SULVEYOF:	- Adrian Luw		MENT (Office)		ate/Time: 5/10/18@ 11.28CM
From (Person Estimated Cos		of	102	D:	ate/1 me: 311011619 11 760
	7 TP RES / OD RES /	EVA/INV/M	Bill to:		1679
To Inspect Ve		SLI 80		Insured:	SHB 3597 4
at Workshop i		1	Teck		6747 9241
of	I Kaki Byct Av		1-43 Autok		
Policy No:			Claim No:	D1800	7280 MFSH
Sum Insured:			Excess:		
Make of Veh:				D.	8101c A.O
(Client's Record CA / REV Date/Time:	rep. / REV 24 HR -33am@s 0 18	S 14p ² Person Contact	ed: Suku		H.O.D. Endorsement:
Date/Time	Action/Instruction () Estim	ate		
	811 809P-	COLOMA 181	009949/	Irdan 2	DoA: 31/5/18
_	010 22974-	45/31/010		511 0011	Post

ASSIGNMENT

From: Date:	Veh No. SLJ809P - Yr Regn: 2016 / NOV
Estimated Cost: -	Type M.Carl 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:	Make: Harden Verel- co 1496
at Workshop m/s	Colour Silves. A/C: Insured / Std / NI / NA
of	Sp.Reading 3 4041 T/Radio: Insured / Std / NI / NA
Insured.	Eng/No:
Policy No.	C/No: RU11203180 .
Claims No.	Gen. Cond. Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering (norder) Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil (S/Rim / STD A/Rim or
	Tyre Size: F: 215/60 P-16-
(Policy Condition)	R: 215/60R16.
Remark: The veh had commenced its	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	o R/Bal. Ob mm R/Bal. Ob mm
GIA / PR Seen: Consistent? : Yes or N	o L/Bal. Q6 mm L/Bal. Q6 mm
Est Repairs: days Res.: Yes or M	No D.O.A. D.O.I. D.S/10/18 Live
Lum Sum: % 3 Val.: Yes or M	
CA / REV / REP. / 24 HRS	Des. of Damages: Frt) Rear / O/S / N/S / U/C / Rooftop or
170 PM - 17 TAN 177 PM - TAN AND SAN TAN A	icle: IN / OUT
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction TP / ST Cap.	•
MV:721C PV:51K- Hett:21K-	RECEIVED 0 7 JUN 2019
6/6/19 Submit PRS-mv: \$ 72	K(ESH) LTA: \$ 50,936 NV: \$ 21,064
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation.
all - typist	Add Fee: Site Insp (\$)_s+Rs_si
	: Interview (\$) Photos
Report Format :	Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$: Weekend (\$
	TOTAL



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 Underwiting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date

04-10-2018

Our Ref No. D18007280MFSH

Accident Date

02-10-2018

Claim Type. Third Party

Insured Vehicle

SHB3597U

Third Party Vehicle. SLJ809P

Survey Location

1 KAKI BUKIT AVE 6 BLK C #01-43 AUTOBAY@KAKI BUKIT

Contact Person.

REENA

Contact No.

67479241/0

Fax No. 67417276

Survey Type

WITHOUT PREJUDICE: PENDING VF FROM ID TO DETERMINE LIABILITY

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

NEW HOCK TECK MOTOR 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.

Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Monday, 8 October 2018 8:19 AM

To:

'Claim Workflow System'

Cc:

LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR

Subject:

RE: SURVEY ASSESSMENT - D18007280MFSH/1, SLJ 809P

Dear Sir/Madam,

Please be informed that we have inspected the vehicle on SLJ 809P.

We are pending estimate from repairer.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Friday, 5 October 2018 11:33 AM

To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D18007280MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System [mailto:cwsmotorclaims@msfirstcapital.com.sg]

Sent: Friday, 5 October 2018 11:27 AM To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; LURENEJAW@MSFIRSTCAPITAL.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D18007280MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey. Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited

Tel: 6507 3848 Fax: 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



This email has been checked for viruses by AVG antivirus software. www.avg.com MSME18127986 / SME Mator Pie Ltd - Kaki Bukit ENTRY DATE & TIME: 02/10/2018 17 44 SUBMITTED BY: Chia Pei Ying.

SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 7. By the ladgement 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	02/10/2018 17:44	
Date Of Accident	02/10/2018 14:20	
Exact Location Of Accident	SUNRISE WAY & YIO CHU KANG	
Country/State of Loss	SINGAPORE	

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ809P	

Insured/Policyholder

Name Of Registered Owner BIZLINK RENT-A-CAR PTE LTD

 Co Reg No
 200402911Z

 Email Address
 NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-92434885

Vehicle Particulars

Manufacturer HONDA

Model VEZEL

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?

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 999994542/100786817-00000

Cover Note Number

Driver

Name of Driver NG SENG YUEN DOMINIC

 NRIC No
 S7520829D

 Date Of Birth
 09/07/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 07/01/1994

Driving Experience 24 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98382364

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 945 HOUGANG ST 92 #12-153

Postcode

530945

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD ON COLLISION

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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: CHONG YIN LENG

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

I WAS TRAVELLING STRAIGHT ALONG SUNRISE WAY. I SLOWED AND STOPPED MY VEHICLE AT THE STOP LINE TO CHECK FOR ONCOMING TRAFFIC. AFTER MAKING SURE THAT TRAFFIC WAS CLEAR, THEN I PROCEED TO MOVE FORWARD. SUDDENLY, VEHICLE B CAME AT A VERY FAST SPEED AND HIT ONTO MY FRONT LEFT PORTION OF MY VEHICLE. THE STRONG IMPACT CAUSED MY VEHICLE TO SKID AND MOUNTED THE KERB AND LANDED ON GRASS LAND. AFTER THE ACCIDENT, I SUFFERED BRUISESON MY ARM, KNEES AND ELBOW.

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

SHB3597U

Vehicle Make/Model/Colour

VEHICLE B

Details Of Properties Vehicle Category

PRIVATE CAR

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

NG SENG YUEN DOMINIC

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLJ809P

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
- 7 This Form must be sampleted by the Policyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to resultiate 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 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:
 - 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")
- 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.
- (t) the information so collected under (ii) above may be shared / 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
 - (iii) 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:

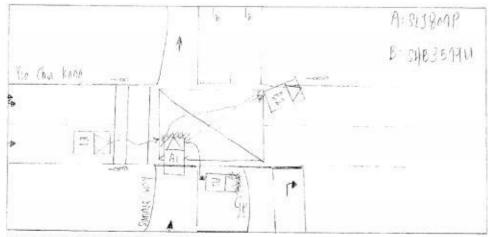
Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

JUNEAU SEEDSTERFER 42

NEW MOCE TECK

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	t along Sunvice way.
I slowed and stopped	al my vehicle of the stop line to
After making sure	that traffic was clear, then orward.
I proceed to move t	Drwava -
Suddenly, vehicle "B	" came at a very fent speed
ind hit onto my fuoi	nt left portion of my vehicle : awed my vehicle to skid and I landed on grass land.
mounted kerb and	landed on grass land.
offer the accident, 1	suffered bruges on my
arm and knees a	nd elbows.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Cate & Time:

Name: NRIC/FIN No.:

Reporting Cantro Parsonnel's Signature

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

2911Z

Vehicle Details

Vehicle No.:

SLJ809P

Vehicle to be Exported:

Yes

Intended Deregistration Date:

02 Oct 2018

Vehicle Make:

HONDA

Vehicle Model:

VEZEL 1.5X CVT

Primary Colour:

Silver

Manufacturing Year:

2016

Engine No.:

L15B4403180

Chassis No.:

RU11203180

Maximum Power Output:

96.0 kW (128 bhp)

Open Market Value:

\$22,548.00

Original Registration Date:

28 Nov 2016

First Registration Date:

28 Nov 2016

Transfer Count:

0

Actual ARF Paid:

\$13,568.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

27 Nov 2026

PARF Rebate Amount:

\$10,176.00

Intended COE Rebate Details

COE Expiry Date:

27 Nov 2026

COE Category:

A - Car up to 1600cc & 97kW

(130bhp)

COE Period(Years):

