

22/07/2001

ASS. REC. BY:

REF:

05/PC217012558/

b

Special Instructions:

Surveger:

Cue

ASSIGNMENT (Office)

From (Person):

where Jan

of

FCI

Date/Time:

18/6/2017 7:42pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SIZ 2592P

Insured:

SHD 8587E

at Workshop m/s:

cycle 1 carriage Automotive

Tel:

96427143

of:

wa Pandan Gardens

Policy No:

Claim No:

D170 06369MFM

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

23/6/2017

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

29/6/2017 9:10AM

Person Contacted:

Jan Pe

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SIZ 2592P

SHD 8587E-X

30/6/17 3:08pm Email to FCI temporary close file

26/8

**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:** 'LURENEJAW@FIRST-INSURANCE.COM.SG'  
**Subject:** RE: SURVEY ASSESSMENT - D17006369MFSH/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](mailto:admin-d@lkkauto.com)]  
**Sent:** Thursday, 29 June, 2017 9:23 AM  
**To:** 'Claim Workflow System' <[cwsmotorclaims@first-insurance.com.sg](mailto:cwsmotorclaims@first-insurance.com.sg)>; [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [LURENEJAW@FIRST-INSURANCE.COM.SG](mailto:LURENEJAW@FIRST-INSURANCE.COM.SG); [sur@lkkauto.com](mailto:sur@lkkauto.com)  
**Subject:** RE: SURVEY ASSESSMENT - D17006369MFSH/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](mailto:cwsmotorclaims@first-insurance.com.sg)]  
**Sent:** Wednesday, 28 June, 2017 7:41 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [LURENEJAW@FIRST-INSURANCE.COM.SG](mailto:LURENEJAW@FIRST-INSURANCE.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D17006369MFSH/1

# First Capital Insurance Limited

A FAIRFAX Company

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

## MOTOR SURVEY ASSIGNMENT

Date	28-06-2017	Our Ref No. D17006369MFSH
Accident Date	25-06-2017	Claim Type. Third Party
Insured Vehicle	SHD8587E	Third Party Vehicle. SJZ2592P
Survey Location	209 PANDAN GARDENS	96427148
Contact Person.	TAY JIAN YE	JAN YE
Contact No.	65684555/0	Vehicle no. 27
		Fax No. 65691056
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR: WAITING FOR VIDEO FOOTAGE FROM OUR ID	
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	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

## 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/224673)



PRI Documents



Close



## PRI Header Details

<b>Claim No</b>	D17006369MFSH	<b>Policy No</b>	D-15072702MFSH	<b>Claimant S.No &amp; Name</b>	1 & CYCLE & C LIMITED
<b>Workshop Name</b>	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD (Contact Person : TAY JIAN YE)	<b>Survey Location &amp; Contact Details</b>	209 PANDAN GARDENS <b>Mobile:</b> 0 , <b>Phone:</b> 65684555 , <b>Fax:</b> 65691056 <b>EmailId:</b> JIANYE.TAY@CYCLECARRIAGE.COM.SG		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE: LIABILITY UNCLEAR: WAITING FOR OUR ID		
<b>Insured Name</b>	CITYCAB PTE LTD	<b>Insured Vehicle No</b>	SHD8587E	<b>TP Vehicle No</b>	SJZ2592P
<b>PRI Recieved Date</b>	28-06-2017 08:02:49 PM	<b>Surveyor Appointed Date</b>	28-06-2017 07:41:07 PM	<b>Surveyor Accept Date</b>	29-06-2017 1

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>	<input type="text"/>	<b>Surveyor Report Date</b>	29-06-2017	<b>Upload Survey Report *:</b>	<input type="button" value="Choose File"/>
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## Vehicle Particulars

<b>Make</b>	Please Select Make ▾	<b>Model</b>	Please Select Model ▾	<b>Year</b>	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



## 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	28/06/2017 10:24
Date Of Accident	25/06/2017 09:45
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8587E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	REPORTING ONLY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072702MFSH
Cover Note Number	

### Driver

Name of Driver	ANG KOK HENG(HONG GUOXING)
NRIC No	S7208704F
Date Of Birth	10/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1992
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	DENNISANG10@YAHOO.COM.SG

**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 willful 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.

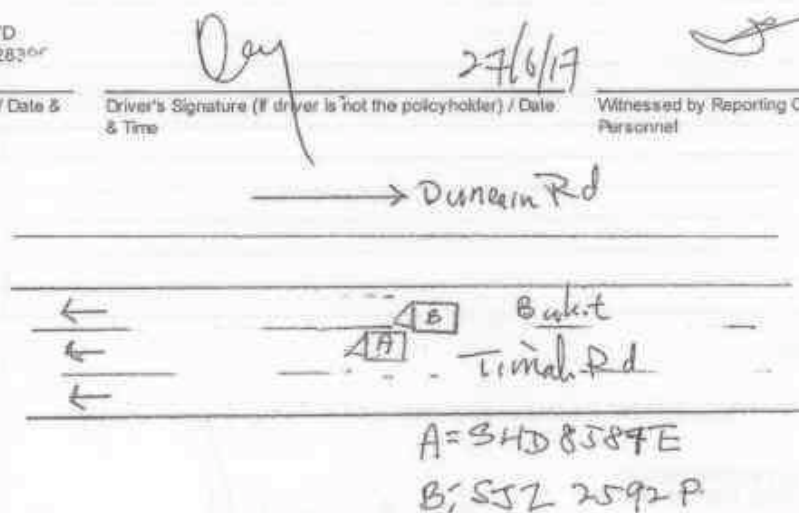
CITYCAB PTE LTD  
CO. REG. NO. 199502830R

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SHD 8587 E

- ACCIDENT STATEMENT

On Sunday morning (26/06/2017), I chauffeured a male passenger from his residence at Tessarina Condo at Wilby Road to city.

It was light traffic on Bukit Timah Road and after I had moved into this road from the side road and moving straight forward, my taxi was grazed slightly by vehicle B( SJJZ 2592P) when it drifted across to my lane after its left front tyre was deflated by an unknown sharp object on the road.

The slight impact caused minor scratching mark on the right rear fender of my car.

I filed report for record. purposes.

I affirmed the above-statement is true and correct.



Driver name : Ang Kok Heng  
NRIC NO : S 7208704F  
Date: 27/06/2017

Recorded by Alex Lim

