

2105/2018



REF: CS/PC18003471/Av03

Special Instruction

Surveyor

Adnan

ASSIGNMENT (Office)

lws
From Person

Lurel jaw

FLY

Date/Time 22/2/18 3.44pm

Estimated Cost

Bill to

OD TP WS TP RES OD RES EVA INV MV CS

To Inspect Vehicle No.

SKS3739C

Insured

SHC0908X

at Workshop n/s

MG solution

Tel:

62431373

of

23 kuki Bkt Ave 4 #02-03

Policy No.

Claim No.

D18001438MFSH

Sum Insured

Excess

Make of Veh:
(Client's Record)

D.O.A. 13/02/2018

CA / REV / REP / REV 24 HRS lwp/

REF: Surinder

REF:

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.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SKS3739C Yr Regn: 2015 April
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Volvo V40 cc 1560
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 97644 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: YV1MV845BF2236820
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/55R16
 R: 205/55R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 23/02/18
 Survey held at: M6 Solution
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TP 1st Cap.

RECEIVED 27 APR 2018

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 27/4 - typist

Report Format: CWS

Lump Sum / I.B.I: (\$) 22006

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Survey Fee

Transportation

(\$ + RS. \$)

Phone

Others

TOTAL

170
50
50
35
105



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/FCI18003471/Avd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 23-02-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 908X	Veh. Inspected	SKS 3739C
Policy No.		Coverage (\$)	0.00
Claim No.	D18001438MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	23/02/2018

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	13/02/2018	Inspection Date	23/02/2018
Survey held at	MGARAGE (EAST) PTE LTD 23 KAKI BUKIT CENTRE AAS KAKI BUKIT CENTRE #04-01 SINGAPORE 415933		

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	19-02-2018	Our Ref No. D18001438MFSH
Accident Date	13-02-2018	Claim Type. Third Party
Insured Vehicle	SHC0908X	Third Party Vehicle. SKS3739C
Survey Location	23 KAKI BUKIT AVE 4 AAS KAKI BUKIT CENTRE#02-03	
Contact Person.	SU WONG	
Contact No.	62431373/ 0	Fax No. 62431376
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED	
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	MG SOLUTION 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/235098)

PRI Documents

Close



PRI Header Details

Claim No	D18001438MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & MG SOLU
Workshop Name	MG SOLUTION PTE LTD (Contact Person : SU WONG)	Survey Location & Contact Details	23 KAKI BUKIT AVE 4 AAS KAKI BUKIT CENTRE#02-03 Mobile: 0 , Phone: 62431373 , Fax: 62431376 EmailId: MG3SOLUTION@GMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC0908X	TP Vehicle No	SKS3739C
PRI Recieved Date	20-02-2018 05:40:55 PM	Surveyor Appointed Date	22-02-2018 03:48:32 PM	Surveyor Accept Date	23-02-2018 1

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	23-02-2018	Upload Survey Report *:	Choose File
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Vehicle Particulars

Make	Please Select Make	Model	Please Select Model	Year	Select Year
Chasis No		Engine No		Mileage	
Color		Cubic Capacity			

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

Remarks

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Friday, 27 April 2018 10:50 AM
To: 'Claim Workflow System'
Cc: 'LURENEJAW@MSFIRSTCAPITAL.COM.SG'; SUR
Subject: RE: SURVEY ASSESSMENT - D18001438MFSH/1, SKS 3739C
Attachments: SKS 3739C PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SKS 3739C
Date of survey: 23/2/2018
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: Veron Chen (LKKAUTO)
Sent: Monday, 26 February 2018 7:53 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18001438MFSH/1, SKS 3739C

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SKS 3739C on 23/2/2018.

We are pending estimate from repairer.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Friday, 23 February 2018 11:10 AM
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 - D18001438MFSH/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: Thursday, 22 February 2018 3:49 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; LURENEJAW@MSFIRSTCAPITAL.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D18001438MFSH/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: D18001438MFSH
Our ref: CS/FCI18003471/Avd3

Date : 27/4/2018

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SKS 3739C

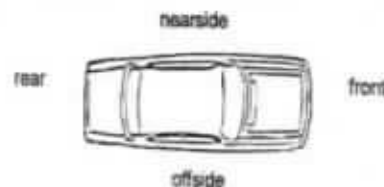
We thank you for your instruction on 22/2/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 23/2/2018 at the premises of M/s MG SOLUTION PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$9,103.00
Revised Estimate Amount	: S\$2,200.00 (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 rear poriton



Comments/Present Status:
Damages Consistent

Yours faithfully,

ADRIAN LING WAI PING
B.Eng, AMSOE, AMIRTE, AMSAE-A.M.MATAI
Licensed Appraiser

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Monday, 26 February 2018 7:53 AM
To: 'Claim Workflow System'
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18001438MFSH/1, SKS 3739C

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SKS 3739C on 23/2/2018.

