

ASS. REC. BY:

REF: CS/FCI17022612/Ag607 Special Instruction:

Surveyor:

Adrian

ASSIGNMENT (Office)

From (Person):

Serene Ler

of

FCI

Date/Time:

28/11/17 @ 12:12pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJE 8073S

Insured:

SHA 2949A

at Workshop m/s

Sin Hwee Motor

Tel:

67455783/97666672

of Blk 3023A Ubi Rd 1 # 01-59

Policy No:

Claim No:

D17010979MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

24/11/2017

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12:35pm @ 28/11/17

Person Contacted:

Khim

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SJE 8073S - X
	SHA 2949A - X
29/11/17	mail to Serene - pending est from uksp.
3/1/18	4s \$3500 CRd: 7442.24, 68%.
	mv: \$13000, LTA: \$9433, NV: \$3567.

REF:

ASSIGNMENT

08/05/08.

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop mis _____

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.

N/S	O/S

Bal. or Market Value: \$13000

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 9 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJE80735 Yr Regn: 2008 MayType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Airwave o.c. 1496Colour: Black A.O. Insured / Std / NI / NASp. Reading: 142536 T. Radio: Insured / Std / NI / NA

Eng. No: _____

C/No: GJ11209374Gen. 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: 195/55R15R: 195/55R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 28/11/07Survey held at Sin HweeDes. 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

TP 1st Cap.

MV: 13K

PV: 9.5K

Nett: 3.5K

RECEIVED 02.05.2008

Date/Time File Pass to?

☐ : Preli. ReportDays Of Repair: 9

1. _____

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time File Return to?

Survey Fee:

2. _____

Add Fee: ☐ : Site Insp. \$

Transportation

☐ : Interview \$

Photos

☐ : Tech. Insp. \$

Others

☐ : Weekend \$Report Format: TPLump Sum / I.B.I. \$ 3500

TOTAL

319




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/FCI17022612/Agb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 28-11-2017	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 2949A	Veh. Inspected	SJE 8073S	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17010979MFSH	Excess (\$)	0.00	
Assign From	CWS (SERENE LER)	Assign Date	28/11/2017	
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	24/11/2017	Inspection Date	28/11/2017	
Survey held at	SIN HWEE MOTOR PTE LTD BLK 3023-A UBI ROAD 1 #01-59 SINGAPORE 408717			
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	27-11-2017	Our Ref No. D17010979MFSH
Accident Date	24-11-2017	Claim Type. Third Party
Insured Vehicle	SHA2949A	Third Party Vehicle. SJE8073S
Survey Location	BLK 3023A UBI ROAD 1 #01-59	
Contact Person.	KHIM	
Contact No.	67455783/ 97666672	Fax No. 67449582
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	SIN HWEE MOTOR PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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/231128)



PRI Documents



Close



PRI Header Details

Claim No	D17010979MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & SIN HWEE
Workshop Name	SIN HWEE MOTOR PTE LTD (Contact Person : KHIM)	Survey Location & Contact Details	BLK 3023A UBI ROAD 1 #01-59 Mobile: 97666672 , Phone: 67455783 , Fax: 67449582 EmailId: SINHWEEEMOTOR@GMAIL.COM		
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	SHA2949A	TP Vehicle No	SJE8073S
PRI Recieved Date	27-11-2017 11:43:30 PM	Surveyor Appointed Date	28-11-2017 12:11:19 PM	Surveyor Accept Date	28-11-2017 1

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	28-11-2017	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

Upload Multiple Documents

File Name

Action

Surveyor Job Remarks

Remarks

Ai Phing (LKKAUTO)

From: Ai Phing (LKKAUTO)
Sent: Wednesday, 29 November, 2017 4:45 PM
To: 'Claim Workflow System'
Cc: SERENELER@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17010979MFSH/1

Dear Serene,

Please be informed that we have inspected the vehicle SJE 8073S on 28-11-2017.
We are pending estimate from repairer.

