

ASS. REC. BY:

REF:

G/P216020571 Grbm2

Special Instruction:

Surveyor: Guo Guang**ASSIGNMENT (Office)**From (Person): Wuene Jaw

of

FCIDate/Time: 28/10/2016 10:39am

Estimated Cost:

Bill to:

**OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS**To Inspect Vehicle No: SF 7335P

Insured:

SHC79094

at Workshop m/s

Kumchew Motor

Tel:

64536256

of

1312 Sin Ming Ind Est #01-71Policy No: D-15072702MFSH

Claim No:

D16010761MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A 24/10/2016

(Client's Record)

**CA / REV / REP. / REV 24 HRS (wp)**

H.O.D. Endorsement:

Date/Time: 28/10/2016 10:40am

Person Contacted:

Madam LimVehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SF 7335P - X</u>
	<u>SHC79094 - NS/20C150/4153/HIVBN2</u>
	<u>DA-1818/2015</u>

(P/11/13)

A&S REC. BY: hklREF: Fci**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Kum cheu

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 Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SLF7335P Yr Regn: 07 Sep 2016Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Honda Vezel c.c. 1496Colour: Black A/C: Insured / Std / NI / NASp. Reading: 2127 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: R1111 4555Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 245/55 8R17R: 11

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. \_\_\_\_\_ D.O.I. 28-10-16Survey held at w/s 1:30pmDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orFrt N/S

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

Date / Time	Action / Instruction
31/10/16	email preli to Lurene - pending est
26/10/16	travelled \$1000 with <del>mt</del> mdm lim (Red 3309.68, #6%)

RECEIVED 26 APR 2010

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: 2

1)

☐

: Final Report

Resurvey No. of Trip: 1

Survey Fee:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

) \$ + RS. \$

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

) TOTAL

Report Format: TPLump Sum / I.B.I. (\$ 1000)

135

50

50

18

253

# Survey Department Check List (Case Handler)

Reference No. : CS/FC116020577/Arb  
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin** ( Catherine ): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

## (1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code	✓			
N	Assign From	✓			
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess	✓			

**Surveyor** ( Guo Qiang ): Case handler to make sure the surveyor completed all required information.

## (1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

## (2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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## (3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

## (4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: Catherine 26/05/14  
Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/2014



## 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/FCI16020577/Ggh3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 28-10-2016	
		Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHC 7909Y	Veh. Inspected	SLF 7335P
Policy No.		Coverage (\$)	0.00
Claim No.	D16010761MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	28/10/2016
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	24/10/2016	Inspection Date	28/10/2016
Survey held at	KUM CHEW MOTOR WORKSHOP BLOCK 12 SIN MING IND. EST. SECTOR B #01-71 SINGAPORE 575656		
<b>5a. Remarks</b>			
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	26-10-2016	Our Ref No. D16010761MFSH
Accident Date	24-10-2016	Claim Type. Third Party
Insured Vehicle	SHC7909Y	Third Party Vehicle. SLF7335P
Survey Location	BLK 12 SIN MING IND. EST. SECTOR B #01-71	
Contact Person.	MDM LIM	
Contact No.	64536256/ 64536256	Fax No. 64557754
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:	
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	KUM CHEW MOTOR WORKSHOP	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/6979)


PRI Documents

Close X

## PRI Header Details

<b>Claim No</b>	D16010761MFSH	<b>Policy No</b>	D-I5072702MFSH	<b>Claimant S.No &amp; Name</b>	1 & KUM CHEV
<b>Workshop Name</b>	KUM CHEW MOTOR WORKSHOP (Contact Person : MDM LIM )	<b>Survey Location &amp; Contact Details</b>	BLK 12 SIN MING IND. EST. SECTOR B #01-71 <b>Mobile:</b> 64536256 , <b>Phone:</b> 64536256 , <b>Fax:</b> 6455775 <b>EmailId:</b> KUMCHEW1@SINGNET.COM.SG		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE: LIABILITY UNCLEAR:		
<b>Insured Name</b>	CITYCAB PTE LTD	<b>Insured Vehicle No</b>	SHC7909Y	<b>TP Vehicle No</b>	SLF7335P
<b>PRI Recieved Date</b>	26-10-2016 09:32:35 PM	<b>Surveyor Appointed Date</b>	28-10-2016 10:38:47 AM	<b>Surveyor Accept Date</b>	28-10-2016 1

