

22/03/2002

ASS. REC. BY:

REF: CS/FC119018288/Kyd3

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Jason Tean

of FCI

Date/Time: 10:00am @ 16/10/16

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLP 8834G

Insured: SHA 2169J

at Workshop m/s Green Performance

Tel: 87990066

of 385 Sin Ming Drive

Policy No:

Claim No: D19006510MPSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 9/10/2016

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 11:22am @ 16/10/16

Person Contacted:

Cemmen

Vehicle IN OUT

Date/Time	Action/Instruction
	Telemat ✓
	SHA 2169J : 003/ASG17017069/K1hb3q2 DOA: 30/08/2017
	SLP 8834G : X

ASS. REC. BY:

REF: 1-02 /Kennerth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 874k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lum Sum: 1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

/ PIP \$1791-68, (Red \$1525-63, 45%)

11/4 Sent Preli by email

Veh No: Sup 8834GYr Regn: 06, 17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Proc.c. 1700Colour A. SilverSp. Reading 135

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTOKB31F410.3560526Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

195/65R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 9/10/19

Survey held at _____

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 2/3/2020Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Frt

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

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

15/4/20 Typist.Days Of Repair: 4Resurvey No. of Trip: 2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

PIP \$1791-68

MOTOR SURVEY ASSIGNMENT

Date	10-10-2019	Our Ref No. D19006510MFSH
Accident Date	09-10-2019	Claim Type. Third Party
Insured Vehicle	SHA2169J	Third Party Vehicle. SLP8834G
Survey Location	385, SIN MING DRIVE (INSIDE VICOM)	
Contact Person.	CARMEN LIM	
Contact No.	65662112/ 87990066	Fax No. 62593326
Survey Type	WITHOUT PREJUDICE: PRI NO DIRECT SETTLEMENT, IF TP INTERESTED TO DIRECT SETTLE, PLEASE ASK FOR ESTIM	
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	ESTEEM PERFORMANCE 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.

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Saturday, 11 April 2020 2:30 PM
To: 'CWS Motor Claims'
Cc: 'Jason Tea'; SUR
Subject: RE: SURVEY ASSESSMENT - D19006510MFSH/1
Attachments: SLP8834G DOA 9102019 REVERT.pdf

Dear Sir/Mdm

Enclosed preliminary revised of vehicle SLP8834G
Date of Survey : 02/03/2020
Number of days : 4 days

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@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, 16 October 2019 11:24 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 - D19006510MFSH/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

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: Wednesday, 16 October 2019 10:09 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Jason Tea <JasonTea@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19006510MFSH/1



Auto
Consultants
Pte Ltd

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

Your Ref: D19006510MFSH

Date: 23 March 2020

Our Ref: CS/FCI19018288/Kyd3

The Motor Claims Department
MS First Capital Insurance Ltd

Dear Sir/Madam,

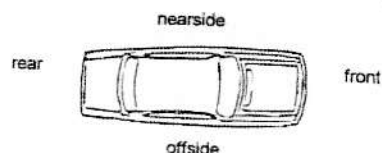
INITIAL INSPECTION REPORT OF VEHICLE NO. SLP8834G .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 02/03/2020 at the premises of M/s ESTEEM PERFORMANCE PTE LTD, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>3,317.31</u> .
Revised Estimate Amount	: S\$ <u>1,791.68</u> .
"Check" Items Amount	: S\$ <u>-</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 n/s front.



Yours faithfully

KONG SENG CHEONG
Licensed Appraiser

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	09/10/2019 16:58
Date Of Accident	09/10/2019 09:00
Exact Location Of Accident	MARINA BAY FINANCIAL CENTRE TOWER 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8834G
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31388644

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID 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 HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A29114756MKF
Cover Note Number	

Driver

Name of Driver	YAMAGUCHI AKIRA
NRIC No	S2686637E
Date Of Birth	08/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1988
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96231963
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	10 UPP SERANGOON VIEW #16-03
Postcode	534198
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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?	
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)	3
Passenger 1	NAME: : NOT APPLICABLE GENDER: : MALE
Passenger 2	NAME: : NOT APPLICABLE GENDER: : FEMALE

