

22/03/2002

ASS. REC. BY:

REF: CS/FCI18003370/Kvd302

Special Instruction:

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Lurene jaw

of

FCI

Date/Time:

21/2/18 @ 11.19am

Estimated Cost:

Bill to:

OD-TP AWS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SHB 9909 P

Insured:

SHA 8797G

at Workshop m/s

Trans-Cab

Tel:

6287 6666

of

No. 2 AMK St. 63

Policy No:

Claim No:

D18001488MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 15/2/2018

CA / REV / REP. / REV 24 HRS

lwp

H.O.D. Endorsement:

Date/Time:

10.50am @ 22/2/18

Person Contacted:

candy

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 9909P-X
	SHA 8797G - NA / ENC10018744/c2
	D O A 19/9/2010
23/2/18	Email preli rensed to FCI

ASS. REC. BY:

REF:

FC21

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S/H B 9909P

Yr Regn:

08, 13

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make:

Renault Cordon

c.c

1995

Colour

M. White / R/L

A/C:

Insured / Std / NI / NA

Sp. Reading

311295

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VITABL 15AUC 273469

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

15/12/18

R:

G7

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

15/12/18

D.O.I.

21/2/18

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S / N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

22/2

File pass to N/A

23/2/18

L/L B 3900 (Red 31,665.96, 8910)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 23/2-typist

Report Format:

CWS

Lump Sum / I.B.E. (\$) 3900/-

Days Of Repair: 3

Resurvey No. of Trip: -

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Photos

Others

25 X 15 =

170 + 375

50

12

607

Survey Department Check List (Case Handler)

Reference No. : CS / FCI / 8003370 / Kvd3

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

Case Handler

Typist

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

(1) Office Assign Form

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

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

(1) Assignment Form

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

(2) System - (Views/Merimen)

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

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

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded				
---	-------------------------	--	--	--	--

Check By: VERON 23/11/18
Case Handler Date

*C: Critical *N: Non-Critical

21/05/201




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/FCI18003370/Kvd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 22-02-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 8797G		Veh. Inspected	SHB 9909P
Policy No.			Coverage (\$)	0.00
Claim No.	D18001488MFSH		Excess (\$)	0.00
Assign From	CWS (LURENE JAW)		Assign Date	22/02/2018
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				
5. General Information				
Accident Date	15/02/2018		Inspection Date	21/02/2018
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.				

MOTOR SURVEY ASSIGNMENT

Date	20-02-2018	Our Ref No. D18001488MFSH
Accident Date	15-02-2018	Claim Type. Third Party
Insured Vehicle	SHA8797G	Third Party Vehicle. SHB9909P
Survey Location	NO. 2 ANG MO KIO STREET 63	
Contact Person.	CANDY KONG	
Contact No.	62876666/ 0	Fax No. 62571330
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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/235169)



PRI Documents



Close



PRI Header Details

Claim No	D18001488MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & TRANS-C/
Workshop Name	TRANS-CAB AUTO SERVICES PTE LTD (Contact Person : CANDY KONG)	Survey Location & Contact Details	NO. 2 ANG MO KIO STREET 63 Mobile: 0 , Phone: 62876666 , Fax: 62571330 EmailId: CANDY.KONG@TRANSCAB.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA8797G	TP Vehicle No	SHB9909P
PRI Recieved Date	20-02-2018 09:49:27 PM	Surveyor Appointed Date	21-02-2018 11:18:25 AM	Surveyor Accept Date	22-02-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	22-02-2018	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

File Name

Action

Surveyor Job Remarks

Remarks

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Friday, 23 February 2018 10:27 AM
To: 'Claim Workflow System'
Cc: SUR; LURENEJAW@MSFIRSTCAPITAL.COM.SG
Subject: RE: SURVEY ASSESSMENT - D18001488MFSH/1, SHB 9909P
Attachments: SHB 9909P PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SHB 9909P
Date of survey: 21/2/2018
Number of days:3 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Friday, 23 February 2018 10:20 AM
To: 'Shiau Chan (LKKAuto)' <siewsc@lkkauto.com>
Subject: FW: SURVEY ASSESSMENT - D18001488MFSH/1

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, 21 February 2018 11:19 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; LURENEJAW@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18001488MFSH/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
Tel : 6507 3848
Fax : 6507 3849

