

ASS. REC. BY:

REF: CS/FCL18011839/Ntber Special Instruction:

Survivor

ASSIGNMENT (Office)

From (Person): CWS May Chua of FCL Date/Time: 28062018 835am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKM 990T Insured: SHD 3500M

at Workshop m/s Sincere Lead Tel: 6468 9834

of 38 Woodlands Ind Park E1 #05-18

Policy No: Claim No: D18005035 MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 26062018
(Client's Record)

CA / REV / REP. / REV 24 HRS '03'

H.O.D. Endorsement:

Date/Time: 28062018 936am

Person Contacted:

Raymond

Vehicle IN OUT

| Date/Time | Action/Instruction (✓) Estimate |
|-----------|--|
| | SKM 990T - X |
| | SHD 3500M - NA / INC 15016613 / i3 O.A. 190915 |
| | Part by part \$1001.50 (Red: 1566.50; 61%) |

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

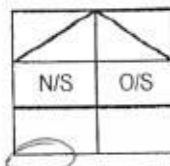
Excess:

(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: SKM 990 T

Yr Regn: Jun 2014

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

Truck / Trailer or

Make: Toyota Altis

CC 1598

Colour

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

20944

T/Radio: Insured / Std / NI / NA

Eng/No:

12RX419244

C/No:

MRO53REH104509536

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: 205/55 R16

R: 205/55 R16

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

26/6/18

D.O.I.

2/7/2018

Survey held at

Automotive Repair Centre

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

Rear N/S

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

Date / Time

Action / Instruction

Saytha, pls see my remark.

RECEIVED 15 AUG 2018

Date/Time, File Pass to?



Preli. Report



Final Report

Date/Time, File Return to?

2)

Report Format:

TP

Lump Sum / (B) (\$

1001.50

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

110

50

50

21

231

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|---|-------------------------------------|
| Date | 27-06-2018 | Our Ref No. D18005035MFSH |
| Accident Date | 26-06-2018 | Claim Type. Third Party |
| Insured Vehicle | SHD3500M | Third Party Vehicle. SKM990T |
| Survey Location | 38 WOODLANDS INDUSTRIAL PARK E1 #05-18 | |
| Contact Person. | RAYMOND TAN | |
| Contact No. | 64688834/ 0 | Fax No. 64622278 |
| 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 | AUTOMOTIVE REPAIR CENTRE PTE LTD | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | MAY CHUA | |

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.



Auto
Consultants
Pte Ltd

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

Your Ref: D18005035MFSH

Date: 16/7/2018

Our Ref: CS/FCI18011839/vtb

The Motor Claims Department
First Capital Insurance Ltd

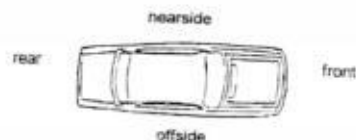
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SKM 990T

Please be informed that we had conducted the inspection of the abovementioned vehicle 2/7/2018 at the premises of M/s Automotive Repair Centre and have the following to report: -

| | |
|--------------------------|----------------|
| Workshop Estimate Amount | : S\$ 2,400.00 |
| Revised Estimate Amount | : S\$ 1,460.00 |
| "Check" Items Amount | : S\$ 520.00 |
| LTA Reimbursement Value | : S\$ |
| Nett Value | : S\$ |

Description of Damage:
The vehicle sustained damages at the
Rear n/s portion.



Comments/ Present Status:
Damages Consistent.

