

ASS. REC. BY:

REF: CS/FCI17023203 / R11602 Special Instruction:

Survivor:

ASSIGNMENT (Office)

From (Person):

Joanne Yong

of

FCI

Date/Time:

9:38am @ 6/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJD 877Y

Insured:

SHC 3057C

at Workshop m/s

Weearnes Automotive

Tel:

81261237

of

249 Alexandra Road

Policy No:

Claim No:

D17011242MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 1/12/2017

CA / REV / REP. / REV 24 HRS

'up'

H.O.D. Endorsement:

Date/Time:

5:30pm @ 6/12/17

Person Contacted:

Paul Ong

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SJD 877Y - X

SHC 3057C - X

24/9/18

Paul (repairer) pending liability. No finalise for this case then
vehicle have repair.

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: SJD 8774
 at Workshop m/s: W6ARNES
 of _____
 Insured: FUS / TP
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition) ppm

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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: SJD 8774 Yr Regn: 2017 / APR
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: LAND ROVER RANGE ROVER 2.0 1999
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: 60 3754 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: SALVA 2A96KH153643
 Gen. Cond: Good / Pain / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / 3/Rim / STD A/Rim or
 Tyre Size: F: 235/60R18
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PYR SUMI /
 TOYO / YOKO or
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 01/2/17 D.O.I. 26/2/17
 Survey held at W6ARNES
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
FRT N/S
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
24/9/18	Submit preli report
	Given (\$1531.10) unconfirmed (\$6155.30) 6 days.
	RECEIVED 24 SEP 2018

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2)

☒ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee: _____

Transportation: _____

☐ S + RS ☐ SI

Photos: OSP

Others: 11/10/18

TOTAL

10x15

170 + 150
50

42

412

Report Format: TP

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



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/FCI17023203/R1rb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 06-12-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 3057C	Veh. Inspected	SJD 877Y
Policy No.		Coverage (\$)	0.00
Claim No.	D17011242MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	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

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5. General Information

Accident Date	01/12/2017	Inspection Date
Survey held at	WEARNES AUTOMOTIVE PTE LTD 249 ALEXANDRA ROAD SINGAPORE 159935	

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

MOTOR SURVEY ASSIGNMENT

Date	05-12-2017	Our Ref No. D17011242MFSH
Accident Date	01-12-2017	Claim Type. Third Party
Insured Vehicle	SHC3057G	Third Party Vehicle. SJD877Y
Survey Location	249 ALEXANDRA ROAD	
Contact Person.	PAUL ONG	
Contact No.	63789336/ 81261237	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	WEARNES AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

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/231494)



PRI Documents



Close



PRI Header Details

Claim No	D17011242MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & WEARNES
Workshop Name	WEARNES AUTOMOTIVE PTE LTD (Contact Person : PAUL ONG)	Survey Location & Contact Details	249 ALEXANDRA ROAD Mobile: 81261237 , Phone: 63789336 , Fax: 0 EmailId: PAUL.ONG@WEARNES.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC3057G	TP Vehicle No	SJD877Y
PRI Recieved Date	05-12-2017 09:29:05 PM	Surveyor Appointed Date	06-12-2017 09:38:46 AM	Surveyor Accept Date	06-12-2017 0

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
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Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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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	04/12/2017 18:28
Date Of Accident	01/12/2017 18:55
Exact Location Of Accident	MARINA VIEW LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD877Y
Insured/Policyholder	
Name Of Registered Owner	LING CHUNG YEE ROY
NRIC No	S7715738G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94789719
Alternative Phone No	OFFICE-94789719

Vehicle Particulars

Manufacturer	LAND ROVER
Model	EVOQUE-2.0 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken 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	SD17V06193
Cover Note Number	

Driver

Name of Driver	LING CHUNG YEE ROY
NRIC No	S7715738G
Date Of Birth	04/06/1977
Occupation	INDOOR
Date Of Driving Pass	04/06/1997
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94789719
Fax Number	
Contact Number	OFFICE-94789719
Email Address	NOEMAIL

Address
 Postcode
 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 SIDE SWIPE
 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) 2

