

22/03/2002

ASS. REC. BY:

REF: CS3 / FCU8020898 / B doer Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): CWS Serene Ler of FCL Date/Time: 11/12/18 4:07pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJZ 4405J Insured: SWA 74493

at Workshop m/s SAT Motors Tel: 9859 9677

of 24 Defu Lane 12

Policy No: Claim No: D18008123MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 12.11.2018
(Client's Record)

CA / REV / REP. / REV 24 HRS WP

20112018 @ 11am

H.O.D. Endorsement:

Date/Time: 19.11.2018 4:21pm Person Contacted: Jessie Vehicle: IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SJZ 4405J - X
	SWA 74493 - CS / APCD9001753 / Kgt

QA: 21012009

PRS

REF: FCL

ASSIGNMENT

From: Date: 20-11-2018

Estimated Cost:

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

To Inspect Vehicle No: SJZ 4405J

at Workshop m/s SAT Motors

of 24 Defu Lane 12

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: 8 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: SJZ 4405J Yr Regn: 26/11/2010

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

Truck / Trailer or

Make: HONDA INSIGHT c.c 1339

Colour: BLUE A/C: Insured / Std / NI / NA

Sp. Reading: 115722 T/Radio: Insured / Std / NI / NA

Eng/No: LDA2026195

C/No: ZE21126158

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/45/16

R: 205/45/16

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

TOYO / YOKO or Bluearch

Front

Rear

R/Bal: 5 mm R/Bal: 5 mm

L/Bal: 5 mm L/Bal: 5 mm

D.O.A: 12/11/18 D.O.I: 21/11/18 1430

Survey held at 24 Defu Lane 12

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

Range 9,000 - 10,000/2

M.V.

26/11/2018

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

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format : PRE

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

TOTAL

150

150

APPRAISEMENT SCHEDULE

Registration No: SLM 1234 A

Your Reference:

S/No	Qty	Descriptions	Comments/ Condition	Repairer's Estimate \$	Revised Amount \$
25	1 pc	Rear propellar shaft	Bent/warped	1733.63	1733.63
26	1 pc	Rear propellar shaft mounting	Essential	156.02	156.02
27	1 pc	Rear propellar shaft centre bearing	Clangorous/essential	41.42	41.42
28	1 pc	Exhaust muffler/tailpipe	Bent	786.45	Refer labour charges
		Less : 20% by Pro Plus Automobile Engineers		11599.63	5391.38
		NETT ITEMS		11599.63	4313.10
1	1 pc	Rear differential assembly	Reconditioned/ secondhand component	0.00	1600.00
2	1 pc	Rear alloy rim n/s	Dented/distorted	450.00	350.00
3	1 pc	Rear tyre (Michelin : 215/45R17) n/s	Torn/10% depreciation	320.00	288.00
4	1 pc	Rear fender quarter window sealant/repair kit n/s	Unnecessary	60.00	Rejected
5	1 pc	Rear fender quarter window inner seal/dam kit n/s	Unnecessary	30.00	Rejected
6	1 pc	Rear windscreen sealant/repair kit	Unnecessary	60.00	Rejected
7	1 pc	Rear windscreen inner seal/dam kit	Unnecessary	40.00	Rejected
		Sub - Total		12559.63	6551.10

MOTOR SURVEY ASSIGNMENT

Date	14-11-2018	Our Ref No. D18008123MFSH
Accident Date	12-11-2018	Claim Type. Third Party
Insured Vehicle	SHA7949S	Third Party Vehicle. SJZ4405J
Survey Location	24 DEFU LANE 12	
Contact Person.	JESSIE ONG	
Contact No.	98599677/ 0	Fax No. 63232120
Survey Type	WITHOUT PREJUDICE: NO EST. PROVIDED	
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	SAT MOTORS	Attention. NIL
Cc : TP Solicitor	K KRISHNA & PARTNERS	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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.

