

ASS. REC. BY:

REF:

CS/FCI18004359/Wvd3eb

Special Instruction:

Surveyor:

CWS Wilson

ASSIGNMENT (Office)

From (Person):

May chua

of

FCI

Date/Time:

14/02/2018 02:34pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLV 76752

Insured:

SHC 3380Y

at Workshop m/s

Alls Well Motor

Tel:

9147 8545

of

25 Defu Lane 9

Policy No:

Claim No:

D18001374MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

12/02/2018

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12:17pm 2/3/18

Person Contacted:

Ben

Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate
	SLV 76752 - X	
	SHC 3380Y - CS/TM1130/6833/Yghuo	D.O.A. 7/9/13
4/4/18	Email preli revised to FCI	
14/5/18	final fig \$1283.25 confirmed by email (Ref 1339.75, 517)	

SLV

ASSIGNMENT

SLV

1/18

From

Date

Veh No

76752

Regn

Estimated Cost

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

OD / TP / WS / TP RES / OD RES / EVA / INV / NV

Truck / Trailer or

To inspect Vehicle No

SLV 76752

Make

Tata Vix

CC

1797

at Workshop m/s

All well

Colour

Black

AC

Insured / Std / NI / NA

at

25, Doh Lane 9.

Sp Reading

12485

T Ratio

Insured / Std / NI / NA

Insured

Eng No

Policy No

C No

ZWR 80 - 0290220

Claims No

Gen Cond: Good / Fair / Poor / Burnt

Sum Insured

Excess

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Ven

Mod

NI / S/Rim / STD A/Rim or

(Policy Condition)

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

N/S	O/S

Bal. or Market Value

Front

Rear

IDAC Accident Report

Consistent? : Yes or No

R/Bal

4

mm

R/Bal

4

mm

GIA / PR Seen

Consistent? : Yes or No

L/Bal

4

mm

L/Bal

4

mm

Est. Repairs

days

Res:

Yes or No

D.O.A.

D.O.

1/3/2018

Lump Sum

3 Val

Yes or No

Survey held at

Do Above

CA / REV / REP. / 24 HRS

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

Date

Person Contacted

Vehicle: IN / OUT

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

1/3/18: Hazlet Report Not Given
2/4/18: Workshop Not Yet Completed Repair Yet - 2/4/2018
6/4/2018: They'll inform us.
Allwell's Mr Ben informed the car not yet sent in for repairs!

RECEIVED

Date Time File Passed

☐

: Preli. Report

Days Of Repair:

2

☐

: Final Report

Resurvey No. of Trip:

1

Date Time File Returned

Survey Fee

110

Transportation

50

UIC - RS

50

Other

20

14/5 - typist

Add Fee:

☐

Site Insp

☐

Interview

☐

Techn. Insp

☐

Week-end

Report Format:

CWS

Lump Sum / I.B. / RS

1283.25

230

MOTOR SURVEY ASSIGNMENT

Date	13-02-2018	Our Ref No. D18001374MFSH
Accident Date	12-02-2018	Claim Type. Third Party
Insured Vehicle	SHC3380Y	Third Party Vehicle. SLV7675Z
Survey Location	25 Defu lane 9	
Contact Person.	MR BEN OOI	
Contact No.	66791146/ 91478545	Fax No. 66791146
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	ALLSWELL MOTOR TRADERS	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/235020)



PRI Documents



Close



PRI Header Details

Claim No	D18001374MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & ALLSWELL
Workshop Name	ALLSWELL MOTOR TRADERS (Contact Person : MR BEN OOI)	Survey Location & Contact Details	25 Defu lane 9 Mobile: 91478545 , Phone: 66791146 , Fax: 66791146 EmailId: BEN@ALLSWELLMOTOR.COM.SG		
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	SHC3380Y	TP Vehicle No	SLV7675Z
PRI Recieved Date	13-02-2018 08:31:52 PM	Surveyor Appointed Date	14-02-2018 02:34:13 PM	Surveyor Accept Date	02-03-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	02-03-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	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
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Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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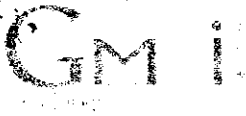
LKK Auto Consultants Pte Ltd

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/FCI18004359/Wvd3		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 07-03-2018		
		Code : FCI2		
1. Policy Particulars - THIRD PARTY CLAIM				
Insured Veh.	SHC 3380Y	Veh. Inspected	SLV 7675Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18001374MFSH	Excess (\$)	0.00	
Assign From	CWC (MAYC CHUA)	Assign Date	07/03/2018	
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	12/02/2018	Inspection Date	14/02/2018	
Survey held at	25 DEFU LANE 9			
Repairer	ALLSWELL MOTOR TRADERS			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				



ben OOI <ben@allswellmotor.com.sg>

SURVEYOR APPOINTED; OUR REF : D18001374MFSH ; YOUR REF: SLV7675Z

Claim Workflow System <cwsmotorclaims@msfirstcapital.com.sg>

Wed, Feb 14, 2018 at 2:34 PM

To: BEN@allswellmotor.com.sg

Cc: CWSMOTORCLAIMS@msfirstcapital.com.sg, MAYCHUA@msfirstcapital.com.sg

Dear Sir/Madam

PRI Request For **SLV7675Z** Accident Involving **SHC3380Y** On 12-02-2018 AT 14:20:00HRS.

Please find below details for your reference

- **Claim number** : D18001374MFSH
- **Insured vehicle number** : SHC3380Y
- **Accident date** : 12-02-2018
- **Third-party vehicle number** : SLV7675Z
- **Assignment type** : WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED
- **Surveyor** : LKK AUTO CONSULTANTS PTE LTD
- **Officer-in-Charge** : MAY CHUA

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

Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Wednesday, 4 April 2018 9:57 AM
To: 'Claim Workflow System'
Cc: SUR; MAYCHUA@MSFIRSTCAPITAL.COM.SG
Subject: RE: SURVEY ASSESSMENT - D18001374MFSH/1, SLV 7675Z
Attachments: SLV 7675Z PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SLV 7675Z
Date of survey: 1/3/2018

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: Claim Workflow System [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Wednesday, 14 February, 2018 2:34 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; MAYCHUA@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18001374MFSH/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: D18001374MFSH
Our ref: CS/FCI18004359/Wvd3

Date: 4/4/2018

The Motor Claims Department
M/s First Capital Insurance Ltd

WITHOUT PREJUDICE

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. 1SLV 7675Z

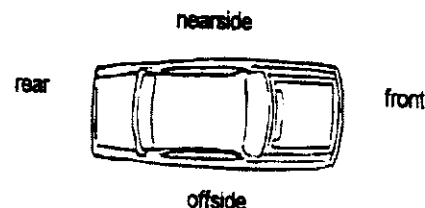
We thank you for your instruction on 14/2/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 1/3/2018 at the premises of M/s ALLSWELL MOTOR TRADERS and have the following to report:-

Workshop Estimate Amount	: S\$2,623.00
Revised Estimate Amount	: S\$2,239.00
"Check" Items Amount	: S\$64.00
Booked Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the o/s rear portion.



