

ASS. REC. BY:

REF

CS / FC17022201 / 117ber

New Information

Surveyor

CWS

Taufik

ASSIGNMENT (Office)

From (Person)

Sithara

of

FCI

Date/Time

10.58am @ 20/11/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLE 4831Z ✓

Insured:

SHC 7883L

at Workshop m/s:

Borneo Motors

Tel:

66311874 / 93366875

of 2 pundan Crescent, level 4

Policy No:

Claim No:

D17010638 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

14/11/2017

CA / REV / REP. / REV 24 HRS

1wp

14.12.2017 @ 10am

H.O.D. Endorsement

Date/Time

11:30am @ 20/11/17

Person Contacted

Sashi

Vehicle IN / OUT

Date/Time

Action/Instruction

(✓)

Estimate

SLE 4831Z - X

SHC 7883L - X

Confirm finalise \$1899.80, 3 days (Red: 3201.70: 62%)

Surveys *Tan Jiah*

REF: FCI

ASSIGNMENT

From: _____ Date: 14/12/2017

Estimated Cost: _____

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

To Inspect Vehicle No: SLE 4831Z

at Workshop m/s Borneo Motors

of 2 Pandan Crescent, Level 4

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Sashi

10am

(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

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS 'up'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLE 4831Z Yr Regn: 2016 July

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

Truck / Trailer or

Make: Toyota Wish C.C. 1798

Colour: 8/wh A/C: Insured / Std / NI / NA

Sp. Reading: 4356 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STDGG20W805004723

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 145/65K15

R: 2 2

C 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. 14/12/17 10.15

Survey held at Borneo Pandan

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

Frt 9/s

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

Date / Time Action / Instruction

Date/Time File Pass to?

☐

: Preli. Report

28/3 Typist

☒

: Final Report

Date/Time File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee: 140

Transportation: 50

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

☐ S + RS (\$)

☐ Photos

☐ Others

Report Format: TP

Lump Sum / I.B. (\$): 1899.80

20

210




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/FCI17022201/T1tb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 21-11-2017	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 7883L	Veh. Inspected	SLE 4831Z
Policy No.		Coverage (\$)	0.00
Claim No.	D17010638MFSH	Excess (\$)	0.00
Assign From	CWS (SITHARA)	Assign Date	20/11/2017
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	14/11/2017	Inspection Date	
Survey held at	BORNEO MOTORS (S) PTE LTD 2 PANDAN CRESCENT SINGAPORE 128462		
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	15-11-2017	Our Ref No. D17010638MFSH
Accident Date	14-11-2017	Claim Type. Third Party
Insured Vehicle	SHC7883L	Third Party Vehicle. SLE4831Z
Survey Location	PANDAN TOYOTA CAR BODYCARE CENTRE 2 PANDAN CRESCENT LEVEL-4	
Contact Person.	SHASHI	
Contact No.	66311874/ 93366875	Fax No. 68727260
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

*SK 4/11/17
P. Senthil*

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	BORNEO MOTORS (SINGAPORE) PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

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/230268)



PRI Documents



Close



PRI Header Details

Claim No	D17010638MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	3 & BORNEO M
Workshop Name	BORNEO MOTORS (SINGAPORE) PTE LTD (Contact Person : SHASHI)	Survey Location & Contact Details	PANDAN TOYOTA CAR BODYCARE CENTRE 2 PANDAN CF Mobile: 93366875 , Phone: 66311874 , Fax: 68727260 EmailId: SITI.NABILAH@INCHCAPE.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7883L	TP Vehicle No	SLE4831Z
PRI Recieved Date	17-11-2017 03:00:09 PM	Surveyor Appointed Date	20-11-2017 10:56:57 AM	Surveyor Accept Date	20-11-2017 1

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	20-11-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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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 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	<input type="text"/>	<input type="button" value="Save"/>
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TYPE OF CLAIM: ☐ OD ☐ OD/UL ☒ DS

