

ASS-REC. BY:

REF: CS/FCI/8003066/Kad3

Special Instruction:

Survivant:
CWS

Kenneth

ASSIGNMENT (Office)

From (Person):

Lurene Jaw

of

FCI

Date/Time:

17/02/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC5483X

Insured:

SHA 8679P

at Workshop m/s

Trans-Cab

Tel:

6287 6666

of

No. 2 Amk Street 63

Policy No:

D-18088937MFSH

Claim No:

D18001320MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 10/02/2018

CA / REV / REP. / REV 24 HRS hp

H.O.D. Endorsement:

Date/Time:

1:49pm @ 14/2/18

Person Contacted:

Candy

Vehicle: ☒ IN ☐ OUT

Date/Time

Action/Instruction

(✓) Estimate

SHC5483X - CC41AXA18002916/K/ub3

D.O.A. 10/2/18

SHA 8679P - CC41AXA18002916/K/ub3

D.O.A. 10/2/18

01/3/18 @ 9.51am WARD to Lurene Jaw by email.

REF: FCI

ASSIGNMENT

From: Date: 27/02/2018

Estimated Cost:

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

To inspect Vehicle No: SHC 5483X

at Workshop m/s: Trans Cab

of: NO. 2 AMK 91 63

Insured

Policy No:

Claims No:

Sum Insured:

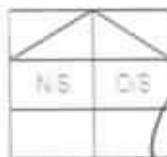
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bel. or Market Value:

IDAC Accident Report: Consistent? Yes or No

GIA / PR. Seen: Consistent? Yes or No

Est. Repairs: 02 days Res: Yes or No

Lump Sum: 70 % S Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle IN / OUT

JENIS: SHC 5483X 07 14

Type: M/Cat / M/Cycle / Bus / Van / Lorry / ☒ Taxi / Prima Mover /

Truck / Trailer or

Make: Perant Pontoduc 1985

Colour: White / Red AC Insured / Std / NI / NA

So Reading: 700316 T Radio Insured / Std / NI / NA

Engine:

C No: VIFIABL 15AUC 277525

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Jammed / Leaked / Burnt orBrake: ☒ Jammed / Leaked / Burnt orMod: ☒ S/Rim / STD A/Rim orTyre Size: ☒ 215/60R16

Ling. Log

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front:

R.Bal: 9 mm

L.Bal: 9 mm

D.O.A: 10/2/18

Survey held at:

Des. of Damages: Frt / Rear / OS / NIS / UIC / Rooftop or

015 Ruc

The UIC / Chassis frame / Body Structure affected due to collision

Rear:

R.Bal: 7 mm

L.Bal: 7 mm

D.O.A: 27/2/18

Survey held at:

Des. of Damages: Frt / Rear / OS / NIS / UIC / Rooftop or

015 Ruc

The UIC / Chassis frame / Body Structure affected due to collision

Date Time Action Instruction

28/12 File parts to Carman
 612p 812502 Used 93169.35, 96%

RECEIVED 1 MAR 2018

Date Time File Pass to: ☐ Prel. Report01/3 12/18 ☐ Final Report

Date Time File Return to:

Date Time File Return to:

Date Time File Return to:

Date Time File Return to:

Date Time File Return to:

Date Time File Return to:

Date Time File Return to:

Date Time File Return to:

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: ☐ Site Insp: \$☐ Inter: \$☐ Test: \$☐ Repair: \$☐ Other: \$☐ Total: \$☐ Total: \$

Survey Fee:

Transport:

Total:

Total:

Total:

Total:

Total:

Total:

Total:

22X15=330

170+160=330

50

11

11

11

11

11

11

11



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/FCI18003066/Kqd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 15-02-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 8679P	Veh. Inspected	SHC 5483X
Policy No.		Coverage (\$)	0.00
Claim No.	D18001320MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	15/02/2018

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	10/02/2018	Inspection Date	14/02/2018
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		

5a. Remarks

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

Survey Department Check List (Case Handler)

Reference No. :

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

Case Handler

Typist

Admin (*Nivitha*): Case handler to make sure all information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

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

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

(1) Assignment Form

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

(2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded	<input checked="" type="checkbox"/>	
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(3) Workshop Estimate/Assignment Form

N ALL Parts condition	<input checked="" type="checkbox"/>	
C Market Value for OD cases		
C Estimate Repair Cost for PRI (RSI, TMI, MSIG)		
C Days of repair	<input checked="" type="checkbox"/>	
C Finalised Amount		
C Re-inspection Cases to Finalize within 5 Days		

