

2/03/2002

ASS. REC. BY:

REF: CS/FCI18009292/Gvd34

Special Instruction:

Surveyor

CWS

ASSIGNMENT (Office)

From (Person):

Lurere jaw

of

FCI

Date/Time:

21/05/2018 @ 4:30pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLM718C

Insured:

SHA 0748B

at Workshop m/s

Jin Huet & CO

Tel:

6453 2151

of

176 Sin Ming Drive # 05-01

Policy No:

Claim No:

D18003863MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

12/05/2018

CA / REV / REP. / REV 24 HRS

(up)

23/05/2018 @ 1pm-2pm

H.O.D. Endorsement:

Date/Time:

9:01am @ 22/5/18

Person Contacted:

Alice

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SLM718C-X

SHA0748B-NS/INC16002270/H/vbn2

DOA. 02/02/16

3/5/18

Email preli revised to FCI

3/7/18

Final fig \$ 745 confirmed by email

(Red 7400, 915) (No LS)

Signature

xml.

REF: FCI

C2127w

ASSIGNMENT

From: \_\_\_\_\_ Date: 23/5/2018

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: SLM 718C

at Workshop m/s jin huat

of 176 Bin Ming Drive # 05-01

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record) 1pm - 2pm

Make of Veh: \_\_\_\_\_

Veh No: SLM718C Yr Regn: 28 Jan 2010

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

Make: Maserati GranTurismo 4244

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 63936 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: ZAMGH 45C.000049904

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: 245/35 ZR20  
R: u

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (wp)

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU /  PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal. <u>5</u> mm		R/Bal. <u>5</u> mm	
L/Bal. <u>5</u> mm		L/Bal. <u>5</u> mm	
D.O.A.		D.O.I. <u>23-05-18</u>	

Survey held at w/s 2pm

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

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

Date / Time | Action / Instruction

*[Signature]*  
3/7/2018

RECEIVED 3-5-JUL-2018

Date/Time. File Pass to?  : Preli. Report  
 : Final Report

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

Date/Time. File Return to?  
3/7 - typist

Add Fee:  Site Insp (\$)  
 Interview (\$)  
 Tech. Invs (\$)  
 Weekend (\$)

Survey Fee:	160
Transportation	50
Photos	50
Others	21
TOTAL	281

Report Format : CWS  
Lump Sum / I.B.I. (\$) 745 / 2

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	15-05-2018	<b>Our Ref No.</b> D18003863MFSH
<b>Accident Date</b>	12-05-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHA0748B	<b>Third Party Vehicle.</b> SLM718C
<b>Survey Location</b>	176 SIN MING DRIVE #05-01 SIN MING AUTOCARE	
<b>Contact Person.</b>	TAY WEN KAI	
<b>Contact No.</b>	64532151/ 98892778	<b>Fax No.</b> 64563060
<b>Survey Type</b>	WITHOUT PREJUDICE: PENDING ID'S VF TO DETERMINE LIABILITY	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	JIN HUAT & CO	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	LURENE	

**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.

**Veron Chen (LKKAuto)**

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Thursday, 31 May 2018 10:50 AM  
**To:** 'Claim Workflow System'  
**Cc:** LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18003863MFSH/1, SLM 718C  
**Attachments:** SLM 718C PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SLM 718C  
Date of survey: 23/5/2018  
Number of days:3 days

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

---

**From:** Admin-D (LKKAuto)  
**Sent:** Tuesday, 22 May 2018 9:12 AM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18003863MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

BEST REGARDS,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto: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:** Monday, 21 May 2018 4:30 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [LURENEJAW@MSFIRSTCAPITAL.COM.SG](mailto:LURENEJAW@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18003863MFSH/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  
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.**



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D18003863MFSH  
Our ref: CS/FCI18009292/Gvd3

Date: 31/5/2018

The Motor Claims Department  
M/s First Capital Insurance Limited

WITHOUT PREJUDICE

Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SLM 718C**

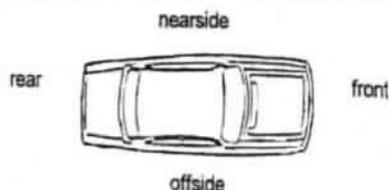
We thank you for your instruction on 21/5/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 23/5/2018 at the premises of M/s JIN HUAT & CO and have the following to report:-

Workshop Estimate Amount	:S\$8,145.00
Revised Estimate Amount	:S\$645.00
"Check" Items Amount	:S\$4,800.00
Market Value	:S\$
LTA Reimbursement Value	:S\$
Nett Value	:S\$

**Description of Damage:**

The vehicle sustained damages at the n/s front portion.



