

SS. REC. BY:

Surveyor

ASSIGNMENT (Office)

From (Person): CWS Joanna Yong of FCL Date/Time: 18/12/2018 536pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLH 9134D Insured: SHA 7867Uat Workshop m/s Cycle & Carriage Tel: _____of 330 Ubi Road 3Policy No: _____ Claim No: D18008890MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12.12.2018
(Client's Record)

CA / REV / REP. / REV 24 HRS 'Wp'

Date/Time: 18.12.2018 536pm Person Contacted: Mars Vehicle IN / OUT

Date/Time Action/Instruction (✓) Estimate

SLH 9134D - XSHA 7867U - CS/FCL17031155 / Pabn2SHA: 0612201721/12/18 @ 17:40 p.m. revised PA to Joanna Yong via email.27/09/19 @ 15:43 pm Check with Mars ler, owner has not yet sent in the vehicle for repair.

REF: FCI

ASSIGNMENT

From:

Date: 20/12/2018

Estimated Cost:

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

To inspect Vehicle No:

SLH 9134D

at Workshop m/s:

Cycle & Carriage Fulco

of:

330 Ubi Road 3

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

2pm
Marsker

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

days Res.: Yes or No

Lump Sum:

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'wp'

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLH 9134D.

Yr Regn: 2016 / Nov

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

Truck / Trailer or

Make:

Kia Carens.

c.c. 1685

Colour:

Bronze

A/C: Insured / Std / NI / NA

Sp. Reading:

54945.

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNAH4815VG7164401

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 225/45R17.

R: 225/45R17.

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

TOYO / YOKO or

Front

Rear

R/Bal.

06 mm

R/Bal.

06 mm

L/Bal.

06 mm

L/Bal.

06 mm

D.O.A.

D.O.I. 20/12/18.

Survey held at

Cycle and Carriage (Ubi)

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

TP / 1st Cap.

RECEIVED 30 SEP 2019

Date/Time, File Pass to?

29/01/19

1)

Typ. 4

Date/Time, File Return to?

2)

Report Format:

Print

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

Days Of Repair:

3

Resurvey No. of Trip:

Add Fee:

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

Survey Fee:

Transportation

) \$ + RS. \$

) Photos

) Others:

TOTAL

150

50

9

209

MOTOR SURVEY ASSIGNMENT

Date	17-12-2018	Our Ref No. D18008890MFSH
Accident Date	12-12-2018	Claim Type. Third Party
Insured Vehicle	SHA7867U	Third Party Vehicle. SLH9134D
Survey Location	330 UBI ROAD 3	
Contact Person.	MARS LER	
Contact No.	67461000/ 91792566	Fax No. 64875857
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	CYCLE & CARRIAGE - FULCO MOTOR DEALER PTE LTD - (SERVICE)	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

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.

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Friday, 21 December 2018 5:40 PM
To: 'Joanne Yong Lai fong'; 'CWS Motor Claims'
Cc: assignments; SUR
Subject: RE: SURVEY ASSESSMENT - D18008890MFSH/1
Attachments: SLH 9134D - Preli Advise.pdf

Dear Joanne,

Enclosed preliminary revised of vehicle SLH 9134D.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto) [<mailto:admin-d@lkkauto.com>]
Sent: Tuesday, 18 December, 2018 5:41 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Joanne Yong Lai fong' <Joanneyong@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18008890MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | 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, 18 December, 2018 5:36 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Joanne Yong Lai fong <Joanneyong@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D18008890MFSH/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.



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: D18008890MFSH

Date: 21 December 2018

Our Ref: CS/FCI18022727/Asb

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

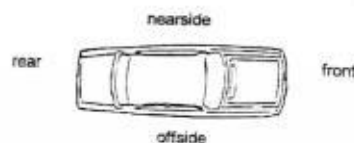
INITIAL INSPECTION REPORT OF VEHICLE NO. SLH 9134D

Please be informed that we had conducted the inspection of the abovementioned vehicle on 20/12/2018 at the premises of M/s Cycle & Carriage Fulco Motor Dealer Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>7,928.00</u>
Revised Estimate Amount	: S\$ <u>1,976.00</u>
"Check" Items Amount	: S\$ _____
Market Value	: S\$ _____
LTA Reimbursement Value	: S\$ _____
Nett Value	: S\$ _____

Description of Damage:

The vehicle sustained damages at the front portion.



Comments/ Present Status:

Damages Consistent.

