

12/03/2007

ASS. REC. BY:

REF: CS/FCI18011894/ Rlv302 Special Instruction:

Surveyor

ASSIGNMENT (Office)

CWS

From (Person): Serene Ler

of

FCI

Date/Time:

29/6/18 @ 2.51pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 2669S

Insured:

SH 8579C

at Workshop m/s

Prime Auto

Tel:

68610908

of

G Benoi place

Policy No:

Claim No:

D18003178 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

05/04/2018

CA / REV / REP. / REV 24 HRS

(CS)

03/07/18 @ after 11am

H.O.D. Endorsement:

Date/Time: 3.07pm @ 29/6/18

Person Contacted:

Chrissy

Vehicle IN

☒ OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 2669S-X
	SHC 8579C-NA/INCO9017998/w/s/
	DOA: 13/08/2018
5/7/18	Email preli revised to FCI
6/7/18	Resul confirmed LS \$700 (Red 848, 557)

Rexau

REF: FCI

62932

ASSIGNMENT

From: Date: 03072018

Estimated Cost:

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

To Inspect Vehicle No: SHD 2669S

at Workshop m/s

of

Prime Auto
6 Bend. Place

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' DS'

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SHD 2669S Yr Regn: 2011 / Jan

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

Truck / Trailer or

Make: HONDA FIT 1.3 GA C.C. 1339

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

Sp. Reading: 799293 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GE61108102

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F:

175/65R14

R:

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

TOYO / YOKO or

WESTLAKE

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 05/04/18 D.O.I. 03/07/18

Survey held at PRIME AUTO

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

FRONT N/S

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

Date / Time Action / Instruction

RECEIVED 09 JUL 2018

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 2

1)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2) 6/7 - typst

Add Fee: ☐ : Site Insp (\$)

Survey Fee:

Transportation

) S + RS SI

) Photos

) Others

Report Format :

CWS

Lump Sum / I.B.I. (\$

700/-

☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

TOTAL

224



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: D18003178MFSH
Our Ref: CS/FCI18011894/R1vd3

Date : 5/7/2018

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO. SHD 2669S

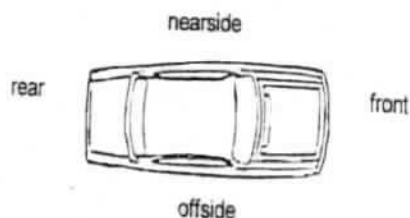
We thank you for your instruction on 29/6/2018

Please be informed that we had conducted the inspection of the above mentioned
3/7/2018 at the premises of M/s PRIME AUTO CLAIMS SERVICE PTE LTD
and have the following to report:-

Workshop Estimate Amount	: S\$1,548.00
Revised Estimate Amount	: S\$894.00
"Check" Items Amount	: S\$468.00
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the
front n/s portion



Comments/Present Status:
Damages Consistent

Yours faithfully,

MOHAMMED RASUL
Automotive Assessor

Job Sheet (/ClaimWS/Surveyor/JobSheet/239200)



PRI Documents



Close



PRI Header Details

Claim No	D18003178MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & PRIME AU LTD.
Workshop Name	PRIME AUTO CLAIMS SERVICE PTE. LTD. (Contact Person : CHRISSY TEO)	Survey Location & Contact Details	6 BENOI PLACE Mobile: 0 , Phone: 68610908 , Fax: 65152948 EmailId: CHRISSY@PRIMEAUTOCLAIMS.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM EST. PROVIDED)		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH8579C	TP Vehicle No	SHD2669S
PRI Recieved Date	28-06-2018 09:51:02 PM	Surveyor Appointed Date	29-06-2018 02:50:20 PM	Surveyor Accept Date	

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	29-06-2018	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

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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MOTOR SURVEY ASSIGNMENT

Date	23-04-2018	Our Ref No.	D18003178MFSH
Accident Date	05-04-2018	Claim Type.	Third Party
Insured Vehicle	SH8579C	Third Party Vehicle.	SHD2669S
Survey Location	6 BENOI PLACE		
Contact Person.	CHRISSY TEO		
Contact No.	68610908/ 0	Fax No.	65152948
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED (SJE BUT NO EST. PROVIDED)		
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	PRIME AUTO CLAIMS SERVICE PTE. LTD.	Attention.	NIL
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.

