Surveyor -	Adrian	ASSIGN	MENT (Office)			
From (Person):	were fer	of	FCI	Date/1	Time:	16/10/18/01/02
Estimated Cost:			Bill to:			
OD TP WS/TP	RES / OD RES / E	VA/INV/MV	7·CS	•		
To Inspect Vehicle 1	lo:	SIX 5.	77 T	Insured:	SHD	3679G
at Workshop m/s	Ke	ing teir R	epairers	Tel: 67		
of	I kaki Bk	f Ave 6	# 02-06		1	
Policy No:			Claim No:	D1800	747	OMFS#
Sum Insured:			Excess:			
Make of Veh: (Client's Record)				D.O.A	12	10 2018
CA / REV / REP	/ REV 24 HRS	(pu)		но	D. Endorses	n and
Date/Time: 1.51p	16/10/18	Person Contacted	: Shero	Nehicle	NOU	T
	on/Instruction (
	12774-006	1A191300	8222 Rb +2	92	DOA	: 4 5 2013
	HD 36796-	KISLINICI 6	023817/H	V684	DOA	1: 9/12/2016
- 8			7.7			

Lump Oum / I.B.I: (\$ 4500)

Sirrouse		,
	SSIGNMENT	
From: Date:	Veh No. SJY2777, Yr Regn. 2010	My
Estimated Cost.	Type M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover	//
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	Make Horda Civic co 1	339.
at Workshop m/s	Golour Blue - A/C: Insured / Std	/ NI / NA
of	Sp.Reading [16536 T/Radio Insured / Std	/ NI / NA
nsured.	Eng/No:	
Policy No.	C/No: JHMF0362095204680.	
Claims No.	Gen Cond 2000/ Fair / Poor / Burnt	
	Steering: Inoper/ Jammed / Leaked / Burnt or	
	Brake: Iporder / Jammed / Leaked / Burnt or	
(Client's Record) Make of Veh	Modi: Nil/S/Rim / STD A/Rim or	
Widne of Veri	Tyre Size F: 195/65 R15	
	R: 185/65R15.	
(Policy Condition) Remark: The veh had commenced its N/S O	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SU	ML/
repair at the time of inspection.	TOYO (YOKO or	1411 /
Bal. or Market Value. IDAC Accident Roort: Consistent?: Yes or No.	R/Bal. 06 mm R/Bal. 06	mm
TO ACCIDENT TOPOTE	184 0	mm
GIA / PR Seen: Consistent? : Yes or No	D.O.A. D.O.I. 16/10/1	_
Est. Repairs: A days Res.: Yes or No	Manual .	0
Lum Sum: % 3 Val.: Yes or No	Survey riota di	0.5
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop	or
Vehicle: IN / Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due	to collision.
Date / Time Action / Instruction	The dro / onaddo name / Dody onaddo and	
TP 1st Cap.		
411 Adrian consumed LC & 4500/	and it days with repairer. (Red. 5821, 70, 38%)	
	0	
mv. 25k 25,000		
9V: 16.6K 16,619	2010	
Nett: 8.41C 8,381	VED 0 4 JAH 2019	
	_	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 7	Ir.n
: Final Report	Resurvey No. of Trip: - Survey Fee	150
Date/Time, File Return to?	Transportation	50
Add	parameter and the second secon	21
	Interview (\$) Photos	31
Report Format: TP	Tech Invs (\$) vitters	

Weekend (\$

231



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date

15-10-2018

Our Ref No. D18007470MFSH

Accident Date

12-10-2018

Claim Type. Third Party

Insured Vehicle

SHD3679G

Third Party Vehicle. SJY277T

Survey Location

1 KAKI BUKIT AVE 6 #02-06 AUTOBAY@KAKI BUKIT

Contact Person.

SHARON

Contact No.

67477636/0

Fax No. 67485071

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

KANG CAR REPAIRERS

Attention, NIL

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

SERENE

PTE LTD

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.

Janice Lee (LKKAuto)

From:

Janice Lee (LKKAuto)

Sent:

Tuesday, October 23, 2018 5:05 PM

To:

'CWS Motor Claims'

Cc:

'Serene Ler'

Subject:

RE: SURVEY ASSESSMENT - D18007470MFSH/1

Dear Sir,

Please be informed that we have inspected the vehicle SJY 277T on 16/10/2018.

We are still pending estimate from repairer.

