

ASS. REC. BY

REF:

CS/FCI 18004391 / 71-H302

Special Instruction:

Surveyor:

CWS

Tauhiah

ASSIGNMENT (Office)

From (Person):

Ang Ym Min

of

FCI

Date/Time:

6/3/18 @ 4:26pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKE 9291K

Insured:

SHD 8506P

at Workshop m/s

Volkswagen

Tel:

63057176

of

247 Alexandra Rd

Policy No:

Claim No:

D18001782MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 01/03/2018

CA / REV / REP. / REV 24 HRS

hwp

9/3/18 @ 1pm

H.O.D. Endorsement:

Date/Time:

10:10am @ 7/3/18

Person Contacted:

Charmaine

Vehicle IN (OUT)

Date/Time

Action/Instruction

(✓)

Estimate

SKE 9291K - X

SHD 8506P - X

Part by Part \$3881.04, 3 days (Red: 3886.60 50%)

ASSIGNMENT

DATE 9/13/18 TIME SKE 929/K. DAY 20/1 Dec

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

Transcript Vendor No. SKE 9291K
 an Account No. volkswagen
 247 Alexandra Rd

100 50 0

References

3034



1999

Owner's Record
Make of car _____
4pm @ owner waiting

Use of:

(Policy Condition)

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

| | |
|---|----|
|  | |
| NS | ES |
|  | |

1000

3-10 Location: Room: Consistent? : Yes or No

34 ~~22~~ ~~2001~~ Consistent? Yes or No

| Ref. Country | Year | Ref. | Yes or No |
|--------------|------|------|-----------|
|--------------|------|------|-----------|

[illegible]CA / REV / REP. / 24 HRS ^{1 wps}

| Date | Person Contacted | Vehicle IN / OUT |
|----------|------------------|------------------|
| 11/1/80 | Mr. J. J. ... | ... |
| 11/2/80 | Mr. J. J. ... | ... |
| 11/3/80 | Mr. J. J. ... | ... |
| 11/4/80 | Mr. J. J. ... | ... |
| 11/5/80 | Mr. J. J. ... | ... |
| 11/6/80 | Mr. J. J. ... | ... |
| 11/7/80 | Mr. J. J. ... | ... |
| 11/8/80 | Mr. J. J. ... | ... |
| 11/9/80 | Mr. J. J. ... | ... |
| 11/10/80 | Mr. J. J. ... | ... |
| 11/11/80 | Mr. J. J. ... | ... |
| 11/12/80 | Mr. J. J. ... | ... |
| 11/13/80 | Mr. J. J. ... | ... |
| 11/14/80 | Mr. J. J. ... | ... |
| 11/15/80 | Mr. J. J. ... | ... |
| 11/16/80 | Mr. J. J. ... | ... |
| 11/17/80 | Mr. J. J. ... | ... |
| 11/18/80 | Mr. J. J. ... | ... |
| 11/19/80 | Mr. J. J. ... | ... |
| 11/20/80 | Mr. J. J. ... | ... |
| 11/21/80 | Mr. J. J. ... | ... |
| 11/22/80 | Mr. J. J. ... | ... |
| 11/23/80 | Mr. J. J. ... | ... |
| 11/24/80 | Mr. J. J. ... | ... |
| 11/25/80 | Mr. J. J. ... | ... |
| 11/26/80 | Mr. J. J. ... | ... |
| 11/27/80 | Mr. J. J. ... | ... |
| 11/28/80 | Mr. J. J. ... | ... |
| 11/29/80 | Mr. J. J. ... | ... |
| 11/30/80 | Mr. J. J. ... | ... |

| Date | Time | Action | Inspection |
|------|------|--------|------------|
|------|------|--------|------------|

6 SKE 9291K. 2011 Dec

Make Volkswagen New Gt/8 1390
 Color Blue
 License 99642.

111

www.zzz/kz/w092562.

[illegible]

SECRET

Page 10 of 10

Vol. 111, No. 1, 1968

205 / 55 KLB
4 / 1

BS/DUN/EXNOVA/IGV FS LZA (NO) CHSL PR SLV
TOXC/YOXC

6 6

6 -- 10 6

VW Alexander 9/3/18 e/b/15

W. H. Mangrove

Case of Damages Fr. Reck OS NS LC Referred

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RECEIVED JUL 10 2010

Date Time File Passwd: ☐ : Prelim. Report
29/3 Typist ☒ : Final Report
Date Time File Passwd:

Days Of Repair: 3
Resurvey No. of Trip: 1

190
50
17

Add Fee:

| |
|--|
| |
| |
| |
| |
| |

Receipt Form: TP

Date: 3881 04

217

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|------------------------------|--------------------------------------|
| Date | 02-03-2018 | Our Ref No. D18001782MFSH |
| Accident Date | 01-03-2018 | Claim Type. Third Party |
| Insured Vehicle | SHD8506P | Third Party Vehicle. SKE9291K |
| Survey Location | 247 ALEXANDRA ROAD | |
| Contact Person. | CHARMAINE KONG | |
| Contact No. | 63057176/ 63057299 | Fax No. 64743643 |
| Survey Type | DIRECT SETTLEMENT: | |
| 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 | VOLKSWAGEN GROUP SINGAPORE PTE LTD | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | AUNGYM | |

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/235542)



