

ASS. REC. BY:

REF: CS/FCI17023137 / Wqber Special Instruction:

SURVIVOR: Wilson
CWS

ASSIGNMENT (Office)

From (Person): Lurene jaw of FCI Date/Time: 6.17pm @ 5/12/17

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLF 3132 Insured: SHB 3508C

at Workshop m/s Kah Motor Tel: 81006306

of 15 ubi Road 4

Policy No: Claim No: D17009998 MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 24/10/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

wp

7/12/17 @ 10am owner waiting

H.O.D. Endorsement:

Date/Time: 9.24am @

Person Contacted:

Ary chua

Vehicle IN (OUT)

Date/Time	Action/Instruction (✓) Estimate
	SLF 3132 - CC4/AXA17019393/Uka3 - D.O.A. 5/10/2017
	SHB 3508C - *
08/12/17 @ 3.17pm	revised to Lurene by email.
03/12/18 @ 3.50pm	Enaz (ulsp) informed that the owner claim OD (LIB).
03/12/18	Submit Prelim. report.

REF: FCI

ASSIGNMENT

From:

Date: 7/12/17

Estimated Cost:

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

To Inspect Vehicle No: SLF 3132

at Workshop m/s Kah Motor

of 15 Ubi Road 4

Insured:

Policy No.:

Claims No.:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

10 am @
owner waiting

(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: 3 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS ^{Wp}

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SLF 3132 Yr Regn: 22/7/2016

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

Truck / Trailer or

Make:

Honda Odyssey C.O. 2356

Colour:

Silver A/C: Insured / Std / NI / NA

Sp. Reading:

035765 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JHMRC 1890GC 205262

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/55 R17

R:

215/55 R17

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

TOYO / YOKO or

Dunlop

Front

Rear

R/Bal.

3

mm

R/Bal.

3

mm

L/Bal.

3

mm

L/Bal.

3

mm

D.O.A.

24/12/2017

D.O.I.

7/12/2017

Survey held at

As Above

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

Left Frt

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

Date / Time

Action / Instruction

RECEIVED 07 MAY 2019

Date/Time, File Pass to?



Preli. Report

1) 09/15/17



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

) S + RS \$

) Photos

) Others

TOTAL:

Report Format:

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

130

50

11

191




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/FC117023137/Wqb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 06-12-2017	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHB 3508C	Veh. Inspected	SLF 313Z
Policy No.		Coverage (\$)	0.00
Claim No.	D17009998MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	06/12/2017
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	24/10/2017	Inspection Date	
Survey held at	KAH MOTOR CO SDN BERHAD 15 UBI ROAD 4 SINGAPORE 408610		
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	25-10-2017	Our Ref No. D17009998MFSH
Accident Date	24-10-2017	Claim Type. Third Party
Insured Vehicle	SHB3508C	Third Party Vehicle. SLF313Z
Survey Location	15 UBI ROAD 4	
Contact Person.	ARY CHUA WAI NGEE	
Contact No.	67480770/ 81006306	Fax No. 68465673
Survey Type	WITHOUT PREJUDICE: KINDLY CHECK CAREFULLY IF TP'S DAMAGES ARE OLD DAMAGED. WE ARE ALSO PENDING ID'S	
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	KAH MOTOR CO SDN BHD	Attention. NIL
Cc : TP Solicitor	NA	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/229459)



PRI Documents



Close



PRI Header Details

Claim No	D17009998MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & KAH MOTOC
Workshop Name	KAH MOTOR CO SDN BHD (Contact Person : ARY CHUA WAI NGEE)	Survey Location & Contact Details	15 UBI ROAD 4 Mobile: 81006306 , Phone: 67480770 , Fax: 68465670 EmailId: ARYCHUA@HONDA.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: KINDLY CHECK CAREFULLY IF TP DAMAGED. WE ARE ALSO PENDING ID'S		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHB3508C	TP Vehicle No	SLF313Z
PRI Recieved Date	05-12-2017 06:28:46 PM	Surveyor Appointed Date	05-12-2017 06:16:43 PM	Surveyor Accept Date	06-12-2017 10

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	06-12-2017	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

Shiau Chan (LKKAUTO)

From: Faeaz <faeaz@honda.com.sg>
Sent: Thursday, 3 May 2018 3:50 PM
To: Shiau Chan (LKKAUTO)
Cc: Liew Thye Wui; Emillin Liew
Subject: RE: FINAL BILL OF SLF 313Z (DOA: 24/10/2017)

Dear Shiau Chan,

Please note that our client had 2 accident within the same month.

