

REF CS/FCI18000712/Kvd3<sup>sr</sup>

ASSIGNED BY

ASSIGNMENT (Office)

11/01/2018 @ 4:58pm

From (Person) Aini

FCI

Estimated Cost

OD ☒ TP WS / TP RES / OD RES / EVA / EN / MV / CS

To Inspect Vehicle No: SK2 8638R

at Workshop n/c: Supreme Auto Service

of 176 Sin Ming Drive #02-01

Insured SHC 7232R

Tel 6452 8211

9672 5947

1 9736 8619

Claim No: D18000813 MF SH

Sum Insured

Excess

D.O.A. 10/01/2018

Make of Vehi  
(Client's Record)

12/01/2018

R.O.D. Endorsement

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

Amanda

Vehicle ☒ IN ☐ OUT

Date/Time 5:23pm @ 11/01/18

Person Contacted

Date/Time Action/Inspection ☒ Ex-ante

SK2 8638R - X

SHC 7232R - C03/EQJ17007231/H1da3q2

D.O.A. 10/04/2017

- 15/1/18 Email preli revised to FCI, pending parts prices from repairer
- 10/5/18 @ 5:20pm Dilyn said part prices not ready yet
- 5/9/18 @ 3:52pm Yuki will check

FCI

12/01/2018

SKZ 8638R

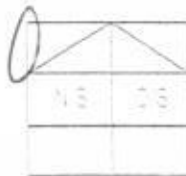
02 16

02 NS TRAILER (02 RES EVALUATION)

SKZ 8638R  
Supreme Auto Service  
176 Sin Ming Drive # 02-01

Policy No.  
Damage  
B/L insured  
Damage Record  
Make of Vehicle

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



Est. or Market Value: **\$63K**  
B/L Accident Room Consistent? Yes or No  
B/L Rep. Room Consistent? Yes or No  
Est. Repair days Yes or No  
Lift Out 20 Yes or No

CA / REV / REP / 24 HRS 'up'  
Date Person Contacted

Truck Trailer  
Make: **Ton** **Adrio** **1496**  
Model: **M. D. Gory**  
B/L Rating: **133657**

Eng No  
Chassis: **NRE161 0010137**  
Gen Cond: **Good** Fair Poor Burnt  
Steering: **Good** Jammed Leaked Burnt  
Brake: **Good** Jammed Leaked Burnt  
Mod: **Accord** 185/60R15  
Type Size

BS DUN EXNOVA 34 PS LIZA MID OHTSU / PR / SUM  
TOYO / YOKO **Nexen**

Front: **9** Rear: **7**  
LBS: **9** LBS: **7**  
DCA: **10/1/18** DCA: **12/1/18**  
Survey report

Des of Damages: **Front** Rear O/S N/S U/O Roofed or  
**N/S**  
The U/O / Chassis frame Body / Structure affected due to crash

15/1 File pass to Corlene  
21/9/18 @ 252pm Yuki said still checking on the parts prices  
21/11/18 @ 350pm Dalyn said will check & call back  
4/1/19 @ 352pm Dalyn said will check & call back  
11/1/19 @ 1102am Yuki will check  
21/1/19 @ 434pm Dalyn will check  
27/3/19 @ 1124am Dalyn will check  
14/6/19 Submit preli report

RECEIVED 14 JUN 2019

Preli Report  
Final Report

Days Of Repair: **4**  
Resurvey No. of Trip: **-**

14/6 - typist

Report Form: **CWS**

Add Fee  
Step 1  
Step 2  
Step 3  
Step 4  
Step 5

100  
50  
19  
164



# 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/FCI18000712/Kvd3		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 11-01-2018		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 7232R	Veh. Inspected	SKZ 8638R	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	AINI	Assign Date	11/01/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	10/01/2018	Inspection Date		
Survey held at	SUPREME AUTO SERVICE PTE LTD 176 SIN MING DRIVE #02-01 SIN MING AUTOCARE SINGAPORE 575721			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

## Nivitha (LKK Auto)

---

**From:** Aini Binte Md Min <aini@first-insurance.com.sg>  
**Sent:** Thursday, 11 January 2018 4:58 PM  
**To:** 'assignments@lkkauto.com'  
**Cc:** 'admin@supreme.sg'  
**Subject:** FW: NEW ASSIGNMENT (O/REF: SHC7232R)  
**Attachments:** 11012018165417-0001.pdf; FW: Fax data from cwsmotorclaims@first-insurance.com.sg (65.9 KB)

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 11.1.18

Our Ref No. SHC 7232R

Accident Date 10.1.18

Claim Type THIRD PARTY

Insured Vehicle SHC 7232R

Third Party Vehicle SKZ 863ER

Survey Location SUPREME AUTO SERVICE Contact Person

176 SIN MING DRIVE, #02-01  
SIN MING AUTOCARE  
S(575721)

Contact No. 64528211

Fax No. 64517400

Survey Type WITHOUT PREJUDICE

Appointed  
Surveyor

LICK AUTO CONSULTANTS PTE LTD

Contact Person

Fax No. 68416315

Contact Number 62563561

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. ACCDT REPORT

Cc : Workshop SUPREME AUTO SERVICE

Attention

Officer in charge *[Signature]* SITHARA

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.

