

ASS. REC. BY:

REP

CS/FCI19000201/KSD302

Special Instruction:

Surveyor

Kenneth

ASSIGNMENT (Office)

CWS

From (Person)

Joanne Yong

of

FCI

Date/Time:

9:56am @ 4/1/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLU 1003H

Insured:

SHA 6237U

at Workshop m/s

Complete VMS

Tel:

6455 0012

of

Blk 176 Sin Ming Drive #03-14

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

02/01/2019.

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

10:03 am @ 4/1/19

Person Contacted:

Li hui

Vehicle: ☒ IN / ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

SLU1003H - x

SHA 6237U - CS MSG 16004307 / M1 vbd1

Date: 3/3/2016

07/01/19

@ 17:38 p.m. revised PA to Joanne via email.

11 Pgs 8 11, Fed email &amp; confirm

ASS. REC. BY:

REF: 1021Kenneth

## ASSIGNMENT

From: \_\_\_\_\_

Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.Bal. or Market Value: 8115k

IDAC Accident Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_

days

Res.: Yes or No

Lum Sum: 20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 11/27

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLU 100314Yr Regn: 11, 07

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

Truck / Traller or \_\_\_\_\_

Make: Per sokaBoxster

c.c

2684Colour: Yellow

A/C: \_\_\_\_\_

Insured / Std / NI / NA

Sp. Reading: 115922

T/Radio: \_\_\_\_\_

Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WPC 88898874703153Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / Rim or

Tyre Size: F: \_\_\_\_\_

R: \_\_\_\_\_

235/35 ER19R: 275/30 ER19

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

TOYO / YOKO or \_\_\_\_\_

Archiller

Front

R/Bal. 8

mm

Rear

R/Bal. 7

mm

L/Bal. 8

mm

L/Bal. 7

mm

D.O.A. 2/1/19D.O.I. 4/1/19

Survey held at \_\_\_\_\_

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

ols body & u/c

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

Date / Time

Action / Instruction

7/1File pass to G128/02/19Conf. met L/S @ 11.700/- @ 9 days with Kenneth.  
( \$ 9,637.70 Red - 45% )MV - \$ 115.1kLTA - \$ 44,290.00NCH - \$ 70,710.00

RECEIVED 28 FEB 2019

Date/Time, File Pass to?



Prell. Report

1)

28/02/19

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 9Resurvey No. of Trip: 2

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S - R.S. \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

Others \$ \_\_\_\_\_

Add Fee: ☐

Site Insp (\$ \_\_\_\_\_)



Interview (\$ \_\_\_\_\_)



Tech Invs (\$ \_\_\_\_\_)



Weekend (\$ \_\_\_\_\_)

TOTAL

11x15 = 165170 + 1655050 + 5032517

Report Format: \_\_\_\_\_

Lump Sum / I.B.I. (\$) 11,700/- L/S

CPC-JY

MOTOR SURVEY ASSIGNMENT

Date 3/1/19

Our Ref No. SHA6237U

Accident Date 2/1/19

Claim Type. TP

Insured Vehicle SHA6237U

Third Party Vehicle. SLU1003H

Survey Location BLK 176 Sin Ming Drive

Contact Person. #03-14 S'pore 575721

Contact No. 6455 0012

Fax No. 6554 0012

Survey Type Without prejudice

Appointed Surveyor LKK

Contact Person

Contact Number. 6256 3561

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

Complete VMS Pte Ltd

Cc : TP Solicitor

- Nil -

Attention. GAN LI HUI (ms)

TP Solicitor Fax No. - Nil -

Officer Incharge

Joanne Yong

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.



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre  
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721  
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

~~THIS IS A CONFIDENTIAL DOCUMENT. IT IS NOT TO BE REPRODUCED OR DISTRIBUTED OUTSIDE THE COMPANY WITHOUT THE WRITTEN PERMISSION OF THE COMPANY.~~

### NOTICE OF ACCIDENT

Your Ref : SHA6237U  
Our Ref : SLU1003H

3<sup>rd</sup> January 2019

By Fax 6507 3849 Only

**MS FIRST CAPITAL INSURANCE LIMITED**  
**Attention: Motor Claim Department**

Dear Sir,

**ACCIDENT INVOLVING SLU1003H AND SHA6237U ON 2/1/2019 ALONG BEACH ROAD  
INFRONT OF PARKROYAL HOTEL AT ABOUT 16:30 HRS.**

We act for **SIM KIAN ENG** owner of vehicle no. **SLU1003H** with instruction to repair the vehicle.

