

ASS. REC. BY:

REF: CS/FCI17020333 / Srbe2

Special Instruction:

Supervisor: Sebastian CWS ASSIGNMENT (Office)From (Person): Lurene Jaw of FCIDate/Time: 24/10/17 @ 12.08pm

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SJV 7274 XInsured: SHA 8558 Eat Workshop m/s Car Doctor Pte Ltd.Tel: 66355773of Blk 3 391 A, Woodlands Rd, Yew Tee Ind. Est.

Policy No:

Claim No: D17009435 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 02/10/2017

CA / REV / REP. / REV 24 HRS

'wp'

25/10/17 @ 2pmDate/Time: 24/10/17 @Person Contacted: Han

H.O.D. Endorsement

Vehicle IN OUT

Date/Time Action/Instruction (✓) Estimate

SJV 7274 X - XSHA 8558 E - CC3 / LCR17010491 / H1ph 3q2 D.O.A: 26/5/1717/1/18 Sent pending estimate from reprior to LureneSent preli through emailConfirm L/S \$1050, 2days

REF **PC1****ASSIGNMENT**

From:

Date

25/10/17

Estimated Cost:

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

To inspect Vehicle No:

SJV 7274 X

at Workshop m/s

Car Doctor

of

Blk 3, 391 A Woodlands Rd, Yew Tee Ind. Est

Insured

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

2pm

(Policy Condition)

Remark: 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

Lump Sum:

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

'wp'

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJV 7274 X

Page:

2016

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

Truck / Trailer or

Make

Toyota Wish.cc: **1987**

Colour

Red

A.C.

Insured / Std / NI / NA

Se Reading

134410

T Radio

Insured / Std / NI / NA

Eng No:

C No:

JT10GJ 20 W 10 500 1124Gen. Cond: Good / **Red** / Poor / BurntSteering: In **Order** / Jammed / Leaked / Burnt orBrake: In **Order** / Jammed / Leaked / Burnt orModi: **TP** / S/Rim / STD A/Rim or

Tyre Size:

F:

225/45 R17**Yoko**

R:

225/45 R17**Goodyear**

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.A.

25/10/2017

Survey held at

Car DoctorDes. of Damages: Frt / **Red** / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

05/10/2017. No GIA/Estimate. During Survey

Date/Time / File Pass to:

typist

: Prel. Report



: Final Report

Date/Time / File Return to:

Days Of Repair: **7**Resurvey No. of Trip: **1**

Survey Fee

110

Transportation

50

Lump Sum / Fee

50

Fringe

53

Total

Add Fee:



Site Insp. \$



Interview \$



Tech. Assist \$



Meal and \$

Report Format:

TP

Lump Sum / Fee: \$

1050**263**




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/FCI17020333/Srb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 24-10-2017	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SHA 8558E	Veh. Inspected	SJV 7274X
	Policy No.		Coverage (\$)	0.00
	Claim No.	D17009435MFSH	Excess (\$)	0.00
	Assign From	CWS (LURENE JAW)	Assign Date	24/10/2017
2. Vehicle Particulars & Condition				
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	-	Steering	
	Brakes		Modification	
	General			
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm
4. Description of Damages				
5. General Information				
	Accident Date	02/10/2017	Inspection Date	24/10/2017
	Survey held at	BLK 3,391 A WOODLANDS ROAD, YEW TEE IND.EST		
	Repairer	CAR DOCTOR PTE LTD		
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C

GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	05-10-2017	Our Ref No. D17009435MFSH
Accident Date	02-10-2017	Claim Type. Third Party
Insured Vehicle	SHA8558E	Third Party Vehicle. SJV7274X
Survey Location	Blk 3 391A Woodlands Road Yew Tee Industrial Estate	
Contact Person.	MR SYLVESTER	
Contact No.	66355773/ 66355773	Fax No. 0
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	CAR DOCTOR PTE LTD	Attention. NIL
Cc : TP Solicitor	CHIA S ARUL LLC	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/228788)



PRI Documents



Close



PRI Header Details

Claim No	D17009435MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & CHIA S AF
Workshop Name	CAR DOCTOR PTE LTD (Contact Person : MR SYLVESTER)	Survey Location & Contact Details	Blk 3 391A Woodlands Road Yew Tee Industrial Estate Mobile: 66355773 , Phone: 66355773 , Fax: 0 EmailId: ALYWIN@CHIAARUL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA8558E	TP Vehicle No	SJV7274X
PRI Recieved Date	23-10-2017 08:50:16 PM	Surveyor Appointed Date	24-10-2017 12:07:37 PM	Surveyor Accept Date	24-10-2017 1:

