

12/03/2002

ASS. REC. BY:

REF:

CS/FCI/8014878/11td3et

Special Instruction:

Surveyor
aws

Taufik

ASSIGNMENT (Office)

From (Person):

May chuea

of

FCI

Date/Time:

14/8/18 @ 6:55pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

8LF 5541Z

Insured:

8HD 3640S

at Workshop in/s

Gold Bell Engineering

Tel:

6458 9596 / 97396452

of

Blk K pandan loop Ind. Est #01-12

Policy No:

Claim No:

D18006045MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

09/08/2018

CA / REV / REP. / REV 24 HRS

'up'

Date/Time:

9:51am @ 15/8/18

Person Contacted:

Andy

H.O.D. Endorsement:

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction
	(✓) Estimate
	8LF 5541Z - X
	8HD 3640S - NS/INC/3019846/HTM3d1
20/8-	Revert prev advise via email
	Part by Part \$283732 with 5 days (Red: 3017-65; 5P/h)

(08/11/13) wef

ASS. REC. BY: TanREF: 11

FCI

ASSIGNMENT

From:

Date: 15/08/18

Estimated Cost:

OD TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: 8JW 8017Kat Workshop m/s Car Craftersof 48 John Green Rd East # 05-155

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

10am @ owner waiting

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
<u>X</u>	<u>X</u>

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS Rep - DS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLF5541ZYr Regn: 2016 / AugType: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Villanova Polo GPc.c. 1197Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 38/68

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: www 222 6K7G40496Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/45 R11

R:

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

TOYO / YOKO or Continental

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A.

D.O.I. 15/8/18Survey held at Goldbell Pandan LoopDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

RECEIVED 04 SEP 2018

Date/Time, File Pass to?

☐ : Preli. Report119 Typist☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Format: TPLump Sum / I.B.I. (\$ 2337.32)140505035275

MOTOR SURVEY ASSIGNMENT

Date	13-08-2018	Our Ref No. D18006045MFSH
Accident Date	09-08-2018	Claim Type. Third Party
Insured Vehicle	SHD3640S	Third Party Vehicle. SLF5541Z
Survey Location	GOLDBELL PANDAN BLK K PANDAN LOOP IND ESTATE #01-12	
Contact Person.	ANDY OOI LEE KEONG	
Contact No.	64589596/ 97396452	Fax No. 64587172
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	GOLDBELL ENGINEERING PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

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.




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/FCI18014878/T1td3		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 15-08-2018		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 3640S	Veh. Inspected	SLF 5541Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18006045MFSH	Excess (\$)	0.00	
Assign From	CWS (MAY CHUA)	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	09/08/2018	Inspection Date	15/08/2018	
Survey held at	BLK K PANDAN LOOP IND.EST. #01-12			
Repairer	GOLDBELL ENGINEERING 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.				

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Monday, 20 August 2018 9:59 AM
To: Admin-D (LKKAuto); 'Claim Workflow System'; assignments
Cc: MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18006045MFSH/1
Attachments: PRELI ADVISED SLF 5541Z.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SLF 5541Z**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Thursday, 16 August 2018 12:39 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18006045MFSH/1

Dear Sir/Mdm,

Please be informed survey has done for SLF 5541Z.

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: Nivitha (LKK Auto) [<mailto:admin-d@lkkauto.com>]
Sent: Wednesday, 15 August 2018 9:57 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; 'ASSIGNMENTS@LKKAUTO.COM' <ASSIGNMENTS@LKKAUTO.COM>
Cc: 'MAYCHUA@MSFIRSTCAPITAL.COM.SG' <MAYCHUA@MSFIRSTCAPITAL.COM.SG>; 'sur@lkkauto.com' <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18006045MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin



Auto
Consultants
Pte Ltd

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

Your Ref: D18006045MFSH

Date: 20/8/2018

Our Ref: CS/FCI18014878/T1td3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

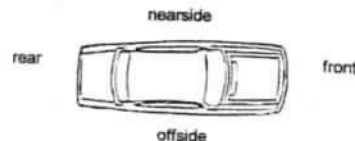
INITIAL INSPECTION REPORT OF VEHICLE NO. SLF 5541Z

Please be informed that we had conducted the inspection of the abovementioned vehicle 15/8/2018 at the premises of M/s Goldbell and have the following to report: -

Workshop Estimate Amount	: S\$ 5,471.93
Revised Estimate Amount	: S\$ 2,837.32
"Check" Items Amount	: S\$ 341.91
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the n/s rear portion.



Comments/ Present Status:

Damages Consistent.

