

ASS. REC. BY:

REF:

033/FCL18021662/Gcb

Special Instruction:

Surveyor:

Gib

ASSIGNMENT (Office)

From (Person):

CWS Sithara

of

FCL

Date/Time:

03122018 11:50am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKC 4731B

Insured:

SHC 703U

at Workshop m/s

Eng Soon

Tel:

of

Blk 4 Yew Tee Ind Est 393J

Policy No:

Claim No:

D18008526MTSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

30112018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

03122018 1208pm

Person Contacted:

Mr Teo

Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate	
	SKC4731B - NBA / INC14019757 / el	DA: 19-10-2014
	SHC 703U - 033 / FCL17018982 / m1662	DA: 28/09/2017
	Disassemble: 3/12/2018.	



**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	30-11-2018	<b>Our Ref No.</b> D18008526MFSH
<b>Accident Date</b>	30-11-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHC0703U	<b>Third Party Vehicle.</b> SKC4731B
<b>Survey Location</b>	BLK 4 YEW TEE IND EST 393-J WOODLANDS ROAD	
<b>Contact Person.</b>	JUNE	
<b>Contact No.</b>	65366026/ 0	<b>Fax No.</b> 62223547
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	ENG SOON PAINTING SERVICES	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	BONNIE KWOK LLC	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	SITHARA	

**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 GlA 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	30/11/2018 15:46
Date Of Accident	30/11/2018 01:45
Exact Location Of Accident	ALONG ROAD 1 LOYANG AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC4731B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MB CHAUFFEUR SERVICES
Co Reg No	53321737K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90721272
Alternative Phone No	OFFICE-90721272

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077793835-02
Cover Note Number	

### Driver

Name of Driver	SARAVANNA S/O SANTH KUMARAN
NRIC No	S8903171J
Date Of Birth	21/01/1989
Occupation	INDOOR
Date Of Driving Pass	19/02/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90721272
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 30KELANTAN ROAD #11-83
Postcode	2000030
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	DRIZZLING
Road Surface	WET

#### 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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT

#### 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	SHC703U
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 INJURED PERSON 1

Name	SARAVANNAN S/O SANTH KUMARAN
Approximate Age	29
Injuries Sustain	SERIOUS
Injured person in which vehicle?	SKC4731B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 30 KELANTAN ROAD #11-83
Postcode	200030

## 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 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.



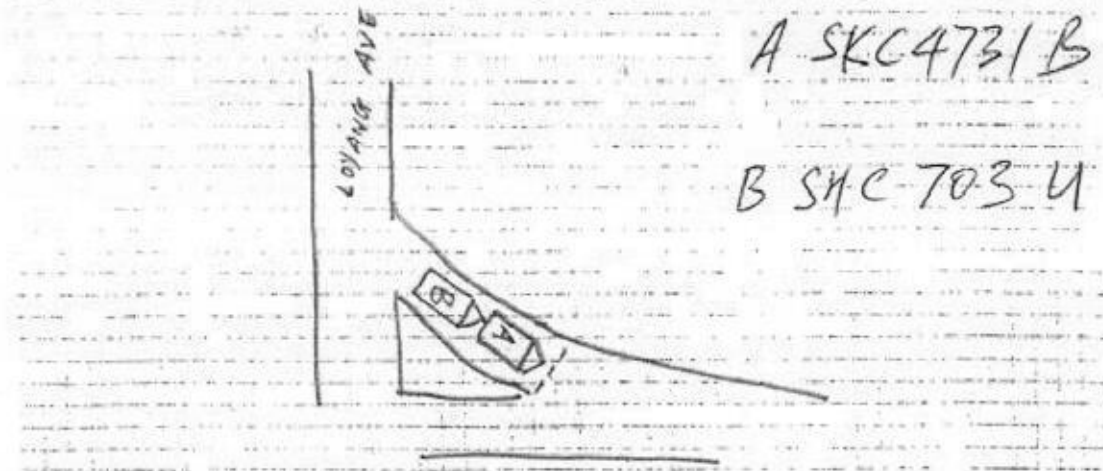
Policyholder's Signature  
Date & Time:

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

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

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:  
NRSC/FIN No.:



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20181130/2067

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3

Report No. T/20181130/2067

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2018 13:35	Vide Report No.:	Station Diary No.: 90
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## Informant's Particulars

Name of Informant: SARAVANNAN S/O SANTH KUMARAN		Address: APT BLK 30 KELANTAN ROAD #11-83 SINGAPORE 200030	
ID Type / ID No.: NRIC NO / S8903171J		Contact No.: Home/Office: Mobile: 90721272	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 21/01/1989	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2018 01:45	Type of Location: Bend
Location: Along Road 1 LOYANG AVENUE				
Filter lane to the left				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC703U	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0
SKC4731B	Car	MAZDA	MAZDA3SP LUX	Red	Seriously Damaged	0

## Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20181130/2067

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 3

Report No. T/20181130/2067

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SARAVANNAN S/O SANTH KUMARAN	ID No.	S8903171J
Related Vehicle	SKC4731B (Car)	Contact No.	90721272
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	30/11/2018	Date Discharge	30/11/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

On 30/11/218 at about 0145hrs, I was driving my vehicle (SKC4731) along Loyang Avenue and I moved into the slip road on the left. I stopped before the dotted white line to give way to vehicles coming from my right, and was completely stationary when I felt a collision from the rear of my vehicle. Due to the collision, my head knocked against the frame of the door and I felt dizzy and pain.

