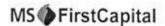
ASS. REC. BY: CUTYOUT : From (Person)	MY-Lim ASSIGNMENT (Office) Levelle your of FCI Date/Time: 18/10/18/05/16/pm
Estimated Cost OD TP WS To Inspect Veh at Workshop m of	TEP RES / OD RES / EVA / INV / MV / CS SLF 9392K Insured: SHC 0199M Tel: 97594397 / 6844 4615
Policy No:Sum Insured:_ Make of Veh:	Excess:
	REP. / REV 24 HRS (Up) 9 10 10 9 A 7 AM Person Contacted: Vehicle IN OUT
Date/Time	Action/Instruction (X) Estimate 8LF 9392K-NATINC 18618799/24 8HC194M-NATINC 18018799/24 DOA: 12/16/18
-	Digmantle: 19/10/2018.

ASSIGNMENT

Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: To yo far Estima Acras & 2362 Make: To yo far Estima Acras & 2362 Colour Shive Alc: Insured / Std / Ni / NA Sp. Reading 1539 # 1 T/Radio: Insured / Std / Ni / NA Eng/No: Acras & Colour Shive Acras & Colour Shi	From:	Date: 19/10/2018	Veh No: SLF 9392 K Yr Regn: 29/12/2008
To imperd Vehicle No. SIF 9392K at Workshop mis Benz Body kit at S3 Ubi hvel # 05-15 Insured Sim No. Sp. Reading 5391 TiRadio Insured Std Ni Na. Std Std Std Ni Na. Std Std Std Ni Na. Std Std Std Ni Ni Ni Ni Ni Ni Ni N	Estimated Cost:		
To inspect Vehicle No: SEP 392K at Workshop mis Benz Body kil of 53 Ubi hve # 05-15 Insured 55 Ubi hve # 05-15 Insured 56 Ubi hve # 05-15 Insured 57 Ubi hve # 05-15 Insured 58 Ubi 5	OD TP WS / TP RES / OD F	RES / EVA / INV / MV	Truck / Trailer or
at Workshop mile of 53 Ubi Ave # 05 - 15 Insured for 53 Ubi Ave # 05 - 15 Insured So, Reading 153 H T/Radio Insured I Std I NI I NA Eng No: 2 & F22 6 5 8 4 7 7 Gen. Cond. Good/ Fair I Poor I Burnt Steering: Morder J Jammed J Leaked / Burnt or Brake: Noider / Jammed J Leaked / Burnt or Brake: Noider / Jammed J Leaked / Burnt or Mode: NII (SRIM STD A/RIM or Tyre Size F: 235 / # 5 K 8 BS / DUN / EXNOVA (GY / FS LIZA / Mile) Or INTO I YOU O' O' O' Etcon! Bal. or Market Value: IDAC Acident Rport: Consistent? Yes or No Ett Repairs: 3 days Res: Yes or No Ett Repairs: 3 days Res: Yes or No CA / REV / REP. / 24 HRS Osta / Time Action / Instruction Ave 3 5 5 0 D Remarket Value: Person Condacted: In I Out Oste / Time Action / Instruction Ave 3 5 5 0 D Remarket Value: Person Condacted: Description of Value of State of Description of Transportation of Transpo		10 10 10 10 10 10 10 10 10 10 10 10 10 1	Make: Toyota Estima Acras & 2362
EngNo	at Workshop m/s	Ronz Body Kit	Colour Shivov A/C Insured / Std / NI / NA
EngNo	of 52 Ubi	Avel # 05-15	Sp.Reading 15394 T/Radio: Insured / Std / NI / NA
Claims No. Sum insured: (Client's Record) Make of Veh: Folicy Condition) Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: IDAC Accident Rport: Consistent? Yes or No Ball or Market Value: IDAC Accident Rport: Consistent? Yes or No Call / Rev / Rep. / 24 Hrs Person Contacted: Person No. Person Contacted: Person No. Person No. Person No. Person Contacted: Person No.			
Glaims No. Sum Insured: Excess: Client's Record) Make of Veh: FOR Q Q 9 15 9 13 9 7 (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail, or Market Value. IDAC Accident Rport: Consistent?: Yes or No. Gla / PR Seen: Consistent?: Yes or No. Lum Sum: 3 Val: Yes or No. CA / REV / REP. / 24 HRS Date: Time Action / Instruction Action / Instruction Person Contacted: Date/ Time Action / Instruction Action / Instruction Date/ Time Action / Instruction Action / Instruction Date/ Time Action / Instruction Date/ Time Action / Instruction Action / Instruction Date/ Time Action / Instruction Action / Instruction Date/ Time Action / Instruction Action / Instruction Action / Instruction Action / Instruction Date/ Time Action / Instruction Action / Instruction / Instruction / Instruction Action / Instruction / Instruction / Instruction / Instruction	MA CONTRACTOR		195
Sum Insured: Excess:	STATE WAS		
Make of Veh: Toe @ 97594397 Modi: Nil (Sirgin / STD AIRim or Tyre Size: F: 235/45 PC Remark: The veh had commenced its repair at the time of inspection. NiS O/S repair at the time of inspe	Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
Modi: Nil (Sirgin / STD ARim or Tyre Size: F: 235/45/3 Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS W Date: Person Contacted: Ni / OUT Date / Time	2700 W 1000 W		Brake: horder / Jammed / Leaked / Burnt or
Tyre Size: F: 235/45 % 8 R: 235/45 % 8 R		The @ 97594397	Modi: Nil (S/Rim / STD A/Rim or
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Lump Sum / I.B.I: (\$) Weekend (\$)	Report Format : D	ppa .	
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MS First Capital Insurance Limited to 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 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date

