

ASS. REC. BY:

REF:

CS3/FCI18012642/ 624d3<sup>52</sup>

Special Instruction:

Surveyor:

CWS

Guo Qiong  
Lithera

ASSIGNMENT (Office)

From (Person):

of

FCI

Date/Time:

11/7/2018 @ 4:33pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKF 8698Y

Insured:

SHA 0531J

at Workshop m/s

Eclipse Auto

Tel:

81288789

of

155 Kaki Bukit Ave 1 # 1 Shun Li Ind. Level 1 &amp; 2

Policy No:

Claim No:

D18005270 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

06/07/2018

CA / REV / REP. / REV 24 HRS

cup

12/07/2018

H.O.D. Endorsement:

Date/Time:

4:35pm @ 11/7/18

Person Contacted:

punkie

Vehicle:

IN/OUT

Date/Time

Action/Instruction (X) Estimate

SKF 8698Y - NA INC 18012412/h4

DOA: 6/7/2018

SHA 0531J - NA INC 18012412/h4

Bp/18

Dismantled

market value:

After repair: 23/8/2018

## ASSIGNMENT

From: \_\_\_\_\_ Date: 12/07/18

Estimated Cost: \_\_\_\_\_

OD / (TP) WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SKF 8698Yat Workshop m/s Eclipse Autoof 155 kaki Bukit Avel # 1shunliInsured: Ind. level 1 & 2

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: Frankie @ 81288789

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.Bal. or Market Value: \$62k

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: SKF 8698Y Yr Regn: 09 May 2012Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Merce C180K c.c 1597Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 180374 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDD 204045 2A693209Gen. Cond: Good / Fair / Poor / BurntSteering: Good / Jammed / Leaked / Burnt orBrake: Good / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 255/30 8R19R: 11

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

TOYO / YOKO or

Radar

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A. \_\_\_\_\_

Rear

R/Bal. 6 mmL/Bal. 6 mm

D.O.I. \_\_\_\_\_

Survey held at

w/sDes. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or2pm

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

Date / Time Action / Instruction

15/8 Submit PRS report.

RECEIVED 15 AUG 2018

Date/Time, File Pass to?

☐ : Preli. 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: PRE

Lump Sum / I.B.I. (\$) \_\_\_\_\_



# 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

Affiliated to Federation Internationale Des Experts En Automobile

FIRST CAPITAL INSURANCE LTD

Ref : CS3/FCI18012642/Gz4d3

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 11-07-2018



Code : FCI2

## 1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHA 531J	Veh. Inspected	SKF 8698Y
Policy No.		Coverage (\$)	0.00
Claim No.	D18005270MFSH	Excess (\$)	0.00
Assign From	CWS (SITHARA)	Assign Date	11/07/2018

## 2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

--

## 5. General Information

Accident Date	06/07/2018	Inspection Date	12/07/2018
Survey held at	ECLIPSE AUTO PTE LTD 155 KAKI BUKIT AVENUE 1 #01-00 SHUN LI INDUSTRIAL PARK SINGAPORE 416012		

## 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.
--

**MOTOR SURVEY ASSIGNMENT**

Date	09-07-2018	Our Ref No. D18005270MFSH
Accident Date	06-07-2018	Claim Type. Third Party
Insured Vehicle	SHA0531J	Third Party Vehicle. SKF8698Y
Survey Location	155 KAKI BUKIT AVENUE 1 Shun li Industrial level 1 & 2 Singapore 416012	
Contact Person.	NA	
Contact No.	81288789/ 0	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	ECLIPSE AUTO PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/242162)



PRI Documents



Close



## PRI Header Details

Claim No	D18005270MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & ECLIPSE /
Workshop Name	ECLIPSE AUTO PTE LTD (Contact Person : NA)	Survey Location & Contact Details	155 KAKI BUKIT AVENUE 1 Shun li Industrial level 1 & 2s Mobile: 0 , Phone: 81288789 , Fax: 0 EmailId: VCSSG01@GMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA0531J	TP Vehicle No	SKF8698Y
PRI Recieved Date	10-07-2018 08:53:18 PM	Surveyor Appointed Date	11-07-2018 04:32:03 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"/>
-----------------------------	----------------------	----------------------	------------	-------------------------	--

