ASSIGNMEN		
(Person): May Chuch of	FCT	Date/Time: 415pm 0 3/1/10
Tost:	Bill to:	
spect Vehicle No: SLL 1927 rkshop m/s World Auto		SHA 1280B
No IV	TUP	6362 1776
nsured:	Claim No: XIA Excess:	1280# 12/ 900020 MANH
of Veh:		D.O.A 02/01/2019
REV / REP. / REV 24 HRS DS	Ainee	H.O.D. Endorsement:
Time Action/Instruction () Estimate		
SIL 1927 -CC4/ASMIRUIS3 SILA 1280 B - NBA/INC 166080		DUA: 20/08/2018
	uca long email	
	uca long control	



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

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

MOTOR SURVEY ASSIGNMENT

3/1/2019

Our Ref No. SHA 1280B

2/1/19 Accident Date

Claim Type.

Insured Vehicle

5HA1280B

Third Party Vehicle. SLL 1922

Survey Location No. 1 Kranji Loop Spore 739535

Contact Person. Aines Contact No.

6362 1776

Fax No. 6363 1250

Survey Type

'WP'- we admit liability quantum to be agreed.

Appointed

Surveyor

LKK

Contact Person

Contact Number. 6256 356 \

Fax No. 6841 6315

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.

cc: Workshop World Auto Pte Ltd

Cc : TP Solicitor - N:1 -

TP Solicitor Fax No. - Nil -

Officer Incharge

May Chua

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, 9 January 2019 5:34 PM

To:

'Teo Swee Keong'; assignments

Cc:

'May Chua Hui Chin'; SUR

Subject:

RE: NEW SURVEY ASSIGNMENT - (SLL192Z) DOA: 02-01-2018

OUR REF:

SHA12808

Attachments:

CSFCI19000149R1qd3.pdf

Dear May,

Enclosed herewith preliminary advice of SLL 192Z.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

From: Admin-D (LKKAuto)

Sent: Thursday, 3 January 2019 4:20 PM

To: 'Teo Swee Keong' <TeoSweeKeong@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: 'May Chua Hui Chin' <maychua@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: NEW SURVEY ASSIGNMENT - (SLL192Z) DOA: 02-01-2018 OUR REF: SHA1280B

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: Teo Swee Keong [mailto:TeoSweeKeong@msfirstcapital.com.sg]

Sent: Thursday, 3 January 2019 4:14 PM

To: 'assignments@lkkauto.com' <assignments@lkkauto.com>

Cc: ainee31@worldauto.com.sg; May Chua Hui Chin maychua@msfirstcapital.com.sg> Subject: NEW SURVEY ASSIGNMENT - (SLL192Z) DOA: 02-01-2018 OUR REF: SHA1280B

Dear Sirs

New survey assignment for your handling.



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

Your Ref: SHA1280B

Date: 09 January 2019

Our Ref: CS/FCI19000149/R1qd3

The Motor Claims Department First Capital Insurance Ltd

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. _ SLL 192Z .

Please be informed that we had conducted the inspection of the abovementioned vehicle on $\underline{04/01/2019}$ at the premises of M/s $\underline{WORLD\ AUTO}$, and have the following to report:-

Workshop Estimate Amount	: S\$	20,417.60	
Revised Estimate Amount	: S\$	9,804.40	
"Check" Items Amount	: S\$	2,772.80	
Market Value	: S\$	-	
LTA Reimbursement Value	: S\$	~	
Nett Value	: S\$	-	

Description of Damage: The vehicle sustained damages at the rear portion.

nearside front offside

Yours faithfully

Rasul Automotive Assessor MWA119000736-01 / World Auto Pte Ltd - HQ ENTRY DATE & TIME: 02/01/2019 18:03 SUBMITTED BY: Gan Ping la 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 <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.

	ACCIDENT STATEMENT	
Date Of Report	02/01/2019 18:03	
Date Of Accident	02/01/2019 13:25	
Exact Location Of Accident	CLEMENTI RD & WEST COAST HIGHWAY (JUNCTION)	
Country/State of Loss	SINGAPORE	

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL192Z	
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

VEZEL-1.5 HYBRID (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?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 999995011

Cover Note Number

Driver
Name of Driver
LIM BOON KERN

 NRIC No
 \$2557523G

 Date Of Birth
 19/10/1964

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/07/1985

Driving Experience 33 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96232192

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

PAID DRIVER

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

YES NO

1

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

TEL NO: - FAX NO:

Police Station Contact 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?

