

V.S.S. REC. BY:

REF: CS/FCI 18010704/Usb/ Special Instruction:

Surveyor: Marcus ASSIGNMENT (Office)

From (Person): CWS Sereh ler of FCI Date/Time: 13/6/18 @ 8:49am

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: GBC 6813S Insured: SH 8889H

at Workshop m/s Liu's Brother Tel: 67411730

of 1 Kaki Bukit Ave 6 # 01-01

Policy No: \_\_\_\_\_ Claim No: D18 004635MFSH

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

Make of Veh: \_\_\_\_\_ D.O.A. 08/06/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS <sup>wp</sup> H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 8:58am @ 13/6/18 Person Contacted: susan Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	GBC 6813S - X
	SH 8889H - NA / INC D90U3588 / SI <span style="float: right;">DCA: 21042019</span>
13/06/18	@ 16:00 p.m. revert pending estimate from repairer to Sereh via email.

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

To Inspect Vehicle No: GBC 68135

at Workshop m/s 11 v's RD

of \_\_\_\_\_

Insured: SFI 8889H

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

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

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

(Client's Record)

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

(Policy Condition)

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

N/S	O/S
	<u>8</u>

Bal. or Market Value: \$ 42k

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

GIA / PR Seen: 2 Consistent?: Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: GBC 68135 Yr Regn: 7, 13

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

Truck / Trailer or (M)

Make: Toyota hiace c.c. 2982

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

Sp. Reading: 123057 T/Radio: Insured / Std / NI / NA

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

C/No: JTFHT02P900117832

Gen. Cond: Good / Fair / Poor / Burnt

Steering: 8 / Jammed / Leaked / Burnt or

Brake: 8 / Jammed / Leaked / Burnt or

Modi: 8 / S/Rim / STD A/Rim or

Tyre Size: F: 195 R15

R: \_\_\_\_\_

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

TOYO / YOKO or Westlake

Front 6 mm Rear 6 mm

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 8/6/18 D.O.I. 12/6/18

Survey held at \_\_\_\_\_

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

Rear

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

Date / Time Action / Instruction L7A 29738 Syrs. Insh.

24/7/18 confirmed 2/5 \$5300 with Sabon

( \$ 4,380.80 Red - 45% )

RECEIVED 25 JUL 2018

Date/Time, File Pass to?

25/07/18

1) Typist

Date/Time, File Return to?

2) \_\_\_\_\_

: Preli. Report

: Final Report

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

Photos

Others

Others

Others

TOTAL

170
50
50+50
61
321

Report Format: \_\_\_\_\_

Lump Sum / I.B.I.: (\$ 5,300 H/s)

**MOTOR SURVEY ASSIGNMENT**

**Date** 11-06-2018 **Our Ref No.** D18004635MFSH  
**Accident Date** 08-06-2018 **Claim Type.** Third Party  
**Insured Vehicle** SH8889H **Third Party Vehicle.** GBC6813S  
**Survey Location** 1 KAKI BUKIT AVENUE 6 #01-01AUTOBAY @ KAKI BUKIT  
**Contact Person.** JASMINE LOW  
**Contact No.** 67411730/ 0 **Fax No.** 67445746  
**Survey Type** WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED  
**Appointed Surveyor** LKK AUTO CONSULTANTS PTE LTD  
**Contact Person** NA **Fax No.** 68416315  
**Contact Number.** NA

**FOR DIRECT SETTLEMENT**

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

**THIRD PARTY SURVEY REQUEST**

**Cc : Workshop** LIU'S BROTHER AUTO  
ENGINEERING **Attention.** NIL  
WORKSHOP  
**Cc : TP Solicitor** NA **TP Solicitor Fax No.** NA  
**Officer Incharge** SERENE

**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/241319)



PRI Documents



Close



## PRI Header Details

<b>Claim No</b>	D18004635MFSH	<b>Policy No</b>	D-18088936MFSH	<b>Claimant S.No &amp; Name</b>	1 & LIU'S BRC WORKSHOP [ PTE LTD N ]
<b>Workshop Name</b>	LIU'S BROTHER AUTO ENGINEERING WORKSHOP (Contact Person : JASMINE LOW)	<b>Survey Location &amp; Contact Details</b>	1 KAKI BUKIT AVENUE 6 #01-01AUTOBAY @ KAKI BUKI <b>Mobile:</b> 0 , <b>Phone:</b> 67411730 , <b>Fax:</b> 67445746 <b>EmailId:</b> LIUSBROJASMINE@YAHOO.COM		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM		
<b>Insured Name</b>	COMFORT TRANSPORTATION PTE LTD	<b>Insured Vehicle No</b>	SH8889H	<b>TP Vehicle No</b>	GBC6813S
<b>PRI Recieved Date</b>	12-06-2018 08:58:37 PM	<b>Surveyor Appointed Date</b>	13-06-2018 08:48:34 AM	<b>Surveyor Accept Date</b>	13-06-2018 1

