

ASS. REC. BY:

REF: CS3 / FC17022204 / G16s²

Special Instruction:

Surveyor: GD**ASSIGNMENT (Office)**From (Person): CWS Lurene Jaw of FCI Date/Time: 21.11.2017 1240pm

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBF 3149E Insured: SH 298TYat Workshop m/s Hing Lok Tel: 96601317of 160 Sh Ming Driv #05-17Policy No: _____ Claim No: 017010771MESH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18.11.2017
(Client's Record)**CA / REV / REP. / REV 24 HRS** wp

H.O.D. Endorsement: _____

Date/Time: 21.11.2017 209pm Person Contacted: Hun Wei Vehicle: IN / OUT

Date/Time	Action/Instruction (X) Estimate
	<u>ABF 3149E - X</u>
	<u>SH 298TY - CS/FC116013988 / Ktgh3 n2</u> <u>DOA: 25.07.16</u>
	<u>Dismantle Part: 28.11.2017</u>
	<u>After repair: 01.12.2017</u>

REF: Fci

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s *Hiap lek*

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

	
N/S	O/S *
	

Bal. or Market Value:	\$100.		
IDAC Accident Rpt.:	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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT _____

Veh No: **GBF3149E** Yr Regn: **2016** / **Sep 05**
Type: M.Car / M.Cycle / Bus / **B** / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: Toyota Hiace Super C.C. 2982
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 89000 T/Radio: Insured / Std / NI / NA
 Eng/No: _____

C/No: KDH2010199519

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: Good / In order / Jammed / Leaked / Burnt or

Modl: Nip / S/Rim / STD A/Rim or

Tyre Size: F: 195/70 R15
R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front	Rear
R/Bal. <u>66</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A.	D.O.I. <u>37-11-17</u>

Survey held at W/S Hlop Lek 4:45 pm

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

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

Date / Time	Action / Instruction
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Date/Time File Pass to?

1) 24032018

Date/Time: File Return to?

21

Report Format : PRS

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

☐: Prelim. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: : Site Insp (\$

☐ Interview (S

Tech. Invs (\$

☐ Weekend (\$)

(c) $\frac{d}{dt} \left(\frac{1}{r^2} \right)$

Phenols

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

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

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

(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 (RS, 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/FCI17022204/Gb

36 ROBINSON ROAD

#16-01 CITY HOUSESINGAPORE 068877

Date : 21-11-2017

Code : FCI2



1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SH 2987Y	Veh. Inspected	GBF 3149E
Policy No.		Coverage (\$)	0.00
Claim No.	D17010771MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	21/11/2017

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

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5. General Information

Accident Date	18/11/2017	Inspection Date	27/11/2017
Survey held at	160 SIN MING DRIVE #05-17		
Repairer	HIAP LEK AUTOMOBILE TRADING		

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	20-11-2017	Our Ref No. D17010771MFSH
Accident Date	18-11-2017	Claim Type. Third Party
Insured Vehicle	SH2987Y	Third Party Vehicle. GBF3149E
Survey Location	160 SIN MING DRIVE #05-17,SIN MING AUTOCITY,SINGAPORE 575722	
Contact Person.	MR ONG HAN WEI	
Contact No.	96601347/ 96601347	Fax No. 65356802
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	HIAP LEK AUTOMOBILE TRADING	Attention. NIL
Cc : TP Solicitor	VISION LAW 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/230409)



PRI Documents



Close



PRI Header Details

Claim No	D17010771MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & VIS
Workshop Name	HIAP LEK AUTOMOBILE TRADING (Contact Person : MR ONG HAN WEI)	Survey Location & Contact Details	160 SIN MING DRIVE #05-17,SIN MING AUTO Mobile: 96601347 , Phone: 96601347 , Fax: EmailId: JENNIFERGUAY@VISIONLAWLLC.CO		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SH2987Y	TP Vehicle No	GBF314
PRI Recieved Date	20-11-2017 06:36:23 PM	Surveyor Appointed Date	21-11-2017 12:40:43 PM	Surveyor Accept Date	21-11-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	21-11-2017	Upload Survey Report *:	
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	Select
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

