

A.E.S. REC. BY:

REF:

CS/FCI 9010074 EVD302

Special Instruction:

Advenger: Steve

CWS

## ASSIGNMENT (Office)

From (Person):

Stewart

of

FCI

Date/Time:

1:48pm @ 7/6/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SBR 938B

Insured:

SHA 88228

at Workshop m/s

TC Autoclinic

Tel:

96450023

of

25 Leng Kee Road

Policy No:

Claim No:

D19063724 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

3/6/2019

12/6/19 @ 11:30am

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

Wp

Date/Time:

2:36pm @ 7/6/19

Person Contacted:

Shawn

Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate
	SBR 938B - X	
	SHA 88228 NS/INC 15020966/H/g/bn2	
13/6/19	Email preli revised to FCI	
21/6/19	@ 4:33pm Shawn said vehicle has not send in for repair	
27/7/19	Recd email from Shawn owner withdraw TP claim, claiming OD first	

ASS REC. BY:

Steve

REF:

FCL

## ASSIGNMENT

From:

Date:

12/6/2019

Estimated Cost:

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

To Inspect Vehicle No: SBR 938B.

at Workshop m/s TC Autoclinic.

of 25 Leng Kee Rd

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

11.30am.

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SBR 938B

Yr Regn:

20/8/18

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

Truck / Trailer or

Make:

Nissan Sylphy

C.C

1598

Colour:

Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

13894

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MNTQBAB172 0032 500

Gen. Cond. Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/60R16

R:

4

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

3/6/19

D.O.I.

12/6/19

Survey held at

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

O/S Frt

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

Date / Time

Action / Instruction

MR - 80K

29/7/19

Submit preli report

RECEIVED 29 JUL 2019

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2) 29/7 - typist

Report Format:

CWS

Lump Sum / L.R. / %

Days Of Repair: 4

Resurvey No. of Trip: -

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

135

50

19

204

**MOTOR SURVEY ASSIGNMENT**

Date	06-06-2019	Our Ref No. D19003724MFSH
Accident Date	03-06-2019	Claim Type. Third Party
Insured Vehicle	SHA8822S	Third Party Vehicle. SBR938B
Survey Location	25 LENG KEE ROAD	
Contact Person.	SHAWN CHUA	
Contact No.	67038515/ 96450023	Fax No. 64795019
Survey Type	WITHOUT PREJUDICE:	
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	TC AUTOCLINIC PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

**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.

## Veron Chen (LKKAUTO)

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**From:** Veron Chen (LKKAUTO)  
**Sent:** Monday, 29 July 2019 9:58 AM  
**To:** Shawn Chua; SUR  
**Subject:** RE: SBR 938B-DOA: 3/6/2019

Dear Shawn,

Noted with thanks.

Best Regards,

**Veron Chen** | 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)

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**From:** Shawn Chua <shawnchua@tanchong.com>  
**Sent:** Saturday, 27 July 2019 8:24 AM  
**To:** Veron Chen (LKKAUTO) <veronchen@lkkauto.com>  
**Subject:** RE: SBR 938B-DOA: 3/6/2019

Good morning.

Claimant had decided **withdraw** the **3<sup>rd</sup> party claim** against **SHA8822S** due to no update of liability status from **MS First Capital**.

He will be claiming against his own policy first.

Shawn Chua  
Service Executive  
TC AutoClinic Pte Ltd  
25 Leng Kee Road  
Singapore 159097  
DID: +65 67038515  
HP: +65 96450023  
Fax: +65 64795019



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**From:** Veron Chen (LKKAUTO) <veronchen@lkkauto.com>  
**Sent:** Thursday, July 25, 2019 2:49 PM

**To:** Shawn Chua <[shawnychua@tanchong.com](mailto:shawnychua@tanchong.com)>; Norsipah <[norsipah@tanchong.com](mailto:norsipah@tanchong.com)>

**Subject:** SBR 938B-DOA: 3/6/2019

Dear Sipah/Shawn,

Kindly advise vehicle status.

