

SS REC. BY:

REF: CS3 / FCU7022358 / mlbSL

Special Instruction:

mv

Survivor:

Ma

ASSIGNMENT (Office)

From (Person):

CWS Karen Tan

of

FCL

Date/Time:

22.11.2017 654pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJR 7377D

Insured:

SHB 4286K

at Workshop m/s

Heng Heng Auto

Tel:

9138 4382.

of

160 Sin Thing Drive #05-15

Policy No:

Claim No:

D17010870MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

20.11.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS WPI

H.O.D. Endorsement:

Date/Time:

23.11.2017 9:45am

Person Contacted:

Jeanne

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SJR 7377D - X

SHB 4286K - CS3 / FCU7022358 / R1gh302

DUA: 130416

Dismantle Part: 24.11.2017

After repair: 28.11.2017

Simulator

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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.Bal. or Market Value: 17,500

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: SJR737D Yr Regn: JUL 2009Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai c.c. 1591Colour: Beige A/C: Insured / Std / NI / NASp. Reading: 9657 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH0U412274 802741Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/65R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 2017

Survey held at

Des. of Damages: Front / 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) 19.12.2017

Date/Time, File Return to?

2) _____

☐ : Preli. Report☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

) S - RS - SI

) Photos

) Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: PRS

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

RECEIVED

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/FCI17022358/M1b	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 23-11-2017	
			Code : FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHB 4286K		Veh. Inspected	SJR 7377D
Policy No.			Coverage (\$)	0.00
Claim No.	D17010870MFSH		Excess (\$)	0.00
Assign From	CWS (KAREN TAN)		Assign Date	22/11/2017
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	23/11/2017
Survey held at	HENG HENG AUTO 160 SIN MING DRIVE #05-15			
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	22-11-2017	Our Ref No. D17010870MFSH
Accident Date	20-11-2017	Claim Type. Third Party
Insured Vehicle	SHB4286K	Third Party Vehicle. SJR7377D
Survey Location	NO 160 SIN MING DRIVE#05-15 SIN MING AUTOCITY	
Contact Person.	JEANNE TAN	
Contact No.	91384382/ 91384382	Fax No. 62253210
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	HENG HENG AUTO	Attention. NIL
Cc : TP Solicitor	ISLAND LAW LLC	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

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/230523)



PRI Documents



Close



PRI Header Details

Claim No	D17010870MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & ISL
Workshop Name	HENG HENG AUTO (Contact Person : JEANNE TAN)	Survey Location & Contact Details	NO 160 SIN MING DRIVE#05-15 SIN MING AU Mobile: 91384382 , Phone: 91384382 , Fax: EmailId: SOOKPING@ISLANDLAW.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHB4286K	TP Vehicle No	SJR737
PRI Recieved Date	22-11-2017 06:42:26 PM	Surveyor Appointed Date	22-11-2017 06:54:32 PM	Surveyor Accept Date	22-11-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	22-11-2017	Upload Survey Report *:	
------------------------------------	--	-----------------------------	------------	--------------------------------	--

Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	Select
Chasis No		Engine No		Mileage	
Color		Cubic Capacity			

Multiple Documents Upload

Upload Multiple Documents	
File Name	Action

Surveyor Job 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	22/11/2017 14:36
Date Of Accident	20/11/2017 19:50
Exact Location Of Accident	SIMEI STREET 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7377D
Insured/Policyholder	
Name Of Registered Owner	HENG HENG AUTO
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97438438
Alternative Phone No	OFFICE-97438438

Vehicle Particulars

Manufacturer	HYUNDAI
Model	-
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093648148
Cover Note Number	

Driver

Name of Driver	TAN BOON BENG
NRIC No	S6821788A
Date Of Birth	06/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	18/03/1989
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
 Weather Conditions RAINING
 Road Surface WET

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) 2

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name THOMSON NPP 25 SIN MING ROAD
 Police Station Address ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

refer attached police report.

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 SHB4286K
 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

DETAILS OF INJURED PERSON 1

Name

TAN BOON BENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJR7377D

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

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.

