

ASS. REC. BY:

REF:

CS<sup>3</sup>/FCI7001587/Avb<sup>S2</sup>-11

Special Instruction:

Surveyor:

**ASSIGNMENT (Office)**

From (Person):

MS May Chua

of

FCL

Date/Time:

24/02/2017 4:15pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBE 3129C

Insured:

SHA 2128C

at Workshop m/s

Fung Motor

Tel:

6748 5618 | 6747 6388

of

Blk 7 Kaki Bukit Ave 6 #01-27

Policy No:

Claim No:

D17000991MTSH

Sum Insured:

Excess:

Make of Veh:

D.O.A

23/01/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time:

24/01/2017 4:43pm

Person Contacted:

Siew Chung

Vehicle: IN/OUT

Date/Time	Action/Instruction ( ✓ ) Estimate
	GBE 3129C - X
	SHA 2128C - NS/INC/3001157/mhadi
	DA 110113

25.1.2017 Sent pending EST frm repiner email to may

19/7/17 @ 5:40pm Siew cheng said vehicle has not send in for repair

13/7/18 Adrian confirmed LS \$3500 (Real 3440.90, 4990)  
5 days  
NO charge

17/7/18

RECEIVED 0 8 AUG 2018

A&S. REC. BY: Adrian King REF: \_\_\_\_\_

**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: \_\_\_\_\_  
 IDAC Accident Rport: \_\_\_\_\_ 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: GBE3429C Yr Regn: 2015, Nov  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota Hiace c.c. 2982  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 48945 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTFHT02PS00181186  
 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: 195 R15C  
 R: 195 R15C  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  

Front		Rear
R/Bal. <u>06</u>	mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u>	mm	L/Bal. <u>06</u> mm
D.O.A.		D.O.I. <u>25/01/17. 11-29am</u>

 Survey held at Fong Motor  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Front N/S, O/S.  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP / ST Cap.</u>
<u>23/8/17</u>	<u>@ 1045am Siew cheng said vehicle has not send in for repair</u>
<u>2/11/17</u>	<u>@ 354pm Siew cheng said vehicle has not send in for repair</u>
<u>1/12/17</u>	<u>@ 1203pm Siew cheng said vehicle has not send in for repair</u>
<u>1/12/17</u>	<u>Submit PRS - mv: \$ 76K (EST)</u>

RECEIVED 11 DEC 2017

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

1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) 1/12 - typist

Report Format : \_\_\_\_\_  
 Lump Sum (I.B.I.): (\$ \_\_\_\_\_)

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
S - RS, SI	
Photos	
Others	
TOTAL	

## 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 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	23/01/2017 16:31
Date Of Accident	23/01/2017 10:30
Exact Location Of Accident	BENDEMEER ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3429C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAINBOW POLYCRAFT
Co Reg No	37432200K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-67857388

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	AXA Insurance Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA136848/1
Cover Note Number	

### Driver

Name of Driver	ZAINI BIN ABDUL WAHAB
NRIC No	S7027890A
Date Of Birth	17/08/1970
Occupation	Indoor
Date Of Driving Pass	10/05/1988
Driving Experience	28 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-93858774
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 531 SERANGOON NORTH AVE 4 #02-257  
 Postcode 550531  
 Was driver an employee of the Insured's Company Yes  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident Collision- Change/cross lane  
 Weather Conditions Raining  
 Road Surface Wet

**Other Information**

Was any foreign vehicle involved in this accident? No  
 Was any body injured in the Accident? 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? No  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? No  
 If Yes, against whom?

**Circumstances of Accident**

I WAS DRIVING ALONG BENDEMEER ROAD AT THE EXTREME RIGHT LANE. SUDDENLY, VEHICLE B (SHA2128C) CUT INTO MY LANE AND HIT ONTO MY LH FRONT PORTION. MY CAR WAS SWAY TO THE RIGHT AND HIT THE KERB.

**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 SHA2128C  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Name of Driver ONG BEE SENG  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**Details of Witness**

Name  
 Phone Number  
 Email Address

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 willful misrepresentation or withholding of material facts may allow insurance companies to reudiate 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 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.



Handwritten signature and date 23-01-17

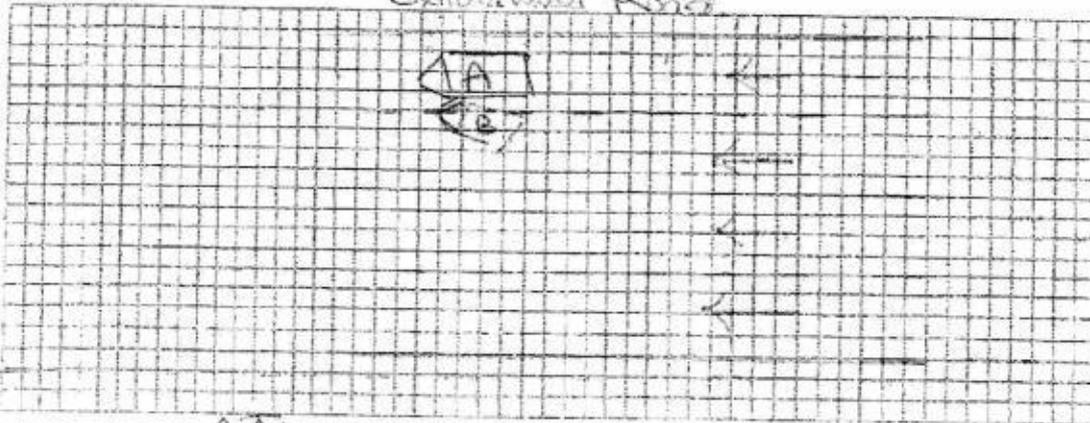
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BANDARUL ROAD



Handwritten labels: [A] and [B]

Handwritten label: FONG MOTOR

Describe Circumstances of the Accident

Bordenwear

Driving along ~~Bordenwear~~ Road at the extreme right lane suddenly vehicle B (SHA 2128C) cut into my lane and hit onto my Lh front portion my car was away to the right and hit the kerb.

