

22/03/2002

ASS. REC. BY:

REF: CS/FCI17016883/T1462

Special Instruction:

Surveyor

CWS

Tauhidh

ASSIGNMENT (Office)

From (Person):

Joanny Ong

of

FCI

Date/Time:

30/8/17 4.06pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKC 270R

Insured:

SHA 2267J

at Workshop m/s

MOVA

Tel:

G272 3892

of

Blk 1008 Bukit Meruh Lane 3 # 01-04

Policy No:

Claim No:

D17008299 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

25/08/17

CA / REV / REP. / REV 24 HRS

'wp'

27.09.2017

@ 3pm owner waiting

H.O.D. Endorsement:

Date/Time:

30/08/17 4.20pm

Person Contacted:

SU ann

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SKC 270R - X

SHA 2267J - NS / INC 16024196 / H1 vln 2


D.O.A: 17/10/16

Submit Preli Report





**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/FCI17016883/T11b	
36 ROBINSON ROAD #16-01 CITY HOUSES SINGAPORE 068877		Date : 30-08-2017	
		Code : FCI2	
<b>1. Policy Particulars - THIRD PARTY CLAIM</b>			
Insured Veh.	SHA 2267J	Veh. Inspected	SKC 270R
Policy No.		Coverage (\$)	0.00
Claim No.	D17008299MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	Assign Date	30/08/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	25/08/2017	Inspection Date	
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722		
<b>5a. Remarks</b>			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

# First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C

GST Reg. No. M2-0001676-9

## MOTOR SURVEY ASSIGNMENT

<b>Date</b>	28-08-2017	<b>Our Ref No.</b> D17008299MFSH
<b>Accident Date</b>	25-08-2017	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHA2267J	<b>Third Party Vehicle.</b> SKC270R
<b>Survey Location</b>	BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08	
<b>Contact Person.</b>	ERIC KI	
<b>Contact No.</b>	62723892/ 0	<b>Fax No.</b> 62721527
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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

<b>Cc : Workshop</b>	MOVA AUTOMOTIVE PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	JOANNEY	

## 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/227389)



PRI Documents



Close



## PRI Header Details

<b>Claim No</b>	D17008299MFSH	<b>Policy No</b>	D-15072701MFSH	<b>Claimant S.No &amp; Name</b>	1 & MOVA AUT
<b>Workshop Name</b>	MOVA AUTOMOTIVE PTE LTD (Contact Person : ERIC KI)	<b>Survey Location &amp; Contact Details</b>	BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08 <b>Mobile:</b> 0 , <b>Phone:</b> 62723892 , <b>Fax:</b> 62721527 <b>EmailId:</b> ERIC@MOVA.COM.SG		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE:		
<b>Insured Name</b>	COMFORT TRANSPORTATION PTE LTD	<b>Insured Vehicle No</b>	SHA2267J	<b>TP Vehicle No</b>	SKC270R
<b>PRI Recieved Date</b>	29-08-2017 08:13:32 PM	<b>Surveyor Appointed Date</b>	30-08-2017 04:06:52 PM	<b>Surveyor Accept Date</b>	30-08-2017 0

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>		<b>Surveyor Report Date</b>	30-08-2017	<b>Upload Survey Report *:</b>	<input type="button" value="Choose File"/>
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## Vehicle Particulars

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

## Multiple Documents Upload

<input type="button" value="Upload Multiple Documents"/>	
<b>File Name</b>	<b>Action</b>

## Surveyor Job Remarks

<b>Remarks</b>	<input type="text"/>	<input type="button" value="Save"/>
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**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

