

22/03/2002

ASS. REC. BY:

REF:

CB/FCL16010306/M1/0113

Special Instruction:

SUPERVISOR:

NA

ASSIGNMENT (Office)

From (Person):

CUL

of

R1

Date/Time:

3/6/2016 3:39pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

ABC 34824

Insured:

SHA8007D

at Workshop m/s

EM-1 Auto

Tel:

96666556

of

Blk 8 Sin Ming Ind Est #01-68

Policy No:

D-15077707MFSH

Claim No:

D1605505MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

31/5/2016

CA / REV / REP. / REV 24 HRS

Mpl 6/6/2016

H.O.D. Endorsement:

Date/Time:

3/6/2016 5:45pm

Person Contacted:

Mr. CHA

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	ABC 34824 - CT / P2413006373 / Ct2g2 DUA: 31/5/2016
	SHA8007D - CT / M215007587 / H106g2 DUA: 31/5/2016
07/6/16 @ 7	16pm revised to insure by email.
26/6/18 @ 5	19pm confirmed with Nicole LS \$4600, 6 days by email.
	(Fed \$3624.40, 44%).

Surveyor:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s ECM

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 6 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: 9BC3482H Yr Regn: DEC 2011

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

Truck / Trailer or

Make: Toyota Dyna c.c. 2982Colour: SILVER A/C: Insured / Std / NI / NASp. Reading: 113031 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STGAT 354804 201863Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/1215R: 155/1212

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

TOYO / YOKO or WestlakeFront 7 mm Rear 6 mmR/Bal. 7 mm L/Bal. 6 mmL/Bal. 7 mm L/Bal. 6 mmD.O.A. 21/05/2016 D.O.I. 21/06/2016

Survey held at _____

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

RECEIVED 20 JUN 2018.

L2 & 4700/
7 days

Date/Time, File Pass to?

1) 28/6 1915

Date/Time, File Return to?

2) _____

☐ : Preli. Report☐ : Final ReportDays Of Repair: 6Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 160Transportation: 50S + RS. 50Photos: 36

Others: _____

TOTAL

Report Format: TPLump Sum / I.B.I: (\$ 4600)



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

FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI16010306/M1qh3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 03-06-2016



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 8007D	Veh. Inspected	GBC 3482H
Policy No.		Coverage (\$)	0.00
Claim No.	D16005505MFSH	Excess (\$)	0.00
Assign From	CWS	Assign Date	03/06/2016

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

5. General Information

Accident Date	31/05/2016	Inspection Date	06/06/2016
Survey held at	EM-1 AUTO PTE LTD BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C #01-68 SINGAPORE 575643		

5a. Remarks

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

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	03-06-2016	Our Ref No.	D16005505MFSH
Accident Date	31-05-2016	Claim Type.	Third Party
Insured Vehicle	SHA8007D	Third Party Vehicle.	GBC3842H
Survey Location	BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C #01-68		
Contact Person.	PERRY / NICOLE		
Contact No.	64523298/ 96666556	Fax No.	64575776
Survey Type	WITHOUT PREJUDICE: PENDING OUR ID'S REPORT		
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	EM-1 AUTO PTE LTD	Attention.	NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No.	NA
Officer Incharge	LURENE		

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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/3603)



PRI Documents



Close



PRI Header Details

Claim No	D16005505MFSH	Policy No	D-I5072702MFSH	Claimant S.No & Name	1 & EM
Workshop Name	EM-1 AUTO PTE LTD (Contact Person : PERRY / NICOLE)	Survey Location & Contact Details	BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C : Mobile: 96666556 , Phone: 64523298 , Fax: 6 EmailId: EM1AUTOPTLTD@GMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: PENDING OUR ID'S REPORT		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA8007D	TP Vehicle No	GBC38
PRI Recieved Date	03-06-2016 03:43:50 PM	Surveyor Appointed Date	03-06-2016 05:38:51 PM	Surveyor Accept Date	03-06-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	03-06-2016	Upload Survey Report *:	<input type="button" value="Choose"/>
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

Remarks

Shiau Chan (LKKAuto)

From: Chia Sin Muk <em1autopteltd@gmail.com>
Sent: Tuesday, 26 June 2018 5:19 PM
To: Shiau Chan (LKKAuto)
Cc: SUR
Subject: Re: OUTSTANDING CASES

WITHOUT PREJUDICE

Dear All,

1) GBC 3482H FCI-TP DOA: 31/05/2016 Lump Sum \$4,600.00 & 6 repair days. (AGREED)

Thanks & Best Regards,

Nicole, on behalf of,

Chia Sin Muk (Mr)

m: (65) 9666 6556 | o: (65) 6452 3298 | f: (65) 6457 5776

EM-1 Auto Pte Ltd

Blk 8 #01-68 Sin Ming Rd Industrial Estate Sector C Singapore 575643

Co. / GST Registration Number: 201316380R

Important: This email is confidential and may be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you.

