

22/03/2002

ASS. REC. BY:

REF: C/FCU700 9641/719h3 e2 Special Instruction:

Surveyor: tanjich ASSIGNMENT (Office)From (Person): WURUSAW of FCI Date/Time: 17/5/2017 8.23pm

Estimated Cost: _____ Bill to: _____

OD ~~TP~~ / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBA 4355 X Insured: SUA8129Kat Workshop m/s Mova Automotive Tel: 62723892of BNC1008 Bukit Merah Lane 3 #01-04/06/08Policy No: _____ Claim No: 017005000 M-SY

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15/5/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS imp H.O.D. Endorsement: _____Date/Time: 18/5/2017 9.15am Person Contacted: Eva Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>GBA 4355 X</u>
	<u>SUA8129K-X</u>

ASS. REC. BY:

Dangin

REF: FCZ

ASSIGNMENT

CoE 2027 July

From:

Date: 18/12/2017

Estimated Cost:

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

To inspect Vehicle No:

GABA 4355X

at Workshop m/s

Mora

of

Bukit marah

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:

958K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

14

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

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

Date:

Person Contacted:

Vehicle: IN / OUT

Man

Veh No:

GABA 4355X

Yr Regn:

2007 July

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

Truck / Trailer or

Make:

Toyota Dyna 150

cc 2982

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

410955

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTEAT 354603000943

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:

195/75R15

R:

155/112

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

18/5/17 @ 12pm

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Frt O/S, U/C

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

Date / Time Action / Instruction

11/5/17 Company to renew CoE for lorry.
11/5/17 email preli to Luene.

5/12/17 E-mail to Alan 4/5 \$22,000, 14 days (Red: 23974.69, 52%).

MV: \$58000, LTA: \$101, NV: \$57899

RECEIVED 00 DEC 2017

Date/Time: File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair: 14

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) S + RS. Si

) Photos

) Others

TOTAL

32x15 = 480

1704 480

50

50

150

900

Report Format: TP

Lump Sum / I.B.I: (\$ 22000)




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/FCI17009641/T1gh3		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 18-05-2017		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 8129K	Veh. Inspected	GBA 4355X	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17005000MFSH	Excess (\$)	0.00	
Assign From	CWS (LURENE JAW)	Assign Date	17/05/2017	
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				
5. General Information				
Accident Date	15/05/2017	Inspection Date	18/05/2017	
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722			
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	17-05-2017	Our Ref No.	D17005000MFSH
Accident Date	15-05-2017	Claim Type.	Third Party
Insured Vehicle	SHA8129K	Third Party Vehicle.	GBA4355X
Survey Location	BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08		
Contact Person.	VIVIAN WONG		
Contact No.	62723892/ 0	Fax No.	62721527
Survey Type	WITHOUT PREJUDICE; PENDING ID'S VIDEO FOOTAGE		
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	MOVA AUTOMOTIVE 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/222683)



PRI Documents



Close X

PRI Header Details

Claim No	D17005000MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & MOVA AU
Workshop Name	MOVA AUTOMOTIVE PTE LTD (Contact Person : VIVIAN WONG)	Survey Location & Contact Details	BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08 Mobile: 0 , Phone: 62723892 , Fax: 62721527 EmailId: VIVIANWKL@MOVA.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: PENDING ID'S VIDEO FOOTAGE		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA8129K	TP Vehicle No	GBA4355X
PRI Recieved Date	17-05-2017 09:03:46 PM	Surveyor Appointed Date	17-05-2017 08:22:39 PM	Surveyor Accept Date	18-05-2017 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	18-05-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
-----------------------------	--	----------------------	------------	-------------------------	--

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

Ai Phing (LKKAuto)

From: Ai Phing (LKKAuto)
Sent: Friday, 19 May, 2017 12:35 PM
To: 'Claim Workflow System'
Cc: LURENEJAW@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17005000MFSH/1
Attachments: GBA 4355X.pdf

Dear Lurene,

Enclosed herewith preliminary advise of vehicle GBA 4355X.

