

REF: CS3 / FCL16019647 / Sv₁b⁹²-1

Special Instruction:

US: \$9000.00

Third Parties:

Claimant:

Surveyor:

Workshop: Liannax Corporation

From (Person): CWS Sathara of FCI Date/Time: 02042018

Estimated Cost: Bill to:

OD/TP Re-inspection) / Evaluation

To Inspect Vehicle No: PZ 1267 P

at Workshop m/s Linnex Corporation

of 18 Sungai Kuchut way

Policy No: _____ Claim No: D16010309MFSH

Sum Insured: _____ Excess: _____

Make of Veh: D.O.A. 12.10.2016

(Client's Record) 2504.2018 (Wednesday) @ 10am - 11:30 am

H.O.D. Endorsement/Date: _____

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original _____ days)

Date/Time: 16/5/18 Submit Final Fig LS 7000, 5 days (Red \$ 2000 / 20%; Original days)

Date/Time	Action/Instruction
PZ NGP - C3 / FCL16019647 / Rlvds2	DIA - 12-10-2016
SMB JGILT - C3 / EGL16020286 / Hlvcs3 ²	DIA - 22-10-16

Rok

RECEIVED 16 MAY 2018

Para(1) : Parts found not replaced (To highlight *R* or *UB*, *LR*, *Etc*)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value : 40k (Est)

Salvage Value : 11,309

Nett Value : 28,691

Inspected/
Evaluated by:

Fee Charged:

Basic & Add

Transport

Photos

Others

Total

Date: _____

160

50

32

1) Date/Time _____ File Pass to _____

2) Date/Time

File Return to

3) Date/Time _____ File Pass to _____

4) Date/Time

File Return to

5) Date/Time File Pass to

6) Date/Time

File Return to

Survey

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

PT 1167 P.

Yr Regn:

64

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

Truck / Trailer or

Prime Mover

Make:

Mitsubishi BE639

c.c. 3708

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

302243

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

BE639 J 0 02/10/16

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 215/75R17.5

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Bridgestone

Front

Rear

R/Bal.

6 mm

R/Bal.

6/6 mm

L/Bal.

6 mm

L/Bal.

6/6 mm

D.O.A.

11/10/16

D.O.I.

25/9/18

Survey held at

Linnay

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation:

☐ \$ - RS. ☐ SI

☐ Photos

☐ Others

TOTAL

(06/11/13)

Surveyor

PRS

REF: FCL

COE XPRY: 2019/July

ASSIGNMENT

From:

Date:

18.10.2016

Estimated Cost:

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

To inspect Vehicle No:

PZ 1267P

at Workshop m/s

Lianrex

of

18 Sungai Kudu Way

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

40K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$

☐

Preli. Report

☐

Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Veh No:

PZ 1267P

Yr Regn:

2014/July

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

Truck / Trailer or

mini-bus

Make:

MITSUBISHI PE639

c.c 3508

Colour

white

A/C:

Insured / Std / NI / NA

Sp.Reading

502243

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

PE639 JD 0066

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/75 R17-5

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC POHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7/7

mm

L/Bal.

7

mm

L/Bal.

7/7

mm

D.O.A.

12/10/16

D.O.I.

12/10/16

4.58pm

Survey held at

LIANREX

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

Rear N/S

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



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 : CS3/FCI16019647/vb-1	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 06-04-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)				
Insured Veh.	SHB 2992T	Veh. Inspected	PZ 1267P	
Policy No.		Coverage (\$)	0.00	
Claim No.	D16010309MFSH	Excess (\$)	0.00	
Assign From	CWS (SITHARA)	Assign Date	02/04/2018	
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	12/10/2016	Inspection Date	09/04/2018	
Survey held at	LIANNEX CORPORATION (S) PTE LTD NO 18 SUNGEI KADUT WAY SINGAPORE 728789			
5a. Remarks				

Catherine Chong (LKK Auto)

From: Claim Workflow System <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Monday, 2 April, 2018 5:02 PM
To: ASSIGNMENTS@LKKAUTO.COM; sur@lkkauto.com
Cc: SITHARA@FIRST-INSURANCE.COM.SG; cwsmotorclaims@msfirstcapital.com.sg
Subject: Request for Re-Inspection of Vehicle No: PZ1267P// Our ref no: D16010309MFSH // Taxi PZ1267P accident involving with SHB2992T on 12/10/2016

Please find below link to download document
[REPORT.zip](#)

Dear Sirs

RE-INSPECTION ON THIRD PARTY VEHICLE: PZ1267P

Accident involving Taxi PZ1267P with SHB2992T on 12/10/2016.