Best Regards,

Ai Phing | 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, #01-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Tuesday, 28 November, 2017 1:51 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: SERENELER@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17010979MFSH/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 | 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, 28 November, 2017 12:12 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; SERENELER@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17010979MFSH/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.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	0968Z

Vehicle Details

Vehicle No.	SJE8073S
Vehicle to be Exported	Yes
Intended De-registration Date	28 Nov 2017
Vehicle Make	HONDA
Vehicle Model	AIRWAVE 1.5M SKYROOF A
Primary Colour	Black
Manufacturing Year	2008
Engine No.	L15A5161080
Chassis No.	GJ11209374
Maximum Power Output	81.0 kW (108 bhp)
Open Market Value	\$16,190.00
Original Registration Date	08 May 2008
First Registration Date	08 May 2008
Transfer Count	2
Actual ARF Paid	\$17,809.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	07 May 2018
PARF Rebate Amount	\$8,904.00

Intended COE Rebate Details

COE Expiry Date	07 May 2018
COE Category	A - Car (1600cc & below)
COE Period(Years)	10
QP Paid	\$12,002.00
COE Rebate Amount	\$529.00
Total Rebate Amount	\$9,433.00

The information contained herein is correct as at 28 Nov 2017

OK


MYCARFORUM
 MARKETPLACE

Buy / Sell Parts & Accessories

> click here to visit now!

 Username / Email Add
 password
 f Connect > Sign Up New Account
 > Forgot Password

 Airwave Price Range Depreciation 2008 Vehicle Type

Advanced Search

Used Car Comparison

--- Comparing 2 Vehicles ---

Honda Airwave 1.5A M

Honda Airwave 1.5A M



Clear All

Add all to Shortlist

Add to Shortlist

Add to Shortlist

Back to search result

Use search bar above to select another car to compare.

Use search bar above to select another car to compare.

CAR DETAILS

Price	\$14,088	\$15,800	-	-
Instalment	\$1,433	\$1,410	-	-
Registration Date	10-Jul-2008	25-Aug-2008	-	-
Manufactured	2008	2008	-	-
Mileage	-	-	-	-
Transmission	Auto	Auto	-	-
Engine Cap	1,496 cc	1,496 cc	-	-
Road Tax	\$682 /yr	\$682 /yr	-	-
Power	81.0 kW (108 bhp)	81.0 kW (108 bhp)	-	-
Curb Weight	1,160 kg	1,160 kg	-	-
Features	1.5L 16 Valves I-VTEC Engine Producing 108bhp, 5-Speed CVT Auto Transmission, 2 x Airbags, ABS, Digital Climate Control Aircon, Superb Fuel Efficiency.	Powered By 1.5L I-VTEC Engine, Automatic Transmission, Twin SRS Airbags, ABS, Digital Auto Climatic Aircon, Electric Retractable Mirrors.	-	-
Accessories	Sports Rims, Leather Seats, Retractable Side Mirrors With Signal Indicator, Reverse Sensor, Pioneer Touchscreen DVD With Reverse Camera, Etc.	Reverse Sensors, Reverse Camera, Leather Seat, DVD Player.	-	-
Description	Best Selling Wagon For Short Term Driving Even Cheaper For COE Newer! Previous Owner Just Done Service Repaired! Drive In Peace Of Mind, No Repair Needed! Hurry Call For Appointment Before Sold!	\$5,800 Downpayment, Monthly \$695 Can Be Arrange, Suitable For COE Renewal! One Of The Lowest Depreciation In The Market! 1.5L With Huge Boot Space! Accident Free! Regular Servicing And Cleaning Done To Ensure Car Is In Tip Top Condition. Leather Seats Firm And Intact With No Worn Outs! Highly Recommended Popular Family Car! Call Our Friendly Staffs To Arrange A Viewing Now!	-	-
COE	\$14,685	\$13,289	-	-
OMV	\$14,269	\$13,846	-	-
ARF	\$14,269	\$13,846	-	-
Depreciation	\$11,380 /yr	\$12,050 /yr	-	-
No. of Owners	2	1	-	-
Type of Vehicle	Stationwagon	Stationwagon	-	-
Category	PARF Car	PARF Car	-	-
Availability	Available	Available	-	-

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	27/11/2017 11:10
Date Of Accident	24/11/2017 18:25
Exact Location Of Accident	WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE8073S
Name Of Registered Owner	YEO CHYE CHYE
NRIC No	S8200968Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83889200
Alternative Phone No	OTHERS-83889200

Manufacturer	HONDA
Model	AIRWAVE
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1764281
Cover Note Number	

Name of Driver	YEO CHYE CHYE
NRIC No	S8200968Z
Date Of Birth	09/01/1982
Occupation	INDOOR
Date Of Driving Pass	26/01/2006
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83889200
Fax Number	
Contact Number	OTHERS-83889200
Email Address	NOEMAIL

Address BLK 4A BOON TIONG ROAD #19-21
Postcode 164004
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

Type Of Accident COLLISION - HEAD TO REAR
Weather Conditions CLEAR
Road Surface DRY

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

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?

