

ISSUED

ASS. REC. BY

REF: CS/FCI18000964/T1/d3

DATE

Tauhikh

ASSIGNMENT (Office)

From (Person)

Teo Swee Keong

at

FCI

Date/Time

16/11/18 @ 12:14pm

Estimated Cost

Billed

OD ☒ WS ☐ IP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No.

SHC31A

Insured

SHA 7977K

at Workshop no.

Ding Automotive

Tel

8305 9598

of

31 Corporation Road

Policy No.

Claim No.

D18000427MESH

Sum Insured

Excess

Make of Vehicle

Date

27/12/2017

(Client's Record)

CA / REV / REF. REV 24 HRS

'wp'

Date/Time

12:28pm @ 16/11/18

Person Conducted

Alex

VEHICLE IN/OUT

Date/Time

Action/Instructions

✓

SHC31A-CS/QW09009192/T1/ce1

D.O.A: 22/10/2019

SHA7977K-NS/INC16002436/Hlvbn2

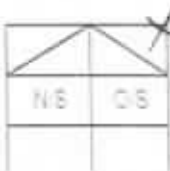
D.O.A: 04/02/2016

Taylor

FCI

ASSIGNMENT

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



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

Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res: Yes or No
 Lump Sum: _____ \$ 3 Val: Yes or No
 CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SHC 31 A Page: 2017 June
 Type: M/Gar / M/Cycle / Bus / Van / Lorry / TP / Prime Mover
 Truck / Trailer or
 Make: Toyota Prius CC: 1798
 Colour: Yellow A/C: Insured / Std / Nil / NA
 Se-Reading: 53288 TP Radio: Insured / Std / Nil / NA
 Eng No: _____
 Q No: 3TDKB3F41635593 92
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65/15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI
 TOYO / YOKO or Achilles
 Front: _____ Rear: _____
 R.Bal: 6 mm R.Bal: 6 mm
 L.Bal: 6 mm L.Bal: 6 mm
 D.O.A: _____ D.O: 16/1/18e
 Survey held at: Ding Auto 31 Corporation Rd
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/bo or
Frt o/s
 The U/C / Chassis frame Body Structure affected due to collision

Date Time Action / Instruction

15/2/18. 44181.58 3 days e-mail to Alex
 (Red: 8754.38 'b710')

RECEIVED 01 MAR 2018

Days Time File Report

113 Typist

Days Time File Report

1

Report Format:

Lump Sum / E: TP
4181.58

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:

Site Insd: \$

Inter: \$

Tech: \$

Lab: \$

Surveys Fee

Chassis Fee

TP Fee

TP Fee

TP Fee

TP Fee

TP Fee

15x2=30

170 + 30 = 200

50

50

34

154

Nivitha (LKK Auto)

From: Teo Swee Keong <TeoSweeKeong@msfirstcapital.com.sg>
Sent: Tuesday, 16 January 2018 12:14 PM
To: 'assignments@lkkauto.com'
Cc: Joanne Yong Lai fong; taxiscs@stengg.com
Subject: NEW SURVEY ASSIGNMENT - OUR REF: SHA7977K DOA: 27/12/2017
Attachments: MOTOR SURVEY ASSIGNMENT.pdf; FW: ACCIDENT INVOLVING SHC31A AND SHA7977K ON 27/12/2017 - ARRANGE SUR... (1.87 MB)

Dear Sirs

New survey request for your handling.

Thanks and Regards,

SK Teo
Motor Claims Dept

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

A Member of **MS&AD** INSURANCE GROUP

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.msfirstcapital.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.

From: Admin@Ding Automotive [mailto:admin@dingautomotive.com.sg]
Sent: Tuesday, January 16, 2018 9:49 AM
To: Teo Swee Keong <TeoSweeKeong@msfirstcapital.com.sg>; taxiscs@stengg.com
Cc: Joanne Yong Lai fong <Joanneyong@msfirstcapital.com.sg>; ACCOUNTS@DINGAUTO.SG
Subject: RE: YR REF: SHC31A OUR REF: SHA7977K DOA: 27/12/2017

Dear All,

Please arrange LKK as soon as possible.

Best Regards,
Kenneth Ding
HP: 92313123
Fax: 6452 0614

From: Teo Swee Keong [mailto:TeoSweeKeong@msfirstcapital.com.sg]
Sent: Monday, January 15, 2018 8:24 PM
To: taxiscs@stengg.com
Cc: Joanne Yong Lai fong; 'ACCOUNTS@DINGAUTO.SG'; 'admin@dingautomotive.com.sg'
Subject: YR REF: SHC31A OUR REF: SHA7977K DOA: 27/12/2017

Dear Sirs,

We refer to your survey request dated 15/01/2018.