Please be informed that the said vehicle can be inspected at:-

Venue	<b>Complete VMS Pte Ltd</b> 176, Sin Ming Drive, #03-14, Singapore 575721
Contact person	Ms Lily / Li Hui (Tel: 6455 0012)
Email	<a href="mailto:lihui@completevms.com.sg">lihui@completevms.com.sg</a>

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you. Please note that there will also be a storage charge of \$60 per day on the 2 day notice period commencing from the date of this letter.

Your Faithfully

Please acknowledge :-

*li hui*  
Complete VMS Pte Ltd

Appointed Surveyor: \_\_\_\_\_

Date & Time: \_\_\_\_\_

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	1994A
<b>Vehicle Details</b>	
Vehicle No.:	SLU1003H
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Jan 2019
Vehicle Make:	PORSCHE
Vehicle Model:	BOXSTER 2.7 A
Primary Colour:	Yellow
Manufacturing Year:	2007
Engine No.:	M972065712826
Chassis No.:	WP0ZZZ98Z7U703153
Maximum Power Output:	180.0 kW (241 bhp)
Open Market Value:	\$49,702.00
Original Registration Date:	06 Nov 2007
First Registration Date:	06 Nov 2007
Transfer Count:	2
Actual ARF Paid:	\$54,673.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	05 Nov 2027
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$50,168.00
COE Rebate Amount:	\$44,290.00
<b>Total Rebate Amount:</b>	<b>\$44,290.00</b>

The information contained herein is correct as at 07 Jan 2019

OK

## Shirley Hiew (LKK Auto)

---

**From:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Sent:** Monday, 7 January 2019 5:41 PM  
**To:** 'Joanne Yong Lai fong'; assignments  
**Cc:** SUR; Admin-D (LKKAuto); 'Teo Swee Keong'  
**Subject:** RE: NEW SURVEY ASSIGNMENT      OUR REF: SHA6237U   DOA 02-01-2019  
YR REF: SLU1003H

Hi Joanne,

Kindly provide us the claim no.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:Sur@lkkauto.com) | fax: 6256-4315

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

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**From:** Shirley Hiew (LKK Auto) [mailto:ShirleyHiew@lkkauto.com]  
**Sent:** Monday, 7 January 2019 5:38 PM  
**To:** 'Joanne Yong Lai fong' <Joanneyong@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** SUR <sur@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>; 'Teo Swee Keong' <TeoSweeKeong@msfirstcapital.com.sg>  
**Subject:** RE: NEW SURVEY ASSIGNMENT OUR REF: SHA6237U DOA 02-01-2019 YR REF: SLU1003H

Dear Joanne,

Enclosed preliminary revised of vehicle SLU 1003H.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto: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:** Friday, 4 January 2019 10:05 AM  
**To:** 'Teo Swee Keong' <TeoSweeKeong@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** 'Joanne Yong Lai fong' <Joanneyong@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>  
**Subject:** RE: NEW SURVEY ASSIGNMENT OUR REF: SHA6237U DOA 02-01-2019 YR REF: SLU1003H

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](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Teo Swee Keong [<mailto:TeoSweeKeong@msfirstcapital.com.sg>]

**Sent:** Friday, 4 January 2019 9:56 AM

**To:** 'assignments@lkkauto.com' <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>

**Cc:** Joanne Yong Lai fong <[Joanneyong@msfirstcapital.com.sg](mailto:Joanneyong@msfirstcapital.com.sg)>

**Subject:** NEW SURVEY ASSIGNMENT OUR REF: SHA6237U DOA 02-01-2019 YR REF: SLU1003H

Dear Sirs

New survey request for your handling.

Thanks and Regards,

SK Teo

Motor Claims Dept

MS First Capital Insurance Ltd | 36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3848 | Fax No. : 6507 3849 |

A Member of **MS&AD** INSURANCE GROUP

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data.

