

Salvage/

FWS

From (Person)

Rasm

Sorene for

ASSIGNMENT (Office)

FCI

Date/Time

12:54pm @ 23/4/19

Estimated Cost

Bill to

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

To Inspect Vehicle No

SJO 6393X

Insured

SHA 3279T

DARRA

at Workshop m/s

Teamwork Garage

Tel

68 44 2475 / 97218085

of

53 ubi Ave 1 #01-55

Policy No

Claim No

D19002656MPST

Sum insured

Excess

Make of Veh

D.O.A

18/04/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

100

H.A.D. Enforcement

Date/Time

012pm @ 23/4/19

Person Contacted

Damen

Vehicle

IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SJO 6393X - CCG/AG/2010778 / Usa3p1

D.O.A: 24/5/2012

SHA 3279T - C8/FCI/8018875 / Tlv3n2

D.O.A: 2/8/18

24/04/19

@ 17:51 pm. revised RA to drive via email

Surveyor: *Form*

REF:

56428

COB KP.R4. 2023/July

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: 24K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 534 6393X Yr Regn: 2008 / July
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Fit 1.3 GA C.C : 1339
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp.Reading: 13498 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 986109/631
 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: 195/55R15
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or LINK LONCH

Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 18/04/19 D.O.I. 23/04/19

Survey held at TEAMWORK

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
07/05/19	Confirmed HS \$ 4,450/- @ 6 days with Resul. (\$ 5,483.94 net - 57%)
	MV - \$ 24K LTA - \$ 8,363.00 \$ 15,637.00 NET - \$ 8,363.00

Date/Time, File Pass to?

31/05/19

1) Type

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$ 4,450/- HS)

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

170

50

50 + 50

63

383

MOTOR SURVEY ASSIGNMENT

Date	22-04-2019	Our Ref No. D19002656MFSH
Accident Date	18-04-2019	Claim Type. Third Party
Insured Vehicle	SHA3279T	Third Party Vehicle. SJG6393X
Survey Location	BLK 53 UBI AVE 1 #01-24 PAYA UBI INDUSTRIAL PARK	
Contact Person.	SHU SHAN	
Contact No.	68442475/ 0	Fax No. 68442474
Survey Type	WITHOUT PREJUDICE: NO EST. COR (QUANTUM TO BE AGREED)	
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	TEAMWORK GARAGE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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: Darren <claims@teamworkgarage.com>
Sent: Thursday, 30 May 2019 3:37 PM
To: Rasul (LKKAuto)
Subject: RE: SJG 6393X DOA : 18/04/19
Attachments: image001.jpg

Hi Rasul,

We confirmed amount.

Darren
Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park
Singapore 408934
Tel: 68442475
Fax: 68442474

From: Rasul (LKKAuto)
Sent: Thursday, 23 May 2019 10:00 AM
To: claims@teamworkgarage.com
Subject: RE: SJG 6393X DOA : 18/04/19

Hi Darren,

Kindy confirm finalised amount of \$ 4,450 / 6 days lump sum

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

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



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

From: Rasul (LKKAuto)
Sent: Tuesday, 21 May, 2019 8:26 AM
To: claims@teamworkgarage.com
Subject: SJG 6393X DOA : 18/04/19

Hi Darren,

Kindy confirm finalised amount of \$ 4,450 / 6 days lump sum

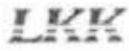
Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

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



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Wednesday, 24 April 2019 5:51 PM
To: 'Serene Ler'; 'CWS Motor Claims'
Cc: SUR; assignments
Subject: RE: SURVEY ASSESSMENT - D19002656MFSH/1
Attachments: SJG 6393X - Preli Advise -.pdf

Dear Serene,

Enclosed preliminary revised of vehicle SJG 6393X.

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: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Tuesday, 23 April, 2019 12:51 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Serene Ler <Serener@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19002656MFSH/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: D19002656MFSH

Date: 24 April 2019

Our Ref: CS/FCI19007167/R1sd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

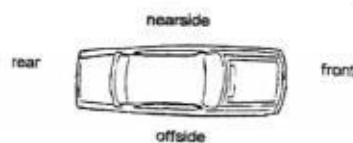
INITIAL INSPECTION REPORT OF VEHICLE NO. SJG 6393X

Please be informed that we had conducted the inspection of the abovementioned vehicle on 23/04/2019 at the premises of M/s Teamwork Garage Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>10,233.94</u>
Revised Estimate Amount (lump sum)	: S\$ <u>7,496.32</u>
"Check" Items Amount	: S\$ _____
Market Value	: S\$ _____
LTA Reimbursement Value	: S\$ _____
Nett Value	: S\$ _____

Description of Damage:

The vehicle sustained damages at the rear portion.



