

ASS. REC. BY:

REF: CS3/FCI18006303/074d3² Special Instruction

Surveyor: CWS ASSIGNMENT (Office)

From (Person): Serene Ler of FCI Date/Time: 05/04/18 @ 2:23pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SDB 9938C Insured: SHC 3999M

at Workshop m/s: Twincar Automotive Tel: 6842 0051

of 2kaki Bkt Ave 2 # 01-17 118

Policy No: _____ Claim No: D18002415MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 19/03/2018

(Client's Record) CA / REV / REP. / REV 24 HRS 1wp 6/4/18 @ Before 12pm

Date/Time: 3:40pm @ 5/4/18 Person Contacted: Eelin H.O.D. Endorsement: _____

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SDB 9938C - NA / INC 18005176 / r3 D.O.A: 19/3/2018
	SHC 3999M - NA / INC 18005176 / r3 D.O.A
6/4/18	Dismantled
10/4/18	After Repair

PRS Xed

REF: FCI

ASSIGNMENT

From: Date: 6/4/2018

Estimated Cost

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

To inspect Vehicle No: SDB 9938C

at Workshop m/s Twincar Automotive

of 2kaki Bkt Ave 2 #01-17/18

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record) Before 12pm

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS / up

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SDB9938C Yr Regn: 05 sep 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Suzuki Baleno c.c. 1242

Colour: Silver A/C: Insured / Std / NI / NA

Sp Reading: 43329 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MA 3EW B 32.S 00/28245

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60 R15

R: 11

BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front Rear

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A. D.O.I: 06-04-18

Survey held at: w/s 11:40 AM

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

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

Date / Time Action / Instruction

13/8 Submit PRS report.

Date/Time File Pass to? : Preli. Report

1) : Final Report

Date/Time File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:

Transportation

Y. \$ + PS \$

Photos

Others

TOTAL

Add Fee: : Site Insp (\$

: Interview (\$

: Tech. Invt (\$

: Weekend (\$

Report Format: PRS

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

MOTOR SURVEY ASSIGNMENT

Date	26-03-2018	Our Ref No. D18002415MFSH
Accident Date	19-03-2018	Claim Type. Third Party
Insured Vehicle	SHC3999M	Third Party Vehicle. SDB9938C
Survey Location	2 KAKI BUKIT AVENUE 2 #01-17/18 KAKI BUKIT AUTOHUB	
Contact Person.	MELODY	
Contact No.	67440510/ 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	TWINCAR AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	VISION LAW LLC	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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/236324)



PRI Documents



Close



PRI Header Details

Claim No	D18002415MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & VISION L
Workshop Name	TWINCAR AUTOMOTIVE PTE LTD (Contact Person : MELODY)	Survey Location & Contact Details	2 KAKI BUKIT AVENUE 2 #01-17/18 KAKI BUKIT AUTOH Mobile: 0 , Phone: 67440510 , Fax: 0 EmailId: CT-ADMIN@VISIONLAWLLC.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC3999M	TP Vehicle No	SDB9938C
PRI Recieved Date	05-04-2018 02:20:03 PM	Surveyor Appointed Date	05-04-2018 02:21:54 PM	Surveyor Accept Date	05-04-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	05-04-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	Please Select Make ▾	Model	Please Select Model ▾	Year	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

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 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	20/03/2018 12:34
Date Of Accident	19/03/2018 06:35
Exact Location Of Accident	DRIVEWAY BESIDE BLK 566 HOUGANG ST 51 MSCP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDB9938C
Insured/Policyholder	
Name Of Registered Owner	LI KIN KWOK
NRIC No	S2592700A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94883833
Alternative Phone No	OFFICE-94883833
Vehicle Particulars	
Manufacturer	SUZUKI
Model	BALENO
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093095656
Cover Note Number	
Driver	
Name of Driver	LI KIN KWOK
NRIC No	S2592700A
Date Of Birth	25/10/1958
Occupation	INDOOR
Date Of Driving Pass	25/11/1983
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94883833
Fax Number	
Contact Number	OFFICE-94883833
E-Mail Address	NOEMAIL

Address	BLK 565 HOUGANG ST 51 #03-476
Postcode	530565
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180319/2181

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3999M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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.
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:

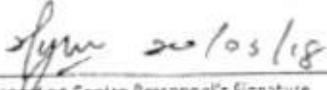
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180319/2181

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3
Report No. T/20180319/2181

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SDB9938C	NTUC Income Insurance Co-Operative Limited	5093095656	05/09/2017	04/09/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	LI KIN KWOK	ID No.	S2592700A	
Related Vehicle	SDB9938C (Car)	Contact No.	94683833	
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 19/03/2018 at about 0200hrs, I parked my vehicle (SDB9938C) at the roadside beside the MSCP of Blk 565 Hougang St 51 #03-476 before heading home. Prior to leaving for home, my vehicle was seen to be intact with no damages

On 19/03/2018 at about 0830hrs, I proceeded down to retrieve my vehicle. However, I discovered that there was a dent at the front bottom bumper of my vehicle. As such, I made a check on the footages of the dashcam installed in my vehicle and noticed that on 19/03/2018 at about 0633hrs, another vehicle (Blue Comfort Taxi SHC 3999M) dropped off a passenger at the location and subsequently, the driver made a reverse and during the attempt, the rear of his vehicle knocked into the head of my vehicle. The driver then drove off without stopping to made a check or to leave any contact particulars behind.

I wish to inform that I am lodging this report for insurance claiming against the driver.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2700A
Vehicle Details	
Vehicle No.:	SDB9938C
Vehicle to be Exported:	No
Intended De-registration Date:	09 Apr 2018
Vehicle Make:	SUZUKI
Vehicle Model:	BALENO 1.2XG A
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	K12CN4001881
Chassis No.:	MA3EWB32500129245
Maximum Power Output:	67.0 kW (89 bhp)
Open Market Value:	\$17,403.00
Original Registration Date:	05 Sep 2016
First Registration Date:	05 Sep 2016
Transfer Count:	0
Actual ARF Paid:	\$7,403.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Sep 2026
PARF Rebate Amount:	\$5,552.00
Intended COE Rebate Details	
COE Expiry Date:	04 Sep 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,334.00
COE Rebate Amount:	\$44,819.00
Total Rebate Amount:	\$50,371.00

The information contained herein is correct as at 09 Apr 2018

OK



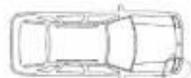
LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199007198R GST Reg. No: 19-9607198-R

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PRE-REPAIR INSPECTION REPORT			
FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18006303/Gz4d3s2 Date: 13-08-2018	
Code: FCI2			
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 3999M	Veh. Inspected	SDB 9938C
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18002415MFSH	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	05/04/2018
2. Vehicle Particulars & Condition			
Make & Model	SUZUKI BALENO	c.c	1242
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	MA3EWB32S00129245	Colour	SILVER
Odometer	43329 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/60R15	DUNLOP	6 mm
L/H Front Tyre	185/60R15	DUNLOP	6 mm
R/H Rear Tyre	185/60R15	DUNLOP	6 mm
L/H Rear Tyre	185/60R15	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.			
5. General Information			
Accident Date	19/03/2018	Inspect Date / Time	06/04/2018 (11:40 AM)
Survey held at	TWINCAR AUTOMOTIVE PTE LTD 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		
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/FCI18006303/Gz4d3s2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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