

ASS. REC. BY:

REF: CS/KC4700628.1/TTH327

Special Instruction:

Surveyor: Tauhidh
Cal

ASSIGNMENT (Office)

From (Person): May Chua

of

FC2

Date/Time: 30/3/2017 9.35AM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: ST6612Insured: SIA 5950A

at Workshop m/s

Zhong ChengTel: 93382859of 199J Blk 6 woodlands road

Policy No:

Claim No:

D700330/MF04

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 28/3/2017

CA / REV / REP. / REV 24 HRS

rup8/4/2017 @ after 11am

H.O.D. Endorsement:

Date/Time: 20/3/2017 9.00AM

Person Contacted:

SiniVehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>ST6612-X</u>
	<u>SIA 5950A - CS/ZNC D90 11486/cvn</u>
<u>20/3/2017 @ 5.30pm</u>	<u>Sini said vehicle has been repaired. Estimate with Tauhidh</u>

D.O.A. 24/5/2017

ASSIGNMENT

From: Date: 31/12/17

Estimated Cost:

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

To Inspect Vehicle No: STT 66112

at Workshop m/s

of

zhong cheng
2993 blk 6 woodlands Road

Insured:

Policy No.

Claims No.

Sum Insured:

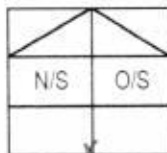
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

after 11am

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

Bal. or Market Value:

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 *up*

Date:

Person Contacted:

Vehicle: IN / OUT

Sini

Veh No:

SST 66112 Yr Regn: 2009, Sep.

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

Truck / Trailer or

Make:

Honda Fit.

c.c 1496

Colour

white

A/C: Insured / Std / NI / NA

Sp. Reading

93752

T/Radio: Insured / Std / NI / NA

Eng/No:

GE 81636383

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/50R16

R:

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

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

7/4/17 @ 1050

Survey held at

Zhong Cheng

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

12/12 email Sini *W/S will pass GIA & estimate later*
4/5 \$3050, 5 days, no reply (Red: 4083.68 : 57%)

R/D - *accept offer.*

RECEIVED 18 DEC 21

RECEIVED 20 DEC 2017

Date/Time: File Pass to?

☐

Preli. Report

1) 18/12 Typist

☐

Final Report

Date/Time: File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) \$ + RS \$

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format: TP

Lump Sum / I.B.I: (\$ 3050)

TOTAL

150

50

50

47

297



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/FCI17006281/T1th3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 30-03-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 5950A	Veh. Inspected	SJT 6611Z
Policy No.		Coverage (\$)	0.00
Claim No.	D17003301MFSH	Excess (\$)	0.00
Assign From	CWS (MAY CHUA)	Assign Date	30/03/2017

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

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5. General Information

Accident Date	25/03/2017	Inspection Date	04/04/2017
Survey held at	ZHONG CHENG ENTERPRISE BLK 4 YEW TEE IND 393-H WOODLANDS ROAD SINGAPORE 677969		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.
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First Capital Insurance Limited

A FAIRFAX Company

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

MOTOR SURVEY ASSIGNMENT

Date	29-03-2017	Our Ref No. D17003301MFSH
Accident Date	25-03-2017	Claim Type. Third Party
Insured Vehicle	SHA5950A	Third Party Vehicle. SJT6611Z
Survey Location	BLK 6 WOODLANDS ROAD YEW TEE INDUSTRIAL ESTATE 399J	
Contact Person.	MS SINI TAN	
Contact No.	98264959/ 93382859	Fax No. 68942883
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	ZHONG CHENG ENTERPRISE	Attention. NIL
Cc : TP Solicitor	C YOGARAJAH LLC	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/218583)



PRI Documents



Close X

PRI Header Details

Claim No	D17003301MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & C. YOGAR
Workshop Name	ZHONG CHENG ENTERPRISE (Contact Person : MS SINI TAN)	Survey Location & Contact Details	BLK 6 WOODLANDS ROAD YEW TEE INDUSTRIAL ESTATE Mobile: 93382859 , Phone: 98264959 , Fax: 6894288 EmailId: WINNIE@YOGA-LEGAL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA5950A	TP Vehicle No	SJT6611Z
PRI Recieved Date	29-03-2017 07:48:13 PM	Surveyor Appointed Date	30-03-2017 09:34:38 AM	Surveyor Accept Date	30-03-2017 1

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	30-03-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	Select Year ▼
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	<input type="text"/>	<input type="button" value="Save"/>
Date	Job Remarks	Action

Denise Tay (LKKAUTO)

From: zhong xiong Tan <zhongchengenterprise@hotmail.com>
Sent: Monday, 18 December, 2017 1:18 PM
To: Taufikh (LKKAUTO)
Cc: Denise Tay (LKKAUTO)
Subject: Re: SJT6611Z

Dear All,

Ok to accept.