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>		<b>Surveyor Report Date</b>	28-10-2016	<b>Upload Survey Report *:</b>	<input type="button" value="Choose File"/>
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## Vehicle Particulars

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

## Multiple Documents Upload

File Name

Action

## Surveyor Job Remarks

Remarks

Date

Job Remarks

Action

## Ai Phing (LKKAUTO)

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**From:** Ai Phing (LKKAUTO)  
**Sent:** Monday, 31 October, 2016 2:30 PM  
**To:** 'Claim Workflow System'  
**Cc:** LURENEJAW@FIRST-INSURANCE.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D16010761MFSH/1

Dear Lurene,

Please be informed that we have inspected the vehicle SLF 7335P on 28-10-2016.  
We are pending estimate from repairer.

Best Regards,

**Ai Phing** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

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**From:** Admin-D (LKKAUTO)  
**Sent:** Friday, 28 October, 2016 10:42 AM  
**To:** 'Claim Workflow System' <[cwsmotorclaims@first-insurance.com.sg](mailto:cwsmotorclaims@first-insurance.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** LURENEJAW@FIRST-INSURANCE.COM.SG; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D16010761MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

Best Regards,

**Ashley Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]  
**Sent:** Friday, 28 October, 2016 10:38 AM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [LURENEJAW@FIRST-INSURANCE.COM.SG](mailto:LURENEJAW@FIRST-INSURANCE.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D16010761MFSH/1



## 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	25/10/2016 11:42
Date Of Accident	24/10/2016 17:00
Exact Location Of Accident	CIRCUIT ROAD X LOR BENGKOK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7909Y
<b>Insured/Policyholder</b>	
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
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	SEET SIEW LOON
NRIC No	S0102050A
Date Of Birth	30/03/1953
Occupation	Outdoor
Date Of Driving Pass	16/04/1977
Driving Experience	39 Years And 6 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
Email Address	seetsiewloon@hotmail.com



Address	20 UPPER SERANGOON VIEW #02-18
Postcode	S534203
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	Side Swipe- Same Direction
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
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?	Yes
If Yes, Please state which Police Station	
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Address	ROAD: 1 Pasir Ris Drive 4 , POSTCODE: 519457 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
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	SLF7335P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	KOH CHOON SIONG
NRIC/Passport Number	S7503685Z
Contact Number	86873313
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
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 willful 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' 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.

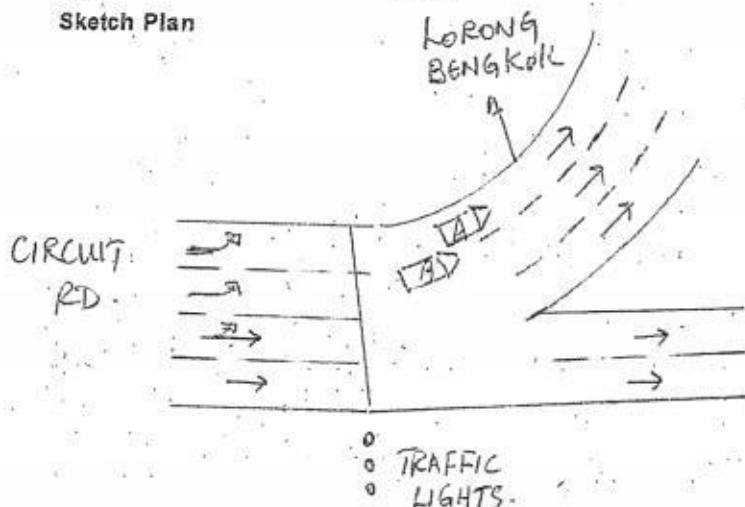
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

Refer to P/Report  
T/2016 1025/2038

Declaration

We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD  
CO. REG. NO. 199502839C

Policyholder's Signature / Date &  
Time

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

25/10/16  
Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20161025/2038

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20161025/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/10/2016 09:55		Vide Report No.:		Station Diary No.: 42
<b>Informant's Particulars</b>				
Name of Informant: SEET SIEW LOON		Address: 20 UPPER SERANGOON VIEW #02-18 SINGAPORE 534203		
ID Type / ID No.: NRIC NO / S0102050A		Contact No.: Home/Office: Mobile: 91396502		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 30/03/1953	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/10/2016 17:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 CIRCUIT ROAD LORONG BENGKOK AT THE JUNCTION				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
SHC7909Y	Car				Slightly Damaged	0
SLF7335P	Car				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20161025/2038

