

ASS. REC. BY:

REF: es/FCI/8017064/715.d3

Special Instruction:

Surveyor
CWS

Taufik

ASSIGNMENT (Office)

From (Person):

Lurene Jau

of

FCI

Date/Time:

19/9/18 @ 2.41pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMD 1733L

Insured:

SHD 8879M

at Workshop m/s

Hitachi Capital

Tel:

6833 6274

of

8. Fourth Lok Yang Rd.

Policy No:

Claim No:

D18 00 69 01 MFST

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

16/09/18

CA / REV / REP. / REV 24 HRS

(cup)

26/9/18

H.O.D. Endorsement:

Date/Time:

3:07pm @ 19/9/18

Person Contacted:

Vonn

Vehicle IN/OUT

(OUT)

Date/Time

Action/Instruction

(✓) Estimate

SMD 1733L-X

SHD 8879M - NA / AIG 15021952/d2

DUA: 26/1/2015

27/09/18

@ 16:01 p.m. revised PA to Lurene Jau via email.

11/01/19

Checked with Vonn (repairer), pending liability from Insurance.
Vehicle has not sent in for repair.

Surveyor

Tanji

REF: FCI

ASSIGNMENT

From: Date: 26/9/18

Estimated Cost:

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

To Inspect Vehicle No: SMD 1733L
at Workshop m/s Hitachi Capital
of 8 Fourth Lok Yang Rd

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: 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: SMD1733L Yr Regn: 2018 / Aug.

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

Truck / Trailer or

Make: Toyota Alphard. C.C 2794

Colour: Black. A/C: Insured / Std / NI / NA

Sp. Reading: 4593 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTN9F3DH708015607

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: 235/50R18
R: 235/50R18

BS / BUN / 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. 26/9/18

Survey held at Hitachi Capital

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 14 JAN 2019

Date/Time, File Pass to?

14/01/19

1) Typo

Date/Time, File Return to?

2)

☒ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

TOTAL

100

50

12

162

Report Format: Preli.

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

MOTOR SURVEY ASSIGNMENT

Date	18-09-2018	Our Ref No. D18006901MFSH
Accident Date	16-09-2018	Claim Type. Third Party
Insured Vehicle	SHD8879M	Third Party Vehicle. SMD1733L
Survey Location	JUN TAIYO SERVICE CENTRE NO 8 FOURTH LOK YANG ROAD	
Contact Person.	VONN SIOW	
Contact No.	68336274/ 0	Fax No. 68966591
Survey Type	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:	
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	HITACHI CAPITAL ASIA PACIFIC 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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/244322)



PRI Documents



Close



PRI Header Details

Claim No	D18006901MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & HITACHI (LTD.
Workshop Name	HITACHI CAPITAL ASIA PACIFIC PTE. LTD. (Contact Person : VONN SIOW)	Survey Location & Contact Details	JUN TAIYO SERVICE CENTRE NO 8 FOURTH LOK YANG R Mobile: 0 , Phone: 68336274 , Fax: 68966591 EmailId: VONNLM.SIOW@HCSPL.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHD8879M	TP Vehicle No	SMD1733L
PRI Recieved Date	18-09-2018 09:10:43 PM	Surveyor Appointed Date	19-09-2018 02:40:43 PM	Surveyor Accept Date	19-09-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	19-09-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select Year"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

Remarks



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/FCI18017064/T1sd3

36 ROBINSON ROAD

#16-01 CITY HOUSESINGAPORE 068877

Date : 19-09-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 8879M	Veh. Inspected	SMD 1733L
Policy No.		Coverage (\$)	0.00
Claim No.	D18006901MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	19/09/2018

