

20/03/2007

ASS. REP. BY:

REF: (S) FCI18012593/Ned3⁵⁷

Special Instruction:

Surveyor

CWS

ASSIGNMENT (Office)

From (Person):

Sally
Gwendolyn

of

FCI

Date/Time: 10/7/18 @ 6:11pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJN 2226K

Insured:

SHA 5759L

at Workshop m/s

Auto Garage Solutions

Tel:

8823 5457

of

53 Ubi Ave 1 #01-33

Policy No:

Claim No:

D18005281MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

05/07/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

(DS)

H.O.D. Endorsement:

Date/Time:

9:12am @ 11/7/18

Person Contacted:

Carmen

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓) Estimate

SJN 2226K - NA/CTI 18012370/24

DOA: 5/7/2018

SHA 5759L - NA/CTI 18012370/24

DOA: 5/7/2018

07/8/18 @

4:35pm Carmen said their engage their own surveyor, will not provide us any estimate.

Dismantle: 10/7/2018.

After repair: 17/7/2018.

(08/11/13) wef

ASS. REC. BY:

REF:

FCI

ASSIGNMENT

Bal: 6m PRS.

From: _____ Date: 11/07/2018

Estimated Cost: _____

OD: ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SJN 2226 Kat Workshop m/s Auto Garage Solutions
of 53 Ubi Ave 1 # 01-33

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: Carmen @ 88235457

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: \$20K.

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 'DS'

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJN 2226 K Yr Regn: Jan 2009Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Volkswagen Taylan 1.4 c.cColour: Grey A/C: Insured / Std / NI / NASp. Reading: 220653 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WV62221T29W058993Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55 R16R: 205/55 R16

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

TOYO / YOKO or Falken

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 5/7/2018D.O.I. 11/7/2018Survey held at Auto GarageDes. 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

MV - 18,000

PV -

NV -

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format: PRS.

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

MOTOR SURVEY ASSIGNMENT

Date	09-07-2018	Our Ref No. D18005281MFSH
Accident Date	05-07-2018	Claim Type. Third Party
Insured Vehicle	SHA5759L	Third Party Vehicle. SJN2226K
Survey Location	53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park	
Contact Person.	CARMEN CHIN	
Contact No.	68440133/ 88235457	Fax No. 0
Survey Type	WITHOUT PREJUDICE: NO EST. COR (WE ADMIT LIABILITY QUANTUM TO BE AGREED)	
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	AUTO GARAGE SOLUTIONS	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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/242178)



PRI Documents



Close



PRI Header Details

Claim No	D18005281MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & AUTO GAR HO WAI SHIN
Workshop Name	AUTO GARAGE SOLUTIONS (Contact Person : CARMEN CHIN)	Survey Location & Contact Details	53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park Mobile: 88235457 , Phone: 68440133 , Fax: 0 EmailId: CARMENCHINMBM@GMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: NO EST. COR (WE ADMIT LIABILITY AGREED)		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA5759L	TP Vehicle No	SJN2226K
PRI Recieved Date	09-07-2018 07:51:51 PM	Surveyor Appointed Date	10-07-2018 06:10:04 PM	Surveyor Accept Date	11-07-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	11-07-2018	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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Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Thursday, 12 July 2018 5:01 PM
To: 'Claim Workflow System'; assignments
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18005281MFSH/1

Dear Serene,

Please be informed that we have inspected the vehicle SJN 2226K on 11/07/2018.

We are pending for estimate from repairer.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Wednesday, 11 July 2018 9:20 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18005281MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Tuesday, 10 July 2018 6:11 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SERENELER@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18005281MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department

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 17:31
Date Of Accident	05/07/2018 16:00
Exact Location Of Accident	THOMSON RD TWDS BALESTIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2226K
Insured/Policyholder	
Name Of Registered Owner	MR STEVE HO WAI SHING
NRIC No	S7597018H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93837926
Alternative Phone No	OFFICE-93837926

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN 1.4 TSI 170HP
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1102581807
Cover Note Number	

Driver

Name of Driver	STEVE HO WAI SHING (STEVE HE WEICHENG)
NRIC No	S7597018H
Date Of Birth	26/10/1975
Occupation	INDOOR
Date Of Driving Pass	07/06/1997
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93837926
Fax Number	
Contact Number	OFFICE-93837926
Email Address	NOEMAIL

Address	73 HUME AVENUE #09-05
Postcode	598747
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
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: : JAIME HO GENDER: : FEMALE
Passenger 2	NAME: : LOH YOKE CHAN 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 TO STATEMENT.

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	SHA5759L
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GX3308J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

STEVE HO WAI SHING (STEVE HE WEICHENG)

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJN2226K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

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 Authorized 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.
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 detection¹, 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.

