

ASS. REC. BY:

REF: CSS / FCI 18007729 / Gz4b52

Special Instruction:

Surveyor: BR

ASSIGNMENT (Office)

From (Person): M/S May Chua

of FCI

Date/Time: 26/04/2018 3:19pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SFR 6816H

Insured:

SHD 4920C

at Workshop m/s

HS Automotiva

Tel:

6538 1368

of

Blk 2 Kaki Bukit Ave 2 #02-25

Policy No:

Claim No:

018003182MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

20042018

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp1

27/04/2018

H.O.D. Endorsement:

Date/Time:

26/04/2018 3:50pm

Person Contacted:

Alex

Vehicle IN / OUT

Date/Time	Action/Instruction ( X ) Estimate
	SFR 6816H - NA / CTL18007729 / z4 Dof: 200418
	SHD 4920C - X
	Dismantle: 30/4/2018
	After repair: 7/5/2018

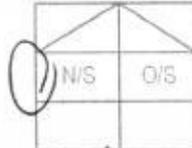
REF:

REF:

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s: \_\_\_\_\_  
 of: \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 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: ~~\$ 12000~~ 29k  
 IDAC Accident Rpt: 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  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT



Veh No: SFR 6816H Yr Regn: 2009 Sep 15  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Honda Odyssey 2.4L cc 2354  
 Colour: Black A/C: Insured / Std / NI / NA  
 Sp Reading: 124128 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JHM RB38509C200453  
 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: 225/55 R17  
 R: "  
 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: 20-04-2018 D.O.I: 27-04-2018 C 5:15pm  
 Survey held at H3 Automotive 4pm  
 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
RECEIVED 19 JUL 2018	

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 Date/Time, File Return to? \_\_\_\_\_  
 Report Format : \_\_\_\_\_  
 Lump Sum / I.B.I: (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  Site Insp (\$) \_\_\_\_\_  
 Interview (\$) \_\_\_\_\_  
 Tech. Invs (\$) \_\_\_\_\_  
 Weekend (\$) \_\_\_\_\_

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 ) \$ + RS. \_\_\_\_\_  
 ) Photos \_\_\_\_\_  
 ) Other \_\_\_\_\_  
 ) \_\_\_\_\_  
 TOTAL \_\_\_\_\_

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	23-04-2018	<b>Our Ref No.</b> D18003182MFSH
<b>Accident Date</b>	20-04-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHD4920C	<b>Third Party Vehicle.</b> SFR6816H
<b>Survey Location</b>	BLK 2 KAKI BUKIT AVENUE 2 #02-25 KAKI BUKIT AUTOHUB	
<b>Contact Person.</b>	MR ALEX	
<b>Contact No.</b>	65381368/ 65381368	<b>Fax No.</b> 65381367
<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>	H S AUTOMOTIVE SERVICES	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	JUSEQUITY LAW CORPORATION	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	MAY CHUA	

**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	21/04/2018 16:15
Date Of Accident	20/04/2018 18:00
Exact Location Of Accident	JALAN KELABU ASAP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFR6816H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR PUSPAK PATRO
NRIC No	S7382637C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90407788
Alternative Phone No	OFFICE-90407788

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4L AT SR
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3063051700
Cover Note Number	

### Driver

Name of Driver	SARITA PATRO
NRIC No	S7382638A
Date Of Birth	27/11/1973
Occupation	INDOOR
Date Of Driving Pass	02/11/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90407788
Fax Number	
Contact Number	OFFICE-90407788
E Mail Address	NOEMAIL

Address	16 JALAN KELABU ASAP
Postcode	278209
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF 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	2
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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

REFER TO STATEMENT.

#### 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	SHD4920C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIAW KIN CHAN
NRIC/Passport Number	S0313128I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## 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.

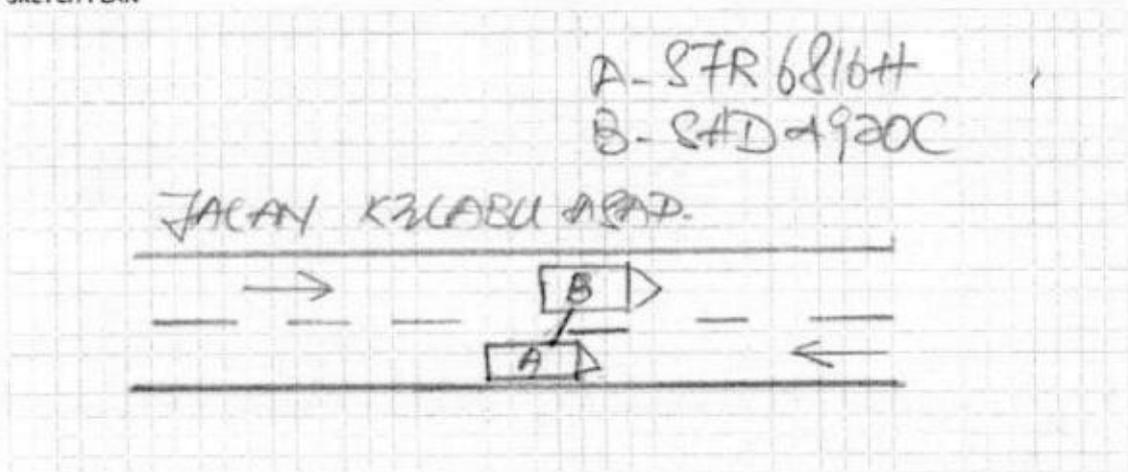
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/TIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG JALAN KUALA LUMPUR I SAW  
A TAXI STOP IN FRONT OF ME SO I TRYING AND TAKE  
OVER FROM OPPOSITE LANE BECAUSE OPPOSITE LANE WAS  
CLEAR SO I SHOW MY RIGHT SIGNAL AND GO ON.  
BUT OUT OF SODDAN THE PASSENGER OF THE TAXI  
SWING OUT OF THE DOOR AND HIT ONTO MY CAR  
LEFT HAND PORTION.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	2637C
<b>Vehicle Details</b>	
Vehicle No.:	SFR6816H
Vehicle to be Exported:	No
Intended De-registration Date:	16 Jul 2018
Vehicle Make:	HONDA
Vehicle Model:	ODYSSEY 2.4L AT SR
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	K24Z21300453
Chassis No.:	JHMRB38509C200453
Maximum Power Output:	132.0 kW (177 bhp)
Open Market Value:	\$34,119.00
Original Registration Date:	15 Sep 2009
First Registration Date:	15 Sep 2009
Transfer Count:	2
Actual ARF Paid:	\$34,119.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Sep 2019
PARF Rebate Amount:	\$18,765.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	14 Sep 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$19,289.00
COE Rebate Amount:	\$2,242.00
<b>Total Rebate Amount:</b>	<b>\$21,007.00</b>

The information contained herein is correct as at 16 Jul 2018

OK

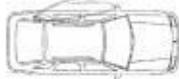
**LKK Auto Consultants Pte Ltd**

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/FCI18007729/Gz4bs2 Date: 19-07-2018 Code: FC12	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SHD 4920C	Veh. Inspected	SFR 6816H
Policy No.		Coverage (\$)	0.00
Claim No.	D18003182MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	26/04/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HONDA ODYSSEY 2.4L	c.c	2354
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	JHMRB38509C200453	Colour	BLACK
Odometer	124128 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	225/55R17	MICHELIN	6 mm
L/H Front Tyre	225/55R17	MICHELIN	6 mm
R/H Rear Tyre	225/55R17	MICHELIN	6 mm
L/H Rear Tyre	225/55R17	MICHELIN	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.			
<b>5. General Information</b>			
Accident Date	20/04/2018	Inspect Date / Time	27/04/2018 ( 04:00 PM )
Survey held at	H S AUTOMOTIVE SERVICES 2 KAKI BUKIT AVE 2 #02-25 KAKI BUKIT AUTOHUB SINGAPORE 417921		
<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. D) MARKET VALUE:\$29,000.00			

Report Ref No. CS3/FCI18007729/Gz4bs2

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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