

ASS. REC. BY:

REF: CS/FCI 18 010253/TI 9d3d Special Instruction:

Surveyor:

aws

Taufik

ASSIGNMENT (Office)

From (Person):

Joanne Yang

of

FCI

Date/Time:

6/6/18 @ 9:34 am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

SLR 5096D

Insured:

SH 9767U

at Workshop m/s

Wearnes Automotive

Tel:

9129 4556

of

249 Alexandra Rd

Policy No.:

9-18088936 MFSH

Claim No.:

D18004413MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

31/05/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

10:15 am @ 6/6/18

Person Contacted:

Michelle

Vehicle IN / OUT

(OUT)

Date/Time	Action/Instruction (✓) Estimate
	SLR 5096D →
	SH 9767U - NS INC 3007433 / H / vn DOA: 19/04/2013
13/6/18 @ 3:11 pm	revised to Joanne Yang by email.
23/7/18 @ 4:33 pm	confirmed with Christine You final Prg # 7030.43, 5 days by email.
	Uled @ 3219.99, 36(%)

Birmingham *Tunbridge*

REF: FCI

ASSIGNMENT

From: _____ Date: **12/6/18**

Estimated Cost: _____

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

To Inspect Vehicle No: **S1R 5096D**

at Workshop m/s **Weames Automotive**

of **249 Alexandra Rd**

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record) **11:30am**

Make of Veh: **Richmond**

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **5** days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS **up**

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Veh No: **S1R 5096D** Yr Regn: **2017 Reg**

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

Make: **Volvo S60** c.c. **1498**

Colour: **Grey** A/C: Insured / Std / NI / NA

Sp. Reading: **8380** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **YV1FS28C0J3451727**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: **215/55R16** R: _____

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

Front **6** Rear **6**

R/Bal. _____ mm R/Bal. _____ mm

L/Bal. **6** mm L/Bal. _____ mm

D.O.A. _____ D.O.I. **19/6/18 2140p**

Survey held at **Weames**

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

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

Date / Time Action / Instruction

RECEIVED 24 JUL 2018

Date/Time File Pass to? : Preli. Report

11/23/7 : Final Report

Days Of Repair: **5**

Resurvey No. of Trip: _____

Date/Time File Return to? _____

2) _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format: **TP**

Lump Sum / I.B.I.: (\$ **7030.43**)

Survey Fee:	170
Transportation	50
) S + RS. SI	
) Photos	19
) Others	
TOTAL	239



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/FCI18010253/T1qd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 06-06-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SH 9767U	Veh. Inspected	SLR 5096D
Policy No.		Coverage (\$)	0.00
Claim No.	D18004413MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	Assign Date	06/06/2018

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	31/05/2018	Inspection Date	
Survey held at	WEARNES AUTOMOTIVE PTE LTD 249 ALEXANDRA ROAD SINGAPORE 159935		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

MOTOR SURVEY ASSIGNMENT

Date 04-06-2018 Our Ref No. D18004413MFSH

Accident Date 31-05-2018 Claim Type. Third Party

Insured Vehicle SH9767U Third Party Vehicle. SLR5096D

Survey Location BODY AND PAINT DEPT 249 ALEXANDRA ROAD

Contact Person. MICHELLE ONG

Contact No. 07 91294556 Fax No. 62647137

Survey Type DIRECT SETTLEMENT:

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 WEARNES AUTOMOTIVE PTE LTD Attention. NIL

Cc : TP Solicitor NA TP Solicitor Fax No. NA

Officer Incharge JOANNEY

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/241036)



PRI Documents



Close



PRI Header Details

Claim No	D18004413MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & WEARNES
Workshop Name	WEARNES AUTOMOTIVE PTE LTD (Contact Person : MICHELLE ONG)	Survey Location & Contact Details	BODY AND PAINT DEPT 249 ALEXANDRA ROAD Mobile: 91294556 , Phone: 0 , Fax: 62647137 EmailId: MICHELLE.ONG@WEARNES.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	DIRECT SETTLEMENT:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH9767U	TP Vehicle No	SLR5096D
PRI Recieved Date	04-06-2018 08:42:19 PM	Surveyor Appointed Date	06-06-2018 09:33:13 AM	Surveyor Accept Date	06-06-2018 1