Yours faithfully
Sathya
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 | 27/06/2018 01:46 |
| Date Of Accident | 26/06/2018 13:15 |
| Exact Location Of Accident | JUNCTION OF YISHUN STREET 51 & AVE 4 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKM990T |
| Insured/Policyholder | |
| Name Of Registered Owner | TEO LIP PENG |
| NRIC No | S7408158D |
| Email Address | RAYMOND@ISUMI.COM |
| Mobile Phone No | (LOCAL) +65-91997733 |
| Alternative Phone No | OFFICE-91997733 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | ALTIS |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---------------|
| Name of Insurance Company | AVIVA LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 10595651 |
| Cover Note Number | N.A. |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TEO ENG CHUAN |
| NRIC No | S0540107J |
| Date Of Birth | 28/10/1946 |
| Occupation | INDOOR |
| Date Of Driving Pass | 31/05/1971 |
| Driving Experience | 47 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91997733 |
| Fax Number | |
| Contact Number | OFFICE-91997733 |
| Email Address | RAYMOND@ISUMI.COM |

| | |
|---|--------------------------------------|
| Address | BLK 502A YISHUN STREET 51 #11-400 |
| Postcode | 761502 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | PARENT |
| 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? | |
| 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

I was giving way for pedestrian to cross at the junction of YISHUN ST 51 turning right toward YISHUN AVE 4 suddenly a taxi SHD3500M hit onto rear left side of my SKM0990T. No injuries involved.

Attachment(s)

| | |
|---|--------------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | UPLOADED INTO AVIVA FILE ZILLA |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------------------------|
| Vehicle Registration Number | SHD3500M |
| Vehicle Make/Model/Colour | HYUNDAI/I40 1.7 CRDI F/BLU |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | YEO TEEN HUAT |
| NRIC/Passport Number | S1305348J |
| Contact Number | 83553588 |
| 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 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.
 (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.

[Signature]

Policyholder's Signature / Date & Time

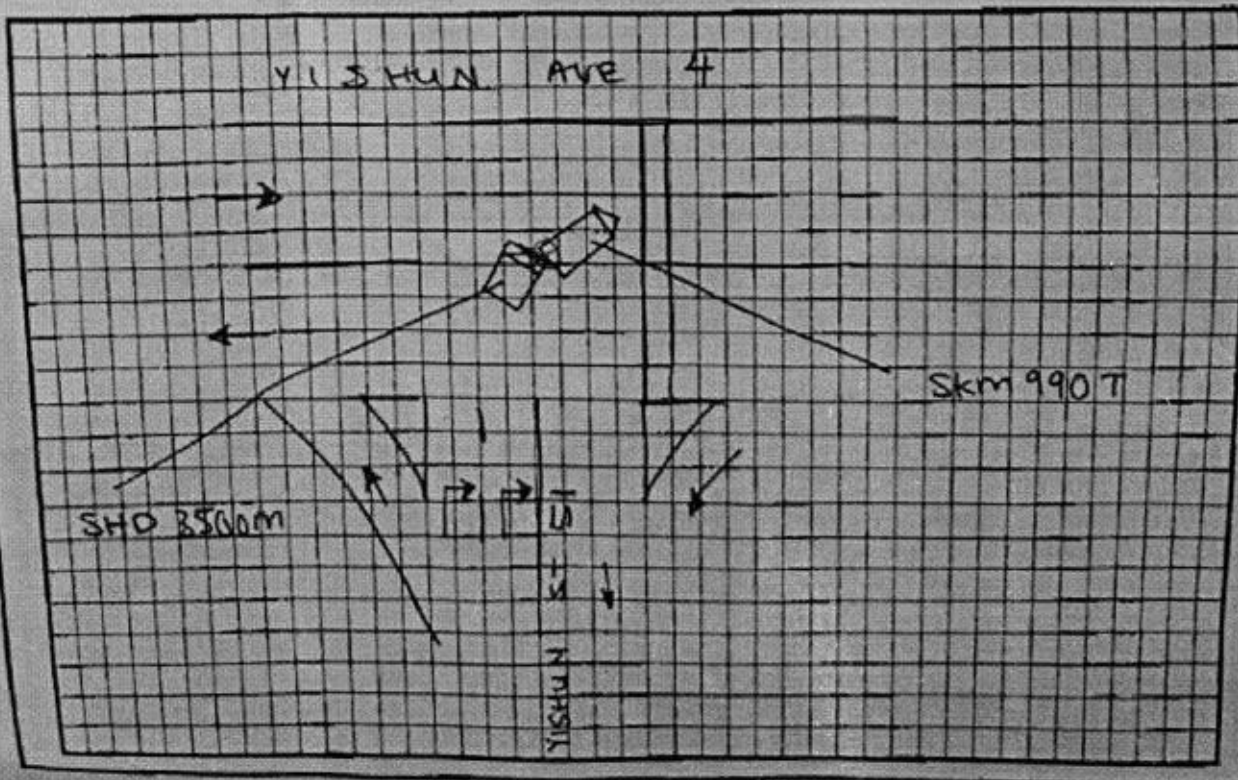
[Signature]

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADZLY BIN ISMAIL

Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

I was giving way for pedestrian to cross at the junction of YISHUN ST 51 turning right toward YISHUN AVE 4 suddenly a taxi SHD3500M hit onto rear left side of my SKM0990T. No injuries involved.

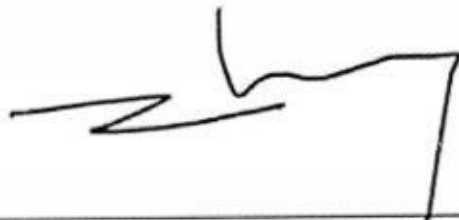
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHD FADZLY BIN ISMAIL

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

26 June 2018 4:06 pm

Date/Time:

26 June 2018 4:06 pm

ARC**Automotive Repair Centre Pte Ltd**

CO. Reg. No. : 201312913C

GST Reg. No. : 201312913C

Estimate

38 Woodlands Industrial Park E1

#05-18, Singapore 757700

Tel: 64688834 Fax: 64622278

E-mail: info@automotiverepaircentre.com.sg

ESTIMATE NO. : EST1806-057

DATE : 27-Jun-2018

POLICY NO. : AVIVA 10595651

VEHICLE REG. NO. : SKM990T

VEHICLE MAKE : TOYOTA ALTIS 1.6L A

TO Motor Claim Department
First Capital Insurance Limited
 36 Robinson Road #16-01 City House
 Singapore 068877
 Tel: 6507 3848, Fax: 65073849

FOR SURVEYOR

ESTIMATE REPAIR COST

| NO. | DESCRIPTION | QUANTITY | UNIT COST | TOTAL COST |
|-----------------------------|--|----------|-----------|---------------------|
| SPARE PARTS | | | | |
| 1 | Rear Bumper ✓ CRK | 1 | \$ 680.00 | \$ 680.00 482 |
| 2 | Rear Bumper Clip ✓ NEL | 10 | \$ 5.00 | \$ 50.00 30 |
| 4 | Rear Upper Retainer LH X } NN | 1 | \$ 80.00 | \$ 80.00 |
| 5 | Rear Side Retainer LH 2 X } NN | 1 | \$ 120.00 | \$ 120.00 |
| 7 | Rear Side Reflector LH ✓ BR | 1 | \$ 50.00 | \$ 50.00 |
| 8 | Rear Reinforcement 2 X NN | 1 | \$ 400.00 | \$ 400.00 |
| Total Spare Parts | | | | \$ 1,380.00 |
| SPECIAL NETT | | | | |
| 9 | Reverse Sensor 2 X NN | 1 | \$ 200.00 | \$ 200.00 |
| Total Special Nett | | | | \$ 200.00 |
| LABOUR | | | | |
| 10 | Respray Rear Bumper and Inner Panel | 1 | \$ 300.00 | \$ 300.00 200 |
| 11 | Repair, Replace and Refill Affected Accident Area Inc. End Panel | 1 | \$ 400.00 | \$ 300 400.00 ✓ 100 |
| 12 | Remove and Refit Rear Reverse Sensor | 1 | \$ 90.00 | \$ 90.00 50 high |
| 13 | Check and Rectify Electrical Wiring | 1 | \$ 30.00 | \$ 30.00 ✓ |
| Total Labour | | | | \$ 820.00 |
| Amount Before Excess | | | | \$ 2,400.00 |
| Add GST @ 7% | | | | 168.00 |
| Total Amount Payable | | | | \$ 2,568.00 |

Estimate prepared by: Raymond Tan

The above is an estimate based on our inspection and does not cover any additional parts or labour which may be required after work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above price are not guaranteed. Quotation on parts and labour are current and subject to change.

Sathya Sai
 2/7/2018

Sathya Sai@lkkauto.com

16/7/18

2 days ?

COR: \$1001.50 @ 2 days

- Part by Part repair
- Question mark item photo
- Photo before 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 is allowed
- Supplementary items must be approved and is subject to final approval from LKK Auto Consultants

Acknowledged by Repairer:
 Signature:
 Date:

562
 - 25%
 421.5
 + 580
 1001.5



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/FCI18011839/Ntbe2

36 ROBINSON ROAD

#16-01 CITY HOUSESINGAPORE 068877

Date : 15-08-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------|----------------|------------|
| Insured Veh. | SHD 3500M | Veh. Inspected | SKM 990T |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | D18005035MFSH | Excess (\$) | 0.00 |
| Assign From | MAY CHUA | Assign Date | 28/06/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|----------|
| Make & Model | TOYOTA ALTIS | c.c | 1598 |
| Engine No. | HIDDEN | Year of Reg. | 2014 |
| Chassis No. | MR053REH104509536 | Colour | SILVER |
| Odometer | 20944 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|----------|---------|
| R/H Front Tyre | 205/55 R16 | YOKOHAMA | 6 mm |
| L/H Front Tyre | 205/55 R16 | YOKOHAMA | 6 mm |
| R/H Rear Tyre | 205/55 R16 | YOKOHAMA | 6 mm |
| L/H Rear Tyre | 205/55 R16 | YOKOHAMA | 6 mm |

4. Description of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|---------------------------------|-----------------|------------|
| Accident Date | 26/06/2018 | Inspection Date | 02/07/2018 |
| Survey held at | 38 WOODLANDS IND PARK E1 #05-18 | | |
| Repairer | SINCERE LEAD AUTOMOTIVE | | |

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. SKM 990T

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|---------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | REAR BUMPER | CRACKED | 680.00 | 482.00 |
| 10 | REAR BUMPER CLIPS @\$5.00 | NECESSARY | 50.00 | 30.00 |
| 1 | REAR UPPER RETAINER LH | NOT NECESSARY | 80.00 | - |
| 1 | REAR SIDE RETAINER LH | NOT NECESSARY | 120.00 | - |
| 1 | REAR SIDE REFLECTOR LH | BROKEN | 50.00 | 50.00 |
| 1 | REAR REINFORCEMENT | NOT NECESSARY | 400.00 | - |
| | LESS 25% DISCOUNT | | - | -140.50 |
| | | | 1,380.00 | 421.50 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | REVERSE SENSOR (SN) | NOT NECESSARY | 200.00 | - |
| | | | 200.00 | - |
| <u>LABOUR</u> | | | | |
| | RESPRAY REAR BUMPER AND INNER PANEL. | | 300.00 | 200.00 |
| | REPAIR, REPLACE AND REFILL AFFECTED ACCIDENT AREA INC. END PANEL. | | 400.00 | 300.00 |
| | REMOVE AND REFIT REAR REVERSE SENSOR. | | 90.00 | 50.00 |
| | CHECK AND RECTIFY ELECTRICAL WIRING. | | 30.00 | 30.00 |
| | | | 820.00 | 580.00 |
| GRAND TOTAL | | | 2,400.00 | 1,001.50 |
| RECOMMENDED COST OF REPAIRS | | | | 1,001.50 |

Report Ref No. CS/FCI18011839/Ntbe2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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