Repair days: 3 Days

Yours faithfully,
Adrian Ling
Automotive Assessor

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	12/12/2018 15:14
Date Of Accident	12/12/2018 10:30
Exact Location Of Accident	SMITH ST BMKAM MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9134D
Insured/Policyholder	
Name Of Registered Owner	LIM TZE SENG (LIN ZI CHENG)
NRIC No	S7634570H
Email Address	SGMARKER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93639661
Alternative Phone No	OTHERS-93639661

Vehicle Particulars

Manufacturer	KIA
Model	CARENS-1.7 D SUNROOF (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100490759-02
Cover Note Number	

Driver

Name of Driver	LIM TZE SENG (LIN ZI CHENG)
NRIC No	S7634570H
Date Of Birth	19/10/1976
Occupation	INDOOR
Date Of Driving Pass	27/06/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93639661
Fax Number	
Contact Number	OTHERS-93639661
Email Address	SGMARKER@GMAIL.COM

Address	BLK 36 JALAN RUMAH TINGGI #11-443
Postcode	150036
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED 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	2
Was any body injured in the Accident?	NO
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)	3
Passenger 1	NAME: : LEE SIEW LEE GENDER: : FEMALE
Passenger 2	NAME: : ANIS 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

AS I WAS TRAVELLING INSIDE THE BMKAM MSCP. THE TAXI IN FRONT OF ME SUDDENLY STOPPED TO REVERSE INTO HIS PARKING LOT. BUT WITHOUT NOTICING MY CAR IS RIGHT BEHIND HIM. HE COLLIDED INTO THE FRONT PART OF MY CAR.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7867U
Vehicle Make/Model/Colour	HYUNDAI I40 BLUE
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)

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Report:	12/12/18	Time:	
Date of Accident:	12/12/18	Time:	1030
Exact Location of Accident:	Smith St BMKAM MSCP		

DETAILS OF OWN VEHICLE

Vehicle Registration Number:	SLH 9134D	Name of Registered Owner:	Lim Tze Seng (Lin Zi Cheng)
NRIC/Passport No./FIN:	S7634570H	Company Reg. No.(for Company Veh):	-

VEHICLE PARTICULARS

Manufacturer:	KIA	Model:	Carens
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others		
Are You Claiming Under Your Own Insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input checked="" type="checkbox"/> NO 3rd Party		
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Hire		

INSURANCE DETAILS

Name of Insurance:	AIG
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party
Policy Number:	2100490759-02
Driver when the Accident Happen	

Name of Driver:	Lim Tze Seng (Lin Zi Cheng)	NRIC/Passport/Fin No:	S7634570H
Date of Birth:	19/10/1976	Occupation:	Designer
Date of Driving Pass:	27/06/2003	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	93639661	Home No.:	
Address:	Blk 36 Jalan Rumah Tinggi #11-443	Postal Code	150036
Email Address:	sqmarker@gmail.com		
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured owner		
Vehicle Registration Number of driver's Own Vehicle:	-		
Insurance Company:	-		

OTHER INFORMATION OF THE ACCIDENT

Type of Accident:			
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify		
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify		
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Which Police Station:	-		
Was notice of Intended Prosecution given:	-		

DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)

Vehicle Registration Number:	SHA 7867U	Name of Registered Owner:	
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver:		NRIC/Passport/Fin No:	
Mobile No.:		Home No.:	
Address:		Postal Code	
Email Address:			
Insurance Company:			

Details of Passenger if any

Passenger Name:	
Contact Number:	
Gender:	

Details of Injured Person

Name:		Age:	
Address:			
Injured Sustained:	Injured Person in which vehicle:		
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time: 12/12/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

A - SLH 91340

B - SHA 7867U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was travelling inside the BMKAM MSC. The taxi in front of me suddenly stopped ~~and~~ to reverse into his parking lot but without noticing my car is right behind me, he collided into the front part of my car.

DECLARATION

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

Policyholder's Signature

Date & Time: 12/12/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lim Tze Seng (Lin ZiCheng)
Period of Insurance : 23 Nov 2018 To 22 Nov 2019
Engine No. : D4FDGH113219
Chassis No. : KNAHU815VG7164401

Vehicle No. : SLH9134D
Policy No. : 2100490759-02
Endorsement No. :
Issued Date : 20 Nov 2018

ABOUT THE COVER

Make/Model : KIA Carens 1.7 Diesel SX
Engine Capacity/Tonnage : 1,685.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
 a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if you are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lim Tze Seng (Lin ZiCheng) - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download 'AIG SG' from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500710050

C&C FULCO-CORP SALES
 22 UBI ROAD 4 FULCO BUILDING
 SINGAPORE 408617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Janile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPCSD

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, excluding 27 Jun 2003
of the driver and other motor vehicles < 2500kg

