

Surveyor

REF: CSI/FCI19009219/Ptd352

Special Instruction:

LS \$53507

From (Person): Henry Kao of FCI Date/Time: 24/5/2019
Estimated Cost: Bill to:

Third Parties:

Claimant: Owner
Surveyor: Premier Appraiser
Workshop: Autopox

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: 86V4417G Insured: SHC7460Z
at Workshop m/s Autopox House Tel:
of 176 Sin Ming Drive #02-01
Policy No: Claim No: D13001384/CCPL/CJ
Sum Insured: Excess:
Make of Veh: D.O.A. 24/1/2013
(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT
Date/Time: Confirmed with Final Fig days (Red \$ / %; Original 6 days)
Date/Time: 14/6/2019 Submit Final Fig 2550, 3 days (Red \$ 2700 / 51 %; Original 6 days)

Date/Time	Action/Instruction
	86V4417G-X SHC7460Z-NE INC13001826/H1212 DOA: 24/1/2013
14/06/19	To submit 1/5 2550/- with 3 days of work. Minor damage to most items not given as photo show no damage and also unlikely to be damaged. From minor impact.
RECEIVED 14 JUN 2019	

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :
Salvage Value :
Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add
Transport
Photos
Others
Total

Date:

120

1) Date/Time: 14/6/2019 File Pass to: Typist

3) Date/Time: File Pass to:

5) Date/Time: File Pass to:

2) Date/Time:

4) Date/Time:

6) Date/Time:

File Return to:

File Return to:

File Return to:

Nivitha (LKK Auto)

From: Henry Kao Cai Jie <HenryKao@msfirstcapital.com.sg>
Sent: Friday, 24 May 2019 2:54 PM
To: Admin-D (LKKAuto)
Cc: Daniel Poon & Co.
Subject: Your Ref: SGV 4417G, Our ReF: D13001384/CCPL/CJ – TPD1 - ACCIDENT INVOLVING SHC 7460Z & SGV 4417G ON 24/01/2013
Attachments: 24052019145017-0001.pdf; SGV4417G.pdf; SHC7460Z (IV).pdf

Dear Sirs,

Your Ref: SGV 4417G
Our ReF: D13001384/CCPL/CJ – TPD1

M C SUIT NO 1263 OF 2019
ACCIDENT INVOLVING SHC 7460Z & SGV 4417G ON 24/01/2013

We refer to the above matter.

Please assist to conduct a paper re-survey on the third party vehicle, SGV 4417G. We enclosed the accident reports of both parties and the survey report of the third party for your perusal.

We look forward to your advice soon.

c.c. Daniel Poon & Co
Ref: DP.sa.10892.19.FCI

Best Regards

Henry Kao
Motor Claim Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Tel: 6507 3848 | DID : 6507 3584 | Fax No. : 6507 3849 | Email: henrykao@msfirstcapital.com.sg | Company Regn. No. 195000106C
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 <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

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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 ability.
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 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 25/01/2013 14:30
Date Of Accident 24/01/2013 18:10
Exact Location Of Accident NEWTON RD (B2 BUS STOP) TWD NEWTON CRL

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGV4417G
Insured/Policyholder
Name Of Registered Owner MOHAMAD FADZLY BIN SAMSURI
NRIC No S8209211J

Vehicle Particulars

Manufacturer TOYOTA
Model COROLLA-AXIO 1.5 X (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 TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 12-MD002960-R00
Cover Note Number

Driver

Name of Driver MOHAMAD FADZLY BIN SAMSURI
NRIC No S8209211J
Date Of Birth 12/04/1982
Occupation INDOOR
Date Of Driving Pass 07/10/2003
Driving Experience 9 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-90605143
Fax Number
Contact Number
Email Address NOEMAIL
Address APT BLK 228 BUKIT BATOK CENTRAL #07-17
Postcode 650228
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 COLLISION- HEAD TO REAR (TP HIT INSURED)
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
Was there any video captured by Car Camera? NO

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 TO THE SKETCH PLAN
Are accident photos available for attachment? YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7460Z
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver KEVIN KOH
NRIC/Passport Number
Contact Number 94557313
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

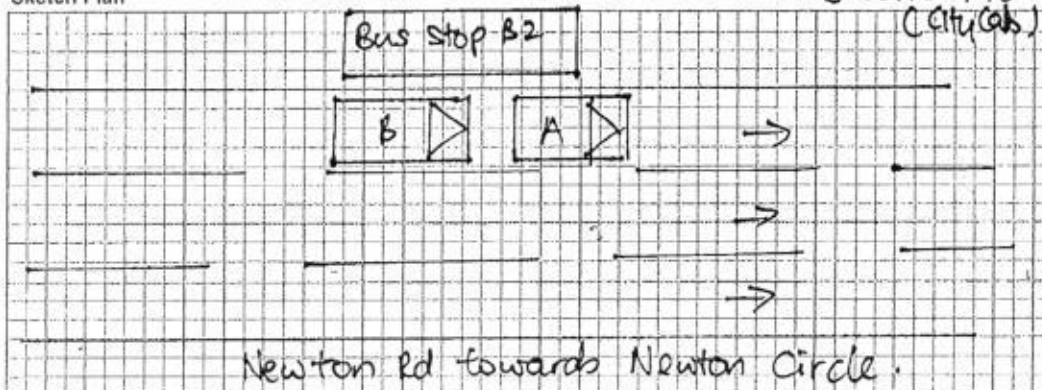
SKETCH PLAN

IMPORTANT NOTICE

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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 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.