Declaration

We declare the foregoing particulars are true in every respect.



*[Signature]* 23-01-17

Policyholders Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Address  
LKK

Estimate sent

00 17/1/18

# Fong Motors

1, Kaki Bukit Ave 6, #01-45/27, Autobay, Singapore 417883

TP 1st Cop.

Veron

JTFHT02P500181186

Vehicle No. GBE3429C  
Make/Model TOYOTA HIACE  
Date

16-Jan-18

## ESTIMATE COST

### PARTS LIST

			Amount
1	pc	LH HEAD LAMP <i>cracked</i>	\$ <del>894.30</del> 764
2	pc	LH FRONT DOOR <i>Dented</i>	\$ <del>1,794.80</del> 1575.10
3	pc	DOOR HINGE UPP/LOW <i>Not in</i>	\$ 190.40 X
5	pc	FRONT BUMPER <i>Deland</i>	\$ 696.40 ✓
6	pc	FRONT BUMPER COVER LH <i>Deland</i>	\$ 49.60 ✓
7	pc	BUMPER CONNECTOR <i>Not in</i>	\$ 79.80 X
8	pc	BUMPER SIDE BRACKER <i>Not in</i>	\$ <del>193.10</del> 106
9		DOOR PILLAR <i>Dented</i>	\$ 439.70 ✓
		LH STEP GARNISH <i>Not in</i>	\$ 184.30 ✓
		HUP CAP <i>cracked</i>	\$ <del>228.50</del> SN 60/202
			\$ 4,750.90

\$ 95.20  
3815.10  
2861.32  
S.N. 60

### LABOUR CHARGE

TO KNOCK AND CHANGE PARTS	\$ 800.00 700
TO SPRAY PAINT PILLAR, DOOR AND BUMPER	\$ 700.00 400.
TO TRANSFER DOOR Fittings	\$ 100.00 80.
STICKER	\$ 60.00 SN 30
CHECK WIRING	\$ 80.00 30
TUFF KOTE	\$ 100.00 X.
To remove dashboard.	\$ 6,590.90

1460  
356 220

total: 4151.32 6940.90

1/5: 3.5/K

05 Days

**FONG MOTORS**

38K  
05 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

Affiliated to Federation Internationale Des Experts En Automobile			
FIRST CAPITAL INSURANCE LTD		Ref : CS3/FCI17001587/Avbs2-1	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 03-08-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 2128C	Veh. Inspected	GBE 3429C
Policy No.	D-17086802MFSH	Coverage (\$)	0.00
Claim No.	D17000991MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	24/01/2017
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA HIACE	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	JTFHT02P500181186	Colour	WHITE
Odometer	48945	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195 R15C	BRIDGESTONE	6 mm
L/H Front Tyre	195 R15C	BRIDGESTONE	6 mm
R/H Rear Tyre	195 R15C	BRIDGESTONE	6 mm
L/H Rear Tyre	195 R15C	BRIDGESTONE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION AND O/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	23/01/2017	Inspection Date	25/01/2017
Survey held at	FONG MOTORS 1 KAKI BUKIT AVE 6 #01-27/01-45 SINGAPORE 417883		
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:		<b>5 Working Days</b>	



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBE 3429C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	LH HEAD LAMP	CRACKED	894.30	764.00
1	LH FRONT DOOR	DENTED	1,794.80	1,575.10
2	DOOR HINGE UPP/LOW @ \$95.20	NOT NECESSARY	190.40	-
1	FRONT BUMPER	DEFORMED	696.40	696.40
1	FRONT BUMPER COVER LH	DEFORMED	49.60	49.60
1	BUMPER CONNECTOR	NOT NECESSARY	79.80	-
1	BUMPER SIDE BRACKET	NECESSARY	193.10	106.00
1	DOOR PILLAR	DENTED	439.70	439.70
1	LH STEP GARNISH	CUT	184.30	184.30
	LESS 25% DISCOUNT		-	-953.78
			4,522.40	2,861.32
<b>SPECIAL NETT ITEMS</b>				
1	HUP CAP (SN)	CRACKED	228.50	60.00
1	STICKER (SN)	NECESSARY	60.00	30.00
			288.50	90.00
<b>LABOUR</b>				
	TO KNOCK AND CHANGE PARTS.		800.00	700.00
	TO SPRAY PAINT PILLAR, DOOR AND BUMPER.		700.00	400.00
	TO TRANSFER DOOR FITTINGS.		100.00	80.00
	CHECK WIRING.		80.00	30.00
	TUFF KOTE.	NOT NECESSARY	100.00	-
	TO REMOVE DASHBOARD.		350.00	220.00
			2,130.00	1,430.00
<b>GRAND TOTAL</b>			<b>6,940.90</b>	<b>4,381.32</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>3,500.00</b>

Report Ref No. CS3/FCI17001587/Avbs2-1

ADRIAN LING WAI PING

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

Licensed Appraiser

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