Please refer to [www.msfirstcapital.com.sg](http://www.msfirstcapital.com.sg) for details of PDPA Personal Data Collection Statement.

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If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it.

If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

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**From:** Teo Swee Keong

**Sent:** Friday, January 04, 2019 9:54 AM

**To:** 'Gan Li Hui' <[lihui@completevms.com.sg](mailto:lihui@completevms.com.sg)>

**Cc:** Joanne Yong Lai fong <[Joanneyong@msfirstcapital.com.sg](mailto:Joanneyong@msfirstcapital.com.sg)>; 'assignments@lkkauto.com' <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>

**Subject:** OUR REF: SHA6237U DOA 02-01-2019 YR REF: SLU1003H

Dear Sir

Thank you for informing us of your choice, the surveyor will be appointed within 2 working days of your email.

Thank you.

Thanks and Regards,

**SK Teo**  
**Motor Claims Dept**

MS First Capital Insurance Ltd | 36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3848 | Fax No. : 6507 3849 |

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If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

**From:** Gan Li Hui <[lihui@completevms.com.sg](mailto:lihui@completevms.com.sg)>  
**Sent:** Thursday, January 03, 2019 5:30 PM  
**To:** Teo Swee Keong <[TeoSweeKeong@msfirstcapital.com.sg](mailto:TeoSweeKeong@msfirstcapital.com.sg)>  
**Cc:** Joanne Yong Lai fong <[JoanneYong@msfirstcapital.com.sg](mailto:JoanneYong@msfirstcapital.com.sg)>  
**Subject:** Re: OUR REF: SHA6237U DOA 02-01-2019

**Without Prejudice**

Dear OIC,

Please arrange LKK Auto Consultants Pte Ltd to conduct survey.

Thank you & Best Regards,  
Gan Li Hui (Ms)  
**Complete VMS PTE LTD**  
Tel: 6455 0012 Fax: 6554 0012  
Block 176 Sin Ming Drive, #03-14  
Sin Ming Autocare Complex, Singapore 575721

On Thu, 3 Jan 2019 at 17:27, Teo Swee Keong <[TeoSweeKeong@msfirstcapital.com.sg](mailto:TeoSweeKeong@msfirstcapital.com.sg)> wrote:

Dear Sirs,

We refer to your survey request dated 03/01/2019.

Please find below our list of surveyors for your reference. Kindly select from our list below and inform us of your choice within the next 2 days.

1. LKK Auto Consultants Pte Ltd
2. Vicom Ltd

Once you inform us of your choice, the surveyor will be appointed within 2 working days of your email.

If you do not agree to any of the surveyors above, you may proceed to appoint your own surveyor. In this instance, we will also appoint a surveyor from our list above to conduct the PRI. Upon completion of repairs, please contact our appointed surveyor to conduct a physical re-inspection of the vehicle.

Thank you.



Thanks and Regards,

SK Teo  
Motor Claims Dept

MS First Capital Insurance Ltd | 36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3848 | Fax  
No. : 6507 3849 |

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data.  
Please refer to [www.msfirstcapital.com.sg](http://www.msfirstcapital.com.sg) for details of PDPA Personal Data Collection Statement.

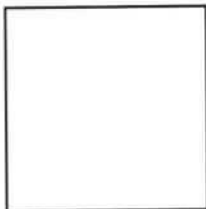
Confidentiality Notice: This e-mail is confidential. It may also be legally privileged.  
If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it.  
If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

-----Original Message-----

From: Nandu Kumar  
Sent: Thursday, January 03, 2019 11:16 AM  
To: Teo Swee Keong <[TeoSweeKeong@msfirstcapital.com.sg](mailto:TeoSweeKeong@msfirstcapital.com.sg)>  
Subject: FW: Fax data from [cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)

-----Original Message-----

From: CWS Motor Claims  
Sent: Thursday, 3 January, 2019 11:05 AM  
To: CLFax <[CLFax@msfirstcapital.com.sg](mailto:CLFax@msfirstcapital.com.sg)>  
Subject: Fax data from [cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)



This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: TBA

Date: 07 January 2019

Our Ref: CS/FCI19000201/Ksd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

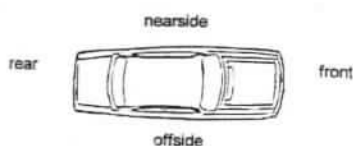
**INITIAL INSPECTION REPORT OF VEHICLE NO. SLU 1003H .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 04/01/2019 at the premises of M/s Complete VMS Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>21,337.70</u> .
Revised Estimate Amount	: S\$ <u>9,629.00</u> .
"Check" Items Amount	: S\$ <u>10,577.90</u> .
Market Value	: S\$ _____ .
LTA Reimbursement Value	: S\$ _____ .
Nett Value	: S\$ _____ .

