

22/03/2001

ASS. REC. BY:

REF: CS/FCI18009361 / Krd3

Special Instruction:

Surveyor:

CWS

ASSIGNMENT (Office)

From (Person):

Karen Tan

of

FCT

Date/Time:

22/5/18 @ 553pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLH 9084P

Insured:

SHC 8356K

at Workshop m/s

Eastern performancee

Tel:

6464 1221

of

B/K 5033, AMK Ind-park 2# 01-251

Policy No:

Claim No:

D18003563MPSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

04/05/2018

CA / REV / REP. / REV 24 HRS

1wp

30052018 @ 1pm

H.O.D. Endorsement:

Date/Time:

10:19am @ 23/5/18

Person Contacted:

Serene

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

SLH 9084P - NBA / INC18003886/Y

DOA: 15/01/2018

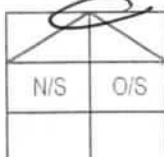
SHC 8356K - CC3 / TMI18007233 / K19be2

DOA: 18/04/2018

13/6 @ 927-18 Casual by enal
Red: 81773.95, 66%

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **SLH 9084P**
 at Workshop m/s **Estrem**
 of **5033 AMK #01-251**
 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: **88k**
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **02** days Res.: Yes or No
 Lum Sum: **1-B1** % 3 Val: Yes or No

CA / REV / REP. / 24 HRS **(WP)**
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SLH 9084P** Yr Regn: **17 16**
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Toy Prius** C.C. **1798**
 Colour: **in Silver** A/C: Insured / Std / NI / NA
 Sp. Reading: **184583** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **JTDKB3FU603537792**
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ Inorder / Jammed / Leaked / Burnt or
 Brake: ☒ Inorder / Jammed / Leaked / Burnt or
 Modi: **Nil** / S/Rim / STD A/Rim or
 Tyre Size: F: **195/65R15**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO ☒ YOYO or
 Front _____ Rear _____
 R/Bal. **P** mm R/Bal. **P** mm
 L/Bal. **P** mm L/Bal. **P** mm
 D.O.A. **4/5/18** D.O.I. **30/5/18**
 Survey held at ☒
 Des. of Damages: ☒ Front / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
31/5 File pass to Catherine

Date/Time, File Pass to? ☐ : Preli. Report

1) **typed** ☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Survey Fee: **110**

Transportation **50**

50

Photos **11**

Others

TOTAL

221

Report Format : **TP**
 Lump sum / I.B.I. (\$) **927.18**

MOTOR SURVEY ASSIGNMENT

Date	07-05-2018	Our Ref No. D18003563MFSH
Accident Date	04-05-2018	Claim Type. Third Party
Insured Vehicle	SHC8356K	Third Party Vehicle. SLH9084P
Survey Location	BLK 5033 ANG MO KIO, IND PARK 2 #01-251/259	
Contact Person.	CARMEN LIM	
Contact No.	64841221/ 0	Fax No. 64847829
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	ESTEEM PERFORMANCE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/239812)



PRI Documents



Close



PRI Header Details

Claim No	D18003563MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & ESTEEM P
Workshop Name	ESTEEM PERFORMANCE PTE LTD (Contact Person : CARMEN LIM)	Survey Location & Contact Details	BLK 5033 ANG MO KIO, IND PARK 2 #01-251/259 Mobile: 0 , Phone: 64841221 , Fax: 64847829 EmailId: CARMEN@ESTEEMPERF.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC8356K	TP Vehicle No	SLH9084P
PRI Recieved Date	22-05-2018 12:51:42 PM	Surveyor Appointed Date	22-05-2018 05:52:07 PM	Surveyor Accept Date	23-05-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	23-05-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
-----------------------------	----------------------	----------------------	------------	-------------------------	--

Vehicle Particulars

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

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

Remarks



Auto
Consultants
Pte Ltd

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

Your Ref: D18003563MFSH

Our Ref: CS/FC118009361/Krd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

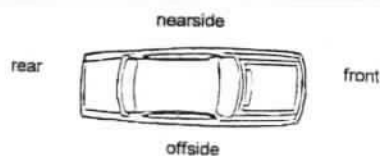
INITIAL INSPECTION REPORT OF VEHICLE NO. SLH 9084P .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 30.05.2018 at the premises of M/s ESTEEM PERFORMANCE PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ 2,701.13 .
Revised Estimate Amount	: S\$ 927.18 .
"Check" Items Amount	: S\$ 1,288.96 .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages at front portion.