(4) System - (Views/Merimen)

C Resurvey photo Uploaded		
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Check By:

Chen 01/01/18

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014

MOTOR SURVEY ASSIGNMENT

Date	13-02-2018	Our Ref No. D18001320MFSH
Accident Date	10-02-2018	Claim Type. Third Party
Insured Vehicle	SHA8679P	Third Party Vehicle. SHC5483X
Survey Location	NO. 2 ANG MO KIO STREET 63	
Contact Person.	CANDY KONG	
Contact No.	62876666/ 62876666	Fax No. 62877764
Survey Type	WITHOUT PREJUDICE:	
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	TRANS-CAB AUTO SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

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.

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Thursday, 1 March 2018 9:55 AM
To: 'Claim Workflow System'; assignments
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18001320MFSH/1
Attachments: CSFCI18003066Kqd3.pdf

Dear Lurene,

Enclosed herewith preliminary advice of SHC 5483X.

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: Admin-D (LKKAuto)
Sent: Wednesday, 14 February 2018 3:59 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18001320MFSH/1

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)

From: Claim Workflow System [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Wednesday, 14 February 2018 1:13 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; LURENEJAW@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18001320MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

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

Best Regards,

Admin Team

Claim Workflow System

Motor Claims Department

MS First Capital Insurance Limited



Auto
Consultants
Pte Ltd

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

Your Ref: D18001320MFSH

Date: 01 March 2018

Our Ref: CS/FCI18003066/Kqd3

The Motor Claims Department
First Capital Insurance Ltd

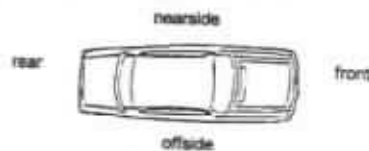
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHC 5483X

Please be informed that we had conducted the inspection of the abovementioned vehicle on 27/02/2018 at the premises of M/s TRANS-CAB, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>32,419.35</u>
Revised Estimate Amount	: S\$ <u>1,250.00 (Lump Sum)</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

KONG SENG CHEONG
Licensed Appraiser

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHC5483X
Vehicle to be Exported:	Yes
Intended De-registration Date:	12 Feb 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001312
Chassis No.:	VF1ABL15AUC277525
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	11 Jul 2014
First Registration Date:	11 Jul 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Jul 2022
PARF Rebate Amount:	\$9,373.00
Intended COE Rebate Details	

COE Expiry Date:	10 Jul 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$53,269.00
COE Rebate Amount:	\$29,365.00
Total Rebate Amount:	\$38,738.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 12 Feb 2018

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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	12/02/2018 13:17
Date Of Accident	10/02/2018 23:25
Exact Location Of Accident	AIRPORT BOULEVARD T3 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5483X
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	TAN PENG HIN
NRIC No	S1543154G
Date Of Birth	17/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	11/07/1983
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96895145
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 423 TAMPINES STREET 41 #11-172
Postcode	520423
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20180212/2048

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	SHA8679P
Vehicle Make/Model/Colour	CITY CAB
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)

DETAILS OF INJURED PERSON 1

Name TAN PENG HIN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC5483X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

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.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see crash police report

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/PIN No.:



**SINGAPORE
POLICE FORCE**



T/20180212/2048

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180212/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2018 11:07	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars

Name of Informant: *TAN PENG HIN			Address: APT BLK 423 TAMPINES STREET 41 #11-172 SINGAPORE 520423	
ID Type / ID No.: NRIC NO / S1543154G			Contact No.:	Mobile: 96895145
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 17/10/1962	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2018 23:25	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD CHANGI AIRPORT BOULEVARD TERMINAL 3 CARPARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHA8679P	Car					0
SHC5483X	Car				Slightly Damaged	0

Details of Person Involved

*Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180212/2048

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180212/2048

CONTINUATION OF REPORT

Driver			
Name	TAN PENG HIN	ID No.	S1543154G
Related Vehicle	SHC5483X (Car)	Contact No.	96895145
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	12/02/2018	Date Discharge	12/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 10th February 2018 at about 2320hrs, I was queuing at Airport Boulevard Terminal 3 carpark taxi queue to pick up passenger with my taxi bearing registration plate SHC5483X. There were two lanes and my vehicle was on the left lane. When the vehicle on my right moved forward hence I inched my taxi to the right lane. When my taxi has almost enter to the right lane the vehicle in front stopped as such I followed. Suddenly I felt an impact from my right rear. I alighted from my taxi I discovered one Citycab bearing registration plate SHA8679P collided on to my right rear bumper. My vehicle has dent and scratches on my right rear. I felt pain on my neck as such on 12th February 2018 I went to W Y The Family Clinic and Surgery located at Blk 462 Tampines St 44 #01-60 and were issued with 3 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20180212/2048