Best Regards,

Ai Phing | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Thursday, 18 May, 2017 9:17 AM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: LURENEJAW@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17005000MFSH/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 | fax: 6256-4315

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

From: Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]
Sent: Wednesday, 17 May, 2017 8:22 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; LURENEJAW@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17005000MFSH/1

Dear Sir/Mdm,



Auto
Consultants
Pte Ltd

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

Your Ref: D17005000MFSH

Date: 18-05-2017

Our Ref: CS/FCI17009641/T1gh3

The Motor Claims Department
First Capital Insurance Ltd

Without Prejudice

Dear Sir/Madam,

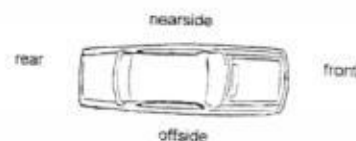
INITIAL INSPECTION REPORT OF VEHICLE NO. GBA 4355X.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 18-05-2017 at the premises of M/s MOVA AUTOMOTIVE and have the following to report:-

Workshop Estimate Amount	: S\$ 45,974.69
Revised Estimate Amount	: S\$ 13,644.00
"Check" Items Amount	: S\$ 26,573.00
Market Value	: S\$ -
LTA Reimbursement Value	: S\$ -
Nett Value	: S\$ -

Description of Damage:

The vehicle sustained damages at the front o/s portion and undercarriage.



Yours faithfully

Mohamed Taufikh
Automotive Assessor

Text size + -

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 2063G

Vehicle Details

Vehicle No.: GBA4355X

Vehicle to be Exported: No

Intended De-registration
Date: 19 May 2017

Vehicle Make: TOYOTA

Vehicle Model: DYNA 150 MANUAL

Primary Colour: Silver

Manufacturing Year: 2007

Engine No.: 1KD1640180

Chassis No.: JTFAT35Y603000943

Maximum Power Output: -

Open Market Value: \$24,285.00

Original Registration Date: 04 Jul 2007

First Registration Date: 04 Jul 2007

Transfer Count: 1

Actual ARF Paid: \$0.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 03 Jul 2017

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$8,300.00

COE Rebate Amount: \$101.00

Total Rebate Amount: \$101.00

The information contained herein is correct as at 19 May 2017

OK

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Text size + -

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 2063G

Vehicle Details

Vehicle No.: GBA4355X

Vehicle to be Exported: Yes

Intended De-registration
Date: 29 Jun 2017

Vehicle Make: TOYOTA

Vehicle Model: DYNA 150 MANUAL

Primary Colour: Silver

Manufacturing Year: 2007

Engine No.: 1KD1640180

Chassis No.: JTFAT35Y603000943

Maximum Power Output:-

Open Market Value: \$24,285.00

Original Registration
Date: 04 Jul 2007

First Registration Date: 04 Jul 2007

Transfer Count: 1

Actual ARF Paid: \$0.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry
Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 03 Jul 2027

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

PQP Paid: \$34,070.00

COE Rebate Amount: \$8.00

Total Rebate Amount: \$8.00

The information contained herein is correct as at 29 Jun 2017

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Last updated on 24 Jun 2017 at 08:45 PM

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Company
Owner ID: 2063G

Vehicle Details

Vehicle No.: GBA4355X
Vehicle to be Exported: No
Intended De-registration Date: 03 Aug 2017
Vehicle Make: TOYOTA
Vehicle Model: DYNA 150 MANUAL
Primary Colour: Silver
Manufacturing Year: 2007
Engine No.: 1KD1640180
Chassis No.: JTFAT35Y603000943
Maximum Power Output: -
Open Market Value: \$24,285.00
Original Registration Date: 04 Jul 2007
First Registration Date: 04 Jul 2007
Transfer Count: 1
Actual ARF Paid: \$0.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 03 Jul 2027
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
PQP Paid: \$34,070.00
COE Rebate Amount: \$33,786.00
Total Rebate Amount: \$33,786.00

The information contained herein is correct as at 03 Aug 2017

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Assurance in Insurance

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We get you the cheapest insurance renewal

[Click to get quote](#)



Toyota Dyna

Price Range

Depreciation

2007

Vehicle Type

Home » Used Cars » Net Link Partners Pte Ltd » Toyota Dyna 150 (New 10-yr COE)

Tools & Tips

Car Buying

Car Selling

Car Aftermarket

Car Ownership

On The Move

Lifestyle

Toyota Dyna 150 (New 10-yr COE)

Overview

Financial

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[More Actions](#)

Car Details

Price \$64,888

Depreciation \$6,490 /yr
[View models with similar depreciation](#)

Reg Date 28-Dec-2007
(10yrs COE left)

Lifespan 27-Dec-2027

Manufactured 2007

Mileage -

Transmission Manual

Engine Cap 2,982 cc

Curb Weight 1,800 kg

Fuel type Diesel

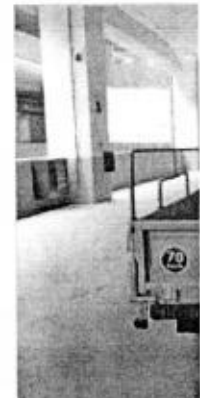
Features One Of The Most Reliable Commercial Vehicle In The Market Right Now! Provide You With Quality Performance And Definite Asset To Your Business.