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	24-10-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

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

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

Remarks

Janice Lee (LKKAuto)

From: Janice Lee (LKKAuto)
Sent: Friday, October 27, 2017 2:27 PM
To: 'Claim Workflow System'; LURENEJAW@FIRST-INSURANCE.COM.SG
Cc: SUR
Subject: RE: SURVEY ASSESSMENT - D17009435MFSH/1

Dear Lurene,

Please be informed that we have inspected the vehicle SJV 7274X on 25/10/2017.
We are pending estimate from repairer.

Thank you.

Best Regards,

Janice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)

Sent: Tuesday, October 24, 2017 2:58 PM

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

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

Subject: RE: SURVEY ASSESSMENT - D17009435MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer arrange on 25/10/2017.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]

Sent: Tuesday, 24 October, 2017 12:08 PM

To: ASSIGNMENTS@LKKAUTO.COM

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

Subject: PRI: SURVEY ASSESSMENT - D17009435MFSH/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.

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.



Auto
Consultants
Pte Ltd

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

Your Ref: D17009435MFSH

Our Ref: CS/FCI17020333/Srb

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

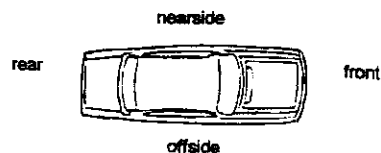
INITIAL INSPECTION REPORT OF VEHICLE NO. SJV 7274X .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 25/10/2017 at the premises of M/s CAR DOCTOR PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ <u>2,467.92</u> .
Revised Estimate Amount	: S\$ <u>1,284.10</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 rear portion.



Yours faithfully
SEBASTIAN
Automotive Assessor

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 03/10/2017 13:19
Date Of Accident 02/10/2017 23:45
Exact Location Of Accident JUNCTION OF BUKIT BATOK EAST AVE 4
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV7274X
Insured/Policyholder
Name Of Registered Owner TAN MAY LING CATHERINE
NRIC No S7420009E
Email Address CATHERINE.ML.TAN@GMAIL.COM
Mobile Phone No (LOCAL) +65-91723300
Alternative Phone No OFFICE-91723300

Vehicle Particulars

Manufacturer TOYOTA
Model WISH-2.0 (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 REPORTING ONLY

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 2100465435-01

Cover Note Number

Driver

Name of Driver TAN YONG SHIANG, DAVID
NRIC No S7906863B
Date Of Birth 18/03/1979
Occupation INDOOR
Date Of Driving Pass 20/10/2015
Driving Experience 1 YEAR AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-94317228
Fax Number
Contact Number
EMail Address DACIDDTANN@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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) 4

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 SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA8558E

Vehicle Make/Model/Colour TAXI-CITYCAB

Details Of Properties

Name of Driver DAVID WOON

NRIC/Passport Number

Contact Number 93250777

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

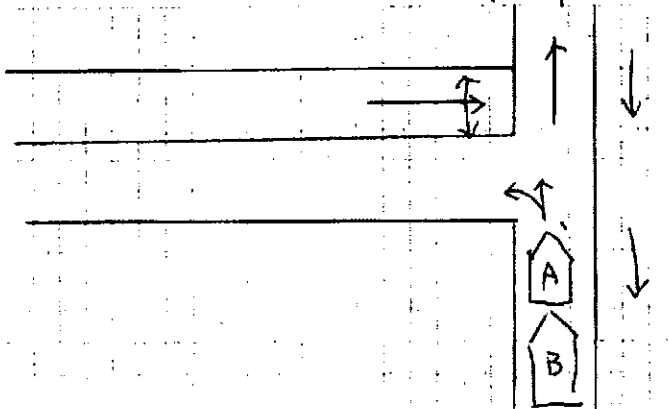
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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/new 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/new 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/new 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 03/10/17

Witness by Reporting Centre
Personnel

SKETCH PLAN

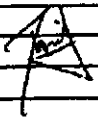


A - SJV 7274 X

B - SHA 8558 F

Describe Circumstances of the Accident

My car was stopped at a traffic light and was hit from behind. Then I got up the car to realise, I was hit by a yellow taxi.



