

Station

ASS. REC. BY:

REF:

CS/FCI 7019544 / TH bot

Special Instruction:

Signature

Tauhidh

ASSIGNMENT (Office)

From (Person):

May chua

of

FCI

Date/Time:

11/10/17 8:53am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLD 71413

Insured:

SHA 45704

at Workshop m/s

Cycle & Cerrage

Tel:

9144 9137

of

209 Pandan Gardens

Policy No:

Claim No:

D17009607MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record):

D.O.A

9/10/17

CA / REV / REP. / REV 24 HRS

up

16/10/17 @ After / pm

H.O.D. Endorsement

Date/Time:

11/10/17

9:20am

Person Contacted:

Andre

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SLD 71413 - PCB / KCR 17008031 / Uua3g2

SEA: 180417

SHA 45704 - PCB / FCI 13013521 / Kva3

DOA: 30513

17/10/17 @ 5:09 pm revised to May Chua by email.

Confirm plp \$2685/- (Labour) (Red: 6189 .69%)

Surveyor: Tayfun

REF: FCL

### ASSIGNMENT

From: \_\_\_\_\_ Date: 16-10-2017

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLD 71418

at Workshop m/s \_\_\_\_\_

of Cycle & Carriage  
209 Pandan Garden

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: Andre

(Policy Condition)

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

N/S	O/S

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLD 71418

Yr Regn: 2016 June

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

Truck / Trailer or

Make: Mitsubishi Attrage

c.c. 1193

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 70327 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MMBSTA134H4001691

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: \_\_\_\_\_

R: \_\_\_\_\_

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. 15/10/17 CTP

Survey held at (R) Pandan Garden

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

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

Date / Time : \_\_\_\_\_ Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1) 2017 TUPST

☐

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee:

☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech. Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

) S + RS. SI \_\_\_\_\_

) Photos \_\_\_\_\_

) Others \_\_\_\_\_

TOTAL

Report Format : TP

Lump Sum / I.B.I: (\$ 2675/-)

160
90
50
20
280




# 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/FCI17019544/T1tb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 11-10-2017	
		Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHA 4570U	Veh. Inspected	SLD 7141S
Policy No.		Coverage (\$)	0.00
Claim No.	D17009607MFSH	Excess (\$)	0.00
Assign From	CWS (MAY CHUA)	Assign Date	11/10/2017
<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	09/10/2017	Inspection Date	16/10/2017
Survey held at	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD 209 PANDAN GARDENS SINGAPORE 609339		
<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

Date	10-10-2017	Our Ref No. D17009607MFSH
Accident Date	09-10-2017	Claim Type. Third Party
Insured Vehicle	SHA4570U	Third Party Vehicle. SLD7141S
Survey Location	209 PANDAN GARDENS	
Contact Person.	ANDRE CHOW	
Contact No.	65684555/ 91449137	Fax No. 65691056
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD	Attention. NIL
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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/228998)



PRI Documents



Close



## PRI Header Details

Claim No	D17009607MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & CYCLE AN PTE LTD
Workshop Name	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD (Contact Person : ANDRE CHOW)	Survey Location & Contact Details	209 PANDAN GARDENS Mobile: 91449137 , Phone: 65684555 , Fax: 65691056 EmailId: ANDRE.CHOW@CYCLECARRIAGE.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM T		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA4570U	TP Vehicle No	SLD7141S
PRI Recieved Date	10-10-2017 08:34:31 PM	Surveyor Appointed Date	11-10-2017 08:52:22 AM	Surveyor Accept Date	11-10-2017 0

## Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	11-10-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
-----------------------------	--	----------------------	------------	-------------------------	--

## Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="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

## Shiau Chan (LKKAUTO)

---

**From:** Shiau Chan (LKKAUTO)  
**Sent:** Tuesday, 17 October, 2017 5:09 PM  
**To:** 'Claim Workflow System'; assignments  
**Cc:** MAYCHUA@FIRST-INSURANCE.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D17009607MFSH/1  
**Attachments:** CSFCI17019544T1tb.pdf

Dear May,

Enclosed herewith preliminary advice of SLD 7141S.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

**From:** Admin-D (LKKAUTO)

**Sent:** Wednesday, 11 October, 2017 9:21 AM

**To:** 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>

**Cc:** MAYCHUA@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>

**Subject:** RE: SURVEY ASSESSMENT - D17009607MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer will arrange.

Best Regards,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto: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, 11 October, 2017 8:52 AM

