

220921001

ASS. REC. BY:

REF: CS3/FCI18012442/Gzd3³² Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): CWS Jeanne yong

of FCI

Date/Time: 9/7/2018 @ 2:54pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMA 8615P

Insured:

SHA 3117C

at Workshop m/s

Eco Automobile

Tel:

9176 5733 / 6384 7515

of

No. 13 kaki bukit Rd 4 # 03-29

Policy No:

Claim No:

D18005254MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

06/07/2018

10/07/2018

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

up

Date/Time:

2:57pm @ 9/7/18

Person Contacted:

Mr. Albie

Vehicle:

IN / OUT

Date/Time

Action/Instruction (X) Estimate

SMA 8615P - X

SHA 3117C - CS/FCI15004692/Urby2

DOA: 14/03/2015

11/7/18

Dismantled.

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|---|--------------------------------------|
| Date | 06-07-2018 | Our Ref No. D18005254MFSH |
| Accident Date | 06-07-2018 | Claim Type. Third Party |
| Insured Vehicle | SHA3117C | Third Party Vehicle. SMA8615P |
| Survey Location | NO.13 KAKI BUKIT ROAD 4 #03-29 BARTLEY BIZ CENTRE | |
| Contact Person. | MR ALFIE | |
| Contact No. | 0/ 91765733 | 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 | ECO AUTOMOBILE CLAIMS AND REPAIR PTE LTD | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | JOANNEY | |

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/242143)



PRI Documents



Close



PRI Header Details

| | | | | | |
|--------------------------|---|--|--|---------------------------------|--------------|
| Claim No | D18005254MFSH | Policy No | D-18088936MFSH | Claimant S.No & Name | 1 & CHIA ARU |
| Workshop Name | ECO AUTOMOBILE CLAIMS AND REPAIR PTE LTD (Contact Person : MR ALFIE) | Survey Location & Contact Details | NO.13 KAKI BUKIT ROAD 4 #03-29 BARTLEY BIZ CENTR Mobile: 91765733 , Phone: 0 , Fax: 0 EmailId: WENKIT@CHIAARUL.COM | | |
| Our Surveyor | LKK AUTO CONSULTANTS PTE LTD | Instructions To Surveyor | WITHOUT PREJUDICE: | | |
| Insured Name | COMFORT TRANSPORTATION PTE LTD | Insured Vehicle No | SHA3117C | TP Vehicle No | SMA8615P |
| PRI Recieved Date | 06-07-2018 09:37:28 PM | Surveyor Appointed Date | 09-07-2018 02:54:30 PM | Surveyor Accept Date | 09-07-2018 0 |

Survey Report Upload

| | | | | | |
|------------------------------------|----------------------|-----------------------------|------------|--------------------------------|--|
| Surveyor Inspection Date *: | <input type="text"/> | Surveyor Report Date | 09-07-2018 | Upload Survey Report *: | <input type="button" value="Choose File"/> |
|------------------------------------|----------------------|-----------------------------|------------|--------------------------------|--|

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

File Name

Action

Surveyor Job Remarks

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 | 06/07/2018 15:57 |
| Date Of Accident | 06/07/2018 09:30 |
| Exact Location Of Accident | ALONG BUANGKOK EAST DRIVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SMA8615P |
| Insured/Policyholder | |
| Name Of Registered Owner | TWENTY THREE MOTOR CARS |
| Co Reg No | 53227162M |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90298853 |
| Alternative Phone No | OFFICE-90298853 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | SIENTA-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 | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 5098934701 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHUA CHUNG KEE |
| NRIC No | S8015197G |
| Date Of Birth | 22/05/1980 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/03/2004 |
| Driving Experience | 14 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98833200 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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:

IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Reporting Centre
Name: **Tel: 67416697**
Fax: 67492305
NRIC/Email: **vackb@singnet.com.sg**

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|--------------------------------|--------------------------------------|
| Owner ID Type: | Business |
| Owner ID: | 7162M |
| Vehicle Details | |
| Vehicle No.: | SMA8615P |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 12 Jul 2019 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | SIENTA HYBRID 1.5X CVT |
| Primary Colour: | Black |
| Manufacturing Year: | 2018 |
| Engine No.: | 1NZ8550192 |
| Chassis No.: | NHP1707126878 |
| Maximum Power Output: | 73.0 kW (97 bhp) |
| Open Market Value: | \$23,220.00 |
| Original Registration Date: | 21 Jun 2018 |
| First Registration Date: | 21 Jun 2018 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$14,508.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 20 Jun 2028 |
| PARF Rebate Amount: | \$10,881.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 20 Jun 2028 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$34,110.00 |
| COE Rebate Amount: | \$30,490.00 |
| Total Rebate Amount: | \$41,371.00 |

The information contained herein is correct as at 12 Jul 2018

OK



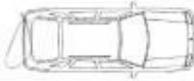
LKK Auto Consultants Pte Ltd

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/FCI18012442/Gz4d3s2 Date: 16-07-2018 Code: FCI2 |  |
| 1. Policy Particulars :- (THIRD PARTY CLAIM) | | | |
| Insured Veh. | SHA 3117C | Veh. Inspected | SMA 8615P |
| Policy No. | D-18088936MFSH | Coverage (\$) | 0.00 |
| Claim No. | D18005254MFSH | Excess (\$) | 0.00 |
| Assign From | JOANNE YONG | Assign Date | 09/07/2018 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | TOYOTA SIENTA 1.5X | c.c | 1496 |
| Engine No. | HIDDEN | Year of Reg. | 2018 |
| Chassis No. | NHP1707126878 | Colour | BLACK |
| Odometer | 4040 KM | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | GOOD | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 185/60R15 | TOYO | 9 mm |
| L/H Front Tyre | 185/60R15 | TOYO | 9 mm |
| R/H Rear Tyre | 185/60R15 | TOYO | 9 mm |
| L/H Rear Tyre | 185/60R15 | TOYO | 9 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. | |  | |
| 5. General Information | | | |
| Accident Date | 06/07/2018 | Inspect Date / Time | 10/07/2018 (04:00 PM) |
| Survey held at | ECO AUTOMOBILE CLAIMS & REPAIR PTE LTD 13 KAKI BUKIT ROAD 4 #03-29 BARTLEY BIZ CENTRE SINGAPORE 417807 | | |
| 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:\$99,500.00 | | | |

Report Ref No. CS3/FCI18012442/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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