

APP REC BY:

REF CS3/FCI17020909/WB SW

INSURER Wilson

ASSIGNMENT (Office)

OWS
PERSON (Person) Lurene Jaw

FCI

Date/Time 4:43pm @ 1/11/17

Estimated Cost: _____

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

To Inspect Vehicle No: FS16254

Insured SHC 7680E

at Workshop No: Ong Motor

TEL 67430629 / 83802323
9388 1791

of 464 Macpherson Road, 368162

Policy No: _____ Claim No: D17610050MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25/10/2017
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp' 02/11/2017

M.O.D. Endorsement

Date/Time: 4:57pm @ 1/11/17 Person Contacted: Mr. Ong

Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	FS16254-NS/INC17020558/K1/b-D.O.A: 25/10/2017
	SHC 7680E-NS/INC17020558/K1/b-D.O.A: 25/10/2017
	Disassemble Part: 07.11.2017
	After repair: 09.11.2017

Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all information created by the assignment team are ACCURATE.

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Case Handler		Typist	
Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

Case Handler		Typist	
Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
---	--	--	--

(3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

--	--	--	--

Check By:
Case Handler Date

*C: Critical *N: Non-Critical



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		Ref : CS3/FCI17020909/Wb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 01-11-2017	
		Code : FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 7680E	Veh. Inspected	FS 1625U
Policy No.		Coverage (\$)	0.00
Claim No.	D17010050MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	01/11/2017
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	25/10/2017	Inspection Date	02/11/2017
Survey held at	ONG MOTOR TRADING NO. 464 MACPHERSON ROAD SINGAPORE 368182		
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.			

MOTOR SURVEY ASSIGNMENT

Date	26-10-2017	Our Ref No. D17010050MFSH
Accident Date	25-10-2017	Claim Type. Third Party
Insured Vehicle	SHC7680E	Third Party Vehicle. FS1625U
Survey Location	464 MACPHERSON ROAD	
Contact Person.	MR JACKY SIAH	
Contact No.	67430629/ 83802323	Fax No. 0
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	ONG MOTOR	Attention. NIL
Cc : TP Solicitor	CHIA S ARUL LLC	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/229526)



PRI Documents



Close



PRI Header Details

Claim No	D17010050MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & CHIA S AF
Workshop Name	ONG MOTOR (Contact Person : MR JACKY SIAH)	Survey Location & Contact Details	464 MACPHERSON ROAD Mobile: 83802323 , Phone: 67430629 , Fax: 0 EmailId: WENGKIT@CHIAARUL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7680E	TP Vehicle No	FS1625U
PRI Recieved Date	27-10-2017 02:33:40 PM	Surveyor Appointed Date	01-11-2017 04:42:40 PM	Surveyor Accept Date	01-11-2017 0.

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	01-11-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
------------------------------------	----------------------	-----------------------------	------------	--------------------------------	--

Vehicle Particulars

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

Multiple Documents Upload

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
----------------	----------------------	-------------------------------------

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	26/10/2017 14:16
Date Of Accident	25/10/2017 08:00
Exact Location Of Accident	ANG MO KIO AVE 5 TWDS THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS1625U
Insured/Policyholder	
Name Of Registered Owner	CHUA AI GEK JULIE
NRIC No	S8024309Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94555017
Alternative Phone No	OTHERS-94555017

Vehicle Particulars

Manufacturer	HONDA
Model	TA150
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5091001272
Cover Note Number	

Driver

Name of Driver	CHUA AI GEK JULIE
NRIC No	S8024309Z
Date Of Birth	14/08/1980
Occupation	INDOOR
Date Of Driving Pass	28/11/2005
Driving Experience	11 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94555017
Fax Number	
Contact Number	OTHERS-94555017
EEmail Address	NOEMAIL

Address BLK 279B SENGKANG EAST AVE
 #05-549
 Postcode 542279
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? YES
 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? YES
 If Yes, Please state which Police Station
 Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171025/2073

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: DIDN'T PASSED TO US
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7680E
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver WEE TECK PAH
 NRIC/Passport Number S6832365G
 Contact Number 83127159
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBG3040D
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver TAN YEW HUAT STANLEY
NRIC/Passport Number S7039860E
Contact Number 91113699
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name CHUA AI GEK JULIE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? FS1625U
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

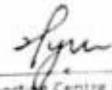
1. Please report correctly the details of the accident to speed up the Claims process
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

 26/10/17
Report Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE
POLICE FORCE



T/20171025/2073

Police Station Of Origin:
Yishun South N.P C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 4
Report No. T/20171025/2073

CONTINUATION OF REPORT

Brief Details.

On 25/10/2017 at about 0800hrs I was travelling on my vehicle bearing registration plate number (FS1625U) at the extreme right lane of Ang Mo Kio Avenue 5 towards Thomson Road.

At that juncture, the road ahead of me is clear however, from the 2nd lane a taxi bearing registration plate number (SHC7680E) suddenly changed into my lane without signaling. I realized the distance between our vehicles were insufficient and immediately did an emergency brake however my vehicle still collided with the said taxi.

Upon colliding with the said taxi, my motorcycle travelled a few distance as I had lost control of my vehicle and collided again to another vehicle bearing registration plate number (GBG3040D). That was when my motorcycle came to a stop and I fell together with my vehicle onto my left side.

Subsequently, Ambulance and Traffic Police came to scene and I was conveyed to Khoo Teck Puat Hospital. I was then awarded 5 days of Outpatient Sick Leave. I am lodging this report as I was conveyed to the Hospital and also for having 5 days of Outpatient Sick Leave.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Singapore NRIC
Owner ID	4309Z
Vehicle Details	
Vehicle No.	FS1625U
Vehicle to be Exported	No
Intended De-registration Date	29 Nov 2017
Vehicle Make	HONDA
Vehicle Model	TA150
Primary Colour	Black
Manufacturing Year	2000
Engine No.	TA150E0009878
Chassis No.	TA1500009878
Maximum Power Output	-
Open Market Value	\$4,279.00
Original Registration Date	22 May 2000
First Registration Date	22 May 2000
Transfer Count	2
Actual ARF Paid	\$642.00
Intended PARF Rebate Details	
PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00
Intended COE Rebate Details	
COE Expiry Date	21 May 2020
COE Category	D - Motorcycle
COE Period(Years)	10
PQP Paid	\$1,115.00
COE Rebate Amount	\$276.00
Total Rebate Amount	\$276.00

The information contained herein is correct as at 29 Nov 2017

OK



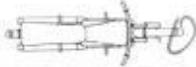
LKK Auto Consultants Pte Ltd

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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT			
FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI17020909/Wbs2 Date: 16-01-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 7680E	Veh. Inspected	FS 1625U
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17010050MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	01/11/2017
2. Vehicle Particulars & Condition			
Make & Model	HONDA TA150	c.c	149
Engine No.	HIDDEN	Year of Reg.	2000
Chassis No.	TA1500009878	Colour	BLACK
Odometer	19419 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	100/80-17	DUNLOP	3 mm
L/H Front Tyre			mm
R/H Rear Tyre	130/90-15	DUNLOP	4 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.			
5. General Information			
Accident Date	25/10/2017	Inspect Date / Time	02/11/2017 (04:51 PM)
Survey held at	ONG MOTOR TRADING NO. 464 MACPHERSON ROAD SINGAPORE 368182		
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.			

Report Ref No. CS3/FCI17020909/Wbs2

Inspected By

WILSON TEO CHENG MING

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 contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.