From (Person): ASSIGNMENT (Office) Bill to: OD / D/WS/TP RES / OD RES / EVA / INV / MV / CS To Inspect Vehicle No: SIP 5753A Insured: 918 4711 X at Workshop m/s Portumana Tel: 6316 0174 of 303 Alexandra Rd Policy No: Claim No: D1800 2538 mFSH Sum Insured: Excess: Make of Veh: D.O.A. 3803 2018 (Chient's Record) CA / REV / REP. / REV 24 HRS DS HOD. Endorsement: Vehicle IN / OUT Date/Time: O3041018 9.58 am Person Contacted: Carollix Vehicle IN / OUT Date/Time Action/Instruction () Eshivate 919 9753 h - X SHB 1471 X - Cl. ANA 16012376 / HILBS 1 1/4/ B S.49 revised b Sthark by enter), 069188 2.19 revised b Sthark by enter), 069188 2.19 revised by Sthark by enter),	٧.	ASS. REC. BY: REF: CS/FCU 80	06004 / Tigb Special Instructions				
Estimated Cost: OD / TV / WS / TP RES / OD RES / EVA / INV / MV / CS To Inspect Vehicle No: SLP 5753A Insured: S1B 4711 X Tel: 6319 0 1744 of 503 Alexandra Rd Policy No: Claim No: D1800 2538MFSH Sum Insured: Excess: Make of Veh: (Client's Record) CA / REV / REP. / REV 24 HRS DS (Crollet Vehicle IN / OUT) Date/Time: O3042018 9-590M Person Contacted: Carollet Vehicle IN / OUT Date/Time Action/Instruction (\(\) Estimate SHB 471 \(\) A 16012375 / HIZBG 1 D(A: D)073016		CUIVAJOY	VT (Office)				
To Inspect Vehicle No: SLP 9753A Insured: 918 4711 X Int Workshop m/s Portumana Tel: 6319 0174 of 303 Alexandra Rd Policy No: Claim No: D1800 2538MF94 Sum Insured: Excess: Make of Veh: D.O.A. 3903 2018 (Client's Record) CA / REV / REP. / REV 24 HRS DS H.O.D. Endorsement: Vehicle IN / OUT Date/Time: O3042018 9.58 am Person Contacted: Caroline Vehicle IN / OUT Date/Time Action/Instruction (\(\)) Estimate 918 4711 X H.O.D. Endorsement: Vehicle IN / OUT Date/Time Action/Instruction (\(\)) Estimate 918 4721 X - OUT / AYA 16012375 / HIZBG 1 1741 B Styn 121323 & Sthats by even 1		From (Person): (1) Silhury of F	701 Date/Time: 29031018 4-Шцрм				
To Inspect Vehicle No: She 9753A Insured: Portumana Tel: 63190174 Tel: 63190		Estimated Cost:	Bill to:				
Policy No: Sum Insured: Claim No: Di 800 2538MFSH Excess: Make of Veh: (Client's Record) CA / REV / REP. / REV 24 HRS DS HOD. Endorsement: Date/Time: Date/Time: Action/Instruction (V) Estimate SHB 4735 A - X SHB 4731 X - CH /AXA 16012375 / HIZBG 1 LA 1/8 & SUGM 12013 A SUGM 2 SUGM		OD / TWS/TP RES/OD RES/EVA/INV/MV/CS					
Policy No: Claim No: D1800 2538MF94 Sum Insured: Excess: Make of Veh: D.O.A. 3903 2018 (Client's Record) CA / REV / REP. / REV 24 HRS D3' Date/Time: O3042018 9.58 mm Person Contacted; Carolink Vehicle IN/OUT Date/Time Action/Instruction (\(\) Estimate SHB 1471 \(\) - Car / Ax A 16012345 / H12/b3 1 DATE SUPPLY SUPPLY REVISED TO SUPPLY SUPPLY DOT 3016		To Inspect Vehicle No: SW 9753A	Insured: SIB 4711 X				
