

ASS. REC. BY:

REF (S3)

FCI 18019245 / Kcd3⁵²

Special Instruction:

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Lurane yw

of

PCI

Date/Time: 22/10/18 @ 5:21pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMC 6037K

Insured:

SHC 0850C

at Workshop m/s

Ding Auto

Tel:

64071429 /

of

10 Sin Ming Ind. Est 8cc-C #01-20

Policy No:

Claim No:

D18007531MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

13/10/2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

10:26am @ 22/10/18

Person Contacted:

Hui Qin

Vehicle:

IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

SMC 6037K - X

SHC 0850C - X

ASS. REC. BY:

REF: FCZ/Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 872k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 10 days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

29/10 File pass to Catherine, no est.Veh No: PMC 6037KYr Regn: 07.18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai ElantraC.C. 1591Colour: M. Red

A/C: Insured / Std / NI / NA

Sp. Reading: 20034

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: HMHD841CMJU704629Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Nexen

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 13/10/18D.O.I. 23/10/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or8/12

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

: Fixing

: Others

TOTAL

Report Format: PRE.

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

MOTOR SURVEY ASSIGNMENT

Date	16-10-2018	Our Ref No. D18007531MFSH
Accident Date	14-10-2018	Claim Type. Third Party
Insured Vehicle	SHC0850C	Third Party Vehicle. SMC6037K
Survey Location	10 SIN MING INDUSTRIAL EST SECTOR C #01-20	
Contact Person.	HUIQIN	
Contact No.	64071429/ 88668832	Fax No. 64071427
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	UNKNOWN	Attention. NIL
Cc : TP Solicitor	A P LAW PRACTICE	TP Solicitor Fax No. 64071427
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

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. 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	15/10/2018 18:33
Date Of Accident	13/10/2018 23:55
Exact Location Of Accident	ALONG PIE EXIT EUNOS TO BEDOK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC6037K
Insured/Policyholder	
Name Of Registered Owner	TAN KENDRICK
NRIC No	S9406231D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88269925
Alternative Phone No	OFFICE-88269925

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P/2157051
Cover Note Number	

Driver

Name of Driver	OUH LAY KENG
NRIC No	S1796562Z
Date Of Birth	19/08/1967
Occupation	INDOOR
Date Of Driving Pass	10/09/1996
Driving Experience	22 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-88269925
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	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) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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 STATEMENT

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	SHC850C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA CHEE SIONG
NRIC/Passport Number	S8039957Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK3825S
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	CHEE YEW CHENG
NRIC/Passport Number	S8163276E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	OUH LAY KENG
Approximate Age	
Injuries Sustain	NECK SHOULSER AND WAIST (BACK)
Injured person in which vehicle?	
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Common Statement


SKETCH PLAN


IMPORTANT NOTICE


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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reassess 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 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.
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 claim(s);
 - (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/are 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 (a) 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:

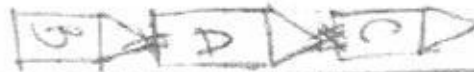

Driver's Signature
(if driver is not the policyholder)
Date & Time:


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

Sketch Plan

SKETCH PLAN

A=SMC6037K B=SHC310C C=BLK3825S



ALONG PIE FROM EUNOS EXIT
TO BEDOK EXIT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/10/2018 about 23:57 I was drive along PIE after Eunos EXIT to Bedok EXIT. I was slow down my car because the slow traffic out of sudden taxi from behind hit onto my rear vehicle and it causes my car hit the front car and chain collision happen. I had injury and given two days MC.

DECLARATION

I/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/ID No

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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6231D
Vehicle Details	
Vehicle No.:	SMC6037K
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Oct 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	G4FGJU205871
Chassis No.:	KMHD841CMJU704629
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$12,340.00
Original Registration Date:	12 Jul 2018
First Registration Date:	12 Jul 2018
Transfer Count:	0
Actual ARF Paid:	\$12,340.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Jul 2028
PARF Rebate Amount:	\$9,255.00
Intended COE Rebate Details	
COE Expiry Date:	11 Jul 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$25,000.00
COE Rebate Amount:	\$24,282.00
Total Rebate Amount:	\$33,537.00

The information contained herein is correct as at 24 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		Ref: CS3/FCI18019245/Kcd3s2		
36 ROBINSON ROAD		Date: 25-10-2018		
#16-01 CITY HOUSES SINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHC 850C	Veh. Inspected	SMC 6037K	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18007531MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	22/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI ELANTRA (A)	c.c	1591	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	KMHD841CMJU704629	Colour	METALLIC RED	
Odometer	20034 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65R15	NEXEN	8 mm	
L/H Front Tyre	195/65R15	NEXEN	8 mm	
R/H Rear Tyre	195/65R15	NEXEN	8 mm	
L/H Rear Tyre	195/65R15	NEXEN	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR AND FRONT PORTION.				
5. General Information				
Accident Date	13/10/2018	Inspect Date / Time	23/10/2018 (11:02 AM)	
Survey held at	DING AUTO PTE LTD BLK 10 #01-20 SIN MING IND EST SEC C SINGAPORE 575645			
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/FCI18019245/Kcd3s2

Inspected By



KONG SENG CHEONG

Licensed Appraiser



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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