

SS. REC. BY:

REF:

CS1FCI18014877 / Ncd307

Special Instruction:

Surveyor:

Nqz

ASSIGNMENT (Office)

From (Person):

cws

Eileen Lee

of

FCI

Date/Time:

14/8/18 @ 6:46pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLP 8814P

Insured:

SHD3408Y

at Workshop m/s

world auto

Tel:

63621776

of

No. 1 Krunji loop

Policy No:

Claim No:

D18006042MP84

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

10/08/2018

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

Date/Time:

9:43am @ 15/8/18

Person Contacted:

Ainee

H.O.D. Endorsement:

Vehicle

IN/OUT

Date/Time	Action/Instruction (✓) Estimate	
	SLP 8814P - CCG / LCR 18011964 / Uwa3	DOA: 30/6/18
	SHD 3408Y - NSI INC 11023773 / H / Hn	DOA: 18/11/2011

W

WLS - 15/8/18

108.11.17

Surveyor

NAL

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: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLP 8814 P Yr Regn: 21 JUN 2017

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

Truck / Trailer or

Make: TOYOTA PRIUS HYBRID C.C 1.79 P

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

Sp. Reading: 52,570 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU103560976

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: 195 / 65 R15

R: 11

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

TOYO / YOKO or ACHILLES (CF) YOKO (R)

Front _____ Rear _____

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

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

D.O.A. 10/8/18 D.O.I. 15/8/18

Survey held at WORLD AUTO

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

N/S FRONT

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

Date / Time	Action / Instruction
6/12/18	FINALIZED PART BY PART REPAIR \$2,600.00 / 3 DAYS

FCI P/P

Date/Time, File Pass to?

☐ : Preli. Report

1) _____
Date/Time, File Return to?

☐ : Final Report

2) _____

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) \$ + RS. \$ _____

☐ : Interview (\$ _____) Photos

☐ : Tech. Invs (\$ _____) Others

☐ : Weekend (\$ _____)

Report Format : TP

Lump Sum / I.B.I. (\$ 2600)

TOTAL

130
50
50
8
248




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/FCI18014877/Nrd3		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 15-08-2018		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 3408Y	Veh. Inspected	SLP 8814P	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18006042MFSH	Excess (\$)	0.00	
Assign From	CWS (EILEEN LEE)	Assign Date	15/08/2018	
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	10/08/2018	Inspection Date	15/08/2018	
Survey held at	NO. 1 KRANJI LOOP			
Repairer	WORLD AUTO PTE LTD			
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	13-08-2018	Our Ref No. D18006042MFSH
Accident Date	10-08-2018	Claim Type. Third Party
Insured Vehicle	SHD3408Y	Third Party Vehicle. SLP8814P
Survey Location	NO.1, KRANJI LOOP	
Contact Person.	AINEE	
Contact No.	63621776/ 0	Fax No. 63631250
Survey Type	DIRECT SETTLEMENT:	
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.

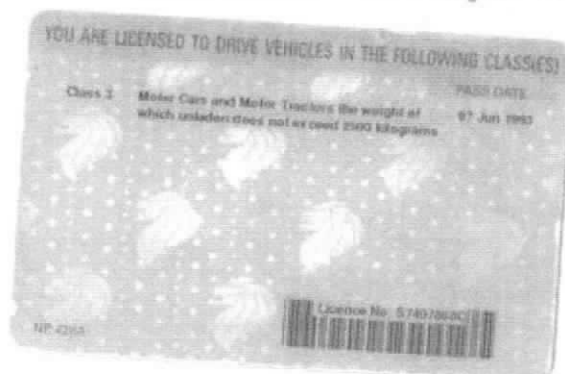
THIRD PARTY SURVEY REQUEST

Cc : Workshop	WORLD AUTO PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	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.

Sketch Plan #3



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	11/08/2018 14:06
Date Of Accident	10/08/2018 20:10
Exact Location Of Accident	MARINA BAY SANDS DROP OFF POINT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLP8814P
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98001300
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS HYBRID-1.8 (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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995072
Cover Note Number	
Driver	
Name of Driver	MAY ONG LAY SUAN
NRIC No	S7407858C
Date Of Birth	11/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1993
Driving Experience	25 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98001300
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 231 ANG MO KIO AVE 3 #11-1226
Postcode	560231
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 - OPENING DOOR OF 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)	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

REFER TO 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	SHD3408Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



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 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 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SLP8814#
B = SHD3908

Sketch Plan #2

Describe Circumstances of the Accident

On 10/8/18 at around 8:10pm after I dropped a customer then I drive off within my lane. Suddenly, I heard a bang sound and look at my left side, the left side mirror had missing. One passenger from Taxi 3HD348Y came out and took the side mirror from me and said she was in the fault and willing to pay for my damaged.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature of the driver.

