

22/03/2002

S. REC. BY:

REF:

03/FCI18009056/Krbcr

Special Instruction:

Survivor:

Kenneth

ASSIGNMENT (Office)

From (Person):

WS May Chua

of

FCI

Date/Time:

18052018 8:58am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLT 9654G

Insured:

SHC 7430K

at Workshop m/s

City Auto

Tel:

6453 1235

of

Blk 8 Sin Ming Ind Est #01-58

Policy No:

Claim No:

D18003967 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

11-05-2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'DS'

24052018 @ 1 pm

H.O.D. Endorsement

Date/Time:

18052018 11:51am

Person Contacted:

Vronica

Vehicle IN (OUT)

Date/Time

Action/Instruction (✓) Estimate

SLT 9654 G - x

SHC 7430K - 03/TW16006098 / Fp0352

DFA: 020416

Report thru email

Repair Bay @ 1700h 1750h Customer

Red: \$ 385.17, 187.



REF: FCI

ASSIGNMENT

From:

Date:

21/05/2018

Estimated Cost:

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

To Inspect Vehicle No:

SLT 9654G

at Workshop m/s

City Auto

of Blk 8, Sir Ming Ind Est # 01-58

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

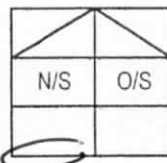
(Client's Record)

1pm

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

832k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

11'22

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLT 9654G

Yr Regn:

11, 07

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

Truck / Trailer or

MPV

Make:

Toy with

C.C.

1796

Colour

n. Maroon

A/C:

Insured / Std / NI / NA

Sp. Reading

183846

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZNE10 . 0384376

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/85R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

11/5/18

D.O.I.

24/5/18

Survey held at

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.

Date / Time

Action / Instruction

25/5 File pass to Catherine

Date/Time. File Pass to?



Preli. Report



Final Report

Date/Time. File Return to?

2)

Add Fee:



Site Insp (\$

) \$ + RS. SI



Interview (\$

) Photos



Tech. Invs (\$

) Others



Weekend (\$

)

Report Format :

TP

Lump Sum / I.B.I: (\$ Repair Sum \$1750

Days Of Repair:

3

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

Others

TOTAL

110

50

50150

18

278

RECEIVED 05 JUL 2018



Auto
Consultants
Pte Ltd

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

Your Ref: D18003967MFSH

Our Ref: CS/FCI18009056/K1rb

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

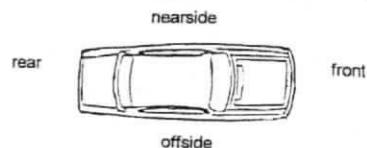
INITIAL INSPECTION REPORT OF VEHICLE NO. SLT 9654G

Please be informed that we had conducted the inspection of the above mentioned vehicle on 24.05.2018 at the premises of M/s CITY AUTO PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ 2,135.14 .
Revised Estimate Amount	: S\$ 1,725.05 .
"Check" Items Amount	: S\$ 155.08 .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages
At rear n/s portion.



Yours faithfully
KENNETH
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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJS 5252M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BONNET	BUCKLED	1,304.30	1,304.30
1	BONNET LOCK	NOT NECESSARY	61.00	-
1	FRONT LH HEADLAMP	CRACKED	1,762.20	1,762.20
1	FRONT LH HEADLAMP LOWER CLIPS	NECESSARY	26.70	26.70
1	FRONT LH FENDER	BUCKLED	698.50	698.50
1	FRONT BUMPER	DISTORTED	688.00	688.00
2	FRONT BUMPER SIDE HOLDER @ \$53.50	N/S DAMAGED	107.00	53.50
1	FRONT BUMPER LH LOWER MOULDING	CRACKED	116.70	116.70
1	FRONT BUMPER LH FOG LAMP GARNISH	DEFORMED	44.50	44.50
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	362.90	-
1	FRONT BUMPER SPONGE	CRACKED	280.70	280.70
2	FRONT BUMPER BRACKET @ \$91.70	N/S BENT	183.40	91.70
1	BONNET INNER LH SIDE RUBBER	NOT NECESSARY	59.80	-
1	SUPPORT PANEL	CRACKED	753.60	753.60
	LESS 30% DISCOUNT		-1,934.79	-1,746.12
			4,514.51	4,074.28
NETT ITEMS				
1	BONNET HINGE (LH) (N)	NOT NECESSARY	35.80	-
1	FRONT GRILLE (N)	CUT	452.80	452.80
1	FRONT LH FENDER INNER SHIELD (N)	TORN	79.00	79.00
1	FRONT BUMPER LH NOZZLE (N)	DAMAGED	191.70	191.70
1	FRONT BUMPER LH NOZZLE COVER (N)	MISSING	64.30	64.30
1	FRONT BUMPER LOWER CENTRE COVER (N)	NOT NECESSARY	144.20	-
	LESS 10% DISCOUNT		-96.78	-78.78
			871.02	709.02
SPECIAL NETT ITEMS				
1	FRONT BUMPER LH FOG LAMP (SN)	CRACKED	223.80	223.80
1	FRONT BUMPER FOG LAMP BRACKET (SN)	BENT	16.80	16.80
			240.60	240.60
LABOUR				
	REMOVE, REPLACE & REPAIR CONSISTENT TO THE ACCIDENT		1,000.00	900.00
	RESPRAY PAINTING		1,100.00	650.00