On 26 June 2018 at 16:07, Shiau Chan (LKKAuto) <siewsc@lkkauto.com> wrote:

Dear Mr Chia,

Offer:

1. SJC 6492P	MSIG-TP	DOA: 31/10/2017	Lump Sum \$6,000.00 & 17 repair days. (Due to balance 4 months COE)
2. SJQ 9252Y	MSIG-TP	DOA: 28/06/2017	Lump Sum \$5,400.00 & 7 repair days.
3. GBC 3482H	FCI-TP	DOA: 31/05/2016	Lump Sum \$4,600.00 & 6 repair days.

Kindly confirm.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

Shiau Chan

From: Shiau Chan
Sent: Tuesday, 7 June, 2016 3:20 PM
To: 'Claim Workflow System'
Cc: 'LURENEJAW@FIRST-INSURANCE.COM.SG'; SUR
Subject: RE: SURVEY ASSESSMENT - D16005505MFSH/1
Attachments: CSFCI16010306M1qh3.pdf

Dear Lurene,

Please ignore previously email.

Please find the latest attachment of GBC 3842H preliminary advice.

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
Sent: Tuesday, 7 June, 2016 3:16 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>
Cc: LURENEJAW@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D16005505MFSH/1

Dear Lurene,

Enclosed herewith preliminary advice of GBC 3842H.

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 (LKK Auto)
Sent: Friday, 3 June, 2016 5:46 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>



Auto
Consultants
Pte Ltd

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

Your Ref: D16005505MFSH

Date: 07 June 2016

Our Ref: CS/FCI16010306/M1qh3

The Motor Claims Department
First Capital Insurance Ltd

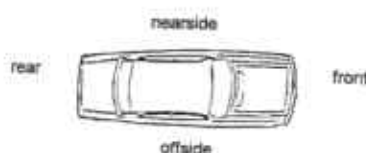
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. GBC 3842H

Please be informed that we had conducted the inspection of the abovementioned vehicle on 06/06/2016 at the premises of M/s EM-1 AUTO, and have the following to report:-

Workshop Estimate Amount	: S\$ 8,224.40
Revised Estimate Amount	: S\$ 5,559.13
"Check" Items Amount	: S\$ 356.40
Market Value	: S\$ -
LTA Reimbursement Value	: S\$ -
Nett Value	: S\$ -

Description of Damage:
The vehicle sustained damages at the rear portion.



Yours faithfully

MA CHIN FOOK (H/p: 8402 8474)
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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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	01/06/2016 16:03
Date Of Accident	31/05/2016 22:30
Exact Location Of Accident	JURONG EAST CENTRAL TWDS JURONG TOWN HALL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC3482H
Insured/Policyholder	
Name Of Registered Owner	HUI HUANG GLASS CONTRACTOR
Co Reg No	53180828M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82230568
Alternative Phone No	Office-82230568

Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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	Commercial Vehicle

Insurance Company	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5069095937-01 (COMP)
Cover Note Number	

Driver	
Name of Driver	LU FUSHENG
Passport No/FIN	G8180939P
Date Of Birth	18/08/1978
Occupation	Outdoor
Date Of Driving Pass	25/09/2009
Driving Experience	6 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-82230568
Fax Number	
Contact Number	Others-82230568
Email Address	NOEMAIL

Address	C/O 21 TOH GUAN ROAD EAST #06-05 TOH GUAN CENTRE
Postcode	608609
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Unknown - REFER TO SKETCH
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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

ACCIDENT HAPPENED ON 31ST MAY 2016 AT ABOUT 22:30 HOURS. PLEASE REFER TO STATEMENT ATTACHED.
(ATTENDED BY SUHAIMI)

Are accident photos available for attachment?	Yes
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8007D
Vehicle Make/Model/Colour	CITI CAB
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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 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.

B. 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.




Policyholder's Signature / Date & Time



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

01 JUN 2016



Witnessed by Reporting Centre Personnel

↑ ↓

← →

↑ ↓

← →

Sketch Plan

Diagram showing accident location and vehicle positions. Includes labels: "JUNIOR EAST CENTRAL", "A B C 3482 H", "B SHA 8007 D".

Diagram showing accident location and vehicle positions. Includes labels: "TAN GUARD RD", "JUNIOR EAST CENTRAL", "A B C 3482 H", "B SHA 8007 D".

