

22/03/2002

ASS. REC. BY:

REF:

es/FCI 18022410/Gvd302

Special Instruction:

Surveyor

Guo Qiang

ASSIGNMENT (Office)

From (Person):

Eileen Lee

of

FCI

Date/Time:

13/12/2012 12:18pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLH 8718B

Insured:

SHD 6958G

at Workshop m/s

World Auto

Tel:

63621776

of

No.1 Kunji loop

Policy No:

Claim No:

D18008758MPstH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

08/12/2012

CA / REV / REP. / REV 24 HRS

1DS

H.O.D. Endorsement:

Date/Time:

12:25pm 13/12/18

Person Contacted:

Ainee

Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SLH 8718B - X
	SHD 6958G - X
14/12/18	Send preli revised by email
18/12/19	Guo Qiang send follow his labour revised figure
23/4/19	Final fig \$ 12,257.60 confirmed by email (Ref 3988, 25/9)

Xhl.

REF:

Fai

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

World Auto

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S
<input checked="" type="radio"/>	

Bal. or Market Value:

\$70k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

11

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

541 8718B

Yr Regn:

22 Nov 2016

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

Truck / Trailer or

Make:

Honda Shuttle C.C 1496

Colour:

black

A/C:

Insured / Std / NI / NA

Sp. Reading

137089

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

6P710 435 29

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185 / 60 R 15

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / ☒ 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.

13-12-18

Survey held at

w/s

435mm

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

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

Date / Time

Action / Instruction

Guo Qiang

Pls see my remarks

Net: 27K.

RECEIVED 23 APR 2019

14/12.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 23/4 - typist

Report Format :

CWS

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

12,257.60

Days Of Repair:

11

Resurvey No. of Trip:

1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

6x15=90

170+90

50

50

104

464

MOTOR SURVEY ASSIGNMENT

Date	11-12-2018	Our Ref No. D18008758MFSH
Accident Date	08-12-2018	Claim Type. Third Party
Insured Vehicle	SHD6958G	Third Party Vehicle. SLH8718B
Survey Location	NO.1, KRANJI LOOP	
Contact Person.	KRANJI	
Contact No.	63621776/ 0	Fax No. 63631250
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	WORLD AUTO PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
 This is a computer generated letter, no signature required.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Friday, 14 December 2018 3:35 PM
To: 'CWS Motor Claims'
Cc: 'Eileen Lee'; SUR
Subject: RE: SURVEY ASSESSMENT - D18008758MFSH/1, SLH 8718B
Attachments: SLH 8718B PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SLH 8718B
Date of survey: 13/12/2018
Number of days : 11 days

Best Regards,

Veron Chen | 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: Admin-D (LKKAuto)
Sent: Thursday, 13 December 2018 12:28 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Eileen Lee' <EileenLee@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18008758MFSH/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: Thursday, 13 December 2018 12:18 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Eileen Lee <EileenLee@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D18008758MFSH/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: D18008758MFSH

Our ref: CS/FCI18022410/Gvd3

Date: 14/12/2018

The Motor Claims Department
M/s First Capital Insurance Limited

WITHOUT PREJUDICE

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SLH 8718B

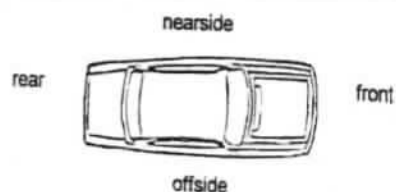
We thank you for your instruction on 13/12/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 13/12/2018 at the premises of M/s WORLD AUTO PTE LTD and have the following to report:-

Workshop Estimate Amount	:S\$15,965.60
Revised Estimate Amount	:S\$12,047.60
"Check" Items Amount	:S\$368.00
Market Value	:S\$
LTA Reimbursement Value	:S\$
Nett Value	:S\$

Description of Damage:

The vehicle sustained damages at the rear portion.



Comments/Present Status:
Damages Consistent

Yours faithfully,

XING GUO QIANG (HP 8288 0282)

M.MATAL, AMSAE-A

Automotive Assessor

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	4597K

Vehicle Details

Vehicle No.:	SLH8718B
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Dec 2018
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE 1.5 HYBRID CVT ABS D/AIRBAG 2WD
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	LEB4263426
Chassis No.:	GP71043529
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$20,636.00
Original Registration Date:	22 Nov 2016
First Registration Date:	22 Nov 2016
Transfer Count:	1
Actual ARF Paid:	\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Nov 2026
PARF Rebate Amount:	\$3,750.00

Intended COE Rebate Details

COE Expiry Date:	21 Nov 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,156.00
COE Rebate Amount:	\$39,010.00
Total Rebate Amount:	\$42,760.00

Message

The information contained herein is correct as at 14 Dec 2018

OK

First Capital

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 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	10/12/2018 09:58
Date Of Accident	08/12/2018 22:50
Exact Location Of Accident	BUKIT TIMAH RD & ROCHOR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH8718B
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994967
Cover Note Number	
Driver	
Name of Driver	LEE KIM FATT (LI JINFA)
NRIC No	S7508046H
Date Of Birth	15/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1997
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97269835
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID 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 - 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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED SKETCH

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO OVERWRITTEN
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6958G
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 KIM FATT (LI JINFA)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available a/presaid.
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.



Policyholder's Signature / Date & Time

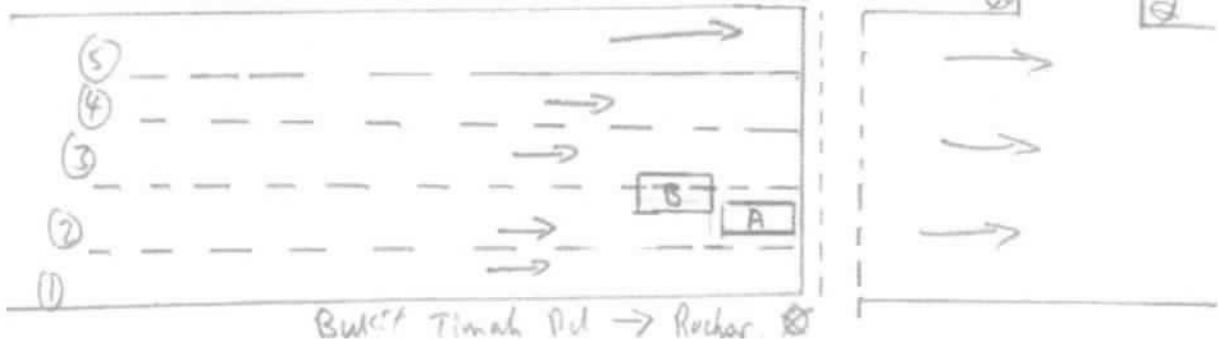
Sketch Plan

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

Witnessed by Reporting Centre Personnel

A - 5CH 8718 B

B - SHD 6958 G.




Sketch Plan #2

Describe Circumstances of the Accident


Refer to police report

Declaration

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

10/12/18

Witnessed by Reporting Centre Personnel

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T201812092256

1 of 2

Report No. T201812092256

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689288
Tel No. 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 08/12/2018 01:40	Vide Report No.	Station Diary No. 12
---	-----------------	-------------------------

Informant's Particulars

Name of Informant LEE KIM FATT		Address APT BLK 592B CHOA CHU KANG CRESCENT #08-32 SINGAPORE 682692	
ID Type / ID No. NRIC NO / S7508048H		Contact No. Home/Office: Mobile: 97265835	
Nationality SINGAPORE CITIZEN		Email:	
Sex Male	Age 43	Date of Birth 15/03/1975	Type of Informant Driver
Race Chinese		Language:	Institution / School Name:
Occupation GRAB DRIVER		Driving Licence Information. Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 08/12/2018 22:50	Type of Location Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6958G	Car				Seriously Damaged	0
SLH8718B	Car				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20181209/2005

2 of 3

Report No. T/20181209/2005

CONTINUATION OF REPORT

Driver			
Name	THEN CHEE MENG KEVIN		ID No. S6908640C
Related Vehicle	SHD6958G (Car)		Contact No. 98579447
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 KIM FATT		ID No. S7508046H
Related Vehicle	SLH8718B (Car)		Contact No. 97269835
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury Serious

Brief Details.