Policy No: Claim No: D18002538MFSH Sum Insured: Excess: Make of Veh: D.O.A. J9032018 (Client's Record) CA / REV / REP. / REV 24 HRS 'DS' Date/Time: O3042018 9.58 am Person Contacted; Caroline Vehicle IN / OUT Date/Time Action/Instruction (\(\) Estimate SLP 9753 \(- \text{X} \) SHB 4701 \(- \text{COLL /AXA 16012375 / HILBS 1 DCA 10073016} \) [1/4/18@ 514pn 1203313 do 51thats by even 1,		nt Workshop m/s_ Portumana	Tel: 63190174				
Sum Insured: Excess: Make of Veh: D.O.A. 3803 2018 (Client's Record) CA / REV / REP. / REV 24 HRS 'DS' Date/Time: O3042018 9.58 am Person Contacted; Caroline Vehicle IN / OUT Date/Time Action/Instruction () Estimate SLF 9753 h - x SHB 4701X - CAL /AXA 16012375 / HIZBS 1 DATE 2016 1/4/18 & 514 pr 1201313 to Sathada by enterl,		of 303 Alexandra Rd					
Make of Veh: (Client's Record) CA / REV / REP. / REV 24 HRS'DS' Date/Time: ODON 2018 9.58 cm Person Contacted; Caroline Vehicle IN/OUT Date/Time Action/Instruction (V) Estimate SHB 1471 X - COL /AXA 16012375 / HILD391 1/4/18@ 514pm revised to Sithure by event.		Policy No:	Claim No: D18002538MFSH				
CA / REV / REP. / REV 24 HRS DS H.O.D. Endorsement: Date/Time: O3041018 9.59 cm Person Contacted; Carolix Vehicle IN/OUT Date/Time Action/Instruction () Estimate SHB HADIX - COLL /AXA 16012345 / HIZDS 91 1/4/18@ Sugn 120324 to Sithars by event,		Sum Insured:	Excess:				
Date/Time: O3041018 9.58 cm Person Contacted; Carolist Vehicle IN/OUT Date/Time Action/Instruction (V) Estimate 918 9753 N - X SHB 4701 X - COL /AXA 16012375 / HIZBS 91 1/4/18@ Sign revised to Sithars by event,			D.O.A. 3803 2018				
Date/Time: O3042018 9.59 cm Person Contacted; CGrollie Vehicle IN/OUT Date/Time Action/Instruction (V) Estimate SHB 14753 H - X SHB 1471 X - CCL /Ax A 16012345 / HIZDS 91 1/4/18@ 514pn 1201324 to Sithara by event,		CA / REV / REP. / REV 24 HRS DS	H.O.D. Endorsement:				
918 9755 A - X SHB 4751 X - COL /AXA 16012375 / HIZDS G1 DOF : 02073016 1/4/18@ 514ph revised to Sithers by entert,			Caroline Vehicle IN/OUT				
1/4/18@ 5.44pr revised to Sithers by enter,		Tannon (A) Cannon A					
1/4/18@ 514pr revised to Sithers by every,		21 9153 h - x					
		FECTOR AND - COT WAY IPOURS	5/H126361 DOF- 00073016				
06/9/18 3 7.19 in confirmed with Caroline fruit Ag \$ 2192, 3 days		1/4/18@ 514pr 12013ed to 5thats by ever!					
(Red \$ 1939.85, 47-6)		1880 5 1939 85. 47-17					