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>	<input type="text"/>	<b>Surveyor Report Date</b>	13-06-2018	<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

Remarks



# 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/FCI18010704/Usb

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 12-06-2018



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SH 8889H	Veh. Inspected	GBC 6813S
Policy No.		Coverage (\$)	0.00
Claim No.	D18004635MFSH	Excess (\$)	0.00
Assign From	CWS ( SERENE LER)	Assign Date	12/06/2018

## 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	08/06/2018	Inspection Date	12/06/2018
Survey held at	LIU'S BROTHER AUTO WORK SHOP 1 KAKI BUKIT AVENUE 6 #01-01 AUTO BAY @ KAKI BUKIT SINGAPORE 417883		

## 5a. Remarks

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

> **Back to OneMotoring**

**Enquire PARF/COE Rebate for Registered Vehicle**

**Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	1196N

**Vehicle Details**

Vehicle No.:	GBC6813S
Vehicle to be Exported:	No
Intended De-registration Date:	11 Jun 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE MANUAL
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	1KD2304074
Chassis No.:	JTFHT02P900117832
Maximum Power Output:	-
Open Market Value:	\$25,820.00
Original Registration Date:	12 Jul 2013
First Registration Date:	12 Jul 2013
Transfer Count:	1
Actual ARF Paid:	\$1,291.00

**Intended PARF Rebate Details**

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

**Intended COE Rebate Details**

COE Expiry Date:	11 Jul 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$58,502.00
COE Rebate Amount:	\$29,738.00
<b>Total Rebate Amount:</b>	<b>\$29,738.00</b>

The information contained herein is correct as at 11 Jun 2018

OK

> **Back to OneMotoring**

**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	1196N
<b>Vehicle Details</b>	
Vehicle No.:	GBC68135
Vehicle to be Exported:	No
Intended De-registration Date:	11 Jun 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE MANUAL
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	1KD2304074
Chassis No.:	JTFHT02P900117832
Maximum Power Output:	-
Open Market Value:	\$25,820.00
Original Registration Date:	12 Jul 2013
First Registration Date:	12 Jul 2013
Transfer Count:	1
Actual ARF Paid:	\$1,291.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	11 Jul 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$58,502.00
COE Rebate Amount:	\$29,738.00
<b>Total Rebate Amount:</b>	<b>\$29,738.00</b>

The information contained herein is correct as at 11 Jun 2018

OK

## Shirley Hiew (LKK Auto)

---

**From:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Sent:** Wednesday, 13 June 2018 4:04 PM  
**To:** SERENELER@MSFIRSTCAPITAL.COM.SG; 'Claim Workflow System'  
**Cc:** "SUR"; 'Nivitha (LKK Auto)'; ASSIGNMENTS@LKKAUTO.COM  
**Subject:** RE: SURVEY ASSESSMENT - D18004635MFSH/1

Dear Serene,

Please be informed that we have inspected the vehicle GBC 6813S on 12/06/2018.

We are pending for estimate from repairer.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:Sur@lkkauto.com) | fax: 6256-4315

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

---

**From:** Nivitha (LKK Auto) [mailto:[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)]  
**Sent:** Wednesday, 13 June 2018 8:52 AM  
**To:** 'Claim Workflow System' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; ASSIGNMENTS@LKKAUTO.COM  
**Cc:** SERENELER@MSFIRSTCAPITAL.COM.SG; "SUR" <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D18004635MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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](mailto:cwsmotorclaims@msfirstcapital.com.sg)]  
**Sent:** Wednesday, 13 June 2018 8:48 AM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [SERENELER@MSFIRSTCAPITAL.COM.SG](mailto:SERENELER@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18004635MFSH/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.**

## 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	09/06/2018 20:08
Date Of Accident	08/06/2018 18:15
Exact Location Of Accident	ALONG KEPPEL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6813S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93297264