29/08/2017

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

Attention :- **XA026**

Page # :- 1

Veh # :- SKC270R

Veh Model :- FIAT PUNTO EVO 1.4A DYNAMIC

Estimate# :- CK416326

Claim # :-

ACC. Date :- 25/08/17

Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
<b>LIST ITEMS :</b>				
1.	REAR DOOR RH	1 PC	1,164.00	1,164.00
2.	REAR MUDFLAP RH	1 PC	117.00	117.00
3.	REAR FENDER RH	1 PC	1,171.00	1,171.00
4.	REAR BUMPER - REPAIR	1 PC		
5.	FRONT DOOR RH - REPAIR	1 PC		
LIST TOTAL S\$				2,452.00
10% DISCOUNT S\$				-245.20
				2,206.80
<b>SPECIAL NET ITEMS :</b>				
1.	REAR ALLOY WHEEL RH	1 PC	450.00	450.00
SPECIAL NET TOTAL S\$				450.00
<b>LABOUR :</b>				
TO CUT/WELD REAR DENDER RH. TO REPAIR FRONT DOOR RH, REAR BUMPER, REMOVE AND REFIX DAMAGED PARTS. STRAIGHTEN AND REALIGN AFFECTED AREA				840.00
TO SPRAY AFFECTED AREA				1,100.00
TO REMOVE AND REFIX DOOR MECHANISM. CHECK & TEST POWER WINDOW MOTOR AND CENTRE LOCKING SYSTEM				60.00
TO REMOVE AND REFIX REAR CUSHION BACK REST AND OTHER ATTACHMENT PARTS				80.00
TO CHECK WHEEL ALIGNMENT				100.00
TO RUST PROOF AFFECTED AREA				60.00
LABOUR TOTAL S\$				2,240.00

**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 litigation/claim(s) is allowed
- All damaged parts must be resurveyed and approved by the Insurance Company

Approved:  
Signature:

Tan Guan 97495749  
WP  
27/9/17 R1515  
Resurvey after repair  
6 days  
Lump sum

# Estimate

29/08/2017

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

Attention :- **XA026**

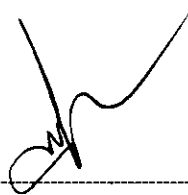
Page # :- 1 129227  
Veh # :- SKC270R  
Veh Model :- FIAT PUNTO EVO 1.4A DYNAMIC  
Estimate# :- CK416326  
Claim # :-  
ACC. Date :- 25/08/17  
Terms :- C.O.D Days  
Remarks :-

**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

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

E. & O.E



NON-TAX AMOUNT S	
AMOUNT S\$	4,896.80
GST @ 7 %	342.78
AMOUNT DUE S\$	5,239.58

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

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	25/08/2017 19:48
Date Of Accident	25/08/2017 14:30
Exact Location Of Accident	ALONG QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC270R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG SHEI REN
NRIC No	S7529513H
Email Address	SHEI_REN@LIVE.CO.UK
Mobile Phone No	(LOCAL) +65-91268338
Alternative Phone No	OFFICE-91268338

### Vehicle Particulars

Manufacturer	FIAT
Model	PUNTO EVO 1.4A DYNAMIC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10611158
Cover Note Number	N.A.

### Driver

Name of Driver	ONG SHEI REN
NRIC No	S7529513H
Date Of Birth	21/09/1975
Occupation	INDOOR
Date Of Driving Pass	13/03/1996
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91268338
Fax Number	
Contact Number	OFFICE-91268338
Email Address	SHEI_REN@LIVE.CO.UK



Address  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - 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

I (SKC0270R) WAS DRIVING ALONG QUEENSWAY ON THE THIRD LANE, COMING TO A STOP ON A TRAFFIC LIGHT AHEAD WHEN A TAXI (SHA2267J) FROM THE SECOND LANE ON MY RIGHT, SUDDENLY CUT INTO MY LANE. THE FRONT LEFT SIDE OF THE TAXI MAKE CONTACT WITH THE REAR RIGHT SIDE OF MY CAR. NO INJURIES INVOLVED.

