

12/05/2017

ASS. REC. BY:

REF C33/FCI 17023731/4692

Special Instruction:

Surveyor: Marcus

ASSIGNMENT (Office)

From (Person): CWS Sifheiraof FCIDate/Time: 12:31pm @ 14/12/17

Estimated Cost:

Bill to:

OD (H) WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SDT 1388YInsured: SHD 8502Aat Workshop n/s Fastech AutoTel: G7465405of 1 kaki Bukit Ave 6 #01-46/48

Policy No:

Claim No: D170 11509 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 12/12/17

(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 12:37pm @ 14/12/17 Person Contacted: NancyVehicle IN/OUT

Date/Time	Action/Instruction	Estimate
15/12/17	Email FCI informed pending est from repairer	



### 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

<u>Y-Date</u>	<u>N-Date</u>	<u>Y-Date</u>	<u>N-Date</u>
/			
/			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

**Surveyor** ( ): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

[illegible]

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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:		
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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 : CS/FCI17023731/Uvd3

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 14-12-2017



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 8502A	Veh. Inspected	SDT 1388Y
Policy No.		Coverage (\$)	0.00
Claim No.	D17011509MFSH	Excess (\$)	0.00
Assign From	CWS (SITHARA)	Assign Date	14/12/2017

## 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

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## 5. General Information

Accident Date	12/12/2017	Inspection Date	14/12/2017
Survey held at	FASTECH AUTO PTE LTD 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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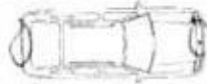
**LKK Auto Consultants Pte Ltd**

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

<b>PRE-REPAIR INSPECTION REPORT</b>			
FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI17018451/Wbs2	
36 ROBINSON ROAD		Date: 28-10-2017	
#16-01 CITY HOUSES SINGAPORE 068877		Code: FCI2	
			
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SHD 8532M	Veh. Inspected	SJG 5251D
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17009107MFSH	Excess (\$)	0.00
Assign From	SITHARA	Assign Date	26/09/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HONDA CIVIC	c.c	1799
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JHMF16308S216601	Colour	SILVER
Odometer	192224 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	225/45R17	SPORTMAX	3 mm
L/H Front Tyre	225/45R17	SPORTMAX	3 mm
R/H Rear Tyre	225/45R17	HABILEAD	3 mm
L/H Rear Tyre	225/45R17	HABILEAD	3 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.			
Note :			
<b>5. General Information</b>			
Accident Date	25/09/2017	Inspect Date / Time	26/09/2017 ( 12:57 PM )
Survey held at	ECO AUTOMOBILE CLAIMS & REPAIR PTE LTD 13 KAKI BUKIT ROAD 4 #03-29 BARTLEY BIZ CENTRE SINGAPORE 417807		
<b>5a. Remarks</b>			
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 \$18,000.00			

Report Ref No. CS3/FCI17018451/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

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.

# First Capital Insurance Limited

A FAIRFAX Company

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

## MOTOR SURVEY ASSIGNMENT

Date	13-12-2017	Our Ref No. D17011509MFSH
Accident Date	12-12-2017	Claim Type. Third Party
Insured Vehicle	SHD8502A	Third Party Vehicle. SDT1388Y
Survey Location	1 KAKI BUKIT AVENUE 6 #01-46/48/50AUTOBAY	
Contact Person.	NANCY LAM	
Contact No.	67465405/ 0	Fax No. 67458520
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	FASTECH AUTO PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

### 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/231885)



PRI Documents



Close



## PRI Header Details

Claim No	D17011509MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & FASTECH
Workshop Name	FASTECH AUTO PTE LTD (Contact Person : NANCY LAM)	Survey Location & Contact Details	1 KAKI BUKIT AVENUE 6 #01-46/48/50AUTOBAY Mobile: 0 , Phone: 67465405 , Fax: 67458520 EmailId: NANCY.LAM@FASTECHAUTO.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHD8502A	TP Vehicle No	SDT1388Y
PRI Recieved Date	13-12-2017 08:31:13 PM	Surveyor Appointed Date	14-12-2017 12:30:47 PM	Surveyor Accept Date	14-12-2017 0

## Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	14-12-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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## Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="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



Veron Chen (LKKAuto)

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**From:** Veron Chen (LKKAuto)  
**Sent:** Friday, 15 December, 2017 11:55 AM  
**To:** 'Claim Workflow System'  
**Cc:** SITHARA@FIRST-INSURANCE.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D17011509MFSH/1, SDT 1388Y

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SDT 1388Y on 14/12/2017.

We are pending estimate from repairer.

Best Regards,

Veron Chen | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** Admin-D (LKKAuto)  
**Sent:** Thursday, 14 December, 2017 12:54 PM  
**To:** 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** SITHARA@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D17011509MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,

G.Nivitha | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

**From:** Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]  
**Sent:** Thursday, 14 December, 2017 12:30 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [SITHARA@FIRST-INSURANCE.COM.SG](mailto:SITHARA@FIRST-INSURANCE.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D17011509MFSH/1

Dear Sir/Mdm,



We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,

Admin Team

Claim Workflow System

Motor Claims Department

First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

**PS: This is a system generated mail. Please do not reply to this mail.**

JBM

Video

Date of Accident: 12/12/17.	Accident Time: 3:45 pm.	
Vehicle (A) No: SDT 1388Y.	Make Model:	
Location: Along CTE Towards BUE Beside Balesier Exit.		
Owner Name: Hu Jiahong.		
Owner Address: Bkt 171 Bishan St B. #06-171. 5570177.		
Owner NRIC: S86015431	Email:	
HP: 91383513	Home:	Office:
Insurance Company: OAC. (Comprehensive / Third Party / Third Party Fire & Theft)		Insurance Policy No: 2017-V0102739-VDP.
Driver Name: AS above.		
Driver NRIC: -	Date of Birth: 19-01-1986.	
Driver Contact No: -	Occupation: indoor	
Driving License Pass Date: 25/02/2006.	Relationship With Owner: Owner.	

Claiming Under: ( Own Damage Claim / Third Party Claim / Reporting Only )

Weather Condition: ( Clear / Raining / Drizzling / After Rained )

Road Surface: ( Wet / Dry )

Damage Portion of Vehicle(A): Rear / Front / Right Side / Left Side / Chain Collision

Anyone Injured: YES / <input checked="" type="radio"/> NO	Name:	
Police Report: YES / <input checked="" type="radio"/> NO	If YES, Where:	
Passenger In Vehicle (A): 0		
Witness Name:	NRIC:	HP:

Vehicle (B) No: GX 7642S.	Vehicle (C) No: SHD 8502A.
Driver Name:	Driver Name:
Driver NRIC:	Driver NRIC:
Contact No:	Contact No:
Insurance: NTUC	Insurance: F&CP.
Damage portion of vehicle(B):	Damage portion of vehicle(C):

Vehicle (D) No:	Vehicle (E) No:
Driver Name:	Driver Name:
Driver NRIC:	Driver NRIC:
Contact No:	Contact No:
Insurance:	Insurance:
Damage portion of vehicle(D):	Damage portion of vehicle(E):

## 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

A: SDT 1388Y  
B: GX 7642S  
C: SHD 8002D.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/12/2017 at about 3:45pm. I was travelling  
along CTE towards AYE Before Baluster Exit.  
Vehicle C Encroached into my lane. and hit my  
vehicle. Vehicle B cannot stop in time and hit my  
vehicle.

Vehicle A: NO Passenger.

Vehicle B: NO Passenger

Vehicle C: 1 Passenger.

## 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.:

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type	Singapore NRIC
Owner ID	1543I
<b>Vehicle Details</b>	
Vehicle No.	SDT1388Y
Vehicle to be Exported	No
Intended De-registration Date	14 Dec 2017
Vehicle Make	MAZDA
Vehicle Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour	White
Manufacturing Year	2016
Engine No.	P520361401
Chassis No.	JM6BM42A8G0339666
Maximum Power Output	88.0 kW (118 bhp)
Open Market Value	\$18,622.00
Original Registration Date	12 Dec 2016
First Registration Date	12 Dec 2016
Transfer Count	0
Actual ARF Paid	\$13,622.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	11 Dec 2026
PARF Rebate Amount	\$10,216.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date	11 Dec 2026
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	\$50,951.00
COE Rebate Amount	\$45,808.00
<b>Total Rebate Amount</b>	<b>\$56,024.00</b>