Comments/ Present Status:

Damages Consistent.

Repair days: 6 Days

Yours faithfully,
Mohammed Rasul
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	20/04/2019 13:29
Date Of Accident	18/04/2019 19:30
Exact Location Of Accident	ALONG AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG6393X
Insured/Policyholder	
Name Of Registered Owner	PUSPALATTA D/O DIVAKARAN
NRIC No	S1695642B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91810814
Alternative Phone No	OFFICE-91810814

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA370538
Cover Note Number	

Driver

Name of Driver	PUSPALATTA D/O DIVAKARAN
NRIC No	S1695642B
Date Of Birth	05/03/1965
Occupation	INDOOR
Date Of Driving Pass	08/12/1995
Driving Experience	23 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91810814
Fax Number	
Contact Number	OFFICE-91810814
Email Address	NOEMAIL

Address	BLK 278 TAMPINES STREET 22 #04-204
Postcode	520278
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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: : K.ASHOKC GENDER: : MALE
Passenger 2	NAME: : A.AJITHA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20190419/2006. STATEMENT RECORDED BY LEONG KEAT - 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	SHA3279T
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)

DETAILS OF INJURED PERSON 1

Name PUSPALATTA D/O DIVAKARAN
Approximate Age
Injuries Sustain SLIGHT INJURIES
Injured person in which vehicle? SJG6393X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name K.ASHOKC
Approximate Age
Injuries Sustain SLIGHT INJURIES
Injured person in which vehicle? SJG6393X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name A.AJITHA
Approximate Age
Injuries Sustain SLIGHT INJURIES
Injured person in which vehicle? SJG6393X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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.
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 #2

SKETCH PLAN

Vehicle

A- 5JG 6393X
B- SHA 3279 T
C- SLZ 7236L

Legend

 Vehicle
 Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Polu Report
T/20190419/2006

DECLARATION

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

Please be advised that your insurer may have a fourteen (14) days claim whereby the claim against own policy must be made within the stipulated time frame from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature _____

Date & Times:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FEN No.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190419/2006

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4

Report No. T/20190419/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2019 00:51		Vide Report No.:		Station Diary No.: 23
Informant's Particulars				
Name of Informant: PUSPALATTA D/O DIVAKARAN		Address: APT BLK 278 TAMPINES STREET 22 #04-204 SINGAPORE 520278		
ID Type / ID No.: NRIC NO / S1695642B		Contact No.: Home/Office: Mobile: 91810814		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 54	Date of Birth: 05/03/1965	Type of Informant: Driver	
Race: Malayalee		Language:	Institution / School Name:	
Occupation: PROPERTYAGENT		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/04/2019 19:30	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3279T	Car					0
SJG6393X	Car	HONDA	FIT 1.3G A	Yellow	Seriously Damaged	2
SLZ7236L	Car					2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190419/2006

2 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190419/2006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJG6393X	AXA INSURANCE SINGAPORE PTE LTD	GA370538	10/07/2018	09/07/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SEOW AH HENG		ID No.	S1265940
Related Vehicle	SHA3279T (Car)		Contact No.	98629957
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	PUSPALATTA D/O DIVAKARAN		ID No.	S1695642B
Related Vehicle	SJG6393X (Car)		Contact No.	91810814
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	02		Degree of Injury	Slight
Passenger				
Name	K ASHOKC		ID No.	S1324741B
Related Vehicle	SJG6393X (Car)		Contact No.	96573706
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	02		Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20190419/2006

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 4

Report No. T/20190419/2006

CONTINUATION OF REPORT

Driver			
Name	LIM CHEW KIAT		ID No. S1611420H
Related Vehicle	SLZ7236L (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/4/19 at about 7.30pm, I was driving on the 2nd lane from the left along Airport Boulevard. The cars in front of me slowed down and stopped. I pressed my brakes and came to a stop. Suddenly, a taxi SHA3279T collided onto the rear portion of my vehicle. I made a check and discovered that it was a chain collision between 3 vehicles. The taxi driver, informed that he had already stopped his vehicle but the vehicle SLZ7236L that was behind him collided onto his rear portion causing him to move forward and collide into my vehicle.

I wish to state that my vehicle was subsequently towed away as the indicator showed that the boot was not shut properly even though it is closed. My husband and I went to Life-link clinic & surgery and was given 2 days MC each.

