

ASS. REC. BY:

REF: CS/FCI18022486/T19d362

Special Instruction:

Surveyor: Taufik
aws

ASSIGNMENT (Office)

From (Person): Eileen Lee

of FCI

Date/Time: 9:36am @ 14/12/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YN 3816Z

Insured:

SHA 45884

at Workshop m/s

Gold Bell Engineering

Tel:

81578014

of

10 tuas Ave 18

Policy No:

Claim No:

D18008757MPSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

09/12/2018

CA / REV / REP. / REV 24 HRS ^{1up}

17/12/2018

H.O.D. Endorsement:

Date/Time:

9:47am @ 14/12/18

Person Contacted:

Rameesh

Vehicle IN

OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>NO 8 tuas Ave 18.</u>
	<u>YN 3816Z-X</u>
	<u>SHA 45884 - CS3/FCI15006475/Rly bdl DOA: 16/09/2015</u>
<u>19/12/18 @</u>	<u>2.06p revised to Eileen Lee by email.</u>

Summit

Taylor

REF:

FCI

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured _____
 Policy No. _____
 Claims No. _____
 Sum Insured _____ Excess _____
 (Client's Record) _____
 Make of Veh: _____

Veh No: YN3816Z Yr Regn 2013 April
 Type: M.Car / M.Cycle / Bus / Van / Tray / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mitsubishi FE85 CC 2977
 Colour: white A/C Insured / Std / NI / NA
 Sp Reading: — T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: FE836EA-21045
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size F: 7.00 R16
 R: -4 (D)
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI
TOYO / YOKO or _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \$40K.
 IDAC Accident Rpt: _____ Consistent? Yes or No
 GIA / PR Seen: _____ Consistent? Yes or No
 Est. Repairs: 10 days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: Brian Flannery Vehicle: IN / OUT

Front: _____ Rear: _____
 R/Bal. 6 mm R/Bal. 4/6 mm
 L/Bal. 6 mm L/Bal. 6/6 mm
 D.O.A. _____ D.O.I. 17/12/18
 Survey held at Goldball Eng
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision

Date: Time Action / Instruction 8:15 78014
No key check limit
24/5/18 4/5 \$15,000, 10 days. e-mail to Brian (Red # 2478257, 67%)
restate \$24,333
No. 8 Two Ave/8

RECEIVED 29 MAR 2019

Date/Time, File Pass to? : Preli. Report
11/29/13 Flannery : Final Report
 Date/Time, File Return to?
 Report Format: 7P
 Lump Sum / ~~1~~ (\$ 15000)

Days Of Repair: 10
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)
 Survey Fee: 30x19=450
 Transportation: 170+450
50
50
131
851

MOTOR SURVEY ASSIGNMENT

Date	11-12-2018	Our Ref No. D18008757MFSH
Accident Date	09-12-2018	Claim Type. Third Party
Insured Vehicle	SHA4588U	Third Party Vehicle. YN3816Z
Survey Location	10 TUAS AVENUE 18	
Contact Person.	RAMESH	
Contact No.	68640695/ 81578014	Fax No. 68630425
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	GOLDBELL ENGINEERING PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	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.

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Wednesday, 19 December 2018 2:06 PM
To: 'CWS Motor Claims'; assignments
Cc: 'Eileen Lee'; SUR
Subject: RE: SURVEY ASSESSMENT - D18008757MFSH/1
Attachments: CSFC118022486T1qd3.pdf

Dear Eileen,

Enclosed herewith preliminary advice of YN 3816Z.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)

Sent: Friday, 14 December 2018 11:26 AM

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 - D18008757MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in the workshop, repairer arrange on 17/12/2018.



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: Admin-D (LKKAuto) [<mailto:admin-d@lkkauto.com>]

Sent: Friday, 14 December 2018 9:49 AM

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 - D18008757MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.