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	06-06-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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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	<input type="text"/>	<input type="button" value="Save"/>
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Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Monday, 23 July 2018 4:32 PM
To: 'Christine Yow'
Cc: SUR
Subject: RE: MSFC TP:SLR5096D/ SH9767U DOA:31/05/2018

Dear Christine,

WITHOUT PREJUDICE

Confirm final fig \$7,030.43 before GST and 5 repair days.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Christine Yow [<mailto:christine.yow@wearnes.com>]
Sent: Friday, 29 June, 2018 1:35 PM
To: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG
Cc: Admin A <admin-a@lkkauto.com>
Subject: MSFC TP:SLR5096D/ SH9767U DOA:31/05/2018

Dear OIC,

Original copy of the attach will be mail out for your next process.

Best Regards,
Christine Yow
Admin Assistant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
D (65) 6430 4899
www.wearnesauto.com christine.yow@wearnes.com

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If you have received it in error, please notify us immediately by reply email and then delete this message from your system.
Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Wednesday, 13 June 2018 3:11 PM
To: 'Claim Workflow System'; assignments
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18004413MFSH/1
Attachments: CSFCI18010253T1qd3.pdf

Dear Joanne,

Enclosed herewith preliminary advice of SLR 5096D.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Wednesday, 6 June 2018 10:59 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18004413MFSH/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 | 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: Wednesday, 6 June 2018 9:33 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; JOANNEYONG@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18004413MFSH/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



Auto
Consultants
Pte Ltd

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

Your Ref: D18004413MFSH

Date: 13 June 2018

Our Ref: CS/FCI18010253/T1qd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

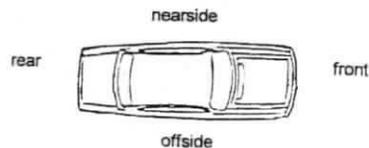
INITIAL INSPECTION REPORT OF VEHICLE NO. SLR 5096D .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 12/06/2018 at the premises of M/s WEARNES AUTOMOTIVE. and have the following to report:-

Workshop Estimate Amount	: S\$ <u>10,750.40</u> .
Revised Estimate Amount	: S\$ <u>7,322.70</u> .
“Check” Items Amount	: S\$ <u>512.20</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:

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



Yours faithfully

Taufikh
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	01/06/2018 18:38
Date Of Accident	31/05/2018 19:55
Exact Location Of Accident	121 UPP ALJUNIED ROAD (HARMONY HALL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5096D
Insured/Policyholder	
Name Of Registered Owner	YEO LIANG KENG
NRIC No	S1649765G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98590504
Alternative Phone No	OTHERS-98590504

Vehicle Particulars

Manufacturer	VOLVO
Model	S60-1.5 T2 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	SD17V10014/VPC2/R00
Cover Note Number	

Driver

Name of Driver	YEO KAI QIN
NRIC No	S9605932I
Date Of Birth	13/02/1996
Occupation	INDOOR
Date Of Driving Pass	02/05/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81630433
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	27A JALAN SENANG
Postcode	418316
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	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)	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 TO ATTACHMENT.

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	SH9767U
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE BOON BENG
NRIC/Passport Number	S1122465B
Contact Number	94518749
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filling.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident Date: 3/05/2018 Time: 1958hrs.

Exact Location of Accident ~~The Mount Vernon Cemetery~~

DETAILS OF OWN VEHICLE 121 Upper Aljunied Road (Harmony Hall)

Vehicle Registration Number SLR 5096D

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Yeo Liang Keng

Personal Identification - NRIC (Singaporean/PR) S16497656

- FIN/Passport Number

- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Volvo Model S60

Type of Vehicle* Saloon MPV CRV Van Lorry
 Bus M/cycle Others

Exact Purpose for which vehicle was being used at time of accident Social

Are you claiming under your own insurance policy for repair to your vehicle? Yes No (If No, Pls select: Third Party Reporting)

Vehicle Category* Private Commercial Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company* Liberty

Type of Policy Comprehensive Third Party Fire & Theft TP Only

Fleet Policy Yes No

Policy Number SD AV10014/VPC2/ROO

Motor CI

DRIVER Same as Insured above

Name of Driver Yeo Kai Qin

Personal Identification - NRIC (Singaporean/PR) S16596321

- FIN/Passport Number

Date of Birth 13 dd/ 02 mm/ 1996yy

Driving Date Pass 03 dd/ 05 mm/ 2017yy

Year of Driving Experience Year(s) Month(s)

