

ASS. REC. BY:

REF:

CS3/FCI18019609/Gcd3<sup>ST</sup>

Special Instruction:

Surveyor:

GQ

ASSIGNMENT (Office)

From (Person):

Lurene jw

of

FCF

Date/Time:

26/10/18 @ 5:14pm

Estimated Cost:

Bill to:

OD ☒ TP/WS/TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No:

SLG 2064

Insured:

SHC 7064J

at Workshop m/s

Tian Yi Motor

Tel:

9385 4020

of

Blk 5003-Amk Ind. park 2 # 01-271

Policy No:

Claim No:

DI8007713 MFst

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

22/10/2018

After 1pm @ 30/10/18

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

(up)

Date/Time:

10am @ 29/10/18

Person Contacted:

Ah lung

Vehicle IN ☒ OUT

Date/Time

Action/Instruction (X) Estimate

SLG 2064 - X

SHC 7064J - X

Dismantle: 31/10/2018



**MOTOR SURVEY ASSIGNMENT****Date** 24-10-2018 **Our Ref No.** D18007713MFSH**Accident Date** 22-10-2018 **Claim Type.** Third Party**Insured Vehicle** SHC7064J **Third Party Vehicle.** SLG206U**Survey Location** BLK 5003 ANG MO KIO INDUSTRIAL PARK 2 #01-271**Contact Person.** LOONG /CHRISTINE-81835539**Contact No.** 93854020/ 93854020 **Fax No.** 63580448**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** TIAN YI MOTOR SERVICE **Attention.** NIL**Cc : TP Solicitor** VISION LAW 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

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	22/10/2018 14:32
Date Of Accident	22/10/2018 07:20
Exact Location Of Accident	WESTWOOD ROAD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG206U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG CHENG CHYE
NRIC No	S7003612F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90010206
Alternative Phone No	OFFICE-90010206

### Vehicle Particulars

Manufacturer	HONDA
Model	ODEYSEY
Exact Purpose for which vehicle was being used at time of accident	SEND SON TO SCHOOL
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	5081383945-02
Cover Note Number	

### Driver

Name of Driver	LOW BEE HAR
NRIC No	S7413242A
Date Of Birth	06/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91252356
Fax Number	
Contact Number	
Email Address	JASMINELOWBEEHAR@YAHOO.COM.SG

Address	BLK 244 WESTWOOD AVENUE #09-55 THE FLORAVALE
Postcode	648366
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 Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	NO
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

I WAS TURNING LEFT INTO WESTWOOD ROAD FROM JURONG WEST AVE 5 WHEN THE TRAFFIC JUST TURN GREEN. THEN A JOGGER WAS CROSSING WESTWOOD RD PEDESTRIAN CROSSING SO I STOPPED TO WAIT. THEN THE YELLOW TAXI FROM BEHIND BANG ME ON THE RIGHT BACK BUMPER AND DRIVE OUT PASS ME.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7064J
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD FAIRUZ BIN KAMAL
NRIC/Passport Number	S7937400H
Contact Number	96856066
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### 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 Authorized 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. 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 lodging 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 elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

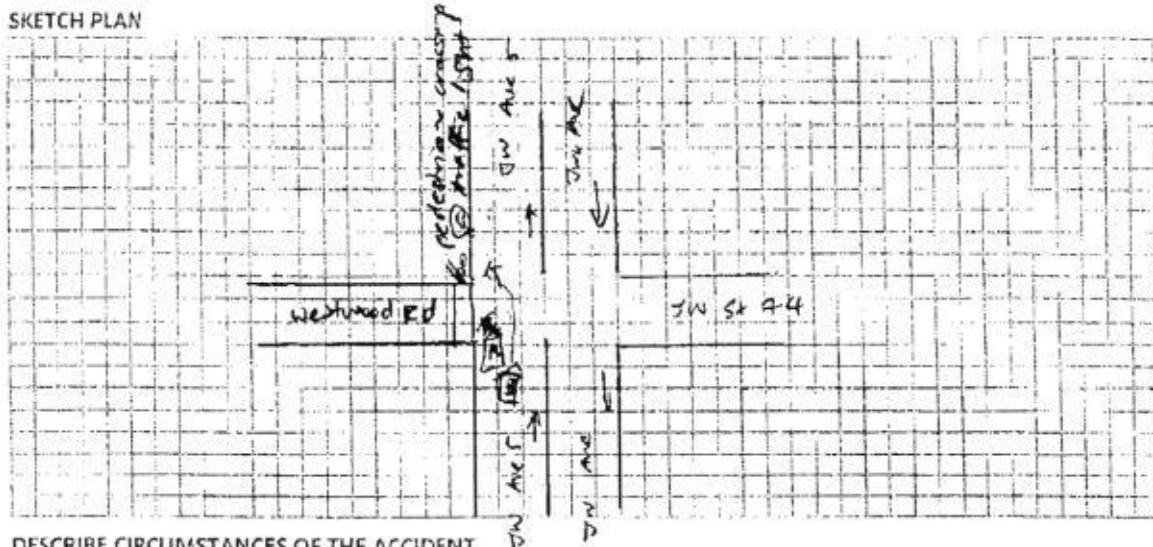
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) 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 purposes 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: 1.29p  
22/10/18