PRI Documents



Close



PRI Header Details

| | | | | | |
|-------------------|---|-----------------------------------|--|----------------------|---------------------|
| Claim No | D18001782MFSH | Policy No | D-18088937MFSH | Claimant S.No & Name | 1 & VOLKSWA PTE LTD |
| Workshop Name | VOLKSWAGEN GROUP SINGAPORE PTE LTD (Contact Person : CHARMAINE KONG) | Survey Location & Contact Details | 247 ALEXANDRA ROAD Mobile: 63057299 , Phone: 63057176 , Fax: 6474364 EmailId: CHARMAINE.KONG@VW.COM.SG | | |
| Our Surveyor | LKK AUTO CONSULTANTS PTE LTD | Instructions To Surveyor | DIRECT SETTLEMENT: | | |
| Insured Name | CITYCAB PTE LTD | Insured Vehicle No | SHD8506P | TP Vehicle No | SKE9291K |
| PRI Recieved Date | 06-03-2018 03:19:05 PM | Surveyor Appointed Date | 06-03-2018 04:25:15 PM | Surveyor Accept Date | 07-03-2018 1 |

Survey Report Upload

| | | | | | |
|-----------------------------|--|----------------------|------------|-------------------------|--|
| Surveyor Inspection Date *: | | Surveyor Report Date | 07-03-2018 | Upload Survey Report *: | <input type="button" value="Choose File"/> |
|-----------------------------|--|----------------------|------------|-------------------------|--|

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

| | |
|--|--------|
| <input type="button" value="Upload Multiple Documents"/> | |
| File Name | Action |

Surveyor Job Remarks

| | | |
|---------|----------------------|-------------------------------------|
| Remarks | <input type="text"/> | <input type="button" value="Save"/> |
|---------|----------------------|-------------------------------------|

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Thursday, 29 March 2018 10:11 AM
To: Admin-D (LKKAuto); 'Claim Workflow System'; assignments
Cc: AUNGYINMIN@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18001782MFSH/1
Attachments: PRELI ADVISED SKE 9291K.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SKE 9291K**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Wednesday, 7 March 2018 10:13 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: AUNGYINMIN@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18001782MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer will arrange.

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: Tuesday, 6 March 2018 4:25 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; AUNGYINMIN@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18001782MFSH/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,



Auto
Consultants
Pte Ltd

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

Your Ref: D18001782MFSH

Date: 29/3/2018

Our Ref: CS/FCI18004391/T1td3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

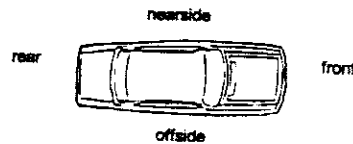
INITIAL INSPECTION REPORT OF VEHICLE NO. SKE 9291K.

Please be informed that we had conducted the inspection of the abovementioned vehicle 9/3/2018 at the premises of M/s Volkswagen and have the following to report: -

| | |
|--------------------------|-----------------------|
| Workshop Estimate Amount | : S\$ <u>7,767.64</u> |
| Revised Estimate Amount | : S\$ <u>3,881.04</u> |
| "Check" Items Amount | : S\$ <u>-</u> |
| Market Value | : S\$ <u>-</u> |
| LTA Reimbursement Value | : S\$ <u>-</u> |
| Nett Value | : S\$ <u>-</u> |

Description of Damage:

The vehicle sustained damages at the rear portion.



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Taufikh

Automotive Assessor

**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/FCI18004391/T1td3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 07-03-2018



Code : FCI2

1. Policy Particulars : THIRD PARTY CLAIM

| | | | |
|--------------|--------------------|----------------|------------|
| Insured Veh. | SHD 8506P | Veh. Inspected | SKE 9291K |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | D18001782MFSH | Excess (\$) | 0.00 |
| Assign From | CWS (AUNG YIN MIN) | 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 | 01/03/2018 | Inspection Date | 07/03/2018 |
| Survey held at | VOLKSWAGEN CENTRE SINGAPORE 247 ALEXANDRA ROAD SINGAPORE 159934 | | |

5a. Remarks

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

AXA
PT Cap
out

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 | 01/03/2018 23:02 |
| Date Of Accident | 01/03/2018 08:25 |
| Exact Location Of Accident | AYE TWRDS CHANGI IN BTWN PORTSDOWN AND BUONA VISTA |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKE9291K |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|----------------------|
| Name Of Registered Owner | mdw SOH PENG CHOO |
| NRIC No | S1561604J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98180025 |
| Alternative Phone No | OFFICE-67674339 |

call owner for all
updates to insurance

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | VOLKSWAGEN |
| Model | GOLF-1.4 (A) |
| 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 | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | VPA/P1259685 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | JARON CHUI CHUAN JIE |
| NRIC No | S9243021I |
| Date Of Birth | 14/11/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/03/2011 |
| Driving Experience | 6 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98378706 |
| Fax Number | |
| Contact Number | OFFICE-67674339 |
| EMail Address | JARONCHUI@GMAIL.COM |

| | |
|---|------------------------|
| Address | 33 BANGKIT ROAD #17-01 |
| Postcode | 679974 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | PARENT |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-----------------|
| Type Of Accident | CHAIN COLLISION |
| 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? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2369999 - FAX NO: 62268438 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT

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 | SHD8506P |
| 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ6871G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC2308P
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

SKETCH PLAN

Flow of traffic \rightarrow

A. SKE 4121 K
B. SHD 8506 F
C. SLG 6871 G
D. SHC 2308 F

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Letter to Police Report

DECLARATION

1/We declare the foregoing particulars are true in every respect

Policyholder's Signature _____
Date & Time _____

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

Reporting Centre Personnel's Signature
Name Wen Zhang
NRIC/FIN No

1. Working Agreement ★
 2. General Counsel ★

100

Direction of Acc. Genl.
 Anti-Inflation, Inflation and Finance Ministry
 Towards Economy


[illegible][illegible]

Jacob Chris Brown Jim
592680217
N/A/N/A
~~N/A~~ N/A N/A
N/A/N/A
✓ N/A N/A
+ 672-94389 + 952-20026
33 Orange Point #2401 Christyville Bldg 2nd Flr
Jacksonville Georgia ✓
Pastor's Son.
N/A
N/A

Chaos Collision

Fred Gump

150



10

✓ Other Name: Robert R. R. Request No: 1/20/1987 Vol: 1

Common Statement

OWNERS OF THIS VEHICLE ARE:

QUESTIONS

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHD 5501 F (B)

SHD 5501 F (B)

Vehicle Make/Model

SHD 5501 F (B)

Vehicle Color/Type/Other (e.g., body color, etc.)

