

ISSUED BY:

ASS. REC. BY:

REF: CS/FCI18000614/ T12d3

Special Instruction:

SURVEYOR

Taufik

ASSIGNMENT (Office)

From (Person):

Aini

of

FCI

Date/Time: 10/01/2018 @ 12.26pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJZ 9333A

Insured:

SHC 807D

at Workshop no:

Weernes Automotive

Tel:

812 61237

of

249 Alexandra Rd

Policy No:

Claim No:

D1800511MPSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 08/01/2018

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

H.O.D. Endorsement:

Date/Time:

12.50pm @ 10/1/18

Person Contacted:

Paul

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SJZ 9333A - CS/MSG 14018244 / T1gbd1
	SHC 807D - CC3 / AIG 16015439 / H12h302
01/2/18 @ 3.38pm	Revised to Aini by email.
26/4/18 @ 10.58am	confirmed with Paul final Ag \$ 4541.30, 3 days.
	Chgd \$ 4201.95, 45%.

Tanpura

FCI

3110118

00 01 MS THREE CORPS BVA NO 10

TO: HANJANG

RE: HANJANG

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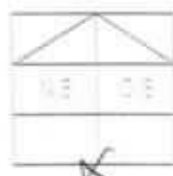
RE: HANJANG

SJZ 9333A

Weemnes Automotive

45 leng Kee

Paul @ 81261237



Policy Condition

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

SS of Vehicle Value

QAC Accident Report Consistent? Yes or No

QAC 99 Report Consistent? Yes or No

Sp. Report 3 days Rep. Yes or No

Lat. Sp. 3 days Rep. Yes or No

QAC REP 24 HRS 'DS'

Date: Person Contacted Vehicle IN OUT

Date Time Action Instruction

Date Time Action Instruction

Date Time Action Instruction

Date Time Action Instruction

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Date Time Action Instruction

Date Time Action Instruction

SJZ 9333A

210 Pee

0

Jaguar XF 3.0

2967

Green

129336

SJZ 9333A (0517) 515FR 94/03

SS of Vehicle Value

QAC Accident Report Consistent? Yes or No

QAC 99 Report Consistent? Yes or No

Sp. Report 3 days Rep. Yes or No

Lat. Sp. 3 days Rep. Yes or No

QAC REP 24 HRS 'DS'

Date: Person Contacted Vehicle IN OUT

Date Time Action Instruction

Date Time Action Instruction

Date Time Action Instruction

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RECEIVED 2 6 APR 2018

Date Time Action Instruction



Prel. Report

Final Report

Days Of Repair

Resurvey No. of Trip

Add Fee

Chassis

Engine

Trans

Wheels

Other

Report Number

71

4441.30

160  
30  
50  
29



# 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/FCI18000614/T1qd3

36 ROBINSON ROAD

#16-01 CITY HOUSESINGAPORE 068877

Date : 10-01-2018

Code : FCI2



## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 807D	Veh. Inspected	SJZ 9333A
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	AINI	Assign Date	10/01/2018

## 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	08/01/2018	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.
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## Nivitha (LKK Auto)

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**From:** Aini Binte Md Min <aini@first-insurance.com.sg>  
**Sent:** Wednesday, 10 January 2018 12:26 PM  
**To:** 'assignments@lkkauto.com'  
**Cc:** 'paul.ong@wearnes.com'  
**Subject:** NEW ASSIGNMENT (O/REF: SHC807D)  
**Attachments:** 10012018121310-0001.pdf; 10.1.18 - SURVEY REQUEST.msg

Dear Sirs

New survey assignment for your handling.

Thanks & Regards

Aini  
Motor Claims Department

First Capital Insurance Ltd | 36 Robinson Road, City House, #16-01 Singapore 068877 | DID: 6507 3848  
Fax: 6507 3849 | Company Reg. No. 195000106C

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data.  
Please refer to [www.first-insurance.com.sg](http://www.first-insurance.com.sg) for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged.

If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it.  
If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

MOTOR SURVEY ASSIGNMENT

Date 10.1.18  
Accident Date 8.1.18  
Insured Vehicle SHC 807D  
Survey Location WEARNES AUTOMOTIVE PTE LTD  
249 ALEXANDRA ROAD  
S(159935)  
Contact No. 81261337  
Our Ref No. SHC807D  
Claim Type THIRD PARTY  
Third Party Vehicle SJ29333A  
Contact Person PAUL ONG  
Fax No.

Survey Type Direct Settlement

Appointed Surveyor LEE AUTO CONSULTANTS PTE LTD  
Contact Person  
Contact Number 62563561  
Fax No. 68416315

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.