Accessories New Cushion Seats And CD/Radio Player And Many More!

Description Your Most Reliable Commercial Truck With Low Depreciation, Engine And Gearbox Come With Tip Top Condition. Nice And Clear Interior. No Repair Needed, Trade In Are Welcome, In House Loan Available, Door Step Viewing Can Be Arranged. Call Now Before Its Gone To Avoid Disappointment!

COE -

OMV \$24,285



Seller Informat

Company

Car Leasing



[Compare](#)

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	15/05/2017 15:01
Date Of Accident	15/05/2017 09:30
Exact Location Of Accident	RAFFLES AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA4355X
Insured/Policyholder	
Name Of Registered Owner	CHIA MENG HAK FOOD SUPPLIER PTE. LTD.
Co Reg No	200812063G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90700699
Alternative Phone No	OFFICE-90700699

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5081130837
Cover Note Number	

Driver

Name of Driver	WIN KYAW TUN
Passport No/FIN	G5383504Q
Date Of Birth	21/02/1973
Occupation	INDOOR
Date Of Driving Pass	15/05/2013
Driving Experience	4 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
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 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

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 ALEXANDRA NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 46-2 COMMONWEALTH DR , POSTCODE: 140462 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4739999 - FAX NO: 64713569

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

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 SHA8129K

Vehicle Make/Model/Colour

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 Pg. 1

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg. 2

[illegible]

Declaration

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

Witnessed by Reporting Centre
Personnel

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20170515/2089

1 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20170515/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2017 14:41		Vide Report No.: A/20170515/0049		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: WIN KYAW TUN			Address: APT BLK 540 BEDOK NORTH STREET 3 #02-1224 SINGAPORE 460540		
ID Type / ID No.: FIN NO / G5383504Q			Contact No.: Home/Office: Mobile: 90700699		
Nationality: MYANMAR			Email:		
Sex: Male	Age: 44	Date of Birth: 21/02/1973	Type of Informant: Driver		
Race: Others			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/05/2017 09:30	Type of Location: Straight Road
Location: Along Road 1 RAFFLES AVENUE Infront of Mandarin Oriental Hotel, Main Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
C:BA4355X	Lorry	TOYOTA	DYNA 150 MANUAL	Silver		0
SHA8129K	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow		0

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20170515/2089

7 of 3

Police Station Of Origin:

Alexandra NPP

46 Tanglin Halt Road #01-328 SINGAPORE

140462

Tel No: 1800-4739999

Report No. T/20170515/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WIN KYAW TUN	ID No.	G5383504Q
Related Vehicle	GBA4355X (Lorry)	Contact No.	90700699
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 the 15/05/2017 at around 0930hrs, I was travelling down Raffles Ave in my company lorry (GBA4355X). I was travelling on the most right lane on the 4 lane one way road. While driving, I saw that a yellow taxi (SHA8129K) was about to come out from Mandarin Oriental Hotel. I then saw him stop as I was approaching thus I proceeded on.

Just as I was about to pass the taxi, the taxi suddenly drove out and turned left. I was not able to stop in time and I hit the taxi on the left side of the passenger side door and front left bumper. I then stopped my lorry immediately and came out of the vehicle. The taxi driver wanted to drive off but I stopped him and told him I need to take a photo of the damages.

Ambulance and Police soon arrived and they attended to both of us. The taxi driver said he was having slight pain in his body due to the accident. We then gave our particulars to the police at scene. The taxi driver subsequently drove off. I wish to state that the right side of the driver door and the front bumper of the lorry is damaged.

Sketch Plan Pg. 5



SINGAPORE
POLICE FORCE



T/20170515/2089

3 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20170515/2089

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:
D /
SURENDDHARAN S/O PURANA CHANDRAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt LIM HONG LEE
Contact No: 65476438

Authentication Stamp
NP168
Singapore Police Force

Signature Of Informant:

Date/Time:
15/05/2017 14:41

Classification Of Case:

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	16/05/2017 15:53
Date Of Accident	15/05/2017 09:30
Exact Location Of Accident	DRIVEWAY OF MANDARIN ORIENTAL X RAFFLES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8129K
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
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	ONG POH TENG
NRIC No	S0370435A
Date Of Birth	02/09/1950
Occupation	OUTDOOR
Date Of Driving Pass	11/07/1969
Driving Experience	47 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 129 BUKIT MERAH VIEW #08-162
Postcode	150129
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 SIDE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20170515/2161

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	GBA4355X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	ONG POH TENG
Approximate Age	
Injuries Sustain	GIDDINESS
Injured person in which vehicle?	SHA8129K
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	BLK 129 BUKIT MERAH VIEW #08-162
Postcode	150129

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.