MCA: SHASHI

MOTOR ACCIDENT REPORT

Date Of Report: 18 Nov 2017 Time: 12 pm Date Of Accident: 14 Nov 2017 Time: 10:45
 Exact Location Of Accident: Ang Mo Kio Ave 10
 Country/State of Loss: Singapore ☐ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ / Johor ☐ / Perak ☐ / Kedah ☐ / Kelantan ☐ / Terengganu ☐ / Pulau Pinang ☐ / Perlis ☐ / Thailand ☐

OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SE4831Z Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: S8021944Z
 Name Of Registered Owner: Sim Pei Fen
 Mobile Number: 94752708 Alternative No: 67909129 Email Address: simplane2707@hotmail.com

Vehicle Particulars

Manufacturer: Toyota ☐ Lexus ☐ Suzuki ☐ Hino ☐ Model: Wigh.
 Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☐ Other ☐ (please specify):
 Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☒
 Vehicle Category: Private Car ☐ Commercial Vehicle ☐ Others ☐

Insurance Company

Name of Insurance Company: AIG
 Any In-Car Camera? (applicable for United Overseas Insurance Limited insured only): Yes ☒ (please attach photo) No ☐
 Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐
 Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: 2100475785-00000

DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: Sim Pei Fen NRIC/ Passport / FIN No: S8021944Z
 Date Of Birth: 27 July 1980 Occupation: Indoor ☒ Outdoor ☐
 Date Of Driving Pass: 20 Jan 2000 Gender: Male ☐ Female ☒
 Mobile Number: 94752708 Fax No: Alternative No: 67909129
 Address: 232 Westwood Ave #08-29 Singapore Postal Code: 648360
 Email Address: simplane2707@hotmail.com
 Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured:
 Vehicle Registration Number of Driver's Own Vehicle (if applicable): SE4831Z
 Insurance Company of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: Right Side Collision Number of Passengers in the above vehicle (Including Driver):
 Weather Conditions: Clear ☐ Raining ☐ Others ☐ (If others, please state condition):
 Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):
 Was any body injured in the Accident? No ☐ Yes ☐
 Was any foreign vehicle involved in this accident? No ☐ Yes ☐ Vehicle No: Vehicle type:
 Was any other material or property (e.g: other vehicle) damaged? No ☐ Yes ☒
 Was there any video captured by Car Camera? No ☐ Yes ☒ Are accident scene photos available for attachment? No ☐ Yes ☒
 Was the accident reported to the police? No ☒ Yes ☐ (If yes, please state which Police Station):
 Was notice of intended Prosecution given? No ☐ Yes ☐ (If yes, please state against whom):
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☐ Yes ☒

DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: SHC 7883L Vehicle Make/Model/Colour: Hyundai (Yellow Taxi)
 Details Of Properties Damage in Accident:
 Name of Driver: Koh Yiah Miang
 NRIC/Passport/FIN Number: S0162240D Contact Number: 96371428
 Address: Blk 635 Hwanggang Ave 8 #09-61 Singapore Postal Code: 1953
 Insurance Company Name:
 Nature Of Damage: No. Of Passenger (Including Driver): 2

DETAILS OF ACCIDENT INDEPENDANT WITNESS

Name: Name:
 Phone Number: Phone Number:
 Email Address: Email Address:

DETAILS OF INJURED PERSON 1 (Please fill Annex A if more person injured)

Name: Approximate Age:
 Address: Postal Code:
 Injuries Sustained: Injured person in which vehicle:
 Were seat belt worn? No ☐ Yes ☐ Were injured conveyed to hospital by ambulance? No ☐ Yes ☐

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 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