Was there any video captured by Car Camera?

YES

YES

Remarks/ Reasons:

VIDEO OVERWRITTEN

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA1280B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 22

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM BOON KERN

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 gorrectly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Pollsyholder and/or the Authorised Oriver.
- Information provided must be as truthful and eccurate as possible. Any willulinisrepresentation or withholding of moterial facts may allow insurance companies to reputiliste polley liability.
- The issue and acceptance of this Formby 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 insurence 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 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.
- 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 pussessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal information to all insurer(s) in ho 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 law yers/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;
- (9) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the melling 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 insued vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Parsonal 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 GM, to their third party service providers or openis (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Pirposes.

Policyholder's-Signature / Date &

Sketch Plan

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

Witnessed by Reporting Centre

X . X

Sketch Plan #2

On 2/1	12019 (1:25 pm), I was travelling
on cle	menti Rd towards West Coast
Highw	au
/ //	
While	stopping informt of the traffic
juneti	on of Kent Kidge Crescent on red
tight.	I was collicted by taxi SHA12801
from s	the back.
111	the accident, I feet a stiffeness
HITEV	
on th	i hell area and dizzy

Declaration

#We declare the Foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

Driver's Signalus (F driver's not the policyholder) / Data & Tina

Witnessed by Reporting Centre Parsonnel

	(- 11.) - 10.	A STATE OF THE PARTY NAMED IN		Ske	etch Plan #3	1000	THE REAL PROPERTY.	ST SAME	103556
100 J		JCE FOR	CE				15300	A 100 A	1.07
Choice Chi 20 Chica Ch STHOLASCO THE NO. 10		Sevent 53 s	101-02						
Date Tone 02/01/201	A TRAFF	NO ACCIDIEN	,	Vide R	apod No			Station 91	Diary No.
Informant	838.23						No.		1
Name of I				Address APT B	85. ELK 768 CHOA APORE 680766	CHU KAN	IG NORT	H 5 #14-2	93
ID Type / I NRIC NO	ESSAKY.	5230		Conta Home	ct No /Office:		Mobile:	96232192	
Nationality SINGAPO				Email					
Sex Male	Age.	Date 0 19/10/	Birth:	Type	of Informant:			- 10-1	ol Name
Race Chinese	34	19/10/	1307	Langu	lage:		Instituti	on / Scho	G Home
Occupation GRAB DRIVER				Drivin	g Licence Info 3	rmation.	Date o	f Expiry	
General Int		Non-Injur			Drink Drive:	Date/Tit Accider	t	S	ype of Locati straight Road
General Interpretation Type of Accident: Location Along Roa CLEMENT	d 1 Tra	Non-Injury Others	y	12		Accider		S	ype of Locati traight Road
General Int Type of Accident: Location Along Roa CLEMENT WEST CO JUNCTION	d 1 Trail ROAL	Non-Injury Others veling Tow) GHWAY	y rard Road	CENT	Drive	Accider	t	5	ype of Locati straight Road
General Inf Type of Accident: Location Along Roa CLEMENT WEST CO JUNCTION Weather Clear	d 1 Trail 1 ROAE AST HI	Non-Injury Others veling Tow) GHWAY	y rard Road	Roa Dry Traf	Drive: No d Surface: fic Control:	Accider	t	Road :	straight Road
General Inf Type of Accident Location Along Roa CLEMENT WEST CO JUNCTION Weather Clear Traffic Flor Cree Way	d 1 Trail ROAD AST HIN OF KE	Non-Injury Others veiling Tow) GHWAY ENT RIDG	rard Road	Roa Dry Traf Not	Drive: No	Accider	t	Road : Traffic Light Anyon ambul	Speed Limit. Volume
General Interpretation Type of Accident: Location Along Roa CLEMENT WEST CO JUNCTION Weather Clear Traffic Flor Che Way Type of Co Between A	d 1 Trail ROAD AST HIN OF KE	Non-Injury Others veling Tow) GHWAY ENT RIDG	eard Road	Roa Dry Traf Not	Drive: No d Surface: fic Control:	Accider	t	Road : Traffic Light Anyon	Speed Limit. Volume
General Interpretation Type of Accident: Location Along Roa CLEMENT WEST CO JUNCTION Weather Clear Traffic Flor Che Way Type of Co Between A	d 1 Trail ROAD AST HIN OF KE	Non-Injury Others veling Tow) GHWAY ENT RIDG	eard Road	Roa Dry Traf Not	Drive: No d Surface: fic Control Controlled	Accider 02/01/2	nt: 019 13:2	Road : Traffic Light Anyon ambul	Speed Limit. Volume
General Inf Type of Accident: Location Along Roa CLEMENT WEST CO JUNCTION Weather Clear Traffic Flor Che Way Type of Construction Acceptance Ac	d 1 Trail ROAE AST HILL NOF KE	Non-Injury Others veling Tow) GHWAY ENT RIDG	eard Road	CENT Road Dry Traff Not Rear	Drive: No d Surface: fic Control:	Accider	019 13:2	Road 3 Traffic Light Anyon ambul No Condition Slightly Damaged	Speed Limit Volume e conveyed bance: No of Passe 4
General Interpretation Type of Accident Location Along Roa CLEMENT WEST CO JUNCTION Weather Clear Traffic Flor One Way Type of Co Between A Venada No CHA 12 MG	d 1 Trail ROAE AST HILL NOF KE	Non-Injury Others veling Tow) GHWAY ENT RIDG	rard Road E CRESC	Road Dry Traff Not Rear	Drive: No d Surface: fic Control: Controlled	Accider 02/01/2	o19 13:2	Road 3 Traffic Light Anyon ambul No	Speed Limit Volume: e conveyed b ance: No of Passe 4
General Inf Type of Accident: Location Along Roa CLEMENT WEST CO JUNCTION Weather Clear Traffic Flor Che Way Type of Construction Acceptance Ac	d 1 Trail ROAE AST HILL OF KE	Non-Injury Others veling Tow) GHWAY ENT RIDG	Head To	Road Dry Traff Not Rear	Drive: No d Surface: fic Control: Controlled Model AE IONIQ	Accider 02/01/2 Color Blue	o19 13:2	Road 3 Traffic Light Anyon ambul No Condition Slightly Damaged Slightly	Speed Limit Volume: e conveyed b ance: No of Passe 4
General Interpretation Type of Accident Location Along Roa CLEMENT WEST CO JUNCTION Weather Clear Traffic Flor One Way Type of Co Between A Venada No CHA 12 MG	d 1 Trail ROAD AST HIN OF KE	Veling Tow) GHWAY INT RIDG	Head To Make HYUNI	Road Dry Traff Not Rear	Drive: No d Surface: fic Control: Controlled Model AE IONIQ VEZEL	Accider 02/01/2 Color Blue	019 13:2	Road : Traffic Light Anyon ambul No Condition Slightly Damaged Slightly Damaged	Speed Limit Volume e conveyed bance: No of Passe 4

