

ASS. REC. BY:

REF:

CS3/FCI804980/Gz4d3<sup>32</sup>

Special Instruction:

Surveyor:

MS

GO

ASSIGNMENT (Office)

From (Person):

Majehua

of

FCI

Date/Time:

16/8/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLN 5551C

Insured:

SHD 6980R

at Workshop m/s

N-51 Automotive

Tel:

68420051

of

2 keki Bkt Ave 2 # 01-18

Policy No:

Claim No:

D18006161MFSH

Sum Insured:

Excess:

Make of Veh:  
(Client's Record)

D.O.A. 15/08/18

17/8/18

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

lup

Date/Time:

5:30pm @ 16/8/18

Person Contacted:

melody

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SLN 5551C - NA/INC/8014901/r3 <span style="float: right;">D.O.A: 15/8/18</span>
	SHD 6980R - NA/INC/8014901/r3 <span style="float: right;">D.O.A: 15/8/18</span>
18/8/18	documented.

PMS  
Xmel

ASSIGNMENT

From: \_\_\_\_\_ Date: 17/8/18  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: 81N5551C  
at Workshop m/s: N-51 Automotive  
of 2kaki Bkt Ave 2 #01-17/18  
Insured: \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Claims No. \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

Veh No: SUN5551C Yr Regn: 09 May 2017  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Mit Attrage c.c. 1193  
Colour: Red A/C: Insured / Std / NI / NA  
Sp. Reading: 82937 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: MM BSTA B AHH 004219  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
Modi: Nil / S/Rim / STD / R/Rim or \_\_\_\_\_  
Tyre Size: F: 185/55R15  
R: H

(Policy Condition)  
Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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. 6 mm  
D.O.A. \_\_\_\_\_ D.O.I. 17-08-18  
Survey held at w/s 5:30 pm  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or \_\_\_\_\_  
The O/S / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: \$ 54K  
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

Date / Time	Action / Instruction
17/8/18	submit PMS Report.

Date/Time, File Pass to?  : Preli. Report  : Final Report  
1) \_\_\_\_\_  
Date/Time, File Return to? \_\_\_\_\_  
2) \_\_\_\_\_  
Days Of Repair: \_\_\_\_\_  
Resurvey No. of Trip: \_\_\_\_\_  
Add Fee:  : Site Insp (\$)  : Interview (\$)  : Tech. Invs (\$)  : Weekend (\$)  
Report Format : \_\_\_\_\_  
Lump Sum / I.B.I: (\$) \_\_\_\_\_  
Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
S + RS, SI \_\_\_\_\_  
Photos \_\_\_\_\_  
Others \_\_\_\_\_  
TOTAL \_\_\_\_\_



# 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/FCI18014980/Gz4d3

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 17-08-2018



Code : FCI2

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

Insured Veh.	SHD 6980R	Veh. Inspected	SLN 5551C
Policy No.		Coverage (\$)	0.00
Claim No.	D18006161MFSH	Excess (\$)	0.00
Assign From	CWS (MAY CHUA)	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

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## 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

<p>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.</p>
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**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	16-08-2018	<b>Our Ref No.</b> D18006161MFSH
<b>Accident Date</b>	15-08-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHD6980R	<b>Third Party Vehicle.</b> SLN5551C
<b>Survey Location</b>	2 KAKI BUKIT AVENUE 2 #01-18 KAKI BUKIT AUTOHUB	
<b>Contact Person.</b>	MELODY CHIN	
<b>Contact No.</b>	68420051/ 0	<b>Fax No.</b> 67410510
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<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>	N-51 AUTOMOTIVE PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	MAY CHUA	

**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 10:08
Date Of Accident	15/08/2018 10:45
Exact Location Of Accident	CAIRNHILL CIRCLE TWDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN5551C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EASYDRIVE CAR RENTAL
Co Reg No	53375868L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96735989
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5098649458
Cover Note Number	
<b>Driver</b>	
Name of Driver	ELIZABETH CHOO SIA AI(ELIZABETH ZHU CHENG'AI)
NRIC No	S7711138G
Date Of Birth	26/04/1977
Occupation	OUTDOOR
Date Of Driving Pass	05/03/1998
Driving Experience	20 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98388238
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 71 YISHUN AVE 11  
#04-04

Postcode 768858

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 SIDE SWIPE

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) 2

Passenger 1 NAME: : UNKNOWN  
GENDER: : FEMALE

**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**

I WAS DRIVING STRAIGHT ON THE ABOVE MENTION DATE & TIME AT CAIRNHILL CIRCLE TWDS CTE.SUDDENLY VEH(B)BEARING REG NO SHD6980R DASH OUT OF THE FILTER RD OF BIDEFORD RD AND HIT ONTO MY VEH.