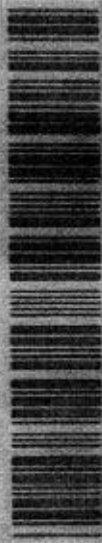
FOR C&C USE ONLY



License No. S7634570H

NP 420A

3957045



NRIC No. S7634570H



Date of issue
09-11-2006

Address
APT BLK 35 JALAN RUMAH TINGGI
#11-843
SINGAPORE 150036

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7634570H

Name
LIM TZE SENG
(LIN ZICHENG)

Birth Date: 19 Oct 1976
Issue Date: 02 Mar 2007



001482447C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7634570H

Name

LIM TZE SENG
(LIN ZICHENG)

林自成

Race

CHINESE

Date of birth

19-10-1976

Country of birth

SINGAPORE

Sex

M



> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 12 Dec 2018 / 16:40:44

Receipt Date/Time : 12 Dec 2018 / 16:40:44

Tax Invoice/Receipt

Receipt No. : ITNET-00000-181212-002927

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHA7867U				
As at 12 Dec 2018/10:30:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHA7867U Enquiry Fee 20181212163854944733	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx2483	Credit Card: Visa/MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



CYCLE & CARRIAGE

CYCLE & CARRIAGE FULCO MOTOR DEALER PTE LTD EUNOS LINK SERVICE CENTRE

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857



ESTIMATE

Invoice Name & Address	Owner Name & Vehicle Info
MS First Capital Insurance Limited 36 Robinson Road #16-01 City House Singapore 068877	Cust No/Name /Mr Lim Tze Seng (lin Zicheng) Reg No/Reg Date SLH9134D / 23/11/2016 Date In/Mileage 12/12/2018/ 0 Chassis No KNAHU815VG7164401 Engine No D4FDGH113219 Make/Model KIA/CARENS 1.7 A D SX SUNROOF GP8 Colour/Trim K7N / WK
Contact No	

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
F0000034	Credit	17/12/2018/ 08:34	DS	218 / MarsLer	15280			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M	SUNDRY							50.00
	FRONT NUMBER PLATE WITH CASING	Best						250.00
S	MIPNT88088							80.00
	DIAGNOSTIC/SCANNING							200.00
S	MIPNT88088							2400.00
	TO CHECK LIGHTNING & WIRING ON FRONT ACCIDENT AFFECTED ARES							840
S	MIPNT88088							1260.00
	TO APPLY SEALANT KIT ON THE NEW BODY KIT							
S	MIPNT88088							
	TO REPLACE FRONT BUMPER,REINFORCEMENT,ETC. STRAIGHTEN,REFORM,ALIGN ON FRONT ACCIDENT AFFECTED AREAS							
S	MIPNT98088							
	SPRAY PAINTING ON FRONT ACCIDENT AFFECTED AREAS							
M	KS 86511 A4 010	COVER - FRONT BUMPER	Repair		1.00	695.00	0.00	695.00
P	KS 86520 A4 000	ABSORBER - FRONT BUM	new		1.00	78.00	0.00	78.00
P	KS 86530 A4 000	RAIL ASSY- FRONT BUM	new		1.00	389.00	0.00	389.00
P	KS 06032 50 037A	FASTERNER- BUMPER	new		15.00	2.00	0.00	30.00
M	KS 86320 A4 000	EMBLEM - KIA	new		1.00	76.00	0.00	76.00
M	KS 86561 A4 000	MESH - FRONT BUMPER,			1.00	183.00	0.00	183.00
M	KS 95720 A4 001K 7N	ULTRASONIC SENSOR AS			1.00	162.00	0.00	162.00
M	KS 86583 A4 000	HOLDER PARKING ASSIS			1.00	17.00	0.00	17.00
M	KS 86581 A4 000	HOLDER PARKING ASSIS	new		1.00	17.00	0.00	17.00
M	KS 86582 A4 000	HOLDER PARKING ASSIS			1.00	17.00	0.00	17.00
M	KS 86584 A4 000	HOLDER PARKING ASSIS			1.00	17.00	0.00	17.00
M	SUK91010104	CARENS BODYKIT ASSY	Repair		1.00	1688.00	0.00	1688.00
M	KS 86350 A4 010	GRILLE ASSY - RADIAT			1.00	295.00	0.00	295.00
M	KS 86514 A4 000	BRACKET - FRONT BUMP	new		1.00	12.00	0.00	12.00
M	KS 86513 A4 000	BRACKET - FRONT BUMP			1.00	12.00	0.00	12.00
Z	NOTES							
	ACCIDENT ON 12/12/2018 ALONG SMITH ST BMKAM MSCP							
	OWNER CLAIMING THIRD PARTY							