#### 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 SHA2267J  
 Vehicle Make/Model/Colour HYUNDAI/ SONATA/ BLUE  
 Details Of Properties NA  
 Name of Driver UNKNOWN  
 NRIC/Passport Number  
 Contact Number 90618623  
 Address NA  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address

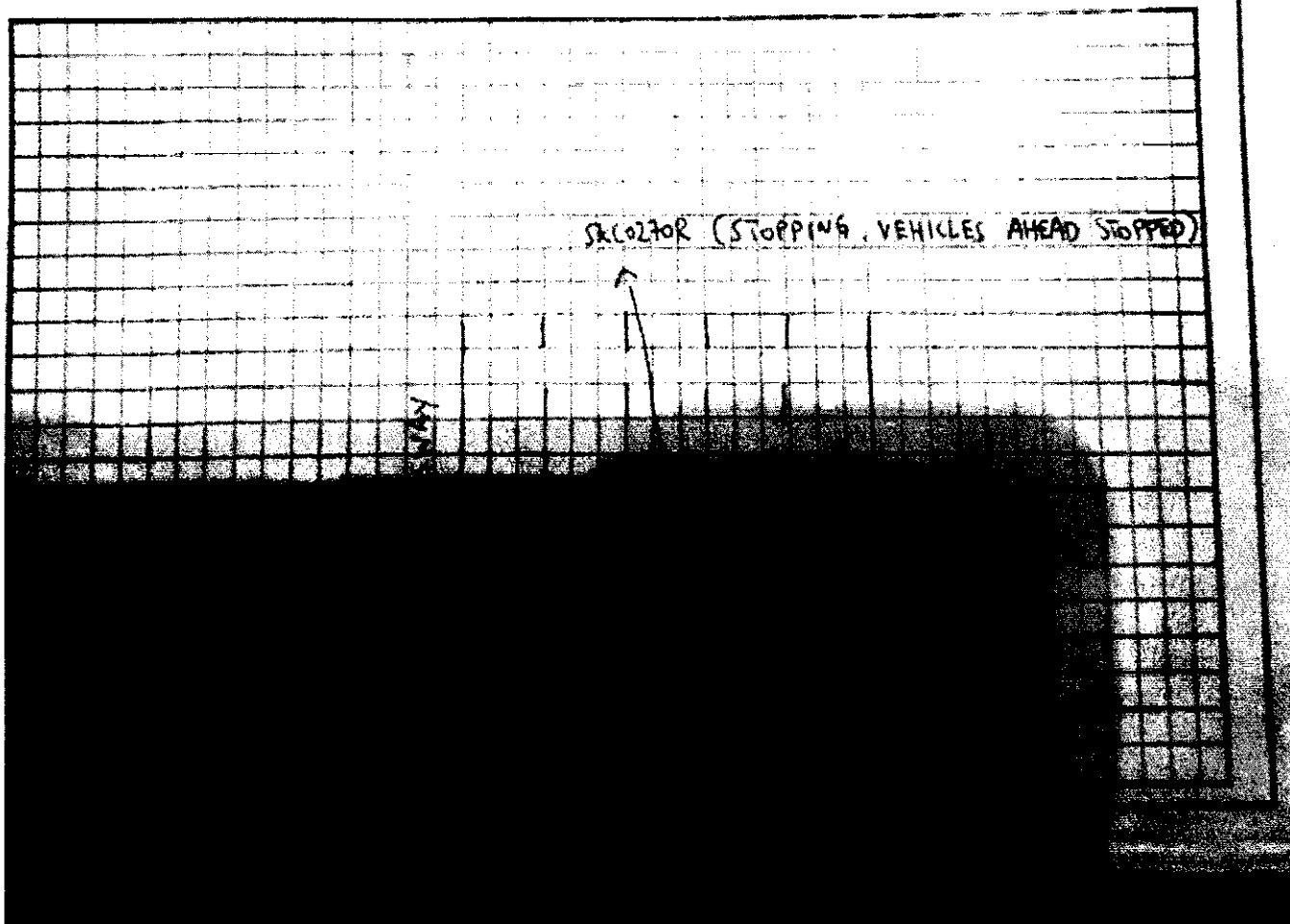
### Sketch Plan

- [illegible]