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087422MFCV
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SHADIK BIN IDRIS
NRIC No	S8601906Z
Date Of Birth	08/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	31/03/2006
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93297264
Fax Number	
Contact Number	
EEmail Address	NOTOBSESS@GMAIL.COM

Sketch Plan

IMPORTANT NOTICE

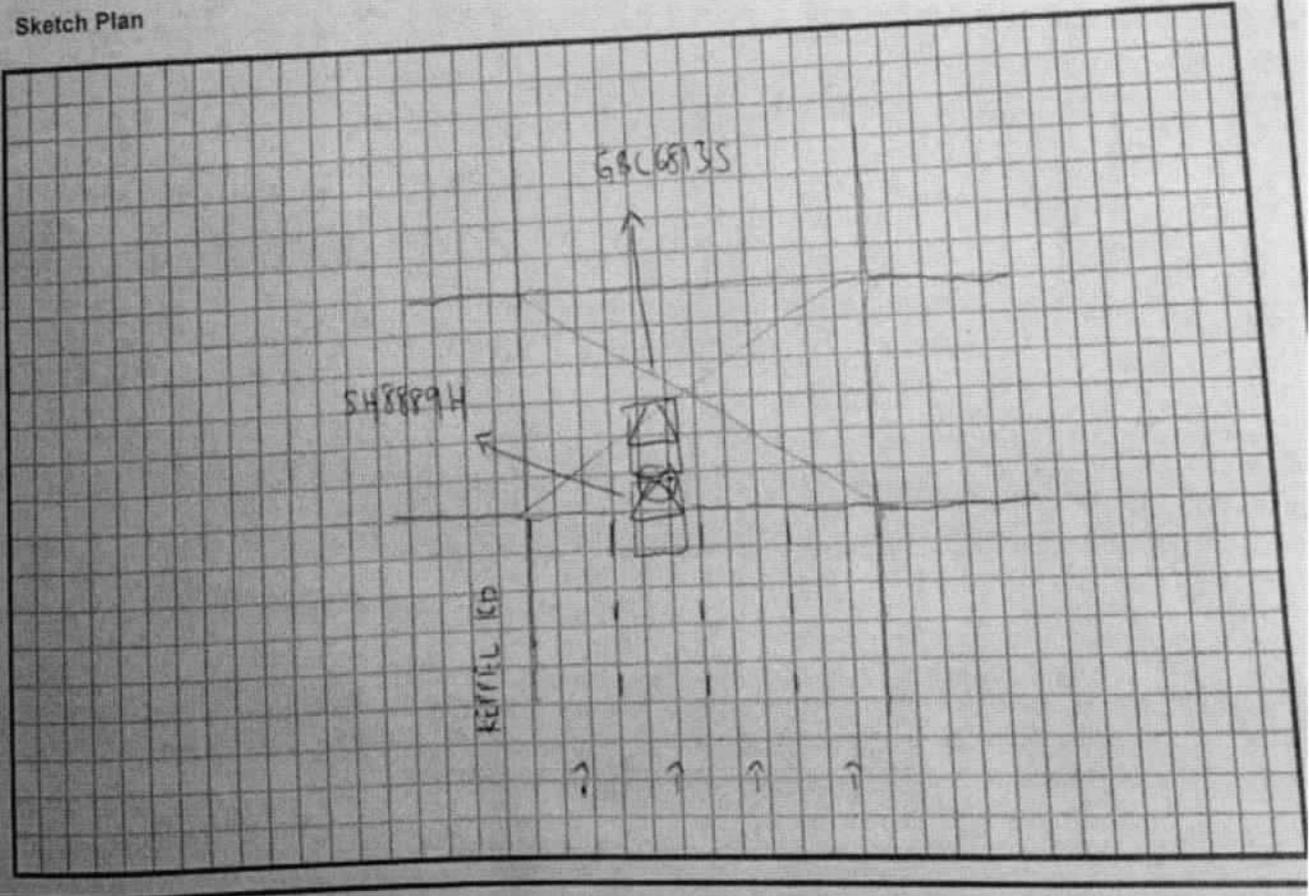
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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 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.
  - (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  
 MOHAMMAD SULHANDI BIN  
 MOHD AFFANDI