Damage Area

Name of Driver

NR ID No. (Passport)

Contact Number (Home & Mobile)

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/Model

Vehicle Color/Type/Other (e.g., body color, etc.)

Damage Area

Name of Driver

NR ID No. (Passport)

Contact Number (Home & Mobile)

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

NR ID No. (Passport)

Address

NR ID No. (Passport)

DETAILS OF INJURED PERSON 1

Name

NR ID No. (Passport)

Gender

Age

Occupation

Vehicle/Type/Other (e.g., body color, etc.)

Vehicle Make/Model

Vehicle Color/Type/Other (e.g., body color, etc.)

DETAILS OF INJURED PERSON 2

Name

NR ID No. (Passport)

Gender

Age

Occupation

Vehicle/Type/Other (e.g., body color, etc.)

Vehicle Make/Model

Vehicle Color/Type/Other (e.g., body color, etc.)

Signature

Signature

Signature of the person who is the driver of the vehicle at the time of the accident

Signature of the person who is the driver of the vehicle at the time of the accident

Signature of the person who is the driver of the vehicle at the time of the accident

Signature of the person who is the driver of the vehicle at the time of the accident

Individual Statement

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 re-evaluate 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

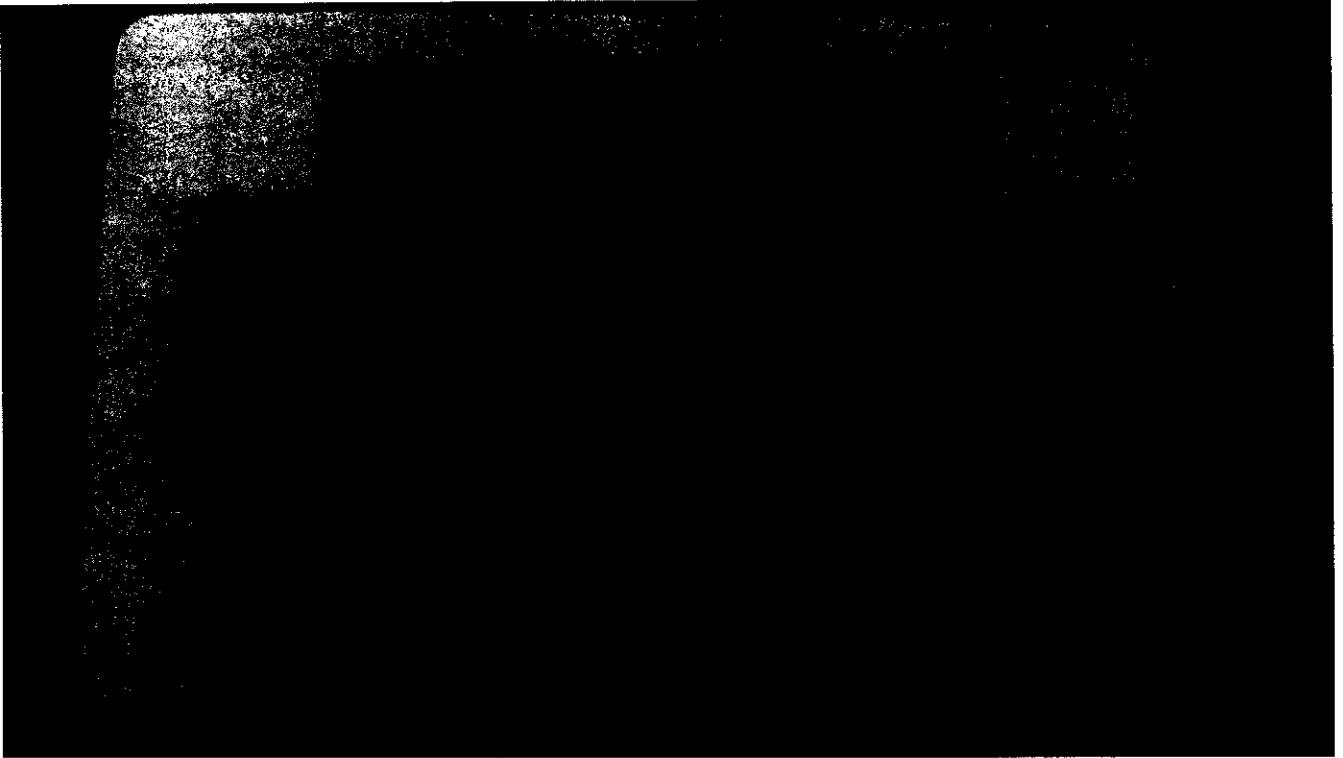
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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

