

22/03/2007

ASS. REC. BY:

REF: CS3/FCI18014388/G2403<sup>SP</sup> Special Instruction:Survivor:  
CWS

GQ

ASSIGNMENT (Office)

From (Person):

Lurene juw

of

FCI

Date/Time: 07/8/2018 @ 2.31pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJT 5004H

Insured:

3HB 2998C

at Workshop m/s

Asia Motorsports

Tel:

67453811

of

568 Geylang Road

Policy No:

Claim No:

D1800 59 23MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

6/8/2018

(Client's Record)

Insp: 16 kuki Blk Rd 4 #01-53

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

3.05pm @ 7/8/18

Person Contacted:

Mr. Joo

Vehicle ☒ IN / OUT

Date/Time

Action/Instruction (X) Estimate

SJT 5004H - X

3HB 2998C - CS / FCI 16023234/b

D.O.A: 27/11/2016

8/8/18

Dismantled





# 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/FCI18014388/Gz4d3		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 07-08-2018		
		Code : FCI2		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SHB 2998C	Veh. Inspected	SJT 5004H	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18005923MFSH	Excess (\$)	0.00	
Assign From	CWS (LURENE JAW)	Assign Date	07/08/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	06/08/2018	Inspection Date	07/08/2018	
Survey held at	16 KAKI BUKIT RD 4 # 01-53			
Repairer	ASIA MOTORSPORTS SOLUTION PTE LTD			
<b>5a. Remarks</b>				
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	06-08-2018	Our Ref No. D18005923MFSH
Accident Date	06-08-2018	Claim Type. Third Party
Insured Vehicle	SHB2998C	Third Party Vehicle. SJT5004H
Survey Location	NO. 568 GEYLANG ROAD	
Contact Person.	NA	
Contact No.	67453811/ 0	Fax No. 67465110
Survey Type	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:	
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	ASIA MOTORSPORTS SOLUTION 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	06/08/2018 14:57
Date Of Accident	06/08/2018 10:20
Exact Location Of Accident	TAMPINES AVENUE 2 / TAMPINES STREET 23
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5004H
Name Of Registered Owner	MAGNIFICENT CARS PTE LTD
Co Reg No	201728688M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98751683
Manufacturer	TOYOTA
Model	WISH-1.8 X (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

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8096017145 CLASSIC
Cover Note Number	

Name of Driver	SI HAN KEONG ANDY
NRIC No	S7408635G
Date Of Birth	21/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	22/06/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98751683
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 180B RIVERVALE CRESCENT #13-365  
Postcode 542180  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - HIRER  
Vehicle Registration Number of Driver's Own Vehicle -  
Insurance Company of Driver's Own Vehicle -

**Scene Information**  
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? 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) 2  
Passenger 1  
NAME: : POK LLEE LIN  
GENDER: : MALE

**Police Report**  
Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name EUNOS NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: 470629, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

**Crown Court Application**  
REFER TO POLICE REPORT ATTACHED

**Attachments**  
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 SHB2998C  
Vehicle Make/Model/Colour HYUNDAI SONATA NF 2.0 CRDI  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver GOH AH CHWEE  
NRIC/Passport Number S1316459B  
Contact Number 81289934  
Address  
Postcode

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SI HAN KEONG ANDY  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJT5004H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name POK LLEE LIN (PASSENGER)  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJT5004H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**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 so reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



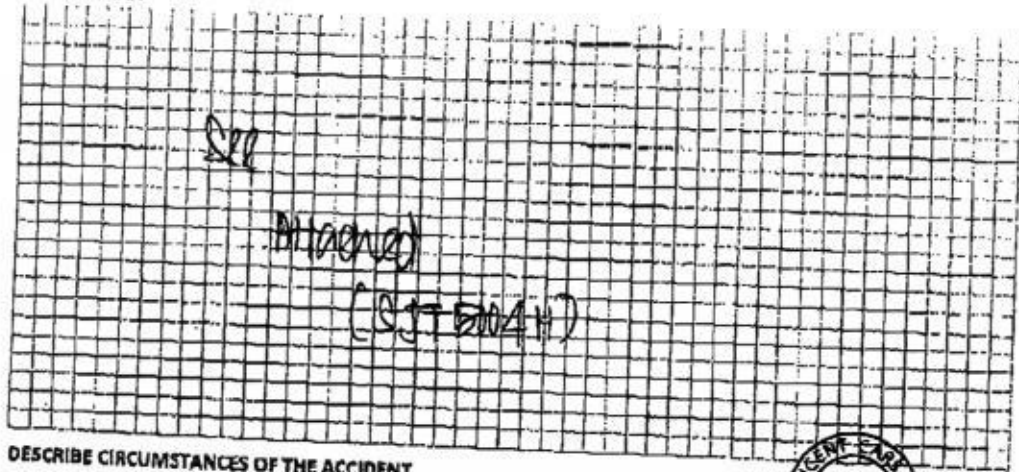
Policyholder's Signature: \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

- 6 AUG 2018

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [enquiry@idac-singapore.com.sg](mailto:enquiry@idac-singapore.com.sg)  
Name: \_\_\_\_\_  
NRIC/PIN No.: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



Refer to

Police Report

DECLARATION

I/We declare that the particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

- 6 AUG 2018

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [yackb@singnet.com.sg](mailto:yackb@singnet.com.sg)

