

ASS. REC. BY:

REF:

C93/FCI 18003472/AZ46 SP

Special Instruction:

Surveyor:

Adrian

ASSIGNMENT (Office)

From (Person):

Serene

of

FCI

Date/Time:

08/05/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKZ908 P.

Insured:

SHC 1399H

at Workshop m/s

Platinum Werkez

Tel:

of

53 ubi Avenue / #01-25 Pays Ubi Industrial Park

Policy No:

Claim No:

D18003454 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

02/05/18

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN OUT

Date/Time

Action/Instruction ()

Estimate

10/5/18

Dismantled

10/5/18

After Repair

market value?

REF:

FCI

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SKZ908P

at Workshop m/s: Platinum Werkz

of 53 Ubi Ave 1 #01-25

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:

75K.

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:

SKZ908P

Yr Regn:

2016 Jan.

Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda Vezel-

C.C. 1496.

Colour:

Silver.

A/C: Insured / Std / NI / NA

Sp. Reading

75139.

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RUM1062TH

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ STD A/Rim or

Tyre Size:

F:

215/60R16

R:

215/60R16.

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

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

215/18.

D.O.I.

09/05/18

Survey held at

Platinum.

1.04pm

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

PRE. TP 1st Cap

RECEIVED 11 MAY 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

) \$ + RS. SI

) Photos

) Other

)

TOTAL

Report Format:

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

MOTOR SURVEY ASSIGNMENT

Date	04-05-2018	Our Ref No. D18003494MFSH
Accident Date	02-05-2018	Claim Type. Third Party
Insured Vehicle	SHC1399H	Third Party Vehicle. SKZ908P
Survey Location	53 Ubi Avenue 1 #01-25 Paya Ubi Industrial Park	
Contact Person.	DORA	
Contact No.	88261413/ 81185453	Fax No. 00
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	PLATINUM WERKZ	Attention. NIL
Cc : TP Solicitor	SATWANT & ASSOCIATES	TP Solicitor Fax No. 62995541
Officer Incharge	SERENE	

In.
Adrian

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	02/05/2018 14:04
Date Of Accident	02/05/2018 10:20
Exact Location Of Accident	AIRPORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ908P
Insured/Policyholder	
Name Of Registered Owner	CHANG LIAN CHOON
NRIC No	S1472790F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91510224
Alternative Phone No	OTHERS-96321865

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA308931
Cover Note Number	

Driver

Name of Driver	LIM CHEE SENG
NRIC No	S1559066A
Date Of Birth	18/05/1962
Occupation	INDOOR
Date Of Driving Pass	12/10/1982
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96321865
Fax Number	
Contact Number	
EMail Address	LIMLARRY62@ICLOUD.COM

Address	BLK 249 PASIR RIS STREET 21 #07-123 SINGAPORE
Postcode	510249
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	SIDE SWIPE
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?	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)	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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	SHC1399H
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)	

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.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/5/2018, Around 10:20am. I was driving along Airport Road. that was 2 lane and merge to 1 lane. When my car complete in the lane. Suddenly, that was a taxi (SHC 1399H) scratch my car rear left side. It was a minor scratch on my car rear left side and. No damage with the taxi.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

CRASH SITE, Section 2 and 3 (2017)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2/5/18
2pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

PERMAN

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident 25/8 1000	2 Exact location of accident Airport Road	3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

Registration No. (VEHICLE A) SKZ 908P

6 Insured / policyholder (see insurance cert.)
Name Chang Lian choun
(capital letters)
Address
NRIC / Passport no. S1472790E
Tel no. (from 9am till 5pm)
HP 91510224
7 Vehicle
Make, type Honda Vezel 1.5
8 Insurance company
AA ☒ TC ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. AA 308931
9 Driver ☐ Same as Owner
Name Lim chee seng
(capital letters)
NRIC / Passport no. S1569066A
Class of licence
HP 96321865
Gender Male ☒ Female ☐

A
1
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22

12 CIRCUMSTANCES
Put a cross (X) in each of the following boxes applicable to your vehicle

<input type="checkbox"/>	Own Collision
<input type="checkbox"/>	Collided into Bicycle
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Obtain Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Foot, Equipment or Lighting
<input type="checkbox"/>	Flare
<input type="checkbox"/>	Hit and Run / Vandalism / Damage if vehicle Parked
<input type="checkbox"/>	Hit by Falling Object / Entry Object
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Other Damage
<input type="checkbox"/>	Other

Registration No. (VEHICLE B) SHC 139AH

6 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from 9am till 5pm)
HP
7 Vehicle
Make, type
8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)
9 Driver (See driving licence)
(if different from insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

