

ASS. REC. BY:

REF:

CS3/FCI18016229/Bcd37

Special Instruction:

SURVEYOR

CWS

Mr. Lim

ASSIGNMENT (Office)

From (Person):

Lurene jaw

of

FCI

Date/Time:

4/9/18 @ 4:56pm

Estimated Cost:

Bill to:

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No:

SGB 8664M

Insured:

SHB 3457R

at Workshop m/s:

Twincar Automotive

Tel:

68420051

of

Blk 2 Kaki Bkt Ave 2 # 01-17 118

Policy No:

Claim No:

D1800655(MFST)

Sum Insured:

Excess:

Make of Veh:

D.O.A.

01/09/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

(DS)

H.O.D. Endorsement:

Date/Time:

5/9/18 @ 10:13am

Person Contacted:

Melody

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (X) Estimate
	SGB 8664M - NA/INC18016003/r3 DOA: 1/9/18
	SHB 3457R - NA/INC18016003/r3 DOA: 1/9/18

08/11/13 wol

ASS. REC. BY:

REF: FCI

ASSIGNMENT

From: Date: 5/9/18

Estimated Cost:

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

To inspect Vehicle No: SGB 8664 M
at Workshop m/s Twincar Automotive
of 2 keki Bkt Ave 2 # 01-17/18

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: \$15K

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: SGB 8664 M Yr Regn: 30/DEC/2005

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

Truck / Trailer or

Make: NISSAN LATI O C.C. 1498

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

Sp. Reading: 202892 T/Radio: Insured / Std / NI / NA

Eng/No: HR15238529

C/No: SC11039283

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: 195/60R15

R: 195/60R15

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

TOYO / YOKO or NEUTON

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. D.O.I. 5/9/18 239ph

Survey held at

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

O/S rear

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

Date / Time Action / Instruction

RECEIVED 07 SEP 2018

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: PRS

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/FC18016229/Bcd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 05-09-2018



Code : FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHB 3457R	Veh. Inspected	SGB 8664M
Policy No.		Coverage (\$)	0.00
Claim No.	D18006551MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	05/09/2018

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	01/09/2018	Inspection Date	05/09/2018
Survey held at	TWINCAR AUTOMOTIVE PTE LTD 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	03-09-2018	Our Ref No. D18006551MFSH
Accident Date	01-09-2018	Claim Type. Third Party
Insured Vehicle	SHB3457R	Third Party Vehicle. SGB8664M
Survey Location	2 KAKI BUKIT AVENUE 2 #01-17 KAKI BUKIT AUTOHUB	
Contact Person.	MELODY CHIN	
Contact No.	68420051/ 68420051	Fax No. 67410510
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	LURENE	

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	03/09/2018 11:46
Date Of Accident	01/09/2018 15:40
Exact Location Of Accident	SHELFORD RD NEAR TO UNIT NO 55
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB8664M
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD RAHIM BIN SOED
NRIC No	S6901332E
Email Address	AIMBOYAN0801@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97204627
Alternative Phone No	OTHERS-97204627

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	5099832831
Cover Note Number	

Driver

Name of Driver	MUHAMAD RAHIM BIN SOED
NRIC No	S6901332E
Date Of Birth	08/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2004
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97204627
Fax Number	
Contact Number	OTHERS-97204627
Email Address	AIMBOYAN0801@GMAIL.COM

Address	BLK 139 TAMPINES ST 11 #04-64
Postcode	521139
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180902/2052

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	SHB3457R
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 INJURED PERSON 1

Name MUHAMAD RAHIM BIN SOED

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SGB8664M

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.

3. 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:


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

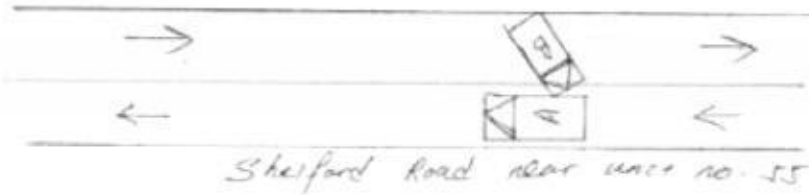
 03/04/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

(A) SGB 8664M

(B) S/B 3457R.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report
no T/20180902/2052

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:

Report Centre Personnel's Signature
Name:
NIC/PIN No:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180902/2052

Police Station Of Origin
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No: T/20180902/2052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMAD RAHIM BIN SOED	ID No	S6901332E
Related Vehicle	SGB8664M (Car)	Contact No	97204627
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class. 3,4 Date of Expiry: NIL
Date Treatment	02/09/2018	Date Discharge	02/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 01/09/2018 at about 1540hrs, I was driving along Sheldford Road when a Taxi from the opposite lane did a 3 point turn along a continuous white line and hit onto the rear right side of my bumper and right rim. My car right rear bumper cracked and the rear right rim was dented due to the impact of the accident. The taxi driver refused to exchange his particulars.

On 02/09/2018, I went to consult medical treatment and was given 3 days MC. I suffered a sprained neck and on my right shoulder.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1332E
Vehicle Details	
Vehicle No.:	SGB8664M
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Sep 2018
Vehicle Make:	NISSAN
Vehicle Model:	LATIO 1.5L A
Primary Colour:	Silver
Manufacturing Year:	2005
Engine No.:	HR15238529
Chassis No.:	SC11039283
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$15,088.00
Original Registration Date:	30 Dec 2005
First Registration Date:	30 Dec 2005
Transfer Count:	2
Actual ARF Paid:	\$16,597.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Dec 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$28,416.00
COE Rebate Amount:	\$13,153.00
Total Rebate Amount:	\$13,153.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 05 Sep 2018

OK

14-15


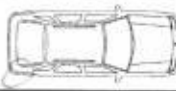
**LKK Auto Consultants Pte Ltd**

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/FCI18016229/Bcd3s2 Date: 07-09-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHB 3457R	Veh. Inspected	SGB 8664M
Policy No.		Coverage (\$)	0.00
Claim No.	D18006551MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	04/09/2018
2. Vehicle Particulars & Condition			
Make & Model	NISSAN LATIO	c.c	1498
Engine No.	HIDDEN	Year of Reg.	2005
Chassis No.	SC11039283	Colour	BLACK
Odometer	202892 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/60R15	NEUTON	7 mm
L/H Front Tyre	195/60R15	NEUTON	7 mm
R/H Rear Tyre	195/60R15	NEUTON	7 mm
L/H Rear Tyre	195/60R15	NEUTON	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.			
5. General Information			
Accident Date	01/09/2018	Inspect Date / Time	05/09/2018 (02:39 PM)
Survey held at	TWINCAR AUTOMOTIVE PTE LTD 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: \$15,000.00			

Report Ref No. CS3/FCI18016229/Bcd3s2

Inspected By

LIM TEOW GUAN

Asst. 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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