

ASS. REC. BY:

REF: CS/FCI17022556/Mlvbe2

Special Instructions:

Surveyor:

Ma

ASSIGNMENT (Office)

CWS

From (Person):

Eileen Lee

of

FCI

Date/Time:

218pm @ 27/11/2017

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJZ 889Y

Insured:

SHC8488M

at Workshop m/s

Kian Teong Auto

Tel:

91786498

of

31K176 Sia Ming Drive # 01-08

Policy No:

Claim No:

D17010943MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

23/11/2017

CA / REV / REP. / REV 24 HRS

(wp)

28/11/2017

H.O.D. Endorsement:

Date/Time:

4:25pm @ 27/11/17

Person Contacted:

Wendy

Vehicle:

☒ IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SJZ 889Y-X

SHC8488M-NA/AIG13004797/m2-D.O.A: 11/03/2013

29/11/17

@ 950am Wendy will email est to Mr Ma

29/11/17

Informed fcs pending est from repairer by email

4/12/17

Ma confirmed \$ 258.50 (Red 1934.50, 479)

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s KIAN TIONG

of \_\_\_\_\_

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

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

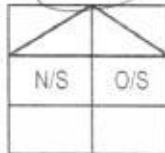
Claims No. \_\_\_\_\_

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

(Client's Record)

Make of Veh: \_\_\_\_\_

(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

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

Vehicle: IN / OUT

Veh No: SJZ 8894 Yr Regn: DM 2017Type: M. Car M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MERC C.C. 1991Colour: White A/C: Insured / Std / NI / NASp. Reading: 12189 T/Radio: Insured / Std / NI / NA

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

C/No: WDD2054422F458148Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil S/Rim / STD A/Rim orTyre Size: F: 225/40/R19R: 255/35/R19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or CON

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 23/11/2017 D.O.I. 28/11/2017

Survey held at \_\_\_\_\_

Des. of Damages: FR / Rear / O/S / N/S / U/C / Rooftop orFR

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

Date / Time Action / Instruction

4/12/17 Estimate upon survey.5/12/17 Send preli revised by menmen

RECEIVED

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 5/12 - typistDays Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) S + RS SI

) Photos

) Others

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Report Format: CWSLump Sum / I.B.I: (\$ 2158.50)

TOTAL

252

135
50
50
17
252

## Survey Department Check List (Case Handler)

Reference No.: CS/FC 17022556/MLVB  
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin (** ): Case handler to make sure all information created by the assignment team are **ACCURATE**.

**(1) Office Assign Form**

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No				
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

**Surveyor (** ): Case handler to make sure the surveyor completed all required information.

**(1) Assignment Form**

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

**(2) System - (Views/Merimen)**

C	Damaged Vehicle Photographs Uploaded	✓			
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**(3) Workshop Estimate/Assignment Form**

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

**(4) System - (Views/Merimen)**

C	Resurvey photo Uploaded	✓			
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Check By: VERON 5/12/17  
Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/2014




# 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/FCI17022556/M1vb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 27-11-2017	
		Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHC 8488M	Veh. Inspected	SJZ 889Y
Policy No.		Coverage (\$)	0.00
Claim No.	D17010943MFSH	Excess (\$)	0.00
Assign From	CWS (EILEEN LEE)	Assign Date	27/11/2017
<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	23/11/2017	Inspection Date	27/11/2017
Survey held at	KIAN TEONG AUTO CENTRE BLK 176 SIN MING DRIVE #01-08 SIN MING CARE SINGAPORE 575721		
<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>	24-11-2017	<b>Our Ref No.</b> D17010943MFSH
<b>Accident Date</b>	23-11-2017	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHC8488M	<b>Third Party Vehicle.</b> SJZ889Y
<b>Survey Location</b>	BLK 176 SIN MING DRIVE #01-08 SIN MING AUTOCARE	
<b>Contact Person.</b>	WENDY SIEW	
<b>Contact No.</b>	64556268/ 91786498	<b>Fax No.</b> 64555166
<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>	KIAN TEONG AUTO CENTRE	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	EILEEN LEE	