**Description of Damage:**

The vehicle sustained damages at the o/s body & undercarriage affected due to collision.



**Comments/ Present Status:**

Damages Consistent.  
Repair days: 9 Days

Yours faithfully,  
Kenneth Kong  
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	03/01/2019 10:02
Date Of Accident	02/01/2019 16:30
Exact Location Of Accident	BEACH ROAD INFRONT OF PARKROYAL HOTEL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU1003H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM KIAN ENG
NRIC No	S1141994A
Email Address	VECTRON_KENLEE@YMAIL.COM
Mobile Phone No	(LOCAL) +65-98430118
Alternative Phone No	OTHERS-98430118
<b>Vehicle Particulars</b>	
Manufacturer	PORSCHE
Model	BOXSTER 2.7A
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
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V12603/VPS/R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEE KAH SOON
NRIC No	S7006448J
Date Of Birth	05/03/1970
Occupation	OUTDOOR
Date Of Driving Pass	06/01/1995
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98430118
Fax Number	
Contact Number	
EMail Address	VECTRON_KENLEE@YMAIL.COM

Address	BLK 63 TEBAN GARDENS ROAD #11-635
Postcode	600063
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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)	1

#### 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

REFER ATTACHED

#### 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	SHA6237U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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:

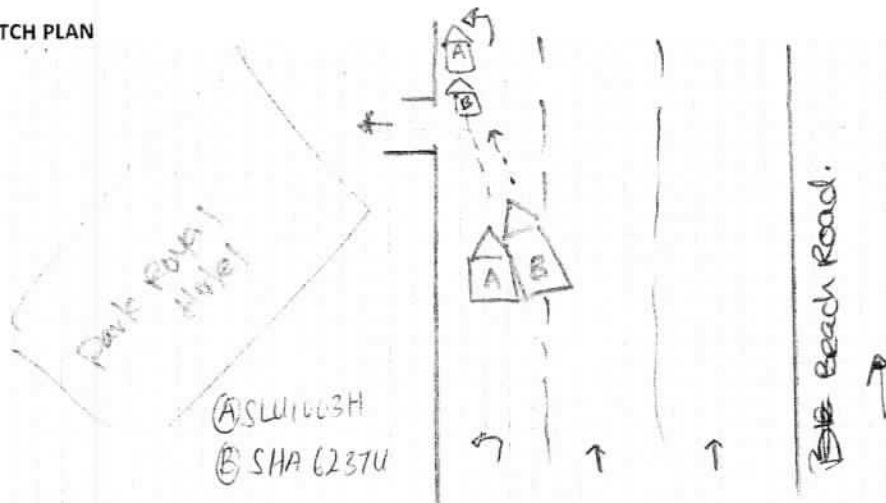
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling beach Road toward FCP on the left most lane. ven B was on the middle lane Suddenly encroached into my lane without <sup>checking</sup> and thus his vehicle front L/H portion collided into the R/H front portion & rear R/H portion of my veh A.

I notice there is a camera inside veh B which might assist in the accident.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Email : darren@completevms.com.sg ( )  
lily@completevms.com.sg ( )  
lihui@completevms.com.sg ( )

SIM KIAN ENG

Attention : THE OWNER

Contact : 98430118

Estimate : ES006560

Date : 02/01/2019  
Vehicle Num. : SLU1003H  
Make/Model : PORSCHE BOXSTER-2007  
Chassis/Eng# : WP0ZZZ98Z7U703153/M9720657128;  
Accident Date : 02/01/2019  
Claim No. :  
Reference :  
Policy No. :