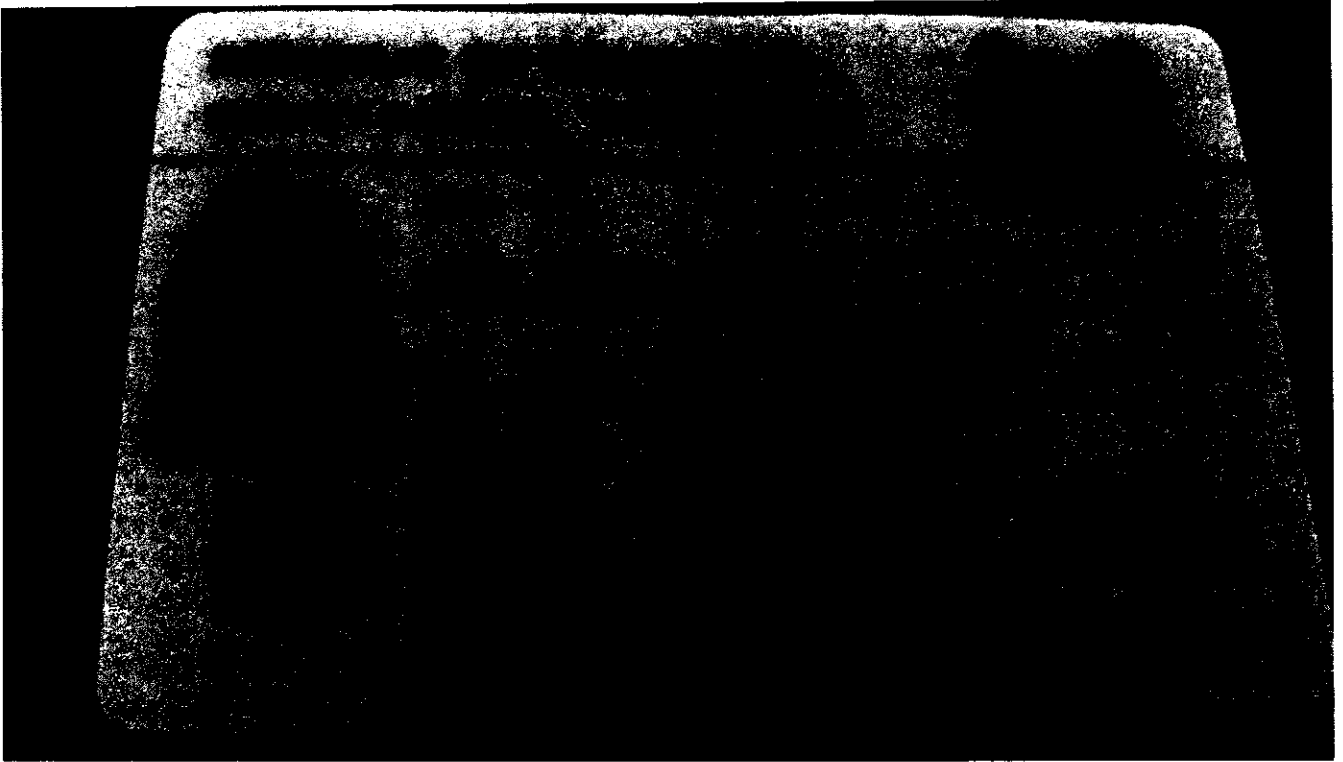
Driver's Signature
(If driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

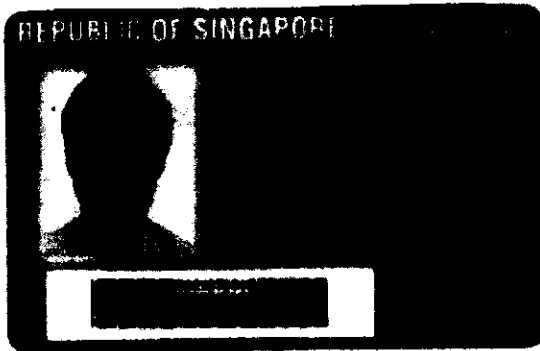
OWNER IC



OWNER IC



DRIVER IC & DRIVING LICENCE



REPUBLIC OF SINGAPORE
IDENTITY CARD NO **S92430211**



Name

JARON CHUI CHUAN JIE

崔 傳 杰

Race

CHINESE

Date of birth

14-11-1992

Sex

M

Country/Place of birth

SINGAPORE

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Remotely Piloted

Class 3 Motor Cars < 3500kg with < 7 passengers, or class 16 15 Mar 2011
of the driver, and other motor vehicles < 3500kg

NP 428A

License No: S92430211

5194834



IC No: S92430211



Date of issue

01-07-2013

Address

33 SANGKIT ROAD

#17-01

SINGAPORE 679974

CERTIFICATE OF INSURANCE

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: (65) 63387288 Fax: (65) 63387222
Website: www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



