

ASS. REC. BY:

REF:

CS3/FCI18021299/Bod302

Special Instruction:

Surveyor:

Mr Jim

CWS

ASSIGNMENT (Office)

From (Person):

May chug

of

FCI

Date/Time:

26/11/18 @ 2:02pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GW5520D

Insured:

SH 9970Z

at Workshop m/s

Kwan Ming Yun Motor

Tel:

9026 3688

of

Blk 3023A Ubi Rd 1 #01-57

Policy No:

Claim No:

D18008323 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

20/11/2018

CA / REV / REP. / REV 24 HRS

lup

27/11/18 @ 11am ow.

H.O.D. Endorsement:

Date/Time:

2:25pm @ 26/11/18

Person Contacted:

Ms. Kwan

Vehicle IN/OUT

Date/Time

Action/Instruction (x) Estimate

GW5520D - CC3/EQT18021121/K1f93

DOA: 20/11/18

SH 9970Z - GW5520D - CC3/EQT18021121/K1f93

DOA: 20/11/18

REF:

PCI

## ASSIGNMENT

From:

Date:

27/11/18

Estimated Cost:

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

To Inspect Vehicle No:

GW 5520D

at Workshop m/s

Kwan Ming Yun Motor

of

BLK 3023A ubi Rd 1 # 01-57

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

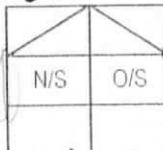
Make of Veh:

Nam @ owner waiting  
Ms. Kwan @ 9026 3688

(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:

5

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

lup

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GW 5520D

Yr Regn:

6/S/2003

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

Truck / Trailer or

Make:

MITSUBISHI L300

C.C.

2477

Colour:

GREEN

A/C:

Insured / Std / NI / NA

Sp. Reading:

501086

T/Radio:

Insured / Std / NI / NA

Eng/No:

HG56KN 8H36

C/No:

JMA/NP 15V3A/C0535

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: 185/14 C / 8PR 102/100P

R: 185/14 C / 8PR 102/100P

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

TOYO / YOKO or

CS7

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

20/11/18

D.O.I.

27/11/18 1100

Survey held at

Kwan Ming Yun Motor

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 4000/2 - 5000/2

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:

150

Transportation:

Add Fee:



Site Insp (\$

) \$ + RS, SI



Interview (\$

) Photos



Tech. Invs (\$

) Others



Weekend (\$

) TOTAL

Report Format :

PRB.

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

TOTAL

150

**MOTOR SURVEY ASSIGNMENT**

Date	22-11-2018	Our Ref No. D18008323MFSH
Accident Date	20-11-2018	Claim Type. Third Party
Insured Vehicle	SH9970Z	Third Party Vehicle. GW5520D
Survey Location	BLK 3023A UBI ROAD 1 #01-57	
Contact Person.	KWAN	
Contact No.	90263688/ 90263688	Fax No. 67493302
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	KWAN YING MUN MOTOR SERVICE	Attention. NIL
Cc : TP Solicitor	TOMMY CHOO, MARK GO LLC	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

**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.



## PRI Header Details

Claim No	D18008323MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & TOMMY CI
Workshop Name	KWAN YING MUN MOTOR SERVICE (Contact Person : KWAN)	Survey Location & Contact Details	BLK 3023A UBI ROAD 1 #01-57 <b>Mobile:</b> 90263688 , <b>Phone:</b> 90263688 , <b>Fax:</b> 6749330; <b>EmailId:</b> MDMLING@TCMG.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH9970Z	TP Vehicle No	GW5520D
PRI Recieved Date	23-11-2018 03:07:48 PM	Surveyor Appointed Date	26-11-2018 02:01:29 PM	Surveyor Accept Date	26-11-2018 0

## Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	26-11-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
-----------------------------	----------------------	----------------------	------------	-------------------------	--

## Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select Year"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