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



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

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

Your ref: D18001488MFSH
Our ref: CS/FCI18003370/Kvd3

Date : 23/2/2018

The Motor Claims Department
M/s First Capital Insurance Ltd

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHB 9909P

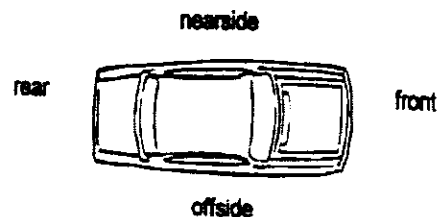
We thank for your instruction on 21/2/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 21/2/2018 at the premises of M/s TRANS-CAB AUTO SERVICES PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$35,565.96
Revised Estimate Amount	: S\$3,900.00 (LUMP SUM)
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the o/s front portion



Comments/Present Status:
Damages Consistent

Yours faithfully,

Kenneth Kong
Licensed Appraiser

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3878K

Vehicle Details

Vehicle No.: SHB9909P

Vehicle to be Exported: Yes

Intended De-registration Date: 19 Feb 2018

Vehicle Make: RENAULT

Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR

Primary Colour: Red

Manufacturing Year: 2013

Engine No.: M9R8839C000404

Chassis No.: VF1ABL15AUC273469

Maximum Power Output: 127.0 kW (170 bhp)

Open Market Value: \$19,998.00

Original Registration Date: 30 Aug 2013

First Registration Date: 30 Aug 2013

Transfer Count: 0

Actual ARF Paid: \$12,498.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 Aug 2021

PARF Rebate Amount: \$9,373.00

Intended COE Rebate Details

COE Expiry Date:	29 Aug 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$54,952.00
COE Rebate Amount:	\$24,226.00
Total Rebate Amount:	\$33,599.00

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 19 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	19/02/2018 11:37
Date Of Accident	15/02/2018 23:55
Exact Location Of Accident	SENTOSA GATEWAY @ OPEN CARPRK OF ST JAMES POWER HO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9909P
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	RAHMAT BIN AHMAD
NRIC No	S1110479G
Date Of Birth	07/01/1947
Occupation	OUTDOOR
Date Of Driving Pass	18/10/1978
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81601685
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 114 POTONG PASIR AVE 1 #03-878
Postcode	350114
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 - OPENING DOOR OF VEHICLE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , 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/20180216/2048

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	SHA8797G
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 RAHMAT BIN AHMAD

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB9909P

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

Sartosa Gateway



A = SHB 7709P
B = SHB 8797H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach 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/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180216/2048

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20180216/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2018 15:34			Vide Report No.:		Station Diary No.: 79
Informant's Particulars					
Name of Informant: RAHMAT BIN AHMAD			Address: APT BLK 114 POTONG PASIR AVENUE 1 #03-878 SINGAPORE 350114		
ID Type / ID No.: NRIC NO / S1110479G			Contact No.: Home/Office: Mobile: 81601685		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 07/01/1947	Type of Informant: Driver		
Race: Javanese			Language: English	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/02/2018 23:55	Type of Location: Car Park
Location: Along Road 1 SENTOSA GATEWAY AT THE OPEN CARPARK OF ST JAMES POWER HOUSE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHA8797G	Car				Slightly Damaged	1
SHB9909P	Car				Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20180216/2048

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20180216/2048

CONTINUATION OF REPORT

Driver			
Name	RAHMAT BIN AHMAD		ID No. S1110479G
Related Vehicle	SHB9909P (Car)		Contact No. 81601685
Hospital/Clinic	AR-RAUDHAH MEDICAL CLINIC AND SURGERY PTE LTD		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	16/02/2018		Date Discharge 16/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 15.02.2018 at about 2355hrs, I was driving my taxi SHB9909P (Renault, TransCab) at the open carpark of St James Power House with a male Chinese passenger and I wanted to exit the carpark.

While I was going out the carpark, there is another taxi SHA8797G (CityCab) in front of me and I keep to the right side of the road. Out of sudden, the passenger opened the taxi's door from the right side. I could not stop on time and hit on the taxi's door.

I came out of my taxi and approached both the driver and the passenger. The driver, a male Chinese, informed me that he does not agreed to have a private settlement and asked me to claim from insurance.

