

7-13-2002

ASS. REC. BY:

REF: CS3/FCI 18015436/424d<sup>32</sup> Special Instruction:

Surveyor

Marcus

ASSIGNMENT (Office)

From (Person):

Kerren Tan

of

FCI

Date/Time: 24/8/18 @ 9-46am

Estimated Cost:

Bill to:

OD (TP) WS / TP RES / OD RES / EVA / INV / MV7 CS

To Inspect Vehicle No:

SLV 4628E

Insured:

SH 6296G

at Workshop m/s

Alpha Car Services

Tel:

65098258

of

Blkc kaki Bkt Ave 6 #01-59

Policy No:

Claim No:

DIS006322MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

22/8/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement:

Date/Time:

9:49am 24/8/18

Person Contacted:

elma

Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SLV 4628E - X
	SH 6296G - CS/FCI 15011574/TIVBD1 DOA: 7/7/15
27/8/18	Dismantled.

(08/11/13) wsf

ASS. REC. BY: Marcus

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLV 46286at Workshop m/s Alpha Car

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.

N/S	O/S

Bal. or Market Value: 1086

IDAC Accident Report: \_\_\_\_\_ 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLV 46286 Yr Regn: 1217Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or 71Make: Toyota NOAH Hybrid 1797Colour: White A/C: Insured / Std / NI / NASp. Reading: 11083 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 2NR800283925Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65-25

R: \_\_\_\_\_

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

TOYO / YOKO or

Front 8 Rear 8

R/Bal. \_\_\_\_\_ mm R/Bal. \_\_\_\_\_ mm

L/Bal. 8 mm L/Bal. 8 mmD.O.A. 24/8/18 D.O.I. 24/8/18 1202pm

Survey held at \_\_\_\_\_

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop orRear O/S

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

Date / Time	Action / Instruction
	<u>No settlement. LIA 60288</u>
<u>28/8/18</u>	<u>Adm'd PPS report</u>

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:

\$ + RS \$

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/FCI18015436/Uz4d3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 24-08-2018	
		Code : FCI2	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SH 6296G	Veh. Inspected	SLV 4628E
Policy No.		Coverage (\$)	0.00
Claim No.	D18006322MFSH	Excess (\$)	0.00
Assign From	CWS (KAREN TAN)	Assign Date	24/08/2018
<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	22/08/2018	Inspection Date	24/08/2018
Survey held at	ALPHA CAR SERVICES PTE LTD BLK C, KAKI BUKIT AVE 6 #01-59 KAKI BUKIT AUTOBAY SINGAPORE 417883		
<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	23-08-2018	Our Ref No. D18006322MFSH
Accident Date	22-08-2018	Claim Type. Third Party
Insured Vehicle	SH6296G	Third Party Vehicle. SLV4628E
Survey Location	BLK C KAKI BUKIT AVENUE 6 #01-59 KAKI BUKIT AUTOBAY	
Contact Person.	MS CAILING	
Contact No.	65098258/ 0	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
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	ALPHA CAR SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	R. S. SOLOMON LLC	TP Solicitor Fax No. 68177499
Officer Incharge	KARENT	

**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	23/08/2018 12:10
Date Of Accident	22/08/2018 13:15
Exact Location Of Accident	LTE EXIT TO PIE CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4628E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN EU JIN
NRIC No	S7708135F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91514870
Alternative Phone No	OFFICE-91514870

### Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA309692
Cover Note Number	

### Driver

Name of Driver	TAN EU JIN
NRIC No	S7708135F
Date Of Birth	21/03/1977
Occupation	INDOOR
Date Of Driving Pass	22/05/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91514870
Fax Number	
Contact Number	OFFICE-91514870
Email Address	NOEMAIL

Address	APT BLK 6 MARINE TERRACE #06-222
Postcode	440006
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

#### 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?	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 TO 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	SH6296G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GX9329J
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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 to 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/are be disclosed by any of the Insurers and/or GIA to their third party service providers / 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, administering / managing claims, 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: 23/8/18

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 23/8/18

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



CTE towards PIE  
(Changi)



Vehicle B: SH6296G

Vehicle C: GX 9329J

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 22nd Aug 2018, I was driving on CTE, about to exit to PIE (Changi). The time is approx. 1.15pm.

I was rammed from the rear by a comfort taxi SH6296G. I got out of the car to inspect the damage. I found that there was a chain collision.

The taxi SH6296G had been rammed from behind by a commercial van GX 9329J (Toyota Hiace). This caused the taxi SH6296G to ram my vehicle from the rear.

I found that my rear door of my car SLV4628E had been damaged, and the side & rear panels were torn and broken.

After exchanging vehicle particulars, I drove home.

