

ASS. REC. BY:

REF: CS/FCI K1017123/R2 s f3⁵²

Special Instruction:

SUNAJOR: Rasul

ASSIGNMENT (Office)

(WS) From (Person): Jason Tan chu Kiat of FCI Date/Time: 27.9.19 5.23p.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJT 575J Insured: SHA 1279G

at Workshop m/s Charn's Customcraft Tel: 6725429

of Blk 1010 Bukit Merah Lane 3 # 01-105

Policy No: Claim No: D19 UD 6176MPSH

Sum Insured: Excess:

Make of Veh: D.O.A. 23.9.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 27.9.19 10.11a.m Person Contacted: Esther Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SJT 575J - X
	SHA 1279G - CS/FCI 15004600/004392 R.O.A - 04/06/2015
02/10/19 @ 14:43 pm	revised PA to Jason via email.
20/12/19 @ 16:27 pm	checked with Esther, pending liability from Insurance. Vehicle not yet repair.

Passive

FC1

1883

ASSIGNMENT

Date: 1.10.2019
 To Inspect/Vehicle No: SJT 5753
 at Workshop/mis: Charn's Customcraft
 of: Blk 1010 Bukit Merah Lane 3 #10105
 Insured:
 Policy No:
 Claims No:
 Sum Insured: Excess:
 (Client's Record)
 Make of Veh: moving After 10.00a.m

(Policy Condition)

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

N/S	O/S

Est. or Market Value:

IDAC Accident Report: 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

"up"

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJT 5753 Yr Regn: 2016 SGP
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mitsubishi Outlander 2.4 2360
 Colour: WHITE A/C: Insured / Std / NI / NA
 Sp. Reading: 058398 T/Radio: Insured / Std / NI / NA
 Eng/No:
 C/No: JM4XTHF3W62003826
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Disorder / Jammed / Leaked / Burnt or
 Brake: Disorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/55R18
 R:
 BS / SUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: Rear:
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 29/09/19 D.O.I. 01/10/19
 Survey held at: CHARN'S CUSTOMCRAFT
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop of
 FRN/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 23 DEC 2019

The vehicle has not send in for repair.

Time Taken for Report: 23/12/19
 Type: 4
 Date Time for Submission:

☒ : Preli. Report
☐ : Final Report

Days Of Repair: 3
 Resurvey No. of Trip:

Add Fee: ☐ : Site Insp. (\$)
☐ : Interview (\$)
☐ : Tech. Invest (\$)
☐ : (1/2 hr) 50.00

Survey Fee:

Transportation:

5 + RS \$

Fuel:

Other:

2019

135

50

34

29

Preli

MOTOR SURVEY ASSIGNMENT

Date	26-09-2019	Our Ref No. D19006176MFSH
Accident Date	23-09-2019	Claim Type. Third Party
Insured Vehicle	SHA1279G	Third Party Vehicle. SJT575J
Survey Location	BLK 1010 BUKIT MERAH LANE 3 #01-105	
Contact Person.	SHARON LEE	
Contact No.	62725429/ 0	Fax No. 62736676
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:	
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	CHARN'S CUSTOMCRAFT	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JASON TEA CHEE KIAT	

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.

Veh Out

Re: SURVEY ASSESSMENT - D19006176MFSH/1

Shirley Hiew (LKK Auto)

Wed 2/10/2019 2:43 PM

To: 'Jason Tea' <JasonTea@msfirstcapital.com.sg>; 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>
Cc: SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>

 1 attachments (80 KB)

PRELI ADVISE - SJT 575J.pdf;

Dear Jason,

Enclosed preliminary revised of vehicle SJT 575J.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte LtdPhone: 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:** Wednesday, 2 October 2019 2:41 PM**To:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>**Subject:** FW: SURVEY ASSESSMENT - D19006176MFSH/1

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)

From: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]**Sent:** Friday, 27 September 2019 5:23 PM**To:** ASSIGNMENTS@LKKAUTO.COM**Cc:** CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Jason Tea



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: D19006176MFSH

Date: 02 October 2019

Our Ref: CS/FCI19017123/R1sf3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SJT 575J .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 01/10/2019 at the premises of M/s Charn's Customcraft and have the following to report:-

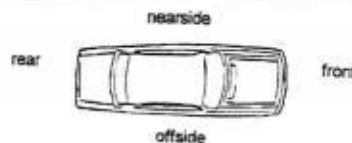
Workshop Estimate Amount	: S\$ 4,060.50 .
Revised Estimate Amount	: S\$ 2,829.60 .
"Check" Items Amount	: S\$ 1,080.90 .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

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

Comments/ Present Status:

Damages Consistent.
Repair days: 3 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	24/09/2019 09:52
Date Of Accident	23/09/2019 07:55
Exact Location Of Accident	CAPITAL TOWER EXIT TO CECIL STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT575J
Insured/Policyholder	
Name Of Registered Owner	LIM PUAY KHIAN
NRIC No	S7129988J
Email Address	CHRISLIM98@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98520034
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00013995
Cover Note Number	

Driver

Name of Driver	LIM PUAY KHIAN
NRIC No	S7129988J
Date Of Birth	31/08/1971
Occupation	INDOOR
Date Of Driving Pass	02/12/1997
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98520034
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	CHRISLIM98@HOTMAIL.COM

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SJT 575J
ACCIDENT DATE: 23/5/19
7:55am

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.

NOTE: DO NOT THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature

Date & Time: 24/5/2019
9:30am

Driver's Signature

(If driver is not the policyholder)
Date & Time:

CHARN'S CUSTOMCRAFT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 988J

Vehicle Details

Vehicle No.: SJT575J
Vehicle to be Exported: Yes
Intended Deregistration Date: 30 Sep 2019
Vehicle Make: MITSUBISHI
Vehicle Model: OUTLANDER 2.4 CVT AWD S/R FACELIFT
Primary Colour: White
Manufacturing Year: 2016
Engine No.: 4B12RL4940
Chassis No.: JMYXTGF3WGWZ003826
Maximum Power Output: 123.0 kW (164 bhp)
Open Market Value: \$24,005.00
Original Registration Date: 05 Sep 2016
First Registration Date: 05 Sep 2016
Transfer Count: 0
Actual ARF Paid: \$25,607.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 04 Sep 2026
PARF Rebate Amount: \$19,205.00

Intended COE Rebate Details

COE Expiry Date: 04 Sep 2026
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$56,500.00
COE Rebate Amount: \$39,141.00
Total Rebate Amount: \$58,346.00

The information contained herein is correct as at 24 Sep 2019

OK



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2019-00013995 (Comprehensive - Classic Plan)

Car plate number: SJT575J

Your name (As the policyholder): LIM Puay Khian

Coverage start date: 05/09/2019

Coverage end date: 04/09/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company:

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 23/08/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6320-3838
or email us at contactus@fwd.com if any details
in this Certificate of Insurance need to be changed.



CHARN'S CUSTOMCRAFT

Accident Claim Repair, Corrosion Welding, Body Dent Repairs,
Spray-Painting, Mechanical Repair And Customizing of Cars

BLOCK 1010, BUKIT MERAH LANE 3, #01-105, SINGAPORE 159724
BLOCK 1009, BUKIT MERAH LANE 3, #01-82, SINGAPORE 159723
TEL: 6271 7054, 6273 3304 FAX: 6273 6676 EMAIL: charns@singnet.com.sg
Bus. Reg. No. 251513/00M GST Reg. No. M90367863L

FWD/FC(SHA1279G)

DOA: 23/09/2019@0755

FIRST CAPITAL INSURANCE LTD

25/09/2019

ATTN: THE MOTOR CLAIMS DEPT

THIRD PARTY CLAIM

ESTIMATE COST OF REPAIR VEHICLE NO:

SJT 575 J - MITSUBISHI OUTLANDER 2.4 CVT AWD S/R FACELIFT

CHASSIS NO: JMYXTGF3WGZ003826 (2016)