Encl. Accident Reports & est

Cc : Workshop WEARNES AUTOMOTIVE PTE LTD Attention PAUL ONG  
Officer in charge Lurene Jaw 10/01/2018

IMPORTANT NOTE

Kindly submit the survey report by email only to [surveyor@first-insurance.com.sg](mailto:surveyor@first-insurance.com.sg) within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

## Shiau Chan (LKKAuto)

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**From:** Shiau Chan (LKKAuto)  
**Sent:** Thursday, 26 April 2018 10:58 AM  
**To:** 'Paul Ong Qing Yong'; SUR  
**Subject:** RE: SJZ9333A finalise

**Sensitivity:** Confidential

Dear Paul,

Confirm final fig \$4,441.30 before GST and 3 repair days.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

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**From:** Paul Ong Qing Yong [mailto:[paul.ong@wearnes.com](mailto:paul.ong@wearnes.com)]  
**Sent:** Wednesday, 25 April 2018 3:03 PM  
**To:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Cc:** Denise Tay (LKKAuto) <[denisetay@lkkauto.com](mailto:denisetay@lkkauto.com)>; Veron Chen (LKKAuto) <[veronchen@lkkauto.com](mailto:veronchen@lkkauto.com)>  
**Subject:** RE: SJZ9333A finalise  
**Sensitivity:** Confidential

Can close?

Best Regards,

**Paul Ong**  
Service Consultant  
Bodyshop & Paint



**Wearnes Automotive Pte Ltd**  
249 Alexandra Road Singapore 159935  
M (65) 8126 1237 D (65) 6378 9338  
[www.wearnesauto.com](http://www.wearnesauto.com) [paul.ong@wearnes.com](mailto: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.*

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**From:** Paul Ong Qing Yong  
**Sent:** Wednesday, 18 April, 2018 2:53 PM  
**To:** 'SUR'  
**Cc:** 'Denise Tay (LKKAuto)'; 'Veron Chen (LKKAuto)'  
**Subject:** SJZ9333A finalise  
**Sensitivity:** Confidential

For finalise

Best Regards,

## Shiau Chan (LKKAUTO)

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Thursday, 1 February 2018 3:38 PM  
**To:** 'Aini Binte Md Min'; assignments  
**Cc:** SUR  
**Subject:** RE: NEW ASSIGNMENT (O/REF: SHC807D)  
**Attachments:** CSFCI18000614T1qd3.pdf

Dear Aini,

Enclosed herewith preliminary advice of SJZ 9333A.

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)

-----Original Message-----

**From:** Admin-D (LKKAUTO)  
**Sent:** Wednesday, 10 January 2018 12:54 PM  
**To:** 'Aini Binte Md Min' <aini@first-insurance.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** SUR <sur@lkkauto.com>  
**Subject:** RE: NEW ASSIGNMENT (O/REF: SHC807D)

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)

-----Original Message-----

**From:** Aini Binte Md Min [mailto:aini@first-insurance.com.sg]  
**Sent:** Wednesday, 10 January 2018 12:26 PM  
**To:** 'assignments@lkkauto.com' <assignments@lkkauto.com>  
**Cc:** 'paul.ong@wearnes.com' <paul.ong@wearnes.com>  
**Subject:** NEW ASSIGNMENT (O/REF: SHC807D)

Dear Sirs

New survey assignment for your handling.

Thanks & Regards

Aini  
Motor Claims Department



Auto  
Consultants  
Pte Ltd

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

Your Ref: SHC 807D

Date: 01 Febuary 2018

Our Ref: CS/FCI18000614/T1qd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

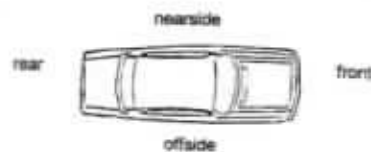
**INITIAL INSPECTION REPORT OF VEHICLE NO. SJZ 9333A**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 31/01/2018 at the premises of M/s WEARNES AUTOMOTIVE, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>9,240.40</u>
Revised Estimate Amount	: S\$ <u>4,401.20</u>
"Check" Items Amount	: S\$ <u>1,710.90</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 rear portion.



Yours faithfully

Taufikh  
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	08/01/2018 18:01
Date Of Accident	08/01/2018 08:10
Exact Location Of Accident	SEBBAWANG RD TO GAMBAS AVE L/P 204
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ9333A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG CHUN HUA
NRIC No	S1233566J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97570777
Alternative Phone No	OTHERS-83689689

### Vehicle Particulars

Manufacturer	JAGUAR
Model	XF-3.0 V6 LUXURY (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17000046914
Cover Note Number	

### Driver

Name of Driver	TING PIN YENG, JAMES
NRIC No	S9134376B
Date Of Birth	21/09/1991
Occupation	INDOOR
Date Of Driving Pass	09/03/2012
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91133163
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	638 YISHUN ST 61 #08-138
Postcode	760638
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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
Passenger 1	NAME: : TAN WEI SIN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to Attached