Confirm & accepted by

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



ESTIMATE

Invoice Name & Address	Owner Name & Vehicle Info	
MS First Capital Insurance Limited 36 Robinson Road #16-01 City House Singapore 068877 Contact No	Cust No/Name	/Mr Lim Tze Seng (lin Zicheng)
	Reg No/Reg Date	SLH9134D / 23/11/2016
	Date In/Mileage	12/12/2018/ 0
	Chassis No	KNAHU815VG7164401
	Engine No	D4FDGH113219
	Make/Model	KIA/CARENS 1.7 A D SX SUNROOF GP8
	Colour/Trim	K7N / WK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
F0000034	Credit	17/12/2018/ 08:34	DS	218 / MarsLer	15280

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
<p>REQUIRED REPLACEMENT CAR</p> <p>TP # SHA7867U TP INS: MS FIRST CAPITAL</p>				
<h1>Estimate</h1>				
<p>Adrian Lj</p> <p>20/12/18</p> <p>032p</p>				

Confirm & accepted by	Parts	3,688.00
	Labour	0.00
	Standard Menu	0.00
	Specialist Job	4,190.00
	Others (Lub, etc)	0.00
	Sundry	50.00
Authorized signatory and company stamp	Total (w/o GST)	7,928.00

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



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/FC18022727/Asbs2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 07-10-2019



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 7867U	Veh. Inspected	SLH 9134D
Policy No.		Coverage (\$)	0.00
Claim No.	D18008890MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	18/12/2018

2. Vehicle Particulars & Condition

Make & Model	KIA CARENS	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KNAHU815VG7164401	Colour	BRONZE
Odometer	54945	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/45 R17	MICHELIN	6 mm
L/H Front Tyre	225/45 R17	MICHELIN	6 mm
R/H Rear Tyre	225/45 R17	MICHELIN	6 mm
L/H Rear Tyre	225/45 R17	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	12/12/2018	Inspection Date	20/12/2018
Survey held at	CYCLE & CARRIAGE.FULCO MOTOR DEALER PL NO.330 UBI ROAD 3 SINGAPORE 408650		

5a. Remarks

A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B)DAMAGES CONSISTENT TO ACCIDENT REPORT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLH 9134D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	COVER-FRONT BUMPER (SN)	TO REPAIR SEE LABOUR	695.00	-
1	ABSORBER-FRONT BUM (SN)	NOT NECESSARY	78.00	-
1	RAIL ASSY-FRONT BUM (SN)	NOT NECESSARY	389.00	-
15	FASTENER-BUMPER (SN)	NOT NECESSARY	30.00	-
1	EMBLEM-KIA (SN)	NECESSARY	76.00	76.00
1	MESH-FRONT BUMPER (SN)	NOT NECESSARY	183.00	-
1	ULTRASONIC SENSOR AS (SN)	NOT NECESSARY	162.00	-
1	HOLDER PARKING ASSIS (SN)	NOT NECESSARY	17.00	-
1	HOLDER PARKING ASSIS (SN)	NOT NECESSARY	17.00	-
1	HOLDER PARKING ASSIS (SN)	NOT NECESSARY	17.00	-
1	HOLDER PARKING ASSIS (SN)	NOT NECESSARY	17.00	-
1	CARENS BODYKIT ASSY (SN)	TO REPAIR SEE LABOUR	1,688.00	-
1	GRILLE ASSY-RADIAT (SN)	NOT NECESSARY	295.00	-
1	BRACKET-FRONT BUMP (SN)	NOT NECESSARY	12.00	-
1	BRACKET-FRONT BUMP (SN)	NOT NECESSARY	12.00	-
1	FRONT NUMBER PLATE WITH CASING (SN)	BENT	50.00	50.00
			3,738.00	126.00
LABOUR				
	DIAGNOSTIC/SCANNING.		250.00	250.00
	TO CHECK LIGHTING & WIRING ON FRONT ACCIDENT AFFECTED AREAS.		80.00	60.00
	TO APPLY SEALANT ON THE NEW BODY KIT.		200.00	100.00
	TO REPLACE FRONT BUMPER, REINFORCEMENT, ETC. STRAIGHTEN, REFORM, ALIGN ON FRONT ACCIDENT AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF COVER-FRONT BUMPER AND CARENS BODYKIT ASSY.		2,400.00	600.00
	SPRAY PAINTING ON FRONT ACCIDENT AFFECTED AREAS.		1,260.00	840.00
			4,190.00	1,850.00
GRAND TOTAL			7,928.00	1,976.00

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RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)			1,976.00
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Report Ref No. CS/FCI18022727/Asbs2

ADRIAN LING WAI PING

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

Licensed Appraiser

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