

ASS. REC. BY:

REF: CS/FC17023350 / A11652 Special Instruction:

Surveyor:

Resul

ASSIGNMENT (Office)

From (Person):

CWS

Joanne Yong

of

FCI

Date/Time:

07.12.2017 545pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GW 507B

Insured:

SHC 3557E

at Workshop m/s

Million Auto

Tel:

8228 5020

of

No. 4 Penjuru Place #01-12

Policy No:

Claim No:

D17011789 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

05.12.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

11.12.2017 @ 1pm owner writing

6264 9091

H.O.D. Endorsement:

Date/Time:

08.12.2017 9.30am

Person Contacted:

Ms. Chung

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	GW 507B - CCH / AXA 16009913 / Tlw35J DLA: 270516
	SHC 3557E - NG / TNC 17023250 / K1rb DLA: 081217
	Pending est from repairer through email to FCI
	Sent preli thru email

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **GW 507B**
 at Workshop m/s: **Million Auto**
 of _____
 Insured _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
11/12/17 1pm Owner waiting.
 (Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.
 Bal. or Market Value: **1.5K**
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res: Yes or No
 Lump Sum: _____ % 3 Val: Yes or No
 CA / REV / REP: / 24 HRS **Wp**
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

N/S	O/S

Veh No: **GW 507B** Yr Regn: **2003 PCB**
 Type: M. Car / M. Cycle / Bus ☒ Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **NISSAN URVAN** cc: **2953**
 Colour: **BLUE** A/C: Insured / Std / NI / NA
 Sp. Reading: **654522** T. Radio: Insured / Std / NI / NA
 Eng. No: _____
 C. No: **JN1MG4E2520100833**
 Gen. Cond: Good ☒ Fair / Poor / Burnt
 Steering: ☒ In order / Jammed / Leaked / Burnt or
 Brake: ☒ In order / Jammed / Leaked / Burnt or
 Mod: ☒ NR / S/Rim / STD A/Rim or
 Tyre Size: F: **195 R15C**
 R: _____
☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R. Bal: **5** mm R. Bal: **5** mm
 L. Bal: **5** mm L. Bal: **5** mm
 D.O.A: **5/12/17** D.O.I: **11/12/17**
 Survey held at: **MILLION AUTO**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
FRONT O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

12/12/17 refer to email

confirm LIS \$450, 3 days
Red: \$265, 37%

MV: \$1506, LTA: \$803, NV: \$697

Date/Time, File Pass to: ☐ : Preli. Report
☒ : Final Report

Days Of Repair: **3**
 Resurvey No. of Trip: **1**

Date/Time, File Return to:

Add Fee: ☐ Site Insp \$
☐ Interview \$
☐ Tech. Insp \$
☐ Weekend \$

Survey Fee
 Transportation
 E-PS
 Pages
 Stamp

90
50
50
41
231

Report Format: **TP**
 Lump Sum / 1st: **450**



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/FCI17023350/R1rb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 08-12-2017	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 3557E	Veh. Inspected	GW 507B
Policy No.		Coverage (\$)	0.00
Claim No.	D17011289MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	Assign Date	07/12/2017
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	05/12/2017	Inspection Date	
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.			

MOTOR SURVEY ASSIGNMENT

Date	06-12-2017	Our Ref No. D17011289MFSH
Accident Date	05-12-2017	Claim Type. Third Party
Insured Vehicle	SHC3557E	Third Party Vehicle. GW507B
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/231562)



PRI Documents



Close X

PRI Header Details

Claim No	D17011289MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & MII
Workshop Name	MILLION AUTO SERVICE (Contact Person : MS CHONG)	Survey Location & Contact Details	No.4 Penjuru Place #01-12 Mobile: 82285020 , Phone: 62649091 , Fax: 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	SHC3557E	TP Vehicle No	GW507
PRI Recieved Date	06-12-2017 09:44:37 PM	Surveyor Appointed Date	07-12-2017 05:45:00 PM	Surveyor Accept Date	08-12-

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	08-12-2017	Upload Survey Report *:	
------------------------------------	--	-----------------------------	------------	--------------------------------	--

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

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	05/12/2017 13:31
Date Of Accident	05/12/2017 04:45
Exact Location Of Accident	SUNGEI KADUT CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW507B
Insured/Policyholder	
Name Of Registered Owner	PIYA AUTO PTE LTD
Co Reg No	201503255W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90390977
Alternative Phone No	OFFICE-90390977

Vehicle Particulars

Manufacturer	NISSAN
Model	LORRY
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5070398734-02
Cover Note Number	

Driver

Name of Driver	KASI SOUNDRAPANDIAN
Passport No/FIN	G2283747N
Date Of Birth	08/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	07/11/2013
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. ATTENDED BY LYNDIA

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 SHC3557E

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

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:

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

IDAQ BUKIT BATOK (VAC)
511 Bukit Batok Street 23

Reporting Centre Personnel's Signature
Name: *Teo Jia Jia*
NRIC/FIN No.: *92020200000*
Email: *tea.jia.jia@idaq.com.sg*