The taxi driver then called for the Traffic Police assistance. The officer came to assist us and I continue my journey after the officer attended to us.

On 16.05.2018, I went to seek medical check-up at my family doctor and was given 3 days of MC.

I wish to state that this is the first time it happened to. There no on-board camera installs inside my car and no eye-witness willing to assist me.



**SINGAPORE
POLICE FORCE**



T/20180216/2048

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3


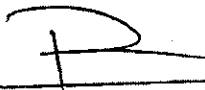
Report No. T/20180216/2048

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: D / Staff Sgt ROSLAN BIN ROHANY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/02/2018 15:34
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168	SN 37
  SIGNATURE	

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

SHB9909P - FCIL**AAD1802-173***Not Authored
6/1/2011 \$ 3900*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHB9909P - CANDY

VF1ABL15AUC273469

RENAULT

LATITUDE

15.02.2018

FCIL**PART****LIST**

1	1	BUMPER COVER FRT	\$	SH 1,259.42	} X
2	1	BUMPER SPOILER FRT	\$	SH 181.75	
3	1	BUMPER FOG LAMP GRILLE RH	\$	SH 207.22	
4	1	BUMPER RETAINER FRT LH	\$	SH 151.41	
5	1	BUMPER RETAINER FRT RH	\$	SH 151.41	
6	1	BUMPER SUPPORT FRT RH	\$	SH 123.88	
7	1	BUMPER BEAM FRT	\$	R 914.08	
8	1	RADAIOR GRILLE	\$	SH 1,707.78	
9	1	RADAIOR GRILLE BADGE 'RENAULT'	\$	SH 225.36	
10	1	RADAIOR GRILLE FRAME	\$	SH 1,353.75	
11	1	FRAME FULL SUPPORT PANEL	\$	SH 615.90	
12	1	FRAME FULL SUPPORT BRACKET	\$	R 89.79	
13	1	BONNET	\$	R 1,941.63	
14	1	HEADLAMP RH	\$	SH 1,184.43	
15	1	HEADLAMP PANEL FRT RH	\$	R 152.15	
16	1	FENDER PANEL FRT RH	\$	R 783.83	} X
17	1	FENDER INSULATOR RH	\$	SH 130.84	
18	1	DOOR MIRROR RH	\$	CM 1,483.40	✓
19	1	DOOR MIRROR GLASS RH	\$	SH 148.20	X
20	1	DOOR MIRROR BACK COVER RH	\$	SH 218.46	X
21	1	DOOR PANEL FRT RH	\$	R 2,844.66	✓
22	1	DOOR HINGE UPPER RH	\$	R 274.50	} X
23	1	DOOR HINGE LOWER RH	\$	R 300.55	
24	1	DOOR CHECK FRT RH	\$	SH 194.77	
25	1	DOOR LOCK FRT RH	\$	R 908.75	
26	1	DOOR CATCH FRT RH	\$	SH 131.23	
27	1	DOOR GRAB HANDLE FRT RH	\$	SH 210.96	
28	1	DOOR HANDLE OUTER FRT RH	\$	SH 477.76	
29	1	DOOR HANDLE CAP FRT RH	\$	SH 35.52	
30	1	DOOR HANDLE SEAL FRT RH	\$	SH 7.89	
31	1	DOOR HANDLE COVER FRT RH	\$	SH 13.22	
32	1	DOOR HANDLE MODULE FRT RH	\$	SH 133.60	
33	1	DOOR FINISHER FRT RH	\$	SH 515.06	
34	1	DOOR MOULDING FRT RH	\$	SH 176.82	

TRANS-CAB AUTO SERVICES PTE LTD**AAD1802-173**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHB9909P - FCIL

35	1	DOOR WHETHERSTRIP FRT RH	\$	<i>Sn</i>	410.27	} X
36	1	DOOR SEAL LOWER FRT RH	\$	<i>Sn</i>	91.17	
37	1	DOOR SEAL FRT RH	\$	<i>Sn</i>	72.82	
38	1	DOOR WAIST SEAL OUTER FRT RH	\$	<i>Sn</i>	291.27	
39	1	ROOF SIDE PANEL OUTER RH	\$	<i>N</i>	704.21	
40	1	DOOR PANEL REAR RH	\$	<i>N</i>	2,844.66	
41	1	FENDER PANEL REAR RH	\$	<i>N</i>	3,299.13	

