFECTED AREAS.	NOT NECESSARY	100.00	-
	WHEEL BALANCING.		100.00	60.00
	WHEEL ALIGNMENT.	NOT NECESSARY	180.00	-
	TO REPLACE LHF UNDERCARRIAGE.		1,200.00	200.00
	TO TRANSFER LHF & LHR DOOR COMPONENTS AND MECHANISM.		1,200.00	80.00
	TO REPLACE LHF FENDER, LHF & LHR DOOR, SIDE STEP ETC. - TO REPAIR LHR SIDE PANEL, LH SIDE SILL STRAIGHTEN, REFORM, ALIGN ON LHS ACCIDENT AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF LH, GATE RR BODY SIDE.		4,200.00	1,400.00
	SPRAY PAINTING ON LHS ACCIDENT AFFECTED AREAS.		3,360.00	1,200.00
			-	-
			-	-
			-	-
			10,590.00	2,970.00
	GRAND TOTAL		23,595.00	10,599.12

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			7,900.00
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Report Ref No. CS3/FCI19002912/Evd3s2-1

CHEN TSUE YEE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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