Private Cars COMP
POLICY SCHEDULE
RENEWAL
Original

| | | | |
|--|---|----------------------------------|----------------------|
| POLICY INFORMATION | | Policy No. : VPA/P1259685 | |
| Source | : (01) 13820 ARF AP) PTE LTD (VW-ENHANCED) | | |
| Insured | SON PENG CHOO | | |
| Address | 33 BANGKIT ROAD #17-01 CHESTERTVALE SINGAPORE 679974 | | |
| Business/Profession | : DIRECTOR - GOLDEN BEN PRINTER PTE LTD Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance. | | |
| Period of Insurance | : From 16/12/2017 To 15/12/2018 (Both Dates Inclusive) | | |
| Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium. | | | |
| Replacing Policy No | 11814097 | | |
| PREMIUM | | | |
| Premium After 50.00% | : SGD 903.04 | | |
| NCD | | | |
| Safe Driver Disc | : SGD 45.15 | | |
| 5.00% | | | |
| GST 7.00% | : SGD 60.06 | | |
| Annual Premium | : SGD 917.95 | | |
| Total Payable | : SGD 917.95 | | |
| RISK DETAILS THE MOTOR VEHICLE | | | |
| Type Of Cover | Comprehensive | | |
| Regn No | : SKR9291K | | |
| Type Of Use | Private Car | | |
| Make/Model | VOLKSWAGEN GOLF 1.4 TSI | | |
| Year of Manufacture | 2011 Seating Capacity (excl. Driver) : 04 | | |
| Body Type | HATCHBACK Engine C.C. : 1390 | | |
| Engine No | : CAX948543 Chassis No. : WVWZZZ1KZCW092562 | | |
| Insured's Estimated Market Value | Market Value At The Time Of Loss (including Accessories and Spare Parts) | | |
| Limitations as to Use | As specified in Certificate of Insurance | | |
| Hire Purchase | DBS BANK LTD | | |
| Extra Coverage (Premium Breakdown) | | Limits (SGD) | Premium (SGD) |
| NCD Protector | | | |
| VW Daily Cash Benefit | | | |
| Basic Own Damage Excess | | SGD 900.00 | |
| Windscreen Excess | | SGD 100.00 | |
| Named Drivers | | | |
| 1 SON PENG CHOO | | | |
| 2 JOLENE CHUI | | | |
| 3 CHUI CHUAN JIE JARON | | | |

Page -

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180301/2030

Police Station Of Origin
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No 1800-2369999

1 of 4

Report No T/20180301/2030

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|---|-----------|---|-----------------------------|------------------------|
| Date/Time Report Made 01/03/2018 11:05 | | Vide Report No D/20180301/0032 | | Station Diary No 34 |
| Name of Informant JARON CHUI CHUAN JIE | | Address 33 BANGKIT ROAD #17-01 SINGAPORE 679974 | | |
| ID Type / ID No NRIC NO / S92430211 | | Contact No Home/Office Mobile 98378706 | | |
| Nationality SINGAPORE CITIZEN | | Email | | |
| Sex Male | Age 25 | Date of Birth 14/11/1992 | Type of Informant Driver | |
| Race Chinese | | Language | Institution / School Name | |
| Occupation Lawyer (excluding advocate and solicitor) | | Driving Licence Information Class 3 Date of Expiry | | |

| | | | | |
|---|------------------------------|----------------------|---|------------------------------------|
| Type of Accident | Injury Attended by Police | Drink Drive No | Date/Time of Accident 01/03/2018 08:25 | Type of Location Straight Road |
| Location Along Road 1 AYER RAJAH EXPRESSWAY AYE TWRDS CHANGI IN BTWN PORTSDOWN AND BUONA VISTA | | | | |
| Weather Clear | Road Surface Dry | | Road Speed Limit | |
| Traffic Flow | Traffic Control | | Traffic Volume | |
| Type of Collision Chain Accidents involving 4 cars | | | | Anyone conveyed by ambulance No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|------------------|-----------------|
| Vehicle No | Type | Make | Model | Color | Condition | No of Passenger |
| SHC2308P | Car | | | | | 0 |
| SHD8506P | Car | | | | | 0 |
| SKE9291K | Car | | | Blue | Slightly Damaged | 0 |
| SLQ6871G | Car | | | | | 0 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180301/2030

Police Station Of Origin
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

2 of 4

Report No T/20180301/2030

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Name | Lam Kin Leong | ID No | S1526579E |
| Related Vehicle | SHC2308P (Car) | Contact No | 96227123 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Name | Wong Yin Chon | ID No | S0128903I |
| Related Vehicle | SHD8506P (Car) | Contact No | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Name | JARON CHUI CHUAN JIE | ID No | S9243021I |
| Related Vehicle | SKE9291K (Car) | Contact No | 98378706 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180301/2030

Police Station Of Origin
Bukit Merah East N P C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

3 of 4

Report No T/20180301/2030

CONTINUATION OF REPORT

| | | | |
|----------------------------------|----------------|--|---------------------------------|
| Name | Danny Lim | ID No | S8904324G |
| Related Vehicle | SLQ6871G (Car) | Contact No | 91919857 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class NIL Date of Expiry NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 1/3/18 at about 0825hrs, I was driving my vehicle SKE9291K along AYE During the journey towards Changi in between Portstown and Buona Vista, I encountered a road traffic accident involving 4 vehicles. My vehicle was the first vehicle for the chain collision. The second vehicle is SHD8508P, third vehicle is SLQ6871G and fourth vehicle is SHC2308P. The traffic was moving in average speed and it start to pile up abt. I was travelling along the extreme right lane. My vehicle was in stationary position. I noted that there were noise at the rear and I looked at the rear mirror, I could see the vehicle directly behind me was knocked by another from his rear. The impact was great and the vehicle behind me inched forward and knocked my rear portion. I was unable to react as it happened so quick. My vehicle did not knocked onto any vehicle in front of me. After the said accident, all involved vehicle drivers and passengers alighted from the vehicles. Ambulance and traffic police arrived. I managed to take photo of the accident and also exchange particular with the all drivers. I was advice by Traffic police to lodge a report regards this accident linked to D/20180301/032 under TPIO Hidayu. There is people being conveyed from scene.

At this moment, there is no visible injury on me but there is some strain on my neck due to the impact of the accident. The damages of my vehicle is dents on the rear bumper, number plate holder and number plate.

