Estimated Co.	ASSIGN May chus of	Bill to:		20cm() 22 8
To Inspect Ve		3S I	nsured: SHD 6	750M
at Workshop		m motor		
of	10 AMK Ind. pa	ok 2A #01-0	9	
i'olicy No:			D19005325	MFSH
Sum Insured;		Excess:		
Make of Veh: (Client's Record			D.O.A. 8 8	12019
CA / REV	REP. / REV 24 HRS		H.O.D. Endorsem	est*
Date/Time:	sproposalella Person Contac	ted: Zila	Vehicle_IN/OUT	
Date/Time	Action/Instruction Tahanaky (V			
	8ME 31535-X		2 1	
	SHD GJSOM-CS FCI/9UC	19150/FU 13,2	DUA:	15/5/2019
	1,700	11-72 6 11 11		
27/28/19	@ 10:40 am revice	I In to	May Via	ene l
	+		29	

Westend (8)

174

Lump•Sum / LB.E (\$



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

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

MOTOR SURVEY ASSIGNMENT

Date

16-08-2019

Our Ref No. D19005325MFSH

Accident Date

08-08-2019

Claim Type. Third Party

Insured Vehicle

SHD6750M

Third Party Vehicle. SME3153S

Survey Location

NO. 10 ANG MO KIO IND PARK 2A #01-09 AMK AUTOPOINT

Contact Person.

ZILA

Contact No.

64831244/0

Fax No. 64836170

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

AH LIM MOTOR

Attention, NIL

Cc : TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

MAY CHUA

COMPANY

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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Pa	articulars
------------------	------------

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.: Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour: Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 20 Aug 2019

Singapore NRIC

960G

SME3153S

No

20 Aug 2019

HONDA

VEZEL 1.5X CVT

Silver

2018

L15B5552940

RU11302934

96.0 kW (128 bhp)

\$21,317.00 26 Sep 2018

26 Sep 2018

\$21,844.00

Yes

25 Sep 2028

\$16,383.00

25 Sep 2028

A - Car up to 1600cc & 97kW (130bhp)

10

\$28,000.00

\$25,472.00

\$41,855.00

≪ Reply all

✓

Îll Delete

✓ Junk Block

Re: SURVEY ASSESSMENT - D19005325MFSH/1

Shirley Hiew (LKK Auto) SH

Tue 27/8/2019 10:40 AM

'May Chua Hui Chin' <maychua@msfirstcapital.com.sg> +3 others $\,$

PRELI ADVISE - SME 3153S.pdf

80 KB

Dear May,

Enclosed preliminary revised of vehicle SME 3153S.

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: Admin-D (LKKAuto) <admin-d@lkkauto.com>

Sent: Thursday, 22 August 2019 2:03 PM

To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments

<assignments@lkkauto.com>

Cc: 'May Chua' <maychua@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D19005325MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933) 51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your Ref: D19005325MFSH

Date: 27 August 2019

Our Ref: CS/FCI19014801/Ksd3

The Motor Claims Department First Capital Insurance Ltd

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SME 3153S .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 23/08/2019 at the premises of M/s Ah Lim Motor Company and have the following to report:-

Workshop Estimate Amount	: S\$	2,127.76	
Revised Estimate Amount	: S\$	672.40	
"Check" Items Amount	: <u>S</u> \$	-	
Market Value	: <u>S\$</u>	-	
LTA Reimbursement Value	: <u>S</u> \$	=	
Nett Value	: <u>S\$</u>	-	

Description of Damage:

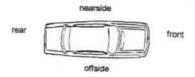
The vehicle sustained damages at the o/s front portion.

Comments/ Present Status:

Damages Consistent. Repair days: 2 days

Yours faithfully

Kenneth Kong Automotive Assessor



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	13/08/2019 14:59
Date Of Accident	08/08/2019 21:20
Exact Location Of Accident	JUNCTION BUKIT BATOK EAST AVE 6 & AVE 3
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME3153S
Insured/Policyholder	
Name Of Registered Owner	ONG LAY KUAN
NRIC No	S1715960G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90018158
Alternative Phone No	OTHERS-90018158
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA401622/1
Cover Note Number	26/09/2018 - 25/09/2019
Driver	
Name of Driver	NG AI HEOK
NRIC No	S7969566A
Date Of Birth	21/05/1979
Occupation	INDOOR
Date Of Driving Pass	13/08/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	FEMALE

(LOCAL) +65-90018158

OTHERS-90018158

NOEMAIL

903 JURONG WEST ST 91 Address

#08-125

Postcode 640903

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 NAME: : NG WEI PING

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE

NO

2

ROAD: NO. 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6750M

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

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.
- 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.
- 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.
- 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.
- 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:
 - 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

el's Signature

NRIC/FIN No .:

Name:

KETCH PLAN	Vehicle B: SHO6750 M Vehicle C:
	Burit Russic Central
	Carrie Contract
-	
Lane 1-3	Burit Butok Ave
Lanz 2 ->	B
lanez ->	
	Y= 112 W 60×
	. ↓
	Burit Bater Ave 3
ESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT
pisteter to poin	e toport and videos cupture.
,	
☐ Claim OD/TP at Ah	
	Lim Motor
Remarks : Please forwar My workshop : Email address :	
Remarks : Please forwar My workshop :	
Remarks: Please forwar My workshop: Email address: & myself: Email address:	rd a copy of my efile accident report to:
Remarks: Please forwar My workshop: Email address: & myself: Email address: Note: Please take note t	that your insurer have 14 days timeframe for you to submit our described in the control of the c
Remarks: Please forwar My workshop: Email address: & myself: Email address: Note: Please take note t you own policy. Kindly d	that your insurer have 14 days timeframe for you to submit own damage claim under heck with your own insurer for more information.
Remarks: Please forwar My workshop: Email address: & myself: Email address: Note: Please take note t you own policy. Kindly d	that your insurer have 14 days timeframe for you to submit our described in the control of the c
Remarks: Please forwar My workshop: Email address: & myself: Email address: Note: Please take note t you own policy. Kindly d	that your insurer have 14 days timeframe for you to submit own damage claim under heck with your own insurer for more information.
Remarks: Please forwar My workshop: Email address: & myself: Email address: Note: Please take note t you own policy. Kindly d	that your insurer have 14 days timeframe for you to submit own damage claim under heck with your own insurer for more information.

AHUM TONGE COTTOON





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 1 of 4 Report No. T/20190808/2210

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2019 22:49			Vide Report No.:	Station Diary No.: 171	
Informan	t's Partic	ulars			
Name of NG AI HE	nformant: OK		Address: APT BLK 206 BUKIT BATOK STREET 21 #12-78 SINGAPORE 650206		
ID Type / ID No.: NRIC NO / S7969566A			Contact No.: Home/Office: Mobile: 90018158		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Age: Date of Birth: Female 40 21/05/1979		Date of Birth: 21/05/1979	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PROJECT EXECUTIVE			Driving Licence Information Class: 2B,3	: Date of Expiry:	

General Infor	nation of the Accid	ent		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/08/2019 21:20	Type of Location: X-Junction
BUKIT BATO BUKIT BATO	oad 1 and Road 2 K EAST AVENUE 6 K EAST AVENUE 3 ast Avenue 6 toward	ls Old Jurong Road, jur	ction of Bukit Batok E	ast Avenue 3, at the
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Traffic Control: One Way Traffic Light - Working				Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved	77			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD6750M	Car	HYUNDAI		Blue	No Damage	1
SME3153S	Car	HONDA	VEZEL	Silver	Slightly Damaged	1

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



T201908082210

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 2 of 4 Report No. T/20190808/2210

CONTINUATION OF REPORT

Driver						
Name	ABDUL RAZAK B RAHMANSAH			ID No		S0595648Z
Related Vehicle	SHD6750M (Car)			Conta	ct No.	91733694
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date I			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of			
Driver						
Name	NG AI HEOK			ID No	9	S7969566A
Related Vehicle	SME3153S (Car)			Conta	ct No.	90018158
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL	
Date Treatment NIL			Date Disc		NIL	
No. of Days granted Medical Leave NIL			Degree of	fInjury	NIL	

Brief Details.

On 08/08/2019 at about 9.21pm, I was driving along Bukit Batok East Avenue 6 towards Old Jurong Road.

The traffic light was red and I stopped at the extreme left of the road, junction of Bukit Batok East Avenue 3 and Bukit Batok East Avenue 6.

Beside my car was a blue taxi. As the traffic light turns green, I then drove off. Subsequently, as in the middle of the yellow box junction, the taxi which was beside me side swipe onto the front right side of my vehicle trying to merge / cut into my lane.

After the junction, it was a merging lane. I am not sure if he realized that his vehicle hit onto mine. I then high beam onto him to signal him to stop.

Both of us alighted and I then check for the damages. There were damages at the front right side tyre guard and minor scratches on my right side door.