**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)

**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [MAYCHUA@FIRST-INSURANCE.COM.SG](mailto:MAYCHUA@FIRST-INSURANCE.COM.SG)

**Subject:** PRI: SURVEY ASSESSMENT - D17009607MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

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



Auto  
Consultants  
Pte Ltd

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

Your Ref: D17009607MFSH  
Our Ref: CS/FCI17019517/T1qb

Date: 17 October 2017

The Motor Claims Department  
First Capital Insurance Ltd

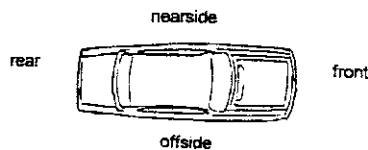
Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SLD 7141S**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 16/10/2017 at the premises of M/s CYCLE & CARRIAGE, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>8,864.00</u>
Revised Estimate Amount	: S\$ <u>2,675.00</u>
"Check" Items Amount	: S\$ <u>-</u>
Market Value	: S\$ <u>-</u>
LTA Reimbursement Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:  
The vehicle sustained damages  
at the o/s body.



Yours faithfully

Taufikh  
Automotive Assessor

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	4597K

### Vehicle Details

Vehicle No.	SLD7141S
Vehicle to be Exported	No
Intended De-registration Date	17 Oct 2017
Vehicle Make	MITSUBISHI
Vehicle Model	ATTRAGE 1.2 CVT
Primary Colour	Red
Manufacturing Year	2016
Engine No.	3A92UDH3451
Chassis No.	MMBSTA13AHH001691
Maximum Power Output	57.0 kW (76 bhp)
Open Market Value	\$13,983.00
Original Registration Date	27 Jun 2016
First Registration Date	27 Jun 2016
Transfer Count	1
Actual ARF Paid	\$5,000.00

### Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	26 Jun 2026
PARF Rebate Amount	\$3,750.00

### Intended COE Rebate Details

COE Expiry Date	26 Jun 2026
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	\$46,009.00
COE Rebate Amount	\$39,989.00
<b>Total Rebate Amount</b>	<b>\$43,739.00</b>

The information contained herein is correct as at 17 Oct 2017

OK



## 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	10/10/2017 13:31
Date Of Accident	09/10/2017 22:00
Exact Location Of Accident	669B WATERWAY RIDGESPUNGGOL EDGEFIELD PLAINS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD7141S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	201504621K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584255

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	UBER

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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

### Driver

Name of Driver	SOH SIM HUA
NRIC No	S1184898B
Date Of Birth	28/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	16/01/1978
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
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 OTHER - HIRER  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE  
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 ATTACHMENT

#### 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 SHA4570U  
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

### 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

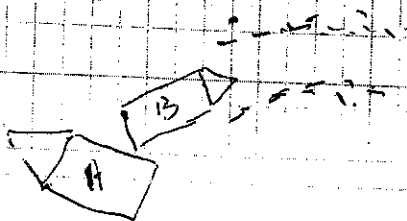


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~I was stationary waiting at loading/unloading bay for my grandchildren~~

I was stationary waiting at the Loading/unloading Bay at BLK 669B Edgefield Plains to pick up my grandchildren when the taxi SHH 457C U. reverse and hit my right passenger door.

The taxi has a video camera in his vehicle. We both alighted and took photos of the damage. Then, he did not communicate with me and wanted to drive off. I stopped his vehicle and request for his particulars. He keep saying that my vehicle appear from nowhere when my vehicle was stationary there for about 3 minutes. At the end, we exchanged particulars and left the scene.

## DECLARATION

I/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:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S1184898B

Name: SOH SIM HUA

Issue Date: 28 Jun 1956


Expiry Date: 16 Dec 2002

1000023460K

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1184898B



SOH SIM HUA

苏森华

Race: CHINESE

Date of Birth: 28-06-1956 Sex: M

Country of Birth: SINGAPORE

FOR C&C USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Issue Date
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	16 Jan 1978
Class 4	Heavy motor cars and motor tractors > 2500 kg	06 Jan 2005*
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	12 Mar 2006