Please conduct a re-inspection on the above third party vehicle with details as follows:-

Date:	9/4/2018 (Monday)
Time:	between 10.00 a.m. to 11.30 a.m
Venue:	at Liannex Corporation (S) Pte Ltd
	of 18 Sungei Kadut Way
	Singapore.
Contact Person:	Ms Alice
Tel:	63682668

We enclose both parties' GIA reports, and the final repair bill for your reference and action.

Please include the market value of above vehicle in your re-inspection report and let us have your report within 7 days.

Please acknowledge receipt of this email.

Thank you.

Regards,
Admin Team
Claim Workflow System

Motor Claims Department

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 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	13/10/2016 10:47
Date Of Accident	12/10/2016 15:25
Exact Location Of Accident	CHANGI GENERAL HOSPITAL A&E DEPT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PZ1267P
Insured/Policyholder	
Name Of Registered Owner	MING YU JIANG EXPRESS PTE LTD
Co Reg No	199708665W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-90000000

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	Bus

Insurance Company

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	B28674810 MKC
Cover Note Number	29/01/2016 TO 28/01/2017

Driver

Name of Driver	TAY CHUE KIM
NRIC No	S1169840I
Date Of Birth	14/07/1956
Occupation	Outdoor
Date Of Driving Pass	09/05/1978
Driving Experience	38 Years And 5 Months
Gender	Male
Mobile Number	(Local) +65-82805415
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 619 WOODLANDS DRIVE 52 #08-66
 Postcode 730619
 Was driver an employee of the Insured's Company Yes
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Collision- Head to Rear (TP Hit Insured)
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. No
 Number of Passengers (Including Driver) 21

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

THE INCIDENT TOOK PLACE. AFTER PICKING UP MY PASSENGER AT THE SAID LOCATION. TRAFFIC WAS HEAVY AT THAT TIME, WANTED TO EXIT THE SAID LOCATION. MY VEHICLE WAS STATIONERY AT THE QUEUE TO EXIT. THAT IS WHEN VEHICLE B UNABLE TO STOP ON TIME AND THUS COLLIDED ONTO MY VEHICLE REAR PORTION. ACCORDING TO THE SAID DRIVER HE PRESS WRONG PEDAL. AFTER THE IMPACT, I THEN CAME DOWN TO TAKE A LOOK AT BOTH VEHICLE. TOOK SOME PICTURES AND THEN LEFT THE SCENE. ATTENDED BY SITI

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB2992T
 Vehicle Make/Model/Colour MERCEDES
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRONT PORTION
 No. Of Passenger (Including Driver) 1

Details of Witness

Name
 Phone Number
 Email Address

SKETCH PLAN

IMPORTANT NOTICE

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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.
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

VACK KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

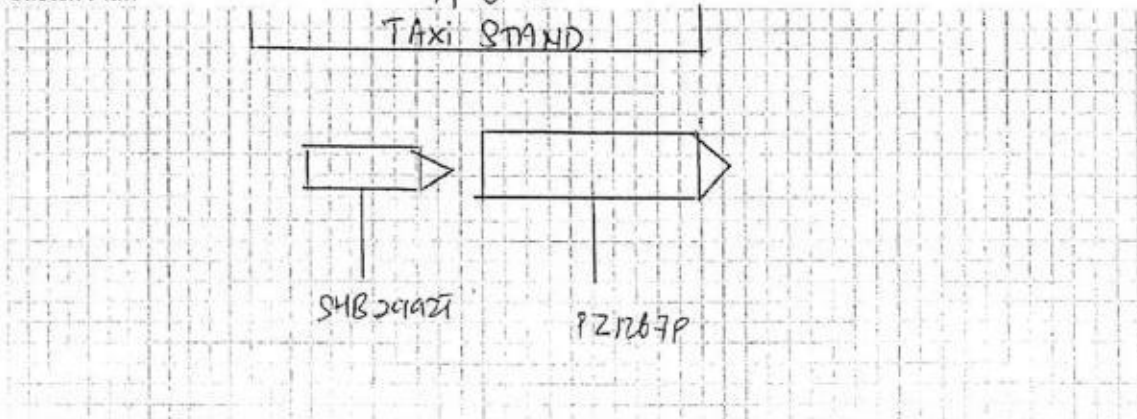
Email: vackb@singnet.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Changi General Hospital

Describe Circumstances of the Accident

Refers E-file

Declaration

We declare the foregoing particulars are true in every respect.

