

ASS. REC. BY:

REF: CS3/FCI18013051/T124d3^{sr}

Special Instruction:

Surveyor

taufik

ASSIGNMENT (Office)

From (Person):

aws

Eileen Lee

of

FCI

Date/Time:

18/7/18 @ 12.58pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJR 7650P

Insured:

SHD 6548G

at Workshop m/s

EZ MotorwerkZ

Tel:

9745 4913

of

1 Bkt Bafok Crescent # 02-43

Policy No:

Claim No:

D18005448MFSTH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

13/07/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

cup

H.O.D. Endorsement:

Date/Time:

2:30pm @ 18/7/18

Person Contacted:

Ken

Vehicle

☒ IN / ☐ OUT

Date/Time

Action/Instruction

(.4)

Estimate

SJR 7650P - x

SHD 6548G - CS/FCI16014812/H/vbc2

DOA: 06/08/2016

23/7/18

Discontinued

Signature

Tanpin

REF:

FCI

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 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.

N/S	O/S

Bal. or Market Value: RM 14K.
 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 'PRS' 'WP'
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJR 7650P Yr Regn: Jnl 12009
 Type: ☒ M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vios. C.C. 1497
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 21125 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: MR053HY9305121228

Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / SR / STD A/Rim or

Tyre Size: F: 185/50R16
 R: ✓7

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

Front		Rear	
R/Bal.	<u>6</u> mm	R/Bal.	<u>6</u> mm
L/Bal.	<u>6</u> mm	L/Bal.	<u>6</u> mm
D.O.A.		D.O.I.	<u>19/7/18 10.26am</u>

Survey held at EZ Motorworks
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
FR N/S

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

Date / Time	Action / Instruction	
<u>7/8</u>	<u>Submit PRS report.</u>	<u>No GIA.</u>
		<u>1 Bukit Batok Crescent #02-43</u>

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: PRS

Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

1 S + RS SI

) Photos

) Others

TOTAL



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 : CS3/FCI18013051/T1z4d3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 18-07-2018	
		Code : FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHD 6548G	Veh. Inspected	SJR 7650P
Policy No.		Coverage (\$)	0.00
Claim No.	D18005448MFSH	Excess (\$)	0.00
Assign From	CWS (EILEEN LEE)	Assign Date	18/07/2018
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	13/07/2018	Inspection Date	18/07/2018
Survey held at	-		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.			

MOTOR SURVEY ASSIGNMENT

Date	16-07-2018	Our Ref No. D18005448MFSH
Accident Date	13-07-2018	Claim Type. Third Party
Insured Vehicle	SHD6548G	Third Party Vehicle. SJR7650P
Survey Location	1 Bukit Batok Crescent #02 & 43 WCEGA Plaza	
Contact Person.	KEN	
Contact No.	01 97454913	Fax No. 0
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	EZ MOTORWERKZ	Attention. NIL
Cc : TP Solicitor	C YOGARAJAH LLC	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

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/242413)



PRI Documents



Close



PRI Header Details

Claim No	D18005448MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & C YOGAR/
Workshop Name	EZ MOTORWERKZ (Contact Person : KEN)	Survey Location & Contact Details	1 Bukit Batok Crescent #02 & 43 WCEGA Plaza Mobile: 97454913 , Phone: 0 , Fax: 0 EmailId: LHENY@YOGA-LEGAL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHD6548G	TP Vehicle No	SJR7650P
PRI Recieved Date	16-07-2018 08:44:17 PM	Surveyor Appointed Date	18-07-2018 12:57:05 PM	Surveyor Accept Date	18-07-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	18-07-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	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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MCHM18080814 / Cheng Hoe Motor Pte Ltd - Yishun
 ENTRY DATE & TIME: 14/07/2018 15:44
 SUBMITTED BY: Efeeda Binis Mohamed Othman