Currently, I am lodging this report for insurance claiming.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180301/2030

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

4 of 4

Report No. T/20180301/2030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report
A /
Sr Staff Sgt TEO NGUAN HENG

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
01/03/2018 11:05

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No.: 65472078

Classification Of Case

Authentication Stamp
NP168

Authorization Form

(Name) Soh Peng Chee of (NRIC) S1561647 authorized

(Name) Jaron Chin Chuan Jie of (NRIC) S9243021 to report/reporting at

BN AUTO SERVICES PTE LTD located at 811/1 Sun-Ming Industrial Estate Sector C 901 332/333/335/337

507566

On behalf of me for my vehicle number SKE 9291K

My residential address is 33 Bangle Road #17-01 Chattervale and

contact number is 9818 8005

[Signature]
[Name]

[Signature]
[Name]

AXA FORM



redefining insurance

Date: 01/02/2018

To Owner of Vehicle Number SKT 1234

The following has been advised to you via your workshop, But Auto through their staff, John Smith

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
 - ☒ You had been advised by the workshop on the liability and merits of the case accordingly
 - ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
 - ☒ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
 - ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
 - ☒ The estimated waiting time for the spare parts to arrive is _____ The estimated arrival time does not include the repair period.
 - ☒ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy
 - ☒ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident
 - ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim
 - ☒ Others Reporting Only

Signed and acknowledge by

[Signature]

Name and signature of policyholder/authorised driver

[Signature]
Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



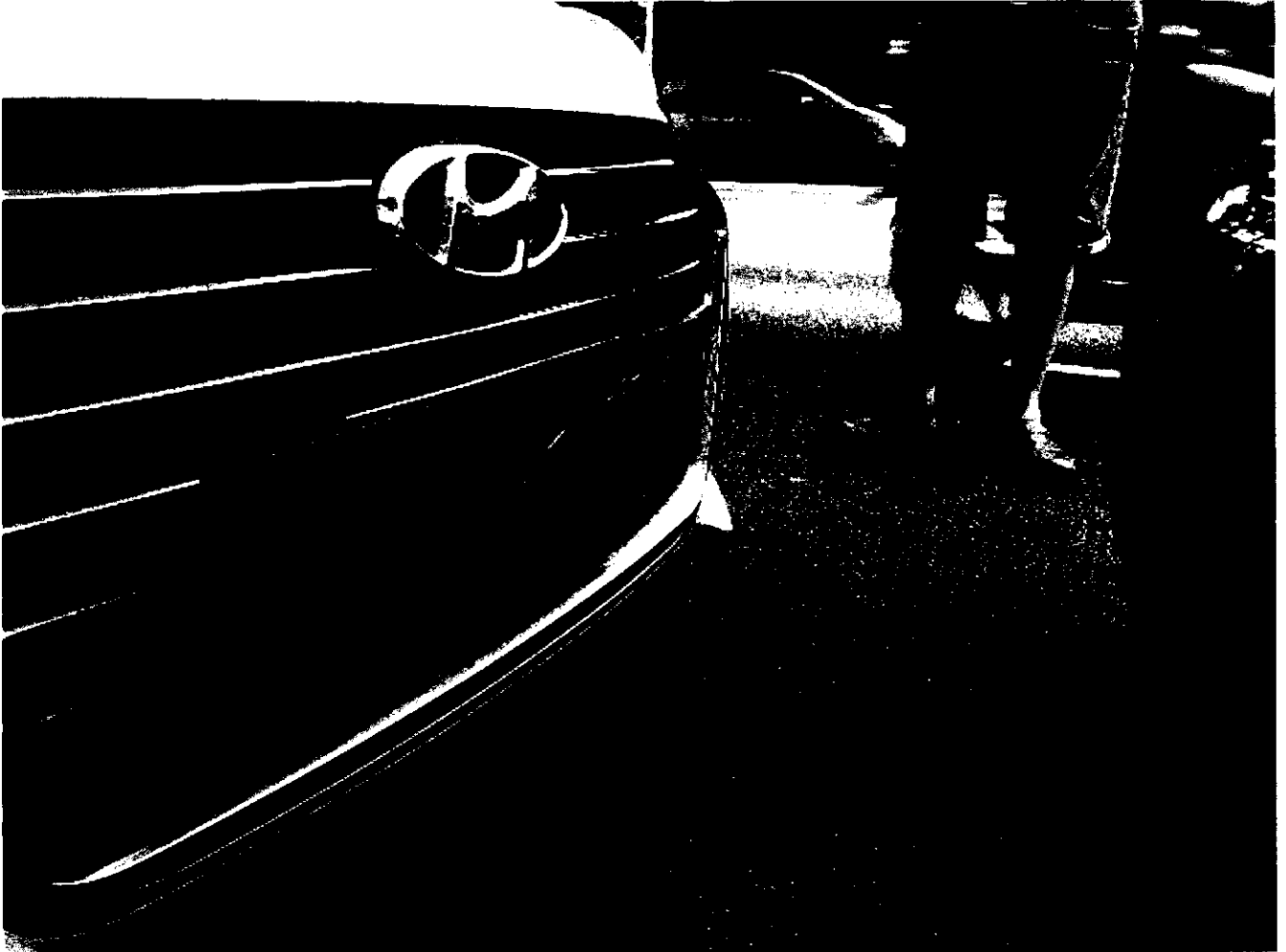
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 1 Raffles Quay #18-00 Singapore 04858
 Tel: (65) 6224 0010 Fax: (65) 6224 0011
 Operating Hours: Monday to Friday (9 AM to 5 PM)
 UEN: S66550220G GST Reg No: M400017781

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

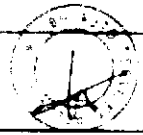
Original Report No. MRHA12029005 Vehicle Registration No. CBE 9291 K
 Name (as shown on NRIC) Seh Peng Choo NRIC/FIN/Passport No. S1561604 J
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address 33 Pongkit Road #17-01 679974 Singapore 1
 Contact (Tel) 97674339 Mobile No. 98180025
 Email Address _____
 Date of Accident 6/03/2018 Time of Accident 0825
 Place of Accident AYE Towards Chang In Between Portdown and Cause Vets
 Insurance Company AAA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Reporting change To Third party