As for the 1st accident dated 5/10/17 he is claiming against AXA Insurance.(Third Party)
The 2nd accident dated 24/10/18 he is claiming through his own policy Liberty insurance.

I hope the above clarifies. thanks

Best Regards

Mohd Faeaz Bin Yaacob
Senior Executive
Kah Motor Body Repair Centre
15, Ubi Road 4
Singapore 408610
Tel : 68465678
Hp : 82886304

From: Shiau Chan (LKKAUTO) <siewsc@lkkauto.com>
Sent: Tuesday, 24 April, 2018 2:20 PM
To: Emillin Liew <emillinliew@honda.com.sg>
Cc: Liew Thye Wui <twliew@honda.com.sg>; Faeaz <faeaz@honda.com.sg>; Ary Chua <arychua@honda.com.sg>
Subject: RE: FINAL BILL OF SLF 313Z (DOA: 24/10/2017)

Dear Emillin,

Please note that the accident date is 24/10/2017 and claims against First Capital Insurance.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Shiau Chan (LKKAUTO)
Sent: Tuesday, 24 April 2018 2:19 PM
To: 'Emillin Liew' <emillinliew@honda.com.sg>
Cc: Liew Thye Wui <twliew@honda.com.sg>; Faeaz <faeaz@honda.com.sg>; Ary Chua <arychua@honda.com.sg>
Subject: RE: FINAL BILL OF SLF 313Z (DOA: 24/10/2017)

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Friday, 8 December, 2017 3:18 PM
To: 'Claim Workflow System'; assignments
Cc: LURENEJAW@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17009998MFSH/1
Attachments: CSFCI17023137Wqb.pdf

Dear Lurene,

Enclosed herewith preliminary advice of SLF 313Z.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Wednesday, 6 December, 2017 9:27 AM
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 - D17009998MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | 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, 5 December, 2017 6:16 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; LURENEJAW@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17009998MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

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



Auto
Consultants
Pte Ltd

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

Your Ref: D17009998MFSH
Our Ref: CS/FCI17023137/Wqb

Date: 08 December 2017

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

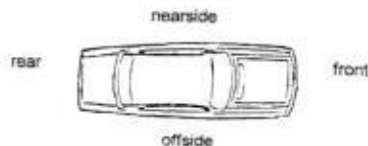
INITIAL INSPECTION REPORT OF VEHICLE NO. SLF 313Z .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 07/12/2017 at the premises of M/s KAH MOTOR, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>3,334.57</u> .
Revised Estimate Amount	: S\$ <u>1,655.72</u> .
"Check" Items Amount	: S\$ <u>218.85</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:

The vehicle sustained damages
at the o/s front portion.



Yours faithfully

Wilson
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	24/10/2017 12:53
Date Of Accident	24/10/2017 10:25
Exact Location Of Accident	153 SERANGOON NORTH AVE 1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF313Z
Insured/Policyholder	
Name Of Registered Owner	LOW KAH HOE
NRIC No	S7085516Z
Email Address	DUXLOW@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93389558
Alternative Phone No	OFFICE-93389558
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY-2.4 EXV-S (A)
Exact Purpose for which vehicle was being used at time of accident	P/USED
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD16V09529/VPC2/R00
Cover Note Number	
Driver	
Name of Driver	LOW KAH HOE
NRIC No	S7085516Z
Date Of Birth	14/06/1970
Occupation	INDOOR
Date Of Driving Pass	13/04/2009
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93389558
Fax Number	
Contact Number	OFFICE-93389558
Email Address	DUXLOW@YAHOO.COM