S/N Quantity Particular Unit Price Amount S\$

1.	1	NETT ITEMS :		
2.	1	FRONT BUMPER		
3.	1	FRONT FENDER R/H	1850	
4.	1	FRONT FENDER INNER SHIELD R/H		
5.	6	FRONT FENDER INNER SHIELD CLIP R/H		
6.	1	FRONT SPORT RIM R/H		
7.	1	FRONT SHOCK ABSORBER R/H	1751	
8.	1	FRONT WHEEL BEARING R/H	1230	
9.	1	FRONT LOWER ARM R/H	2220	
10.	1	FRONT KNUCKLE ARM R/H		
11.	1	FRONT STAY LINK R/H		
12.	1	FRONT DOOR OUTER HANDLE R/H		
13.	1	REAR FENDER R/H		
14.	1	REAR SPORT RIM R/H		
15.	1	FRONT UPPER ARM R/H		

Nett Total S\$ :

10.00% Discount S\$ :

LABOUR :

REMOVE & REINSTALL FRONT SUSPENSION R/H

COMPUTER WHEEL ALIGNMENT

SPRAY PAINT DAMAGED AREA AFFECTED

TO CUT OFF REAR FENDER, CHANGE R/H FRONT DOOR OUTER HANDLE, R/H FRONT FENDER

Labour Total S\$ :

SingDollars : Twenty-One Thousand Three Hundred Thirty-Seven & Cents Seventy Only

Total S\$ : 21,337.70

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

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:

Work Order: R029505  
 VIN: SLU1003H  
 Year: 15  
 Date: 4.1.19 14:00



Porsche : Boxster : 2005-12 (987) : Boxster/Boxster S

Front : Left

Actual	Before	Specified Range
-0°20'	-0°20'	-0°25' 0°05'
8°02'	8°02'	7°15' 8°30'
-0°19'	-0°19'	0°00' 0°05'
18°03'	18°03'	
17°44'	17°44'	
		-2°10' -1°10'

Camber  
 Caster  
 Toe  
 SAI  
 Included Angle  
 Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-2°03'	-2°03'	-0°25' 0°05'
8°02'	8°02'	7°15' 8°30'
-0°08'	-0°08'	0°00' 0°05'
19°40'	19°39'	
17°37'	17°37'	
		-2°10' -1°10'

Front

Cross Camber  
 Cross Caster  
 Cross SAI  
 Total Toe  
 Cross Turn Diff.

Actual	Before	Specified Range
1°44'	1°43'	-0°20' 0°20'
0°00'	0°00'	-0°40' 0°40'
-1°37'	-1°36'	
-0°27'	-0°27'	0°00' 0°10'

Rear : Left

Actual	Before	Specified Range
-2°15'	-2°16'	-1°35' -1°05'
0°09'	0°09'	0°00' 0°10'

Camber  
 Toe

Rear : Right

Actual	Before	Specified Range
-2°06'	-2°06'	-1°35' -1°05'
-0°09'	-0°09'	0°00' 0°10'

Rear

Cross Camber  
 Total Toe  
 Thrust Angle

Actual	Before	Specified Range
-0°09'	-0°10'	-0°20' 0°20'
0°00'	0°00'	0°00' 0°20'
0°09'	0°09'	-0°10' 0°10'



Work Order: R029614  
 VIN: SLU1003H  
 Year: 15  
 Date: 10.1.19 17:03



SLU1003H

Porsche : Boxster 987

Front : Left

Actual	Before	Specified Range
-0°22'	-0°16'	-0°25' 0°05'
8°03'	8°03'	7°15' 8°30'
0°02'	0°18'	0°00' 0°05'
18°11'	18°06'	
17°49'	17°49'	
		-2°10' -1°10'

Camber  
 Caster  
 Toe  
 SAI  
 Included Angle  
 Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-0°12'	-0°27'	-0°25' 0°05'
8°07'	8°07'	7°15' 8°30'
0°02'	0°06'	0°00' 0°05'
17°45'	18°01'	
17°34'	17°34'	
		-2°10' -1°10'

Front

Cross Camber  
 Cross Caster  
 Cross SAI  
 Total Toe  
 Cross Turn Diff.