## Veron Chen (LKKAuto)

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Friday, 21 September 2018 2:56 PM  
**To:** 'Claim Workflow System'; assignments  
**Cc:** SITHARA@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: OUR REF: D18000813MFSH; NEW ASSIGNMENT (O/REF: SHC7232R) (TP VEHICLE SKZ 8638R, DOA: 10/1/2018)

Dear Sir/Madam,

According to repairer, they are still checking on the parts prices.

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:** Claim Workflow System <cwsmotorclaims@msfirstcapital.com.sg>  
**Sent:** Friday, 21 September 2018 2:40 PM  
**To:** assignments <assignments@lkkauto.com>; Veron Chen (LKKAuto) <veronchen@lkkauto.com>  
**Cc:** Sithara@msfirstcapital.com.sg; cwsmotorclaims@msfirstcapital.com.sg  
**Subject:** RE: OUR REF: D18000813MFSH; NEW ASSIGNMENT (O/REF: SHC7232R) (TP VEHICLE SKZ 8638R, DOA: 10/1/2018)

Dear Sirs,

Kindly let us know the status of the survey

Regards,  
Admin Team  
Claim Workflow System  
Motor Claims Department  
MS First Capital Insurance Limited

**From:** Veron Chen (LKKAuto)  
**Sent:** Monday, January 15, 2018 12:43 PM  
**To:** Aini Binte Md Min  
**Cc:** SUR  
**Subject:** RE: NEW ASSIGNMENT (O/REF: SHC7232R) (TP VEHICLE SKZ 8638R, DOA: 10/1/2018)

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SKZ 8638R

Date of survey: 12/1/2018

Number of days: 4 days

**PENDING PARTS PRICES FROM REPAIRER.**

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)

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

From: Admin-D (LKKAuto)

Sent: Thursday, 11 January 2018 5:26 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: SHC7232R)

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto: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: Thursday, 11 January 2018 4:58 PM

To: 'assignments@lkkauto.com' <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>

Cc: 'admin@supreme.sg' <[admin@supreme.sg](mailto:admin@supreme.sg)>

Subject: FW: NEW ASSIGNMENT (O/REF: SHC7232R)

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

**Veron Chen (LKKAUTO)**

---

**From:** Veron Chen (LKKAUTO)  
**Sent:** Monday, 15 January 2018 12:43 PM  
**To:** 'Aini Binte Md Min'  
**Cc:** SUR  
**Subject:** RE: NEW ASSIGNMENT (O/REF: SHC7232R) (TP VEHICLE SKZ 8638R, DOA: 10/1/2018)  
**Attachments:** SKZ 8638R PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SKZ 8638R  
Date of survey: 12/1/2018  
Number of days: 4 days

**PENDING PARTS PRICES FROM REPAIRER.**

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)

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

From: Admin-D (LKKAUTO)  
Sent: Thursday, 11 January 2018 5:26 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: SHC7232R)

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,  
G.Nivitha | Admin  
LKK Auto Consultants Pte Ltd  
Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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

From: Aini Binte Md Min [mailto:aini@first-insurance.com.sg]  
Sent: Thursday, 11 January 2018 4:58 PM  
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>  
Cc: 'admin@supreme.sg' <admin@supreme.sg>  
Subject: FW: NEW ASSIGNMENT (O/REF: SHC7232R)

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.



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: PLEASE ADVISED  
Our ref: CS/FCI18000712/Kvd3

Date : 15/1/2018

The Motor Claims Department  
M/s First Capital Insurance Ltd

Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SKZ 8638R**

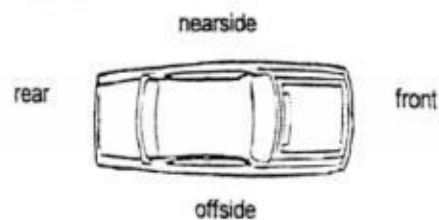
We thank for your instruction on 11/1/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 12/1/2018 at the premises of M/s SUPREME AUTO SERVICE PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$1,465.00 (LABOUR ONLY)
Revised Estimate Amount	: S\$880.00 (LABOUR ONLY)
"Check" Items Amount	: S\$230.00
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

The vehicle sustained damages at the n/s front portion



Comments/Present Status:  
Damages Consistent

Yours faithfully,

Kenneth Kong  
Licensed Appraiser

## 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 willful 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	11/01/2018 17:59
Date Of Accident	10/01/2018 19:45
Exact Location Of Accident	RAFFLES QUAY ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8638R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MCQUEEN RENTALS PTE LTD
Co Reg No	201600605G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81239218

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE

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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077614080-01
Cover Note Number	

### Driver

Name of Driver	CHANSINGH SUNNY @ C S SUNNY
NRIC No	S1035226F
Date Of Birth	20/10/1945
Occupation	OUTDOOR
Date Of Driving Pass	27/01/1977
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81239218
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 686A WOODLANDS DRIVE 73 #02-34 SINGAPORE
Postcode	731686
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : VERONICA ALGABA GENDER: : FEMALE

#### 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

REFER 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	SHC7232R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG CHONG TECK VINCENT
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	CHANSINGH SUNNY @ C S SUNNY
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SKZ8638R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**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:

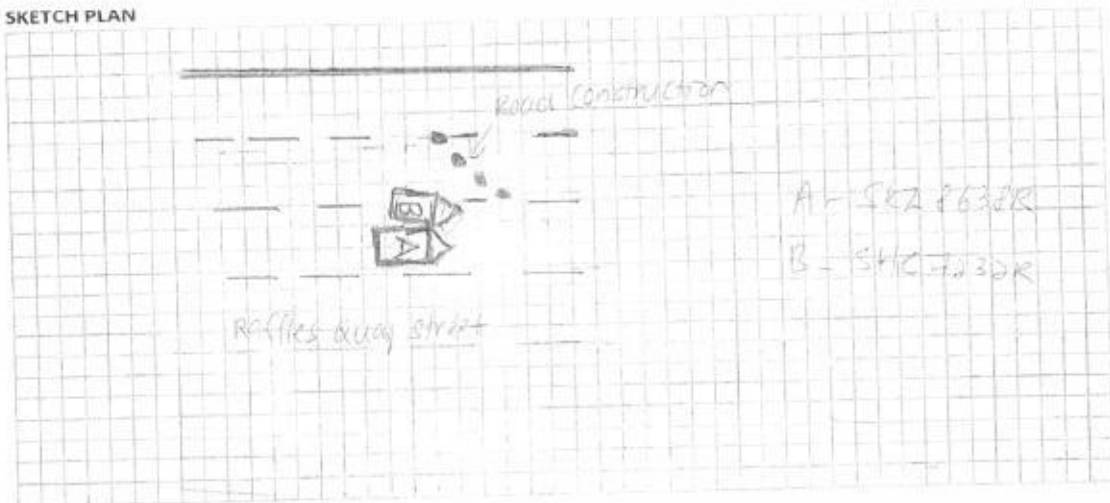
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Personnel's Signature  
Name:  
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:

I was traveling along Raffles Quay Street towards Central Blvd, vehicle B (Site T232R) suddenly cut into my lane and collided into the front left of my vehicle with a hard impact.

## 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 Personnel's Signature  
Name:  
NRIC/FIN No.:

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	0605G
<b>Vehicle Details</b>	
Vehicle No.:	SKZ8638R
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO 1.5G A
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	2NR8507355
Chassis No.:	NRE1610010137
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$17,581.00
Original Registration Date:	05 Feb 2016
First Registration Date:	05 Feb 2016
Transfer Count:	2
Actual ARF Paid:	\$7,581.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Feb 2026
PARF Rebate Amount:	\$5,685.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	04 Feb 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,651.00
COE Rebate Amount:	\$30,993.00
<b>Total Rebate Amount:</b>	<b>\$36,678.00</b>