Comments/Present Status:

Damages Consistent

Yours faithfully,

Wilson Teo
Automotive Assessor

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type:

Business

Owner ID:

2889J

Vehicle Details

Vehicle No.:

SLV7675Z

Vehicle to be Exported:

No

Intended De-registration Date:

02 Apr 2018

Vehicle Make:

TOYOTA

Vehicle Model:

VOXY HYBRID 1.8X CVT

Primary Colour:

Black

Manufacturing Year:

2017

Engine No.:

2ZR0A43910

Chassis No.:

ZWR800290220

Maximum Power Output:

100.0 kW (134 bhp)

Open Market Value:

\$30,735.00

Original Registration Date:

15 Jan 2018

First Registration Date:

15 Jan 2018

Transfer Count:

0

Actual ARF Paid:

\$25,029.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

14 Jan 2028

PARF Rebate Amount:

\$18,771.00

Intended COE Rebate Details

COE Expiry Date:

14 Jan 2028

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$45,289.00

COE Rebate Amount:

\$44,302.00

Total Rebate Amount:**\$63,073.00**

The information contained herein is correct as at 02 Apr 2018

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	12/02/2018 16:07
Date Of Accident	12/02/2018 14:25
Exact Location Of Accident	391 ORCHARD RD (S) 238873 NGEE ANN CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7675Z
Insured/Policyholder	
Name Of Registered Owner	ALLSWELL MOTOR TRADERS
Co Reg No	53192889J
Email Address	BEN@ALLSWELLMOTOR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64625405

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY HYBRID-1.8 X CVT (A)

Exact Purpose for which vehicle was being used at time of accident

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 HIRE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number SLV7675Z

Cover Note Number 15/01/2018 TO 18/12/2018

Driver

Name of Driver TING YONG CHIN,WALTER (CHEN YONGQING)

NRIC No S9133049J

Date Of Birth 14/09/1991

Occupation OUTDOOR

Date Of Driving Pass 18/12/2010

Driving Experience 7 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-86069113

Fax Number

Contact Number

Email Address NOEMAIL

Address	APT BLK 165A YUNG KANG ROAD #18-48 (S) 611165
Postcode	
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 - CHANGE/CROSS LANE
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with attach.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3380Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHENG LONG SOON
NRIC/Passport Number	
Contact Number	86525513
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

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: 02/2/2018



Driver's Signature

(If driver is not the policyholder)
Date & Time:

[Signature]

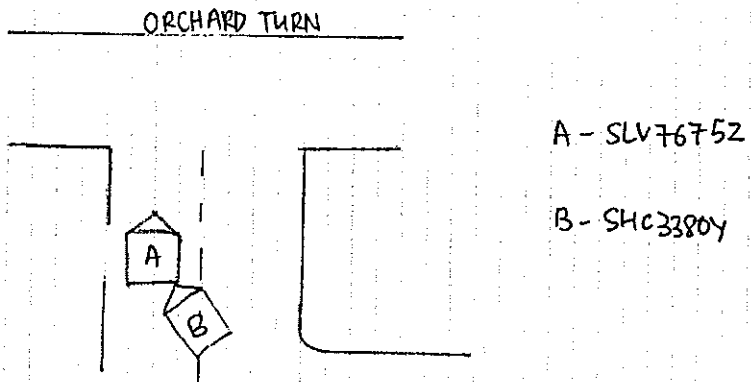
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.: 12/2/2018



Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting from Ngee Ann City at 391 Orchard Rd S(238873) driveway and felt a hit from behind and went down to see and saw a taxi hit me SHC 3380 Y that all.

Aig Insurance

Policy No: SLV76752 Date: 12/5/2018

☐ Reporting Only
☐ Own Damage
☒ Third Party Claim
☒ Minor Workshop

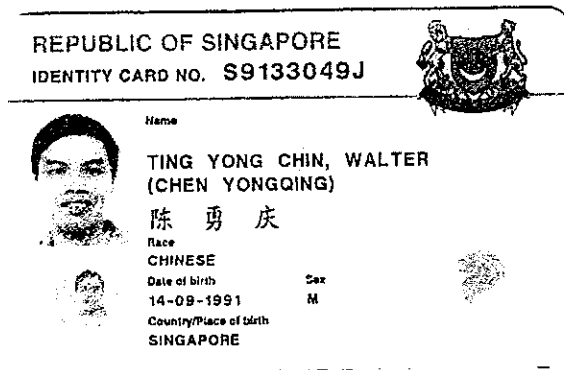
DECLARATION

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

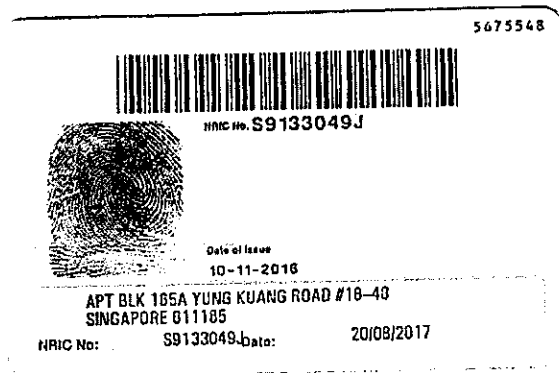
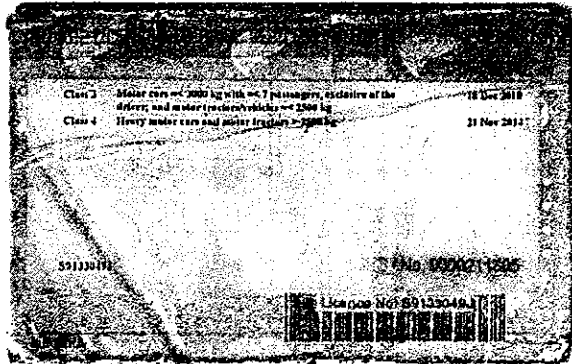
Policyholder's Signature
Date & Time: 12/5/2018

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

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



driver's nric & license Pg. 1





ALLSWELL MOTOR TRADERS

100 Jalan Sultan #02-41 Sultan Plaza Singapore 199001
Tel: +65 6261 5545 | Fax: +65 6266 5545
Co. Reg. No. / GST No. Reg. No.: S3192889J
Website: <http://www.car2rent.com.sg> | Email: sales@allswellmotor.com.sg

