

REC BY:                      REF: CS/FCI18014455/T12403 Special Instruction:                     

Surveyor: Chs Taukh ASSIGNMENT (Office)  
 From (Person): Eileen Lee of FCI Date/Time: 8/8/18 @ 9:53am  
 Estimated Cost:                      Bill to:                       
 OD TP / WS / TP RES / OD RES / EVA / INV / MV / CS  
 To Inspect Vehicle No: SLQ 9280S Insured: 8HD 3538E  
 at Workshop m/s Gold Autoworks Tel: 8778 9382  
 of 48 ton Quan rd East # 01-119  
 Policy No:                      Claim No: D1800 5882 MFSTH  
 Sum Insured:                      Excess:                       
 Make of Veh:                      D.O.A. 02/08/2018  
 (Client's Record)  
 CA / REV / REP. / REV 24 HRS DS H.O.D. Endorsement:                       
 Date/Time: 11:04am @ 8/8/18 Person Contacted: Jes Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SLQ 9280S-X
	8HD 3538E-CC31AIG16007601/H/wb3q2 Ddt: 21/4/16
	Dismantle: 10/8/2018
	After repair: 16/8/2018

Tanphi

REF:

FC 1

ASSIGNMENT

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

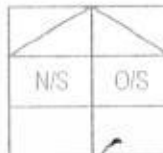
Excess

(Client's Record)

Make of Veh

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

925K.

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

SLQ 9280S

Yr Regn

Mar / 09

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

Truck / Trailer or

Make:

Toyota

2362.

Colour

white

A/C: Insured / Std / NI / NA

Sp. Reading

247021

T/Radio: Insured / Std / NI / NA

Eng/No

ACK507025037.

C/No

Gen. Cond. Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225 / 50K18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal

6

mm

R/Bal

6

mm

L/Bal

6

mm

L/Bal

1

mm

D.O.A.

D.O.I.

8/8/18 P 6pm

Survey held at

Goldanto 487 oh Guan

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

NO GIA

\* TP report slight damage

RECEIVED 17 OCT 2018

Date/Time: File Pass to?

☐ : Preli. Report  
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:

Transportation

1. S + P. 2.

3. Photos

4. Other

5.

TOTAL

3

Report Format :

PRG.

Lump Sum / L.B.E (\$)

Add Fee:

☐ Site Insp (\$)  
☐ Interview (\$)  
☐ Tech Insp (\$)  
☐ Weekend (\$)



# 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/FCI18014455/T1td3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 08-08-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHD 3538E	Veh. Inspected	SLQ 9280S	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18005882MFSH	Excess (\$)	0.00	
Assign From	CWS (EILEEN LEE)	Assign Date	08/08/2018	
<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	02/08/2018	Inspection Date	08/08/2018	
Survey held at	GOLD AUTOWORKS PTE LTD 48 TOH GUAN ROAD EAST #01-119 ENTERPRISE HUB SINGAPORE 608586			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	03-08-2018	<b>Our Ref No.</b> D18005882MFSH
<b>Accident Date</b>	02-08-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHD3538E	<b>Third Party Vehicle.</b> SLQ9280S
<b>Survey Location</b>	48 Toh Guan Rd East Enterprise Hub01-119, Gold Auto Works	
<b>Contact Person.</b>	MR ZORON KOHOR OR JESS CHUA AT 8778-9382	
<b>Contact No.</b>	96199144/ 96199144	<b>Fax No.</b> 0
<b>Survey Type</b>	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED; OUR INSURED REPORTED SLIGHT DAMAGE TO TP	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	GOLD AUTO WORKS PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	EILEEN LEE	

**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 GlA 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 03/08/2018 12:35  
Date Of Accident 02/08/2018 15:10  
Exact Location Of Accident ALONG NEW UPPER CHANGI ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ9280S  
**Insured/Policyholder**  
Name Of Registered Owner ATTICA CAR LEASING PTE LTD  
Co Reg No 201711702G  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-96626459

### Vehicle Particulars

Manufacturer TOYOTA  
Model ESTIMA-2.4 (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 CAR

### Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Type Of Coverage THIRD PARTY  
Fleet Policy NO  
Policy Number SLQ9280S  
Cover Note Number 02/03/2018-01/03/2019

### Driver

Name of Driver ABDUL RASHID BIN JAFFARDIK  
NRIC No S8508886F  
Date Of Birth 21/03/1985  
Occupation OUTDOOR  
Date Of Driving Pass 18/12/2008  
Driving Experience 9 YEARS AND 7 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96626459  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address BLK 890A WOODLANDS DRIVE 50  
14-289  
Postcode 731890  
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 -  
-