The information contained herein is correct as at 14 Dec 2017

OK

## Enquire Transfer Fee

Vehicle Details	
Vehicle No.	SDT1388Y
Vehicle Type	P10 - Passenger Motor Car
Vehicle Attachment 1	With Sun Roof
Vehicle Scheme	Normal
Vehicle Make	MAZDA
Vehicle Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Chassis No.	JM6BM42A8G0339666
Propellant	Petrol
Engine No.	P520361401
Engine Capacity	1496 cc
Maximum Power Output	88.0 kW ( 118 bhp )
Maximum Laden Weight	1835 kg
Unladen Weight	1321 kg
Year Of Manufacture	2016
Original Registration Date	12 Dec 2016
Lifespan Expiry Date	-
COE Category	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium	\$50,951.00
COE Expiry Date	11 Dec 2026
Road Tax Expiry Date	11 Jun 2018
PARF Eligibility Expiry Date	11 Dec 2026
Inspection Due Date	11 Dec 2019
Intended Transfer Date	14 Dec 2017
CO2 Emission	135.00 (g/km)
CEVS Rebate Utilised Amount	\$5,000.00
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use <a href="#">Enquire Road Tax Payable</a> for fee (s) payable.	
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.	
Amount Payable	
Amount Before GST	GST Amount
Amount After GST	

## 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	13/12/2017 15:02
Date Of Accident	12/12/2017 15:45
Exact Location Of Accident	ALONG CTE TOWARDS AYE BESIDE BALESTIER EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT1388Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIU JIA HONG
NRIC No	S8601543I
Email Address	LIU_JIAHONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91383513
Alternative Phone No	OFFICE-91383513

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2017-V0102739-VDP
Cover Note Number	

### Driver

Name of Driver	LIU JIA HONG
NRIC No	S8601543I
Date Of Birth	19/01/1986
Occupation	INDOOR
Date Of Driving Pass	25/02/2006
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91383513
Fax Number	
Contact Number	OFFICE-91383513
Email Address	LIU_JIAHONG@HOTMAIL.COM



Address	BLK 177 BISHAN STREET 13 #06-177
Postcode	570177
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	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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

PLEASE SEE ATTACHED.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX7642S
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	NA
Phone Number	NA
Email Address	NA

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD8502A
-----------------------------	----------

Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**Details of Witness**

Name	NA
Phone Number	NA
Email Address	NA

## Accident Sketch Plan

### 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.
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7. By the lodging 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:

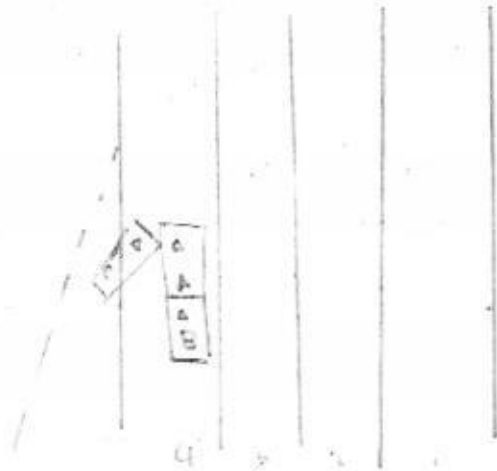
13/12/17

3:00pm

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

# Individual Statement

## SKETCH PLAN



A: BDT 1388 Y

B: GX 7642 S

C: SHD 3552 D

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/12/2017 at about 3:45pm. I was travelling along CTE towards AYE before Balaster Exit. Vehicle C Encroached into my lane and hit my vehicle. Vehicle B could not stop in time and hit my vehicle.

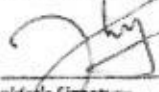
Vehicle A: NO PASSENGERS.

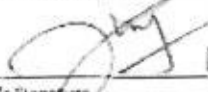
Vehicle B: NO PASSENGERS.

Vehicle C: 1 PASSENGER.

## 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: 13/12/17 3:00pm

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


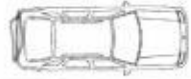
**LKK Auto Consultants Pte Ltd**

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		Ref: CS3/FCI17023731/Ubs2		
36 ROBINSON ROAD		Date: 16-01-2018		
#16-01 CITY HOUSES SINGAPORE 068877		Code: FCI2		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SHD 8502A	Veh. Inspected	SDT 1388Y	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17011509MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	14/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MAZDA 3 (A)	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JM6BM42A8G0339666	Colour	WHITE	
Odometer	29400 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60R16	TOYO	8 mm	
L/H Front Tyre	205/60R16	TOYO	8 mm	
R/H Rear Tyre	205/60R16	TOYO	8 mm	
L/H Rear Tyre	205/60R16	TOYO	8 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
NOTE: NO DAMAGES FOUND ON N/S FRONT PORTION.				
<b>5. General Information</b>				
Accident Date	12/12/2017	Inspect Date / Time	14/12/2017 ( 11:16 AM )	
Survey held at	FASTECH AUTO PTE LTD 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883			
<b>5a. Remarks</b>				
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.				

Report Ref No. CS3/FCI17023731/Ubs2

Inspected By



CHUA KANG SENG

Licensed Appraiser



K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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