BEST REGARDS,



Auto
Consultants
Pte Ltd

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

Your Ref: D18008757MFSH

Date: 19 December 2018

Our Ref: CS/FCI18022486/T1qd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

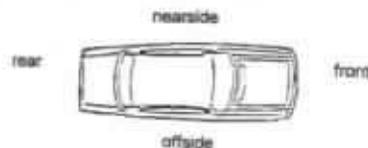
INITIAL INSPECTION REPORT OF VEHICLE NO. YN 3816Z .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 17/12/2018 at the premises of M/s GOLDBELL ENGINEERING, and have the following to report:-

Workshop Estimate Amount	: <u>S\$ 33,982.57</u> .
Revised Estimate Amount	: <u>S\$ 6,909.88</u> .
"Check" Items Amount	: <u>S\$ 24,362.68</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 o/s body & undercarriage.



Yours faithfully

Taufikh
Automotive Assessor

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	0651D
Vehicle Details	
Vehicle No.:	YN3816Z
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Mar 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	FE83BEOSRDEA
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	4M42A91668
Chassis No.:	FE83BEA21045
Maximum Power Output:	-
Open Market Value:	\$29,290.00
Original Registration Date:	22 Apr 2013
First Registration Date:	22 Apr 2013
Transfer Count:	0
Actual ARF Paid:	\$1,465.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	21 Apr 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$56,011.00
COE Rebate Amount:	\$22,761.00
Total Rebate Amount:	\$22,761.00

The information contained herein is correct as at 29 Mar 2019

OK

DDRF 09/12/18
PARF = NIL
COE = QP x $\frac{\text{Aval mth}}{10 \text{ yo}}$
= $56011 \times \frac{52}{120}$
= 24271.43
LTA = PARF + COE
= 24271.43
NETA = 24271.43

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 16:15
Date Of Accident	09/12/2018 08:30
Exact Location Of Accident	ALONG WOODLAND AVE 8 TOWARD GAMBUS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	Y3816Z
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97557336
Alternative Phone No	OFFICE-97557336

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FE83BEOSRDEA (M)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00032/VCZ/R03
Cover Note Number	

Driver

Name of Driver	KARUPPIAH ASHOK
Work Permit No	G2269155X
Date Of Birth	25/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90590177
Fax Number	
Contact Number	OFFICE-83388201
Email Address	SARAVANANK@NTEGRATOR.COM

- Address	23 NEW INDUSTRIAL ROAD #03-02 SOLSTICE BUSINESS CENTER
Postcode	536209
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - VEHICLE HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	8
Passenger 1	NAME: : SARKER SUBIR GENDER: : MALE
Passenger 2	NAME: : MIAH MID ABUSALE GENDER: : MALE
Passenger 3	NAME: : MIA MOHAMMED AKASH GENDER: : MALE
Passenger 4	NAME: : ISLAM NAZIDUL GENDER: : MALE
Passenger 5	NAME: : RAHMAN MIZANUR GENDER: : MALE
Passenger 6	NAME: : HOSSAIN JAKIR GENDER: : MALE
Passenger 7	NAME: : MARIMUTHU MANIKANDAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 9/12/2018 AT ABOUT 0830 HRS, I WAS DRIVING VEHICLE YN3816Z, ALONG WOODLAND AVE 8 TOWARDS GAMBAS AVE. THE TRAFFIC LIGHT WAS GREEN, SO I DRIVE OVER THE JUNCTION STOP LINE, SUDDENLY I FELT THERE IS AN IMPACT FROM MY RIGHT HAND SIDE OF MY VEHICLE WHICH CAUSE ME LOSE CONTROL OF MY VEHICLE. WHEN I COME DOWN, I AM REALISED MY RIGHT HAND SIDE OF VEHICLE FUEL TANK AREA BEING HIT BY THE VEHICLE SHA4588U. ONE OF MY PASSENGER SAID THAT HIS SHOULDER IS IN PAIN. I CALL THE POLICE AND AMBULANCE. THE PASSENGER CONVEY TO THE HOSPITAL.