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Thursday, 5 July 2018 10:15 AM
To: 'Claim Workflow System'
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18003178MFSH/1, SHD 2669S
Attachments: SHD 2669S PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SHD 2669S
Date of survey: 3/7/2018
Number of days :2 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Friday, 29 June 2018 3:15 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18003178MFSH/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: Friday, 29 June 2018 2:51 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SERENELER@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18003178MFSH/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.



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Veron Chen (LKKAuto)

From: Shu Pei (LKKAuto)
Sent: Friday, 6 July 2018 3:56 PM
To: aliceleong@primeautoclaims.com; Rasul (LKKAuto); Veron Chen (LKKAuto)
Cc: Admin A
Subject: FW: FINALIZE TO SHD2669S
Attachments: img-180706114606.pdf; 1a00e837-9410-4deb-8108-d975c72aa4cc.jpg; aca962f7-ac56-41a5-9dec-5d54488695f5.jpg; f486bf89-9ecf-46f0-b478-c10e1765a816.jpg

Importance: High

Dear Sir / Madam,

Thank you for your email.

Our respective case handler will look into the matter and revert to you in due course.

Please note that: -

LKK ref	Officer in charge
CS/FCI18011894/R1vd3	Rasul / Veron

To check availability of the case handler, you may contact the undersigned.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Alice Leong [mailto:alicleong@primeautoclaims.com]
Sent: Friday, 6 July 2018 2:03 PM
To: Taufikh (LKKAuto) <Taufikh@lkkauto.com>
Cc: Admin A <admin-a@lkkauto.com>
Subject: FINALIZE TO SHD2669S
Importance: High

Hi Rasul,

We enclosed our after repair photos & our calculation sheet for your retention. Shall we finalize at LS \$700/- and 2 days

Please let us have your confirmation within three days from our e-mail.

Regards

Alice Leong
Motor Claims Manager

Prime Auto Claims Service Pte Ltd

5 Benoi Place Singapore 629926
T (65): 6861 0908 1 F (65) 6515 2948
HP (65) 9818 4304

A member of the Prime Group

Disclaimer

This e-mail (including all attachment) contains confidential information which may be privileged. It is intended solely for the identified recipient(s) to whom it is addressed. If you are not an intend recipient, please reply to us immediately and delete this message from your system. You may not copy or use it for any purpose, or otherwise disclose its contents to any person.

MPRI18045751 / Prime Auto Claims Service Pte Ltd - HQ
 ENTRY DATE & TIME: 08/04/2018 09:21
 SUBMITTED BY: Chrissy Tan Ya En

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	06/04/2018 09:21
Date Of Accident	05/04/2018 08:45
Exact Location Of Accident	PAN PACIFIC HOTEL TAXI QUEUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2669S
Insured/Policyholder	
Name Of Registered Owner	PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Co Reg No	199606293Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68982000
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 G (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5068045737-03
Cover Note Number	
Driver	
Name of Driver	CHUA HOCK HIN
NRIC No	S0116182B
Date Of Birth	31/03/1953
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1970
Driving Experience	47 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81209901
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address BLK. 802 WOODLANDS STREET 81 #02-87 SINGAPORE
 Postcode 730802
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 2
 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? YES
 If Yes, Please state which Police Station
 Police Station Name WOODLANDS EAST N.P.C
 Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED STATEMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH8579C
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name MS FIRST CAPITAL INSURANCE LTD
 Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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.