The driver from the taxi (SHC703U) that rear-ended me approached my window whilst I was still dizzy and enquired if I was ok. I said I was and we both made checks on our vehicles. On my vehicle, the rear bumper was dented and the reverse sensor, reverse camera and tail lights were broken. The boot was also badly dented. I am unsure of the damages on the taxi. I then exchanged particulars with the other driver and we both left.

I continued to feel pain thus decided to go to Changi General Hospital for a checkup. I was diagnosed with a minor head injury as a result of the accident. I was also given 5 days of MC (30/11/2018 to 04/12/2018).

Sketch Plan #5



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999



T/20181130/2067

3 of 3

Report No. T/20181130/2067

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
A /  
Sgt 2 STEPHANIE JESSICA ANG HUIZHEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
30/11/2018 13:35

Classification Of Case:



5/11/18

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

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	1737K
Vehicle Details	
Vehicle No.:	SKC4731B
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Dec 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3SP LUX
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	Z6563277
Chassis No.:	JM6BK106270353171
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$15,135.00
Original Registration Date:	26 Jul 2007
First Registration Date:	26 Jul 2007
Transfer Count:	4
Actual ARF Paid:	\$16,405.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	25 Jul 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$24,100.00
COE Rebate Amount:	\$17,543.00
<b>Total Rebate Amount:</b>	<b>\$17,543.00</b>
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 04 Dec 2018

OK

## ▶ Mazda 3 Used Vehicle List (3 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Available
<b>Mazda 3 1.6A SP (COE till 06/2021)</b>	<b>\$18,500</b>	<b>\$7,320 /yr</b>	<b>14-Jun-2006</b>	<b>1,598 cc</b>	<b>200,000 km</b>	<b>Elite Autostyle Pte Ltd</b>	<b>Available</b>

Up To 90% Loan, Call Now For A No Obligation Viewing Or Test Drive. Mileage Is High But Condition Is Definitely Not That Bad.

Office No. - -

Andrew - 94883829

<b>Mazda 3 1.6A SP (COE till 07/2027)</b>	<b>\$48,800</b>	<b>\$5,640 /yr</b>	<b>31-Jul-2007</b>	<b>1,598 cc</b>	<b>89,000 km</b>	<b>Don Motoring</b>	<b>Available</b>
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\$0 Down At Monthly \$728 Only! Or Lease From \$280 Per Week. 1 Owner Only! Very Low Mileage. Excellent Condition! Low Depreciation! Safe Buy! SP Version With Bodykit. Call To View! Absolutely No Repairs...

Office No. - 64767667

Justin - 90050374

<b>Mazda 3 1.6A SP (COE till 11/2023)</b>	<b>\$25,000</b>	<b>\$5,060 /yr</b>	<b>11-Nov-2008</b>	<b>1,598 cc</b>	<b>-</b>	<b>Green Citi Singapore Pte Ltd</b>	<b>Available</b>
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Good Condition And Well Maintained. Low Downpayment With High Loan Available. Call Now To View! Accept Trade In.

Office No. - -

Will - 97492274 | Leon - 90614417

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**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 HOUSESINGAPORE 068877

Ref: CS3/FCI18021662/Gcbs2

Date: 17-12-2018



Code: FCI2

<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SHC 703U	Veh. Inspected	SKC 4731B	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18008526MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	03/12/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MAZDA 3	c.c	1598	
Engine No.	HIDDEN	Year of Reg.	2007	
Chassis No.	JM6BK106270353171	Colour	RED	
Odometer	330901 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	225/45R17	CONTINENTAL	6 mm	
L/H Front Tyre	225/45R17	CONTINENTAL	6 mm	
R/H Rear Tyre	225/45R17	CONTINENTAL	6 mm	
L/H Rear Tyre	225/45R17	CONTINENTAL	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
<b>5. General Information</b>				
Accident Date	30/11/2018	Inspect Date / Time	03/12/2018 ( 03:00 PM )	
Survey held at	ENG SOON PAINTING SVC BLK 4 YEW TEE IND EST 393 - J WOODLANDS ROAD SINGAPORE 677969			
<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: \$22,000.00				

Report Ref No. CS3/FCI18021662/Gcbs2

**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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