

ISSUED

ASS. REQ. BY

REP: CS/FCI18001594/T19d302

DATE

Tauflich.

ASSIGNMENT (Office)

OWS

FROM (Person)

May chuan

of

FCI

Date/Time

25/1/18 @ 2.49pm

Estimated Cost

Bill to

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

To Inspect Vehicle No:

SLF93464

Insured

SHA4590L

at Workshop m/c

Cycle & Carriage France

Tel:

GS684501/94186500

of

209 pandan Gardens

Policy No:

Claim No:

D18000764MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A

23/01/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

10s'

29/01/2018 @ After 12pm

H.O.D. Endorsement

Date/Time

8.40am @ 26/1/18

Person Contacted:

COCO

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLF93464-X

SHA4590L-X

30/1/18 @ 5.06pm revised to May Chua by email.

01/8/18 @ 3.01pm confirmed with Jo Jo final fig \$3501, 5 days by email.

* need indicate the alignment report to insurance with report.

colod \$970, 17%

Tanglin

FCI

29/10/2018

SLF93464

2016 Sep

Estimated Cost

CO TR WS TR RES CO RES EXA INO M

To inspect vehicle

Vehicle Description

of

Insured

Policy No

Certificate

Sum Insured

Excess

Claims Record

Make of Vehicle

Policy Condition

Remark: The vehicle has commenced its repair at the time of inspection

Salvage Value

CAC Accident Report

Consistent? Yes or No

GLA or other

Consistent? Yes or No

Est. Repair

5

days

Real

Yes or No

Sum Insured

By

Given

Yes or No

CA

REV

REV

24 HRS

up

Date

Person Contacted

Vehicle IN/OUT

Date/Time

Action/Inspection

Use This Report

☐ Prelim Report
☐ Final Report

Days Of Repair

Resurvey No. of TAC

Add Fee

Sum Insured

Sum Insured

Sum Insured

Sum Insured

Sum Insured

Sum Insured

Sum Insured

Sum Insured

Sum Insured

Sum Insured

Sum Insured

135

50

22

207

RECEIVED 01 AUG 2018

0

Citroen Grand C4

1560

Silver

Registration

44841

Engine

CNo

VF73AB4ZTGJ663959

Gen Cond Good Fair Poor Burnt

Steering Inspected Limited Locked Burnt or

Brake Inspected Limited Locked Burnt or

Modif Nil S M STD A Rim or

Tyre Size

205/60R16

BS DUN EXNOVA GY FS LIZA MLC OHTSU RIR SUMI

TOYO/YOKO or

Front

Rear

R/Ra

R/Ra

L/Ra

L/Ra

C/OA

C/OA

Survey Report

C&C Pandan 604

Des of Damages Frt Rear C/S N/S U/O Reach or

o/s Rear

The U/O of Chassis/frame Body Structure affected described as

78

3501



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/FCI18001594/T1qd3

36 ROBINSON ROAD

#16-01 CITY HOUSESINGAPORE 068877

Date : 26-01-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 4590L	Veh. Inspected	SLF 9346U
Policy No.		Coverage (\$)	0.00
Claim No.	D18000764MFSH	Excess (\$)	0.00
Assign From	CWS (MAY CHUA)	Assign Date	26/01/2018

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	26/01/2018	Inspection Date
Survey held at	CYCLE & CARRIAGE FRANCE PTE LTD 209 PANDAN GARDENS SINGAPORE 609339	

5a. Remarks

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

First Capital Insurance Limited

A FAIRFAX Company

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

MOTOR SURVEY ASSIGNMENT

Date	24-01-2018	Our Ref No. D18000764MFSH
Accident Date	23-01-2018	Claim Type. Third Party
Insured Vehicle	SHA4590L	Third Party Vehicle. SLF9346U
Survey Location	209 PANDAN GARDENS	
Contact Person.	COCO LU TING	
Contact No.	65684501/ 0	Fax No. 65651240
Survey Type	DIRECT SETTLEMENT:	
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	CYCLE & CARRIAGE FRANCE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

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/234269)



PRI Documents



Close



PRI Header Details

Claim No	D18000764MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & CYCLE & (
Workshop Name	CYCLE & CARRIAGE FRANCE PTE LTD (Contact Person : COCO LU TING)	Survey Location & Contact Details	209 PANDAN GARDENS Mobile: 0 , Phone: 65684501 , Fax: 65651240 EmailId: COCO.LU@CYCLECARRIAGE.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	DIRECT SETTLEMENT:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA4590L	TP Vehicle No	SLF9346U
PRI Recieved Date	24-01-2018 08:52:52 PM	Surveyor Appointed Date	25-01-2018 02:47:54 PM	Surveyor Accept Date	26-01-2018 1