## Multiple Documents Upload

File Name

Action

## Surveyor Job Remarks

Remarks

Date	Job Remarks	Action
------	-------------	--------

#### FINAL SUMMARY

Surveyor Final Adjusted Amount	Surveyor Fees	Remarks	

Submit Assessment

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	7132X
<b>Vehicle Details</b>	
Vehicle No.:	GW5520D
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Nov 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	L300 HR M
Primary Colour:	Green
Manufacturing Year:	2003
Engine No.:	4G56KN8436
Chassis No.:	JMAJNP15V3A000535
Maximum Power Output:	-
Open Market Value:	\$13,256.00
Original Registration Date:	06 Aug 2003
First Registration Date:	06 Aug 2003
Transfer Count:	6
Actual ARF Paid:	\$663.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	31 Jul 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$16,100.00
COE Rebate Amount:	\$15,061.00
<b>Total Rebate Amount:</b>	<b>\$15,061.00</b>
<b>Message</b>	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 27 Nov 2018

OK

MV 28000/2  
PV 15,000/2  
NV 13000/2

**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**COMMERCIAL VEHICLE FLEET**  
**Third Party, Fire & Theft**

Certificate No.: DMCFHQ18-000040

Form: LCVH

1. Index Mark and Registration Number of Vehicles  
GW5520D

Excess:  
Section 2 SGD1,000.00  
YEID-AC Additional SGD3,000.00

2. Name of Policyholder  
Kwan Ying Mun Trading & Leasing

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
27/03/2018

4. Date of Expiry of Insurance  
26/03/2019

5. Person or Classes of Persons entitled to drive\*  
Any person who is Authorised to drive on the Insured's order or with their permission.

\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use\*  
LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and business purposes of any person whom the vehicle is hired

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing  
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

\*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

**ABWIN PTE LTD**  
8 KAKI BUKIT ROAD 2  
RUEY MAH HOUSE COMPLEX  
SINGAPORE 4100  
TEL: 65 6212 1010 FAX: 65 6212 1011

Authorised Signatory  
EQ Insurance Company Limited

UNWSR/HO/A000342/Abwin Pte Ltd



A Member of Citystate



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of Muhammad Farreel Bin Abdul Razak

License Number: **S85109521**

Name: **MUHAMMAD FARREEL BIN ABDUL RAZAK**

Date of Birth: **15 Mar 1985**

Valid Until: **04 Jan 2013**

Barcode: 002132099J

Coat of arms of Singapore

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S85109521**

Portrait photo of Muhammad Farreel Bin Abdul Razak

Name: **MUHAMMAD FARREEL BIN ABDUL RAZAK**

Gender: **M**

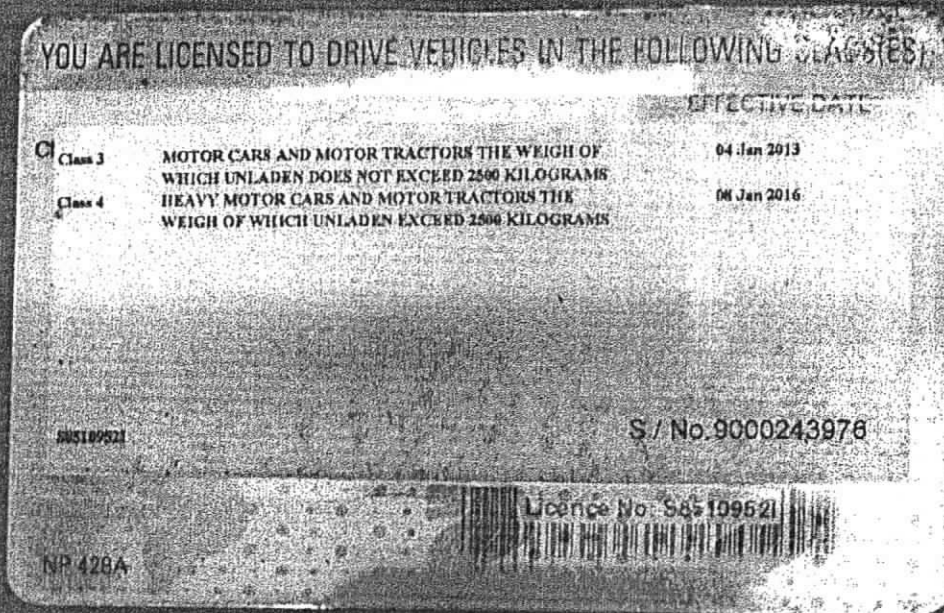
Religion: **ISLAM**

Marital Status: **Single**

Place of Birth: **Singapore**

Coat of arms of Singapore





## 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	21/11/2018 11:29
Date Of Accident	20/11/2018 15:35
Exact Location Of Accident	EXITING FAR EAST PLAZA LOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW5520D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWAN YING MUN TRADING & LEASING
Co Reg No	53187132X
Email Address	FIRSTLADYSS@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90263688