10

QP Paid:

\$50,951.00

COE Rebate Amount:

\$40,760.00

Total Rebate Amount:

\$50,936.00

The information contained herein is correct as at 02 Oct 2018

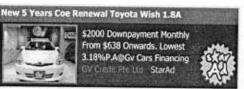
OK



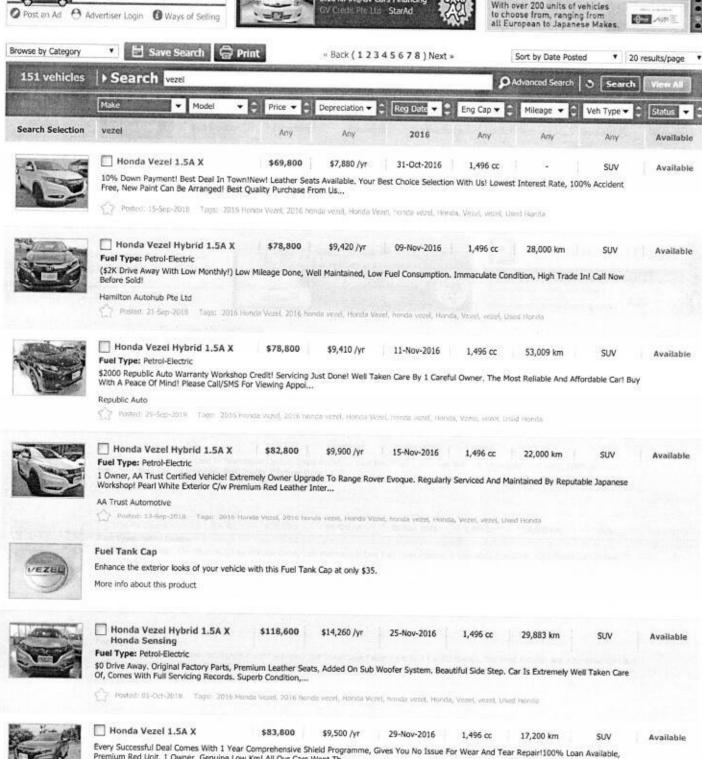












Hua Yang Credit Pte Ltd

Premium Red Unit, 1 Owner, Genuine Low Kml All Our Cars Went Th...

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Posted 13-Sep-2016 Tags: 2016 Honda Vezel, 2016 honda vezel, Honda Vezel, honda vezel, Honda Vezel, Vezel, Used Honda

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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 Ref: CS3/FCI18018097/Avd3s2 MS FIRST CAPITAL INSURANCE LTD Date: 24-06-2019 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 Code: FCI2 Policy Particulars :- (THIRD PARTY CLAIM) 1. **SLJ 809P** SHB 3597U Veh. Inspected Insured Veh. 0.00 Policy No. Coverage (\$) D18007280MFSH 0.00 Claim No. Excess (\$) 05/10/2018 LURENE JAW Assign From Assign Date Vehicle Particulars & Condition Make & Model HONDA VEZEL C.C 1496 2016 HIDDEN Year of Reg. Engine No. RU11203180 Colour SILVER Chassis No. IN ORDER 34041 KM Steering Odometer SPORTS RIM IN ORDER Modification Brakes GOOD General **Conditions of Tyres** Size Make Balance 6 mm 215/60R16 DUNLOP R/H Front Tyre 215/60R16 DUNLOP 6 mm L/H Front Tyre 215/60R16 DUNLOP 6 mm R/H Rear Tyre DUNLOP 6 mm L/H Rear Tyre 215/60R16 4. **Description of Damages** THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. 5. **General Information Accident Date** 02/10/2018 Inspect Date / Time 05/10/2018 (11:12 AM) Survey held at NEW HOCK TECK MOTOR PTE LTD 1 KAKI BUKIT AVENUE 6 #01-43 AUTOBAY @ KAKI BUKIT SINGAPORE 417883 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:\$72,000.00

Report Ref No. CS3/FCI18018097/Avd3s2

Inspected By

X:S:

Licensed Appraiser

ADRIAN LING WAI PING

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

W TAILCE

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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