Important:		
You had been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated timeframe from the day of occurrence.	<input checked="" type="checkbox"/>	- Reporting Only
	<input type="checkbox"/>	- Claim OD
	<input type="checkbox"/>	- Claim TP
	<input type="checkbox"/>	- Claim OD/ TP at other workshop

Declaration

I/WE declare the foregoing particulars are true in every respect.

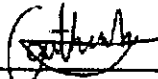
Policy holder's signature/ Date & Time

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

**Witnessed by Reporting
Centre Personal**

OWNER LETTER OF CONSENT

I (Owner Name) TAN MAY LING i/c S7920009 E owner of this
CATHERINE
car no SIV T274X authorize the driver (Name) TAN YING SHENG OUYI i/c no.
S7906863 B to file accident report which happened on (Accident Date)
02/10/17 at (Location) BUKIT BATOK EAST AVE 4.

Owner's Name : 
Signature :

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : TAN YONG SIANG DAVID
 VEHICLE NUMBER : SJV 7274 X
 DATE/TIME OF ACCIDENT : 02/10/17 2345
 PLACE OF ACCIDENT : BUKIT BATOK EAST AVE 4
 THIRD PARTY VEHICLE (IF ANY) : SHA 8558E

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

START ORCHARD ROAD
 INTENDED BUKIT BATOK EAST

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

HIT FROM BEHIND . MY CAR BUMPER CRACKED .
3rd party vehicle license plate cracked

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

TAN YONG SIANG DAVID

Name:

I Affirmed The Above Information Is Given To My Best Knowledge.



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan May Ling Catherine
 Period of Insurance : 08 Aug 2017 To 07 Aug 2018
 Engine No. : 32RA393707
 Chassis No. : JTOGJ20W105001124

Vehicle No. : 3JVT274X
 Policy No. : 2100465435-01
 Endorsement No. :
 Issued Date : 02 Aug 2017

ABOUT THE COVER

Make/Model : TOYOTA Wish 2.0
 Engine Capacity/Tonnage : 1,987.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2010
 Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

at the Policyholder
 In Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.
 You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (IDEX) if You are or Your Authorized Driver (named as named) has less than 3 years' driving experience.

Age Condition : 35 years old and above

Limitation as to use*

Use only for social, domestic, and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, speed-racing, liability test or speed-testing, the carriage of goods other than passengers in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use (10 days) 15000/- 15000/- Optional

* Limitations rendered imperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189) and Section 14 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - 50 (Own Damage - 5000/- Theft - 50 (Third Cover - 30)

Section 2
 Property Damage - 50

Windscreen : \$100

Named Driver and Excess (where applicable)

Tan May Ling Catherine - 5000 (Own Damage)

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

Approved Reporting Centres (ARC) Authorized Repairers (AR) (third party repairs)
 Any accident results to the Vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the repairs carried out at the Sole Agent's workshop.
 For other Approved Reporting Centres/Arcs/Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6228 6266. Alternatively, You may refer to ARC website www.aig.com.sg or AIG 50 Mobile App. Simply search and download "AIG 50" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that this policy is issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189) Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicle (Third Party Risks) Rules, 1989 (Singapore).

082607000

MICHAEL CHOW YOW HAN

371, ROBINSON ROAD, 11th FLOOR, SINGAPORE 068966

SINGAPORE BRANCH, AIG AUTO INSURANCE PTE. LTD.

Underwritten by AIG Auto Insurance Pte. Ltd.

57 Jank

AIG Auto Insurance Pte. Ltd.


100, ROBINSON ROAD, SINGAPORE 068966

For more information, call 1800 100 1000 (Toll-free) or 6228 6266 (24-hour emergency hotline) or visit our website at www.aig.com.sg

AIG Auto Insurance Pte. Ltd.

Sketch Plan Pg. 6

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S79068638



TAN YONG SHIANG, DAVID


陈永祥

Race
CHINESE


Date of Birth
18-03-1979

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE




ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED


Date: 18 Mar 1979

Valid: 20 Oct 2015


SG 50



43T0014



NRIC No. S79068638



NRIC No. S79068638

26 PARKER ROAD #06-04
SINGAPORE 268838

NRIC No. S79068638 Date: 18/03/2017

CLASS 3 MOTOR CARS

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive 20 Oct 2015 of the driver; and other motor vehicles <= 2000kg

Licence No. S79068638



- 1) Parts: \$ 374.10
 2) S/Nett: \$ 230.00
 3) Labour: \$ 680.00

1284.10
 Less 20%
 1027.28

Total: \$ 1050 @ 2 days.