TOTAL	\$	26,963.51
10%	\$	2,696.35
	\$	24,267.16

Specical Nett

1	1SET	FRONT BUMPER CLIP	\$	<i>nn</i>	66.00	} X
2	1SET	WHEELARCH CLIP RH	\$	<i>nn</i>	66.00	
3	1	TOW COVER FRT	\$	<i>Sn</i>	14.50	
4	1	CAP HUB RH FRT	\$	<i>Sn</i>	35.00	
5	1	RIM RH FRT	\$	<i>Sn</i>	385.00	
6	1	TYRE RH FRT	\$	<i>Sn</i>	330.00	
7	1SET	BUMPER SUPPORT FRT CLIP RH	\$	<i>nn</i>	9.80	} X
8	1SET	BUMEPR RETAINER FRT CLIP RH	\$	<i>nn</i>	12.50	
9	1	DOOR STICKER "Trans-cab"	\$	<i>N</i>	80.00	<i>65mm</i>
10	1	DOOR STICKER "Classic"	\$	<i>N</i>	30.00	<i>155mm</i>

TOTAL	\$	1,028.80
TOTAL PARTS	\$	25,295.96

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

\$ 4,200.00 *3000*

To Check Electrical Lighting Concerned.

\$ 170.00 *200*

Putty and spray painting of the affected portion.

\$ 4,500.00 *5000*

To check steering geometry and computer wheel alignment

\$ *nn* 220.00 X

Towing Fees

\$ *nn* 120.00X

To transfer of tire, rim and on wheel balancing.

\$ *nn* 170.00 X

TRANS-CAB AUTO SERVICES PTE LTD**AAD1802-173**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHB9909P - FCIL

To rust-proofing of the affected areas.	\$	170.00	301
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	170.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	X
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00	601

TOTAL	\$	10,270.00
Over All Total	\$	35,565.96

(PARTS BY PARTS) Repair Days**15-Days***3 days*

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:




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/FCI18003370/Kvd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 26-02-2018	
			Code : FCI2	
1. Policy Particulars - THIRD PARTY CLAIM				
Insured Veh.	SHA 8797G	Veh. Inspected	SHB 9909P	
Policy No.	D-18088937MFSH	Coverage (\$)	0.00	
Claim No.	D18001488MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	21/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	RENAULT LATITUDE (A)	c.c	1995	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	VF1ABL15AUC273469	Colour	METALLIC WHITE / RED	
Odometer	311295	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	LING LONG	9 mm	
L/H Front Tyre	215/60 R16	LING LONG	9 mm	
R/H Rear Tyre	215/60 R16	GOODYEAR	8 mm	
L/H Rear Tyre	215/60 R16	GOODYEAR	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	15/02/2018	Inspection Date	21/02/2018	
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.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 9909P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BUMPER COVER FRT	SERVICEABLE	1,259.42	-
1	BUMPER SPOILER FRT	SERVICEABLE	181.75	-
1	BUMPER FOG LAMP GRILLE RH	SERVICEABLE	207.22	-
1	BUMPER RETAINER FRT LH	SERVICEABLE	151.41	-
1	BUMPER RETAINER FRT RH	SERVICEABLE	151.41	-
1	BUMPER SUPPORT FRT RH	SERVICEABLE	123.88	-
1	BUMPER BEAM FRT	TO REPAIR SEE LABOUR	914.08	-
1	RADIATOR GRILLE	SERVICEABLE	1,707.78	-
1	RADIATOR GRILLE BADGE 'RENAULT'	SERVICEABLE	225.36	-
1	RADIATOR GRILLE FRAME	SERVICEABLE	1,353.75	-
1	FRAME FULL SUPPORT PANEL	SERVICEABLE	615.90	-
1	FRAME FULL SUPPORT BRACKET	TO REPAIR SEE LABOUR	89.79	-
1	BONNET	TO REPAIR SEE LABOUR	1,941.63	-
1	HEADLAMP RH	SERVICEABLE	1,184.43	-
1	HEADLAMP PANEL FRT RH	TO REPAIR SEE LABOUR	152.15	-
1	FENDER PANEL FRT RH	TO REPAIR SEE LABOUR	783.83	-
1	FENDER INSULATOR RH	SERVICEABLE	130.84	-
1	DOOR MIRROR RH	CRACKED	1,483.40	1,483.40
1	DOOR MIRROR GLASS RH	SERVICEABLE	148.20	-
1	DOOR MIRROR BACK COVER RH	SERVICEABLE	218.46	-
1	DOOR PANEL FRT RH	BENT	2,844.66	2,844.66
1	DOOR HINGE UPPER RH	TO REPAIR SEE LABOUR	274.50	-
1	DOOR HINGE LOWER RH	TO REPAIR SEE LABOUR	300.55	-
1	DOOR CHECK FRT RH	SERVICEABLE	194.77	-
1	DOOR LOCK FRT RH	TO REPAIR SEE LABOUR	908.75	-

