

ASS. REC. BY:

REP

31/FCI18014582/119d302

Special Instruction:

Surveyor

CWS

Tausien

ASSIGNMENT (Office)

From (Person):

Lorne juw

of

peI

Date/Time:

10/8/18 @ 3:40pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMA 53762

Insured:

SHC 7899S

at Workshop m/s

Autolution

Tel:

6703 8691

of

19 ubi Road 4

Policy No:

Claim No:

D18005650MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

24/07/18

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

10am @ 18/8/18

H.O.D. Endorsement:

Date/Time:

8:35am @ 13/8/18

Person Contacted:

Elmer

Vehicle ☒ IN / OUT

Date/Time

Action/Instruction

(✓)

Estimate

SMA 53762 - X

SHC 7899S - X

14/8/18 @ 5:28pm revised to Lorne by email.

14/10/18 @ 2:58pm confirmed with Elmer final fig \$1568.80, 3 days.
(led \$705.08, 31%).

(08/11/13) * wef

ASS. REC. BY: *Tan*

REF:

FCI

ASSIGNMENT

From:

Date:

14/08/18

Estimated Cost:

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

To Inspect Vehicle No:

SMA 5376Z

at Workshop m/s

Autolution

of

19 Ubi Rd 4

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

10cm @ owner

Make of Veh:

waiting

(Policy Condition)

Elmer

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:

3

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMA 5376Z

Yr Regn:

1

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

Truck / Trailer or

Make:

Mitsubishi X-trail

c.c.

1999

Colour:

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

2773

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JN13ANT322 00/1245

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/55R19

R:

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.

D.O.I.

14/8/18 @ 1015

Survey held at

Autolution Ubi

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

Rear o/s

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

Date / Time

Action / Instruction

RECEIVED 17 OCT 2018

Date/Time, File Pass to?

☐

Preli. Report

1) 17/10 10:15

☐

Final Report

Date/Time, File Return to?

2)

Report Format :

7P

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

1568.80

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

110

Transportation:

50

S + RS, SI

Photos

21

Others

TOTAL

181



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/FCI18014582/T1qd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 13-08-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 7899S	Veh. Inspected	SMA 5376Z
Policy No.		Coverage (\$)	0.00
Claim No.	D18005650MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	13/08/2018
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	24/07/2018	Inspection Date	14/08/2018
Survey held at	AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623		
5a. Remarks			
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	25-07-2018	Our Ref No. D18005650MFSH
Accident Date	24-07-2018	Claim Type. Third Party
Insured Vehicle	SHC7899S	Third Party Vehicle. SMA5376Z
Survey Location	19 UBI ROAD 4	
Contact Person.	ELMER ALFONSO	
Contact No.	67038691/ 0	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	AUTOLUTION INDUSTRIAL PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

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.

Shiau Chan (LKKAuto)

From: Elmer Alfonso <elmer@tanchong.com>
Sent: Wednesday, 17 October 2018 2:58 PM
To: Shiau Chan (LKKAuto); Hamzah
Cc: Mavis Chng
Subject: RE: FINALISE OF VEHICLE SMA 5376Z (DOA: 24/07/2018)
Attachments: SMA5376Z FINALIZED ESTIMATE-11.06.2018.pdf; SMA5376Z LETTER OF DEMAND 24.07.2018.pdf

Hi Shiau,

Attached file is the revised finalized estimate and letter of demand.

Final bill confirm.

Mavis,

Kindly prepare invoice.

Best Regards,

Elmer Alfonso

From: Shiau Chan (LKKAuto) [mailto:siewsc@lkkauto.com]
Sent: Wednesday, 17 October 2018 2:37 PM
To: Elmer Alfonso <elmer@tanchong.com>; Hamzah <hamzah_saad@tanchong.com>
Subject: RE: FINALISE OF VEHICLE SMA 5376Z (DOA: 24/07/2018)

Dear Elmer,

Can confirm? As insurance officer chase for report.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Shiau Chan (LKKAuto)
Sent: Tuesday, 16 October 2018 1:49 PM
To: Elmer Alfonso <elmer@tanchong.com>; Hamzah <hamzah_saad@tanchong.com>
Subject: RE: FINALISE OF VEHICLE SMA 5376Z (DOA: 24/07/2018)

Dear Elmer,

WITHOUT PREJUDICE

Offer final fig \$1,568.80 before GST and 3 repair days. (labour should be \$390.00 instead of \$780.00)

Kindly confirm.