17-10-2018

Our Ref No. D18007555MFSH

Accident Date

12-10-2018

Claim Type. Third Party

Insured Vehicle

SHC0194M

Third Party Vehicle. SLF9392K

Survey Location

53 UBI AVENUE 1 #05-15 PAYA UBI INDUSTRIAL PARK

Contact Person.

CINDY TAN

Contact No.

68444617/97594397

Fax No. 68444619

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

BENZ BODYKIT PTE LTD

Attention, NIL

Cc : TP Solicitor

KANNAN SG

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

Fax Number Contact Number

EMail Address

- 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 witholding 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.
- 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	16/10/2018 15:34
Date Of Accident	12/10/2018 19:40
Exact Location Of Accident	KPE (TPE) AFTER JUNC BARTLEY RD EAST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF9392K
Insured/Policyholder	
Name Of Registered Owner	TING AI NEY
NRIC No	S7583841G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94357804
Alternative Phone No	OFFICE-94357804
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA 2.4 AERAS 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084169643-01
Cover Note Number	
Driver	
Name of Driver	CHAN YAN WENG
NRIC No	\$75678501
Date Of Birth	04/02/1975
Occupation	INDOOR
Date Of Driving Pass	24/03/2005
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94357824
F 11 1	3004 (1864-186) (1704-186) (1874-186) (1707-186) (1707-186) (1707-186)

OFFICE-94357824

NOEMAIL

Address

BLK 638A PUNGGOL DRIVE

#06-443

Postcode

821638

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PUNGGOL N.P.C

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20181015/2118.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC194M

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

ANG BUAY KIAT

NRIC/Passport Number

S1424029B

Contact Number

96380187

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

CHAN YAN WENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLF9392K

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
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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)

l 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 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")
- (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:
 - 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.

Accident Sketch Plan

SKETCH PLAN		
	μ\	
	2 1 2	A: 56 F 9392K
1		B: JHC HOVEN
quiblast P		
89	ā	
/	Par l	
	1	
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
perfor to police or	pod-1/2018/04/2015.	
	, , , , ,	
	/	
DECLARATION	1	
/We declare the foregoing part	ticulars are true in every respect.	
	N.	A-
folicyholder's Signature	Driver's Signatury	Jan Jan
Date & Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:

Police Report





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

1 of 3 Report No. T/20181015/2118

REPORT OF A TRAFFIC ACCIDENT

	018 16:11		Vide Report No.	Station Diary No		
Informa	int's Partic	ulars	56			
Name of Informant: CHAN YAN WENG ID Type / ID No.: NRIC NO / S75678501			Address: APT BLK 638A PUNGGO 821638	L DRIVE #06-443 SINGAPORE		
		501	Contact No.:			
	Nationality: SINGAPORE CITIZEN		Home/Office Email	Mobile: 94357824		
Sex: Male	Age:	Date of Birth: 04/02/1975	Type of Informant			
Race: Chinese	Race. Chinese Occupation		Driver Language:	Institute 10		
Occupat			English Driving Licence Information	Institution / School Name:		
FECHNICIAN			Class 2B,3	Date of Expiry		