## 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/230734)



PRI Documents



Close



## PRI Header Details

Claim No	D17010943MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & KIAN TEO
Workshop Name	KIAN TEONG AUTO CENTRE (Contact Person : WENDY SIEW)	Survey Location & Contact Details	BLK 176 SIN MING DRIVE #01-08 SIN MING AUTOCARE Mobile: 91786498 , Phone: 64556268 , Fax: 64555166 EmailId: INFO@KTAUTO.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC8488M	TP Vehicle No	SJZ889Y
PRI Recieved Date	24-11-2017 08:25:36 PM	Surveyor Appointed Date	27-11-2017 02:17:43 PM	Surveyor Accept Date	27-11-2017 0

## Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	27-11-2017	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

Veron Chen (LKKAuto)

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Tuesday, 5 December, 2017 11:04 AM  
**To:** 'Claim Workflow System'  
**Cc:** 'EILEENLEE@FIRST-INSURANCE.COM.SG'; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D17010943MFSH/1, SJZ 889Y  
**Attachments:** SJZ 889Y PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SJZ 889Y  
Date of survey: 28/11/2017  
Number of days: 2 days

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Wednesday, 29 November, 2017 9:53 AM  
**To:** 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>  
**Cc:** EILEENLEE@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D17010943MFSH/1, SJZ 889Y

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SJZ 889Y on 28/11/2017.

We are pending estimate from repairer.

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

**From:** Admin-D (LKKAuto)  
**Sent:** Monday, 27 November, 2017 4:29 PM  
**To:** 'Claim Workflow System' <[cwsmotorclaims@first-insurance.com.sg](mailto:cwsmotorclaims@first-insurance.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** [EILEENLEE@FIRST-INSURANCE.COM.SG](mailto:EILEENLEE@FIRST-INSURANCE.COM.SG); SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D17010943MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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:** Monday, 27 November, 2017 2:17 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [EILEENLEE@FIRST-INSURANCE.COM.SG](mailto:EILEENLEE@FIRST-INSURANCE.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D17010943MFSH/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

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D17010943MFSH  
Our ref: CS/FCI17022556/M1vb

Date : 5/12/2017

The Motor Claims Department  
M/s First Capital Insurance Ltd

*Without Prejudice*

Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SJZ 889Y**

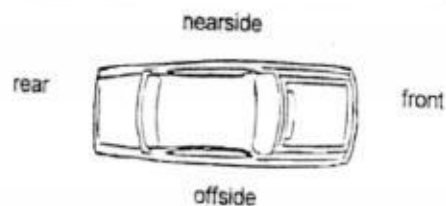
We thank you for your instruction on 27/11/2017

Please be informed that we had conducted the inspection of the above mentioned vehicle on 28/11/2017 at the premises of M/s KIAN TEONG AUTO CENTRE and have the following to report:-

Workshop Estimate Amount	: S\$4,093.00
Revised Estimate Amount	: S\$2,158.50
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

The vehicle sustained damages at the front portion.



Comments/Present Status:  
Damages Consistent

Yours faithfully,

**MA CHIN FOOK**  
Automotive Assessor

Veron Chen (LKKAuto)

---

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**Sent:** Wednesday, 29 November, 2017 9:53 AM  
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**Cc:** EILEENLEE@FIRST-INSURANCE.COM.SG; SUR  
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We are pending estimate from repairer.

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** Admin-D (LKKAuto)  
**Sent:** Monday, 27 November, 2017 4:29 PM  
**To:** 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** EILEENLEE@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D17010943MFSH/1

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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>]  
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**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [EILEENLEE@FIRST-INSURANCE.COM.SG](mailto:EILEENLEE@FIRST-INSURANCE.COM.SG)  
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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.**



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 24 Nov 2017 / 10:12:52

Receipt Date/Time : 24 Nov 2017 / 10:12:52

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-171124-000438

Previous Receipt No. :

**S/N Item Description/  
Business Transaction Reference  
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHC8488M

As at 23 Nov 2017/23:59:00

Insurance Co: FIRST CAPITAL INS LTD

1 Insurance Enquiry - SHC8488M

Enquiry Fee

20171124101112259860

5.00 0.35 5.35

Sub-Total 5.00 0.35 5.35

Total Before Rounding 5.00 0.35 5.35

Rounding Difference 0.00

Total Amount Payable 5.35

Paid By

xxxxxxxxxxx2042	Credit Card: Visa/MasterCard	5.35
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Total 5.35

Cash Change 0.00

Tendered Amount 5.35

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

MALM17155332 / Ah Lim Motor Company - AMK  
ENTRY DATE & TIME: 24/11/2017 10:27

67H1-8434  
cat (LKK).