Occupation Indoor Outdoor

Gender Male Female

Contact Number / Mobile Phone / Fax No 81630433 / 9859 0504

Address of Driver	27A Jalan Senang	Postcode	418316
Email Address			
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Children		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Head to Rear		
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet	<input type="radio"/> Others, _____
OTHER INFORMATION			
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Number of Passengers (Including Driver)	01		
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?	<input type="radio"/> Yes	<input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name			
Police Station Address			
Police Station Contact	Tel No.	Fax No.	
Was notice of intended Prosecution given?	<input type="radio"/> Yes	<input checked="" type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number	SH 9767U		
Vehicle Make/ Model/ Colour	Comfort Taxi		
Details of Properties			
Name of Driver	Lee Boon Beng		
Personal Identification - NRIC (Singaporean/PR)	S1122465B		
- FIN/Passport Number			
Contact Number	9451 8749		
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles.)			

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

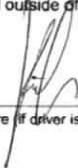
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

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

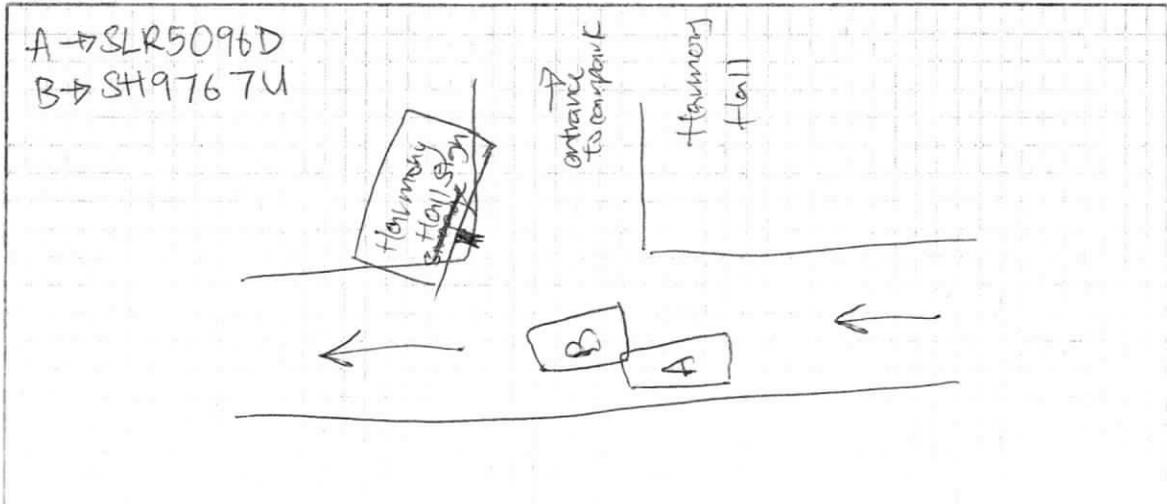
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

It was at the entrance of the carpark in front of the harmony hall (in main+veron sanctuary). I stopped behind the taxi as the carpark was full. The taxi started reversing and I high beamed him when he was near but he did not stop. He hit the right side of the front bumper and headlights. I did not reverse when he reversed as there was another car behind me.

The taxi driver did not deny that it was his fault and he had passengers at that time. The passengers were also aware of the accident.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel



Liberty
Insurance.

1800-LIBERTY
[1800-5423789]
AUTO ASSISTANCE HOTLINE

24
HR

ACCIDENT RESPONSE
ROADSIDE ASSISTANCE
FLOOD ASSISTANCE

Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD17V10014 /NPC2 /R00
Form	MX1
Date of Issue	25-AUG-2017
1.Index Mark and Registration No. of Vehicle:	SLR5096D
2.Chassis number of Vehicle:	YV1FS28C0J2451727
3.Name of Policyholder:	YEO LIANG KENG
4.Effective date of Commencement of Insurance for the purposes of the Act:	17-AUG-2017 00:00 AM
5.Date of Expiry of Insurance:	16-AUG-2019 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
A) The Policyholder.	
B) Any other person who is driving on the Policyholder's order or with his permission.	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*:	Use only for social, domestic and pleasure purposes and for the Policyholder's business.
8.The Policy does not cover:	
A) Use for hire or reward.	
B) Use for racing, pace-making, reliability trials or speed-testing.	
C) Use for the carriage of goods (other than samples) in connection with any trade or business.	
D) Use for any purpose in connection with the Motor Trade.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$800, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	-
PRODUCER NAME:	WEARNES AUTOMOTIVE PTE LTD

