

ASS REC BY:

REF:

CS3 / FCL18000263/R16<sup>2</sup>

Special Instructions:

Surveyor

Rosni

ASSIGNMENT (Office)

From (Person):

Teo Swee Keong

of

FCL

Date/Time: 04/01/2018 12:07 pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SFW 8322R

Insured:

SHC 8689A

at Workshop m/s

Ride Now Pte Ltd

Tel:

9138 1928

of

1 Bukit Batok Crescent #04-47

Policy No:

Claim No:

SHC8689A (DOA: 03-01-2018)

Sum Insured:

Excess:

Make of Veh:

D.O.A. 03/01/2018

(Client's Record)

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

05.01.2018 @ after 10am

H.O.D. Endorsement:

Date/Time:

04/01/2018 2:41pm

Person Contacted:

Mady

Vehicle

IN/OUT

Date/Time	Action/Instruction ( X ) Estimate
	STW 8322R - X
	SHC 8689A - 003 / FCL16011957 / Kabc2 DOA: 240816
	Dismantle Part : 08.01.2018
	After Repair: 11.01.2018

SINGAPORE

Paseu

REF: FCI

S645D

## ASSIGNMENT

From:

Date:

5/01/18

Veh No:

SFW 8322B

Yr Regn:

2010 Sep 09

Estimated Cost:

Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

SFW 8322B

Make:

TOYOTA COROLLA ALTIS 1.6 cc 1598

at Workshop m/s

Ride Now

Colour:

GRGY

A/C

Insured / Std / NI / NA

of

1 Bkt Batok CresCent #04-47

Sp. Reading

122758

T/Radio

Insured / Std / NI / NA

Insured

Eng/No:

Policy No.

C/No:

MROS 32EE 1061 73463

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: ☒ Order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: ☒ Order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

After 10 am

Tyre Size:

F:

195/60R16

R:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYOTA / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

5

mm

R/Bal.

5

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

5

mm

L/Bal.

5

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

03/01/18

D.O.A.

05/01/18 @ 428pm

Lum Sum:

%

3 Val.: Yes or No

Survey held at

Ride Now

CA / REV / REP. / 24 HRS 'wp

Des. of Damages: Frt ☒ Rear / O/S / N/S / U/C / Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

RECEIVED 12 FEB 2018

Date/Time: File Pass to?

☐

Preli. Report

Days Of Repair:

1) 10.02.08

☐

Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time: File Return to?

Transportation:

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

\_\_\_ \$ - PR \_\_\_ \$

Photos:

Others:

Report Format:

PRs

Lump Sum / I.B.I. (\$

Total:

## 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



## 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/FCI18000263/R1b		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 04-01-2018		
		Code : FCI2		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SHC 8689A	Veh. Inspected	SFW 8322R	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	TEO SWEE KEONG	Assign Date	04/01/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	03/01/2018	Inspection Date	05/01/2018	
Survey held at	RIDE NOW PTE LTD - 1 BUKIT BATOK CRESCENT #04-47			
Repairer	-			
<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.				

**Catherine Chong (LKK Auto)**

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**From:** Teo Swee Keong <TeoSweeKeong@first-insurance.com.sg>  
**Sent:** Thursday, 4 January, 2018 12:07 PM  
**To:** 'assignments@lkkauto.com'  
**Cc:** Serene Ler; 'jiapei@kscgp.com'  
**Subject:** NEW SURVEY ASSIGNMENT - OUR REF: SHC8689A DOA 3/1/2018 TP: SFW8322B  
**Attachments:** 03012018165402-0001.pdf; MOTOR SURVEY ASSIGNMENT.pdf; 2nd Notice to Conduct Pre-Repair Survey - Your ref: SHC8689ADOA 03/01/201... (280 KB)

Dear Sirs

New survey request for your handling.

