

ASS. REC. BY:

REF: CS3/FCI17022706/R1tb⁵² Special Instruction:

Survivor:

Rasul

ASSIGNMENT (Office)

From (Person):

Joanne Yong

of

FCI

Date/Time:

9:30am @ 29/11/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJQ 9160 D

Insured:

SHC 2937 Z

at Workshop m/s

Million Auto

Tel:

G2649091

of

No. 4 Penjuru Place #01-12

Policy No:

Claim No:

D17010998 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

25/11/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

lwp

2pm Vehicle In

H.O.D. Endorsement:

Date/Time:

9:55am @ 29/11/17

Person Contacted:

Ms. Chong

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SJQ 9160 D - CS3 / RST13004439 / H1tn-1 - D.O.A: 5/3/2013

SHC 2937 Z - NS / INC14018832 / H1vbk3 - D.O.A: 1/10/2014

Convert to OD

Submit PRS Report



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 : CS/FCI17022706/R1tb	
36 ROBINSON ROAD #16-01 CITY HOUSES SINGAPORE 068877			Date : 29-11-2017	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 2937Z		Veh. Inspected	SJQ 9160D
Policy No.			Coverage (\$)	0.00
Claim No.	D17010998MFSH		Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)		Assign Date	29/11/2017
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	25/11/2017		Inspection Date	29/11/2017
Survey held at	MILLION AUTO SERVICE 4 PENJURU PLACE #01-12 2.8 PENJURU TECH HUP SINGAPORE 608782			
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	28-11-2017	Our Ref No.	D17010998MFSH
Accident Date	25-11-2017	Claim Type.	Third Party
Insured Vehicle	SHC2937Z	Third Party Vehicle.	SJQ9160D
Survey Location	No.4 Penjuru Place #01-12		
Contact Person.	MS CHONG		
Contact No.	62649091/ 82285020	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	MILLION AUTO SERVICE	Attention.	NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No.	NA
Officer Incharge	JOANNEY		

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/231147)

PRI Documents

Close



PRI Header Details

Claim No	D17010998MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & MILLION A
Workshop Name	MILLION AUTO SERVICE (Contact Person : MS CHONG)	Survey Location & Contact Details	No.4 Penjuru Place #01-12 Mobile: 82285020 , Phone: 62649091 , Fax: 0 EmailId: MSCHONG@MILLIONAUTO.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC2937Z	TP Vehicle No	SJQ9160D
PRI Recieved Date	28-11-2017 05:01:54 PM	Surveyor Appointed Date	29-11-2017 09:29:51 AM	Surveyor Accept Date	29-11-2017 1

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	29-11-2017	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

File Name

Action

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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(Draft)

MSAT17156563 / Sng Ah Tee Motor & Panel Service Pte Ltd - Pioneer
ENTRY DATE & TIME: 27/11/2017 15:30

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	27/11/2017 15:30
Date Of Accident	25/11/2017 12:25
Exact Location Of Accident	ALONG OLDHAM LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9160Q
Insured/Policyholder	
Name Of Registered Owner	MILLION AUTO RENTAL PTE. LTD.
Co Reg No	201134025G
Email Address	MALAR.TTC@GMAIL.COM
Mobile Phone No	
Alternative Phone No	Office-65670817
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 A (A)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P1712148
Cover Note Number	
Driver	
Name of Driver	RAMALINGAM MALARVANNAN
NRIC No	S6978731B
Date Of Birth	26/04/1969
Occupation	INDOOR
Date Of Driving Pass	15/08/1997
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE

Mobile Number (LOCAL) +65-96636346

Fax Number

Contact Number

E-Mail 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 - 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) 2

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

ON 25/11/2017 AT ABOUT 1225 HRS. WHILE I WAS TRAVELLING ALONG OLDHAM LANE. THERE HAVE PARK VEHICLE AT THE SIDE ROAD. AT THAT TIME I HAVE ON MY SIGNAL CHANGE TO RIGHT LANE, I THEN SLOWLY MOVE MY VEHICLE TO CHANGE ANOTHER LANE. SUDDENLY A TAXI(SHC2937Z) COME FORM BEHIND OF MY VEHICLE CUT ONTO MY LANE AND COLLIDED ONTO MY VEHICLE. AFTER THE ACCIDENT THE DRIVER REFUSE TO GIVE ME THE PARTICULAR. THAT ALL

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 SHC2937Z

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of thereport 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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