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	SHA4588U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO MAN CHOON
NRIC/Passport Number	S1241044A
Contact Number	
Address	APT BLK 203E COMPASSVALE ROAD #16-67
Postcode	545203
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MIA MOHAMMED AKASH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	Y3816Z
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

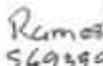
SKETCH PLAN

IMPORTANT NOTICE

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

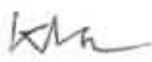
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Ramesh
569399912



Policyholder's Signature
Date & Time: 10/12/18


KARUPPIAH ASHOK

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/12/18



Reporting Centre Personnel's Signature
Name: ENG Kuok LONG
NRIC/FIN No.: G2381879K



**SINGAPORE
POLICE FORCE**



T/20181209/2038

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

1 of 3

Report No. T/20181209/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2018 13:34	Vide Report No.: L/20181209/0081	Station Diary No.: 9
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Informant's Particulars

Name of Informant: KARUPPIAH ASHOK		Address: 51 NORTH COAST AVENUE #04-775 NORTH COAST LODGE SINGAPORE 756992	
ID Type / ID No.: FIN NO / G2269155X		Contact No.: Home/Office: Mobile: 90590177	
Nationality: INDIAN		Email:	
Sex: Male	Age: 27	Date of Birth: 25/05/1991	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/12/2018 08:30	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 WOODLANDS AVENUE 8 woodlands avenue going towards Gambas Avenue, junction of Woodlands Avenue 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4588U	Car				Seriously Damaged	0
YN3816Z	Lorry				Seriously Damaged	5

Details of Person Involved

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



Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

CONTINUATION OF REPORT

Driver			
Name	TEO MAN CHOON		ID No. S1241044A
Related Vehicle	SHA4588U (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KARUPPIAH ASHOK		ID No. G2269155X
Related Vehicle	YN3816Z (Lorry)		Contact No. 90590177
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: 27/01/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 09/12/2018 at about 0830hrs, I was driving my lorry, YN3816Z, and travelling along Woodlands Avenue 8 towards Gambas Avenue. There were 5 passengers in the rear of my lorry. There were a total of 4 lanes, and I was driving on the 2nd lane from the left. I then approached the junction of Woodlands Avenue 9 and Gambas Avenue. As it was green light, I continue driving forward. While I was driving, suddenly I felt an impact on the right side of my lorry, causing me to lose control of my lorry. I was only able to stop my lorry once it went into the grass patch on the left side of the road. I then got down of my vehicle and made a check with my passengers to check if they are okay. One of my passenger said that his shoulder is in pain. I then saw a taxi, SHA4588U, had hit my lorry. The damages to my lorry is mostly on the right side. I then called for police assistance. While waiting for the police, I took the other driver's particulars. After police and ambulance came, one of my worker is taken away by the ambulance. The police have given me a case card, L/20181209/0081, TP IO Intan, HP: 65476256. My lorry does not have any in car camera.



**SINGAPORE
POLICE FORCE**



T/20181209/2038

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

3 of 3

Report No. T/20181209/2038

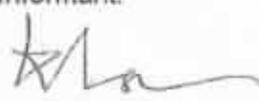
CONTINUATION OF REPORT

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: L / Sgt 2 AMIIR HAAMZAH BIN JEFREE
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT /
Contact No: SN 227

Signature Of Informant: 
Date/Time: 09/12/2018 13:34
Classification Of Case:

Authentication Stamp
NP168

Signature: 

Singapore Police Force

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MGE118159416 - 01 Vehicle Registration No: YN3816Z
 Name(as shown in NRIC) : KARUPPIAH ASHOK NRIC/FIN/Passport No : G2269155X
 (*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
 Address : 23 NEW INDUSTRIAL ROAD, #03-02 SOLSTICE BUSINESS CENTER Singapore(536091)
 Contact (Tel) : 90590177 Mobile No.: 97557336
 Email Address : SARAVANANK@NTEGRATOR.COM
 Date of Accident : 09/12/2018 Time of Accident : 16:15
 Place of Accident : Along Woodland Ave 8 Toward Gambus Avenue.
 Insurance Company: Liberty Insurance PTE LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend vehicle number Y3816Z to YN3816Z.

Reattach police report.

[Signature]
 Policyholder / Driver [Signature]
 Date: 11/12/2018.



[Signature]
 Reporting Centre Personnel's Signature
 Name: ENG KWOK LONG.
 NRIC/FIN No.: G2381879K.
 Date: 11/12/2018.





