surveyor: n	16.	ASSIGNMI	ENT (Office)		
Com (Person): (W	may muu	of	701	Date/T	ime: 117207 505pm
Estimated Cost:	3		Bill to:		
od/ tr/ /ws/tr/	RES / OD RES / I	EVA/INV/MV/	CS		2.12-72-1
To Inspect Vehicle N	o:			_ Insured:	St 8778U
at Workshop m/s		Cycle & Carriage	L KILI	Tel:	
of		Sog Pundan	Garden		
Policy No:			Claim No: _	00510	H27M8CF6
Sum Insured:			Excess: _		
Make of Veh;(Client's Record)				D.O.A	05192017
CA / REV / REP		Person Contacted:	Jiun Ye	H.O Vehicle	D. Endorsement:
	ion/Instruction (V) Estimat	te		
Date/Time Act					
	F 7137U - 7	7			
12	1 10	The state of the s	3./HMbn2		DW1: 331316
12	1 10	5/INC1903712	3./HMon2		DW 231518
15/7/17 Ge	nt pali to	5/INC1903212 May: 825.00, 4			DWA: 231215

ASSIGNATE ST

From: Date.	Veh No. SLF7137U. Yr Regn.
	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
	Make KIM FORTE +3 0.0 1591
To Inspect Vehicle No:	Colour SINCTZ A/C: Insured / Std / NI / NA
at Workshop m/s	Sp.Reading 53/38 T/Radio: Insured / Std / NI / NA
·	Eng/No:
Insured:	CINO: KNAFX411M45665917.
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt
Claims No.	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: (norder / Jammed / Leaked / Burnt or
(Client's Record)	Modi: (Nil)S/Rim / STD A/Rim or
Make of Veh:	Tyre Size: F: 005 55 216
	R: R:
(Policy Condition)	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Remark: The ven had commenced its	TOYO / YOKO or NEXEX
repair at the time of inspection.	1010/10110
Bal, or Market Value:	_ rion
IDAC Accident Rport: Consistent? : Yes or No	Noa. 9
GIA / PR Seen: Consistent? : Yes or No	12/202
Est. Repairs: days Res.: Yes or No	0.0.20 / 10/12/1/
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN /	The U/C / Chassis frame / Body Structure affected due to collision.
Date:Person Contacted:	The OIC / Chassis Haine / Body outcome
Date / Time Action / Instruction	
	μ ,
No.	200
RECEIVED A DE	7.011
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4
tupist : Final Report	Resurvey No. of Trip: Survey Fee: 160
Date/Time, File Return to?	Transportation: 50
	Id Fee: : Site Insp (\$)s+Rssi50
	: Interview (\$) Photos 24
Report Format :	Tech Invs (\$) Others
Lump Sum / I.B.I: (\$ 5825.00)	Weekend (\$)
	14SC JATOT



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

	CONTRACTOR OF THE PARTY OF THE	Ref: CS/FCI17013433/	M1rb
ST CAPITAL INSURAN	CE LTD	Ref : CS/FCI17013433/	
ROBINSON ROAD 6-01 CITY HOUSESING	APORE 068877	Date: 11-07-2017	
5-01 CITT HOUSESING		Code: FCI2	
	Policy Particu	lars :- THIRD PARTY CLAIM	March Control of the
	H 8778U	Veh. Inspected	SLF 7137U
insured voi.	107700	Coverage (\$)	0.00
Policy No.	17006758MFSH	Excess (\$)	0.00
Claim No.	WS (MAY CHUA)	Assign Date	11/07/2017
Assign From C	Vohicle	Particulars & Condition	
	Vernore	c.c	0
Make & Model	UDDEN	Year of Reg.	
Engine No.	HIDDEN	Colour	
Chassis No.		Steering	
Odometer		Modification	
Brakes		- Industrial	
General		Conditions of Tyres	STATE OF THE STATE
3.		Make	Balance
	Size		mm
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre	D	escription of Damages	
4.	Mar Mar Vi	ascription of the	
		General Information	
5.	001070047	Inspection Date	11/07/2017
Accident Date	05/07/2017 CYCLE & CARRIAGE		
Survey held at	209 PANDAN GARDE		
	SINGAPORE 609339	7,000	
		Remarks	

First Capital Insurance Limited

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

A FAIRFAX Company

MOTOR SURVEY ASSIGNMENT

Date

10-07-2017

Our Ref No. D17006758MFSH

Accident Date

05-07-2017

Claim Type. Third Party

Insured Vehicle

SH8778U

Third Party Vehicle. SLF7137U

Survey Location

209 PANDAN GARDENS

Contact Person.