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 14/07/2018 15:44
 Date Of Accident 13/07/2018 18:00
 Exact Location Of Accident KALLANG RD
 Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR7650P
Insured/Policyholder
 Name Of Registered Owner LZY TRANSPORTATION SERVICES
 Co Reg No 53314759W
 Email Address LOIUSLUO_R608@HOTMAIL.COM
 Mobile Phone No
 Alternative Phone No OFFICE-88282626
Vehicle Particulars
 Manufacturer TOYOTA
 Model VIOS E AUTO
 Exact Purpose for which vehicle was being used at time of accident PVT USE
 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 HIRE
Insurance Company
 Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5100350977
 Cover Note Number 04/05/2018- 12/07/2019
Driver
 Name of Driver PHUA JUN JIE
 NRIC No S8713618C
 Date Of Birth 18/05/1987
 Occupation OUTDOOR
 Date Of Driving Pass 28/12/2009
 Driving Experience 8 YEARS AND 6 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-81684092
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address BLK 229 YISHUN ST 21 #02-562
 Postcode 760229
 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 COLLISION - MAJOR/MINOR RD
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? YES
 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 TRAFFIC POLICE DIVISION HQ
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - FAX NO:
 Was notice of Intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WILL SEND DIRECTLY TO NTUC
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6548G
 Vehicle Make/Model/Colour COMFORT TAXI
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver MR GOH
 NRIC/Passport Number
 Contact Number 91832000
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PHUA JUN JIE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJR7650P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

VEHICLE NO.: QSR 76501
 INSURER : NTUC
 DATE & TIME: 13.7.18
6pm

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 Authorized 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 regulate 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.



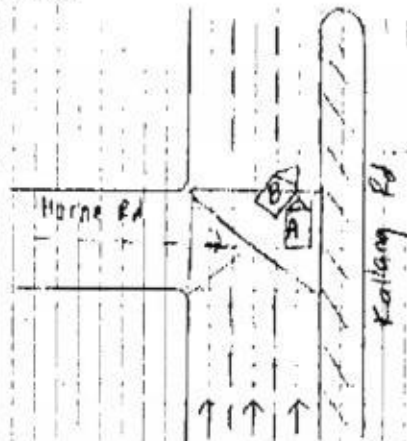
Policyholder's Signature
Date & Time

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

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

Sketch Plan #2

SKETCH PLAN



1. Car 7620P
2. SUV 62486

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report 1/168/2018/2018.

The impact ~~was~~ results in my front left door unable to open.
The bumper was hit and came out of alignment.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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

() Claim Own Policy () Claim Third Party () Reporting Only
☒ Claim OD/TP at other workshop ()

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180714/2086

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 85470000

1 of 3

Report No. T/20180714/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2018 13:58		Vide Report No.:		Station Diary No.:	
Name of Informant: Phua Jun Jie					
Address: APT BLK 229 YISHUN ST 21 #02-582 HDB-YISHUN SINGAPORE 750229					
ID Type / ID No.: NRIC NO / S8713616C		Contact No.: Home/Office: 81684092 Mobile:			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 31	Date of Birth: 18/05/1987	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/07/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 VICTORIA STREET KALLANG ROAD Opposite ICA building				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

SHD6548G	Car				1
SJR7650P	Car			Slightly Damaged	0

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180714/2066

2 of 3

Report No T/20180714/2066

CONTINUATION OF REPORT

Name	Phua Jun Jie	ID No.	S8713818C
Related Vehicle	SJR7650P (Car)	Contact No.	81654092
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/07/2018	Date Discharge	14/07/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Name	Mr Goh	ID No	NIL
Related Vehicle	NIL	Contact No.	91832000
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/07/2018 at around 1800hrs, I was driving my car (SJR7650P) along Victoria Street moving towards Kallang Road on the first lane. As I was approaching the traffic light junction, a Comfort taxi (Mr Goh, SHD8546G, Hp: 91832000) cut into my lane abruptly from the yellow box from my left side. I stepped on my brakes but did not managed to stop in time, as a result, my car collided with the said vehicle and suffered a dent on the front left bumper, front left fender and scratches on the right rim. I then went out to exchange particulars with Mr Goh and took pictures of the damages. Due to the collision also, I suffered pain on my neck and shoulder and was given 4 days MC at Mount Alvernia Hospital. I wish to state that ambulance and TP was not at scene.