The information contained herein is correct as at 13 Jun 2019

OK

# SUPREME AUTO SERVICE PTE LTD

176 SIN MING DRIVE #02-01 SINGAPORE 575721  
TEL: 6452 8211 FAX: 6451 7420

## ESTIMATE

MCQUEEN RENTALS PTE LTD

c/o 46 Lenton Plain  
Singapore 786548

Date: 12/01/2018

*Not As Thonk  
C/Lay 8?  
Purning After Rain  
4 days*

QUANTITY	PARTICULARS	AMOUNT (\$)
	<b>RE : TOYOTA COROLLA AXIO 1.5 / SKZ 8638 R</b>	
1 pc	front head lamp L.E.D Assy <i>Gr</i>	
1 pc	front head lamp lower bracket <i>7</i>	
1 pc	front grille <i>Surx</i>	
1 pc	front bumper <i>Bur</i>	
1 pc	front bumper lower gear <i>Surx</i>	
1 pc	front bumper reinforcement <i>12X</i>	
1 pc	front bumper sponge <i>Surx</i>	
1 pc	front bumper side retainer <i>DIV</i>	
1 pc	front shock adsorber <i>7</i>	
2 pcs	front lower arm <i>7</i>	
2 pcs	front lower arm ball joint <i>7</i>	
1 pc	front steering road <i>7</i>	
1 pc	front steering road end ball joint <i>Surx</i>	
2 pcs	front stabilizer bar linkage <i>Surx</i>	
2 pcs	front knuckle arm <i>7</i>	
1 pc	front wheel hub <i>7</i>	
1 pc	front wheel bearing <i>7</i>	
1 pc	hub cap <i>Full Cost</i>	
1 pc	rod rim <i>7</i>	
	<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No illegal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer Signature: Date:</p> </div>	
	Sub total	0.00
	To remove and replace all the parts mentioned above, panel beat and realign the necessary affected areas.	<i>400</i> 500.00
	To check wiring system	<i>200</i> 50.00
	To apply putty and spray painting on affected areas.	<i>400</i> 600.00
	To remove and install front undercarriage parts to eable to repair.	150.00 <i>7</i>
	To replace alloy rim and perform wheel balancing.	40.00 <i>7</i>
	To machine press wheels bearing.	40.00 <i>7</i>
	To perform 4 wheels computerised alignment.	<i>600</i> 85.00
	<b>Total</b>	<b>1,465.00</b>




## 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				
MS FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI18000712/Kvd3s2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 18-06-2019		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 7232R	Veh. Inspected	SKZ 8638R	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18000813MFSH	Excess (\$)	0.00	
Assign From	AINI	Assign Date	11/01/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA AXIO (A)	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	NRE1610010137	Colour	METALLIC DARK GREY	
Odometer	133657	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	185/60R15	ACENDA	9 mm	
L/H Front Tyre	185/60R15	ACENDA	9 mm	
R/H Rear Tyre	185/60R15	NEXEN	7 mm	
L/H Rear Tyre	185/60R15	NEXEN	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	10/01/2018	Inspection Date	12/01/2018	
Survey held at	SUPREME AUTO SERVICE PTE LTD 176 SIN MING DRIVE #02-01 SIN MING AUTOCARE SINGAPORE 575721			
<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:		4 Working Days		



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKZ 8638R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT HEAD LAMP LED ASSY (NPA)	CUT	-	-
1	FRONT HEAD LAMP LOWER BRACKET (NPA)	* CHECK	-	-
1	FRONT GRILLE (NPA)	SERVICEABLE	-	-
1	FRONT BUMPER (NPA)	BUCKLED	-	-
1	FRONT BUMPER LOWER GEAR (NPA)	SERVICEABLE	-	-
1	FRONT BUMPER REINFORCEMENT (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT BUMPER SPONGE (NPA)	SERVICEABLE	-	-
1	FRONT BUMPER SIDE RETAINER (NPA)	DISTORTED	-	-
1	FRONT SHOCK ABSORBER (NPA)	* CHECK	-	-
2	FRONT LOWER ARM (NPA)	* CHECK	-	-
2	FRONT LOWER ARM BALL JOINT (NPA)	* CHECK	-	-
1	FRONT STEERING ROAD (NPA)	* CHECK	-	-
1	FRONT STEERING ROAD END BALL JOINT (NPA)	SERVICEABLE	-	-
2	FRONT STABILIZER BAR LINKAGE (NPA)	SERVICEABLE	-	-
2	FRONT KNUCKLE ARM (NPA)	* CHECK	-	-
1	FRONT WHEEL HUB (NPA)	* CHECK	-	-
1	FRONT WHEEL BEARING (NPA)	* CHECK	-	-
1	HUB CAP (NPA)	DENTED / CUT	-	-
1	ROD RIM (NPA)	* CHECK	-	-
<b>LABOUR</b>				
TO REMOVE AND REPLACE ALL THE PARTS MENTIONED ABOVE,PANEL BEAT AND REALIGN THE NECESSARY AFFECTED AREAS.INCLUSIVE OF THE REPAIR OF FRONT BUMPER REINFORCEMENT .			500.00	400.00
TO CHECK WIRING SYSTEM.			50.00	20.00
TO APPLY PUTTY AND SPRAY PAINTING ON AFFECTED AREAS.			600.00	400.00
TO REMOVE AND INSTALL FRONT UNDERCARRIAGE PARTS TO ENABLE TO REPAIR.		* CHECK	150.00	-
TO REPLACE ALLOY RIM AND PERFORM WHEEL BALANCING.		* CHECK	40.00	-

Report Ref No. CS/FCI18000712/Kvd3s2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO MACHINE PRESS WHEELS BEARING.	* CHECK	40.00	-
	TO PERFORM 4 WHEELS COMPUTERISED ALIGNMENT.		85.00	60.00
			1,465.00	880.00
GRAND TOTAL			1,465.00	880.00

RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$230.00 NETT)				880.00
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Report Ref No. CS/FCI18000712/Kvd3s2

KONG SENG CHEONG

Licensed Appraiser

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