

ASSIGNMENT (Office)

CWS

From (Person): Serene Ler

at FCI

Date/Time: 2:01pm @ 11/01/2018

Estimated Cost:

Bill to:

OD: TP W57 TP RES / OD RES / EVA / DV / MV / CS

To Inspect Vehicle No: SGW5509M

Insured: SHC 8039B

at Workshop no: Ah Lim Motor

Tel: 64831244

of No. 10 AMK Ind. Park 2A #01-09

Policy No:

Claim No: D18000261MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 30/12/2017

CA / REV / REP. / REV 24 HRS

'wp'

12/01/18 @ 3pm owner waiting

Date/Time: 2:06pm @ 11/01/18

Person Contacted:

Zila

Vehicle In: OUT

Date/Time:

Action/Instructions:

✓

Findings

ID DENY (NO COLLISION)

SGW5509M -

SHC 8039B - cc3/CT116000767/H1pb3n2

D.O.A.: 11/01/2018

15/1/18 Email preli revised to FCI

10/5/18 @ 5pm Mui Hong will check & call back

11/5/18 @ 1058am Mui Hong send TP want to repair the vehicle

FCI

12/01/2018

SGW 5509

07 07

SGW 5509

SGW 5509

SGW 5509M
Ah Lim Motor
No. 10, AMK Ind. Prk 2A #01-09

SGW 5509

SGW 5509

SGW 5509

SGW 5509

SGW 5509

SGW 5509

ID DENY (NO COLLISION)

Policy Condition

Remarks: The vehicle had commenced its repair at the time of inspection

SGW 5509

SGW 5509

SGW 5509

SGW 5509

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SGW 5509

SGW 5509

SGW 5509

13/1 File pass to Carhome, Got video footage

2/16 @ 280 Carhome & email (Recd 2170, 887) (NO LS)

2/16/2018

RECEIVED 21 JUN 2018

SGW 5509

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SGW 5509

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50

9

169

Survey Department Check List (Case Handler)

Reference No.: CS / FCI 18000677 / Kvd3

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

(1) Office Assign Form

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

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

(1) Assignment Form

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

(2) System - (Views/Merimen)

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

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

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded				
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Check By: Vetor 21/6/18

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014

**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile			
FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI18000677/Kvd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 11-01-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 8039B	Veh. Inspected	SGW 5509M
Policy No.		Coverage (\$)	0.00
Claim No.	D18000261MFSH	Excess (\$)	0.00
Assign From	CWS (SERENE LER)	Assign Date	11/01/2018
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			
5. General Information			
Accident Date	30/12/2017	Inspection Date	
Survey held at	AH LIM MOTOR CO NO 10 ANG MO KIO IND PK 2A #01-09 AMK AUTOPOINT SINGAPORE 568047		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

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

Your ref: D18000261MFSH
Our ref: CS/FCI18000677/Kvd3

Date : 15/1/2018

The Motor Claims Department
M/s First Capital Insurance Ltd

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SGW 5509M

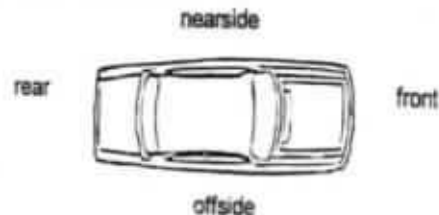
We thank for your instruction on 11/1/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 12/1/2018 at the premises of M/s AH LIM MOTOR CO and have the following to report:-

Workshop Estimate Amount	: S\$2,450.00
Revised Estimate Amount	: S\$280.00
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

- § The vehicle sustained damages at the front o/s portion



Comments/Present Status:
Damages Consistent

Yours faithfully,

Kenneth Kong
Licensed Appraiser

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	10-01-2018	Our Ref No. D18000261MFSH
Accident Date	30-12-2017	Claim Type. Third Party
Insured Vehicle	SHC8039B	Third Party Vehicle. SGW5509M
Survey Location	NO. 10 ANG MO KIO IND PARK 2A #01-09 AMK AUTOPOINT	
Contact Person.	ZILA	
Contact No.	64831244/ 0	Fax No. 64836170
Survey Type	WITHOUT PREJUDICE: ID DENY (NO COLLISION)	
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	AH LIM MOTOR COMPANY	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/232740)



