

ASS. REC. BY:

REF: CS3/FCI18020490/Gcd3⁵² Special Instruction:

Surveyor: Guo Qiang

ASSIGNMENT (Office)

From (Person): Lurere Jew

of FCI

Date/Time: 13/11/18 @ 9:25am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJK 2741E

Insured: SHC 0827X

at Workshop m/s: E.M. Solution

Tel: 6456 0226

of 160 Sin Ming Drive # 03-18/19

Policy No: _____ Claim No: D18008045MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 10/11/2018
(Client's Record)

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

H.O.D. Endorsement: _____

Date/Time: 11am @ 13/11/18 Person Contacted: Bernard

Vehicle: IN OUT

Date/Time	Action/Instruction (X) Estimate
	SJK 2741E - X
	SHC 827X - NS/INC17016/64/K/rbn2 DUA: 18/8/2017

MOTOR SURVEY ASSIGNMENT

Date	12-11-2018	Our Ref No. D18008045MFSH
Accident Date	10-11-2018	Claim Type. Third Party
Insured Vehicle	SHC0827X	Third Party Vehicle. SJK2741E
Survey Location	160, SIN MING DRIVE, #03-18/19, SIN MING AUTOCITY,	
Contact Person.	SALLY CHONG	
Contact No.	64560226/ 91018302	Fax No. 65356802
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	E M SOLUTION PTE LTD	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 willful 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	12/11/2018 11:46
Date Of Accident	10/11/2018 14:20
Exact Location Of Accident	BUKIT TIMAH ROAD AFTER SERANGOON ROAD LANE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2741E
Insured/Policyholder	
Name Of Registered Owner	MAZNAH BINTI MASOP
NRIC No	S7124032J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96784244
Alternative Phone No	OTHERS-96784244

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5104517610
Cover Note Number	

Driver

Name of Driver	MAZNAH BINTI MASOP
NRIC No	S7124032J
Date Of Birth	24/07/1971
Occupation	INDOOR
Date Of Driving Pass	18/02/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96784244
Fax Number	
Contact Number	OTHERS-96784244
EEmail Address	NOEMAIL

Address	20 PINE GROVE #01-03
Postcode	597595
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 ATTACHED

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	SHC827X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC6491R
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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:

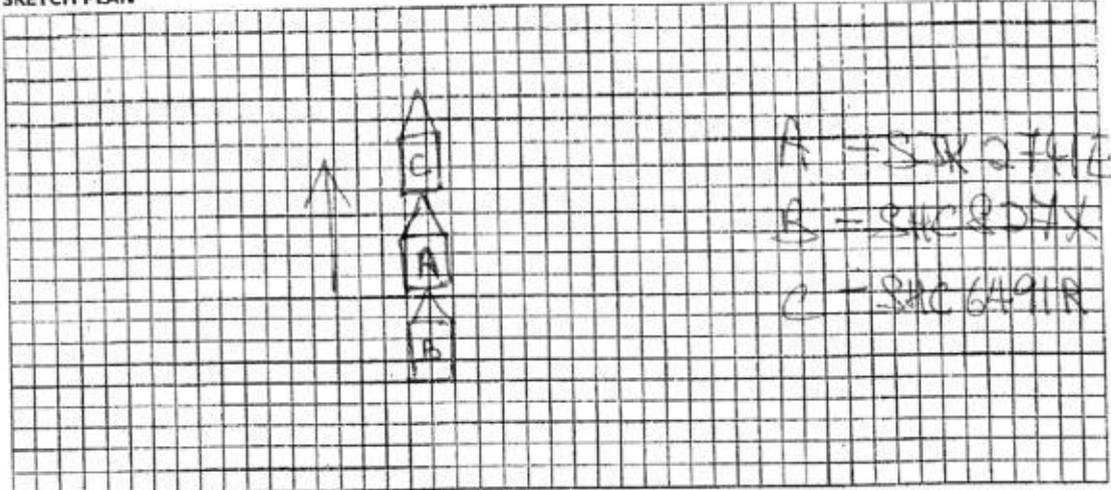
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/11/2018 @ 1450 hrs, I was driving along Bukit Timah Road on lane 1. Traffic was heavy, front vehicle stopped, I followed and stopped on time also. Moments later a vehicle collided into my vehicle rear portion. The impact pushed my vehicle forward and slightly hit front vehicle
 Total 3 vehicles involved in the accident

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Handwritten Signature]

Policyholder's Signature
 Date & Time:

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

[Handwritten Signature]

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

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4032J
Vehicle Details	
Vehicle No.:	SJK2741E
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Nov 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E AUTO
Primary Colour:	Red
Manufacturing Year:	2008
Engine No.:	1NZX817648
Chassis No.:	MR053HY9305084429
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$11,834.00
Original Registration Date:	14 Oct 2008
First Registration Date:	14 Oct 2008
Transfer Count:	4
Actual ARF Paid:	\$11,834.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	13 Oct 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$15,142.00
COE Rebate Amount:	\$14,869.00
Total Rebate Amount:	\$14,869.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 15 Nov 2018

OK



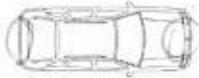
LKK Auto Consultants Pte Ltd

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

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT			
MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18020490/Gcd3s2 Date: 21-11-2018	
Code: FCI2			
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 827X	Veh. Inspected	SJK 2741E
Policy No.		Coverage (\$)	0.00
Claim No.	D18008045MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	13/11/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA VIOS	c.c	1497
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	MR053HY9305084429	Colour	RED
Odometer	114929 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/60R15	HABILEAD	6 mm
L/H Front Tyre	195/60R15	HABILEAD	6 mm
R/H Rear Tyre	195/60R15	HABILEAD	6 mm
L/H Rear Tyre	195/60R15	HABILEAD	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.			
5. General Information			
Accident Date	10/11/2018	Inspect Date / Time	13/11/2018 (03:00 PM)
Survey held at	EM SOLUTION PTE LTD 160 SIN MING DRIVE #03-18/19 SIN MING AUTOCITY SINGAPORE 575722		
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 \$27,000.00			

Report Ref No. CS3/FCI18020490/Gcd3s2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

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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