REF:



MS First Capital Insurance Limited co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 069877 Tel: (65) 6507 3848 Fax: (65) 6507 3848 Fax: (65) 6507 3849

www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date

28-03-2018

Our Ref No. D18002538MFSH

Accident Date

28-03-2018

Claim Type. Third Party

Insured Vehicle

SHB4721X

Third Party Vehicle. SLP9753A

Survey Location

303 ALEXANDRA ROAD SIME DARBY PERFORMANCE CENTRE

Contact Person.

CAROLINE

Contact No.

63190174/0

Fax No. 64794601

Survey Type

WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:

Appointed

Surveyor

LKK AUTO CONSULTANTS PTE LTD

Contact Person

NA

Fax No. 68416315

Could up topic

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

PERFORMANCE MOTORS LIMITED

Attention, NIL

Cc : TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

SITHARA

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.

Shiau Chan (LKKAuto)

From:

Shiau Chan (LKKAuto)

Sent:

Thursday, 6 September 2018 2:19 PM

To:

'PBSP'; Taufikh (LKKAuto); SUR

Subject:

RE: PAINT PROTECTION ISSUE / FINAL REPORT / SLP9753A

Dear Caroline,

WITHOUT PREJUDISE

Confirm final fig \$2,192.00 before GST and 3 repair days.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>siewsc@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: PBSP <pml-pbsp@simedarby.com.sg> Sent: Wednesday, 29 August 2018 1:50 PM

To: Shiau Chan (LKKAuto) <siewsc@lkkauto.com>; Taufikh (LKKAuto) <Taufikh@lkkauto.com>; SUR

<sur@lkkauto.com>

Subject: Fw: PAINT PROTECTION ISSUE / FINAL REPORT / SLP9753A

Dear Shiau Chan and Taufikh

As requested, please find attached and kindly confirm COR.

Thank you.

Regards, Caroline C/o Performance Motors Limited - Body and Paint 303 Alexandra Road Singapore 159941 DID: 6319 0174 Fax: 6479 4601

From: Inthiran Thurasamy

Sent: Wednesday, 29 August 2018 1:39 PM

To: PBSP

Subject: RE: PAINT PROTECTION ISSUE / FINAL REPORT / SLP9753A

Dear Caroline,

Attached copy of invoice for paint protection before the accident.

Shiau Chan (LKKAuto)

From:

Shiau Chan (LKKAuto)

Sent:

Thursday, 12 April 2018 5:14 PM

To:

'Claim Workflow System'; assignments

Cc:

SITHARA@MSFIRSTCAPITAL.COM.SG; SUR

Subject:

RE: SURVEY ASSESSMENT - D18002538MFSH/1

Attachments:

CSFCI18006004T1qb.pdf

Dear Sithara,

Enclosed herewith preliminary advice of SLP 9753A.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>siewsc@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Monday, 2 April 2018 10:07 AM

To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: SITHARA@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D18002538MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

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

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: <u>assignments@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System [mailto:cwsmotorclaims@msfirstcapital.com.sg]

Sent: Thursday, 29 March, 2018 4:44 PM To: ASSIGNMENTS@LKKAUTO.COM

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

Subject: PRI: SURVEY ASSESSMENT - D18002538MFSH/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



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

Your Ref: D18002538MFSH

Date: 12 April 2018

Our Ref: CS/FCI18006004/T1qb

The Motor Claims Department First Capital Insurance Ltd

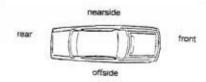
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SLP 9753A .

Please be informed that we had conducted the inspection of the abovementioned vehicle on $\underline{11/04/2018}$ at the premises of M/s $\underline{PERFORMANCE\ MOTORS\ LIMITED}$, and have the following to report:-

Workshop Estimate Amount	: S\$	3,913.85	- 4
Revised Estimate Amount	: S\$	1,934.00	
"Check" Items Amount	: S\$	467.50	
Market Value	: S\$		
LTA Reimbursement Value	: <u>S\$</u>	()= ()	4
Nett Value	: <u>S\$</u>		

Description of Damage:
The vehicle sustained damages
at the rear portion.



Yours faithfully

Taufikh Automotive Assessor

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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.

2000年1月21日中华中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国	ACCIDENT STATEMENT
Date Of Report	28/03/2018 12:44
Date Of Accident	28/03/2018 09:05
Exact Location Of Accident	ALONG RAFFLES QUAY (INFRONT OF ONE RAFFLES QUAY)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP9753A
Insured/Policyholder	
Name Of Registered Owner	RAIHAN BIN ZULIMRAN
NRIC No	S8241973Z
Email Address	GOODFELLARAI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98268525
Alternative Phone No	OFFICE-98268525
Vehicle Particulars	
Manufacturer	BMW
Model	218
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	

Name of Driver RAIHAN BIN ZULIMRAN

NRIC No S8241973Z Date Of Birth 30/12/1982 Occupation INDOOR Date Of Driving Pass 21/08/2002

Driving Experience 15 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98268525

Fax Number

Contact Number OFFICE-98268525

EMail Address GOODFELLARAI@HOTMAIL.COM Address

BLK 498L TAMPINES ST 45#10-486

Postcode

528498

NO

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO 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