RENTAL AGREEMENT

No. R18010034

Date: 16 Jan 2018

SCHEDULE

This is a lease agreement made between us, **Allswell Motor Traders** (hereinafter referred to as "**THE COMPANY**") which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address 210 Turf Club Lot A18 The Grandstand Singapore 287995 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL) : TING YONG CHIN, WALTER (S9133049J)
ADDRESS : BLK 113 DEPOT ROAD #22-1025 SINGAPORE 100113
TELEPHONE : TEL: (R): 88213348 (HP): +6588213348 (F):

NAME OF DRIVER(S) (IN FULL) : TING YONG CHIN, WALTER
NRIC/PASSPORT NO. : S9133049J
DATE OF BIRTH : 14/09/1991
DRIVING LICENSE NO. : S9133049J
PASSING DATE :
EXPIRY DATE :
NATIONALITY : SINGAPOREAN

1. **DESCRIPTION OF VEHICLE ("THE VEHICLE")**

REGISTRATION NO : SLV7675Z (15/01/2018)
MAKE/MODEL : TOYOTA VOXY HYBRID 1.8X CVT
COLOUR : BLACK
ENGINE NO : 2ZR0A43910
CHASSIS NO : ZWR800290220
TYPE : TOYOTA VOXY HYBRID 1.8X CVT

2. **PERIOD OF LEASE**

For 52 weeks from 16/01/2018 11:30 ("Commencement Date") to 15/01/2019 11:30 ("Lease Period").

3. **LEASE CHARGES**

Amount S\$616.00 per week plus Goods and Services Tax ("GST") (if applicable) ("Weekly Lease Charges"). This Lease Agreement is only in respect of the lease of the Vehicle, and does not include the hire or engagement of the drivers.

4. **DEPOSIT**

Amount S\$2,000.00 (exclusive of GST)

5. **INSURANCE**

The Company will arrange for comprehensive insurance coverage against third part liability, and fire and theft damage to the Vehicle during the Lease Period up to the limits as stated below. Please refer to the insurance policy for the coverage terms and conditions. You shall be liable for the Excess Amount as stated below. Additional charges will apply for additional insurance coverage.

a. Excess Amount for Damage : S\$2,500.00 (per accident per claim)
b. Excess Amount for Fire & Theft : S\$3,500.00 (per accident per claim)
c. Additional Insurance Coverage : S\$ _____
Others _____ (specify)

d. **Coverage Limit**

Third Party injury and death claims : Unlimited
Third Party Property Damage : S\$10,000.00
Personal Accident for the driver : S\$35,000.00 (in the event of death)
Personal Accident for passengers : S\$25,000.00
(in the event of death) (to be shared among the passengers up to a maximum of 4 passengers)
Medical Reimbursements for the driver : S\$2,000.00



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z. 400

COMPREHENSIVE COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SLV7675Z	POLICY EXCESS	S\$1500.00 (I & II)
		WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.		SLV7675Z	
2) NAME OF INSURED		Aliswell Motor Traders	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		15 January 2018	
4) DATE OF EXPIRY OF INSURANCE		18 December 2018	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
Any person who is driving on the Insured's order or with their permission. Driver must be 22 years old and above with at least 2 years driving experience.			
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.			
6) LIMITATION AS TO USE*			
Use for the carriage of passengers or goods in connection with the Insured's business. Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired. The Policy does not cover 1) Use for racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.			
LOSS OF USE	Not Included		
HIRE PURCHASE COMPANY	Lake View Credit Pte Ltd		
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.			

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

Issued in Singapore 22 Jan 2018

AIG Asia Pacific Insurance Pte. Ltd.

691991-000
Moh Kok Heng
78 Shenton Way
#07-16
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