ESTIMATE

Date :	14/12/2018	Reg No :	YN3816Z
To :	MS FIRST CAPITAL INSURANCE LIMITED	Model :	FE83BE0SRDEA CBU
Attn. :		Chassis No :	FE83BEA21045
Office / Mobile :		Engine No :	4M42A91668
Email Address :		Quotation No. :	77986
From :	GOLDBELL ENGINEERING PTE LTD	Ref. No. :	GBE/SVC/SALES-4755/181214
Attn. :	ENGKWOKLONG	D.O.A. :	09/12/2018
Office / Mobile :	+65 6864 0637	Policy No. :	SD18V00032/VCZ/R03
Email / Fax No. :	EngKwokLong@goldbell.com.sg	Claim Type :	TD CLAIM - MS FIRST CAPITAL
		Workshop :	8 TUAS AVE 18

S/N	Part No	Description	Qty	U/Price	%	Net Price	Ext Price
1	MK551382	TANK ASSY,FUEL	1	1,473.58	-10	1,326.22	1,326.22 <i>bt ✓</i>
2	MC864162	SHAFT ASSY,PROP.REAR	1	2,125.34	-10	1,912.81	1,912.81 <i>bt ✓</i>
3	MF445085	NUT	12	2.36	-10	2.12	25.49 <i>Re ✓</i>
4	MB293057	NIPPLE,GREASE	7	20.61	-10	18.55	129.84 <i>Re ✓</i>
5	MC994292	SPIDER KIT, PROP-SHAFT	1	205.19	-10	184.67	184.67 <i>Re ✓</i>
6	MB000238	YOKE,FLANGE	3	256.37	-10	230.73	692.20 <i>bt ✓</i>
7	MC864914	SHAFT,PROP.FRONT	1	683.49	-10	615.14	615.14 <i>bt ✓</i>
8	MC830702	BRG ASSY	1	348.95	-10	314.06	314.06 <i>bt ✓</i>
9	MS240951	BOLT,WASHER ASSEMBLED (12X	2	2.58	-10	2.32	4.64 <i>Re ✓</i>
10	MB563204	CUSHION,CTR BRG	1	101.27	-10	91.14	91.14 <i>Re ✓</i>
11	MB000080	HOLDER	1	14.63	-10	13.17	13.17 <i>Re ✓</i>
12	MF445006	NUT,SELF LOCKING (12)	2	3.23	-10	2.91	5.81 <i>Re ✓</i>
13	MB000254	NUT,FLANGE,SELF LOCKING	1	12.83	-10	11.55	11.55 <i>Re ✓</i>
14	MC833385	FLANGE ASSY	1	411.71	-10	370.54	370.54 <i>Re ✓</i>
15	MB000079	HANGER ASSY	1	82.84	-10	74.56	74.56 <i>bt ✓</i>
16	MK429469	HOUSING ASSY,REAR AXLE	1	8,554.12	-10	7,698.71	7,698.71 <i>Re ✓</i>
17	MK325130	PLUG,VENT	1	9.01	-10	8.11	8.11 <i>Re ✓</i>
18	MC834450	CARRIER ASSY,DIFF	1	10,259.12	-10	9,233.21	9,233.21 <i>Re ✓</i>
19	MB025153	BUSHING,RUBBER	12	6.00	-10	5.40	64.80 <i>Re ✓</i>
20	MH002731	U-BOLT(16X210)	4	71.84	-10	64.66	258.62 <i>bt ✓</i>
21	MB161772	SPACER	1	87.08	-10	78.37	78.37 <i>Re ✓</i>
22	MB161540	PAD,REAR SPRING	2	50.98	-10	45.88	91.76 <i>bt ✓</i>
23	MT160859	NUT,U-BOLT (16)	8	4.90	-10	4.41	35.28 <i>bt ✓</i>
24	MS450046	WASHER,SPRING (16)	8	2.31	-10	2.08	16.63 <i>bt ✓</i>
25	MF430009	NUT	6	1.81	-10	1.63	9.77 <i>Re ✓</i>
26	MS450995	WASHER,SPECIAL SPRING (16)	6	1.79	-10	1.61	9.67 <i>Re ✓</i>
27	MB025159	PLATE,SHACKLE	2	21.96	-10	19.76	39.53 <i>bt ✓</i>
28	MB025157	SHACKLE ASSY,SPRING	2	99.40	-10	89.46	178.92 <i>bt ✓</i>
29	MC114592	SHOCK ABSORBER ASSY,REAR	2 <i>LH-RH</i>	194.38	-10	174.94	✓ 349.88 <i>RH-bt</i>
30	MT100389	WASHER(B),EYE	4	3.74	-10	3.37	13.46 <i>Re ✓</i>
31	MF434105	NUT,FLANGE (10)	4	1.00	-10	0.90	3.60 <i>Re ✓</i>
32	MC110498	BUSH,RUBBER	8	7.06	-10	6.35	50.83 <i>Re ✓</i>
33	MT100388	WASHER(A),EYE	4	3.66	-10	3.29	13.18 <i>Re ✓</i>