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 8665W

Vehicle Details

Vehicle No.: PZ1267P
Vehicle to be Exported: No
Intended De-registration Date: 19 Oct 2016
Vehicle Make: MITSUBISHI
Vehicle Model: BE639JRMHDEA
Primary Colour: White
Manufacturing Year: 2004
Engine No.: 4D34J89129
Chassis No.: BE639JD00106
Maximum Power Output: -
Open Market Value: \$69,344.00
Original Registration Date: 29 Jul 2004
First Registration Date: 29 Jul 2004
Transfer Count: 2
Actual ARF Paid: \$3,468.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 28 Jul 2019
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 5
PQP Paid: \$20,383.00
COE Rebate Amount: \$11,309.00

Total Rebate Amount: \$11,309.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 19 Oct 2016



Land Transport Authority

Please read through the Privacy Statement, Terms of Use and Disclaimer.
Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.
Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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 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	13/10/2016 07:33
Date Of Accident	12/10/2016 15:20
Exact Location Of Accident	CHANGI HOSPITAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2992T
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	
Alternative Phone No	Office-65508768

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	MERC
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	Reporting Only
Vehicle Category	Taxi

Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	D-15072702MFSH
Cover Note Number	

Driver

Name of Driver	CHAN CHUEN SUM
NRIC No	S1512840B
Date Of Birth	19/06/1961
Occupation	Outdoor
Date Of Driving Pass	19/10/2002
Driving Experience	13 Years And 11 Months
Gender	Female
Mobile Number	
Fax Number	
Contact Number	
Email Address	CHANCHUENSUM@YAHOO.COM.SG

Address	30 #13-02 TANAH MERAH KECHIL ROAD
Postcode	465558
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Head to Rear (Insured Hit TP)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
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

SEE ATTACH.

Are accident photos available for attachment?	Yes
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PZ1267P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAY CHUE KIM
NRIC/Passport Number	S11698401
Contact Number	86874006
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

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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 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.
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.

CHICAB PTE LTD
U. REG. NO. 199502839G

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Changi Hospital A+E Dr/Way



SR Man/Thy
12/10/16

A) SHB 2992T

B) PZI26TP

Describe Circumstances of the Accident

Passenger - NIL

No injury

On 12/10/16 at about 1530hrs while I Veh A was waiting behind Veh B, accidentally accelerated and collided on the rear of Veh B.

Declaration

We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
CO. REG. NO. 199502830C

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

✓ R Moorth
CSO



联立机构(新)有限公司
LIANNEX CORPORATION (S) PTE LTD.

18, Sungei Kadut Way, Singapore 728789.
Tel: 6368 2668 Fax: 6367 8866 Email: liannexc@singnet.com.sg
Company Reg. No: 199304670R

TAX INVOICE NO : LC/IC/01178/17

GST Reg. No : M2-0116401-0

Ming Yu Jiang Express Pte Ltd
25 Jalan Cherpen
Singapore 769927

Date : 7th October 2017

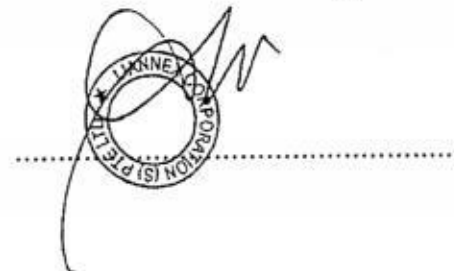
Our Ref :

Terms : COD

Vehicle No. : PZ1267P

Item	Description	Unit Price	Amount
1	Being lump sum repair cost for PZ1267P inclusive of spare parts and labour charges.		\$9,000.00
	Add 7% GST		\$630.00
	Total		<u>\$9,630.00</u>
	Sin Dls : Nine Thousand Six Hundred Thirty Only.		