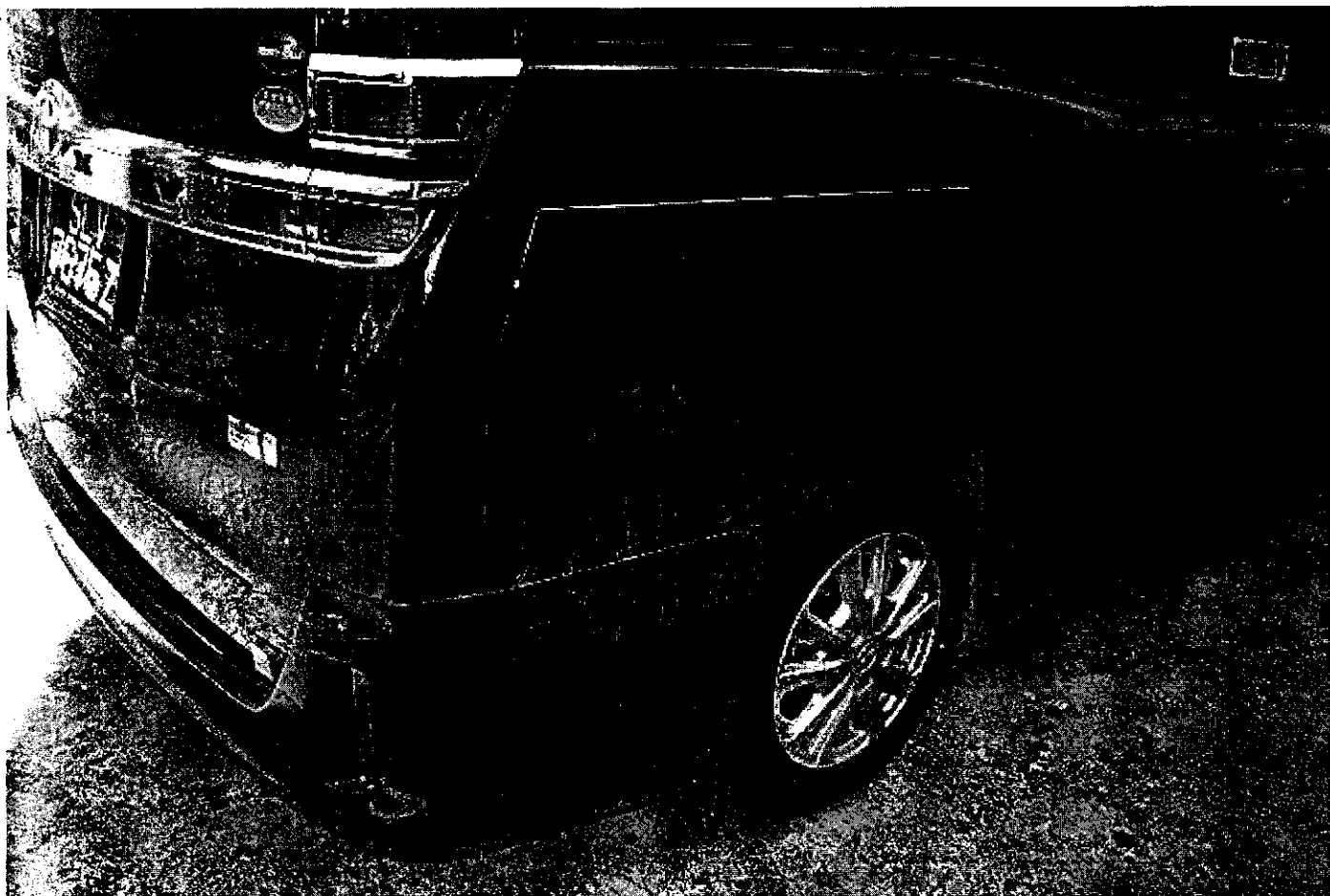
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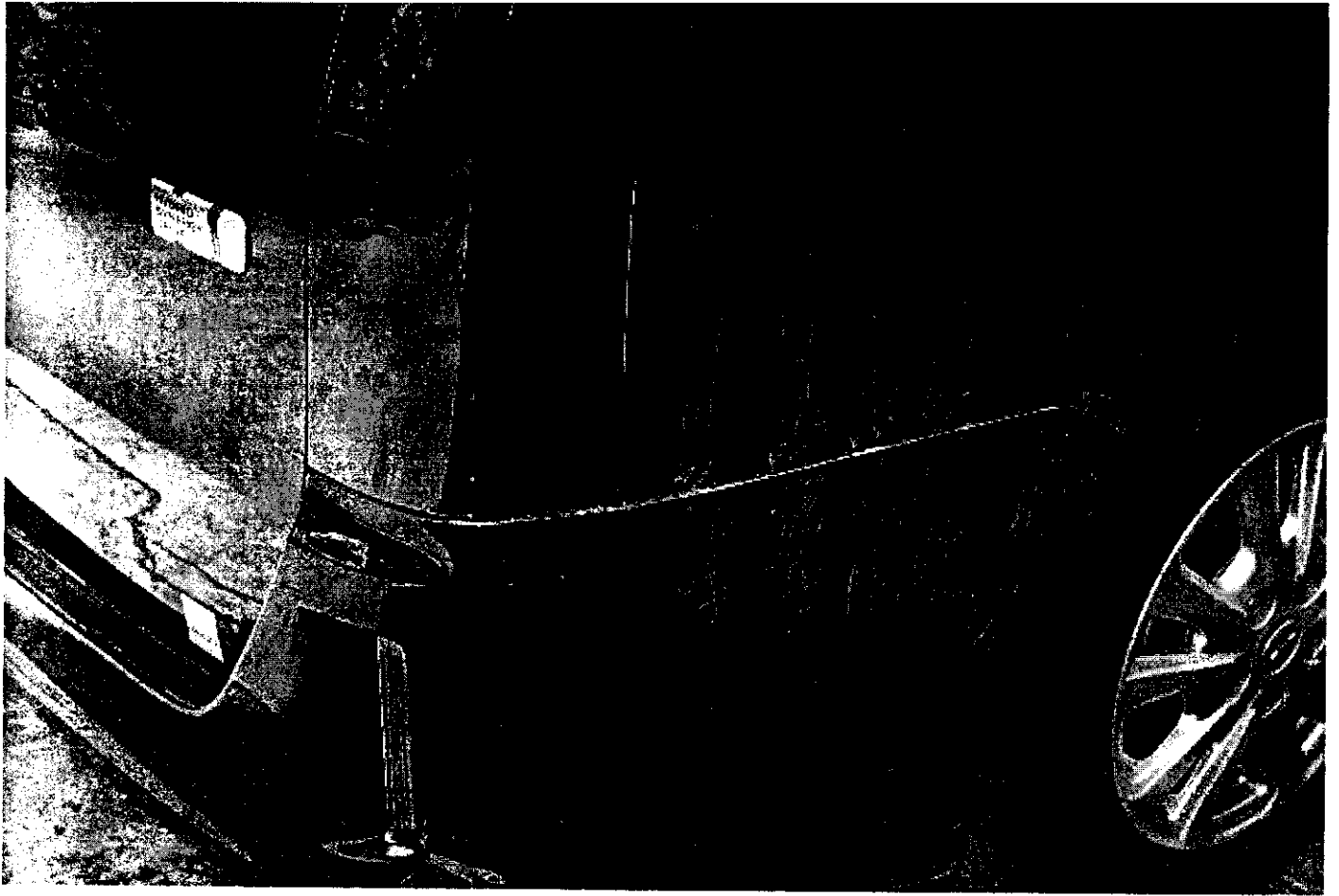
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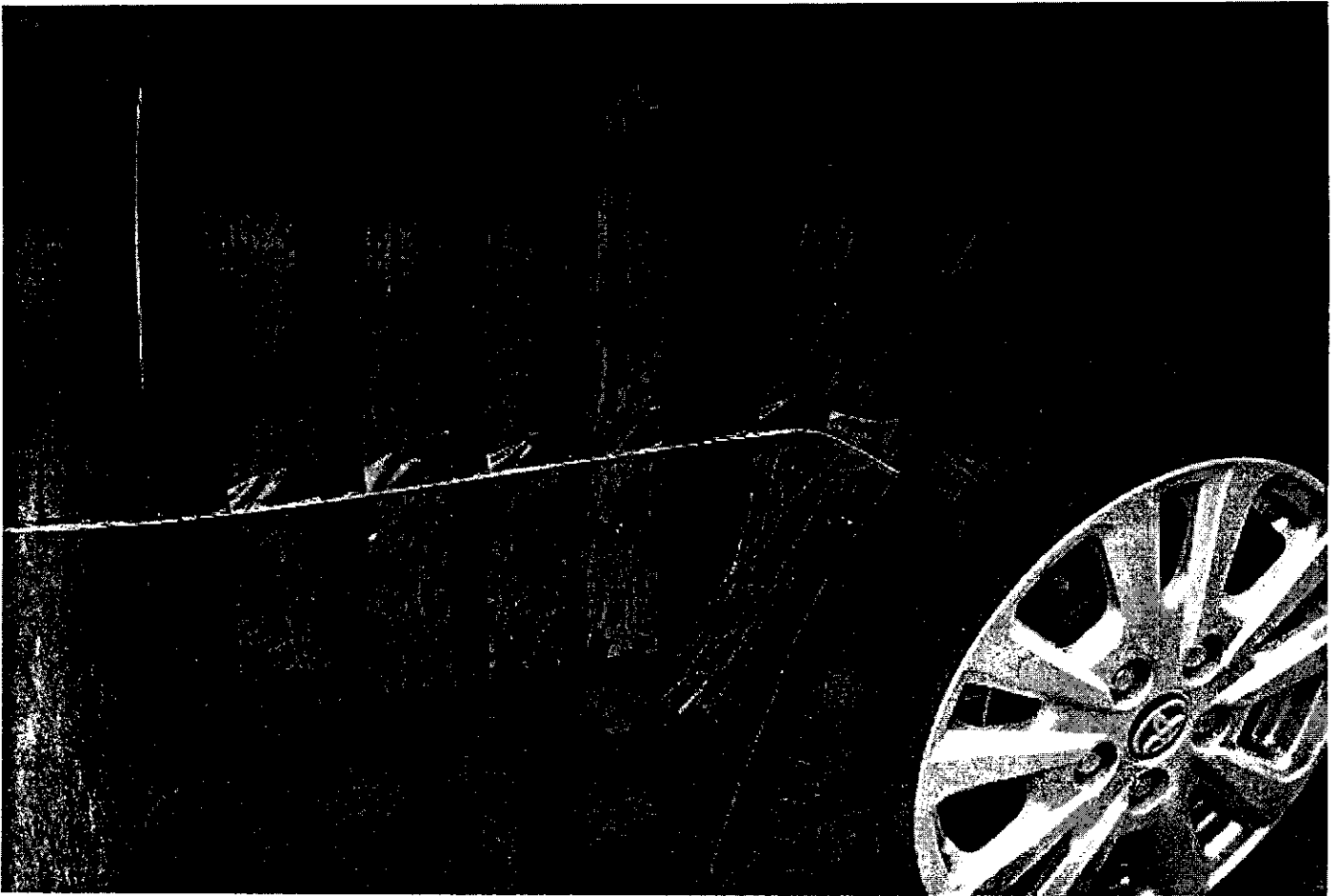
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Accident Photo