Sketch Plan #5

**SINGAPORE
POLICE FORCE**

Police Station Of Origin,
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180714/2085

3 of 3

Report No T/20180714/2085

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 F / Staff Sgt ZENG ZHIMIN, KEVIN	Signature Of Informant:
Signature Of interpreter. Not applicable	Date/Time 14/07/2018 13:59
Officer In Charge Of Case TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No : 65478219	Classification Of Case:
Authentication Stamp NP158	

[> Back to OneMotoring](#)

Enquire Transfer Fee

Enquire Transfer Fee			
Vehicle Details			
Vehicle No. :	SJR7650P		
Vehicle Type :	Z10 - Private Hire (Chauffeur) Motor Car		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	TOYOTA		
Vehicle Model :	VIOSE AUTO		
Chassis No. :	MR053HY9305121228		
Propellant :	Petrol		
Engine No. :	1NZX934702		
Engine Capacity :	1497 cc		
Maximum Power Output :	80.0 kW (107 bhp)		
Maximum Laden Weight :	1505 kg		
Unladen Weight :	1095 kg		
Year Of Manufacture :	2009		
Original Registration Date :	13 Jul 2009		
Lifespan Expiry Date :	-		
COE Category :	A - Car (1600cc & below)		
Quota Premium :	\$12,899.00		
COE Expiry Date :	12 Jul 2019		
Road Tax Expiry Date :	12 Jan 2019		
PARF Eligibility Expiry Date :	12 Jul 2019		
Inspection Due Date :	12 Jul 2020		
Intended Transfer Date :	24 Jul 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	4759W
Vehicle Details	
Vehicle No.:	SJR7650P
Vehicle to be Exported:	No
Intended De-registration Date:	26 Jul 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E AUTO
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	1NZX934702
Chassis No.:	MR053HY9305121228
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,468.00
Original Registration Date:	13 Jul 2009
First Registration Date:	13 Jul 2009
Transfer Count:	4
Actual ARF Paid:	\$12,468.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Jul 2019
PARF Rebate Amount:	\$6,234.00
Intended COE Rebate Details	
COE Expiry Date:	12 Jul 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$12,899.00
COE Rebate Amount:	\$1,238.00
Total Rebate Amount:	\$7,472.00

The information contained herein is correct as at 26 Jul 2018

OK


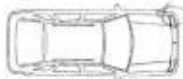
**LKK Auto Consultants Pte Ltd**

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

PRE-REPAIR INSPECTION REPORT			
FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18013051/T1z4d3s2 Date: 07-08-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHD 6548G	Veh. Inspected	SJR 7650P
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18005448MFSH	Excess (\$)	0.00
Assign From	EILEEN LEE	Assign Date	18/07/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA VIOS	c.c	1497
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	MR053HY9305121228	Colour	BLUE
Odometer	211125 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/80R16	ACENDA	6 mm
L/H Front Tyre	185/80R16	ACENDA	6 mm
R/H Rear Tyre	185/80R16	ACENDA	6 mm
L/H Rear Tyre	185/80R16	ACENDA	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.			
5. General Information			
Accident Date	13/07/2018	Inspect Date / Time	19/07/2018 (10:26 AM)
Survey held at	EZ MOTOR WERKZ - 1 BUKIT BATOK CRESCENT #02-43		
Repairer	-		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) MARKET VALUE: \$14,000.00			

Report Ref No. CS3/FCI18013051/T1z4d3s2

Inspected By



MOHAMAD TAUFIKH

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