

A.S. REC. BY:

REF:

CS3 / FCI1801678 / T1657

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

CWS Eileen Lee

of

FCI

Date/Time:

13/9/2018 5:33pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJH 6688R

Insured:

SHC 8488M

at Workshop m/s

Hong San Hong Wei

Tel:

9109 1660

of

Blk 1002 Bukit Merah Lane 3 #01-85

Policy No:

Claim No:

P18006733MTSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

10/9/2018

(Client's Record)

14-09-2018

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

13/09/2018 5:34pm

Person Contacted:

Sam

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SJH 6688R - NBA / N418016509 / Y DA: 10/09/2018
	SHC 8488M - CS / FCI17022556 / m1662 DA: 23-11-17
	Dismantle: 17/9/2018

FCI

TOTAL

MOTOR SURVEY ASSIGNMENT

Date	11-09-2018	Our Ref No. D18006733MFSH
Accident Date	10-09-2018	Claim Type. Third Party
Insured Vehicle	SHC8488M	Third Party Vehicle. SJH6688R
Survey Location	1002 Bukit Merah Lane 3 #01-85	
Contact Person.	MR SAM	
Contact No.	91091660/ 91091660	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	HONG SAN HONG WEI PTE LTD	Attention. NIL
Cc : TP Solicitor	KSCGP JURIS LLP	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

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	10/09/2018 21:04
Date Of Accident	10/09/2018 08:40
Exact Location Of Accident	BAYFRONT AVE NEAR TO RAFFLES AVE TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH6688R
Insured/Policyholder	
Name Of Registered Owner	TAN TECK KWANG
NRIC No	S1647701Z
Email Address	HSHW85@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98469140
Alternative Phone No	OTHERS-98469140

Vehicle Particulars

Manufacturer	AUDI
Model	A6-2.0 TFSI (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100096758-10
Cover Note Number	

Driver

Name of Driver	TAN TECK KWANG
NRIC No	S1647701Z
Date Of Birth	01/02/1964
Occupation	INDOOR
Date Of Driving Pass	02/04/1987
Driving Experience	31 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98469140
Fax Number	
Contact Number	OTHERS-98469140
Email Address	HSHW85@YAHOO.COM

Address	33 MOUNT SINAI RISE #22-09
Postcode	276954
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	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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)	2
Passenger 1	NAME: : COLLEAGUE GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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	SHC8488M
Vehicle Make/Model/Colour	HYUNDAI SONATA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	ISMAIL
NRIC/Passport Number	S1371800H
Contact Number	91567518
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GP119A
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number YN4738J
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

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:

10/9/18
1230 hrs.

CLARENCE SIGNATURE FORM V.1

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

10/9/18
1230 hrs

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

10/9/2018
Koshi Watarai

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Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SJH6688R		
Vehicle Type :	P10 - Passenger Motor Car		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	AUDI		
Vehicle Model :	A6 2.0T FSI MU CVT ABS D/AIRBAG GAS/D		
Chassis No. :	WAUZZZ4F18N134205		
Propellant :	Petrol		
Engine No. :	BPJ093854		
Engine Capacity :	1984 cc		
Maximum Power Output :	125.0 kW (167 bhp)		
Maximum Laden Weight :	2130 kg		
Unladen Weight :	1550 kg		
Year Of Manufacture :	2008		
Original Registration Date :	30 Jun 2008		
Lifespan Expiry Date :	-		
COE Category :	E - Open Category		
PQP Paid :	\$18,953.00		
COE Expiry Date :	29 Jun 2023		
Road Tax Expiry Date :	29 Jun 2019		
Inspection Due Date :	29 Jun 2019		
Intended Transfer Date :	17 Sep 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00
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.			

You may print this page for reference.

OK

Print

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7701Z
Vehicle Details	
Vehicle No.:	SJH6688R
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Sep 2018
Vehicle Make:	AUDI
Vehicle Model:	A6 2.0T FSI MU CVT ABS D/AIRBAG GAS/D
Primary Colour:	Grey
Manufacturing Year:	2008
Engine No.:	BPJ093854
Chassis No.:	WAUZZZ4F18N134205
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$44,203.00
Original Registration Date:	30 Jun 2008
First Registration Date:	30 Jun 2008
Transfer Count:	0
Actual ARF Paid:	\$44,203.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jun 2023
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$18,953.00
COE Rebate Amount:	\$18,131.00
Total Rebate Amount:	\$18,131.00
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 17 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

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PRE-REPAIR INSPECTION REPORT				
FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI18016782/T1cbs2		
36 ROBINSON ROAD		Date: 30-10-2018		
#16-01 CITY HOUSES SINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHC 8488M	Veh. Inspected	SJH 6688R	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18006733MFSH	Excess (\$)	0.00	
Assign From	EILEEN LEE	Assign Date	13/09/2018	
2. Vehicle Particulars & Condition				
Make & Model	AUDI A6	c.c	1984	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	WAUZZZ4F18N134205	Colour	GREY	
Odometer	227690 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	245/45R17	MICHELIN	6 mm	
L/H Front Tyre	245/45R17	MICHELIN	6 mm	
R/H Rear Tyre	245/45R17	MICHELIN	6 mm	
L/H Rear Tyre	245/45R17	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	10/09/2018	Inspect Date / Time	14/09/2018 (03:00 PM)	
Survey held at	HONG SAN HONG WEI PTE LTD 1002 BUKIT MERAH LANE 3 #01-85 ALEXANDRA VILLAGE IND'L EST SINGAPORE 159719			
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: \$32,000.00				

Report Ref No. CS3/FCI18016782/T1cbs2

Inspected By



MOHAMAD TAUFIKH

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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