

ASS. REC. BY:

REF:

CS/FCI 18021627/Gcd3²

Special Instruction:

Surveyor:

GB

ASSIGNMENT (Office)

From (Person):

CWS

Joanne Yang

of

FCI

Date/Time:

4:38 pm @ 29/11/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SFM 2001U

Insured:

SHB 4927U

at Workshop m/s

B2 folio Motor

Tel:

6244464

of

9002 Jompines st. 93 # 01-34 Jompines Ind. Park A

Policy No:

Claim No:

D18008461MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26/11/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

10:55 am @ 30/11/18

Person Contacted:

Julia

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SFM 2001U-X

SHB 4927U-CS/FCI 18000339/K/gcd3c2

D.O.A: 4/11/18

PRS
Smeatic

REF: FCL

ASSIGNMENT

(2019)

From: Date: 18/12/2018

Estimated Cost:

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

To Inspect Vehicle No: SFW 2001U
at Workshop m/s Bizfolio under
of Blk 9002 Tampines St 93 #01-34

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: \$21K.

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: SFW 2001U Yr Regn: 16 Dec 2009

Type: M/Cat / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota wish 2.0 c.c. 1987

Colour: ~~Gold~~ Brown A/C: Insured / Std / NI / NA

Sp. Reading: 3/19433 T/Radio: Insured / Std / NI / NA

Eng/No:

C/Nr:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

R: 17

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. D.O.I. 18-12-18

Survey held at w/s 1pm

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

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

1)

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Others

TOTAL

Report Format :

PRS

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

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

MOTOR SURVEY ASSIGNMENT

Date	28-11-2018	Our Ref No. D18008461MFSH
Accident Date	26-11-2018	Claim Type. Third Party
Insured Vehicle	SHB4927U	Third Party Vehicle. SFW2001U
Survey Location	9002 TAMPINESS STREET 93 #01-34TAMPINESS INDUSTRIAL PARK A	
Contact Person.	JULIANA TAY	
Contact No.	62444464/ 0	Fax No. 62272767
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	BIZFOLIO MOTOR TRADING	Attention. NIL
Cc : TP Solicitor	LEGISTE LAW CORPORATION	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

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	27/11/2018 10:35
Date Of Accident	26/11/2018 17:30
Exact Location Of Accident	MCE FLYOVER (ECP/TPE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM2001U
Insured/Policyholder	
Name Of Registered Owner	ACL STEVE
Co Reg No	53366528X
Email Address	ONG32500@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96863340

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092677430-01
Cover Note Number	

Driver

Name of Driver	ANG CHOON LIAN
NRIC No	S1782143A
Date Of Birth	10/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1993
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96863340
Fax Number	
Contact Number	
Email Address	ONG32500@GMAIL.COM

Address	BLK325 YISHUN CENTRAL #06-371
Postcode	760325
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	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	
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)	2
Passenger 1	NAME: : BARAKATH NISHA GENDER: : FEMALE

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

AS PER SKETCH PLAN ATTACH.

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	SHB4927U
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)	

Sketch Plan Pg. 1

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:

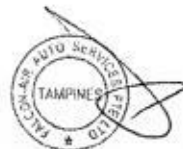
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

ACL STEVE
Co Reg No: 53366528X

Policyholder's Signature
Date & Time:

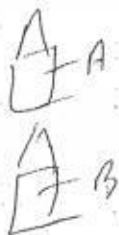
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 27/11/18



WATERLOO POLICE STATION

SKETCH PLAN



A - SFM 2001 U

B - SHB 4927 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 76/11/18 as I was fetchily a rider towards MCE to (ECP - TPE) around 17:30. A car in front of me suddenly brake & I emergency brake. A car behind me SHB 4927 U hit me behind.

☐ claim OD / TP at Falcon-Air ☒ claim OD / TP Own W/shop ☐ Reporting Only

DECLARATION

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

ACL STEVE
Co Reg No: 53366528X

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.:



[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	6528X
Vehicle Details	
Vehicle No.:	SFM2001U
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Dec 2018
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 2.0 AUTO
Primary Colour:	Brown
Manufacturing Year:	2009
Engine No.:	3ZRA426032
Chassis No.:	JTDGJ20W605001653
Maximum Power Output:	106.0 kW (142 bhp)
Open Market Value:	\$22,003.00
Original Registration Date:	16 Dec 2009
First Registration Date:	16 Dec 2009
Transfer Count:	3
Actual ARF Paid:	\$22,003.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Dec 2019
PARF Rebate Amount:	\$11,001.00
Intended COE Rebate Details	
COE Expiry Date:	15 Dec 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$18,002.00
COE Rebate Amount:	\$1,782.00
Total Rebate Amount:	\$12,783.00

The information contained herein is correct as at 18 Dec 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 HOUSES SINGAPORE 068877

Ref: CS3/FCI18021627/Gcd3s2

Date: 21-12-2018



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHB 4927U	Veh. Inspected	SFM 2001U
Policy No.		Coverage (\$)	0.00
Claim No.	D18008461MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	29/11/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA WISH 2.0	c.c	1987
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	JTDGJ20W605001653	Colour	BROWN
Odometer	319433 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65R15	MICHELIN	6 mm
L/H Front Tyre	195/65R15	MICHELIN	6 mm
R/H Rear Tyre	195/65R15	MICHELIN	6 mm
L/H Rear Tyre	195/65R15	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.	
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5. General Information

Accident Date	26/11/2018	Inspect Date / Time	18/12/2018 (01:00 PM)
Survey held at	BIZFOLIO MOTOR-BLK 9002 TAMPINES ST 93 #01-34		
Repairer	-		

5a. Remarks

<p>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 \$21,000.00</p>
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Report Ref No. CS3/FCI18021627/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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