Sketch Plan #4

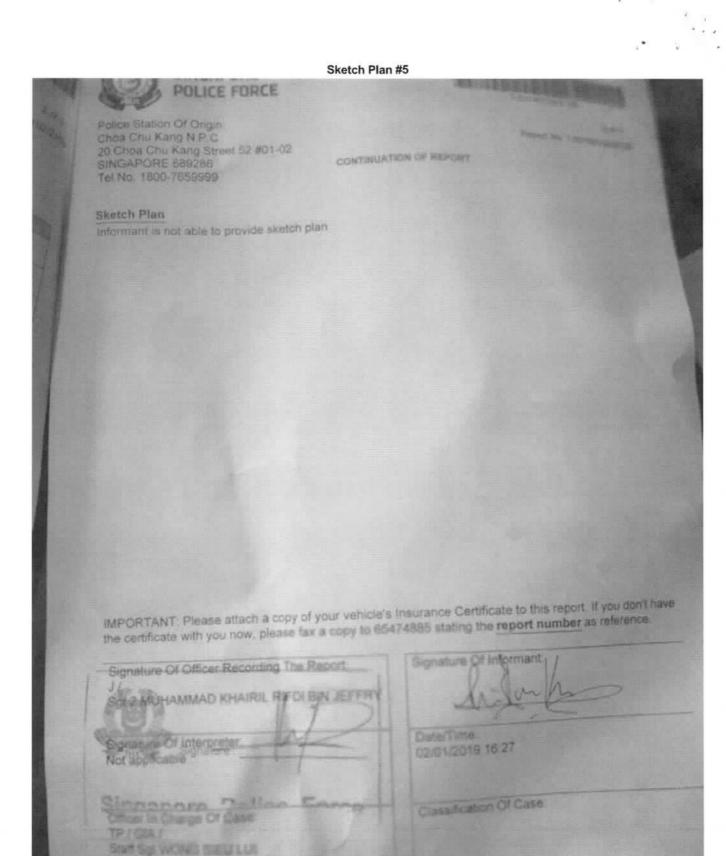
Prince Station Or Choic Choic Kang I 20 Choic Choi Ka- Sihe Japones Got Seches 1800 705	4313) Spiloter 52 901-02 Clark	poermi	SATION OF R	EPORT		Stapper No. 7/201301
Driver				and No.		S2557523G
Name	LIM BOON KERN			ID No.		
Related Vehicle	SLL192Z (Car)			Conta	ct No	96232192
Hospital/Clinic	DRS KOO & NEOH M	EDICAL GF	ROUP	Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	02/01/2019		Date Disc			/2019
District I region to the contract of the contr						