We are pending estimate from repairer.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

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Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18001438MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

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To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; LURENEJAW@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18001438MFSH/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.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	4519A
Vehicle Details	
Vehicle No.:	SKS3739C
Vehicle to be Exported:	No
Intended De-registration Date:	23 Feb 2018
Vehicle Make:	VOLVO
Vehicle Model:	V40 D2 A/T ABS D/AIRBAG 2WD
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	D4162T3202900
Chassis No.:	YV1MV845BF2236820
Maximum Power Output:	84.0 kW (112 bhp)
Open Market Value:	\$23,709.00
Original Registration Date:	10 Apr 2015
First Registration Date:	10 Apr 2015
Transfer Count:	0
Actual ARF Paid:	\$10,193.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Apr 2025
PARF Rebate Amount:	\$7,644.00
Intended COE Rebate Details	
COE Expiry Date:	09 Apr 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$67,749.00
COE Rebate Amount:	\$48,303.00
Total Rebate Amount:	\$55,947.00

The information contained herein is correct as at 23 Feb 2018

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	14/02/2018 12:32
Date Of Accident	13/02/2018 13:25
Exact Location Of Accident	SLIP ROAD FROM CAVENAGH RD TOWARDS BT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS3739C
Insured/Policyholder	
Name Of Registered Owner	OC GLOBAL
Co Reg No	53274519A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888
Vehicle Particulars	
Manufacturer	VOLVO
Model	V40-1.6 D CROSS COUNTRY D2 (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094283356
Cover Note Number	

Driver

Name of Driver	CHOW KAH WAI, LAURENCE
NRIC No	S8835655A
Date Of Birth	21/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	09/04/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96697281
Fax Number	
Contact Number	
Email Address	LAURENCE88@GMAIL.COM

Address	BLK 686C CHOA CHU KANG CRESCENT #10-220
Postcode	683686
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 13/02/2018 AT ABOUT 1325HRS AT SLIP ROAD FROM CAVENAGH ROAD TOWARDS BT TIMAH ROAD. I WAS TRAVELLING ON THE ABOVE MENTIONED SLIP ROAD AND CAME TO A STOP WHILE GIVING WAY TO THE MAIN TRAFFIC ALONG BT TIMAH ROAD. SUDDENLY I FELT A GREAT IMPACT AND A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SKS 3739C (B) SHC908X

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	SHC908X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

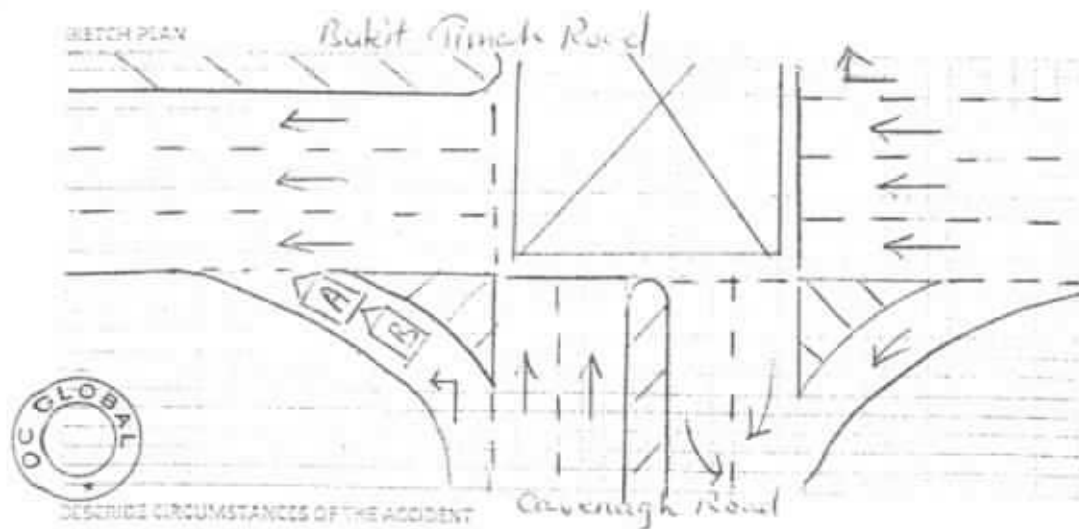
1. I have read and understand the details of the accident and hereby declare that I am a party to the accident.
2. This report will be completed by me, the driver of the vehicle involved in the accident.
3. I understand that I must be truthful and accurate as possible when completing this report and that any false information may constitute an offence under the Road Traffic Act.
4. This report will be used by the Police and the Insurance Corporation of Singapore (ICS) for the purpose of investigating the accident and for the purpose of settling the claim.
5. I understand that the Police and the Insurance Corporation of Singapore (ICS) may be 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:
 - (a) investigating, handling and settling claims arising from the accident;
 - (b) conducting the insurance process;
 - (c) settling out and/or settling with my instructions or responding to any enquiries;
 - (d) administering my claims and using the making of correspondence, statements, and/or reports and/or reports to me, which could involve disclosure of certain personal data about me to the relevant authority, and/or to the relevant authority of the relevant authority.
6. I understand that the Police and the Insurance Corporation of Singapore (ICS) may be 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:
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7. I understand that the Police and the Insurance Corporation of Singapore (ICS) may be 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:
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8. I understand that the Police and the Insurance Corporation of Singapore (ICS) may be 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:
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9. I understand that the Police and the Insurance Corporation of Singapore (ICS) may be 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:
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 - (d) administering my claims and using the making of correspondence, statements, and/or reports and/or reports to me, which could involve disclosure of certain personal data about me to the relevant authority, and/or to the relevant authority of the relevant authority.