**If vehicle has been repaired, please finalize with us.**

Best Regards,

**Veron Chen** | 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)

## Veron Chen (LKKAuto)

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**From:** Veron Chen (LKKAuto)  
**Sent:** Thursday, 13 June 2019 10:09 AM  
**To:** 'CWS Motor Claims'  
**Cc:** 'Sithara'; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D19003724MFSH/1, SBR 938B  
**Attachments:** SBR 938B PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SBR 938B  
Date of survey: 12/6/2019  
Number of days : 4 days

Best Regards,

**Veron Chen** | 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:** Admin-D (LKKAuto)  
**Sent:** Friday, 7 June 2019 2:36 PM  
**To:** 'CWS Motor Claims' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** 'Sithara' <[Sithara@msfirstcapital.com.sg](mailto:Sithara@msfirstcapital.com.sg)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D19003724MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer will arrange.

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:** CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Friday, 7 June 2019 1:47 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** CWS Motor Claims <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; Sithara <[Sithara@msfirstcapital.com.sg](mailto:Sithara@msfirstcapital.com.sg)>  
**Subject:** PRI: SURVEY ASSESSMENT - D19003724MFSH/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.**



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. 19960719E

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 625643

Your ref: D19003724MFSH

Our ref: CS/FCI19010074/Evd3

Date : 13/6/2019

The Motor Claims Department  
MS FIRST CAPITAL INSURANCE LTD

*Without Prejudice*

Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SBR 938B**

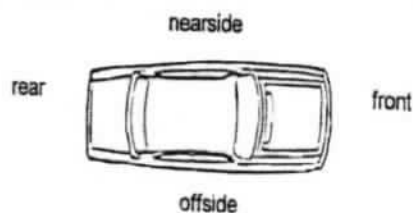
We thank you for your instruction on 7/6/2019

Please be informed that we had conducted the inspection of the above mentioned vehicle on 12/6/2019 at the premises of M/s TC AUTOCLINIC PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$4,646.46
Revised Estimate Amount	: S\$3,214.30
"Check" Items Amount	: S\$432.16
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

The vehicle sustained damages at the o/s front portion



**Comments/Present Status:**  
Damages Consistent

Yours faithfully,

**STEVE CHEN**  
Automotive Assessor



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

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	7188J
<b>Vehicle Details</b>	
Vehicle No.:	SBR938B
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Jun 2019
Vehicle Make:	NISSAN
Vehicle Model:	SYLPHY 1.6 CVT
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	HR16928858C
Chassis No.:	MNTBBAB17Z0032500
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$16,419.00
Original Registration Date:	20 Aug 2018
First Registration Date:	20 Aug 2018
Transfer Count:	0
Actual ARF Paid:	\$16,419.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Aug 2028
PARF Rebate Amount:	\$12,314.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	19 Aug 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$33,798.00
COE Rebate Amount:	\$31,045.00
<b>Total Rebate Amount:</b>	<b>\$43,359.00</b>

The information contained herein is correct as at 12 Jun 2019

OK

## 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	04/06/2019 18:52
Date Of Accident	03/06/2019 22:30
Exact Location Of Accident	ALONG COLLYER QUAY TOWARDS ESPLANADE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBR938B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH AH LENG
NRIC No	S1287188J
Email Address	MELVYNLOH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96260326
Alternative Phone No	OTHERS-96260326

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10859956
Cover Note Number	N.A

### Driver

Name of Driver	LOH CHER-E
NRIC No	S9109368E
Date Of Birth	28/02/1991
Occupation	INDOOR
Date Of Driving Pass	05/12/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92302644
Fax Number	
Contact Number	
Email Address	LOH.CHER.E@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	DRIZZLING
Road Surface	WET

#### 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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE UBI (ONLINE)
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to Police Report Ref: T/20190604/7022 lodged at Traffic Police UBI (Online). I was driving in my car along the left most lane on the road and filtered right to the 2nd left most lane on the road. A taxi with car plate no. SHA8822S came from the right and hit my car. It did not stop so I followed the taxi until it reached a taxi stand. 2 passengers entered the taxi and the driver took the chance to inspect the damage in the car. I came out of my car intending to speak to him but he ignored me after checking his taxi and drove off with the passengers. At no point in time did he signal any intention to talk to me or pass me his contact. As such, I was unable to get his personal details. Please refer to the following 4 videos for more information. Landmark is Ocean Financial Centre