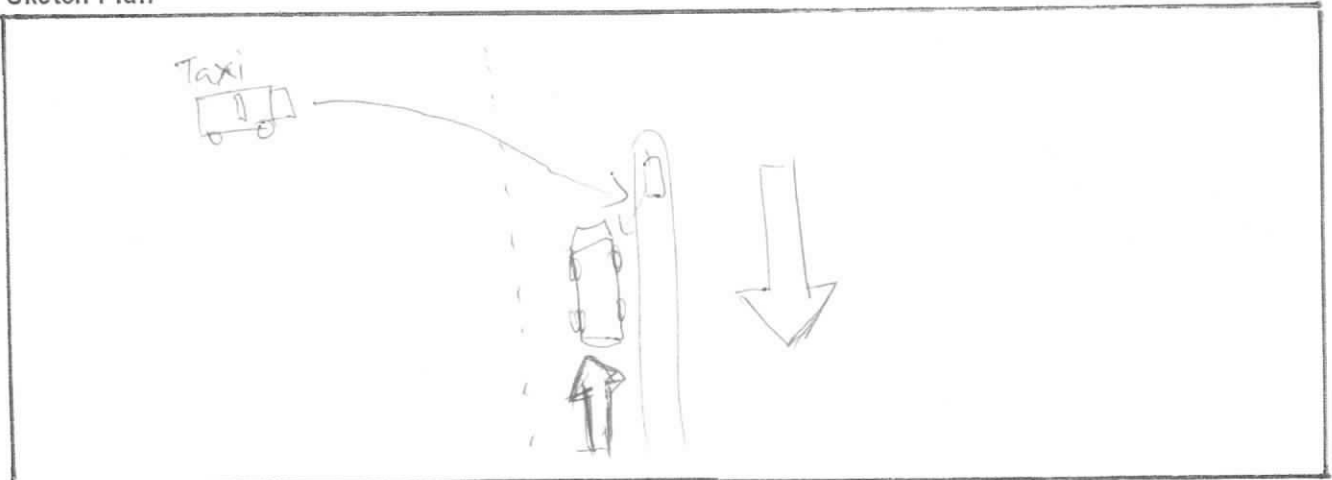
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

16/11/17
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

Taxi lost control and hit the road
sign post and sign post hit my vehicle

Declaration

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

 16/11/17
Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Sim Pei Fern

VEHICLE NUMBER : SLE4831 Z

DATE/TIME OF ACCIDENT : 14 Nov 2017

PLACE OF ACCIDENT : Ang Mo Kio Ave 10

THIRD PARTY VEHICLE (IF ANY) : SHC 7883 L

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

Start Ang Mo Kio Ave 10 to Jurong

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?

Right Side Collision

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

No

Sim Pei Fern
Name:

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

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

TOYOTA AUTO PROTECTOR (2-YEAR)

CERTIFICATE NO. 2100475785-00000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00

(Windscreen excess is waived if the repair is done at Borneo Motor's Workshop.)

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SLE4831Z

2) NAME OF INSURED

Sim Pei Fen (Shen Peifen)

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

25 Jul 2016

4) DATE OF EXPIRY OF INSURANCE

24 Jul 2018

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, pacemaking, 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 / TOYOTA AUTHORISED REPAIRERS

1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel : 6631 1188)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Ethoz - 30 Bukit Batok Cres(Tel:66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

10. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Loss of Use 15 Days (1500 - 1600cc) - Refer to policy wordings for details

*** NAMED DRIVER** NA

HIRE PURCHASE COMPANY DBS BANK LTD

/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 in Singapore 27 Jul 2016

AIG Asia Pacific Insurance Pte. Ltd.

030210-116
INCHCAPE AUTO TOYOTA-LK1TKL
33 LENG KEE ROAD
SINGAPORE 159102



AUTHORISED REPRESENTATIVE

ORIGINAL

IASHSF.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8021944Z



Name

SIM PEI FEN
(SHEN PEIFEN)

沈佩芬

Race

CHINESE

Date of birth

27-07-1980 F

Country of birth

SINGAPORE

S8021944Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8021944Z

Name

SIM PEI FEN (SHEN
PEIFEN)

Birth Date: 27 Jul 1980

Issue Date: 17 Dec 2002



000031320J



4548501



NRIC No S8021944Z

Date of issue

10-11-2010

Address

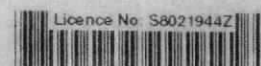
232 WESTWOOD AVENUE
#08-29
SINGAPORE 648360

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

20 Jan 2000



Licence No: S8021944Z

NP 428A



Cq Reg No : 196700086Z
GST Reg No : MR-8500000-9

ESTIMATE

Join Toyota ME @ <http://toyotame.borneomotors.com.sg> & earn points to redeem for attractive items!