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>janicelee@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Tuesday, October 16, 2018 2:34 PM

To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: 'Serene Ler' <Sereneler@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D18007470MFSH/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: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]

Sent: Tuesday, 16 October 2018 1:02 PM To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims < cwsmotorclaims@msfirstcapital.com.sg>; Serene Ler < Sereneler@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D18007470MFSH/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



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

Your Ref: <u>D18007470MFSH</u> Our Ref: <u>CS/FCI18018746/Acd3</u>

Date: 04 January 2019

The Motor Claims Department
MS First Capital Insurance Limited

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SJY 277T

We thank you for the instruction on 16/10/2018

Please be informed that we had conducted the inspection of the abovementioned vehicle on 16/10/2018 at the premises of M/s Kang Car Repairers Pte Ltd and have the following to report:-

Workshop Estimate Amount	: <u>S</u> \$	7,321.70	
Revised Estimate Amount (Lump Sum)	: S\$	4,500.00	
"Check" Items Amount	: <u>S</u> \$		
Market Value	: <u>S\$</u>		
LTA Reimbursement Value	: <u>S</u> \$		_
Nett Value	: <u>S</u> \$		

Description of Damage: The vehicle sustained damages at the n/s body.

rear front

Comments/ Present Status: Damages Consistent

Yours faithfully

Adrian Ling Automotive Assessor

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	7143J	
Vehicle Details		
Vehicle No.:	SJY277T	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	16 Oct 2018	
Vehicle Make:	HONDA	
Vehicle Model:	CIVIC IMA 1.3L CVT	
Primary Colour:	Blue	
Manufacturing Year:	2008	
Engine No.:	LDA24016542	
Chassis No.:	JHMFD36209S204680	
Maximum Power Output:	70.0 kW (93 bhp)	
Open Market Value:	\$35,920.00	
Original Registration Date:	19 May 2010	
First Registration Date:	19 May 2010	
Transfer Count:	1	
Actual ARF Paid:	\$21,552.00	
Intended PARF Repate Details		The same
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	18 May 2020	
PARF Rebate Amount:	\$11,853.00	
Intended COF Repate Details		
COE Expiry Date:	18 May 2020	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
QP Paid:	\$30,000.00	
COE Rebate Amount:	\$4,766.00	
Total Rebate Amount:	\$16,619.00	

The information contained herein is correct as at 16 Oct 2018



MKCR18133044 | Kang Car Repairers Pte Ltd - HQ ENTRY DATE & TIME. 13/10/2018 13:09 SUBMITTED BY: Afice Trig Peck Ee

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 witholding 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. 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 STATEMEN

 Date Of Report
 13/10/2018 13:09

 Date Of Accident
 12/10/2018 01:15

Exact Location Of Accident RESORTS WORLD SENTOSA PICKUP AREA

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY277T

Insured/Policyholder

Name Of Registered Owner SAROJ PUSHKARRAI DESAI

NRIC No S2177143J Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-96532045

 Alternative Phone No
 OFFICE-96532045

Vehicle Particulars

Manufacturer HONDA

Model CIVIC IMA 1.3L CVT

Exact Purpose for which vehicle was being used at

time of accident

PERSONAL

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 NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5102855993

Cover Note Number

Driver

Name of Driver PARAG PUSHKARRAI DESAI

 NRIC No
 \$7325987H

 Date Of Birth
 15/04/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 16/12/1991

Driving Experience 26 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96532045

Fax Number

Contact Number

EMail Address PARAG@TRADECOM.COM.SG

Address 3 TANJONG RHU ROAD #18-04

Postcode 436881

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured CHILDREN

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

1

NO

Weather Conditions CLEAR DRY Road Surface

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 NO ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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?

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING MY VEHICLE SJY277T AT THE RESORTS WORLD SENTOSA PICKUP AREA ON MY LEFT AND AS I DROVE PAST THE TAXI SHD3679G WHICH WAS STATIONARY ON THE PICKUP POINT, SUDDENLY HIS PASSENGER OPENED THE TAXI'S REAR RIGHT DOOR AND AS A RESULT THE DOOR HIT ONTO MY VEHICLE'S WHOLE LEFT PORTION AND THE SIDE MIRROR WAS ALSO DAMAGE.

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 SHD3679G Vehicle Make/Model/Colour TAXI/BLUE

Details Of Properties

Vehicle Category TAXI

ABDUL RAHIM BIN MAIDU Name of Driver

NRIC/Passport Number S7613563J Contact Number 90901238

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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:

- 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)
 - (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
- 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.
- 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:

13/10/18 12.50 pm

Reporting Centre Personnel's Aignature Name: Alice TA

SKETCH PLAN

B) SJY 277T B) SHD 3679G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my relide SJY2777 at the Resort
would Sentosa pickup area on my left and as I drove past the texi stable which was stationery on the pick-up point, 3hddenly his payenger opened the texi's rear right door and as a result the door bit not my vehicle's labels left assisting
drove past the taxi sho 36799 which was stationery
on the pick-up point, 3haddenly his payenger
opened the text's rear right door and as a result
the door hit onto my vehicle's whole left portion
and the side mirror was also damage.

