

ASS. REC. BY:

REF: CS/FCI16003793/TIvd3/

Special Instructions:

Survivor

CWS

Tau Bieh

ASSIGNMENT (Office)

From (Person):

Joanne Yang

of

FCI

Date/Time:

27/2/18 @ 12:26pm

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SHB 8068X

Insured:

SHC 2987D

at Workshop m/s

Premier Automotive

Tel:

6214 8886

of

23 cheng south ave 2#01-02

Policy No:

Claim No:

D18 001659MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

24/02/2018

CA / REV / REP. / REV 24 HRS

1up

Insp:

253 Alexandra Rd @ Komoco

H.O.D. Endorsement:

Date/Time:

12:30pm @ 27/2/18

Person Contacted:

Giang

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 8068X - x
	SHC 2987D - CA/AXA/7005472/H/ub392 D.O.A: 16/3/2017
28/2/18	Email preli revised to FCI
3/5/18	Final dig \$ 5949.77 confirmed by email (Ref 2770.47, 30b)

Simon Taufik

REF:

FC

# ASSIGNMENT

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

N/S	O/S

(Policy Condition)

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

Sal. or Market Value: \_\_\_\_\_  
 IDAQ Accident Report: \_\_\_\_\_ 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

WP

Vehicle IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Unit No: SHS80687 Page 216 out  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or  
 Make: Hyundai I30 cc 1582  
 Colour: Silver A.C. Insured / Std / NI / NA  
 So. Reading: 128912 T.Radio: Insured / Std / NI / NA

Eng. No: \_\_\_\_\_  
 C No: TMAD281UVHJ.24401

Gen. Cond: ☒ Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: Nil / STD / STD A/Rim or

Tyre Size: F: 195/65R15  
 R: 21

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

Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R.Bal: 6 mm R.Bal: 6 mm  
 L.Bal: 6 mm L.Bal: 1 mm  
 D.O.A: \_\_\_\_\_ D.O.I: 29/3/18

Survey held at: Komoco

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

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

Date Time Action Instruction

15447-12, 8 days - email to Goh

RECEIVED 03 MAY 2018

Date/Time File Pass to: ☐ : Prel. Report  
☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip: 1

Survey Fee

Transporter

Price

Cost

Cost

Cost

Cost

: 3/5 - typist

Report Format: CWS  
 Lump Sum / L.B: 5949.77

Add Fee: ☐ Site Insp: S  
☐ Inter. Insp: S  
☐ Tech. Insp: S  
☐ Signaling: S

160
50
50
36
291

# Survey Department Check List (Case Handler)

Reference No. : CS FCI 18003793 Tivv3  
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	✓			
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Check By: VERON 3/5/18  
Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/2014



# 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/FCI18003793/T1vd3

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 27-02-2018



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 2987D	Veh. Inspected	SHB 8068X
Policy No.		Coverage (\$)	0.00
Claim No.	D18001659MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	Assign Date	27/02/2018

## 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	24/02/2018	Inspection Date	27/02/2018
Survey held at	253 ALEXANDRA ROAD		
Repairer	PREMIER AUTOMOTIVE SERVICES PTE LTD		

## 5a. Remarks

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

**MOTOR SURVEY ASSIGNMENT**

Date	26-02-2018	Our Ref No. D18001659MFSH
Accident Date	24-02-2018	Claim Type. Third Party
Insured Vehicle	SHC2987D	Third Party Vehicle. SHB8068X
Survey Location	23 CHANGI SOUTH AVENUE 2 #01-02	
Contact Person.	GARY SHI	
Contact No.	62148880/ 65446671	Fax No. 62141511
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	PREMIER AUTOMOTIVE SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

**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/235384)



PRI Documents



Close



## PRI Header Details

Claim No	D18001659MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & PREMIER LTD
Workshop Name	PREMIER AUTOMOTIVE SERVICES PTE LTD (Contact Person : GARY SHI)	Survey Location & Contact Details	23 CHANGI SOUTH AVENUE 2 #01-02 Mobile: 65446671 , Phone: 62148880 , Fax: 6214151 EmailId: GARY.SHI@PREMIERTAXI.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM *		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC2987D	TP Vehicle No	SHB8068X
PRI Recieved Date	26-02-2018 10:55:24 PM	Surveyor Appointed Date	27-02-2018 12:25:12 PM	Surveyor Accept Date	27-02-2018 0

## Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	27-02-2018	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)

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**From:** Veron Chen (LKKAuto)  
**Sent:** Wednesday, 28 February 2018 1:58 PM  
**To:** 'Claim Workflow System'  
**Cc:** JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18001659MFSH/1, SHB 8068X  
**Attachments:** SHB 8068B PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SHB 8068X  
Date of survey: 27/2/2018  
Number of days: 7-8 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)