#### 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	SHC807D
Vehicle Make/Model/Colour	MERCEDES WHITE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	EDDIE TAN YONG TAT
NRIC/Passport Number	S8111847G
Contact Number	
Address	

Postcode

Insurance Company Name

FIRST CAPITAL INSURANCE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filling.
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: 08/01/2018 Time: 0810hrs
Exact Location of Accident	Sembawang Rd → Gambas Ave, L/P 204

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ 9333A
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## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Ang Chup Hua
Personal Identification - NRIC (Singaporean/PR)	S1223566J
- FIN/Passport Number	
- Not Applicable	

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer <u>Jaguar</u> Model <u>XF</u>
Type of Vehicle*	<input checked="" type="radio"/> Saloon <input 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 type="radio"/> No (If No, Pts select: <input type="radio"/> Third Party <input checked="" 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 *	AIG
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 type="radio"/> No
Policy Number	1700046914
Motor CI	

## DRIVER

	<input type="radio"/> Same as Insured above
Name of Driver	Ting Pin Yeng James
Personal Identification - NRIC (Singaporean/PR)	S9134376B
- FIN/Passport Number	
Date of Birth	21 dd/ 09 mm/ 91 yy
Driving Date Pass	09 dd/ 03 mm/ 12 yy
Year of Driving Experience	4 Year(s) 9 Month(s)
Occupation	Police <input type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	91133163

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	SON
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Front to Rear (TP hit insured)
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others
Road Surface	<input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others
<b>OTHER INFORMATION</b>	
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 type="radio"/> Yes <input checked="" 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)	2 pax Tan Wei Sin
<b>DETAILS OF POLICE ACTION</b>	
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	Woodland West NPC
Police Station Address	110-09 Marsiling Lane
Police Station Contact	Tel No. 1800-3639949 Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>	
Vehicle Registration Number	SHC 807D
Vehicle Make/ Model/ Colour	Mercedes White
Details of Properties	
Name of Driver	Eddie Tan Yong Kit
Personal Identification - NRIC (Singaporean/PR)	S8111847G
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	First Capital
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 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' law yers/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 law yers/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 police report.

## Describe Circumstance of the Accident

~~Refer to police report.~~  
 On 08/01/2018<sup>A.</sup> at about 0810hrs, I was driving SJ29333A on the middle lane of Sembawang Ave towards Gambas. It was raining heavily with poor visibility. As I passed the small junction between Khatib Camp & Chong Pang Market (traffic light = green), a vehicle in front came to a stop and I also stopped my vehicle. After my vehicle came to a complete stop, I felt an impact from the rear. I stopped my car at L/P 204 just beside to make a check. A white Mercedes taxi SHC807D had collided into the rear of my vehicle. The white Mercedes SHC807D front bumper had cracked open from the impact. My vehicle SJ29333A rear bumper had small dents and scratch marks. There was also damage to rear panel and bumper. No injury to ~~the~~ all parties. The taxi has a front-facing vehicle camera. There is difficulty in closing the rear boot.

**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.

洪 潘 蔚

Policyholder's Signature / Date & Time

*[Signature]*

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

Witnessed by Reporting Centre Personnel

# SERVICE ESTIMATE

64344 - C00001 SL: SERVICE SALES - PC

Ms Ang Chun Hua

638 Yishun Street 61

#08-138

Singapore 760638

Closed by .... : Paul Ong Qing Yong

Svc Consultant :

Remarks ..... : Ms Ang Chun Hua

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1

Inv.date. : 31/01/2018

WIP No. : 38821

Veh.In/Out:

\*Tel.No. : Mobile: 83689689-HUSB

Reg.No. : SJZ9333A

Reg.date : 30/12/2010

Mileage ... : 0

Chassis No: SAJAC05D3BFR94183

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
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802 TO REPLACE REAR BUMPER, VALANCE, ETC

0 1700.00 0 1,700.00 S

802 TO PUTTY SPRAYPAINT REAR BUMPER, BOOTLID ETC

0 1500.00 0 1,500.00 S

280 TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL WIRING

0 486.00 0 486.00 S

BUMPER COVER REAR XF

1.0 EA 2315.20 2,315.20 S

BUMPER BRACKET REAR

1.0 EA 46.50 46.50 S

BUMPER BRACKET REAR

1.0 EA 46.50 46.50 S

JC227388/BUMPER BRAC

1.0 EA 115.50 115.50 S

PARKING AID FRT/REAR

2.0 EA 198.10 396.20 S

PARKING AID SEAL XJL

2.0 EA 3.40 6.80 S

BUMPER HARNESS REAR

1.0 EA 259.60 259.60 S

BOOT SEAL XF

1.0 EA 103.60 103.60 S

BODY PANEL SEALANT X

1.0 EA 820.20 820.20 S

JC225802/BUMPER BEAM

1.0 EA 839.80 839.80 S

Gross Total. 8,635.90

Labour Total 3,686.00

Parts Total 4,949.90

Package Total 0.00

Net..... 8,635.90

GST @ 7.0% 604.51

Total..... 9,240.40

Paid..... 0.00

Please Pay.. 9,240.40

GST: S=StdRate, R=Rebate, D=Discount, Z=ZeroRated

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 bill of material from Insurance Company

