

ASS-REC. BY:

REF: CS/FCI 190188551 Ag f3

Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Joanny of FCI Date/Time: 24.10.19 10.34a.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGB 5006H Insured: SHA 7217X
at Workshop m/s Autolux Industrial Tel: 64909666 / 96450084
of 19 Ubi Road 4

Policy No: Claim No: D19006253MPSH

Sum Insured: Excess:

Make of Veh: D.O.A. 26.9.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 24.10.19 10.53a.m Person Contacted: Elmer Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SGB 5006H - X
	SHA 7217X - CS/FCI 17014303/11/07/2017
25/10/19 @ 5.03pm	revised to Joanne Yong by email.

ASS. REC. BY:

REF: FCI

ASSIGNMENT

From: _____ Date: 25.10.2019

Estimated Cost: _____

OD: (C) / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SGB 5006Hat Workshop m/s: Autolubson Industrialof 19 ubi Road 4

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 3000m Omni van
look for C/m

(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 up"

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SGB5006H Yr Regn: 1Type: (C) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Sylphy C.C. _____Colour: White A/C: _____ Insured / Std / NI / NASp. Reading: 58827 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/60R16R: 195/60R16

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 25/10/19Survey held at Tan Chong (ubi)Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop orFront o/s

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

Date / Time

Action / Instruction

TP / 1st Gap

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Rep Formak: _____

Lump Sum / REP: _____

MOTOR SURVEY ASSIGNMENT

Date	30-09-2019	Our Ref No. D19006255MFSH
Accident Date	26-09-2019	Claim Type. Third Party
Insured Vehicle	SHA7217X	Third Party Vehicle. SGB5006H
Survey Location	19 UBI ROAD 4 0	
Contact Person.	ELMER ALFONSO	
Contact No.	64909666/ 0	Fax No. 68467483
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	AUTOLUTION INDUSTRIAL PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

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: Friday, 25 October 2019 5:03 PM
To: 'CWS Motor Claims'; assignments; SUR
Cc: 'Joanne Yong'
Subject: RE: SURVEY ASSESSMENT - D19006255MFSH/1
Attachments: CSFCI19018855Aqf3.pdf

Dear Joanne,

Enclosed herewith preliminary advice of SGB 5006H.

Best Regards,

Shiau Chan (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: Thursday, 24 October 2019 10:55 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'Joanne Yong' <Joanneyong@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19006255MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

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

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Thursday, 24 October, 2019 10:34 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Joanne Yong <Joanneyong@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19006255MFSH/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.



Auto
Consultants
Pte Ltd

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

Your Ref: D19006255MFSH

Date: 25 October 2019

Our Ref: CS/FCI19018855/Aqf3

The Motor Claims Department
MS First Capital Insurance Ltd

Dear Sir/Madam,

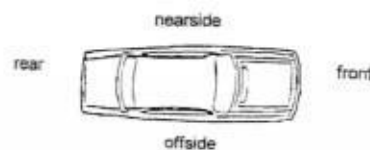
INITIAL INSPECTION REPORT OF VEHICLE NO. SGB 5006H

Please be informed that we had conducted the inspection of the abovementioned vehicle on 25/10/2019 at the premises of M/s AUTOLUTION, and have the following to report:-

Workshop Estimate Amount	: <u>S\$ 2,862.16</u>
Revised Estimate Amount	: <u>S\$ 2,417.32</u>
"Check" Items Amount	: <u>S\$ 50.00</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 front o/s portion.



Yours faithfully

ADRIAN LING WAI PING
B.Eng, AMSOE, AMIRTE, AMSAE-A, M.MATAI
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	27/09/2019 12:32
Date Of Accident	26/09/2019 11:25
Exact Location Of Accident	TELOK KURAU ROAD @ JOO CHIAT AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB5006H
Insured/Policyholder	
Name Of Registered Owner	HAN SIN BEE
Passport No/FIN	AG778087
Email Address	SINBEEHAN2005@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94864866
Alternative Phone No	OTHERS-96946794

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100446302-03
Cover Note Number	

Driver

Name of Driver	MOK TUANG LING
NRIC No	S7045566H
Date Of Birth	08/12/1970
Occupation	INDOOR
Date Of Driving Pass	20/05/2008
Driving Experience	11 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96946794
Fax Number	
Contact Number	
Email Address	HAN_JOSEPHINE@YAHOO.COM

