

ASS. REC. BY:

REF:

CS/7CL17015834/Tlrber

Special Instruction:

Surveyor:

Toufikh

ASSIGNMENT (Office)From (Person): QWS Ang Yn Min of FIRST CAPITAL INSURANCE Date/Time: 16/8/2017 10:44am

Estimated Cost:

Bill to:

~~OD~~ ~~MP~~ ~~WS~~ / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLJ9697 KInsured: SHA8476Hat Workshop m/s TC AUTOCLINIC PTE LTDTel: 67038515/96450023of 25 LENG KEE ROAD

Policy No:

Claim No: D17007855MF8H

Sum Insured:

Excess:

Make of Veh:

D.O.A. 11/08/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS wp17082017 @ 2pm owner waiting

H.O.D. Endorsement:

Date/Time:

16082017 11am

Person Contacted:

ShawnVehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SLJ 9697K - x</u>
	<u>SHA 8476H - x</u>
	<u>Owner claim op</u>
	<u>Submit preli report.</u>

(08/11/13)

Surveyor: Tan JiaREF: FC1**ASSIGNMENT**From: _____ Date: 17082017

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLJ 9697Kat Workshop m/s TC Autoclinicof 25 Leng Kee Rd

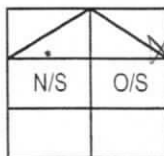
Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record) *

Make of Veh: Shawn.(Policy Condition) 2pmRemark: **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 WP**

Date: _____ Person Contacted: _____

Vehicle: **IN / OUT**Veh No: SLJ 9697KYr Regn: 2016 DecType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Qashqai c.c. 1192Colour Red A/C: **Insured / Std / NI / NA**Sp. Reading 6423 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: SJN FEA 31101798387Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: **F:** 215/60 R17**R:** ~**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /****TOYO / YOKO** or**Front**R/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

RearR/Bal. 6 mmL/Bal. 6 mmD.O.I. 17/8/17 2pmSurvey held at TC Leng KeeDes. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** orO/S Frt.The **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time - Action / Instruction

RECEIVED 30 AUG 2018

Date/Time, File Pass to?

1) Signat

Date/Time, File Return to?

2) _____

: **Preli. Report**: **Final Report**Days Of Repair: -Resurvey No. of Trip: -

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee: 135Transportation: 50

S + RS, SI

Photos 13

Others

TOTAL

Report Format: TPLump Sum / I.B.I: (\$ -)198



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/FCI17015854/rb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 16-08-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 8476H	Veh. Inspected	SLJ 9697K
Policy No.		Coverage (\$)	0.00
Claim No.	D17007855MFSH	Excess (\$)	0.00
Assign From	CWS (AUNG YIN MIN)	Assign Date	16/08/2017

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	11/08/2017	Inspection Date	17/08/2017
Survey held at	TC AUTOCLINIC PTE LTD 25 LENG KEE RD SINGAPORE 159097		

5a. Remarks

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

MOTOR SURVEY ASSIGNMENT

Date	14-08-2017	Our Ref No. D17007855MFSH
Accident Date	11-08-2017	Claim Type. Third Party
Insured Vehicle	SHA8476H	Third Party Vehicle. SLJ9697K
Survey Location	25 LENG KEE ROAD	
Contact Person.	SHAWN CHUA	
Contact No.	67038515/ 96450023	Fax No. 64795019
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	TC AUTOCLINIC PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	AUNGYM	

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/226862)



PRI Documents



Close



PRI Header Details

Claim No	D17007855MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & TC
Workshop Name	TC AUTOCLINIC PTE LTD (Contact Person : SHAWN CHUA)	Survey Location & Contact Details	25 LENG KEE ROAD Mobile: 96450023 , Phone: 67038515 , Fax: EmailId: SHAWNCHUA@TANCHONG.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA8476H	TP Vehicle No	SLJ969
PRI Recieved Date	15-08-2017 06:41:03 PM	Surveyor Appointed Date	16-08-2017 10:44:30 AM	Surveyor Accept Date	16-08-

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	16-08-2017	Upload Survey Report *:	<input type="text"/>
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Vehicle Particulars

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

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

Janice Lee (LKKAUTO)

From: Shawn Chua <shawnychua@tanchong.com>
Sent: Tuesday, August 07, 2018 12:49 PM
To: SUR
Subject: Withdrawal Of 3rd Party Claim Against SHA8476H

First Capital Ref: **D17007855MFSH**

Our Ref: **SLJ9697K**

Good afternoon.

Owner of **SLJ9697K** had decided to **withdraw** the **3rd party claim** against **SHA8476H** which was insured under **First Capital**.

She had decided to claim against her own policy & we will assist to recover any excess / loss of use incurred.