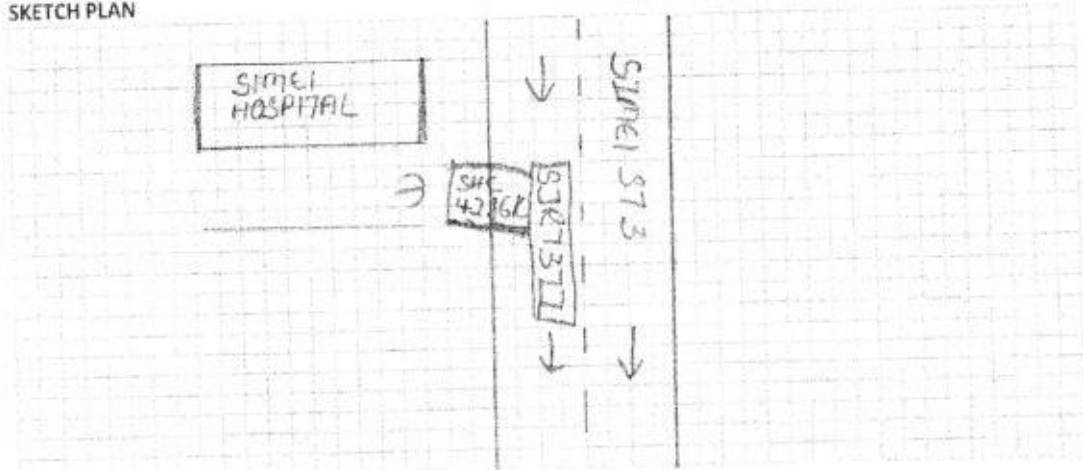


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY CAR SJR 7377D WAS TRAVELLING ALONG SIMEI ST 3 STRAIGHT MOVING FORWARD. SUDDENLY SHB 4286K TURN OUT FROM SIMEI HOSPITAL FROM RIGHT SIDE AND HIT INTO MY CAR SJR 7377D.

(also attached police report)

DECLARATION

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

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**



T/20171121/2088

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

1 of 3

Report No. T/20171121/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2017 14:31	Vide Report No.:	Station Diary No. 46
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Informant's Particulars

Name of Informant: TAN BOON BENG			Address: APT BLK 508 WEST COAST DRIVE #10-271 SINGAPORE 120508		
ID Type / ID No.: NRIC NO / S6821788A			Contact No.: Home/Office: Mobile: 97438438		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 06/06/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/11/2017 19:50	Type of Location: Straight Road
Location: Along Road 1 SIMEI STREET 3 Infront of Changi General Hospital Pick-Up Point				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB42861C	Taxi				Slightly Damaged	1
SJR7377D	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171121/2088

2 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No: T/201711: 1:2088

CONTINUATION OF REPORT

Driver			
Name	Fee Chiu Hwa	ID No.	S0132365B
Related Vehicle	SHB42861C (Taxi)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN BOON BENG	ID No.	S6821788A
Related Vehicle	SJR7377D (Car)	Contact No.	97438438
Hospital/Clinic	NATIONAL UNIVERSITY POLYCLINICS	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/11/2017	Date Discharge	21/11/2017
No. of Days granted Medical Leave	06	Degree of Injury	Slight

Brief Details.

On 20/11/2017 at about 7.50pm, I was driving my car (SJR7377D) along Simei Street 3. I had one passenger with me. As I drove passed Changi General Hospital pick-up point, I notice that it is clear and I have the right of way.

I suddenly felt impact coming from right rear portion of my car. I then make a check on my passenger before I alight my car. I then notice a taxi (SHB42861C) had hit onto the right rear side of my car. I then took pictures of the accident and exchange particulars with the other driver.

The next day when I woke up, I felt pain on neck, shoulder and back. As such, I went to National University Polyclinics to seek medical treatment. I was given 6 days medical leave. I would like to informed that I have the footage of the accident via my in-car camera.



**SINGAPORE
POLICE FORCE**



T/20171121/2088

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No. T/20171121/2088

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 MUHAMMAD RIDZUAN BIN ABDUL
RAHMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No. 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

21/11/2017 14:31

Classification Of Case:



T/20171122/2044

1 of 3

Report No. T/20171122/2044

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20171121/2088

Report Number T/20171122/2044

Vide Report Number

Date/Time of Report Made 22/11/2017 12:19

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant TAN BOON BENG

ID Type / ID No. NRIC NO / S6821788A

Home/Office

Mobile 97438438

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 20/11/2017 19:50

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4286K		HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SJR7377D		HYUNDAI	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD	Beige	Slightly Damaged	1



T/20171122/2044

2 of 3

Report No. T/20171122/2044


Continuation of CSF For NP168

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	TAN BOON BENG	ID No.	S6821788A
Related Vehicle	SJR7377D	Contact No.	97438438
Hospital/Clinic	NATIONAL UNIVERSITY POLYCLINICS	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	NIL

Brief Facts.

I would wish to make a amendment to the report vide ref. T/20171121/2088 as the vehicle's register plate no should be SHB4286K instead of SHB42861C. And I does have a medical leaves of 6 days.



PRE-REPAIR INSPECTION REPORT				
FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Ref: CS3/FCI17022358/M1bs2 Date: 22-12-2017 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHB 4286K	Veh. Inspected	SJR 7377D	
Policy No.	D-15072701MFSH	Coverage (\$)	0.00	
Claim No.	D17010870MFSH	Excess (\$)	0.00	
Assign From	KAREN TAN	Assign Date	22/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI AVANTE	c.c	1591	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	KMHOU41BR9U802741	Colour	BEIGE	
Odometer	96517 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	185/65R15	HIFLY	8 mm	
L/H Front Tyre	185/65R15	HIFLY	8 mm	
R/H Rear Tyre	185/65R15	HIFLY	8 mm	
L/H Rear Tyre	185/65R15	HIFLY	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.				
5. General Information				
Accident Date	20/11/2017	Inspect Date / Time	23/11/2017 (02:49 PM)	
Survey held at	HENG HENG AUTO 160 SIN MING DRIVE #05-15			
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:\$17,500.00				

Report Ref No. CS3/FCI17022358/M1bs2

Inspected By



MA CHIN FOOK

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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