

ASS. REC. BY:

REF: CS3/FCI7022267/Ub52

Special Instruction:

Surveyor

Mawis.

ASSIGNMENT (Office)

From (Person):

LWS Aung Yin Min

of

FCL

Date/Time: 21.11.2017 12:27pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SFZ 3302B

Insured:

SH D8835P

at Workshop m/s

Bluwel

Tel:

6745 2088

of

Bik 1 Kaki Bukit Ave 6 #01-28

Policy No:

Claim No:

D7010808MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

20.11.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

'wp'

22.11.2017

H.O.D. Endorsement:

Date/Time:

21.11.2017 1:12pm

Person Contacted:

Sally

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SFZ 3302B - X
	SHD 8835P - CS/TML/7022157/K146
	Dismantle Part: 23.11.2017
	: 24.11.2017
	After repair: 28.11.2017

DCA: 20.11.17

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

		Y-Date	N-Date	Y-Date	N-Date
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				

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



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/FC117022267/Ub	
36 ROBINSON ROAD #16-01 CITY HOUSES SINGAPORE 068877			Date : 22-11-2017	
			Code : FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHD 8835P	Veh. Inspected	SFZ 3302B	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17010808MFSH	Excess (\$)	0.00	
Assign From	CWS (AUNG YIN MIN)	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				
5. General Information				
Accident Date	20/11/2017	Inspection Date	22/11/2017	
Survey held at	BLUWEL AUTOMOTIVE SERVICE PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883			
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	20-11-2017	Our Ref No. D17010808MFSH
Accident Date	20-11-2017	Claim Type. Third Party
Insured Vehicle	SHD8835P	Third Party Vehicle. SFZ3302B
Survey Location	1 KAKI BUKIT AVE 6 (UNIT B) #01-28 (UNIT C) #01-51/53/55	
Contact Person.	MS SALLY	
Contact No.	67452088/ 97562088	Fax No. 68412088
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	BLUWEL AUTOMOTIVE SERVICE PTE LTD	Attention. NIL
Cc : TP Solicitor	M NEDUMARAN & CO	TP Solicitor Fax No. 65098482
Officer Incharge	AUNGYM	

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/230451)



PRI Documents



Close X

PRI Header Details

Claim No	D17010808MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & M I
Workshop Name	BLUWEL AUTOMOTIVE SERVICE PTE LTD (Contact Person : MS SALLY)	Survey Location & Contact Details	1 KAKI BUKIT AVE 6 (UNIT B) #01-28 (UNIT C) Mobile: 97562088 , Phone: 67452088 , Fax: EmailId: SERENE.TAN@MNEDUCO.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHD8835P	TP Vehicle No	SFZ330
PRI Recieved Date	20-11-2017 11:27:38 PM	Surveyor Appointed Date	21-11-2017 12:26:56 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

001/004

21/11 2017 TUE 10:52 FAX

MSME1715270 / SVE Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 20/11/2017 17:18

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 willful 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 if/whereas.

ACCIDENT STATEMENT

Date Of Report 20/11/2017 17:18
 Date Of Accident 20/11/2017 07:50
 Exact Location Of Accident UPP CHANGI RD EAST
 Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SF23302B
 Insured/Policyholder
 Name Of Registered Owner HELENE NG SUAT HEAN
 NRIC No S6901860B
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-97248269
 Alternative Phone No OFFICE-97248269
 Vehicle Particulars
 Manufacturer MAZDA
 Model 2
 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 PRIVATE CAR
 Insurance Company
 Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 17-MV010238-R01
 Cover Note Number
 Driver
 Name of Driver HELENE NG SUAT HEAN
 NRIC No S6901860B
 Date Of Birth 21/01/1969
 Occupation INDOOR
 Date Of Driving Pass 03/11/1986
 Driving Experience 31 YEARS AND 0 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97248269
 Fax Number
 Contact Number OFFICE-97248269
 Email Address NOEMAIL

21/11 2017 TUE 10:52 FAX

Address BLK 468 PASIR RIS DRIVE 6 #10-400
 Postcode 510468
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 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

AT ABOUT 7.49AM ON 20/11/2017, I WAS DRIVING ALONG THE THIRD LANE ON UPPER CHANGI ROAD EAST TOWARDS CITY AND BEFORE UPPER CHANGI ROAD NORTH WHEN THE TAXI (SHD8835P) CUT INTO MY LANE FROM THE RIGHT WHEN I WAS ALMOST NEXT TO HIS CAR, I SOUNDED MY HORN AND SWERVED TO THE LEFT TO AVOID THE CAR BUT THE DRIVER DID NOT SLOW DOWN AND HIT THE RIGHT SIDE OF MY CAR.