Brief Details.

On the above mentioned date and time, I was travelling along the above mentioned location in my vehicle SLL 192Z when I came to a stop at the traffic light junction on the extreme right lane. I then suddenly felt a collision at the rear of my vehicle and realized that a Blue Comfort Delgro taxi SHA 1280B had collided onto my vehicle from the back. Both drivers then alighted from our vehicles to assess the damages as well as to exchange particulars.

The taxi driver particulars as follows: James Gabriel \$6872230F

Nobody was injured. No ambulance or police came to scene. The taxi's front number plate came off and there were some slight scratches and dents. The rear of my vehicle had some dents and scratches as well I then went to the doctor where I was given 3 days of MC as I felt some soreness around my neck and godoness. Hence, I am making this police report for insurance purposes.



Contact No. 65479151

MESS

Sketch Plan #6











This card is not translations and in the property of the Land Transport
Authority (LTA). It must be surrendeed at LTA on request. It found, please
reform to LTA. 10 Sin Ming Drive, Singapore \$75701.

Type Description Issue Date

13 PRIVATE HIRE CAR VL 30/D8/2018

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: ES000141

Date: 03/01/2019

Vehicle Num.: SLL 192Z (LCR)

Make/Model: HONDA VEZEL HYBRID

Chassis/Eng#:

Accident Date: 02/01/2019

Claim No. : Reference : Policy No. :

S/N Quantity Particular

Unit Price Amount S\$

		LIST ITEMS:		21202 221 2
1.	1	REAR BOOT LID		1,300.00
2.	1	REAR BOOT VEZEL EMBLEM (VEZEL) WC		89.00
3.	1	REAR BOOT HYBRID EMBLEM (VEZEL)		89.00
4.	1	REAR NUMBER PLATE LAMP GARNISH		290.00
5.	1	REAR BOOT INNER TRIM BOARD TO COLOR		280.00
6.	2(LH,RH)	REAR BOOT REFLECTOR LAMP ? 4800	900.00	1,800.00
7.	1	REAR BOOT LOCK ASSY 7H/ 2 VC/L		300.00
8.	1	REAR BOOT HAND GRIP COVER - 100		68.00
9.	1	REAR WINDSCREEN GLASS MOULDING MAL		250.00
10.	1	REAR BOOT WEATHER STRIP ************************************		188.00
11.	2(LH,RH)	REAR BOOT ABSORBER × 7 CM	180.00	360.00 Y
12.	1	REAR BOOT LOCK CATCH X		180.00×
13.	1	REAR BUMPER DE		900.00
14.1	1,2(LH,RH)	REAR SIDE BUMPER LH-W- /RH-X (IPC)	(250.00)	500.00
15.	LA	REAR BUMPER UNDERDUST COVER DY	\checkmark	189.00
16.	2(LH,RH)	REAR BUMPER REFLECTOR LENS _ LH-CA) RH-X (110)	(120.00)	240.00
17.	1	REAR END PANEL 194		860.00
18.	1	REAR END PANEL TOP GARNISH 10G		260.00
19.	1	REAR FLOOR PANEL PM		800.00
20.	1	REAR FLOOR BOARD Y		350.00
21.	2(LH,RH)	REAR TAIL LAMP LH-CRA /RH-X (1pc)	(700.00)	1,400.00
22.	1	REAR COMPARTMENT BOX TOP-		280.00
23.	1	REAR EXHAUST MUFFLER		750.00 X
24.	1	REAR FLOOR PANEL STIFFENER H		160.00
25.	1	SMART BUZZER SENSOR . CAN		188.00
26.	1	REAR ANTENNA SENSOR X SVC		188.00
27.	2(LH,RH)	REAR BUMPER RETAINER	89.00	178.00
28.	2(LH,RH)	REAR FENDER INNER TRIM BOARD	280.00	560.00 X
29.	2(LH,RH)	REAR TAILLAMP PANEL X SVC	180.00	360.00 ⊀
	The second secon	,		