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

BK 30 |

Tangkas #  
32

↓ ↓

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## Individual Statement



**SINGAPORE  
POLICE FORCE**



T201808082096

1 of 4

Report No. T201808082096

Police Station Of Origin:  
Eunos NPP  
628 Bedok Reservoir Road #01-1820  
SINGAPORE 470628  
Tel No: 1800-4439889

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2018 14:30		Vide Report No.:		Station Diary No.: 23
Name of Informant: SI HAN KEONG ANDY		Address: APT BLK 180B RIVERVALE CRESCENT #13-385 SINGAPORE 342180		
ID Type / ID No.: NRIC NO. / S7408835G		Contact No.: Home/Office: Mobile: 95751683		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 44	Date of Birth: 21/03/1974	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Grab Driver		Driving Licence Information: Class: 2B, 3, 4, 5 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/08/2018 10:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 2 TAMPINES STREET 23 heading towards Tampines st 32				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

SHB2995C	Car	HYUNDAI	Sonata	Yellow	Slightly Damaged	0
SJT5004H	Car	TOYOTA	Wish	Silver	Slightly Damaged	1

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180906/2095

Police Station Of Origin:  
Eunos NPP  
829 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4438999

2 of 4  
Report No. T/20180906/2095

## CONTINUATION OF REPORT

Name	Goh Ah Chwee	ID No.	S1316459B
Related Vehicle	SHB2998C (Car)	Contact No.	81289934
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	SI HAN KEONG ANDY	ID No.	S7408635G
Related Vehicle	SJT5004H (Car)	Contact No.	88751683
Hospital/Clinic	Y.M Chan Clinic and Surgery	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	08/08/2018	Date Discharge	08/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name	PoK, Lee Lin	ID No.	S1406248J
Related Vehicle	SJT5004H (Car)	Contact No.	80371108
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/08/2018	Date Discharge	08/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

## Brief Details:

On the 8/8/2018 at around 10:20am, I was driving my car bearing SJT5004H Toyota Wish silver in colour along Tampines 23 heading towards Tampines St 32. While approaching the cross-junction I kept to the right lane of the two lane road as I am making a right turn to Tampines Avenue 2. At the cross junction, the traffic light was red so I stopped my car like the two other cars in front of mine. While I was waiting for the traffic lights to change I suddenly felt an impact from the rear. I then got out to make a check and spotted a taxi bearing registration number SHB2998C Hyundai Sonata yellow in colour had collided to the rear of my car. I have a passenger at the point of accident that was sitting at the front seat. At that point there was no immediate injury on either party. Later both of us felt aching and we went for doctor consultation at Y M Chan Clinic and Surgery and both was given a 3 day of medical certificate.

Individual Statement



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999



T/20180806/2085

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Report No. T/20180806/2085

CONTINUATION OF REPORT

Individual Statement



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Eunos NPP  
829 Bedok Reservoir Road #01-1620  
SINGAPORE 470829  
Tel No: 1800-4438989



T/20180806/2085

4 of 4

Report No. T/20180806/2085

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 66474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Sr Staff Sgt ANWAR BIN ZAINAL

Signature Of Informant:

A

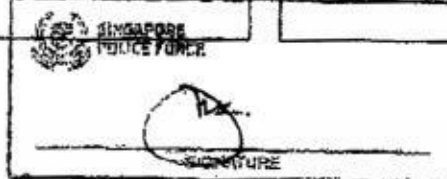
Signature Of Interpreter:  
Not applicable

Date/Time:  
06/08/2018 14:30

Officer In Charge Of Case:  
TP / AETT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP15A



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	8688M

### Vehicle Details

Vehicle No.:	SJT5004H
Vehicle to be Exported:	No
Intended De-registration Date:	08 Aug 2018
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8X A
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	2ZR0430476
Chassis No.:	ZGE200009661
Maximum Power Output:	106.0 kW (142 bhp)
Open Market Value:	\$21,954.00
Original Registration Date:	15 Oct 2009
First Registration Date:	15 Oct 2009
Transfer Count:	3
Actual ARF Paid:	\$21,954.00

### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Oct 2019
PARF Rebate Amount:	\$12,074.00


### Intended COE Rebate Details

COE Expiry Date:	14 Oct 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$18,109.00
COE Rebate Amount:	\$2,141.00
<b>Total Rebate Amount:</b>	<b>\$14,215.00</b>

The information contained herein is correct as at 08 Aug 2018

OK



PRE-REPAIR INSPECTION REPORT			
FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI18014388/Gz4d3s2	
36 ROBINSON ROAD		Date: 14-08-2018	
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHB 2998C	Veh. Inspected	SJT 5004H
Policy No.		Coverage (\$)	0.00
Claim No.	D18005923MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	07/08/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA WISH	c.c	1797
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	ZGE200009661	Colour	SILVER
Odometer	146442 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/50R17	LING LONG	6 mm
L/H Front Tyre	215/50R17	LING LONG	6 mm
R/H Rear Tyre	215/50R17	LING LONG	6 mm
L/H Rear Tyre	215/50R17	LING LONG	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	06/08/2018	Inspect Date / Time	07/08/2018 ( 03:45 PM )
Survey held at	16 KAKI BUKIT RD 4 # 01-53		
Repairer	ASIA MOTORSPORTS SOLUTION PTE LTD		
5a. Remarks			
<p>A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.</p> <p>B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.</p> <p>C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.</p> <p>D) MARKET VALUE:\$24,000.00</p>			

Report Ref No. CS3/FCI18014388/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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