On the above mentioned date and time, I was travelling along Bukit Timah Road with SLH8718B and I stopped my car at the traffic light as the traffic light was red. Suddenly a taxi bearing SHD6958G hit me from the rear. My car suffered damages to its rear bumper and body while the taxi suffered damages to its front bonnet and front bumper. I was injured thus I seek treatment at Mount Alvernia Hospital which was given 3 days of MC.

I wish to state that I do not have a rear in-car camera.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20181209/2005

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20181209/2005

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:

Sgt 2 CHUA KEE LENG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time

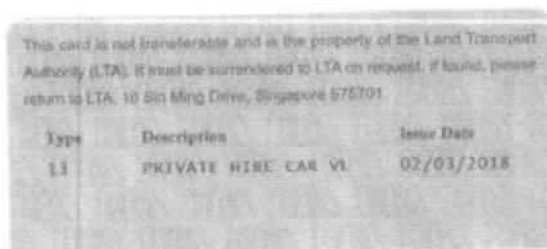
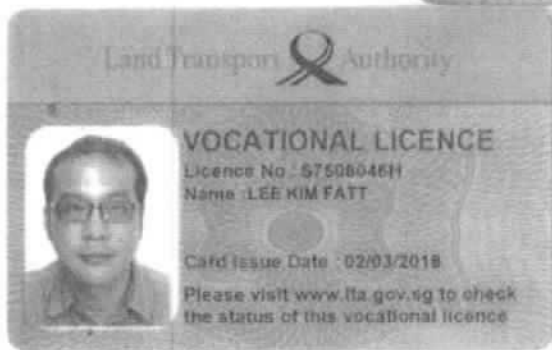
09/12/2018 01:40

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No: 65476151

Classification Of Case:

Authentication Stamp
NP-155

Sketch Plan #6





Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and
Emergency Department

No: M1800001778

This is to certify that LEE KIM FATT, S7508046H, is granted Outpatient Sick Leave for 3 day(s) from 09-Dec-2018 to 11-Dec-2018.

Remark :

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

09/12/2018

Dr. Cheng Wei Ray

MCR : 183051

Date

A & E/24 HOUR WALK IN CLINIC

Mount Alvernia Hospital
320 Robinson Road

Singapore 574623

Tel: 63476210

WORLD AUTO PTE LTD

47 Jalan Pemimpin #01-02/03

Haicyon 2, S'pore 577200

Tel No. : 6451 3933 Fax No. : 6455 7576

E-Mail : worldaut@singnet.com.sg

Website : www.worldauto.com.sg

Tax Reg. No. : 200006765-H Buss. Reg. No. : 200006765H

FIRST CAPITAL INSSURANCE LIMITED

80 ROBINSON RD #09-02/03

068898

Attention : Motor Claim Department

Contact : 6222 2311 Fax No. : 6222 3547

Estimate : ES000428

Date : 10/12/2018

Vehicle Num. : SLH 8718B (LCR)

Make/Model : HONDA SHUTTLE HYBRID

Chassis/Eng# :

Accident Date : 08/12/2018

Claim No. :

Reference :

Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
LIST ITEMS :				
1.	1	REAR BOOT LID / Blue		1,350.00
2.	1	REAR BOOT HYBRID EMBLEM (SHUTTLE) / SMC		89.00
3.	1	REAR BOOT SHUTTLE EMBLEM (SHUTTLE)		89.00
4.	1	REAR BOOT REFLECTOR LAMP LH / SMC		580.00
5.	1	REAR NUMBER PLATE LAMP GARNISH / X NV		460.00
6.	1	REAR WINDSCREEN GLASS MOULDING / MC		250.00
7.	1	REAR BOOT INNER TRIM BOARD / RE		345.00
8.	1	REAR BOOT WEATHER STRIP / Two		180.00
9.	1	REAR END PANEL / Blue		950.00
10.	1	REAR END PANEL TOP GARNISH / RE		260.00
11.	1/LH	REAR TAILLAMP LOWER PANEL / Blue		250.00
12.	1/LH	REAR TAILLAMP UPPER PANEL / Blue		350.00
13.	1	REAR BUMPER / P/S		1,150.00
14.	1	REAR ANTENNA SENSOR / X NV		180.00
15.	1	SMART BUZZER SENSOR / DM		180.00
16.	1	REAR BUMPER RETAINER LH / CA		89.00
17.	1	REAR FENDER / Blue		1,100.00
18.	1	REAR FENDER AIR GRILLE LH / P/S		150.00
19.	1/LH	REAR FENDER AIR DUCT / X NV		180.00
20.	1/LH	REAR FENDER BRACKET STAY / BT		140.00
21.	1/LH	REAR FENDER GLASS MOULDING / MC		180.00
22.	1/LH	REAR BOOT STOPPER / RE		100.00
23.	1	REAR FENDER UNDERDUST COVER LH / RE		250.00
24.	1/LH	REAR FENDER INNER TRIM BOARD / RE		350.00
25.	1	REAR TAIL LAMP - LH / CFA		580.00
26.	1	REAR BUMPER UNDERDUST COVER / X TV		210.00
27.	1	REAR BUMPER INNER FOAM - LH / X NV		100.00
28.	1/LH	REAR FLOOR SIDE PANEL / Blue		250.00
29.	1/LH	REAR END PANEL BRACKET / X NV		40.00
List TotalS\$:				10,382.00
20.00% Discount S\$:				2,076.40
				8,305.60

CONTINUE / ...

WORLD AUTO PTE LTD

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

FIRST CAPITAL INSSURANCE LIMITED

80 ROBINSON RD #09-02/03
 068898

Attention : Motor Claim Department

Contact : 6222 2311 Fax No. : 6222 3547

Estimate : ES000428

Date : 10/12/2018
 Vehicle Num. : SLH 8718B (LCR)
 Make/Model : HONDA SHUTTLE HYBRID
 Chassis/Eng# :
 Accident Date : 08/12/2018
 Claim No. :
 Reference :
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
SPECIAL NETT ITEMS :				
1.	1	REAR NUMBER PLATE LAMP GARNISH CLIP X NN		40.00
2.	1	REAR WINDSCREEN SEALANT		100.00 40
3.	1	REAR BOOT INNER TRIM BOARD CLIP		40.00 20
4.	1	REAR END PANEL TOP GARNISH CLIPS		40.00 20
5.	1	REAR BUMPER CLIP		40.00 20
6.	1	REVERSE SENSOR		280.00 200
7.	1/LH	REAR FENDER GLASS SEALANT		80.00 30
8.	1	REAR FENDER UNDERDUST COVER CLIPS		40.00 20
9.	1	REAR FENDER INNER TRIM BOARD CLIPS		40.00 20
10.	1	REAR TAILLAMP CLIPS		40.00 20
11.	2	FUEL LID RIVET	10.00	20.00 10
12.	1	REAR BUMPER UNDERDUST COVER CLIP		40.00 20
13.	1	TOWING CHARGE		120.00 50
Special Nett Total S\$:				920.00
LABOUR :				
TRANSFER REAR BOOTLID MECHANISM AND ACCESSORIES				180.00 60
REMOVE & REFIT REAR WINDSCREEN GLASS				180.00 120
TO APPLY RUSTPROOFING/ TUFFCOATING TREATMENT TO REPLACED PARTS.				180.00 60
TO DISMANTLE REAR DAMAGE PARTS, CUT AND WELD REAR PANEL, KNOCK, STRAIGHTEN AND RESHAPE O/S REAR CHASSIS FRAME AND REPLACE RECOMMENDED PARTS.				2,800.00 1700
TO PUTTY & SPRAY PAINTING ON REAR AFFECTED AREAS				2,200.00 1300

CONTINUE / ...