Report Ref No. CS/TP12003903/Aw1

Janice Lee (LKKAUTO)

From: Janice Lee (LKKAUTO)
Sent: Thursday, May 31, 2018 4:11 PM
To: Admin-D (LKKAUTO); 'Claim Workflow System'
Cc: MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18003967MFSH/1
Attachments: SLT 9654G.pdf

Dear Sir/ Madam,

Enclosed preliminary revised for **SLT 9654G**.

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Friday, May 18, 2018 11:52 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18003967MFSH/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: 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: Friday, 18 May, 2018 8:58 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; MAYCHUA@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18003967MFSH/1

Dear Sir/Mdm,

HUA MENG SPRAY PAINTING WORKSHOP

1, Kaki Bukit Avenue 6, Blk C #01-61 / 01-34, Singapore 417883

Autobay @ Kaki Bukit

Tel: 6747 8064, 6746 5519 / 9666 9680 Fax: 6743 4896

ESTIMATE

Chua Tung Meng
Blk 183 Edgefield Plains
#16-266 S820183
Date : 01.02.12
Vehicle no : SJS 5252M
Make/Model : Nissan Teana
Accident date : 04.01.12

No	Description	Qty	Amount (\$\$)
----	-------------	-----	---------------

Special Nett Items

1 Front bumper LH fog lamp
2 Front bumper fog lamp bracket

\$	223.8	1
\$	16.8	1
\$	240.6	

Labour Costs

1 Remove, replace & repair consistent to the accident.
2 Respray painting.
3 Tuff kote.

\$	1000	1
\$	1100	1
\$	150	1
\$	2250	

Grand Total

\$	7876.13
----	---------

total: 6633.90
1/5: 5.31c
06 Days

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,

Admin Team

Claim Workflow System

Motor Claims Department

MS First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

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

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



COPIED

Affiliated to Federation Internationale Des Experts En Automobile			
HUA MENG SPRAY PAINTING WORKSHOP 1 KAKI BUKIT AVE 6 #01-61 AUTOBAY SINGAPORE 417883 ON BEHALF OF CHUA TUNG MENG Code: TP127			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	Veh. Inspected	SJS 5252M	
Policy No.	Coverage (\$)	0.00	
Claim No.	Excess (\$)	0.00	
Assign From	Assign Date	09/01/2012	
2. Vehicle Particulars & Condition			
Make & Model	NISSAN TEANA	c.c	2496
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	JN1BBUJ3220002215	Colour	BLUE
Odometer	32922 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
Size	Make	Balance	
R/H Front Tyre	215/55R17	DUNLOP	6 mm
L/H Front Tyre	215/55R17	DUNLOP	6 mm
R/H Rear Tyre	215/55R17	DUNLOP	6 mm
L/H Rear Tyre	215/55R17	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	04/01/2012	Inspection Date	09/01/2012
Survey held at	HUA MENG SPRAY PAINTING WKSP 1 KAKI BUKIT AVE 6 #01-61 AUTOBAY SINGAPORE 417883		
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: 6 Working Days			

MOTOR SURVEY ASSIGNMENT

Date	17-05-2018	Our Ref No. D18003967MFSH
Accident Date	11-05-2018	Claim Type. Third Party
Insured Vehicle	SHC7430K	Third Party Vehicle. SLT9654G
Survey Location	BLK 8 SIN MING ROAD #01-58/60/62 SIN MING IND EST	
Contact Person.	VRONICA LAW	
Contact No.	64531235/ 98239898	Fax No. 64537944
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	CITY AUTO PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No. :	SLT9654G
Vehicle Type :	P11 - Passenger Station Wagon/Jeep/Land Rover
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	TOYOTA
Vehicle Model :	WISH 1.8X A
Chassis No. :	ZNE100384376
Propellant :	Petrol
Engine No. :	1ZZ2979845
Engine Capacity :	1794 cc
Maximum Power Output :	97.0 kW (130 bhp)
Maximum Laden Weight :	1685 kg
Unladen Weight :	1300 kg
Year Of Manufacture :	2007
Original Registration Date :	15 Nov 2007
Lifespan Expiry Date :	-
COE Category :	B - Car (1601cc & above)
PQP Paid :	\$25,084.00
COE Expiry Date :	14 Nov 2022
Road Tax Expiry Date :	14 Nov 2018
Inspection Due Date :	14 Nov 2018
Intended Transfer Date :	31 May 2018
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

You may print this page for reference.