**Comments/Present Status:**

Damages Consistent

Yours faithfully,

XING GUO QIANG (HP 8288 0282)

M.MATAL, AMSAE-A

Automotive Assessor

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	2127W

### Vehicle Details

Vehicle No.:	SLM718C
Vehicle to be Exported:	No
Intended De-registration Date:	30 May 2018
Vehicle Make:	MASERATI
Vehicle Model:	GRANTURISMO 4.2 AUTO
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	M139P153540
Chassis No.:	ZAMGH45C000049904
Maximum Power Output:	298.0 kW (399 bhp)
Open Market Value:	\$105,097.00
Original Registration Date:	28 Jan 2010
First Registration Date:	28 Jan 2010
Transfer Count:	3
Actual ARF Paid:	\$105,097.00

### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jan 2020
PARF Rebate Amount:	\$57,803.00

### Intended COE Rebate Details

COE Expiry Date:	27 Jan 2020
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$19,889.00
COE Rebate Amount:	\$3,182.00
<b>Total Rebate Amount:</b>	<b>\$60,985.00</b>

The information contained herein is correct as at 30 May 2018

OK

## 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	13/05/2018 12:52
Date Of Accident	12/05/2018 22:15
Exact Location Of Accident	PENANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM718C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POH MENG ENGINEERING PTE LTD
Co Reg No	199702127W
Email Address	WENKAI@POHMENG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-98892778

### Vehicle Particulars

Manufacturer	MASERATI
Model	GRANTURISMO 4.2 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	SI18V01307
Cover Note Number	N.A.

### Driver

Name of Driver	TAY WEN KAI
NRIC No	S8940605F
Date Of Birth	12/11/1989
Occupation	INDOOR
Date Of Driving Pass	29/07/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98892778
Fax Number	
Contact Number	
Email Address	WENKAI@POHMENG.COM.SG

Address NIL  
 Postcode  
 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 - CHANGE/CROSS LANE  
 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 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: : KATHLEEN  
 GENDER: : FEMALE

**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**

I was on the forth lane of six lane road along the said location, I was making a lane change to the left. I signal, checked my mirror to ensure it was safe. I gradually moving in slowly. As I was in the lane vehicle b driving on the six lane swerved into my lane. In the event the right driver door of vehicle b came into contact onto my front left portion.

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: PENDING FROM DRIVER  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHA748B  
 Vehicle Make/Model/Colour HYUNDAI/ I40/ YELLOW  
 Details Of Properties NA  
 Vehicle Category TAXI  
 Name of Driver UNKNOWN DRIVER  
 NRIC/Passport Number  
 Contact Number NA  
 Address  
 Postcode  
 Insurance Company Name

Sketch Plan

Please report correctly the details of the accident to speed up the claims process. This Form must be completed by the Policyholder and/or the Authorised Driver. 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. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies. Any false reporting may be referred to the Police for investigation. 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 application by interested parties. 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.

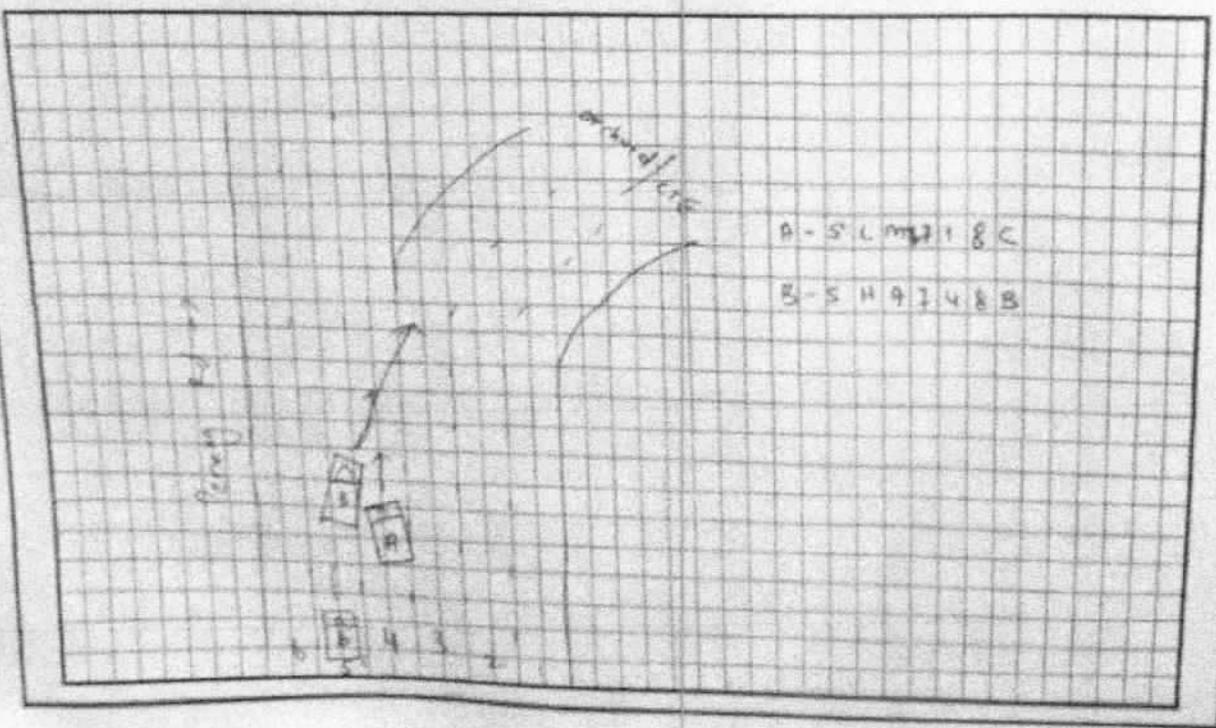
Consent under the Personal Data Protection Act (PDPA)