Policyholder / Driver's Signature
 Date



Reporting Centre Personnel's Signature
 Name Wong Zhenyong
 NRIC/FIN No.
 Date



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 05 Mar 2018 / 15:15:48

Receipt Date/Time : 05 Mar 2018 / 15:15:48

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180305-001474

Previous Receipt No. :

| S/N | Item Description/ Business Transaction Reference No. | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|---|---|---------------------------------|------------------------|------------------------------|
| Result of Insurance Enquiry - SDS2335Z | | | | |
| As at 03 Mar 2018/11:55:00 | | | | |
| Insurance Co: NTUC INCOME INS CO-OP LTD | | | | |
| 1 | Insurance Enquiry - SDS2335Z Enquiry Fee 20180305151427270842 | 7.00 | 0.49 | 7.49 |
| Sub-Total | | 7.00 | 0.49 | 7.49 |
| Result of Insurance Enquiry - SHD8506P | | | | |
| As at 01 Mar 2018/08:25:00 | | | | |
| Insurance Co: FIRST CAPITAL INS LTD | | | | |
| 2 | Insurance Enquiry - SHD8506P Enquiry Fee 20180305151427354238 | 7.00 | 0.49 | 7.49 |
| Sub-Total | | 7.00 | 0.49 | 7.49 |
| Total Before Rounding | | 14.00 | 0.98 | 14.98 |
| Rounding Difference | | | | 0.03 |
| Total Amount Payable | | | | 14.95 |
| Paid By | | | | |
| | xxxxxxxxxxxx5912 | Credit Card: Visa/MasterCard | | 14.95 |
| Total | | | | 14.95 |
| Cash Change | | | | 0.00 |
| Tendered Amount | | | | 14.95 |
| Excess Refundable Amount | | | | 0.00 |

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

PDI TUAS

PDI TUAS

SOH PENG CHOO
33 BANGKIT ROAD
#17-01 Chestervale
Singapore, 679974
Singapore

Tanpin 97495749
up
9/3/18 @ 4:15pm
3 days
Resuming before paint
su@bhkand.com

12/3/18

Phone No.
Fax No.
E-Mail

VAT Registration No. M20098505-2
Tax No. 199101494Z

Service Quote

Customer No. CV016990
Quote No. SER/QUO/1800384
QuoteDate 05/03/18
Salesperson Ian Yeo
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

| Make | Model Description | Mileage | Service Advisor |
|--------------------|--------------------|----------------------|-----------------|
| Volkswagen Passeng | GOLF 1.4 TSI (DSG) | 90,319 | Cheong Pearlyn |
| License No. | VIN | Initial Registration | Sales Advisor |
| SKE9291K | WVWZZZ1KZCW092562 | 16/12/11 | Ian Yeo |
| Engine Code | Labor Type | Engine No. | Model Code |
| | 1K | CAX 948543 | 5K13G5 |

| No. | Description | Qty. | UoM | Unit Price | Amount |
|--------------------|--|------|---------|------------|----------------|
| P B&P ALEX LABOUR | LABOUR | 3 | UNIT | | 840 2,520.00 ✓ |
| P B&P ALEX PAINT | SPRAY PAINT | 3 | UNIT | | 800 2,400.00 ✓ |
| P B&P NUMBER PLATE | B&P NUMBER PLATE -NETT | 1 | pcs | | bt 80.00 ✓ |
| P B&P DIAG | PROGRAMMING & CALIBRATION COMPULSORY TO DO AFTER AC | 1 | Time Un | | ✓ 480.00 ✓ |
| P B&P MECH | ELECT WIRING & MECH COMPO | 1 | Time Un | | ✓ 280.00 ✓ |
| | Nett | | | | |
| | Sum Labor | | | | 5,760.00 |
| P 5K0807305A | CROSS MEMBER REAR | 1 | Pieces | | 471.66 ✓ |
| P 5K6807393C | REAR BUMPER BRACKET LH | 1 | Pieces | | 30.65 ✓ |
| P 5K6807394C | REAR BUMPER BRACKET RH | 1 | Pieces | | 30.65 ✓ |
| P 5K6807421 GRU | REAR BUMPER | 1 | Pieces | | 1,129.21 ✓ |
| P 5K6807521M 9B9 | REAR LOWER SPOILER | 1 | Pieces | | 271.83 ✓ |
| P 5K6807863 | REAR BUMPER CENTER BRACK | 1 | Pieces | | 73.64 ✓ |
| | Sum Item | | | | 2,007.64 |

| | |
|---------------------|----------|
| Sum Labor | 5,760.00 |
| Sum Item | 2,007.64 |
| Total SGD | 7,767.64 |
| 7% GST | 543.73 |
| Total SGD Incl. GST | 8,311.37 |

Payments to: - BBN: - Acc.-No.:

PDI TUAS

PDI TUAS

SOH PENG CHOO
33 BANGKIT ROAD
#17-01 Chestervale
Singapore, 679974
Singapore

Phone No.
Fax No.
E-Mail

VAT Registration No. M20098505-2
Tax No. 199101494Z

Service Quote

Customer No. CV016990
Quote No. SER/QUO/1800384
QuoteDate 05/03/18
Salesperson Ian Yeo
Page 2