A : 86V 4417 G
B : SHC 7460 Z
(City Cab)

Sketch Plan



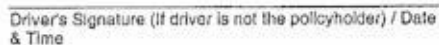
Describe Circumstances of the Accident

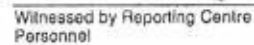
I was travelling along Newton Rd towards Newton Circle on 24/1/13. Traffic was heavy. The cars in front of me stopped and I stopped too. Moments later, vehicle B collided into my vehicle's rear.

Declaration

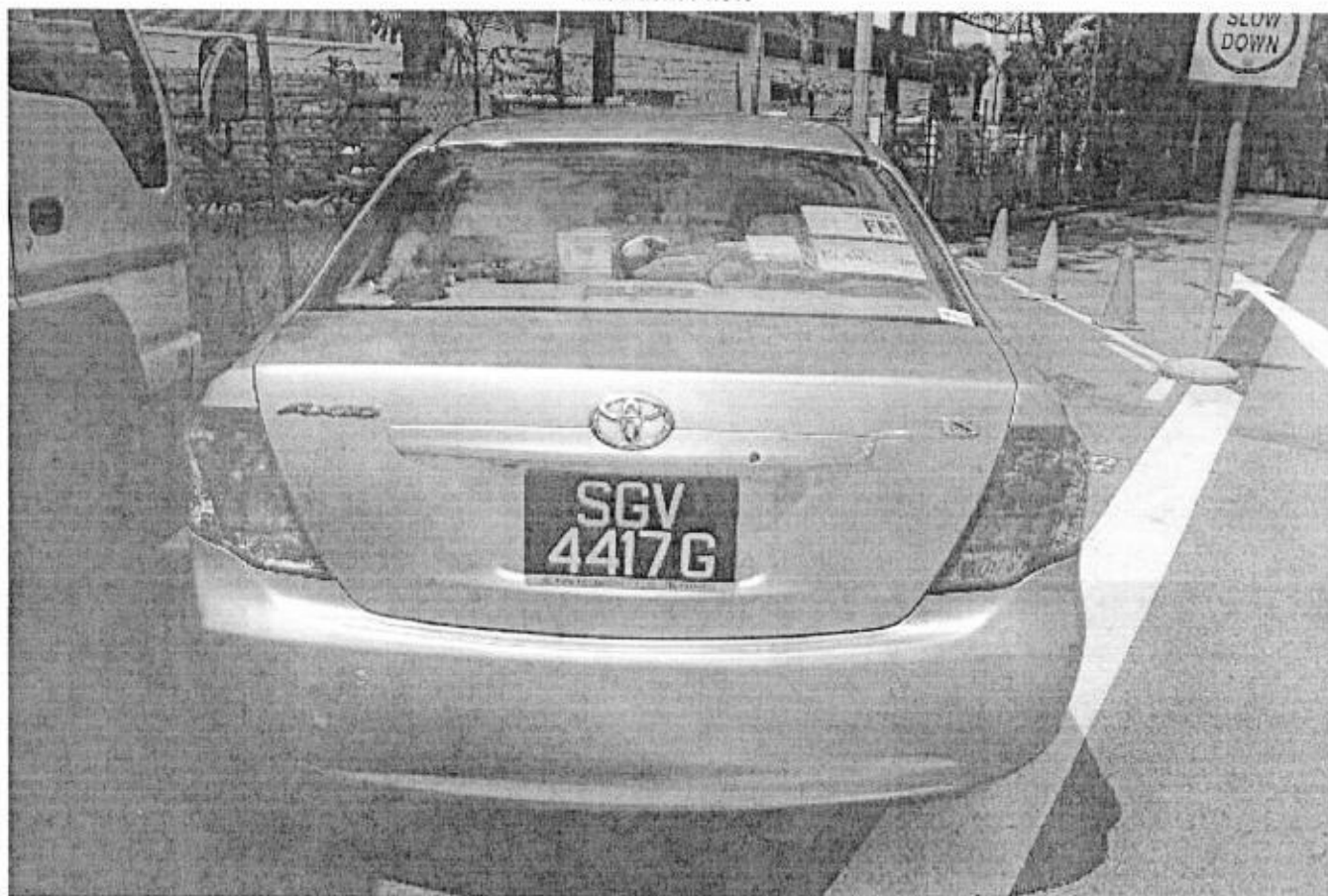
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