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

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 SHA2949A
Vehicle Make/Model/Colour
Details Of Properties TAXI
Name of Driver WONG SHAW CHING
NRIC/Passport Number S1520187H
Contact Number 97927833
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Name
Phone Number
Email Address

Sketch Plan

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 Authorized 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 suspend 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 to 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:

27/11/17
DATE: 27/11/17 TIME: 17:30


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


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

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS MOVING STRAIGHT ALONG WEST COAST HIGHWAY, THE VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED SO I FOLLOWED TOO.

SUDDENLY VEHICLE B HIT DIRECTLY ONTO MY REAR PORTION

DECLARATION

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

Policyholder's Signature
Date & Time:

SIARMC Sketch Plan Form v3

27/11/17

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

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

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will stand as the basis of claims

1. Date of accident 24/11/17 16:30		2. Exact location of accident WEST COAST HIGHWAY		To be signed by BOTH drivers Signature over stamp NA <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
3. Damaged vehicles To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		4. Insurance company, address and tel no. for underwriter / broker Is a passenger in vehicle A or vehicle B? Vehicle A: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Vehicle B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Vehicle A
 License No. GE8073S
 Name YEO CHYE CHYE
 Address 52-4A BUN TANG ROAD
#11-21 S(149004)
 NRIC / Passport no. S22009162
 Tel no. (Home) 82289200
 Tel no. (Work) 82289200
 Mobile type HONDA AIRWAYS
 Insurance company AAA ☐ C ☐ TPA ☐ IPO
 Does the policy cover damage to vehicle A?
 No ☐ Yes ☒
 Policy No. VPA/P1364281
 Driver ☒ Driver as Owner
 Name [Signature]
 NRIC / Passport no. _____
 Date of Birth _____
 Gender Male ☒ Female ☐

12. CIRCUMSTANCES
 Put a cross (X) in each of the relevant boxes applicable to your vehicle

Collision - Rear	<input type="checkbox"/>
Collision - Side	<input type="checkbox"/>
Collision - Head-on	<input type="checkbox"/>
Collision - Into Object	<input type="checkbox"/>
Collision - Into Pedestrian	<input type="checkbox"/>
Collision - Into Property	<input type="checkbox"/>
Collision - Change/Cross Lane	<input type="checkbox"/>
Collision - Over Junction	<input type="checkbox"/>
Collision - Head-on Collision	<input type="checkbox"/>
Collision - Head-on Near	<input type="checkbox"/>
Collision - Intersection	<input type="checkbox"/>
Collision - Spilling over of Vehicle	<input type="checkbox"/>
Collision - Roadblock	<input type="checkbox"/>
Collision - Slippery	<input type="checkbox"/>
Drugs / Alcohol / Drug Influence	<input type="checkbox"/>
Any Signature or Licensing	<input type="checkbox"/>
Speed	<input type="checkbox"/>
Hit and Run / Unidentified / Damaged vehicle parked	<input type="checkbox"/>
Hit by falling from / other objects	<input type="checkbox"/>
No Collision	<input type="checkbox"/>
Not a Driver	<input type="checkbox"/>
Truck	<input type="checkbox"/>

Vehicle B
 License No. G1A2449A
 Name WONG SHAN CHING
 Address _____
 NRIC / Passport no. S15201874
 Tel no. (Home) _____
 Tel no. (Work) _____
 Mobile type Taxi
 Insurance company ☐ C ☐ TPA ☐ IPO
 Does the policy cover damage to vehicle B?
 No ☐ Yes ☐
 Policy No. (if available) _____
 Driver (the driving force)
 (If different from above) Name _____
 NRIC / Passport no. _____
 Date of Birth _____
 Gender Male ☐ Female ☐

13. Indicate the point of initial impact with an arrow (→)

14. Sketch of accident scene impact occurred

Place indicator 1, front of the road - 2, the direction of vehicle A and B with arrow - 3, the position of the line of impact - 4, the road width - 5, points of the skid marks on road