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: 13/10/18

12.50 pm

Reporting Centre Personnel's Signature Alia Tre Name:

NRIC/FIN No.:

50109389D

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 witholding 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. 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	12/10/2018 15:23
Date Of Accident	12/10/2018 01:10
Exact Location Of Accident	SENTOSA DRIVE WAY DROP OFF POINT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD3679G
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS
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	REPORTING ONLY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH

-				
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D		v	ㄷ	•
_		-	-	9.

Cover Note Number

Name of Driver ABDUL RAHIM BIN MAIDU

 NRIC No
 S7613563J

 Date Of Birth
 04/05/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/02/2003

Driving Experience 15 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90901238

Fax Number

Contact Number

EMail Address RAHIM76@HOTMAIL.COM

Address

BLK 513 WEST COAST ROAD #03-479

Postcode

120513

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

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

NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

5

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

: -

GENDER:

: MALE

Passenger 3

NAME:

GENDER:

: MALE

Passenger 4

NAME:

. .

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

PLS REFER TO ATTACHED / Type Of Accident: TAXI PAX OPEN DOOR

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJY277T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Page 2 of 21

.. Name of Driver

PARAG PUSNKARRAIDESAI

NRIC/Passport Number

S7325987H

Contact Number

96532045

Address

Postcode

Insurance Company Name

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

- 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.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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.

CO REG NO. 150:00321R

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Jackson Heng

C30

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanform V3

Sen. 8

2

) -,		Parleing	Parking	Casina
KETCH PLAN		SHP36114 UD		
JH03679 G	100000	THIT SIDE HOOF		
ET/279 7	(8)			
	RWS	comparte Ta	parals Casins	-
DESCRIBE CIRCUMSTANCES OF TH	E ACCIDENT			
At 0110am on 1:	2 Oct 208, 10	was heading to	RWS to	
Saw me and wall	k over tomer	As I stop be	hind a vehicle	
(Toyota which). All	of the Paul bioca	rd my cab, As 1	My him was about	
to close the door	No injury	to any of my	pasanger.	,
Par Detail - Lir	n VIE SIANG	i i		
	431 7306			
FIN - G	3189239U			-
) TFKC YZ2	Honda Civic)			
Driver Detail - Name - Pa	rag Pushka	rrai Desai		-
	132 = 987 H			
Address - 3	Tanjona R.	nu Road # 18	-04	
SC	436881)			
Mobile No - 91	553 2045			-
				_
				_
DECLARATION		-		
I/We declare the foregoing particulars	/ 1 6		12/10/18 D	
CO REG. NO 19750733	PIELTO ALL		Jackson Hong Freek	£0 ~
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyho Date & Time:		ig Centre Personnel's Signature	
GIADRAC SheirhBlackorm VS			2	

Kang Car Repairers Pte Ltd

1 Kaki Bukit Ave 6, #02-06 Autobay @ Kaki Bukit Singapore 417883 TEL: 6747 7636 FAX: 6748 5071 Email: kangcar@singnet.com.sg GST:201300201N

M/S: MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD Estimate No: EST1800319

#16-01 CITY HOUSE Date: 15 Oct 2018

SINGAPORE 068877

TEL: 65073848 FAX: 65073849 Veh Reg No: SJY277T

ATTN: Motor Claim Department Make/Model: HONDA CIVIC IMA 1.3L

Jan'e Chasis No: IHME

Chasis No: JHMFD36209S204680

Claim Type: Third Party Reg. Date: 19/05/2010 Accident Date: 12/10/2018 Your Ref No: SHD3679G