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? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC3057G
 Vehicle Make/Model/Colour COMFORT TAXI
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

32876

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 01/12/17 Time: 1855
Exact Location of Accident	MARINA VIEW LINK

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD877Y
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INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	LING CHUNG YEE, PO1
Personal Identification - NRIC (Singaporean/PR)	S7715738G
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer LAND ROVER Model
Type of Vehicle*	<input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	LIBERTY
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	
Motor CI	

DRIVER

	<input checked="" type="radio"/> Same as Insured above
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Date of Birth	04 dd/ 06 mm/ 1977 yy
Driving Date Pass	04 dd/ 06 mm/ 1977 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	9473 9719

Address of Driver	Postcode ()	
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured	OWNER	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	SIDESWIRE	
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet <input type="radio"/> Others, _____
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Was there any video captured by Car Camera?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Number of Passengers (Including Driver)	02	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input type="radio"/> Yes	<input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input checked="" type="radio"/> Yes	<input type="radio"/> No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	SHC 3057G	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
Note - Please use page 6 if you need to add more vehicles.		

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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

Sketch Plan

Refer to Sketch Plan Attached.

Describe Circumstance of the Accident

Refer to attached statement

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

I/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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7715738G




Name
LING CHUNG YEE, ROY
林 中 一
Race
CHINESE
Date of birth
04-06-1977
Country of birth
SINGAPORE
Sex
M
S7715738G