State TOTAL number of boxes marked with a cross

REFER TO ATTACHED

15. Indicate the point of initial impact with an arrow (→)

16. Vehicle damage to vehicle A

17. Remarks

18. Vehicle damage to vehicle B

19. Remarks

In the event of insurance to the extent of claims to complete other than vehicles A and B, give information provided

Do not alter anything in the statement after signing

Signature of driver A [Signature]

Signature of driver B [Signature]

For driver's signature statement (Part II) see number 4

Individual Statement

Reporting On-line: Progressive Automotive Pro Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop (and / or if any)											
To be completed and submitted within 30 days to your insurer or later at completed workshop (fill a duplicate of each vehicle separately)													
Report	1. Occupation (if more than one, state all) <u>Taxi</u>		2. Email: <u>Schweemotor@gmail.com</u>										
	2. Vehicle registration no. <u>CE 8235</u> <u>CC 1500</u>		3. Vehicle make, model, year, and capacity										
	3. Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state relationship of driver with owner		4. State the vehicle make and year of driver of driver's own vehicle (not applicable)										
	4. State purpose for which vehicle was being used at time of accident. <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Other: <input type="checkbox"/> If other, please specify		5. Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present <u>WORKSHOP</u> Tel no. _____										
	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)												
	Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth <u>09/01/82</u>	Occupation <u>Indoor</u> <input checked="" type="checkbox"/> <u>Outdoor</u> <input type="checkbox"/>	Date of license pass <u>26/01/06</u>									
8. Give details of any pre-existing impairment of sight or hearing and of any other disability													
9. Full details of all driving conditions including pending prosecutions in the last 36 months													
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Date	Offence	Penalty									
Date	Offence	Penalty											
Injured persons	10. Name(s), address(es) and appointment (s)	Is person involved	If vehicle occupants, state in which vehicle										
			State seat belt being worn										
			Was injured compensated or covered by insurance?										
Damage to property & vehicles (other than vehicle A and B)	11. Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage										
			Insurer's name and address (if known)										
Police action	12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station												
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?												
Accident details	14. Weather conditions <u>Clear</u> <input checked="" type="checkbox"/> <u>Windy</u> <input type="checkbox"/> <u>Other</u> <input type="checkbox"/>												
	15. Road surface <u>Wet</u> <input type="checkbox"/> <u>Dry</u> <input checked="" type="checkbox"/> <u>Other</u> <input type="checkbox"/>												
	16. Speed of vehicle <u>A</u> <input type="checkbox"/> <u>km/hr</u> <u>B</u> <input type="checkbox"/> <u>km/hr</u>												
	17. What warnings were given by driver or other party?												
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>												
	19. What lights were displayed on your vehicle(s) other vehicle(s)?												
	20. If your vehicle is concerned, state weight of load carried at time of accident												
	21. State how accident happened, width of road, speed limits, etc. (please be detailed)												
Declaration	22. State number of Passengers (including Driver) <input type="checkbox"/>												
	I/We declare the foregoing particulars are true in every respect												
Policyholder's signature <u>[Signature]</u> Date _____													
Driver's signature (if driver is not the policyholder) _____ Date _____													

SIN HWEE MOTOR PTE LTD

ESTIMATE

*** Main Workshop ***

Blk 3023A Ubi Road 1 #01-59 S(408717)