Thanks

Best Regards
Sini Tan
Zhong Cheng Enterprise Pte Ltd
Blk 6, 399J
Yew Tee Industrial Est
S678008
HP: 93382859 Fax: 68942883

From: Taufikh (LKK Auto) <taufikh@lkkauto.com>
Sent: Friday, December 15, 2017 10:34:03 AM
To: 'zhong xiong Tan'
Cc: 'Denise Tay (LKKAUTO)'
Subject: RE: SJT6611Z

Hi Sini,

COR 1/s\$3050 , 5 days.

Regards
Taufikh
Lkk Auto

-----Original Message-----

From: zhong xiong Tan [<mailto:zhongchengenterprise@hotmail.com>]
Sent: Wednesday, 13 December 2017 2:45 PM
To: taufikh@lkkauto.com
Subject: SJT6611Z

Hi Taufikh,

Please see attached pics. End panel was damaged.

Thanks

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	27/03/2017 17:11
Date Of Accident	25/03/2017 10:00
Exact Location Of Accident	PIE > CHANGI AIRPORT B4 STEVENS RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5950A
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	
Alternative Phone No	Office-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)

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-1572701MFSH
Cover Note Number	

Driver

Name of Driver	ISHAK BIN ROSDI
NRIC No	S1655321B
Date Of Birth	07/12/1964
Occupation	Outdoor
Date Of Driving Pass	14/05/1996
Driving Experience	20 Years And 10 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	437 FAJAR RD # 02-368
Postcode	S670437
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
Number of Passengers (Including Driver)	2

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

Attachment(s)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Remarks/ Reasons:	-
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT6611Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHEW WEI AN
NRIC/Passport Number	S8736799A
Contact Number	90404450
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO 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.
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.

COMFORT TRANSPORTATION PTE LTD
303 SIN MING DRIVE
SINGAPORE 570417
TEL: 8655 1138 FAX: 8655 0100
CO REG NO 1978700

25-03-17

25/03/17

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SHA 5950A

B: SJT 6611Z

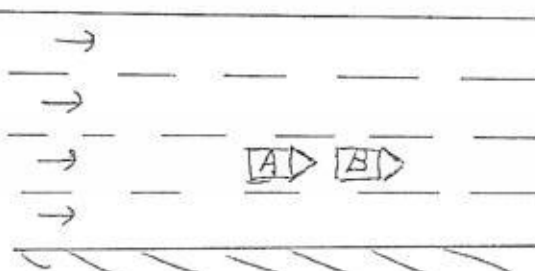
HONDA

CHEW WEI RAN

IC 58736799A

HP 90404450

PIE TOWNS AIRPORT
B4 STEVENS RD EXIT



Describe Circumstances of the Accident.

On 25 Mar 2017 at about 10:00 hrs the traffic volume was heavy hence the traffic flow was slow moving. Due to the traffic conditions of the road I was slowly driving on Lane 2 along PIE leading towards the direction of the Airport.

Somewhere before Stevens Rd exit, the front car SJT6611Z slowed down and stopped. I slowed down and stopped as well. Suddenly my taxi rolled slightly forward and nudge the rear of the said car.

As the contact was gentle in nature both our respective vehicles did not sustained any damage.

01 passenger on board my taxi. No injury at the point of the accident.

Declaration

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION
393 SIN MING DRIVE
SINGAPORE 575643
TEL: 3555 1108 FAX: 3555 1109
CO REG NO: 1000000000000000

Policyholder's Signature/Date &
Time

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

25/03/17 

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.
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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	27/03/2017 13:04
Date Of Accident	25/03/2017 10:00
Exact Location Of Accident	PIE TWD CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT6611Z
Insured/Policyholder	
Name Of Registered Owner	CHEW WEI AN
NRIC No	S8736799A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90404450
Alternative Phone No	Office-90404450

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.5 RS (A)
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	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	ECICS Limited
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MPC16A00487600
Cover Note Number	

Driver

Name of Driver	CHEW WEI AN
NRIC No	S8736799A
Date Of Birth	14/11/1987
Occupation	Outdoor
Date Of Driving Pass	12/02/2007
Driving Experience	10 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-90404450
Fax Number	
Contact Number	Office-90404450
Email Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Owner
 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 (TP Hit Insured)
 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
 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? No
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLANS

Attachment(s)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA5950A
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver ISHAK BIN ROSDI
 NRIC/Passport Number S1655321B
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Describe Circumstances of the Accident

At mentioned details, I was driving along PIE towards Chungi direction. Traffic was rather heavy & at that moment my vehicle was stationary when suddenly vehicle B collided into a rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

1200 hrs
27/3/17

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

Witnessed by Reporting Centre Personnel



SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

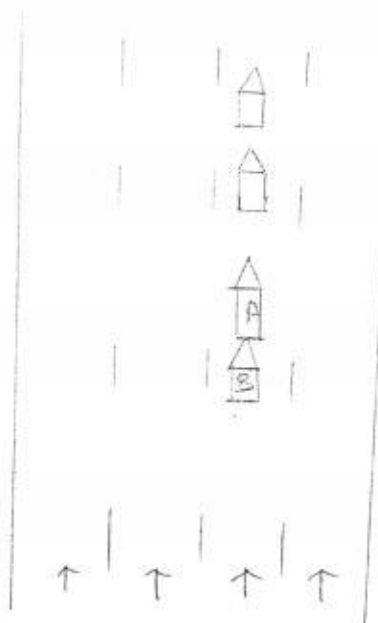
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A) SGT 66112

B) SHH 5750 A



ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS FOR VEHICLE NO: SJT6611Z

Adjustment of Spare Parts Costs for Repairs

Item	Qty	Vehicle parts description	Estimated by workshop	Disc. (%)	Adjusted cost
1	1	Tailgate <i>bt</i> ✓	766.20	20	612.96 ✓
2	1	Tailgate lock <i>dd</i> ✓	115.20	20	92.16 ✓
3	1	Tailgate lock catch <i>x un</i>	97.80	20	78.24 x
4	1	Tailgate weatherstrip <i>de</i> ✓	162.70	20	130.16 ✓
5	1	Tailgate centre garnish <i>x un</i>	126.30	20	101.04 x
6	1	Tailgate centre logo <i>nel</i> ✓	42.30	20	33.84 ✓
7	1	Tail gate emblem - 'FIT' <i>nel</i> ✓	42.00	20	33.60 ✓
8	1	Tailgate inner board <i>x un</i>	168.20	20	134.56 x
9	1(set)	Tailgate inner cover clips <i>x un</i>	50.00	20	40.00 x
10	1	Rear windscreen moulding <i>nel</i> ✓	62.00	20	49.60 ✓
11	1	Rear fender inner garnish <i>x un</i>	382.00	20	305.60 x
12	1(set)	Rear fender inner garnish clips <i>x un</i>	65.00	20	52.00 x
13	1	Rear fender dust cover <i>x un</i>	68.30	20	54.64 x
14	1	Spare tyre panel board <i>x un</i>	158.60	20	126.88 x
15	1	Rear end panel <i>Rt bt</i> ✓	298.60	20	238.88 ✓
16	1	Rear end panel top garnish <i>x un</i>	120.50	20	96.40 x
17	1	Rear bumper <i>de</i> ✓	728.60	20	582.88 ✓
18	2	Rear bumper side retainer @ \$28.10 <i>nel</i> ✓	56.20	20	44.96 ✓
19	1	Rear bumper tow hook cover <i>x un</i>	45.30	20	36.24 x
20	1(set)	Rear bumper clip <i>nel</i> ✓	26.30	20	21.04 ✓
21	1	Exhaust end pipe <i>x un</i>	432.00	20	345.60 x
22	2	Exhaust mounting @ \$26.50 <i>x un</i>	53.00	20	42.40 x
Total parts			4067.10		3253.68

1840.08
1607.20

Special Nett Items

1	1	Rear bumper sensor	280.00 <i>200 net</i> ✓
2	1	Rear windscreen sealant	60.00 <i>nel</i> ✓
3	1	Rear bumper under spoiler	720.00 <i>300 net</i> ✓
4	1	Rear panel sealant	60.00 <i>x un</i>
5	1	Rear Carplate w casing	60.00 <i>x un</i>
Total parts			8134.20
			1180.00

560

Repairs

To remove & replaced damaged parts including straightening/repositioning of replacement parts. 1100.00 600

To remove & install interior fittings/attachments to facilitate 120.00 40.

To remove/refit wiring at damaged section. To check electrical system for proper functions. 60.00 30.

To supply paint material and expandable items. To respray replaced and affected panels. 1100.00 600

To remove/transfer rear windscreen. To conduct water leak test. 120.00 ✓

To remove & replace exhaust end pipe. To realign exhaust system. 80.00 ✗ 40.

