

ASS. REC. BY:

REF:

CS3/FCI/800 8478/G246⁸²

Special Instruction:

Surveyor

XGQ

ASSIGNMENT (Office)

From (Person):

EILEEN LEE

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:

SLM 2269T

Insured:

SH 6238A

at Workshop m/s

LYE Designs

Tel:

of

10 AMK Autopoint # 04-04 AMK Ind Park 2A

Policy No:

Claim No:

D18003391MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

30/04/18

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction () Estimate

MOTOR SURVEY ASSIGNMENT

Date	02-05-2018	Our Ref No. D18003391MFSH
Accident Date	30-04-2018	Claim Type. Third Party
Insured Vehicle	SH6238A	Third Party Vehicle. SLM2269T
Survey Location	10 AMK AUTOPOINT #04-04ANG MO KIO IND PARK 2A	
Contact Person.	NA	
Contact No.	64833359/ 64833353	Fax No. 64842457
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:	
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	LYE DESIGNS	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

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.

Veh In
before claim
GQ

(Draft)

MLHM18057030 / Lai Huat (Meng Kee) Motor Pte Ltd - Sin Ming
ENTRY DATE & TIME: 02/05/2018 11:55
SUBMITTED BY: [To Be Confirmed]

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 11:55
Date Of Accident 30/04/2018 11:20
Exact Location Of Accident SLIP ROAD TAMPINES AVENUE 5
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM2269T
Insured/Policyholder
Name Of Registered Owner NGUAN KENT SHEONG
NRIC No S7973716Z
Email Address KENTNGUAN@OUTLOOK.COM
Mobile Phone No (LOCAL) +65-92396166
Alternative Phone No Others-92396166
Vehicle Particulars
Manufacturer SUBARU
Model FORESTER 2.0 NA
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 AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 2100504615-01
Cover Note Number
Driver
Name of Driver NGUAN KENT SHEONG
NRIC No S7973716Z
Date Of Birth 27/03/1979
Occupation INDOOR
Date Of Driving Pass 04/05/2009
Driving Experience 8 YEARS AND 11 MONTHS
Gender MALE

Mobile Number	(LOCAL) +65-92396166
Fax Number	
Contact Number	OTHERS-92396166
E-Mail Address	KENTNGUAN@OUTLOOK.COM
Address	BLK 495A TAMPINES STREET 43 03-400
Postcode	520495
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	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	
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)	4

Passenger 1	Name: : DIONNE CHENG Gender: : Female
Passenger 2	Name: : NGUAN WAN NING Gender: : Female
Passenger 3	Name: : NGUAN WAN JING Gender: : Female

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 REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6238A
Vehicle Make/Model/Colour	COMFORT DELGRO
Details Of Properties	

Vehicle Category

TAXI

Name of Driver

WONG LIN FOOK

NRIC/Passport Number

S1331007F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:
02 MAY 2013
11:55 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

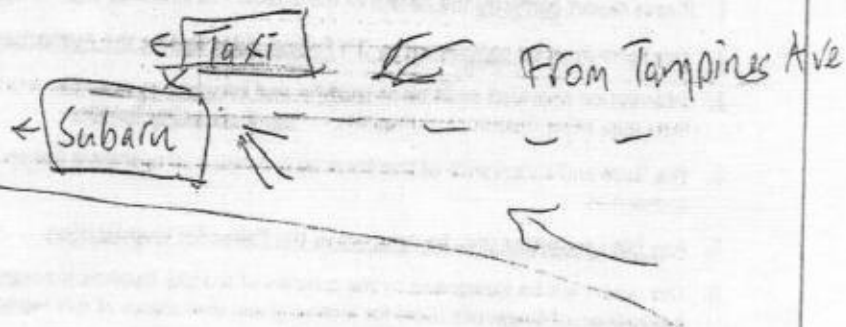
NRIC/FIN No.:

Poh Kwee Choo
S6840583A

SKETCH PLAN

Subaru - SLM2269T
Taxi - SH6238A

PIE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30 Apr 2018, around 11.20am, I was already in the merging lane towards PIE from Tampines Ave 5. The taxi tried to squeezed in and caused the collision.

Photos and video evidence available.

Comfort Delgro Taxi SH6238A, Wong Lin Fook, I/C No S1331007F, we did not exchange contact, only IC details. Damage is to my right rear passenger door and panel. Front dent bumper damage on the taxi.

DECLARATION

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

Policyholder's Signature

Date & Time: 2-May-2018

02 MAY 2018

11:55hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Poh Kwee Choo
S6840583A

**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/FCI18008478/Gz4bs2		
36 ROBINSON ROAD		Date: 02-07-2018		
#16-01 CITY HOUSES SINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SH 6238A	Veh. Inspected	SLM 2269T	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18003391MFSH	Excess (\$)	0.00	
Assign From	EILEEN LEE	Assign Date	08/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	SUBARU FORESTER	c.c	1995	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JF1SJ5KC5HG086374	Colour	BLUE	
Odometer	021156 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/60R17	YOKOHAMA	6 mm	
L/H Front Tyre	225/60R17	YOKOHAMA	6 mm	
R/H Rear Tyre	225/60R17	YOKOHAMA	6 mm	
L/H Rear Tyre	225/60R17	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.				
5. General Information				
Accident Date	30/04/2018	Inspect Date / Time	09/05/2018 (11:20 AM)	
Survey held at	LYE DESIGNS 10, AMK AUTOPOINT, 04-04 ANG MO KIO IND PARK 2A, SINGAPORE 568047			
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 \$94,000.00				

Report Ref No. CS3/FCI18008478/Gz4bs2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

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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