

22/03/2002

ASS. REC. BY:

REF:

CS3/FCI 18021629/Ged312

Special Instruction:

Surveyor:

GD

ASSIGNMENT (Office)

From (Person):

Joanne Yong

of

FCI

Date/Time:

4:36pm @ 29/11/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLZ 8269K

Insured:

SHB 4167X

at Workshop m/s

Hap Lek Automobile

Tel:

9660 1347

of

160 Sin Ming Drive # 05-17

Policy No:

Claim No:

D18008379MFS#

Sum Insured:

Excess:

Make of Veh:

D.O.A.

23/11/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

11:01am @ 30/11/18

Person Contacted:

Mr Ong

Vehicle:

IN OUT

Date/Time	Action/Instruction (x) Estimate
	SLZ 8269K - CS3/FCI 18021311 / K1h63 DUA: 23/11/18
	SHB 4167X - CS3/FCI 18021311 / K1h63 DUA: 23/11/18
	Diamond: 3/12/2018

MOTOR SURVEY ASSIGNMENT

Date	26-11-2018	Our Ref No. D18008379MFSH
Accident Date	23-11-2018	Claim Type. Third Party
Insured Vehicle	SHB4167X	Third Party Vehicle. SLZ8269K
Survey Location	160 SIN MING DRIVE #05-17 SIN MING AUTOCITY	
Contact Person.	HANWEI	
Contact No.	96601347/ 96601347	Fax No. 0
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	HIAP LEK AUTOMOBILE TRADING	Attention. NIL
Cc : TP Solicitor	C PAGLAR & CO	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.

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2212Z
Vehicle Details	
Vehicle No.:	SLZ8269K
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Dec 2018
Vehicle Make:	AUDI
Vehicle Model:	A5 CABRIOLET 2.0 TFSI QUATTRO
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	CDN079881
Chassis No.:	WAUZZZ8F8AN013865
Maximum Power Output:	155.0 kW (207 bhp)
Open Market Value:	\$56,512.00
Original Registration Date:	13 Jan 2010
First Registration Date:	13 Jan 2010
Transfer Count:	3
Actual ARF Paid:	\$56,512.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Jan 2020
PARF Rebate Amount:	\$31,081.00
Intended COE Rebate Details	
COE Expiry Date:	12 Jan 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$18,002.00
COE Rebate Amount:	\$1,974.00
Total Rebate Amount:	\$33,055.00

The information contained herein is correct as at 07 Dec 2018

OK

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION

Date of Accident:	23/11/18	Time of Accident:	3am
Exact Location:	Serangoon Rd near Adam's Corner Seafood		

DETAILS OF OWN VEHICLE

Vehicle Registration No.	SLZ 8269K		
Name of Registered Owner:	Khairul Abbas Bin Hamzah		
NRIC / FIN / Passport no:	S85422127		
Vehicle Make:	Audi A5	Vehicle Model:	
Type of Claim:	Own Damage / (Third Party) Reporting Only		
Vehicle Category:	(Private) Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	EQ Insurance		
Type of Policy:	(Comprehensive) / Third Party / Third Party, Fire & Theft		
Policy Number:	DM PPH Q18-005367		

DRIVER

Name of Driver:	Khairul Abbas Bin Hamzah <input checked="" type="checkbox"/> same as owner		
NRIC / FIN / Passport no:	S85422127	Date of Birth:	30/12/1985
Occupation:	(Indoor) Outdoor	Driving Pass Date:	01 Nov 2014
Contact Number:	8111 7335	Gender:	(Male) Female
Address:	Blk 411, Tishun King Road #03-1817 (S) 760 811		
Relationship with Owner:	(Owner) Employee / Spouse / Child / Hirer / Other:		

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision:	Chain collision / (Side Swipe) Front to Rear / Others:		
Weather Condition:	(Clear) Raining / Others:		
Road Surface:	(Dry) Wet / Others:		
Was anybody injured?	Yes / (No)	Police Report Made?	Yes (No)
No. of passenger onboard (including driver):	2	1 female (passenger) driver	

DETAILS OF OTHER VEHICLE

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SHB 4167X		
Vehicle Make / Model:	Hyundai		
Name of Driver:	Lim Tiong Ho		
NRIC / FIN / Passport no:	513291210		
Contact Number:	87781764		
Name of Insurance Co:			

DETAILS OF WITNESS

Name:	Contact Info:
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DETAILS OF INJURED PERSON

	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time

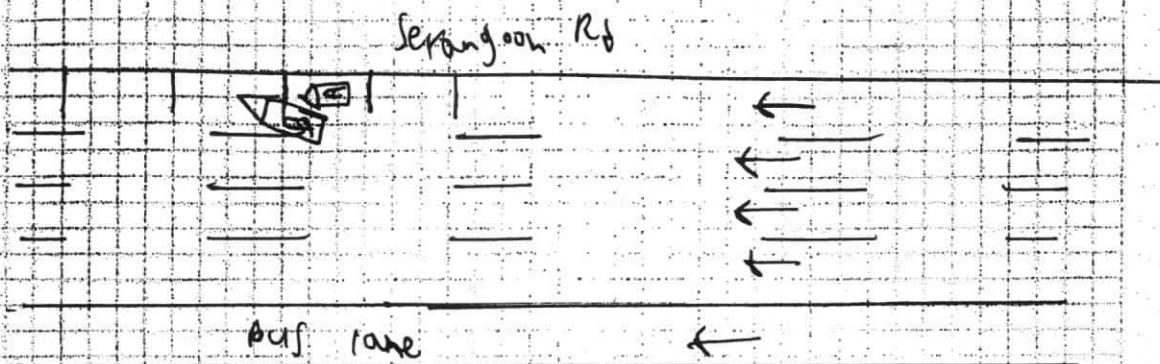
23/11/18

530ms

SKETCH PLAN

(A) SL78264K

(B) SHB 467X

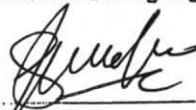



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 23/11/18 @ about 3am, I go and collect my parked vehicle along Serangoon Rd. I get in my vehicle, was about to start my vehicle, my vehicle is still stationary, when suddenly vehicle (B) (taxi) cutted into the lane of mine and hitled onto my vehicle left portion.

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.:

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/FIN No.:


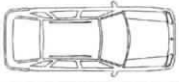
**LKK Auto Consultants Pte Ltd**

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/FCI18021629/Gcd3e2		
36 ROBINSON ROAD		Date: 13-12-2018		
#16-01 CITY HOUSESINGAPORE 068877				
Code: FCI2				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHB 4167X	Veh. Inspected	SLZ 8269K	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18008379MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	29/11/2018	
2. Vehicle Particulars & Condition				
Make & Model	AUDI A5	c.c	1984	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	WAUZZZ8F8AN013865	Colour	BLACK	
Odometer	90507 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	255/35 R19	CONTINENTAL	5 mm	
L/H Front Tyre	255/35 R19	CONTINENTAL	5 mm	
R/H Rear Tyre	255/35 R19	GOODYEAR	5 mm	
L/H Rear Tyre	255/35 R19	GOODYEAR	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.				
5. General Information				
Accident Date	23/11/2018	Inspect Date / Time	30/11/2018 (05:30 PM)	
Survey held at	160 SIN MING DRIVE #05-17			
Repairer	HIAP LEK AUTOMOBILE TRADING			
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:\$40,000.00				

Report Ref No. CS3/FCI18021629/Gcd3e2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

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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