

22/03/2002

ASS. REC. BY:

REF:

CE3/FCI18000030/MIb52

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Karen Tan WS of FCI Date/Time: 2/1/2018

Estimated Cost: _____ Bill to: _____

OD / ~~TP~~ WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLM 2585E Insured: SH 6126Pat Workshop m/s EM Solution Tel: 6456 0556 Bernardof BLK 17 S/m #01-59Policy No: D-15072701MFSH Claim No: D18000077MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 2/1/17
(Client's Record)

CA / REV / REP. / REV 24 HRS :OP

H.O.D. Endorsement: _____

Date/Time: 2/1 Person Contacted: Bernard Vehicle: IN / OUT

Date/Time	Action/Instruction (X) Estimate PRE
	<u>SLM 2585E -X</u>
	<u>SH 6126P -X</u>
	<u>Dismanth Part.. 08-01-2018</u>

[illegible]

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

✓			
✓			
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✓			
✓			
✓			

(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/FCI18000130/M1b

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 03-01-2018



Code : FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SH 6126P	Veh. Inspected	SLM 2585E
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D18000077MFSH	Excess (\$)	0.00
Assign From	CWS (KAREN TAN)	Assign Date	02/01/2018

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	29/12/2017	Inspection Date	03/01/2018
Survey held at	EM SOLUTION PTE LTD 160 SIN MING DRIVE #03-18/19 SIN MING AUTOCITY SINGAPORE 575722		

5a. Remarks

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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	29-12-2017	Our Ref No. D18000077MFSH
Accident Date	29-12-2017	Claim Type. Third Party
Insured Vehicle	SH6126P	Third Party Vehicle. SLM2585E
Survey Location	Blk 17 #01-59 Sin Ming Industrial Estate Sector A	
Contact Person.	MR BERNARD OR MS IVY	
Contact No.	64560556/ 0	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	EM SOLUTION PTE LTD	Attention. NIL
Cc : TP Solicitor	VISION LAW LLC	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

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/232506)



PRI Documents



Close



PRI Header Details

Claim No	D18000077MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	2 & VIS
Workshop Name	EM SOLUTION PTE LTD (Contact Person : MR BERNARD OR MS IVY)	Survey Location & Contact Details	Blk 17 #01-59 Sin Ming Industrial Estate Sectc Mobile: 0 , Phone: 64560556 , Fax: 0 EmailId: SALLYCHONG@VISIONLAWLLC.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH6126P	TP Vehicle No	SLM25I
PRI Recieved Date	02-01-2018 03:23:02 PM	Surveyor Appointed Date	02-01-2018 06:37:28 PM	Surveyor Accept Date	03-01-

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	03-01-2018	Upload Survey Report *:	<input type="text"/>
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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"/>
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

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	02/01/2018 16:10
Date Of Accident	29/12/2017 09:30
Exact Location Of Accident	204A PASIR RIS ST 21 MULTI-STOREY CARPARK LEVEL 1A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2585E
Insured/Policyholder	
Name Of Registered Owner	JAFFAR BIN AHMAD
NRIC No	S1562019F
Email Address	WATI67@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97589027
Alternative Phone No	OTHERS-97589027

Vehicle Particulars

Manufacturer	RENAULT
Model	MEGANE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V04877/VPC2/R00
Cover Note Number	

Driver

Name of Driver	JAFFAR BIN AHMAD
NRIC No	S1562019F
Date Of Birth	14/03/1962
Occupation	INDOOR
Date Of Driving Pass	03/04/1985
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97589027
Fax Number	
Contact Number	OTHERS-97589027
EMail Address	WATI67@GMAIL.COM

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLB1353Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan #2 Pg. 1

SKETCH PLAN

SKETCH PLAN

Vehicle A: SLM 1585E

Vehicle B: SH 61269

Vehicle C: SLB 13534

The sketch plan shows three vehicles labeled A, B, and C. Vehicle A is on the left, Vehicle B is in the middle, and Vehicle C is on the right. A diagonal line with a hatched area labeled 'D' runs from the top right of Vehicle A to the bottom left of Vehicle C. The vehicles are labeled with their respective license plate numbers: SLM 1585E for Vehicle A, SH 61269 for Vehicle B, and SLB 13534 for Vehicle C.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NUMBER T/20171229/2098.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Police Officer's Signature _____
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name:
NEIC/FIN No:



**SINGAPORE
POLICE FORCE**



T/20171229/2098

2 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20171229/2098

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JAFFAR BIN AHMAD.	ID No.	S1562019F
Related Vehicle	SLM2585E (Car)	Contact No.	97589027
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29 Dec 2017, at about 7.15am, I drove my vehicle (SLM2585E) and parked it at the carpark of B/204A Pasir Ris Street 21, Lot No: 40. I then returned home there after. On the same day at about 2.20pm, I returned to the car park and retrieve my vehicle.

This was when I observed that there was dents and scratches on the front left of my vehicle. I observed that my car had been shifted to the right back of the said lot. I then observed a police case card with reference incident number G/20171229/0066, IO Sophian, 65476247. I then contacted the IO and was advised to lodge a traffic accident report. I was briefly informed that a taxi (SH6126P) had collided to my vehicle and another vehicle (SLB1353Y).

I wish to state that I do not have any in car camera which was operating at that point. I am lodging this police report for insurance claim and in compliance with traffic police request.


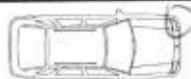


LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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/FCI18000130/M1bs2	
36 ROBINSON ROAD		Date: 01-02-2018	
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SH 6126P	Veh. Inspected	SLM 2585E
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D18000077MFSH	Excess (\$)	0.00
Assign From	KAREN TAN	Assign Date	02/01/2018
2. Vehicle Particulars & Condition			
Make & Model	RENAULT MEGANE	c.c	1461
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	VF1RFB00856852729	Colour	WHITE
Odometer	21489 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/50R17	MICHELIN	8 mm
L/H Front Tyre	205/50R17	MICHELIN	8 mm
R/H Rear Tyre	205/50R17	MICHELIN	8 mm
L/H Rear Tyre	205/50R17	MICHELIN	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.			
5. General Information			
Accident Date	29/12/2017	Inspect Date / Time	03/01/2018 (04:34 PM)
Survey held at	BLK 17 SIN MING #01-59		
Repairer	EM SOLUTION PTE LTD		
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.			

Report Ref No. CS3/FCI18000130/M1bs2

Inspected By



MA CHIN FOOK

Automotive Assessor



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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