I do not have an in-car camera. I am filing this report for insurance claiming purposes.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20190419/2006

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

4 of 4

Report No. T/20190419/2006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 S EVA SHERRIENA BINTI S AFFINDY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/04/2019 00:51
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5642B
Vehicle Details	
Vehicle No.:	SJG6393X
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Apr 2019
Vehicle Make:	HONDA
Vehicle Model:	FIT 1.3G A
Primary Colour:	Yellow
Manufacturing Year:	2008
Engine No.:	L13A4103214
Chassis No.:	GE61091631
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$11,576.00
Original Registration Date:	10 Jul 2008
First Registration Date:	10 Jul 2008
Transfer Count:	1
Actual ARF Paid:	\$11,576.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	09 Jul 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$18,583.00
COE Rebate Amount:	\$15,637.00
Total Rebate Amount:	\$15,637.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 24 Apr 2019

OK

24,000
15,637

8,363



Pte Ltd

FIRST CAPITAL INSURANCE LTD

6 Raffles Quay
Singapore 048580

TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel : 6844 2475

E-mail : claims@teamworkgarage.com

Register number : 201015366H

Repair Performa Invoice

97218085-DARRON

Vehicle number	SJG6393X
Make / Model	HONDA/FIT
Chassis number	GE61091631
Accident date	18 April 2019
Reference	1904-50

Qty Particulars Unit Price - SGD \$

PARTS REPLACEMENT - LIST ITEMS		
1	REAR BUMPER DE	540.80
1	REAR BUMPER TOW COVER SC	27.40
2	REAR BUMPER RETAINER ne	49.80
1	END PANEL B1 (photo)	565.80
1	END PANEL TOP GARNISH DE	157.80
2	REAR TAILLAMP CRA	474.26
2	REAR TAILLAMP PANEL X	328.20
1	REAR EXHAUST SILENCER X	546.80
2	REAR EXHAUST MOUNTING X	50.00
2	REAR FENDER INNER TRIM LH - CRA / RH - X	664.70 332.35
1	TAILGATE M	914.20
2	TAILGATE ABSORBER X	301.30
1	TAILGATE EMBLEM -FIT ne	41.00
1	TAILGATE OUTER HANDLE X	136.10
1	TAILGATE WEATHERSTRIP ne	112.40
1	TAILGATE GLASS MOULDING ne	141.00
1	TAILGATE LOCK M	196.30
1	TAILGATE LOCK STRIKER X SC	45.91
2	TAILGATE HINGE X	80.50
1	TAILGATE INNER TRIM CRA	116.15
1	SPARE TRYE TOP BOARD X SC	323.15
1	SPARE TYRE INNER TOOL FOAM DE	218.80
1	SPARE TYRE COMPARTMENT repair	847.55
		6879.92
Less 20%		1375.98
Subtotal		5503.94
Balance C/F		5503.94
PARTS REPLACEMENT - SPECIAL NETT ITEMS		
		5503.94
Balance B/F		5503.94
1 SET	REAR BUMPER CLIP ne	40.00
1 SET	REAR REVERSE SENSOR	400.00 200.00
1	REAR TAILGATE INNER TRIM CLIP	30.00 ne
1	JOINT SELANT	150.00 60 ne
1	FLOOR INSULATOR	150.00 X
1	WINDSCREEN SEALANT	150.00 60 ne
Subtotal		920.00
Balance C/F		6423.94

3888.06

20%

3110.44

390

S/No	LABOUR AND MISCELLANEOUS CHARGES	
	Balance B/F	6423.94
1	CHECK REAR WIRING AND LIGHTNING SYSTEM	60.00 30
2	CHECK REAR LINING, TRIM AND GARNISH	200.00 X 11
3	REMOVE AND RENEW REAR REVERSE SENSOR	150.00 60
4	REMOVE AND REFIT FUEL TANK	150.00 X 11
5	REMOVE AND RENEW FLOOR INSULATOR	150.00 X 11
6	REMOVE AND REFIT REAR WINDSCREEN	150.00 120
7	TRANSFER PARTS, ATTACHMENT FROM OLD TAILGATE TO NEW	200.00 80
8	PANEL BEATING ON AFFECTED AREAS	1400.00 800
9	SPRAY PAINTING ON AFFECTED AREAS	1200.00 800
10	APPLY ANTI RUST ON AFFECTED AREAS	150.00 80
	Subtotal	3810.00
	Grand total	10233.94

2070

Rasul [Signature] 25/4/19
Hp 90010068

6 days

4s

23/04/19 @ 1600

Resy after repair

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before and 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:

3110.44

3901.00

2070.00

5570.44

20%

4456.35

6 days

415 - 4,450




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/FCI19007167/R1sd3s2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 31-05-2019		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 3279T	Veh. Inspected	SJG 6393X	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19002656MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	23/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	HONDA FIT 1.3G A	c.c	1339	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	GE61091631	Colour	YELLOW	
Odometer	134986	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/55R15	LING LONG	5 mm	
L/H Front Tyre	195/55R15	LING LONG	5 mm	
R/H Rear Tyre	195/55R15	LING LONG	5 mm	
L/H Rear Tyre	195/55R15	LING LONG	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/04/2019	Inspection Date	23/04/2019	
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.			
5a. Remarks				
A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days		



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJG 6393X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	540.80	540.80
1	REAR BUMPER TOW COVER	SCRATCHED	27.40	27.40
2	REAR BUMPER RETAINER	NECESSARY	49.80	49.80
1	END PANEL	BENT	565.80	565.80
1	END PANEL TOP GARNISH	DEFORMED	157.80	157.80
2	REAR TAILLAMP	CRACKED	474.26	474.26
2	REAR TAILLAMP PANEL	NOT NECESSARY	328.20	-
1	REAR EXHAUST SILENCER	NOT NECESSARY	546.80	-
2	REAR EXHAUST MOUNTING	NOT NECESSARY	50.00	-
2	REAR FENDER INNER TRIM	N/S CRACKED / O/S NOT NECESSARY	664.70	332.35
1	TAILGATE	BENT	914.20	914.20
2	TAILGATE ABSORBER	NOT NECESSARY	301.30	-
1	TAILGATE EMBLEM - FIT	NECESSARY	41.00	41.00
1	TAILGATE OUTER HANDLE	NOT NECESSARY	136.10	-
1	TAILGATE WEATHERSTRIP	NECESSARY	112.40	112.40
1	TAILGATE GLASS MOULDING	NECESSARY	141.00	141.00
1	TAILGATE LOCK	BENT	196.30	196.30
1	TAILGATE LOCK STRIKER	SERVICEABLE	45.91	-
2	TAILGATE HINGE	NOT NECESSARY	80.50	-
1	TAILGATE INNER TRIM	CRACKED	116.15	116.15
1	SPARE TYRE TOP BOARD	SERVICEABLE	323.15	-
1	SPARE TYRE INNER TOOL FOAM	DEFORMED	218.80	218.80
1	SPARE TYRE COMPARTMENT	TO REPAIR SEE LABOUR	847.55	-
	LESS 20% DISCOUNT		-1,375.98	-777.62
			5,503.94	3,110.44
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER CLIP (SN)	NECESSARY	40.00	40.00
1	SET REAR REVERSE SENSOR (SN)	NOT WORKING	400.00	200.00
1	REAR TAILGATE INNER TRIM CLIP (SN)	NECESSARY	30.00	30.00

Report Ref No. CS/FCI19007167/R1sd3s2

**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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	JOINT SEALANT (SN)	NECESSARY	150.00	60.00
1	FLOOR INSULATOR (SN)	NOT NECESSARY	150.00	-
1	WINDSCREEN SEALANT (SN)	NECESSARY	150.00	60.00
			920.00	390.00
	LABOUR			
	CHECK REAR WIRING AND LIGHTING SYSTEM.		60.00	30.00
	CHECK REAR LINING, TRIM AND GARNISH.	NOT NECESSARY	200.00	-
	REMOVE AND RENEW REAR REVERSE SENSOR.		150.00	60.00
	REMOVE AND REFIT FUEL TANK.	NOT NECESSARY	150.00	-
	REMOVE AND RENEW FLOOR INSULATOR.	NOT NECESSARY	150.00	-
	REMOVE AND REFIT REAR WINDSCREEN.		150.00	120.00
	TRANSFER PARTS, ATTACHMENT FROM OLD TAILGATE TO NEW.		200.00	80.00
	PANEL BEATING ON AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF SPARE TYRE COMPARTMENT.		1,400.00	800.00
	SPRAY PAINTING ON AFFECTED AREAS.		1,200.00	900.00
	APPLY ANTI RUST ON AFFECTED AREAS.		150.00	80.00
			3,810.00	2,070.00
	GRAND TOTAL		10,233.94	5,570.44
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			4,450.00

Report Ref No. CS/FCI19007167/R1sd3s2

MARKET VALUE: \$24,000.00

LTA: \$15,637.00

NETT VALUE: \$8,363.00

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

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 contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.