1 pc	Front headlamp LH <i>scr</i>	(NETT)	\$ 1,862.00
1 pc	Front bumper <i>scr</i> - <i>cln</i>	(NETT)	\$ 902.00 - <i>prc?</i>
1 pc	Front bumper chrome center LH <i>cr</i>	(NETT)	\$ 238.00
1 pc	Front bumper chrome lower LH <i>scr</i>	(NETT)	\$ 110.00
1 pc	Front bumper center garnish (behind no.plate) ?	(NETT)	\$ 299.00
1 pc	Front bumper center lower garnish (sliver) <i>scr</i>	(NETT)	\$ 334.00
			<u>\$ 3,745.00</u>
	LESS 10%		<u>\$ 374.50</u>
			\$ 3,370.50

Check wiring function

\$ 40.00

Remove necessary parts: jacking, panel beating, repair and
straighten front inner panel and front bumper inclusive
installation of the above.

\$ ~~350.00~~ 250

Putty and respray front bumper (PEARL COL)

\$ ~~300.00~~ 250

ADD 7% GST

\$ 4,060.50

\$ 284.24

\$ 4,344.74

Note: The above is an estimate only. IF other parts requested
during the course of repair, we will inform you accordingly.

All parts are subject to availability.

CHARN'S CUSTOMCRAFT

.....

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"
- 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:

Rasul

Hy 90010068

3 days

4/5

01/10/19 @1345

Re survey after
repair



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/FCI19017123/R1sf3s2

36 ROBINSON ROAD

#16-01 CITY HOUSESINGAPORE 068877

Date : 30-12-2019



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 1279G	Veh. Inspected	SJT 575J
Policy No.		Coverage (\$)	0.00
Claim No.	D19006176MFSH	Excess (\$)	0.00
Assign From	JASON TEA CHEE KIAT	Assign Date	27/09/2019

2. Vehicle Particulars & Condition

Make & Model	MITSUBISHI OUTLANDER 2.4	c.c	2360
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JMYXTGF3WGWZ003826	Colour	WHITE
Odometer	058398	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/55 R18	DUNLOP	6 mm
L/H Front Tyre	225/55 R18	DUNLOP	6 mm
R/H Rear Tyre	225/55 R18	DUNLOP	6 mm
L/H Rear Tyre	225/55 R18	DUNLOP	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	23/09/2019	Inspection Date	01/10/2019
Survey held at	CHARN'S CUSTOMCRAFT BLK 1010 BUKIT MERAH LANE 3 #01-105 SINGAPORE 159724		

5a. Remarks

A)THE VEHICLE HAS NOT SEND IN FOR REPAIR. B)DAMAGES CONSISTENT TO ACCIDENT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJT 575J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT HEADLAMP LH (N)	SCRATCHED	1,862.00	1,862.00
1	FRONT BUMPER (LH) (N)	* CHECK	902.00	-
1	FRONT BUMPER CHROME CENTER LH (N)	CRACKED	238.00	238.00
1	FRONT BUMPER CHROME LOWER LH (N)	SCRATCHED	110.00	110.00
1	FRONT BUMPER CENTER GARNISH (BEHIND NO. PLATE) (N)	* CHECK	299.00	-
1	FRONT BUMPER CENTER LOWER GARNISH (SILVER) (N)	SCRATCHED	334.00	334.00
	LESS 10% DISCOUNT		-374.50	-254.40
			3,370.50	2,289.60
	LABOUR			
	CHECK WIRING FUNCTION.		40.00	40.00
	REMOVE NECESSARY PARTS; JACKING, PANEL BEATING, REPAIR AND STRAIGHTEN FRONT INNER PANEL AND FRONT BUMPER INCLUSIVE INSTALLATION OF THE ABOVE.		350.00	250.00
	PUTTY AND RESPRAY FRONT BUMPER (PEARL COL).		300.00	250.00
			690.00	540.00
	GRAND TOTAL		4,060.50	2,829.60
	RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$1,080.90 NETT)			2,829.60

Report Ref No. CS/FCI19017123/R1sf3s2

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.