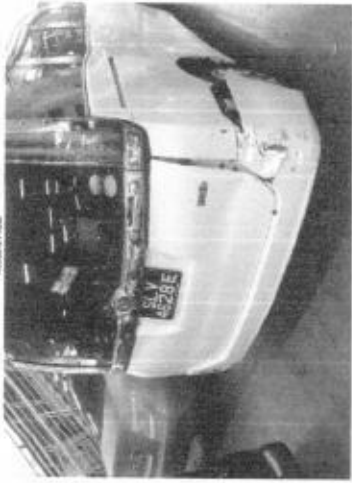
## DECLARATION

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

Policyholder's Signature  
Date & Time: 23/8/18

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 23/8/18

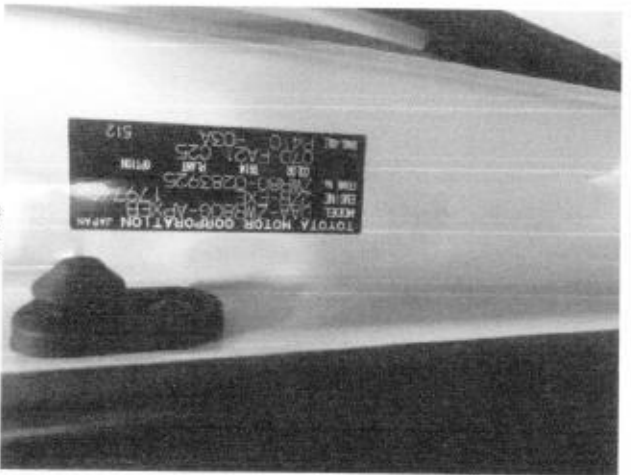
Reporting Centre Personnel's Signature  
Name:  
NRIC/SIN No.:



Accident Photo



Accident Photo



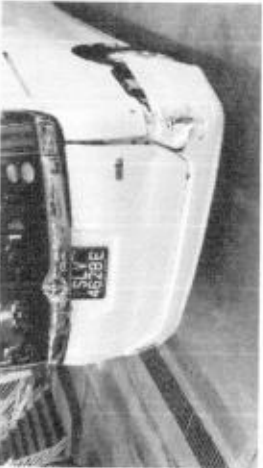
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

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Accident Photo

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Accident Photo

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[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8135F
Vehicle Details	
Vehicle No.:	SLV4628E
Vehicle to be Exported:	No
Intended De-registration Date:	24 Aug 2018
Vehicle Make:	TOYOTA
Vehicle Model:	NOAH HYBRID 1.8X CVT
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	2ZR8243911
Chassis No.:	ZWR800283925
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$31,033.00
Original Registration Date:	29 Dec 2017
First Registration Date:	29 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$20,447.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Dec 2027
PARF Rebate Amount:	\$15,335.00
Intended COE Rebate Details	
COE Expiry Date:	28 Dec 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,109.00
COE Rebate Amount:	\$44,953.00
<b>Total Rebate Amount:</b>	<b>\$60,288.00</b>

The information contained herein is correct as at 24 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

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**PRE-REPAIR INSPECTION REPORT**

FIRST CAPITAL INSURANCE LTD

Ref: CS3/FCI18015436/Uz4d3s2

36 ROBINSON ROAD

Date: 29-08-2018

#16-01 CITY HOUSES SINGAPORE 068877



Code: FC12

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

Insured Veh.	SH 6296G	Veh. Inspected	SLV 4628E
Policy No.		Coverage (\$)	0.00
Claim No.	D18006322MFSH	Excess (\$)	0.00
Assign From	KAREN TAN	Assign Date	24/08/2018

**2. Vehicle Particulars & Condition**

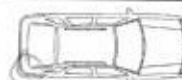
Make & Model	TOYOTA NOAH HYBRID (A)	c.c	1797
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	ZWR800283925	Colour	WHITE
Odometer	11083 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	195/65R15	YOKOHAMA	8 mm
L/H Front Tyre	195/65R15	YOKOHAMA	8 mm
R/H Rear Tyre	195/65R15	YOKOHAMA	8 mm
L/H Rear Tyre	195/65R15	YOKOHAMA	8 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.

**5. General Information**

Accident Date	22/08/2018	Inspect Date / Time	24/08/2018 ( 12:02 PM )
Survey held at	ALPHA CAR SERVICES PTE LTD BLK C, KAKI BUKIT AVE 6 #01-59 KAKI BUKIT AUTOBAY SINGAPORE 417883		

**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: \$108,000.00

Report Ref No. CS3/FCI18015436/Uz4d3s2

Inspected By

CHUA KANG SENG

Licensed Appraiser

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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