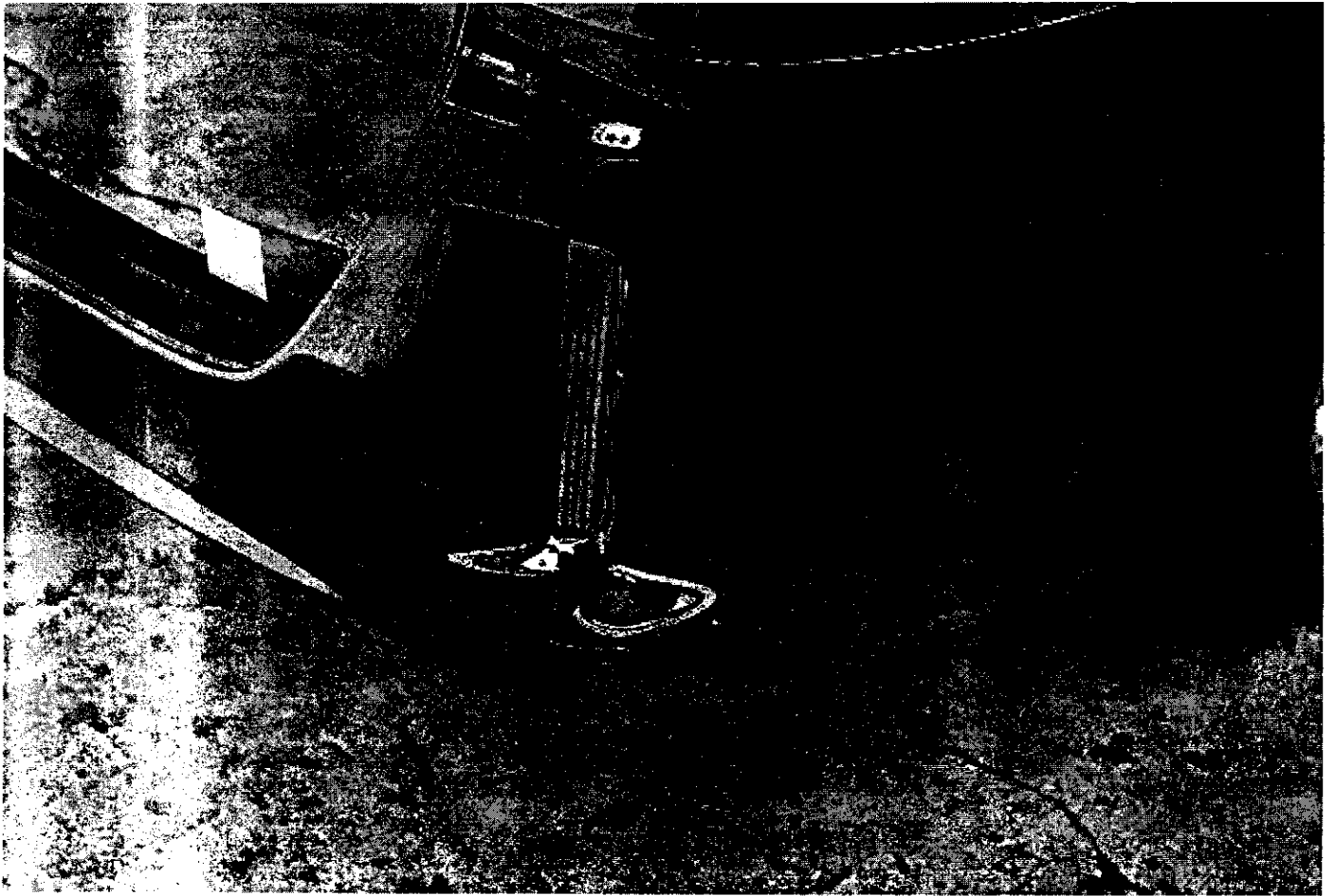
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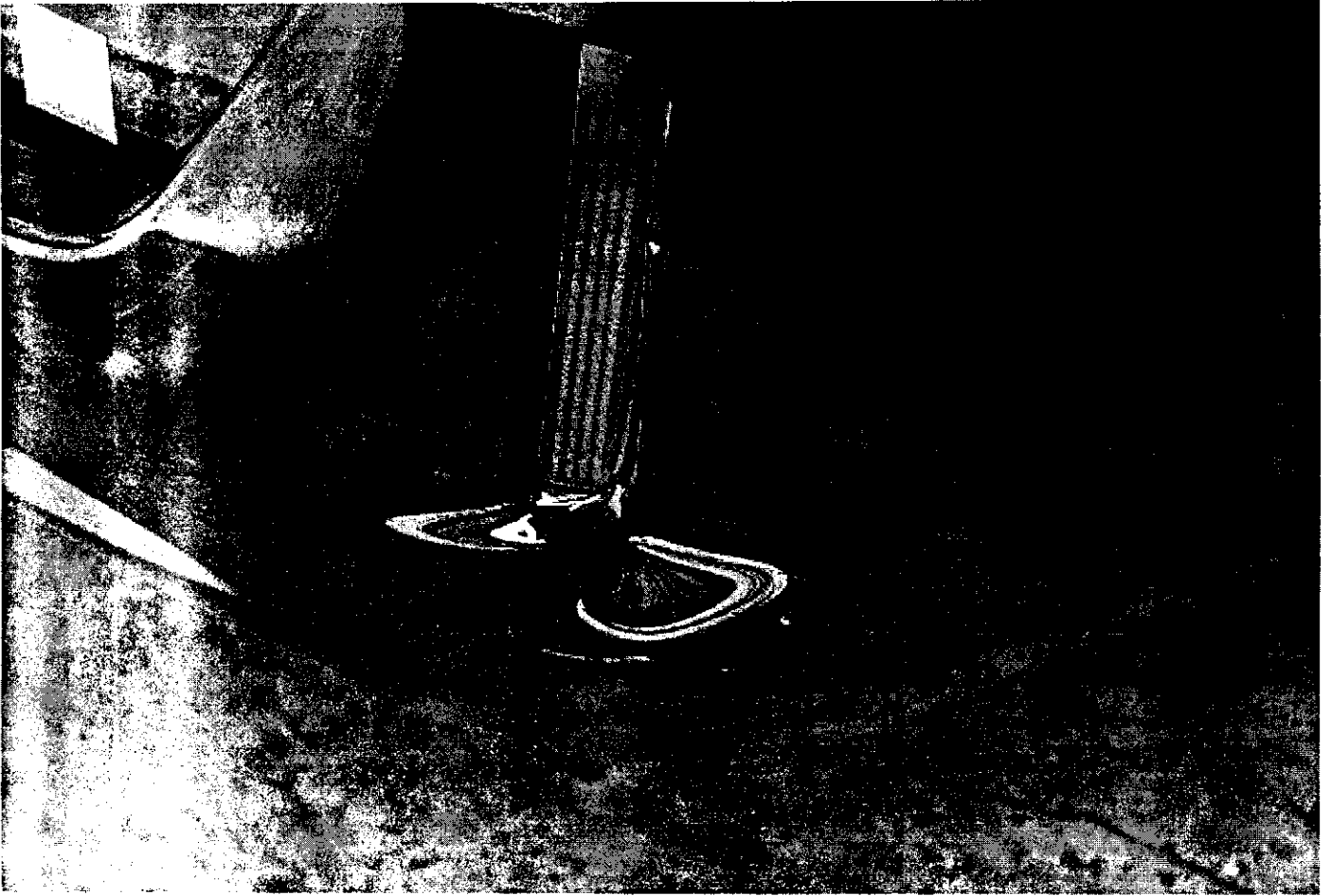