General Information Type of Accident	Injury Others	Drink	Date/Time of		Estate and	
Location: Others		Drive: No	Accident: 12/10/2018 19:40		Type of Location X-Junction	
AIRPORT RO	AD	Road Surface				
1.61						
				Road	Speed Limit:	
Traffic Flow:		Wet Traffic Control:				
Traffic Flow: Two Way Type of Collisi	on; ng Vehicles - Head	Wet Traffic Control: Traffic Light - Work	sing		Volume	

Vehicle No.	Туре	Make		新州民族、沙兰岛	BOX STORY CONC.	III. A SHEET CO.
SHC194M	taxi	IVIARE	Model	Color	Condition	No of Passenge
SLF9392K	Car					2
5LF9392K	Car				Seriously	•

Loamaged
Use of Pedestrian Crossing, NA

Police Report



T/20181015/2118

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

2 of 3 Report No. T/20181015/2118

CONTINUATION OF REPORT

Name	THE RESIDENCE OF SECTION ASSESSMENT		-		
- Kurring	ang buay kiat	10.11	0.00	STATE OF THE PARTY OF	
Date:		ID N	0.	S1424029B	
Related Vehicle	SHC194M (taxi)				
-	(man)	Cont	act No.	96380187	
Hospital/Clinic	NIL			00000101	
	THE	Class	e of	Class Mil	
	1	Drivin		Class: NIL	
		Licen	ce &	Date of Expiry: NIL	
Date Treatment	NII	Expir	y Date		
No. of Days gran	and Market	Date Discharge	NII		
Driver	ted Medical Leave NIL	Degree of Injury	NIL		
Name	CHANIVANIA		Desay	BSE DECEMBER OF THE PARTY OF TH	
LLCCO NO.	CHAN YAN WENG	ID No		CZEGZGGG	
Related Vehicle		10 110		S7567850I	
veraled venicle	SLF9392K (Car)	-			
		Conta	ct No.	94357824	
	uhi family allala e			The source of th	
Hospital/Clinic	an larrilly clinic & surgen.			Class: 2B,3	
Hospital/Clinic	ubi family clinic & surgery	Class		Class, 2B.3	
Hospital/Clinic	don larriny clinic & surgery	Drivin	g l	Date of Exploy: NIII	
	5.3	Drivin Licen	0 ce &	Date of Expiry: NIL	
Date Treatment	15/10/2018	Drivin Licen Expin	g l	Date of Expiry: NIL	
Hospital/Clinic Date Treatment No. of Days grant	5.3	Drivin Licen	0 ce &	Date of Expiry: NIL	

Brief Details.

On 12/10/2018 at about 1942hrs, I was travelling along Airport Road when the vehicle in front of me braked. I then pressed on my brake too and suddenly the vehicle behind me collided into mine.

We then managed to exchange particulars. No Police or Ambulance attended to the accident.

On 15/10/2018, I went to the clinic to seek medical attention. I was then given 3 days of medical leave.

I wished to state that I have an in-car camera but it is only facing the front part. I do have the rear in-car camera. That is all.

Police Report





Police Station Of Origin; Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 3 Report No. T/20181015/2118

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sr Staff Sgt ADIBAH HANIM BINTE MOHAMED RASIT	Signature Of Informant:
Signature Of Interpreter Not applicable	Date/Time: 15/10/2018 16:11
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp	•

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	3841G	
Vehicle No.:	SLF9392K	
Vehicle to be Exported:	No	
Intended Deregistration Date:	19 Oct 2018	
Vehicle Make:	ТОУОТА	
Vehicle Model:	ESTIMA 2.4 AERAS A	
Primary Colour:	Silver	
Manufacturing Year:	2008	
Engine No.:	2AZF213428	
Chassis No.:	ACR500082470	
Maximum Power Output:	125.0 kW (167 bhp)	
Open Market Value:	\$36,698.00	
Original Registration Date:	29 Dec 2008	
First Registration Date:	29 Dec 2008	
Transfer Count:	2	
Actual ARF Paid: Intended PARF Rebate Details	\$36,698.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	28 Dec 2018	
PARF Rebate Amount: Intended COE Rebate Details	\$18,349.00	
COE Expiry Date:	28 Dec 2018	
COE Category:	B - Car (1601cc & above)	
COE Period(Years):	10	
QP Paid:	\$2,656.00	
COE Rebate Amount;	\$50.00	
Total Rebate Amount:	\$18,399.00	