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	10/08/2018 16:15
Date Of Accident	09/08/2018 15:50
Exact Location Of Accident	BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5541Z
Insured/Policyholder	
Name Of Registered Owner	CAR CLUB PTE LTD
Co Reg No	200912077G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81356104

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO

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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VPCB/18-000130-00
Cover Note Number	

Driver

Name of Driver	LEE PHUAY HUI
NRIC No	S7403045I
Date Of Birth	14/01/1974
Occupation	INDOOR
Date Of Driving Pass	09/09/1992
Driving Experience	25 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81356104
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	8 BRIDPORT AVENUE SINGAPORE
Postcode	559299
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 - HEAD TO REAR
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?	YES
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)	2
Passenger 1	NAME: : PHILIPPE GRANDCLAUDON
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT ATTACHED

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	SHD3640S
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)

DETAILS OF INJURED PERSON 1

Name LEE PHUAY HUI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLF5541Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PHILIPPE GRANDCLAUDON

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLF5541Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.

  10/8/18
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.:



**SINGAPORE
POLICE FORCE**



T/20180810/2068

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4

Report No: T/20180810/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2018 14:00	Video Report No.:	Station Diary No. 84
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Informant's Particulars

Name of Informant: LEE PHUAY HUI		Address: 8 BRIDPORT AVENUE SINGAPORE 559299	
ID Type / ID No NRIC NO / S74030451		Contact No: Home/Office: Mobile: 81356104	
Nationality SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 44	Date of Birth: 14/01/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Housewife		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/08/2018 15:50	Type of Location: Straight Road
Location: Along Road 1 BRADDELL ROAD after the slip road of Braddell Road, towards CTE (Orchard)				
Weather: Clear		Road Surface Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3640S	Car				Slightly Damaged	1
SLF5541Z	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180810/2066

2 of 4

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129856

Tel No: 1800-8729899

Report No: T/20180810/2066

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SHD3640S (Car)		Contact No. NIL
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
Driver			
Name	LEE PHUAY HUI		ID No. S7403045I
Related Vehicle	SLF5541Z (Car)		Contact No. 81356104
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	09/08/2018		Date Discharge 09/08/2018
No. of Days granted Medical Leave	05		Degree of Injury Slight

Brief Details.

On 09/08/2018 at about 1550hrs, I was driving my rented vehicle bearing the registration plate number SLF5541Z along Braddell Road and intended to turn left into the slip road (towards CTE in the direction of Orchard Road). At that point in time, the road was dry, the sky was clear and there was no traffic. My husband was at the front left passenger seat.

I noticed that there was no incoming vehicle and proceeded to exit into the slip road. I continue to keep a look out for oncoming vehicles on my right. Out of the sudden, we felt a huge impact from the rear. Understanding that someone had hit my vehicle at the back, I stopped driving. The impact was so huge that the back of our heads hit the head rest quite hard. I developed a massive headache, felt numbness in my right buttocks, pain in my neck and shoulder. I alighted my vehicle and noticed that a Comfort Delgro taxi bearing the registration plate number SHD3640S had collided into the rear of my vehicle.

The Taxi driver was in his vehicle and had no intention to alight his vehicle until I approached him. He did ask for my particulars however I was unsure if I should provide my particulars to him. He did not even ask us whether we were ok. I told him both my husband and I were feeling unwell due to the impact caused by his car and we had to wait for my car rental company staff to come. When he instead tried to leave the scene, I called for Police assistance at 999. Police and ambulance came to the scene.

This is the first time such an incident happened to me. My husband and I were conveyed by ambulance to Tan Tock Seng hospital. X rays were done for both of us. I forgot to tell the doctors that we hit the back of our heads quite hard on the head rests. We were discharged on the same day and I was given 5 days of MC and a lot of medication till 13/08/2018. I felt pain and stiffness at my neck area, my shoulders, lower area of my back, my right side buttocks, my right knee. I was dizzy, nauseous and having massive



SINGAPORE
POLICE FORCE



T/20180810/2066

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

3 of 4

Report No. T/20180810/2066

CONTINUATION OF REPORT

headache for many hours. I still feel pain in my neck, back and buttocks now. I still feel nauseous and unwell. I will follow up for further medical screenings with Tan Tock Seng.



