Surveyor = _	U.S.
	INS SHOUR OF BCL Date/Time: 04052018 735pm
Estimated Co	LOSII VOI
	TP RES / OD RES / EVA / INV / MV / CS  SKP NATL  Insured: SHB 3952C
at Workshop	7 1 0 - 1
of	BIK 3007 UDI Rd 1 # 01-460
Policy No:	Claim No: D18003475M75H
Sum Insured:	Excess;
Make of Veh (Client's Recor	D.O.A. 30042018
CA / REV	KEP. / REV 24 HRS 'WO'
Date/Time:	0715 JO18 1021 am Person Contacted: Thuna Vehicle IN/QUI
Date/Time	Action/Instruction ( V) Estimate
	SKP 1477L - X
	SHB 3952C - NG/TN(16003600/11/9572 DLA: 210216

ASS, PEG BY ASSIGNMENT SKP 1477 L Yr Regn. Veh No: From Date Type: Mcarl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD / TP/FWS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No. Make: at Workshop m/s Colour Insured / Std / NI / NA T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured Policy No. C/No: Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Sum Insured: Excess: Inorder / Jammed / Leaked / Burnt or (Client's Record) Make of Veh: Nil / S/Rim / STD A/Bim or 65 R15 Tyre Size: (Policy Condition) Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYON YOKO OF Bal. or Market Value: Front Rear Consistent?: Yes or No R/Bal R/Bal. mm mm Consistent?: Yes or No L/Bal. L/Bal. mm Res.: Yes or No D.O.A. days 3 Val.: Yes or No Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Thana. Preli. Report Days Of Repair: Final Report Resurvey No. of Trip: Survey Fee: 130 Transportation: 50

IDAC Accident Rport: GIA / PR Seen: Est. Repairs: Lum Sum: CA / REV / REP. / 24 HRS Date: Date/Time, File Pass to? Date/Time, File Return to? Add Fee: 2) Site Insp (\$ S+RS.\_SI Interview (\$ Photos 29 Report Format: Tech. Inve (4) Others Lung Oum / LEdin \$650 Meetend ( TOTAL 209



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 Underwitting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

#### MOTOR SURVEY ASSIGNMENT

Date

04-05-2018

Our Ref No. D18003475MFSH

**Accident Date** 

30-04-2018

Claim Type. Third Party

Insured Vehicle

SHB3952C

Third Party Vehicle. SKP1477L

Survey Location

BLK 3007 UBI ROAD 1 #01-450

Contact Person.

MS S.THANALETCHUMI

Contact No.

67488824/67488824

Fax No. 67488834

Survey Type

WITHOUT PREJUDICE:

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

JACK CARS

ENTERPRISE PTE LTD

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.



# Celine Fong (LKKAuto)

From: Thanaletchumi Santerashigaram <thana@jackcars.com.sg> Sent: Monday, 23 December 2019 1:16 PM To: Guo Qiang (LKKAuto) Subject: Re: URGENT : COR of SKP1477L</thana@jackcars.com.sg>			
Greetings Mr. Guo Qiang ,			
For an amicable settlement	would agree with \$650 B4 GST with 2 days.		
Kindly advice on the submis	ssion of the LOD.		
Kindly reply.			
Thank You.			
Best Regards , S.Thanaletchumi (Ms) JACK CARS ENTERPRISE F Office : 67488824 Mobile : 91701900 Fax : 67488834 Email : thana@jackcars.com			
On Fri, Nov 29, 2019 at 6:12 F	M Guo Qiang (LKKAuto) < <u>GuoQiang@lkkauto.com</u> > wrote:		
Dear Thana,			
Finalize COR \$650 before GS	ST @ 2 working days.		
Regards,			
Guo Qiang			
From: Thanaletchumi Sante Sent: Friday, 8 November, 2 To: Janice Lee (LKKAuto); G Subject: Re: URGENT: CO	uo Qiang (LKKAuto); SUR		
Greetings Mr. Guo Qiang	•		

As spoken , attached would be the marked estimate for your kind perusal.