ESTIMATE

Date :	14/12/2018	Reg No :	YN3816Z
To :	MS FIRST CAPITAL INSURANCE LIMITED	Model :	FE83BE0SRDEA CBU
Attn. :		Chassis No :	FE83BEA21045
Office / Mobile :		Engine No :	4M42A91668
Email Address :		Quotation No. :	77986
		Ref. No. :	GBE/SVC/SALES-4755/181214
From :	GOLDBELL ENGINEERING PTE LTD	D.O.A. :	09/12/2018
Attn. :	ENGKWOKLONG	Policy No. :	SD18V00032/VCZ/R03
Office / Mobile :	+65 6864 0637	Claim Type :	TD CLAIM - MS FIRST CAPITAL
Email / Fax No. :	EngKwokLong@goldbell.com.sg	Workshop :	8 TUAS AVE 18

LABOUR CHARGES

1	TO REMOVE AND REFIX DAMAGED PARTS, CUT, WELD, PANEL BEAT, STRAIGHTEN & REALIGN, ETC.	600	1500	2400.00
2	TO REMOVE AND REFIX REAR DESK CAGE		900	1200.00
3	TO REMOVE AND REFIX REAR BODY		900	1200.00
4	TO PUTTY, CLEAN, SPRAY PAINT AND POLISH, ETC	350	875	1050.00
5	TO REMOVE, REPLACE AND REFIX FRONT AND REAR RIM & TYRE		120	250.00
6	TO CONDUCT WHEEL BALANCING & ALIGNMENT		120	200.00
7	SUNDRIES		30	100.00

LABOUR TOTAL :	4445	6,400.00
SUB-TOTAL :		33,982.57
GST @ 7% for \$ 33,982.57		2,378.78
GRAND TOTAL (S\$) :		36,361.35

3978257

6862.92



ESTIMATE

Date :	14/12/2018	Reg No :	YN3816Z
To :	MS FIRST CAPITAL INSURANCE LIMITED	Model :	FE83BE0SRDEA CBU
Attn. :		Chassis No :	FE83BEA21045
Office / Mobile :		Engine No :	4M42A91668
Email Address :		Quotation No. :	77986
		Ref. No. :	GBE/SVC/SALES-4755/181214
From :	GOLDBELL ENGINEERING PTE LTD	D.O.A. :	09/12/2018
Attn. :	ENGLWOKLONG	Policy No. :	SD18V00032/VCZ/R03
Office / Mobile :	+65 6864 0637	Claim Type :	TD CLAIM - MS FIRST CAPITAL
Email / Fax No. :	EngKwokLong@goldbell.com.sg	Workshop :	8 TUAS AVE 18

PREPARED BY : ENGLWOKLONG

DATE / TIME : 12/12/18 245pm

SURVEYOR : Taufik

MOBILE NO : 92495749

OFFICE FAX NO : _____

EMAIL ADDRESS : taufik@kiansu.com

EXCESS AMOUNT : _____

REPAIR TYPE : PART-BY-PART / LUMP SUM

AUTHORISATION : AUTHORISED / NOT AUTHORISED

RE-SURVEY : BEFORE PAINT / AFTER PAINT

NO. OF DAYS : _____

REMARKS : _____

** To check repair limit*

Parts - 884084
SN - 40
Labour - 4445
Supp - 5517.50
18843.34
1/88 15,000 *

rear desk.