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 enquires 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 Insurers 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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMAD HELMI BIN  
ALEHAM

Policyholder's Signature / Date & Time: \_\_\_\_\_ Driver's Signature (if driver is not the policyholder) / Date & Time: \_\_\_\_\_ Witnessed by Reporting Centre Personnel: \_\_\_\_\_

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I was on the forth lane of six lane road along the said location. I was making a lane change to the left. I signal, checked my mirror to ensure it was safe. I gradually moving in slowly. As I was in the lane vehicle b driving on the six lane swerved into my lane. In the event the right driver door of vehicle b came into contact onto my front left portion.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No. Claim 3rd party

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMAD HELMY BIN ALEHAM

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time

# JIN HUAT & CO

176 Sin Ming Drive, #05-01  
 Sin Ming Autocare  
 Singapore 575721  
 Tel : 6453 2151; Fax : 6456 3060  
 email: jinhuat1951@gmail.com  
 Co. Reg. No: 020403/00C

## Quotation

To: Poh Meng Engineering Pte Ltd

Date : 18 May 2018

Contact: Tay Wen Kai - 9889 2778

Pages : 1 of 1

Vehicle No: SLM 718 C

Model: Maserati GT

Insurer: Liberty Insurance Pte Ltd

3 Days.

part by part.

After repair photos.

Guo Qiang - 82880282

23/5/18.

*[Handwritten signature]*  
1/6/18

We are pleased to quote you as follows:

Items	Description	Qty	Unit	Unit Price	Total Price
<b>Accident Details:</b>					
	Date of Accident : 12 May 2018				
	T/P claim against Vehicle No. SHA 748 B				
	insured with First Capital Insurance Pte Ltd				
<b>Parts:</b>					
1)	n/s front fender <i>Repair X</i>	1	pc	\$ 1,850.00	\$ 1,850.00
2)	n/s retainer bracket <i>MC</i>	1	pc	\$ 45.00	\$ 45.00
3)	n/s H/lamp assy <i>X NU</i>	1	pc	\$ 4,800.00	\$ 4,800.00
<b>Labour:</b>					
4)	Repair n/s damage and replace parts.	1	lot	\$ 600.00	\$ 600.00
5)	Spray painting	1	lot	\$ 850.00	\$ 850.00
<b>TOTAL PRICE</b>					<b>\$ 8,145.00</b>

300  
200  
400

JIN HUAT & CO

Alice Tan *[Signature]*

- Auto Consultants hence notify Repairs of the following:
- To resurvey 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:

**JIN HUAT & CO**  
 174, 176, 178, 180, 182, 184, 186, 188, 190, 192, 194, 196, 198, 200, 202, 204, 206, 208, 210, 212, 214, 216, 218, 220, 222, 224, 226, 228, 230, 232, 234, 236, 238, 240, 242, 244, 246, 248, 250, 252, 254, 256, 258, 260, 262, 264, 266, 268, 270, 272, 274, 276, 278, 280, 282, 284, 286, 288, 290, 292, 294, 296, 298, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 340, 342, 344, 346, 348, 350, 352, 354, 356, 358, 360, 362, 364, 366, 368, 370, 372, 374, 376, 378, 380, 382, 384, 386, 388, 390, 392, 394, 396, 398, 400, 402, 404, 406, 408, 410, 412, 414, 416, 418, 420, 422, 424, 426, 428, 430, 432, 434, 436, 438, 440, 442, 444, 446, 448, 450, 452, 454, 456, 458, 460, 462, 464, 466, 468, 470, 472, 474, 476, 478, 480, 482, 484, 486, 488, 490, 492, 494, 496, 498, 500, 502, 504, 506, 508, 510, 512, 514, 516, 518, 520, 522, 524, 526, 528, 530, 532, 534, 536, 538, 540, 542, 544, 546, 548, 550, 552, 554, 556, 558, 560, 562, 564, 566, 568, 570, 572, 574, 576, 578, 580, 582, 584, 586, 588, 590, 592, 594, 596, 598, 600, 602, 604, 606, 608, 610, 612, 614, 616, 618, 620, 622, 624, 626, 628, 630, 632, 634, 636, 638, 640, 642, 644, 646, 648, 650, 652, 654, 656, 658, 660, 662, 664, 666, 668, 670, 672, 674, 676, 678, 680, 682, 684, 686, 688, 690, 692, 694, 696, 698, 700, 702, 704, 706, 708, 710, 712, 714, 716, 718, 720, 722, 724, 726, 728, 730, 732, 734, 736, 738, 740, 742, 744, 746, 748, 750, 752, 754, 756, 758, 760, 762, 764, 766, 768, 770, 772, 774, 776, 778, 780, 782, 784, 786, 788, 790, 792, 794, 796, 798, 800, 802, 804, 806, 808, 810, 812, 814, 816, 818, 820, 822, 824, 826, 828, 830, 832, 834, 836, 838, 840, 842, 844, 846, 848, 850, 852, 854, 856, 858, 860, 862, 864, 866, 868, 870, 872, 874, 876, 878, 880, 882, 884, 886, 888, 890, 892, 894, 896, 898, 900, 902, 904, 906, 908, 910, 912, 914, 916, 918, 920, 922, 924, 926, 928, 930, 932, 934, 936, 938, 940, 942, 944, 946, 948, 950, 952, 954, 956, 958, 960, 962, 964, 966, 968, 970, 972, 974, 976, 978, 980, 982, 984, 986, 988, 990, 992, 994, 996, 998, 1000

**Quotation**

To: Puh Ming Engineering Pte Ltd

Contact: Mr. Wren Kuo - 8888 2778

Vehicle No: 32 AM 718 C

Model: Mercedes GLE

Insurer: Liberty Insurance Pte Ltd

Date: 18 May 2018

Page: 1 of 1

3 Days  
 Paid by net  
 After repair photos  
 Geo Qiang - 82880282  
 23/5/18

We are pleased to quote you as follows:

Item	Description	Qty	Unit	Unit Price	Total Price
<b>Accident Details:</b>					
Date of Accident: 12 May 2018					
P.P. claim against Vehicle No: 31A 248 B					
Insured with First Capital Insurance Pte Ltd					
<b>Parts:</b>					
1)	Oil Filter Bracket	1	pc	\$ 1,850.00	\$ 1,850.00
2)	Oil sealator bracket	1	pc	\$ 45.00	\$ 45.00
3)	Oil Drainageassy	1	pc	\$ 4,200.00	\$ 4,200.00
<b>Labour:</b>					
4)	Repairs damage and replace parts.	1	lot	\$ 600.00	\$ 600.00
5)	Spray painting	1	lot	\$ 850.00	\$ 850.00
<b>TOTAL PRICE:</b>					<b>\$ 8,145.00</b>

→ 3/7/18

300  
400

**JIN HUAT & CO**

Alice Tan

**Veron Chen (LKKAuto)**

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**From:** Veron Chen (LKKAuto)  
**Sent:** Tuesday, 3 July 2018 1:37 PM  
**To:** 'jinhuat1951@gmail.com'  
**Cc:** SUR  
**Subject:** RE: SLM 718 C-DOA: 12/5/2018

Dear Alice,

Noted with thanks.

**Final invoice and all supporting documents sent over to First Capital Ins Ltd.**

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** jinhuat1951@gmail.com [mailto:jinhuat1951@gmail.com]  
**Sent:** Tuesday, 3 July 2018 1:16 PM  
**To:** Veron Chen (LKKAuto) <veronchen@lkkauto.com>  
**Subject:** Re: SLM 718 C-DOA: 12/5/2018

Dear Veron,

The finalized amount \$745/- is excepted n confirmed.  
Sent from my iPhone

Thanks n regards

On 3 Jul 2018, at 11:02, Veron Chen (LKKAuto) <veronchen@lkkauto.com> wrote:

Dear Alice,

WITHOUT PREJUDICE

Finalize amount \$745/- @ 3 working days.

Kindly confirmed.

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** [jinhuat1951@gmail.com](mailto:jinhuat1951@gmail.com) [mailto:[jinhuat1951@gmail.com](mailto:jinhuat1951@gmail.com)]  
**Sent:** Monday, 2 July 2018 4:38 PM  
**To:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** SLM 718 C