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FIRST CAPITAL INSSURANCE LIMITED
 80 ROBINSON RD #09-02/03
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Attention : Motor Claim Department
 Contact : 6222 2311 Fax No. : 6222 3547

Estimate : ES000428

Date : 10/12/2018
 Vehicle Num. : SLH 8718B (LCR)
 Make/Model : HONDA SHUTTLE HYBRID
 Chassis/Eng# :
 Accident Date : 08/12/2018
 Claim No. :
 Reference :
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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		TO CHECK REAR WIRES, CONNECTORS, REPLACE DAMAGED LAMPS REVERSE SENSORS AND START/STOP UNIT CAPACITORS	180.00	60
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		REMOVE & REPLACE FENDER 1/4 GLASS	120.00	90
--	--	-----------------------------------	--------	----

		DEACTIVATE HV BATTERY SYSTEM IN ORDER TO FACILITATE REPAIRS AND REACTIVATE BACK SAME. (HV HYBRID SYSTEM SAFETY PROCEDURES)	450.00	250
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		PERFORM WHOLE VEHICLE DIAGNOSTICS INCLUDING CLEARING FAULT CODES AND REINITIALISING HV HYBRID SYSTEM FOR POST REPAIRS. (HV HYBRID SYSTEM SAFETY PROCEDURES)	450.00	250
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Labour Total S\$:

6,740.00

11 Days. 14/12/18

part by mt.

before paint photos.

16,245.60

emo Qicp.

E. & O.E.

Total S\$:

15,965.60

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for WORLD AUTO PTE LTD

13/12/18.

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:

WORLD AUTO PTE LTD

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

Supplementary Estimate : ES000437

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

Date : 17/12/2018
Vehicle Num. : SLH 8718B (LCR)
Make/Model : HONDA SHUTTLE HYBRID
Chassis/Eng# :
Accident Date : 08/12/2018
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
1.		LIST ITEMS :		
2.	1	REAR BUMPER REFLECTOR GARNISH LH		170.00
		REAR BUMPER REFLECTOR LENS - LH		180.00

		List TotalS\$:		350.00
		20.00% Discount S\$:		70.00

				280.00

E. & O.E.

Total S\$: 280.00

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for WORLD AUTO PTE LTD



Reg No: 52977287 J

ACCIDENT

CASH SALE/WORK ORDER

迅速拖車服務

SPEEDWAY RECOVERY SERVICE

Singapore Post Centre Post Office P.O. Box 201 Singapore 914007

Tel: 6841 0080

No: E 17856

Date: 8/12/18

Name/Company

Wond Auto

Vehicle No.

SLH8718B

Model

Shuttle

From

Bl Timor Rd

To

Kranji

Remarks

97269835

Time:

23 : 05 - : : 00 : 20

Amount

\$ 120

NOTE: Vehicle is towed at owner's risk. The Company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

Tow Truck

24 HRS TOWING SERVICE
6841 0080

www.speedwayrecovery.com
Email: speedwaytowing@gmail.com

Received By

Bir

- ☐ Jump Start
- ☐ Tyre Replacement
- ☒ Accident/Breakdown
- ☐ Multi/Basement
- ☐ With Load/Cargo Box
- ☐ King Dolly
- ☒ Transport Charge
- ☐ Low Body Kit
- ☐ Door Opening Service
- ☐ Crane Up/Winch Out
- ☐ Collect Doc/Key
- ☐ Repo Payment
- ☐ Trips

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Tuesday, 23 April 2019 10:41 AM
To: tggtan@worldauto.com.sg; SUR
Subject: RE: SLH 8718B Our ref: TP/2367/18

Dear Sophia,

WITHOUT PREJUDICE

Confirmed finalize amount \$12,257.60/11 working days.

Kindly send Final invoice and all supporting documents directly to First Capital Ins Ltd.

Best Regards,

Veron Chen | 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: tggtan@worldauto.com.sg <tggtan@worldauto.com.sg>
Sent: Monday, 22 April 2019 3:53 PM
To: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Subject: RE: SLH 8718B Our ref: TP/2367/18

Hi Veron

Kindly note that there is a supplementary list for \$280.00 as per attach.

