ASS. REC. BY: REF CS	FCI19000107/A+	302 Special	logituation:
(W)	SSIGNMENT (Office)	*	-
From (Person) May chua of Estimated Cost	FCI	Da	1050mg 3/11/8
OD TP/WS/TP RES/OD RES/EVA/I	Bill to:		
The Late of the La		Insured:	9HD 3080H
at Workshop m/s progr	essive Con	Tel:	6741 5336
of 31k 30229 ubi	Rd 1 #01-4:	5/46	
Policy No:	Claim No:	01900	0120MFSH
Sum Insured:	Excess:		
Make of Veh: (Client's Record)		D.C	DA 28/12/2018.
CA / REV / REP. / REV 24 HRS (W)		10	am@ 4/1/2019
Date/Time: 9.25am@ 3/1/18 Person	Contacted SUO	Vehic	
Date/Time Action/Instruction ( )		S A S A CALL	
8HD 3080H-453/	FC117024684/	/R1d3s2	Jua: 22/12/17
8/19- Pending estimate	e		
15/219 labilty undear	according t	6 800	The state of the s

RECEIVED 1 5 FEB 2019

Date/Time, File Pass to?	: Preli. Report		Day	s Of Repair:	3		182	
15 paypet	: Final Report		Res	urvey No. of	Trip:	Survey Fee:	110	
Date/Time, File Keturn to?						Transportation:	. 50	
2)			Add Fee:	: Site Insp	(\$	)S+RSSI		
				: Interview	(\$	) Photos	9	
Report Format :	_			: Tech. Invs	(\$	) Cithers		
Lump Sum / I.B.I: (\$	_	)		- Weekend	(\$	~ ) "		
						TOTAL	169	



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

Claims 8 Hotor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

#### MOTOR SURVEY ASSIGNMENT

Date

02-01-2019

Our Ref No. D19000120MFSH

Accident Date

28-12-2018

Claim Type. Third Party

Insured Vehicle

SHD3080H

Third Party Vehicle. SJQ1011D

Survey Location

BLK 3022A UBI ROAD #01-45/46

Contact Person.

LEONG KEAT SOO

Contact No.

67415336/0

Fax No. 67417208

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

PROGRESSIVE CAR

CARE PTE LTD

Cc: TP Solicitor

NA

Attention, NIL

TP Solicitor Fax No. NA

Officer Incharge

MAY CHUA

### 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.

#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aloresalu,	
	ACCIDENT STATEMENT
Date Of Report	29/12/2018 12:07
Date Of Accident	28/12/2018 13:00
Exact Location Of Accident	ALONG UBI ROAD 1 BEFORE JUNCT RD OF UBI AVE 2
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ1011D
Insured/Policyholder	
Name Of Registered Owner	TAN LIAN HENG
NRIC No	S7335619I
Email Address	LIANHENG.TAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92333475
Alternative Phone No	OFFICE-92333475
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.8 S-L (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00002099
Cover Note Number	
Driver	
processors or angent process	

Name of Driver TAN LIAN HENG NRIC No S7335619I Date Of Birth 25/09/1973 Occupation **INDOOR** Date Of Driving Pass 05/10/1994 **Driving Experience** 24 YEARS AND 2 MONTHS Gender MALE Mobile Number (LOCAL) +65-92333475

Fax Number

Contact Number OFFICE-92333475

EMail Address LIANHENG.TAN@GMAIL.COM

Address

215 ONAN ROAD

#05-01

Postcode

424597

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: CHRIS LEE

GENDER:

: MALE

**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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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

SHD3080H

Vehicle Make/Model/Colour

BLUE TAXI

**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)

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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,
- The report will be forwarded by the insurers of the GIA Records Management. Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 3. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 insurers) 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 a superior of the purpose of the purp
  - 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")
- (iii) 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 lockliding their lawyers/law terms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Fersonal 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:
  - 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 \$ignature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