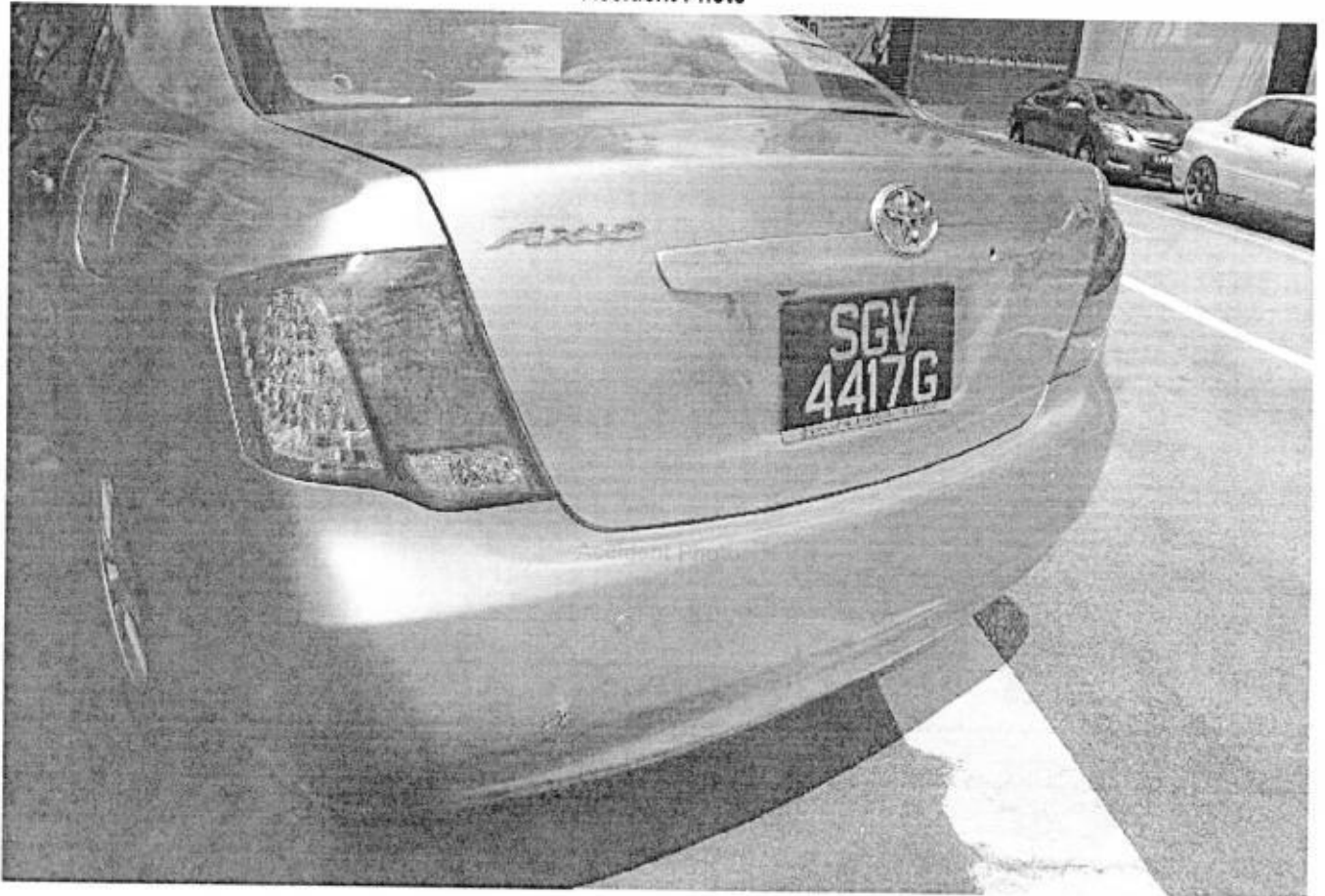

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Accident Photo



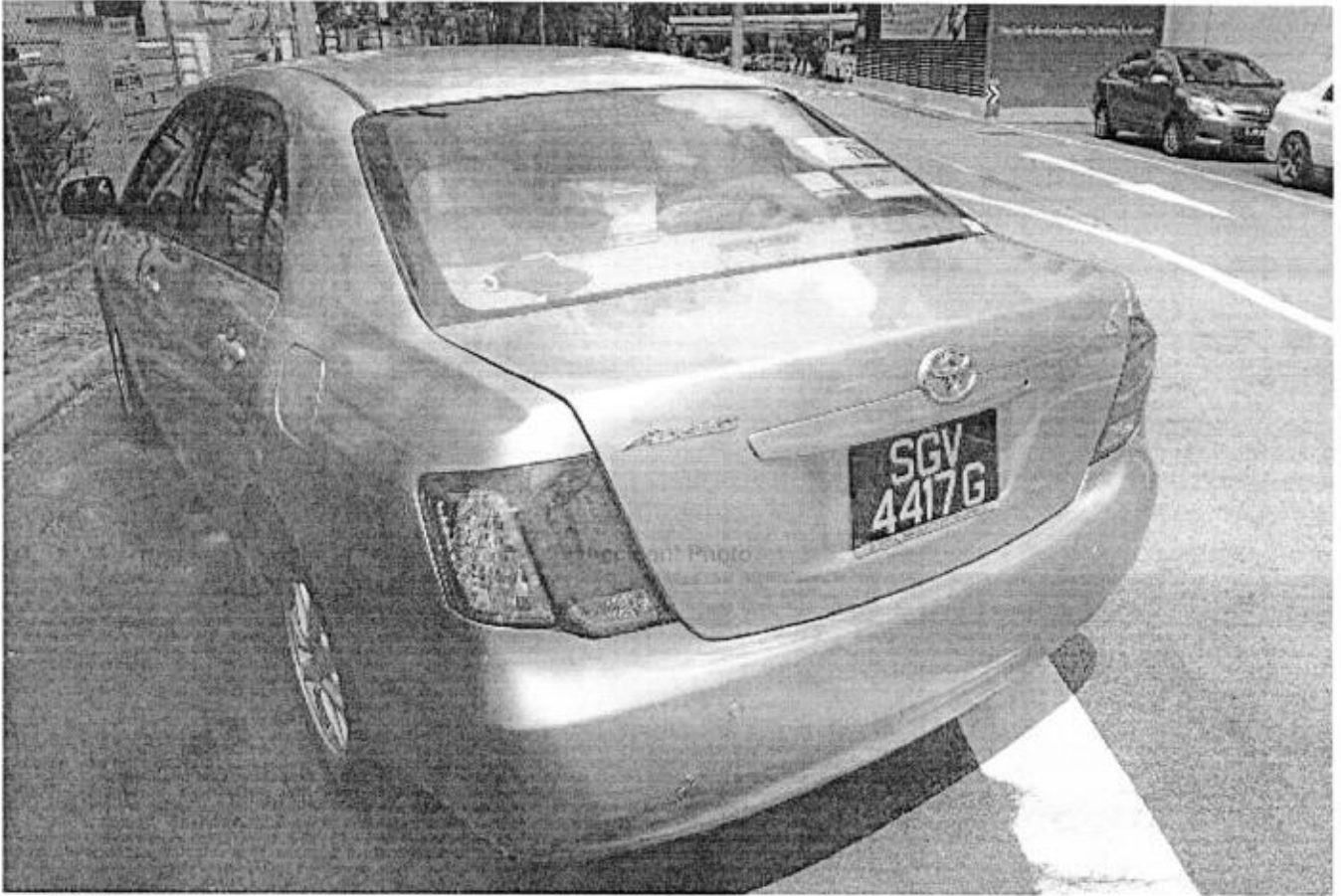
Accident Photo



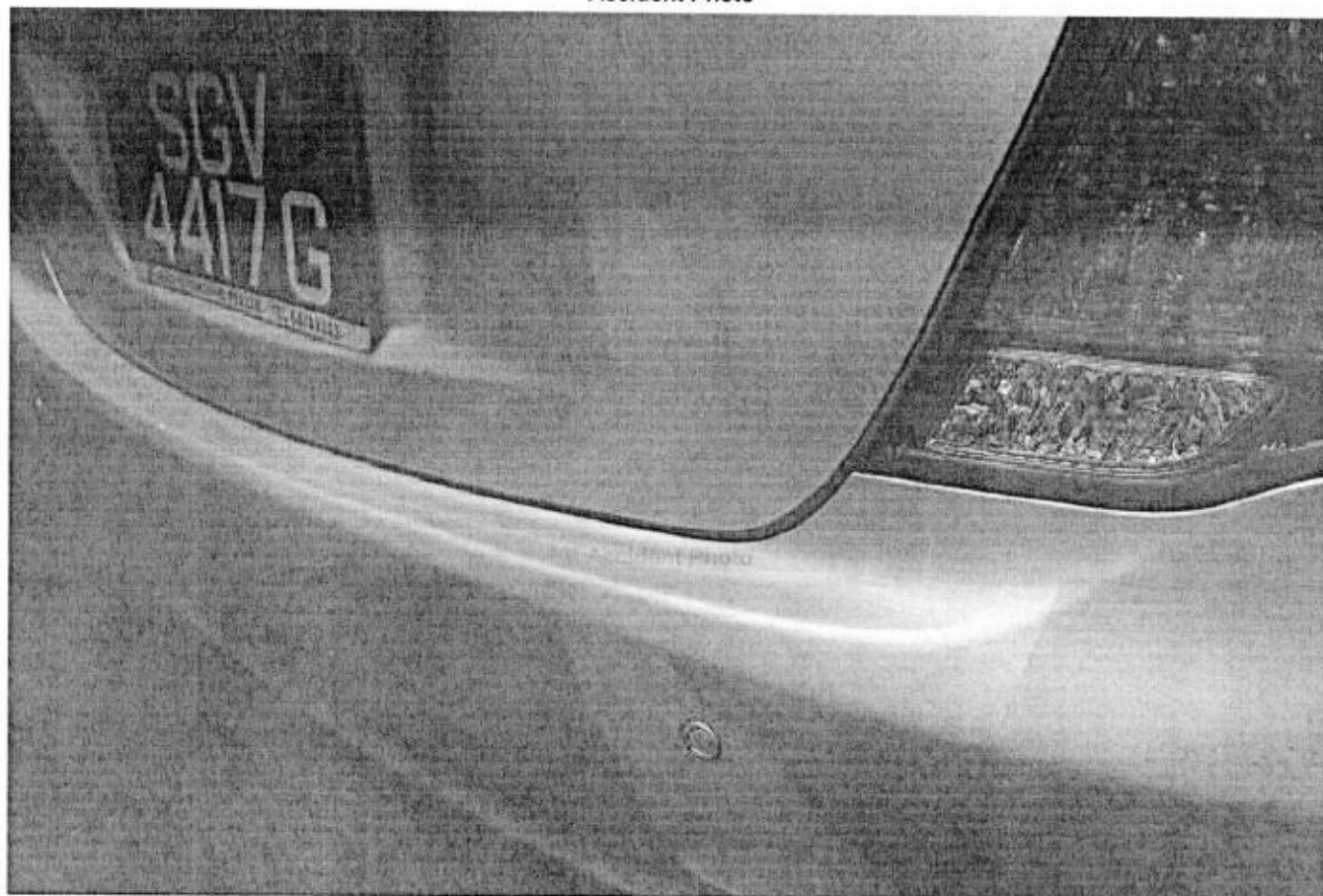