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Foreign Identification Number
Owner ID:	2012X
Vehicle Details	
Vehicle No.:	SJZ4405J
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Nov 2018
Vehicle Make:	HONDA
Vehicle Model:	INSIGHT 1.3L A
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	LDA2026195
Chassis No.:	ZE21126158
Maximum Power Output:	65.0 kW (87 bhp)
Open Market Value:	\$26,469.00
Original Registration Date:	26 Nov 2010
First Registration Date:	26 Nov 2010
Transfer Count:	1
Actual ARF Paid:	\$15,882.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Nov 2020
PARF Rebate Amount:	\$9,529.00
Intended COE Rebate Details	
COE Expiry Date:	25 Nov 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$39,000.00
COE Rebate Amount:	\$7,832.00
Total Rebate Amount:	\$17,361.00

7,941

The information contained herein is correct as at 22 Nov 2018

OK

D.O.A. 12/11/18

Bal: 2 yrs 0.5 mth

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	13/11/2018 15:51
Date Of Accident	12/11/2018 20:10
Exact Location Of Accident	YISHUN RING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ4405J
Insured/Policyholder	
Name Of Registered Owner	LI JING
Passport No/FIN	G0272012X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96387715
Alternative Phone No	OTHERS-96387715

Vehicle Particulars

Manufacturer	HONDA
Model	INSIGHT
Exact Purpose for which vehicle was being used at time of accident	
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	G0272012K
Cover Note Number	

Driver

Name of Driver	WANG XIANG YANG
Passport No/FIN	G5383547W
Date Of Birth	15/01/1957
Occupation	INDOOR
Date Of Driving Pass	28/07/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96387715
Fax Number	
Contact Number	
Email Address	XJPLCLW@GMAIL.COM

Address	BLK 330B ANCHORVALE ST #06-543
Postcode	542330
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 - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : LI JING
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SHA7949S
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMB3109L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

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 WANG XIANG YANG

Approximate Age

Injuries Sustain NECK,SHOULDER & BACK PAIN

Injured person in which vehicle? SJZ4405J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LI JING

Approximate Age

Injuries Sustain NECK,SHOULDER & BACK PAIN

Injured person in which vehicle? SJZ4405J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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 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.

x 

Policyholder's Signature
Date & Time:

x 

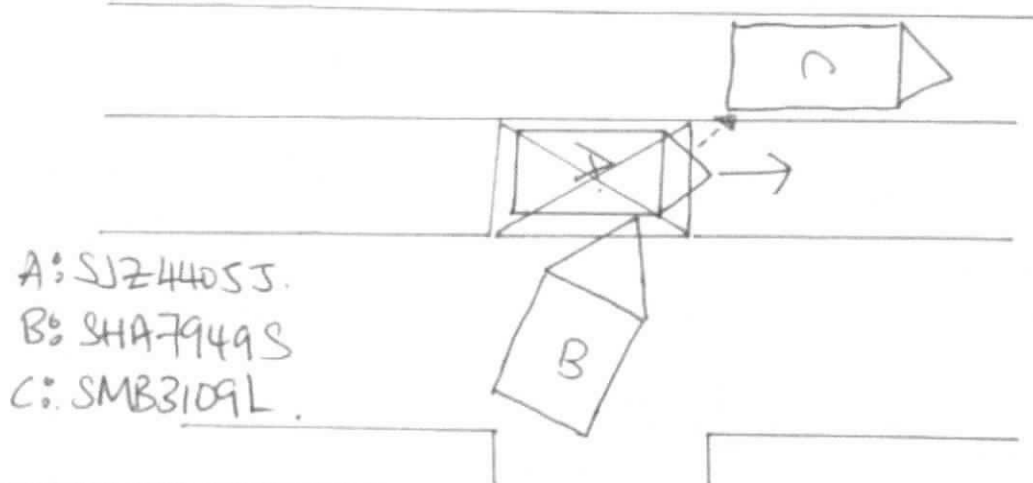
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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/FIN No.:


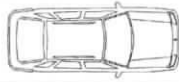
**LKK Auto Consultants Pte Ltd**

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				
MS FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI18020898/Bcbe2		
36 ROBINSON ROAD		Date: 13-12-2018		
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHA 7949S	Veh. Inspected	SJZ 4405J	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18008123MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	19/11/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA INSIGHT	c.c	1339	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	ZE21126158	Colour	BLUE	
Odometer	115722 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	POOR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/45 R16	BLUEARTH	5 mm	
L/H Front Tyre	205/45 R16	BLUEARTH	5 mm	
R/H Rear Tyre	205/45 R16	BLUEARTH	5 mm	
L/H Rear Tyre	205/45 R16	BLUEARTH	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY AND FRONT PORTION.				
5. General Information				
Accident Date	12/11/2018	Inspect Date / Time	21/11/2018 (02:30 PM)	
Survey held at	SAT MOTORS 24 DEFU LANE 12 SINGAPORE 539131			
5a. Remarks				
AA) 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:\$26,000.00				

Report Ref No. CS3/FCI18020898/Bcbe2

Inspected By

LIM TEOW GUAN

Asst. Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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