*** Spray Paint Workshop @ Autobay ***

1 Kaki Bukit Avenue 6, #01-25 S(417883)

REG NO: 201327079M

YEO CHYE CHYE

BLK 4A BOON TIONG ROAD

#19-21

SINGAPORE 164004

DATE	24/11/2017
VEHICLE NO:	SJE 8073 S
MAKE:	HONDA
MODEL:	AIRWAVE

QUANTITY	DESCRIPTION	UNIT	AMOUNT
1 PC	REAR BOOTLID <i>Painted</i>	1,382.50	1,382.50 ✓
1 PC	REAR BOOTLID OUTER GARNISH <i>Painted</i>	451.50	451.50 ✓
2 PCS	REAR NUMBER PLATE LAMP <i>Painted</i>	32.80	65.60 *
1 PC	REAR BOOTLID LOCK <i>Painted</i>	159.40	159.40 ✓
1 PC	REAR BOOTLID INNER TRIM <i>Painted</i>	378.00	378.00 ✓
1 PC	AIRWAVE LOGO <i>Painted</i>	45.00	45.00 ✓
1 PC	WINDSCREEN MOULDING <i>Painted</i>	118.20	118.20 ✓
1 PC	BOOTLID LOCK HANDLE <i>Painted</i>	148.90	148.90 ✓
1 PC	WEATHER STRIP <i>Painted</i>	191.80	191.80 ✓
1 PC	END PANEL <i>Distorted</i>	558.70	558.70 ✓
1 PC	END PANEL TOP GARNISH <i>Distorted</i>	138.60	138.60 ✓
1 PC	FLOOR BOARD PANEL <i>Distorted</i>	850.00	850.00 ✓
1 PC	REAR FENDER INNER TRIM <i>Distorted</i>	335.80	335.80 ✓
1 PC	TAILAMP L/H <i>Distorted</i>	285.00	285.00 ✓
1 PC	BOOTLID LAMP L/H <i>Distorted</i>	245.30	245.30 ✓
1 PC	REAR BUMPER <i>Distorted</i>	1,178.50	1,178.50 ✓
1 PC	REAR BUMPER SIDE RETAINER L/H <i>Distorted</i>	35.00	35.00 ✓
1 PC	REAR BUMPER SIDE RETAINER R/H <i>Distorted</i>	35.00	35.00 ✓
	----- SUBTOTAL		6,602.80
LESS 20%	----- LESS 20%	-20.00%	-1,320.56
-	REAR NUMBER PLATE AND HOLDER <i>Painted</i>	150.00	150.00 60
-	1 SET REVERSE SENSOR <i>Painted</i>	280.00	280.00 220
-	TO INSTALL AND CALIBRATE REVERSE SENSOR	60.00	60.00 40
-	TO RE-INSTALL AND CALIBRATE REVERSE CAMERA	150.00	150.00 60
-	TO DISMOUNT AND MOUNT WINDSCREEN TO FACILITATE REPAIR WORK	150.00	150.00 120
-	TO SUPPLY WINDSCREEN SEALANT	80.00	80.00 60
-	TO TRANSFER BOOTLID MECHANISMS, FITTING AND TRIMS TO NEW BOOTLID	150.00	150.00 60
-	TO REMOVE AND RE-FIX INNER TRIMS, CARPET AND SEATS TO FACILITATE END PANEL REPLACEMENT	220.00	220.00 80
-	TO MOUNT VEHICLE ON CAR-O-LINER BENCH AND MEASURE REAR CHASSIS FRAMES	350.00	350.00 *

Tel: 6745 5783 Fax: 6744 9582

Email: sinhweemotor@gmail.com

Website: www.sinhweemotor.com

TOTAL

SIN HWEE MOTOR PTE LTD

ESTIMATE

*** Main Workshop ***

Blk 3023A Ubi Road 1 #01-59 S(408717)

*** Spray Paint Workshop @ Autobay ***

1 Kaki Bukit Avenue 6, #01-25 S(417883)

REG NO: 201327079M

YEO CHYE CHYE

BLK 4A BOON TIONG ROAD

#19-21

SINGAPORE 164004

DATE	24/11/2017
VEHICLE NO:	SJE 8073 S
MAKE:	HONDA
MODEL:	AIRWAVE

QUANTITY	DESCRIPTION	UNIT	AMOUNT
-	TO REPLACE END PANEL AND FLOORBOARD PANEL INCLUDE KNOCKING, CUTTING AND WELDING TO REPLACE AND ALIGN AFFECTED PARTS TO SYMMECTRICAL SPEC	2,200.00	2,200.00 120
-	TO SPRAY PAINT FLOOR BOARD, END PANEL BUMPER, BOOTLID AND GARNISH	1,500.00	1,500.00 100
-	TO SUPPLY AND TUFF KOTE AFFECTED AREA	3010 220.00	220.00 80
-	TO CHECK AND CARRY OUT WIRE CHECKING ON AFFECTED AREA	150.00	150.00 30

L/s Adrian Ling total 7892.64
28/11/17.
09 Days.
L/s 3-SK

LKK Auto Consultants hence notify
the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