Borneo Motors (Singapore) Pte Ltd

Online Service Booking :
www.toyotasingsapore.com.sg
Toyota Bodycare Centre
No. 2 Pandan Crescent
Singapore 128462
Tel no.: 6631 1188

Account Detail	Account No	Customer Detail
THIRD PARTY CLAIM	S1000020 / TPCLAIM	Mdm Sim Pei Fen (Shen PeiFen) 232 Westwood Avenue #08-29 Singapore 648360 Mobile: 94752708
	Document No 0	
	Document Date 16/11/2017	

Year	Make	Model	Reg Date	Veh Reg No	Kilometers	WIP No	Order No/Remarks
16	HPXNP	S6	ZGE20R	25/07/2016	SLE4831Z	0	28361 6TP/SLE4831Z/161111
Chassis No	Engine No	TWC No	Terms	Service Engineer	Vehicle In	Collected On	
JTDGG20W80J004723	2ZR1808018	60	Shashitharan	--/--/----	0.00	--/--/----	0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	Z	BP-SUNDRY SUNDRIES TP VEH NO.: SHC7883L ACC DATE: 14/11/17 DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:				30. 50.00
2	B	BP-LAB REPL ACC AFF PARTS AND PANEL STRAIGHTEN AND REALIGN ACC AF AREA				1356.00
3	B	BP-LAB CHECK WIRING AND REFOCUS HEADLAMP				169.50
4	B	BP-RES RESRPAY ACC AFF AREA BUMPE RNAD FENDER				1668.00
5	1	T52119-68909 FRONT BUMPER COVER,	1.00	574.90		574.90
6	2	T52115-68031 R/FRT BUMPER SUPPORT,	1.00	60.90		60.90
7	3	T81145-68100 UNIT, HEADLAMP	1.00	1222.20		1222.20

Tanfik 97495747

14/12/17 21:05

3 days receiving before part A
sur@lkhauto.com

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before after spray painting
- To display car in paint shop to maintain your Toyota. Service your Toyota every 6 months or 10,000 km (whichever comes first) to enjoy warranty benefits. Conditions apply.

For & on behalf of Borneo Motors

Please acknowledge receipt of vehicle and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:

Change Summary

Parts	1,858.00
Labour	3,243.50
Materials	0.00
Lubrication/Fluid	0.00
Others	0.00

Total	5,101.50
GST 7.00%	357.11
Less	0.00
Amount Due	5,458.61

PLEASE TEAR ALONG PERFORATED LINE

3541848

3541848

DATE 16/11/2017
TIME 15:45



Borneo Motors

(SINGAPORE) PTE LTD



Co Reg No : 196700086Z
GST Reg No : MR-8500000-9

Join Toyota ME @ <http://toyotame.borneomotors.com.sg> & earn points to redeem for attractive items!

