

ASS. REC. BY:

REF: CS3/FCI 18010466/Gzad3 Special Instruction:

Surveyor:

CWS

ASSIGNMENT (Office)

From (Person):

Aung Yin Min

of

FCI

Date/Time:

7/6/18 @ 12:57pm

Estimated Cost:

Bill to:

OD (IP) / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SLV 6440R

Insured:

SHC 0726D

at Workshop m/s

Thiam Heng Huat

Tel:

82636295

of

176 Sin Ming Drive # 05-14

Policy No:

Claim No:

D18003331MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

26/04/2018

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

04072018

H.O.D. Endorsement:

Date/Time:

2:46pm @ 7/6/18

Person Contacted:

Steven

Vehicle IN/OUT

Date/Time

Action/Instruction (x) Estimate

SLV 6440R -x

SHC 726D - NA / Lp140158 28/n4

DOA: 16/08/2014

4/7/18

Dismantled

6/7/18

After Repair

PKS
XRL

ASSIGNMENT

From: _____ Date: 4/7/18

Estimated Cost: _____

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

To Inspect Vehicle No: SLV 6440R

at Workshop m/s Thiam Heng Huat
of 176 Sin Ming Drive #05-14

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.

N/S	O/S

Bal. or Market Value: \$38k

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 (up)

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLV 6440R Yr Regn: 26 Nov 2010

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

Truck / Trailer or

Make: BMW 318i C.C. 1995

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

Sp. Reading: 089127 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAPF 72090A794135

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 / RIM or

Tyre Size: F: 205 / 55 R16

R: 11

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

TOYO / YOKO or NEXEN

Front R/Bal. 6 mm Rear R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 04-07-18

Survey held at w/s 5:40pm

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

O/S new

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
12/7/18	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: _____

Report Format :

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

- Add Fee:
- : Site Insp (\$ _____)
 - : Interview (\$ _____)
 - : Tech. Invs (\$ _____)
 - : Weekend (\$ _____)

Survey Fee:	
Transportation:	
_____ \$ + RS, _____ \$	
Photos	
Others	
TOTAL	

MOTOR SURVEY ASSIGNMENT

Date	30-04-2018	Our Ref No. D18003331MFSH
Accident Date	26-04-2018	Claim Type. Third Party
Insured Vehicle	SHC0726D	Third Party Vehicle. SLV6440R
Survey Location	176 Sin Ming Drive #05-14	
Contact Person.	MR STEVEN	
Contact No.	82636295/ 82636295	Fax No. 0
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	THIAM HENG HUAT PTE LTD	Attention. NIL
Cc : TP Solicitor	C YOGARAJAH LLC	TP Solicitor Fax No. NA
Officer Incharge	AUNGYM	

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/239539)



PRI Documents



Close



PRI Header Details

Claim No	D18003331MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & C YOGAR/
Workshop Name	THIAM HENG HUAT PTE LTD (Contact Person : MR STEVEN)	Survey Location & Contact Details	176 Sin Ming Drive #05-14 Mobile: 82636295 , Phone: 82636295 , Fax: 0 EmailId: LHENY@YOGA-LEGAL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC0726D	TP Vehicle No	SLV6440R
PRI Recieved Date	07-06-2018 02:31:46 PM	Surveyor Appointed Date	07-06-2018 12:56:12 PM	Surveyor Accept Date	07-06-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	07-06-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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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 Year"/>
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

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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G2443

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	28/04/2018 13:41
Date Of Accident	26/04/2018 21:35
Exact Location Of Accident	STEVENS ROAD AND SCOTTS ROAD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6440R
Insured/Policyholder	
Name Of Registered Owner	GOEI BENG KEE DOUGLAS
NRIC No	S0165930H
Email Address	DGOEI168@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91816309
Alternative Phone No	OTHERS-91816309

Vehicle Particulars

Manufacturer	BMW
Model	318i
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097794329
Cover Note Number	

Driver

Name of Driver	GOEI BENG KEE DOUGLAS
NRIC No	S0165930H
Date Of Birth	14/04/1953
Occupation	INDOOR
Date Of Driving Pass	25/01/1972
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91816309
Fax Number	
Contact Number	OTHERS-91816309
EMail Address	DGOEI168@GMAIL.COM

Address	238 ORCHARD BOULEVARD #45-06 SINGAPORE
Postcode	237973
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

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)	2
Passenger 1	NAME: : CHANG YU LING 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

REFER 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	SHC726D
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

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/mall 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 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Scotts Rd

I was driving along Scotts road towards Newton Circus
 when a taxi hit my rear right hand side of my
 vehicle. I stopped shortly thereafter and took photographs
 of the vehicles and the road.

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.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5930H
Vehicle Details	
Vehicle No.:	SLV6440R
Vehicle to be Exported:	No
Intended De-registration Date:	12 Jul 2018
Vehicle Make:	B.M.W.
Vehicle Model:	318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL
Primary Colour:	Blue
Manufacturing Year:	2010
Engine No.:	B7311835N46B20BZ
Chassis No.:	WBAPF72090A794135
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,216.00
Original Registration Date:	26 Nov 2010
First Registration Date:	26 Nov 2010
Transfer Count:	2
Actual ARF Paid:	\$29,216.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Nov 2020
PARF Rebate Amount:	\$17,529.00
Intended COE Rebate Details	
COE Expiry Date:	25 Nov 2020
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$44,090.00
COE Rebate Amount:	\$10,141.00
Total Rebate Amount:	\$27,670.00

The information contained herein is correct as at 12 Jul 2018

OK



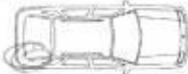
LKK Auto Consultants Pte Ltd

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 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18010466/Gz4d3s2 Date: 13-07-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 726D	Veh. Inspected	SLV 6440R
Policy No.	D-18088937MFSH	Coverage (\$)	0.00
Claim No.	D18003331MFSH	Excess (\$)	0.00
Assign From	AUNG YIN MIN	Assign Date	07/06/2018
2. Vehicle Particulars & Condition			
Make & Model	B.M.W. 318i	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	WBAPF72090A794135	Colour	BLUE
Odometer	089127 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/55R16	NEXEN	6 mm
L/H Front Tyre	205/55R16	NEXEN	6 mm
R/H Rear Tyre	205/55R16	NEXEN	6 mm
L/H Rear Tyre	205/55R16	NEXEN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.			
5. General Information			
Accident Date	26/04/2018	Inspect Date / Time	04/07/2018 (05:40 PM)
Survey held at	THIAM HENG HUAT PTE LTD 176 SIN MING DRIVE #05-14 SINGAPORE 575721		
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: \$38,000.00			

Report Ref No. CS3/FCI18010466/Gz4d3s2

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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