Upload Multiple Documents

File Name

Action

Surveyor Job Remarks

Date of Accident : 18/11/17 Accident Time: 4.30pm (24-HR-FORMAT)
Accident Place : CTE towards NE/TPE/JLE (near upper Serangoon Exit)
Vehicle Reg. No (Car plate No.) : GBF 3149E
Vehicle Make/Model : Toyota Hiace
Insurance Company : EQ Policy No. DMCPH 17-004706
Owner or Company Names /IC NO: Lim Soon Lee /S8008737C
Owner or Company Contact No. : 96888773 Owner's HP _____ Company Tel _____
DRIVER'S Name & IC no. : Lim Soon Lee /S8008737C
DRIVER'S Date of Birth : 10/04/1980 DRIVER'S License Pass Date _____
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 944 Jurong West Street 91 #05-495(S)640944
DRIVER'S Contact No./ Alt No. : 1) 96888773 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc) self employed
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins
Number of Passengers (including Driver): 2
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SH 2987Y

Vehicle Make/Model: _____

Name DRIVER: _____

IC No. DRIVER: _____

DRIVER'S Contact & add: _____

Vehicle Reg No: _____

Vehicle Make/Model: _____

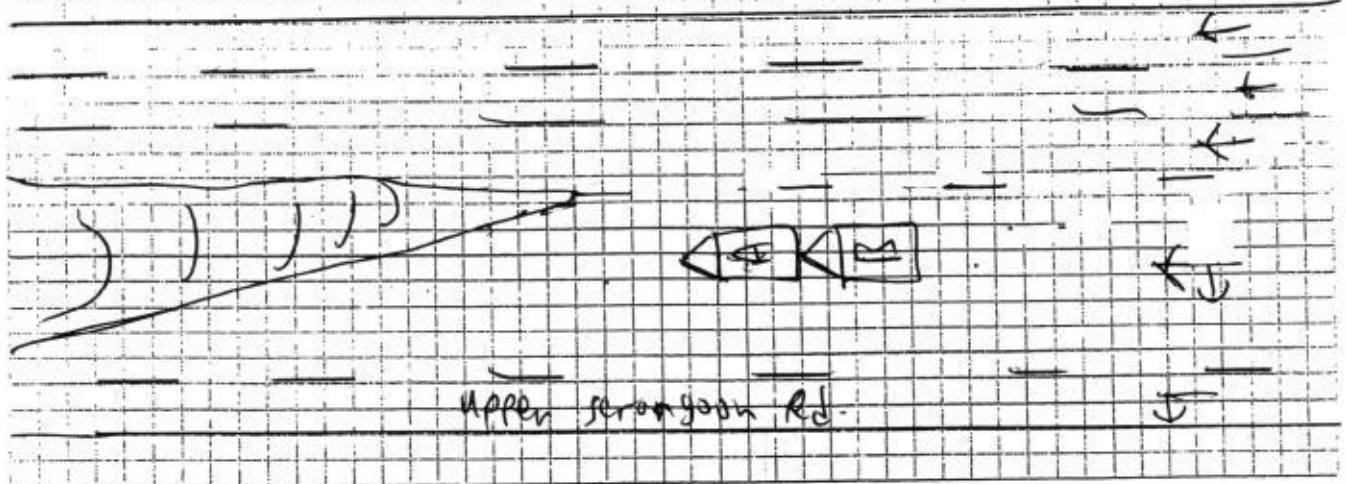
Name DRIVER: _____

IC NO. DRIVER: _____

DRIVER'S Contact & add: _____

SKETCH PLAN

CTE towards ank.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) GBF 3149E (B) SH 2987Y

AS per police report.

DECLARATION

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

X-SPEED MOBILE RECOVERY

UEN. No. 532200280

Mobile: 9688 8773

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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.

X-SPEED MOBILE RECOVERY

UEN No. 532200289

Mobile: 9688 8773

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



J/20171120/7016

1 of 3

POLICE REPORT (NP299)

Report No. J/20171120/7016

Police Station Of Origin
Jurong Police Divisional HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 20/11/2017 12:12	Vide Report No.	Station Diary No.
Name Of Informant LIM SOON LEE	Address APT BLK 944 JURONG WEST STREET 91 #05-495 SINGAPORE 640944	
ID Type / ID No. NRIC NO / S8008737C	Contact No. Home/Office: Mobile: 96888773	
Nationality SINGAPORE CITIZEN	Email Address lim.steve@ymail.com	
Occupation SELF-EMPLOYED	Sex Male	Age 37
Institution/School Name	Date of Birth 10/04/1980	Race Chinese
Date/Time Of Incident 18/11/2017 16:30	Location Of Incident 944 JURONG WEST STREET 91 #05-495 SINGAPORE 640944	

Brief details.