We exchanged particulars. The taxi driver told me to wait for his call. I informed my boss about the matter as the vehicle belongs to my boss. I was then told to lodge a traffic accident report in regards to this incident as I am not sure what the taxi driver will be up to.

There is also an in-car camera in the vehicle and it captures the incident.





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 3 of 4 Report No. T/20190808/2210

CONTINUATION OF REPORT





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 4 of 4 Report No. T/20190808/2210

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: D / Sgt 2 MUHAMMAD SYAZWAN BIN ROSELI- PANE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2019 22:49
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 6547615	Classification Of Case:
Authentication Stamp NP168	





RECEIVED

AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

☑ customer.care@axa.com.sg

www.axa.com.sg

Certificate of Insurance

account number

03288

Motor Venicles (Third-Party Risks and Compensation) Act. (Chapter 1891- Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960-Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) and Compensation) Rules, 1960-Road Transport Act, 1987 (Malaysia)

Policy details

Policyholder name Cover

ONG LAY KUAN

Certificate number

GA401622 / 1

Plan name

Comprehensive For Her

Chassis number

RU11302024 L1585552940

NCD applicable Vehicle registration number Period of Insurance Finance loan company

SME3153S

from 26/09/2018 to 25/09/2019 (both dates inclusive)

MAYRANIS

Persons or classes of persons entitled to drive*

(a) The Policyholder

(b) Any Named Driver as stated in the Policy:

1. NG AI HEOK

2. ABDUL RAHMAN BIN MUSA

(c) Any person who is tinving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on. a racing tract , circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

Limitations rendered map arrays by Section 6 of the Motor Vehicles (Third Porty Richs and Compensation) Act, (Chapter 153) and Section 55 of the Road Transport Act, 1587 (IA.daysia), are not to be included under the schoolings.

EXCESS

Basic Own Damage Excess

SGD 1,200.00

Windscreen Excess

SGD 100.00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. \$\$500 for declared Young and Inexperienced Driver
- 3. SS5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act. (Chapter 189) and Part IV of the Road Transport Act. 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrander the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Rinks and Compensation Act (Cap. 189).

The Promium Warranty Clause requires the premium to be paid in full within a specific period fading which there would be no liability under the policy, renewal confidence. endoisement atc.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01

1 of 3



Date:

13/8/19

POLICYHOLDER ACKNOWLEDGEMENT FORM

	o: O	wner of Vehicle Number: Sh E31535
1	The to	following has been advised to you via your workshop, <u>AH LIM MOTOR COMPANY</u> through their staff, ALLEEN/MUI HONG.
F	Please	e tick the applicable box if you had been advised on any of the following:
L	1	You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
()	You had been advised by the workshop on the liability and merits of the case accordingly.
()	You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
()	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
()	There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
()	The estimated waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.
()	You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
()	For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
		For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
()	You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
()	For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
()	Others
S	igned	and acknowledged by:
1		and the second s
N	ame	and signature of policyholder/ authorized driver* and company stamp (where applicable)
*a	ermitt	rized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, ed drivers who are permitted to drive the insured Vehicle.
1	115	CO CO
N	ame	and Strinature of workshop personnel including company stamp

Page 14 of 24

AH LIM MOTOR COMPANY

No. 10 Ang Mo Kio Ind. Park 2A #01-09 AMK Autopoint Singapore 568047 TEL: 6483 1244 (4 lines) FAX: 6483 6170 Email: ahlimmc@singnet.com.sg GST:M9-0009639-E RCB NO:06470300B

SURVEYOR COPY

M/S: ONG LAY KUAN

403 SERANGOON AVE 1

#02-23

SINGAPORE 550403

Estimate No:

MC1900605

Date:

20 Aug 2019

Policy No:

GA401622/1

Veh Reg No:

SME3153S

Make/Model:

HONDA VEZEL 1.5X

CVT

Your Ref No:

ATTN:

SME3153S

Claim Type:

Third Party

Accident Date:

08/08/2019

TP Veh Reg No:

SHD6750M

Not Notherins Resorry Bepains 2 days

Estimate Repair Cost to Vehicle No :SME3153S

	Description	Quantity	Li	st Price	Amount
	SPARE PARTS			<u>S\$</u>	<u>SS</u>
1	FRONT FENDER RH	1 PC	R	580.00	X
2	FRONT FENDER WHEEL ARCH RH	1 PC	an	153.00	· · · · · · · · · · · · · · · · · · ·
3	FRONT BUMPER	1 PC	K		X
				1,534.70	
		Less 20%		306.94	1,227.76
	LABOUR				
4	TO DISCONNECT AND CHECK ELECTRICAL WIRING, WIRE SOCKETS AND ETC. TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNITS, TEST AND RECTIFY FOR PROPER FUNCTIONING.	1 PC	An	40.00	X
5	TO SPRY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	nn	60.00	×
6	TO DISMANTLE ALL DAMAGED PARTS.TO CUT & WELD. TO KNOCK & REPAIR INNER PANELS & AFFECTED AREAS.TO REFIT LISTED PARTS BACK SAME.TO REMOVE & REPLACE ALL DAMAGED PARTS.	1 PC		300.00	1501
7	TO SPRAY FRONT FENDER RH,FRONT BUMPER.	1 PC		500.00	4001
				900.00	900.00
			Total		S\$ 2,127.76
		Add (GST @ 7%	Ď.	148.94
		Total Amou	nt Payabl	e	S\$ 2,276.70

TOTAL: SINGAPORE DOLLAR TWO THOUSAND TWO HUNDRED SEVENTY SIX AND CENTS SEVENTY ONLY

Please arrange this vehicle to be surveyed soonest possible.

Thank You

- . 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 "Valleyet Projudice" basis

For AH LIMMOTOR COMPANY

AUTHORISED SIGNATURE



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

47		Affiliated to Federation Inte	rnationale Des Experts En Auton	nobile
MS	FIRST CAPITAL IN	SURANCE LTD	Ref : CS/FCI190148	01/Ksd3e2
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date: 22-01-2020 Code: FCI2	
1.	A SERVICE CONTRACTOR	Policy Particu	lars :- THIRD PARTY CLAI	IM
	Insured Veh.	SHD 6750M	Veh. Inspected	SME 3153S
	Policy No.		Coverage (\$)	0.00
	Claim No.	D19005325MFSH	Excess (\$)	0.00
	Assign From	MAY CHUA	Assign Date	22/08/2019
2.		Vehicle F	Particulars & Condition	
	Make & Model	HONDA VEZEL (A)	c.c	1496
	Engine No.	HIDDEN	Year of Reg.	2018
	Chassis No.	RU11302934	Colour	METALLIC GREY
	Odometer	28259	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	GOOD		
3.		Co	nditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	215/60 R16	DUNLOP	8 mm
	L/H Front Tyre	215/60 R16	DUNLOP	8 mm
	R/H Rear Tyre	215/60 R16	DUNLOP	8 mm
	L/H Rear Tyre	215/60 R16	DUNLOP	8 mm
4.	A Mark Style	Desc	ription of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT TH	E O/S FRONT PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Ge	neral Information	
	Accident Date	08/08/2019	Inspection Date	23/08/2019
	Survey held at	AH LIM MOTOR COMPAN	Υ	
		NO 10 ANG MO KIO IND P #01-09 AMK AUTOPOINT SINGAPORE 568047	K 2A	
5a.	A NOTE OF THE		Remarks	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	B)DAMAGES CON C)THE INSPECTION			
5b.		Estin	nate Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	2 Working Day	/s



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SME 3153S

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT FENDER RH	TO REPAIR SEE LABOUR	580.00	-
1	FRONT FENDER WHEEL ARCH RH	CUT	153.00	153.00
1	FRONT BUMPER	TO REPAIR SEE LABOUR	801.70	-5
	LESS 20% DISCOUNT		-306.94	-30.60
			1,227.76	122.40
	LABOUR			
	TO DISCONNECT AND CHECK ELECTRICAL WIRING, WIRE SOCKETS AND ETC. TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNITS, TEST AND RECTIFY FOR PROPER FUNCTIONING.	NOT NECESSARY	40.00	-
	SPRY ANTI-RUST COATING ON AFFECTED AREAS.	NOT NECESSARY	60.00	-
	TO DISMANTLE ALL DAMAGED PARTS. TO CUT & WELD. TO KNOCK & REPAIR INNER PANELS & AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME. TO REMOVE & REPLACE ALL DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF FRONT FENDER RH AND FRONT BUMPER.		300.00	150.00
	TO SPRAY FRONT FENDER RH, FRONT BUMPER.		500.00	400.00
			900.00	550.00
	GRAND TOTAL		2,127.76	672.40

RECOMMENDED COST OF REPAIRS	672.40
(REPAIR COST NOT CONCLUDE)	

Report Ref No. CS/FCI19014801/Ksd3e2

KONG SENG CHEONG

Licensed Appraiser

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