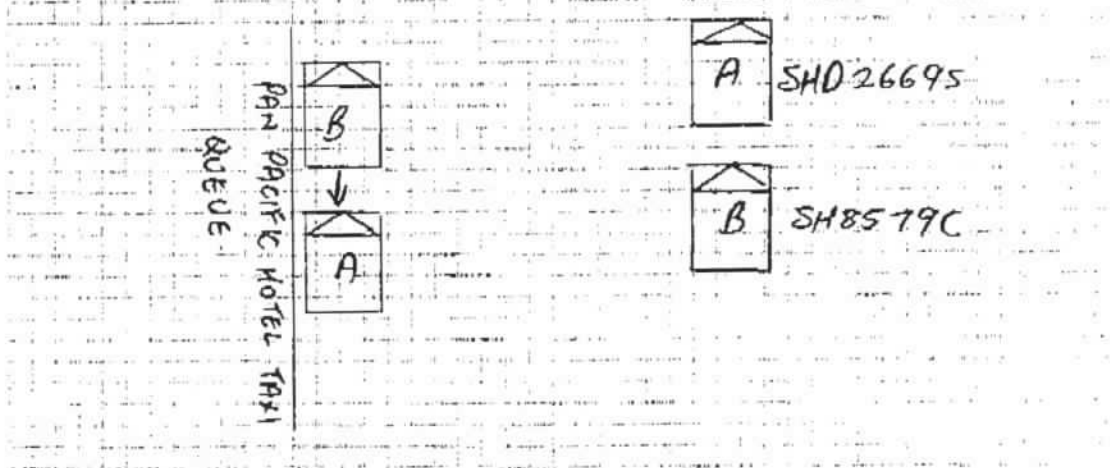
Policyholder's Signature
Date & Time:

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

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

Individual Statement Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20180405/2075.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Let's Road & Transport Services

Driver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180405/2075

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20180405/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2018 13:43		Vide Report No.:		Station Diary No.: 143	
Informant Details:					
Name of Informant: CHUA HOCK HIN			Address: APT BLK 802 WOODLANDS STREET 81 #02-87 SINGAPORE 730802		
ID Type / ID No.: NRIC NO / S0116182B			Contact No.: Home/Office: Mobile: 81209901		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 31/03/1953	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

Scene Information of the Accident:				
Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/04/2018 08:45	Type of Location: Taxi Queue	
Location: Along Road 1 RAFFLES BOULEVARD Pan Pacific Hotel				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved:					
Vehicle No.	Make	Model	Colour	Condition	No. of Passengers
SH8579C	Car			No Damage	0
SHD2669S	Car			Slightly Damaged	0

Details of Pedestrian Involved:	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1

**SINGAPORE
POLICE FORCE**

T/20180405/2075

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20180405/2075

CONTINUATION OF REPORT

Name	CHUA HOCK HIN	ID No.	S0116182B
Related Vehicle	SHD2669S (Car)	Contact No.	81209901
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/04/2018 at about 0845hrs, I was at Pan Pacific Hotel Taxi Queue waiting for passenger to board my taxi. My taxi bearing SHD2669S. I noticed that a passenger boarded the taxi in front of me. All of a sudden, the taxi bearing SH8579C, which is in front of me reverse his vehicle and knock on the front of my vehicle.

Both of us came out of the vehicle to make a check. The other driver state that there is no damage to his vehicle. I made a check on the front of my vehicle. There is a few scratches on my front bumper with some paint dropped. My front bumper was also out of place. I asked the driver how is he going to settle this issue and he told me that he will give me S\$10/- for the damaged that he have done. I decline his offer. The other driver then went into the vehicle and drove off. I tried to give chase however his taxi is too fast.

There is a CCTV at the location where the incident happened. I am making a Police report to issue this report to my company. This is the first time such incident happened.

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180405/2075

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No, T/20180405/2075

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sgt 1 TOH CHAI TEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/04/2018 13:43

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp

NP188



Signature:

Singapore Police Force



Prime Auto Claims Service P

GST Reg. No : 201606560M

5 Benoi Place Singapore 629926

Tel: 6861 0908 Fax: 6515 2948

PRIME GROUP

Date: 02.07.2018

MS First Capital Insurance Ltd

36 Robinson Road #16-01

City House

Singapore 068877

Attn: Motor Claims Dept

RE: ESTIMATE COST OF REPAIR TO VEHICLE SHD2669S HONDA FIT

To Supply

- 1) 1pc Left head lamp
- 2) 1pc Front bumper
- 3) 1pc Front bumper clip
- 4) 1pc Front bumper left tow hook cover
- 5) 1pc Front grille 'H' logo

x
80. %
715.2 *

you
-
-
on
inconsistent
an

Sub total Parts	\$	1,210.00
Less: 20% discount	\$	(242.00)
	\$	968.00

L/charges

- 1) To focus left head lamp. \$ 30.00 ✓
- 2) To remove front bumper & left head lamp. Replace front bumper, left head lamp and the above parts. \$ ~~250.00~~ 200
- 3) To putty, respray painting front bumper. To polish. \$ ~~300.00~~ 200