Kindly reply.
Thank You.
Best Regards ,
S.Thanaletchumi (Ms)
JACK CARS ENTERPRISE PTE LTD
Office : 67488824
Mobile : 91701900
Fax : 67488834
Email: thana@jackcars.com.sg
On Wed, Mar 6, 2019 at 4:16 PM Thanaletchumi Santerashigaram < <a href="mailto:thana@jackcars.com.sg">thana@jackcars.com.sg</a> wrote:
Greetings ,
Kinldy finalize the COR of SKP1477L as the case is pending for closure.
Kindly revert.
Thank You.
Best Regards,
S.Thanaletchumi (Ms)
JACK CARS ENTERPRISE PTE LTD
Office : 67488824
Mobile: 91701900

Fax : 67488834

On Thu, Oct 11, 2018 at 9:19 AM Thanaletchumi Santerashigaram < thana@jackcars.com.sg > wrote: Greetings, Kinldy finalize the COR of SKP1477L as the case is pending for closure. Kindly revert. Thank You. Best Regards, S. Thanaletchumi (Ms) JACK CARS ENTERPRISE PTE LTD Office: 67488824 Mobile: 92206746 Fax : 67488834 Email: thana@jackcars.com.sg ----- Forwarded message -----From: Thanaletchumi Santerashigaram < thana@jackcars.com.sg> Date: Mon, Sep 10, 2018 at 6:44 PM Subject: URGENT: COR of SKP1477L To: "Janice Lee (LKKAuto)" < Janice Lee @lkkauto.com >, guoqiang @lkk.auto.com Greetings,

Kindly finalize the COR of SKP1477L as the case is pending for closure.

Kindly revert.

Email: thana@jackcars.com.sg

Thank You.

Best Regards,

S.Thanaletchumi (Ms)

JACK CARS ENTERPRISE PTE LTD

Office: 67488824

Mobile: 92206746

Fax : 67488834

Email: thana@jackcars.com.sg

#### 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 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

<b>建筑的景态区域。</b>	ACCIDENT STATEMENT
Date Of Report	03/05/2018 10:19
Date Of Accident	30/04/2018 15:00
Exact Location Of Accident	113 KING'S GEORGE'S AVENUE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP1477L
Insured/Policyholder	NEW YORK OF THE STATE OF THE ST
Name Of Registered Owner	TAN KWEE PENG (CHEN GUIPING)
NRIC No	S7738303D
Email Address	WINTER.TAN.KP@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91197768
Alternative Phone No	OTHERS-91197768
Vehicle Particulars	The state of the s
Manufacturer	NISSAN
Model	LATIO 1.5L 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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0008246
Cover Note Number	
Driver	
Name of Driver	TAN KWEE PENG (CHEN GUIPING)
NRIC No	S7738303D
Date Of Birth	30/12/1977
Occupation	INDOOR
Date Of Driving Pass	13/10/2000
Driving Experience	17 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91197768
Fax Number	
Contact Number	OTHERS-91197768
EMail Address	WINTER.TAN.KP@GMAIL.COM

Address

BLK 119A RIVERVALE DRIVE #11-310

Postcode

Was driver an employee of the Insured's Company NO

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

ambulance?

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

0

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POTONG PASIR NEIGHBOURHOOD POLICE POST

Police Station Name Police Station Address

ROAD: BLK 142 POTONG PASIR AVENUE 3, POSTCODE: 350142,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2829999 - FAX NO: 62815964

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ATTACHED POLICE REPORT NO.: T/20180503/2064

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO WITH OWNER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour

SHB3952C

Details Of Properties

CAR B

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

#### SKETCH PLAN

#### 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 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:

- 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
- 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)

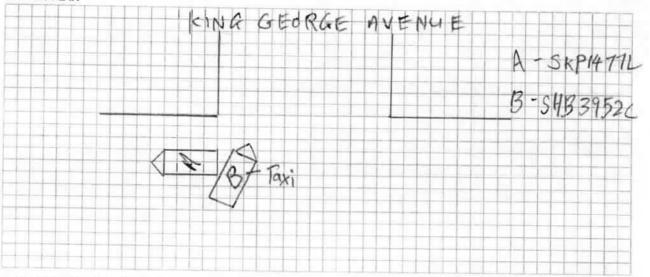
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT						
ATTACHED	POLICE	REPORT	No.: T/2018	0503/2064		

### DECLARATION

I/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:

3/5/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before after spray painting
- To display damaged part(s) during resurvey

- 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:

ESTIMATE

DATE OF ACCIDENT: 30/04/2018

VEHICLE: SKP1477L

MAKE & MODEL: NISSAN LATIO

**INSURANCE:** FIRST CAPITAL INSURANCE

SURVEYOR: LKK AUTO

	PARTS	CONDITION	COST
1.	REAR BUMPER X REPORT.		\$ 745
2.	1 1 1 1		\$ 400
3.	REAR BUMPER BRACKET - LEFT / MCC.		\$ 75
	SPECIAL NETT		- (09
1.	REVERSE SENSOR X N/V		\$ 200
2.	CLIPS / MCC.		\$ 30
-	LABOUR		
1.	TO PUTTY & SPRAY PAINT OF AFFECTED AREA		\$ 570
2.	TO PANEL BEAT & RENEWAL OF ALL NECESSARY DAMAGED BODY PARTS	-	\$ 475
3.	TO CHECK WIRING & REWIRE		\$ 80
4.	TO REMOVE AND REINSTALL REAR BOOT UPHOLSTERY		\$ 80
5.	TO REMOVE & REINSTALL REVERSE SENSOR		\$ 140
6.	TO CHECK ON LIGHTS & WATER TEST FOR ANY LEAKAGE		\$ 80
7.	TO REMOVE & REPLACE ALL AFFECTED PARTS WITH MECHANICAL & ELECTRICAL CHECKS		\$ 180
8.	ANTI RUST TREATMENT	SEAR CHILL	\$ 140
		10000000	3195