SHB4721X

Vehicle Make/Model/Colour

HYUNDAI CITY CAB YELLOW

Details Of Properties

Vehicle Category

TAXI

Name of Driver

CHAN SIEW KONG

NRIC/Passport Number

S1732154D

Contact Number

92706441

Address

BLK 728 CLEMENTI WEST ST 2#06-408

Postcode

120728

Insurance Company Name

MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

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)
 - (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 perty 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

25/03/18 11:20 Hits Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Control Personne S Signature
Name: Inchiran A/L Pourasainy WRICZEIN Na Performance Motors Limited 303 Alexandra Ross

Sime Darby Performance Cartie Singapore 1599

KETCH PLAN			
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We declare the foregoing par	titulia a are true in every inspect.		
T	and the tree in every respect.	Inthiran A/L	Thursdamy miles
olicyholder's Signiiture	Oriver's Signature	Reporting Partique 1999	monds signature
£		Reporting Partique 1999	nord Signature indfa Signature



ISSUED TO

NAME: RAIHAN

Address:

Contact:

Email:

Car Model:

Car Plate Number : SLP9753A

Description

TOUCH UP REAR BUMPER

Date: Invoice No: 16 April 2018

IVS 10343

ISSUED BY

Ceramic Works LLP

13 Kaki Bukit Road 4 #01-29 Bartley Biz Centre

Singapore 417807 Contact : (+65) 8189 3233

Website : ceramicworks.sg

\$

218.00

Sub - Total \$ 218.00 GST 7% \$ -Total S\$ \$ 218.00

Terms and Conditions

^{*}All payment due upon receipt of Invoice.

^{*}No refund or transfer of packages purchased unless otherwise stated.

^{*} Cheque to be crossed and made payable to "Ceramic Works LLP".

^{*}By providing your contact number with us, you hereby kindly consent Ceramic Works LLP to contact you via SMS and phone for any form of marketing or promotion events from us, not withstanding your number maybe listed on the Do Not Call Registry.

Performance Motors Limited

A member of the Sime Darby Group Co. Reg. No. 197401559W GST Reg. No M2-0020081-x

303, Alexandra Road Sime Darby Performance Centre Singapore 159941

Tel, 63190100 (Sales & Admin) 63190111 (AfterSales) Fax. 64747770

280, Kampong Arang Road East Coast Centre Singapore 438180

Tel. 63190888 (AfterSales) Fax. 63449773

315, Alexandra Road Sime Darby Business Centre Singapore 159944 Tel 63190528 | AfterSa 63190533/530 (Motorra (AfterSales) (Motorrad) Fax. 64796601 64796624 (AfterSales) (Motorrad)

GST REG. NO : M2 - 0020081 - X

STIMATE

2 8 MAR 2018

Estimate No. Page No. : 1 of 1 : b1 46419 Date Estimated : 28/03/2018 Prepared By : Inthiran A/L Thurasamy - ESTIMATE REPAIR FOR -- ACCOUNT -303 Raihan Bin Zulimran First Capital Insurance Limited

6 Raffles Quay 498L Tampines Street 45 #10-486 Singapore 048580 Singapore 528498

REGN. NO. CHASSIS NO. REGN. DATE MODEL MILEAGE SLP9753A V886023 23/06/2017 218iA/2 0

DESCRIPTION VALUE 2,275.00 To replace rear bumper and attachements. 1,038.00 Painting rear bumper. 177.00

To check electrical wiring systems and lightings at the rear section for proper function.

Sundries.

