

ASS. REC. BY:

REF es3/FCI18014978/G 2403⁵⁷

Special Instruction:

SURVEYOR

aws

Subling
8thcirca

ASSIGNMENT (Office)

From (Person):

of

FCI

Date/Time: 16/8/18 @ 4:06pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

G88 6517C

Insured:

SHC 7282X

at Workshop m/s

N-SI Automotive

Tel:

6842 0051

of

2 Faki Bkt Ave 2 # 01-17/18

Policy No:

Claim No:

D1800 6159 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

15/08/2018

(Client's Record)

cup

17/8/18

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

5:30pm @ 16/8/18

Person Contacted:

Melody

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (X) Estimate	
	G88 6517C - NA / CFI18014936/24	DOA: 15/8/2018
	SHC 7282X - NA / CFI18014936/24	DOA: 15/8/2018
20/8/18	Dismantled.	

(08/11/13) wef

ASS. REC. BY:

REF:

FCJ

ASSIGNMENT

From:

Date:

17/8/18

Estimated Cost:

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

To Inspect Vehicle No:

GBB 6517C

at Workshop m/s

N-SI Automotive

of

2 Keeki Blvd Ave 2 # 017/18

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:

\$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 / up

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBB6517C

Yr Regn:

29 Oct 2009

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

Truck / Trailer or

Make:

Toyota Dyna / 900c 2982

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

5/2745

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTFAT35Y X-OK 200939

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt or

Brake: Insured / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 195 R 15

R: 155 R 12

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

TOYO / YOKO or

MAXXIS

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

D.O.I.

17-08-18

Survey held at

w/s

5:50pm

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

WAT N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

21/8/18

Submit PRS Reply

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, SI

Photos

Others

TOTAL

Report Format :

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/FC118014978/Gz4d3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 17-08-2018	
		Code : FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 7282X	Veh. Inspected	GBB 6517C
Policy No.		Coverage (\$)	0.00
Claim No.	D18006159MFSH	Excess (\$)	0.00
Assign From	CWS (SITHARA)	Assign Date	17/08/2018
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	15/08/2018	Inspection Date	17/08/2018
Survey held at	N-51 AUTOMOTIVE PL 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.			

MOTOR SURVEY ASSIGNMENT

Date	16-08-2018	Our Ref No.	D18006159MFSH
Accident Date	15-08-2018	Claim Type.	Third Party
Insured Vehicle	SHC7282X	Third Party Vehicle.	GBB6517C
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: 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	TWINCAR AUTOMOTIVE 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.

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	16/08/2018 11:38
Date Of Accident	15/08/2018 19:30
Exact Location Of Accident	81 UBI AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6517C
Insured/Policyholder	
Name Of Registered Owner	M/S JAE AUTO PTE LTD
Co Reg No	199307741M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67453833
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3078091700
Cover Note Number	

Driver

Name of Driver	YAP CHENG CHOON
NRIC No	S1417623C
Date Of Birth	20/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	18/10/1979
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97838198
Fax Number	
Contact Number	OFFICE-97838198
EMail Address	NOEMAIL

Address	BLK 321 HOUGANG AVENUE 5 #03-36
Postcode	530321
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 - CHANGE/CROSS LANE
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)	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7282X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE CHOO SIONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	YAP CHENG CHOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB6517C
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 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 purposes 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:

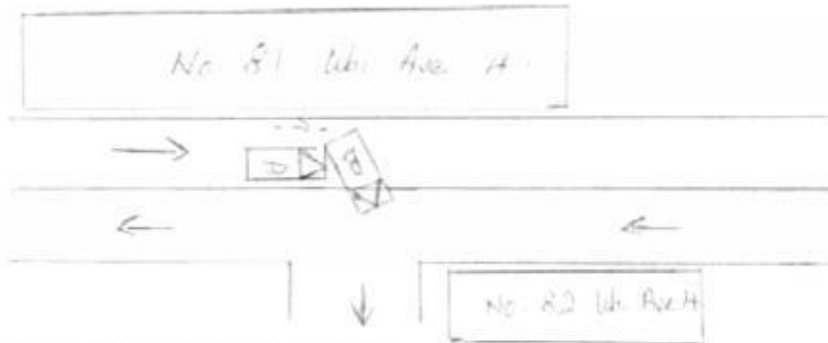
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

(A) GBB 6517C
(B) BHC 7282X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/08/18 at 12:19:33 hrs, I was travelling in my company lorry (GBB 6517C) along Lbi Ave 4 in front of No 81 on a single lane. I saw a taxi (BHC 7282X) stopped at the road side and I proceed on to overtake the said taxi. As I was about to drive pass the taxi, the taxi suddenly make a U-turn without checking. As a result, my lorry front left portion collided onto the right side of the taxi.

DECLARATION

I/We declare that the above is a true and correct statement of the facts.

Police Officer's Signature
Date & Time: 15/08/18

Driver's Signature
If driver is not the owner of the vehicle
Date & Time: 15/08/18

Recording Officer's Signature
Date & Time: 15/08/18

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	7741M
Vehicle Details	
Vehicle No.:	GBB6517C
Vehicle to be Exported:	No
Intended De-registration Date:	20 Aug 2018
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 MANUAL 3SEATER
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	1KD1953821
Chassis No.:	JTFAT35YX0K200939
Maximum Power Output:	-
Open Market Value:	\$24,970.00
Original Registration Date:	29 Oct 2009
First Registration Date:	29 Oct 2009
Transfer Count:	0
Actual ARF Paid:	\$1,249.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Oct 2019
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$16,001.00
COE Rebate Amount:	\$1,901.00
Total Rebate Amount:	\$1,901.00

The information contained herein is correct as at 20 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

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT				
FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18014978/Gz4d3s2 Date: 24-08-2018 Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHC 7282X	Veh. Inspected	GBB 6517C	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18006159MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	16/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA DYNA 150	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	JTFAT35YX0K200939	Colour	SILVER	
Odometer	512745 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15	MAXXIS	6 mm	
L/H Front Tyre	195 R15	MAXXIS	6 mm	
R/H Rear Tyre	155 R12	MAXXIS	6 mm	
L/H Rear Tyre	155 R12	MAXXIS	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.				
5. General Information				
Accident Date	15/08/2018	Inspect Date / Time	17/08/2018 (05:50 PM)	
Survey held at	N-51 AUTOMOTIVE PL 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. D) MARKET VALUE:\$20,000.00				

Report Ref No. CS3/FCI18014978/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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