Describe Circumstances of the Accident

I was travelling along Junong East Central towards Junong Town Hall Road on lane 3 (extreme LH) before Junction of Ton Guan Road. Due to the "RED" traffic light, my vehicle stopped. Suddenly the vehicle B hit my vehicle rear portion. I felt neck & back pain might consult doctor later.

[Signature]

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

01 JUN 2016



Witnessed by Reporting Centre Personnel

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 ability.
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 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	02/06/2016 14:45
Date Of Accident	31/05/2016 22:30
Exact Location Of Accident	JURONG CENTRAL ROAD B4 TOH GUAN RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8007D
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	
Alternative Phone No	Office-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40 (EURO 5)
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	Reporting Only
Vehicle Category	Taxi

Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	D-15072702MFSH
Cover Note Number	

Driver

Name of Driver	PANDIT SRIRAM MUTHURATTNAM
NRIC No	S2180092I
Date Of Birth	04/03/1961
Occupation	Outdoor
Date Of Driving Pass	01/07/1987
Driving Experience	28 Years And 10 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
Email Address	MUTHURATTNAM@GMAIL.COM

Address	144 WOODLANDS STREET 13 #01-869
Postcode	S730144
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - TAXI DRIVER
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 (Insured Hit TP)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
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

PLS SEE ATTACHED

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

CITYCAB PTE LTD
CO. REG. NO. 199502R20

Policyholder's Signature / Date &
Time

Driver's Signature (# driver is not the policyholder) / Date
& Time 21/6/16

Witnessed by Reporting Centre
Personnel

Sketch Plan

Sketch Plan (pendang)

Sketch Plan Pg.2

Describe Circumstances of the Accident

Brief facts

Date & time of accident - 31/5/16 2230 hrs

Place of accident - Jarrow Central Rd B4 1st Lane (Ed)

Vehicles involved - SH A. 6007 D & unknown vehicle

AXI hit the rear of vehicle in front

(Driver is unable to report accident within 24 hours as he is

warded in hospital due to medical problem

Declaration

We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
CO. REG. NO. 1995028397

Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time 21/6/16

Witnessed by Reporting Centre
Personnel

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle Number : GBC 3482H
Vehicle Model : TOYOTA DYNA
Accident Date : 31.05.2016
Original Reg Date : 20.12.2011

Date : 03.06.2016
Chassis : JTFAT35Y80K201663
TP Ins. : FIRST CAPITAL

ESTIMATE

1	1 pc	Tailgate		✓	1,248.10	44
2	2 pcs	Tailgate Side Lock	OS 2A NS 8AC	✓	90.30	✓ 180.60
3	2 pcs	Tailgate Side Lock Bracket	OS 2A NS 2NL	✓	52.00	✓ 104.00
4	2 pcs	Tailgate Side Lock Lower Bracket	OS 2A NS 2NL	✓	92.00	✓ 184.00
5	2 pcs	Tailgate Side Stopper	OS 1 NS-NN	✓	112.40	✓ 224.80
6	4 pcs	Tailgate Hinges	5A	✓	48.20	✓ 192.80
7	1 pc	Tailgate Sticker TOYOTA		✓		✓ 204.30
8	2 pcs	Tailgate Sticker DYNA		✓	52.30	✓ 104.60
9	1 pc	Tailgate Lower Cross Member		✓		✓ 589.70
10	1 pc	Rear Side Gate Bottom Cross Member RH		✓		✓ 668.00
11	2 pcs	Rear Number Plate Lamps		✓	52.00	✓ 104.00
12	1 pc	Rear Number Plate Base Bracket		✓		✓ 89.20
13	2 pcs	Reverse Sensor Holder		✓	28.00	✓ 56.00
14	2 pcs	Taillamps		✓	248.70	✓ 497.40
15	2 pcs	Taillamps Base	OS 2A NS 2NL	✓	149.40	✓ 298.80
16	1 pc	Spare Tyre Carrier		✓		✓ 319.80
17	1 pc	Spare Tyre Carrier Bracket		✓		✓ 155.40
18	1 pc	Rear Exhaust Pipe		✓		✓ 329.90
19	2 pcs	Rear Exhaust Mountings		✓	48.90	✓ 97.80
20	1 pc	Rear Exhaust Mountings Bracket		✓		✓ 52.00
21	1 pc	Cabin Rear Pillar Panel RH		✓		✓ 458.00

6,159.20

Less 25% 1,539.80

4,619.40

✓ by Andrew
HS Repair
After repair Photo
LTC House (unlabeled)
6-7 wday s.
6/6/2016
@1530.

