

22/03/2002

ASS. REC. BY:

REF: CS/FCI/19017422/RIY d3

Special Instruction:

SURVJOY: Rasu ASSIGNMENT (Office)

From (Person): Jason tea of FCI Date/Time: 8:57am @ 3/10/19

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SKR 8057J Insured: SHD 6878D

at Workshop m/s Hitech Capital Tel: 68336282

of 8 Fourth Joo Yang Road Chia Hoe 85221595

Policy No: _____ Claim No: D19006295MPSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/09/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS lup 11/10/2019
H.O.D. Endorsement:

Date/Time: 10:58am @ 3/10/19 Person Contacted: VONN Vehicle IN OUT

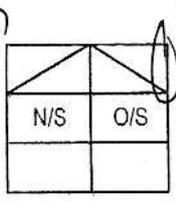
| Date/Time | Action/Instruction (✓) Estimate |
|-----------|---|
| | SKR 8057J - cel + MP 19017 306 / KLV f3 DOA: 27/09/2019 |
| | SHD 6878D - CS/FCI/5022049 / KVL 2 DOA: 18/12/2015 |
| 10/10/19 | Sent Preli by email |
| 17/8/20 | Jiong Hiew said withdraw case and sent email |
| | |
| | |

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD (TP) WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SKR 80573
 at Workshop m/s HITACHI CAPITAL
 of 8, FOURTH LOK YANH RD
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SKR 80573 Yr Regn: 2015 / MAR
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA MSH 1.8 XCVT c.c. 1797
 Colour: Brown A/C: Insured / Std / NI / NA
 Sp. Reading: 85480 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ZGE 206017388
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / SRim / STD A/Rim or _____

(Policy Condition)
 Remark: The veh had commenced its WASH repair at the time of inspection.



Tyre Size: F: 205/55R16
 R: ~
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

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 up
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front 6 mm R/Bal. 6 mm
 L/Bal. 6 mm Rear 6 mm
 D.O.A. 27/09/19 D.O.I. 04/10/19
 Survey held at HITACHI
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
O/S Frt
 The UIC / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|----------------|----------------------------|
| <u>17/8/20</u> | <u>Submit Preli Report</u> |
| | |
| | |
| | |
| | |

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) 17/8/20 Typist
 Report Format: _____
 Lump Sum / L.P. (\$) _____

Days Of Repair: 4
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$))
 : Interview (\$))
 : Tech. Invs (\$))
 : Weekend (\$))
 Survey Fee: 140
 Transportation: 50
 S + RS, SI _____
 Photos: 37
 Others: _____
 TOTAL: 227

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|--|--------------------------------------|
| Date | 01-10-2019 | Our Ref No. D19006295MFSH |
| Accident Date | 27-09-2019 | Claim Type. Third Party |
| Insured Vehicle | SHD6878D | Third Party Vehicle. SKR8057J |
| Survey Location | JUN TAIYO SERVICE CENTRE NO 8 FOURTH LOK YANG ROAD | |
| Contact Person. | NG JIONG HOW | |
| Contact No. | 68336282/ 0 | Fax No. 0 |
| 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 | HITACHI CAPITAL ASIA PACIFIC PTE. LTD. | 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.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19006295MFSH

Date: 10 Oct 2019

Our Ref: CS/FCI19017422/R1yd3

The Motor Claims Department
MS First Capital Insurance Ltd

Dear Sir/Madam,

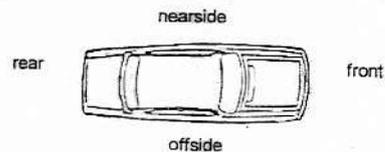
INITIAL INSPECTION REPORT OF VEHICLE NO. SKR8057J .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 04/10/2019 at the premises of M/s HITACHI CAPITAL ASIA PACIFIC PTE LTD. and have the following to report:-

| | |
|--------------------------|-------------------------|
| Workshop Estimate Amount | : S\$ <u>5,352.41</u> . |
| Revised Estimate Amount | : S\$ <u>1,937.00</u> . |
| "Check" Items Amount | : S\$ <u>1,115.00</u> . |
| Market Value | : S\$ <u>-</u> . |
| LTA Reimbursement Value | : S\$ <u>-</u> . |
| Nett Value | : S\$ <u>-</u> . |

Description of Damage:

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



Yours faithfully

Rasul
Automotive Assessor

Yvonne Wong (LKK Auto)

From: Yvonne Wong (LKK Auto)
Sent: Thursday, October 10, 2019 10:29 AM
To: 'CWS Motor Claims'
Cc: 'Jason Tea'
Subject: SURVEY ASSESSMENT - D19006295MFSH/1
Attachments: SKR8057J DOA 27092019 REVERT.pdf

Dear Sir/ Madam

Enclosed preliminary revised of vehicle SKR8057J

Date of survey : 04/10/2019

Number of days : 4 days

Thank you.

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Thursday, October 03, 2019 11:21 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Jason Tea' <JasonTea@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19006295MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer arrange on 04/10/2019.

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: Thursday, 3 October 2019 8:57 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Jason Tea <JasonTea@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19006295MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

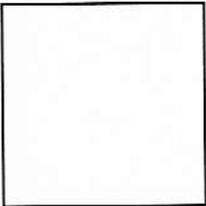
Please find attached the necessary documents for survey.