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**From:** Admin-D (LKKAuto)  
**Sent:** Tuesday, 27 February 2018 12:29 PM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18001659MFSH/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](mailto: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:** Tuesday, 27 February 2018 12:25 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [JOANNEYONG@MSFIRSTCAPITAL.COM.SG](mailto:JOANNEYONG@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18001659MFSH/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: D18001659MFSH

Our ref: CS/FC118003793/T1vd3

Date: 27/2/2018

The Motor Claims Department  
M/s FIRST CAPITAL INSURANCE LTD

Without Prejudice

Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SHB 8068X**

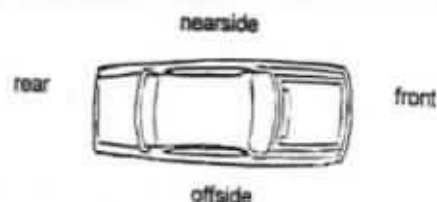
We thank you for your instruction on 27/2/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 27/2/2018 at the premises of M/s PREMIER AUTOMOTIVE SERVICES PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$8,720.24
Revised Estimate Amount	: S\$5,949.77
"Check" Items Amount	: S\$200.00
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

The vehicle sustained damages at the n/s rear portion



**Comments/Present Status:**

Damages Consistent

Yours faithfully,

MOHAMAD TAUFIKH  
LMATAL, AMSAE-A  
Automobile Assessor

**Enquire Vehicle Registration Details****Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H  
Owner ID Type: Company  
Owner Name: PREMIER TAXIS PTE. LTD.  
Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443  
Mailing Address: -  
Birth Date: -

**Vehicle Particulars**

Vehicle No.: SHB8068Y  
Previous Vehicle No.: -  
Effective Date of Ownership: 12 Oct 2016  
Original Regn Date: 12 Oct 2016  
Registration Date: 12 Oct 2016  
Year of Manufacture: 2016  
Vehicle Type: Public Transport Taxi (Motor Car)  
Vehicle Scheme: Taxi (Company)  
Vehicle Attachment 1: Air-Con (Taxi)  
Vehicle Attachment 2: -  
Vehicle Attachment 3: -  
Vehicle Make: HYUNDAI  
Vehicle Model: I30 GDH 1.6 TCI 5DR DCT  
Primary Colour: Silver  
Secondary Colour: -  
Passenger Capacity: 4  
Chassis No.: TMAD281UVHJ124408  
Engine No.: D4FBGZ114427  
Engine Capacity/Power Rating: 1582 cc / -  
Maximum Power Output: 100.0 kW (134 bhp)  
Propellant: Diesel  
Max Unladen Weight: 1496 kg  
Maximum Laden Weight: 1940 kg  
Open Market Value: \$20,110.00  
PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 11 Oct 2024  
Minimum PARF Benefit: \$7,592.00  
No. of Transfers: 0  
IU Label No.: -  
COE No.: 2016101201004074M  
COE Expiry Date: 11 Oct 2024  
COE Category: A - Car (up to 1600cc & 97kW (130bhp))  
COE Registration Category: A - Car (up to 1600cc & 97kW (130bhp))  
Quota Premium (QP) / Prevailing Quota Premium: - / \$52,108.00  
PQP Paid: \$41,687.00  
QP (Regn Cat): -  
OPC Cash Rebate Eligibility: No

## 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	26/02/2018 11:36
Date Of Accident	24/02/2018 19:30
Exact Location Of Accident	VICTORIA STREET - IN FRONT OF CHIJMES
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8068Y
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	130-1.6 (FD) DOHC (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	
Driver	
Name of Driver	YEO ENG SONG
NRIC No	S1196522I
Date Of Birth	22/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1999
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81265580
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BK 531 #09-287 HOUGANG AVE 6
Postcode	530531
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	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: : PAX IN THE REAR SEAT - FOREIGNER 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

VEH. A - 1 PAX VEH. B - NO PAX

#### 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	SHC2987D
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MALE DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT RIGHT PORTION
No. Of Passenger (Including Driver)	1

**DETAILS OF INJURED PERSON 1**

Name	YEO ENG SONG - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	FELT UNWELL & WILL SEEK FOR MEDICAL TREATMENT
Injured person in which vehicle?	SHB8068Y
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.