OK

Print

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7401B
Vehicle Details	
Vehicle No.:	SLT9654G
Vehicle to be Exported:	No
Intended De-registration Date:	05 Jul 2018
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8X A
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	1ZZ2979845
Chassis No.:	ZNE100384376
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$19,170.00
Original Registration Date:	15 Nov 2007
First Registration Date:	15 Nov 2007
Transfer Count:	2
Actual ARF Paid:	\$21,087.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	14 Nov 2022
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$25,084.00
COE Rebate Amount:	\$21,864.00
Total Rebate Amount:	\$21,864.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 05 Jul 2018

OK

INS. CASE OWNER: Ngu, Elaine - SM

CC 6 /AIG1200 3902 / As b1 y

LKK:
IDAC:**ASSIGNMENT**Surveyor: AdrianDOI: 23/02/12Date / Time: 23/02/12

Pre-assign / CCU / FTE

Registered in Merimen: 24/02/12Insured Vehicle No.: SSU 4336.BClaim No.: 800554553Name of Insured: ERNEST TAN GAY HONGPolicy No.: 2100290690Insured Tel No.: _____ HP: 65-90616922Make / Model: VOLVO XC90-2.5T (A)Excess Sec II :SS _____ D.O.A: 21/02/12Place of Accident: Along Commonwealth Ave

Is driver the owner? (YES / NO)

Nature of Accident: West (City Vibe Taxi Stand)

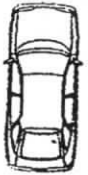
If NO, Driver Name / Age:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO Insured Liability:

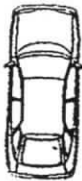
% Final ? Yes / No

INSRS: John MarineWSP: Team Work

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



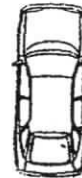
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

FOR CSO ONLY:

Is driver the owner? (YES / NO)

If NO, Driver Name / Age:

Driver's Own Vehicle Number:

Insurance Company:

SSU 4336 B _____ xSSU 4336 B _____ x**STAGE**

DATE / PIC

Finalisation:

Email AIG for OI GIA:

Apt letter to OI:

Call OI:

After call ltr to OI:

Type Report:

Prepare Invoice:

Others:

Documentation Check List: Handler Typist

OI Apt Ltr:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

LTA / GIA:

Medical Bill:

Approval Email:

Payment Breakdown Form:

Others:

23/3/12 12pm. Called OI. Informed of TP claims. Admitted rear endure TP. However mentioned that TP suddenly cut out. Wants TP to shoulder some responsibility. Mentioned to TP will try to settle at best for him. Willing to settle. Aware of NCD issues. Send letter to OI. Case pass to Sharon

13/4/12 Pass to Jowese to check docs.

COPY SENT
16/04/12

- File checked by Jowese
- File passed to account to close file

ENTERED 26 APR 2012

FINAL SETTLEMENTDate: 13/4/12

Confirm with

(Settle at best)Repair Cost: w/gstS\$ 6527.00

Final Liability

100

% (Agreed / Assessed)

BOLA S/N No.:

27

Loss of Rental:

S\$ 700.00(7 days) X \$100

If NO or B 28, Ass. Lia:

Loss of Use:

S\$ -

(\$ x days)

Disbursement:

S\$ 5.35

Total:

S\$ 7232.35

Global Sum: S\$

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	14/05/2018 14:36
Date Of Accident	11/05/2018 19:30
Exact Location Of Accident	TAN TOCK SENG LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT9654G
Insured/Policyholder	
Name Of Registered Owner	TAN KIM CHOON
NRIC No	S1147401B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98427319
Alternative Phone No	OTHERS-NOPHONE
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5062288676-04
Cover Note Number	
Driver	
Name of Driver	TAN BENG HOCK
NRIC No	S2173611B
Date Of Birth	09/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	24/05/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98427319
Fax Number	
Contact Number	HOME-63417647
EMail Address	THOMASTAN1128@GMAIL.COM

Address	APT BLK 120 MCNAIR ROAD #04-83
Postcode	320120
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : PASSENGER 1 GENDER: : MALE

Details of Police Action

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

Circumstances of Accident

REFER TO SKETCH PLAN

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	SHC7430K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOH SOON SENG
NRIC/Passport Number	S1826724A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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.
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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.