PLES/PLSA/19-SEP-17

S1_CI_T1_T3_OE_Template2-Ver1.

19-SEP-17

IDENTITY CARD NO. S1649765G

Name
YEO LIANG KENG

杨亮钦

Race
CHINESE

Date of Birth
09-10-1964

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9605932I

Name
YEO KAI QIN

杨凯琴

Race
CHINESE

Date of birth
13-02-1996

Sex
F

Country of birth
SINGAPORE

S9605932I

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9605932I

Name
YEO KAI QIN

Birth Date: 13 Feb 1996

Issue Date: 02 May 2017

002680114C

2586893

Barcode

NRIC No. S1649765G

Blood Group: A+

Date of issue: 01-03-1995

Address
27A JALAN SENANG
SINGAPORE 418318

NRIC No.: S1649765G

Date: 12-03-2005 No: 5106911

4762750

Barcode

NRIC No. S9605932I

Date of issue
18-08-2011

Address
27A JALAN SENANG
SINGAPORE 418316

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

CLASS	VEHICLE DESCRIPTION	EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight ≤ 2500kg	02 May 2017

NP 428A

Barcode: Licence No: S9605932I

SERVICE ESTIMATE

92696 - C00001
Mr Yeo Liang Keng
27A Jalan Senang

SL: SERVICE SALES - PC

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1

Inv.date. : 04/06/2018

WIP No. . : 63930

Veh.In/Out:

*Tel.No. . : Mobile: 98590904

Reg.No. . : SLR5096D

Reg.date . : 17/08/2017

Mileage . . : 0

Chassis No: YV1FS28C0J2451727

Singapore 418316

Closed by : Michelle Ong Siew Be

Svc Consultant :

Remarks : Mr Yeo Liang Keng

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
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802	TO REPLACE FRONT BUMPER,FRT BRACKET,FRT RH HEADLAMP,FRT RH FENDER,ETC	0	3200.00	0		3,200.00	S
800	TO PUTTY SPRAY PAINT ON FRT BUMPER,FRT RH FENDER,ETC	0	2100.00	0		2,100.00	S
280	TO FOCUS HEADLAMP	0	150.00	0		150.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S

2400 /

1400 /

BUMPER COVER FRT SV6	1.0 EA	1519.90	1367.91			1,519.90	S	fn ✓
BUMPER BRACKET LHF V	1.0 EA	88.70				88.70	S	x 11
BUMPER BRACKET RHF V	1.0 EA	88.70	79.83			88.70	S	11 ✓
BUMPER BRACKET LHF S	1.0 EA	88.70				88.70	S	x 11
BUMPER BRACKET RHF S	1.0 EA	88.70	79.83			88.70	S	11 ✓
FRAME COVER RH STD S	1.0 EA	80.40				80.40	S	x 11
BUMPER COVER RHF BLA	1.0 EA	105.80				105.80	S	7 x 11
BUMPER COVER LHF BLA	1.0 EA	105.80				105.80	S	x 11

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:

Taujiah 97495745
WP
12/6/18 @ 140pm
resurvey before paint
sure lkkauto.com
5 days
[Signature]
14/6/18

SERVICE ESTIMATE

92696 - C00001 SL: SERVICE SALES - PC
 Mr Yeo Liang Keng
 27A Jalan Senang

GST Reg.No:M28920628X

Inv.No. . . : B&P 0 Page 2
 Inv.date. : 04/06/2018
 WIP No. . . : 63930
 Veh.In/Out:

Singapore 418316

*Tel.No. . . : Mobile: 98590904
 Reg.No. . . : SLR5096D
 Reg.date. : 17/08/2017
 Mileage . . : 0
 Chassis No: YV1FS28C0J2451727