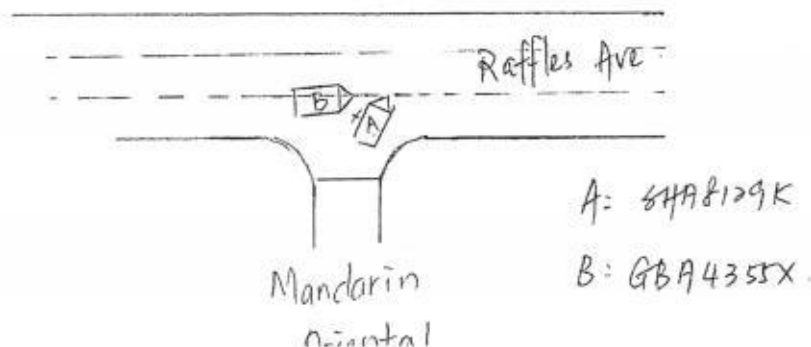
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg. 2

Describe Circumstances of the Accident

As police report no :
T/2015 0515/5161.

Declaration

We declare the foregoing particulars are true in every respect.

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



**SINGAPORE
POLICE FORCE**



T/20170515/2161

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20170515/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2017 18:29	Vide Report No.:	Station Diary No.: 50
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: ONG POH TENG		Address: APT BLK 129 BUKIT MERAH VIEW #08-162 SINGAPORE 150129	
ID Type / ID No.: NRIC NO / S0370435A		Contact No.: Home/Office: Mobile: 83588899	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 02/09/1950	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi Driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/05/2017 09:30	Type of Location: Straight Road
Location: Along Road 1 RAFFLES AVENUE				
Exit of Mandarin Oriental Drop off to Raffles Ave.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBA4355X	Lorry				Slightly Damaged	0
SHA8129K	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossings: NA



**SINGAPORE
POLICE FORCE**



T/20170515/2161

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 3

Report No. T/20170515/2161

CONTINUATION OF REPORT

Driver			
Name	ONG POH TENG	ID No.	S0370435A
Related Vehicle	SHA8129K (Car)	Contact No.	83588899
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	15/05/2017	Date Discharge	15/05/2017
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 15/5/2017 at around 0930hrs, I dropped off a passenger at Mandrin Oriental and was about to drive out to Raffles Ave. I made a check and saw that it was clear and therefore, started to turn into Raffles Ave. All of a sudden, I felt a huge bump and noticed that a lorry GBA4355X had collided with my car. I alighted from the vehicle which was at the extreme right lane after the collision. At the point of time I was still shocked from the accident, and felt giddy. I went out to check on the accident. After taking a few photos of the incident, I decided to call for Ambulance which arrived shortly. Before I was conveyed, I was interviewed by a police officer, however, I could not recall the conversation. I was then conveyed to Raffles Hospital where I was assessed and discharge on the same day. I was given 04 days of MC. A TP IO then called me to advise me to lodge a police report at a nearby police post.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20170515/2161

3 of 3

Report No. T/20170515/2161

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: D / Sgt MUHAMMAD NASIRUDIN BIN KAMAL	Signature Of Informant: <i>By Poh King -</i>
Signature Of Interpreter: Not applicable	Date/Time: 15/05/2017 18:29
Officer In Charge Of Case: TP / GIT / Sgt LIM HONG LEE Contact No : 65476438	Classification Of Case:
Authentication Stamp NP 168	

SN 041



Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel: (65) 6476 3333
Fax: (65) 6271 5891
www.mova.com.sg

Workshop Dept:
Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722

Tel: (65) 6272 3892
Fax: (65) 6270 8314

Co. Reg. 198904033G
GST Reg. M2-0088864-2

Estimate

16/05/2017

FIRST CAPITAL INSURANCE LTD
36 Robinson Road
#16-01 City House
Singapore 068877.

