

Survey of
WS

Rashid

ASSIGNMENT (Office)

From (Person):

Jrene Ler

of

FCI

Date/Time:

21/8/18 @ 3:18pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJM 3161 L

Insured:

SHC 8209C

at Workshop m/s

KOK WANG CAR

Tel:

9183 9633

of

1500N Lee Street #06-40

Policy No:

Claim No:

D15006090MP8H

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A.

05/08/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

4:11pm @ 21/8/18

Person Contacted:

Mr. Liang

Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SJM 3161 L - X</u>
	<u>SHC 8209C - CC3/FCI/6012561/Kgh 3c 2 DOA: 5/7/16</u>
<u>23/8/18</u>	<u>Dismantled</u>



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/FCI18015242/R1z4d3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 21-08-2018	
		Code : FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 8209C	Veh. Inspected	SJM 3161L
Policy No.		Coverage (\$)	0.00
Claim No.	D18006090MFSH	Excess (\$)	0.00
Assign From	CWS (SERENE LER)	Assign Date	21/08/2018
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	05/08/2018	Inspection Date	21/08/2018
Survey held at	KOK WANG CAR GROOMING (HQ) 1 SOON LEE STREET #06-40 PIONEER CENTRE SINGAPORE 627605		
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	14-08-2018	Our Ref No. D18006090MFSH
Accident Date	05-08-2018	Claim Type. Third Party
Insured Vehicle	SHC8209C	Third Party Vehicle. SJM3161L
Survey Location	1 Soon Lee Street #06-40 Pioneer Centre	
Contact Person.	MR LIANG	
Contact No.	91839633/ 91839633	Fax No. 66944864
Survey Type	WITHOUT PREJUDICE: NO EST. COR *	
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	KOK WANG CAR GROOMING	Attention. NIL
Cc : TP Solicitor	R. S. SOLOMON LLC	TP Solicitor Fax No. 68177499
Officer Incharge	SERENE	

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	17/08/2018 17:21
Date Of Accident	05/08/2018 22:10
Exact Location Of Accident	TRAFFIC LIGHT ON SEMBAWANG WAY NEAR SEMBAWANG MRT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3161L
Insured/Policyholder	
Name Of Registered Owner	JADE
Co Reg No	53350942D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92481102

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094929535-01
Cover Note Number	

Driver

Name of Driver	MUHAMAD AL-QASAH BIN JUNIADIN
NRIC No	S8729772A
Date Of Birth	20/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92481102
Fax Number	
Contact Number	
E-Mail Address	ALQASAH@GMAIL.COM

Address	BLK 338 SEMBAWANG CRESCENT #02-154
Postcode	750338
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	2
Was any body injured in the Accident?	NO
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 ATTACHED

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	SHC8209C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NA
NRIC/Passport Number	
Contact Number	97332704
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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ACC. LOGS

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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 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:

[Handwritten Signature]

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

[Handwritten Signature]

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

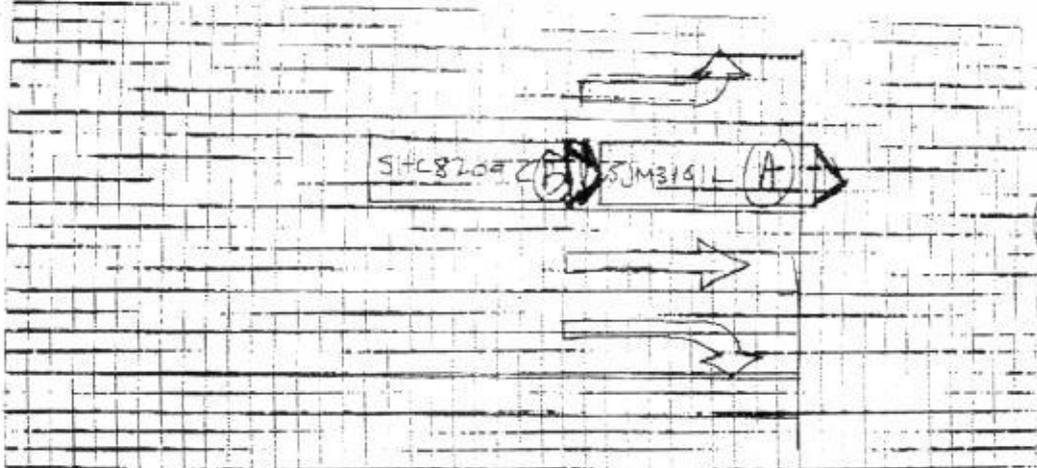
Sketch Plan #2

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 FOR LEGAL

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/08/18, at 10.10pm, a Comfort DelGro taxi hit my car from behind. At that time, my car was stationary because the traffic light was red. When I went to check, there was no scratches or dents on my car. I just took his contact number and drove off.

On 10/08/18, I was picking up a passenger and he needed to put his luggage in the car back boot. When I opened the boot, that is when I realized the inside was damaged.

I asked the taxi driver if he wanted to settle privately or claim insurance. The driver said he has no money and want to claim insurance.

DECLARATION

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



Policyholder's Signature
 Date & Time:

GIAANIE SketchPlanForm_v3

[Signature]

Driver's Signature
 If driver is not the policyholder:
 Date & Time: 14/08/18

[Signature]

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	0942D
Vehicle Details	
Vehicle No.:	SJM3161L
Vehicle to be Exported:	No
Intended De-registration Date:	24 Aug 2018
Vehicle Make:	HONDA
Vehicle Model:	HONDA CITY LX 1.5 I-VTEC AUTO
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	L15A71800071
Chassis No.:	MRHGM26709P020017
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$19,462.00
Original Registration Date:	29 Dec 2008
First Registration Date:	29 Dec 2008
Transfer Count:	2
Actual ARF Paid:	\$19,462.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Dec 2018
PARF Rebate Amount:	\$9,731.00
Intended COE Rebate Details	
COE Expiry Date:	28 Dec 2018
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$6,200.00
COE Rebate Amount:	\$213.00
Total Rebate Amount:	\$9,944.00

The information contained herein is correct as at 24 Aug 2018

OK

12,000
9944

2056

(2k)



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/FCI18015242/R1z4d3s2 Date: 27-08-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 8209C	Veh. Inspected	SJM 3161L
Policy No.		Coverage (\$)	0.00
Claim No.	D18006090MFSH	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	21/08/2018
2. Vehicle Particulars & Condition			
Make & Model	HONDA CITY 1.5	c.c	1497
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	MRHGM26709P020017	Colour	BLACK
Odometer	227099 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/55R16	DUNLOP	6 mm
L/H Front Tyre	185/55R16	DUNLOP	6 mm
R/H Rear Tyre	185/55R16	DUNLOP	6 mm
L/H Rear Tyre	185/55R16	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	05/08/2018	Inspect Date / Time	21/08/2018 (05:26 PM)
Survey held at	KOK WANG CAR GROOMING (HQ) 1 SOON LEE STREET #06-40 PIONEER CENTRE SINGAPORE 627605		
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:\$12,000.00			

Report Ref No. CS3/FCI18015242/R1z4d3s2

Inspected By

MRB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU

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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