

ASS. REG. B.V.

REF: CS3/FCI17021329/WB²

Special Instructions

Surveyor

Wilson

ASSIGNMENT (Office)

CWS

From (Person)

May chua

of

FCI

Date/Time

11.41am @ 8/11/17

Estimated Cost

Bill to

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

To Inspect Vehicle No.

SJN14G1D

Insured

SHC 2660X

at Workshop m/s

HT Automation

Tel

987 33215

of

8 keki Bkt Ave 4, # 03-24 Premier

Policy No.

Claim No.

D17010355MFSH

Sum Insured

Excess

Make of Veh.

(Client's Record)

D.O.A

5/11/2017

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement

Date/Time

11.50a.m @ 8/11/17

Person Contacted

Ah Mun

Vehicle

IN

OUT

Date/Time

Action/Instruction

(X)

Estimate

SJN14G1D -X

SHC 2660X - CS/FCI16004095/T1th3c2-D.O.A: 23/02/16

REF: FCI

ASSIGNMENT

From:

Date:

8/11/2017

Estimated Cost:

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

To Inspect Vehicle No:

S/N 1461 D

at Workshop m/s

HT Automation

of 8 Kaki Bukit Ave 4 #03-24 premier

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

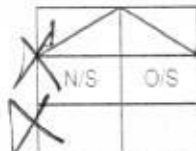
(Client's Record)

Ah Seng

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

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

1wp

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

S/N 1461 D

Yr Regn:

4/2/2009.

Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Volkswagen Passat 1798

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading

138729

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVWZZZ3CZ9P020908

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ M / S / Rim / STD A/Rim or

Tyre Size:

F:

215/55 R15

R:

215/55 R15

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

TOYO / YOKO or

Falken / CR

Front

Rear

R/Bal.

3

mm

R/Bal.

3

mm

L/Bal.

3

mm

L/Bal.

3

mm

D.O.A.

5/11/2017.

D.O.I.

8/11/2017.

Survey held at

As Above 3.13pm

Des. of Damages: Frt / Rear / O/S ☒ N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

Date/Time: File Pass to?

1) 12012018

Date/Time: File Return to?

2)



Preli. Report



Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

1) \$495.00

2) Photos

3) Other

TOTAL

Report Format:

PRS

Lump Sum / I.B.I: (\$)

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Weekend (\$)

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

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

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
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(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

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Check By:

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014



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/FCI17021329/Wb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 08-11-2017	
			Code : FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHC 2660X	Veh. Inspected	SJN 1461D	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17010355MFSH	Excess (\$)	0.00	
Assign From	CWS (MAY CHUA)	Assign Date	08/11/2017	
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	08/11/2017	Inspection Date	08/11/2017	
Survey held at	8 KAKI BUKIT AVE 4 #03-24			
Repairer	-			
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.				

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C

GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	07-11-2017	Our Ref No. D17010355MFSH
Accident Date	05-11-2017	Claim Type. Third Party
Insured Vehicle	SHC2660X	Third Party Vehicle. SJN1461D
Survey Location	8 Kaki Bukit Ave 4 #03-24premier@kaki bukit	
Contact Person.	AH MUN	
Contact No.	63847105/ 98733215	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	HT AUTOMATION	Attention. NIL
Cc : TP Solicitor	C YOGARAJAH LLC	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/229915)



PRI Documents



Close



PRI Header Details

Claim No	D17010355MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & C YOGARA
Workshop Name	HT AUTOMATION (Contact Person : AH MUN)	Survey Location & Contact Details	8 Kaki Bukit Ave 4 #03-24premier@kaki bukit Mobile: 98733215 , Phone: 63847105 , Fax: 0 EmailId: HELEN@YOGA-LEGAL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC2660X	TP Vehicle No	SJN1461D
PRI Recieved Date	07-11-2017 04:04:27 PM	Surveyor Appointed Date	08-11-2017 11:40:29 AM	Surveyor Accept Date	08-11-2017 1

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	08-11-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	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"/>
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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	06/11/2017 16:46
Date Of Accident	05/11/2017 18:15
Exact Location Of Accident	RWS CP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1461D
Insured/Policyholder	
Name Of Registered Owner	LIM LAI KOON (LIN LAIKUN)
NRIC No	S8402548H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85336357
Alternative Phone No	OTHERS-85336357
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	PASSAT 1.8 TSI AT ABS D/AIRBAG 4DR 2WD
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091215883
Cover Note Number	

Driver

Name of Driver	LIM LAI KOON (LIN LAIKUN)
NRIC No	S8402548H
Date Of Birth	25/01/1984
Occupation	INDOOR
Date Of Driving Pass	19/12/2003
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85336357
Fax Number	
Contact Number	OTHERS-85336357
Email Address	NOEMAIL

Address	BLK 453 #02-202 TAMPINES STREET 42
Postcode	520453
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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
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)	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

REFER TO BELOW STATEMENT/SKETCH PLAN: ATTENDED BY SITI

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	SHC2660X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan

SKETCH PLAN

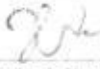
IMPORTANT NOTICE

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.

06 NOV 2017

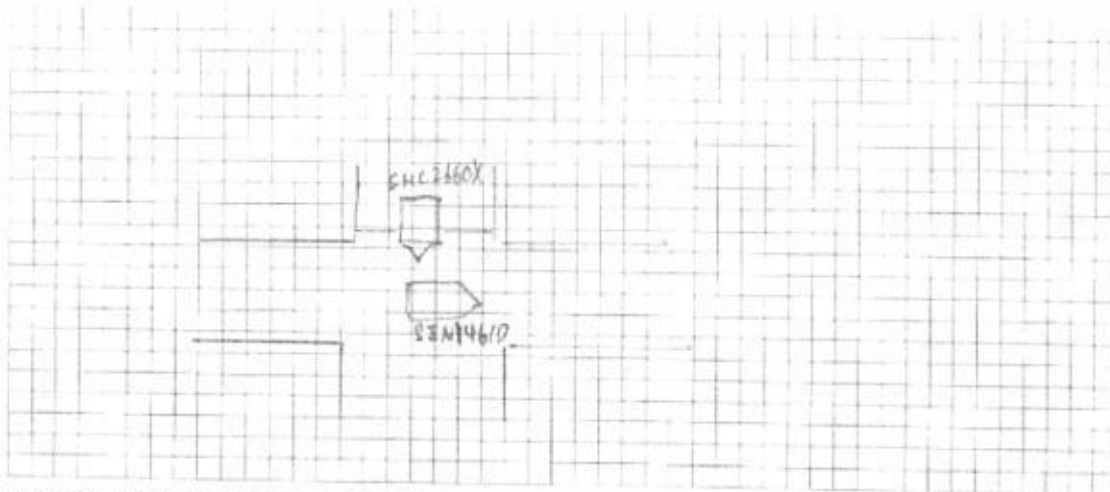

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT(VAC)
Report to: **KAKI BUKIT VAC**
Name: **Singapore 415933**
NRIC/TIN No.: **Tel: 67416697**
Fax: 67492305
Email: **vackb@singnet.com.sg**

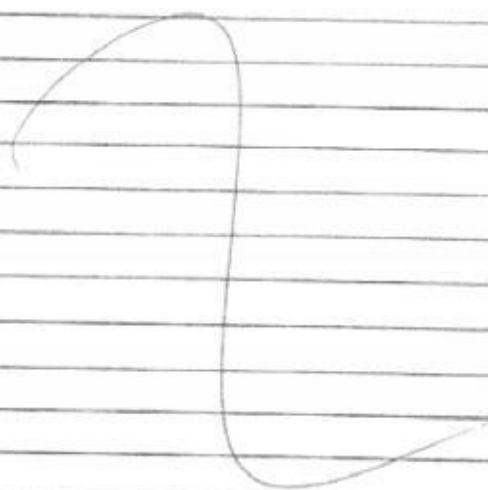
Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the main road at Resort World Sentosa S/East carpark when the taxi (SHC2660X) hit onto the side of my car (SEN4610). He failed to stop to look out for oncoming traffic where the sign is already indicated at his position.



DECLARATION

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


Policyholder's Signature
Date & Time:

06 NOV 2017
Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415913
Reporting Centre
Name: Tel: 67416697
NRIC/TIN No. Fax: 67492305
Email: vackb@singnet.com.sg



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

Ref: CS3/FCI17021329/Wbs2

36 ROBINSON ROAD

Date: 17-01-2018

#16-01 CITY HOUSESINGAPORE 068877



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHC 2660X	Veh. Inspected	SJN 1461D
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17010355MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	08/11/2017

2. Vehicle Particulars & Condition

Make & Model	VOLKSWAGEN PASSAT	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	WWZZZ3CZ9P020908	Colour	BLACK
Odometer	138729 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/55R15	FALKEN	3 mm
L/H Front Tyre	215/55R15	FALKEN	3 mm
R/H Rear Tyre	215/55R15	FALKEN	3 mm
L/H Rear Tyre	215/55R15	FALKEN	3 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.



5. General Information

Accident Date	05/11/2017	Inspect Date / Time	08/11/2017 (03:03 PM)
Survey held at	HT AUTOMATION 8 KAKI BUKIT AVE 4 #03-24 PREMIER		
Repairer	-		

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/FCI17021329/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

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