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	26-01-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="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

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 1 August 2018 3:01 PM
To: 'Andre Chow En De'; Taufikh (LKKAUTO); Admin A; Joy Irene (LKKAUTO); Rasul (LKKAUTO); Hsiao Tong (LKKAUTO); Poh Kin (LKKAUTO); Vivian Lau (LKKAUTO); Guo Qiang (LKKAUTO); 'Cheng Jo Jo'
Cc: Loi Ai Ting; Yusof Bin Hashim; Lauro Araos Songcuan Jr; Ronnie Heng Poh Wah; SUR
Subject: RE: FINALISATION ((Update on 20/07/2018))

Dear Jo Jo,

WITHOUT PREJUDICE

SLF 9346U – confirm final fig \$3,501.00 before GST and 5 repair days.

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)

From: Andre Chow En De <andre.chow@cyclecarriage.com.sg>
Sent: Monday, 30 July 2018 10:31 AM
To: Taufikh (LKKAUTO) <Taufikh@lkkauto.com>; Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>; Admin A <admin-a@lkkauto.com>; Admin-D (LKKAUTO) <admin-d@lkkauto.com>; Joy Irene (LKKAUTO) <JoyIrene@lkkauto.com>; Rasul (LKKAUTO) <Rasul@lkkauto.com>; Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>; Poh Kin (LKKAUTO) <pohkin@lkkauto.com>; Vivian Lau (LKKAUTO) <vivianlau@lkkauto.com>; Guo Qiang (LKKAUTO) <GuoQiang@lkkauto.com>; Shiau Chan (LKKAUTO) <siewsc@lkkauto.com>
Cc: Loi Ai Ting <aiting.loi@cyclecarriage.com.sg>; Yusof Bin Hashim <yusof.hashim@cyclecarriage.com.sg>; Lauro Araos Songcuan Jr <lauro.songcuan@cyclecarriage.com.sg>; Ronnie Heng Poh Wah <ronnie.heng@cyclecarriage.com.sg>; Cheng Jo Jo <jojo.cheng@cyclecarriage.com.sg>
Subject: RE: FINALISATION ((Update on 20/07/2018))

Dear All,

Appreciate it if you can get in touch with Jojo / Larry / Yusof / Ai Ting to confirm finalisation on the following cases.

Some of these cases are in 2017 and I will need to justify to my accounts and auditors regarding the long delay.

As such, do try to expedite the confirmation of repair cost at your end, so we may proceed with the necessary closure.

Best Regards,

Andre Chow

Asst Manager – Aftersales Operations



Exceptional Journeys

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Tuesday, 30 January 2018 5:06 PM
To: 'Claim Workflow System'; assignments
Cc: MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18000764MFSH/1
Attachments: CSFCI18001594T1qd3.pdf

Dear May,

Enclosed herewith preliminary advice of SLF 9346U.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Friday, 26 January 2018 8:50 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18000764MFSH/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@msfirstcapital.com.sg>]
Sent: Thursday, 25 January 2018 2:49 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; MAYCHUA@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18000764MFSH/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



Auto
Consultants
Pte Ltd

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

Your Ref: D18000764MFSH

Date: 30 January 2018

Our Ref: CS/FCI18001594/T1qd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

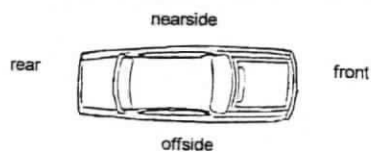
INITIAL INSPECTION REPORT OF VEHICLE NO. SLF 9346U .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 29/01/2018 at the premises of M/s CYCLE & CARRIAGE. and have the following to report:-

Workshop Estimate Amount	: S\$ <u>4,221.00</u> .
Revised Estimate Amount	: S\$ <u>3,201.00</u> .
"Check" Items Amount	: S\$ <u>-</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 o/s 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 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	24/01/2018 14:22
Date Of Accident	23/01/2018 12:05
Exact Location Of Accident	CHANGI GENERAL HOSPITAL A&E SIDE RD SIMEI ST 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9346U
Insured/Policyholder	
Name Of Registered Owner	TAN TECK BENG
NRIC No	S1640648A
Email Address	CAROLSNNGSG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96529033
Alternative Phone No	OTHERS-96529033