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	4 VIDEO FOOTAGES UPLOADED TO FILEZILLA
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8822S
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR / YEL
Details Of Properties	NIL
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 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 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.
8. Consent under the Personal Data Protection Act (PDPA)
 

I understand, acknowledge, agree and consent that:

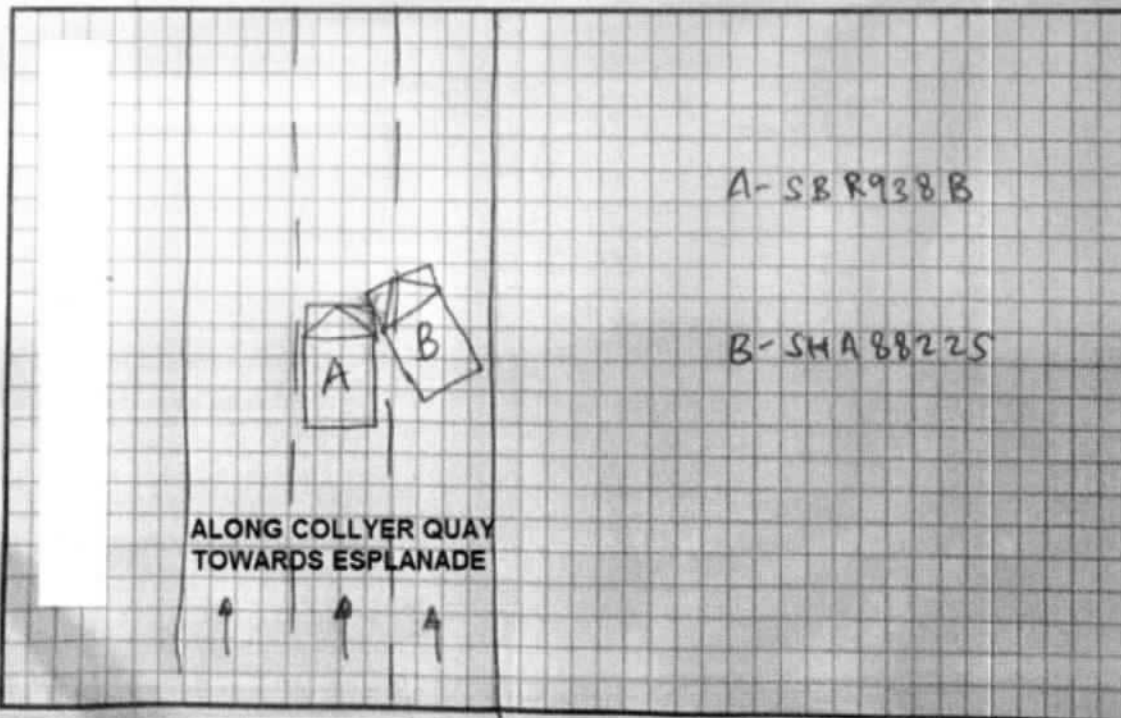
  - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
4/6/19  
Policyholder's Signature / Date & Time

  
4/6/19  
Driver's Signature (if driver is not the policyholder) / Date & Time

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Mohammad Azaly Bin Abdullah  
Witnessed by Reporting Centre  
Personnel

## Sketch Plan





**SINGAPORE  
POLICE FORCE**



T/20190604/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190604/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/06/2019 19:15		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOH CHER-E			Address: 77 JURONG EAST STREET 13 #06-02 SINGAPORE 609653		
ID Type / ID No.: NRIC NO / S9109368E			Contact No.: Home/Office: Mobile: 92302644		
Nationality: SINGAPORE CITIZEN			Email: loh.cher.e@gmail.com		
Sex: Male	Age: 28	Date of Birth: 28/02/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Personnel/Human resource officer			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/06/2019 22:30	Type of Location: Bend
Location: COLLYER QUAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBR938B	Car					0
SHA8822S	Car			Yellow	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190604/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190604/7022

## CONTINUATION OF REPORT

Driver			
Name	LOH CHER-E	ID No.	S9109368E
Related Vehicle	SBR938B (Car)	Contact No.	92302644
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.