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

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5. General Information

Accident Date	16/09/2018	Inspection Date	26/09/2018
Survey held at	HITACHI CAPITAL (S) PTE LTD JUN TAIYO SERVICE CENTRE NO. 8 FOURTH LOK YANG ROAD SINGAPORE 629705		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	0399N
Vehicle Details	
Vehicle No.:	SMD1733L
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Sep 2018
Vehicle Make:	TOYOTA
Vehicle Model:	ALPHARD ELEGANCE MR (AUTO)
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	2ARJ081421
Chassis No.:	JTNGF3DH708015607
Maximum Power Output:	134.0 kW (179 bhp)
Open Market Value:	\$48,192.00
Original Registration Date:	06 Aug 2018
First Registration Date:	06 Aug 2018
Transfer Count:	0
Actual ARF Paid:	\$59,469.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Aug 2028
PARF Rebate Amount:	\$44,601.00
Intended COE Rebate Details	
COE Expiry Date:	05 Aug 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$31,000.00
COE Rebate Amount:	\$30,549.00
Total Rebate Amount:	\$75,150.00

The information contained herein is correct as at 18 Sep 2018

OK

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Thursday, 27 September 2018 4:01 PM
To: LURENEJAW@MSFIRSTCAPITAL.COM.SG; 'Claim Workflow System'
Cc: sur@lkkauto.com; 'Nivitha (LKK Auto)'; ASSIGNMENTS@LKKAUTO.COM
Subject: RE: SURVEY ASSESSMENT - D18006901MFSH/1
Attachments: SMD 1733L - Preli Advise.pdf

Dear Lurene,

Enclosed herewith preliminary advice of SMD 1733L.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@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, 19 September 2018 3:19 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; sur@lkkauto.com
Subject: RE: SURVEY ASSESSMENT - D18006901MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer arrange on 26/09/2018.

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: Wednesday, 19 September 2018 2:41 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; LURENEJAW@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18006901MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

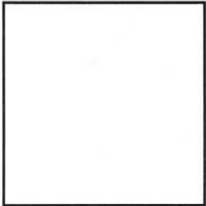
Please find attached the necessary documents for survey.

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
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



This email has been checked for viruses by AVG antivirus software.
www.avg.com



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18006901MFSH

Date: 27 September 2018

Our Ref: CS/FCI18017064/T1sd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

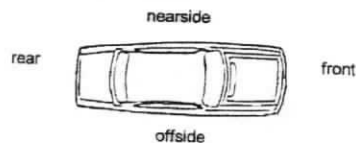
INITIAL INSPECTION REPORT OF VEHICLE NO. SMD 1733L.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 26/09/2018 at the premises of M/s Hitachi Capital Asia Pacific Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>1,965.00</u> .
Revised Estimate Amount	: S\$ <u>560.00</u> .
"Check" Items Amount	: S\$ _____ .
Market Value	: S\$ _____ .
LTA Reimbursement Value	: S\$ _____ .
Nett Value	: S\$ _____ .

Description of Damage:

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



Comments/ Present Status:

Damages Consistent.
Repair days: 2 Days

Yours faithfully,
Mohamad 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	18/09/2018 10:36
Date Of Accident	16/09/2018 21:10
Exact Location Of Accident	BRAS BASH ROAD THE FAIRMONT LOBBY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1733L
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	199400399N
Email Address	JUNTAIYO@HCSPL.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64663022

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD ELEGANCE MR (AUTO)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTRENT000651
Cover Note Number	

Driver

Name of Driver	MASNOR BIN NORMIN
NRIC No	S7718420A
Date Of Birth	08/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2002
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84986917
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 412 BUKIT BATOK WEST AVENUE 4 #13-312
Postcode	650412
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	MR ROBERT
Phone Number	
Email Address	THE FAIRMOUNT HOTEL DOORMAN

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD8879M
Vehicle Make/Model/Colour	MERCEDES TAXI WHITE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

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:

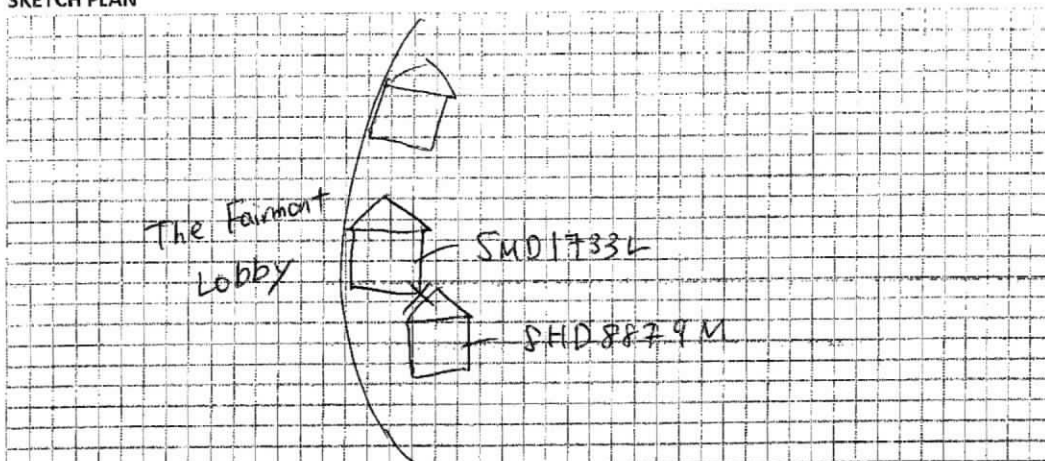
[Handwritten Signature]

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer the police Report.

DECLARATION

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



Policyholder's Signature
Date & Time:



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



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



**SINGAPORE
POLICE FORCE**



T/20180916/2106

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20180916/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2018 23:32	Vide Report No.:	Station Diary No.: 128
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Informant's Particulars

Name of Informant: MASNOR BIN NORMIN			Address: APT BLK 412 BUKIT BATOK WEST AVENUE 4 #13-312 SINGAPORE 650412	
ID Type / ID No.: NRIC NO / S7718420A			Contact No.:	Mobile: 84986917
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 41	Date of Birth: 08/07/1977	Type of Informant: Driver	
Race: Javanese			Language:	Institution / School Name:
Occupation: COMPANY DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/09/2018 21:10	Type of Location: Roundabout
Location: Along Road 1 BRAS BASAH ROAD				
THE FAIRMONT LOBBY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD8879M						0
SMD1733L					Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180916/2106

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

2 of 3

Report No. T/20180916/2106

CONTINUATION OF REPORT

Brief Details.

On 16/09/2018 at about 2108hrs, I dropped off my boss at The Fairmont in our company vehicle bearing registration number V1) SMD1733L. I parked at the side of the lobby and went in to the hotel to use the toilet.

When I returned back to V1, the doorman of the hotel informed me that a white Mercedes taxi bearing registration number V2) SHD8879M, had hit onto the rear right side of V1. He informed me that he had whistled to V2 however the driver drove off.

There is CCTV at the hotel's lobby and it was captured as informed by the Hotel Manager. V1 has an in-car camera however, it does not record when the engine is switched off.

There are some scratches on the rear right bumper of V1.



**SINGAPORE
POLICE FORCE**



T/20180916/2106

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20180916/2106

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:

J /

Staff Sgt SITI FATIMAH BINTE ISMAIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/09/2018 23:32

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE POLICE FORCE

**Hitachi Capital Asia Pacific Pte. Ltd.
Jun Taiyo Service Centre**

No. 8 Fourth Lok Yang Road Singapore 629705
Tel : 64663022 Fax : 68966591
Co. Reg.No. 199400399N GST Reg.No. M2-011899-3