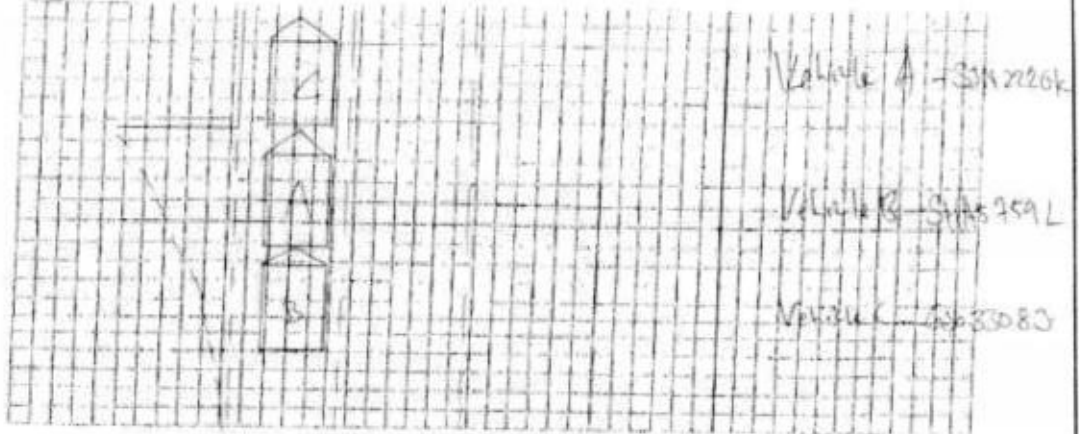
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



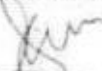
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


My vehicle A was travelling along Thompson Road towards Bulstar Road, in front of me the Vehicle C slow down and came to a stop, so I also slow down and came to a stop. Without any contact with the front vehicle C, suddenly this vehicle B from behind bang on to my rear portion of my vehicle A, the impact was too high and pushes my vehicle A forward to hit on to the front vehicle C. Total there are 3 vehicle involved.

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 Person's Signature
Name:
NRIC/FIN No.:

Quadrant Sketch Plan Form 3/1



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3 vehicles

Volkswagen Touran

Advanced Search 🔍

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Volkswagen Touran	Any	Any	2010	Any	Any	Any	Available
	Volkswagen Touran 1.4A TSI	\$27,800	\$9,070 /yr	30-Aug-2010	1,390 cc	-	MPV	Available
Fully Maintained By Agent. New Gearbox ECU With 2 Year Warranty. 100% Accident Free. Original Paintwork. Genuine. STA/VICOM Inspection Welcome. No Repairs Needed. Flexible Bank And In House High Loan ...								
Imperium Car Motor Pte Ltd								
Posted: 20-Jan-2019 Tags: 2010 Volkswagen Touran, 2010 volkswagen touran, Volkswagen Touran, volkswagen touran, Volkswagen, Touran, touran, Used Volkswagen								
	Volkswagen Touran Sport 1.4A TSI	\$27,500	\$9,320 /yr	02-Aug-2010	1,390 cc	125,000 km	MPV	Available
Very Good Condition. Low Mileage And Well Maintain By Previous Owner. Come And View Now.								
Posted: 19-Jan-2019 Tags: 2010 Volkswagen Touran, 2010 volkswagen touran, Volkswagen Touran, volkswagen touran, Volkswagen, Touran, touran, Used Volkswagen								
	Volkswagen Touran Sport 1.4A TSI	\$29,800	\$10,790 /yr	08-Jul-2010	1,390 cc	107,000 km	MPV	Available
Made In Germany! Factory Fitted Xenon Active-Swivel Front Headlights With Washer, Auto-Cornering Light, R Front Airdam Nose, Rear Roof Air Spoiler And Chrome Strip. Rear LED Tail Lamps. 18-inch (Omany...								
Posted: 15-Dec-2018 Tags: 2010 Volkswagen Touran, 2010 volkswagen touran, Volkswagen Touran, volkswagen touran, Volkswagen, Touran, touran, Used Volkswagen								

Save this search criteria, to get email alerts whenever a match is found.

Make: Model: Price: Depreciation: Reg Date: Eng Cap: Mileage: Veh Type: Status:

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27,000 - depreciation 9,000
= 18,000

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1 vehicles

Volkswagen Touran

Advanced Search

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Volkswagen Touran	Any	Any	2009	Any	Any	Any	Available
	Volkswagen Touran 1.4A TSI (New 5-yr COE)	\$49,000	\$9,790 /yr	11-Feb-2009	1,390 cc	97,000 km	MPV	Available

Up To 100% Loan, Immediate Approval! Sporty MPV In Very Good Condition! Lowest Price And Depreciation In Market! High Trade In For Your Existing Car. STA Grading Welcome! Don't Miss This Chance To Own...

Posted: 15-Jan-2019

Tags: 2009 Volkswagen Touran, 2009 volkswagen touran, Volkswagen Touran, volkswagen touran, Volkswagen, Touran, touran, Used Volkswagen

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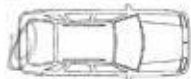
**LKK Auto Consultants Pte Ltd**

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			
MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18012593/Ncd3s2 Date: 23-01-2019 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHA 5759L	Veh. Inspected	SJN 2226K
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18005281MFSH	Excess (\$)	0.00
Assign From	SERNE LER	Assign Date	10/07/2018
2. Vehicle Particulars & Condition			
Make & Model	VOLKSWAGEN TOURAN 1.4	c.c	0
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	WVGZZZ1TZ9W058983	Colour	GREY
Odometer	220653 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/55R16	FALKEN	6 mm
L/H Front Tyre	205/55R16	FALKEN	6 mm
R/H Rear Tyre	205/55R16	FALKEN	6 mm
L/H Rear Tyre	205/55R16	FALKEN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	05/07/2018	Inspect Date / Time	11/07/2018 (11:15 AM)
Survey held at	AUTO GARAGE SOLUTIONS PL 53 UBI AVE 1 #01-33 SINGAPORE 408934		
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: \$20,000.00			

Report Ref No. CS3/FCI18012593/Ncd3s2

Inspected By



MUHAMMAD NAZRIL BIN ABDULLAH

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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