1. **NAME:** JAMES EARL RAY  
2. **DATE:** 10/10/68  
3. **TIME:** 10:00 AM  
4. **LOCATION:** 341  
5. **REMARKS:** 341  
6. **REPORTING OFFICER:** 341  
7. **REMARKS:** 341

*[Faint, illegible text from bleed-through]*

### Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I (SKC0270R) WAS DRIVING ALONG QUEENSWAY ON THE THIRD LANE, COMING TO A STOP ON A TRAFFIC LIGHT AHEAD WHEN A TAXI (SHA2267J) FROM THE SECOND LANE ON MY RIGHT, SUDDENLY CUT INTO MY LANE. THE FRONT LEFT SIDE OF THE TAXI MAKE CONTACT WITH THE REAR RIGHT SIDE OF MY CAR. NO INJURIES INVOLVED.

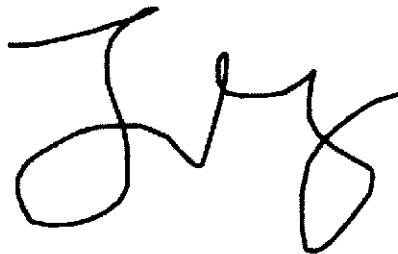
Taxi Voucher No.

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

25 August 2017 at 5:40 PM

Date/Time

25 August 2017 at 5:40 PM



## 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/FCI17016883/T1tbe2

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 19-03-2018



Code : FCI2

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 2267J	Veh. Inspected	SKC 270R
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17008299MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	30/08/2017

### 2. Vehicle Particulars & Condition

Make & Model	FIAT PUNTO EVO	c.c	1368
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	ZFA19900001623224	Colour	GREY
Odometer	80691	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	185/65 R15	FALKEN	6 mm
L/H Front Tyre	185/65 R15	FALKEN	6 mm
R/H Rear Tyre	185/65 R15	FALKEN	6 mm
L/H Rear Tyre	185/65 R15	FALKEN	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
--

### 5. General Information

Accident Date	25/08/2017	Inspection Date	27/09/2017
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	6 Working Days
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# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKC 270R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR DOOR RH	BENT	1,164.00	1,164.00
1	REAR MUDFLAP RH	CUT	117.00	117.00
1	REAR FENDER RH	TO REPAIR SEE LABOUR	1,171.00	-
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT DOOR RH (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 10% DISCOUNT		-245.20	-128.10
			2,206.80	1,152.90
<b>SPECIAL NETT ITEMS</b>				
1	REAR ALLOY WHEEL RH (SN)	CUT	450.00	350.00
			450.00	350.00
<b>LABOUR</b>				
	TO CUT / WELD REAR FENDER RH. TO REPAIR FRONT DOOR RH, REAR BUMPER, REMOVE AND REFIX DAMAGED PARTS. STRAIGHTEN AND REALIGN AFFECTED AREA. INCLUSIVE OF THE REPAIR OF REAR FENDER RH, REAR BUMPER AND FRONT DOOR RH.		840.00	800.00
	TO SPRAY AFFECTED AREA.		1,100.00	900.00
	TO REMOVE AND REFIX DOOR MECHANISM. CHECK & TEST POWER WINDOW MOTOR AND CENTRE LOCKING SYSTEM.		60.00	40.00
	TO REMOVE AND REFIX REAR CUSHION BACK REST AND OTHER ATTACHMENT PARTS.		80.00	40.00
	TO CHECK WHEEL ALIGNMENT.		100.00	80.00
	TO RUST PROOF AFFECTED AREA.		60.00	40.00
			-	-
			-	-
			2,240.00	1,900.00
<b>GRAND TOTAL</b>			<b>4,896.80</b>	<b>3,402.90</b>

<b>RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)</b>			<b>3,402.90</b>
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Report Ref No. CS/FC117016883/T1tbe2



Report Ref No. CS/FCI17016883/T1tbe2

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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