All Cheques should be crossed and made payable to **LIANNEX CORPORATION (S) PTE LTD** for **LIANNEX CORPORATION (S) PTE LTD**





联立机构 (新) 有限公司
LIANNEX CORPORATION (S) PTE LTD.

18, Sungei Kadut Way, Singapore 728789.
Tel: 6368 2668 Fax: 6367 8866 Email: liannexc@singnet.com.sg
Company Reg. No: 199304670R

2/11/2016

First Capital Insurance Ltd
c/o LKK Auto Consultants Pte Ltd

Attn : Mr. Rasul

Dear Sirs,

assignments@lkkauto.com

BY EMAIL ONLY
(rasul@lkkauto.com)

Sent on 2/11/16
3.55pm

THIRD PARTY CLAIM - REPAIR ESTIMATE FOR PZ 1267 P.

Traffic accident on 12/10/2016 involving PZ 1267 P and SHB 2992 T along Changi General Hospital..

We append below the repair estimate for PZ 1267 P (Mitsubishi Rosa BE639)

Parts required :-

✓ - Replaced

Net items.

1 pc	Rear bumper	✓ DT	\$ 2844.58
2 pcs	Rear bumper lamp	✓	\$ 220.22
2 pcs	Rear bumper retainer	✓ DT	\$ 125.58
1 pc	Rear end panel	✓	\$ 534.87
1 pc	Rear emergency door	✓	\$ 3122.21
1 pc	Rear emergency door window glass w/strip	X NN	\$ 212.45
1 pc	Rear emergency door handle glass w/strip	X NN	\$ 46.89
2 pcs	Rear emergency door hinge	✓ DT	\$ 120.24
1 pc	Rear emergency door inner lock	✓ JN	\$ 101.34
1 pc	Rear right panel	R	\$ 2896.48
1 pc	Rear right panel window glass w/strip	X NN	\$ 212.45
1 pc	Rear left taillamp	X } NN	\$ 230.22
1 pc	Rear left signal lamp	X }	\$ 230.22
1 pc	Rear left corner panel	L	\$ 1021.34
1 pc	Rear left corner panel window glass w/strip	X NN	\$ 78.24
			\$11997.30
Less 20% trade discount			\$ 2399.46
			\$ 9597.84

Special net item :-

1 pc	Rear sticker, '60 KM/H'	✓ REC	\$ 10.00
1 pc	Rear number plate lamp	✓ DMG	\$ 60.00
1 pc	Rear number plate	X NN	\$ 50.00
B.c.f.			\$ 9717.84

...2/-

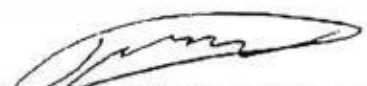
LIANNEX CORPORATION (S) PTE LTD

PZ 1267 P

B.b.f.	\$ 9717.84
To transfer rear emergency door window glass to new door.	¹⁰⁰ \$ 150.00 X ✓
To remove rear right panel window glass so as to enable repair to be carried out and refit same.	\$ 150.00 X
To remove rear left corner window glass so as to enable repair to be carried out and refit same.	\$ 120.00 X ✓
To remove rear garnishes , upholstery , seats and etc. so as to enable repair to be carried out and refit same	\$ 200.00 ¹⁰⁰
To putty and spray painting on rear bumper , rear end panel, rear emergency door , rear right panel , rear left corner panel and all affected accident parts including design painting on same.	\$ 2100.00 ¹²⁰⁰
To jack out floor panel. To cut off damaged rear panels and and weld new. To knock/straighten all necessary parts including repairing and changing of all damaged parts and align same.	\$ <u>2500.00</u> ¹⁵⁰⁰
Total	<u>\$14937.84</u>

Note :- This estimate is based on visible damage only. Should any hidden parts and/or labour charges required during works in progress , insurer and/or their surveyor will be notified accordingly.