## 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 24/11/2017 10:27  
Date Of Accident 23/11/2017 16:20  
Exact Location Of Accident SEMBAWANG COUNTRY CLUB CARPARK  
Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ889Y  
Insured/Policyholder  
Name Of Registered Owner CHUA BOON LENG LYNN  
NRIC No S7816897H  
Email Address CHUALYNN@YAHOO.COM.SG  
Mobile Phone No (LOCAL) +65-94246078  
Alternative Phone No OFFICE-NOPHONE

## Vehicle Particulars

Manufacturer MERCEDES-BENZ  
Model C200 COUPE  
Exact Purpose for which vehicle was being used at time of accident PRIVATE USE  
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 AXA INSURANCE PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number GA151081/1  
Cover Note Number

## Driver

Name of Driver CHUA BOON LENG LYNN  
NRIC No S7816897H  
Date Of Birth 22/06/1978  
Occupation INDOOR  
Date Of Driving Pass 30/09/1996  
Driving Experience 21 YEARS AND 1 MONTH  
Gender FEMALE  
Mobile Number (LOCAL) +65-94246078  
Fax Number  
Contact Number OFFICE-NOPHONE

Address 9 WALK HASSAN PLACE  
Postcode 757106  
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 -  
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) 0

**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? NO  
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHC8488M  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver QUEK HONG LEONG  
NRIC/Passport Number S1218698C  
Contact Number 96656450  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name PAN SUI SONG  
Phone Number 97867796  
Email Address

## Sketch Plan Pg. 1

## SKETCH PLAN

AFA

Vehicle: SJZ  
889y

## 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 &amp; Time:

24/11/17  
@ 9:30 am

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

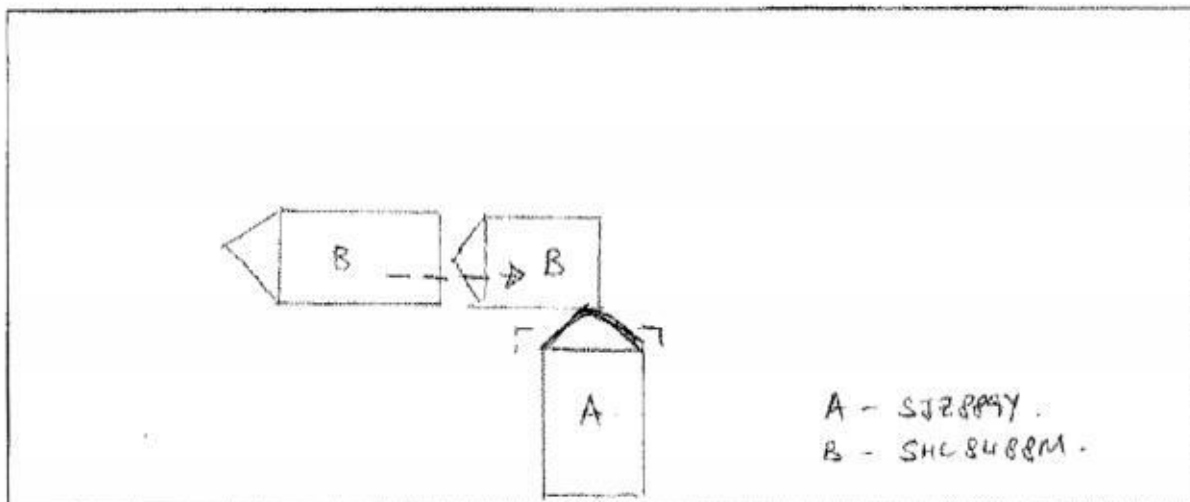

 24/11/17

## Sketch Plan Pg. 2

## SKETCH PLAN

Date: 28.11.17 Time: 4.20pm Location: Sembawang Country Club carpark.