80.00

Total Labour 1:

ME

40

2,570.00

4.187.82

DESCRIPTION PRIC QTY VALUE 62.95 SET MOUNTS PDC SENSOR REAR (M) 62.95 REAR GUIDE CENTRE 41.45 41.45 REAR BUMPER INSERT (M) 283.10 283.10 REAR BUMPER PANEL PRIMED (M) 956.35 956.35 Total Parts 1,343.85

/ Uninsured losses / Direct Settleme LKK Auto Consultants hence notify the Repairer of the following: To resurvey before/after spray painting Excess

To display damaged part(s) during resurvey

Grand Total

 No illegal modification(s) is allowed 2,570.00 * Supplementary items) must be resurveyed and 1,343.85 is subject to final about ron2nsurance Company 0.00 0.00 Acknowledged by Repairer GST @ 7% 273.97 Date:

** THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY**

** PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **

4131-85

Performance Motors Limited

A mornbor of the Sime Darby Group Co. Reg. No. 197401559W, GST Reg. No. MZ-0020081-X



FINAL REPORT

Page No. :

Estimate No. : b1 46419
Date Estimated : 28/03/2018
Prepared By : Inthiran A/L Thurasamy

REPAIR FOR -

- ACCOUNT -

UNIT PRICE

303

Raihan Bin Zulimran

498L Tampines Street 45

MS First Capital Insurance Limited

6 Raffles Quay

#10-486

#21-00 Singapore 048580

Singapore 528498

REGN NO	CHASSIS NO	REGN DATE	MCDEL.		M LEA	Œ
SLP9753A	V886023	23/06/2017	218iA/2		0	
DESCRIPTION	Į.		ORIGIN	AL PRICE	DISC. %	NETT
	the rear bumper inclu facilitate repairs and k accident			850.00		850.00
To spray paint	rear bumper			934.00		934.00
	trical wiring systems ar r proper function.	nd lightings at the		150.00		150.00
# To conduct ce (See customer	ramic paint protection 's receipt)	on rear bumper		218.00		218.00
Sundries				40.00		40.00

SUPPLEMENTARY ITEMS

DESCRIPTION

2,192.00
2,192.00
0.00
2,192.00
153.44
2,345.44

QTY DISC. %

NETT

Performance Motors Limited

A member of the Sime Darby Group Co. Reg. No. 197401559W, GST Reg. No. M2-0020061-X



SUPPLEMENTARY

Estimate No.

ы 46419

Page No. :

Date Estimated : Prepared By

28/03/2018

Inthiran A/L Thurasamy

303

REPAIR FOR -

Raihan Bin Zulimran

MS First Capital Insurance Limited

- ACCOUNT -

498L Tampines Street 45

6 Raffles Quay #21-00

#10-486

Singapore 048580

Singapore 528498

REGN NO

CHASSIS NO.

REGN DATE

MODEL

M LEAGE

SLP9753A

V886023

23/06/2017

218iA/2

ORIGINAL PRICE

0

DISC. %

DESCRIPTION

218.00

NETT 218.00 UM

To conduct ceramic paint protection on rear bumper (See customer's receipt)

DESCRIPTION

UNIT PRICE

QTY

DISC. %

NETT

Total Labour:

Total Parts: Total Labour & Parts:

218.00

218.00



ISSUED TO NAME: Mr Raihan Address:

Contact: 98268525

Email:

Car Model :BMW 216

Car Plate Number: SLP9753A

Description

Exterior Protection: Infinity Works Interior Protection Discount

Date: Invoice No: 10 July 2017 IVS 10047

ISSUED BY

Ceramic Works LLP 13 Kaki Bukit Road 4 #01-29 Bartley Biz Centre Singapore 417807

Contact: (+65) 8189 3233 Website: ceramicworks.sg

\$	900.00
S	200.00
\$	(330.00)

Sub - Total \$ 770.00 GST 7% \$ Total SS S 770.00

Terms and Conditions

*All payment due upon receipt of Invoice.

*No refund or transfer of packages purchased unless otherwise stated,

* Cheque to be crossed and made payable to *Ceramic Works LLP* *By providing your contact number with us, you hereby kindly tonsent Ceramic Works LLP to contact you via SMS and phone *By providing your contact number with us, you need to withstanding your number maybe listed on the Do Not Call for any form of marketing or promotion events from us, not withstanding your number maybe listed on the Do Not Call Registry.

Shiau Chan (LKKAuto)

From:

PBSP <pml-pbsp@simedarby.com.sg>

Sent: To:

Thursday, 23 August 2018 5:51 PM Taufikh (LKKAuto); SUR; CS A Team Ceranic versipts?!

