

ASS. REC. BY:

REF:

CS3 / FCU 8020313 / Job⁵⁷

Special Instruction:

Survivor:

Hwa Jie

ASSIGNMENT (Office)

From (Person):

CWS Sthara

of

FCU

Date/Time:

09/12/2018 1237pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJT 8026A

Insured:

SHD 8581X

at Workshop m/s

Twincar Automotul

Tel:

of

2 Kaki Bukit Ave 2 #01-17

Policy No:

Claim No:

D18007973MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

07/12/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'Wp'

H.O.D. Endorsement:

Date/Time:

09-11-2018 1037pm

Person Contacted:

Elynn

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SJT 8026A - NA/DAL/502075 /zu
	SHD 8581X - X
	Dismantle: 12/11/2018

DA: 07/12/2018

PRS

Signature: *Hue jie*

REF: FC1

ASSIGNMENT

From:

Date:

9/11/18

Estimated Cost:

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

To inspect Vehicle No:

SJT 8026A

at Workshop m/s

Twincar

of

2 Kaki Bukit Ave 2 #01-17

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:

days

Res:

Yes or No

Lum Sum:

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SJT 8026A

Yr Regn:

30 OCT 2009

Type:

(M) Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or:

(A)

Make:

Mercedes B180

C/S

1699

Colour:

light Blue

A/C

Insured / Std / NI / NA

Sp. Reading

135331

T/Radio: Insured / Std / NI / NA

Eng/No:

26694030674653

C/No:

WDD2452322J509979

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

Order / Jammed / Leaked / Burnt or

Brake:

Order / Jammed / Leaked / Burnt or

Modi:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 215/45 R17

R:

—

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

TOYO / YOKO or

Delinte

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

7/11/18

D.O.I.

9/11/18

Survey held at

Twincar @ 1410

215pm

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

Rear

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

Date / Time

Action / Instruction

MV - 22,000

PV - 15,157

NV - 6243

[Signature]
15/11/2018

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: *1*

Survey Fee:

Transportation

1 S + P.S. \$

1 Photos

1 Others

TOTAL

Report Format:

PRS

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

Add Fee:

☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech Invs (\$)
☐ Weekend (\$)

MOTOR SURVEY ASSIGNMENT

Date	07-11-2018	Our Ref No. D18007973MFSH
Accident Date	07-11-2018	Claim Type. Third Party
Insured Vehicle	SHD8581X	Third Party Vehicle. SJT8026A
Survey Location	2 KAKI BUKIT AVENUE 2 #01-17 KAKI BUKIT AUTOHUB	
Contact Person.	MELODY CHIN	
Contact No.	67440510/ 68420051	Fax No. 67410510
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	TWINCAR AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

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	07/11/2018 18:29
Date Of Accident	07/11/2018 14:00
Exact Location Of Accident	CHAI CHEE ST OPP BETHESDA CATHEDRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8026A
Insured/Policyholder	
Name Of Registered Owner	NG, WANG CHING
Passport No/FIN	F1048898L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96669205
Alternative Phone No	OFFICE-96669205

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00336199/02
Cover Note Number	

Driver

Name of Driver	ABDUL KARIM BIN SULAIMAN
NRIC No	S1413089F
Date Of Birth	15/09/1960
Occupation	INDOOR
Date Of Driving Pass	15/03/1986
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87423127
Fax Number	
Contact Number	OFFICE-87423127
EEmail Address	NOEMAIL

Address	BLK 54 CHAI CHEE STREET #02-869
Postcode	460054
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	SHD8581X
Vehicle Make/Model/Colour	
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)	1

DETAILS OF INJURED PERSON 1

Name	ABDUL KARIM BIN SULAIMAN
------	--------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJT8026A

YES

NO

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.
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 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.

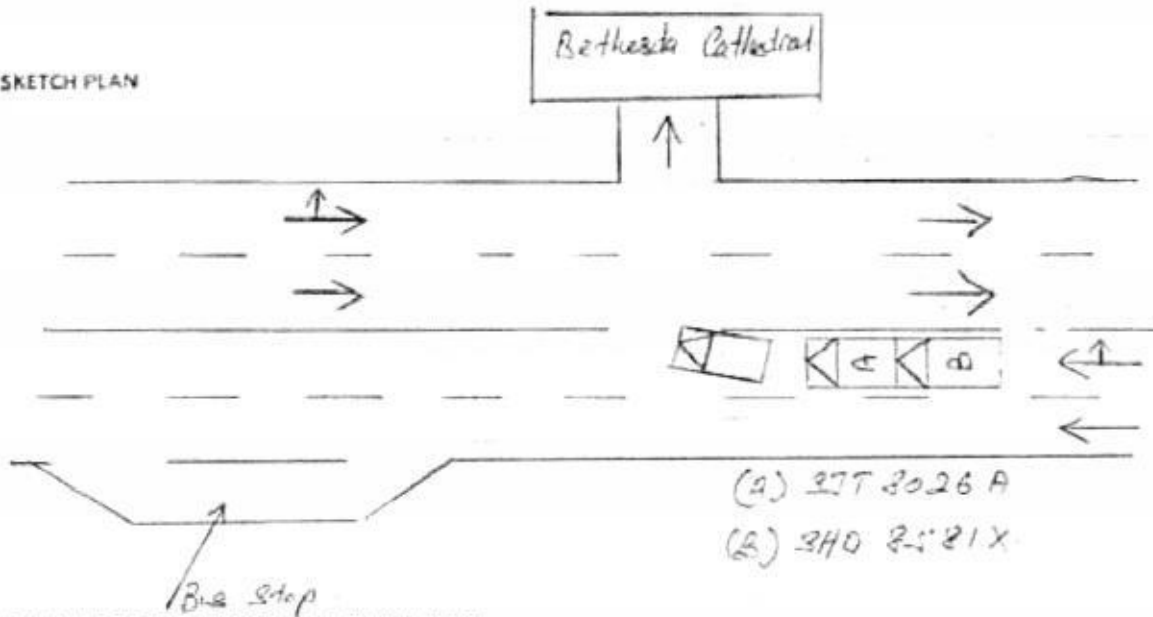
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/11/18 at @ 1400hrs, I was travelling in my vehicle (37T 8026 A) along Chan Chae Street Opposite Bethesda Cathedral on the right lane. I saw a vehicle ahead wanted to turn right and I slow down and stopped. Suddenly a vehicle (340 8581 X) from behind collided onto the rear portion of my vehicle.

