

ASS. REC. BY:

REF:

C93/FCL18006986/R124657

Special Instruction:

Surveyor

Rashid

ASSIGNMENT (Office)

From (Person):

CWB Hung Ym Min

of

FCL

Date/Time:

16/04/2018 3pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJR 7583A

Insured:

SHB 2075R

at Workshop m/s

Miracle Workz

Tel:

9647 2568

of

No. 48 Toh Guan Rd East #DU-126

Policy No:

Claim No:

D18002876MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

12/04/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

17-04-2018 @ morning

H.O.D. Endorsement:

Date/Time:

16/04/2018 3:12 pm

Person Contacted:

Nicole

Vehicle IN / OUT

Date/Time	Action/Instruction ( X ) Estimate	
	SJR 7583 A - NJM / INC10010645 / y1	DA: 310510
	SHB 2075R - CS / TML17015837 / Kigho2	DA: 390917

(08/11/13)

Surveyor: Pam

REF:

0172N

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SJR 7583Aat Workshop m/s MIRACLE WORKZof 48, Tottum Rd East #04-126Insured: FCU / PRS

Policy No. \_\_\_\_\_

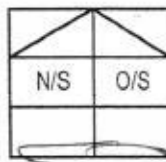
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.Bal. or Market Value: 23K

IDAC Accident Report: \_\_\_\_\_ 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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SJR 7583A Yr Regn: 2009 / JulyType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Jazz 1.3 LAT c.c. 1339Colour: Black A/C: Insured / Std / NI / NASp. Reading: 159544 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JHMG68509S 221448Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 12/04/18 D.O.I. 12/04/18Survey held at MIRACLE WORKZ 3.13pmDes. 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

18/4/18 Submit PRS Report

RECEIVED 18 APR 2018

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

S + RS, \_\_\_\_\_

Photos

Others

TOTAL

Report Format : \_\_\_\_\_

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

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	13-04-2018	<b>Our Ref No.</b> D18002876MFSH
<b>Accident Date</b>	12-04-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHB2075R	<b>Third Party Vehicle.</b> SJR7583A
<b>Survey Location</b>	NO. 48 TOH GUAN ROAD EAST #04-126 ENTERPRISE HUB	
<b>Contact Person.</b>	NICOLE	
<b>Contact No.</b>	0/ 82045858	<b>Fax No.</b> 65155434
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	MIRACLE WORKZ PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	C YOGARAJAH LLC	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	AUNGYM	

**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.

## 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	13/04/2018 16:47
Date Of Accident	12/04/2018 17:45
Exact Location Of Accident	30 PASIR PANJANG RD TOWARDS TELOK BLANGAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7583A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	J RENTAL PTE. LTD.
Co Reg No	201700172N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92742217
Alternative Phone No	OFFICE-92742217

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.4 (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5089292629-01
Cover Note Number	

### Driver

Name of Driver	DANIAL ASHRAF HAN
NRIC No	S7610904D
Date Of Birth	22/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1998
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92742217
Fax Number	
Contact Number	OFFICE-92742217
EMail Address	NOEMAIL

Address	288 CHOA CHUM KANG AVE 3 #03-290
Postcode	S680288
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
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	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?	
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 SKETCH PLAN. ATTENDED BY : SUSAN

#### 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	SHB2075R
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM KIOW LING
NRIC/Passport Number	S0064825F
Contact Number	LIM KIAN LING
Address	80011035
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### 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 re-attribute 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.



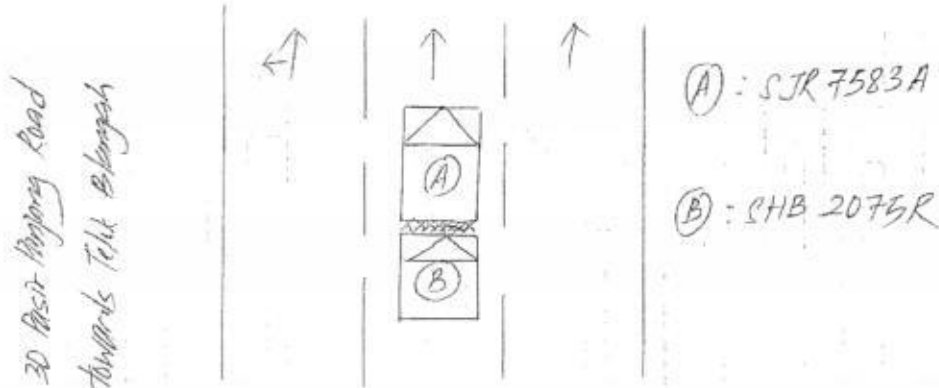
Policyholder's Signature  
Date & Time:

13 APR 2018  
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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/04/2018 @ 1745hrs, I was driving my rental car SJR7583A Honda Jazz At 30 Pasir Panjang Road towards Telok Blangah. My car was stationary and waiting for the traffic light. Suddenly, I felt the impact from my car rear side. I alighted and saw my car was hit by the taxi SHB2075R. The impact caused my car rear boot and rear bumper was damaged. Third party driver Mr Lim Kiew Ling @ S0064825F was admitted his fault cause this accident happened. I immediately inform rental company person in charge. After discussion, we had reach a decision to submit third party claim. We exchanged particulars before we leave the accident scene. Third party will do reporting only. No injury.

DECLARATION

I/We declare the foregoing particulars are true in every respect. 13 APR 2018

Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver, 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:  
NIC/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/FCI18006986/R1z4bs2	
36 ROBINSON ROAD		Date: 27-04-2018	
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHB 2075R	Veh. Inspected	SJR 7583A
Policy No.		Coverage (\$)	0.00
Claim No.	D18002876MFSH	Excess (\$)	0.00
Assign From	AUNG YIN MIN	Assign Date	16/04/2018
2. Vehicle Particulars & Condition			
Make & Model	HONDA JAZZ 1.3L AT	c.c	1339
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	JHMGE68509S221448	Colour	BLACK
Odometer	159544 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/65R15	YOKOHAMA	5 mm
L/H Front Tyre	185/65R15	YOKOHAMA	5 mm
R/H Rear Tyre	185/65R15	YOKOHAMA	5 mm
L/H Rear Tyre	185/65R15	YOKOHAMA	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	12/04/2018	Inspect Date / Time	17/04/2018 ( 03:13 PM )
Survey held at	MIRACLE WORKZ PTE LTD 48 TOH GUAN ROAD EAST #04-126 ENTERPRISE HUB SINGAPORE 608586		
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 \$23,000.00			

Report Ref No. CS3/FCI18006986/R1z4bs2

Inspected By

*MRB*

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

*K.K.*

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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