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	3255W

Vehicle Details

Vehicle No.	GW507B
Vehicle to be Exported	No
Intended De-registration Date	12 Dec 2017
Vehicle Make	<u>NISSAN</u>
Vehicle Model	<u>URVAN</u>
Primary Colour	Blue
Secondary Colour	Silver
Manufacturing Year	2003
Engine No.	ZD30025793
Chassis No.	JN1MG4E25Z0700833
Maximum Power Output	-
Open Market Value	\$21,492.00
Original Registration Date	<u>21 Feb 2003</u>
First Registration Date	21 Feb 2003
Transfer Count	5
Actual ARF Paid	\$1,075.00

Intended PARF Rebate Details

PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00

Intended COE Rebate Details

COE Expiry Date	<u>31 Jan 2018</u>
COE Category	C - Goods Vehicle & Bus
COE Period(Years)	5
PQP Paid	\$29,873.00
COE Rebate Amount	\$803.00
Total Rebate Amount	\$803.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 12 Dec 2017

1500
803
697
1500



Please read through the [Privacy Statement](#), [Terms of Use](#), and [Disclaimer](#).

Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.

Best viewed with IE 10 and above, Chrome, Firefox, and Safari.

Copyright 2017 LTA [Privacy Statement](#) [Terms of Use](#) [Disclaimer](#) [Rate the Website](#) [Rate this e-Service](#)

Last updated on 19 Nov 2017 at 12:12 AM



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D17011289MFSH

Our Ref: CS/FC117023350/R1rb

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

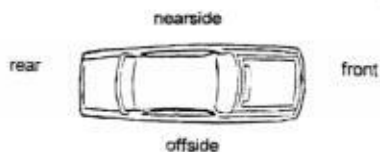
INITIAL INSPECTION REPORT OF VEHICLE NO. GW 507B

Please be informed that we had conducted the inspection of the above mentioned vehicle on 11/12/2018 at the premises of M/s MILLION AUTO PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ 715.00 .
Revised Estimate Amount	: S\$ 555.50 .
"Check" Items Amount	: S\$.
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages
at front o/s portion.



Yours faithfully
RASUL
Automotive Assessor

Rasul (LKKAUTO)

From: Rasul (LKKAUTO)
Sent: Tuesday, 12 December, 2017 9:22 AM
To: 'mschong@millionauto.com'
Subject: GW 507B DOA : 05/12/17

Hi Ms Chong,

This vehicle COE expired on JAN 2018. The NETT amount to repair this vehicle is \$150 ONLY
Repair cost should not beyond 150, otherwise it is advisable to total loss the vehicle
Kindly acknowledge

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



LKK
Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

萬汽車服務

MILLION AUTO SERVICE

No. 4 Penjuru Place #01-12, 2.8 Penjuru Tech Hub, Singapore 608782
 Website: <http://www.millionauto.com> Email: wendy@millionauto.com
 Tel: 6567 0817, 6264 9091 Fax: 6791 4716
 Reg No: 317413/00-K GST Reg No: M90363176A

18-Jan-18

First Capital Insurance Ltd
 6 Raffles Quay
 #21-00 (S) 048580
 Singapore 048546

WITHOUT PREJUDICE

Attention: Motor Claim Department

ESTIMATE COST FOR REPAIR GW507B NISSAN E25

Front bumper
 Side lamp RH
 Side panel RH

Knock & spray paint front corner panel RH, change front bumper
 & side lamp.

250.00 *DE* ✓ } 365
 60.00 *PR* ✓ } 300
 55.00 *PR* ✓ } 255.50
 350.00 *300*
 300

Sub total : 715.00
 GST 7% : 50.05
 Total : \$ 765.05

Raman
Hp 90010068
3 days
L/S
11/12/2017 @1315

255.50
 300.00
 555.50
 200
 444.40
 40 - 450




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/FCI17023350/R1rbs2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 31-01-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 3557E	Veh. Inspected	GW 507B	
Policy No.	D-15072701MFSH	Coverage (\$)	0.00	
Claim No.	D17011289MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	07/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN URVAN	c.c	2953	
Engine No.	HIDDEN	Year of Reg.	2003	
Chassis No.	JN1MG4E25Z0700833	Colour	BLUE	
Odometer	654522	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15C	BRIDGESTONE	5 mm	
L/H Front Tyre	195 R15C	BRIDGESTONE	5 mm	
R/H Rear Tyre	195 R15C	BRIDGESTONE	5 mm	
L/H Rear Tyre	195 R15C	BRIDGESTONE	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	05/12/2017	Inspection Date	11/12/2017	
Survey held at	MILLION AUTO SERVICE 4 PENJURU PLACE #01-12 2.8 PENJURU TECH HUP SINGAPORE 608782			
5a. Remarks				
A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		

**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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GW 507B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	DEFORMED	250.00	250.00
1	SIDE LAMP RH	BROKEN	60.00	60.00
1	SIDE PANEL RH	BENT	55.00	55.00
	LESS 30% DISCOUNT		-	-109.50
			365.00	255.50
	<u>LABOUR</u>			
	KNOCK & SPRAY PAINT FRONT CORNER PANEL RH, CHANGE FRONT BUMPER & SIDE LAMP.		350.00	300.00
			350.00	300.00
	GRAND TOTAL		715.00	555.50
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			450.00

Report Ref No. CS/FCI17023350/R1rbs2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng, AMSOE, AMIRTE, AMSAE-A, M. MATAI

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.
No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.