Therefore the total finalised COR will be \$11,977.60 + \$280 = \$12,257.60/11 working days.

Kindly confirm.

Thanks
Sophia

From: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Sent: Thursday, 18 April 2019 2:39 PM
To: tggtan@worldauto.com.sg; SUR <sur@lkkauto.com>
Subject: RE: SLH 8718B Our ref: TP/2367/18

Dear Sophia,

WITHOUT PREJUDICE

Finalize amount \$11,977.60 @ 11 working days.

Please check and confirm.

Best Regards,

Veron Chen | 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: tggtan@worldauto.com.sg <tggtan@worldauto.com.sg>

Sent: Monday, 8 April 2019 1:45 PM

To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>

Subject: SLH 8718B Our ref: TP/2367/18

Hi Veron

Please revert with the finalisation. Quo Qiang' case

D.O.A 8.12.18

Thanks & Rdgs

Sophia Tan

Claims Manager

WORLD AUTO PTE LTD

1 Kranji Loop

Singapore 739535

Tel : 63621776






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/FCI18022410/Gvd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 15-05-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 6958G	Veh. Inspected	SLH 8718B	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18008758MFSH	Excess (\$)	0.00	
Assign From	EILEEN LEE	Assign Date	13/12/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA SHUTTLE	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	GP71043529	Colour	BLACK	
Odometer	137089	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	185/60 R15	PIRELLI	6 mm	
L/H Front Tyre	185/60 R15	PIRELLI	6 mm	
R/H Rear Tyre	185/60 R15	PIRELLI	6 mm	
L/H Rear Tyre	185/60 R15	PIRELLI	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	08/12/2018	Inspection Date	13/12/2018	
Survey held at	NO.1 KRANJI LOOP			
Repairer	WORLD AUTO PTE LTD			
5a. Remarks				
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		11 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 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLH 8718B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BOOT LID	BUCKLED	1,350.00	1,350.00
1	REAR BOOT HYBRID EMBLEM (SHUTTLE)	NECESSARY	89.00	89.00
1	REAR BOOT SHUTTLE EMBLEM (SHUTTLE)	NECESSARY	89.00	89.00
1	REAR BOOT REFLECTOR LAMP LH	SCRATCHED	580.00	580.00
1	REAR NUMBER PLATE LAMP GARNISH	NOT NECESSARY	460.00	-
1	REAR WINDSCREEN GLASS MOULDING	NECESSARY	250.00	250.00
1	REAR BOOT INNER TRIM BOARD	DEFORMED	345.00	345.00
1	REAR BOOT WEATHER STRIP	TWISTED	180.00	180.00
1	REAR END PANEL	BUCKLED	950.00	950.00
1	REAR END PANEL TOP GARNISH	DEFORMED	260.00	260.00
1	LH REAR TAILLAMP LOWER PANEL	BUCKLED	250.00	250.00
1	LH REAR TAILLAMP UPPER PANEL	BUCKLED	350.00	350.00
1	REAR BUMPER	DISTORTED	1,150.00	1,150.00
1	REAR ANTENNA SENSOR	NOT NECESSARY	180.00	-
1	SMART BUZZER SENSOR	DAMAGED	180.00	180.00
1	REAR BUMPER RETAINER LH	CUT	89.00	89.00
1	REAR FENDER	BUCKLED	1,100.00	1,100.00
1	REAR FENDER AIR GRILLE LH	DISTORTED	150.00	150.00
1	LH REAR FENDER AIR DUCT	NOT NECESSARY	180.00	-
1	LH REAR FENDER BRACKET STAY	BENT	140.00	140.00
1	LH REAR FENDER GLASS MOULDING	NECESSARY	180.00	180.00
1	LH REAR BOOT STOPPER	DEFORMED	100.00	100.00
1	REAR FENDER UNDERDUST COVER LH	DEFORMED	250.00	250.00
1	LH REAR FENDER INNER TRIM BOARD	DEFORMED	350.00	350.00
1	REAR TAIL LAMP - LH	CRACKED	580.00	580.00
1	REAR BUMPER UNDERDUST COVER	TORN	210.00	210.00
1	REAR BUMPER INNER FOAM - LH	MISSING	100.00	100.00
1	LH REAR FLOOR SIDE PANEL	BUCKLED	250.00	250.00
1	LH REAR END PANEL BRACKET	NOT NECESSARY	40.00	-
1	REAR BUMPER REFLECTOR GARNISH LH (ADDITIONAL)	MISSING	170.00	170.00
1	REAR BUMPER REFLECTOR LENS - LH (ADDITIONAL)	MISSING	180.00	180.00

