

ASS. REC. BY:

REF: es/FCI18010887 / R1sd3<sup>52</sup> Special Instruction:Surveyor:  
CWS

Rasul

ASSIGNMENT (Office)

From (Person):

Karen Tan

of

FCI

Date/Time: 13/6/18 @ 5:38pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PA 9495B

Insured:

SHB 6646S

at Workshop in/s

WTS Engineering

Tel:

6559 8984

of

8 Gul Circle

Policy No:

Claim No:

D18004507MF5H

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 04/06/2018

21/06/2018 @ 10 am owner waiting

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

9:27am @

Person Contacted:

Mr Chan

Vehicle IN (OUT)

Date/Time

Action/Instruction (✓) Estimate

PA 9495B-X

SHB 6646S-CC3 / C7118009744 / K1h63

DoA: 28/5/2018

22/06/18 @ 16:51 pm received PA to kam via email.

Surveyor

*Parane*

REF:

2721m

### ASSIGNMENT

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

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

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

To Inspect Vehicle No: **PA 9495B**

at Workshop m/s: **WTS ENGINEERING**

of: **8, CML CIRCLE**

Insured: **FCI**

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

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

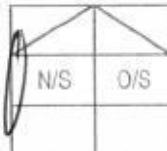
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

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

(Policy Condition)

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



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

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

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

Est Repairs: \_\_\_\_\_ days Res: Yes or No

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

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: **PA 9495B** Yr Regn: **2010 / 86P**

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

Truck / Trailer or

Make: **ISUZU LT 134P** C.C. **7790**

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

Sp. Reading: **299766** T/Radio: Insured / Std / NI / NA

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

C/No: **JA LLT134PA 7000027**

Gen. Cond: Good / Fair / **Poor** / Burnt

Steering: **Order** / Jammed / Leaked / Burnt or

Brake: **Order** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **11R22-5**

R: **- - D10**

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

TOYO / YOKO or **IRENZA**

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. **8** mm R/Bal. **8/8** mm

L/Bal. **8** mm L/Bal. **8/8** mm

D.O.A. **04/06/18** D.O.I. **21/06/18**

Survey held at **WTS TRANSPORT**

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

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

Date / Time Action / Instruction

21/06/18 Insured with w/shy mechanic at amount of \$700 / 2 days p/p  
amount confirmed  
(\$100.00 Red - 12%)

RECEIVED 22 JUN 2018

Date/Time, File Pass to?

22/06/18

1) **ypst**

Date/Time, File Return to?

2)

☐ : Preli. Report

☒ : Final Report

Days Of Repair: **2**

Resurvey No. of Trip: **-**

Survey Fee:

Transportation

) \$ + RS. \$

) Photos

) Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format :

Lump Sum / I.B.I.: (\$ **p/p \$700/-**)

90
50
10
159



# 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/FCI18010887/R1sd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 14-06-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHB 6646S	Veh. Inspected	PA 9495B	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18004507MFSH	Excess (\$)	0.00	
Assign From	CWS (KAREN TAN)	Assign Date	14/06/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	04/06/2018	Inspection Date		
Survey held at	WOODLANDS TRANSPORT SERVICE PTE. LTD. 8 GUL CIRCLE SINGAPORE 629564			
<b>5a. Remarks</b>				
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	05-06-2018	Our Ref No. D18004507MFSH
Accident Date	04-06-2018	Claim Type. Third Party
Insured Vehicle	SHB6646S	Third Party Vehicle. PA9495B
Survey Location	8 GUL CIRCLE	
Contact Person.	MR CHAN	
Contact No.	6559 8988/ 65598984	Fax No. 6898 2394
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	WTS ENGINEERING 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/241147)