Please find below our list of surveyors for your reference. Kindly select from our list below and inform us of your choice within the next 2 days.

1. LKK Auto Consultants Pte Ltd
2. Vicom Ltd

Once you inform us of your choice, the surveyor will be appointed within 2 working days of your email.

If you do not agree to any of the surveyors above, you may proceed to appoint your own surveyor. In this instance, we will also appoint a surveyor from our list above to conduct the PRI. Upon completion of repairs, please contact our appointed surveyor to conduct a physical re-inspection of the vehicle.

Thank you.

Thanks and Regards,

SK Teo
Motor Claims Dept

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

A Member of **MS&AD** INSURANCE GROUP

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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.

From: Caroline Cabrera

Sent: Monday, January 15, 2018 4:32 PM

To: Teo Swee Keong <TeoSweeKeong@msfirstcapital.com.sg>

Subject: FW: ACCIDENT INVOLVING SHC31A AND SHA7977K ON 27/12/2017 - ARRANGE SURVEYOR

Dear SK,

For survey

Thank you & Regards,
Caroline Cabrera
Motor Claims

First Capital Insurance Ltd

36 Robinson Road #16-01 City House | Singapore 068877 | D: 6507 3848 | F: 6507 3849 | Reg. No. 195000106C

A member of **MS&AD** INSURANCE GROUP

Personal Data Protection Act 2012 ("PDPA"):

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

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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.

From: taxiscs@stengg.com [mailto:taxiscs@stengg.com]
Sent: Monday, January 15, 2018 3:51 PM
To: Motor_Claims <Motor_Claims@msfirstcapital.com.sg>
Cc: "[@ACCOUNTS@DINGAUTO.SG](mailto:ACCOUNTS@DINGAUTO.SG)" <[@ACCOUNTS@DINGAUTO.SG](mailto:ACCOUNTS@DINGAUTO.SG)>; "[@ADMIN@DINGAUTOMOTIVE.COM.SG](mailto:ADMIN@DINGAUTOMOTIVE.COM.SG)" <[@ADMIN@DINGAUTOMOTIVE.COM.SG](mailto:ADMIN@DINGAUTOMOTIVE.COM.SG)>
Subject: ACCIDENT INVOLVING SHC31A AND SHA7977K ON 27/12/2017 - ARRANGE SURVEYOR

Dear All,

Kindly see attached GIA and LTA search.

This vehicle(SHC31A) now at 31 Corporation Road Singapore 649825 ,please arrange surveyor ASAP and update liability .

Thank you.
Best Regard
Ding Automotive PTE LTD
Alex Khong
83039588

[This e-mail is confidential and may also be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you]



Virus-free. www.avast.com

MOTOR SURVEY ASSIGNMENT

Date

16/1/18

Our Ref No.

SHA7977K

Accident Date

14/1/18

Claim Type

3rd Party

Insured Vehicle

SHA7977K

Third Party Vehicle

SHC31A

Survey Location

Ding Automotive Pte Ltd

Contact Person

Alex Khong

Contact No.

8303 9588

Fax No.

Survey Type

Without Prejudice

we admit liability but with quantum to be agreed.

Appointed
Surveyor

Lwh

Contact Person

Fax No.

6858 0877

Contact Number

6256 3561

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

Ding Automotive Pte Ltd

Attention

Alex Khong

Officer In charge

Joanne Yong

IMPORTANT NOTE

Kindly submit the survey report by email only to 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.



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/FCI18000964/T1td3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 16-01-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SHA 7977K | Veh. Inspected | SHC 31A |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | TEO SWEE KEONG | Assign Date | 16/01/2018 |

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 | 27/12/2017 | Inspection Date | 16/01/2018 |
| Survey held at | 31 CORPORATION ROAD | | |
| Repairer | DING AUTO PTE LTD | | |

5a. Remarks

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

Ding Automotive Pte Ltd

Blk 10 Sin Ming Industrial Est. Sector C, #01-20, Singapore 575645

Tel:6452 1208, Fax:6452 0614

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

15/01/2018 19:12

JOB-NO: 50110454

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHC0031A

TRANS: AUTO

CHASSIS: JTDKB3FU103559392

MAKE / MODEL: TOYOTA / Prius Hybrid 1.8 CVT

ENGINE: 2ZRS050502

OWNER'S INSURER: FEDERAL INSURANCE CO

JOB-CODE: TP

SA: Ding Auto User 1

CLAIM DETAILS

| DESCRIPTION | QTY | QUOTED COSTS | DISCOUNT | DISC PRICE | IND | SUR.DISP | REV PRICE |
|--|------|--------------|----------|------------|-----|----------|-----------|
| <u>LABOUR</u> | | | | | | | |
| 1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS | 1.00 | 1,100.00 | 0.00 | 1,100.00 | | Y | 300 |
| 2 TO ADJUST 4 WHEEL ALIGNMENT | 1.00 | 120.00 | 0.00 | 120.00 | | Y | X m |
| 3 RESPRAY FRONT BUMPER | 1.00 | 250.00 | 0.00 | 250.00 | | Y | 200 |
| 4 RESPRAY FENDER RH | 1.00 | 250.00 | 0.00 | 250.00 | | Y | 200 |
| 5 RESPRAY BONNET | 1.00 | 250.00 | 0.00 | 250.00 | | Y | X m |
| 6 RUST PROOFING | 1.00 | 80.00 | 0.00 | 80.00 | | Y | 20. |
| 7 ADJUST HEADLAMP AIM & CHECK WIRING | 1.00 | 80.00 | 0.00 | 80.00 | | Y | 30 |
| 8 RESPRAY SUPPORT PANEL | 1.00 | 250.00 | 0.00 | 250.00 | | Y | X m |
| TOTAL: | | 2,380.00 | 0.00 | 2,380.00 | | | 750. |
| <u>MATERIALS</u> | | | | | | | |
| 1 FRONT BUMPER | 1.00 | 445.20 | 0.00 | 445.20 | L | Y | de |
| 2 FRONT BUMPER REINFORCEMENT | 1.00 | 715.90 | 0.00 | 715.90 | L | Y | X |
| 3 FRONT BUMPER REINFORCEMENT LOWER | 1.00 | 328.90 | 0.00 | 328.90 | L | Y | X gun |
| 4 FRONT BUMPER RETAINER RH | 1.00 | 92.30 | 0.00 | 92.30 | L | Y | net |
| 5 FRONT BUMPER SPONGE | 1.00 | 89.80 | 0.00 | 89.80 | L | Y | 7 de |
| 6 FRONT BUMPER LOWER GRILLE | 1.00 | 189.60 | 0.00 | 189.60 | L | Y | X 3 X |
| 7 RADIATOR GRILLE | 1.00 | 389.20 | 0.00 | 389.20 | L | Y | X gun |
| 8 FRONT BUMPER TOWING CAP | 1.00 | 52.30 | 0.00 | 52.30 | L | Y | Rx |
| 9 HEAD LAMP RH | 1.00 | 2,751.60 | 0.00 | 2,751.60 | L | Y | 7 one |
| 10 FOG LAMP RH | 1.00 | 950.70 | 0.00 | 950.70 | L | Y | cut |
| 11 FRONT FENDER RH | 1.00 | 933.10 | 0.00 | 933.10 | L | Y | Rx |
| 12 FRONT FENDER LINER RH | 1.00 | 201.67 | 0.00 | 201.67 | L | Y | de |
| 13 FRONT FENDER EMBLEM-HYBRID | 1.00 | 44.17 | 0.00 | 44.17 | L | Y | net |
| 14 BONNET | 1.00 | 901.20 | 0.00 | 901.20 | L | Y | X |
| 15 BONNET HINGE LH | 1.00 | 46.80 | 0.00 | 46.80 | L | Y | X |
| 16 BONNET HINGE RH | 1.00 | 46.80 | 0.00 | 46.80 | L | Y | X |
| 17 BONNET LOCK | 1.00 | 140.30 | 0.00 | 140.30 | L | Y | X |
| 18 FRONT RH WHEEL | 1.00 | 1,555.10 | 0.00 | 1,555.10 | L | Y | X |
| 19 FRONT RIM CAP RH | 1.00 | 222.12 | 0.00 | 222.12 | L | Y | X |
| 20 UPPER SUPPORT PANEL | 1.00 | 389.20 | 0.00 | 389.20 | L | Y | X |
| 21 FRONT BUMPER CLIP SET | 1.00 | 35.00 | 0.00 | 35.00 | S | Y | X |
| 22 FRONT BUMPER LINER CLIP SET | 1.00 | 35.00 | 0.00 | 35.00 | S | Y | X |
| TOTAL: | | 10,555.96 | 0.00 | 10,555.96 | | | |
| TOTAL PARTS & LABOUR: | | 12,935.96 | 0.00 | 12,935.96 | | | |