Report Ref No. CS/FCI18022410/Gvd3e2



LKK Auto Consultants Pte Ltd

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

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

Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 20% DISCOUNT		-2,146.40	-1,974.40
			8,585.60	7,897.60
	<u>SPECIAL NETT ITEMS</u>			
1	REAR NUMBER PLATE LAMP GARNISH CLIP (SN)	NOT NECESSARY	40.00	-
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	100.00	40.00
1	REAR BOOT INNER TRIM BOARD CLIP (SN)	NECESSARY	40.00	20.00
1	REAR END PANEL TOP GARNISH CLIPS (SN)	NECESSARY	40.00	20.00
1	REAR BUMPER CLIP (SN)	NECESSARY	40.00	20.00
1	REVERSE SENSOR (SN)	DISTORTED	280.00	200.00
1	LH REAR FENDER GLASS SEALANT (SN)	NECESSARY	80.00	30.00
1	REAR FENDER UNDERDUST COVER CLIPS (SN)	NECESSARY	40.00	20.00
1	REAR FENDER INNER TRIM BOARD CLIPS (SN)	NECESSARY	40.00	20.00
1	REAR TAILLAMP CLIPS (SN)	NECESSARY	40.00	20.00
2	FUEL LID RIVET @\$10.00 (SN)	NECESSARY	20.00	10.00
1	REAR BUMPER UNDERDUST COVER CLIP (SN)	NECESSARY	40.00	20.00
			800.00	420.00
	<u>LABOUR</u>			
	TOWING CHARGE.		120.00	50.00
	TRANSFER REAR BOOTLID MECHANISM AND ACCESSORIES.		180.00	60.00
	REMOVE & REFIT REAR WINDSCREEN GLASS.		180.00	120.00
	TO APPLY RUSTPROOFING / TUFFCOATING TREATMENT TO REPLACED PARTS.		180.00	60.00
	TO DISMANTLE REAR DAMAGE PARTS, CUT AND WELD REAR PANEL, KNOCK, STRAIGHTEN AND RESHAPE O/S REAR CHASSIS FRAME AND REPLACE RECOMMENDED PARTS.		2,800.00	1,700.00
	TO PUTTY & SPRAY PAINTING ON REAR AFFECTED AREAS.		2,200.00	1,300.00
	TO CHECK REAR WIRES, CONNECTORS, REPLACE DAMAGED LAMPS REVERSE SENSORS AND START / STOP UNIT CAPACITORS.		180.00	60.00
	REMOVE & REPLACE FENDER 1/4 GLASS.		120.00	90.00
	DEACTIVATE HV BATTERY SYSTEM IN ORDER TO FACILITATE REPAIRS AND REACTIVATE BACK SAME. (HV HYBRID SYSTEM SAFETY PROCEDURES)		450.00	250.00

Report Ref No. CS/FCI18022410/Gvd3e2



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Page No.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	PERFORM WHOLE VEHICLE DIAGNOSTICS INCLUDING CLEARING FAULT CODES AND REINTIALISING HV HYBRID SYSTEM FOR POST REPAIRS. (HV HYBRID SYSTEM SAFETY PROCEDURES)		450.00	250.00
			6,860.00	3,940.00
GRAND TOTAL			16,245.60	12,257.60
RECOMMENDED COST OF REPAIRS				12,257.60

Report Ref No. CS/FCI18022410/Gvd3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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