**SINGAPORE
POLICE FORCE**



T/20180810/2066

4 of 4

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180810/2066

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:

D /

Sgt 2 NG JIA HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/08/2018 14:00

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 37

Authentication Stamp

NP168

SIGNATURE

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S74030451



Name

LEE PHUAY HUI
(LI PEIHUI)

李 培 慧

Race

CHINESE

Date of birth
14-01-1974

Sex

F

Country of birth
SINGAPORE

S74030451

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S74030451

Name

LEE PHUAY HUI
(LI PEIHUI)

Birth Date: 14 Jan 1974

Issue Date: 30 Aug 2003



3479784



NRIC No. S74030451

Date of issue
28-02-2004

Address
8 BRIDPORT AVENUE
SINGAPORE 559299

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

09 Sep 1992

NP 428A



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. Z004122120)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks And Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

16/01/2018

Excess : \$1000/-SECT I

Others Excess : Refer to your policy schedule

K2001-022

CERTIFICATE No.

MSD/VPCB/18-000130-00

1. Index Mark and Registration

Number of Vehicle

SLF5541Z

2. Name of Policy holder

CAR CLUB PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the
Act

01/01/2018

4. Date of Expiry of Insurance

31/12/2018

5. Persons of classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicles or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And Provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use*

1. Use for the carriage of passengers or goods in connection with the policyholder's business.

2. Use for social, domestic & pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover:-

1. Use for racing, pace-making, reliability trial or speed-testing.

2. Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3. Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

AUTHORIZED SIGNATURE

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle.

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that Effect has to be made. Failure to comply with this obligation is an

offence under the compulsory Insurance Legislation. This Certificate must be returned if the insurance is suspended during its currency.

If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM M.Z.406



GOLDBELL ENGINEERING

Industrial Vehicles.
20,000 Served. And Counting.

GOLDBELL ENGINEERING PTE LTD

10 Tuas Avenue 18 Singapore 638894
Tel: +65 6861 0007 Fax: +65 6861 3676 (Sales)
Fax: +65 6863 0425 (Service) +65 6862 1347 (Parts)
Website: www.goldbell.com.sg
Co. Reg No: 198003963G

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ESTIMATE

Date	: 13/08/2018	Reg No	: SLF5541Z
To	: MS FIRST CAPITAL INSURANCE LIMITED	Model	: VOLKSWAGEN POLO 180 TSI
Attn.	:	Chassis No	: WVVZZZ6RZGU041896
Office / Mobile	:	Engine No	:
Email Address	:	Quotation No.	: 68452
		Ref. No.	: GBE/SVC/SALES
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 09/08/2018
Attn.	: ANDYOOILK	Policy No.	: MSD/VPCB/18-000130-00
Office / Mobile	: +65 67730928	Claim Type	: THIRD PARTY CLAIM
Email / Fax No.	: AndyOoiLK@goldbell.com.sg	Workshop	: PANDAN

S/N	Part No	Description	Qty	U/Price	%	Net Price	Ext Price
1		REAR BUMPER	1	881.80	-10	793.62	793.62
2		REAR BUMPER REINFORCEMENT WITH BRACKET RH	1	400.15	-10	360.14	360.14
3		REAR BUMPER SPONGE	1	95.65	-10	86.09	86.09
4		REAR BUMPER SIDE REFLECTOR RH	1	67.05	-10	60.35	60.35
5		REAR BUMPER SIDE RETAINER LH	1	86.35	-10	77.71	77.71
6		REAR BUMPER SIDE RETAINER RH	1	86.35	-10	77.71	77.71
7		REAR END PANEL → photo	1	764.40	-10	687.96	687.96
8		TAILGATE INNER LOCK	1	160.80	-10	144.72	144.72
9		TAILGATE 180 TSI EMBLEM	1	70.45	-10	63.41	63.41
10		TAILGATE POLO EMBLEM	1	82.65	-10	74.39	74.39
11		TAILLAMP RH	1	284.25	-10	255.83	255.83

PARTS TOTAL : 1507.33 2,681.93

SPECIAL NETT ITEMS

1	REAR BUMPER REVERSE SENSOR	1	280.00
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PARTS TOTAL: 280.00

LABOUR CHARGES

1	TO REMOVE AND REPLACE DAMAGED PARTS ,CUT ,WELD ,PANEL BEAT AND STRAIGHTEN AND REALIGH ,ETC	1000.00
2	TO PUTTY , CLEANE ,SPRAY PAINT AND POLISH ,ETC , TO RESPRAY REAR BUM;ER , TAILGATE PANEL ,REAR END PANEL ,REAR FENDER LH ,REAR FENDER RH	1200.00
3	TO CHECK AND REPAIR WIRING SYSTEM	80.00
4	RUST PROOFING	100.00
5	SUNDRIES	50.00
6	TOWING CHARGES	80.00