Accident Photo



Accident Photo



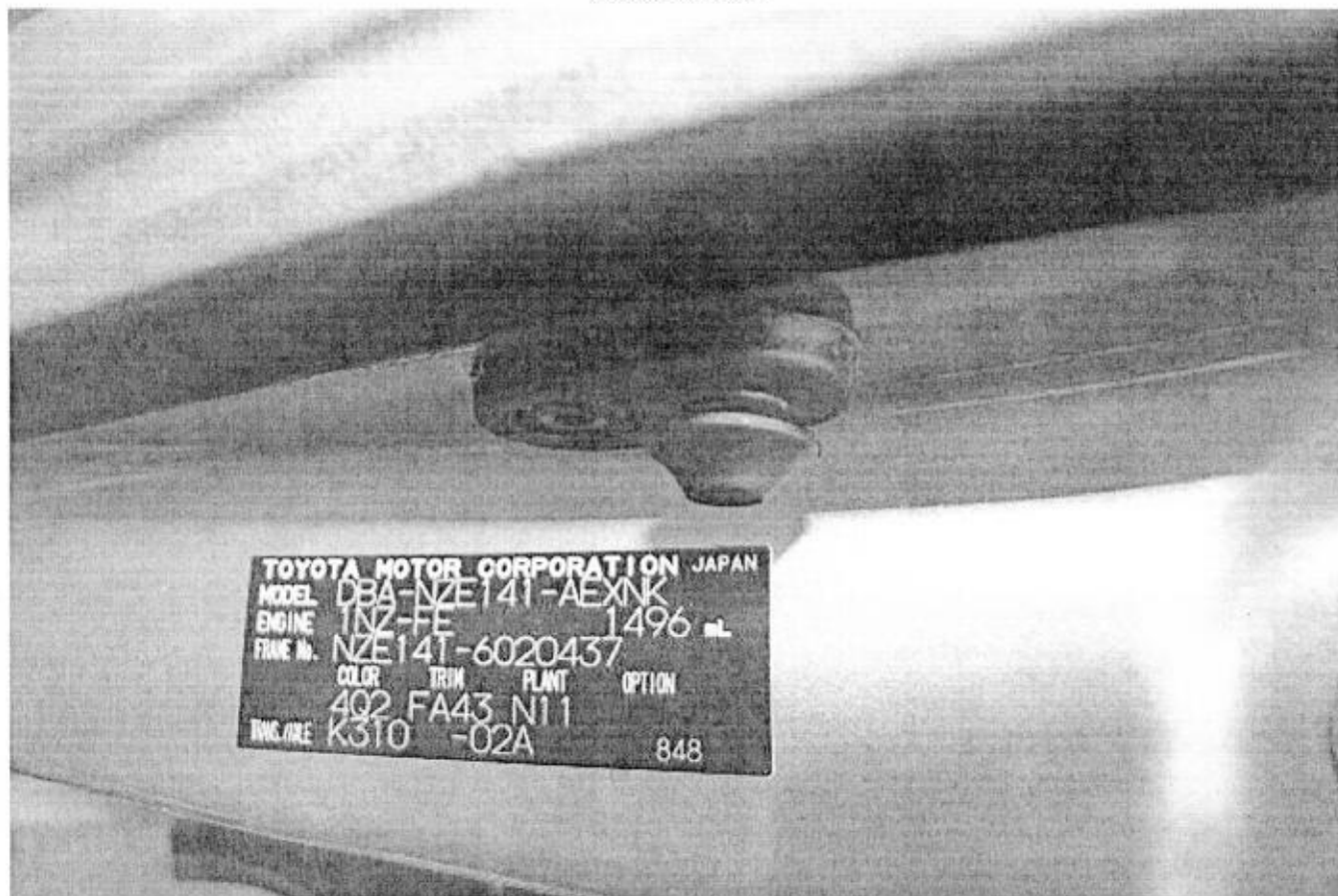
Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report 25/01/2013 14:43
Date Of Accident 24/01/2013 18:15
Exact Location Of Accident SCOTTS RD X NEWTON CIRCUS

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7460Z
Insured/Policyholder
Name Of Registered Owner CITYCAB PTE LTD
Co Reg No 199502839G