G-STAR-WI-ET-001-02-Rev00

4575.44

257. - 3431 58

CLAIM DETAILS

| DESCRIPTION | QTY | QUOTED COSTS | DISCOUNT | DISC PRICE | IND | SUR.DISP | REV PRICE |
|-------------------|------|--------------|----------|------------|-----|----------|-----------|
| EXCESS/LOADING:SS | 0.00 | | | | | | |

No. Of Day:

RE-SURVEY: BEFORE/AFTER PAINTING

PART BY PART OR LUMP SUM: SS

DATE OF SURVEY:

SURVEYED BY:

CONTACT NO:

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

3431.58
750.

4181.58 #

3 days

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 | 15/01/2018 14:34 |
| Date Of Accident | 14/01/2018 02:05 |
| Exact Location Of Accident | ALONG ANG MO KIO STREET 44 TOWARD AVE 10 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SHC31A |
| Insured/Policyholder | |
| Name Of Registered Owner | CITYCAB PTE LTD |
| Co Reg No | 199502839G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65508768 |

Vehicle Particulars

| | |
|--|--------------------------|
| Manufacturer | TOYOTA |
| Model | PRIUS-1.8 HYBRID CVT (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 | TAXI |

Insurance Company

| | |
|---------------------------|-------------------------------|
| Name of Insurance Company | FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | D-15072702MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TEO THOMAS |
| NRIC No | S1535275B |
| Date Of Birth | 23/03/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/04/1988 |
| Driving Experience | 29 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90072644 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | APT BLK 77 TELOK BLANGAH DRIVE #12-242 SINGAPORE 100077 |
| Postcode | |
| 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 - MAJOR/MINOR RD |
| 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? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

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

Circumstances of Accident

REFER TO ATTACH STATEMENT .

Attachment(s)

| | |
|---|-------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | FILE NOT SUITABLE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------|
| Vehicle Registration Number | SHA7977K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |



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:

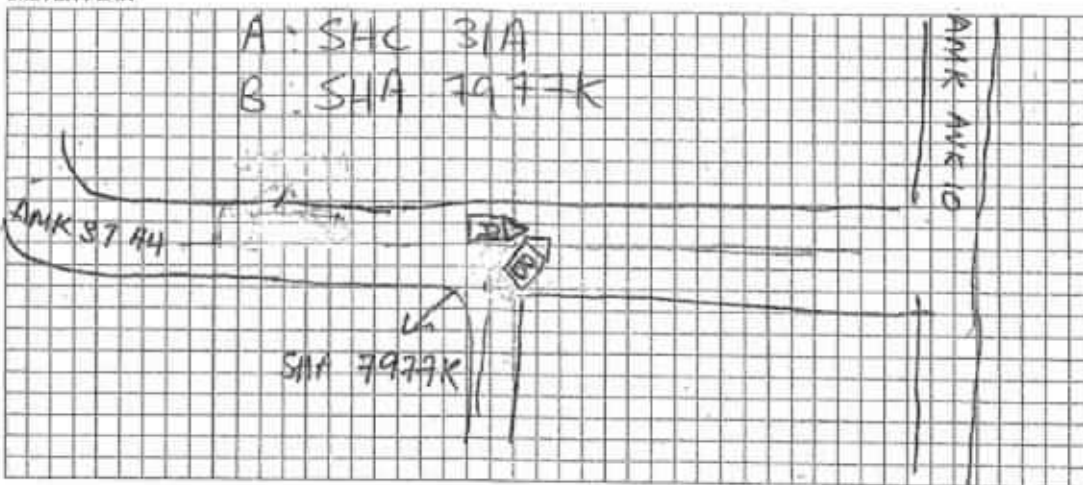
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 14/11/18, I was travelling along Ang mio kio st 44 toward Ang mio kio Ave 10. Suddenly this vehicles NO. SHA 7977K just dash out into my lane. As it was raining whole day and the road condition was very slippery I couldn't brake in time and does cause collision with the other vehicles SHA 7977K (7:05am)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