Attention :- XA026

Page # :- 1

Veh # :- GBA4355X

Veh Model :- TOYOTA DYNA

Estimate# :- CK415808

Claim # :-

ACC. Date :- 15/05/17

Terms :- C.O.D Days

Remarks :-

Alan 96869276

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	FRONT BUMPER	1 PC	580.00	580.00
2.	FRONT BUMPER L/R BRACKET <i>LH-X, RH-bt 130</i>	2 PC	230.00	460.00
3.	FRONT GRILLE	1 PC	480.00	480.00
4.	FRONT GRILLE LOGO	1 PC	50.00	50.00
5.	FRONT PANEL ASSY	1 PC	780.00	780.00
6.	FRONT PANEL CTR GARNISH	1 PC	230.00	230.00
7.	FRONT PANEL L/R GARNISH <i>LH-X, RH-mis 160</i>	2 PC	160.00	320.00
8.	FRONT CORNER PANEL RH	1 PC	280.00	280.00
9.	FRONT HEADLAMP	2 PC	580.00	1,160.00
10.	HEADLAMP LOWER SEAL RH	1 PC	20.00	20.00
11.	FRONT DOOR RH	1 PC	1,680.00	1,680.00
12.	FRONT DOOR SIDE MIRROR RH	1 PC	230.00	230.00
13.	FRONT DOOR LOCK RH	1 PC	480.00	480.00
14.	RH FRONT DOOR CHECKER	1 PC	110.00	110.00
15.	RH FRONT DOOR HINGE	2 PC	110.00	220.00
16.	RH FRONT DOOR RUBBER	1 PC	380.00	380.00
17.	RH FRONT DOOR GLASS	1 PC	480.00	480.00
18.	RH FRONT DOOR REGULATOR	1 PC	480.00	480.00
19.	RH FRONT DOOR WINDOW MOTOR	1 PC	520.00	520.00
20.	RH FRONT DOOR HANDLE	1 PC	230.00	230.00
21.	RH FRONT DOOR INNER TRIM	1 PC	789.00	789.00
22.	RH FRONT DOOR WIRE HARNESS	1 PC	1,130.00	1,130.00
23.	RH FRONT DOOR SPEAKER	1 PC	198.00	198.00
24.	RH FRONT DOOR OUTER MOULDING	1 PC	160.00	160.00
25.	RH FRONT DOOR GLASS CHANNEL	1 PC	398.00	398.00
26.	RH FRONT DOOR QTR GARNISH	1 PC	45.00	45.00
27.	RH FRONT DOOR INNER LOCK	1 PC	398.00	398.00
28.	RH FRONT DOOR PILLAR	1 PC	989.00	989.00
29.	RH FRONT DOOR PILLAR INNER	1 PC	789.00	789.00
30.	RH FRONT DOOR 3RD PILLAR	1 PC	790.00	790.00
31.	RH SIDE STEP PANEL	1 PC	398.00	398.00
32.	RH SIDE WHEEL ARCH PANEL	1 PC	1,680.00	1,680.00
33.	RH SIDE WHEEL ARCH SEAL	1 PC	190.00	190.00
34.	RH SIDE WHEEL ARCH GARNISH	1 PC	210.00	210.00
35.	RH REAR FENDER INNER GARNISH	1 PC	230.00	230.00
36.	DASHBOARD ASSY	1 PC	2,480.00	2,480.00
37.	DASHBOARD SUPPORT BAR	1 PC	1,340.00	1,340.00
38.	AIRCON EVAPORATOR ASSY	1 PC	1,300.00	1,300.00
39.	AIR CON BLOWER UNITS ASSY	1 PC	780.00	780.00
40.	BRAKE BOOSTER PUMP	1 PC	1,680.00	1,680.00
41.	BRAKE MASTER PUMP	1 PC	988.00	988.00
42.	ACCELERATOR PEDAL	1 PC	498.00	498.00
43.	BRAKE PEDAL	1 PC	498.00	498.00
44.	CLUTCH PEDAL	1 PC	498.00	498.00
45.	POWER STEERING BOX ASSY	1 PC	2,300.00	2,300.00
46.	STEERING COLUMN SHAFT ASSY	1 PC	3,900.00	3,900.00
47.	STEERING COLUMN SHAFT COVER	1 PC	210.00	210.00
48.	FRONT CABIN LIFTER BAR	1 PC	989.00	989.00
49.	FRONT CABIN LIFTER BRACKET L/R	2 PC	320.00	640.00
50.	FRONT CABIN LIFTER MOUNTING L/R	2 PC	298.00	596.00
51.	FRONT CABIN LOCK BRACKET	1 PC	1,988.00	1,988.00



Estimate

16/05/2017

FIRST CAPITAL INSURANCE LTD
36 Robinson Road
#16-01 City House
Singapore 068877.