## Sketch Plan #2

		Vehicle
	x . A	A - STO_10111
		B- SHD3080
	100	
	- A A	
	7 (8)	Legend
		A 6
		□ 6
reening cincillaters	NOTE OF THE ACCIDENT	Vehicle Motorcycle
	NCES OF THE ACCIDENT	2 2
	and is can A and the taxi i	
	ork of BIK 2020 Ubi from the	
	- porther as shown above (car A)	
	d along us nord 1 towards A1	
watry for	I trothe light to two green. I	con't more into
the higher	turning love of ubi read I beau	se there were
other care	quely A while later a +	axi (car B) comes
onto my	right side as he exited from	n the same car
park on	the right love he stopped or	n my night and
also moth	I for greve to more Therette	
	junction of usi road I ad upin	
	off on my right cuffing inflant	The state of the s
	wines I waited for him (corp)	
	part of new posted we but	
dentre and		I did not
1	11 1	In but he
	I also lis Qui a Cl	an army day and
was warte	4 1/ 4	7
gustahed d	awayes on the 15ht front bum	1 1 1 2
ter his go	rticular sut he retused to pu	ovide me . His
toki num	Ler 18403080H.	
ECLARATION	us anticular ara true in guerra care ar	
lease be addled that your insu	ig particulars are true in every respect. urer may have a fourteen (14) days clause whereby the claim against own policy mu	of be made within the stipulated timeframe
om sile day a occurrence, kin	offly check your policy for more details.	
olicyholdens Signature	Driver's Signature Report	sing Centre Personnel's Signature
late & Time:	(If driver is not the policyholder) Name:	

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

Page 5 of 18

Name: NRIC/FIN No.:

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	56191	
Vehicle Details		T-VET II
Vehicle No.:	SJQ1011D	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	04 Jan 2019	
Vehicle Make:	HONDA	
Vehicle Model:	CIVIC 1.8S A	
Primary Colour:	Black	
Manufacturing Year:	2009	
Engine No.:	R18A14004126	
Chassis No.:	JHMFD16809S200632	
Maximum Power Output:	103.0 kW (138 bhp)	
Open Market Value:	\$19,164.00	
Original Registration Date:	24 Apr 2009	
First Registration Date:	24 Apr 2009	
Transfer Count:	0	
Actual ARF Paid:	\$18,465.00	
Intended PARE Rebate Details		(151.61b)
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	23 Apr 2019	
PARF Rebate Amount:	\$9,232.00	
Intended COE Rebate Devails		
COE Expiry Date:	30 Nov 2028	
COE Category:	E - Open Category	
COE Period(Years):	10	
PQP Paid:	\$32,121.00	
COE Rebate Amount:	\$31,817.00	
Total Rebate Amount:	\$41,049.00	

The information contained herein is correct as at 04 Jan 2019



# Progressive Car Care Pte Ltd

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716 TEL: 6741 5336 FAX: 6741 7208 Email: claims@procarcare.com.sg GST:201006949C RCB NO:201006949C

M/S: TAN LIAN HENG

215 ONAN ROAD

#05-01 SINGAPORE 424597

Estimate No:

EST1504412

Date:

29 Dec 2018

Policy No:

PNPV2018-00002099

Veh Reg No:

SJQ1011D

Make/Model:

HONDA CIVIC 1.8S A

Chassis No:

JHMFD16809S200632

Engine No:

R18A14004126

Accident Date:

Third Party 28/12/2018

TP 1218-5347

Reg. Date:

24/04/2009

TP Veh Reg No:

Your Ref No:

Claim Type:

ATTN:

SHD3080H

Estimate Repair Cost to Vehicle No :SJO1011D

	Description		U/Price	Quantity	Price	Amount
					<u>SS</u>	SS
	List Price					
1	FRONT BUMPER De la C		638.6000	1 PC	638.60 -	7
2	FRONT BUMPER CLIPS -		3.7000	10 PC	37.00	
3	FRONT BUMPER SIDE HOLDER - LH 2		13.7000	1 PC	13.70	
1	FRONT BUMPER SIDE HOLDER - RH		13,7000	1 PC	13.70	
5	FRONT BUMPER REINFORCEMENT 244		218.8000	1 PC	218.80	
5	FRONT HEADLAMP UNIT - RH LL		912.5000	1 PC	912.50	
7	FRONT HEADLAMP LOWER RETAINER - RH /	per	27.9000	1 PCS	27.90 4	
		55810			1,862.20	
		1270 48	/	Less 20%	372.44	1,489.76
	Labour	12/0 78				
8	TO KNOCK OUT DENTS, R/F FENDER, REMOVE, REACCIDENT PARTS	EPLACE	400.0000	1 JOB	400:00	
)	TO RESPRAY PAINT ON ACCIDENT PORTIONS	670	450.0000	1 JOB	450.00	600
0	TO CHECK WIRING	010	20.0000	1 JOB	20.00 -	
					870.00	870.00
					Total	S\$ 2,359.76
				Add GS	Γ@ 7%	165.18
				Total Amount	Payable	S\$ 2,524.94

TOTAL: SINGAPORE DOLLAR TWO THOUSAND FIVE HUNDRED TWENTY FOUR AND CENTS NINETY FOUR ONLY

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:

Adrian Ling.