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

ON 09/10/19 AT AROUND 9AM, I WAS DRIVING MY CAR INTO MARINA BAY FINANCIAL CENTRE TOWER 3. I DROVE INTO ITS DROP-OFF POINT TO DROP MY PASSENGER. AS I WAS MOVING OFF, VEHICLE B WHICH WAS ON MY RIGHT, ITS PASSENGER OPEN ITS REAR LEFT DOOR SUDDENLY AND THE DOOR BANG ONTO MY CAR. MY CAR'S FRONT RIGHT FENDER AND MY RIGHT WING MIRROR IS DAMAGED. VEHICLE B SUFFERED SLIGHT DAMAGE TO ITS LEFT REAR DOOR. NO ONE IS INJURED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2169J
Vehicle Make/Model/Colour	HYUNDAI / BLUE
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	TEOH CHENG CHNUA
NRIC/Passport Number	S2073064A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : NOT APPLICABLE

GENDER: : FEMALE

Sketch Plan

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:

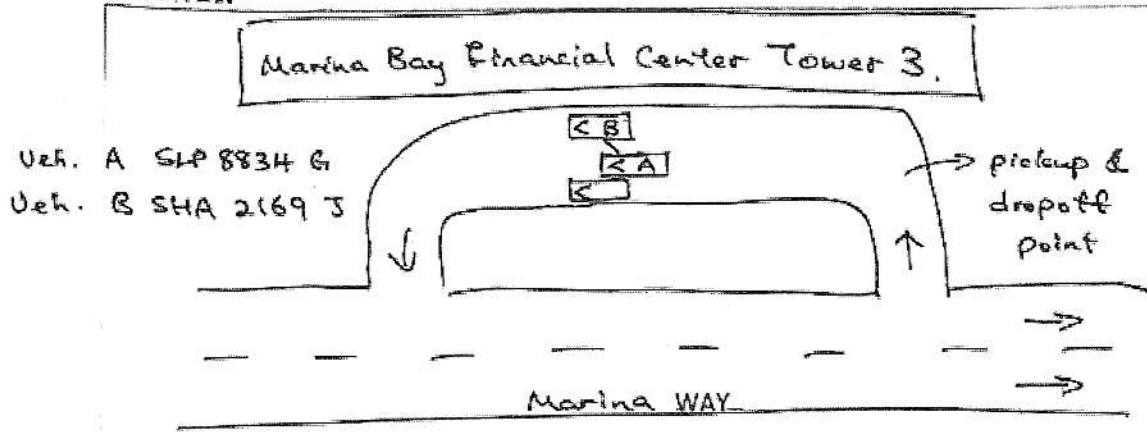


Driver's Signature
(If driver is not the policyholder)
Date & Time: 09/10/2019 4.15 p.m.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/10/2019 at around 9 a.m., I was driving my car (Veh. A SLP 8834 G) into Marina Bay Financial Center Tower 3. I drove into its dropoff point to drop my passenger. As I was moving off, Veh. B (SHA 2169 J), which was on my right, its passenger open its rear left door suddenly and the door bang onto my car. My car's front right fender and my right wing mirror is damaged. Veh B suffered slight damage to its left rear door. No one is injured.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/PMC SketchPlanForm_V3

First Cap
Kenneth



ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Repair Estimates

SLP 8834 G

Parts	(a) Cost / List Price Items	\$	2,116.41
	Plus/Less 25%	\$	529.10
	Total of Cost / List	\$	1,587.31
	(b) Nett Price Items		
	Less		
	Total of Nett Item		
	(c) Special Nett Items		
Total Parts Cost			
Labour		\$	1,730.00
Total		\$	3,317.31

The above total will be subjected to 7% G.S.T.

Not Authorized
Resurvey By paint

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:

Name of Surveyor : Kenneth
Company : LKK
Survey conducted on : 21/3/20 at _____

Remarks By Surveyor

- (a) The repair of this vehicle is authorized / is not authorized until further notice.
- (b) Recommended Days of Repair : 03 day(s)
- (c) Resurvey : Required / Not Required
- (d) Excess : \$ _____
- (e) Signature of surveyor : Lc Date: 21/3/20



**ESTEEM
PERFORMANCE**

ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.

Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Spare Parts

Vehicle No. : **SLP 8834 G**
 Make & Model : **TOYOTA PRIUS**
 Chassis No : **JTDKB3FU103560526**

Submit By : **Carmen Lim**
 Year Manufacture : **Jun-17**
 Engine No. :

Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Bonnet <i>R</i>	1	\$812.40		X
2	Bonnet hinge RH <i>H</i>	1	\$57.80		X
3	RH front fender <i>B7</i>	1	\$868.70		X
4	RH front fender undershield <i>Sm</i>	1	\$185.64		X
5	RH front fender undershield clip <i>nm</i>	10	\$25.00		X
6	RHF fender wording "HYBRID" <i>nc</i>	1	\$44.17		✓
7	RH front fender quarter garnish <i>Not for</i>	1	\$122.70		X
8					
9					
10					
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14					
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21					
22					
23					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