To carry out anti rust treatment on the affected panels. 120.00 30.

Total labour 2700.00 1420.

7133 68

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:

18 40.08

1601.20

560

1420

3581.20

3820.08

4/5/2850

4/5/3050

4 days

5 days

Tanpin

97495749.



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/FCI17006281/T1th3e2
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877	Date : 22-12-2017
	Code : FCI2



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 5950A	Veh. Inspected	SJT 6611Z
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17003301MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	30/03/2017

2. Vehicle Particulars & Condition

Make & Model	HONDA FIT	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	GE81036383	Colour	WHITE
Odometer	93752	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/50 R16	BRIDGESTONE	6 mm
L/H Front Tyre	205/50 R16	BRIDGESTONE	6 mm
R/H Rear Tyre	205/50 R16	BRIDGESTONE	6 mm
L/H Rear Tyre	205/50 R16	BRIDGESTONE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	25/03/2017	Inspection Date	04/04/2017
Survey held at	ZHONG CHENG ENTERPRISE BLK 4 YEW TEE IND 393-H WOODLANDS ROAD SINGAPORE 677969		

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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJT 6611Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	TAILGATE	BENT	612.96	612.96
1	TAILGATE LOCK	DENTED	92.16	92.16
1	TAILGATE LOCK CATCH	NOT NECESSARY	78.24	-
1	TAILGATE WEATHERSTRIP	DEFORMED	130.16	130.16
1	TAILGATE CENTRE GARNISH	NOT NECESSARY	101.04	-
1	TAILGATE CENTRE LOGO	NECESSARY	33.84	33.84
1	TAIL GATE EMBLEM - 'FIT'	NECESSARY	33.60	33.60
1	TAILGATE INNER BOARD	NOT NECESSARY	134.56	-
1	SET TAILGATE INNER COVER CLIPS	NOT NECESSARY	40.00	-
1	REAR WINDSCREEN MOULDING	NECESSARY	49.60	49.60
1	REAR FENDER INNER GARNISH	NOT NECESSARY	305.60	-
1	SET REAR FENDER INNER GARNISH CLIPS	NOT NECESSARY	52.00	-
1	REAR FENDER DUST COVER	NOT NECESSARY	54.64	-
1	SPARE TYRE PANEL BOARD	NOT NECESSARY	126.88	-
1	REAR END PANEL	BENT	238.88	238.88
1	REAR END PANEL TOP GARNISH	NOT NECESSARY	96.40	-
1	REAR BUMPER	DEFORMED	582.88	582.88
2	REAR BUMPER SIDE RETAINER @\$28.10	NECESSARY	44.96	44.96
1	REAR BUMPER TOW HOOK COVER	NOT NECESSARY	36.24	-
1	SET REAR BUMPER CLIP	NECESSARY	21.04	21.04
1	EXHAUST END PIPE	NOT NECESSARY	345.60	-
2	EXHAUST MOUNTING @\$26.50	NOT NECESSARY	42.40	-
			3,253.68	1,840.08
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER SENSOR (SN)	NOT WORKING	280.00	200.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	60.00	60.00
1	REAR BUMPER UNDER SPOILER (SN)	CUT	720.00	300.00
1	REAR PANEL SEALANT (SN)	NOT NECESSARY	60.00	-
1	REAR CARPLATE W CASING (SN)	NOT NECESSARY	60.00	-
			1,180.00	560.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REMOVE & REPLACED DAMAGED PARTS INCLUDING STRAIGHTENING / REPOSITIONING OF REPLACEMENT PARTS.		1,100.00	600.00
	TO REMOVE & INSTALL INTERIOR FITTINGS / ATTACHMENTS TO FACILITATE.		120.00	40.00
	TO REMOVE / REFIT WIRING AT DAMAGED SECTION. TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONS.		60.00	30.00
	TO SUPPLY PAINT MATERIAL AND EXPANDABLE ITEMS. TO RESPRAY REPLACED AND AFFECTED PANELS.		1,100.00	600.00
	TO REMOVE / TRANSFER REAR WINDSCREEN. TO CONDUCT WATER LEAK TEST.		120.00	120.00
	TO REMOVE & REPLACE EXHAUST END PIPE. TO REALIGN EXHAUST SYSTEM.	NOT NECESSARY	80.00	-
	TO CARRY OUT ANTI RUST TREATMENT ON THE AFFECTED PANELS.		120.00	30.00
			2,700.00	1,420.00
	GRAND TOTAL		7,133.68	3,820.08
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,050.00

Report Ref No. CS/FCI17006281/T1th3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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