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300 HR M-2.5 D (M)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCFQ18-000040
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD FARREEL BIN ABDUL RAZAK
NRIC No	S8510952I
Date Of Birth	15/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88663815
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 987C BUANGKOK GREEN #08-43 SINGAPORE
Postcode	533987
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	NO
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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9970Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM GIM BENG
NRIC/Passport Number	S1272931F
Contact Number	81579745
Address	BLK 310 JURONG EAST ST 32 #11-296
Postcode	600310
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.



Policyholder's Signature

Date & Time: 21/11/18

1145am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

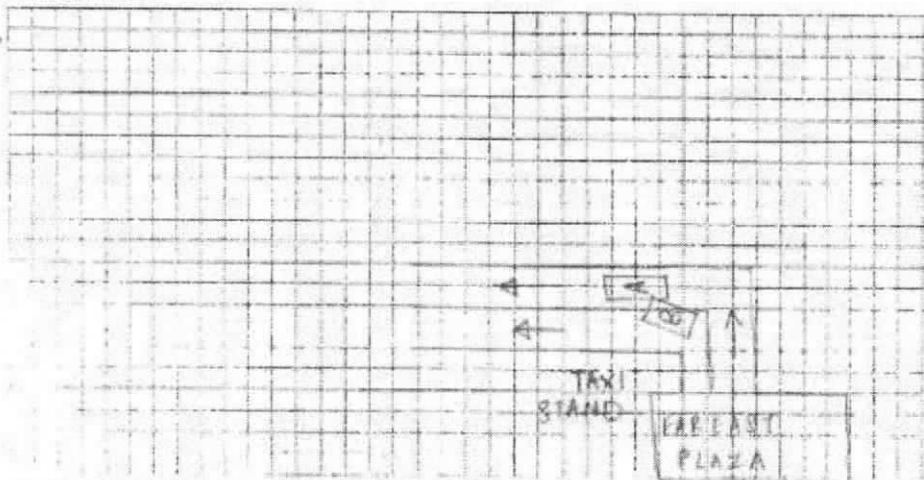


Name:

NRIC/FIN No.:

permen

# Sketch Plan #2

## SKETCH PLAN

	<p>Vehicle No</p> <p>A - 0AUC00D</p> <p>B - SH9970Z</p> <p><b>Legend</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>A</p> <p>Vehicle</p> </div> <div style="text-align: center;">  <p>B</p> <p>Bike</p> </div> </div>
--	---

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20/11/18, 3:34pm, I was exiting Faveast plaza after delivery, turning out slowly while signalling and keeping to my own lane, suddenly a taxi (SH9970Z) hit me on the middle left side. I immediately stopped my van and came down to take a look. The taxi was trying to enter to my lane as shown attached.

## DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature  
Date & Time: 21/11/18

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11:50am

Reporting Centre Personnel's Signature  
Name: perwen  
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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
MS FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI18021299/Bcd3e2		
36 ROBINSON ROAD		Date: 13-12-2018		
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SH 9970Z	Veh. Inspected	GW 5520D	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18008323MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	26/11/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MITSUBISHI L300	c.c	2477	
Engine No.	HIDDEN	Year of Reg.	2003	
Chassis No.	JMAJNP15V3A000535	Colour	GREEN	
Odometer	501086 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	185 R14C	CST	5 mm	
L/H Front Tyre	185 R14C	CST	5 mm	
R/H Rear Tyre	185 R14C	CST	5 mm	
L/H Rear Tyre	185 R14C	CST	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.				
<b>5. General Information</b>				
Accident Date	20/11/2018	Inspect Date / Time	27/11/2018 ( 11:00 AM )	
Survey held at	KWAN YING MUN MOTOR SERVICE BLK 3023A UBI RD 1 #01-57 SINGAPORE 408717			
<b>5a. Remarks</b>				
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/FCI18021299/Bcd3e2

**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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.