3 tyre.

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: _____





GOLDBELL ENGINEERING

Industrial Vehicles.
20,000 Served. And Counting.

GOLDBELL ENGINEERING PTE LTD
Main Office: 8 Tuas Avenue 18 Singapore 638892 Tel: 6861 0007 Fax: 6861 3676
Finance: 18 Tuas Avenue 10 Singapore 639142 Tel: 6861 0007 Fax: 6862 3500
Website: www.goldbell.com.sg
Co. Reg. No.: 198003963G

Supplementary Estimate

DATE : 23/01/2019
TO : MS FIRST CAPITAL INSURANCE LIMITED
ATTN :
OFFICE / MOBILE : -
EMAIL ADDRESS : ENGKWOKLONG@GOLDBELL.COM.SG
FROM : GOLDBELL ENGINEERING PTE LTD
ATTN : MR Brian Eng
OFFICE / MOBILE : 6864-0637 / 9755-7336
FAX NO. : 6863-0425

VEHICLE NO. : YN3816Z
MODEL NO. : MITSUBISHI FE83BE0SRDEA
CHASSIS NO. : FE83BEA21045
ENGINE NO. : 4M42A91668
REG. DATE : 29/04/2013

REF. NO. : GBE/SVC/SALES-4755/181214
D.O.A. : 09/12/2018
POLICY NO. : SD18V00032/V CZ/R03
CLAIM TYPE : TD CLAIM - MS FIRST CAPITAL

WORKSHOP : 8 TUAS AVE 18

S/N	PART NO.	DESCRIPTION	QUANTITY	PRICE
1		SIDE GUARD (RH)	1	\$ 450.00 <i>br</i>
2		REAR DESK RH BODY FLOOR RAIL	1	\$ 900.00 <i>an</i>
3		REAR DESK DROP SIDE	1	\$ 1,800.00 <i>bt</i>
4		REAR TYRE	2	\$ 500.00 <i>350.</i>
5		FRONT TYRE	2	\$ 650.00 <i>227.50</i>
6		REAR LEAF SPRING	2	\$ 1,500.00 <i>bt</i>
7		RECOVERY TOW OUT	1	\$ 330.00 <i>200.</i>
8		CHANGE TYRE & TOWING	1	\$ 160.00 <i>90</i>
SUB-TOTAL :				\$ 5,800.00
LESS % :				\$ -
BALANCE :				\$ 5,800.00
GRAND TOTAL :				\$ 5,800.00

PREPARED BY : Brian Eng
DATE / TIME : _____
SURVEYOR : _____
MOBILE NO. : _____
OFFICE FAX NO. : _____
EMAIL ADDRESS : _____
EXCESS AMOUNT : _____
REPAIR TYPE : PART-BY-PART / LUMPSUM
AUTHORISATION : AUTHORISED / NOT AUTHORISED
RE-SURVEY : BEFORE PAINT / AFTER PAINT
NO. OF DAYS : _____
REMARKS : _____

Part = A - A : 7
S/N =
labour =
Supp =
T
repair limit 15k
biSAFE
S T A R



YISHUN TOWING PTE LTD

BLK 4015 ANG MO KIO INDUSTRIAL PARK 1 #01-502 SINGAPORE 569631

TEL : 64588480 FAX : 62888480

EMAIL : acct@yishuntowing.com

COMPANY REG. NO. : 200106908W GST REG. NO. : 200106908W

BILL TO : GOLDBELL ENGINEERING PTE LTD
8 TUAS AVENUE 18
SINGAPORE 638892

TAX INVOICE

NO. : YT024493

DATE : 10/12/2018

TERM : 30 DAYS

ATTN. : LE WEI 04/022/AC

A/C NO. : 3000/G07

DATE	W/O NO.	VEH NO.	DESCRIPTION	AMOUNT
05.12.2018	259574	XE3086A	29 TG PENJURU TO 8 TUAS AVE 18(ACCIDENT)	100.00
05.12.2018	261418	XE2301H	29 TG PENJURU TO 8 TUAS AVE 18(ACCIDENT)	100.00
09.12.2018	261172	YN3816Z	WOODLANDS AVE 8 - RECOVEREY JOB	330.00
09.12.2018	261173	YN3816Z	WOODLANDS AVE 8 TO 8 TUAS AVE 18 - CHANGE TYRE	160.00

