

ASS. REC. BY:

REF: CS3 / FCU 8008298 / 624652

Special Instruction:

Surveyor

60

ASSIGNMENT (Office)

From (Person):

WS Sorena Ler

of

FCI

Date/Time:

04/05/2018 4:29pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLM 9499H

Insured:

SHC 2119T

at Workshop m/s

Motor Intel

Tel:

88383318

of

13 Kaki Bukit Rd 4 #01-20

Policy No:

Claim No:

D18003459MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

3004208

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

07/05/2018 9:48am

Person Contacted:

Wilson

Vehicle IN/OUT

Date/Time	Action/Instruction ( x ) Estimate
	SLM 9499H - x
	SHC 2119T - NSI IN 12/01/15 / Hlvn
	Diamondette: 8/5/2018

DCA - 31/07/12

SLM 9499A

Yr Regn 2017 / Feb 23

Type M.Cycle / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Elantra HD 1.6 cc 1591

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

Sp. Reading 36134 T/Radio Insured / Std / NI / NA

Eng/No:

C/No: KMHD84 CMHU 335592


Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: Ind~~o~~der / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size F: 205 / 55 R16

R:

	
N/S	O/S
	

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

Kumho

Front

Rear

R/Bal.	7	mm	R/Bal.	7	mm
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L/Bal.	7	mm	L/Bal.	7	mm
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D.O.A. 30042018 D.O.I. 07052018 @ 1:16pm

Survey held at Motor Intel

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

Person Contacted

Vehicle: IN / OUT

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

Action / Instruction

18/7

Submit PRS report

RECEIVED 18 JUL 2018

☐ : Prel. Report  
☐ : Final Report

Resurvey No. of Trip:

Survey Fee:

Report Format : PRQ

Lump Sum / I.B.I.: 45

Add Fee:  Site Insp (\$☐ Interview (\$

Tech. days (\$

☐ Weekend 18

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	03-05-2018	<b>Our Ref No.</b> D18003455MFSH
<b>Accident Date</b>	30-04-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHC2119T	<b>Third Party Vehicle.</b> SLM9499A
<b>Survey Location</b>	13 KAKI BUKIT ROAD 4#01-20 BARTLEY BIZ CENTRE	
<b>Contact Person.</b>	WILSON ONG	
<b>Contact No.</b>	88383318/ 88383318	<b>Fax No.</b> 62810187
<b>Survey Type</b>	WITHOUT PREJUDICE: NO EST. COR	
<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>	MOTOR INTEL AUTOMO PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	ISLAND LAW LLC	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	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/239683)



PRI Documents



Close X

## PRI Header Details

Claim No	D18003455MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & ISL INTEL /
Workshop Name	MOTOR INTEL AUTOMO PTE LTD (Contact Person : WILSON ONG)	Survey Location & Contact Details	13 KAKI BUKIT ROAD 4#01-20 BARTLEY BIZ C Mobile: 88383318 , Phone: 88383318 , Fax: EmailId: SALES@MIA.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: NO EST. COR		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC2119T	TP Vehicle No	SLM94!
PRI Recieved Date	03-05-2018 11:52:49 PM	Surveyor Appointed Date	04-05-2018 04:28:28 PM	Surveyor Accept Date	16-07-

## Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	16-07-2018	Upload Survey Report *:	
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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

Upload Multiple Documents

File Name

Action

## Surveyor Job Remarks

Date of Accident : 30 Apr 2018 Accident Time: 2150hrs. (24-HR-Format)  
 Accident Place : CTE(City) after moulmein exit.  
 Vehicle No. (Car Plate No.) : SLM 9499A Make/Model: Hyundai Elantra.  
 Insurance Company : AXA. Policy No: VPA / P1909667.  
 Owner or Company Name / IC No. : Cheng Pung Kuang S1380267Z.  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Cheng Zheng Cong, Kelvin. S8942435J.  
 DRIVER'S Date Of Birth : 29 Nov 1989 DRIVER'S License Pass Date 21 Jul 2008.  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Son.  
 DRIVER'S Address : Blk 248 Bishan St 22 #14-358 S(570248)  
 DRIVER'S Contact No. / Alt No. : 1) 97723555. 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : kelchengzc@gmail.com / sntss@msc.com.sg  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 01  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): Driver - Cheng Zheng Cong.

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SHC 2119C</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>Sim Aik Kin, S1330887Z.</u>	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

## 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.

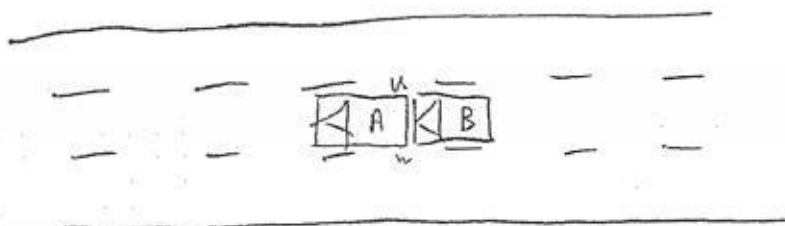
Policyholder's Signature  
Date & Time:

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

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

### SKETCH PLAN

CTE(City) after monclim exit.



veh A SLIM 9499A.  
veh B SHC 2119T.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report E/20180502/7006.

## 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/FIN No.:



**SINGAPORE  
POLICE FORCE**



E/20180502/7006

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20180502/7006

Police Station Of Origin  
Tanglin Police Divisional HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 02/05/2018 11:43	Vide Report No.	Station Diary No.
Name Of Informant CHENG ZHENG CONG	Address APT BLK 248 BISHAN STREET 22 #14-358 SINGAPORE 570248	
ID Type / ID No. NRIC NO / S8942455J	Contact No. Home/Office: Mobile: 97723555	
Nationality SINGAPORE CITIZEN	Email Address kelchengzc@gmail.com	
Occupation TEACHER	Sex Male	Age 28
Institution/School Name	Date of Birth 29/11/1989	Race Chinese
Date/Time Of Incident 30/04/2018 21:50	Location Of Incident CENTRAL EXPRESSWAY NIL SINGAPORE 000000	

**Brief details.**

On 30 April 0950pm, I, Cheng Zheng Cong Kelvin, was driving vehicle SLM9499A along CTE towards Bishan. I was on the second lane slightly after Moulmein exit when vehicle SHC 2119T rear ended me.

SHC2119C was driven by Mr Sim Aik Kin, S1330887Z.

I sought medical treatment at Mount Alveria Hospital on 1 May 2018 as i was feeling unwell and was given 5 days medical leave.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2018 11:43
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



E/20180502/7006

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180502/7006

Subjects Involved			
Victim			
Person Name	CHENG ZHENG CONG		
ID Type	NRIC NO	ID No	S8942455J
Gender	Male	Age	28
Race	Chinese	Language	English
Occupation	TEACHER	Address Type	
Address	APT BLK 248 BISHAN STREET 22 #14-358 SINGAPORE 570248	Mobile No	97723555
Is Informant A Victim?	Yes		
Person Name	CHENG ZHENG CONG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

02/05/2018 11:43

Classification Of Case:

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	0267Z
<b>Vehicle Details</b>	
Vehicle No.:	SLM9499A
Vehicle to be Exported:	No
Intended De-registration Date:	16 Jul 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	G4FGGU015760
Chassis No.:	KMHD841CMHU333592
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$18,224.00
Original Registration Date:	23 Feb 2017
First Registration Date:	23 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$18,224.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Feb 2027
PARF Rebate Amount:	\$13,668.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	22 Feb 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,401.00
COE Rebate Amount:	\$41,630.00
<b>Total Rebate Amount:</b>	<b>\$55,298.00</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

Ref: CS3/FCI18008298/Gz4bs2

36 ROBINSON ROAD

Date: 18-07-2018

#16-01 CITY HOUSES SINGAPORE 068877



Code: FCI2

### 1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHC 2119T	Veh. Inspected	SLM 9499M
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18003455MFSH	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	04/05/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI ELANTRA AD 1.6	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHD841CMHU333592	Colour	RED
Odometer	36134 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/55R16	KUMHO	7 mm
L/H Front Tyre	205/55R16	KUMHO	7 mm
R/H Rear Tyre	205/55R16	KUMHO	7 mm
L/H Rear Tyre	205/55R16	KUMHO	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.	
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### 5. General Information

Accident Date	30/04/2018	Inspect Date / Time	07/05/2018 ( 01:16 PM )
Survey held at	MOTOR INTEL - 13 KAKI BUKIT RD 4 #01-20		
Repairer	-		

### 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.
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Report Ref No. CS3/FCI18008298/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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