2/5 04/01/19.

03 Days A

total: 1940.48.

For Progressive Car Care Pte Ltd

AUTHORISED SIGNATURE



## LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

		Affiliated to Federation Intern	nationale Des Experts En Autom	nobile		
MS	FIRST CAPITAL IN	ISURANCE LTD	Ref : CS/FCI1900010	07/Atd3e2		
	ROBINSON ROAD 01 CITY HOUSES	INGAPORE 068877	Date: 15-02-2019 Code: FCI2			
١.		Policy Particul	ars :- THIRD PARTY CLAI	M		
	Insured Veh.	SHD 3080H	Veh. Inspected	SJQ 1011D		
	Policy No.		Coverage (\$)	0.00		
	Claim No.	D19000120MFSH	Excess (\$)	0.00		
	Assign From	MAY CHUA	Assign Date	03/01/2019		
2.		Vehicle P	articulars & Condition			
	Make & Model	HONDA CIVIC	c.c	1799		
	Engine No.	HIDDEN	Year of Reg.	2009		
	Chassis No.	JHMFD16809S200632	Colour	BLACK		
	Odometer	204000	Steering	IN ORDER		
	Brakes	IN ORDER	Modification	SPORTS RIM		
	General	GOOD				
3.		Cor	ditions of Tyres			
		Size	Make	Balance		
	R/H Front Tyre	205/55 R16	MICHELIN	6 mm		
	L/H Front Tyre	205/55 R16	MICHELIN	6 mm		
	R/H Rear Tyre	205/55 R16	MICHELIN	6 mm		
	L/H Rear Tyre	205/55 R16	MICHELIN	6 mm		
١.		Descr	iption of Damages			
	THE VEHICLE SU	STAINED DAMAGES AT THE	FRONT O/S PORTION.			
	DAMAGES SEE D	ETAILS.				
5.		Gen	eral Information			
	Accident Date	28/12/2018	Inspection Date	04/01/2019		
	Survey held at	PROGRESSIVE CAR CARE	PTE LTD			
		BLK 3022A UBI ROAD 1 #0	1-45/46, SINGAPORE 048716			
5а.		The state of the s	Remarks			
	B)THE INSPECTION		PORT. "WITHOUT PREJUDICE" BAS S, WE HAVE NOT AUTHORIS			
5b.	Estimate Days of Repair					
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	3 Working Day	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

Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJQ 1011D

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	DEFORMED	638.60	638.60
10	FRONT BUMPER CLIPS @\$3.70	NECESSARY	37.00	37.00
1	FRONT BUMPER SIDE HOLDER - LH	NOT NECESSARY	13.70	-
1	FRONT BUMPER SIDE HOLDER - RH	NOT NECESSARY	13.70	7-
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	218.80	:=
1	FRONT HEADLAMP UNIT - RH	CUT	912.50	912.50
1	FRONT HEADLAMP LOWER RETAINER - RH	NOT NECESSARY	27.90	( <del>-</del>
	LESS 20% DISCOUNT		-372.44	-317.62
			1,489.76	1,270.48
	LABOUR			
	TO KNOCK OUT DENTS, R/F FENDER, REMOVE, REPLACE ACCIDENT PARTS.		400.00	250.00
	TO RESPRAY PAINT ON ACCIDENT PORTIONS.		450.00	400.00
	TO CHECK WIRING.		20.00	20.00
			870.00	670.00
	GRAND TOTAL		2,359.76	1,940.48

	*
RECOMMENDED COST OF REPAIRS	1,550.00
(REPAIR COST NOT CONCLUDE)	

Report Ref No. CS/FCI19000107/Atd3e2



ADRIAN LING WAI PING

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

**Licensed Appraiser** 

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.