Attention :- XA026

Page # :- 1 128234

Veh # :- GBA4355X

Veh Model :- TOYOTA DYNA

Estimate# :- CK415808

Claim # :-

ACC. Date :- 15/05/17

Terms :- C.O.D Days

Remarks :-

Main Office

Mova Building
No. 22, Jalan Kilang
Singapore 15941
Tel : (65) 6476 333;
Fax : (65) 6271 589;
www.mova.com.sg

Workshop Dept

Block 100B
Bukit Merah Lane 3
#01-04/06/08/9;
Singapore 15972;
Tel : (65) 6272 389;
Fax : (65) 6270 831;
Co. Reg. 198904033C
GST Reg. M2-008864;

No.	Description	Qty	U.Price	Amounts S\$
-----	-------------	-----	---------	-------------

52.	FRONT CABIN LOCK L/R	2	PC	230.00	460.00
53.	FRONT ENGINE MOUNTING	2	PC	260.00	520.00
54.	GEARBOX MOUNTING	2	PC	160.00	320.00
55.	RH FRONT LOWER ARM	1	PC	689.00	689.00
56.	RH FRONT UPPER ARM	1	PC	489.00	489.00
57.	RH FRONT KNUCKLE	1	PC	589.00	589.00
58.	RH FRONT WHEEL HUB	1	PC	310.00	310.00
59.	RH FRONT WHEEL BEARING	1	PC	210.00	210.00
60.	RH FRONT SHOCK ABSORBER	1	PC	310.00	310.00
61.	RH FRONT BALL JOINT	1	PC	160.00	160.00
62.	RH FRONT STEEL RIM	1	PC	780.00	780.00
63.	FRONT STABILISER BAR	1	PC	580.00	580.00
64.	FRONT STEERING RACK AND PINION	1	PC	2,400.00	2,400.00
65.	FRONT WINDSCREEN MOULDING	1	PC	260.00	260.00
66.	FRONT WIPER COVER RH	1	PC	160.00	160.00
67.	FRONT (DYNA) EMBLEM	1	PC	50.00	50.00
68.	FRONT SPEEDOMETER ASSY	1	PC	980.00	980.00

LIST TOTAL S\$

25% DISCOUNT S\$

47,516.00

-11,879.00

35,637.00

SPECIAL NET ITEMS :

1. RH FRONT TYRE
2. FRONT NO PLATE
3. ACCIDENT TOWING TO FAN YOONG

1	PC	250.00	250.00
1	PC	40.00	40.00
1	PC	160.00	160.00

SPECIAL NET TOTAL S\$

335 450.00

LABOUR :

TO INSPECT FRONT LIGHTING & WATER LEAKAGE TEST.

40.00

TO REMOVE & INSTALL FRONT WINDSCREEN.

120.00

TO REMOVE & INSTALL DASHBOARD.

200.00

TO REMOVE & INSTALL A/C EVAPORATOR & VACUUM & RECHARGE A/C GAS.

100.00

TO REMOVE & INSTALL CARPET, SEAT, ROOF LINING & ETC IN ORDER TO CUT OFF PANEL.

200.00

TO REMOVE & INSTALL CABIN IN ORDER TO CUT OFF DAMAGED PANEL & STRAIGHTEN FRONT CHASSIS MEMBER.

1,000.00

TO CUT OFF FRONT PANEL, RH FRONT PILLAR, RH WHEELS ARCH PANEL, STRAIGHTEN BOLT CHASSIS MEMBER AND RENEW DAMAGED PARTS.

2,200.00



Estimate

16/05/2017

FIRST CAPITAL INSURANCE LTD
36 Robinson Road
#16-01 City House
Singapore 068877.

Attention :- XA026

Page # :- 1 128234

Veh # :- GBA4355X

Veh Model :- TOYOTA DYNA

Estimate# :- CK415808

Claim # :-

ACC. Date :- 15/05/17

Terms :- C.O.D Days

Remarks :-

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel : (65) 6476 3333
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Singapore 159722

Tel : (65) 6272 3892
Fax : (65) 6270 8314

Co. Reg. 198904033G
GST Reg. M2-0088864-2

No.	Description	Qty	U.Price	Amounts S\$
	TO REMOVE & INSTALL RH SIDE UNDERCARRIAGE DAMAGED PARTS.		1508	300.00
	TO CHECK WHEELS ALIGNMENT.		80	160.00
	TO APPLY BODY JOINT SEALANT ON CUTTING AREAS.		60	100.00
	TO APPLY RUST PROOF ON AFFECTED AREAS.		100	200.00
	TO REMOVE & TRANSFER ITEMS TO RH FRONT NEW DOOR.		30	100.00
	TO SPRAY PAINT ON REPLACED, REPAIRED AREAS.		1500	600.00
	TO SET VEHICLE ON CHASSIS BENCH IN ORDER TO CUT OFF DAMAGED PANEL, STRAIGHTEN.		7X hr	400.00
	LABOUR TOTAL S\$		4290	6,880.00

27488160
4/58 22,000

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 42,967.00

GST @ 7 % 3,007.69

AMOUNT DUE S\$ 45,974.69

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

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) allowed
- Supplementary item(s) must be resurveyed and submitted to final approval from Insurer or company

Acknowledged by Repairer

Signature:

Date:

Amplified 97495749
WP
18/5/17 @ 12pm
14 days
Lumpsum
Resurvey after repair
*To check repair unit.