Tel: 6745 5783 Fax: 6744 9582

Email: sinhweemotor@gmail.com

Website: www.sinhweemotor.com

TOTAL \$10,942.24




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/FCI17022612/Agbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 03-01-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 2949A	Veh. Inspected	SJE 8073S	
Policy No.	D-15072701MFSH	Coverage (\$)	0.00	
Claim No.	D17010979MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	28/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	HONDA AIRWAVE	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	GJ11209374	Colour	BLACK	
Odometer	142536	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/55 R15	BRIDGESTONE	6 mm	
L/H Front Tyre	195/55 R15	BRIDGESTONE	6 mm	
R/H Rear Tyre	195/55 R15	BRIDGESTONE	6 mm	
L/H Rear Tyre	195/55 R15	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	24/11/2017	Inspection Date	28/11/2017	
Survey held at	SIN HWEE MOTOR PTE LTD BLK 3023-A UBI ROAD 1 #01-59 SINGAPORE 408717			
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:		9 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJE 8073S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BOOTLID	DENTED	1,382.50	1,382.50
1	REAR BOOTID OUTER GARNISH	CRACKED	451.50	451.50
2	REAR NUMBER PLATE LAMP @\$32.80	NOT NECESSARY	65.60	-
1	REAR BOOTLID LOCK	DAMAGED	159.40	159.40
1	REAR BOOTLID INNER TRIM	CRACKED	378.00	378.00
1	AIRWAVE LOGO	NECESSARY	45.00	45.00
1	WINDSCREEN MOULDING	NECESSARY	118.20	118.20
1	BOOTLID LOCK HANDLE	NOT NECESSARY	148.90	-
1	WEATHER STRIP	CUT	191.80	191.80
1	END PANEL	DISTORTED	558.70	558.70
1	END PANEL TOP GARNISH	DEFORMED	138.60	138.60
1	FLOOR BOARD PANEL	BUCKLED	850.00	850.00
1	REAR FENDER INNER TRIM RH	CRACKED	335.80	335.80
1	TAILLAMP L/H	NOT NECESSARY	285.00	-
1	BOOTLID LAMP L/H	CUT	245.30	245.30
1	REAR BUMPER	DEFORMED	1,178.50	1,178.50
1	REAR BUMPER SIDE RETAINER L/H	NECESSARY	35.00	35.00
1	REAR BUMPER SIDE RETAINER R/H	NECESSARY	35.00	35.00
	LESS 20% DISCOUNT		-1,320.56	-1,220.66
			5,282.24	4,882.64
SPECIAL NETT ITEMS				
1	REAR NUMBER PLATE AND HOLDER (SN)	CRACKED	150.00	60.00
1	SET REVERSE SENSOR (SN)	DAMAGED	280.00	220.00
			430.00	280.00
LABOUR				
	TO INSTALL AND CALIBRATE REVERSE SENSOR.		60.00	40.00
	TO RE-INSTALL AND CALIBRATE REVERSE CAMERA.		150.00	60.00
	TO DISMOUNT AND MOUNT WINDSCREEN TO FACILITATE REPAIR WORK.		150.00	120.00
	TO SUPPLY WINDSCREEN SEALANT.		80.00	60.00

Report Ref No. CS/FCI17022612/Agbe2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO TRANSFER BOOTLID MECHANISMS, FITTING AND TRIMS TO NEW BOOTLID.	NOT NECESSARY	150.00	60.00
	TO REMOVE AND RE-FIX INNER TRIMS, CARPET AND SEATS TO FACILITATE END PANEL REPLACEMENT.		220.00	80.00
	TO MOUNT VEHICLE ON CAR-O-LINER BENCH AND MEASURE REAR CHASSIS FRAMES.		350.00	-
	TO REPLACE END PANEL AND FLOORBOARD PANEL INCLUDE KNOCKING, CUTTING AND WELDING		2,200.00	1,200.00
	TO REPLACE AND ALIGN AFFECTED PARTS TO SYMMETRICAL SPEC			
	TO SPRAY PAINT FLOOR BOARD, END PANEL BUMPER, BOOTLID AND GARNISH.		1,500.00	1,000.00
	TO SUPPLY AND TUFF KOTE AFFECTED AREA.		220.00	80.00
	TO CHECK AND CARRY OUT WIRE CHECKING ON AFFECTED AREA.		150.00	30.00
			5,230.00	2,730.00
GRAND TOTAL			10,942.24	7,892.64

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,500.00
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Report Ref No. CS/FCI17022612/Agbe2

MARKET VALUE: \$13,000.00 (EST)-LTA REIMBURSEMENT VALUE: \$9,500.00=NETT VALUE: \$3,500.00

ADRIAN LING WAI PING

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

Licensed Appraiser

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