Vehicle Particulars

Manufacturer HYUNDAI
Model SONATA-2.0 (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? NO

If No, Please state action to be taken REPORTING ONLY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company FIRST CAPITAL INSURANCE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number D-10015516MFSH
Cover Note Number

Driver

Name of Driver KEVIN KOH
NRIC No S1445889A
Date Of Birth 23/12/1960
Occupation OUTDOOR
Date Of Driving Pass 10/01/1983
Driving Experience 30 YEARS AND 0 MONTHS
Gender MALE
Mobile Number
Fax Number
Contact Number
Email Address NOEMAIL
Address BLK 320 UBI AVE 1
#06-527
Postcode 400320
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	UNKNOWN - NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	NO

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

Are accident photos available for attachment?	YES
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO VISIBLE DAMAGED
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

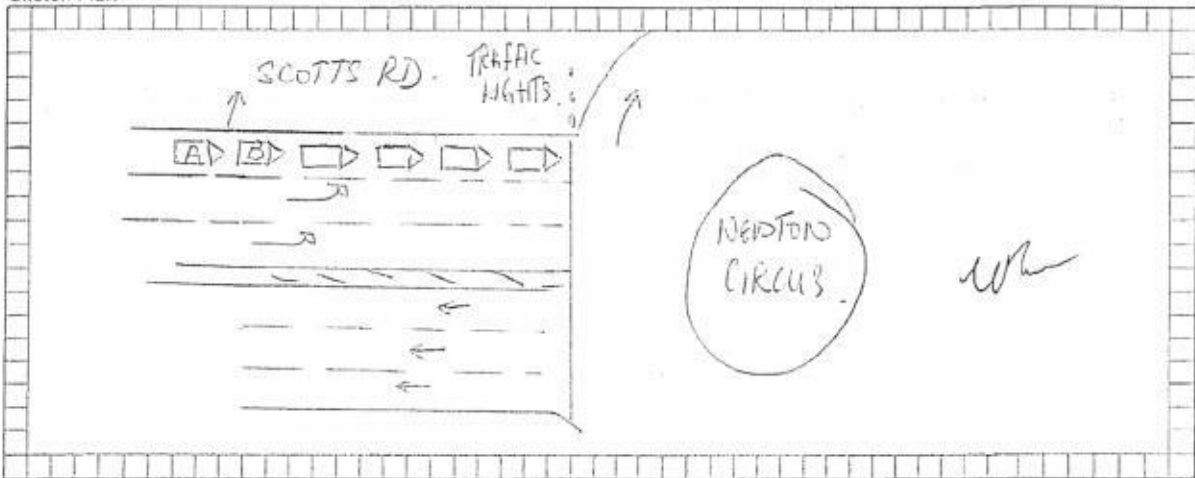
SKETCH PLAN

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Sketch Plan

A: SHC 7460Z B: UNKNOWN CAR



Describe Circumstances of the Accident

On 24/01/13 at about 1815 hrs, the traffic volume was heavy & traffic flow was very slow moving along the above road. While I was my taxi came to a stop behind an unknown car. Suddenly, the driver of the unknown car approached my taxi and claimed that my taxi has hit his car. I told the man I did not hit your car and he did not accept it. I would like to state that my taxi did not hit his car. I even inspected the rear of the car and found there were no visible damage, not even a scratch mark. My taxi has no damaged at all. One lady passenger.