Yours faithfully
KENNETH
Automotive Assessor

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	07/05/2018 15:41
Date Of Accident	04/05/2018 22:15
Exact Location Of Accident	ANG MO KIO STREET 31
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9084P
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90777736
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
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 HIRE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	
Driver	
Name of Driver	ENG KENG CHIM
NRIC No	S7622494C
Date Of Birth	28/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86886086
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 293 PUNGGOL CENTRAL #15-433
Postcode	820293
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	1

Details of Police Action

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

Circumstances of Accident

REFER AS ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8356K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) 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.

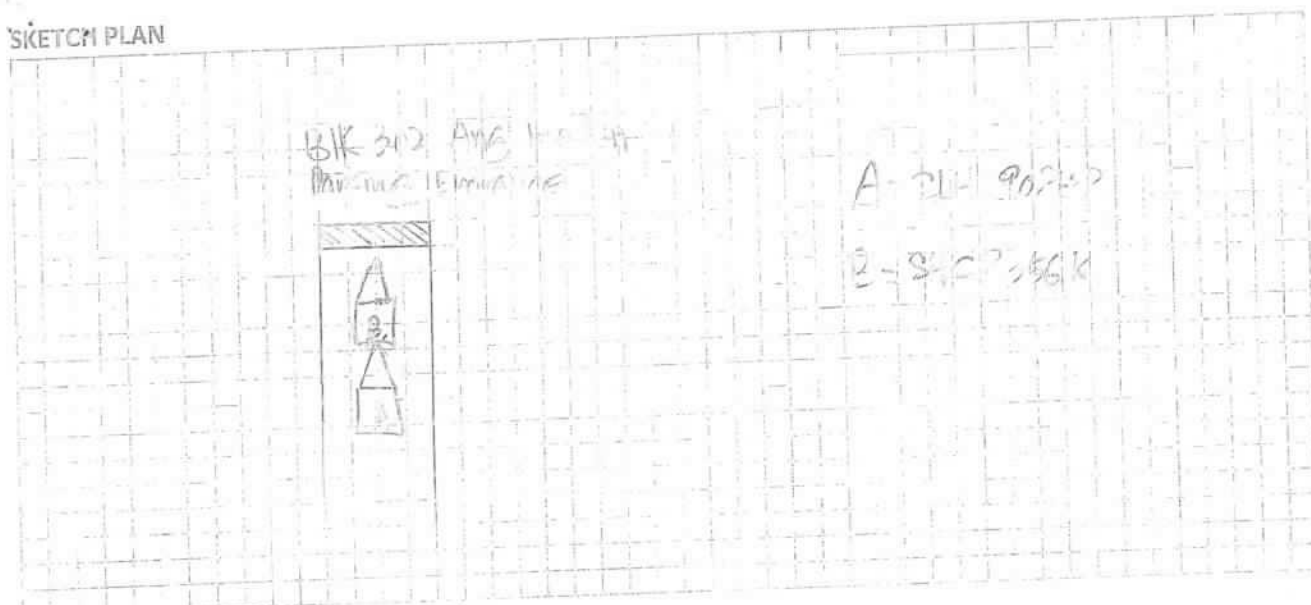
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/5/2018 @ 10:16pm, I was driving along Ang Mo Kio St 31 into BLK 302 Ang Mo Kio parking. All of sudden, I saw that vehicle B(5H) 8356K in front of me make Reversed and hit onto my front portion.
(Refer as video)

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:

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



ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Repair Estimates

SLH 9084 P

Parts	(a) Cost / List Price Items	\$	2,341.51
	Plus/Less 25%	\$	585.38
	Total of Cost / List	\$	1,756.13
	(b) Nett Price Items		
	Less		
	Total of Nett Item		
	(c) Special Nett Items	\$	45.00
Total Parts Cost		\$	1,801.13
Labour		\$	900.00
Total		\$	2,701.13

The above total will be subjected to 7% G.S.T.