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

Sketch Plan



## 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	09/06/2018 20:08
Date Of Accident	08/06/2018 18:15
Exact Location Of Accident	ALONG KEPPEL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6813S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93297264
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087422MFCV
Cover Note Number	
<b>Driver</b>	
Name of Driver	MUHAMMAD SHADIK BIN IDRIS
NRIC No	S8601906Z
Date Of Birth	08/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	31/03/2006
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93297264
Fax Number	
Contact Number	
EEmail Address	NOTOBSESS@GMAIL.COM

Sketch Plan

**IMPORTANT NOTICE**

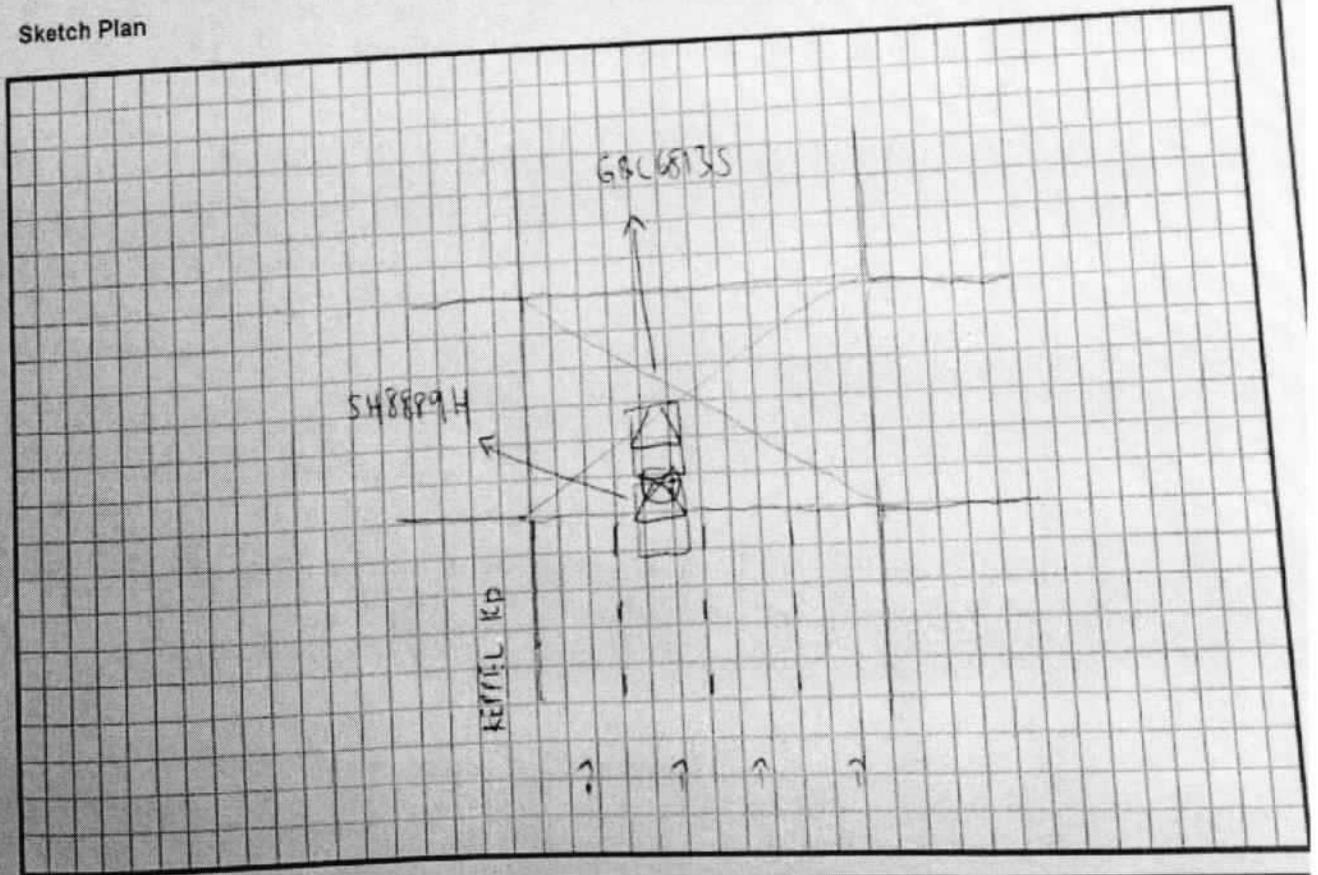
1. Please report **correctly** the details of the accident to speed up the claims process
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be **as truthful and accurate as possible.** Any wilful misrepresentation or withholding of material 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 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 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.  
(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  
MOHAMMAD SULHANDI BIN  
MOHD AFFANDI