**Attachment(s)**

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHD6980R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number 91126369

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ELIZABETH CHOO SIA AI(ELIZABETH ZHU CHENG'AI)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLN5551C
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 Authorized 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 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.

EasyDrive Car Rental  
200 Jalan Sultan  
#02-38 Textile Centre  
Singapore 199018  
Tel: 9673 5988 Fax: 6281 2419  
Email: [easydrive@easydrive.com](mailto:easydrive@easydrive.com)  
UEN: S3375888C  
Date & Time:



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

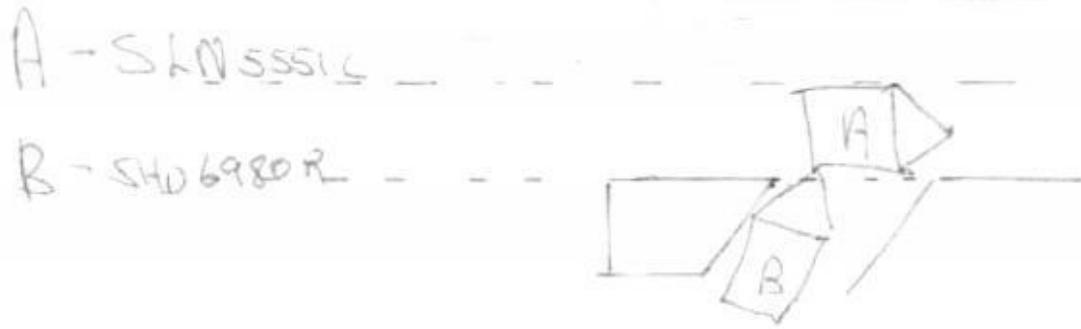


Reporting Centre Personnel's Signature  
Name:  
N.R.C./F.N. No.:

*Signature* 16/08/18

Individual Statement

SKETCH PLAN



CHIRNHILL CIRCLE TUNIS CRE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was drive veh A on the above mention date in time I was driving straight suddenly Veh B cut out of the filter Rd of Bukit Road Rd a hit my Veh A

DECLARATION

I/We declare the foregoing statement is true in every respect.

EasyDrive Car Rental  
 200 Jalan Sultan  
 #02-38 Textile Centre  
 Singapore 169018  
 Tel: 6673 5988 Fax: 6663 2418  
 Email: easydrive.sg@gmail.com  
 UEN: 53375664

Driver's Signature  
 (If driver is not the policyholder,  
 give full name)

sgw 16/08/18

Policyholder's Signature  
 Name  
 Identification No.

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	5868L
Vehicle Details	
Vehicle No.:	SLN5551C
Vehicle to be Exported:	No
Intended De-registration Date:	20 Aug 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	ATTRAGE 1.2 CVT
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	3A92UDR0475
Chassis No.:	MMBSTA13AHH004219
Maximum Power Output:	57.0 kW (76 bhp)
Open Market Value:	\$13,706.00
Original Registration Date:	09 May 2017
First Registration Date:	09 May 2017
Transfer Count:	1
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 May 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	08 May 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,751.00
COE Rebate Amount:	\$43,362.00
<b>Total Rebate Amount:</b>	<b>\$47,112.00</b>

The information contained herein is correct as at 20 Aug 2018

OK



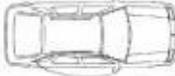
# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 190607198R 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/FCI18014980/Gz4d3s2 Date: 24-08-2018 Code: FCI2	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SHD 6980R	Veh. Inspected	SLN 5551C
Policy No.		Coverage (\$)	0.00
Claim No.	D18006161MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	16/08/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MITSUBISHI ATTRAGE	c.c	1193
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	MMBSTA13AHH004219	Colour	RED
Odometer	042937 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	185/55R15	BRIDGESTONE	6 mm
L/H Front Tyre	185/55R15	BRIDGESTONE	6 mm
R/H Rear Tyre	185/55R15	BRIDGESTONE	6 mm
L/H Rear Tyre	185/55R15	BRIDGESTONE	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. THE UNDERCARRIAGE AFFECTED DUE TO COLLISION.			
<b>5. General Information</b>			
Accident Date	15/08/2018	Inspect Date / Time	17/08/2018 ( 05:30 PM )
Survey held at	N-51 AUTOMOTIVE PL 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		
<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. D) MARKET VALUE:\$54,000.00			

Report Ref No. CS3/FCI18014980/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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