PRI Documents

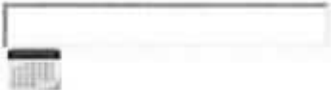


Close X

PRI Header Details

Claim No	D18000261MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & AH LIM M
Workshop Name	AH LIM MOTOR COMPANY (Contact Person : ZILA)	Survey Location & Contact Details	NO. 10 ANG MO KIO IND PARK 2A #01-09 AMK AUTO PC Mobile: 0 , Phone: 64831244 , Fax: 64836170 EmailId: ZILA@AHLIMMOTOR.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: ID DENY (NO COLLISION)		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC8039B	TP Vehicle No	SGW5509M
PRI Recieved Date	10-01-2018 09:55:03 PM	Surveyor Appointed Date	11-01-2018 01:59:57 PM	Surveyor Accept Date	11-01-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	11-01-2018	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

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Monday, 15 January 2018 12:29 PM
To: 'Claim Workflow System'
Cc: SERENELER@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18000261MFSH/1, SGW 5509M
Attachments: SGW 5509M PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SGW 5509M
Date of survey: 12/1/2018
Number of days: 1 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Thursday, 11 January 2018 2:09 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 - D18000261MFSH/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: Thursday, 11 January 2018 1:59 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; SERENELER@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18000261MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

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

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 4370C

Vehicle Details

Vehicle No.: SGW5509M
Vehicle to be Exported: No
Intended De-registration Date: 09 Jan 2018
Vehicle Make: HONDA
Vehicle Model: S2000 2.2 M
Primary Colour: White
Manufacturing Year: 2007
Engine No.: F22C1001885
Chassis No.: AP21001878
Maximum Power Output: 178.0 kW (238 bhp)
Open Market Value: \$37,909.00
Original Registration Date: 23 Jul 2007
First Registration Date: 23 Jul 2007
Transfer Count: 0
Actual ARF Paid: \$41,700.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 22 Jul 2027
COE Category: B - Car (1601cc & above)
COE Period(Years): 10
PQP Paid: \$52,473.00
COE Rebate Amount: \$50,032.00
Total Rebate Amount: \$50,032.00

The information contained herein is correct as at 09 Jan 2018

OK

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	02/01/2018 16:59
Date Of Accident	30/12/2017 15:30
Exact Location Of Accident	YISHUN ST 21 OSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW5509M
Insured/Policyholder	
Name Of Registered Owner	PAULINE TAN SIEW HOON
NRIC No	S7424370C
Email Address	PAULINETAN@STAFFINGNETWK.COM
Mobile Phone No	(LOCAL) +65-97651987
Alternative Phone No	OTHERS-96999665

Vehicle Particulars

Manufacturer	HONDA
Model	S2000-2.2 TYPE-S 2.2 M (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA257513
Cover Note Number	15/08/2017 - 22/07/2018

Driver

Name of Driver	ON SHAW MING
NRIC No	S7714070J
Date Of Birth	07/05/1977
Occupation	INDOOR
Date Of Driving Pass	05/01/2004
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96999665
Fax Number	
Contact Number	OTHERS-97651987
Email Address	ONFERRE@GMAIL.COM