TAY JIAN YE

Contact No.

65684567/0

Fax No. 65651240

Survey Type

WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:

Appointed

LKK AUTO CONSULTANTS PTE LTD

Surveyor 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

CYCLE & CARRIAGE KIA

Attention, NIL

PTE LTD

Cc: TP Solicitor

NA

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.

ob Sheet (/C	laimWS/Surveyor/JobSheet	/225232) 🛌 P	RI Documents (1) Close	×	
			PRI Header Details		
Claim No	D17006758MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & CY LTD
Workshop Name	CYCLE & CARRIAGE KIA PTE LTD (Contact Person : TAY JIAN YE)	Survey Location & Contact Details	209 PANDAN GARDENS Mobile: 0 , Phone: 6568 EmailId: JIANYE.TAY@C		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: W	E ADMIT LIAE	BILITY Q
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH8778U	TP Vehicle No	SLF71
PRI Recieved Date	10-07-2017 08:40:26 PM	Surveyor Appointed Date	11-07-2017 05:05:30 PM	Surveyor Accept Date	11-07
		s	urvey Report Upload		
Surveyor Inspection Date *:	1231 H.)	Surveyor Report Date	11-07-2017	Upload Survey Report *:	
			Vehicle Particulars		
Make	Please Select Make	Model	Please Select Model 💌	Year	Selec
Chasis No		Engine No		Mileage	Γ
Color		Cubic Capacity			
Multiple D	ocuments Upload				
		pload Multiple D			

Surveyor Job Remarks

Janice Lee (LKKAuto)

From:

Janice Lee (LKKAuto)

Sent:

Thursday, July 13, 2017 2:41 PM

To:

'Claim Workflow System'; MAYCHUA@FIRST-INSURANCE.COM.SG

Cc:

SLIR

Subject:

RE: SURVEY ASSESSMENT - D17006758MFSH/1

Attachments:

SLF 7137U.pdf

Dear May,

Enclosed preliminary revised for SLF 7137U

Thank you.

Best Regards,

Janice Lee (Ms) | Case Handler

Lask Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>janicelee@lkkauto.com</u> | 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: Tuesday, 11 July, 2017 5:05 PM To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; MAYCHUA@FIRST-INSURANCE.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D17006758MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

andly submit your report via CWS within the next 14 days.

Best Regards, Admin Team Claim Workflow System Motor Claims Department First Capital Insurance Limited

Tel: 6507 3848 Fax: 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



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

Your Ref: D17006758MFSH

Our Ref: CS/FCI17013433/M1rb

The Motor Claims Department First Capital Insurance Ltd

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SLF 7137U .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 11/07/2017 at the premises of M/s CYCLE & CARRIAGE KIA PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$	8,300.00	
Revised Estimate Amount	: SS	5,527.00	
"Check" Items Amount	: <u>S\$</u>	645.00	
Market Value	: <u>S</u> \$	-	्
LTA Reimbursement Value	: <u>S\$</u>	1. T.	
Nett Value	: <u>S\$</u>	(+)	

Description of Damage:

<u>The vehicle sustained damages</u>
<u>at the rear portion.</u>

rear front offside

Yours faithfully

MA CHIN FOOK Automotive Assessor

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

- 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 witholding of material facts may allow insurance companies to
- 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	06/07/2017 17:06
Date Of Accident	05/07/2017 19:50
Exact Location Of Accident	PIE TOWARDS TPE/SLE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF7137U
Insured/Policyholder	
Name Of Registered Owner	LION CITY RENTALS PTE LTD
	201504621K
Co Reg No Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87205030
Vehicle Particulars	
	KIA
Manufacturer	FORTE K3-1.6 (A)
Model Exact Purpose for which vehicle was being used at	
time of accident Are you claiming under your own insurance policy	NO
for repair to your vehicle? If No, Please state action to be taken	THIRD PARTY
	PRIVATE CAR
Vehicle Category	
Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Name of Insurance Company	COMPREHENSIVE
Type Of Coverage	YES
Fleet Policy	999995174
Policy Number	
Cover Note Number	
Driver	MOHAMED ADHA BIN ABU BAKAR
Name of Driver	S8133318A
NRIC No	08/10/1981
Date Of Birth	INDOOR
Occupation	12/09/2005
Date Of Driving Pass	11 YEARS AND 9 MONTHS
Driving Experience Gender	MALE