4058671



NRIC No. S7715738G

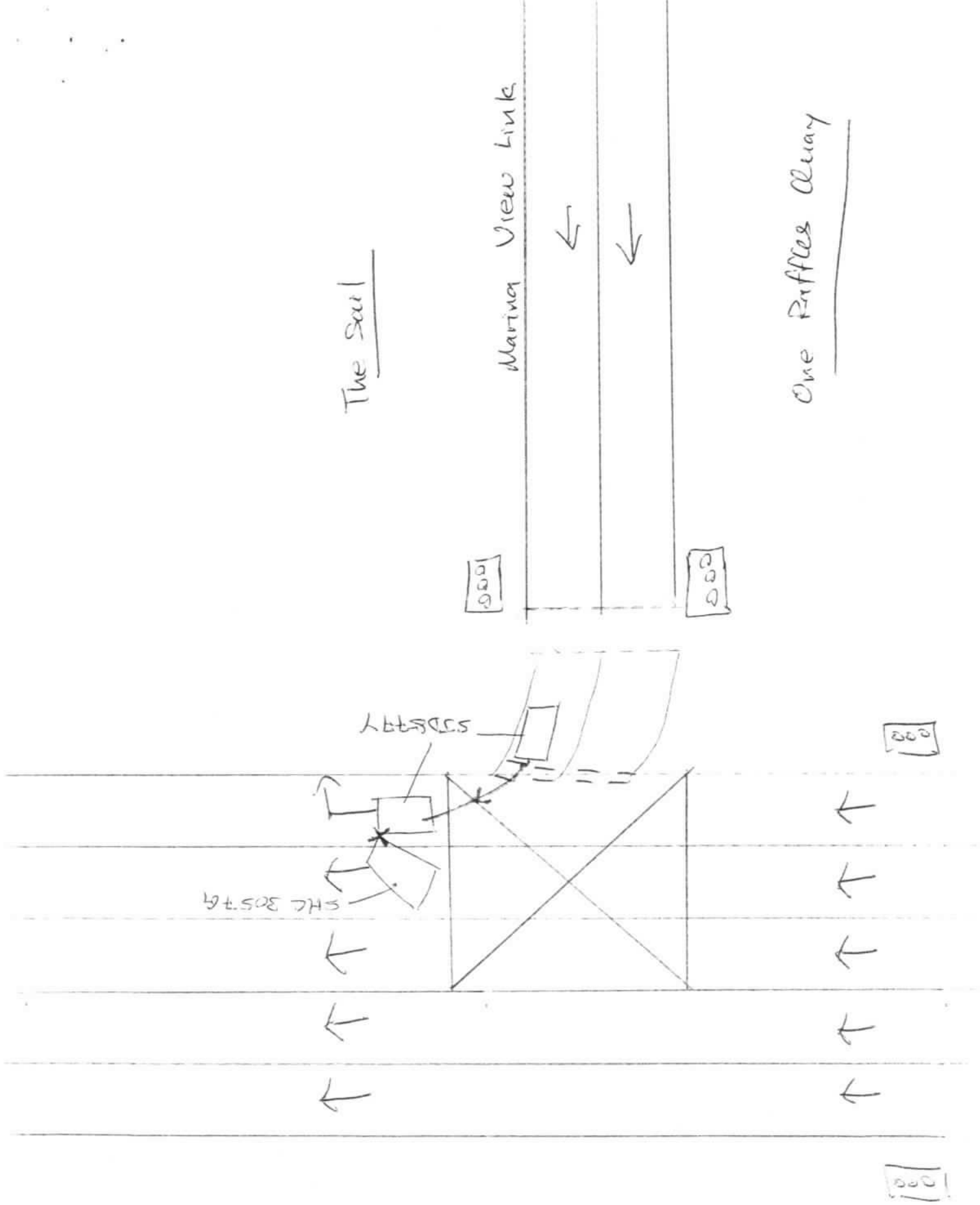


Date of issue
18-06-2007

88 MACKENZIE ROAD #04-05
SINGAPORE 228697

NRIC No: S7715738G Date: 22/07/2011 No: 6844786

MAP A



Statement for Traffic Accident on December 1, 2017

I, Ling Chung Yee Roy, S7715738G was driving Range Rover Evoque SJD877Y.

On December 1, 2017 (Friday) at approximately 6.55pm, I was driving along Marina View Link. The Sail condominium was on my right, and One Raffles Quay commercial building on my left. The weather was clear and there was relatively good visibility with sufficient light.

I am extremely familiar with the roads in this area as my wife works at One Raffles Quay, and I fetch her regularly from her workplace at One Raffles Quay. My vehicle had just passed the traffic light on Marina View Link, and my vehicle came to a complete stop at the dotted stop line on the right lane. I checked the traffic to my left and confirmed that there was no oncoming traffic, and that it was safe to proceed on the extreme right lane with no car in front of me.

My passenger suddenly screamed when the passenger side (front left side) of my vehicle collided with the driver side (front right side) of Comfort Taxi SHC 3057G driven by Liaw Eng Hoe S7639210B. The photo evidence taken at the accident site clearly shows that the Comfort Taxi had intruded beyond the white lane markers and into my lane. Even though my car's passenger side was impacted, my passenger was fortunately not injured.

There was no passenger in the Taxi. Mr Liaw mentioned that his Taxi was equipped with a dashboard camera.

My passenger in the vehicle (Aihui Wang S8504579B) is able to serve as a witness to corroborate on the veracity of the above facts.

Ling Chung Yee Roy

S7715738G


AUTHORIZATION TO ACT

I, _____ ("the third party Claimant")
of _____ (address),
owner of _____ (vehicle no.)
hereby authorize _____ ("The workshop")
to act for me with respect to my claim for repair costs and / or rental and / or loss of use
("claim") for my Vehicle No. _____ that was damaged
pursuant to the accident which occurred on _____ (date) along
_____ (location)
involving Vehicle No/s _____ ("The accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle/s is concerned.

Date this _____ day of _____ (month) 20 _____ (year)



Signed by "the third party claimant"



Signed by "the workshop"

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	SD17V06193 /VPC2 /R00
Form	MX1
Date of Issue	17-MAY-2017
1.Index Mark and Registration No. of Vehicle:	SJD877Y
2.Chassis number of Vehicle:	SALVA2AG6GH153643
3.Name of Policyholder:	LING CHUNG YEE, ROY
4.Effective date of Commencement of Insurance for the purposes of the Act:	28-APR-2017 00:00 AM
5.Date of Expiry of Insurance:	27-APR-2019 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.	
<p>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</p> <p>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.</p>	
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.	
<p>*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.</p>	
<p>I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p></p> <p>_____ Authorised Signature</p>	