Best Regards,

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 15 August 2018 5:28 PM
To: 'Claim Workflow System'; assignments
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18005650MFSH/1
Attachments: CSFCI180145821T1qd3.pdf

Dear Lurene,

Enclosed herewith preliminary advice of SMA 5376Z.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Monday, 13 August 2018 7:47 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18005650MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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, 10 August 2018 3:40 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; LURENEJAW@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18005650MFSH/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.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,

Admin Team

Claim Workflow System



Auto
Consultants
Pte Ltd

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

Your Ref: D18005650MFSH

Date: 15 August 2018

Our Ref: CS/FCI18014582/T1qd3

The Motor Claims Department
First Capital Insurance Ltd

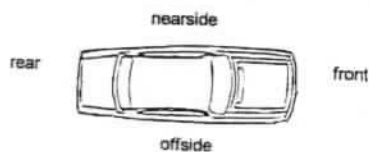
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SMA 5376Z .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 14/08/2018 at the premises of M/s AUTOLUTION, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>2,273.88</u> .
Revised Estimate Amount	: S\$ <u>1,524.80</u> .
"Check" Items Amount	: S\$ <u>-</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:
The vehicle sustained damages
at the rear o/s portion.



Yours faithfully

Taufikh
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	24/07/2018 16:00
Date Of Accident	24/07/2018 08:45
Exact Location Of Accident	SHAWS SCHOOL (855 MOUNTBATTEN ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA5376Z
Insured/Policyholder	
Name Of Registered Owner	BHATYAL HENA
NRIC No	S8262205E
Email Address	HENABHATYAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90035191
Alternative Phone No	OTHERS-90035191

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL-2.0 (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 PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800068996
Cover Note Number	

Driver

Name of Driver	BHATYAL HENA
NRIC No	S8262205E
Date Of Birth	19/07/1982
Occupation	INDOOR
Date Of Driving Pass	09/10/2012
Driving Experience	5 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90035191
Fax Number	
Contact Number	OTHERS-90035191
Email Address	HENABHATYAL@GMAIL.COM

Address	181 TANJONG RHU ROAD #03-20
Postcode	436922
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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)	3
Passenger 1	NAME: : AARAV GENDER: : MALE
Passenger 2	NAME: : AARIA GENDER: : FEMALE

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

SEE ATTACHED SKETCH PLAN

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 Witness 1

Name	MS CHARLYN (SHAWS SCHOOL PRINCIPAL)
Phone Number	91060277
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7899S
Vehicle Make/Model/Colour	COMFORT DELGRO
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	

Contact Number

94894898

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 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:
ACCOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
Tel: 6375 6611

SKETCH PLAN

Taxi car reversed in wrong way and bumped into standing/parked car.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked in school car park (designated car park). I was standing outside the car when suddenly a yellow comhalt algo taxi driver while reversing his car reversed and bumped straight into my car without seeing behind. Luckily children were safe. The driver confessed it was his mistake that he did not see my car and stop on time. Witness was school principal also at the site of accident who saw a taxi car just driving inside parked car.

My car was hit on the back side with taxi car. Small light got cracked and scratch bump on my car and black bumper came out.