Address

Postcode

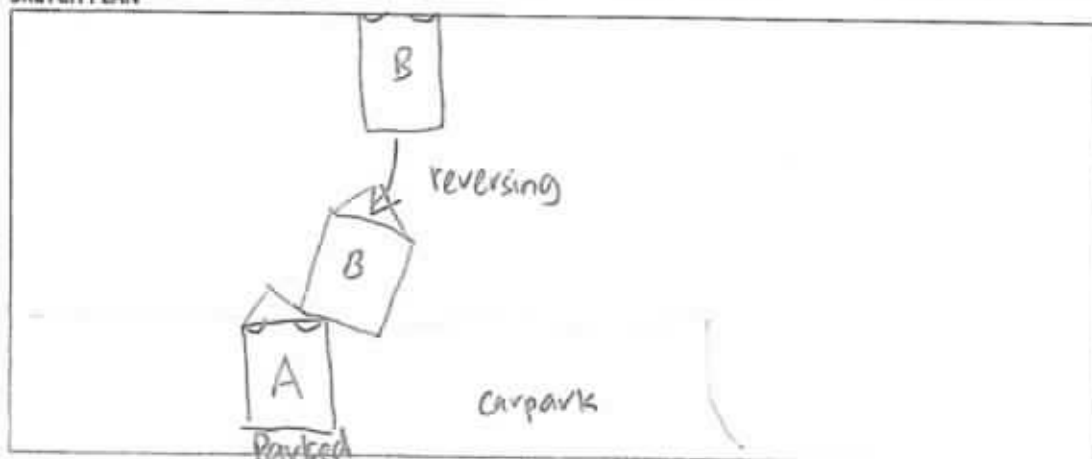
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 2

Date of accident: 30th Dec Time: 1530 Location: YISHUN ST. 21
 My Vehicle A: SGW 5509M Vehicle B: SHL 8039 B Vehicle C: NA
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30th Dec 2017, my in car camera recorded a Mercedes taxi, SHL 8039 B reversing & hitting the front right side of my car resulting in cracked lines & scratches. My car was parked and nobody was in the car. The taxi drove off after hitting my car. I have a video recording of this incident.

At the point of hitting my car, a passer-by saw the accident and informed him that he has hit my car and told him to check it. However, the taxi driver still drove off. Half hour later, when I returned to my car, the passer-by informed me that there was a hit & run accident on my car. He can be a witness and I have his contact number I made a report to the Police & my car insurance.

On 1st Jan 2018, I decided to call the taxi company to locate him. He contacted me subsequently and denied he knew anything about hitting my car.

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

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

My workshop :

Email address : ON FERRE @ GMAIL . COM

& myself :


Email address :

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

DECLARATION

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:


Reporting Centre's Signature
Name:
HRIC/FIN No:

ALUMINUM COUPLER



**SINGAPORE
POLICE FORCE**



T/20171231/7007

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408866
Tel No: 65470000

2 of 3

Report No. T/20171231/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: Nil		Use of Pedestrian Crossing: NA	
Driver			
Name	ON SHAW MING	ID No.	37714070J
Registered Vehicle	RCW8559M (Car)	Contact No.	96969885
Hospital/Injury	NI	Class of Driving License & Expiry Date	Class: 3 Date of Expiry: N/A
Date Treatment	NI	Date Discharge	NI
No. of Days granted Medical Leave	NI	Degree of Injury	NI

Driver's Details

On 30th December 2017, my in-car camera recorded a Mercedes taxi SHB 8039 B reversing and hitting the front of my car resulting in cracked lines and scratches. My car was parked and nobody was in the car. The taxi drove off after hitting my car. I have a video recording of this incident.

PAULINE TAN SIEW HOON 323B THOMSON ROAD #02-01 THOMSON DUPLEX SINGAPORE 307688		New business Date 15/08/2017 INTRADE AGENCY 04279 62551404	
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Policy Schedule

Your SmartDrive Comprehensive For Her

Your policy snapshot

Policyholder name	PAULINE TAN SIEW HOON	Policy number	VA1 / GA257513
Cover	Comprehensive	FIN / NRIC	S7424370C
Period of Insurance	from 15/08/2017 to 22/07/2018 (both dates inclusive)		