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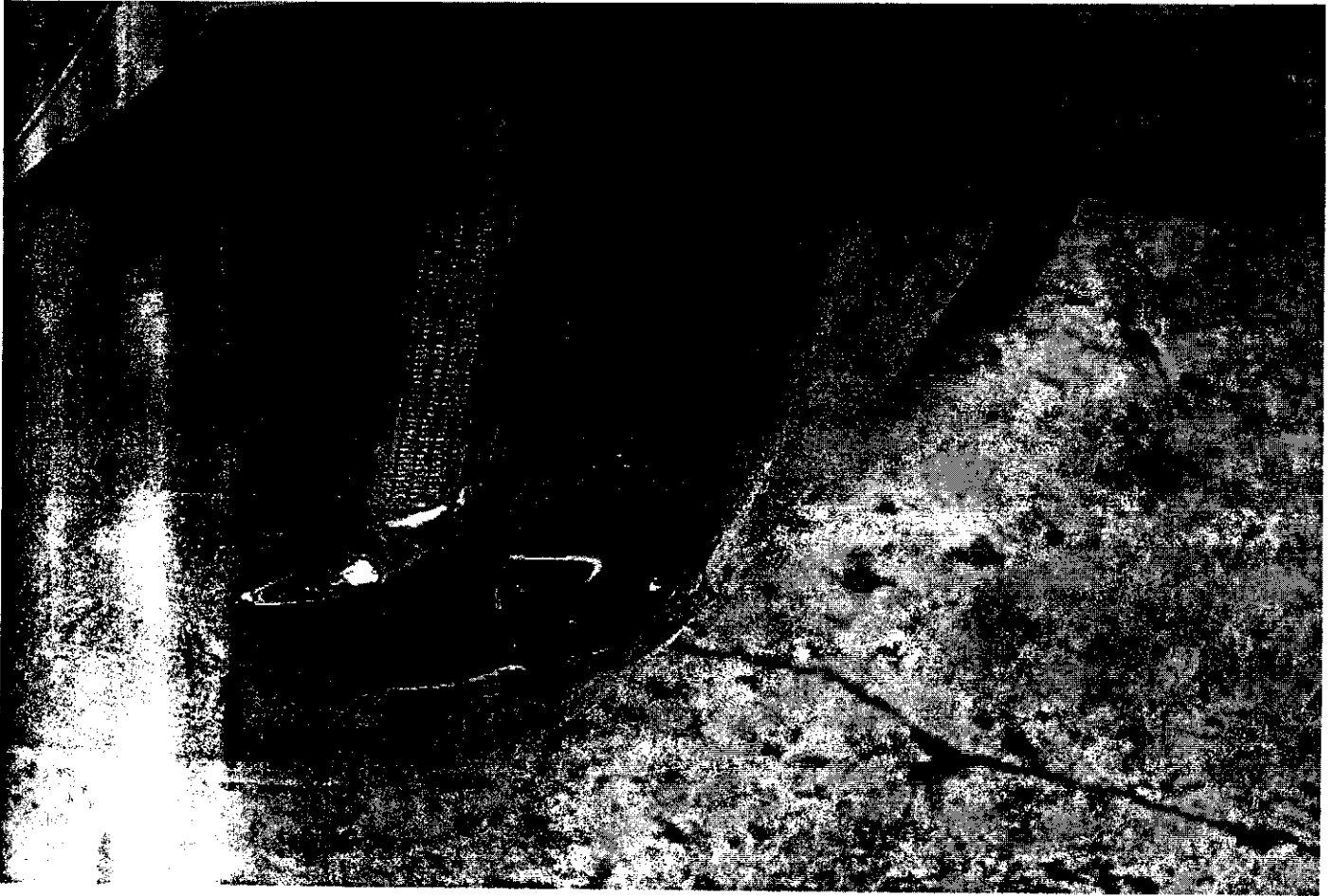
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Accident Photo



