

ASS. REC. BY:

REF:

CS3/FCU18014032/A246534

Special Instruction:

SURVEYOR

Adnan

ASSIGNMENT (Office)

From (Person):

CWS

Alinee Jua

of

FCU

Date/Time:

01082018 4.49pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

XD 4673B

Insured:

SHB 2008K

at Workshop m/s

Twincar

Tel:

68420051

of

2 Kaki Bukit Ave 2 #01-17

Policy No:

Claim No:

D18005666 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

21072018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

01082018 5.45pm

Person Contacted:

Sabrina

Vehicle IN / OUT

Date/Time

Action/Instruction (X) Estimate

XF 4673B - X

SHB 2008K - NA / MSG 18013306 / Z4

DCA: 210718

ASS. REC. BY: Adrian Ling

REF:

ASSIGNMENT

X04673B.

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/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.

N/S	O/S

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

Yr Regn: 2011

March.

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

Truck / Trailer or

Make:

Man Tgm

c.c 6871

Colour:

Green.

A/C: Insured / Std / NI / NA

Sp. Reading

186644.

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WMAN08229BY256215.

Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

295/80R22.5

R:

295/80R22.5

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

TOYO / YOKO or

Galaxy.

Front

Rear

R/Bal.

06

mm

R/Bal.

06/6

mm

L/Bal.

06

mm

L/Bal.

06/6

mm

D.O.A:

D.O.I.

02/08/18 2:34pm

Survey held at

Twincar.

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

TP 1st Cap PRS.

No Market Value

RECEIVED 20 AUG 2018

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format:

PRS.

Lump Sum / L.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 : CS/FCI18014033/Asb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 01-08-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHB 3532G	Veh. Inspected	SKP 73A
Policy No.		Coverage (\$)	0.00
Claim No.	D18005759MFSH	Excess (\$)	0.00
Assign From	CWS (SITHARA)	Assign Date	01/08/2018
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	24/07/2018	Inspection Date	02/08/2018
Survey held at	TICK HAI MOTOR & WELDING SERVICES BLK 1 KAKI BUKIT AVE 6 #01-54 AUTOBAY @ KAKI BUKIT SINGAPORE 417883		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

MOTOR SURVEY ASSIGNMENT

Date	25-07-2018	Our Ref No. D18005666MFSH
Accident Date	21-07-2018	Claim Type. Third Party
Insured Vehicle	SHB2008K	Third Party Vehicle. XD4673B
Survey Location	2 KAKI BUKIT AVENUE 2 #01-17 KAKI BUKIT AUTOHUB	
Contact Person.	MELODY CHIN	
Contact No.	68420051/0	Fax No. 67410510
Survey Type	WITHOUT PREJUDICE: 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	TWINCAR AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

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	23/07/2018 12:05
Date Of Accident	21/07/2018 08:15
Exact Location Of Accident	TUAS CRESCENT TWDS TUAS AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4673B
Insured/Policyholder	
Name Of Registered Owner	POH MENG TRADING & CLEANING SERVICES PTE LTD
Co Reg No	199002912C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	MAN
Model	TGM 18.280 4X2 BB
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29071728MKC
Cover Note Number	

Driver

Name of Driver	LIM YU LAM
NRIC No	S1368181C
Date Of Birth	16/05/1959
Occupation	INDOOR
Date Of Driving Pass	15/11/1988
Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97389202
Fax Number	
Contact Number	OFFICE-97389202
Email Address	NOEMAIL

Address	BLK 458 HOUGANG AVENUE 10 #07-417
Postcode	530458
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

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	SHB2008K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO THIAM HOCK
NRIC/Passport Number	
Contact Number	93691294
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 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/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:

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:	Company
Owner ID:	2912C
Vehicle Details	
Vehicle No.:	XD4673B
Vehicle to be Exported:	No
Intended De-registration Date:	07 Aug 2018
Vehicle Make:	MAN
Vehicle Model:	TGM 18.280 4X2 BB
Primary Colour:	Green
Manufacturing Year:	2010
Engine No.:	21827445322756
Chassis No.:	WMAN08ZZ9BY256215
Maximum Power Output:	-
Open Market Value:	\$97,637.00
Original Registration Date:	14 Mar 2011
First Registration Date:	14 Mar 2011
Transfer Count:	0
Actual ARF Paid:	\$4,882.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	13 Mar 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$32,001.00
COE Rebate Amount:	\$8,318.00
Total Rebate Amount:	\$8,318.00

The information contained herein is correct as at 07 Aug 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

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PRE-REPAIR INSPECTION REPORT

FIRST CAPITAL INSURANCE LTD

Ref: CS3/FCI18014032/Az4bs2

36 ROBINSON ROAD

Date: 20-08-2018

#16-01 CITY HOUSES SINGAPORE 068877



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHB 2008K	Veh. Inspected	XD 4673B
Policy No.		Coverage (\$)	0.00
Claim No.	D18005666MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	01/08/2018

2. Vehicle Particulars & Condition

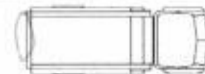
Make & Model	MAN TGM	c.c	6871
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	WMAN08ZZ9BY256215	Colour	GREEN
Odometer	186644 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	295/80 R22.5	GALAXY	6 mm
L/H Front Tyre	295/80 R22.5	GALAXY	6 mm
R/H Rear Tyre	295/80 R22.5 (D)	GALAXY	6/6 mm
L/H Rear Tyre	295/80 R22.5 (D)	GALAXY	6/6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

**5. General Information**

Accident Date	21/07/2018	Inspect Date / Time	02/08/2018 (02:34 PM)
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Survey held at TWINCAR AUTOMOTIVE PTE LTD
2 KAKI BUKIT AVE 2
#01-17 KAKI BUKIT AUTOHUB
SINGAPORE 417921

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.

Report Ref No. CS3/FCI18014032/Az4bs2

Inspected By

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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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.