

12/19/2010

ASS. REC. BY:

REF: 3/FCL217011521 b

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Sevner

of FCL

Date/Time: 11/16/2017 9:03am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLG 2764L

Insured: 9186319L

at Workshop m/s: Kan Motor

Tel: 90721769

of BA Manda Estate

Policy No:

Claim No: D17005854MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 8/6/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS rup

H.O.D. Endorsement:

Date/Time: 11/16/2017 9:15am

Person Contacted: SNH

Vehicle: IN SLG

Date/Time	Action/Instruction (✓) Estimate
	<u>SLG 2764L</u>
	<u>9186319L - CC3/11/16/2017/0910/VIS</u>
<u>31/12/17 3:08pm</u>	<u>Email to FCL temporary close file</u>

6/8

**Catherine Chong (LKK Auto)**

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**From:** Catherine Chong (LKK Auto) <admin-d@lkkauto.com>  
**Sent:** Saturday, 30 December, 2017 3:08 PM  
**To:** 'Claim Workflow System'; ASSIGNMENTS@LKKAUTO.COM  
**Cc:** SERENELER@FIRST-INSURANCE.COM.SG  
**Subject:** RE: SURVEY ASSESSMENT - D17005854MFSH/1

Dear Sir / Madam,

Please be informed that we are unable to conduct the inspection after some attempts to inform the workshop to present the vehicle.

This case has been pending for a long time due to the unavailability of the owner, therefore we decided to temporarily close this case.

Kindly advise us if there is any arrangement made and will be glad to re-open the case accordingly.

*"Wishes you a Happy New Year 2018"*

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Ashley Chong (LKK Auto) [<mailto:admin-d@lkkauto.com>]  
**Sent:** Wednesday, 14 June, 2017 9:23 AM  
**To:** 'Claim Workflow System' <[cwsmotorclaims@first-insurance.com.sg](mailto:cwsmotorclaims@first-insurance.com.sg)>; ASSIGNMENTS@LKKAUTO.COM  
**Cc:** SERENELER@FIRST-INSURANCE.COM.SG; [sur@lkkauto.com](mailto:sur@lkkauto.com)  
**Subject:** RE: SURVEY ASSESSMENT - D17005854MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

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

Best Regards,

**Ashley Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]  
**Sent:** Wednesday, 14 June, 2017 9:01 AM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [SERENELER@FIRST-INSURANCE.COM.SG](mailto:SERENELER@FIRST-INSURANCE.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D17005854MFSH/1

# First Capital Insurance Limited

A FAIRFAX Company

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

## MOTOR SURVEY ASSIGNMENT

Date	12-06-2017	Our Ref No. D17005854MFSH
Accident Date	08-06-2017	Claim Type. Third Party
Insured Vehicle	SHB6319L	Third Party Vehicle. SLG2764L
Survey Location	8A MANDAI ESTATE BODY REPAIR & PAINT CENTRE	
Contact Person.	NG SIN HAI	
Contact No.	65145248/ 90721769	Fax No. 63625015
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR (EST. COR: \$12,086.47)	
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	KAH MOTOR CO. SDN. BHD.	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

## 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/224004)

PRI Documents

Close

## PRI Header Details

<b>Claim No</b>	D17005854MFSH	<b>Policy No</b>	D-15072701MFSH	<b>Claimant S.No &amp; Name</b>	1 & KAH MOTOR
<b>Workshop Name</b>	KAH MOTOR CO. SDN. BHD. (Contact Person : NG SIN HAI)	<b>Survey Location &amp; Contact Details</b>	6A MANDAI ESTATE BODY REPAIR & PAINT CENTRE <b>Mobile:</b> 90721769 , <b>Phone:</b> 65145248 , <b>Fax:</b> 6362501 <b>EmailId:</b> SHNG@HONDA.COM.SG		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE: LIABILITY UNCLEAR (EST. COR: \$		
<b>Insured Name</b>	COMFORT TRANSPORTATION PTE LTD	<b>Insured Vehicle No</b>	SHB6319L	<b>TP Vehicle No</b>	SLG2764L
<b>PRI Recieved Date</b>	13-06-2017 05:59:39 PM	<b>Surveyor Appointed Date</b>	14-06-2017 09:02:30 AM	<b>Surveyor Accept Date</b>	14-06-2017 0

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>	<input type="text"/>	<b>Surveyor Report Date</b>	14-06-2017	<b>Upload Survey Report *:</b>	<input type="button" value="Choose File"/>
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## Vehicle Particulars

<b>Make</b>	<input type="text" value="Please Select Make"/>	<b>Model</b>	<input type="text" value="Please Select Model"/>	<b>Year</b>	<input type="text" value="Select Year"/>
<b>Chasis No</b>	<input type="text"/>	<b>Engine No</b>	<input type="text"/>	<b>Mileage</b>	<input type="text"/>
<b>Color</b>	<input type="text"/>	<b>Cubic Capacity</b>	<input type="text"/>		

## Multiple Documents Upload

File Name

Action

## Surveyor Job Remarks

Remarks

Date

Job Remarks

Action

## 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 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	10/06/2017 07:24
Date Of Accident	08/06/2017 20:50
Exact Location Of Accident	PIE ON WOODSVILLE FLYOVER AFTER EXITING CTE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB6319L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	SONATA
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	TAXI
<b>Insurance Company</b>	
Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072701MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	IBRAHIM BIN HASSAN
NRIC No	S1422026G
Date Of Birth	03/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1979
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	SIBRAHIM_H@SINGNET.COM.SG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

BODY PAIN

SHB6319L

## Describe Circumstances of the Accident

Pursuant to the police report attached,  
I wish to add that the accident took  
place after exiting CTE and moving  
on the 5-lane PLE on Woodville  
Flyover as shown in the sketch.

One of the four passengers on board complained  
of pains following the accident. This  
passenger was Mr. Bohyuk Kyo.

## Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20170609/2014

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20170609/2014

## CONTINUATION OF REPORT

Driver			
Name	IBRAHIM BIN HASSAN	ID No.	S1422026G
Related Vehicle	NIL	Contact No.	91372367
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 08/09/2017 at about 2050hrs, I was driving my Taxi, SHB6319L, ferrying 4 passengers as well, along Central Expressway towards Pan Island Expressway. I was driving on the 2nd left lane when suddenly a black Honda car, SLG2764L, on the 3rd left lane did not see my taxi came out knocked into the right side of my taxi. The black Honda side swept me and we both proceeded to stop at the side of the shoulder lane. I then came out to check my taxi. My taxi had sustained scratches along the whole right side of my car. My passengers then told me that they had some slight discomfort after the collision. Neither me or this driver of the other car was injured. No other road users were involved. I only managed to take down his car plate number, his name known to me as Mr Mark, and mobile no: 96993652. We decided to have a private settlement but ever since the accident I am still not able to contact him.

Hence I am making this police report for record purposes and as well so that my Taxi company, Comfort Delgro can do the required follow up actions.