## 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"/>
---------	----------------------	-------------------------------------

## 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	09/07/2018 11:36
Date Of Accident	06/07/2018 17:50
Exact Location Of Accident	TPE TOWARDS CTE BEFORE IKEA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF8698Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD NURAZRI BIN SANUAN
NRIC No	S8624202H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83382694
Alternative Phone No	OFFICE-83382694

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180 KOMPRESSOR
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	5096282973
Cover Note Number	-

### Driver

Name of Driver	MUHAMMAD NURARIF BIN SANUAN
NRIC No	S9148669E
Date Of Birth	25/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98565150
Fax Number	
Contact Number	
EEmail Address	A_RIF21@HOTMAIL.COM



Address	BLK 41 CHAI CHEE ST #05-20
Postcode	461041
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SHA531J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	S0328509Z
Contact Number	97692650
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD NURARIF BIN SANUAN
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SKF8698Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



### SKETCH PLAN

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.
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 the report will for a few 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)

(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.

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/TIN No.: \_\_\_\_\_

# Accident Sketch Plan

## SKETCH PLAN

Diagram illustrating the accident sketch plan on a grid. Two vehicles are marked with 'A' and 'B' in boxes. Vehicle A is positioned above Vehicle B. Handwritten text indicates the vehicles were involved in a collision: "The two vehicles collided".

A = SKF 8698Y  
B = SHP 331J

The two vehicles collided

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## 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: 4202H

### Vehicle Details

Vehicle No.: SKF8698Y  
Vehicle to be Exported: No  
Intended De-registration Date: 20 Jul 2018  
Vehicle Make: MERCEDES BENZ  
Vehicle Model: C 180 KOMPRESSOR  
Primary Colour: Black  
Manufacturing Year: 2012  
Engine No.: 27191031353636  
Chassis No.: WDD2040452A693209  
Maximum Power Output: 115.0 kW (154 bhp)  
Open Market Value: \$34,615.00  
Original Registration Date: 09 May 2012  
First Registration Date: 09 May 2012  
Transfer Count: 1  
Actual ARF Paid: \$34,615.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 08 May 2022  
PARF Rebate Amount: \$22,499.00

### Intended COE Rebate Details

COE Expiry Date: 08 May 2022  
COE Category: A - Car (1600cc & below)  
COE Period(Years): 10  
QP Paid: \$56,501.00  
COE Rebate Amount: \$21,466.00  
**Total Rebate Amount: \$43,965.00**

The information contained herein is correct as at 20 Jul 2018

OK



PRE-REPAIR INSPECTION REPORT			
FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI18012642/Gz4d3s2	
36 ROBINSON ROAD		Date: 10-09-2018	
#16-01 CITY HOUSES SINGAPORE 068877		Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHA 531J	Veh. Inspected	SKF 8698Y
Policy No.	D-18088937MFSH	Coverage (\$)	0.00
Claim No.	D18005270MFSH	Excess (\$)	0.00
Assign From	SITHARA	Assign Date	11/07/2018
2. Vehicle Particulars & Condition			
Make & Model	MERCEDES BENZ C180 K	c.c	1597
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	WDD2040452A693209	Colour	GREY
Odometer	190374 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	255/30ZR19	RADAR	6 mm
L/H Front Tyre	255/30ZR19	RADAR	6 mm
R/H Rear Tyre	255/30ZR19	RADAR	6 mm
L/H Rear Tyre	255/30ZR19	RADAR	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	06/07/2018	Inspect Date / Time	12/07/2018 ( 02:00 PM )
Survey held at	ECLIPSE AUTO PTE LTD 155 KAKI BUKIT AVENUE 1 #01-00 SHUN LI INDUSTRIAL PARK SINGAPORE 416012		
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: \$62,000.00			

Report Ref No. CS3/FCI18012642/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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.