

ASS. REC. BY:

REF:

CS3/FCI18016377/Gcd3²

Special Instruction:

Surveyor
aws

Guo Cheng

ASSIGNMENT (Office)

From (Person):

Kerentan

of

FCI

Date/Time:

7/9/18 @ 4.43pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLZ 4879B

Insured:

SHD 3076 X

at Workshop m/s

N-SI Automotive

Tel:

6842 0051

of

2 kaki Bkt Ave 2 # 01-18

Policy No:

Claim No:

D18006658MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

06/09/2018

CA / REV / REP. / REV 24 HRS

(up)

10/09/2018

H.O.D. Endorsement:

Date/Time:

7/11/18 @ 5pm

Person Contacted:

Melody

Vehicle:

IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SLZ 4879B - X
	SHD 3076X - CS3/FCI15011908/vb-1xx DoA: 14/7/15

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s N-51

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.

Bal. or Market Value: \$22k 24k

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLZ4879B Yr Regn: 2e Aug 2009

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

Truck / Trailer or

Make: SKODA Superb c.c 1798

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

Sp. Reading: 143609 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMBB 93T 699 038418

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 A/Rim or

Tyre Size: F: 235/35ZR19 (Purun) R: 11 (Thunder)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front R/Bal. 6 mm L/Bal. 6 mm D.O.A. _____

Rear R/Bal. 6 mm L/Bal. 6 mm D.O.I. 10-09-18

Survey held at W/S 11:40AM

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

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Days Of Repair:

Resurvey No. of Trip: -

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format: PPS

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/FCI18016377/Gcd3	
36 ROBINSON ROAD #16-01 CITY HOUSES SINGAPORE 068877			Date : 07-09-2018	
			Code : FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHD 3076X	Veh. Inspected	SLZ 4879B	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18006658MFSH	Excess (\$)	0.00	
Assign From	CWS (KAREN TAN)	Assign Date	07/09/2018	
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				
5. General Information				
Accident Date	06/09/2018	Inspection Date	10/09/2018	
Survey held at	N-51 AUTOMOTIVE PL 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	07-09-2018	Our Ref No. D18006658MFSH
Accident Date	06-09-2018	Claim Type. Third Party
Insured Vehicle	SHD3076X	Third Party Vehicle. SLZ4879B
Survey Location	2 KAKI BUKIT AVENUE 2 #01-18 KAKI BUKIT AUTOHUB	
Contact Person.	MELODY CHIN	
Contact No.	68420051/ 0	Fax No. 67410510
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	N-51 AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
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.

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEONG SHIN LI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLZ4879B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name HONEY SWEE GEOK KGIM

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLZ4879B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name CLAIRE CHEONG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLZ4879B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

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 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.

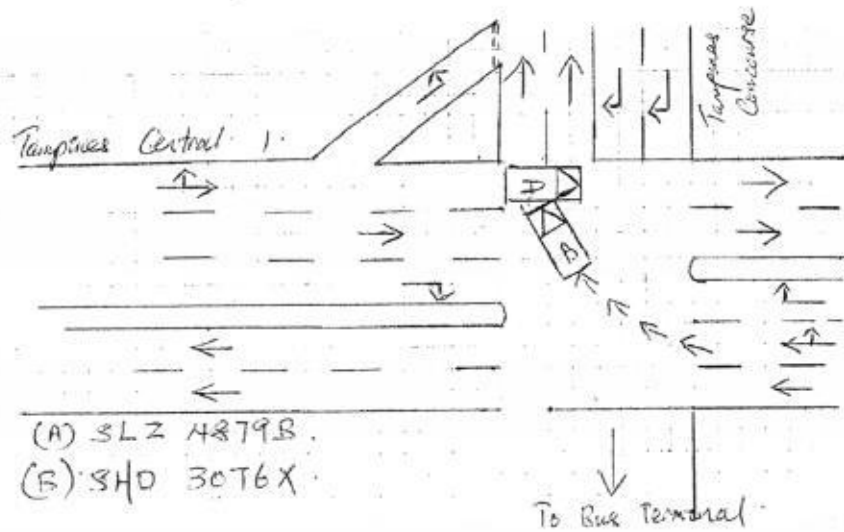
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/09/18 at @ 1400hrs, I was travelling in my vehicle (SLZ 4879B) along Tampines Central 1 towards the junction of Tampines Concourse on the left lane. While approaching the junction, the traffic was green and I proceed straight. As I cross the stop line, the traffic light turns amber. Suddenly, a taxi (SHD 3076X) from opposite direction turning right into Tampines Concourse without giving way and as a result, the said taxi collided onto the right side of my vehicle.

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:

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:	Singapore NRIC
Owner ID:	7995F
Vehicle Details	
Vehicle No.:	SLZ4879B
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Sep 2018
Vehicle Make:	SKODA
Vehicle Model:	SUPERB ELEGANCE 1.8 AUTO
Primary Colour:	Brown
Manufacturing Year:	2009
Engine No.:	CDA037300
Chassis No.:	TMBBB93T699038418
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$32,845.00
Original Registration Date:	20 Aug 2009
First Registration Date:	20 Aug 2009
Transfer Count:	1
Actual ARF Paid:	\$32,845.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Aug 2019
PARF Rebate Amount:	\$16,422.00
Intended COE Rebate Details	
COE Expiry Date:	19 Aug 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$7,552.00
COE Rebate Amount:	\$708.00
Total Rebate Amount:	\$17,130.00

The information contained herein is correct as at 11 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

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT

FIRST CAPITAL INSURANCE LTD

Ref: CS3/FCI18016377/Gcd3s2

36 ROBINSON ROAD

Date: 14-09-2018

#16-01 CITY HOUSES SINGAPORE 068877



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHD 3076X	Veh. Inspected	SLZ 4879B
Policy No.		Coverage (\$)	0.00
Claim No.	D18006658MFSH	Excess (\$)	0.00
Assign From	KAREN TAN	Assign Date	07/09/2018

2. Vehicle Particulars & Condition

Make & Model	SKODA SUPERB	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	TMBBB93T699038418	Colour	BROWN
Odometer	143609 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	235/35ZR19	DURUN	8 mm
L/H Front Tyre	235/35ZR19	DURUN	6 mm
R/H Rear Tyre	235/35ZR19	THUNDERER	6 mm
L/H Rear Tyre	235/35ZR19	THUNDERER	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.

**5. General Information**

Accident Date	06/09/2018	Inspect Date / Time	10/09/2018 (11:40 AM)
Survey held at	N-51 AUTOMOTIVE PL 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 \$24,000.00

Report Ref No. CS3/FCI18016377/Gcd3s2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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