<image001.jpg>

Sent from my iPhone



## 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/FCI18009292/Gvd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 09-07-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 748B	Veh. Inspected	SLM 718C
Policy No.	D-18088937MFSH	Coverage (\$)	0.00
Claim No.	D18003863MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	21/05/2018
2. Vehicle Particulars & Condition			
Make & Model	MASERATI GRANTURISMO	c.c	4244
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	ZAMGH45C000049904	Colour	WHITE
Odometer	63936	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	245/35Z R20	PIRELLI	5 mm
L/H Front Tyre	245/35Z R20	PIRELLI	5 mm
R/H Rear Tyre	245/35Z R20	PIRELLI	5 mm
L/H Rear Tyre	245/35Z R20	PIRELLI	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	12/05/2018	Inspection Date	23/05/2018
Survey held at	JIN HUAT & CO BLOCK 176 SIN MING DRIVE #05-01 SIN MING AUTOCARE SINGAPORE 575721		
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:		<b>3 Working Days</b>	



# 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. SLM 718C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	N/S FRONT FENDER	TO REPAIR SEE LABOUR	1,850.00	-
1	N/S RETAINER BRACKET	NECESSARY	45.00	45.00
1	N/S H/LAMP ASSY	NOT NECESSARY	4,800.00	-
			6,695.00	45.00
	<b>LABOUR</b>			
	REPAIR N/S DAMAGE AND REPLACE PARTS. INCLUSIVE OF THE REPAIR OF N/S FRONT FENDER.		600.00	300.00
	SPRAY PAINTING.		850.00	400.00
			1,450.00	700.00
	<b>GRAND TOTAL</b>		<b>8,145.00</b>	<b>745.00</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>745.00</b>

Report Ref No. CS/FCI18009292/Gvd3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

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 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.

ASS. REC. BY:

REF: CS/FCI18009292/Gvd34

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

CWS

From (Person):

Luren jaw

of

FCI

Date/Time: 21/05/2018 @ 4:30pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLM718C

Insured:

SHA 0748B

at Workshop m/s

Jin Huet &amp; CO

Tel:

6453 2151

of

176 Sin Ming Drive # 05-01

Policy No:

Claim No:

D18003863MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

12/05/2018

(Client's Record)

23/05/2018 @ 1pm-2pm

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement:

Date/Time:

9:01am @ 22/5/18

Person Contacted:

Alice

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLM718C - X
	SHA0748B-NSI/INC16002270/H/vbn2
	DOA: 02/02/16
31/5/18	Email preli revised to FCI
31/7/18	Final fig \$ 745 confirmed by email (Red 7400, 919) (No LS)

Signature

xml.

REF: FCI

C2127W

ASSIGNMENT

From: \_\_\_\_\_ Date: 23/5/2018

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLM 718C

at Workshop m/s: jin huat

of 176 Bin Ming Drive # 05-01

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record) 1pm - 2pm

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rport: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (wp)

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

<input checked="" type="checkbox"/>	
N/S	O/S

Veh No: SLM718C Yr Regn: 28 Jan 2010

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

Make: Maserati Grantur <sup>rime</sup> 4244

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 63936 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: ZAMGH45C.000049904

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: 245/35ZR20  
R: u

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU /  PIR / SUMI /  
TOYO / YOKO or

Front		Rear	
R/Bal. <u>5</u> mm		R/Bal. <u>5</u> mm	
L/Bal. <u>5</u> mm		L/Bal. <u>5</u> mm	
D.O.A. _____		D.O.I. <u>23-05-18</u>	

Survey held at w/s 2pm

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

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

*[Signature]*  
3/7/2018

RECEIVED 03 JUL 2018

Date/Time. File Pass to?  : Preli. Report  
 : Final Report

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

Date/Time. File Return to?  
3/7 - typist

Add Fee:  : Site Insp (\$)  
 : Interview (\$)  
 : Tech. Invs (\$)  
 : Weekend (\$)

Survey Fee:	<u>160</u>
Transportation	<u>50</u>
____ \$ + RS ____ \$	<u>50</u>
Photos	<u>21</u>
Others	
TOTAL	<u>281</u>

Report Format: CWS  
Lump Sum / I.B.I: (\$ 745 / 2)

Job Sheet (/ClaimWS/Surveyor/JobSheet/240335)



PRI Documents



Close



## PRI Header Details

<b>Claim No</b>	D18003863MFSH	<b>Policy No</b>	D-18088937MFSH	<b>Claimant S.No &amp; Name</b>	1 & JIN HUAT
<b>Workshop Name</b>	JIN HUAT & CO (Contact Person : TAY WEN KAI)	<b>Survey Location &amp; Contact Details</b>	176 SIN MING DRIVE #05-01 SIN MING AUTOCARE <b>Mobile:</b> 98892778 , <b>Phone:</b> 64532151 , <b>Fax:</b> 64563061 <b>EmailId:</b> JINHUAT1951@GMAIL.COM		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE: PENDING ID'S VF TO DETERMINE		
<b>Insured Name</b>	CITYCAB PTE LTD	<b>Insured Vehicle No</b>	SHA0748B	<b>TP Vehicle No</b>	SLM718C
<b>PRI Recieved Date</b>	21-05-2018 03:19:44 PM	<b>Surveyor Appointed Date</b>	21-05-2018 04:29:54 PM	<b>Surveyor Accept Date</b>	22-05-2018 1