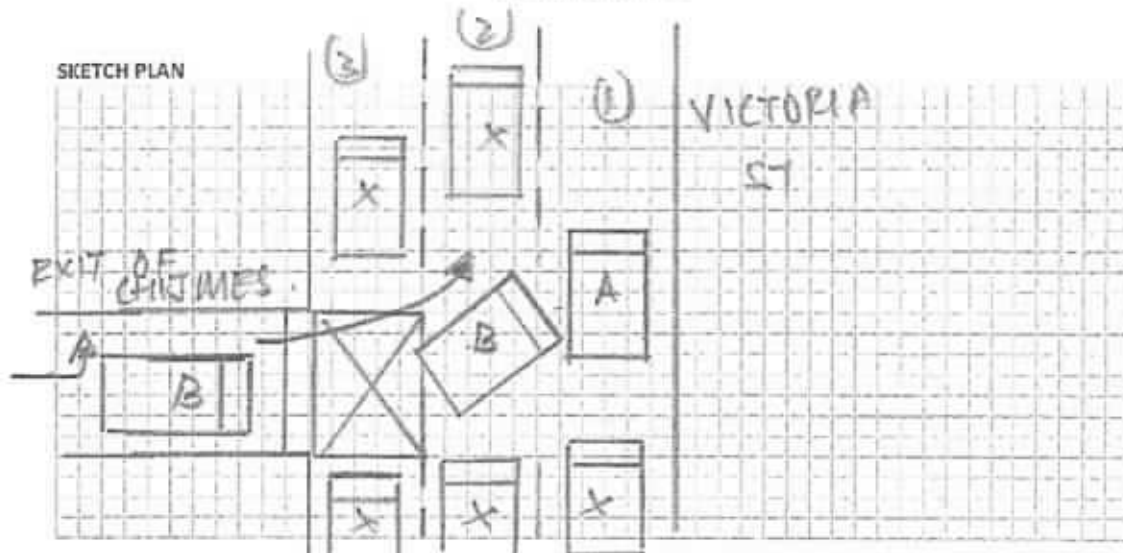
Policyholder's Signature  
Date & Time:

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

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

SHB 8068 Y

### SKETCH PLAN



A: SHB 8068y

B. SHIC 2987D.

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

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

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

Describe Circumstance of the Accident.

ON 24/02/2018 @ 1930 HRS, I WAS DRIVING MY TAXI ( SHB 8068 Y) TRAVELLING ALONG VICTORIA STREET IN LANE 1 (IN FRONT OF CHIJMES) WITH A PASSENGER ONBOARD.

WHILE I WAS MOVING STRAIGHT AHEAD – WITHIN MY LANE, SUDDENLY I FELT AN IMPACT FROM MY LEFT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SHC 2987 D – COMFORT TAXI ) WHICH WAS EXITING FROM CHIJMES, HAD FAILED TO KEEP FOR PROPER LOOK OUT, FAILED TO OBSERVE FOR CLEARANCE FROM THE MAIN ROAD WHEN EXITING FROM THE MINOR ROAD – HAD ENCROACHED ONTO MY PATH ON MY LEFT ABRUPTLY.

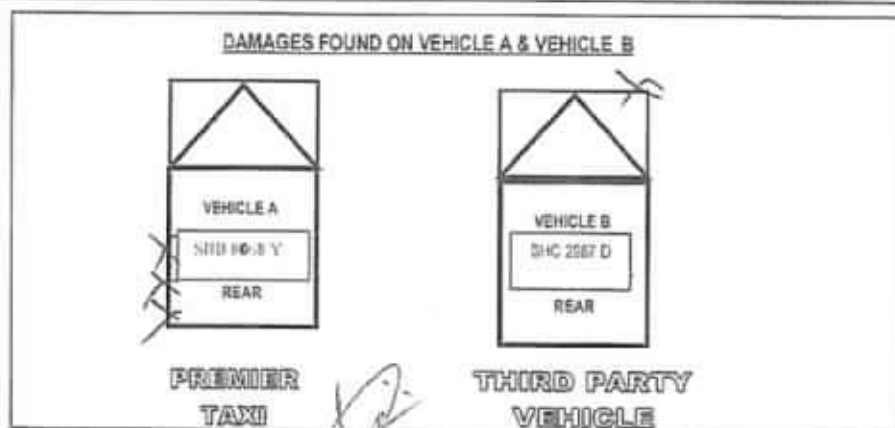
AS SUCH, THE FRONT RIGHT PORTION OF VEHICLE B COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT PORTION & THE LEFT REAR PORTION. VEHICLE B HAD DAMAGES ON THE FRONT RIGHT PORTION.

AS A RESULT, I FELT UNWELL AND WILL SEEK FOR MEDICAL TREATMENT. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD VEHICLE B.