The information contained herein is correct as at 19 Oct 2018

OK

COE left 2 mth 13 days

MV 23k-24K

19/10/18

Condition(COS)
(01)Betti, (23)Dested (3)Distanced (4)Cracked (15)Cut (6)Scrittched
(07)Deformed (08)Shifted (09)Buckled (10)Broken (11)Necessary (12)Mussing MOTOR CAR (RH) (13)Torn (14)Unconfirmed (15)Not Working

ACTIONLAC)
(1)Replace (√) (2)Repair (X) (3)Check (?)
(4)Not Consistent (NC)

Vehicle No: SLF 9392 L

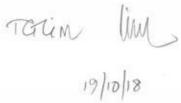
tigm i	Portion	Y.	CON	AC	Otv
NAC		Item	CON	AC	44
316	995327	Frt RH Door	-	-	-
1317	991654	Frt RH Door Protector	-	-	-
1318	991601	Frt RH Door Hinge	-	0.00	-
1319	991685	Frt RH Door Wing Mirror			-
1320	991583	Frt RH Door Garnish			-
1321	991639	Frt RH Door Glass Outer Moulding	_		-
1322	991588	Frt RH Door Glass Inner Moulding	-	-	-
1323	991584	Frt RH Door Glass	-	_	_
1324	991595	Frt RH Door Glass Regulator	4		┡
1325	991596	Frt RH Door Glass Regulator Motor	-	_	
1326	991662	Frt RH Door Rubber			
1327	991636	Frt RH Door Outer Handle			
1328	991607	Frt RH Door Inner Handle			
1329	991625	Frt RH Door Lock w/Key			
1330	991624	Frt RH Door Lock			
1331	991562	Frt RH Door Central Lock		10	
1332	991675	Frt RH Door Switch			
1333	991617	Frt RH Door Inner Trim Board		_	_
1334	991568	Frt RH Door Checker		_	-
1335	991575	Frt RH Door Felt		-	-
1336	991688	Frt RH Door Wire Harness		_	-
1337	991683	Frt RH Door Window Glass Pillar			
1338	991640	Frt RH Door Outer Pillar			
1339	991613	Frt RH Door Inner Pillar			
1340	991646	Frt RH Door Pillar Inner Garnish			
1341	990554	Centre Pillar RH	3		
1342	990543	Centre Inner Pillar RH			
1343	990518	Centre Pillar Upper Garnish RH		1	
1344	990565	Centre Pillar Lower Garnish RH	1.000		
1345	991670	Frt RH Door Step Garnish			
1346	994058	Rocker Panel RH			
1347	994049	Rocker Panel Inner Panel RH		_	_
		Rocker Panel Garnish RH		_	_
1349	994055	Rocker Panel Outer Side Skirt RH			
		Frt Bumper			
		Frt Bumper Bracket			
		Frt Bumper Side Retainer			
1008	991433	Frt Bumper Reinforcement			
1010			133		
1011	_				
1014					
1015					
1030		Frt RH Headlamp Assy			1
1032		Frt RH Side Lamp		-	_
1105	995071	Frt RH Fender		1	-
1107		Frt RH Fender Lamp		-	-
1108	991753	Frt RH Pender Protector		-	-
				1	
	U V SA HAZIMI				
			1111		
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NAC	INC	Item	CON	AC	Qty
350		Rear RH Door	-		
		Rear RH Door Protector		7 4	+
		Rear RH Door Hinge			
1352		Rear RH Door Garnish			
1555	993220	Real RT Door Glass Outer Moulding	-		
		Rear RH Door Glass Outer Moulding	-		
1355	993231	Rear RH Door Glass Inner Moulding	-	-	-
1356	993229	Rear RH Door Glass	-	-	
1357	993289	Rear RH Door Glass Regulator	+	-	-
1358	993240	Rear RH Door Glass Regulator Motor	-	-	-
1359	993294	Rear RH Door Rubber Rear RH Door Outer Handle	+	\vdash	-
1360	993276		-	-	
1361	993251	Rear RH Door Inner Handle	-	-	-
1362	993261	Rear RH Door Lock	-	-	-
1363	993256	Rear RH Door Inner Trim Board		_	1
1364	993218	Rear RH Door Checker		_	-
1365	993230	Rear RH Door Glass Channel			
1366	993242	Rear RH Door Glass Triangle Garnish			
1367	993285	Rear RH Door 1/4 Glass	_	_	
1368	993288	Rear RH Door 1/4 Glass Rubber			
1369	993287	Rear RH Door 1/4 Glass Pillar		_	
1370	993306	Rear RH Door Step Garnish			
1371	993309	Rear RH Door Switch			
1334	994070	Roof Top Panel			1
1010	800100	Roof Top Moulding			
		Roof Top Air-bag			
		Roof top Air-bag	-	+	+
	994084	Roof Top Air-bag Sensor	1	1	+
	994083		DD	10	1
1141	992958	Rear Bumper	10	+v	+
1147	992976	Rear Bumper Bracket	NEC	V	2
1148	993068	Rear Bumper Side Retainer	7	+	1-
1149	993045	Rear Bumper Reinforcement	7	+	+
1151	993077	Rear Bumper Sponge	-	+	+
1153	993040	Rear Bumper Protector	+	+	+
1155	993026	Rear Bumper Moulding	-	+	+
PI57	993023	Rear Bumper Lower Spoiler	00	17	+
1166	995116	Rear RH Taillamp	BR	PR	1
1228	993456	Rear RH Fender	SCR	K	X
1229	993450	Rear RH Fender Protector	+-	+-	+
1136	990247	Sticker	100	-	+.
		Rear bumper raffertist RH	BR	V	1
	1	San transfer and the same and t		-	1
	A reservo	Real reverse sensor	DL	V	11
V.	Š		200	-	1
		Rear Tow hook consor RH	SCR	18	4X
	2.00		_	-	-
			_	-	-
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			_		

