

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TR 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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

7

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLM9499A Yr Regn: 23 Feb 2017

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

Truck / Trailer or

Make:

Hyundai Elantra c.c 1591

Colour:

red

A/C: Insured / Std / NI / NA

Sp. Reading:

52028

T/Radio: Insured / Std / NI / NA

Eng/No:

KMHP841 CAN HU 333592

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55 R16

R:

11

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

TOYO / YOKO or

Kumho

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

01-11-18

Survey held at

w/s

1030 AM

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

[Signature]
2/11/2018

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format :

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

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

ASS. REC. BY:

REF:

CS3 / FCI18008298 / 624632

Special Instructions:

Surveyor

60

ASSIGNMENT (Office)

From (Person):

Sorena Lee

of

7CI

Date/Time

04052018 229pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLM 9499N

Insured:

SHC 2119T

at Workshop m/s:

Madon Intel

Tel:

8838 3318

of

13 Kaki Bukit Rd 4 #01-20

Policy No:

Claim No:

D18003459MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A

3004208

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement:

Date/Time:

07052018 948am

Person Contacted:

Wilson

Vehicle: IN / OUT

Date/Time	Action/Instruction (x) Estimate
	SLM 9499N - X
	SHC 2119T - NSI IN 12011505 / Hlvn
	Diamond: 8/5/2018

16738

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop n/s:

at:

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:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 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

18/7

Submit PRS report

Veh No:

SLM 9499A

Yr Regn:

2017 / Feb 23

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

Truck / Trailer or

Make:

Hyundai Elantra AD 1.6 cc 15A1

Colour:

Red

A/C: Insured / Std / Nil / NA

Sp. Reading:

36134

T/Ratio: Insured / Std / Nil / NA

Eng/No:

C/No:

KMHD841 CMHU 335592

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inter / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inter / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size:

F: 205 / 55 R16

R: "

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

TOYO / YOKO or

Kumho

Front

Rear

R/Bal:

T

mm

R/Bal:

T

mm

L/Bal:

T

mm

L/Bal:

T

mm

D.O.A:

30042018

D.O.I:

07052018 @ 116pm

Survey held at:

Motor Intel

Des. of Damages: Frt ☒ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or

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

RECEIVED 18 JUL 2018

Date/Time: File Pass to?

☐

Preli. Report

To:

☐

Final Report

Date/Time: File Return to?

By:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

1. 5 - RS

2. Photos

3. Towing

4. Other

TOTAL

Report Format: PRE

Lump Sum / I.B.T. is

Add Fee:

☐

Site Insp. (\$)

☐

Interview (\$)

☐

Tech. Insp. (\$)

☐

Workshop (\$)

Catherine Chong (LKK Auto)

From: Claim Workflow System <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Monday, 24 September, 2018 3:07 PM
To: umiehanifi@islandlaw.com.sg
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; admin-d@lkkauto.com;
ASSIGNMENTS@LKKAUTO.COM; cwsmotorclaims@msfirstcapital.com.sg
Subject: Requesting for Re-Inspection:Our Ref: D18003455MFSH;Your Ref;KS.14422.18(MI)
UK , SLM9499A accident involving with SHC2119T on 30-04-2018

Without Prejudice

Dear Sirs,

RE-INSPECTION: THIRD PARTY VEHICLE NO: SLM9499A.

We refer to the above matter.

Please note that we wish to carry out a re-inspection. Please advise the date, time, venue and person to contact at least 7 working days in advance of the appointment.

Thank you.

Yours Faithfully,

Motor Claims Department

First Capital Insurance Ltd

cwsmotorclaims@msfirstcapital.com.sg

Catherine Chong (LKK Auto)

From: Umie Hanifi <umiehanifi@islandlaw.com.sg>
Sent: Wednesday, 17 October, 2018 3:15 PM
To: 'Claim Workflow System'
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; admin-d@lkkauto.com; ASSIGNMENTS@LKKAUTO.COM
Subject: RE: ***SPAM*** Requesting for Re-Inspection:Our Ref: D18003455MFSH;Your Ref;KS.14422.18(MI)UK , SLM9499A accident involving with SHC2119T on 30-04-2018

Importance: High

Dear Officers,

13.10.2018 @ 5.45pm

lawfirm informed cancel appointment

We refer to your email below.

Our client is agreeable for the re-inspection.