**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/FCI17009641/T1gh3e2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 21-12-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 8129K	Veh. Inspected	GBA 4355X
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17005000MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	17/05/2017

2. Vehicle Particulars & Condition

Make & Model	TOYOTA DYNA 150	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2007
Chassis No.	JTFAT35Y603000943	Colour	SILVER
Odometer	410955	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/75 R15	BRIDGESTONE	6 mm
L/H Front Tyre	195/75 R15	BRIDGESTONE	6 mm
R/H Rear Tyre	155 R12	BRIDGESTONE	6 mm
L/H Rear Tyre	155 R12	BRIDGESTONE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S AND UNDERCARRIAGE PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	15/05/2017	Inspection Date	18/05/2017
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722		

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: **14 Working Days**



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBA 4355X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	BENT	580.00	580.00
2	FRONT BUMPER L/R BRACKET @\$230.00	N/S NOT NECESSARY / O/S BENT	460.00	230.00
1	FRONT GRILLE	CRACKED	480.00	480.00
1	FRONT GRILLE LOGO	NECESSARY	50.00	50.00
1	FRONT PANEL ASSY	BENT	780.00	780.00
1	FRONT PANEL CTR GARNISH	DEFORMED	230.00	230.00
2	FRONT PANEL L/R GARNISH @\$160.00	N/S NOT NECESSARY / O/S MISSING	320.00	160.00
1	FRONT CORNER PANEL RH	BENT	280.00	280.00
2	FRONT HEADLAMP @\$580.00	CRACKED	1,160.00	1,160.00
1	HEADLAMP LOWER SEAL RH	DISTORTED	20.00	20.00
1	FRONT DOOR RH	BUCKLED	1,680.00	1,680.00
1	FRONT DOOR SIDE MIRROR RH	DISTORTED	230.00	230.00
1	FRONT DOOR LOCK RH	BENT	480.00	217.90
1	RH FRONT DOOR CHECKER	BENT	110.00	110.00
2	RH FRONT DOOR HINGE @\$110.00	BENT	220.00	220.00
1	RH FRONT DOOR RUBBER	CUT	380.00	190.50
1	RH FRONT DOOR GLASS	BROKEN	480.00	480.00
1	RH FRONT DOOR REGULATOR	BENT	480.00	480.00
1	RH FRONT DOOR WINDOW MOTOR	JAMMED	520.00	520.00
1	RH FRONT DOOR HANDLE	DEFORMED	230.00	230.00
1	RH FRONT DOOR INNER TRIM	DEFORMED	789.00	789.00
1	RH FRONT DOOR WIRE HARNESS	DISTORTED	1,130.00	1,130.00
1	RH FRONT DOOR SPEAKER	DEFORMED	198.00	198.00
1	RH FRONT DOOR OUTER MOULDING	DEFORMED	160.00	160.00
1	RH FRONT DOOR GLASS CHANNEL	DEFORMED	398.00	110.00
1	RH FRONT DOOR QTR GARNISH	DISTORTED	45.00	45.00
1	RH FRONT DOOR INNER LOCK	JAMMED	398.00	217.00
1	RH FRONT DOOR PILLAR	BENT	989.00	989.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	RH FRONT DOOR PILLAR INNER	BENT	789.00	389.00
1	RH FRONT DOOR 3RD PILLAR	TO REPAIR SEE LABOUR	790.00	-
1	RH SIDE STEP PANEL	CRACKED	398.00	398.00
1	RH SIDE WHEEL ARCH PANEL	BENT	1,680.00	760.00
1	RH SIDE WHEEL ARCH SEAL	NECESSARY	190.00	190.00
1	RH SIDE WHEEL ARCH GARNISH	DEFORMED	210.00	210.00
1	RH REAR FENDER INNER GARNISH	DEFORMED	230.00	230.00
1	DASHBOARD ASSY	DEFORMED	2,480.00	2,000.00
1	DASHBOARD SUPPORT BAR	BENT	1,340.00	1,100.00
1	AIRCON EVAPORATOR ASSY	CRACKED	1,300.00	900.00
1	AIR CON BLOWER UNITS ASSY	CRACKED	780.00	780.00
1	BRAKE BOOSTER PUMP	BENT / JAMMED	1,680.00	1,204.70