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: ES000141

Date: 03/01/2019

Vehicle Num. : SLL 192Z (LCR)

Make/Model: HONDA VEZEL HYBRID

Chassis/Eng#:

Accident Date: 02/01/2019

Claim No. : Reference : Policy No. :

S/N	Quantity	Particular	l)	Unit Price	Amount S\$
30. 31. 32. 33.	1 1 1 2(LH,RH)	HYBRID BATTERY BLOWER MOTOR ? / SILL HYBRID BATTERY BLOWER MOTOR AIR DUCT ? / SILL HYBIRD BATTERY METAL HOUSING ? XSILL REAR WHEEL ARCH MOULDING X AN	7381 20%	220.00	450.00 X 160.00 X 240.00 X 440.00 X
		List TotalS\$: 20.00% Discount S\$:	5904.8	-	14,647.00 2,929.40
					11,717.60
1. 2. 3. 4. 5. 6. 7. 8. 9.	1 1 1 1 1 1 1 1 1 2 2	SPECIAL NETT ITEMS: REAR NUMBER PLATELAMP GARNISH CLIP AGE REAR BOOT INNER TRIM BOARD CLIP AGE REAR WINDSCREEN SEALANT REAR BUMPER CLIP AGE REAR BUMPER UNDERDUST COVER CLIP AGE REAR END PANEL TOP GARNISH CLIPS AGE REAR TAILLAMP CLIPS AGE REVERSE SENSOR AGE REAR FENDER INNER TRIM BOARD CLIP AGE REAR WHEEL ARCH MOULDING CLIPS		40.00 2 40.00 40.00	49:00 20 40:00 30 100:00 60 40:00 30 40:00 30 40:00 30 80:00 20 80:00 60 80:00 60
		Special Nett Total S\$:			820.00
		LABOUR: TRANSFER REAR BOOTLID MECHANISM AND ACCESSORIES			180:00 80 180:00 120 180:00 100
		REMOVE & REFIT REAR WINDSCREEN GLASS			180.00 /20
		TO APPLY RUSTPROOFING / TUFFCOATING TREATMENT TO REPLACE PARTS			180.00 /00

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.sq

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

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Vehicle Num. : SLL 192Z (LCR)

Make/Model: HONDA VEZEL HYBRID

Chassis/Eng#:

Accident Date: 02/01/2019

Claim No.: Reference: Policy No.:

S/N Quantity

Particular

Unit Price Amount S\$

REMOVE ACCIDENT DAMAGED PARTS IN ORDER TO FACILITATE REPAIRS INCLUDING CUT/WELD, PANEL BET, STRAIGHTEN CHASSIS WHERE NECESSARY AND REPLACE ABOVE PARTS

PUTTY AND SPRAY PAINT REAR & ALL AFFECTED AREAS

TO CHECK REAR WIRES, CONNECTORS, REPLACE DAMAGED LAMPS AND REVERSE SENSORS AND START/STOP UNIT CAPACITORS

REMOVE FUEL TANK IN ORDER TO FACILITATE REPAIRS REFIT BACK SAME

DEACTIVATE HV BATTERY SYSTEM IN ORDER TO FACILIATE REPAIRS AND REACTIVATE BACK SAME. (HV HYBRID SYSTEM SAFETY PROCEDURES)

PERFORM WHOLE VEHICLE DISGNOSTICS INCLUDING CLEARING FAULT CODES AND REINTIALISING HV HYBRID SYSTEM FOR POST REPAIRS. (HV HYBRID SYSTEM SAFETY PROCEDURES)

TO REMOVE AND REPLACE EXHAUST SILENCER AND PIPS

7,880.00

Labour Total S\$:

for WORLD AUTO PTE LTD

E. & O.E.

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:

Total S\$: 20,417.60 ======== 90010068

94/01/19 @1050 Resy 64 part



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

W.		Affiliated to Federation Internation	nale Des Experts En Automobi	lle		
MS	FIRST CAPITAL IN	ISURANCE LTD	Ref : CS/FCI19000149/F	R1qd3e2		
	OBINSON ROAD 01 CITY HOUSES	INGAPORE 068877	Date: 16-04-2019 Code: FCI2			
١.		Policy Particulars	- THIRD PARTY CLAIM			
	Insured Veh.	SHA 1280B	Veh. Inspected	SLL 192Z		
	Policy No.		Coverage (\$)	0.00		
	Claim No.	D19000226MFSH	Excess (\$)	0.00		
	Assign From	MAY CHUA	Assign Date	03/01/2019		
2.		Vehicle Partic	culars & Condition			
	Make & Model	HONDA VEZEL HYBRID 1.5X A	c.c	1496		
	Engine No.	HIDDEN	Year of Reg.	2017		
	Chassis No.	RU31223570	Colour	GREY		
	Odometer	134248	Steering	IN ORDER		
	Brakes	IN ORDER	Modification	SPORTS RIM		
	General	eral FAIR				
3.		Condition	ons of Tyres			
		Size	Make	Balance		
	R/H Front Tyre	215/60 R16	DUNLOP	5 mm		
	L/H Front Tyre	215/60 R16	DUNLOP	5 mm		
	R/H Rear Tyre	215/60 R16	DUNLOP	5 mm		
	L/H Rear Tyre	215/60 R16	DUNLOP	5 mm		
4.	Description of Damages					
	THE VEHICLE SU	STAINED DAMAGES AT THE REA	AR PORTION.			
	DAMAGES SEE DETAILS.					
5.		General	Information			
	Accident Date	02/01/2019	Inspection Date	04/01/2019		
	Survey held at	NO.1 KRANJI LOOP				
	Repairer	WORLD AUTO PTE LTD				
5a.		Re	emarks			
	B)THE INSPECTION	ISISTENT TO ACCIDENT REPOR ON WAS CONDUCTED ON A'WIT CE TO YOUR INSTRUCTIONS, W	HOUT PREJUDICE" BASIS.			
5b.		Estimate	Days of Repair			
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	10 Working Days			



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLL 192Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BOOT LID	BENT	1,300.00	1,300.00
1	REAR BOOT VEZEL EMBLEM (VEZEL)	NECESSARY	89.00	89.00
1	REAR BOOT HYBRID EMBLEM (VEZEL)	NECESSARY	89.00	89.00
1	REAR NUMBER PLATE LAMP GARNISH	SERVICEABLE	290.00	
1	REAR BOOT INNER TRIM BOARD	DEFORMED	280.00	280.00
2	(LH,RH) REAR BOOT REFLECTOR LAMP @\$900.00	SERVICEABLE	1,800.00	
1	REAR BOOT LOCK ASSY	BENT	300.00	300.00
1	REAR BOOT HAND GRIP COVER	SERVICEABLE	68.00	
1	REAR WINDSCREEN GLASS MOULDING	NECESSARY	250.00	250.00
1	REAR BOOT WEATHERSTRIP	сит	188.00	188.00
2	(LH,RH) REAR BOOT ABSORBER @\$180.00	SERVICEABLE	360.00	
1	REAR BOOT LOCK CATCH	SERVICEABLE	180.00	
1	REAR BUMPER	DEFORMED	900.00	900.0
2	(LH,RH) REAR SIDE BUMPER @\$250.00	N/S CUT / O/S SERVICEABLE	500.00	250.0
1	REAR BUMPER UNDERDUST COVER	DEFORMED	189.00	189.0
2	(LH,RH) REAR BUMPER REFLECTOR LENS @\$120.00	N/S CRACKED / O/S SERVICEABLE	240.00	120.0
1	REAR END PANEL	BENT	860.00	860.0
1	REAR END PANEL TOP GARNISH	DEFORMED	260.00	260.0
1	REAR FLOOR PANEL	BUCKLED	800.00	800.0
1	REAR FLOOR BOARD	SERVICEABLE	350.00	
2	(LH,RH) REAR TAIL LAMP @\$700.00	N/S CRACKED / O/S SERVICEABLE	1,400.00	700.0
1	REAR COMPARTMENT BOX	DEFORMED	280.00	280.0
1	REAR EXHAUST MUFFLER	SERVICEABLE	750.00	
1	REAR FLOOR PANEL STIFFENER	BENT	160.00	160.0
1	SMART BUZZER SENSOR	CRACKED	188.00	188.0
1	REAR ANTENNA SENSOR	SERVICEABLE	188.00	
2	(LH,RH) REAR BUMPER RETAINER @\$89.00	NECESSARY	178.00	178.0
2	(LH,RH) REAR FENDER INNER TRIM BOARD @\$280.00	SERVICEABLE	560.00	
2	(LH,RH) REAR TAILLAMP PANEL @\$180.00	SERVICEABLE	360.00	