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180212/2048

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 NURHIDAYAH BINTE IADIL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2018 11:07
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP158	<div data-bbox="525 1814 1011 2004" data-label="Image"> </div>

TRANS-CAB AUTO SERVICES PTE LTD

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHC5483X - FCIL**AAD1802-125***Not Authored
6/1 Sep 8 1250p*

Vehicle No.:
Chassis No.:
Vehicle Make:
Vehicle Model:
Date of Accident :
Third Party Insurer :

SHC5483X - CANDY
VF1ABL15AUC277525
RENAULT
LATITUDE
10.02.2018
FCIL

PART			LIST	
1	1	BUMPER COVER REAR	\$	<i>Per hr</i> 1,108.46 ✓
2	1	BUMPER LOWER REAR	\$	<i>Sm</i> 768.84
3	1	BUMPER BRACKET CTR REAR	\$	<i>R</i> 113.47
4	1	BUMEPR BRACKET SIDE RH REAR	\$	<i>Sm</i> 135.97
5	1	BUMEPR RETAINER RH REAR	\$	<i>Sm</i> 44.99
6	1	BUMPER REFLECTOR RH	\$	<i>Sm</i> 43.61
7	1	BUMEPR BRACKET SIDE LH REAR	\$	<i>Sm</i> 135.97
8	1	BUMEPR RETAINER LH REAR	\$	<i>Sm</i> 44.99
9	1	BUMPER REFLECTOR LH	\$	<i>Sm</i> 43.61
10	1	BUMPER BEAM REAR	\$	<i>R</i> 777.52
11	1	BUMPER BEAM BRACKET LH REAR	\$	<i>R</i> 225.95
12	1	BUMPER BEAM BRACKET RH REAR	\$	<i>R</i> 225.95
13	1	BOOT REAR	\$	<i>R</i> 2,872.68
14	1	BOOT FINISHER	\$	<i>Sm</i> 470.06
15	1	BOOT WHEATERSTRIP	\$	<i>Sm</i> 323.05
16	1	BOOT REFLECTOR LAMP LH	\$	<i>Sm</i> 493.35
17	1	BOOT REFLECTOR LAMP RH	\$	<i>Sm</i> 493.35
18	1	BOOT BADGE 'RENAULT'	\$	<i>~</i> 225.36
19	1	BOOT BADGE	\$	<i>~</i> 225.36
20	1	BOOT SWITCH	\$	<i>Sm</i> 168.13
21	1	BOOT LOCK	\$	<i>R</i> 202.67
22	1	BOOT LOCK CATCH	\$	<i>R</i> 74.40
23	2	LICENCE PLATE LAMP	\$	<i>Sm</i> 50.52
24	2	BOOT RUBBER PLUG	\$	<i>Sm</i> 221.81
25	1	FENDER PANEL INNER TRIM REAR RH	\$	<i>Sm</i> 671.45
26	1	FENDER PANEL REAR RH	\$	<i>R</i> 3,299.13
27	1	WHEELARCH REAR RH	\$	<i>Sm</i> 543.47
28	1	TAILLAMP RH	\$	<i>Sm</i> 552.55
29	1	TAILLAMP PANEL RH	\$	<i>R</i> 986.70
30	1	OUTER PANEL REAR (End Panel)	\$	<i>R</i> 1,471.77
31	1	OUTER PANEL REAR (End Panel)TRIM	\$	<i>Sm</i> 404.56
32	1	EXHAUST REAR	\$	<i>R</i> 7,489.05
33	1	EXHAUST CAP REAR	\$	<i>R</i> 230.49