For information only:
COVERAGE
SUM INSURED
EXCESS
FINANCE COMPANY
PRODUCER NAME

Comprehensive, Unlimited Windscreen
MARKET VALUE AT THE TIME OF LOSS
Section I: S\$800 Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
OVERSEA-CHINESE BANKING CORPORATION LTD
WEARNES AUTOMOTIVE PTE LTD

SCKA 20171204

Ver.1.260705

SERVICE ESTIMATE

89496 - C00001 SL: SERVICE SALES - PC

Prof Ling Chung Yee, Roy
88 Mackenzie Road
#04-05

Singapore 228697

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1

Inv.date. : 05/12/2017

WIP No. . : 32876

Veh.In/Out:

*Tel.No. . : Mobile: 94789719

Reg.No. . : SJD877Y

Reg.date . : 28/04/2017

Mileage .. : 0

Chassis No: SALVA2AG6GH153643

Closed by : Paul Ong Qing Yong

Svc Consultant.:

Remarks : Prof Ling Chung Yee,

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRT BUMPER, RHF WHEEL MOULDING, REPAIR RHF FENDER, RHF DOOR	0	4800.00	0		4,800.00 S	2400
800	TO PUTTY SPRAYPAINT ON FRT BUMPER, RHF FENDER, RHF DOOR, ETC	0	4000.00	0		4,000.00 S	3500
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	486.00	0		486.00 S	
419	COMPUTERISED 4-WHEEL ALIGNMENT	0	280.00	0		280.00 S	? amount report
	BUMPER - FRONT	1.0 EA	2330.80			2,330.80 S	pe-
	LLR038530/BUMPER BRA	1.0 EA	370.30			370.30 S	X m
	BUMPER BEAM FRT EVOQ	1.0 EA	936.10			936.10 S	?
	BUMPER BRACKET FRT L	1.0 EA	44.10			44.10 S	me-
	BUMPER BRACKET FRT R	1.0 EA	75.10			75.10 S	X m
	BUMPER BRACKET FRT L	1.0 EA	43.60			43.60 S	me-
	BUMPER BRACKET FRT R	1.0 EA	43.60			43.60 S	X m
	BRACKET - BUMPER MOU	1.0 EA	103.60			103.60 S	?

SERVICE ESTIMATE

89496 - C00001 SL: SERVICE SALES - PC

Prof Ling Chung Yee, Roy
88 Mackenzie Road
#04-05

Singapore 228697

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 2

Inv.date. : 05/12/2017

WIP No. . : 32876

Veh.In/Out:

*Tel.No. . : Mobile: 94789719

Reg.No. . : SJD877Y

Reg.date. : 28/04/2017

Mileage . : 0

Chassis No: SALVA2AG6GH153643

Closed by : Paul Ong Qing Yong
Svc Consultant :
Remarks : Prof Ling Chung Yee,

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
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WHEEL Moulding FRT L	1.0 EA	198.10				198.10 S	su-
WHEELARCH FRT LH OUT	1.0 EA	179.30				179.30 S	?
HEADLAMP AND FLASHER	1.0 EA	3728.50				3,728.50 S	?
HEADLAMP PLATE LH EV	1.0 EA	115.50				115.50 S	?
LAMP - FOG - FRONT	1.0 EA	588.70				588.70 S	?
FENDER FRT LH EVOQUE	1.0 EA	1376.60				1,376.60 S	R
MOULDING - BUMPER BA	1.0 EA	223.60				223.60 S	?
BEZEL - FOG LAMP	1.0 EA	103.10				103.10 S	DE-
ADHESIVE SEALER EL2	1.0 EA	425.40				425.40 S	na-

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:

Labour Total	9,566.00
Parts Total	10,886.00
Package Total	0.00

Gross Total. 20,452.00

Net..... 20,452.00

GST @ 7.0% 1,431.64

Total..... 21,883.65

Paid..... 0.00

Please Pay.. 21,883.65

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

Janice Lee (LKKAUTO)

685013K

From: Paul Ong Qing Yong <paul.ong@wearnes.com>
Sent: Monday, September 24, 2018 1:01 PM
To: Janice Lee (LKKAUTO)
Subject: RE: SJD 877Y TP FCI

Janice,

Still pending liability on TP side. On my side we have since repaired the car and closed off the case on our end.