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	HYBRID BATTERY BLOWER MOTOR	SERVICEABLE	450.00	2-
1	HYBRID BATTERY BLOWER MOTOR AIR DUCT	SERVICEABLE	160.00	-
1	HYBRID BATTERY METAL HOUSING	SERVICEABLE	240.00	1-
2	(LH,RH) REAR WHEEL ARCH MOULDING @\$220.00	NOT NECESSARY	440.00	25
	LESS 20% DISCOUNT		-2,929.40	-1,476.20
			11,717.60	5,904.80
	SPECIAL NETT ITEMS			
1	REAR NUMBER PLATE LAMP GARNISH CLIP (SN)	NECESSARY	40.00	20.00
1	REAR BOOT INNER TRIM BOARD CLIP (SN)	NECESSARY	40.00	30.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	100.00	60.00
1	REAR BUMPER CLIP (SN)	NECESSARY	40.00	30.00
1	REAR BUMPER UNDERDUST COVER CLIP (SN)	NECESSARY	40.00	30.00
1	REAR END PANEL TOP GARNISH CLIPS (SN)	NECESSARY	40.00	30.00
2	REAR TAILLAMP CLIPS @\$40.00 (SN)	NECESSARY	80.00	20.00
1	REVERSE SENSOR (SN)	NECESSARY	280.00	200.00
2	REAR FENDER INNER TRIM BOARD CLIP @\$40.00 (SN)	NECESSARY	80.00	60.00
2	REAR WHEEL ARCH MOULDING CLIPS @\$40.00 (SN)	NOT NECESSARY	80.00	٠
			820.00	480.00
	LABOUR			
	TRANSFER REAR BOOTLID MECHANISM AND ACCESSORIES.		180.00	80.00
	REMOVE & REFIT REAR WINDSCREEN GLASS.		180.00	120.00
	TO APPLY RUSTPROOFING / TUFFCOATING TREATMENT TO REPLACE PARTS.		180.00	100.00
	REMOVE ACCIDENT DAMAGED PARTS IN ORDER TO FACILITATE REPAIRS INCLUDING CUT / WELD, PANEL BET, STRAIGHTEN CHASSIS WHERE NECESSARY AND REPLACE ABOVE PARTS.		3,000.00	1,500.00
	PUTTY AND SPRAY PAINT REAR & ALL AFFECTED AREAS.		2,800.00	1,200.00
	TO CHECK REAR WIRES, CONNECTORS, REPLACE DAMAGED LAMPS AND REVERSE SENSORS AND START / STOP UNIT CAPACITORS.		180.00	60.00
	REMOVE FUEL TANK IN ORDER TO FACILITATE REPAIRS REFIT BACK SAME.	NOT NECESSARY	180.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	DEACTIVATE HV BATTERY SYSTEM IN ORDER TO FACILITATE REPAIRS AND REACTIVATE BACK SAME. (HV HYBRID SYSTEM SAFETY PROCEDURES)		450.00	250.00
	PERFORM WHOLE VEHICLE DIAGNOSTICS INCLUDING CLEARING FAULT CODES AND REINSTIALISING HV HYBRID SYSTEM FOR POST REPAIRS. (HV HYBRID SYSTEM SAFETY PROCEDURES)		450.00	200.00
	TO REMOVE AND REPLACE EXHAUST SILENCER AND PIPS.		280.00	60.00
			7,880.00	3,570.00
	GRAND TOTAL		20,417.60	9,954.80

RECOMMENDED COST OF REPAIRS	9,954.80
RECOMMENDED COST OF REPAIRS	

Report Ref No. CS/FCI19000149/R1qd3e2

MKB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

St. S.

ADRIAN LING WAI PING

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

Licensed Appraiser

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