Reporting Centre Personnel's Signature  
Name:  
NR1127/18/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning left into Westwood Road from during West Ave 5 when the traffic just turn green. Then a lorry was crossing Westwood Rd pedestrian crossing so I stopped to wait. Then the yellow taxi from behind bang me ~~and drove~~ on the right back bumper and drove out pass me.

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: 1.20 pm  
24/10/18

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





> Back to OneMotoring

## Enquire Transfer Fee

### Vehicle Details

Vehicle No.:	SLG206U
Vehicle Type:	P11 - Passenger Station Wagon/Jeep/Land Rover
Vehicle Attachment 1:	With Sun Roof
Vehicle Scheme:	Normal
Vehicle Make:	HONDA
Vehicle Model:	ODYSSEY 2.4 A
Chassis No.:	JHMRB18507C201173
Propellant:	Petrol
Engine No.:	K24A64001173
Engine Capacity:	2354 cc
Maximum Power Output:	118.0 kW ( 158 bhp )
Maximum Laden Weight:	1810 kg
Unladen Weight:	1648 kg
Year Of Manufacture:	2006
Original Registration Date:	01 Aug 2006
Lifespan Expiry Date:	-
COE Category:	B - Car (1601cc & above)
PQP Paid:	\$48,479.00
COE Expiry Date:	30 Jun 2026
Road Tax Expiry Date:	31 Jul 2019
Inspection Due Date:	31 Jul 2019
Intended Transfer Date:	01 Nov 2018
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

### Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
<b>Total Amount Payable:</b>			<b>25.00</b>

You may print this page for reference.

OK

Print



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

Owner ID Type:	Singapore NRIC
Owner ID:	3612F

**Vehicle Details**

Vehicle No.:	SLG206U
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Nov 2018
Vehicle Make:	HONDA
Vehicle Model:	ODYSSEY 2.4 A
Primary Colour:	Beige
Manufacturing Year:	2006
Engine No.:	K24A64001173
Chassis No.:	JHMRB18507C201173
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$29,718.00
Original Registration Date:	01 Aug 2006
First Registration Date:	01 Aug 2006
Transfer Count:	4
Actual ARF Paid:	\$32,690.00

**Intended PARF Rebate Details**

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

**Intended COE Rebate Details**

COE Expiry Date:	30 Jun 2026
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$48,479.00
COE Rebate Amount:	\$37,153.00
<b>Total Rebate Amount:</b>	<b>\$37,153.00</b>

The information contained herein is correct as at 01 Nov 2018

OK



PRE-REPAIR INSPECTION REPORT				
MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Ref: CS3/FCI18019609/Gcd3s2 Date: 22-11-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHC 7064J	Veh. Inspected	SLG 206U	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18007713MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	26/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA ODYSSEY	c.c	2354	
Engine No.	HIDDEN	Year of Reg.	2006	
Chassis No.	JHMRB18507C201173	Colour	GREY	
Odometer	212014 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/55R17	YOKOHAMA	6 mm	
L/H Front Tyre	215/55R17	YOKOHAMA	6 mm	
R/H Rear Tyre	215/55R17	YOKOHAMA	6 mm	
L/H Rear Tyre	215/55R17	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.				
5. General Information				
Accident Date	22/10/2018	Inspect Date / Time	30/10/2018 ( 04:00 PM )	
Survey held at	TIAN YI MOTOR-BLK 5003 AMK IND.PARK 2 #01-271			
Repairer				
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: \$47,000.00				

Report Ref No. CS3/FCI18019609/Gcd3s2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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