TP Veh Reg No: SHD3679G

Estimate Repair Cost to Vehicle No :SJY277T

	Quantity	Description	List Price	Amount
			<u>SS</u>	<u>SS</u>
		List Price		
1	1 PC	FRT FENDER LH Deuted	637.00	
2	1 PC	FRT FENDER QUARTER GLASS LH LAT	157.30	
3	1 PC	FRT FENDER QUARTER GLASS LH MOULDING	36.00	
4	1 PC	FRT DOOR LH Devled	841.30	
5	2 PCS	FRT DOOR HINGE LH / Me M	143.20 +	
6	2 PCS	FRT LH DOOR BLACK TAPE NEL	93.40 -	
7	1 PC	FRT DOOR GLASS LH	428.00 -	
8	1 PC	FRT DOOR GLASS LH OUTER MOLDING LAND	82.00 ~	
9	1 PC	FRT DOOR SIDE MIRROR ASSY LH Missing	633.20	
10	1 PC	FRT DOOR GLASS CHANNEL RUBBER LH Me a	104.60	
11	1 PC	REAR DOOR LH Deuted	747.80	
12	2 PCS	REAR DOOR HINGE LH MELL 4/67.50	139.60 ₽	
13	1 PC	REAR DOOR GLASS Lot	347.10 ₩	
14	1 PC	REAR DOOR OUTER MOULDING LH Lot 333 7	82.00	
15	2 PCS	REAR DOOR LH BLACK TAPE	82.40	
16	1 PC	REAR DOOR OUTER HANDLE LH HELL	136.50 ←	
17	1 PC	REAR DOOR GLASS CHANNEL RUBBER LH	98.10 +	
			4.789.50	
		Less 20%	957.90	3.831.60
		Special Net Second Sec	110	
18	1 PC	REAR DOOR QUARTER GLASS SEAL 2	60.00 4	
19	1 PC	REAR DOOR QUARTER GLASS SEALANT	60.00	r
	100	Front see w see sealout - 60	120.00	120.00
	inc	Labour 110 and 1 1 mysen -60 x		
20	1	TO CHECK WIRING WIS day woulding - 80.10	50.00 3	30
21	I	TO REMOVE AND REFIT FRONT DOOR GLASS	100.00-8	
22	1	TO REMOVE AND REFIX REAR DOOR GLASS fitting	100.00-8	
23	1	TO SPRAY PAINTING	1,400.00/8	
		in mount in more than the state of the state	.,	

Kang Car Repairers Pte Ltd

1 Kaki Bukit Ave 6, #02-06 Autobay a Kaki Bukit Singapore 417883 TEL: 6747 7636 FAX: 6748 5071 Email: kangcar@singnet.com.sg GST:201300201N

MS FIRST CAPITAL INSURANCE LTD M/S:

36 ROBINSON ROAD

Estimate No:

EST1800319

#16-01 CITY HOUSE

Date:

15 Oct 2018

SINGAPORE 068877

TEL: 65073848 FAX: 65073849

Veh Reg No:

SJY277T

ATTN: Motor Claim Department

Make/Model:

HONDA CIVIC IMA 1.3L

CVT

Chasis No:

JHMFD36209S204680

Claim Type:

Third Party

Reg. Date:

19/05/2010

Accident Date:

12/10/2018

Your Ref No:

SHD3679G

TP Veh Reg No:

SHD3679G

Estimate Repair Cost to Vehicle No :SJY277T

	Quantity	Description		List Price	Amount
24	1	TO REMOVE AND REPLACE THE DAMAGED KNOCK OUT ACCIDENT DENTED PORTIONS CUTTING/WELDING WORKS.		1,200.00	
25	1	TO REMOVE AND REFIT QUARTER GLASS	21/2	100.00	50
26	1	TO SPRAY UNDERSEAL	2160	100.00	
27	1	TO REMOVE AND REFIT WINDSCREEN		120.00	1
				3.170.00	3.170.00
			7321,70	Total	S\$ 7,121.60
			Add GS7	T @ 7%	498.51
			Total Amount	Payable	S\$ 7,620.11

TOTAL: SINGAPORE DOLLAR SEVEN THOUSAND SIX HUNDRED TWENTY AND CENTS **ELEVEN ONLY**

This is only an estimate based on our preliminary inspection and does not cover additional parts, labour time which may be required after work has begun.

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:

told: 5634.10

For Kang Car Repairers Pte Ltd

AUTHORISED SIGNATURE



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 Intern	ationale Des Experts En Autom	nobile			
MS	FIRST CAPITAL IN	ISURANCE LTD	Ref : CS/FCI1801874	Ref : CS/FCI18018746/Acd3e2			
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date: 07-01-2019 Code: FCI2				
1. Policy Particulars :- THIRD PARTY CLAIM							
	Insured Veh.	SHD 3679G	Veh. Inspected	SJY 277T			
	Policy No.		Coverage (\$)	0.00			
	Claim No.	D18007470MFSH	Excess (\$)	0.00			
	Assign From	SERENE LER	Assign Date	16/10/2018			
2.							
	Make & Model	HONDA CIVIC	c.c	1339			
	Engine No.	HIDDEN	Year of Reg.	2010			
	Chassis No.	JHMFD36209S204680	Colour	BLUE			
	Odometer	116536	Steering	IN ORDER			
	Brakes	IN ORDER	Modification	SPORTS RIM			
	General	GOOD					
3.		Con	ditions of Tyres				
		Size	Make	Balance			
	R/H Front Tyre	195/65 R15	YOKOHAMA	6 mm			
	L/H Front Tyre	195/65 R15	YOKOHAMA	6 mm			
	R/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm			
	L/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm			
4.	Description of Damages						
	THE VEHICLE SU	STAINED DAMAGES AT THE	N/S BODY.				
	DAMAGES SEE D	DAMAGES SEE DETAILS.					
5.		Gen	eral Information				
	Accident Date	12/10/2018	Inspection Date	16/10/2018			
	Survey held at	KANG CAR REPAIRERS PT	E LTD				
		NO.1 KAKI BUKIT AVE 6 #02-06 AUTOBAY @ KAKI BUKIT SINGAPORE 417883					
5a.			Remarks				
	A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.						
5b.		Estimate Days of Repair					
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	7 Working Day	s			



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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJY 277T

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRT FENDER LH	DENTED	637.00	637.00
1	FRT FENDER QUARTER GLASS LH	CUT	157.30	157.30
1	FRT FENDER QUARTER GLASS LH MOULDING	NECESSARY	36.00	36.00
1	FRT DOOR LH	DENTED	841.30	841.30
2	FRT DOOR HINGE LH	NOT NECESSARY	143.20	
2	FRT LH DOOR BLACK TAPE	NECESSARY	93.40	93.40
1	FRT DOOR GLASS LH	CUT	428.00	428.00
1	FRT DOOR GLASS LH OUTER MOLDING	CUT	82.00	82.00
1	FRT DOOR SIDE MIRROR ASSY LH	MISSING	633.20	633.20
1	FRT DOOR GLASS CHANNEL RUBBER LH	NOT NECESSARY	104.60	
1	REAR DOOR LH	DENTED	747.80	747.80
2	REAR DOOR HINGE LH	NOT NECESSARY	139.60	
1	REAR DOOR GLASS	CUT	347.10	347.10
1	REAR DOOR OUTER MOULDING LH	CUT	82.00	82.00
2	REAR DOOR LH BLACK TAPE	NECESSARY	82.40	82.40
1	REAR DOOR OUTER HANDLE LH	NOT NECESSARY	136.50	i a
1	REAR DOOR GLASS CHANNEL RUBBER LH	NOT NECESSARY	98.10	9
	LESS 20% DISCOUNT		-957.90	-833.50
			3,831.60	3,334.00
	SPECIAL NETT ITEMS			
1	REAR DOOR QUARTER GLASS SEAL (SN)	NOT NECESSARY	60.00	1
1	REAR DOOR QUARTER GLASS SEALANT (SN)	NOT NECESSARY	60.00	5
1	FRONT W/SCREEN SEALANT (SN)	NECESSARY	60.00	60.00
1	FRONT W/SCREEN SEALANT RUBBER (SN)	NOT NECESSARY	60.00	
1	FRONT W/S TOP MOULDING (SN)	NECESSARY	80.10	80.10
			320.10	140.10
	LABOUR			
	TO CHECK WIRING.		50.00	30.00
	TO REMOVE AND REFIT FRONT DOOR FITTINGS.		100.00	80.00
	TO REMOVE AND REFIX REAR DOOR FITTINGS.		100.00	80.00

Report Ref No. CS/FCI18018746/Acd3e2



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TEL: 6256 3561 FAX: 6256 4315

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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO SPRAY PAINTING.		1,400.00	1,000.00
	TO REMOVE AND REPLACE THE DAMAGED PARTS, KNOCK OUT ACCIDENT DENTED PORTIONS, AND FOR CUTTING / WELDING WORKS.		1,200.00	800.00
	TO REMOVE AND REFIT QUARTER GLASS.		100.00	50.00
	TO SPRAY UNDERSEAL.	NOT NECESSARY	100.00	-
	TO REMOVE AND REFIT WINDSCREEN.		120.00	120.00
			3,170.00	2,160.00
	GRAND TOTAL		7,321.70	5,634.10

RECOMMENDED COST OF LUMP SUM REPAIRS	The state of the s	4,500.00
(TO ITS PRE-ACCIDENT CONDITION)		

Report Ref No. CS/FCI18018746/Acd3e2

MARKET VALUE: \$25,000.00(EST)-LTA REIMBURSEMENT VALUE: \$16,619.00=NETT VALUE: \$8,381.00



ADRIAN LING WAI PING

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

Licensed Appraiser

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