Declaration

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

WH
25/01/13
13031113

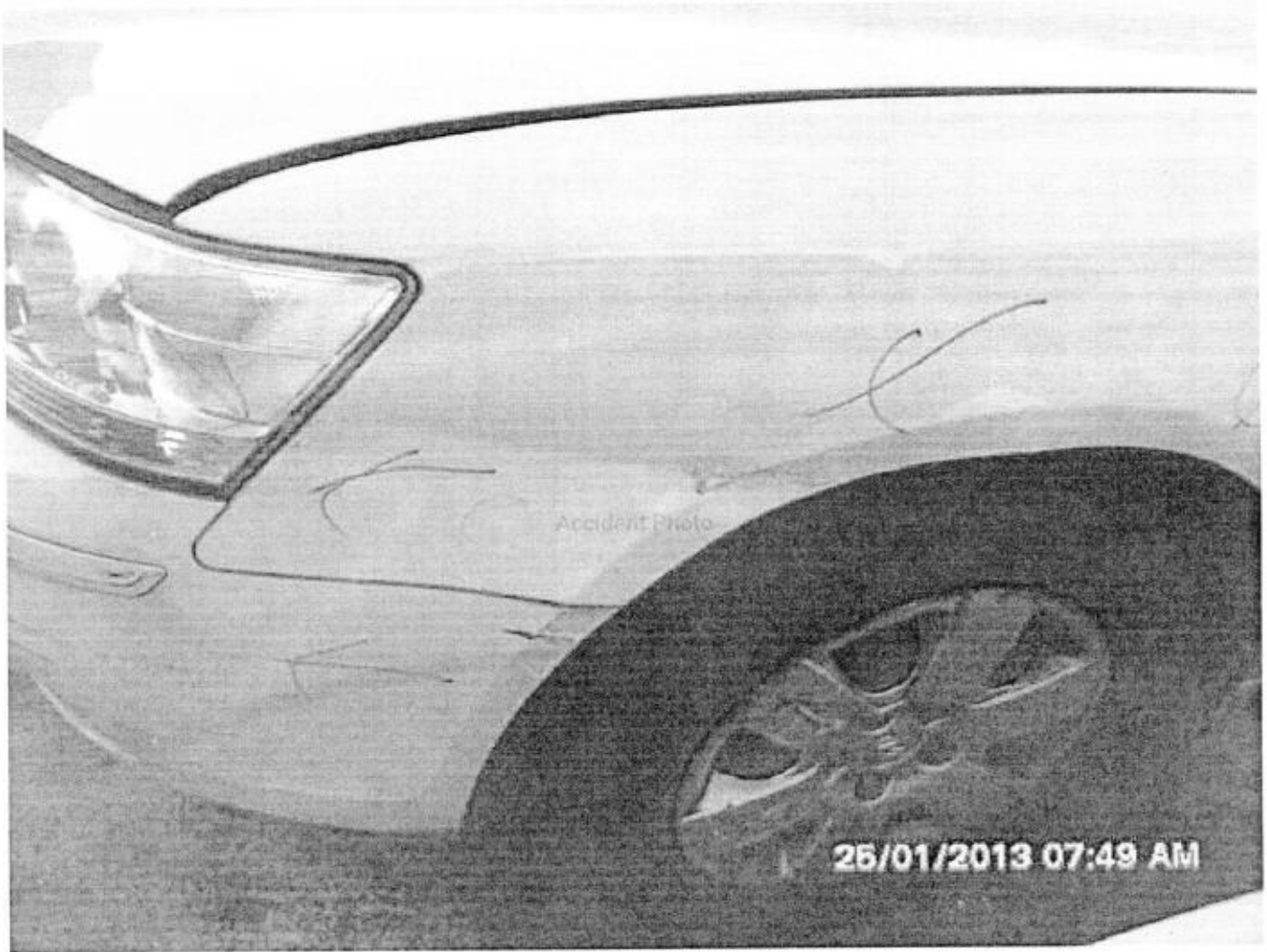
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



PREMIER APPRAISER SERVICES

VEHICLE INSPECTION REPORT

To : Mr. Mohamad Fadzly Bin Samsuri
c/o 46 Lentor Plain
Singapore 786548

Our Ref. : PT1301020-L
Policy No. : -
Claim No. : -
Sum Insured :
Excess : T/P Claim
Date : 15th Feb 2013

Assigned By : Mr. Mohamad Fadzly Bin Samsuri ✓
Date of Assignment : 25th Jan 2013
Date of Accident : 24th Jan 2013
Date of Inspection : 25th Jan 2013 Follow up inspections were also conducted.
Name of Workshop : Autoworx House
Place of Inspection : 176 Sin Ming Dr #02-01
Singapore 575721

PARTICULARS OF VEHICLE

Registration No. : SGV 4417 G ✓
Make/Model : Toyota Corolla Axio 1.5X A ✓
Type Of Body : 4 Dr. Saloon
Year of Manuf./Regn. : 2007
Colour : Met. Beige

Odometer/km : 186840
Chassis No. : NZE1416020437 ✓
Engine No. : 1NZC513033
Engine Cap. : 1496 cc
Carrying Cap. : 4 Passengers

PRE-ACCIDENT CONDITION (Static tests only)

Handbrake	: Serviceable	Body Work	: Good	Market Value	: N/A
Footbrake	: Serviceable	Paint Work	: Good	Scrap Value	: -
Steering	: Serviceable	Modifications	: None	Others	: -

CONDITION OF TYRES

	Size	N/s - Tread Depth/Make	O/s - Tread Depth/Make
Front Tread	: 185/70 - R15	7mm - Bridgestone	7mm - Bridgestone
Rear Tread (inner)	:		
Rear Tread (outer)	: 185/70 - R15	7mm - Bridgestone	7mm - Bridgestone

The above represent an estimated remaining life of the tyre treads in mm.

POINT OF IMPACT/GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained an impact on the rear portion.

The boot lid, boot floor, rear end panel, rear bumper were dented/ buckled/ distorted.

For details of damages please refer to our schedule attached.

REMARKS :

This survey was conducted strictly without prejudice.

This report is confidential and is given for the use of clients and their agents and any disclosure or publication of it or parts thereof shall be the responsibility of such person and no liability shall be attached to us therefore.