\*VIDEO FOOTAGE CAPTURED.



Driver's Signature & NRIC Number  
Monday, February 26, 2018 @ 11:44:17 AM

(attended by \_\_\_\_\_)



# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02  
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511

CO. REG:200707743D GST REG:200707743D

26-Feb-18

## ESTIMATE REPAIR BILL FOR HYUNDAI I30A REGN NO: SHB 8068 Y

1 pc	Rear n/s quarter glass moulding
1 pc	Rear bumper
1 pc	Rear bumper n/s side bracket
1 pc	Rear n/s rim
1 pc	Rear n/s fender
1 pc	Rear n/s fender inner shield
1 pc	n/s rocker panel
1 pc	Rear n/s door
1 pc	Rear n/s door upper hinge
1 pc	Rear n/s door lower hinge

### LIK 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:

### S/NETT

1 pc	Rear n/s fender sticker
1 set	Rear n/s fender inner shield clips
1 set	n/s door sticker
1 pc	Tyre

Tow Fee

Sundry

To check wheel alignment

To dismantle and refit the rear quarter glass to facilitate repair on the rear n/s fender

To dismantle and refit the inner component of rear n/s door into new shell door

To labour charge for dismantle and renew the accident damaged parts. To cut/weld and heat on the rear n/s fender, n/s rocker panel. Including knock-out, straighten, repair, reshape and adjust of the same

To putty and spray painting on rear n/s door, rear n/s fender, n/s rocker panel, rear bumper

To apply rustproofing on the repaired and replaced panels.

\$	19.40	new
\$	811.11	cut
\$	52.20	new
\$	246.00	auto
\$	1,525.73	buir
\$	205.29	do
\$	1,935.09	fy
\$	2,017.48	ht
\$	39.00	rx
\$	39.00	rx
\$	6,890.30	4877.21
\$	1,378.06	
\$	5,512.24	3901.77
\$	60.00	new
\$	28.00	new
\$	100.00	new
\$	200.00	new
\$	50.00	✓
\$	50.00	30
\$	80.00	✓
\$	90.00	60
\$	150.00	80
\$	1,600.00	900
\$	600.00	✓
\$	200.00	60
\$	8,720.24	2048

( ALL THE REPAIR COSTS ARE SUBJECTED TO GST )

5949.77

Tan Jiah 97495749  
27/2/18 E 1415  
WP  
Removal before paint  
7-8 days  
sur@thkauto.com  
tan.jiah@thkauto.com

1/3/18

## Veron Chen (LKKAuto)

---

**From:** Goh Wee Dek <weedek.goh@premiertaxi.com>  
**Sent:** Thursday, 3 May 2018 2:47 PM  
**To:** Taufikh (LKKAuto)  
**Cc:** Veron Chen (LKKAuto)  
**Subject:** RE: SHB8068Y- FINALIZE

Dear Taufikh

Ok confirmed. Thanks

Regards

Goh Wee Dek  
Assistant Claims Manager  
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443  
Tel: 6214 8880 Ext 068 | DID: 6544 6682 | Fax: 6214 1511  
Visit us at: [www.premiertaxi.com.SG](http://www.premiertaxi.com.SG)

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**From:** Taufikh (LKK Auto) [mailto:[taufikh@lkkauto.com](mailto:taufikh@lkkauto.com)]  
**Sent:** Thursday, 3 May, 2018 1:54 PM  
**To:** Goh Wee Dek  
**Cc:** 'Veron Chen (LKKAuto)'  
**Subject:** RE: SHB8068Y- FINALIZE

Hi Goh,

COR \$5949.77 , 8 days.

Regards  
Taufikh  
Lkk Auto

---

**From:** Goh Wee Dek [mailto:[weedek.goh@premiertaxi.com](mailto:weedek.goh@premiertaxi.com)]  
**Sent:** Thursday, 3 May 2018 12:30 PM  
**To:** Taufikh (LKK Auto)  
**Subject:** RE: SHB8068Y- FINALIZE

Dear Taufikh

Apology, please cancel the tyre as we reuse

Regards

Goh Wee Dek  
Assistant Claims Manager  
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443  
Tel: 6214 8880 Ext 068 | DID: 6544 6682 | Fax: 6214 1511  
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**From:** Taufikh (LKK Auto) [<mailto:taufikh@lkkauto.com>]  
**Sent:** Thursday, 3 May, 2018 11:52 AM  
**To:** Goh Wee Dek  
**Subject:** RE: SHB8068Y- FINALIZE

Hi Goh,

Any photos for the new tyre?