S1184898B


S / No. 90004898B

Licence No. S1184898B


NP 428A

FOR C&C USE ONLY

1457570



NRIC No. S1184898B



Group A+ Date of issue: 23-11-1993

APT BLK 942 HOUGANG STREET 92 #08-103

SINGAPORE 530942

NRIC No: S1184898B

Date: 25/08/2017



CYCLE &amp; CARRIAGE

# CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED

## PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI  
MOTORS

Co Reg No : 197701469G

### ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
Lion City Rentals Pte Ltd 60 Anson Road #11-01 Mapletree Anson Singapore 079914 Contact No Mobile: 67420984	Cust No/Name KL000023/Lion City Rentals Pte Ltd Reg No/Reg Date SLD7141S / 27/06/201 Date In/Mileage / 0 Chassis No MMBSTA13AHH001691 Engine No 3A92UDH3451 Make/Model MIT/17MY ATTRAGE 1.2 CVT Colour/Trim P01 RED METALLIC / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
CSM00041	Cash	10/10/2017/ 15:17		265 / AndreChow	14968		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000		REPAIR RH REAR DOOR, RH REAR FENDER AND REALIGN TO THE SAME					1100 3300.00
A 54900099		CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM					80✓ 100.00
A 10028901		TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST					✓ 200.00
E PNT98000		RESPRAY RH REAR FENDER, RH REAR DOOR AND OTHER AFFECTED PORTIONS					✓ 840 1680.00
M SUNDRY		SUPPLY ANTI CORROSION FOR AFFECTED PORTIONS					1✓ 160.00
M SUNDRY		SUPPLY BODY SEALANT FOR AFFECTED PORTIONS					unx 160.00
M SUNDRY		SUNDRIES					20✓ 50.00
E PNT88000		TRANSFER RH REAR DOOR TRIM MECHANISM AND ELECTRONICS TO FACILITATE REPAIRS					✓ 275 550.00
E PNT88000		REMOVE AND INSTALL REAR SEATS, FLOOR TRIM TO FACILITATE REPAIRS					✓ x 1100.00
M PANEL,QTR,QTR RH			1.00	756.00	00.00		Rx 756.00
M PANEL ASSY,RR DOOR,RH			1.00	780.00	00.00		Rx 780.00
M TAPE,RR DOOR SASH,RH			1.00	28.00	00.00		unx 28.00

SURVEYOR NAME:

Taylun 97495749.

SURVEYOR SIGNATURE:

DATE:

16/10/17

REMARKS:

wp

6 days. Repair after repair

sw @ tkkauto.com.

Confirmed &amp; accepted by the Repaire 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

Authorized signatory and company stamp

- Supplementary item(s) must be resurveyed and

Validity of this estimate is subject to final approval by the insurance company. 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 \$500 on 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 rubber seal or other repair requiring the removal of the windscreen.

7% GST on	Nett 8,864.00	8,864.00
		620.48
	<b>Total Payable</b>	<b>9,484.48</b>



CYCLE & CARRIAGE

VEHICLE NO : SLD 71415

MODEL : Mtd. Attrage 1.2

WIP : 14968

Material	:	\$	<u>-</u>
Labour	:	\$	<u>2,675.00</u>
Sub-Total	:	\$	<u>2,675.00</u>
	:	\$	<u>-</u>
Less Excess	:	\$	<u>-</u>
Total	:	\$	<u>2,675.00</u>
GST 7%	:	\$	<u>187.25</u>
Grand Total	:	\$	<u>2,862.25</u>
Finalise By/Date :	<u>Lot on 17/3/18</u>		

☒ REVERT BACK WITHIN 7 DAYS,  
OTHERWISE WILL PROCEED WITH INVOICING

☐ SURVEYOR'S REPORT REQUIRED

REPAIR TOOK 6 WORKING DAYS + 2 Days ( 1 Weekends)  
+ 1 Days (Public holiday)  
= 9 Days

☒ TP claim SHA 4570 U

☒ Claim GIA / LTA fee \$ -

☒ Claim Loss of Use / Loss of Rental = 9 days x \$ 60 /Day = \$ 540.00

☐ Claim Medical Fee / Others = \$ -



CYCLE &amp; CARRIAGE

**CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED**  
**PANDAN GARDENS CUSTOMER SERVICE CENTRE**  
 209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

**PRO-FORMA INVOICE**

Co Reg No : 197701469G

**THIS IS NOT AN OFFICIAL TAX INVOICE**

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
FIRST CAPITAL INSURANCE LIMITED  MOTOR CLAIMS DEPARTMENT 36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877 Contact No  16/10/	Cust No/Name KL000023/Lion City Rentals Pte Ltd Reg No/Reg Date SLD7141S / 27/06/2016 Date In/Mileage 17/10/2017/ 70327 Chassis/Package MMBSTA13AHH001691 Engine No 3A92UDH3451 Make/Model MIT/17MY ATTRAGE 1.2 CVT Colour/Trim P01 RED METALLIC / BK BLACK