Address	4 LORONG M TELOK KURAU #04-02
Postcode	425283
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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

SEE ATTACHED SKETCH PLAN, PHOTO AND VIDEO FOOTAGE

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	SHA7217X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO TEONG TWEE
NRIC/Passport Number	S1150368C
Contact Number	NOT GIVEN
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 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:

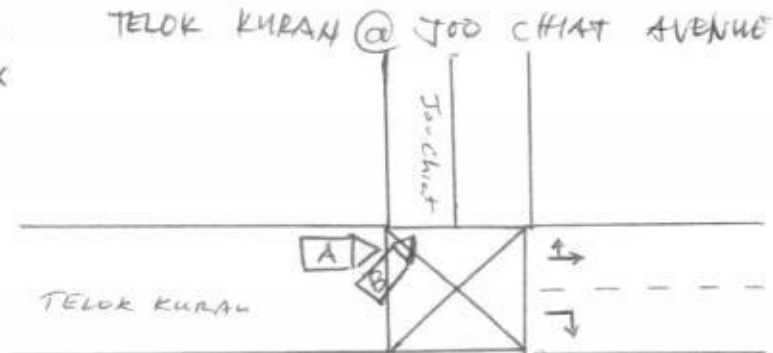

Driver's Signature
(if driver is not the policyholder)
Date & Time:


AUTOMATION INDUSTRIAL PTE LTD
19 UBI ROAD 1
SINGAPORE 408622
TEL: 6462 8241 FAX: 6462 8242
Reporting Centre Personnel's Signature
Name: **ELMER ALONSO**
NRIC/PIN No: **60462824L**

Sketch Plan #2 Pg. 1

SKETCH PLAN

A - SGB5006H
B - SHA 7217X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle (A) on Telok Kurau south-bound on the left-most lane (nearest to curb). A taxi (B) was driving on the right-most lane. As my vehicle approached the corner of Joo Chiat and Telok Kurau, the taxi suddenly turned left, ~~attempt~~ intending to turn into Joo Chiat. The taxi collided with my vehicle (A). The taxi driver's action was so sudden that it did not give me any time to react or stop. I was able to come to a stop but not after the taxi hit my vehicle.

DECLARATION

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

S.K.M.
Policyholder's Signature
Date & Time:

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

AUTOLUTION INDUSTRIAL PTE. LTD.
19 UBI ROAD #4
SINGAPORE 409623
TEL: 63490056 FAX: 6346 7400
[Signature]
Reporting Centre Personnel's Signature
Name: *ELMER ALFONSO*
NRIC/FIN No: *62462821/L*



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Han Sin Bee
Period of Insurance : 31 Dec 2018 To 30 Dec 2019
Engine No. : HR16977417B
Chassis No. : MNTBBAB17Z0025392

Vehicle No. : SGB5006H
Policy No. : 2100446302-03
Endorsement No. :
Issued Date : 21 Dec 2018

ABOUT THE COVER

Make/Model : NISSAN SYLPHY 1.6 PREMIUM
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition:

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 22 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving school, driving test, racing, pace-making, reliability test or 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.

Loss of Use 1500cc - 1800cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia); and not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Han Sin Bee - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 92522212
2. AutoAction Industrial Add: 19 Ubi Road 4 Singapore 408623 64908666
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 150097 67038511 67058512 67038513
4. Tan Chong Motor Sales Add: 513 Bukit Timah Road Singapore 589625 64894291 64894002 64894093
5. Tan Chong Motor Sales Add: 17 Lorong 8 Toi Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 8200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500810531

TAN CHONG CREDIT PTE LTD - AHL
 911 SUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 589622 ANSP-MOTOR
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Collyer V. Tan

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

If no one is injured in the accident:

- You are not required to make any police report.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full details of the circumstances of the accident.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable.
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

What should I do in the event of an accident?

- Keep calm and move your car to a safe place.
- Do not admit or discuss fault or blame with the other party(ies).
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.
- Submit VHS-Summons/Correspondences from third party(ies) to AIG immediately.

LOSS OF USE CAR REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number (65) 6419-3000 for assistance.

The Certificate of Insurance (CI) should be produced without demand when collecting the Rental Car and the Rental Car Company reserves the right to verify the identity of the holder. The CI is the property of AIG and its use is subject to the terms and conditions contained in the Loss of Use Endorsement under the policy issued to the policyholder.

Steps to activate Loss of Use Car Replacement Benefit and Important Information

1. To activate your loss of use car replacement, please contact the Rental Car Company (listed below) after filing/reporting your accident claim.
2. Your rental car will be made available within 5 working hours of activation with the Rental Car Company.
3. At the time of collection of the Rental Car, the **original** insurance policy and schedule issued by AIG, a copy of the Accident Report from **Tan Chong Motor Sales** must be produced.
4. The number of days is based on the period your vehicle is in the repair workshop unless the number of days of loss of use entitlement is stated in the Policy.
5. Rental cars are strictly for use in Singapore only.
6. Extension of rental beyond repair period approved by AIG surveyor will be chargeable by the Rental Car Company on per day basis.
7. Upgrade of Rental Car is available upon request subject to additional charges by the Rental Car Company.

Rental Car Company: Downtown Travel Services Pte Ltd

Activation Hotline: 63341700

19 Lorong 8 Toa Payoh Singapore 319255

Monday to Friday: 9am to 6pm Saturday (Half Day): 9am to 3pm

*The Rental Car Company's Terms & Conditions apply (i.e., refundable security deposit, excess liability for the Rental Car, Collision Damage Waiver, etc.)

IMPORTANT NOTICE

If you sell your motor vehicle, this Notice is **IMPORTANT** and **MUST** be complied with. Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.89), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

The Policyholder is further warned that on the sale of a motor vehicle, they must surrender 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 that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88).

This Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agrees to cover the new owner, they will issue a new Certificate of Insurance in the new owner's name. The premium chargeable may vary according to the new owner's profile.

ESTIMATE : ACCIDENT/BODY REPAIRS

REFERENCE : INS/IC/EA/0500/19
DATE : 27-SEP-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. HAN SIN-BEE
ADDRESS : 4 LORONG M TELOK KURAU
#04-02
S(425283)
TELEPHONE NO : 94864866/96946794

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM
POLICY NO : -
VEHICLE NO : SGB5006H
MODEL CODE : BDTARCZB17EWA---A
MODEL/YEAR : NISSAN SYLPHY 1.6 (CVT)
ENGINE NO : HR16977417B
CHASSIS NO : MNTBBAB17Z0025392
MILEAGE : 57341 KM
DATE IN : 27/09/2019
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : ELMER
ACCIDENT DATE : 26/09/2019

- 9645 0084 elmer@tancheng.com

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	ZZ/001	LABOR CHARGES TO REPAIR FRT RH FENDER RENEW FRT BUMPER	780.00	585
2	ZZ/002	CHARGES TO SPRAY PAINTING SAME	600.00	500
3	ZZ/003	RENEW RH HEADLAMP AND FOCUS	48.00	✓
4	ZZ/004	RENEW FRT RH WHEEL RIM AND BALANCING	15.00	✓
5	ZZ/005	PERFORM WHEEL ALIGNMENT	95.00	✓
TOTAL LABOUR CHARGES			1538.00	

AUTOLUTION INDUSTRIAL PTE. LTD

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SGB5006H

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SGB5006H

		DAMAGED PARTS & PRICES		
S/NO	PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST S/NETT REMARKS
1	ALLOY RIM(G11/B17)16X6.5 FRT RH <i>ut</i>	40300-SSW166		280.00 ✓
2	SUNDRIES ?	NPN		30.00 ?
3	RH HEADLAMP <i>ut</i>	26010-35B1C	535.60	✓
4	RH SIDE BRACKET <i>neu</i>	62224-3ST1A	19.80	✓
5	RH FOGLAMP GARNISH <i>neu</i>	62256-3ST0H	124.80	+
6	CLIP FRT BUMPER @ SGD \$ 1.30 EACH <i>neu</i>	01553-10501	7.80	✓
7	FRT BUMPER <i>re d.</i>	62022-3ST1H	554.70	✓
SUB TOTAL			1242.70	0.00 330.00
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)			248.54	0.00 0.00
GRAND TOTAL			994.16	0.00 330.00
OVERALL TOTAL			1324.16	

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

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SGB5006H

TOTAL LABOUR CHARGES	1538.00
TOTAL SPARE PARTS CHARGES	1324.16
GRAND TOTAL	2862.16 *

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME	Adrian Li
SURVEYED DATE	25/10/19.
AUTHORIZED DATE	
EXCESS CLAUSE	0.00
LIABILITY	0.00
REMARKS	04 Days

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:

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.