LIANNEX CORPORATION (S) PTE LTD



 David Liang (H/P 96662662)
 Claims Consultant




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 : CS3/FCI16019647/Svbs2-1		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 16-05-2018		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)				
Insured Veh.	SHB 2992T	Veh. Inspected	PZ 1267P	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D16010309MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	02/04/2018	
2. Vehicle Particulars & Condition				
Make & Model	MITSUBISHI BE639	c.c	3908	
Engine No.	HIDDEN	Year of Reg.	2004	
Chassis No.	BE639JD00106	Colour	MULTI COLOUR	
Odometer	502243	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/75 R17.5	BRIDGESTONE	6 mm	
L/H Front Tyre	215/75 R17.5	BRIDGESTONE	6 mm	
R/H Rear Tyre	215/75 R17.5 (D)	BRIDGESTONE	6/6 mm	
L/H Rear Tyre	215/75 R17.5 (D)	BRIDGESTONE	6/6 mm	
4. Description of Damages				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.				
5. General Information				
Accident Date	12/10/2016	Inspection Date	25/04/2018	
Survey held at	LIANNEX CORPORATION (S) PTE LTD NO 18 SUNGEI KADUT WAY SINGAPORE 728789			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PZ 1267P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	REPLACED	2,844.58	2,844.58
2	REAR BUMPER LAMP	REPLACED	220.22	220.22
2	REAR BUMPER RETAINER	REPLACED	125.58	125.58
1	REAR END PANEL	REPLACED	534.87	534.87
1	REAR EMERGENCY DOOR	REPLACED	3,122.21	3,122.21
1	REAR EMERGENCY DOOR WINDOW GLASS W/STRIP	NOT NECESSARY	212.45	-
1	REAR EMERGENCY DOOR HANDLE GLASS W/STRIP	NOT NECESSARY	46.89	-
2	REAR EMERGENCY DOOR HINGE	REPLACED	120.24	120.24
1	REAR EMERGENCY DOOR INNER LOCK	REPLACED	101.34	101.34
1	REAR RIGHT PANEL	REPAIRED SEE LABOUR	2,896.48	-
1	REAR RIGHT PANEL WINDOW GLASS W/STRIP	NOT NECESSARY	212.45	-
1	REAR LEFT TAILLAMP	NOT NECESSARY	230.22	-
1	REAR LEFT SIGNAL LAMP	NOT NECESSARY	230.22	-
1	REAR LEFT CORNER PANEL	REPAIRED SEE LABOUR	1,021.34	-
1	REAR LEFT CORNER PANEL WINDOW GLASS W/STRIP	NOT NECESSARY	78.24	-
	LESS 20% DISCOUNT		-2,399.47	-1,413.81
			9,597.86	5,655.23
SPECIAL NETT ITEMS				
1	REAR STICKER, '60 KM/H' (SN)	REPLACED	10.00	10.00
1	REAR NUMBER PLATE LAMP (SN)	REPLACED	60.00	60.00
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	50.00	-
			120.00	70.00
LABOUR				
	TO TRANSFER REAR EMERGENCY DOOR WINDOW GLASS TO NEW DOOR.		150.00	100.00
	TO REMOVE REAR RIGHT PANEL WINDOW GLASS SO AS TO ENABLE REPAIR TO BE CARRIED OUT AND REFIT SAME.	NOT NECESSARY	150.00	-
	TO REMOVE REAR LEFT CORNER WINDOW GLASS SO AS TO ENABLE REPAIR TO BE CARRIED OUT AND REFIT		120.00	120.00

Report Ref No. CS3/FCI16019647/Svbs2-1



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE REAR GARNISHES, UPHOLSTERY, SEATS AND ETC. SO AS TO ENABLE REPAIR TO BE CARRIED OUT AND REFIT SAME.		200.00	100.00
	TO PUTTY AND SPRAY PAINTING ON REAR BUMPER, REAR END PANEL, REAR EMERGENCY DOOR, REAR RIGHT PANEL, REAR LEFT CORNER PANEL AND ALL AFFECTED ACCIDENT PARTS INCLUDING DESIGN PAINTING ON SAME.		2,100.00	1,200.00
	TO JACK OUT FLOOR PANEL. TO CUT OFF DAMAGED REAR PANELS AND WELD NEW. TO KNOCK / STRAIGHTEN ALL NECESSARY PARTS INCLUDING REPAIRING AND CHANGING OF ALL DAMAGED PARTS AND ALIGN SAME. INCLUSIVE OF THE REPAIR OF REAR RIGHT PANEL AND REAR LEFT CORNER PANEL.		2,500.00	1,500.00
			5,220.00	3,020.00
GRAND TOTAL			14,937.86	8,745.23
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				7,000.00

Report Ref No. CS3/FCI16019647/Svbs2-1

YEANG WAI KEEN

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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