

ASSIGNED BY:

REF

CS3/FCI17024143/M1d3^{sr}

Date/Time

City/State

MA

ASSIGNMENT (Office)

CWS

From (Person)

Lurene Jaw

FCI

Date/Time 11:58am @ 20/12/17

Estimated Cost

Bill to

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

To Inspect Vehicle No

SFP 1819T

Insured

SHA 0647J

at Workshop no

Choon Hock Autocare

Tel

645 30778

of Blk 176 Sin Ming Drive #05-03

Policy No

Claim No

D17011497MFSH

Sum Insured

Excess

Make of Vchr

D.O.A

10/12/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

'w/p'

H.O.D. Endorsement

Date/Time

12:17pm @ 20/12/17

Person Contacted

Caleb

Vehicle

☒ IN ☐ OUT

Date/Time

Action/Instruction (X) Estimate

SFP 1819T-X

SHA 0647J-CC3 / AIG 17007124 / H1ub3q2

D.O.A: 08/04/2017

**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/FCI17024143/M1d3

36 ROBINSON ROAD

#16-01 CITY HOUSESINGAPORE 068877

Date : 20-12-2017



Code : FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHA 647J	Veh. Inspected	SFP 1819T
Policy No.		Coverage (\$)	0.00
Claim No.	D17011497MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	20/12/2017

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	10/12/2017	Inspection Date	20/12/2017
Survey held at	CHOON HOCK AUTOCARE PTE LTD BLK 176 SIN MING DRIVE #05-03 SIN MING AUTOCARE SINGAPORE 575721		

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	13-12-2017	Our Ref No.	D17011497MFSH
Accident Date	10-12-2017	Claim Type.	Third Party
Insured Vehicle	SHA0647J	Third Party Vehicle.	SFP1819T
Survey Location	BLK 176 SIN MING DRIVE #05-03 SIN MING AUTOCARE		
Contact Person.	CALEB		
Contact No.	6453 0778/ 64530778	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	CHOON HOCK AUTOCARE PTE LTD	Attention.	NIL
Cc : TP Solicitor	LAWRENCE LEE & CO	TP Solicitor Fax No.	NA
Officer Incharge	LURENE		

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/231866)



PRI Documents



Close



PRI Header Details

Claim No	D17011497MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & LAWRENC
Workshop Name	CHOON HOCK AUTOCARE PTE LTD (Contact Person : CALEB)	Survey Location & Contact Details	BLK 176 SIN MING DRIVE #05-03 SIN MING AUTOCARE Mobile: 64530778 , Phone: 6453 0778 , Fax: 0 EmailId: SUKMEI@LAWRENCELEE.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA0647J	TP Vehicle No	SFP1819T
PRI Recieved Date	18-12-2017 12:18:33 PM	Surveyor Appointed Date	20-12-2017 11:59:06 AM	Surveyor Accept Date	20-12-2017 1

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	20-12-2017	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

MOH117104700 / AJAX MARS PTE LTD - Bukit Merah
ENTRY DATE & TIME: 14/12/2017 16:59

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 14/12/2017 18:50

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	14/12/2017 16:59
Date Of Accident	10/12/2017 18:05
Exact Location Of Accident	ALONG PIE/CHANGI (NEAR BEDOK AVE 3 EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFP1819T
Insured/Policyholder	
Name Of Registered Owner	YEOH WEI LIAT ERIC
NRIC No	S7201202Z
Email Address	ESSOBEZO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96185861
Alternative Phone No	OFFICE-96185861

Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10783951

Cover Note Number

Driver

Name of Driver	YEOH WEI LIAT ERIC
NRIC No	S7201202Z
Date Of Birth	19/01/1972
Occupation	INDOOR
Date Of Driving Pass	11/10/1991
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96185861
Fax Number	
Contact Number	OFFICE-96185861
E-Mail Address	ESSOBEZO@GMAIL.COM

Address

Postcode

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) 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

