

22/03/2002

ASS. REC. BY:

REF: CS3/FCI17022803/WB52

MV

Special Instruction:

Surveyor: Wilson

ASSIGNMENT (Office)

CWS

From (Person): Eileen Lee

of FCI

Date/Time: 12.59pm @ 30/11/2017

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: G2 3474B

Insured: SHA 6628A

at Workshop m/s BENG HAI MOTOR

Tel: 6444 1544/96631569

of B1K 3012 Bedok, Ind. Park E # 01-2058

Policy No:

Claim No:

D17011068 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 28/11/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

'wp'

1/12/17

H.O.D. Endorsement:

Date/Time: 2.19pm @ 30/11/17

Person Contacted:

Mr. Choo

Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	G2 3474B - X
	SHA 6628A - NS/INC12022667/H1gn-D.O.A: 20/11/2012
	Dismantle Part: 04.12.2017
	After Repair: 14.12.2017



# 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/FCI17022803/Wb

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 30-11-2017



Code : FCI2

## 1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHA 6628A	Veh. Inspected	GZ 3474B
Policy No.		Coverage (\$)	0.00
Claim No.	D17011068MFSH	Excess (\$)	0.00
Assign From	CWS (EILEEN LEE)	Assign Date	30/11/2017

## 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	28/11/2017	Inspection Date	01/12/2017
Survey held at	BENG HAI MOTOR SERVICE BLK 3012 BEDOK IND PARK E BEDOK NORTH AVE 4 #01-2052 SINGAPORE 489978		

## 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.
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# First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C  
GST Reg. No. M2-0001676-9

## MOTOR SURVEY ASSIGNMENT

Date	29-11-2017	Our Ref No. D17011068MFSH
Accident Date	28-11-2017	Claim Type. Third Party
Insured Vehicle	SHA6628A	Third Party Vehicle. GZ3474B
Survey Location	BLK 3012 BEDOK IND. PARK E #01-2058	
Contact Person.	MR CHOO	
Contact No.	64441544/ 96631569	Fax No. 67338183
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	BENG HAI MOTOR SERVICE	Attention. NIL
Cc : TP Solicitor	CHIA S ARUL LLC	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

## 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/231237)



PRI Documents



Close



## PRI Header Details

Claim No	D17011068MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & CHIA S AF
Workshop Name	BENG HAI MOTOR SERVICE (Contact Person : MR CHOO)	Survey Location & Contact Details	BLK 3012 BEDOK IND. PARK E #01-2058 Mobile: 96631569 , Phone: 64441544 , Fax: 6733818; EmailId: ALYWIN@CHIAARUL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA6628A	TP Vehicle No	GZ3474B
PRI Recieved Date	29-11-2017 05:46:55 PM	Surveyor Appointed Date	30-11-2017 12:58:47 PM	Surveyor Accept Date	30-11-2017 0.

## Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	30-11-2017	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	29/11/2017 09:45
Date Of Accident	28/11/2017 09:50
Exact Location Of Accident	PAN ISLD EXPRESSWAY TWDS TUAS AFTR PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ3474B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BENG HAI VEHICLE RENTAL
Co Reg No	53306916E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81012202
Alternative Phone No	OFFICE-81012202

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300 HR M
Exact Purpose for which vehicle was being used at time of accident	ON DUTY.
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5093167639
Cover Note Number	04/08/2017 - 03/08/2018

### Driver

Name of Driver	MOHAMAD SOFIAN BIN SAPAEN
NRIC No	S7433144J
Date Of Birth	22/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	16/11/2006
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81012202
Fax Number	
Contact Number	
Email Address	NOEMAIL

