SS, REC. BY	REF CS3/FC\$180/7619 GC	d332 Special Instruction
CUS LUVENE YUW	ASSIGNMENT (Office)	Date/Time 26/9/188 5.52pm
Estimated Cost	Bill to:	1
OD (DE) WS / TP RES / OD R Fo Inspect Vehicle No	SMD 3501B	Insured: SHC0059 X
nt Workshop m/s	Bw workshop	Tel: 6289 8800/67458800
of	30 Ubi Road 4	22 23
Policy No:	Claim No:	818007063MFSH
Sum Insured:	Excess,	
Make of Veh: (Client's Record)		D.O.A 10 09 2018
CA / REV / REP. / REV 24	HRS (UP)	28/9/18@ 3-30pm - Apm. H.O.D. Endorsement
Date/Time: 10 380002710		Vehicle_IN/(OUT)
Date/Time Action/Instruction	(X) Estimate	
8MD350	DIB-X	
8HC0050	1x-cs/fc116013545/U	VBQ2 DOA: 20/7/16
		•
1		



MS First Capital Insurance Limited Co.Reg. No. 195000106C 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 069877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date

26-09-2018

Our Ref No. D18007063MFSH

Accident Date

10-09-2018

Claim Type. Third Party

Insured Vehicle

SHC0059X

Third Party Vehicle. SMD3501B

Survey Location

30 UBI ROAD 4

Contact Person.

INN EE WONG

Contact No.

62898800/0

Fax No. 68582120

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

BW WORKSHOP

Attention, NIL

Cc : TP Solicitor

SERVICES PTE LTD C YOGARAJAH LLC

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

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

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 14:15	
Date Of Accident	10/09/2018 07:10	
Exact Location Of Accident	TAMPINES STREET 21	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD3501B	
Insured/Policyholder		
Name Of Registered Owner	QIU JIAN HUA	
NRIC No	S7861867A	
Email Address	1867QJH@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-93865715	
Alternative Phone No	OTHERS-93865715	

Vehicle Particulars

HONDA Manufacturer

SHUTTLE-1.5 (A) Model

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

LIBERTY INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

SD18V09199/VPC/R00

Cover Note Number

Driver

QIU JIAN HUA Name of Driver S7861867A NRIC No 02/12/1978 Date Of Birth INDOOR Occupation 15/06/2010 Date Of Driving Pass

8 YEARS AND 2 MONTHS **Driving Experience**

Gender

MALE

Mobile Number

(LOCAL) +65-93865715

Fax Number

OTHERS-93865715 Contact Number EMail Address 1867QJH@GMAIL.COM

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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
- Information provided must be as truthful and excurate as possible. Any wilful misrepresentation or withholding of material.
 facts may allow insurance companies to repudiate policy liability.
- 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.
- 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 insurabled parties.
- 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)

Lunderstand, 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 hersonal 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:
 - 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, bandling 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 stured / disclosed:
 - 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:

Oriver'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:	Cincon and MDIC
Owner ID:	Singapore NRIC
Vehicle Details	1867A
Vehicle No.:	SMD3501B
Vehicle to be Exported:	No No
Intended Deregistration Date:	01 Oct 2018
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	LEB6560704
Chassis No.:	GP71217032
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$24,104.00
Original Registration Date:	15 Aug 2018
First Registration Date:	15 Aug 2018
Transfer Count:	0
Actual ARF Paid:	\$15,746.00
Intended PARF Rebate Details	#15,7 FO.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Aug 2028
PARF Rebate Amount:	\$11,809.00
Intended COE Rebate Details	2000年中国《大学·大学·大学·大学·大学·大学·大学·大学·大学·大学·大学·大学·大学·大
COE Expiry Date:	14 Aug 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$34,381.00
COE Rebate Amount:	\$33,928.00
Total Rebate Amount:	\$45,737.00

The information contained herein is correct as at 01 Oct 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 CS3/FCI18017619/Gcd3s2 Ref: FIRST CAPITAL INSURANCE LTD 03-10-2018 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 Code: FCI2 Policy Particulars :- (THIRD PARTY CLAIM) 1. SMD 3501B SHC 59X Veh. Inspected Insured Veh. 0.00 Coverage (\$) Policy No. 0.00 D18007063MFSH Excess (\$) Claim No. 26/09/2018 Assign Date LURENE JAW Assign From Vehicle Particulars & Condition 2. 1496 HONDA SHUTTLE Make & Model C.C 2018 HIDDEN Year of Reg. Engine No. WHITE Colour Chassis No. GP71217032 Steering IN ORDER 001098 KM Odometer NII IN ORDER Modification Brakes GOOD General Conditions of Tyres Make Balance Size YOKOHAMA 9 mm 205/45R16 R/H Front Tyre 9 mm 205/45R16 YOKOHAMA L/H Front Tyre YOKOHAMA 9 mm 205/45R16 R/H Rear Tyre 9 mm 205/45R16 YOKOHAMA L/H Rear Tyre **Description of Damages** 4. THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. General Information 5. 28/09/2018 (03:45 PM) **Accident Date** 10/09/2018 Inspect Date / Time BW WORKSHOP SERVICES PTE LTD Survey held at 30 UBI ROAD 4 SINGAPORE 408615 Remarks 5a. 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:\$83,000.00

Report Ref No. CS3/FCI18017619/Gcd3s2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

Tu

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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