

21/03/2002

ASS. REC. BY:

REF:

CS/FCI18010205/G24634

Special Instruction:

SUNVAJOY

GB

ASSIGNMENT (Office)

From (Person): CWS Sthara

of

FCI

Date/Time: 05062018 931am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJF 561BT

Insured:

SHA 820267

at Workshop m/s

Hiap Lek.

Tel:

96601347

of

160 Sin Ming Drive #05-17

Policy No:

Claim No:

D18004407MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 01062018

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement:

Date/Time: 05062018 1023am

Person Contacted:

Han Wei

Vehicle ID / OUT

Date/Time	Action/Instruction (X) Estimate
	SHA 820267 - NO/INC18010039 / Hiap
	SJF 561BT - x
7/6/18	dismantled.

DUP: D1062018

PRS

REF: FCI

ASSIGNMENT

From: Date: 05062018

Estimated Cost:

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

To inspect Vehicle No:

at Workshop n/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:

Type: M/Cas / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

SJF 5615 T Yr Regn: 2008 Jun 02

Honda Airwave 1496

Black A/C Insured / Std / NI / NA

149471 T/Radio: Insured / Std / NI / NA

BT1/20 8731

Good / Fair / Poor / Burnt

In order / Jammed / Leaked / Burnt or

In order / Jammed / Leaked / Burnt or

Nil / S/Rim / STD A/Rim or

F: 205/50ZR16

R: "

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

TOYO / YOKO or

Front Rear R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. D.O.I. 05-06-18

Survey held at w/s 4:30pm

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

M.V.

25/6/18 Submit PRS Report.

Date/Time: File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

{ } \$ + RS \$

{ } Photos

{ } Others

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

MOTOR SURVEY ASSIGNMENT

Date	04-06-2018	Our Ref No. D18004407MFSH
Accident Date	01-06-2018	Claim Type. Third Party
Insured Vehicle	SHA8202G	Third Party Vehicle. SJF5615T
Survey Location	160 SIN MING DRIVE #05-17 SIN MING AUTOCITY	
Contact Person.	MR ONG HAN WEI	
Contact No.	96601347/ 96601347	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

05062018 @ 10:13 am
 Han Wei veh in

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	VISION LAW LLC	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

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	02/06/2018 15:19
Date Of Accident	01/06/2018 11:50
Exact Location Of Accident	GEYLANG RD NEAR LOR 19
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5615T
Insured/Policyholder	
Name Of Registered Owner	MOTORMAXX PTE LTD
Co Reg No	GJ11208731
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90089204

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRER
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	5099950567
Cover Note Number	-

Driver

Name of Driver	NGO KOK HENG
NRIC No	S7433499G
Date Of Birth	29/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1996
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90089204
Fax Number	
Contact Number	OFFICE-90089204
EMail Address	NOEMAIL

Address	BLK 134 ANG MO KIO AVE 3 #11-1687
Postcode	560134
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PRIVATE HIRER
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?	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

PLEASE REFER TO SKETCH AND ATATEMENT ATTACHED.

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

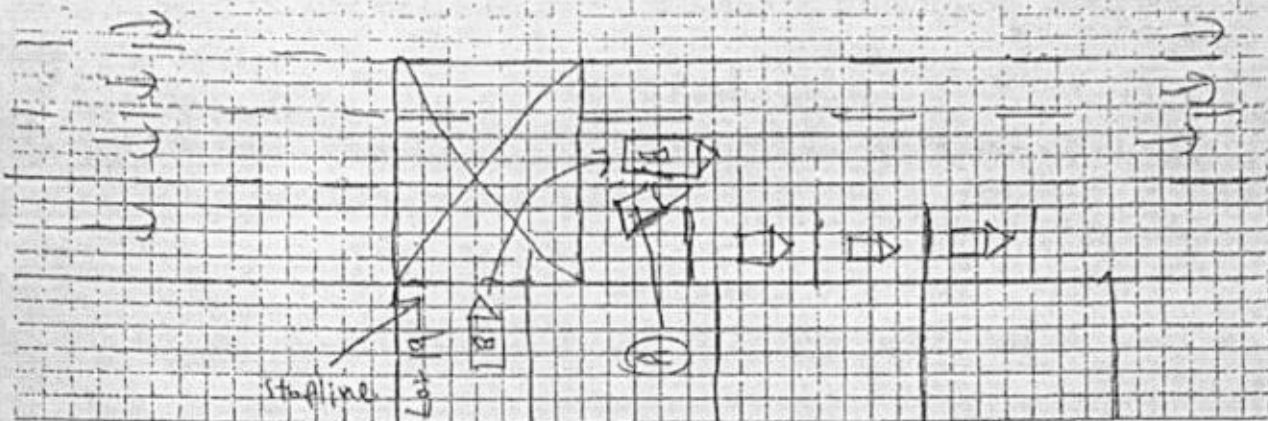
Vehicle Registration Number	SHA8202G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

(A) SRF S615T

(B) SHA 8206G

Gelang Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Shop houses

On 01/06/18 @ about 11.50pm, I went to pick up my vehicle which parked at the parking lot at gelang Rd (near Lor 19). I check my blind spot and it was clear, so I start to move off slowly. when moving out slightly, A taxi came out from lor 19 junction, turning right at a high speed and it's right hand side hit onto my vehicle left front portion. I wish to state that the junction of Lor 19 and gelang Rd is very short distance. And I did all the check and the traffic is clear and..I then moved off and the taxi came and hit onto my vehicle.

DECLARATION

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


 Police Officer's Signature
 Date & Time:

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 2/6/18/1515hr.

 Reporting Centre Personnel's Signature
 Name: J. J. J.
 NRIC/FIN No.: S8719202A

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

D.O.A. 1/6/2018
Bal: ~~4 yrs~~ 5 yrs

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	4556D
Vehicle Details	
Vehicle No.:	SJF5615T
Vehicle to be Exported:	No
Intended De-registration Date:	22 Jun 2018
Vehicle Make:	HONDA
Vehicle Model:	AIRWAVE 1.5M A
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	L15A5160353
Chassis No.:	GJ11208731
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$14,718.00
Original Registration Date:	02 Jun 2008
First Registration Date:	02 Jun 2008
Transfer Count:	3
Actual ARF Paid:	\$11,826.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 May 2023 ✓
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$19,096.00
COE Rebate Amount:	\$18,870.00
Total Rebate Amount:	\$18,870.00
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 22 Jun 2018

OK

m.v. \$30,000 -


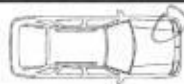
**LKK Auto Consultants Pte Ltd**

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/FCI18010205/Gz4bs2		
36 ROBINSON ROAD		Date: 28-06-2018		
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHA 8202G	Veh. Inspected	SJF 5615T	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18004407MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	05/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA AIRWAVE	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	GJ11208731	Colour	BLACK	
Odometer	149471 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/50ZR16	TOYO	5 mm	
L/H Front Tyre	205/50ZR16	TOYO	5 mm	
R/H Rear Tyre	205/50ZR16	TOYO	5 mm	
L/H Rear Tyre	205/50ZR16	TOYO	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.				
5. General Information				
Accident Date	01/06/2018	Inspect Date / Time	05/06/2018 (04:30 PM)	
Survey held at	160 SIN MING DRIVE #05-17			
Repairer	HIAP LEK AUTOMOBILE TRADING			
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:\$30,000.00				

Report Ref No. CS3/FCI18010205/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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