DECLARATION

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

Mera Bhatyal
Policyholder's Signature
Date & Time:

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

M
Reporting Centre Personnel's Signature
Name: _____
19 UB ROAD 4
NRIC/Fin No 408623
INSURANCE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8262205E



Name

BHATYAL HENA

Race

INDIAN

Date of birth

19-07-1982

Sex

F

Country of birth

INDIA

S8262205E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8262205E

Name

BHATYAL HENA

Birth Date: 19 Jul 1982

Issue Date: 09 Oct 2012



002113013E

9078901



NRIC No. S8262205E



Nationality

INDIAN

Date of issue

18-02-2010

181 TANJONG RHU ROAD #03-20
SINGAPORE 438922

NRIC No: S8262205E

Date: 09/08/2011

No: 6864281

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 09 Oct 2012



Licence No: S8262205E

NP 428A

Taxi car reversed in wrong way and bumped into standing/parked car.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked in school car park (designated carpark). I was standing outside the car when suddenly a yellow comfort delgo taxi driver while reversing his car reversed and bumped straight into my car with out seeing behind. Luckily children were safe. The driver confessed it was his mistake that he did not see my car and stop on time. Witness was school principal also at the site of accident who saw a taxi car just driving inside parked car.

My car was hit on the back side with a taxi car. Small light got cracked and scratch bump on my car and black bumper came out -

DECLARATION

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

Hera Blatyal

Policyholder's Signature
Date & Time:

Hera Blatyal

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

#11

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No: 408623

19 UBI ROAD 4
SINGAPORE 190 8455 FAX: 6945 7111

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

If no one is injured in the accident:

- You are not required to make any police report.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full details of the circumstances of the accident.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable.
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

What should I do in the event of an accident?

- Keep calm and move your car to a safe place.
- Do not admit or discuss fault or blame with the other party(ies).
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.
- Submit Writ/Summons/Correspondences from third party(ies) to AIG immediately.

LOSS OF USE CAR REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number **(65) 6419-3000** for assistance.

The Certificate of Insurance (CI) should be produced without demand when collecting the Rental Car and the Rental Car Company reserves the right to verify the identity of the holder. The CI is the property of AIG and its use is subject to the terms and conditions contained in the Loss of Use Endorsement under the policy issued to the policyholder.

Steps to activate Loss of Use Car Replacement Benefit and Important Information

1. To activate your loss of use car replacement, please contact the Rental Car Company (listed below) after filing/reporting your accident claim.
2. Your rental car will be made available within **5** working hours of activation with the Rental Car Company.
3. At the time of collection of the Rental Car, the **original** insurance policy and schedule issued by AIG, a copy of the Accident Report from **Tan Chong Motor Sales** must be produced.
4. The number of days is based on the period your vehicle is in the repair workshop unless the number of days of loss of use entitlement is stated in the Policy.
5. Rental cars are strictly for use in Singapore only.
6. Extension of rental beyond repair period approved by AIG surveyor will be chargeable by the Rental Car Company on per day basis.
7. Upgrade of Rental Car is available upon request subject to additional charges by the Rental Car Company.

Rental Car Company: DownTown Travel Services Pte Ltd

Activation Hotline: 63345745

19 Lorong 8 Toa Payoh Singapore 319255

Monday to Friday: 9am to 6pm Saturday (Half Day): 9am to 1pm

*The Rental Car Company's Terms & Conditions apply (i.e., refundable security deposit, excess liability for the Rental Car, Collision Damage Waiver, etc).

IMPORTANT NOTICE

If you sell your motor vehicle, this Notice is **IMPORTANT** and **MUST** be complied with. Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.99), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

The Policyholder is further warned that on the sale of a motor vehicle, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88).

This Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agrees to cover the new owner, they will issue a new Certificate of Insurance in the new owner's name. The premium chargeable may vary according to the new owner's profile.

Accident Reporting for Customer

Insured and Driver's particulars

Car Number : SMA 5376 Z
Date of accident : 24 July 2018
Time : 8:45
Place : Shaws School (855 Mount-batten Road, Singapore 437839)
Email (Insured) : hena.bhatiyal@gmail.com
Email (Driver) : henabhatiyal@gmail.com
Contact (Insured) : _____
Contact (Driver) : 90035191

Alternative phone insured (home/office) _____

Number of people inside car : 3 (including driver)

- 1) 2 children + 1 driver (Male/Female)
- 2) _____ (Male/Female)
- 3) _____ (Male/Female)

Claiming under (Reporting, OD Claim, O/D Recovery, Third Party)

Any video (Yes/No) (No)

Aarav name
Aarav name

Witness
Shaws School
principal.
Ms Charlyn
91060277

The Other Party particulars.