Account No.	Terms	Date/Time Printed	CSE	Operator	WIP No
CTP00040	Cash	17/03/2018/ 10:19	TLA	260 / AiTing	14968

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
A 54900099 CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM				✓ 80.00
A 10028901 CONDUCT DIAGNOSTIC CHECK USING MUT TESTER AND CLEAR TROUBLE CODE				✓ 200.00
M SUNDRY SUPPLY ANTI CORROSION FOR AFFECTED PORTIONS				✓ 160.00
M SUNDRY SUNDRIES				✓ 20.00
S SPECIALISTJOB REPAIR RH REAR FENDER, RH REAR DOOR, AND ALL OTHER-AFFECTED AREAS, ADJUST AND ALIGN BODY GAPS ALIGNMENT TO THE SAME				✓ 1100.00
S SPECIALISTJOB RESPRAY ON RH REAR FENDER, RH REAR DOOR, AND ALL OTHER AFFECTED PORTIONS TO THE SAME				✓ 840.00
S SPECIALISTJOB REMOVE & INSTALL RH REAR DOOR TRIMS MECHANISMS, AND ELECTRONICS TO FACILITATE REPAIR				✓ 275.00
Z TEXT TP CLAIM FIRST CAPITAL DOA : 09.10.17 SURVEYOR TAUFIKH LKK 16.10.17				
<i>"Guarantee your warranty, maintain with Cycle &amp; Carriage."</i>				

Parts	0.00	Nett	2,675.00
Labour	280.00	7% GST on	187.25
Standard Menu	0.00		
Specialist Job	2,215.00	Total Payable	2,862.25
Diagnostics Job	0.00		
Sundry/Others	180.00		
Total(w/o GST)	2,675.00		

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






## 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/FCI17019544/T1tbe2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 22-03-2018		
		Code : FC12		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHA 4570U	Veh. Inspected	SLD 7141S	
Policy No.	D-15072701MFSH	Coverage (\$)	0.00	
Claim No.	D17009607MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	11/10/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MITSUBISHI ATTRAGE	c.c	1193	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	MMBSTA13AHH001691	Colour	RED	
Odometer	70327	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	185/55 R15	BRIDGESTONE	6 mm	
L/H Front Tyre	185/55 R15	BRIDGESTONE	6 mm	
R/H Rear Tyre	185/55 R15	BRIDGESTONE	6 mm	
L/H Rear Tyre	185/55 R15	BRIDGESTONE	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	09/10/2017	Inspection Date	16/10/2017	
Survey held at	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD 209 PANDAN GARDENS SINGAPORE 609339			
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days		



# 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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLD 7141S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	SUNDRIES (SN)	NECESSARY	50.00	20.00
1	PANEL, QTR,OTR RH (SN)	TO REPAIR SEE LABOUR	756.00	-
1	PANEL ASSY, RR DOOR, RH (SN)	TO REPAIR SEE LABOUR	780.00	-
1	TAPE, RR DOOR SASH, RH (SN)	NOT NECESSARY	28.00	-
			1,614.00	20.00
	<b><u>LABOUR</u></b>			
	REPAIR RH REAR DOOR, RH REAR FENDER AND REALIGN TO THE SAME. INCLUSIVE OF THE REPAIR OF PANEL, QTR,OTR RH AND PANEL ASSY, RR DOOR, RH.		3,300.00	1,100.00
	CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM.		100.00	80.00
	TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST.		200.00	200.00
	RESPRAY RH REAR FENDER, RH REAR DOOR AND OTHER AFFECTED PORTIONS.		1,680.00	840.00
	SUPPLY ANTI CORROSION FOR AFFECTED PORTIONS.		160.00	160.00
	SUPPLY BODY SEALANT FOR AFFECTED PORTIONS.	NOT NECESSARY	160.00	-
	TRANSFER RH REAR DOOR TRIM MECHANISM AND ELECTRONICS TO FACILITATE REPAIRS.		550.00	275.00
	REMOVE AND INSTALL REAR SEATS, FLOOR TIRM TO FACILITATE REPAIRS.	NOT NECESSARY	1,100.00	-
			7,250.00	2,655.00
<b>GRAND TOTAL</b>			<b>8,864.00</b>	<b>2,675.00</b>

<b>RECOMMENDED COST OF REPAIRS</b>			<b>2,675.00</b>
------------------------------------	--	--	-----------------

Report Ref No. CS/FCI17019544/T1tbe2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.