No of Items:

Assessor: Ta Lim

Repair days 3





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 INS	SPECTION REPORT		
	ST CAPITAL INSUI	RANCE LTD	Ref: CS3/FCI18019025/Bcd3s2		
	OBINSON ROAD 01 CITY HOUSES	INGAPORE 068877	Date: 24-10-2018		
			Code: FCI2		
1.		Policy Particular	s :- (THIRD PARTY CLAIM)		
	Insured Veh.	SHC 194M	Veh. Inspected	SLF 9392K	
	Policy No.		Coverage (\$)	0.00	
	Claim No.	D18007555MFSH	Excess (\$)	0.00	
	Assign From	LURENE JAW	Assign Date	18/10/2018	
2.		Vehicle Pa	rticulars & Condition		
	Make & Model	TOYOTA ESTIMA AERAS A	c.c	2362	
	Engine No.	HIDDEN	Year of Reg.	2008	
	Chassis No.	ACR500082470	Colour	SILVER	
	Odometer	153941 KM	Steering	IN ORDER	
	Brakes	IN ORDER	Modification	SPORTS RIM	
	General	GOOD			
3.		Cond	litions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	235/45R18	MICHELIN	6 mm	
	L/H Front Tyre	235/45R18	MICHELIN	6 mm	
	R/H Rear Tyre	235/45R18	MICHELIN	6 mm	
	L/H Rear Tyre	235/45R18	MICHELIN	6 mm	
4.		Descrip	otion of Damages		
	THE VEHICLE SU	STAINED DAMAGES AT THE R	EAR O/S PORTION.		
5.		Gene	ral Information		
	Accident Date	12/10/2018	Inspect Date / Time	19/10/2018 (10:30 AM)	
	Survey held at	BENZ BODYKIT PTE LTD			
		BLK 53 UBI AVE 1 #05-15 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934			
5a.			Remarks	State State	
	B) THE REPAIR E THE REPAIRER V	ON WAS CONDUCTED ON A "V STIMATE WAS NOT PRESENTE VAS TOLD TO PREPARE THE E EASE FIND DAMAGED VEHICL E:\$23,500.00	ED AT THE TIME OF INSPECTI STIMATE:	ON.	

Report Ref No. CS3/FCI18019025/Bcd3s2

Inspected By

lin

LIM TEOW GUAN

K.K.LAU CPT(RET)

Asst. Automotive Assessor

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

REGD Auto Consultant-SAE, Licensed Appraiser

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