Best Regards,

Paul Ong
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
M (65) 8126 1237 D (65) 6378 9336
www.wearnesauto.com paul.ong@wearnes.com

*This email, including any attachment, is confidential and may also be privileged.
If you have received it in error, please notify us immediately by reply email and then delete this message from your system.
Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

From: Janice Lee (LKKAUTO) [mailto:JaniceLee@lkkauto.com]
Sent: Monday, 24 September, 2018 11:57 AM
To: Paul Ong Qing Yong
Subject: SJD 877Y TP FCI

Dear Paul,

Kindly update the status? Has the vehicle send in for repair? If yes, any finalize and resurvey photo?

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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



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/FCI17023203/R1rbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 02-10-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 3057C	Veh. Inspected	SJD 877Y	
Policy No.	D-15072701MFSH	Coverage (\$)	0.00	
Claim No.	D17011242MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	06/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	LAND ROVER RANGE ROVER 2.0	c.c	1999	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	SALVA2AG6GH153643	Colour	BLUE	
Odometer	3754	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	235/60 R18	PIRELLI	6 mm	
L/H Front Tyre	235/60 R18	PIRELLI	6 mm	
R/H Rear Tyre	235/60 R18	PIRELLI	6 mm	
L/H Rear Tyre	235/60 R18	PIRELLI	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	01/12/2017	Inspection Date	26/12/2017	
Survey held at	WEARNES AUTOMOTIVE PTE LTD 249 ALEXANDRA ROAD SINGAPORE 159935			
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:		6 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJD 877Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BUMPER - FRONT (SN)	DEFORMED	2,330.80	2,330.80
1	LLR038530/BUMPER BRA (SN)	NOT NECESSARY	370.30	-
1	BUMPER BEAM FRT EVOQ (SN)	* CHECK	936.10	-
1	BUMPER BRACKET FRT L (SN)	NECESSARY	44.10	44.10
1	BUMPER BRACKET FRT R (SN)	NOT NECESSARY	75.10	-
1	BUMPER BRACKET FRT L (SN)	NECESSARY	43.60	43.60
1	BUMPER BRACKET FRT R (SN)	NOT NECESSARY	43.60	-
1	BRACKET - BUMPER MOU (SN)	* CHECK	103.60	-
1	WHEEL MOULDING FRT L (SN)	SCRATCHED	198.10	198.10
1	WHEELARCH FRT LH OUT (SN)	* CHECK	179.30	-
1	HEADLAMP AND FLASHER (SN)	* CHECK	3,728.50	-
1	HEADLAMP PLATE LH EV (SN)	* CHECK	115.50	-
1	LAMP - FOG - FRONT (SN)	* CHECK	588.70	-
1	FENDER FRT LH EVOQUE (SN)	TO REPAIR SEE LABOUR	1,376.60	-
1	MOULDING - BUMPER BA (SN)	* CHECK	223.60	-
1	BEZEL - FOG LAMP (SN)	DEFORMED	103.10	103.10
1	ADHESIVE SEALER FL2 (SN)	NECESSARY	425.40	425.40
			10,886.00	3,145.10
	<u>LABOUR</u>			
	TO REPLACE FRT BUMPER, RH F WHEEL MOULDING, REPAIR RH F FENDER, RH F DOOR. INCLUSIVE OF THE REPAIR OF FENDER FRT LH EVOQUE.		4,800.00	2,400.00
	TO PUTTY SPRAY PAINT ON FRT BUMPER, RH F FENDER, RH F DOOR, ETC.		4,000.00	3,500.00
	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES.		486.00	486.00
	COMPUTERISED 4-WHEEL ALIGNMENT.	* CHECK	280.00	-
			9,566.00	6,386.00
	GRAND TOTAL		20,452.00	9,531.10

Report Ref No. CS/FCI17023203/R1rbe2



RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$6,155.30 NETT)			9,531.10
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Report Ref No. CS/FCI17023203/R1rbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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