

ASS. REC. BY:

REF: CS3 / FCL18021040 / Jeb2

Special Instruction:

Surveyor: H.J.

ASSIGNMENT (Office)

From (Person):

CWS Service Wkr

of

FCL

Date/Time:

21-11-2018 9:54am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJY 7255K

Insured:

SHC 59X

at Workshop m/s

My Car Consultants

Tel:

of

53 Ubi Ave 1 #01-25

Policy No:

Claim No:

D18008216 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

16-11-2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

21-12-08 10:18am

Person Contacted:

Huigian

Vehicle

IN / OUT

| Date/Time | Action/Instruction (X) Estimate | |
|-----------|--------------------------------------|-----------------|
| | SJY 7255K - NA / INCI 8070 942 / K4 | DOA: 16-11-2018 |
| | SHC 59X - 703 / FCL18017619 / Gnd352 | DUA: 10-09-2018 |
| | Dismantle: 23/11/2018 | |
| | After repair: 30/11/2018 | |
| | | |
| | | |

PRS

REF:

FCI

CITY. Hwee die

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

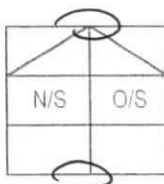
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

\$25K.

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: SJY 7255K Yr Regn: 28 Sep 2010

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

Truck / Trailer or

Make: Lancer Ex C.C. 1499

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

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

Eng/No: -

C/No: JMYSRCY2AAU001838

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

Tyre Size: F: 225/40 R18

R: -

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 16/11/18 D.O.I. 21/11/18 @10:19AM

Survey held at My Car @ 1030

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

Front, Rear

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

Date / Time Action / Instruction

MV - \$27,500 \$25,000

PV - \$15,899

NV - \$4,601 9101.00

23/11/2018

Date/Time. File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:

Transportation: \$ + RS \$

Photos

Others

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

Report Format: PRS.

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

TOTAL

150

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|--|--------------------------------------|
| Date | 19-11-2018 | Our Ref No. D18008216MFSH |
| Accident Date | 16-11-2018 | Claim Type. Third Party |
| Insured Vehicle | SHC0059X | Third Party Vehicle. SJY7255K |
| Survey Location | 53 UBI AVE 1 #01-25 PAYA UBI INDUSTRIAL PARK | |
| Contact Person. | HUIQIN | |
| Contact No. | 88668832/ 88668832 | Fax No. 64071427 |
| Survey Type | WITHOUT PREJUDICE: NO EST. COR * | |
| 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 | MY CAR CONSULTANT | Attention. NIL |
| Cc : TP Solicitor | A P LAW PRACTICE | TP Solicitor Fax No. 64071427 |
| 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: | Singapore NRIC |
| Owner ID: | 5171C |
| Vehicle Details | |
| Vehicle No.: | SJY7255K |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 21 Nov 2018 |
| Vehicle Make: | MITSUBISHI |
| Vehicle Model: | LANCER 1.5 MIVEC SPORTS AT ABS D/AB |
| Primary Colour: | Grey |
| Manufacturing Year: | 2010 |
| Engine No.: | 4A910170757 |
| Chassis No.: | JMYSRCY2AAU001838 |
| Maximum Power Output: | 80.0 kW (107 bhp) |
| Open Market Value: | \$18,818.00 |
| Original Registration Date: | 28 Sep 2010 |
| First Registration Date: | 28 Sep 2010 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$18,818.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 27 Sep 2020 |
| PARF Rebate Amount: | \$10,349.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 27 Sep 2020 |
| COE Category: | A - Car (1600cc & below) |
| COE Period(Years): | 10 |
| QP Paid: | \$30,001.00 |
| COE Rebate Amount: | \$5,550.00 |
| Total Rebate Amount: | \$15,899.00 |

The information contained herein is correct as at 21 Nov 2018

OK

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all European to Japan

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1 vehicles

Lancer EX 1.5A Sports

[Advanced Search](#)

| | Make | Model | Price | Depreciation | Reg Date | Eng Cap | Mileage |
|-------------------------|-----------------------|-------|-------|--------------|----------|---------|---------|
| Search Selection | Lancer EX 1.5A Sports | | Any | Any | 2010 | Any | Any |



Mitsubishi Lancer EX 1.5A Sports

\$23,800

\$12,110 /yr

29-Jan-2010

1,499 cc

-

Don't Miss Out Best Unit In Town! Original Condition Since Day 1 And Fully Maintain By Agent C&C With One Lady Owner. Low Mileage, Reliable Sedan, Ample Boot Space. Loan Application Available! WhatsApp: 9760 1234 5678

Posted: 19-Nov-2018

Tags: 2010 Mitsubishi Lancer, 2010 mitsubishi lancer, Mitsubishi Lancer, mitsubishi lancer, Mitsubishi, Lancer, lancer, Used Mitsubishi