Car Number : SHC 7899 S
Name : Comfort Delgro (Optional)
I/C No : 5791345 H
Contact No : 94894898

Weather (Fine/Raining)

Any prosecution note or traffic summon from traffic police (Yes/No)

AUTOLUTION INDUSTRIAL PTE. LTD.
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6846 7483

AUTOLUTION INDUSTRIAL PTE. LTD.

ESTIMATE : ACCIDENT/BODY REPAIRS

REFERENCE : INS/IC/EA/0441/18

DATE : 24-JUL-2018

MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD

#16-01 CITY HOUSE

S(068877)

TEL : 65073848

FAX :

ATTN:MOTOR CLAIM DEPT

OWNER'S NAME : MS BHATYAL HENA

ADDRESS : 181 TANJONG RHU ROAD

#03-20

S(436922)

TELEPHONE NO : 92375024

TYPE OF CLAIM : OD OR OD RECOVERY CLAIM

POLICY NO : -

VEHICLE NO : SMA5376Z

MODEL CODE : JDRNRRT32EWAF---A

MODEL/YEAR : NISSAN X-TRAIL FACELIFT MY2017

ENGINE NO : MR20319229C

CHASSIS NO : JN1JANT32Z0011245

MILEAGE : 1 KM

DATE IN : 24/07/2018

LIABILITY : 0.00

EXCESS CLAUSE : 0.00

ESTIMATE BY : ELMER - 67038691

ACCIDENT DATE : 24/07/2018

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(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Tawfik 97495749
- WP'

14/8/18 @ 1015

03 days

Resurvey before paint

sur@lkkauto.com

[Signature]
16/8/18

14/08/2018 10:27 Tawfik authorized elmur
to take photo before painting

elmur@tanjong.com

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SMA5376Z

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	ZZ/001	LABOUR CHARGES TO RENEW REAR BUMPER,	780.00 245.00	390
2	ZZ/002	CHARGES TO SPRAY PAINTING SAME	350.00	250
3	ZZ/003	RENEW REVERSE SENSOR	110.00	✓
TOTAL LABOUR CHARGES			705.00	

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SMA5376Z

S/NO PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES		
		NETT	LIST	S/NETT REMARKS
1 SUNDRIES	NPN			50.00 20 ✓
2 SENSOR-REVERSE	SENSOR			250.00 cut ✓
3 STAY-RR BUMPER RH	H5210-4CCMA	174.80	? X nn	
4 STAY-RR BUMPER LH	H5211-4CCMA	174.80	? X nn	
5 REINFORCEMENT REAR BUMPER	85032-4CCQA	533.80	? X nn	
6 SIDE BRACKET REAR BUMPER LH	85221-4CEQA	35.80	? X nn	
7 SIDE BRACKET REAR BUMPER RH	85220-4CEQA	35.90	? X nn	
8 CLIP REAR BUMPER @ 1.20 EACH	01553-10501	7.20	NEC ✓	
9 REAR BUMPER	85022-6FRDH	623.80	de ✓	
SUB TOTAL		1586.10	0.00	300.00
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)		317.22	0.00	0.00
GRAND TOTAL		1268.88	0.00	300.00
OVERALL TOTAL		1568.88		

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

SUPPLEMENTARY

* RH RR REFLECTOR \$45 cut ✓

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SMA5376Z

TOTAL LABOUR CHARGES	705.00
TOTAL SPARE PARTS CHARGES	1568.88

GRAND TOTAL	2273.88 *

2273.88

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME	:	
SURVEYED DATE	:	
AUTHORIZED DATE	:	
EXCESS CLAUSE	:	0.00
LIABILITY	:	0.00
REMARKS	:	

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

AUTOLUTION INDUSTRIAL PTE. LTD.