VEHICLE ESTIMATE dated 18/09/2018

FIRST CAPITAL

ACCIDENT DATE : 16/09/2018 @ 21:10

ATTN: MOTOR CLAIMS DEPT

VRN : SMD1733L

MODEL : TOYOTA ALPHARD

TP VRN : SHD8879M

	<u>Qty</u>	<u>S\$ Unit</u>	<u>S\$ Amt</u>	<u>S\$ Labor</u>
<u>PARTS REPLACEMENT</u>				
<u>1. Body Repair</u>				
1 Rear Bumper	1	\$ 635.00	\$ 635.00	Rx
2 Rear Bumper Clip	10	\$ 5.50	\$ 55.00	x
3 Rear Bumper Side Retainer RH Inner	1	\$ 135.00	\$ 135.00	x
4 Rear Bumper Side Retainer RH Outer	1	\$ 135.00	\$ 135.00	x
5 Rear Bumper Reflector LH	1	\$ 60.00	\$ 60.00	x
			\$ 1,020.00	
Discount -25%			\$ 255.00	
		PARTS TOTAL	\$ 765.00	

2. Labour Charges

Panel Beat, Cut, Weld, Re-align & Replace Damaged Parts Of Affected Area	250	\$	500.00
Putty, Blend And Spray Paint Affected Area	250	\$	500.00
Check Wiring and Ensure Proper Function	30	\$	80.00
Remove & Reinstall 2 Pieces Bumper Sensors	30	\$	120.00
		LABOURS TOTAL	\$ 1,200.00

Grand Total : \$ 1,965.00
Add 7% GST : \$ 137.55
Nett Total : \$ **2,102.55**

No. of repair days: 4

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: _____

Tarfin 97495749
Resurvey after repair
02 days
sur @ khawson



27/9/18

CUSTOMER SIGNATURE

HITACHI CAPITAL ASIA PACIFIC PTE LTD
(MANAGER)



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/FCI18017064/T1sd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 16-01-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 8879M	Veh. Inspected	SMD 1733L	
Policy No.	D-18088937MFSH	Coverage (\$)	0.00	
Claim No.	D18006901MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	19/09/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA ALPHARD	c.c	2494	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	JTNGF3DH708015607	Colour	BLACK	
Odometer	4593	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	235/50 R18	TOYO	6 mm	
L/H Front Tyre	235/50 R18	TOYO	6 mm	
R/H Rear Tyre	235/50 R18	TOYO	6 mm	
L/H Rear Tyre	235/50 R18	TOYO	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	16/09/2018	Inspection Date	26/09/2018	
Survey held at	HITACHI CAPITAL (S) PTE LTD JUN TAIYO SERVICE CENTRE NO. 8 FOURTH LOK YANG ROAD SINGAPORE 629705			
5a. Remarks				
A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B)DAMAGES CONSISTENT TO ACCIDENT REPORT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:			2 Working Days	

**LKK Auto Consultants Pte Ltd**

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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMD 1733L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Cost Price (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	635.00	-	-
10	REAR BUMPER CLIP @\$5.50	NOT NECESSARY	55.00	-	-
1	REAR BUMPER SIDE RETAINER RH INNER	NOT NECESSARY	135.00	-	-
1	REAR BUMPER SIDE RETAINER RH OUTER	NOT NECESSARY	135.00	-	-
1	REAR BUMPER REFLECTOR LH	NOT NECESSARY	60.00	-	-
	LESS 25% DISCOUNT		-255.00	-	-
			765.00	-	-
	<u>LABOUR</u>				
	PANEL BEAT, CUT, WELD, RE-ALIGN & REPLACE DAMAGED PARTS OF AFFECTED AREA. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		500.00	-	250.00
	PUTTY, BLEND AND SPRAY PAINT AFFECTED AREA.		500.00	-	250.00
	CHECK WIRING AND ENSURE PROPER FUNCTION.		80.00	-	30.00
	REMOVE & REINSTALL 2 PIECES BUMPER SENSORS.		120.00	-	30.00
			1,200.00	-	560.00
GRAND TOTAL			1,965.00	-	560.00
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)					560.00

Report Ref No. CS/FCI18017064/T1sd3e2

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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