Thanks and Regards,

SK Teo  
Motor Claims Dept

36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3848 | Fax No. : 6507 3849 | Company Regn. No. 195000106C  
email: MotorClaims@first-insurance.com.sg

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to [www.first-insurance.com.sg](http://www.first-insurance.com.sg) for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged. If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it. If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

-----Original Message-----

From: Nandu Kumar  
Sent: Wednesday, January 03, 2018 5:01 PM  
To: Teo Swee Keong <TeoSweeKeong@first-insurance.com.sg>  
Subject: FW: Fax data from cwsmotorclaims@first-insurance.com.sg

-----Original Message-----

From: CWS Motor Claims  
Sent: Wednesday, 3 January, 2018 4:54 PM  
To: CLFax <CLFax@first-insurance.com.sg>  
Subject: Fax data from cwsmotorclaims@first-insurance.com.sg

MOTOR SURVEY ASSIGNMENT

Date 3/1/18  
Accident Date 3/1/18  
Insured Vehicle SHC8689A  
Our Ref No. SHC8689A  
Claim Type 3rd Party  
Third Party Vehicle SKW8322B

Survey Location Ride Now Pte Ltd  
1 Bukit Batok Crescent  
#04-47 WCEGA Plaza  
Contact Person Ms Meryl Ng  
(9138 1928)

Contact No. S'pore 658064  
-6734 3438

Fax No. —

Email: jiapei@kscgp.com

Survey Type Without Prejudice

Appointed Surveyor LKK Auto Consultants Pte Ltd

Contact Person

Fax No. 6841 6315

Contact Number 6256 3561

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.

Encl. Accident Reports & est

Cc : Workshop Ride Now Pte Ltd

Attention Ms Meryl Ng

Cc : TP Solicitor KSCGP JURIS LLP

TP Solicitor Fax No —

Officer In charge Serene Ler

IMPORTANT NOTE

Kindly submit the survey report by email only to surveyor@first-insurance.com.sg within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

## 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	03/01/2018 14:16
Date Of Accident	03/01/2018 09:00
Exact Location Of Accident	HOUGANG ST 32
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW8322B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RIDE NOW PTE LTD
Co Reg No	0
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96786345
Alternative Phone No	OFFICE-96786345

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	A 29032696 TMC
Cover Note Number	

### Driver

Name of Driver	TAN GUANG CAI
NRIC No	S6848161I
Date Of Birth	23/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/10/1990
Driving Experience	27 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96786345
Fax Number	
Contact Number	OFFICE-96786345
Email Address	NOEMAIL



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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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:

*Signature*

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

**IDAC BUKIT BATOK (VAC)**  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6569 0722  
Email: vacbb@singnet.com.sg

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	8643D
Vehicle Details	
Vehicle No.:	SFW8322B
Vehicle to be Exported:	No
Intended De-registration Date:	10 Feb 2018
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Beige
Manufacturing Year:	2010
Engine No.:	3ZZ4992923
Chassis No.:	MR053ZEE106173463
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$16,716.00
Original Registration Date:	09 Sep 2010
First Registration Date:	09 Sep 2010
Transfer Count:	1
Actual ARF Paid:	\$16,716.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Sep 2020
PARF Rebate Amount:	\$10,029.00
Intended COE Rebate Details	
COE Expiry Date:	08 Sep 2020
COE Category:	A - Car (1600cc & below)

COE Period(Years):	10
QP Paid:	\$30,000.00
COE Rebate Amount:	\$7,736.00
<b>Total Rebate Amount:</b>	<b>\$17,765.00</b>

The information contained herein is correct as at 10 Feb 2018

OK





**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 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18000263/R1bs2 Date: 14-02-2018 Code: FCI2	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SHC 8689A	Veh. Inspected	SFW 8322B
Policy No.		Coverage (\$)	0.00
Claim No.	SHC8689A (DOA:03.01.2018)	Excess (\$)	0.00
Assign From	TEO SWEE KEONG	Assign Date	04/01/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA COROLLA ALTIS 1.6	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	MR053ZEE106173463	Colour	GREY
Odometer	122758 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	195/60R16	TOYO	5 mm
L/H Front Tyre	195/60R16	TOYO	5 mm
R/H Rear Tyre	195/60R16	TOYO	5 mm
L/H Rear Tyre	195/60R16	TOYO	5 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
<b>5. General Information</b>			
Accident Date	03/01/2018	Inspect Date / Time	05/01/2018 ( 04:28 PM )
Survey held at	RIDE NOW PTE LTD - 1 BUKIT BATOK CRESCENT #04-47		
Repairer	-		
<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/FCI18000263/R1bs2

Inspected By



MOHAMMED RASUL BIN MOHD YUNUS

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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