Subject:

Re: FINAL REPORT / SLP9753A

URGENT REMINDER

From: PBSP

Sent: Monday, 30 July 2018 4:20:00 PM

To: taufikh@lkkauto.com; SUR

Subject: Re: FINAL REPORT / SLP9753A

Gentle reminder

From: PBSP

Sent: Friday, 29 June 2018 4:38:19 PM To: taufikh@lkkauto.com; SUR Subject: FINAL REPORT / SLP9753A

Dear Taufikh

We refer to the above and attached Final Report.

Please confirm COR as follows:

Total Labour: 2,192.00

Total Parts: 0.00

Total Labour & Parts: 2,192.00

Thank you.

Regards, Caroline C/o Performance Motors Limited - Body and Paint 303 Alexandra Road Singapore 159941 DID: 6319 0174 Fax: 6479 4601



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

FIRST	CAPITAL INSUF	RANCE LTD	Ref : CS/FCI1800600	04/T1qbs2
	Oral Trice III Co.			
	BINSON ROAD 1 CITY HOUSES	INGAPORE 068877	Date: 12-09-2018 Code: FCI2	
1.		Policy Particular	s :- THIRD PARTY CLAI	M
	Insured Veh.	SHB 4721X	Veh. Inspected	SLP 9753A
	Policy No.		Coverage (\$)	0.00
	Claim No.	D18002538MFSH	Excess (\$)	0.00
	Assign From	SITHARA	Assign Date	29/03/2018
2.		Vehicle Par	ticulars & Condition	Salvening Steller
	Make & Model	BMW 218I COUPE	c.c	1499
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	WBA2F12090V886023	Colour	GREY
	Odometer	9410	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
- "	General	GOOD		
3.		Cond	itions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	225/40 R18	PIRELLI	6 mm
	L/H Front Tyre	225/40 R18	PIRELLI	6 mm
	R/H Rear Tyre	225/40 R18	PIRELLI	6 mm
	L/H Rear Tyre	225/40 R18	PIRELLI	6 mm
4.		Descrip	tion of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE R	EAR PORTION.	
	DAMAGES SEE D			
5.		Gene	ral Information	STATE OF THE STATE
	Accident Date	28/03/2018	Inspection Date	11/04/2018
	Survey held at	PERFORMANCE MOTORS L	TD	
11		303 ALEXANDRA ROAD SINGAPORE 159941		
5a.	Remarks			
	B)THE INSPECTION	NSISTENT TO ACCIDENT REPO ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS,	/ITHOUT PREJUDICE" BAS	SIS. SED REPAIRS.
5b.		Estima	te Days of Repair	建 的一种 计图 2006
	ESTIMATED NORMAL PERIOD FOR REPAIR: 3 Working Days			



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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLP 9753A

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	SET MOUNTS PDC SENSOR REAR (M)(SN)	NOT NECESSARY	62.95	-
1	REAR GUIDE CENTRE (SN)	NOT NECESSARY	41.45	
1	REAR BUMPER INSERT (M)(SN)	NOT NECESSARY	283.10	
1	REAR BUMPER PANEL PRIMED (M)(SN)	TO REPAIR SEE LABOUR	956.35	
1	SUNDRIES (SN)	NECESSARY	80.00	40.00
	an distribution of Section (Section 1)		1,423.85	40.00
	LABOUR			
	TO REPLACE REAR BUMPER AND ATTACHMENTS.INCLUSIVE OF THE REPAIR OF REAR BUMPER PANEL PRIMED (M).		1,275.00	850.00
	PAINTING REAR BUMPER.		1,038.00	934.00
	TO CHECK ELECTRICAL WIRING SYSTEMS AND LIGHTINGS AT THE REAR SECTION FOR PROPER FUNCTION.		177.00	150.00
	TO CONDUCT CERAMIC PAINT PROTECTION ON REAR BUMPER (SEE CUSTOMER'S RECEIPT)(ADDITIONAL).		218.00	218.00
	The second secon		2,708.00	2,152.00
	GRAND TOTAL		4,131.85	2,192.00

RECOMMENDED COST OF REPAIRS	2,192.0
THE STATE OF THE PROPERTY OF T	

Report Ref No. CS/FCI18006004/T1qbs2

MOHAMAD TAUFIKH

fourtime.

M.MATAI, AMSAE-A
Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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