Vehicle Particulars

Manufacturer	CITROEN
Model	GRAND C4 PICASSO-1.6 BLUEHDI EAT6 (A)
Exact Purpose for which vehicle was being used at time of accident	AFTER MY MOTHER IN LAW CGH CHECKUP ON THE WAY HOME
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	2100482556
Cover Note Number	

Driver

Name of Driver	TAN TECK BENG
NRIC No	S1640648A
Date Of Birth	29/12/1964
Occupation	INDOOR
Date Of Driving Pass	26/11/1984
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96529033
Fax Number	
Contact Number	OTHERS-96529033
EMail Address	CAROLSNNGSG@HOTMAIL.COM

Address	BLK 325 HOUGANG AVE 7 #11-311
Postcode	530325
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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)	4
Passenger 1	NAME: : SNG HOON NGOH GENDER: : FEMALE
Passenger 2	NAME: : CHIA SWEE KEE GENDER: : FEMALE
Passenger 3	NAME: : MURTINI 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 TO ATTACHMENT HEAD TO SIDE

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4590L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN AI CHUAN
NRIC/Passport Number	S1755869B
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.

 24/1/18

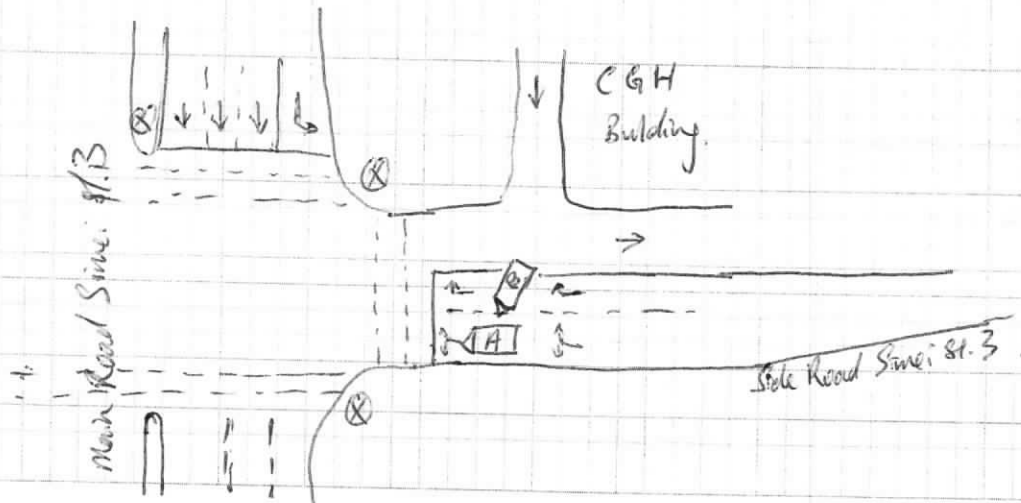
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[A] SLF9346U

[B] SHA 4580L

The accident date 23/1/18 time 1202hr weather clear dry. My mother-in-law after check up and pick up from CGH Basement Carpark. From carpark driving out through Side Road Simei St. 3. and driving near main road (Simei St. 3) junction. Suddenly heard large loud sound from driver side near my car and on same time I immediately stopping my car. But my car saw a taxi hit my car on my right side. So take out handphone and take picture also the third party particular and inform the third party the insurance claim and he agreed. That all my story report.

TAN TECK BING
24/1/2018

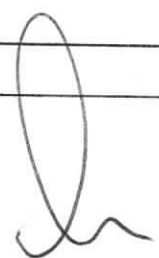
DECLARATION

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

 24/1/18.

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.:

1) Number of Passengers in Vehicle A (Including driver)?

4

Passenger 1

Name : Sng Hock Ngoh.

Gender : M / (F)

Passenger 2

Name : Chew Snee Kee

Gender : M / (F)

Passenger 3

Name : Murtini

Gender : M / (F)

Passenger 4

Name : _____

Gender : M / F

Passenger 5

Name : _____

Gender : M / F

Passenger 6

Name : _____

Gender : M / F

Passenger 7

Name : _____

Gender : M / F



CERTIFICATE OF INSURANCE

CITROEN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Teck Beng
Period of Insurance : 16 Sep 2017 To 15 Sep 2018
Engine No. : 10JBHD3052937
Chassis No. : VF73ABHZTGJ663959