FINALIZED : ACCIDENT/BODY REPAIRS

REFERENCE : INS/IC/EA/0441/18

DATE : 24-JUL-2018

MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD

#16-01 CITY HORIZ

S(068877)

TEL : 65073848

FAX :

ATTN:MOTOR CLAIM DEPT

OWNER'S NAME : MS BHATYAL HENA

ADDRESS : 181 TANJONG RHU ROAD

#03-20

S(436922)

TELEPHONE NO : 92375024

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM

POLICY NO : -

VEHICLE NO : SMA5376Z

MODEL CODE : JDRNRRT32EWAFA---A

MODEL/YEAR : NISSAN X-TRAIL FACELIFT MY2017

ENGINE NO : MR20319229C

CHASSIS NO : JN1JANT3220011245

MILEAGE : 4209 KM

DATE IN : 24/07/2018

LIABILITY : 0.00

EXCESS CLAUSE : 0.00

ESTIMATE BY : ELMER

ACCIDENT DATE : 24/07/2018

AUTOLUTION INDUSTRIAL PTE. LTD.

LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SMA5376Z

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	ZZ/001	LABOUR CHARGES TO RENEW REAR BUMPER,	780.00	390.00
2	ZZ/002	CHARGES TO SPRAY PAINTING SAME	350.00	250.00
3	ZZ/003	RENEW REVERSE SENSOR	110.00	110.00
TOTAL LABOUR CHARGES			1240.00	750.00

AUTOLUTION INDUSTRIAL PTE. LTD

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SMA53762

		DAMAGED PARTS & PRICES				
S/NO	PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST	S/NETT	REMARKS
1	RH RR REFLECTOR REAR BUMPER	26560-6FY0A	55.00			OK
2	SUNDRIES	NPN			20.00	OK
3	SENSOR-REVERSE	SENSOR			250.00	OK
4	STAY-RR BUMPER RH	H5210-4CCMA	174.80			X
5	STAY-RR BUMPER LH	H5211-4CCMA	174.80			X
6	REINFORCEMENT REAR BUMPER	85032-4CC0A	533.80			X
7	SIDE BRACKET REAR BUMPER LH	85221-4CE0A	35.80			X
8	SIDE BRACKET REAR BUMPER RH	85220-4CE0A	35.90			X
9	CLIP REAR BUMPER @ 1.20 EACH	01553-10501	7.20			OK
10	REAR BUMPER	85022-6FROH	623.80			OK
SUB TOTAL			686.00	0.00	270.00	
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)			137.20	0.00	0.00	
GRAND TOTAL			548.80	0.00	270.00	
OVERALL TOTAL			818.80			

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

AUTOLUTION INDUSTRIAL PTE. LTD.

SUMMARY OF OVERALL CHARGES FOR VEHICLE REGN NO S445376Z

NETT ITEM	686.00
LESS 20.00%	-137.20
NETT AMOUNT	548.80
LIST ITEM	0.00
LESS 30.00%	0.00
LIST AMOUNT	0.00
SPECIAL NETT ITEM	270.00
LESS .00%	0.00
SPECIAL NETT AMOUNT	270.00
TOTAL LABOUR CHARGES	750.00
TOTAL SPARE PARTS CHARGES	818.80
TOTAL CHARGES	1568.80
ADD 7 % GST	109.82
GRAND TOTAL	1678.62



Autolution Industrial Pte Ltd

19 UBI ROAD, #04-01 UBI PLAZA, SINGAPORE 408623

TEL: 6490 9666

FAX: 6490 9666

TEL: 6490 9666

FAX: 6490 9666

Business Reg. No.: 199500871W

DATE: 17/10/2018
YOUR REF: D118005650MFSH
OUR REF: INS/IC/EA/0441/18

The Motor Claims Department MS FIRST CAPITAL INSURANCE LIMITED
ATTENTION TO CLAIMS OFFICER : MOTOR CLAIM MANAGER

Dear Sir/ Madam,

Accident Involving: MY CLIENT VEHICLE SMA5376Z AND AGAINST YOUR INSURED VEHICLE SHC7899S