Regards,

Shawn Chua
Service Executive
TC AutoClinic Pte Ltd
25 Leng Kee Road
Singapore 159097
DID: +65 67038515
HP: +65 96450023
Fax: +65 64795019



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	11/08/2017 15:25
Date Of Accident	11/08/2017 11:45
Exact Location Of Accident	SOUTH BRIDGE RD BETWEEN CARPENTER ST & HONGKONG ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9697K
Insured/Policyholder	
Name Of Registered Owner	ANG LOO EE
NRIC No	S7208845Z
Email Address	JEN_ANG1303@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98235452
Alternative Phone No	OTHERS-98235452

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100496301-00000
Cover Note Number	30/12/2016 - 29/12/217

Driver

Name of Driver	ANG LOO EE
NRIC No	S7208845Z
Date Of Birth	13/03/1972
Occupation	INDOOR
Date Of Driving Pass	05/10/2006
Driving Experience	10 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98235452
Fax Number	
Contact Number	OTHERS-98235452
EEmail Address	JEN_ANG1303@YAHOO.COM.SG

Address	31 JALAN KATHI
Postcode	S468676
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 - CHANGE/CROSS LANE
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 attached sketch plan.

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	SHA8476H
Vehicle Make/Model/Colour	HYUNDAI YELLOW
Details Of Properties	
Name of Driver	MR SIM
NRIC/Passport Number	
Contact Number	93836001
Address	
Postcode	
Insurance Company Name	FIRST CAPITAL INSURANCE LTD
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

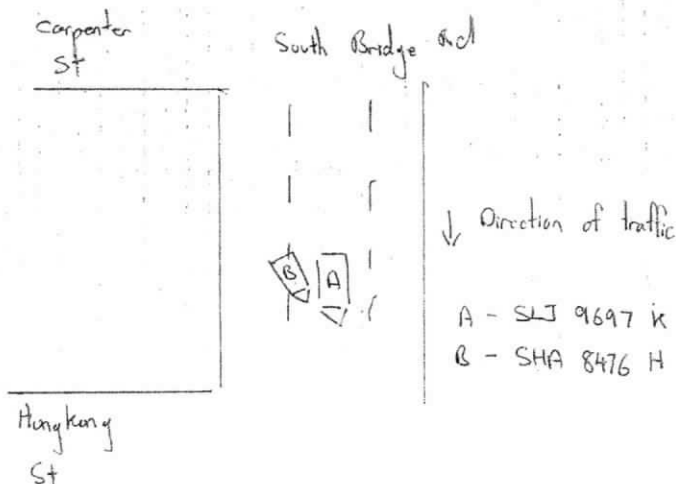
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Describe Circumstances of the Accident

My vehicle was at a stationary position along South Bridge Road waiting for the traffic to clear in front of my car.

Taxi number SHA8476H swerved into my lane and hit my vehicle on the driver side

Declaration

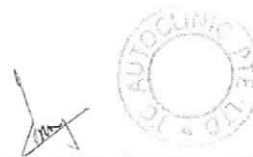
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel





HOTLINE TEL: (65) 6419 3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

NISSAN AUTO PROTECTOR

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

CERTIFICATE NO. 2100496301-00000

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SLJ9697K

2) NAME OF INSURED

Ang Loo Ee

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

30 Dec 2016

4) DATE OF EXPIRY OF INSURANCE

29 Dec 2017

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

SUBJECT TO AGE CONDITION :All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / NISSAN AUTHORISED REPAIRERS

1. Tan Chong Mtr - 913 Bl Timah Rd (T: 64694091/2/3) 2. Tan Chong Mtr - 17 Lor 8 Toa Payoh (T: 63570753/4)

3. TC AutoClinic - No 1 Sixth Lok Yang Rd (T: 62622212) 4. Autolution Industrial - 19 Ubi Rd 4 (T: 64909666)

5. TC AutoClinic - 25 Leng Kee Rd (T: 67038511/2/3)

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

6. ComfortDelgro Engrg - 205 Braddell Rd (T: 63837118) 7. DPS Body & Paint Workshop - 209 Pandan Gardens (T: 65684501)

8. Ethoz - 30 Bukit Batok Cres (T: 66547777) 9. Glass-Fix - 52 Ubi Ave 3 (T: 62780887) - For windscreen only

10. Kan Fook Sing Motor - 61 Defu Lane 12 (T: 67479560) 11. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (T: 64538110)

12. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 13. Progressive Automotive - 3022A Ubi Rd 1 (T: 67415336)

14. SME Motor - 1 Kaki Bukit Ave 6 Blk D (T: 67476106)

LOSS OF USE Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY HL Bank
/ EMPLOYER'S LOAN

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 6 Jan 2017

AIG Asia Pacific Insurance Pte. Ltd.