Vehicle No. : SLF9346U
Policy No. : 2100482556-01
Endorsement No. :
Issued Date : 15 Aug 2017

ABOUT THE COVER

Make/Model : CITROEN Grand C4 Picasso 1.6 Blue HDi eAT6
Engine Capacity/Tonnage : 1,560.00 CC Sum Insured : Market Value First Year of Registration : 2016
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tan Teck Beng - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 400650 67461000
2. Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708600
3. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502847602

CYCLE & CARRIAGE - DORYEO
239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPLUS

1000296576/AC4

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1640648A**
 Name: **TAN TECK BENG**

Birth Date: **29 Dec 1964**
 Issue Date: **17 Sep 2003**

000839873D

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1640648A**

TAN TECK BENG
 陳德明

CHINESE
 Date of Birth: **29-12-1964** Sex: **M**
 Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	25 Feb 1991
Class 2A	Motorcycles between 201 cc and 400 cc	25 Feb 1991
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Nov 1984
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	30 Jan 1986
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	21 Feb 1986

Licence No: **S1640648A**

NP 428A

FOR C&C USE

2221714

S1640648A

S1640648A

29-07-1994

APT BLK 325 HOUGANG AVE.7 #11-311
 SINGAPORE 530325

NPIC No: **S1640648A** Date: **20-07-2002** No: **1293151**

ESTIMATE

Company Reg No. 200609327M
 GST Reg No. MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
MR TAN TECK BENG BLK 325 HOUGANG AVE 7 #11-311 SINGAPORE 530325 Contact No Mobile: 96529033	Cust No/Name /MR TAN TECK BENG Reg No/Reg Date SLF9346U / 16/09/2016 Date In/Mileage / 0 Chassis No VF73ABHZTGJ663959 Engine No 10JBHD3052937 Make/Model CIT/GC4P 1.6 BLUEHDI EAT6 CONFORT Colour/Trim ZRM GRIS ALUMINIUM / 8MF ONDULICE CLOTH

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00073	Cash	24/01/2018/ 13:49	TLC	442 / CocoLu	13191

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 TO REPAIR REAR BUMPER, REAR FENDER RH, REAR DOOR RH	600			1200 1800.00
E PNT98000 TO SPRAY PAINT FOR REAR BUMPER, REAR FENDER RH, REAR DOOR RH	420			1260 1680.00
M SUNDRY TO TRANSFER RIM TO TYRE				✓ 30.00
B WHEELALIGNMENT To Conduct Computerize Full Wheel Alignment				✓ 120.00
M SUNDRY Sundry				✓ 20.00
M ALLOY WHEEL 6.5 J16 CH5-47	1.00	571.00	0.00	wt 571.00

Estimate

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:

SURVEYOR NAME: Tan Jiah 97495749

SURVEYOR SIGNATURE: [Signature]

DATE: 29/1/18 @ 1645

REMARKS: Resurvey after repair

5 days - up
sur@lkkauto.com

[Signature]
30/1/18

Confirm & accepted by

4521

Authorized signatory and company stamp

Parts	571.00
Labour	3,600.00
Standard Menu	0.00
Specialist Job	0.00
Diagnostics Job	0.00
Sundry/Others	50.00
Total (w/o GST)	4,221.00

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.

Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

VEHICLE NO : SLF9346U
MODEL : CIT/GC4P 1.6 BLUEHDI EAT6 CONFORT
WIP : 13191

Material	:	\$	<u>571.00</u>
Labour	:	\$	<u>2,930.00</u>
Sub-Total	:	\$	<u>3,501.00</u>
	:		
Less Excess	:	\$	<u>-</u>
Total	:	\$	<u>3,501.00</u>
GST 7%	:	\$	<u>245.07</u>
Grand Total	:	\$	<u>3,746.07</u>
Finalise By/Date	:	<u>JoJo dtd 19/07/2018</u>	

Email :

☒ REVERT BACK WITHIN 7 DAYS,
OTHERWISE WILL PROCEED WITH INVOICING

☐ SURVEYOR'S REPORT REQUIRED

REPAIR TOOK 5 WORKING DAYS + 2 Days (1) Weekends
+ Days () Public Holiday
TOTAL DAYS REPAIR TOOK = 7

☒ TP Claim 1ST CAPITAL - SHA4950L

☐ Claim GIA / LTA fee

☒ Claim Loss ☐ Use ☒ Rental

☐ Claim Medical Fee / Others

☐ Third Party Report



CYCLE & CARRIAGE FRANCE PTE. LIMITED

PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens, Singapore 609339 Tel: (65) 6568 4501 Fax: (65) 6565 1240