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

A handwritten signature of the reporting centre personnel.

Witnessed by Reporting Centre Personnel

WORLD AUTO PTE LTD

47 Jalan Pemimpin #01-02/03
Halcyon 2, S'pore 577200
Tel No. : 6451 3933 Fax No. : 6455 7576
E-Mail : worldaut@singnet.com.sg
Website : www.worldauto.com.sg
Tax Reg. No. : 200006765-H Buss. Reg. No. : 200006765H

FIRST CAPITAL INSSURANCE LIMITED
80 ROBINSON RD #09-02/03
068898

Attention : Motor Claim Department
Contact : 6222 2311 Fax No. : 6222 3547

Estimate : ES000280

Date : 11/08/2018
Vehicle Num. : SLP 8814P(LCR)
Make/Model : TOYOTA PRIUS HYBRID
Chassis/Eng# :
Accident Date : 10/08/2018
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

- | | | | | |
|----|------|---------------------------|--|--|
| 1. | 1 | LIST ITEMS : | | |
| 2. | 1/LH | FRONT DOOR - LH | | |
| 3. | 1/LH | FRONT DOOR OUTER MOULDING | | |
| 4. | 1 | SIDE MIRROR ASSY | | |
| | | SIDE MIRROR COVER - LH | | |

List Total S\$:
25.00% Discount S\$:

1,300 1,450.00 DT
210.00 BUC
750.00 missing
140 188.00 CR

2,598.00
649.50
1,948.50

LABOUR :
LABOUR TO REMOVE ACCIDENT DAMAGED PARTS IN ORDER
REPAIRS INCLUDING PANEL BEAT, CUT/WELD, STRAIGHTEN
PANEL WHERE NECESSARY & REPLACE ABOVE PARTS.

750.00 400

PUTTY & SPRAY PAINT ALL AFFECTED AREAS (INNER/ OUTER)

600.00 400

Labour Total S\$:

1,350.00

E. & O.E.

Total S\$: 3,298.50

for WORLD AUTO PTE LTD

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:

NAZ CLK
15/8/18 1715
P/P

3 Days

BEFORE PAINT PHOTO

NAZ CLK
11/8

PARTS \$2400

ESS 25% \$1800

LABOUR \$800

TOTAL \$2600

/3 DAYS

INITIALIZED PART BY PART REPAIR \$2,600 / 3 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				
MS FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI18014877/Ncd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 11-12-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SHD 3408Y	Veh. Inspected	SLP 8814P
	Policy No.		Coverage (\$)	0.00
	Claim No.	D18006042MFSH	Excess (\$)	0.00
	Assign From	EILEEN	Assign Date	14/08/2018
2. Vehicle Particulars & Condition				
	Make & Model	TOYOTA PRIUS HYBRID	c.c	1798
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	JTDKB3FU103560476	Colour	SILVER
	Odometer	52570	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	FAIR		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	195/65 R15	ACHILLES	5 mm
	L/H Front Tyre	195/65 R15	ACHILLES	5 mm
	R/H Rear Tyre	195/65 R15	YOKOHAMA	5 mm
	L/H Rear Tyre	195/65 R15	YOKOHAMA	5 mm
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
	Accident Date	10/08/2018	Inspection Date	15/08/2018
	Survey held at	NO. 1 KRANJI LOOP		
	Repairer	WORLD AUTO PTE LTD		
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. SLP 8814P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT DOOR-LH	DENTED	1,450.00	1,300.00
1	FRONT DOOR OUTER MOULDING LH	BUCKLED	210.00	210.00
1	SIDE MIRROR ASSY LH	MISSING	750.00	750.00
1	SIDE MIRROR COVER LH	CRACKED	188.00	140.00
	LESS 25% DISCOUNT		-649.50	-600.00
			1,948.50	1,800.00
LABOUR				
	LABOUR TO REMOVE ACCIDENT DAMAGED PARTS IN ORDER.REPAIRS INCLUDING PANEL BEAT,CUT/WELD,STRAIGHTEN PANEL WHERE NECESSARY & REPLACE ABOVE PARTS		750.00	400.00
	PUTTY & SPRAY PAINT ALL AFFECTED AREAS (INNER/OUTER).		600.00	400.00
			1,350.00	800.00
GRAND TOTAL			3,298.50	2,600.00
RECOMMENDED COST OF REPAIRS				2,600.00

Report Ref No. CS/FCI18014877/Ncd3e2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.