OC GLOBAL
100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Signature
Name
Date & Time

Signature
Name
Date & Time



on 13/02/2018 at about 1325 hrs at slip road from Cavenagh Road towards Bt Timah Road. I was travelling on the above mentioned slip road and came to a stop while giving way to the main traffic along Bt Timah Road. Suddenly I felt a great impact and a loud bang from behind and when I alighted, I realised that it was vehicle (B)

OC GLOBAL
 I had hit into my Rear Portion of my vehicle (A) causing damage to my vehicle. I have one

passenger inside my vehicle.

(A) SKS 3734 C

(B) SHC 908 X

DECLARATION

This declaration is made by the driver of the vehicle involved in the accident.

OC GLOBAL
 Police Officer's Signature
 Date & Time

Driver's Signature
 If driver is not present, add name
 Date & Time

Reporting Officer's Signature
 Name
 Date & Time

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

TO	: FIRST CAPITAL	DATE	: 19/02/2018
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
ESTIMATE REPORT	:		
<u>VEHICLE DETAILS</u>			
VEHICLE NO	: SKS3739C		
MODEL	: VOLVO V40	Veron	
CHASSIS NO			
<u>ACCIDENT DETAILS</u>		DATE	: 13-Feb-18
		TIME	: 13:25HRS
THIRD PARTY REQUESTOR / CONTACT : JACK LI			

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	TAIL GATE WEATHERSTRIP <i>the new</i>	1	\$ 235.00	\$ 235.00
2	REAR BUMPER <i>Deformed</i>	1	\$ 1,280.00	\$ 1,280.00
3	REAR BUMPER SIDE RETAINER <i>new</i>	2	\$ 82.00	\$ 164.00
4	REAR BUMPER REFLECTOR <i>the new</i>	2	\$ 150.00	\$ 300.00
5	REAR BUMPER TOWING COVER <i>missing</i>	1	\$ 140.00	\$ 140.00
6	REAR BUMPER REINFORCEMENT <i>the new</i>	1	\$ 1,130.00	\$ 1,130.00
7	REAR BUMPER REINFORCEMENT BRACKET <i>new</i>	2	\$ 103.00	\$ 206.00
8	REAR BUMPER SPONGE <i>the new</i>	1	\$ 190.00	\$ 190.00
9	REAR BUMPER CENTER BEAM <i>the new</i>	1	\$ 380.00	\$ 380.00
10	REAR BUMPER LOWER LID <i>cut</i>	1	\$ 580.00	\$ 580.00
11	REAR END PANEL <i>Repair</i>	1	\$ 830.00	\$ 830.00
12	REAR END PANEL INNER TOP GARNISH <i>the new</i>	1	\$ 233.00	\$ 233.00

2164

1947.60

TOTAL PRICE \$ 5,668.00

LESS 0% \$ -

SUB TOTAL PRICE \$ 5,668.00

SPECIAL NETT ITEMS

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR NUMBER PLATE <i>the new</i>	1	\$ 50.00	\$ 50.00

2	REAR BUMPER CLIP(SET) <i>Rec</i>	1	\$ 20.00	\$ 20.00	✓
3	REAR END PANEL TOP GARNISH CLIPS <i>Rec</i>	1	\$ 20.00	\$ 20.00	✓
4	REAR END PANEL INSULATION SEAL <i>Rec</i>	1	\$ 150.00	\$ 150.00	✓
5	REVERSE SENSOR (1 SET) <i>Range</i>	1	\$ 250.00	\$ 250.00	✓