Actual	Before	Specified Range
-0°10'	0°11'	-0°20' 0°20'
-0°04'	-0°04'	-0°40' 0°40'
0°26'	0°05'	
0°04'	0°25'	0°00' 0°10'

Rear : Left

Actual	Before	Specified Range
-1°48'	-2°10'	-1°35' -1°05'
0°04'	0°06'	0°00' 0°10'

Camber  
 Toe

Rear : Right

Actual	Before	Specified Range
-1°49'	-2°08'	-1°35' -1°05'
0°04'	-0°03'	0°00' 0°10'

Rear

Cross Camber  
 Total Toe  
 Thrust Angle

Actual	Before	Specified Range
0°01'	-0°02'	-0°20' 0°20'
0°08'	0°03'	0°00' 0°20'
0°00'	0°04'	-0°10' 0°10'



# 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/FCI19000201/Ksd3e2

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 05-03-2019



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 6237U	Veh. Inspected	SLU 1003H
Policy No.		Coverage (\$)	0.00
Claim No.	D19000230MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	04/01/2019

## 2. Vehicle Particulars & Condition

Make & Model	PORSCHE BOXSTER (A)	c.c	2687
Engine No.	HIDDEN	Year of Reg.	2007
Chassis No.	WP0ZZZ98Z7U703153	Colour	YELLOW
Odometer	115922	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	235/35Z R19	ACHILLES	8 mm
L/H Front Tyre	235/35Z R19	ACHILLES	8 mm
R/H Rear Tyre	275/30Z R19	ACHILLES	7 mm
L/H Rear Tyre	275/30Z R19	ACHILLES	7 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY AND UNDERCARRIAGE PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	02/01/2019	Inspection Date	04/01/2019
Survey held at	COMPLETE VMS PTE LTD BLK 176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX SINGAPORE 575721		

## 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.
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## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	9 Working Days
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Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLU 1003H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER (N)	TO REPAIR SEE LABOUR	1,870.00	-
1	FRONT FENDER R/H (N)	BENT	2,460.00	1,850.00
1	FRONT FENDER INNER SHIELD R/H (N)	SERVICEABLE	364.00	-
6	FRONT FENDER INNER SHIELD CLIP R/H @\$12.00 (N)	NOT NECESSARY	72.00	-
1	FRONT SPORT RIM R/H (N)	DENTED	1,800.00	1,751.00
1	FRONT SHOCK ABSORBER R/H (N)	BENT	2,250.00	2,250.00
1	FRONT WHEEL BEARING R/H (N)	NECESSARY	755.00	755.00
1	FRONT LOWER ARM R/H (N)	DISTORTED	1,430.00	1,230.00
1	FRONT KNUCKLE ARM R/H (N)	BENT	2,860.00	2,220.00
1	FRONT STAY LINK R/H (N)	SERVICEABLE	336.00	-
1	FRONT DOOR OUTER HANDLE R/H (N)	SERVICEABLE	376.00	-
1	REAR FENDER R/H (N)	BENT	2,350.00	2,350.00
1	REAR SPORT RIM R/H (N)	DENTED	1,800.00	1,800.00
1	FRONT UPPER ARM R/H (N)	SERVICEABLE	1,530.00	-
	LESS 10% DISCOUNT		-2,025.30	-1,420.60
			18,227.70	12,785.40
	<b><u>LABOUR</u></b>			
	REMOVE & REINSTALL FRONT SUSPENSION R/H.		650.00	250.00
	COMPUTER WHEEL ALIGNMENT.		60.00	60.00
	SPRAY PAINT DAMAGED AREA AFFECTED.		1,100.00	1,000.00
	TO CUT OFF REAR FENDER, CHANGE R/H FRONT DOOR OUTER HANDLE, R/H FRONT FENDER. INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		1,300.00	1,000.00
			-	-
			-	-
			3,110.00	2,310.00
	<b>GRAND TOTAL</b>		<b>21,337.70</b>	<b>15,095.40</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>11,700.00</b>

Report Ref No. CS/FCI19000201/Ksd3e2



Report Ref No. CS/FCI19000201/Ksd3e2

MARKET VALUE: \$115,000.00(EST)-LTA REIMBURSEMENT VALUE: \$44,290.00=NETT VALUE: \$70,710.00

A handwritten signature in black ink, appearing to be 'KSC'.

KONG SENG CHEONG

Licensed Appraiser

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