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

TP: FCIL

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 | 30/09/2019 14:09 |
| Date Of Accident | 27/09/2019 17:40 |
| Exact Location Of Accident | ANG MO KIO AVENUE 6 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SKR8057J |
| Insured/Policyholder | |
| Name Of Registered Owner | MSP TRACTORS PTE. LTD |
| Co Reg No | 201005832C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65610945 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | TOYOTA |
| Model | WISH-1.8 CVT (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 | 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 | 19-MU002810-R02 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | TAN KHAR KEOW |
| NRIC No | S0239108B |
| Date Of Birth | 07/10/1953 |
| Occupation | INDOOR |
| Date Of Driving Pass | 14/07/1978 |
| Driving Experience | 41 YEARS AND 2 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-98174568 |
| Fax Number | |
| Contact Number | |
| EEmail Address | MARGARET@MSPTPL.COM.SG |

| | |
|---|--------------------------------------|
| Address | BLK 43 TEBAN GARDENS ROAD #02-391 |
| Postcode | 2260 |
| 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 | 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO ATTACHMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------|
| Vehicle Registration Number | SHD6878D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | MR TAN |
| NRIC/Passport Number | |
| Contact Number | 96798678 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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



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: | Company |
| Owner ID: | 832C |
| Vehicle Details | |
| Vehicle No.: | SKR8057J |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 10 Jan 2020 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR |
| Primary Colour: | Red |
| Manufacturing Year: | 2014 |
| Engine No.: | 2ZR1441549 |
| Chassis No.: | ZGE206017348 |
| Maximum Power Output: | 105.0 kW (140 bhp) |
| Open Market Value: | \$16,928.00 |
| Original Registration Date: | 10 Mar 2015 |
| First Registration Date: | 10 Mar 2015 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$11,928.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 09 Mar 2025 |
| PARF Rebate Amount: | \$8,946.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 09 Mar 2025 |
| COE Category: | E - Open Category |
| COE Period(Years): | 10 |
| QP Paid: | \$73,990.00 |
| COE Rebate Amount: | \$38,186.00 |
| Total Rebate Amount: | \$47,132.00 |

The information contained herein is correct as at 10 Jan 2020

OK

Hitachi Capital Asia Pacific Pte. Ltd.
Jun Taiyo Service Centre

No. 8 Fourth Lok Yang Road Singapore 629705
 Tel : 64663022 Fax : 68966591
 Co. Reg.No. 199400399N GST Reg.No. M2-011899-3

VEHICLE ESTIMATE dated 06/09/2019

FCIL
 ATTN: MOTOR CLAIMS DEPT

ACCIDENT DATE : 27/09/2019@1740HRS
 VRN : SKR8057J
 MODEL : Toyota Wish
 TP VRN : SHD6878D

Handwritten signature and date: 10/10/19

| | <u>Qty</u> | <u>S\$ Unit</u> | <u>S\$ Amt</u> | <u>S\$ Labor</u> |
|---|------------|---------------------------------|----------------|------------------|
| <u>PARTS REPLACEMENT</u> | | | | |
| <u>1. Body Repair</u> | | | | |
| 1 Front Bumper <i>SEA ✓</i> | 1 | \$ 584.00 | \$ 584.00 | |
| 2 Front Bumper Clips <i>NEW ✓</i> | 10 | \$ 5.50 | \$ 55.00 | |
| 3 Front Bumper Outer Bracket <i>LH/RH, NEW, 1pc ✓</i> | 2 | \$ 62.00 | \$ 124.00x | |
| 4 Headlamp RH <i>?</i> | 1 | \$ 950.00 | \$ 950.00 | |
| 5 Front Fender RH <i>repair ✓</i> | 1 | \$ 851.00 | \$ 851.00 | |
| 6 Front Fender Shield RH <i>?</i> | 1 | \$ 165.00 | \$ 165.00 | |
| 7 Front Fender Shield Clips RH <i>NEW ✓</i> | 10 | \$ 5.50 | \$ 55.00 | |
| 8 Side Mirror Cover RH <i>repair X SVC</i> | 1 | \$ 98.00 | \$ 98.00 | |
| 9 Side Mirror RH <i>X SVC</i> | 1 | \$ 677.00 | \$ 677.00 | |
| 10 Front Rim 16 inch <i>SEA ✓ s/nett</i> | 1 | \$ 500.00 <i>350</i> | \$ 500.00 | |
| | | | \$ 3,559.00 | |
| Discount -25% | | | \$ 889.75 | |
| | | | \$ 2,669.25 | |
| | | PARTS TOTAL | \$ 3,162.25 | |

Handwritten notes:
 Rasul
 Hp 900 w/b
 4 days
 L/S
 04/10/19 @ 1100
 Repair after repair

2. Labour Charges

Panel Beat, Cut, Weld, Re-align & Replace Damaged Parts Of REAR Affected Area
 Putty, Blend And Spray Paint on REAR Affected Area
 Check , Re-Adjust & Computerise Wheel Alignment / Side Slip Test
 Remove, Replace And Balance Rim / Tyre
 Check Wiring and Ensure Proper Functioning

Handwritten labor breakdown:
 \$ 400
 \$ 750.00
 \$ 500.00
 \$ 200.00 60
 \$ 60.00 30
 \$ 80.00 30

LABOURS TOTAL \$ 1,840.00

Grand Total : \$ 5,002.25
Add 7% GST : \$ 350.16
Nett Total : \$ 5,352.41

No. of repair days: 5

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: