22/03/2002

ASS. REC. BY: | REF: CS/FC17010427/RHD 52 | Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): CUS May Chua of FC1 Date/Time: 30052017 9:18am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: YP 4020K Insured: SHA 7198S

at Workshop m/s Woon Meng Tel: 6316 1151

of 50 Bukit Batok St 23 #01-06

Policy No: Claim No: D170051900MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 21052017
(Client's Record)

CA / REV / REP. / REV 24 HRS 'Wp' ~~03082017 @ 188 Pandan Loop~~ 8/8/2017 H.D.D. Endorsement:

Date/Time: 30052017 934am Person Contacted: Mr. Heng Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	YP 4020K - x
	SHA 7198S - CS/TMT/16002009/HIVbn2 DOA: 28012016
	Market value: $72K
	Submit PRS Report

Surveyor: Rajan | REF: FCI

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: YP 4020K

at Workshop m/s: Woon Meng

of: A2 Sungei Kadut Ave

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: $7DK.

IDAC Accident Rport: 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 WP

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: YP 4020K Yr Regn: Sept / 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: MERCEDES Benz c.c 2143

Colour MULTI A/C: Insured / Std / NI / NA

Sp.Reading 059692 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDB9066532P294175

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : NIP / S/Rim / STD A/Rim or

Tyre Size: F: 195/75R16 C

R: 7.

BS / DUN / 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.	21/08/17	D.O.I.	08/08/17

Survey held at Woon Meng (SK) 4.11pm

Des. 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	Action / Instruction
	No GIA sent in for. Vehicle not repair.

Date/Time, File Pass to? 1) 7/8 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: —

Resurvey No. of Trip: —

Survey Fee:

Transportation: S + RS, SI

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Photos

Others

TOTAL

Report Format : TP-PRS

Lump Sum / I.B.I: ($ —)

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

FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref : CS/FCI17010427/b

Date : 30-05-2017

Code : FCI2

1.	Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh.	SHA 7198S	Veh. Inspected	YP 4020K
	Policy No.		Coverage ($)	0.00
	Claim No.	D17005190MFSH	Excess ($)	0.00
	Assign From	CWS (MAY CHUA)	Assign Date	30/05/2017

2.	Vehicle Particulars & Condition			
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	-	Steering	
	Brakes		Modification	
	General			

3.	Conditions of Tyres			
		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm

4.	Description of Damages

5.	General Information			
	Accident Date	21/05/2017	Inspection Date	
	Survey held at	WOON MENG MOTOR PTE LTD 50 BUKIT BATOK ST 23 #01-06 MIDVIEW BUILDING SINGAPORE 659578		

5a.	Remarks
	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	23-05-2017	**Our Ref No.**	D17005190MFSH
Accident Date	21-05-2017	**Claim Type.**	Third Party
Insured Vehicle	SHA7198S	**Third Party Vehicle.**	YP4020K
Survey Location	50 BUKIT BATOK STREET 23 #01-06 MILDVIEW BUILDING		
Contact Person.	HENG SEW SOW (MS)		
Contact No.	63161131/ 63161151	**Fax No.**	63167050
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	WOON MENG MOTOR PTE LTD	**Attention.**	NIL
Cc : TP Solicitor	NA	**TP Solicitor Fax No.**	NA
Officer Incharge	MAY CHUA		

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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/223074) PRI Documents Close

PRI Header Details

Claim No	D17005190MFSH	**Policy No**	D-15O72701MFSH	**Claimant S.No & Name**	1 & WC
Workshop Name	WOON MENG MOTOR PTE LTD (Contact Person : HENG SEW SOW (MS))	**Survey Location & Contact Details**	50 BUKIT BATOK STREET 23 #01-06 MILDVIE\ **Mobile:** 63161151 , **Phone:** 63161131 , **Fax:** **EmailId:** WOONMENG@SINGNET.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	**Insured Vehicle No**	SHA7198S	**TP Vehicle No**	YP402C
PRI Recieved Date	29-05-2017 07:04:24 PM	**Surveyor Appointed Date**	30-05-2017 09:19:27 AM	**Surveyor Accept Date**	30-05-

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	30-05-2017	**Upload Survey Report *:**	

Vehicle Particulars

Make	Please Select Make	**Model**	Please Select Model	**Year**	Select
Chasis No		**Engine No**		**Mileage**	
Color		**Cubic Capacity**			

Multiple Documents Upload

Upload Multiple Documents

File Name **Action**

Surveyor Job Remarks

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 25/05/2017 10:14

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 witholding of material facts may allow insurance companies to repudiate policy ability.
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 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	23/05/2017 15:34
Date Of Accident	21/05/2017 20:40
Exact Location Of Accident	TRAFFIC JUNCTION ESPLANADE DR & FULLERTON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4020K
Insured/Policyholder	
Name Of Registered Owner	AETOS SECURITY MANAGEMENT PTE LTD
Co Reg No	200208601N
Email Address	VEENOTH@AETOS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-84011410
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	SPRINTER 516CDI-2.1 D 4325 EL AT TURBO (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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	SHAHUL HAMEED BIN ABDUL GHAFUR
NRIC No	S9273189H
Date Of Birth	17/06/1992
Occupation	INDOOR
Date Of Driving Pass	15/11/2012
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	
Postcode	
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	COLLISION- CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	3

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

REFER TO ATTACHED

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	SHA7198S
Vehicle Make/Model/Colour	HYUNDAI / SONATA / BLUE
Details Of Properties	RIGHT SIDE DOOR PORTION
Name of Driver	HASHIM BIN ABU
NRIC/Passport Number	S1157641I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name

Phone Number

Email Address

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 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.
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.

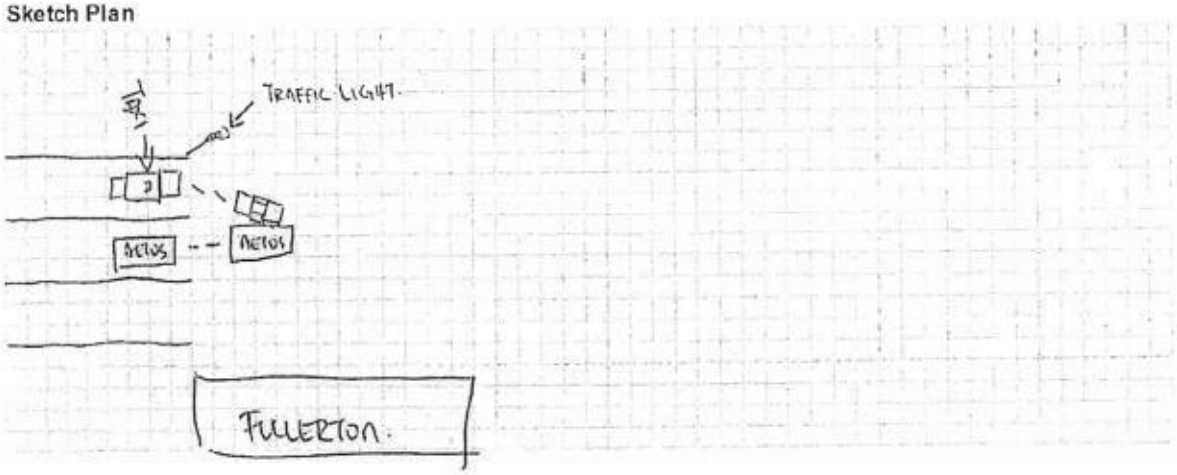
Security Management Pte Ltd * AETOS

23-5-17 @ 15:15 hrs

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DEV. FANDAN BRANCH
NAME & SIGNATURE:
DESIGNATION: CCS DATE: 23/5

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg. 2

Describe Circumstances of the Accident

REFER TO ATTACHMENT.

Declaration

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

Security Management Pte Ltd ★ AETOS

25.5.17 @ 1515 HRS.

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, PAYOH BRANCH
NAME & SIGNATURE:
DESIGNATION: C.C.S DATE:

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 3

AETOS AUXILIARY POLICE FORCE

INCIDENT REPORT

Nature of Incident/Arrest			Location of Incident/Arrest
Comfort Taxi hit SSB vehicle YP4020K			Esplanade Dr X Fullerton Rd(Traffic Junction)
Date/Day:	21 May 2017 (Sunday)	Informant:	R/O LCPL (APF) T07617 Muneshwar
Time:	2040hrs	Team:	Team SW26 (CRN)

Particulars of Subject/s			
Name	:	L/CPL (APF) T10048 Shahul Hameed (Aetos driver)	Hashim Bin Abu (Taxi driver)
Sex/Age	:	Male	Male
NRIC/FIN No:	:	S9273189H	S1157641I
Nationality	:	Singaporean	Singaporean
Address	:	NA	NA
Occupation	:	APO	Taxi Driver
Company	:	AETOS SECURITY HOLDING PTE LTD	COMFORT DELGRO
Vehicle No	:	YP4020K	SHA7198S

1. On the mention date and time, Informant R/O LCPL (APF) T07617 Muneshwar together with Guardsman PC (APF) T011215 Tiong Mang Chiu and Driver L/CPL (APF) T10048 Shahul Hameed were on duty for section Three (CRN). The mention team was on the way to replenish ATM Id: I8342 at Raffles MRT station.

2. While the vehicle travelling along Esplanade Drive on 2nd lane, traffic light turns red. 3rd party vehicle reg no: SHA 7198 S stopped at 3rd lane parallel with SSB vehicle. When traffic light turns green, both vehicle move at the same time and the 3rd party vehicle slightly maneuver to 2nd lane and hit the SSB vehicle on the left fender which cause some dent and scratches.The 3rd party vehicle also having some dent and scratches on right side of the vehicle.

3. SW 26 Driver called SSB OPS Centre and informed OPS IC SGT (APF) 9401 Ravindran on the incident. ACC DO Insp. Stanley Gan was informed about the incident. OPS IC SGT (APF) 9401 Ravindran advised driver to exchange particulars and snap some pictures of the damage on the both vehicles. At 2050hrs team SW 26 informed ACC and resume duty.

4. The driver has been informed to make SAS report after tour of his duty. He is driving Aetos vehicle for the past one and half years and with 6 years of driving experience.

That's All.

Reported by : SGT (APF) 9401 R.Ravindran	Signature:	Date : 21.5.2017(Sunday)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	8601N
Vehicle Details	
Vehicle No.:	YP4020K
Vehicle to be Exported:	No
Intended De-registration Date:	07 Aug 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	SPRINTER 516CDI 3665 HIGH ROOF A/T ABS
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	65195533558949
Chassis No.:	WDB9066532P294175
Maximum Power Output:	-
Open Market Value:	$52,310.00
Original Registration Date:	01 Sep 2016
First Registration Date:	01 Sep 2016
Transfer Count:	0
Actual ARF Paid:	$2,616.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Aug 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$48,302.00
COE Rebate Amount:	$38,953.00
Total Rebate Amount:	**$38,953.00**

The information contained herein is correct as at 07 Aug 2018

OK

~~70-75~~
72

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	YP4020K
Vehicle Type :	A64 - Goods (Closed) Van Canteen/Clinic/Workshop/Caravan
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	MERCEDES BENZ
Vehicle Model :	SPRINTER 516CDI 3665 HIGH ROOF A/T ABS
Chassis No. :	WDB9066532P294175
Propellant :	Diesel
Engine No. :	65195533558949
Engine Capacity :	2143 cc
Maximum Power Output :	-
Maximum Laden Weight :	5050 kg
Unladen Weight :	2480 kg
Year Of Manufacture :	2016
Original Registration Date :	01 Sep 2016
Lifespan Expiry Date :	31 Aug 2036
COE Category :	C - Goods Vehicle & Bus
Quota Premium :	$48,302.00
COE Expiry Date :	31 Aug 2026
Road Tax Expiry Date :	30 Nov 2018
Inspection Due Date :	30 Nov 2018
Intended Transfer Date :	07 Aug 2018
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S$)	GST Amount (S$)	Amount After GST (S$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			**25.00**

You may print this page for reference.

OK Print

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

PRE-REPAIR INSPECTION REPORT

FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref: CS3/FCI17010427/R1tbs2
Date: 13-08-2018
Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHA 7198S	Veh. Inspected	YP 4020K
Policy No.	D-15072701MFSH	Coverage ($)	0.00
Claim No.	D17005190MFSH	Excess ($)	0.00
Assign From	MAY CHUA	Assign Date	30/05/2017

2. Vehicle Particulars & Condition

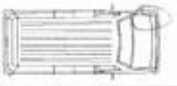
Make & Model	MERCEDES BENZ	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WDB9066532P294175	Colour	MULTI
Odometer	059692 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/75R16	YOKOHAMA	6 mm
L/H Front Tyre	195/75R16	YOKOHAMA	6 mm
R/H Rear Tyre	195/75R16	YOKOHAMA	6 mm
L/H Rear Tyre	195/75R16	YOKOHAMA	6 mm

4. Description of Damages

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



5. General Information

Accident Date	21/05/2017	Inspect Date / Time	08/08/2017 (04:11 PM)
Survey held at	42 SUNGEI KADUT AVE		
Repairer	WOON MENG MOTOR PTE LTD		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.
D) MARKET VALUE:$72,000.00

Report Ref No. CS3/FCI17010427/R1tbs2

Inspected By

MRB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, 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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.