ASS. REC. BY: | REF: CS3/FC1801 5672/Rlcd3 | Special Instruction:

CWS

ASSIGNMENT (Office)

From (Person): Joanne Yong of: FC1 Date/Time: 28/8/18 @ 2.25pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLS 1127H Insured: SH 9367R

at Workshop m/s: Wee Hoe Auto Tel: 68580019

of: 19 Kim Chuan Terrace

Policy No: Claim No: D18006333MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A: 21/08/2018

CA / REV / REP. / REV 24 HRS Cup

H.O.D. Endorsement:

Date/Time: 3.12pm @ 28/8/18 Person Contacted: Mr. Kiat Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate	
	SLS1127H - NA/INC18015423/K1	DOA: 21/8/18
	SH 9367R - NA/INC18015423/K1	DOA: 21/8/18

Surveyor: PRS - Rasm | REF: FCI | C 25975

ASSIGNMENT

From: Date: 14092018

Estimated Cost:

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

To Inspect Vehicle No: SLS 1127U

at Workshop m/s Wee Hoe

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:

IDAC Accident Rport: 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: SLS 1127U Yr Regn: 2017 / SEP

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Honda Vezel Hybrid 1.5X c.c 1496

Colour: Grey A/C: Insured / Std / NI / NA

Sp.Reading: 051466 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU3 1256475

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

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.	6 mm
D.O.A.	21/08/18	D.O.I.	14/09/18 9.50am

Survey held at: IDAC - UBI

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
18/9	Submit PRS report.

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: : Site Insp ($) S + RS SI

: Interview ($) Photos

: Tech. Invs ($) Others

: Weekend ($)

Report Format: PRS

Lump Sum / I.B.I: ($)

TOTAL

MS FirstCapital

MS First Capital Insurance Limited Co.Reg. No. 199000106C GST Reg. No. M2-0001676-9
6 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877
Tel: (65) 6507 3848 Fax: (65) 6507 3849
www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date	23-08-2018	**Our Ref No.**	D18006333MFSH
Accident Date	21-08-2018	**Claim Type.**	Third Party
Insured Vehicle	SH9367R	**Third Party Vehicle.**	SLS1127U
Survey Location	19 KIM CHUAN TERRACE		
Contact Person.	KIAT		
Contact No.	68580019/ 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	WEE HOE AUTO SERVICE	**Attention.**	NIL
Cc : TP Solicitor	VISION LAW LLC	**TP Solicitor Fax No.**	NA
Officer Incharge	JOANNEY		

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.

This page has been intentionally left blank.

MNA118100335 / National Assessment Centre Services - QSP
ENTRY DATE & TIME: 23/08/2018 16:07
SUBMITTED BY: krishnasamy s/o Gunnasamy

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 24/08/2018 15:06

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 16:07
Date Of Accident	21/08/2018 10:30
Exact Location Of Accident	NICOLL HIGHWAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS1127U
Insured/Policyholder	
Name Of Registered Owner	GD CARZ
Co Reg No	53122597J
Email Address	JOLIM8735@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90014242
Alternative Phone No	OFFICE-90014242
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083196477-02
Cover Note Number	
Driver	
Name of Driver	JOIE GABRIELLE LIM (JOIE GABRIELLE LIM)
NRIC No	S7301734C
Date Of Birth	12/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	01/12/1997
Driving Experience	20 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90014242
Fax Number	
Contact Number	OTHERS-90014242
EMail Address	JOLIM8735@GMAIL.COM

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Address	BLK 821 YISHUN STREET 81 #03-632
Postcode	760821
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SH9367R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOH HONG WAI
NRIC/Passport Number	S0827472Z
Contact Number	96222218
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JOIE GABRIELLE LIM (JOIE GABRIELLE LIM)

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLS1127U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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 Insureis' 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.