SINGAPORE DOLLAR : SEVEN HUNDRED THIRTY EIGHT AND CENTS THIRTY ONLY



SUB-TOTAL	SS	690.00
ADD GST 7%	SS	48.30
AMOUNT DUE	SS	738.30

AUTHORISED SIGNATURE(S)



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/FCI18022486/T1qd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 09-04-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 4588U	Veh. Inspected	YN 3816Z
Policy No.		Coverage (\$)	0.00
Claim No.	D18008757MFSH	Excess (\$)	0.00
Assign From	EILEEN LEE	Assign Date	14/12/2018
2. Vehicle Particulars & Condition			
Make & Model	mitsubishi FE83BEOSRDEA	c.c	2977
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	FE83BEA21045	Colour	WHITE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	7.00 R16	YOKOHAMA	6 mm
L/H Front Tyre	7.00 R16	YOKOHAMA	6 mm
R/H Rear Tyre	7.00 R16 (D)	YOKOHAMA	6/6 mm
L/H Rear Tyre	7.00 R16 (D)	YOKOHAMA	6/6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY AND UNDERCARRIAGE PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	09/12/2018	Inspection Date	17/12/2018
Survey held at	GOLDBELL ENGINEERING PTE LTD 10 TUAS AVE 18 SINGAPORE 638894		
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:		10 Working Days	



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

Page No.:1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YN 3816Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	TANK ASSY, FUEL	BENT	1,473.58	1,473.58
1	SHAFT ASSY, PROP, REAR	BENT	2,125.34	2,125.34
12	NUT @\$2.36	NECESSARY	28.32	28.32
7	NIPPLE, GREASE @\$20.61	NECESSARY	144.27	144.27
1	SPIDER KIT, PROP-SHAFT	NECESSARY	205.19	205.19
3	YOKE, FLANGE @\$256.37	BENT	769.11	769.11
1	SHAFT, PROP, FRONT	BENT	683.49	683.49
1	BRG ASSY	BENT	348.95	348.95
2	BOLT, WASHER ASSEMBLED (12X @\$2.58	NOT NECESSARY	5.16	-
1	CUSHION, CTR BRG	DEFORMED	101.27	101.27
1	HOLDER	NOT NECESSARY	14.63	-
2	NUT, SELF LOCKING (12) @\$3.23	NOT NECESSARY	6.46	-
1	NUT, FLANGE, SELF LOCKING	NOT NECESSARY	12.83	-
1	FLANGE ASSY	NOT NECESSARY	411.71	-
1	HANGER ASSY	BENT	82.84	82.84
1	HOUSING ASSY, REAR AXLE	NOT NECESSARY	8,554.12	-
1	PLUG, VENT	NOT NECESSARY	9.01	-
1	CARRIER ASSY, DIFF	NOT NECESSARY	10,259.12	-
12	BUSHING, RUBBER @\$6.00	DEFORMED	72.00	72.00
4	U-BOLT (16X210) @\$71.84	BENT	287.36	287.36
1	SPACER	NECESSARY	87.08	87.08
2	PAD, REAR SPRING @\$50.98	BENT	101.96	101.96
8	NUT, U-BOLT (16) @\$4.90	BENT	39.20	39.20
8	WASHER, SPRING (16) @\$2.31	BENT	18.48	18.48
6	NUT @\$1.81	NECESSARY	10.86	10.86
6	WASHER, SPECIAL SPRING (16) @\$1.79	NECESSARY	10.74	10.74
2	PLATE, SHACKLE @\$21.96	BENT	43.92	43.92
2	SHACKLE ASSY, SPRING @\$99.40	BENT	198.80	198.80
2	SHOCK ABSORBER ASSY, REAR @\$194.38	BENT	388.76	388.76
4	WASHER (B), EYE @\$3.74	NECESSARY	14.96	14.96
4	NUT, FLANGE (10) @\$1.00	NECESSARY	4.00	4.00