PRI Documents



Close



## PRI Header Details

<b>Claim No</b>	D18004507MFSH	<b>Policy No</b>	D-18088936MFSH	<b>Claimant S.No &amp; Name</b>	1 & WTS ENG
<b>Workshop Name</b>	WTS ENGINEERING PTE LTD (Contact Person : MR CHAN )	<b>Survey Location &amp; Contact Details</b>	8 GUL CIRCLE <b>Mobile:</b> 65598984 , <b>Phone:</b> 6559 8988 , <b>Fax:</b> 6898 23 <b>EmailId:</b> KENJILEE@WOODLANDSTRANSPORT.COM.SG		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE:		
<b>Insured Name</b>	COMFORT TRANSPORTATION PTE LTD	<b>Insured Vehicle No</b>	SHB6646S	<b>TP Vehicle No</b>	PA9495B
<b>PRI Recieved Date</b>	12-06-2018 06:22:21 PM	<b>Surveyor Appointed Date</b>	13-06-2018 05:34:20 PM	<b>Surveyor Accept Date</b>	14-06-2018 1

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>		<b>Surveyor Report Date</b>	14-06-2018	<b>Upload Survey Report *:</b>	<input type="button" value="Choose File"/>
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## Vehicle Particulars

<b>Make</b>	Please Select Make ▼	<b>Model</b>	Please Select Model ▼	<b>Year</b>	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



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: D18004507MFSH

Date: 22 June 2018

Our Ref: CS/FCI18010887/R1sd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

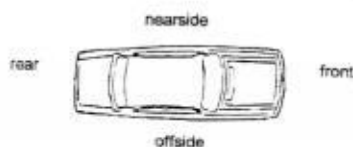
**INITIAL INSPECTION REPORT OF VEHICLE NO. PA 9495B .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 21/06/2018 at the premises of M/s Woodlands Transport Service Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>800.00</u> .
Revised Estimate Amount	: S\$ <u>700.00</u> .
"Check" Items Amount	: S\$ _____ .
Market Value	: S\$ _____ .
LTA Reimbursement Value	: S\$ _____ .
Nett Value	: S\$ _____ .

**Description of Damage:**

The vehicle sustained damages at the n/s body.



**Comments/ Present Status:**

Damages Consistent.

Repair days: 2 Days

Yours faithfully,  
Mohammed Rasul  
Automotive Assessor

## Shirley Hiew (LKK Auto)

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**From:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Sent:** Friday, 22 June 2018 4:51 PM  
**To:** KARENTAN@MSFIRSTCAPITAL.COM.SG; 'Claim Workflow System'  
**Cc:** "SUR"; 'Nivitha (LKK Auto)'; ASSIGNMENTS@LKKAUTO.COM  
**Subject:** RE: SURVEY ASSESSMENT - D18004507MFSH/1  
**Attachments:** PA 9495B - Preli Advise.pdf

Dear Karen,

Enclosed preliminary revised for PA 9495B.

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)

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**From:** Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]  
**Sent:** Thursday, 14 June 2018 10:04 AM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM  
**Cc:** KARENTAN@MSFIRSTCAPITAL.COM.SG; "SUR" <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18004507MFSH/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)

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**From:** Claim Workflow System [mailto:cwsmotorclaims@msfirstcapital.com.sg]  
**Sent:** Wednesday, 13 June 2018 5:34 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); KARENTAN@MSFIRSTCAPITAL.COM.SG  
**Subject:** PRI: SURVEY ASSESSMENT - D18004507MFSH/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	04/06/2018 12:57
Date Of Accident	04/06/2018 08:25
Exact Location Of Accident	TUAS WEST DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9495B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WOODLANDS TRANSPORT SERVICE PTE LTD
Co Reg No	198102721M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98383481
Alternative Phone No	OFFICE-65598954

### Vehicle Particulars

Manufacturer	ISUZU
Model	LT134P
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	SD17V10976
Cover Note Number	

### Driver

Name of Driver	TEH NAM HOE
NRIC No	S0221244G
Date Of Birth	09/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1978
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91450221
Fax Number	(LOCAL) +65-68982394
Contact Number	OFFICE-65598954
Email Address	NOEMAIL


SKETCH PLAN

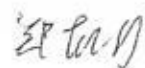
IMPORTANT NOTICE


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:

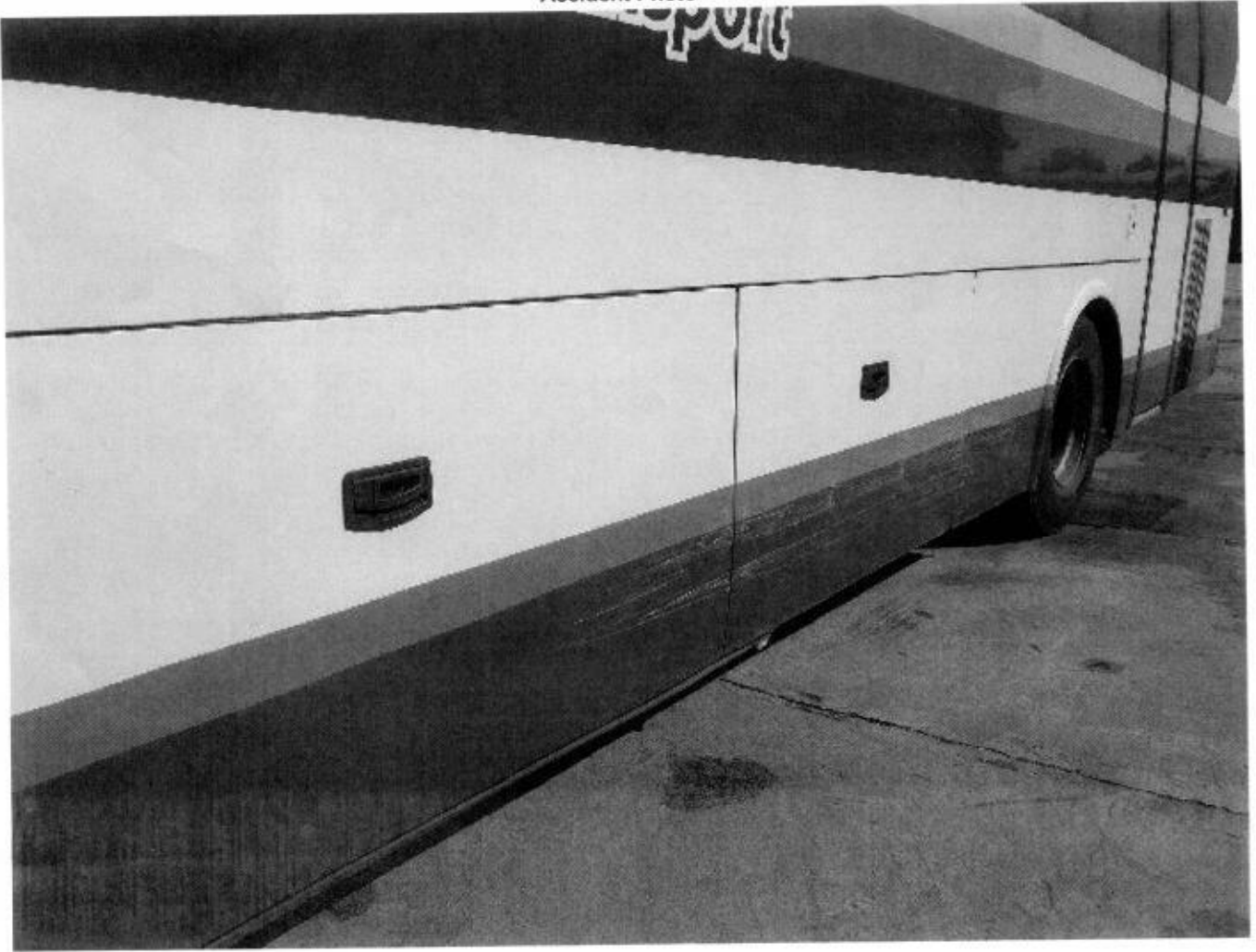
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