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>	<input type="text"/>	<b>Surveyor Report Date</b>	22-05-2018	<b>Upload Survey Report *:</b>	<input type="button" value="Choose File"/>
------------------------------------	----------------------	-----------------------------	------------	--------------------------------	--

## Vehicle Particulars

<b>Make</b>	<input type="text" value="Please Select Make"/>	<b>Model</b>	<input type="text" value="Please Select Model"/>	<b>Year</b>	<input type="text" value="Select Year"/>
<b>Chasis No</b>	<input type="text"/>	<b>Engine No</b>	<input type="text"/>	<b>Mileage</b>	<input type="text"/>
<b>Color</b>	<input type="text"/>	<b>Cubic Capacity</b>	<input type="text"/>		

## Multiple Documents Upload

File Name

Action

## Surveyor Job Remarks

<b>Remarks</b>	<input type="text"/>	<input type="button" value="Save"/>
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**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	15-05-2018	<b>Our Ref No.</b> D18003863MFSH
<b>Accident Date</b>	12-05-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHA0748B	<b>Third Party Vehicle.</b> SLM718C
<b>Survey Location</b>	176 SIN MING DRIVE #05-01 SIN MING AUTOCARE	
<b>Contact Person.</b>	TAY WEN KAI	
<b>Contact No.</b>	64532151/ 98892778	<b>Fax No.</b> 64563060
<b>Survey Type</b>	WITHOUT PREJUDICE: PENDING ID'S VF TO DETERMINE LIABILITY	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	JIN HUAT & CO	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	LURENE	

**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.

**Veron Chen (LKKAuto)**

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Thursday, 31 May 2018 10:50 AM  
**To:** 'Claim Workflow System'  
**Cc:** LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18003863MFSH/1, SLM 718C  
**Attachments:** SLM 718C PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SLM 718C  
Date of survey: 23/5/2018  
Number of days:3 days

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

---

**From:** Admin-D (LKKAuto)  
**Sent:** Tuesday, 22 May 2018 9:12 AM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18003863MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

BEST REGARDS,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto: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:** Monday, 21 May 2018 4:30 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [LURENEJAW@MSFIRSTCAPITAL.COM.SG](mailto:LURENEJAW@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18003863MFSH/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  
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.**



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D18003863MFSH  
Our ref: CS/FCI18009292/Gvd3

Date: 31/5/2018

The Motor Claims Department  
M/s First Capital Insurance Limited

WITHOUT PREJUDICE

Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SLM 718C**

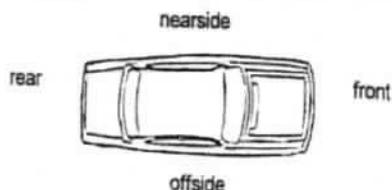
We thank you for your instruction on 21/5/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 23/5/2018 at the premises of M/s JIN HUAT & CO and have the following to report:-

Workshop Estimate Amount	:S\$8,145.00
Revised Estimate Amount	:S\$645.00
"Check" Items Amount	:S\$4,800.00
Market Value	:S\$
LTA Reimbursement Value	:S\$
Nett Value	:S\$

Description of Damage:

The vehicle sustained damages at the n/s front portion.



Comments/Present Status:  
Damages Consistent

Yours faithfully,

XING GUO QIANG (HP 8288 0282)  
M.MATAI, AMSAE-A  
Automotive Assessor

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2127W
Vehicle Details	
Vehicle No.:	SLM718C
Vehicle to be Exported:	No
Intended De-registration Date:	30 May 2018
Vehicle Make:	MASERATI
Vehicle Model:	GRANTURISMO 4.2 AUTO
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	M139P153540
Chassis No.:	ZAMGH45C000049904
Maximum Power Output:	298.0 kW (399 bhp)
Open Market Value:	\$105,097.00
Original Registration Date:	28 Jan 2010
First Registration Date:	28 Jan 2010
Transfer Count:	3
Actual ARF Paid:	\$105,097.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jan 2020
PARF Rebate Amount:	\$57,803.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jan 2020
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$19,889.00
COE Rebate Amount:	\$3,182.00
<b>Total Rebate Amount:</b>	<b>\$60,985.00</b>

The information contained herein is correct as at 30 May 2018

OK

## 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	13/05/2018 12:52
Date Of Accident	12/05/2018 22:15
Exact Location Of Accident	PENANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM718C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POH MENG ENGINEERING PTE LTD
Co Reg No	199702127W
Email Address	WENKAI@POHMENG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-98892778

### Vehicle Particulars

Manufacturer	MASERATI
Model	GRANTURISMO 4.2 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	SI18V01307
Cover Note Number	N.A.