Closed by : Michelle Ong Siew Be
 Svc Consultant :
 Remarks : Mr Yeo Liang Keng

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	HEADLAMP RH T2 SV60	1.0 EA	919.20	877.78		919.20	S cut
	LED LAMP RHF S60 14-	1.0 EA	406.40			406.40	S ? X nh
	FENDER FRT RH S60 14	1.0 EA	1040.50			1,040.50	S R>
	FENDER BRACKET FRT S	1.0 EA	11.40			11.40	S x m
	BLIND RIVET 4.0*21MM	10.0 EA	3.00	27		30.00	S nei
	BUMPER CLIP	10.0 EA	4.80	43.70		48.00	S nei
	PLASTIC RIVET P/W RA	10.0 EA	6.90	62.10		69.00	S nei
	BUMPER INSTALLING MT	1.0 EA	83.40	75.06		83.40	S nei
	ADHESIVE TUBE CHEMIC	1.0 EA	75.80	68.77		75.80	S nei

Gross Total. 10,750.40

Labour Total 5,900.00
 Parts Total 4,850.40
 Package Total 0.00

Net..... 10,750.40
 GST @ 7.0% 752.53
 Total..... 11,502.95
 Paid..... 0.00
 Please Pay.. 11,502.95

GST: S=StdRated; 0=OutOfScope; Z=ZeroRated



SERVICE TAX INVOICE

0 - F00003 SL: FIRST CAPITAL INSURANCE LTD
 FIRST CAPITAL INSURANCE LTD
 36 ROBINSON ROAD
 #16-01, CITY HOUSE
 SINGAPORE
 Singapore 068877

GST Reg.No:M28920628X
 Inv.No. : B&P 7013835 Page 1
 Inv.date : 22/06/2018
 WIP No. : 63930
 Veh.In/Out: 12/06/2018 16/06/2018
 *Tel.No. :
 Reg.No. : SLR50960
 Reg.date : 17/08/2017
 Mileage : 8,981
 Chassis No: YV1FS28C0J2451727

Closed by : Michelle Ong Siew Be
 Svc Consultant : ACC
 Remarks : Mr Yeo Liang Keng

Parts/Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT BUMPER,FRT BRACKET,FRT RH HEADLAMP,FRT RH FENDER,ETC	0	2400.00	0		2,400.00	S
800	TO PUTTY SPRAY PAINT ON FRT BUMPER,FRT RH FENDER,ETC	0	1400.00	0		1,400.00	S
280	TO FOCUS HEADLAMP	0	150.00	0		150.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S
039820276	BUMPER COVER FRT SV6	1.0 EA	1519.90	10		1,367.91	S
031425464	BUMPER BRACKET RHF V	1.0 EA	88.70	10		79.83	S
031323841	BUMPER BRACKET RHF S	1.0 EA	88.70	10		79.83	S
031420118	HEADLAMP RH T2 SV60	1.0 EA	919.20	10		827.28	S
000979878	BLIND RIVET 4.0*21MM	10.0 EA	3.00	10		27.00	S
003541113	BUMPER CLIP	10.0 EA	4.80	10		43.20	S
009133417	PLASTIC RIVET P/W RA	10.0 EA	6.90	10		62.10	S
031316401	BUMPER INSTALLING MT	1.0 EA	83.40	10		75.06	S



SERVICE TAX INVOICE

0 - F00003 SL: FIRST CAPITAL INSURANCE LTD
FIRST CAPITAL INSURANCE LTD GST Reg.No:M28920628X
36 ROBINSON ROAD Inv.No. . : 8&P 7013835 Page 2
#16-01, CITY HOUSE Inv.date. : 22/06/2018
SINGAPORE WIP No. . : 63930
Singapore 068877 Veh.In/Out: 12/06/2018 16/06/2018
*Tel.No. . :
Reg.No. . : SLR5096D
Closed by : Michelle Ong Siew Be Reg.date. : 17/08/2017
Svc Consultant : ACC Mileage . : 8,981
Remarks : Mr Yeo Liang Keng Chassis No: YV1FS28C0J2451727

Parts/Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
V31670171	ADHESIVE TUBE CHEMIC	1.0 EA	75.80	10		68.22	S

				Gross Total.		7,030.43	
Labour Total	4,400.00			Net.....		7,030.43	
Parts Total	2,630.43			GST @ 7.0%		492.13	
Package Total	0.00			Total.....		7,522.56	
				Paid.....		0.00	
				Please Pay..		7,522.56	

GST: S=StdRated; O=OutOfScope; Z=ZeroRated
Enquiries must be lodged within 14 days from the invoice date
This is a computer generated invoice. No signature is required.