I was driving in my car along the left most lane on the road and filtered right to the 2nd left most lane on the road. A taxi with car plate no. SHA8822S came from the right and hit my car. It did not stop so I followed the taxi until it reached a taxi stand. 2 passengers entered the taxi and the driver took the chance to inspect the damage in the car. I came out of my car intending to speak to him but he ignored me after checking his taxi and drove off with the passengers. At no point in time did he signal any intention to talk to me or pass me his contact.

As such, I was unable to get his personal details.

Please refer to the following 4 videos for more information. Landmark is Ocean Financial Centre

Front footage 1 - <https://drive.google.com/open?id=1PPurGeamP26DBEsWSbPnla5dTsvAuF53>

Rear footage 1 - <https://drive.google.com/open?id=1Inl3xdtR3jPCE1okAhrZNfXvLhtcb6k1>

Front footage 2 - <https://drive.google.com/open?id=1qTFmuvTGGqsK-pm9x08b7dULpKc349P1>

Rear footage 2 - <https://drive.google.com/open?id=1VIGabjHR0ZL9Zz2wbOQe688joUFkQrvq>



**SINGAPORE  
POLICE FORCE**



T/20190604/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190604/7022

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ABDUL KAREEM BIN ABDUL HAGUE  
Contact No.: 65476079

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
04/06/2019 19:15

Classification Of Case:



TC AUTOCLINIC PTE LTD  
25 LENG KEE ROAD  
SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS  
WORKSHOP : LENG KEE  
CONTACT NO : 67038511  
REFERENCE : 069/IC/TCAC/CCR/2019  
DATE : 04-JUN-2019

MS FIRST CAPITAL INSURANCE LIMITED  
36 ROBINSON ROAD  
#16-01 CITY HOUSE  
S(068877)  
TEL : 65073848  
FAX :  
ATTN:MOTOR CLAIM DEPT

OWNER'S NAME : MR LOH AH LENG  
ADDRESS : 77 JURONG EAST ST 13  
#06-02  
S(609653)  
TELEPHONE NO :

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM  
POLICY NO : 10859956  
VEHICLE NO : S8R938B  
MODEL CODE : BDTARCZB17EWA---K  
MODEL/YEAR : NISSAN SYLPHY 1.6 (CVT) MY2017  
ENGINE NO : HR16928858C  
CHASSIS NO : MNTBBAB17Z0032500  
MILEAGE : 13464 KM  
DATE IN : 04/06/2019  
LIABILITY : 0.00  
EXCESS CLAUSE : 0.00  
ESTIMATE BY : SHAWN CHUA CHU RONG  
ACCIDENT DATE : 03/06/2019

TC AUTOCLINIC PTE LTD  
25 LENG KEE ROAD  
SINGAPORE 159097

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SBR938R

S/NO JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1 FHI	FOCUS & ADJUST H/LAMP, RESET HORIZONTAL & VERTICAL ALIGNMENT TO FACTORY SPECIFICATION	48.00	/
2 RPI	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	120.00	X
3 SEALI	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	100.00	X
4 ZZ/001	REPLACE FRONT BUMPER, RIGHT HEADLAMP, FRONT RIGHT FENDER ETC. REPAIR PANELS <sup>390</sup>	1560.00	780
5 ZZ/002	RESPRAY FRONT BUMPER, FRONT RIGHT FENDER ETC <sup>250</sup>	750.00	/
6 ZZ/003	QC, RETUNE & CONSULT CHECK		
7 ZZ/004	COMPLIMENTARY WASH & VACUUM		
TOTAL LABOUR CHARGES		2578.00	

TC AUTOCLINIC PTE LTD  
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SINGAPORE 159097