ADHA_TURBO@HOTMAIL.COM

Address

BLK 244 #04-1127 YISHUN RING ROAD

Postcode

760244

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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

50 SERANGOON AVE 2

ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY:

Police Station Address

SINGAPORE

Police Station Contact Was notice of intended Prosecution given? TEL NO: - FAX NO:

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO THE ATTACHED

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

SH8778U

Vehicle Make/Model/Colour

HYUNDAI SENATO / BLUE - COMFORT TAXI

Details Of Properties

Name of Driver

AZMAN BIN MASKOR

NRIC/Passport Number

S6920458I

Contact Number

68818097

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLK3914T

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

CHAN IT KEONG

NRIC/Passport Number

Contact Number

97439322

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

SLK3914T

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SH8778U

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

YES

Address

AZMAN BIN MASKOR

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation. 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid,
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

20150460

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

rue on outrou	nces of the Accident	
		geskettieres been tich
	Refer to Price Report.	
7060		

Declaration

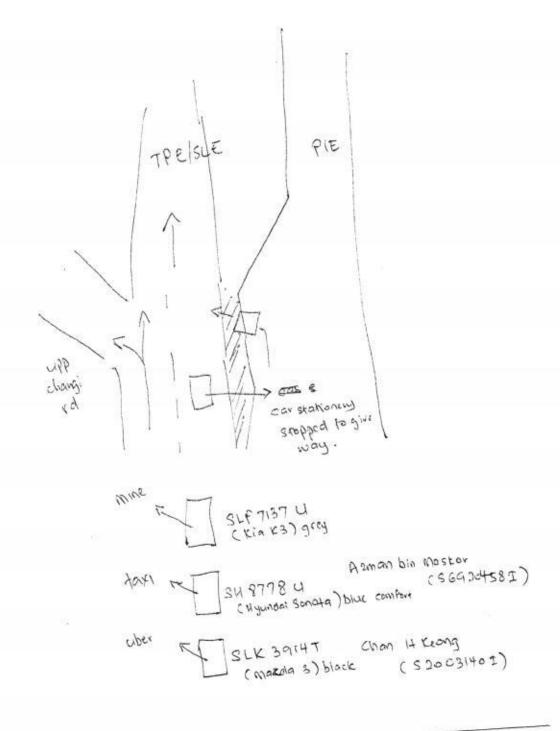
We declare the foregoing particulars are true in every respect.

REGNO: PTT ACTOR A

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time



a





Institution / School Name:

Date of Expiry:

1 of 4

Report No. T/20170705/2206

Station Diary No.:

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

Male

Race:

Malay-Others

SAFETY COORDINATOR

Occupation:

REPORT	OF A	TRAFFIC	ACCIDENT
--------	------	---------	----------

Date/Time Report Made:

05/07/20	17 23:55			/5
Informa	nt's Partici	ulars	distant state of the	OKARO MARKATAKAN DAKATA
Name of	Informant:		Address: APT BLK 244 YISHUN 760244	N RING ROAD #04-1127 SINGAPORE
	/ ID No.: D / S81333	18A	Contact No.: Home/Office:	Mobile: 87205030
National	ity: ORE CITIZ	ĽΕΝ	Email:	
Sex: Male	Age:	Date of Birth: 08/10/1981	Type of Informant: Driver	

Driving Licence Information:

Vide Report No.:

Language:

Class: 2B,3

English

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 05/07/2017 19:55	Type of Location Straight Road
	EXPRESSWAY NGI AIRPORT, TOWARDS	TPE/SLE Road Surface:		Road Speed Limit:
Clear	y, [1]	Ory		80 Km/h
Traffic Flow: One Way	0.00	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis				Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SH8778U	TAXI	HYUNDAI	SONATA	Blue	Seriously Damaged	1000
SLF7137U	Car	KIA	K3	Silver	Slightly Damaged	0
SLK3914T	Car	MAZDA	MAZDA 3	Black	Seriously Damaged	0.3411