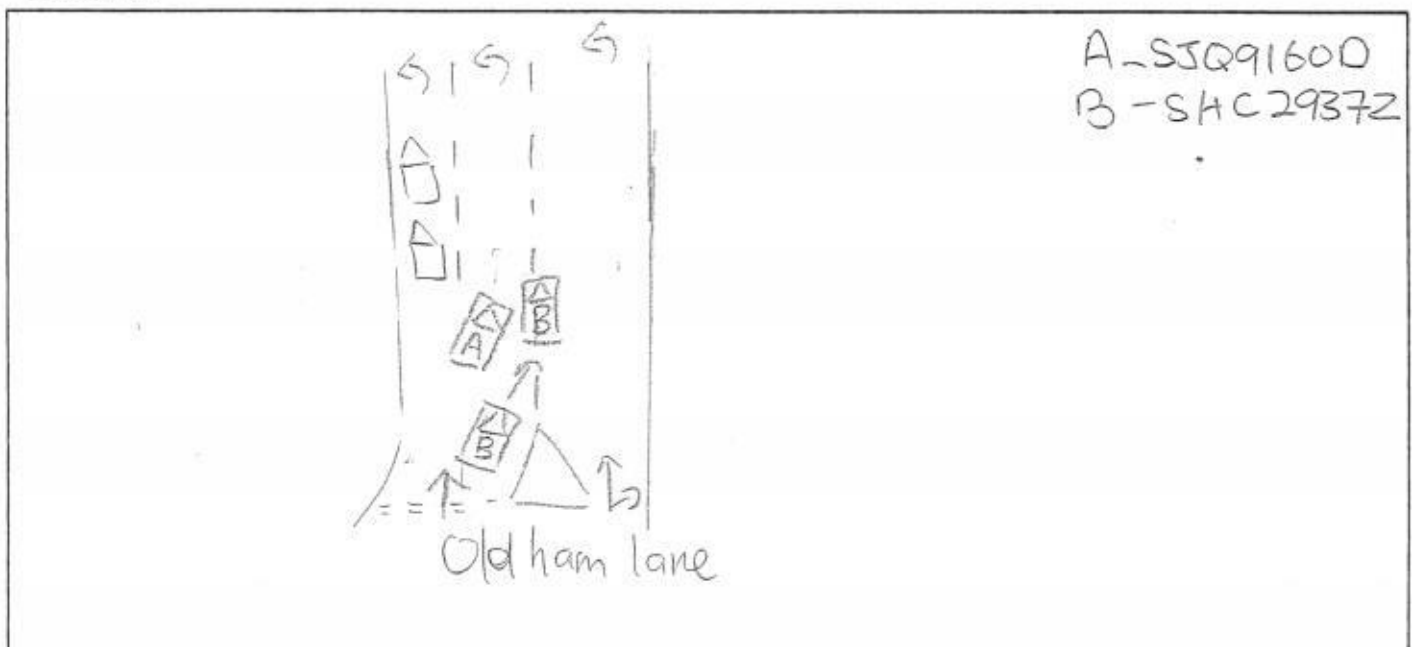


Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan



Describe Circumstances of the Accident

Refer to circumstances

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

Witnessed by Reporting Centre Personnel

☐ Claim own policy
☐ Claim third party
☒ Claim OD (TP) at other workshop _____
☐ For record purpose
 Policy No. VFX/P1712148
 Insurer AXA Veh. No. 5JQ 9160D

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	4025G
Vehicle Details	
Vehicle No.:	SJQ9160D
Vehicle to be Exported:	No
Intended De-registration Date:	13 Aug 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS G AUTO
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	1NZX912421
Chassis No.:	MR053HY9305114233
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$13,876.00
Original Registration Date:	29 May 2009 ✓
First Registration Date:	29 May 2009
Transfer Count:	4
Actual ARF Paid:	\$13,876.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 May 2019
PARF Rebate Amount:	\$6,938.00
Intended COE Rebate Details	
COE Expiry Date:	28 May 2019 ✓
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$7,090.00
COE Rebate Amount:	\$560.00
Total Rebate Amount:	\$7,498.00

The information contained herein is correct as at 13 Aug 2018

OK




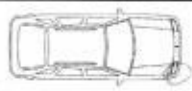
**LKK Auto Consultants Pte Ltd**

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 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI17022706/R1tbs2 Date: 14-08-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 2937Z	Veh. Inspected	SJQ 9160D
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17010998MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	29/11/2017
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA VIOS G (A)	c.c	1497
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	MR053HY9305114233	Colour	BLUE
Odometer	215280 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/60R15	MAXTREK	5 mm
L/H Front Tyre	195/60R15	MAXTREK	5 mm
R/H Rear Tyre	195/60R15	MAXTREK	5 mm
L/H Rear Tyre	195/60R15	MAXTREK	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.			
5. General Information			
Accident Date	25/11/2017	Inspect Date / Time	29/11/2017 (02:19 PM)
Survey held at	MILLION AUTO SERVICE 4 PENJURU PLACE #01-12 2.8 PENJURU TECH HUP SINGAPORE 608782		
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:\$20,000.00			

Report Ref No: CS3/FCI17022706/R1tbs2

Inspected By



MOHAMMED RASUL BIN MOHD YUNUS

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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