Accident Photo



Identification Card



Accident Photo



**WTS Engineering Pte Ltd**


8 Gul Circle, Singapore 629564 Tel: 65598984 Fax: 68622163  
Company Registration Number: 200505706E

### Quotation


DATE:	04/06/18	LOCATION:	Gul Workshop
VEHICLE NO:	PA9495B	Q REF No:	Q18/06/888
DRIVER:	Teh Nam Hoe 91450221	DEPARTMENT:	WTS Bus Department
ATTENTION TO:		ACCIDENT DATE:	04/06/18
PREPARED BY:	Chan Soo Lye	REF No:	JW-0618-403

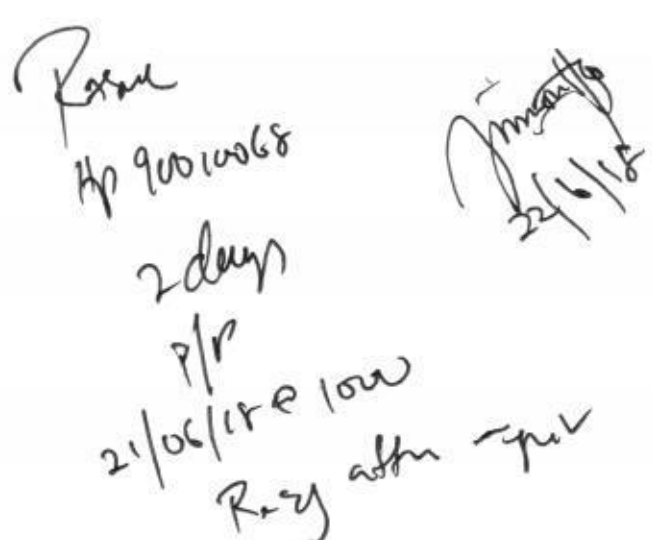
S/N	Description	Qty	Cost per Unit	Amount S\$
<b>Spray Paint</b>				
1	Spray Painting  TO GRINDING SMOOTH AND SPRAY PAINTING FRONT LHS MUDGUARD COVER AND LUGGAGE COVER AND SIDE PANE.	1	800	<del>800.00</del> 700
<b>TOTAL:</b>				<b>800.00</b>
<b>Total Amount</b>				<b>SGD 800.00</b>


Remarks:


  
Signature of Workshop Dpt

  
Signature of Department Head

  
Signature of Claim Department





Surveyor Sign:	
Surveyor Name:	Rasm
Date:	21/06/18 @ 10w





## 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/FCI18010887/R1sd3s2

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 03-07-2018



Code : FCI2

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 6646S	Veh. Inspected	PA 9495B
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18004507MFSH	Excess (\$)	0.00
Assign From	KAREN TAN	Assign Date	13/06/2018

### 2. Vehicle Particulars & Condition

Make & Model	ISUZU LT134P	c.c	7790
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	JALLT134PA7000027	Colour	MULTI
Odometer	299766	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	11 R22.5	FIRENZA	8 mm
L/H Front Tyre	11 R22.5	FIRENZA	8 mm
R/H Rear Tyre	11 R22.5 (D)	FIRENZA	8/8 mm
L/H Rear Tyre	11 R22.5 (D)	FIRENZA	8/8 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.  
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	04/06/2018	Inspection Date	21/06/2018
Survey held at	WOODLANDS TRANSPORT SERVICE PTE. LTD. 8 GUL CIRCLE SINGAPORE 629564		

### 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
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**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. PA 9495B**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b> SPRAY PAINTING. TO GRINDING SMOOTH AND SPRAY PAINTING FRONT LHS MUDGUARD COVER AND LUGGAGE COVER AND SIDE PANE.		800.00	700.00
			800.00	700.00
	<b>GRAND TOTAL</b>		<b>800.00</b>	<b>700.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>700.00</b>

Report Ref No. CS/FCI18010887/R1sd3s2

**MOHAMMED RASUL BIN MOHD YUNUS**

Automotive Assessor

**ADRIAN LING WAI PING**

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

Licensed Appraiser

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