PREMIER APPRAISER SERVICES

Our Ref: PT1301020-L

Vehicle No: SGV 4417 G

Qty	Parts Descriptions	Conditions	Repairer's Est.	Our Revised
LIST ITEMS:				
1	bootlid	dented/distorted	S\$ 846.40	S\$ 846.40 ✓
1	bootlid lock	bent	287.50	287.50 HH
1	bootlid lock catch	damaged	55.30	55.30 HH
1	bootlid w/strip	warped	230.70	230.70 ✓
1	bootlid ctr emblem	damaged	48.60	48.60 ✓
1	bootlid "AXIO" emblem	damaged	78.60	78.60 ✓
1	bootlid "x" emblem	damaged	54.40	54.40 ✓
2	taillamps	chafed/cracked	1,127.20	1,127.20 HH
2	taillamp panels	dented - repair	749.00	-
1	rear end panel	dented/buckled	574.40	574.40 HH
1	rear end panel garnish	warped	285.00	285.00 HH
1	rear bumper	dented/distorted	1,052.90	1,052.90 ✓
2	rear bumper side retainers	damaged	112.00	112.00 HH
2	rear bumper corner retainers	damaged	175.20	175.20 HH
2	rear bumper impact brackets	damaged	358.00	358.00 ✓
1	spare tyre top board	damaged	387.60	387.60 ✓
			S\$ 6,422.80	S\$ 5,673.80
			LESS 25%	25%
			1,605.70	1,418.45
			4,817.10	4,255.35 ✓
S/NETT ITEMS:				
1	reverse camera	damaged	650.00	420.00 HH
1	reverse sensor	damaged	220.00	200.00 ✓
TOTAL S/PARTS			S\$ 5,687.10	S\$ 4,875.35 ✓
To supply joint sealant.			150.00	60.00 HH
To remove/refit luggage trims & garnish to assist repairs.			80.00	70.00 ✓
Labour charges to repair, panel beat and straighten damaged parts and replace the above-mentioned parts.			950.00	700.00 500/-
To replace reverse camera and reverse sensor.			120.00	80.00 40/-
To check wiring functions.			60.00	30.00 HH
To putty, apply primer & spray-paint the affected areas.			800.00	700.00 500/-
To apply rust-proofing on repaired/replaced panels.			150.00	80.00 40/-
TOTAL			S\$ 7,997.10	6,595.35 ✓

Note: The repairer has agreed to undertake the repairs at our adjusted amount of S\$ 5,250.00 lump sum corresponding to supply of parts, labour and spray painting charges.
The estimated period of repairs is SIX (6) days.
Pursuant to your instruction we have not authorised repairs on your behalf.

PREMIER APPRAISER SERVICES

LESLIE K C LIM CAE (UK), MIMI (UK)
MSAAA, Automotive Appraiser
Dip.MTM. Automotive Engineer

3 days

3217.95
1/5 2550/-



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. SGV 4417G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOTLID	DENTED / DISTORTED	846.40	846.40
1	BOOTLID LOCK	NOT NECESSARY	287.50	-
1	BOOTLID LOCK CATCH	NOT NECESSARY	55.30	-
1	BOOTLID W/STRIP	WARPED	230.70	230.70
1	BOOTLID CTR EMBLEM	DAMAGED	48.60	48.60
1	BOOTLID "AXIO" EMBLEM	DAMAGED	78.60	78.60
1	BOOTLID "X" EMBLEM	DAMAGED	54.40	54.40
2	TAILLAMPS	NOT NECESSARY	1,127.20	-
2	TAILLAMP PANELS	TO REPAIR SEE LABOUR	749.00	-
1	REAR END PANEL	NOT NECESSARY	574.40	-
1	REAR END PANEL GARNISH	NOT NECESSARY	285.00	-
1	REAR BUMPER	DENTED / DISTORTED	1,052.90	1,052.90
2	REAR BUMPER SIDE RETAINERS	NOT NECESSARY	112.00	-
2	REAR BUMPER CORNER RETAINERS	NOT NECESSARY	175.20	-
2	REAR BUMPER IMPACT BRACKETS	N/S DAMAGED / O/S NOT NECESSARY	358.00	179.00
1	SPARE TYRE TOP BOARD	NOT NECESSARY	387.60	-
	LESS 25% DISCOUNT		-1,605.70	-622.65
			4,817.10	1,867.95
SPECIAL NETT ITEMS				
1	REVERSE CAMERA (SN)	NOT NECESSARY	650.00	-
1	REVERSE SENSOR (SN)	DAMAGED	220.00	200.00
1	JOINT SEALANT (SN)	NOT NECESSARY	150.00	-
			1,020.00	200.00
LABOUR				
	TO REMOVE / REFIT LUGGAGE TRIM & GARNISH TO ASSIST REPAIRS.		80.00	70.00

**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 (\$)
	LABOUR CHARGES TO REPAIR, PANEL BEAT AND STRAIGHTEN DAMAGED PARTS AND REPLACE THE ABOVE-MENTIONED PARTS. INCLUSIVE OF THE REPAIR OF TAILLAMP PANELS.	NOT NECESSARY	950.00	500.00
	TO REPLACE REVERSE CAMERA AND REVERSE SENSOR.		120.00	40.00
	TO CHECK WIRING FUNCTIONS.		60.00	-
	TO PUTTY, APPLY PRIMER & SPRAY-PAINT THE AFFECTED AREAS.		800.00	500.00
	TO APPLY RUST-PROOFING ON REPAIRED / REPLACED PANELS.		150.00	40.00
			2,160.00	1,150.00
GRAND TOTAL			7,997.10	3,217.95
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,550.00

Report Ref No. CS1/FCI19009219/Dtd3s2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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