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:
NIC/FIN No:

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Malaysia NRIC
Owner ID:	15154
Vehicle Details	
Vehicle No.:	SJT8026A
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Nov 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	B180
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	26694030674653
Chassis No.:	WDD2452322J509979
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$28,000.00
Original Registration Date:	30 Oct 2009
First Registration Date:	30 Oct 2009
Transfer Count:	1
Actual ARF Paid:	\$28,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Oct 2019
PARF Rebate Amount:	\$14,000.00
Intended COE Rebate Details	
COE Expiry Date:	29 Oct 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$18,109.00
COE Rebate Amount:	\$1,757.00
Total Rebate Amount:	\$15,757.00

The information contained herein is correct as at 09 Nov 2018

OK

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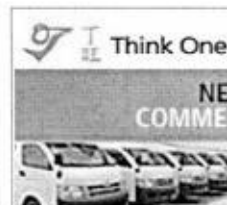
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3 vehicles

Mercedes-Benz B-Class B180

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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage
Search Selection	Mercedes-Benz B-Class B180		Any	Any	2009	Any	Any
	Mercedes-Benz B-Class B180		\$22,800	\$9,320 /yr	21-Oct-2009	1,699 cc	165,000 km
Car In Fine Shape. Suitable For Short Term Use. Act Now.							
Posted: 07-Nov-2018			Tags: 2009 Mercedes-Benz B180, 2009 mercedes-benz b180, Mercedes-Benz B180, mercedes-benz b180, Mercedes-Benz, B180, b180, Used Mercedes-Benz				
	Mercedes-Benz B-Class B180		\$65,000	\$6,490 /yr	10-Dec-2009	1,699 cc	-
(New 10-yr COE)							
Spacious And Comfortable Cabin For 5 Passengers To Commute! Knockdown Rear Seats Provide Large Boot Space For Your Active Original Paintwork, No Repairs Needed, Buy With A Peace O...							
DM Pre-Owned Pte Ltd							
Posted: 06-Nov-2018			Tags: 2009 Mercedes-Benz B180, 2009 mercedes-benz b180, Mercedes-Benz B180, mercedes-benz b180, Mercedes-Benz, B180, b180, Used Mercedes-Benz				
	Mercedes-Benz B-Class B180		\$24,700	\$9,870 /yr	11-Dec-2009	1,699 cc	135,000 km
Car In Good Condition, Well Maintained. AC Condenser Coil, AC Drier, Steering Rack, Engine Oil, Wiper Pump Motor And Seal, Hear Suspension Top MTG X2, CV Joint X2, Break Pad All New!							
Posted: 09-Nov-2018			Tags: 2009 Mercedes-Benz B180, 2009 mercedes-benz b180, Mercedes-Benz B180, mercedes-benz b180, Mercedes-Benz, B180, b180, Used Mercedes-Benz				

Save this search criteria, to get email alerts whenever a match is found.

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage
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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

MS FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref: CS3/FCI18020313/Jcbs2

Date: 21-11-2018



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHD 8581X	Veh. Inspected	SJT 8026A
Policy No.		Coverage (\$)	0.00
Claim No.	D18007973MFSH	Excess (\$)	0.00
Assign From	SITHARA	Assign Date	09/11/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ B180 (A)	c.c	1699
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	WDD2452322J509979	Colour	LIGHT BLUE
Odometer	135331 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/45R17	DELINTE	6 mm
L/H Front Tyre	215/45R17	DELINTE	6 mm
R/H Rear Tyre	215/45R17	DELINTE	6 mm
L/H Rear Tyre	215/45R17	DELINTE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.



5. General Information

Accident Date	07/11/2018	Inspect Date / Time	09/11/2018 (02:15 PM)
Survey held at	TWINCAR AUTOMOTIVE PTE LTD 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		

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 \$22,000.00

Report Ref No. CS3/FCI18020313/Jcbs2

Inspected By

ONG HWEE JIE

Automotive Assessor

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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