Date: 25th Oct 208 (Thursday)

Time: 2 -3pm

Venue: 13 Kaki Bukit Road 4, #01-20 Bartley Biz Centre

Please keep us informed if there is any changes. Otherwise, our client will take it as it is confirm.

Best Regards,
Umie Hanifi
Legal Secretary
ISLAND LAW LLC
101 Upper Cross Street
#04-04 People's Park Centre
Singapore 058357
Tel : (65) 6221 3211
Fax : (65) 6225 3210

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From: Claim Workflow System [mailto:cwsmotorclaims@msfirstcapital.com.sg]
Sent: Monday, 24 September 2018 3:07 PM
To: umiehanifi@islandlaw.com.sg
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; admin-d@lkkauto.com; ASSIGNMENTS@LKKAUTO.COM; cwsmotorclaims@msfirstcapital.com.sg
Subject: ***SPAM*** Requesting for Re-Inspection:Our Ref: D18003455MFSH;Your Ref;KS.14422.18(MI)UK , SLM9499A accident involving with SHC2119T on 30-04-2018

Without Prejudice

Dear Sirs,

Catherine Chong (LKK Auto)

From: Umie Hanifi <umiehanifi@islandlaw.com.sg>
Sent: Thursday, 25 October, 2018 9:51 AM
To: 'Admin-D (LKKAuto)'; 'Claim Workflow System'
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; 'assignments'
Subject: RE: ***SPAM*** Requesting for Re-Inspection:Our Ref: D18003455MFSH;Your Ref;KS.14422.18(MI)UK , SLM9499A accident involving with SHC2119T on 30-04-2018

Dear Catherine,

We are instructed that our client's vehicle is available for re-inspection on 1st November 2018 at 10.30am.

Venue: 13 Kaki Bukit Road 4, #01-20 Bartley Biz Centre

Best Regards,
Umie Hanifi
Legal Secretary
ISLAND LAW LLC
101 Upper Cross Street
#04-04 People's Park Centre
Singapore 058357
Tel : (65) 6221 3211
Fax : (65) 6225 3210



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From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Wednesday, 17 October 2018 7:03 PM
To: 'Umie Hanifi' <umiehanifi@islandlaw.com.sg>; 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; assignments <assignments@lkkauto.com>
Subject: RE: ***SPAM*** Requesting for Re-Inspection:Our Ref: D18003455MFSH;Your Ref;KS.14422.18(MI)UK , SLM9499A accident involving with SHC2119T on 30-04-2018

Dear Umie Hanifi,

Appointment confirmed.

Best Regards,
Catherine Chong | Admin
LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Umie Hanifi [mailto:umiehanifi@islandlaw.com.sg]
Sent: Wednesday, 17 October, 2018 3:15 PM

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	03/05/2018 16:15
Date Of Accident	30/04/2018 21:50
Exact Location Of Accident	CTE(CITY) AFTER MOULMEIN EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9499A
Insured/Policyholder	
Name Of Registered Owner	CHENG PUAY KUANG
NRIC No	S1380267Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97723555
Alternative Phone No	OTHERS-97723555

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 AD GLS (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1909667
Cover Note Number	

Driver

Name of Driver	CHENG ZHENG CONG
NRIC No	S8942455J
Date Of Birth	29/11/1989
Occupation	INDOOR
Date Of Driving Pass	21/07/2008
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97723555
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 248 BISHAN STREET 22 #14-358

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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? 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 TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)

Police Station Address ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-3910000 - FAX NO: 63964900

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN/POLICE REPORT

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 SHC2119T

Vehicle Make/Model/Colour HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Details Of Properties

Vehicle Category TAXI

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 CHENG ZHENG CONG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLM9499A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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 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 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:
 - (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 making 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:

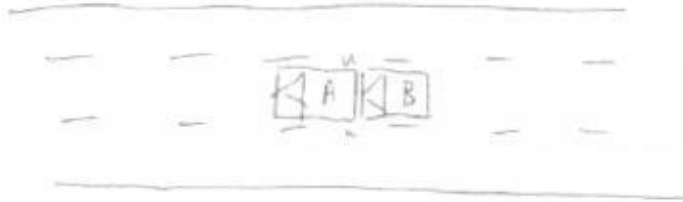
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Lim Guan
NRIC / FIN No: SP040577A

Sketch Plan #2

SKETCH PLAN

CTE (City) After Incident 2019



veh A SLM 9499 A

veh B S.H.C 2019 T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report E/20130302/7006

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: J. L. L.
NRSL/PTI No: 514403270

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