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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 | 17/11/2018 13:53 |
| Date Of Accident | 16/11/2018 23:55 |
| Exact Location Of Accident | PIE TOWARDS JURONG AFTER ECP |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJY7255K |
| Insured/Policyholder | |
| Name Of Registered Owner | KEE YEK PHU |
| NRIC No | S8265171C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98509985 |
| Alternative Phone No | OTHERS-98509985 |

Vehicle Particulars

| | |
|--|-------------------------------------|
| Manufacturer | MITSUBISHI |
| Model | LANCER 1.5 MIVEC SPORTS AT ABS D/AB |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5100954288 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KEE YEK PHU |
| NRIC No | S8265171C |
| Date Of Birth | 04/09/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/04/2008 |
| Driving Experience | 10 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98509985 |
| Fax Number | |
| Contact Number | OTHERS-98509985 |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 438 CHOA CHU KANG AVENUE 4 #09-475 |
| Postcode | 680438 |
| 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 | |
| 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: : NIL GENDER: : MALE |

Details of Police Action

| | |
|--|----|
| Was the accident reported to the police? | NO |
| If Yes Please state which Police Station | |
| Was police of related Person(s) present? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181117/2030

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 | SHC59X |
| 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 | SDQ8979L |
| 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 INJURED PERSON 1

| | |
|---|-------------|
| Name | KEE YEK PHU |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SJY7255K |
| Were seat belts worn? | YES |
| 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 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. 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 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.
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/Title No.

Sketch Plan #2

SKETCH PLAN

M - 211-11
L - 115 111
R - 115 111




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


plc 12/10/2018 11/2030

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/ID No.

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181117/2030

Police Station Of Origin
Choa Chu Kang N.P.C.
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No 1800-7659889

2 of 3
Report No T/20181117/2030

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJY7255K | NTUC Income Insurance Co-Operative Limited | 5100954288 | 25/05/2018 | 24/05/2019 |

| Details of Person Involved | | | |
|-----------------------------------|------------------------------|--------------------------------|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | KEE YEK PHU | | ID No: S8265171C |
| Related Vehicle | SJY7255K (Car) | | Contact No: 98509985 |
| Hospital/Clinic | DRS KOO & NEOH MEDICAL GROUP | | Class of Driving Licence & Expiry Date: Class 3 Date of Expiry: NIL |
| Date Treatment | 17/11/2018 | | Date Discharge: 17/11/2018 |
| No. of Days granted Medical Leave | 01 | Degree of Injury | Slight |

Brief Details.

On 16/11/2018 at 2355hrs I was driving on the first lane of PIE towards Jurong after ECP Exit. As I was driving, vehicle in front SDQ8979L applied jam brakes. I applied brakes and I was able to stop on time. However, vehicle behind SHC59X did not stop in time and collided at the back of my vehicle. My vehicle was pushed forward and collided onto the back of SDQ8979L. It was a down hill road which might cause my vehicle to be pushed forward. I have injuries and I have visited doctor.




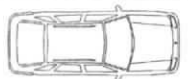
LKK Auto Consultants Pte Ltd

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 | | Ref: CS3/FCI18021040/Jcbe2 | |  |
| 36 ROBINSON ROAD | | Date: 13-12-2018 | | |
| #16-01 CITY HOUSESINGAPORE 068877 | | Code: FCI2 | | |
| 1. Policy Particulars :- (THIRD PARTY CLAIM) | | | | |
| Insured Veh. | SHC 59X | Veh. Inspected | SJY 7255K | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | D18008216MFSH | Excess (\$) | 0.00 | |
| Assign From | SERENE LER | Assign Date | 21/11/2018 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | mitsubishi LANCER EX | c.c | 1499 | |
| Engine No. | HIDDEN | Year of Reg. | 2010 | |
| Chassis No. | JMYSRCY2AAU001838 | Colour | GREY | |
| Odometer | - | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | SPORTS RIM | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 225/40 R18 | MICHELIN | 6 mm | |
| L/H Front Tyre | 225/40 R18 | MICHELIN | 6 mm | |
| R/H Rear Tyre | 225/40 R18 | MICHELIN | 6 mm | |
| L/H Rear Tyre | 225/40 R18 | MICHELIN | 6 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. | | |  | |
| 5. General Information | | | | |
| Accident Date | 16/11/2018 | Inspect Date / Time | 21/11/2018 (10:29 AM) | |
| Survey held at | MY CAR CONSULTANT PTE LTD 53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934 | | | |
| 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:\$25,000.00 | | | | |

Report Ref No. CS3/FCI18021040/Jcbe2

Inspected By



ONG HWEE JIE

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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