1	BRAKE MASTER PUMP	DISTORTED / JAMMED	988.00	504.10
1	ACCELERATOR PEDAL	BENT	498.00	248.00
1	BRAKE PEDAL	BENT	498.00	110.40
1	CLUTCH PEDAL	BENT	498.00	921.40
1	POWER STEERING BOX ASSY	BENT	2,300.00	561.80
1	STEERING COLUMN SHAFT ASSY	DEFORMED	3,900.00	268.00
1	STEERING COLUMN SHAFT COVER	DEFORMED	210.00	210.00
1	FRONT CABIN LIFTER BAR	BENT	989.00	989.00
2	FRONT CABIN LIFTER BRACKET L/R @\$320.00	BENT	640.00	640.00
2	FRONT CABIN LIFTER MOUNTING L/R @\$298.00	BENT	596.00	596.00
1	FRONT CABIN LOCK BRACKET	BENT	1,988.00	1,200.00
2	FRONT CABIN LOCK L/R @\$230.00	NOT NECESSARY	460.00	-
2	FRONT ENGINE MOUNTING @\$260.00	NOT NECESSARY	520.00	-
2	GEARBOX MOUNTING @\$160.00	NOT NECESSARY	320.00	-
1	RH FRONT LOWER ARM	BENT	689.00	689.00
1	RH FRONT UPPER ARM	NOT NECESSARY	489.00	-
1	RH FRONT KNUCKLE	BENT	589.00	589.00
1	RH FRONT WHEEL HUB	BENT	310.00	310.00
1	RH FRONT WHEEL BEARING	BENT	210.00	210.00
1	RH FRONT SHOCK ABSORBER	NOT NECESSARY	310.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	RH FRONT BALL JOINT	NOT NECESSARY	160.00	-
1	RH FRONT STEEL RIM	NOT NECESSARY	780.00	-
1	FRONT STABILISER BAR	NOT NECESSARY	580.00	-
1	FRONT STEERING RACK AND PINION	BENT	2,400.00	1,800.00
1	FRONT WINDSCREEN MOULDING	NECESSARY	260.00	260.00
1	FRONT WIPER COVER RH	DEFORMED	160.00	160.00
1	FRONT DYNA (EMBLEM)	NECESSARY	50.00	50.00
1	FRONT SPEEDOMETER ASSY	NOT NECESSARY	980.00	-
	LESS 25% DISCOUNT		-11,879.00	-7,611.20
			35,637.00	22,833.60
	<u>SPECIAL NETT ITEMS</u>			
1	RH FRONT TYRE (SN) (70%)	PUNCTURE	250.00	175.00
1	FRONT NO PLATE (SN)	BENT	40.00	40.00
			290.00	215.00
	<u>LABOUR</u>			
	ACCIDENT TOWING TO FAN YOONG.		160.00	120.00
	TO INSPECT FRONT LIGHTING & WATER LEAKAGE TEST.		40.00	30.00
	TO REMOVE & INSTALL FRONT WINDSCREEN.		120.00	120.00
	TO REMOVE & INSTALL DASHBOARD.		300.00	200.00
	TO REMOVE & INSTALL A/C EVAPORATOR & VACUUM & RECHARGE A/C GAS.		160.00	100.00
	TO REMOVE & INSTALL CARPET, SEAT, ROOF LINING & ETC IN ORDER TO CUT OFF PANEL.		200.00	120.00
	TO REMOVE & INSTALL CABIN IN ORDER TO CUT OFF DAMAGED PANEL & STRAIGHTEN FRONT CHASSIS MEMBER.		1,000.00	500.00
	TO CUT OFF FRONT PANEL, RH FRONT PILLAR, RH WHEELS ARCH PANEL, STRAIGHTEN BOLT CHASSIS MEMBER AND RENEW DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF RH FRONT DOOR 3RD PILLAR.		2,200.00	1,800.00
	TO REMOVE & INSTALL RH SIDE UNDERCARRIAGE DAMAGED PARTS.		300.00	150.00
	TO CHECK WHEELS ALIGNMENT.		160.00	80.00
	TO APPLY BODY JOINT SEALANT ON CUTTING AREAS.		100.00	60.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO APPLY RUST PROOF ON AFFECTED AREAS.	NOT NECESSARY	200.00	100.00
	TO REMOVE & TRANSFER ITEMS TO RH FRONT NEW DOOR.		100.00	30.00
	TO SPRAY PAINT ON REPLACED, REPAIRED AREAS.		1,600.00	1,500.00
	TO SET VEHICLE ON CHASSIS BENCH IN ORDER TO CUT OFF DAMAGED PANEL, STRAIGHTEN.		400.00	-
			7,040.00	4,910.00
GRAND TOTAL			42,967.00	27,958.60
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				22,000.00

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MARKET VALUE: \$58,000.00 (EST)-LTA REIMBURSEMENT VALUE: \$101.00=NETT VALUE: \$57,899.00

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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