2 of 4

Report No. T/20170705/2206

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE

Tel No: 1800-4880999

CONTINUATION OF REPORT

anv Pedestrian in	volved: No				
No. of Pedestrian	s Injured: NIL	Use of Pede	estrian	Cross	ing: NA
57 A 15 S 15 K 25	THE TAX PROPERTY AND PARTY OF		2100	新兴造	
Name	AZMAN BIN MASKOR		ID No.		S6920458I
			Contac	ot No	68818097
Related Vehicle	SH8778U (TAXI)		Conta	CL INO.	00010031
Hospital/Clinic	NIL		Class	of	Class: NIL
1 TOSPITATO III TIO			Driving		Date of Expiry: NIL
	•		Licenc	14-31-75-67-7	
			Expiry	-	
Date Treatment	NIL	Date Disch		NIL	
No. of Days grant	ed Medical Leave NIL	Degree of I	Injury	Serio	us
	A STATE OF S			A CONTRACTOR	22222442
Name	CHAN IT KEONG		ID No.		S2003140I
Related Vehicle	SLK3914T (Car)		Contact No.		97439322
			Class	of	Class: NIL
Hospital/Clinic	NIL		Driving		Date of Expiry: NIL
			Licenc	-	Date of Empiry
			Expiry		
Date Treatment	NIL	Date Disch		NIL	
No of Dave gran	ted Medical Leave NIL	Degree of			
Driver	ted Medical Education 1442		2424	ES RACIS	建设建筑等
Name	MOHAMED ADHA BIN ABU E	BAKAR	ID No		S8133318A
Related Vehicle	NIL		Conta	ct No.	87205030
Related Verilicie	TVIC		0.2223000	100000000000000000000000000000000000000	
Hospital/Clinic	NIL		Class		Class: 2B,3
	11.5 very least		Drivin		Date of Expiry: NIL
			Licen	ce & / Date	
Date Treatment	NIL	Date Disch		NIL	
No. of Days gran		Degree of		NIL	

Brief Details.

On the 05.07.2017 at about 1955hrs, I was travelling in my car SLF7137U, Kia/Silver, along PIE after Changi Airport, heading along the expressway before TPE/SLE. As I was still along PIE, I was on the first lane and I saw that the car infront of me had slow down and stopped to give way to another car that was seen switching lane from the right side onto our lane. I slow down and stopped my car behind the said car. There was a taxi behind me, SH8778U, Hyundai/Blue, which also managed to slow down and stopped. However, the car that came behind the taxi, SLK3914T, Mazda/Black, could not stopped his car in time and collided onto the taxi. The collision caused the taxi to came forward and hit onto my car as well. As a results, the bumper of my car was dented, the boot was damaged with scratches at the rear





3 of 4

Report No. T/20170705/2206

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE CONTINUATION OF REPORT 556129

Tel No: 1800-4880999

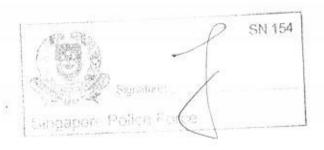
area.

After the accident, I alighted from my car and approached the taxi. The driver was still inside his taxi and complained of pain at the left shoulder area and left hand was numb & stiff. I called the police to report the case. I assisted the taxi driver to find his spectacles that flew off and it was eventually located by his passenger who was sitting at the front seat. The taxi passenger had some slight pain at the leg but he was not conveyed to the hospital by the ambulance which came subsequently. The taxi driver was the one sent to the hospital. The taxi was damaged quite badly both at the front and rear portions with serious dents and the exhaust also dropped down.

For the 3rd car, SLK3914T, it was driven by a uber driver. He had a passenger sitting at the front seat. There was a 2nd ambulance that had arrived and conveyed the uber passenger to the hospital as well. The uber driver was not conveyed to the hospital as he said that he was okay. The uber car was

badly damaged at the front portion.

Traffic police came to the scene and AETOS police also came down. The traffic police officer recorded down the details of the drivers and passengers at the scene. He gave me the reference police report number G/20170705/0197 and requested for me to lodge a traffic accident report. I am also using this report for claiming of insurance for the damages to my car and any related medical fees involved. That is all.