Address	BLK 550 SERANGOON NORTH AVE 3 #03-37
Postcode	S550550
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	-
	-

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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	SHB3508C
Vehicle Make/Model/Colour	HYUNDAI/I40/YELLOW
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Vehicle No SLF 313Z**SKETCH PLAN**

Annex D

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")

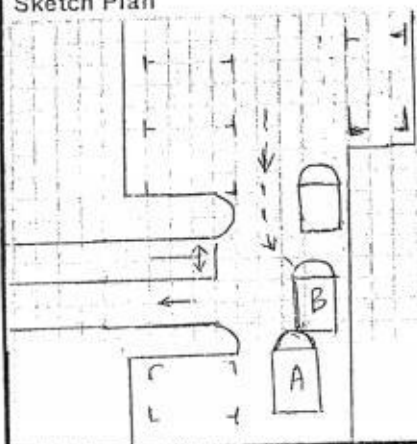
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

12.17pm
24 OCT 2017 ARY CHUA

Sketch Plan

Blk 153 Serangoon
North Avenue 1
Open Carpark

A = SLF 313Z
stop & keep on
Horn

B = SHB 3508C
kept on reversing
and bang it.

Please continue to Annex E

Vehicle No SLF 313 Z

Annex E

Describe Circumstances of the Accident


I was driving out from my car park and a taxi
no STB 3508R was reversing towards my car.
I honked him for almost 10 seconds and he just
reversed and knock on to my front car bumper
on the right side. He was 1.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

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

12.12pm 

24 OCT 2017 ARY CHUA

Witnessed by Reporting Centre
Personnel

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)

Certificate No SD16V09529 /NPC2 /R00
Form MX1
Date of Issue 02-AUG-2016
1. Index Mark and Registration No. of Vehicle: SLF313Z
2. Chassis number of Vehicle: JHMRC1890GC205262
3. Name of Policyholder: LOW KAH HOE
4. Effective date of Commencement of Insurance for the purposes of the Act: 22-JUL-2016 00:00 AM
5. Date of Expiry of Insurance: 21-JUL-2018 23:59 PM
6. Persons or Classes of Persons entitled to drive*:

A) The Policyholder.

B) Any other person who is driving on the Policyholder's order or with his permission.

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.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to use*:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

8. The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

*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.

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).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers



Authorised Signature

For information only:

COVERAGE :

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen

MARKET VALUE AT THE TIME OF LOSS

Section I S\$1000, Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

DBS BANK LTD

KAH MOTOR COMPANY SDN BERHAD

PLNF 20160803

Ver.1.260705

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7085516Z**

Name: **LOW KAH HOE**

Birth Date: **14 Jun 1970**

Issue Date: **13 Apr 2009**

001730640K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7085516Z

Name: **LOW KAH HOE**

刘佳和



Race: **CHINESE**

Date of birth: **14-06-1970**

Sex: **M**

Country of birth: **MALAYSIA**

57085516Z

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

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

PASS DATE 13 Apr 2009

Licence No. S7085516Z

NP 428A

4763022

NRIC No. **S7085516Z**

Date of issue: **23-08-2011**

Address: **APT BLK 550 SERANGOON NORTH AVENUE 3 #03-37 SINGAPORE 550550**




Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 24 Oct 2017 / 12:25:48

Receipt Date/Time : 24 Oct 2017 / 12:25:32

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171024-000829

Previous Receipt No. :

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

Result of Insurance Enquiry - SHB3508C
As at 24 Oct 2017/10:45:45
Insurance Co: FIRST CAPITAL INS LTD

1 Insurance Enquiry - SHB3508C
Enquiry Fee
20171024122422737389

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
-------------------------------	------------------------	------------------------------

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

xxxxxxxxxxxx4604

Credit Card: Visa
/MasterCard

5.35

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.