Accident Photo



Accident Photo

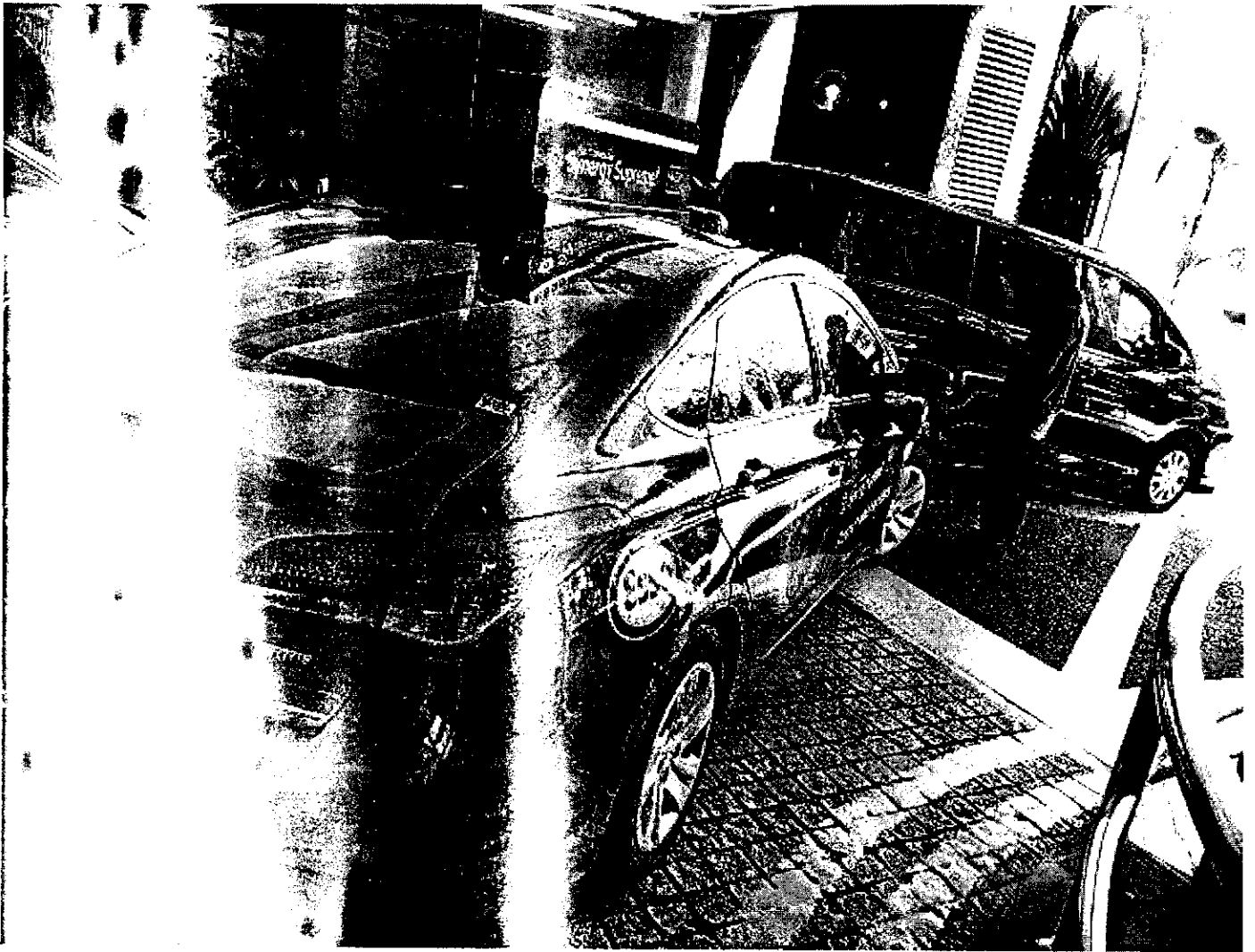


TOTOTA MOTOR CORPORATION JAPAN
 MODEL DAA-ZMB80-BXCB
 ENGINE 278-FXE 1797 cc
 VIN # ZMP80-0290220
 COUNTRY OF ORIGIN JAPAN
 202 FC21 C25
 P410 -03A 679

Accident Photo



Accident Photo



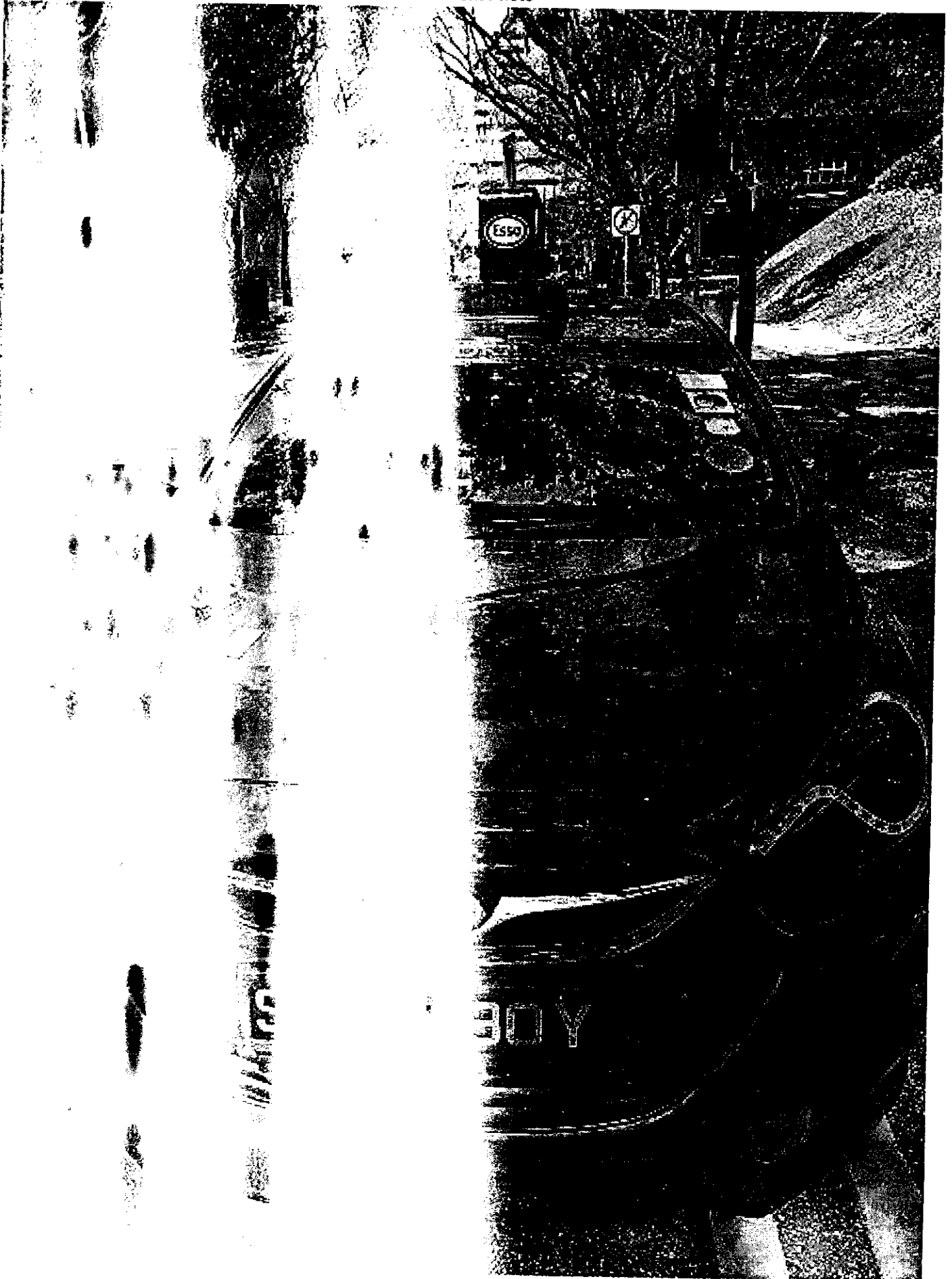
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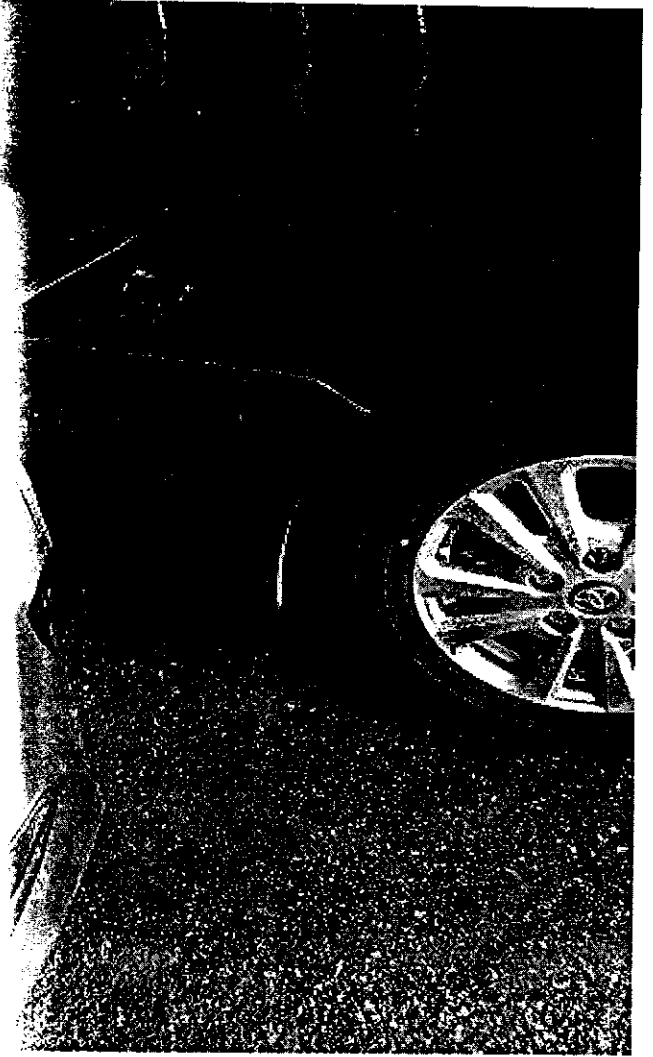
Accident Photo