500610-551

TAN CHONG CREDIT PTE LTD - TKP

911 BUKIT TIMAH ROAD TAN CHONG MOTOR

CENTRE SINGAPORE 589622 ANSP-MOTOR

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCNFY.

Co. Reg. No. 201009404M

3FNO4102/13

REGISTERED 18 JUL 2017

Dear Sir/Madam,

PAYMENT ADVICE

We are pleased to forward our cheque for the payment of the indemnity /expense as shown in the table below.

The presentation of this cheque by the named payee(s) constitutes a full and final release of all claims for the item(s) as shown in the same table, without prejudice to any other discharge or release which the name payee(s) may have given to us.

Should you have any further queries, please do not hesitate to contact our call center at 6419 3000.

Yours faithfully,
CLAIMS MANAGER

This is a computer-generated advice and does not require signature.

CLAIM NO. (F)	POL HOLDER/CLAIMANT NAME/PAYEE REF/VEHICLE NO/INVOICE NO	
POLICY_NO	LOST DATE (DD/MM/YYYY)	AMOUNT
000055183(B)	CHAN CHING HAO/HUANG ZHICHENG DARREN/SLE533K//SLE533K/--	
2100458218	14/07/2016	9,545.15



Acknowledge Receipt
(Chop & Sign)



NOT NEGOTIABLE
A/C PAYEE ONLY

Date 07/07/17
DD / MM / YY

Cheque is valid before 07-Jan-18.

Pay **Optima Werkz Pte Ltd**

Singapore
Dollars

**Nine Thousand Five Hundred Forty Five and Fifteen
cents Only**

S\$ **9,545.15**

SECURA 3005289

DBS Bank Ltd

John Ngo (8827)

Johnny Ho (8670)

Cheque No.

Bank/Branch Code

Account No.

Please sign above this line

⑈ 7 ⑈ 3 5 0 2 6 9 ⑈ 7 1 7 1 ⑈ 0 0 3 ⑈ 0 0 3 9 1 7 0 3 2 7 ⑈

Bank Reference: 1707132182000006
Customer Reference: T000476521

Page 2 of 2

REGISTERED 21 JUL 2017

Dear Sir/Madam,

PAYMENT ADVICE

We are pleased to forward our cheque for the payment of the indemnity /expense as shown in the table below.

The presentation of this cheque by the named payee(s) constitutes a full and final release of all claims for the item(s) as shown in the same table, without prejudice to any other discharge or release which the name payee(s) may have given to us.

Should you have any further queries, please do not hesitate to contact our call center at 6419 3000.

Yours faithfully,
CLAIMS MANAGER

This is a computer-generated advice and does not require signature.

CLAIM NO. (F)	POL HOLDER/CLAIMANT NAME/PAYEE REF/VEHICLE NO/INVOICE NO	AMOUNT
POLICY NO	LOST DATE (DD/MM/YYYY)	
000062234 (A)	YONG MONG ENGINEERING CONSTRUCTION PTE LTD/KHUNG PENG S	
HAUN SEBASTIAN SIM/SJP3645S//SJP3645S/---		
2100461810	11/10/2016	4,870.50



Acknowledge Receipt
(Chop & Sign)



NOT NEGOTIABLE
A/C PAYEE ONLY

Date

13/07/17

DD / MM / YY

Cheque is valid before 13-Jan-18.

Pay **Optima Werkz Pte Ltd**

Singapore
Dollars

**Four Thousand Eight Hundred Seventy and Fifty cents
Only**

S\$ **4,870.50 **

DBS Bank Ltd

Cheque No.

Bank/Branch Code

Account No.

John Ngo (8827)

Johnny Ho (8670)

Please sign above this line

⑈ 7 ⑈ 3 5 0 9 3 9 ⑈ 7 1 7 ⑈ 0 0 3 ⑈ 0 0 3 9 ⑈ 7 0 3 2 7 ⑈

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE
CONTACT NO : 67038511
REFERENCE : 144/IC/TCAC/CCR/2017
DATE : 11-AUG-2017

FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSE
S(068877)
TEL : 65073848 / 68543466
FAX : 65073849
ATTN:MOTOR CLAIM MANAGER(MARY 68543461)

OWNER'S NAME : MISS ANG LOO EE
ADDRESS : 31 JALAN KATHI

TELEPHONE NO : S(468676)
: 98235452

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 2100496301-00000
VEHICLE NO : SLJ9697K
MODEL CODE : FRLAR8ZJ11UEA--A--
MODEL/YEAR : NISSAN QASHQAI 1.2 MY2014
ENGINE NO : HRA2341980A
CHASSIS NO : SJNFEAJ11U1798387
MILEAGE : 6142 KM
DATE IN : 11/08/2017
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : SHAWN CHUA CHU RONG
ACCIDENT DATE : 11/08/2017