Report Ref No. CS/FCI18022486/T1qd3e2



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Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
8	BUSH, RUBBER @\$7.06	NECESSARY	56.48	56.48
4	WASHER (A), EYE @\$3.66	NECESSARY	14.64	14.64
2	FENDER, REAR, LH & RH @\$449.16	N/S NOT NECESSARY / O/S DEFORMED	898.32	449.16
4	BRKT, FENDER @\$27.06	N/S NOT NECESSARY / O/S BENT	108.24	54.12
16	BOLT, WASHER ASSEMBLED (8X1 @\$0.82	BENT-8PCS ONLY	13.12	6.56
8	BOLT, FLANGE @\$2.26	NOT NECESSARY	18.08	-
1	MUD GUARD LH	NOT NECESSARY	63.69	-
1	MUD GUARD RH	DEFORMED	66.80	66.80
4	BRKT, FENDER @\$27.06	BENT-2PCS ONLY	108.24	54.12
8	NUT, WASHER ASSEMBLED @\$1.39	NECESSARY-4PCS ONLY	11.12	5.56
1	PIPE, EXH TAIL	BENT	774.76	774.76
2	WHEEL, DISC 14X4.5J @\$563.47	BENT	1,126.94	1,126.94
2	RING, SIDE (5.50FX16SDC TOP @\$175.49	NOT NECESSARY	350.98	-
1	WHEEL, DISC 16X5.50F	TO REPAIR SEE LABOUR	477.92	-
	LESS 10% DISCOUNT		-3,060.29	-984.96
			27,542.56	8,864.66
	<u>SPECIAL NETT ITEMS</u>			
1	70 KM/H STICKER (SN)	NECESSARY	20.00	20.00
1	NUMBER OF PAX STICKER (SN)	NECESSARY	20.00	20.00
1	SUNDRIES (SN)	NECESSARY	100.00	30.00
1	SIDE GUARD (RH) (SN) (ADDITIONAL)	BENT	450.00	450.00
1	REAR DESK RH BODY FLOOR RAIL (SN) (ADDITIONAL)	CRACKED	900.00	900.00
1	REAR DESK DROP SIDE (SN) (ADDITIONAL)	BENT	1,800.00	1,800.00
2	REAR TYRE (70%) (SN) (ADDITIONAL)	CUT	500.00	350.00
2	FRONT TYRE (\$325.00) (70%) (SN) (ADDITIONAL)	CUT	650.00	227.50
2	REAR LEAF SPRING (SN) (ADDITIONAL)	BENT	1,500.00	1,500.00
			5,940.00	5,297.50

Report Ref No. CS/FCI18022486/T1qd3e2



LKK Auto Consultants Pte Ltd

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Page No.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REMOVE AND REFIX DAMAGED PARTS, CUT, WELD, PANEL BEAT, STRAIGHTEN & REALIGN, ETC. INCLUSIVE OF THE REPAIR OF WHEEL, DISC 16X5.50F.		2,400.00	1,500.00
	TO REMOVE AND REFIX REAR DESK CAGE.		1,200.00	900.00
	TO REMOVE AND REFIX REAR BODY.		1,200.00	900.00
	TO PUTTY, CLEAN, SPRAY PAINT AND POLISH, ETC.		1,050.00	875.00
	TO REMOVE, REPLACE AND REFIX FRONT AND REAR RIM & TYRE.		250.00	120.00
	TO CONDUCT WHEEL BALANCING & ALIGNMENT.		200.00	120.00
	RECOVERY TOW OUT. (ADDITIONAL)		330.00	200.00
	CHANGE TYRE & TOWING. (ADDITIONAL)		160.00	90.00
			6,790.00	4,705.00
	GRAND TOTAL		40,272.56	18,867.16
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			15,000.00

Report Ref No. CS/FCI18022486/T1qd3e2

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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