4 of 4

Report No. T/20170705/2206

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE CONTINUATION OF REPORT 556129

Tel No: 1800-4880999

Sketch Plan

Informant is not able to provide sketch plan

NII

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: F / Sr Staff Sgt LIM BENG CHOON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2017 23:55
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	SN 154
Authentication Stamp NP168 Signature: NP168	

POLICE DEPARTMENT

OFFICE NOTES

[20170705/197] IO: Rahim

Tele: 6547 6227

NP 364(94)



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8133318A

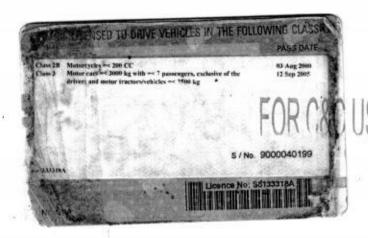


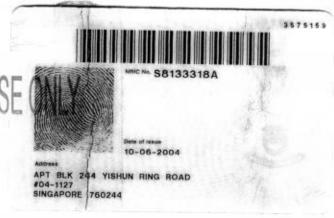


MOHAMED ADHA BIN ABU BAKAR

MALAY 08-10-1981

Country of birth





ATTN TO ANDON



CYCLE & CARRIAGE KIA PTE LIMITED. PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684567 Fax: 65651240

ESTIMATE

GST Reg No : MR-8500111-X

No : 199405410K	The second second second	Owner Name & Vehicle Info
Invoice Name & Address	Cust No/Name	LL000015/Lion City Rentals Pte Ltd
Lion City Rentals Pte Ltd	Reg No/Reg Date	Annual Annual Control of the Control
so Array Board	Date In/Mileage	
60 Anson Road Mapletree Anson Level 11-01	Chassis No	KNAFX411MH5665917
Singapore 079914	Engine No	G4FGGH657886
Contact No Mobile: 67420984	Make/Model	KIA/FORTE K3 1.6 A EX BRQ
Contact No Mobile: 07420304	Colour/Trim	4SS SILKY SILVER / WK SATURN BLACK

		D. J. China Deleted	CSE	Operator		WIP No		AND THE STATE OF
Account No	Terms	Date/Time Printed	USE	465 / Tay Jian Ye		11497		
CSM00081	Cash	07/07/2017/ 22:18	- / Camileon	403 / 103 2745	Qty	Unit Price	Disc%	Amount
		Description of Good	s / Services			-11	ω).	2200.00
E PNT88000	OFAD DU	MPER, TAILGATE, WELD	AND CUT EN	ND PANEL.			2000	300.00
					10510	- 1.	50.	200.00
E PNT88000	F AND RE	FIT REAR BOOT TRIM,	SIDE FENDER	R TRIM TO FACILIATE F	OR			
REPAIR	L AND RE	3 11 11000				-1	260.	/ 1680.00
- DUTODOOD						. 1	209	1570700000
PAINT WO	RK SPRAY	REAR BUMPER, TAILGA	TE , END P	ANEL			1	-60.00
v E1000000								
CHECK WI	RING AND	CHASSIS ELECTRICAL	SYSTEM					✓ 200.00
A 10028901	10101E-11-11	OUE OF TICTIO	UT SCAN_DD	MITEST	m			
TO CARRY	OUT DI	AGNOSTIC CHECK USING	HI-3CANTER		ite			
USING HI	-SCAN P	RO IEST	27	11100121		1	- 1	
M SUNDRY	DODY SE	ALANT ON AFFECTED POP	NOPTE		66	フ	- 1	_ 100.00
M SUNDRY	DOD! 3L	ALART OR MITGOLD		THE REPORT OF THE PARTY OF THE				100.00
TO APPLY	ANTI C	OROSSION ON AFFETCED	PORTION					50.00
M SUNDRY	1,000,000							
TO SUPPI	Y C & C	LOG0					- 1	- 220.0
M SUNDRY							- 1	
TO SUPP	LY PARKI	NG SENSOR						4050.0
M SUNDRY				- In-				. 55
SUNDRIE		29201		dis	1.00	-120.0		120.0
M STAY-RR	BUMPER	LH		de	7 1.00	-120.0	00.00	120.0
M STAY-RR	BUMPER	RH		K	1.00	P313.0	00.00	VOX 313.0
M BEAM-RR		e.		٨٥	el 1.00	668.0	0 00.00	- 668.0
M COVER-R	R BUMPER	(d	011.00		0 00.00	- 347.0
M COVER-R	R BUMPE	K,CIK		O	1.00	× 68.0	0 00.00	68.0
M HINGE A	SSY-TRU	NK LID,RH		a di	1.00	✓ 68.0	00.00	68.0
M HINGE A	SSY-TRU	NK LID,LH		1	1.00	_ 1073.0	00.00	/1073.0
M PANEL A	SSY-TRU	NK LID			0 1.00	× 112.0	00.00	Te. 112.0
M LATCH A	ASSY-TRU	NK LID			D 1.00	? 274.0	00.00	× 274.0
M PANEL A	ASSY-BAC	K			9vc1.00		00.00	58.0
	RANSVERS	E DD			200		name and appropriate	