SIARMC SketchPlanForm_V3

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

15/01/18
14115

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

2



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/FCI18000964/T1td3q2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 07-03-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SHA 7977K | Veh. Inspected | SHC 31A |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | D18000427MFSH | Excess (\$) | 0.00 |
| Assign From | TEO SWEE KEONG | Assign Date | 16/01/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|------------|
| Make & Model | TOYOTA PRIUS | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2017 |
| Chassis No. | JTDKB3FU103559392 | Colour | YELLOW |
| Odometer | 53288 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|----------|---------|
| R/H Front Tyre | 195/65 R15 | ACHILLES | 6 mm |
| L/H Front Tyre | 195/65 R15 | ACHILLES | 6 mm |
| R/H Rear Tyre | 195/65 R15 | ACHILLES | 6 mm |
| L/H Rear Tyre | 195/65 R15 | ACHILLES | 6 mm |

4. Description of Damages

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

5. General Information

| | | | |
|----------------|---------------------|-----------------|------------|
| Accident Date | 27/12/2017 | Inspection Date | 16/01/2018 |
| Survey held at | 31 CORPORATION ROAD | | |
| Repairer | DING AUTO PTE LTD | | |

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: | 3 Working Days |
|-------------------------------------|----------------|



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 31A

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|----------------------------------|----------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | FRONT BUMPER | DEFORMED | 445.20 | 445.20 |
| 1 | FRONT BUMPER REINFORCEMENT | NOT NECESSARY | 715.90 | - |
| 1 | FRONT BUMPER REINFORCEMENT LOWER | NOT NECESSARY | 328.90 | - |
| 1 | FRONT BUMPER RETAINER RH | NECESSARY | 92.30 | 92.30 |
| 1 | FRONT BUMPER SPONGE | DEFORMED | 89.80 | 89.80 |
| 1 | FRONT BUMPER LOWER GRILLE | NOT NECESSARY | 189.60 | - |
| 1 | RADIATOR GRILLE | NOT NECESSARY | 389.20 | - |
| 1 | FRONT BUMPER TOWING CAP | TO REPAIR SEE LABOUR | 52.30 | - |
| 1 | HEAD LAMP RH | CRACKED | 2,751.60 | 2,751.60 |
| 1 | FOG LAMP RH | CUT | 950.70 | 950.70 |
| 1 | FRONT FENDER RH | TO REPAIR SEE LABOUR | 933.10 | - |
| 1 | FRONT FENDER LINER RH | DEFORMED | 201.67 | 201.67 |
| 1 | FRONT FENDER EMBLEM -HYBRID | NECESSARY | 44.17 | 44.17 |
| 1 | BONNET | NOT NECESSARY | 901.20 | - |
| 1 | BONNET HINGE LH | NOT NECESSARY | 46.80 | - |
| 1 | BONNET HINGE RH | NOT NECESSARY | 46.80 | - |
| 1 | BONNET LOCK | NOT NECESSARY | 140.30 | - |
| 1 | FRONT RH WHEEL | NOT NECESSARY | 1,555.10 | - |
| 1 | FRONT RIM CAP RH | NOT NECESSARY | 222.12 | - |
| 1 | UPPER SUPPORT PANEL | NOT NECESSARY | 389.20 | - |
| | LESS 25% DISCOUNT | | - | -1,143.86 |
| | | | 10,485.96 | 3,431.58 |
| SPECIAL NETT ITEMS | | | | |
| 1 | SET FRONT BUMPER CLIP (SN) | NOT NECESSARY | 35.00 | - |
| 1 | SET FRONT BUMPER LINER CLIP (SN) | NOT NECESSARY | 35.00 | - |
| | | | 70.00 | - |



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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|---------------|---------------------------|-------------------|
| | LABOUR | | | |
| | STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS.INCLUSIVE OF THE REPAIR OF FRONT BUMPER TOWING CAP AND FRONT FENDER RH . | | 1,100.00 | 300.00 |
| | TO ADJUST 4 WHEEL ALIGNMENT . | NOT NECESSARY | 120.00 | - |
| | RESPRAY FRONT BUMPER. | | 250.00 | 200.00 |
| | RESPRAY FENDER RH . | | 250.00 | 200.00 |
| | RESPRAY BONNET . | NOT NECESSARY | 250.00 | - |
| | RUST PROOFING . | | 80.00 | 20.00 |
| | ADJUST HEADLAMP AIM & CHECK WIRING. | | 80.00 | 30.00 |
| | RESPRAY SUPPORT PANEL . | NOT NECESSARY | 250.00 | - |
| | | | 2,380.00 | 750.00 |
| | GRAND TOTAL | | 12,935.96 | 4,181.58 |
| RECOMMENDED COST OF REPAIRS | | | | 4,181.58 |

Report Ref No. CS/FCI18000964/T1td3q2

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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