

ASS. REC. BY: _____ REF: CS3/FCI18018015/ Accl3^{S2} Special Instruction: _____

Surveyor: Adrian WS ASSIGNMENT (Office)

From (Person): May chua of FCI Date/Time: 4/10/18 @ 1:58pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLZ 8930J Insured: SHD 7090C

at Workshop m/s: Platinum Werkz Tel: 8826 1413 / 8118 5453

of 53 ubi Ave 1 # 01-25

Policy No: _____ Claim No: D18007266 MFSTH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 3/10/18

(Client's Record) _____ H.O.D. Endorsement: 5/10/18 @ after 10am

CA / REV / REP. / REV 24 HRS (up) _____

Date/Time: 2:54pm @ 4/10/18 Person Contacted: Dora Vehicle: IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SLZ 8930J - NA / INC 18017967/24 DOA: 3/10/18
	SHD 7090C - NA / INC 18017967/24 DOA: 3/10/18

REF: FCI

ASSIGNMENT

From: Date: 5/10/18

Veh No: SLZ8930J Yr Regn: 2018 May

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No: SLZ 8930J
at Workshop m/s: Platinum Werkz
of 53 Ubi Ave 1 # 01-25

Make: Honda Shuttle C.C. 1496
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Reading: 37965 T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No:

C/No: GPT1207469

Claims No:

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

After 10am

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Tyre Size: F: 185/60R15

R: 185/60R15

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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent?: Yes or No

R/Bal. 06 mm

R/Bal. 06 mm

GIA / PR Seen:

Consistent?: Yes or No

L/Bal. 06 mm

L/Bal. 06 mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

D.O.I. 05/10/18 1.16pm

Lump Sum:

%

3 Val.: Yes or No

Survey held at Platinum

CA / REV / REP. / 24 HRS up

Des. of Damages: Frt / Rear / O/S (N/S) / UIC / Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

8/10

TP 1st Cap. ~~PR~~ PRS.
Submit PRS report.

RECEIVED 08 OCT 2018

Date/Time, File Pass to?

: Preli. Report

Days Of Repair:

1)

: Final Report

Resurvey No. of Trip: -

Survey Fee:

Date/Time, File Return to?

2)

Add Fee:

Site Insp (\$

Transportation:

Interview (\$

) \$ + RE. SI

Tech. Invs (\$

) Photos

Weekend (\$

) Others

Report Format: PRS

Lump Sum / I.B.I. (\$

TOTAL

MOTOR SURVEY ASSIGNMENT

Date	03-10-2018	Our Ref No. D18007266MFSH
Accident Date	03-10-2018	Claim Type. Third Party
Insured Vehicle	SHD7090C	Third Party Vehicle. SLZ8930J
Survey Location	53 Ubi Avenue 1 #01-25 Paya Ubi Industrial Park	
Contact Person.	DORA	
Contact No.	88261413/ 81185453	Fax No. 62666925
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	PLATINUM WERKZ	Attention. NIL
Cc : TP Solicitor	SATWANT & ASSOCIATES	TP Solicitor Fax No. 6266 6925
Officer Incharge	MAY CHUA	

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	03/10/2018 14:24
Date Of Accident	03/10/2018 09:05
Exact Location Of Accident	NG TENG FONG GENERAL HOSPITAL TOWER A TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8930J
Insured/Policyholder	
Name Of Registered Owner	TTS COMMUNICATION
Co Reg No	53098129K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91458855
Alternative Phone No	OFFICE-91458855

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5100547050
Cover Note Number	

Driver

Name of Driver	SEAH BOON TING @HENG HUAT JEE
NRIC No	S1574710B
Date Of Birth	13/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1983
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91458855
Fax Number	
Contact Number	OFFICE-91458855
Email Address	NOEMAIL

Address	BLK 791 WOODLANDS AVENUE 6 #05-603
Postcode	730791
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	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

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

REFER TO STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7090C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TENG CHIEW NAM
NRIC/Passport Number	S1537613I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SEAH BOON TING @HENG HUAT JEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLZ8930J
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 Authorised 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.