Attachment(s)

Are accident photos available for attachment? YES
 Were there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD8835P
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 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

21/11 2017 TUE 10:53 FAX

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 Authorized 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: 20/11/17, 1357pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/11/17, 1357pm

Reporting Centre Personnel's Signature

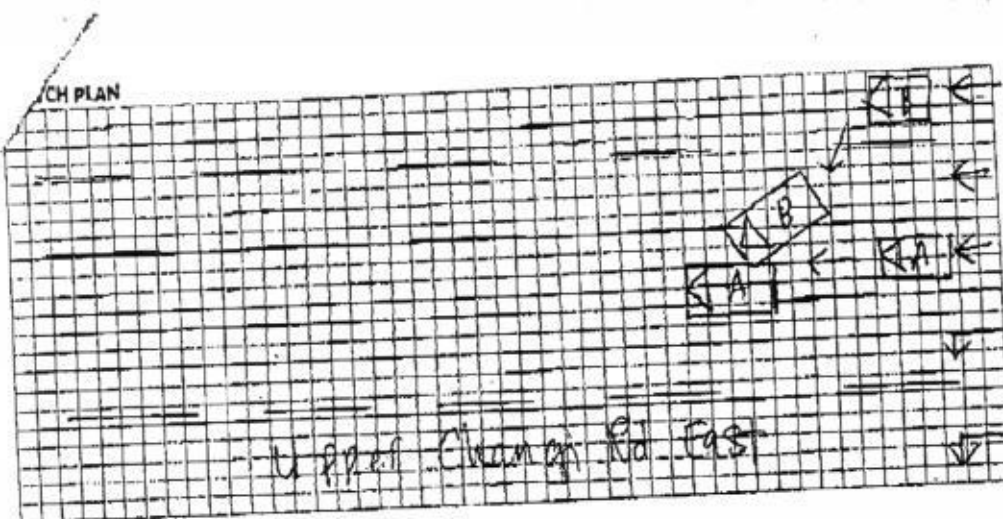
Name:

NRIC/PIN No.:

21/11 2017 TUE 10:53 FAX

004/004

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 749 am on 20 November 2017 I was driving along the 3rd lane on Upper Changi Road East towards city and before Upper Changi Road North when the taxi SHD 825P cut into my lane from the right when I was almost next to his car. I sounded my horn and swerved to the left to avoid the car but the driver did not slow down and hit the right side of my car.

DECLARATION

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

Heber...
Policyholder's Signature

Date & Time: 20/11/17, 1:35pm

GIARMC SketchPlanForm_V3

Heber...
Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/11/17, 1:35pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

BLUWEE

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	1860B

Vehicle Details

Vehicle No.	SFZ3302B
Vehicle to be Exported	No
Intended De-registration Date	23 Nov 2017
Vehicle Make	MAZDA
Vehicle Model	MAZDA2 5-DOOR HATCHBACK 1.5L SP.6EAT
Primary Colour	Blue
Manufacturing Year	2015
Engine No.	P520330740
Chassis No.	JM6DJ2HAA01100636
Maximum Power Output	85.0 kW (113 bhp)
Open Market Value	\$16,028.00
Original Registration Date	19 Nov 2015
First Registration Date	19 Nov 2015
Transfer Count	0
Actual ARF Paid	\$6,028.00 3014

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	18 Nov 2025
PARF Rebate Amount	\$4,521.00

Intended COE Rebate Details

COE Expiry Date	18 Nov 2025
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	\$56,001.00
COE Rebate Amount	\$44,734.00
Total Rebate Amount	\$49,255.00

The information contained herein is correct as at 23 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/FCI17022267/Ubs2

Date: 05-12-2017



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHD 8835P	Veh. Inspected	SFZ 3302B
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17010808MFSH	Excess (\$)	0.00
Assign From	AUNG YIN MIN	Assign Date	21/11/2017


2. Vehicle Particulars & Condition

Make & Model	MAZDA 2 (A)	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	JM6DJ2HAA01100636	Colour	BLUE
Odometer	27651 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	185/60R16	TOYO	7 mm
L/H Front Tyre	185/60R16	TOYO	7 mm
R/H Rear Tyre	185/60R16	TOYO	7 mm
L/H Rear Tyre	185/60R16	TOYO	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.	
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5. General Information

Accident Date	20/11/2017	Inspect Date / Time	22/11/2017 (10:30 AM)
Survey held at	BLUWEL AUTOMOTIVE SERVICE PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883		

5a. Remarks

<p>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:\$73,000.00</p>
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Report Ref No. CS3/FCI17022267/Ubs2

Inspected By

CHUA KANG SENG

Licensed Appraiser

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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