I was travelling along PIE/Changi, it was raining. Vehicle in front slowing down & slowed down suddenly I felt an impact onto rear of my SFP1819T. A taxi SHA647J had collided onto my rear of my vehicle. No injuries involved. That's 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 SHA647J

Vehicle Make/Model/Colour HYUNDAI/140 1.7 CRDI/YELLOW

Details Of Properties

Name of Driver YONG KIN JOO

NRIC/Passport Number S1662363F

Contact Number 97956609

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address

Sketch Plan #2 Pg. 1

ACCIDENT STATEMENT (2000 characters)

I was travelling along PIE/Changi, it was raining. Vehicle in front slowing down & slowed down suddenly I felt an impact onto rear of my SFP1819T. A taxi SHA647J had collided onto my rear of my vehicle.No injuries involved. That's all.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHD FADZLY BIN ISMAIL

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

14 December 2017 4:11 pm

Date/Time:

14 December 2017 4:11 pm

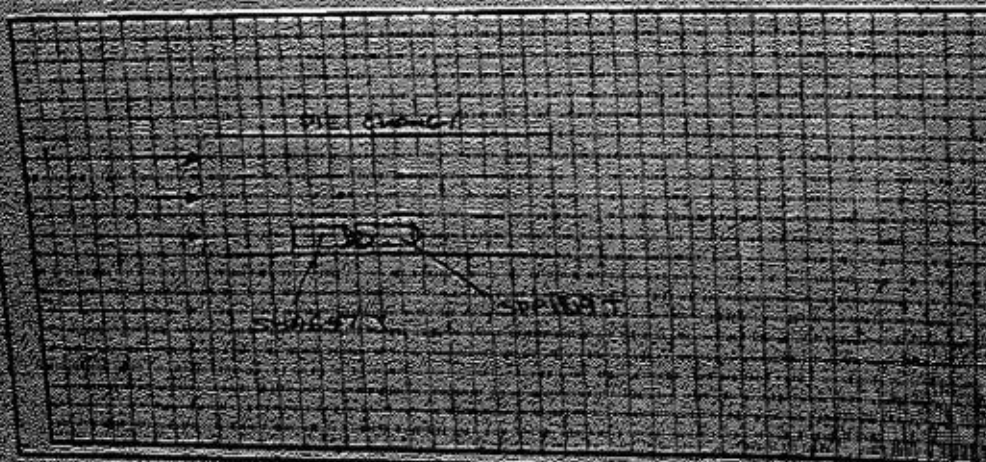
IMPORTANT NOTICE

- [illegible]

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADLY BIN ISMAIL

Document released under the provisions of the Access to Information Act / Document divulgué en vertu de la Loi sur l'accès à l'information

Abstract



**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/FCI17024143/M1d3s2

36 ROBINSON ROAD

Date: 21-03-2018

#16-01 CITY HOUSESINGAPORE 068877



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHA 647J	Veh. Inspected	SFP 1819T
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17011497MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	20/12/2017

2. Vehicle Particulars & Condition

Make & Model	TOYOTA RAV 4	c.c	1998
Engine No.	HIDDEN	Year of Reg.	2004
Chassis No.	JTEHH20V500300034	Colour	SILVER
Odometer	143933 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/70R16	BRIDGESTONE	7 mm
L/H Front Tyre	215/70R16	BRIDGESTONE	7 mm
R/H Rear Tyre	215/70R16	BRIDGESTONE	7 mm
L/H Rear Tyre	215/70R16	BRIDGESTONE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.	
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5. General Information

Accident Date	10/12/2017	Inspect Date / Time	20/12/2017 (04:00 PM)
Survey held at	CHOON HOCK AUTOCARE PTE LTD BLK 176 SIN MING DRIVE #05-03 SIN MING AUTOCARE SINGAPORE 575721		

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: \$48,000.00
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Report Ref No. CS3/FCI17024143/M1d3s2

Inspected By

MA CHIN FOOK

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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