Premium breakdown

Gross Premium after FOM: SGD

SmartDrive Comprehensive Benefits

- 24/7 Towing & Transportation in Singapore & Div. 1
- Windscreen Repair/Replacement with 1 year or 100% refund in cash, 11500 (whichever is lower) for 1st claim, 11500 for 2nd claim
- Unlimited repairs for 1 year or 11500 (whichever is lower)
- Loss of Use
- Legal Defect
- Maximum of 100% or 11500 per claim for 1st claim, 11500 for 2nd claim
- Car & Parts 72 Hour Loan Car - maximum of 100 days
- Replacement Damage Excess Waiver (from 1st year of policy)
- Phone assistance & roadside support
- Reimbursement of 110% of your car's market value in the event of total loss due to theft

Add-on Benefits

- 1st total claim limit of 100% or 11500 for 1st claim, 11500 for 2nd claim
- Coupons for Standard Singaporean hotel (100 days)
- No Claim Discount Provider

Vehicle details

Make & Model of Vehicle	HONDA 52000 2.2	Year of manufacture	2007
Vehicle registration number	SGW5509M	Type of Use	Private Use
Body type	COUPE	Engine capacity (cc)	2150
Seating capacity (excl driver)	4	Engine number	F22C1001895
Off-Peak car	No	Chassis number	AF21001578

Insured's Estimated Market Value: Market Value at the time of Loss (including accessories and spare parts)
 44,000 Certificate of Insurance

I, Paula J. [Signature] Date 07/24/2015
 Name of vehicle 2011 Toyota Camry am aware of the accident of my vehicle on
07/24/15 while car was driven by Dr. [Signature]
6771 4070 3 hereby authorize him / her to make the report.
 Date 07/24/15



AH LIM MOTOR COMPANY

No. 10 Ang Mo Kio Ind. Park 2A #01-09 AMK Autopoint Singapore 568047
TEL: 6483 1244 (4 lines) FAX: 6483 6170 Email: ahlmmc@singnet.com.sg
GST:M9-0009639-E RCB NO:06470300B

SURVEYOR COPY

M/S : PAULINE TAN LIEW HOON
323B THOMSON ROAD
#02-01 THOMSON DUPLEX
SINGAPORE 307688

TEL: 96999665

ATTN: Motor Claim Department

Your Ref No: SGW5509M

Claim Type: Third Party

Accident Date: 30/12/2017

Estimate No: MC0912751

Date: 10 Jan 2018

Policy No: GA257513

Veh Reg No: SGW5509M

Make/Model: HONDA S2000 2.2M

TP ven: ~~PHB~~ SHC 80398

*Not authorized
Repair After Sales
1 day*

Estimate Repair Cost to Vehicle No :SGW5509M

Description	U/Price	Quantity	Cost	Amount
			<u>S\$</u>	<u>S\$</u>
SPARE PARTS				
1 FRONT BUMPER		1 PC	1,550.00	X
			1,550.00	
	Add 20%		310.00	1,860.00
LABOUR				
2 TO DISCONNECT AND CHECK ELECTRICAL WIRING, WIRE SOCKETS AND ETC. TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNITS, TEST AND RECTIFY FOR PROPER FUNCTIONING.		1 PC	40.00	X
3 TO DISMANTLE ALL DAMAGED PARTS - REPLACE FRT BUMPER, TO CUT & WELD, TO KNOCK & REPAIR INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.		1 PC	300.00	600
4 TO SPRAY FRONT BUMPER.		1 PC	250.00	2200
				590.00

Amount Before Excess S\$ 2,450.00

Add GST @ 7% 171.50

Total Amount payable S\$ 2,621.50

TOTAL: SINGAPORE DOLLAR TWO THOUSAND SIX HUNDRED TWENTY ONE AND CENTS FIFTY ONLY

Please arrange this vehicle to be surveyed soonest possible.