Taughtin 97495749  
WP  
3 days  
Resurvey before paint  
3/1/18 @ 1730  
sur @ lkkauto.com





## 0 - F00003 SL: FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD  
#16-01, CITY HOUSE  
SINGAPORE  
Singapore 068877

Inv.No. : B&P 0 Page 1  
Inv.date : 18/04/2018  
WIP No. : 38821  
Veh.In/Out: 31/01/2018 05/02/2018  
\*Tel.No. :  
Reg.No. : SJZ9333A  
Reg.date : 30/12/2010  
Mileage : 129,336  
Chassis No: SAJAC05D3BFR94183

Closed by .... : Paul Ong Qing Yong  
Svc Consultant : ACC  
Remarks ..... : Ms Ang Chun Hua

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER	0	850.00	0		850.00	\$
800	TO PUTTY SPRAYPAINT REAR	0	750.00	0		750.00	\$
280	TO CHECK WIRING INCLUDE	0	486.00	0		486.00	\$
RESETTING OF	ALL ELECTRICAL MODULES						
	BUMPER COVER REAR XF	1.0 EA	2480.50	10		2,232.45	\$
	JC277338/BUMPER BRAC	1.0 EA	136.50	10		122.85	\$

Labour	Total	2,086.00
Parts	Total	2,355.30
Package	Total	0.00

Net.....	4,441.30
GST @ 7.0%	310.89
Total.....	4,752.19
Paid.....	0.00
Please Pay..	4,752.19

Co reg no. 199501400R / GST reg no. M28920628X




# 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/FCI18000614/T1qd3q2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 27-04-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 807D		Veh. Inspected	SJZ 9333A
Policy No.			Coverage (\$)	0.00
Claim No.	D18000511MFSH		Excess (\$)	0.00
Assign From	AINI		Assign Date	10/01/2018
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	JAGUAR XF 3.0		c.c	2967
Engine No.	HIDDEN		Year of Reg.	2010
Chassis No.	SAJAC05D3BFR94183		Colour	GREEN
Odometer	129336		Steering	IN ORDER
Brakes	IN ORDER		Modification	SPORTS RIM
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	245/45 R18	PIRELLI	6 mm	
L/H Front Tyre	245/45 R18	PIRELLI	6 mm	
R/H Rear Tyre	245/45 R18	PIRELLI	6 mm	
L/H Rear Tyre	245/45 R18	PIRELLI	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	08/01/2018		Inspection Date	31/01/2018
Survey held at	45 LENG KEE ROAD SINGAPORE 159103			
Repairer	WEARNES AUTOMOTIVE PTE LTD			
<b>5a. Remarks</b>				
A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:			3 Working Days	

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No: 19-9607198-R

Page No.: 1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJZ 9333A**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	BUMPER COVER REAR XF (SN)	DEFORMED	2,315.20	2,232.45
1	BUMPER BRACKET REAR (SN)	NOT NECESSARY	46.50	-
1	BUMPER BRACKET REAR (SN)	NOT NECESSARY	46.50	-
1	JC2Z7388/BUMPER BRAC (SN)	NECESSARY	122.85	122.85
2	PARKING AID FRT/REAR (SN)	NOT NECESSARY	396.20	-
2	PARKING AID SEAL XJL (SN)	NOT NECESSARY	6.80	-
1	BUMPER HARNESS REAR (SN)	NOT NECESSARY	259.60	-
1	BOOT SEAL XF (SN)	NOT NECESSARY	103.60	-
1	BODY PANEL SEALANT X (SN)	NOT NECESSARY	820.20	-
1	JC2Z5802/BUMPER BEAM (SN)	NOT NECESSARY	839.80	-
			4,957.25	2,355.30
	<b><u>LABOUR</u></b>			
	TO REPLACE REAR BUMPER, VALANCE, ETC.		1,700.00	850.00
	TO PUTTY SPRAYPAINT REAR BUMPER, BOOTLID ETC.		1,500.00	750.00
	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL WIRING.		486.00	486.00
			3,686.00	2,086.00
	<b>GRAND TOTAL</b>		<b>8,643.25</b>	<b>4,441.30</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>4,441.30</b>

Report Ref No. CS/FCI18000614/T1qd3q2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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