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/FCI18010253/T1qd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 30-07-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh.	SH 9767U	Veh. Inspected
	Policy No.	D-18088936MFSH	Coverage (\$)
	Claim No.	D18004413MFSH	Excess (\$)
	Assign From	JOANNE YONG	Assign Date
			06/06/2018
2. Vehicle Particulars & Condition			
	Make & Model	VOLVO S60	c.c
	Engine No.	HIDDEN	Year of Reg.
	Chassis No.	YV1FS28C0J2451727	Colour
	Odometer	8380	Steering
	Brakes	IN ORDER	Modification
	General	GOOD	SPORTS RIM
3. Conditions of Tyres			
		Size	Make
	R/H Front Tyre	215/55 R16	MICHELIN
	L/H Front Tyre	215/55 R16	MICHELIN
	R/H Rear Tyre	215/55 R16	MICHELIN
	L/H Rear Tyre	215/55 R16	MICHELIN
			Balance
			6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
	Accident Date	31/05/2018	Inspection Date
			12/06/2018
	Survey held at	WEARNES AUTOMOTIVE PTE LTD 249 ALEXANDRA ROAD SINGAPORE 159935	
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:		5 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLR 5096D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER COVER FRT SV6 (SN)	TORN	1,519.90	1,367.91
1	BUMPER BRACKET LHF V (SN)	NOT NECESSARY	88.70	-
1	BUMPER BRACKET RHF V (SN)	NECESSARY	88.70	79.83
1	BUMPER BRACKET LHF S (SN)	NOT NECESSARY	88.70	-
1	BUMPER BRACKET RHF S (SN)	NECESSARY	88.70	79.83
1	FRAME COVER RH STD S (SN)	NOT NECESSARY	80.40	-
1	BUMPER COVER RHF BLA (SN)	NOT NECESSARY	105.80	-
1	BUMPER COVER LHF BLA (SN)	NOT NECESSARY	105.80	-
1	HEADLAMP RH T2 SV60 (SN)	CUT	919.20	827.28
1	LED LAMP RHF S60 14- (SN)	NOT NECESSARY	406.40	-
1	FENDER FRT RH S60 14 (SN)	TO REPAIR SEE LABOUR	1,040.50	-
1	FENDER BRACKET FRT S (SN)	NOT NECESSARY	11.40	-
10	BLIND RIVET 4.0*21MM @\$3.00 (SN)	NECESSARY	30.00	27.00
10	BUMPER CLIP @\$4.80 (SN)	NECESSARY	48.00	43.20
10	PLASTIC RIVET P/W RA @\$6.90 (SN)	NECESSARY	69.00	62.10
1	BUMPER INSTALLING MT (SN)	NECESSARY	83.40	75.06
1	ADHESIVE TUBE CHEMIC (SN)	NECESSARY	75.80	68.22
			4,850.40	2,630.43
LABOUR				
TO REPLACE FRONT BUMPER, FRT BRACKET, FRT RH HEADLAMP, FRT RH FENDER, ETC. INCLUSIVE OF THE REPAIR OF FENDER FRT RH S60 14.			3,200.00	2,400.00
TO PUTTY SPRAY PAINT ON FRT BUMPER, FRT RH FENDER, ETC.			2,100.00	1,400.00
TO FOCUS HEADLAMP.			150.00	150.00
TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES.			450.00	450.00
			5,900.00	4,400.00
GRAND TOTAL			10,750.40	7,030.43
RECOMMENDED COST OF REPAIRS				7,030.43

Report Ref No. CS/FCI18010253/T1qd3e2



Report Ref No. CS/FCI18010253/T1qd3e2

MOHAMAD TAUFIKH
M.MATAI, AMSAE-A
Automotive Assessor

ADRIAN LING WAI PING
B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI
Licensed Appraiser

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