270

TOTAL \$ 490.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

1	PANEL BEATING, REMOVAL AND REPLACING PARTS	\$1,200.00	250	
2	TO SPRAY PAINT AFFECTED AREA	\$1,000.00	250	
3	TUFF COAT	\$250.00	X	
4	WIRING CHECK	\$120.00	30	
5	REMOVE AND REFIX CUSHION SEAT/UPHOLSTERY AND ROOF LINING TO FACILITATE REPAIR	\$250.00	X	
6	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$80.00	50	
7	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS,RESET MEMORIES TO SPECIFICATION ETC.	\$120.00	X	

TOTAL

\$3,020.00

580

ESTIMATE REPORT

TOTAL PARTS COST : \$ 6,083.00

TOTAL LABOUR COST : \$ 3,020.00

TOTAL REPAIR COST : \$ 9,103.00

APPROVED DETAILS

SURVEYOR :

CONTACT NO :

FAX :

PART BY PART / LUMP SUM :

NO OF DAYS :

Adrian Lj Total: 2787.6
w/s 23/02/18 w/s 22K
03 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/FCI18003471/Avd3q2

36 ROBINSON ROAD

#16-01 CITY HOUSESINGAPORE 068877

Date : 27-04-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 908X	Veh. Inspected	SKS 3739C
Policy No.	D-18088937MFSH	Coverage (\$)	0.00
Claim No.	D18001438MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	22/02/2018

2. Vehicle Particulars & Condition

Make & Model	VOLVO V40	c.c	1560
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	YV1MV845BF2236820	Colour	BLACK
Odometer	97644	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/55 R16	MICHELIN	6 mm
L/H Front Tyre	205/55 R16	MICHELIN	6 mm
R/H Rear Tyre	205/55 R16	MICHELIN	6 mm
L/H Rear Tyre	205/55 R16	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	13/02/2018	Inspection Date	23/02/2018
Survey held at	MGARAGE (EAST) PTE LTD 23 KAKI BUKIT CENTRE AAS KAKI BUKIT CENTRE #04-01 SINGAPORE 415933		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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LKK Auto Consultants Pte Ltd

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKS 3739C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	TAIL GATE WEATHERSTRIP	NOT NECESSARY	235.00	-
1	REAR BUMPER	DEFORMED	1,280.00	1,280.00
2	REAR BUMPER SIDE RETAINER @\$82.00	NECESSARY	164.00	164.00
2	REAR BUMPER REFLECTOR @\$150.00	NOT NECESSARY	300.00	-
1	REAR BUMPER TOWING COVER	MISSING	140.00	140.00
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	1,130.00	-
1	REAR BUMPER REINFORCEMENT BRACKET @\$103.00	NOT NECESSARY	206.00	-
1	REAR BUMPER SPONGE	NOT NECESSARY	190.00	-
1	REAR BUMPER CENTER BEAM	NOT NECESSARY	380.00	-
1	REAR BUMPER LOWER LID	CUT	580.00	580.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	830.00	-
1	REAR END PANEL INNER TOP GARNISH	NOT NECESSARY	233.00	-
	LESS 10% DISCOUNT		-	-216.40
			5,668.00	1,947.60
SPECIAL NETT ITEMS				
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	50.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	20.00	20.00
1	REAR END PANEL TOP GARNISH CLIPS (SN)	NOT NECESSARY	20.00	-
1	REAR END PANEL INSULATION SEAL (SN)	NOT NECESSARY	150.00	-
1	SET REVERSE SENSOR (SN)	DAMAGED	250.00	250.00
			490.00	270.00
LABOUR				
	PANEL BEATING ,REMOVAL AND REPLACING PARTS.INCLUSIVE OF THE REPAIR OF REAR END PANEL .		1,200.00	250.00
	TO SPRAY PAINT AFFECTED AREA.		1,000.00	250.00
	TUFF COAT.	NOT NECESSARY	250.00	-
	WIRING CHECK .		120.00	30.00
	REOVE AND REFIX CUSHION SEAT /UPHOLSTERY AND ROOF LINING TO FACILITATE REPAIR.	NOT NECESSARY	250.00	-

Report Ref No. CS/FCI18003471/Avd3q2



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Page No.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING.	NOT NECESSARY	80.00	50.00
	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS ,RESET MEMORIES TO SPECIFICATION ETC.		120.00	-
			3,020.00	580.00
GRAND TOTAL			9,178.00	2,797.60

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,200.00
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Report Ref No. CS/FCI18003471/Avd3q2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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