Report Ref No. CS/FCI18003370/Kvd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	DOOR CATCH FRT RH	SERVICEABLE	131.23	-
1	DOOR GRAB HANDLE FRT RH	SERVICEABLE	210.96	-
1	DOOR HANDLE OUTER FRT RH	SERVICEABLE	477.76	-
1	DOOR HANDLE CAP FRT RH	SERVICEABLE	35.52	-
1	DOOR HANDLE SEAL FRT RH	SERVICEABLE	7.89	-
1	DOOR HANDLE COVER FRT RH	SERVICEABLE	13.22	-
1	DOOR HANDLE MODULE FRT RH	SERVICEABLE	133.60	-
1	DOOR FINISHER FRT RH	SERVICEABLE	515.06	-
1	DOOR MOULDING FRT RH	SERVICEABLE	176.82	-
1	DOOR WEATHERSTRIP FRT RH	SERVICEABLE	410.27	-
1	DOOR SEAL LOWER FRT RH	SERVICEABLE	91.17	-
1	DOOR SEAL FRT RH	SERVICEABLE	72.82	-
1	DOOR WAIST SEAL OUTER FRT RH	SERVICEABLE	291.27	-
1	ROOF SIDE PANEL OUTER RH	TO REPAIR SEE LABOUR	704.21	-
1	DOOR PANEL REAR RH	TO REPAIR SEE LABOUR	2,844.66	-
1	FENDER PANEL REAR RH	TO REPAIR SEE LABOUR	3,299.13	-
	LESS 10% DISCOUNT		-2,696.35	-432.81
			24,267.16	3,895.25
	SPECIAL NETT ITEMS			
1	SET FRONT BUMPER CLIP (SN)	NOT NECESSARY	66.00	-
1	SET WHEELARCH CLIP RH (SN)	NOT NECESSARY	66.00	-
1	TOW COVER FRT (SN)	SERVICEABLE	14.50	-
1	CAP HUB RH FRT (SN)	SERVICEABLE	35.00	-
1	RIM RH FRT (SN)	SERVICEABLE	385.00	-
1	TYRE RH FRT (SN)	SERVICEABLE	330.00	-
1	SET BUMPER SUPPORT FRT CLIP RH (SN)	NOT NECESSARY	9.80	-
1	SET BUMPER RETAINER FRT CLIP RH (SN)	NOT NECESSARY	12.50	-
1	DOOR STICKER "TRANS-CAB" (SN)	NECESSARY	80.00	60.00
1	DOOR STICKER "CLASSIC" (SN)	NECESSARY	30.00	15.00
			1,028.80	75.00

Report Ref No. CS/FC118003370/Kvd3e2

**LKK Auto Consultants Pte Ltd**

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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF BUMPER BEAM FRT, FRAME FULL SUPPORT BRACKET, BONNET, HEADLAMP PANEL FRT RH, FENDER PANEL FRT RH, DOOR HINGE UPPER RH, DOOR HINGE LOWER RH, DOOR LOCK FRT RH, ROOF SIDE PANEL OUTER RH, DOOR PANEL REAR RH AND FENDER PANEL REAR RH.		4,200.00	300.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		4,500.00	500.00
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TOWING FEES.	NOT NECESSARY	120.00	-
	TO TRANSFER OF TIRES, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	30.00
	TO TRANSFER OF FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	TO TRANSFER OF DOOR FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.		170.00	60.00
			10,270.00	910.00
GRAND TOTAL			35,565.96	4,880.25

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,900.00
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Report Ref No. CS/FCI18003370/Kvd3e2

KONG SENG CHEONG

Licensed Appraiser

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