REPAIR ESTIMATE

Our Reference: CD/AC0007
 Vehicle Number: SJV7274X

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Repair prices are subject to confirmation
- Resurvey is on a "Without Prejudice" basis
- No legal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: _____
 Estimated Repair Days: 2
 Date: _____

QTY	DESCRIPTION		OUR ESTIMATE (\$\$)	
<u>PARTS (LIST ITEMS)</u>				
1	REAR BUMPER ✓ (Nett.)	498.80	385.20	
1	REAR HATCH WEATHERSTRIP/RUBBER LINING X nn	- 25%	100.00	
4	REAR BUMPER RETAINERS @ \$56.80 2pcs. Bent	1) 374.10	227.20	
<u>SPECIAL NETT ITEMS</u>				
1 SET	REVERSE PARKING SENSORS ✓ DMG	1) 230	200	250.00
1 SET	REAR BUMPER CLIPS ✓ NRC		30	60.00
			less 20%	1,022.40
TOTAL PARTS				204.48
				817.92
<u>LABOUR</u>				
1	To remove the affected parts & fittings to commence repairs. Panel beat & reshape affected areas & replace quoted damaged parts & components.	3) 680	200	560.00
2	To supply paint materials, expandable items, respray paint on parts replaced & repaired areas.		400	840.00
3	To remove, refix inner trims, fittings, garnish et cetera at rear bumper area so as to facilitate repairs.		50	150.00
4	To remove & replace reverse sensors & check for proper function.		30	100.00
TOTAL				2,467.92

BLK C3, Unit 391A, Yew Tee Industrial Estate, Singapore 677964.
 Email : fenderbender@cardoctor.com.sg Contact: Han @ 66355573




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/FCI17020333/Srbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 22-01-2018	
Code : FCI2				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 8558E	Veh. Inspected	SVJ 7274X	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17009435MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	24/10/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH	c.c	1987	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	JTDGJ20W105001124	Colour	RED	
Odometer	134410	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/45 R17	YOKOHAMA	6 mm	
L/H Front Tyre	225/45 R17	YOKOHAMA	6 mm	
R/H Rear Tyre	225/45 R17	GOODYEAR	6 mm	
L/H Rear Tyre	225/45 R17	GOODYEAR	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	02/10/2017	Inspection Date	25/10/2017	
Survey held at	BLK 3,391 A WOODLANDS ROAD, YEW TEE IND. EST			
Repairer	CAR DOCTOR PTE LTD			
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:		2 Working Days		

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJV 7274X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CRACKED	385.20	385.20
1	REAR HATCH WEATHERSTRIP/RUBBER LINING	NOT NECESSARY	100.00	-
4	REAR BUMPER RETAINERS @\$56.80	BENT - 2 PCS ONLY	227.20	113.60
	LESS 20% DISCOUNT		-142.48	-
	LESS 25% DISCOUNT		-	-124.70
			569.92	374.10
1	SET REVERSE PARKING SENSORS (SN)	DAMAGED	250.00	200.00
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	60.00	30.00
	LESS 20% DISCOUNT		-62.00	-
			248.00	230.00
LABOUR				
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS,PANEL BEAT & RESHAPE AFFECTED AREAS & REPLACE QUOTED DAMAGED PARTS & COMPONENTS.		560.00	200.00
	TO SUPPLY PAINT MATERIALS,EXPANDABLE ITEMS,RESPRAY PAINT ON PARTS REPLACED & REPAIRED AREAS.		840.00	400.00
	TO REMOVE,REFIX INNER TRIMS,FITTINGS,GARNISH ET CETERA AT REAR BUMPER AREA SO AS TO FACILITATE REPAIRS.		150.00	50.00
	TO REMOVE & REPLACE REVERSE SENSORS & CHECK FOR PROPER FUNCTION.		100.00	30.00
			1,650.00	680.00
GRAND TOTAL			2,467.92	1,284.10
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,050.00

Report Ref No. CS/FCI17020333/Srbe2

YEANG WAI KEEN

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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