13 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

14 State TOTAL number of boxes marked with a cross

15 Signatures of drivers

16 My remarks

16 My remarks

15 Signatures of drivers

A

16 My remarks

B

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information quoted

Do not alter anything in the statement after signing

Subsequently, each driver should take one copy

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)

Own Workshop Email / Fax (if any)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1. Occupation (if more than one, state all)		Email: <u>lim/amy62@icloud.com</u>	
	2. Vehicle registration no.	CC	If commercial vehicle, state permissible carrying capacity	
	3. Is driver the owner?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	State Relationship of driver with owner <u>Spouse</u>	
	4. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire			
	5. Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____			
	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)			
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	<u>18/5/62</u>	<u>Indoor</u>	<u>Outdoor</u>	<u>12/10/82</u>
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability			
	9. Full details of all driving convictions including pending prosecutions in the last 36 months			
Injured persons	10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)
Police action	12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____			
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____			
Accident details	14. Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>
	15. Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others <input type="checkbox"/>
	16. Speed of vehicles	A <input type="checkbox"/> km/hr	B <input type="checkbox"/> km/hr	
	17. What warnings were given by driver or other party? _____			
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	19. What lights were displayed on your vehicle/the other vehicle(s)? _____			
Declaration	20. If your vehicle is commercial, state weight of load carried at time of accident _____			
	21. State how accident happened, width of roads, speed limits, etc (Refer to attached)			
	22. State number of Passengers (including Driver) <u>0</u>			
I/We declare the foregoing particulars are true in every respect				
Policyholder's signature _____				Date _____
Driver's signature (if driver is not the policyholder) _____				Date _____



redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

New business

date
 26/12/2017

your servicing distributor
**ALL INS SOLUTIONS PTE LTD (SPC
 PROMOTION) / 14278**

your servicing distributor contact
 64513437

CHANG LIAN CHOON
 BLK 249 PASIR RIS STREET
 #07-123
 SINGAPORE 510249

Policy Schedule

Your SmartDrive Comprehensive Peace

Your policy snapshot

Policyholder name	CHANG LIAN CHOON	Policy number	VA1 / GA308931
Cover	Comprehensive	FIN / NRIC	S1472790F
Period of Insurance	from 08/01/2018 to 07/01/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 664.97
7% GST	SGD 46.55
Final Premium	SGD 711.52

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Peace Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Loss of Personal Effects in Singapore up to \$3,000
- Delivery of repaired car to your preferred location
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Add-on Benefits

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers
- No Claim Discount Protector
- Personal accident benefit of up to \$20,000 per passenger

Vehicle details

Make & Model of Vehicle	HONDA VEZEL 1.5	Year of manufacture	2015
Vehicle registration number	SKZ908P	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1496
Seating capacity (excl driver)	4	Engine number	L15B4026278
Off-Peak car	No	Chassis number	RU11106274

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	OCBC BANK LIMITED

Excess applicable (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess SGD 300.00

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1559066A

Name: LIM CHEE SENG

Date of Birth: 18 May 1962

Issue Date: 06 Aug 2003

000723387C




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1559066A

Name: LIM CHEE SENG

林志成

Race: CHINESE

Date of birth: 18-05-1962

Country of birth: SINGAPORE

Sex: M

S1559066A





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Issue Date: 12 Oct 1992

Licence No. S1559066A

NP 428A



4835413

NRIC No. S1559066A

Date of issue: 08-03-2012

Address: APT BLK 249 PASIR RIS STREET 21 #07-123 SINGAPORE 510249



Accident Photo



Accident Photo



Accident Photo





Accident Photo




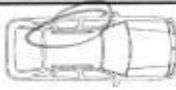
**LKK Auto Consultants Pte Ltd**

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/FCI18008472/Az4bs2 Date: 15-05-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 1399H	Veh. Inspected	SKZ 908P
Policy No.		Coverage (\$)	0.00
Claim No.	D18003494MFSH	Excess (\$)	0.00
Assign From	SERENE	Assign Date	08/05/2018
2. Vehicle Particulars & Condition			
Make & Model	HONDA VEZEL	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	RU11106274	Colour	SILVER
Odometer	75139 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/60R16	DUNLOP	6 mm
L/H Front Tyre	215/60R16	DUNLOP	6 mm
R/H Rear Tyre	215/60R16	DUNLOP	6 mm
L/H Rear Tyre	215/60R16	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.			
5. General Information			
Accident Date	02/05/2018	Inspect Date / Time	09/05/2018 (01:04 PM)
Survey held at	PLATINUM WERKZ 53 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK		
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:\$75,000.00			

Report Ref No. CS3/FCI18008472/Az4bs2

Inspected By

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser



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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