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SBR9388

S/NO PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			REMARKS
		NETT	LIST	S/NETT	
1 FENDER BRACKET ?	F3160-3SBMA	22.50			
2 FRONT RIGHT FENDER / BR	F3100-3SBMB	692.90			
3 RIGHT BUMPER BRACKET / BR	62224-3ST1A	18.00			
4 FOG LAMP COVER ?	62256-3STUG	115.70			
5 RIGHT FOG LAMP ?	26150-8994A				321.60
6 RIGHT HEADLAMP / CT	26010-3SB00	744.10			
SUB TOTAL		1593.20	0.00		321.60
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)		318.64	0.00		0.00
GRAND TOTAL		1274.56	0.00		321.60
OVERALL TOTAL		1596.16			

LEGEND: REMARKS( OK ) = APPROVED, REMARKS( X ) = NOT APPROVED

7 Front Bumper / BR

62022-9A76H

472.30

**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:

TC AUTOCLINIC PTE LTD  
25 LENG KEE ROAD  
SINGAPORE 159097

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SBR9388

TOTAL LABOUR CHARGES	2578.00
TOTAL SPARE PARTS CHARGES	1596.16
GRAND TOTAL	4174.16 *

4646.46

*[Signature]*  
13/6/19

\* All charges do not include GST.

SURVEYOR'S PARTICULARS

NAME	:
SURVEYED DATE	:
AUTHORIZED DATE	:
EXCESS CLAUSE	:
LIABILITY	:
REMARKS	:

Steve (LKK)

12/6/19, 11.00 am

0.00

0.00

W/L P/P

Rj bpf spy  
4 days

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.




# 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/FCI19010074/Evd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 05-08-2019		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHA 8822S	Veh. Inspected	SBR 938B	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19003724MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	07/06/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	NISSAN SYLPHY	c.c	1598	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	MNTBBAB17Z0032500	Colour	GREY	
Odometer	13894	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/60 R16	BRIDGESTONE	7 mm	
L/H Front Tyre	195/60 R16	BRIDGESTONE	7 mm	
R/H Rear Tyre	195/60 R16	BRIDGESTONE	7 mm	
L/H Rear Tyre	195/60 R16	BRIDGESTONE	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	03/06/2019	Inspection Date	12/06/2019	
Survey held at	TC AUTOCLINIC PTE LTD 25 LENG KEE RD SINGAPORE 159097			
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		

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Page No.:1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SBR 938B**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FENDER BRACKET (N)	* CHECK	22.50	-
1	FRONT RIGHT FENDER (N)	DENTED	692.90	692.90
1	RIGHT BUMPER BRACKET (N)	BROKEN	18.00	18.00
1	FOG LAMP COVER (N)	* CHECK	115.70	-
1	RIGHT HEADLAMP (N)	CUT	744.10	744.10
	LESS 20% DISCOUNT		-318.64	-291.00
			1,274.56	1,164.00
<b><u>SPECIAL NETT ITEMS</u></b>				
1	RIGHT FOG LAMP (SN)	* CHECK	321.60	-
1	FRONT BUMPER (SN)	BROKEN	472.30	472.30
			793.90	472.30
<b><u>LABOUR</u></b>				
	FOCUS & ADJUST H/LAMP, RESET HORIZONTAL & VERTICAL ALIGNMENT TO FACTORY SPECIFICATION.		48.00	48.00
	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL.	NOT NECESSARY	120.00	-
	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA.	NOT NECESSARY	100.00	-
	REPLACE FRONT BUMPER, RIGHT HEADLAMP, FRONT RIGHT FENDER ETC. REPAIR PANELS.		1,560.00	780.00
	RESPRAY FRONT BUMPER, FRONT RIGHT FENDER ETC.		750.00	750.00
			2,578.00	1,578.00
<b>GRAND TOTAL</b>			<b>4,646.46</b>	<b>3,214.30</b>
<b>RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$432.16 NETT)</b>				<b>3,214.30</b>

Report Ref No. CS/FC19010074/Evd3e2

CHEN TSUE YEE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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