Confirm & accepted by

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.

Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewin the rubber seal or other repair requiring the removal of the windscreen.

ATTN TO ANC



CYCLE & CARRIAGE KIA PTE LIMITED. PANDAN GARDENS CUSTOMER SERVICE CENTRE



581.00

8,881.00

8300.00

Total Payable

7% GST on

209 Pandan Gardens Singapore 609339 Tel: 65684567 Fax: 65651240

ESTIMATE

GST Reg No : MR-8500111-X

: 199405410K		Owner Name & Vehicle Info		
Invoice Name & Address	Cust No/Name	LL000015/Lion City Rentals Pte Ltd		
Lion City Rentals Pte Ltd	Reg No/Reg Date	SLF7137U / 06/09/201		
so Asses Boad	Date In/Mileage			
60 Anson Road Mapletree Anson Level 11-01	Chassis No	KNAFX411MH5665917		
Singapore 079914	Engine No	G4FGGH657886		
	Make/Model	KIA/FORTE K3 1.6 A EX BRQ		
Contact No Mobile: 67420984	Colour/Trim	4SS SILKY SILVER / WK SATURN BLACK		

* To resurvey before/after spray parming * 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:	00 he / 35.00 00 he / 37.00
Description of Goods / Services M. EMBLEM-CERATO M. LOGO ASSY-KIA SUB M. EMBLEM-FORTE M. EMBLEM-FORTE M. EMBLEM K3 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:	00 he 35.00 00 he 37.00 00 he 32.00
M EMBLEM-CERATO M LOGO ASSY-KIA SUB M EMBLEM-FORTE M EMBLEM-FORTE M EMBLEM K3 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:	00 her 37.00
187 trues	
The Authorn France print plato SURVEYOR NAME: SURVEYOR SIGNATURE: DATE: REMARKS:	725

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.

Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered any additional parts or labour which may be required after repair work has commenced, uccasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the removal of the windscreen. the rubber seal or other repair requiring the removal of the windscreen. Page 2 of 2



Material Labour	:\$ 2,745.00 :\$ 3,080.00	
	:\$ 5,825.00	- 10k
Less 2% Disc		
Less Excess		
	:\$ 5,825.00	-
GST 7%		1
Grand Total	:\$ 6,232.75	
/	CK WITHIN 7 DAYS,	ING



CYCLE & CARRIAGE KIA PTE LTD PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684567 Fax: 65651240

PRO-FORMA INVOICE

THIS IS NOT AN OFFICIAL TAX INVOICE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner	Name & Vehicle Info
Ways Earness City - The Washington Co. Co., St.	Cust No/Name LL000015	/Lion City Rentals Pte Ltd
First Capital Insurance Ltd	Reg No/Reg Date SLF7137U	/ 06/09/2016
Motor Claims Department	Date In/Mileage 12/07/20	
36 Robinson Road #16-01	Chassis/Package KNAFX41	1МН5665917
City House	Engine No G4FGGH65	57886
Singapore 068877 Contact No 65073848	Make/Model KIA/FOR	TE K3 1.6 A EX BRQ
11/07/		KY SILVER / WK SATURN BLACK