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number YP7144S

Vehicle Make/Model/Colour VEHICLE C

Details Of Properties

Name of Driver MR LIM

NRIC/Passport Number

Contact Number 98355673

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

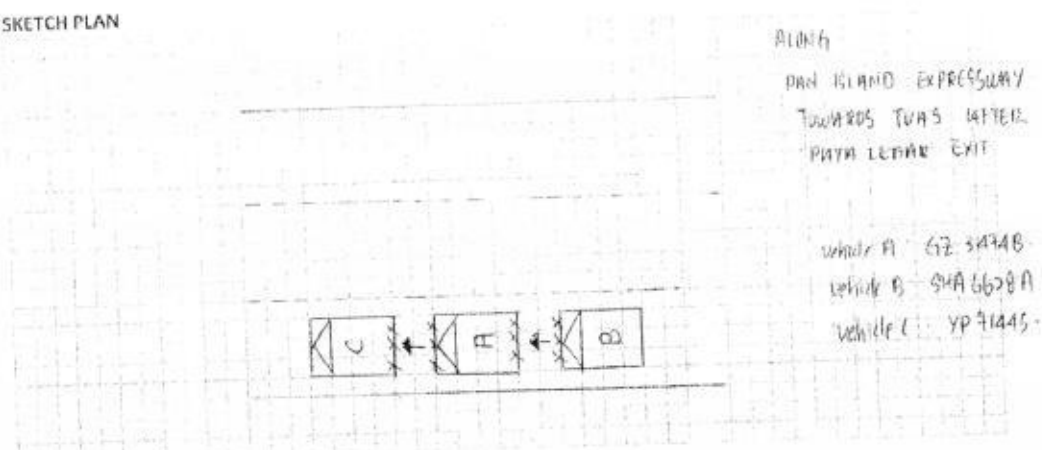
Phone Number

Email Address



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GHA Report & Police report T/2017 1128/2137.

## 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**

Police Station Of Origin  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20171128/2137

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Report No. T/20171128/2137

## CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: No			Use of Pedestrian Crossing: NA		
No. of Pedestrians Injured: NIL					
<b>Driver</b>					
Name	MOHAMAD SOFIAN BIN SAPAEN		ID No.	S7433144J	
Related Vehicle	GZ3474B (Van)		Contact No.	81012202	
Hospital/Clinic	ZAM FAMILY CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	28/11/2017		Date Discharge	28/11/2017	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	
<b>Driver</b>					
Name	Tan Kee Hwee		ID No.	S0990098E	
Related Vehicle	SHA6628A (Car)		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	
<b>Driver</b>					
Name	Mr Lim		ID No.	NIL	
Related Vehicle	YP7144S (Lorry)		Contact No.	98355673	
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	

**Brief Details.**

On 28/11/2017 at about 0950hrs, I was driving my Van bearing the plate number of GZ3474B along PIE lane 3 towards Tuas after paya Lebar exit. Volume of vehicle was heavy. Furthermore it was slow moving traffic. I was driving at around 30km/h. while I was driving one lorry bearing the plate number of YP7144S suddenly made a sudden brake. I then managed to stop in time. a few seconds later one Comfort Taxi bearing the plate number of SHA6628A hit onto my rear van. my vehicle then jerked forward and hit onto the rear lorry. I then alighted from the vehicle and exchange particulars. I was feeling unwell thus I went to the doctor. I then get 3 days of MC.

There is No in car camera recording in my vehicle however there is the taxi has in car camera CCTV



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20171128/2137

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Report No. T/20171128/2137

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.

J /

Staff Sgt AHMAD ADHA BIN SAHARI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Authentication Stamp

NP168

Signature Of Informant

Date/Time:

28/11/2017 21:21

Classification Of Case:

**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/FCI17022803/Wbs2

36 ROBINSON ROAD

Date: 22-01-2018

#16-01 CITY HOUSES SINGAPORE 068877



Code: FCI2

**1. Policy Particulars :- (THIRD PARTY CLAIM)**

Insured Veh.	SHA 6628A	Veh. Inspected	GZ 3474B
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17011068MFSH	Excess (\$)	0.00
Assign From	EILEEN LEE	Assign Date	30/11/2017

**2. Vehicle Particulars & Condition**

Make & Model	MITSUBISHI L300	c.c	2477
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	JMAJNP15V6A000843	Colour	WHITE
Odometer	421996 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	185 R14C	WEST LAKE	4 mm
L/H Front Tyre	185 R14C	WEST LAKE	4 mm
R/H Rear Tyre	185 R14C	TRIANGLE	4 mm
L/H Rear Tyre	185 R14C	TRIANGLE	4 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.	
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**5. General Information**

Accident Date	28/11/2017	Inspect Date / Time	01/12/2017 ( 05:40 PM )
Survey held at	BENG HAI MOTOR SERVICE BLK 3012 BEDOK IND PARK E BEDOK NORTH AVE 4 #01-2058 SINGAPORE 489978		

**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.
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Report Ref No. CS3/FCI17022803/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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