Borneo Motors (Singapore) Pte Ltd

Online Service Booking :
www.toyotasingsapore.com.sg

Toyota Bodycare Centre
No. 2 Pandan Crescent
Singapore 128462
Tel no.: 6631 1188

ESTIMATE

Account Detail	Account No	Customer Detail
First Capital Insurance Ltd 36 Robinson Road #16-01 City House Singapore 068877 Attn: Motor Claims Dept	S1000005 / ICFIC1 Document No 0 Document Date 23/03/2018	Mdm Sim Pei Fen (Shen PeiFen) 232 Westwood Avenue #08-29 Singapore 648360 Mobile: 94752708

Year	Make	Model	Reg Date	Veh Reg No	Kilometers	WIP No	Order No/Remarks
16	HPXNP S6	ZGE20R	25/07/2016	SLE4831Z	19968	28361	6TP/SLE4831Z/16111
Chassis No	Engine No	TWC No	Terms	Service Engineer	Vehicle In	Collected On	

JTDGG20W80J004723 2ZR1808018 60 Shashitharan --/--/---- 0.00 --/--/---- 0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	Z	BP-SUNDRY SUNDRIES * TP VEH NO.:SHC7883L ACC DATE:14/11/17 DATE-IN: 14/12/17 DATE SURVEY:14/12/17 NO OF REPAIR DAYS:3 days BY:taufikh AUTHORISED ON:19/12/17				30.00
2	S	BP-SUBLET REPL ACC AFF PARTS AND PANEL A45 STRAIGHTEN AND REALIGN ACC AF AREA				678.00
3	S	BP-SUBLET RESRPAY ACC AFF AREA BUMPE RNAD FENDER A45				556.00
4	1	T52119-68909 COVER, FR BUMPER	1.00	574.90		574.90
5	2	T52115-68031 SUPPORT, FR BUMPER RH	1.00	60.90		60.90

Borneo Motors is the only authorised workshop to maintain your Toyota. Service your Toyota every 6 months or 10,000 km (whichever comes first) to enjoy warranty benefits. Conditions apply.

For & on behalf of Borneo Motors	Customer's Signature	Change Summary	Total
	Please acknowledge receipt of vehicle	Parts Labour 635.80 Materials 30.00 Lubrication/Fluid 1,234.00 Others 0.00 0.00	1,899.80
			GST 7.00% 132.99 Less 0.00
			Amount Due 2,032.79

PLEASE TEAR ALONG PERFORATED LINE

TO SECURITY GUARD

PLEASE ALLOW THE UNDERMENTIONED
VEHICLE TO LEAVE THE COMPANY PREMISES.

VEHICLE NO

SLE4831Z

CUSTOMER

DATE
TIME 23/03/2018
14:40

SIGNATURE
FOR BORNEO MOTORS (SINGAPORE) PTE LTD



Borneo Moto

incharge




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/FCI17022201/T1tbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 29-03-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7883L	Veh. Inspected	SLE 4831Z	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17010638MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	20/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYATA WISH	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JTDGG20W80J004723	Colour	SILVER	
Odometer	43156	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	GOODYEAR	6 mm	
L/H Front Tyre	195/65 R15	GOODYEAR	6 mm	
R/H Rear Tyre	195/65 R15	GOODYEAR	6 mm	
L/H Rear Tyre	195/65 R15	GOODYEAR	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/11/2017	Inspection Date	14/12/2017	
Survey held at	BORNEO MOTORS (S) PTE LTD 2 PANDAN CRESCENT SINGAPORE 128462			
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:		3 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLE 4831Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	SUNDRIES (SN)	NECESSARY	50.00	30.00
1	FRONT BUMPER COVER (SN)	DEFORMED	574.90	574.90
1	R/FRT BUMPER SUPPORT (SN)	NECESSARY	60.90	60.90
1	UNIT, HEADLAMP (SN)	NOT NECESSARY	1,222.20	-
			1,908.00	665.80
LABOUR				
	REPL ACC AFF PARTS AND PANEL STRAIGHTEN AND REALIGN ACC AF AREA.		1,356.00	678.00
	CHECK WIRING AND REFOCUS HEADLAMP.	NOT NECESSARY	169.50	-
	RESPRAY ACC AFF AREA BUMPE RNAD FENDER.		1,668.00	556.00
			3,193.50	1,234.00
GRAND TOTAL			5,101.50	1,899.80
RECOMMENDED COST OF REPAIRS				1,899.80

Report Ref No. CS/FCI17022201/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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