X

TRANS-CAB AUTO SERVICES PTE LTD

AAD1802-125

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHC5483X - FCIL

TOTAL	\$	25,139.26
10%	\$	2,513.93
	\$	22,625.33

Specical Nett

1	1SET	PARKING AID	\$	Sm	700.00	X
2	1SET	REAR BUMPER CLIP	\$	nn	66.00	✓
3	1SET	BUMPER BRACKET CTR CLIP	\$	nn	33.00	✓
4	1SET	BUMEPR BRACKET SIDE CLIP RH RR	\$	nn	10.00	} X
5	1SET	BUMEPR RETAINER RH CLIP RR	\$	nn	20.00	
6	1SET	BUMEPR BRACKET SIDE CLIP LH RR	\$	nn	10.00	
7	1SET	BUMEPR RETAINER CLIP LH RR	\$	nn	20.00	
8	1SET	BUMPER LOWER REAR RIVET	\$	nn	22.00	
9	1SET	BUMPER LOWER REAR CLIP	\$	nn	66.00	
10	1	EXHAUST MOUNTING REAR	\$	Sm	17.82	
11	1SET	BOOT FINISHER CLIP	\$	nn	24.20	
12	1	BOOT STICKER "Trans-cab"	\$	nn	30.00	
13	1	BOOT STICKER "6555-3333"	\$	nn	30.00	
14	1SET	FENDER WHEELARCH REAR RH CLIP	\$	nn	35.00	} X
15	1	TAILLAMP CLIP RH	\$	nn	5.00	
16	2	REAR WINDSCREEN SELANT	\$	nn	80.00	
17	1	WINDSCREEN MOULDING	\$	nn	100.00	
18	1	REAR WINDSCREEN INNER SPONGE SEAL	\$	nn	100.00	
19	1	SPARE TYRE RIM (ROUE 7J 16H 2547)	\$	Sm	385.00	
20	1	SPARE TYRE	\$	Sm	330.00	

TOTAL	\$	2,084.02
TOTAL PARTS	\$	24,709.35

Putty And Spray Painting Of The Affected Portion. \$ 3,000.00 *2200*

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same \$ 2,800.00 *2000*

To Rust-Proofing Of The Affected Areas. \$ *nn* 170.00 *X*

To reinstall rear bumper parking sensor. \$ 170.00 *600*

To transfer of bootlid fittings, attachments and perform water seepage test. \$ *nn* 170.00 *X*

AAD1802-125

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SHC5483X - FCIL

TOTAL	\$	7,710.00
Over All Total	\$	32,419.35

~~10~~ Days

2 days

[illegible]



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/FCI18003066/Kqd3q2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 07-03-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 8679P	Veh. Inspected	SHC 5483X
Policy No.	D-18088937MFSH	Coverage (\$)	0.00
Claim No.	D18001320MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	14/02/2018

2. Vehicle Particulars & Condition

Make & Model	RENAULT LATITUDE (A)	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	VF1ABL15AUC277525	Colour	WHITE /RED
Odometer	700316	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	9 mm
L/H Front Tyre	215/60 R16	WEST LAKE	9 mm
R/H Rear Tyre	215/60 R16	LING LONG	7 mm
L/H Rear Tyre	215/60 R16	LING LONG	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	10/02/2018	Inspection Date	27/02/2018
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		

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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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Page No.:1 of 4

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5483X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BUMPER COVER REAR	BUCKLED / DENTED	1,108.46	1,108.46
1	BUMPER LOWER REAR	SERVICEABLE	768.84	-
1	BUMPER BRACKET CTR REAR	TO REPAIR SEE LABOUR	113.47	-
1	BUMPER BRACKET SIDE RH REAR	SERVICEABLE	135.97	-
1	BUMPER RETAINER RH REAR	SERVICEABLE	44.99	-
1	BUMPER REFLECTOR RH	SERVICEABLE	43.61	-
1	BUMPER BRACKET SIDE LH REAR	SERVICEABLE	135.97	-
1	BUMPER RETAINER LH REAR	SERVICEABLE	44.99	-
1	BUMPER REFLECTOR LH	SERVICEABLE	43.61	-
1	BUMPER BEAM REAR	TO REPAIR SEE LABOUR	777.52	-
1	BUMPER BEAM BRACKET LH REAR	TO REPAIR SEE LABOUR	225.95	-
1	BUMPER BEAM BRACKET RH REAR	TO REPAIR SEE LABOUR	225.95	-
1	BOOT REAR	TO REPAIR SEE LABOUR	2,872.68	-
1	BOOT FINISHER	SERVICEABLE	470.06	-
1	BOOT WEATHERSTRIP	SERVICEABLE	323.05	-
1	BOOT REFLECTOR LAMP LH	SERVICEABLE	493.35	-
1	BOOT REFLECTOR LAMP RH	SERVICEABLE	493.35	-
1	BOOT BADGE 'RENAULT'	NOT NECESSARY	225.36	-
1	BOOT BADGE	NOT NECESSARY	225.36	-
1	BOOT SWITCH	SERVICEABLE	168.13	-
1	BOOT LOCK	TO REPAIR SEE LABOUR	202.67	-
1	BOOT LOCK CATCH	TO REPAIR SEE LABOUR	74.40	-
2	LICENCE PLATE LAMP	SERVICEABLE	50.52	-
2	BOOT RUBBER PLUG	SERVICEABLE	221.81	-
1	FENDER PANEL INNER TRIM REAR RH	SERVICEABLE	671.45	-