2. 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:

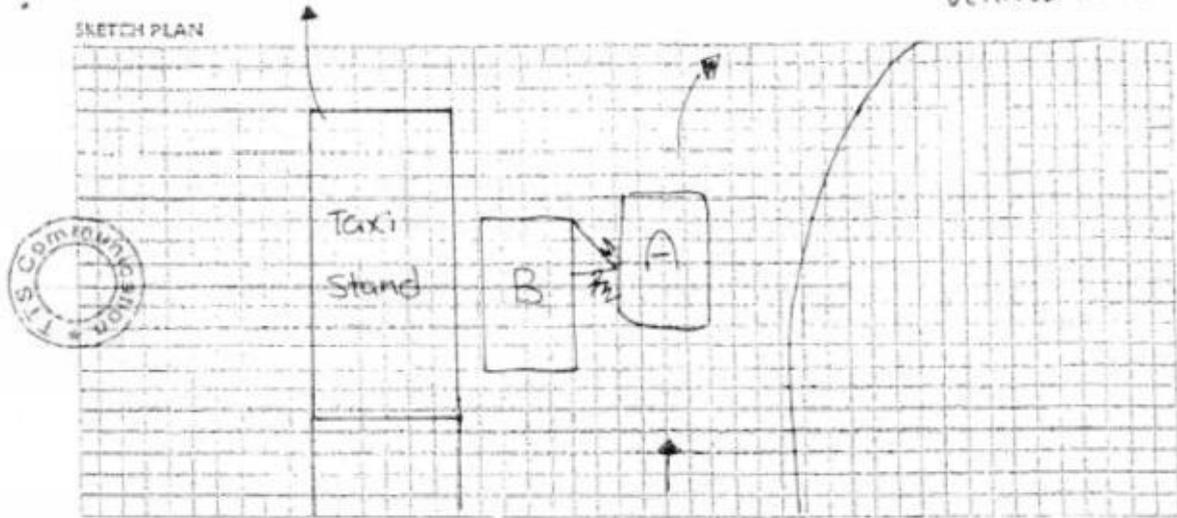
Reporting Centre Personnel's Signature
Name:
NRSG/FIN No.:

Accident Sketch Plan

Ng Teng Fong General Hospital
TOWER A, Taxi Stand

VEHICLE A:
SLZ 89307
VEHICLE B: SHD 7090C

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A is moving on lane. Vehicle B is stationary on taxi stand. Approaching, Vehicle B ~~car door~~ driver open car door and caused the accident and impact to Vehicle A.

DECLARATION
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/PIN No.:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	8129K
Vehicle Details	
Vehicle No.:	SLZ8930J
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Oct 2018
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	LEB6549194
Chassis No.:	GP71207469
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$20,531.00
Original Registration Date:	22 May 2018
First Registration Date:	22 May 2018
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 May 2028
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	21 May 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$38,600.00
COE Rebate Amount:	\$37,031.00
Total Rebate Amount:	\$40,781.00

The information contained herein is correct as at 08 Oct 2018

OK



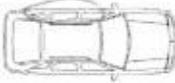
LKK Auto Consultants Pte Ltd

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

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PRE-REPAIR INSPECTION REPORT			
FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18018015/Acd3s2 Date: 09-10-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHD 7090C	Veh. Inspected	SLZ 8930J
Policy No.		Coverage (\$)	0.00
Claim No.	D18007266MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	04/10/2018
2. Vehicle Particulars & Condition			
Make & Model	HONDA SHUTTLE	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	GP71207469	Colour	SILVER
Odometer	37965 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/60R15	YOKOHAMA	6 mm
L/H Front Tyre	185/60R15	YOKOHAMA	6 mm
R/H Rear Tyre	185/60R15	YOKOHAMA	6 mm
L/H Rear Tyre	185/60R15	YOKOHAMA	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.			
5. General Information			
Accident Date	03/10/2018	Inspect Date / Time	05/10/2018 (01:16 PM)
Survey held at	PLATINUM WERKZ PTE. LTD. 53 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934		
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/FCI18018015/Acd3s2

Inspected By

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M,MATAI

Licensed Appraiser

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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