**KAH MOTOR CO. SDN. BHD.**

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

QUOTATION

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

Customer : FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877

Registration No : SLF313Z
Chassis No : JHMRC1890GC205262
Model : ODYSSEY 2.4 EXV-S 16YM
Owner's Name : LOW KAH HOE
Ins Policy No. : SD16V09529/VPC2/R00
Date of Accident : 24/10/2017

Document No. : SQT17004953
Date : 5. Dec 2017
Customer No. : WZF002
Svc Advisor : ARY CHUA WAI NGEE
Engine No : K24W72012372
Date | Time : 5. Dec 2017 3:10:49 PM
Surveyor Name :
Survey Date :
Authorisation Date :
DID : +65 6846 5673
HP : +65 8100 6306
Email : arychua@honda.com.sg

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Item	Description	Qty	Unit Price	Disc %	Amount	GST Amt	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO: OWNER: LOW KAH HOE OWNER INSURER: LIBERTY INSURANCE PTE LTD ACC DATE: 24/10/2017@10:25AM SURVEYED BY: 4 WORKING DAY TO COMPLETED REF NO: TP INSURER: FIRST CAPITAL INSURANCE LTD TP VEH: SHB3508C (HYUNDAI/140/YELLOW CAB)						
04711-T6A-900ZZ	FACEFR.BUMPER ✓ SCR	1	686.30	25	514.72 ✓	36.03	550.75
71130-T6A-310ZZ	BEAM COMP.FR.BUMPER	1	291.80	25	218.85 ?	15.32	234.17
91505-TM8-003	CLIPBUMPER ✓ NEC	14	2.00	25	21.00 ✓	1.47	22.47
					Sum Item	754.57	52.82
							807.39
BOSUN	SUNDRIES	1	10.00 ✓		10.00	0.70	10.70
BML01I	INSPECT FR LIGHTING MECHANISMS & FOCUS	1	100.00 ✓		100.00	7.00	107.00
BKBH12S	STRAIGHTEN ALIGN FR R BULKHEAD WHEELHOUSE &	1	1120.00 560		1120.00	78.40	1198.40
BP03R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (3P)	1	1350.00 450		1350.00	94.50	1444.50
					Sum Labor	2580.00	180.60
							2,760.60

Survey By

Date & Time

Excess

Status

Signature

Total Amount 3,334.57 233.42 3,567.99

Total (Inclusive of GST) 3,567.99

E-mail: Wilson@lkkauto.com
Part 34 Part
3 Working Day Repair

Printed on 5/12/2017 3:26:59 PM

This is a computer generated invoice. No signature is required.

Part prices are subjected to change without notice.

The above estimated cost of repair do not include any unforeseen damages

GST Amount is calculated from individual line(s)

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:



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/FCI17023137/Wqbe2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 14-05-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 3508C	Veh. Inspected	SLF 313Z
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17009998MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	05/12/2017

2. Vehicle Particulars & Condition

Make & Model	HONDA ODYSSEY	c.c	2356
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JHMRC1890GC205262	Colour	SILVER
Odometer	35765	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/55 R17	DUNLOP	3 mm
L/H Front Tyre	215/55 R17	DUNLOP	3 mm
R/H Rear Tyre	215/55 R17	DUNLOP	3 mm
L/H Rear Tyre	215/55 R17	DUNLOP	3 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	24/10/2017	Inspection Date	07/12/2017
Survey held at	KAH MOTOR CO SDN BERHAD 15 UBI ROAD 4 SINGAPORE 408610		

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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLF 313Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FACEFR BUMPER (SN)	SCRATCHED	514.72	514.72
1	BEAM COMP,FR BUMPER (SN)	* CHECK	218.85	-
14	CLIPBUMPER (SN)	NECESSARY	21.00	21.00
1	SUNDRIES (SN)	NECESSARY	10.00	10.00
			764.57	545.72
LABOUR				
	INSPECT FR LIGHTING MECHANISMS & FOCUS.		100.00	100.00
	STRAIGHTEN ALIGN FR R BULKHEAD WHEELHOUSE &		1,120.00	560.00
	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS (3P)		1,350.00	450.00
			2,570.00	1,110.00
GRAND TOTAL			3,334.57	1,655.72

RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$218.85 NETT)			1,655.72
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Report Ref No. CS/FCI17023137/Wqbe2

WILSON TEO CHENG MING

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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