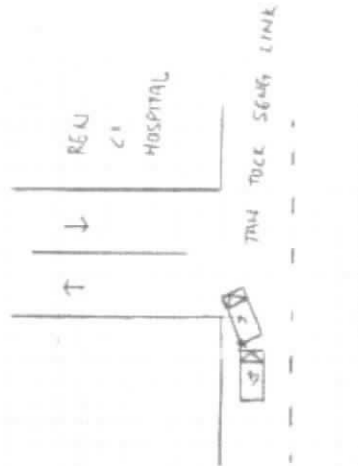
Policyholder's Signature
Date & Time

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 675843
Tel: 6453 1235 / Fax: 6453 7944
(Claims Section)
Reporting Centre Personnel's Signature
Name
NRIC/ID No

Accident Sketch Plan

SKETCH PLAN



A - SLT 96546

B - SHC 7430K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

About 7:30pm on ~~5/11/2018~~ 11/5/2018, I was on Ten Tong Seng Link turning into Car Park of Ren Ci Community Hospital, a taxi hit me ~~from~~ ^{at} the back. My turn signal light was on before I turned.

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:

CITY AUTO PTE LTD
Blk B Sheng Road
#01-50/51/52 Sheng Ind Est
Singapore 515643
Tel: 6453 1233 Fax: 6453 7944
(Claims Section)

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



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643

TEL: 6453 1235, 6452 0850 FAX: 6453 7944

24hrs Towing Services Tel: 9823 9898

Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Estimate : QUOT201805-000314(00)

Date : 16/05/2018

Vehicle No. : SLT9654G

Make/Model : TOYOTA WISH 1.8X A

Mileage (km) : 0

Chassis No. : ZNE100384376

Accident Date : 11/05/2018 00:00:00

Claim No. : SHC7430K

Reference : SLT9654G

Policy No. : 5062288676-04

MS FIRST CAPITAL INSURANCE LTD

NO. 36

ROBINSON RD

CITY HOUSE

SINGAPORE 068877

Attention: Tan Kim Choon

Contact : 98427319

Fax No. : 6507 3849

*Not Authorized
11/5/18 @?*

3 days

S/No	Particular	Quantity	Unit Price	Amount S\$
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LIST ITEMS :

1	Taillamp	1.0	546.30	CM 546.30 ✓
2	Rear bumper	1.0	557.80	Bu 557.80 ✓
3	Rear bumper bracket	1.0	87.60	Bu 87.60 ✓
4	Rear bumper retainer	1.0	68.37	Dir 68.37 ✓
5	Rad reflector	1.0	61.90	SCR 61.90 ✓
6	Rear LH fender inner shield	1.0	144.87	Dir 144.87 ✓

List Total :

1,466.84

25% Discount S\$

366.70

1,100.14

LABOUR :

*To check and re-wiring	1.0	35.00	35.00	201
- To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts	1.0	400.00	400.00	3601
- Spray painting on affected & replace parts	1.0	600.00	600.00	4001
			1,035.00	

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:

E. & O.E.

Total S\$: 2,135.14

GST 7% S\$: 149.46

Amount Due S\$: 2,284.60

Signature

for CITY AUTO PTE LTD




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/FCI18009056/Krbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 09-07-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7430K	Veh. Inspected	SLT 9654G	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18003967MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	18/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH (A)	c.c	1794	
Engine No.	HIDDEN	Year of Reg.	2007	
Chassis No.	ZNE100384376	Colour	METALLIC MAROON	
Odometer	183846	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	MICHELIN	8 mm	
L/H Front Tyre	195/65 R15	MICHELIN	8 mm	
R/H Rear Tyre	195/65 R15	MICHELIN	8 mm	
L/H Rear Tyre	195/65 R15	MICHELIN	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	11/05/2018	Inspection Date	24/05/2018	
Survey held at	CITY AUTO PTE LTD BLK 8, SIN MING IND. ESTATE #01-60/62 SIN MING ROAD SINGAPORE 575643.			
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. SLT 9654G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	TAILLAMP	CRACKED	546.30	546.30
1	REAR BUMPER	BUCKLED	557.80	557.80
1	REAR BUMPER BRACKET	DENTED	87.60	87.60
1	REAR BUMPER RETAINER	DISTORTED	68.37	68.37
1	RAD REFLECTOR	SCRATCHED	61.90	61.90
1	REAR LH FENDER INNER SHIELD	DISTORTED	144.87	144.87
	LESS 25% DISCOUNT		-366.71	-366.71
			1,100.13	1,100.13
	<u>LABOUR</u>			
	TO CHECK AND RE-WIRING.		35.00	20.00
	TO KNOCK JACKOUT DAMAGED PARTS,PANEL BEATING,WELDING,ALIGN,REFIX AND TO RENEW ACCIDENT PARTS.		400.00	360.00
	SPRAY PAINTING ON AFFECTED & REPLACE PARTS.		600.00	400.00
			1,035.00	780.00
	GRAND TOTAL		2,135.13	1,880.13
RECOMMENDED COST OF REPAIR SUM				1,750.00

Report Ref No. CS/FCI18009056/Krbe2

KONG SENG CHEONG

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 contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