B/F

4,619.40

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Vehicle No : GBC 3482H

C/F

4,619.40

Special Nett

1	1 set	Reverse Sensor (Long)		350.00
2	1 pc	Tailgate Sticker 70km/h		15.00
3	1 pc	Rear Number Plate		50.00
4	1 pc	Rear Step Bar		380.00

280 Short
421
46
20V BT

Labour charge

Panel Beating		1,200.00
Spray painting		1,200.00
Check Wiring		40.00
Anti rust		100.00
Remove and install reverse sensor (Long)		150.00
Remove and install rear exhaust silencer.		120.00
		\$ 8,224.40

900
900
30
60
80
80




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				
FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI16010306/M1qh3q2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 02-07-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 8007D	Veh. Inspected	GBC 3482H	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D16005505MFSH	Excess (\$)	0.00	
Assign From	LURENE	Assign Date	03/06/2016	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA DYNA	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	JTFAT35Y80K201863	Colour	SILVER	
Odometer	113031	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15	WEST LAKE	7 mm	
L/H Front Tyre	195 R15	WEST LAKE	7 mm	
R/H Rear Tyre	155 R12	WEST LAKE	6 mm	
L/H Rear Tyre	155 R12	WEST LAKE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	31/05/2016	Inspection Date	06/06/2016	
Survey held at	EM-1 AUTO PTE LTD BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C #01-68 SINGAPORE 575643			
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:		6 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBC 3482H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	TAILGATE	DENTED	1,248.10	1,248.10
2	TAILGATE SIDE LOCK @\$90.30	O/S BENT/ N/S SERVICEABLE	180.60	90.30
2	TAILGATE SIDE LOCK BRACKET @\$52.00	O/S BENT / N/S SERVICEABLE	104.00	52.00
2	TAILGATE SIDE LOCK LOWER BRACKET @\$92.00	O/S BENT / N/S SERVICEABLE	184.00	92.00
2	TAILGATE SIDE STOPPER @\$112.40	O/S CUT / N/S NOT NECESSARY	224.80	112.40
4	TAILGATE HINGES @\$48.20	BENT (2 PCS ONLY)	192.80	96.40
1	TAILGATE STICKER TOYOTA	NECESSARY	204.30	204.30
2	TAILGATE STICKER DYNA @\$52.30	NECESSARY	104.60	104.60
1	TAILGATE LOWER CROSS MEMBER	BENT	589.70	589.70
1	REAR SIDE GATE BOTTOM CROSS MEMBER RH	TO REPAIR SEE LABOUR	668.00	-
2	REAR NUMBER PLATE LAMPS @\$52.00	CUT	104.00	104.00
1	REAR NUMBER PLATE BASE BRACKET	BENT	89.20	89.20
2	REVERSE SENSOR HOLDER @\$28.00	DISTORTED	56.00	56.00
2	TAILLAMPS @\$248.70	CRACKED	497.40	497.40
2	TAILLAMPS BASE @\$149.40	O/S BENT / N/S TO REPAIR SEE LABOUR	298.80	149.40
1	SPARE TYRE CARRIER	DISTORTED	319.80	319.80
1	SPARE TYRE CARRIER BRACKET	NOT NECESSARY	155.40	-
1	REAR EXHAUST PIPE	BENT	329.90	329.90
2	REAR EXHAUST MOUNTINGS @\$48.90	DISTORTED	97.80	97.80
1	REAR EXHAUST MOUNTINGS BRACKET	BENT	52.00	52.00
1	CABIN REAR PILLAR PANEL RH	SERVICEABLE	458.00	-
	LESS 25% DISCOUNT		-1,539.80	-1,071.33
			4,619.40	3,213.97
SPECIAL NETT ITEMS				
1	SET REVERSE SENSOR (LONG) (SN)	SHORTED	350.00	280.00
1	TAILGATE STICKER 70KM/H (SN)	NECESSARY	15.00	15.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR NUMBER PLATE (SN)	BENT	50.00	40.00
1	REAR STEP BAR (SN)	BENT	380.00	200.00
			795.00	535.00
	LABOUR			
	PANEL BEATING INCLUSIVE OF THE REPAIR OF REAR SIDE GATE BOTTOM CROSS MEMBER RH AND TAILLAMPS BASE .		1,200.00	900.00
	SPRAY PAINTING .		1,200.00	900.00
	CHECK WIRING .		40.00	30.00
	ANTI RUST .		100.00	60.00
	REMOVE AND INSTALL REVERSE SENSOR (LONG).		150.00	80.00
	REMOVE AND INSTALL REAR EXHAUST SILENCER .		120.00	80.00
			2,810.00	2,050.00
	GRAND TOTAL		8,224.40	5,798.97
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			4,600.00

Report Ref No. CS/FCI16010306/M1qh3q2

MA CHIN FOOK

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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