

ASS. DEC. BY:

REF:

CS3/FCI18008540/Gz4b S2

Special Instruction:

SUNVAJOY

6/1

ASSIGNMENT (Office)

From (Person):

Lurere

of

FCI

Date/Time:

9/5/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLM 8902 I

Insured:

SHA9777H

at Workshop m/s

Hiap Lek

Tel:

96601347 Han Wei

of

SLK 14 SLM # 01-19

Policy No:

Claim No:

DR003569MFCH

Sum Insured:

Excess:

Make of Vch:

D.O.A

6/5/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10/5

Person Contacted:

Han Wei

Vehicle ~~IN~~ / OUT

Date/Time

Action/Instruction () Estimate

SLM 8902 I - X.

SHA 9777H - X.

11/5/18

Dismantle.

6/19

Signature

PRS
Xnl.

REF: FCI

ASSIGNMENT

(-2023)

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLN 8902J

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:

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: SLN 8902J Yr Regn: Jun / 08

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

Truck / Trailer or

Make: Toyota Axio C.C. 1496

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

Sp. Reading: 244102 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: NZE1416083206.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 / 60R15

R: "

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

TOYO / YOKO or Falken

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 0605248 D.O.I. 10052018

Survey held at Hup Lek 215pm

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Report Format: PRS.

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

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

) \$ + RS. \$ SI

) Photos

) Others

TOTAL

MOTOR SURVEY ASSIGNMENT

Date	07-05-2018	Our Ref No. D18003569MFSH
Accident Date	06-05-2018	Claim Type. Third Party
Insured Vehicle	SHA9777H	Third Party Vehicle. SLM8902J
Survey Location	BLK 14 #01-19 SECTOR C SIN MING INDUSTRIAL ESTATE	
Contact Person.	MR ONG HAN WEI	
Contact No.	96601347/ 96601347	Fax No. 64388275
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	HIAP LEK AUTOMOBILE TRADING	Attention. NIL
Cc : TP Solicitor	LEGAL OPTIONS LLC	TP Solicitor Fax No. NA
Officer Incharge	LURENE	Veh In

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/239819)



PRI Documents



Close



PRI Header Details

Claim No	D18003569MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & LEO
Workshop Name	HIAP LEK AUTOMOBILE TRADING (Contact Person : MR ONG HAN WEI)	Survey Location & Contact Details	BLK 14 #01-19 SECTOR C SIN MING INDUSTRIAL Mobile: 96601347 , Phone: 96601347 , Fax: 96601347 EmailId: MARIANTI@LEGALOPTIONS.BIZ		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA9777H	TP Vehicle No	SLM890
PRI Recieved Date	08-05-2018 02:45:26 PM	Surveyor Appointed Date	09-05-2018 05:06:55 PM	Surveyor Accept Date	28-07-

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	28-07-2018	Upload Survey Report *:	<input type="text"/>
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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

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

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	07/05/2018 15:52
Date Of Accident	06/05/2018 18:15
Exact Location Of Accident	WASHING BAY OF 91 JURONG EAST AVE 1 SPC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8902J
Insured/Policyholder	
Name Of Registered Owner	MOTORMAXX PTE LTD
Co Reg No	201534556D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91501141
Alternative Phone No	OFFICE-82284736

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090725120 (DRIVO CLASSIC)
Cover Note Number	

Driver

Name of Driver	NG TECK KHIM
NRIC No	S7511673Z
Date Of Birth	17/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1996
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91501141
Fax Number	
Contact Number	OTHERS-82284736
E-Mail Address	NOEMAIL

Address BLK 393 BUKIT BATOK WEST AVE 5 #07-460
 Postcode 650393
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - GRAB DRIVER
 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 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) 3
 Passenger 1 NAME: : GRAB PASSENGER
 GENDER: : FEMALE
 Passenger 2 NAME: : GRAB PASSENGER
 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 ATTACHED. (ATTENDED BY CHRISTINA)

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 SHA9777H
 Vehicle Make/Model/Colour HYUNDAI
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver YAP KONG HWEE
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

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:

[Signature]

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

67 MAY 2013



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

Sketch Plan #2 Pg. 1

SKETCH PLAN

(A) SLN 8902J

(B) SHH 9377H

Inside SPC of 91 Tunong East Ave 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/05/18 @ about 6:15pm, I am travelling along SPC of 91 Tunong East Ave 1. I went there for a car wash. I am already queuing up and in the middle of car washing. My vehicle is stationary while my vehicle is being wash. Before my vehicle is being wash completely, I felt an impact on my rear portion. The impact is quite hard from the rear when the taxi hit my rear.

DECLARATION

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

07 MAY 2018



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.:

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Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SLM8902J		
Vehicle Type :	Z10 - Private Hire (Chauffeur) Motor Car		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	TOYOTA		
Vehicle Model :	COROLLA AXIO 1.5X A		
Chassis No. :	NZE1416083206		
Propellant :	Petrol		
Engine No. :	1NZD060351		
Engine Capacity :	1496 cc		
Maximum Power Output :	81.0 kW (108 bhp)		
Maximum Laden Weight :	1405 kg		
Unladen Weight :	1130 kg		
Year Of Manufacture :	2008		
Original Registration Date :	19 Jun 2008		
Lifespan Expiry Date :	-		
COE Category :	A - Car (1600cc & below)		
PQP Paid :	\$19,107.00		
COE Expiry Date :	18 Jun 2023		
Road Tax Expiry Date :	18 Jun 2019		
Inspection Due Date :	18 Jun 2019		
Intended Transfer Date :	04 Sep 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00
Message			
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.			

You may print this page for reference.

OK

Print

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	4556D
Vehicle Details	
Vehicle No.:	SLM8902J
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Sep 2018
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO 1.5X A
Primary Colour:	Blue
Manufacturing Year:	2008
Engine No.:	1NZD060351
Chassis No.:	NZE1416083206
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$11,709.00
Original Registration Date:	19 Jun 2008
First Registration Date:	19 Jun 2008
Transfer Count:	1
Actual ARF Paid:	\$9,152.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	18 Jun 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$19,107.00
COE Rebate Amount:	\$18,300.00
Total Rebate Amount:	\$18,300.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 04 Sep 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/FCI18008540/Gz4bs2 Date: 07-09-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHA 9777H	Veh. Inspected	SLM 8902J
Policy No.	D-18088937MFSH	Coverage (\$)	0.00
Claim No.	D18003569MFSH	Excess (\$)	0.00
Assign From	LURENE	Assign Date	09/05/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA AXIO	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	NZE1416083206	Colour	BLUE
Odometer	244102 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/60R15	FALKEN	5 mm
L/H Front Tyre	195/60R15	FALKEN	5 mm
R/H Rear Tyre	195/60R15	FALKEN	5 mm
L/H Rear Tyre	195/60R15	FALKEN	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	06/05/2018	Inspect Date / Time	10/05/2018 (02:15 PM)
Survey held at	HIAP LEK AUTOMOBILE TRADING BLK 14 #01-19 SECTOR B SIN MING INDUSTRIAL ESTATE SINGAPORE 575658.		
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:\$32,000.00			

Report Ref No. CS3/FCI18008540/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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