### Driver

Name of Driver	TAY WEN KAI
NRIC No	S8940605F
Date Of Birth	12/11/1989
Occupation	INDOOR
Date Of Driving Pass	29/07/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98892778
Fax Number	
Contact Number	
EEmail Address	WENKAI@POHMENG.COM.SG

Address NIL  
 Postcode  
 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 - CHANGE/CROSS LANE  
 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 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: : KATHLEEN  
 GENDER: : FEMALE

**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**

I was on the forth lane of six lane road along the said location, I was making a lane change to the left. I signal, checked my mirror to ensure it was safe. I gradually moving in slowly. As I was in the lane vehicle b driving on the six lane swerved into my lane. In the event the right driver door of vehicle b came into contact onto my front left portion.

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: PENDING FROM DRIVER  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHA748B  
 Vehicle Make/Model/Colour HYUNDAI/ I40/ YELLOW  
 Details Of Properties NA  
 Vehicle Category TAXI  
 Name of Driver UNKNOWN DRIVER  
 NRIC/Passport Number  
 Contact Number NA  
 Address  
 Postcode  
 Insurance Company Name

Sketch Plan

Please report correctly the details of the accident to speed up the claims process. This Form must be completed by the Policyholder and/or the Authorized Driver. 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.

The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies. Any false reporting may be referred to the Police for investigation.

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 application by interested parties. 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.

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 purposes 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.

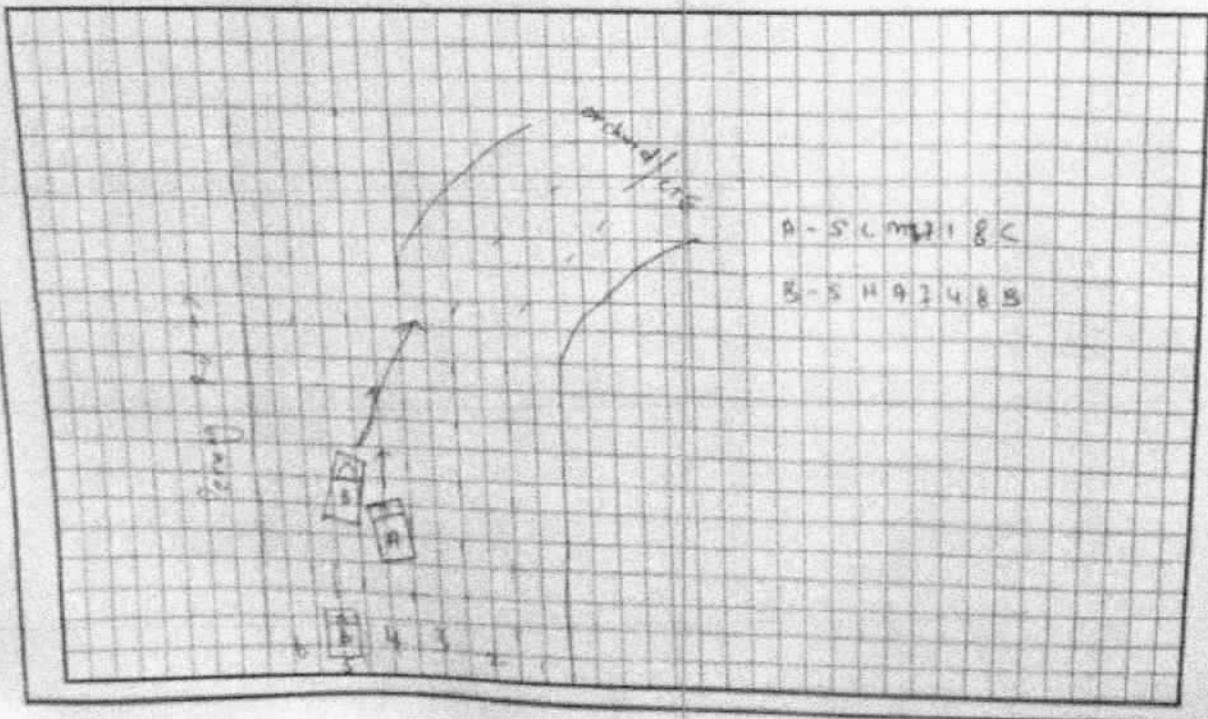
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMAD HELMY BIN  
ALEHAM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I was on the forth lane of six lane road along the said location. I was making a lane change to the left. I signal, checked my mirror to ensure it was safe. I gradually moving in slowly. As I was in the lane vehicle b driving on the six lane swerved into my lane. In the event the right driver door of vehicle b came into contact onto my front left portion.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No. Claim 3rd party

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMAD HELMY BIN ALEHAM

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time

# JIN HUAT & CO

176 Sin Ming Drive, #05-01  
 Sin Ming Autocare  
 Singapore 575721  
 Tel : 6453 2151; Fax : 6456 3060  
 email: jinhuat1951@gmail.com  
 Co. Reg. No: 020403/00C

## Quotation

To: Poh Meng Engineering Pte Ltd

Date : 18 May 2018

Contact: Tay Wen Kai - 9889 2778

Pages : 1 of 1

Vehicle No: SLM 718 C

Model: Maserati GT

Insurer: Liberty Insurance Pte Ltd

3 Days.

part by part.