Not Authorized
Repair B4 paint

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
- Supplemental item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Name of Surveyor : Kenneth
Company : LKK
Survey conducted on : 30/5/18 at

Remarks By Surveyor

(a) The repair of this vehicle is ~~authorized~~ / is not authorized until further notice.

(b) Recommended Days of Repair : 02 day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$

(e) Signature of surveyor : Le Date: 30/5/18



ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Spare Parts

Vehicle No. : **SLH 9084 P**
Make & Model : **TOYOTA PRIUS**
Chassis No : **JTDKB3FU603537792**

Submit By : **Carmen Lim**
Year Manufacture : **2016**
Engine No. :

Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Front number plate	1	\$45.00	S.N	✓
2	Front number plate garnish	1	\$45.00		✓
3	Front bumper	1	\$450.80		✓
4	Front bumper clip	10	\$40.00		✓
5	Front bumper reinforcement - upper	1	\$711.50		?
6	Front bumper reinforcement - lower	1	\$245.30		?
7	Front bumper side retainer RH	1	\$107.20		?
8	Front bumper side retainer LH	1	\$107.20		?
9	Front bumper upper grille	1	\$321.90		?
10	Front bumper emblem	1	\$87.10		✓
11	Front bumper sponge - upper	1	\$89.81		?
12	Front bumper sponge - lower	1	\$135.70		?
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.




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/FCI18009361/Krd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 28-06-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 8356K	Veh. Inspected	SLH 9084P	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18003563MFSH	Excess (\$)	0.00	
Assign From	KAREN TAN	Assign Date	22/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS (A)	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JTDKB3FU603537792	Colour	METALLIC SILVER	
Odometer	184583	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	YOKOHAMA	8 mm	
L/H Front Tyre	195/65 R15	YOKOHAMA	8 mm	
R/H Rear Tyre	195/65 R15	YOKOHAMA	8 mm	
L/H Rear Tyre	195/65 R15	YOKOHAMA	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	04/05/2018	Inspection Date	30/05/2018	
Survey held at	ESTEEM PERFORMANCE PTE LTD BLK 5033 ANG MO KIO INDUSTRIAL PARK 2 #01-259 SINGAPORE 569536			
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:		2 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. SLH 9084P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT NUMBER PLATE GARNISH	CRACKED	45.00	45.00
1	FRONT BUMPER	BUCKLED / DENTED	450.80	450.80
10	FRONT BUMPER CLIP	NECESSARY	40.00	40.00
1	FRONT BUMPER REINFORCEMENT - UPPER	NOT NECESSARY	711.50	-
1	FRONT BUMPER REINFORCEMENT - LOWER	NOT NECESSARY	245.30	-
1	FRONT BUMPER SIDE RETAINER RH	NOT NECESSARY	107.20	-
1	FRONT BUMPER SIDE RETAINER LH	NOT NECESSARY	107.20	-
1	FRONT BUMPER UPPER GRILLE	NOT NECESSARY	321.90	-
1	FRONT BUMPER BEAM	NECESSARY	87.10	87.10
1	FRONT BUMPER SPONGE - UPPER	NOT NECESSARY	89.81	-
1	FRONT BUMPER SPONGE - LOWER	NOT NECESSARY	135.70	-
	LESS 25% DISCOUNT		-585.38	-155.72
			1,756.13	467.18
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NUMBER PLATE (SN)	BENT	45.00	45.00
			45.00	45.00
<u>LABOUR</u>				
	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (FRONT BUMPER)		400.00	200.00
	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (FRONT BUMPER)		400.00	200.00
	TO CHECK WIRING.		50.00	15.00
			850.00	415.00
GRAND TOTAL			2,651.13	927.18
RECOMMENDED COST OF REPAIRS				927.18

Report Ref No. CS/FCI18009361/Krd3e2

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.