On 18/11/2017 at about 4.30pm, I driving my vehicle number GBF 3149E and travelling along CTE towards PIE/TPE/SLE. At near to upper serangoon exit, The lorry ahead of me slow down, I too slow down and stop. Moments later, I felt an impact on my rear portion. When I get down, Vehicle number SH 2987Y hyundai yellow color taxi had collide onto my rear portion. After the incident, we exchange particular and left the scene. My wife whom is a passenger in my vehicle while the accident happen.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

20/11/2017 12:12

Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20171120/7016

I felt some unwell on my neck and hand area. I went to Mount Alvernia Hospital after which to see doctor and was given 7 days of MC. My MC period is from 19/11/17 to 25/11/17. My passenger which is my wife also went to see doctor at Mount Alvernia Hospital and was also given 7 days of MC from 19/11/17 to 25/11/17. She was suffering pain from her neck and lower back.

Subjects Involved			
Victim			
Person Name	LIM SOON LEE		
ID Type	NRIC NO	ID No	S8008737C
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	SELF-EMPLOYED	Address Type	
Address	APT BLK 944 JURONG WEST STREET 91 #05-495 SINGAPORE 640944	Mobile No	96888773
Is Informant A Victim?	Yes		
Person Name	CHIA CHEOW YONG		
ID Type	NRIC NO	ID No	S8312757J
Gender	Female	Age	34
Race	Chinese	Language	Chinese
Occupation	Sales supervisor	Address Type	HDB / HUDC

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

20/11/2017 12:12

Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE



J/20171120/7016

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20171120/7016

Address	APT BLK 944 JURONG WEST STREET 91 #05-495 SINGAPORE 640944	Mobile No	97976244
Relation To Informant	SPOUSE		
Person Name	LIM SOON LEE (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:
The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:
20/11/2017 12:12

Classification Of Case:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Business
Owner ID	0028D
Vehicle Details	
Vehicle No.	GBF3149E
Vehicle to be Exported	No
Intended De-registration Date	14 Dec 2017
Vehicle Make	TOYOTA
Vehicle Model	HIACE SUPER GL DARK PRIME 3.0 AUTO
Primary Colour	Black
Manufacturing Year	2016
Engine No.	1KD2626072
Chassis No.	KDH2010199519
Maximum Power Output	-
Open Market Value	\$44,651.00
Original Registration Date	05 Sep 2016
First Registration Date	05 Sep 2016
Transfer Count	1
Actual ARF Paid	\$2,233.00
Intended PARF Rebate Details	
PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00
Intended COE Rebate Details	
COE Expiry Date	04 Sep 2026
COE Category	C - Goods Vehicle & Bus
COE Period(Years)	10
PQP Paid	\$4,817.00
COE Rebate Amount	\$4,202.00
Total Rebate Amount	\$4,202.00

The information contained herein is correct as at 14 Dec 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

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PRE-REPAIR INSPECTION REPORT				
FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI17022204/Gbs2		
36 ROBINSON ROAD		Date: 26-03-2018		
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SH 2987Y	Veh. Inspected	GBF 3149E	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17010771MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	21/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA HIACE SUPER	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KDH2010199519	Colour	BLUE	
Odometer	89000 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/70R15	YOKOHAMA	6 mm	
L/H Front Tyre	195/70R15	YOKOHAMA	6 mm	
R/H Rear Tyre	195/70R15	YOKOHAMA	6 mm	
L/H Rear Tyre	195/70R15	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	18/11/2017	Inspect Date / Time	27/11/2017 (04:45 PM)	
Survey held at	160 SIN MING DRIVE #05-17			
Repairer	HIAP LEK AUTOMOBILE TRADING			
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 \$70,000.00				

Report Ref No. CS3/FCI17022204/Gbs2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

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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