37.5

437.5

393.75

00 00



# 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

8 10	1 10000	Affiliated to Federation Inte	rnationale Des Experts En Autom	nobile		
MS	FIRST CAPITAL IN	ISURANCE LTD	Ref : CS/FCI1800830	02/Gcd3e2		
	OBINSON ROAD 01 CITY HOUSES	INGAPORE 068877	Date: 13-01-2020 Code: FCI2			
1.		Policy Particu	lars :- THIRD PARTY CLAI	M		
	Insured Veh.	SHB 3952C	Veh. Inspected	SKP 1477L		
	Policy No.		Coverage (\$)	0.00		
	Claim No.	D18003475MFSH	Excess (\$)	0.00		
	Assign From	SITHARA	Assign Date	04/05/2018		
2.		Vehicle I	Particulars & Condition			
	Make & Model	NISSAN LATIO 1.5	c.c	1498		
	Engine No.	HIDDEN	Year of Reg.			
	Chassis No.		Colour	GREY		
	Odometer	201721	Steering	IN ORDER		
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM		
	General	GOOD				
3.		Co	onditions of Tyres			
		Size	Make	Balance		
	R/H Front Tyre	185/65 R15	тоуо	6 mm		
	L/H Front Tyre	185/65 R15	TOYO	6 mm		
	R/H Rear Tyre	185/65 R15	тоуо	6 mm		
	L/H Rear Tyre	185/65 R15	тоуо	6 mm		
4.		Desc	cription of Damages	The state of the state of		
	THE VEHICLE SU	THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.				
	DAMAGES SEE D	ETAILS.				
5.		Ge	neral Information			
	Accident Date	30/04/2018	Inspection Date	08/05/2018		
	Survey held at	JACK CARS ENTERPRISE	E PTE LTD			
		BLK 3007 UBI ROAD 1 #0° SINGPORE 408700	1-450			
5a.			Remarks			
	B)THE INSPECTION		EPORT. A"WITHOUT PREJUDICE" BAS NS, WE HAVE NOT AUTHORIS			
5b.	A medium and a	Estir	mate Days of Repair			
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	2 Working Day	rs		



## 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. SKP 1477L

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	TO REPAIR SEE LABOUR	745.00	-
1	REAR BUMPER LOWER LIP	CUT	400.00	400.00
1	REAR BUMPER BRACKET-LEFT	NECESSARY	75.00	37.50
	LESS 10% DISCOUNT		8-	-43.75
			1,220.00	393.75
	SPECIAL NETT ITEMS			
1	REVERSE SENSOR (SN)	NOT NECESSARY	200.00	-
1	CLIPS (SN)	NECESSARY	30.00	20.00
			230.00	20.00
	LABOUR			
	TO PUTTY & SPRAY PAINT ON AFFECTED AREA.		570.00	200.00
	TO PANEL BEAT & RENEWAL OF ALL NECESSARY DAMAGED BODY PARTS.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		475.00	200.00
	TO CHECK WIRING & REWIRE.	NOT NECESSARY	80.00	-
	TO REMOVE AND REINSTALL REAR BOOT UPHOLSTERY.	NOT NECESSARY	80.00	-
	TO REMOVE & REINSTALL REVERSE SENSOR.		140.00	40.00
	TO CHECK ON LIGHTS & WATER TEST FOR ANY LEAKAGE.	NOT NECESSARY	80.00	8
	TO REMOVE & REPLACE ALL AFFECTED PARTS WITH MECHANICAL & ELECTRICAL CHECKS.	NOT NECESSARY	180.00	
	ANTI RUST TREATMENT.	NOT NECESSARY	140.00	
			1,745.00	440.00
	GRAND TOTAL		3,195.00	853.75

RECOMMENDED COST OF LUMP SUM REPAIRS	650.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS/FCI18008302/Gcd3e2

X

XING GUO QIANG

M.MATAI, AMSAE-A
Automotive Assessor

XXX.

**ADRIAN LING WAI PING** 

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.