THIS IS NOT AN OFFICIAL TAX INVOICE

| Make | Model Description | Mileage | Service Advisor |
|--------------------|--------------------|----------------------|-----------------|
| Volkswagen Passeng | GOLF 1.4 TSI (DSG) | 90,319 | Cheong Pearlyn |
| License No. | VIN | Initial Registration | Sales Advisor |
| SKE9291K | WVWZZZ1KZCW092562 | 16/12/11 | Ian Yeo |
| Engine Code | Labor Type | Engine No. | Model Code |
| | 1K | CAX 948543 | 5K13G5 |

Explanations

P = Proportionately Charged

Payment Terms No Credit

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:

Payments to: - BBN: - Acc.-No.:

Service Order Confirmation

SERVICE ORDER NO: 18IP0676

CUSTOMER NO.: CV016990

CUSTOMER NAME: SOH PENG CHOO

TELEPHONE NO.:

ADDRESS: 33 BANGKIT ROAD #17-01 Chestervale
Singapore

VEH No.: SKE9291K

Order Date: 10/03/18

Reg Date: 16/12/11 KM: 100,313

VIN NO.: WVVZZZ1KZCW092562 ENGINE NO:

SA: Cheong Pearlyn

MODEL: GOLF 1.4 TSI (DSG) MODEL NO.: 5K13G5

| No. | DESCRIPTION | QTY | UOM | UNIT PRICE | DISC % | AMOUNT |
|--------------|---|-----|------|------------|--------|----------|
| Labor | | | | | | |
| 1 | B&P DIAG PROGRAMMING & CALIBRATION- NETT | 1 | TU | 480 | | 480 |
| 2 | B&P MECH ELECT WIRING & MECH COMPONENT CHECK NETT | 1 | TU | 280 | | 280 |
| 3 | B&P ALEX LABOUR LABOUR | 1 | UNIT | 840 | | 840 |
| 4 | B&P ALEX PAINT SPRAY PAINT | 1 | UNIT | 800 | | 800 |
| 5 | B&P NUMBER PLATE B&P NUMBER PLATE -NETT | 1 | ST | 80 | | 80 |
| 6 | EXT00037 Tow SVC- Quality Recovery Services | 1 | UNIT | 0 | | 0 |
| 7 | EXT00037 Tow SVC- Quality Recovery Services | 1 | UNIT | 0 | | 0 |
| Item | | | | | | |
| 8 | 5K6807421 GRU REAR BUMPER | 1 | PCS | 1,129.21 | | 1,129.21 |
| 9 | 5K6807521M 9B9 REAR LOWER SPOILER | 1 | PCS | 271.83 | | 271.83 |

Remarks : MS FIRST CAPITAL DIRECT SETTLEMENT

DOA 01/03/2018

SURVEYOR TAUFIKH LKK

TP VEHICLE SHD8506P

| | |
|--------------|----------|
| TOTAL | 3,881.04 |
| GST AMOUNT | 271.67 |
| TOTAL AMOUNT | 4,152.71 |

On Behalf Of "COMPANY"

Certified Goods/Service received:

Authorized Signature

Customer

NOTE: THIS IS NOT AN OFFICIAL RECEIPT



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/FCI18004391/T1td3e2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 02-04-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SHD 8506P | Veh. Inspected | SKE 9291K |
| Policy No. | D-18088937MFSH | Coverage (\$) | 0.00 |
| Claim No. | D18001782MFSH | Excess (\$) | 0.00 |
| Assign From | AUNG YIN MIN | Assign Date | 06/03/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|---------------------|--------------|------------|
| Make & Model | VOLKSWAGEN NEW GOLF | c.c | 1390 |
| Engine No. | HIDDEN | Year of Reg. | 2011 |
| Chassis No. | WWZZZ1KZCW092562 | Colour | BLUE |
| Odometer | 99642 | 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 | 01/03/2018 | Inspection Date | 09/03/2018 |
| Survey held at | VOLKSWAGEN CENTRE SINGAPORE 247 ALEXANDRA ROAD SINGAPORE 159934 | | |

5a. Remarks

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

5b. Estimate Days of Repair

| | |
|-------------------------------------|----------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 3 Working Days |
|-------------------------------------|----------------|



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKE 9291K

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|--|---------------|---------------------------|-------------------|
| | <u>REPLACEMENT OF PARTS</u> | | | |
| 1 | NUMBER PLATE (SN) | BENT | 80.00 | 80.00 |
| 1 | CROSS MEMBER REAR (SN) | NOT NECESSARY | 471.66 | - |
| 1 | REAR BUMPER BRACKET LH (SN) | NOT NECESSARY | 30.65 | - |
| 1 | REAR BUMPER BRACKET RH (SN) | NOT NECESSARY | 30.65 | - |
| 1 | REAR BUMPER (SN) | DEFORMED | 1,129.21 | 1,129.21 |
| 1 | REAR LOWER SPOILER (SN) | CUT | 271.83 | 271.83 |
| 1 | REAR BUMPER CENTER BRACK (SN) | NOT NECESSARY | 73.64 | - |
| | | | 2,087.64 | 1,481.04 |
| | <u>LABOUR</u> | | | |
| | LABOUR. | | 2,520.00 | 840.00 |
| | SPRAY PAINT. | | 2,400.00 | 800.00 |
| | PROGRAMMING & CALIBRATION COMPULSORY TO DO AFTER AC. | | 480.00 | 480.00 |
| | ELECT WIRING & MECH COMPO. | | 280.00 | 280.00 |
| | | | 5,680.00 | 2,400.00 |
| | GRAND TOTAL | | 7,767.64 | 3,881.04 |

| | | | |
|------------------------------------|--|--|-----------------|
| RECOMMENDED COST OF REPAIRS | | | 3,881.04 |
|------------------------------------|--|--|-----------------|

Report Ref No. CS/FCI18004391/T1td3e2

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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