Accident Date: 24/7/2018 8:45

Place and time of accident: SHAW'S SCHOOL (855 MOUNTBATTEN ROAD)

RE: Direct Settlement for the Vehicle Number. SMA5376Z

On behalf of the owner of Motor Vehicle No. SMA5376Z, which was involved

In the captioned accident

The Vehicle was surveyed by your appointed surveyor at AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623

and I based my claims on his recommendation for SGD \$ 1974.97 being the repair cost and period of repair for 3 days. (Strictly on a Without Prejudice Basis)

As the accident was caused by the negligent act of your insured SHC7899S I am submitting this claim for your consideration

COST REPAIR		SGD \$	1,678.62
COST OF LESS	DAYS (S) SGD\$ /DAY	SGD \$	
(Please refer to authorization letter)			
GIA REPORT FEES (SGD\$ 12.00 FOR SEARCH FEE & SGD\$ 15.00 FOR EACH REPORT FEE)		SGD \$	
LTA SEARCH /SURVEY FEE		SGD \$	7.45
COST OF CAR RENTAL	3 DAY(S) SGD \$	SGD \$	288.90
TOTAL AMOUNT			1,974.97

We enclose herewith the following documents to support my claims,

- | | |
|-------------------------------|--------------------------|
| A. AUTHORIZATION LETTER | E. FINAL REPAIR BILL (S) |
| B. LTA SEARCH | F. GIA REPORT (S) RESULT |
| C. INSURANCE CERTIFICATE ETC. | |
| D. CAR RENTAL INVOICE | |

Kindly look into this matter and let me hear from you on the settlement of the owner's claims as soon as possible. Thank you.

Yours Faithfully
Elmer Alfonso
Service Executive

Elmer Alfonso

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6490 9666



www.tanchong.com




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/FCI18014582/T1qd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 23-10-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7899S	Veh. Inspected	SMA 5376Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18005650MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	10/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN X-TRAIL	c.c	1997	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	JN1JANT32Z0011245	Colour	RED	
Odometer	2773	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/55 R19	BRIDGESTONE	6 mm	
L/H Front Tyre	225/55 R19	BRIDGESTONE	6 mm	
R/H Rear Tyre	225/55 R19	BRIDGESTONE	6 mm	
L/H Rear Tyre	225/55 R19	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	24/07/2018	Inspection Date	14/08/2018	
Survey held at	AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623			
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:		3 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. SMA 5376Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	STAY-RR BUMPER RH (N)	NOT NECESSARY	174.80	-
1	STAY-RR BUMPER LH (N)	NOT NECESSARY	174.80	-
1	REINFORCEMENT REAR BUMPER (N)	NOT NECESSARY	533.80	-
1	SIDE BRACKET REAR BUMPER LH (N)	NOT NECESSARY	35.80	-
1	SIDE BRACKET REAR BUMPER RH (N)	NOT NECESSARY	35.90	-
6	CLIP REAR BUMPER @\$1.20 (N)	NECESSARY	7.20	7.20
1	REAR BUMPER (N)	DEFORMED	623.80	623.80
1	RH RR REFLECTOR (N)	CRACKED	55.00	55.00
	LESS 20% DISCOUNT		-328.22	-137.20
			1,312.88	548.80
	<u>SPECIAL NETT ITEMS</u>			
1	SUNDRIES (SN)	NECESSARY	50.00	20.00
1	SENSOR-REVERSE (SN)	CUT	250.00	250.00
			300.00	270.00
	<u>LABOUR</u>			
	LABOUR CHARGES TO RENEW REAR BUMPER.		780.00	390.00
	CHARGES TO SPRAY PAINTING SAME.		350.00	250.00
	RENEW REVERSE SENSOR.		110.00	110.00
			1,240.00	750.00
	GRAND TOTAL		2,852.88	1,568.80
	RECOMMENDED COST OF REPAIRS			1,568.80

Report Ref No. CS/FCI18014582/T1qd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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