My Vehicle A: SJZ 889Y Vehicle B: SHL 8488M Vehicle C/Others: —



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked at Sembawang Country Club, while taxi (SHL 8488M) was dropping passenger along the carpark. TAXI reversed and ~~knocked~~ knocked into my car. I was present at time of crash because I was getting my items into the car from the driver side. Therefore ~~attest~~ witnessing the whole event but wasn't in time to stop ~~the~~ taxi from knocking me. I have a witness to assist the ~~claim~~ <sup>claim</sup> in case of any disputes. Witness detail: Mr Pan Shi Song, tel: 9786 3796.

( ) Claim OD / TP at Ah Lim Motor ☒ Claim OD / TP at other workshop ( ) Reporting Only

Remarks: Please forward a copy of my file accident report to

My workshop: Kian Tong Auto Center.  
Email Address: kiantongauto@yahoo.com.sg  
& Myself: chuanhan@yahoo.com.sg  
Email Address:

Note: Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time: 28/11/17

A. Anam

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

Witnessed by Reporting Centre  
Personnel: Mei G



Blk 176 Sin Ming Drive #01-08  
Sin Ming AutoCare Singapore 575721  
Tel No. : 64556268 Fax No. : 64555166  
E-Mail : [info@ktauto.com.sg](mailto:info@ktauto.com.sg)  
Website : [www.ktauto.com.sg](http://www.ktauto.com.sg)  
Tax Reg. No. : 52991859E Buss. Reg. No. : 52991859E

Attention : Motor Claim Department  
Contact : 6507 6848 Fax No. : 6507 3849

Date : 29/11/2017  
Vehicle Num. : SJZ 889 Y  
Make/Model : MEC C200-2011  
Chassis/Eng# : WDC1641822A738699/2729453186936  
Accident Date : 29/11/2017  
Claim No. :  
Reference :  
Policy No. :

Not Authorized  
PIP Repair  
2 w days  
\$12158.50

**LLK Auto Consultants hence not**  
**the Repairer of the following:**

- To resurvey before/after spray painting
- To repair damaged part(s) during
- ... are subject to confirm
- Third party survey is on a "With
- No illegal modification(s) is all
- Supplementary item(s) must
- is subject to final approval fr

and  
 company

**Acknowledged by Repairer**  
 Signature:  
 Date:




## 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/FCI17022556/M1vbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 08-12-2017	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 8488M	Veh. Inspected	SJZ 889Y	
Policy No.	D-15072701MFSH	Coverage (\$)	0.00	
Claim No.	D17010943MFSH	Excess (\$)	0.00	
Assign From	EILEEN LEE	Assign Date	27/11/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MERCEDES BENZ	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	WDD2054422F458148	Colour	WHITE	
Odometer	12289	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	225/40 R19	CONTINENTAL	7 mm	
L/H Front Tyre	225/40 R19	CONTINENTAL	7 mm	
R/H Rear Tyre	255/35 R19	CONTINENTAL	7 mm	
L/H Rear Tyre	255/35 R19	CONTINENTAL	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	23/11/2017	Inspection Date	28/11/2017	
Survey held at	KIAN TEONG AUTO CENTRE BLK 176 SIN MING DRIVE #01-08 SIN MING CARE SINGAPORE 575721			
<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:		2 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. SJZ 889Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER	DEFORMED	2,450.00	1,580.00
1	NUMBER PLATE HOLDER	DEFORMED	285.00	185.00
	LESS 10% DISCOUNT		-	-176.50
			2,735.00	1,588.50
<b>SPECIAL NETT ITEMS</b>				
1	NUMBER PLATE WITH CASING (SN)	BENT	58.00	40.00
			58.00	40.00
<b>LABOUR</b>				
	TO PUTTY APPLY PRIMER & SPRAY PAINT THE AFFECTED AREAS.TO SPRAY PAINT ALL DAMAGED PARTS.		500.00	250.00
	TO KNOCK AND RE-ALIGN ALL DAMAGED PARTS.TO REMOVE AND CHANGE ALL DAMAGED PARTS.		680.00	250.00
	TO REMOVE AND REFIT HEAD LAMP ASSY,TO CHECK AND REPAIR WIRING.		120.00	30.00
			1,300.00	530.00
<b>GRAND TOTAL</b>			<b>4,093.00</b>	<b>2,158.50</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>2,158.50</b>

Report Ref No. CS/FCI17022556/M1vbe2

MA CHIN FOOK

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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