Account No Term	The state of the s		Operator 884 / Lauro Songcuar	ONE THE PROPERTY OF THE	WIP No 11497	
LFX00038 Credi		10:43 TLT of Goods / Services	884 / Lauro Songcuar		Unit Price Disc%	Amount
4 54000000	Description	or Goods / Services	CONTRACTOR SERVICES	a series	2109410328000028000	60.00
A 54900099	ND CHASSIS ELEC	TRICAL SYSTEM				
M SUNDRY	UD PUUDOTO FFFF	INTERE STOTES			1	/100.00
	ANT ON AFFECTED	PORTION .			i	
M SUNDRY						/100.00
APPLY ANTI COR	OSSION ON AFFEC	TED PORTION			1	50.00
M SUNDRY	¥				1	30.00
SUPPLY C & C L	0G0				1	/40.00
M SUNDRY	James	· ·				/
SUNDRIES		mai	I a papa	201		/220.00
S SPECIALISTJOB SUPPLY REVERSE	SENSOR (KIA K3	(455)())	FORM	11117	The state of the s	
S SPECIALISTION	SCHOOL INTO	1		n n	Mary Sand	~1100.00
RENEW REAR BUM	PER. TAILGATE		3 (305)			
S SPECIALISTJOB						150.00
REMOVE AND REF	IT REAR BOOT TR	IM, SIDE FENDER TR	IM TO FACILITATE REPA	IR		1260.00
S SPECIALISTJOB						1200.00
		GATE , END PANEL		1.00	120.00 00.00	120.00
X STAY-RR BUMPER				1.00	120.00 00.00	120.00
X STAY-RR BUMPER X BEAM-RR BUMPER				1.00	313.00 00.00	313.00
X COVER-RR BUMPE				1.00	668.00 00.00	668.00
X. COVER-RR BUMPE				1.00	347.00 00.00	347.00
X PANEL ASSY-TRU				1.00	1073.00 00.00	1073.00
X EMBLEM-CERATO				1.00	35.00 00.00	35.0
X LOGO ASSY-KIA	SUB -			1.00	37.00 00.00	37.0
X EMBLEM-FORTE -	Mary .			1.00	32.00 00.00	32.0
Z TEXT					1	
TP FIRST CAPIT						
DOA: 05.07.201	501					
SURVEYOR: MA I	11.07.2017					
4 UATS						
	"Guarantee you	r warranty, mainta	in with Cycle & Carri	age."		
Parts		2.745.00		10000000	Nett	5,825.0
Labour		60.00	73	GST on	5825.00	407.7
Standard Menu		0.00			Miles and a series of the seri	
Specialist Job		2,730.00		To	otal Payable	6,232.7
Diagnostics Job	S.	0.00				
Sundry/Others		290.00				
Total (w/o GST)		5,825.00				

This is not an official tax invoice. This is a computer generated document, no signature is required.

Janice Lee (LKKAuto)

From:

Lauro Araos Songcuan Jr < lauro.songcuan@cyclecarriage.com.sg>

Sent:

Friday, November 17, 2017 7:48 PM

To:

SUR; Admin A

Cc:

Tay Jian Ye; Loi Ai Ting SLF7137U (KIA) - FINALISE

Subject:

Attachments:

[Untitled].pdf; CIMG6815.JPG; CIMG6816.JPG; CIMG6817.JPG; CIMG6818.JPG;

CIMG6819.JPG; CIMG6820.JPG; CIMG6821.JPG

Dear Sir/Madam,

Pls. refer to attached files and photos.

Kindly confirm finalised amount of \$ 5,825.00 before Gst for SLF7137U.

Thank you so much.

Best regards, Larry Songcuan Cycle & Carriage Pandan Gardens

Tel. # 6568 4554

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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/FCI17013433/M1rbe2