Regards  
Taufikh  
Lkk Auto

---

**From:** Goh Wee Dek [<mailto:weedek.goh@premiertaxi.com>]  
**Sent:** Thursday, 3 May 2018 9:25 AM  
**To:** Taufikh (LKK Auto)  
**Cc:** Gary Shi  
**Subject:** FW: SHB8068Y- FINALIZE

Dear Taufikh

Please revert soonest on the finalization

Regards

Goh Wee Dek  
Assistant Claims Manager  
Premier Automotive Services Pte Ltd

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**From:** Goh Wee Dek  
**Sent:** Monday, 2 April, 2018 9:19 AM  
**To:** 'Taufikh (LKK Auto)'  
**Subject:** SHB8068Y- FINALIZE

Dear Taufikh

Please confirm PxP \$6,109.77 8days.

Regards

Goh Wee Dek  
Assistant Claims Manager  
Premier Automotive Services Pte Ltd

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# 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/FCI18003793/T1vd3q2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 09-05-2018		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 2987D	Veh. Inspected	SHB 8068Y	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18001659MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	27/02/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I30	c.c	1582	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	TMAD281UVHJ124408	Colour	SILVER	
Odometer	128912	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	MAXXIS	6 mm	
L/H Front Tyre	195/65 R15	MAXXIS	6 mm	
R/H Rear Tyre	195/65 R15	MAXXIS	6 mm	
L/H Rear Tyre	195/65 R15	MAXXIS	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	24/02/2018	Inspection Date	27/02/2018	
Survey held at	253 ALEXANDRA ROAD			
Repairer	PREMIER AUTOMOTIVE SERVICES PTE LTD			
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		8 Working Days		



# LKK Auto Consultants Pte Ltd

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Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 8068Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR N/S QUARTER GLASS MOULDING	NECESSARY	19.40	19.40
1	REAR BUMPER	CUT	811.11	811.11
1	REAR BUMPER N/S SIDE BRACKET	NECESSARY	52.20	52.20
1	REAR N/S RIM	CUT	246.00	246.00
1	REAR N/S FENDER	BUCKLED	1,525.73	1,525.73
1	REAR N/S FENDER INNER SHIELD	DEFORMED	205.29	205.29
1	N/S ROCKER PANEL	TO REPAIR SEE LABOUR	1,935.09	-
1	REAR N/S DOOR	BENT	2,017.48	2,017.48
1	REAR N/S DOOR UPPER HINGE	TO REPAIR SEE LABOUR	39.00	-
1	REAR N/S DOOR LOWER HINGE	TO REPAIR SEE LABOUR	39.00	-
	LESS 20% DISCOUNT		-1,378.06	-975.44
			5,512.24	3,901.77
<b>SPECIAL NETT ITEMS</b>				
1	REAR N/S FENDER STICKER (SN)	NECESSARY	60.00	60.00
1	SET REAR N/S FENDER INNER SHIELD CLIPS (SN)	NECESSARY	28.00	28.00
1	SET N/S DOOR STICKER (SN)	NECESSARY	100.00	100.00
1	TYRE (SN)	NOT NECESSARY	200.00	-
1	SUNDRY (SN)	NECESSARY	50.00	30.00
			438.00	218.00
<b>LABOUR</b>				
	TOW FEE.		50.00	50.00
	TO CHECK WHEEL ALIGNMENT.		80.00	80.00
	TO DISMANTLE AND REFIT THE REAR QUARTER GLASS TO FACILITATE REPAIR ON THE REAR N/S FENDER .		90.00	60.00
	TO DISMANTLE AND REFIT THE INNER COMPONENT OF REAR N/S DOOR INTO NEW SHELL DOOR.		150.00	80.00

Report Ref No. CS/FCI18003793/T1vd3q2



## LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS .TO CUT/WELD AND HEAT ON THE REAR N/S FENDER,N/S ROCKER PANEL INCLUDING KNOCK - OUT ,STRAIGHTEN ,REPAIR,RESHAPE AND ADJUST OF THE SAME .INCLUSIVE OF THE REPAIR OF N/S ROCKER PANEL ,REAR N/S DOOR UPPER HINGE AND REAR N/S DOOR LOWER HINGE .		1,600.00	900.00
	TO PUTTY AND SPRAY PAINTING ON REAR N/S DOOR ,REAR N/S FENDER ,N/S ROCKER PANEL, REAR BUMPER .		600.00	600.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.		200.00	60.00
			2,770.00	1,830.00
<b>GRAND TOTAL</b>			<b>8,720.24</b>	<b>5,949.77</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>5,949.77</b>

Report Ref No. CS/FCI18003793/T1vd3q2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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