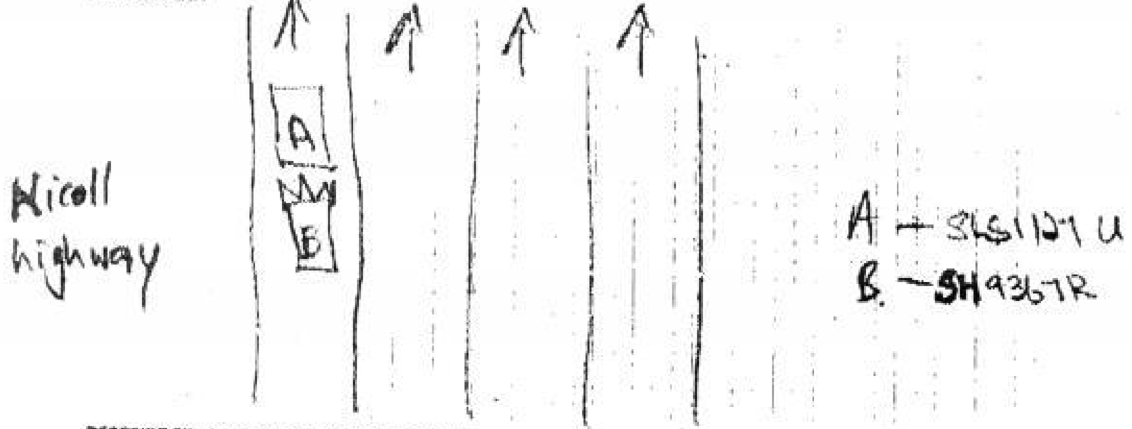
24/8/2018

X

Policyholder's Signature Date & Time:	Driver's Signature (if driver is not the policyholder) Date & Time: -	24/8/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25th Aug I was driving along nicoll highway. The Weather was clear. SH 9367R bang into my car & my rear portion was damage.

P/s Refer to the Police Report T/20180823/2083

DECLARATION

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

Policyholder's Signature
Date & Time:

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

24/8/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	2597J
Vehicle Details	
Vehicle No.:	SLS1127U
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Sep 2018
Vehicle Make:	HONDA
Vehicle Model:	VEZEL HYBRID 1.5X AUTO
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	LEB5954490
Chassis No.:	RU31254475
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	$25,575.00
Original Registration Date:	07 Sep 2017
First Registration Date:	07 Sep 2017
Transfer Count:	0
Actual ARF Paid:	$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Sep 2027
PARF Rebate Amount:	$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	06 Sep 2027
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	$50,000.00
COE Rebate Amount:	$44,841.00
Total Rebate Amount:	**$48,591.00**

The information contained herein is correct as at 18 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

PRE-REPAIR INSPECTION REPORT

FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref: CS3/FCI18015672/R1cd3s2
Date: 19-09-2018
Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

	Insured Veh.	SH 9367R	Veh. Inspected	SLS 1127U
	Policy No.		Coverage ($)	0.00
	Claim No.	D18006333MFSH	Excess ($)	0.00
	Assign From	JOANNE YONG	Assign Date	28/08/2018

2. Vehicle Particulars & Condition

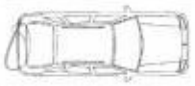
	Make & Model	HONDA VEZEL HYBRID 1.5X	c.c	1496
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	RU31254475	Colour	GREY
	Odometer	051466 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	FAIR		

3. Conditions of Tyres

		Size	Make	Balance
	R/H Front Tyre	215/60R16	DUNLOP	6 mm
	L/H Front Tyre	215/60R16	DUNLOP	6 mm
	R/H Rear Tyre	215/60R16	DUNLOP	6 mm
	L/H Rear Tyre	215/60R16	DUNLOP	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.



5. General Information

	Accident Date	21/08/2018	Inspect Date / Time	14/09/2018 (09:50 AM)
	Survey held at	WEE HOE AUTO SERVICE 19 KIM CHUAN TERRACE SINGAPORE 537041		

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.

Report Ref No. CS3/FCI18015672/R1cd3s2

Inspected By

MRB

MOHAMMED RASUL BIN MOHD YUNUS
Automotive Assessor

K.K.LAU CPT(RET)
BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE
REGD Auto Consultant-SAE, Licensed Appraiser