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 11 Jun 2018 / 16:07:15

Receipt Date/Time : 11 Jun 2018 / 16:06:58

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-180611-001841

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SH8889H As at 08 Jun 2018/18:15:00 Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SH8889H Enquiry Fee 20180611160207935994	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	xxxxxxxxxxxx5109		Credit Card: Visa /MasterCard	7.45
<b>Total</b>				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 11 Jun 2018 / 16:07:15

Receipt Date/Time : 11 Jun 2018 / 16:06:58

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-180611-001841

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SH8889H As at 08 Jun 2018/18:15:00 Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SH8889H Enquiry Fee 20180611160207935994	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	xxxxxxxxxxxx5109	Credit Card: Visa /MasterCard		7.45
<b>Total</b>				7.45
<b>Cash Change</b>				0.00
<b>Tendered Amount</b>				7.45
<b>Excess Refundable Amount</b>				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

No. 1 Kaki Bukit Avenue 6 #01-01 Auto Bay @ Kaki Bukit Singapore 417883

ROB No: 53291793 | Tel: 6741-1730 / 731. Fax: 6744-5746. Email: liusbro@gmail.com

Invoice/Ref No: GBC6815180608

**Estimate****Customer**

Name: MS First Capital Insurance Limited

Date: 11-06-18

Address: Motor Claims Department

Vehicle No: GBC6813S

36 Robinson Road #16-01

Model/Make: Toyota Hiace

City House

Singapore 068877

Manual

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Rear Tailgate <i>1927.10</i>	\$ 2,051.60	
2	Tailgate Lock <i>102/JM</i>	\$ 359.00	
3	Tailgate "Toyota Logo" Motif <i>nu</i>	\$ 70.50	
4	Tailgate Rubber <i>703A/7W1</i>	\$ 387.90	
5	Tailgate "Company Advertisement" Sticker <i>nu</i>	\$ 400.00	SN 1005.~
6	Bumper <i>22</i>	\$ 496.50	
7	Bumper Clips 1 set <i>nu</i>	\$ 65.00	SN 505.~
8	Bumper Side Holder 02 pcs (@\$69.10) <i>11</i>	\$ 138.20	X
9	<i>65</i> Bumper Lower Bracket 02 pcs (@ \$178.00) <i>beat 130</i>	\$ 356.00	
10	Spare Tyre Bracket <i>n</i>	\$ 345.10	X
11	End Panel Outer <i>30d500</i>	\$ 566.10	
12	End Panel Inner <i>30d500</i>	\$ 936.20	
13	End Panel Sealant <i>11</i>	\$ 50.00	SN X
14	End Panel Top Steel Plate <i>beat</i>	\$ 299.50	
15	Tail Lamp <i>165</i>	\$ 365.10	
16	Tail Lamp Lower Garnish <i>misc one</i>	\$ 65.10	
17	Tailgate Windscreen Moulding <i>nu 118</i>	\$ 219.00	
18	Tailgate Windscreen Sealant <i>ny</i>	\$ 50.00	SN 40
19	<i>1set</i> Bumper Reverse Sensor <i>shhd</i>	\$ 200.00	SN ✓
	To check all wiring & electrical component for proper function	\$ 80.00	
	Remove and refix rear tailgate components & wiper mechanism	\$ 80.00	
	Remove and refix rear reverse sensor	\$ 100.00	
	Remove & reinstall Windscreen Glass to facilitate repairs & perform wat	\$ 120.00	
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etes	\$ 1,000.00	
	To putty & spray painting & including touch up paint on accident affect	\$ 800.00	
	To apply Rust Proofing, rescal tuff-coating treatment on accident area	\$ 80.00	

Total Parts &amp; Labour of estimate for damaged vehicle

\$9,680.80

Total amount in Lump Sum Basis for repaired vehicle

SDLS:



M/s Liu's Brother Auto Engrg Wks

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:

*Not Authorized*  
*1/5 @ 5300*  
*6 day*  
*12/6/18*  
*the photo after repair*

*1-5721*  
*4290.75*  
*S.N - 390*  
*labor - 1960*  
*6640.75*



## 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/FCI18010704/Usbe2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 03-08-2018		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
	Insured Veh.	SH 8889H	Veh. Inspected	GBC 6813S
	Policy No.	D-18088936MFSH	Coverage (\$)	0.00
	Claim No.	D18004635MFSH	Excess (\$)	0.00
	Assign From	SERENE LER	Assign Date	13/06/2018
<b>2. Vehicle Particulars &amp; Condition</b>				
	Make & Model	TOYOTA HIACE (A)	c.c	2982
	Engine No.	HIDDEN	Year of Reg.	2013
	Chassis No.	JTFHT02P900117832	Colour	BLUE
	Odometer	123051	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
<b>3. Conditions of Tyres</b>				
		Size	Make	Balance
	R/H Front Tyre	195 R15	WEST LAKE	6 mm
	L/H Front Tyre	195 R15	WEST LAKE	6 mm
	R/H Rear Tyre	195 R15	WEST LAKE	6 mm
	L/H Rear Tyre	195 R15	WEST LAKE	6 mm
<b>4. Description of Damages</b>				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>				
	Accident Date	08/06/2018	Inspection Date	12/06/2018
	Survey held at	LIU'S BROTHER AUTO WORK SHOP 1 KAKI BUKIT AVENUE 6 #01-01 AUTO BAY @ KAKI BUKIT SINGAPORE 417883		
<b>5a. Remarks</b>				
	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.			
<b>5b. Estimate Days of Repair</b>				
	ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>6 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 2

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBC 6813S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR TAILGATE	DENTED	2,051.60	1,927.10
1	REAR TAILGATE LOCK	DENTED / JAMMED	359.00	359.00
1	REAR TAILGATE "TOYOTA LOGO" MOTIF	NECESSARY	70.50	70.50
1	REAR TAILGATE RUBBER	TORN / TWISTED	387.90	387.90
1	REAR BUMPER	DENTED	496.50	496.50
2	REAR BUMPER SIDE HOLDER @\$69.10	NOT NECESSARY	138.20	-
2	REAR BUMPER LOWER BRACKET @\$178.00	BENT	356.00	130.00
1	REAR SPARE TYRE BRACKET	TO REPAIR SEE LABOUR	345.10	-
1	REAR END PANEL OUTER	BADLY DENTED	566.10	566.10
1	REAR END PANEL INNER	BADLY DENTED	936.20	936.20
1	REAR END PANEL TOP STEEL PLATE	BENT	299.50	299.50
1	REAR TAIL LAMP N/S	CRACKED	365.10	365.10
1	REAR TAIL LAMP LOWER GARNISH N/S	CRACKED	65.10	65.10
1	REAR TAILGATE WINDSCREEN MOULDING	NECESSARY	219.00	118.00
	LESS 25% DISCOUNT		-	-1,430.25
			6,655.80	4,290.75
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR TAILGATE "COMPANY ADVERTISEMENT" STICKER (SN)	NECESSARY	400.00	100.00
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	65.00	50.00
1	REAR END PANEL SEALANT (SN)	NOT NECESSARY	50.00	-
1	REAR TAILGATE WINDSCREEN SEALANT (SN)	NECESSARY	50.00	40.00
1	SET REAR BUMPER REVERSE SENSOR (SN)	SHORTED	200.00	200.00
			765.00	390.00
<b><u>LABOUR</u></b>				
	TO CHECK ALL WIRING & ELECTRICAL COMPONENT FOR PROPER FUNCTION.		80.00	20.00
	REMOVE AND REFIX REAR TAILGATE COMPONENTS & WIPER MECHANISM.		80.00	60.00
	REMOVE AND REFIT REAR REVERSE SENSOR.		100.00	50.00

Report Ref No. CS/FC18010704/Usbe2



## 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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE & REINSTALL WINDSCREEN GLASS TO FACILITATE REPAIRS & PERFORM WATER.		120.00	120.00
	LABOR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN & REPLACING PARTS ETCS. INCLUSIVE OF THE REPAIR OF REAR SPARE TYRE BRACKET.		1,000.00	880.00
	TO PUTTY & SPRAY PAINTING & INCLUDING TOUCH UP PAINT ON ACCIDENT AFFECTED.		800.00	750.00
	TO APPLY RUST PROOFING, RESEAL TUFF-COATING TREATMENT ON ACCIDENT AREA.		80.00	80.00
			2,260.00	1,960.00
	<b>GRAND TOTAL</b>		<b>9,680.80</b>	<b>6,640.75</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>5,300.00</b>

Report Ref No. CS/FCI18010704/Usbe2

CHUA KANG SENG

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.