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20161025/2038

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SEET SIEW LOON		ID No. S0102050A
Related Vehicle	SHC7909Y (Car)		Contact No. 91396502
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	KOH CHOON SIONG		ID No. S7503685Z
Related Vehicle	SLF7335P (Car)		Contact No. 86873313
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 24/10/2016 at about 5pm, I was driving my vehicle SHC79089Y (Comfort Delgro) on the most left lane of a four lane road along Circuit Road. When the traffic light turned green to my favour, I then made a left turn towards Lorong Bengkok. A vehicle (SLF7335P) who was on my right who made the left turn as well had hit my rear right bumper. Both of our vehicles stopped and we then exchanged particulars. During the exchanging of particulars, the said driver was very rude towards me and kept asking if I was a secret society member. He kept scolding me and pushed my chest twice. After saving the particulars in my phone, I then left in my car. I am lodging a report for my company's action (insurance claiming purposes). I wish to state that there is an in-car camera in my vehicle and it was recording. I had no passengers at that time.

Particulars of the said driver:

NAME: Koh Choon Siong  
NRIC: S7503685Z  
HP: 86873313  
VEH: SLF7335P



**SINGAPORE  
POLICE FORCE**



T/20161025/2038

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20161025/2038

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt S EVA SHERRIENA BINTI S AFFINDY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/10/2016 09:55
Officer In Charge Of Case: TP / GIA / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp NP168	SN 163
Signature:	
Singapore Police Force	

# KUM CHEW MOTOR WORKSHOP

Blk 12 Sin Ming Industrial Estate Sector B

#01-71 Singapore 575656

Tel No. : 64536256/64563715 Fax No. : 64557754

E-Mail : kumchew1@singnet.com.sg

GST Reg.No. : M90367665T Buss. Reg. No. : 52865130K

FIRST CAPITAL INSURANCE LTD

36. ROBINSON ROAD #16-01

CITY HOUSE, SINGAPORE 068877.

Attention : Motor Claim Department

Contact : 62222311/65073848(C) 65073852 Fax No. : 62244174/65073849(C)

Estimate : ES004015

Date : 27/10/2016

Vehicle Num. : SLF 7335 P

Make/Model : HONDA VEZEL

Chassis/Eng# :

Accident Date : 24/10/2016

Claim No. :

Reference : KC/TP7335/1610-05

Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

1.  
2.  
3.  
4.  
5.  
6.

LIST ITEMS :

FRT BUMPER / ct

FRT BUMPER SIDE RETAINER - LH / MSC

FRT BUMPER BRACKET X

FRT BUMPER REINFORCEMENT X

FRT BUMPER LOWER GARNISH X

FRT FENDER SIDE MOULDING - LH X

List TotalS\$ :

20.00% Discount S\$ :

LABOUR :

TO PULL, KNOCK ON FRT ACCIDENT PORTION & CHANGE THE ABOVE PARTS.

TO SPRAY & PAINT ON ACCIDENT PORTION.

TO ANTI-RUST AFFECTED AREAS.

TO CHECK WIRING FUNCTION.

Labour Total S\$ :

200 480.00

200 480.00

NN { X 60.00

X 50.00

1,070.00

SingDollars : One Thousand Seventy Only

Total S\$ : 1,070.00

KUM CHEW MOTOR WORKSHOP

2 Days.

Unpsum repair

After repair photos

Guo Qiang - 84880783

28/10/16

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:



# KUM CHEW MOTOR WORKSHOP

Blk 12 Sin Ming Industrial Estate Sector B

#01-71 Singapore 575656

Tel No. : 64536256/64563715 Fax No. : 64557754

E-Mail : kumchew1@singnet.com.sg

GST Reg.No. : M90367665T Buss. Reg. No. : 52865130K

FIRST CAPITAL INSURANCE LTD  
36, ROBINSON ROAD #16-01  
CITY HOUSE, SINGAPORE 068877.