Accident Photo



photo



Tel : +65 6679 1146

Estimate

(3d party claim against first capital insured SUCCBO

Final Repair

Vehicle No. _____

: SUW 76752

Submitted by

Bm

Make & Model

Toyota Vozy Wahana

Year Manufacture

2017 - eng

Chassis No.

Engine No.

Date of survey

[illegible]

Note: If any of the quoted parts are recommended to be repaired, then an additional labour cost will be charged accordingly under supplementary.

Allswell Motor Traders

25 Defu Lane 9, Singapore 539266

Tel : +65 6679 1146 email: ben@allswellmotor.com.sg

Estimate (34) party claim against first capital issued 54C380Y

Final Repair

Vehicle No. : SLW 7675Z

Submitted by : B.M

Make & Model : Toyota Voza Wuling

Year Manufacture : 2017-end

Chassis No. : _____

Engine No.

Date of survey : _____

[illegible]

Note: If any of the quoted parts are recommended to be repaired, then an additional labour cost will be charged accordingly under supplementary.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Monday, 14 May 2018 3:43 PM
To: 'OOI, Ben'
Cc: SUR
Subject: RE: SLV 7675Z-DOA: 12/2/2018

Dear Ben,

Noted with thanks.

Final invoice and all supporting documents sent over to First Capital Ins Ltd.

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: OOI, Ben [mailto:ben@allswellmotor.com.sg]
Sent: Monday, 14 May 2018 3:19 PM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Subject: Re: SLV 7675Z-DOA: 12/2/2018

Dear Veron,

WITHOUT PREJUDICE

Please confirmed finalise amount.

Parts \$1,271 (less 25%) =\$953.25 (agreed)

Labour \$330/- (agreed)

Total -\$1,283.25

No of days: 2 days (agreed)

Truly

OOI, Ben

Allswell Motor Traders
25, Defu Lane 9
Singapore 539266
Office: +65 6679 1146
Mobile: +65 9147 8545
Email: ben@allswellmotor.com.sg

On Mon, May 14, 2018 at 1:49 PM, Veron Chen (LKKAuto) <veronchen@lkkauto.com> wrote:

Dear Ben,

WITHOUT PREJUDICE

Please confirmed finalise amount.

Parts \$1,271 (less 25%) =\$953.25

Labour \$330/-

Total -\$1,283.25

No of days: 2 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)




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/FCI18004359/Wvd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 21-05-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 3380Y	Veh. Inspected	SLV 7675Z	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18001374MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	14/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA VOXY	c.c	1797	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	ZWR800290220	Colour	BLACK	
Odometer	12485	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	GOODYEAR	4 mm	
L/H Front Tyre	195/65 R15	GOODYEAR	4 mm	
R/H Rear Tyre	195/65 R15	GOODYEAR	4 mm	
L/H Rear Tyre	195/65 R15	GOODYEAR	4 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/02/2018	Inspection Date	01/03/2018	
Survey held at	25 DEFU LANE 9			
Repairer	ALLSWELL MOTOR TRADERS			
5a. Remarks				
A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B)DAMAGES CONSISTENT TO ACCIDENT REPORT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLV 7675Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DENTED	1,750.00	1,271.00
1	REAR BUMPER REFLECTOR	NOT NECESSARY	64.00	-
1	R/H RETAINER	NOT NECESSARY	89.00	-
	LESS 25% DISCOUNT		-	-317.75
			1,903.00	953.25
LABOUR				
	DISMANTLE & ASSEMBLY OF DAMAGED PARTS.		360.00	130.00
	RESPRAY OF REAR BUMPER.		360.00	200.00
			720.00	330.00
GRAND TOTAL			2,623.00	1,283.25

RECOMMENDED COST OF REPAIRS			1,283.25
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Report Ref No. CS/FC18004359/Wvd3e2

WILSON TEO CHENG MING

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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