PRO-FORMA INVOICE

Company Reg No. 200609327M
GST Reg No. MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
MS FIRST CAPITAL INSURANCE LIMITED	Cust No/Name /MR TAN TECK BENG
MOTOR CLAIMS DEPARTMENT	Reg No/Reg Date SLF9346U / 16/09/2016
36 ROBINSON ROAD #16-01	Date In/Mileage 30/01/2018/ 42510
CITY HOUSE	Chassis/Package VF73ABHZTGJ663959 /CCS5
SINGAPORE 068877	Engine No 10JBHD3052937
Contact No	Make/Model CIT/GC4P 1.6 BLUEHDI EAT6 CONFORT
	Colour/Trim ZRM GRIS ALUMINIUM / 8MF ONDULICE CLOTH



Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No
CTP00073	Cash	19/07/2018/ 15:35	TLC	881 / Jojo Cheng	13191	0

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 REPAIR REAR BUMPER, RH REAR FENDER, RH REAR DOOR, REPAIR ALL OTHER AFFECTED AREAS, ADJUST AND ALIGN BODY GAPS ALIGNMENT TO THE SAME				1200.00
E PNT98000 RESPRAY ON REAR BUMPER, RH REAR FENDER, RH REAR DOOR, AND ALL OTHER AFFECTED AREAS TO THE SAME				1260.00
B WHEELALIGNMENT To Conduct Computerize Full Wheel Alignment				120.00
M SUNDRY SUNDRY				20.00
S SPECIALISTJOB REPLACE RH REAR SPORTS RIM, REPLACE TIRE VALVE, CONDUCT WHEEL BALANCING				30.00
A 10028901 CONDUCT DIAGNOSTIC CHECK FOR CAR SYSTEM - <i>Supp</i>				300.00 <i>Un</i>
X ALLOY WHEEL 6.5 J16 CH5-47	1.00	571.00	0.00	571.00
Z TEXT FIRST CAPITAL TP CLAIM AGAINST SHA4950L DOA : 23/01/18 SURVEYOR: TAUFIKH LKK DTD 29/01/18				

"Guarantee your warranty, maintain with Cycle & Carriage."

Parts	571.00	Nett	3,501.00
Labour	2,880.00	7% GST on	245.07
Standard Menu	0.00		
Specialist Job	30.00	Total Payable	3,746.07
Diagnostics Job	0.00	Paid	0.00
Sundry/Others	20.00	Total Due	3,746.07
Total(w/o GST)	3,501.00		

Payment should be made strictly by cash, NETS or credit cards. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.



Exceptional Journeys

SUPPLEMENTARY

INSURANCE CO : FIRST CAPITAL INSURANCE LTD

REGISTRATION NO : SLF9346U

S/N	Description	Qty	Unit Price	Disc%	Amount
LABOUR					
1	CONDUCT DIAGNOSTIC CHECK FOR CAR SYSTEM	1.00	300.00	0.00	300.00
Total Parts					300.00
7 % GST					21.00
Grand Total					321.00

Thank You.

Yours faithfully

CYCLE & CARRIAGE FRANCE PTE LTD

JoJo Cheng

Customer Service

Tel : +65 6568 4554

Work Order: R000126
 License: SLF 9346 U
 Technician: SAM 114
 Mileage: 44844
 Date: 6.2.18 18:00

Citroën : C4 Picasso : 2013- (B78) : except DV6D AIRDREAM

Front : Left

Actual	Before	Specified Range
-0°26'	-0°27'	-0°48' 0°12'
2°59'*	2°59'*	3°42' 4°42'
	-0°12'	-0°13' -0°04'
9°26'*	9°26'*	13°30' 14°30'
8°59'*	8°59'*	12°42' 14°42'

Camber
 Caster
 Toe
 SAI
 Included Angle
 Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
	-0°21'	-0°48' 0°12'
3°53'	3°53'	3°42' 4°42'
	-0°01'*	-0°13' -0°04'
	9°06'*	13°30' 14°30'
8°45'*	8°45'*	12°42' 14°42'

Front

Cross Camber
 Cross Caster
 Cross SAI
 Total Toe
 Cross Turn Diff.