LABOUR TOTAL : 2,510.00

SUB-TOTAL : 2857.33 5,471.93



5 days



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ESTIMATE

Date	: 13/08/2018	Reg No	: SLF5541Z
To	: MS FIRST CAPITAL INSURANCE LIMITED	Model	: VOLKWAGEN POLO 180 TSI
Attn.	:	Chassis No	: WVVZZZ6RZGU041896
Office / Mobile	:	Engine No	:
Email Address	:	Quotation No.	: 68452
From	: GOLDBELL ENGINEERING PTE LTD	Ref. No.	: GBE/SVC/SALES
Attn.	: ANDYOOILK	D.O.A.	: 09/08/2018
Office / Mobile	: +65 67730928	Policy No.	: MSD/VPCB/18-000130-00
Email / Fax No.	: AndyOoiLK@goldbell.com.sg	Claim Type	: THIRD PARTY CLAIM
		Workshop	: PANDAN

GST @ 7% for \$ 5,471.93 383.04

GRAND TOTAL (\$\$) : 5,854.97

PREPARED BY : ANDYOOILK

DATE / TIME : 15/8/18 @ 1020

SURVEYOR : Tanphik

MOBILE NO : 97495769 / 62563561

OFFICE FAX NO :

EMAIL ADDRESS : sur@lkkauto.com

EXCESS AMOUNT :

REPAIR TYPE : PART-BY-PART / LUMP SUM

AUTHORISATION : AUTHORISED / NOT AUTHORISED

RE-SURVEY : BEFORE PAINT / AFTER PAINT

NO. OF DAYS : 5 days

REMARKS :

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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:



Certificate No: AIA/S/15/12/1243

Certificate No: AIA/S/15/12/1243




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/FCI18014878/T1td3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 25-09-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 3640S	Veh. Inspected	SLF 5541Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18006045MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	14/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	VOLKSWAGEN POLO GP	c.c	1197	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	WWWZZZ6RZGU041896	Colour	SILVER	
Odometer	38168	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/45 R16	CONTINENTAL	6 mm	
L/H Front Tyre	215/45 R16	CONTINENTAL	6 mm	
R/H Rear Tyre	215/45 R16	CONTINENTAL	6 mm	
L/H Rear Tyre	215/45 R16	CONTINENTAL	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	09/08/2018	Inspection Date	15/08/2018	
Survey held at	BLK K PANDAN LOOP IND.EST. #01-12			
Repairer	GOLDBELL ENGINEERING 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:		5 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLF 5541Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	881.80	881.80
1	REAR BUMPER REINFORCEMENT WITH BRACKET RH	BENT	400.15	400.15
1	REAR BUMPER SPONGE	NOT NECESSARY	95.65	-
1	REAR BUMPER SIDE REFLECTOR RH	CRACKED	67.05	67.05
1	REAR BUMPER SIDE RETAINER LH	NECESSARY	86.35	86.35
1	REAR BUMPER SIDE RETAINER RH	NECESSARY	86.35	86.35
1	REAR END PANEL	TO REPAIR SEE LABOUR	764.40	-
1	TAILGATE INNER LOCK	NOT NECESSARY	160.80	-
1	TAILGATE 180 TSI EMBLEM	NECESSARY	70.45	70.45
1	TAILGATE POLO EMBLEM	NECESSARY	82.65	82.65
1	TAILLAMP RH	NOT NECESSARY	284.25	-
	LESS 10% DISCOUNT		-297.97	-167.48
			2,681.93	1,507.32
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER REVERSE SENSOR (SN)	NOT WORKING	280.00	200.00
1	SUNDRIES (SN)	NECESSARY	50.00	20.00
			330.00	220.00
	<u>LABOUR</u>			
	TO REMOVE AND REPLACE DAMAGED PARTS,CUT,WELD,PANEL BEAT AND STRAIGHTEN AND REALIGH,ETC.INCLUSIVE OF THE REPAIR OF REAR END PANEL.		1,000.00	500.00
	TO PUTTY,CLEANE,SPRAY PAINT AND POLISH,ETC,TO RESPRAY REAR BUMPER,TAILGATE PANEL,REAR END PANEL,REAR FENDER LH,REAR FENDER RH.		1,200.00	500.00
	TO CHECK AND REPAIR WIRING SYSTEM.		80.00	30.00
	RUST PROOFING.		100.00	20.00
	TOWING CHARGES.		80.00	60.00
			2,460.00	1,110.00
	GRAND TOTAL		5,471.93	2,837.32

Report Ref No. CS/FCI18014878/T1td3e2



RECOMMENDED COST OF REPAIRS			2,837.32
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Report Ref No. CS/FCI18014878/T1td3e2

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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