36 PORINSON ROAD

D-1- 08 12 2017

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Ш	Ш	Ш	Ш	Ш	Ш	Ш	Ш	Ш

6 R	OBINSON ROAD 01 CITY HOUSESI	NGAPORE 068877	Date: 08-12-2017	
			Code: FCI2	
١.		Policy Particula	ars :- THIRD PARTY CLA	COULT IN THE COURT IN THE
	Insured Veh.	SH 8778U	Veh. Inspected	SLF 7137U
	Policy No.	D-15072701MFSH	Coverage (\$)	0.00
	Claim No.	D17006758MFSH	Excess (\$)	0.00
	Assign From	MAY CHUA	Assign Date	11/07/2017
2.		Vehicle P	articulars & Condition	
	Make & Model	KIA FORTE K3	c.c	1591
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	KNAFX411MH5665917	Colour	SILVER
	Odometer	52138	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Cor	nditions of Tyres	
MARKE STATE		Size	Make	Balance
	R/H Front Tyre	205/55 R16	NEXEN	8 mm
	L/H Front Tyre	205/55 R16	NEXEN	8 mm
	R/H Rear Tyre	205/55 R16	NEXEN	8 mm
	L/H Rear Tyre	205/55 R16	NEXEN	8 mm
4.		The second secon	ription of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE	E REAR PORTION.	
	DAMAGES SEE D	DETAILS.		
5.		Ger	neral Information	
	Accident Date	05/07/2017	Inspection Date	11/07/2017
	Survey held at	CYCLE & CARRIAGE KIA	PTE LTD	
	10.5%	209 PANDAN GARDENS SINGAPORE 609339		
5a.			Remarks	
	A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A ICE TO YOUR INSTRUCTION	IS, WE HAVE NOT AUTHOR	ISIS. ISED REPAIRS.
5b.			nate Days of Repair	
	ESTIMATED NOF	RMAL PERIOD FOR REPAIR:	4 Working Da	ays



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLF 7137U

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	SUNDRIES (SN)	NECESSARY	50.00	40.00
- 1	STAY-RR BUMPER LH (SN)	DISTORTED	120.00	120.00
1	STAY-RR BUMPER RH (SN)	DISTORTED	120.00	120.00
1	BEAM-RR BUMPER (SN)	BENT	313.00	313.00
1	COVER-RR BUMPER (SN)	DEFORMED	668.00	668.00
	COVER-RR BUMPER, CTR (SN)	DEFORMED	347.00	347.00
1	HINGE ASSY-TRUNK LID, RH (SN)	TO REPAIR SEE LABOUR	68.00	-
1	HINGE ASSY-TRUNK LID, LH (SN)	TO REPAIR SEE LABOUR	68.00	
1	PANEL ASSY-TRUNK LID (SN)	BENT	1,073.00	1,073.00
1	LATCH ASSY-TRUNK LID (SN)	TO REPAIR SEE LABOUR	112.00	
1	PANEL ASSY-BACK (SN)	TO REPAIR SEE LABOUR	274.00	
1	TRIM-TRANSVERSE RR (SN)	SERVICEABLE	58.00	-
1	EMBLEM-CERATO (SN)	NECESSARY	35.00	35.00
1	LOGO ASSY-KIA SUB (SN)	NECESSARY	37.00	37.00
1	EMBLEM-FORTE (SN)	NECESSARY	32.00	32.00
1	EMBLEM K3 (SN)	SERVICEABLE	15.00	79
			3,390.00	2,785.00
	LABOUR			
	TO RENEW REAR BUMPER, TAILGATE, WELD AND CUT END PANEL. INCLUSIVE OF THE REPAIR OF HINGE ASSY -TRUNK LID, RH, HINGE ASSY-TRUNK LID, LH, LATCH ASSY-TRUNK LID AND PANEL ASSY-BACK.		2,200.00	1,100.00
	TO REMOVE AND REFIT BOOT TRIM, SIDE FENDER TRIM TO FACILITATE FOR REPAIR.		300.00	150.00
	PAINT WORK SPRAY REAR BUMPER, TAILGATE, END PANEL.		1,680.00	1,260.00
	CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM.		60.00	60.00
	TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST.	NOT NECESSARY	200.00	
	TO APPLY BODY SEALANT ON AFFECTED PORTION.		100.00	100.00

Report Ref No. CS/FCI17013433/M1rbe2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO APPLY ANTI COROSSION ON AFFECTED PORTION.		100.00	100.00
	TO SUPPLY C & C LOGO.		50.00	50.00
	TO SUPPLY PARKING SENSOR.		220.00	220.00
			4,910.00	3,040.00
	GRAND TOTAL		8,300.00	5,825.00

RECOMMENDED COST OF REPAIRS	5,825.00
-----------------------------	----------

Report Ref No. CS/FCI17013433/M1rbe2

MA CHIN FOOK

Automotive Assessor

XX.S.

ADRIAN LING WAI PING

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

Licensed Appraiser

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