**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:

Taufik 97495749
'WP'
17/8/17 @ 2pm
Sur @ lkkauto.com.
4days.
#Resurvey before paint

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SLJ9697K

S/NO JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1 RPI	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	120.00	✓
2 SEALI	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	100.00	✓
3 ZZ/001	RENEW FRONT RIGHT FENDER & TRIM, FRONT RIGHT DOOR & TAPES ETC	1170.00	390 780
4 ZZ/002	RESPRAY FRONT FENDER, FRONT RIGHT DOOR	750.00	250 500
5 ZZ/003	POLISH & WAX VEHICLE, VACUUM INTERIOR, SHINE ALL TYRES	120.00	✓
6 ZZ/004	QC, RETUNE & CONSULT CHECK		
	TOTAL LABOUR CHARGES	2260.00	

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SLJ9697K

		DAMAGED PARTS & PRICES		
S/NO	PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST S/NETT REMARKS
1	FENDER TRIM	63810-4EA0A		541.40 <i>ant</i>
2	EXTERIOR DOOR LOWER MOULDING	80870-4EA0A	309.70	<i>h</i> ✓
3	DOOR TOP MOULDING	80282-4EA1A	96.40	?
4	DOOR CENTRE MOULDING	80820-4EA0A	180.80	?
5	DOOR B-PILLAR TAPE	80812-4EA0A	30.10	<i>neu</i>
6	FRONT RIGHT DOOR	H0100-4EAAA		1342.00 <i>bf</i>
7	FRONT RIGHT FENDER	F3100-4EAMB		677.10 <i>bt</i>
SUB TOTAL			617.00	2560.50 0.00
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)			123.40	768.15 0.00
GRAND TOTAL			493.60	1792.35 0.00
OVERALL TOTAL			2285.95	

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SLJ9697K

TOTAL LABOUR CHARGES	2260.00
TOTAL SPARE PARTS CHARGES	2285.95

GRAND TOTAL	4545.95 *

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME	:	
SURVEYED DATE	:	
AUTHORIZED DATE	:	
EXCESS CLAUSE	:	0.00
LIABILITY	:	0.00
REMARKS	:	

PLS NOTE : This estimate is based on visual inspection of the
affected vehicle. Should we require further labour
charges & spare parts in the process of repairs, we
shall inform you accordingly.




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/FCI17015854/T1rbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 30-08-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 8476H	Veh. Inspected	SLJ 9697K	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17007855MFSH	Excess (\$)	0.00	
Assign From	AUNG YIN MIN	Assign Date	16/08/2017	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN QASHQAI	c.c	1197	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	SJNFEAJ11U1798387	Colour	RED	
Odometer	6423	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R17	GOODYEAR	6 mm	
L/H Front Tyre	215/60 R17	GOODYEAR	6 mm	
R/H Rear Tyre	215/60 R17	GOODYEAR	6 mm	
L/H Rear Tyre	215/60 R17	GOODYEAR	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	11/08/2017	Inspection Date	17/08/2017	
Survey held at	TC AUTOCLINIC PTE LTD 25 LENG KEE RD SINGAPORE 159097			
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:		4 Working Days		

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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLJ 9697K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FENDER TRIM	CUT	541.40	541.40
1	FRONT RIGHT DOOR	BENT	1,342.00	1,342.00
1	FRONT RIGHT FENDER	BENT	677.10	677.10
	LESS 30% DISCOUNT		-768.15	-768.15
			1,792.35	1,792.35
<u>NETT ITEMS</u>				
1	EXTERIOR DOOR LOWER MOULDING (N)	TORN	309.70	309.70
1	DOOR TOP MOULDING (N)	* CHECK	96.40	-
1	DOOR CENTRE MOULDING (N)	* CHECK	180.80	-
1	DOOR B-PILLAR TAPE (N)	NECESSARY	30.10	30.10
	LESS 20% DISCOUNT		-123.40	-67.96
			493.60	271.84
<u>LABOUR</u>				
	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL.		120.00	120.00
	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA.		100.00	100.00
	RENEW FRONT RIGHT FENDER & TRIM, FRONT RIGHT DOOR & TAPES ETC.		1,170.00	780.00
	RESPRAY FRONT FENDER, FRONT RIGHT DOOR.		750.00	500.00
	POLISH & WAX VEHICLE, VACUUM INTERIOR, SHINE ALL TYRES.		120.00	120.00
			2,260.00	1,620.00
GRAND TOTAL			4,545.95	3,684.19
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$221.76 NETT)				3,684.19

Report Ref No. CS/FCI17015854/T1rbe2

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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