#### 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) 4  
Passenger 1  
NAME: : FAUZANI AZIMA  
GENDER: : FEMALE  
Passenger 2  
NAME: : MARDIYYA  
GENDER: : FEMALE  
Passenger 3  
NAME: : MATEEN  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name WOODLANDS EAST N.P.C  
Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO THE POLICE REPORT T/20180802/2181

#### 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 SHD3538E  
Vehicle Make/Model/Colour B  
Details Of Properties

Vehicle Category

PRIVATE CAR

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

ABDUL RASHID

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLQ9280S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name

FAUZANI AZIMA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLQ9280S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

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:

*Aw* 3/8/18

Reporting Centre Person's Signature  
Name: Kenneth  
NRIC/TIN No:



## SKETCH PLAN

A - SLD92805  
B - SHD35386

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT: T/20180802/2181


**Important:**

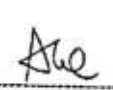
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.


- |                                     |                                 |
|-------------------------------------|---------------------------------|
| <input type="checkbox"/>            | - Reporting Only                |
| <input type="checkbox"/>            | - Claim OD                      |
| <input type="checkbox"/>            | - Claim TP                      |
| <input checked="" type="checkbox"/> | - Claim OD/TP at other workshop |

## DECLARATION

I/WE declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time

 3/8/18  
Driver's Signature  
(if driver not the policyholder)  
Date & Time

  
Reporting Centre Personnel's Signature  
Name: Kenneth  
Nric/Fin No.



HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

THIRD PARTY - COMMERCIAL MOTOR  
CERTIFICATE NO. SLO9280S

(The below excess is subject to GST)

POLICY EXCESS S\$1500.00 Section (II)  
WINDSCREEN EXCESS NA

SUM INSURED NA  
INSURING WITH COE/PARF Yes  
SLO9280S

ATTICA CAR LEASING PTE LTD

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF  
INSURANCE FOR THE PURPOSES OF THE ACT

02 March 2018

4) DATE OF EXPIRY OF INSURANCE

01 March 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person who is driving on the Insured's order or with their permission.  
\$51,500.00 Section II Excess is applicable for driver who is above 21 years old and/or with minimum 2 years driving experience.  
\$53,000.00 Section II Excess is applicable for drivers who is below 21 years old or with minimum 1 year driving experience.  
The policy does not cover drivers who are below 21 years old with less than 1 year driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any endorsement or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE\*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY

\*Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/ We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 02 Mar 2018

AIG Asia Pacific Insurance Pte. Ltd.

503052-000  
HUND  
55 Lorong L Telok Kurau,  
#02-59  
Bright Centre  
Singapore 425500

*Manila*

ORIGINAL

AUTHORISED REPRESENTATIVE

SSP06C

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	1702G
<b>Vehicle Details</b>	
Vehicle No.:	SLQ92805
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Sep 2018
Vehicle Make:	TOYOTA
Vehicle Model:	ESTIMA 2.4 A
Primary Colour:	Blue
Secondary Colour:	White
Manufacturing Year:	2006
Engine No.:	2AZC036141
Chassis No.:	ACR507025037
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$35,075.00
Original Registration Date:	19 Mar 2009
First Registration Date:	19 Mar 2009
Transfer Count:	1
Actual ARF Paid:	\$35,075.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Mar 2019
PARF Rebate Amount:	\$17,537.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	18 Mar 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$5,001.00
COE Rebate Amount:	\$268.00
<b>Total Rebate Amount:</b>	<b>\$17,805.00</b>

The information contained herein is correct as at 04 Sep 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

Ref: CS3/FCI18014455/T1z4d3s2

36 ROBINSON ROAD

Date: 23-10-2018

#16-01 CITY HOUSESINGAPORE 068877



Code: FCI2

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

Insured Veh.	SHD 3538E	Veh. Inspected	SLQ 9280S
Policy No.		Coverage (\$)	0.00
Claim No.	D18005882MFSH	Excess (\$)	0.00
Assign From	EILEEN LEE	Assign Date	08/08/2018

**2. Vehicle Particulars & Condition**

Make & Model	TOYOTA	c.c	2362
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	ACR507025037	Colour	WHITE
Odometer	247021 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	225/50R18	TOYO	6 mm
L/H Front Tyre	225/50R18	TOYO	6 mm
R/H Rear Tyre	225/50R18	TOYO	6 mm
L/H Rear Tyre	225/50R18	TOYO	6 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

**5. General Information**

Accident Date	02/08/2018	Inspect Date / Time	08/08/2018 ( 06:00 PM )
Survey held at	GOLD AUTOWORKS PTE LTD 48 TOH GUAN ROAD EAST #01-119 ENTERPRISE HUB SINGAPORE 608586		

**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: \$25,000.00

Report Ref No. CS3/FCI18014455/T1z4d3s2

Inspected By

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

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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