Attention : Motor Claim Department

Contact : 62222311/65073848(C) 65073852 Fax No. : 62244174/65073849(C)

Estimate : ES004015

Date : 27/10/2016  
Vehicle Num. : SLF 7335 P  
Make/Model : HONDA VEZEL-2016  
Chassis/Eng# : RU11114555/L15B4034561  
Accident Date : 24/10/2016  
Claim No. :  
Reference : KC/TP7335/1610-05  
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

1.	1 PC	LIST ITEMS :		
2.	1 PC	FRT BUMPER		927.30
3.	1 PC	FRT BUMPER SIDE RETAINER - LH		23.80
4.	1 PC	FRT BUMPER BRACKET		39.80
5.	1 PC	FRT BUMPER REINFORCEMENT		321.60
6.	1 PC	FRT BUMPER LOWER GARNISH		351.20
7.	1 PC	FRT FENDER SIDE MOULDING - LH		153.80
8.	1 PC	FRT HEADLAMP - LH		1,859.40
9.	1 PC	FOG LAMP - LH		327.70
		FOG LAMP COVER - LH		45.00
List Total S\$ :				4,049.60
20.00% Discount S\$ :				809.92
				3,239.68

## LABOUR :

TO PULL, KNOCK ON FRT ACCIDENT PORTION & CHANGE THE ABOVE PARTS.

480.00 200

TO SPRAY & PAINT ON ACCIDENT PORTION.

480.00 200

TO ANTI-RUST AFFECTED AREAS.

60.00 X 3mm

TO CHECK WIRING FUNCTION.

50.00 X 3mm

Labour Total S\$ :

1,070.00

SingDollars : Four Thousand Three Hundred Nine & Cents Sixty-Eight Only

Total S\$ : 4,309.68

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- 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:

KUM CHEW MOTOR WORKSHOP

1263.2

1823.04

209.1150

Conc.

2 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

Affiliated to Federation Internationale Des Experts En Automobile				
FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI16020577/Grbn2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 26-04-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 7909Y	Veh. Inspected	SLF 7335P	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D16010761MFSH	Excess (\$)	0.00	
Assign From	LURENE	Assign Date	28/10/2016	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HONDA VEZEL	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	RU11114555	Colour	BLACK	
Odometer	2127	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/55 ZR17	HANKOOK	9 mm	
L/H Front Tyre	215/55 ZR17	HANKOOK	9 mm	
R/H Rear Tyre	215/55 ZR17	HANKOOK	9 mm	
L/H Rear Tyre	215/55 ZR17	HANKOOK	9 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	24/10/2016	Inspection Date	28/10/2016	
Survey held at	KUM CHEW MOTOR WORKSHOP BLOCK 12 SIN MING IND. EST. SECTOR B #01-71 SINGAPORE 575656			
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>		

**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. SLF 7335P**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRT BUMPER	CUT	927.30	727.50
1	FRT BUMPER SIDE RETAINER-LH	NECESSARY	23.80	23.80
1	FRT BUMPER BRACKET	NOT NECESSARY	39.80	-
1	FRT BUMPER REINFORCEMENT	NOT NECESSARY	321.60	-
1	FRT BUMPER LOWER GARNISH	NOT NECESSARY	351.20	-
1	FRT FENDER SIDE MOULDING-LH	NOT NECESSARY	153.80	-
1	FRT HEADLAMP-LH	NOT NECESSARY	1,859.40	-
1	FOG LAMP-LH	BROKEN	327.70	327.70
1	FOG LAMP COVER-LH	NOT NECESSARY	45.00	-
	LESS 20% DISCOUNT		-809.92	-215.80
			3,239.68	863.20
	<b><u>LABOUR</u></b>			
	TO PULL, KNOCK ON FRT ACCIDENT PORTION & CHANGE THE ABOVE PARTS.		480.00	200.00
	TO SPRAY & PAINT ON ACCIDENT PORTION.		480.00	200.00
	TO ANTI-RUST AFFECTED AREAS.	NOT NECESSARY	60.00	-
	TO CHECK WIRING FUNCTION.	NOT NECESSARY	50.00	-
			1,070.00	400.00
	<b>GRAND TOTAL</b>		<b>4,309.68</b>	<b>1,263.20</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>1,000.00</b>

Report Ref No. CS/FCI16020577/Grbn2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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