Thank You

LOK 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 as it is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: _____

Date: _____

For AH LIM MOTOR COMPANY


AUTHORISED SIGNATURE



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/FCI18000677/Kvd3e2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 22-06-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 8039B	Veh. Inspected	SGW 5509M
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D18000261MFSH	Excess (\$)	0.00
Assign From	SERENE	Assign Date	11/01/2018

2. Vehicle Particulars & Condition

Make & Model	HONDA S2000 (M)	c.c	2156
Engine No.	HIDDEN	Year of Reg.	2007
Chassis No.	AP21001878	Colour	METALLIC PEARL WHITE
Odometer	120903	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/45 R17	YOKOHAMA	3 mm
L/H Front Tyre	215/45 R17	YOKOHAMA	3 mm
R/H Rear Tyre	245/40 R17	BRIDGESTONE	2 mm
L/H Rear Tyre	245/40 R17	BRIDGESTONE	2 mm

4. Description of Damages

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

5. General Information

Accident Date	30/12/2017	Inspection Date	12/01/2018
Survey held at	AH LIM MOTOR CO NO 10 ANG MO KIO IND PK 2A #01-09 AMK AUTOPOINT SINGAPORE 568047		

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:	1 Working Days
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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. SGW 5509M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER (WCP)	TO REPAIR SEE LABOUR	1,550.00	-
	COST PLUS 20%		310.00	-
			1,860.00	-
	LABOUR			
	TO DISCONNECT AND CHECK ELECTRICAL WIRING, WIRE SOCKETS AND ETC. TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNITS, TEST AND RECTIFY FOR PROPER FUNCTIONING.	NOT NECESSARY	40.00	-
	TO DISMANTLE ALL DAMAGED PARTS-REPLACE FRT BUMPER. TO CUT & WELD. TO KNOCK & REPAIR INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME. INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		300.00	60.00
	TO SPRAY FRONT BUMPER.		250.00	220.00
			590.00	280.00
	GRAND TOTAL		2,450.00	280.00
	RECOMMENDED COST OF REPAIRS			280.00

Report Ref No. CS/FCI18000677/Kvd3e2

KONG SENG CHEONG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report. No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report in whole or in part, does so at his or her own risk.

Sketch Plan Pg. 9



redefining / insurance

Date: 02/01/13


To: Owner of Vehicle Number: PGW 5309M

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff Zila / Eileen / Mui Hong.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others _____

Signed and acknowledge by:


Name and signature of policyholder/authorised driver


Name and signature of workshop personnel including company stamp



Car owner: Name: Pauline Tan Siew Hoon

NRIC: S7424370C

Contact: 9765 1987

email: paulinetan@staffingnetwork.com

9699665
Wet/drying
yes camera
NO injury
PRIX



eye witness: shah
98456851



**SINGAPORE
POLICE FORCE**



1/20171231/7007

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 406266
Tel No: 65470000

3 of 3

Report No. 1/20171231/7007

CONTINUATION OF REPORT

Sketch Plan

Informant's report does not include sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / 12345

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
31/12/2017 16:58

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20171231/7007

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20171231/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2017 16:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ON SHAW MING			Address: APT BLK 223 YISHUN STREET 21 #09-475 SINGAPORE 760223		
ID Type / ID No.: NRIC NO / S7714070J			Contact No.: Home/Office: Mobile: 96999665		
Nationality: SINGAPORE CITIZEN			Email: onferre@gmail.com		
Sex: Male	Age: 40	Date of Birth: 07/05/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MINDEF WARRANT OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/12/2017 00:00	Type of Location: Car Park
Location: YISHUN STREET 21 Car park at Yishun st 21				
Weather: Raining	Road Surface: Wet		Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW5509M	Car	HONDA	S2000	White	Slightly Damaged	0
SHC8039B	Car	MERCEDES BENZ	taxi	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGW5509M	AYA INSURANCE SINGAPORE PTE		15/12/2017	05/03/2018

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 Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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



Address BLK 223 YISHUN ST 21
#09-475
Postcode 760223
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured FRIEND
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions DRIZZLING
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. YES
Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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 Witness 1

Name SHAH
Phone Number 98456851
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8039B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number