Sub total L/charges	\$	580.00
Estimated Grand Total	\$	1,548.00

LKK Auto Consultants hence notify the Repairer of the following:

- * To resurvey before/after spray painting
- * To display damaged part(s) during resurvey
- * These prices are subject to confirmation
- * That early survey is on a "Without Prejudice" basis
- * That no modification(s) is allowed
- * Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Resul
Hp 90010068

2 days

4s

03/07/18 @ 1635

Resurvey after repair

5/7/18

02.07.18 18:58 From

To: 62659941

* 1/ 5



Prime Auto Claims Service Pte Ltd

GST Reg. No: 201606560M
 5 Benoi Place Singapore 629926
 Tel: 6861 0908 Fax: 6515 2948

Date: 02.07.2018

MS First Capital Insurance Ltd
 36 Robinson Road #16-01
 City House
 Singapore 068877

Attn: Motor Claims Dept

RE: ESTIMATE COST OF REPAIR TO VEHICLE SHD26695 HONDA FIT (2009)

To Supply

1) 1pc Left head lamp	\$	585.00?
2) 1pc Front bumper	\$	550.00DE
3) 1pc Front bumper clip	\$	30.00AL
4) 1pc Front bumper left tow hook cover	\$	15.00X
5) 1pc Front grille "H" logo	\$	30.00X inconsistent

Sub total Parts	\$	1,210.00	585.00
Less: 20% discount	\$	(242.00)	-116.00
	\$	968.00	664.00

L/charges

1) To focus left head lamp	\$	30.00
2) To remove front bumper & left head lamp. Replace front bumper, left head lamp and the above parts.	\$	250.00 200
3) To putty, respray painting front bumper. To polish	\$	300.00 200

Sub total L/charges	\$	580.00	430.00
Estimated Grand Total	\$	1,548.00	894.00

20%
 -178.80
 715.20
 ↓
 700K

MS Auto Consultants hence notify
 the Repairer of the following:
 • To resurvey before spray painting
 • To resurvey damaged part(s) during recovery
 • All work is subject to confirmation
 • The survey is on a "Visual/Physical" basis
 • Any modification is allowed
 • All necessary items must be removed and
 a surveyor's final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

Resul

Hp 9000068

2 days

4/5

03/07/18 @ 1635

Resurvey after repair




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/FCI18011894/R1vd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 10-07-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 8579C	Veh. Inspected	SHD 2669S	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18003178MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	29/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA FIT 1.3G A	c.c	1339	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	GE61108102	Colour	BROWN	
Odometer	799293	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	175/65 R14	WEST LAKE	5 mm	
L/H Front Tyre	175/65 R14	WEST LAKE	5 mm	
R/H Rear Tyre	175/65 R14	WEST LAKE	5 mm	
L/H Rear Tyre	175/65 R14	WEST LAKE	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	05/04/2018	Inspection Date	03/07/2018	
Survey held at	PRIME AUTO CLAIMS SERVICE PTE LTD 6 BENOI PLACE SINGAPORE 629927			
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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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 2669S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	LEFT HEAD LAMP	SERVICEABLE	585.00	-
1	FRONT BUMPER	DEFORMED	550.00	550.00
1	FRONT BUMPER CLIP	NECESSARY	30.00	30.00
1	FRONT BUMPER LEFT TOW HOOK COVER	SERVICEABLE	15.00	-
1	FRONT GRILLE "H" LOGO (NOT NECESSARY)	NOT CONSISTENT WITH THE IMPACT	30.00	-
	LESS 20% DISCOUNT		-242.00	-116.00
			968.00	464.00
LABOUR				
	TO FOCUS LEFT HEAD LAMP.		30.00	30.00
	TO REMOVE FRONT BUMPER & LEFT HEAD LAMP.REPLACE FRONT BUMPER,LEFT HEAD LAMP AND THE ABOVE PARTS.		250.00	200.00
	TO PUTTY,RESPRAY PAINTING FRONT BUMPER.TO POLISH.		300.00	200.00
			580.00	430.00
GRAND TOTAL			1,548.00	894.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				700.00

Report Ref No. CS/FCI18011894/R1vd3e2

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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