After repair photos.

Guo Qiang - 82880282

23/5/18.

*Jin Huat*  
16/5/18

We are pleased to quote you as follows:

Items	Description	Qty	Unit	Unit Price	Total Price
<b>Accident Details:</b>					
	Date of Accident : 12 May 2018				
	T/P claim against Vehicle No. SHA 748 B				
	insured with First Capital Insurance Pte Ltd				
<b>Parts:</b>					
1)	n/s front fender <i>Repair X</i>	1	pc	\$ 1,850.00	\$ 1,850.00
2)	n/s retainer bracket <i>MC</i>	1	pc	\$ 45.00	\$ 45.00
3)	n/s H/lamp assy <i>? X NU</i>	1	pc	\$ 4,800.00	\$ 4,800.00
<b>Labour:</b>					
4)	Repair n/s damage and replace parts.	1	lot	\$ 600.00	\$ 600.00
5)	Spray painting	1	lot	\$ 850.00	\$ 850.00
<b>TOTAL PRICE</b>					<b>\$ 8,145.00</b>

300  
200  
400

JIN HUAT & CO

Alice Tan



- Auto Consultants hence notify
- Repair of the following:
- To resurvey after spray painting
  - To display damaged part(s) during resurvey
  - 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:



**Veron Chen (LKKAuto)**

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**From:** Veron Chen (LKKAuto)  
**Sent:** Tuesday, 3 July 2018 1:37 PM  
**To:** 'jinhuat1951@gmail.com'  
**Cc:** SUR  
**Subject:** RE: SLM 718 C-DOA: 12/5/2018

Dear Alice,

Noted with thanks.

**Final invoice and all supporting documents sent over to First Capital Ins Ltd.**

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** jinhuat1951@gmail.com [mailto:jinhuat1951@gmail.com]  
**Sent:** Tuesday, 3 July 2018 1:16 PM  
**To:** Veron Chen (LKKAuto) <veronchen@lkkauto.com>  
**Subject:** Re: SLM 718 C-DOA: 12/5/2018

Dear Veron,

The finalized amount \$745/- is excepted n confirmed.  
Sent from my iPhone

Thanks n regards

On 3 Jul 2018, at 11:02, Veron Chen (LKKAuto) <veronchen@lkkauto.com> wrote:

Dear Alice,

WITHOUT PREJUDICE

Finalize amount \$745/- @ 3 working days.

Kindly confirmed.

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** [jinhuat1951@gmail.com](mailto:jinhuat1951@gmail.com) [<mailto:jinhuat1951@gmail.com>]  
**Sent:** Monday, 2 July 2018 4:38 PM  
**To:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** SLM 718 C

<image001.jpg>

Sent from my iPhone



## 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/FCI18009292/Gvd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 09-07-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 748B	Veh. Inspected	SLM 718C
Policy No.	D-18088937MFSH	Coverage (\$)	0.00
Claim No.	D18003863MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	21/05/2018
2. Vehicle Particulars & Condition			
Make & Model	MASERATI GRANTURISMO	c.c	4244
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	ZAMGH45C000049904	Colour	WHITE
Odometer	63936	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	245/35Z R20	PIRELLI	5 mm
L/H Front Tyre	245/35Z R20	PIRELLI	5 mm
R/H Rear Tyre	245/35Z R20	PIRELLI	5 mm
L/H Rear Tyre	245/35Z R20	PIRELLI	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	12/05/2018	Inspection Date	23/05/2018
Survey held at	JIN HUAT & CO BLOCK 176 SIN MING DRIVE #05-01 SIN MING AUTOCARE SINGAPORE 575721		
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. SLM 718C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	N/S FRONT FENDER	TO REPAIR SEE LABOUR	1,850.00	-
1	N/S RETAINER BRACKET	NECESSARY	45.00	45.00
1	N/S H/LAMP ASSY	NOT NECESSARY	4,800.00	-
			6,695.00	45.00
	<b>LABOUR</b>			
	REPAIR N/S DAMAGE AND REPLACE PARTS. INCLUSIVE OF THE REPAIR OF N/S FRONT FENDER.		600.00	300.00
	SPRAY PAINTING.		850.00	400.00
			1,450.00	700.00
	<b>GRAND TOTAL</b>		<b>8,145.00</b>	<b>745.00</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>745.00</b>

Report Ref No. CS/FCI18009292/Gvd3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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