Actual	Before	Specified Range
	-0°05'	-0°20' 0°20'
-0°53'*	-0°53'*	-0°20' 0°20'
	0°19'	
	-0°12'	-0°26' -0°08'

Rear : Left

Actual	Before	Specified Range
-1°24'	-1°24'	-2°12' -1°12'
	0°15'	0°12' 0°32'

Camber
 Toe

Rear : Right

Actual	Before	Specified Range
-1°46'	-1°46'	-2°12' -1°12'
	0°11'*	0°12' 0°32'

Rear

Cross Camber
 Total Toe
 Thrust Angle
 Axle Offset

Actual	Before	Specified Range
0°22'	0°21'	-0°30' 0°30'
0°25'*	0°26'*	0°35' 0°53'
	0°02'	
0mm	0mm	

* This value is not within specification. Tire wear, handling and safety problems may result.

Work Order: R000126
 License: SLF 9346 U
 Technician: SAM 114
 Mileage: 44844
 Date: 6.2.18 18:00

Citroën : C4 Picasso : 2013- (B78) : except DV6D AIRDREAM

Front : Left

Actual	Before	Specified Range
-0°26'	-0°27'	-0°48' 0°12'
2°59'*	2°59'*	3°42' 4°42'
-0°08'	-0°12'	-0°13' -0°04'
9°25'*	9°26'*	13°30' 14°30'
8°59'*	8°59'*	12°42' 14°42'

Camber
 Caster
 Toe
 SAI
 Included Angle
 Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-0°21'	-0°21'	-0°48' 0°12'
3°53'	3°53'	3°42' 4°42'
-0°09'	-0°01'*	-0°13' -0°04'
9°06'*	9°06'*	13°30' 14°30'
8°45'*	8°45'*	12°42' 14°42'

Front

Cross Camber
 Cross Caster
 Cross SAI
 Total Toe
 Cross Turn Diff.

Actual	Before	Specified Range
-0°05'	-0°05'	-0°20' 0°20'
-0°53'*	-0°53'*	-0°20' 0°20'
0°19'	0°19'	
-0°17'	-0°12'	-0°26' -0°08'

Rear : Left

Actual	Before	Specified Range
-1°24'	-1°24'	-2°12' -1°12'
0°15'	0°15'	0°12' 0°32'

Camber
 Toe

Rear : Right

Actual	Before	Specified Range
-1°46'	-1°46'	-2°12' -1°12'
0°11'*	0°11'*	0°12' 0°32'

Rear

Cross Camber
 Total Toe
 Thrust Angle
 Axle Offset

Actual	Before	Specified Range
0°22'	0°21'	-0°30' 0°30'
0°25'*	0°26'*	0°35' 0°53'
0°02'	0°02'	
0mm	0mm	

* This value is not within specification. Tire wear, handling and safety problems may result.




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/FCI18001594/T1qd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 23-08-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 4590L	Veh. Inspected	SLF 9346U	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18000764MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	25/01/2018	
2. Vehicle Particulars & Condition				
Make & Model	CITROEN GRAND C4	c.c	1560	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	VF73ABHZTGJ663959	Colour	SILVER	
Odometer	44841	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	MICHELIN	6 mm	
L/H Front Tyre	205/60 R16	MICHELIN	6 mm	
R/H Rear Tyre	205/60 R16	MICHELIN	6 mm	
L/H Rear Tyre	205/60 R16	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	23/01/2018	Inspection Date	29/01/2018	
Survey held at	CYCLE & CARRIAGE FRANCE PTE LTD 209 PANDAN GARDENS SINGAPORE 609339			
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:		5 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. SLF 9346U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	SUNDRY (SN)	NECESSARY	20.00	20.00
1	ALLOY WHEEL 6.5 J16 CH5-47 (SN)	CUT	571.00	571.00
			591.00	591.00
	<u>LABOUR</u>			
	TO REPAIR REAR BUMPER, REAR FENDER RH, REAR DOOR RH.		1,800.00	1,200.00
	TO SPRAY PAINT FOR REAR BUMPER, REAR FENDER RH, REAR DOOR RH.		1,680.00	1,260.00
	TO TRANSFER RIM TO TYRE.		30.00	30.00
	TO CONDUCT COMPUTERIZE FULL WHEEL ALIGNMENT.		120.00	120.00
	CONDUCT DIAGNOSTIC CHECK FOR CAR SYSTEM. (ADDITIONAL)		300.00	300.00
			3,930.00	2,910.00
	GRAND TOTAL		4,521.00	3,501.00
RECOMMENDED COST OF REPAIRS				3,501.00

Report Ref No. CS/FCI18001594/T1qd3e2

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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