Report Ref No. CS/FCI18003066/Kqd3q2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FENDER PANEL REAR RH	TO REPAIR SEE LABOUR	3,299.13	-
1	WHEELARCH REAR RH	SERVICEABLE	543.47	-
1	TAILLAMP RH	SERVICEABLE	552.55	-
1	TAILLAMP PANEL RH	TO REPAIR SEE LABOUR	986.70	-
1	OUTER PANEL REAR (END PANEL)	TO REPAIR SEE LABOUR	1,471.77	-
1	OUTER PANEL REAR (END PANEL) TRIM	SERVICEABLE	404.56	-
1	EXHAUST REAR	TO REPAIR SEE LABOUR	7,489.05	-
1	EXHAUST CAP REAR	TO REPAIR SEE LABOUR	230.49	-
	LESS 10% DISCOUNT		-2,513.92	-110.85
			22,625.32	997.61
	<u>SPECIAL NETT ITEMS</u>			
1	SET PARKING AID (SN)	SERVICEABLE	700.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	66.00	66.00
1	SET BUMPER BRACKET CTR CLIP (SN)	NECESSARY	33.00	33.00
1	SET BUMPER BRACKET SIDE CLIP RH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER RH CLIP RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER BRACKET SIDE CLIP LH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER CLIP LH RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER LOWER REAR RIVET (SN)	NOT NECESSARY	22.00	-
1	SET BUMPER LOWER REAR CLIP (SN)	NOT NECESSARY	66.00	-
1	EXHAUST MOUNTING REAR (SN)	SERVICEABLE	17.82	-
1	SET BOOT FINISHER CLIP (SN)	NOT NECESSARY	24.20	-
1	BOOT STICKER 'TRANS-CAB' (SN)	NOT NECESSARY	30.00	-
1	BOOT STICKER '6555-3333' (SN)	NOT NECESSARY	30.00	-
1	SET FENDER WHEELARCH REAR RH CLIP (SN)	NOT NECESSARY	35.00	-
1	TAILLAMP CLIP RH (SN)	NOT NECESSARY	5.00	-
2	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	80.00	-
1	WINDSCREEN MOULDING (SN)	NOT NECESSARY	100.00	-
1	REAR WINDSCREEN INNER SPONGE SEAL (SN)	NOT NECESSARY	100.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SPARE TYRE RIM (ROUE 7J 16H 2547) (SN)	SERVICEABLE	385.00	-
1	SPARE TYRE (SN)	SERVICEABLE	330.00	-
			2,084.02	99.00
	LABOUR			
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		3,000.00	220.00
	PANEL BEATING ,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS ,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF BUMPER BRACKET CTR REAR,BUMPER BEAM REAR,BUMPER BEAM BRACKET LH REAR,BUMPER BEAM BRACKET RH REAR,BOOT REAR,BOOT LOCK,BOOT LOCK CATCH,FENDER PANEL REAR RH,TAILLAMP PANEL RH,OUTER PANEL REAR (END PANEL),EXHAUST REAR AND EXHAUST CAP REAR.		2,800.00	200.00
	TO RUST -PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-
	TO REINSTALL REAR BUMPER PARKING SENSOR .		170.00	60.00
	TO TRANSFER OF BOOTLID FITTINGS ,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO REPAIR AND REALIGN REAR EXHAUST PIPE.	NOT NECESSARY	170.00	-
	TO DROP REAR EXHAUST BOX ,RENEW THE SAME ,TO REPAIR AND REALIGN CENTRE EXHAUST PIPE.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR END PANEL FITTINGS ,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR FENDER FITTINGS ,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TOWING FEES.	NOT NECESSARY	120.00	-
	TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
			7,710.00	480.00
	GRAND TOTAL		32,419.34	1,576.61
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CODITION)			1,250.00

Report Ref No. CS/FCI18003066/Kqd3q2



Report Ref No. CS/FCI18003066/Kqd3q2

A handwritten signature in black ink, consisting of the letters 'KSC' in a cursive, stylized script.

KONG SENG CHEONG

Licensed Appraiser

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