

ASS. REC. BY:

REF:

CS3/FCL18012657/Gcb

Special Instruction:

Surveyor:

GQ

ASSIGNMENT (Office)

From (Person):

CWS

Karen Tan

of

FCL

Date/Time:

18/12/2018 9:48am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SBN 58L

Insured:

SHC 7136K

at Workshop m/s

Xin Tun Auto

Tel:

9839 1666

of

Bik 8 Kaki Bukit Ave 4 #05-23

Policy No:

Claim No:

D18006879MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

14/12/2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

18/12/2018 9:58am

Person Contacted:

Devian

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SBN 58L - X

SHC 7136K - CS / GW18017541 / K1cb32

D.O.A: 26/09/2018

Surveys

REF:

Fui

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s

Xin Yun Motor

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: _____

\$86k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Lump Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SBN 58L

Yr Regn: _____

18 Apr 2012

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

Truck / Trailer or

Make: _____

Toyota Lexus GS350c 3456

Colour: _____

silver

A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Sp. Reading: _____

R7468

T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: _____

JTHIBE/BL 505003517

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

Tyre Size: _____

F: _____

235/45 3R18

R: _____

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / ☒ FIR / 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

3:30pm

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

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

) S + RS \$

) Photos

) Others

TOTAL

Report Format: _____

PRC

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

MOTOR SURVEY ASSIGNMENT

Date	17-12-2018	Our Ref No. D18008879MFSH
Accident Date	14-12-2018	Claim Type. Third Party
Insured Vehicle	SHC7136K	Third Party Vehicle. SBN58L
Survey Location	BLOCK 8 KAKI BUKIT AVENUE 4 #05-23 PREMIER	
Contact Person.	IZHAR	
Contact No.	66340858/ 98391666	Fax No. 67338183
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	XIN YUN AUTO PRIVATE LIMITED	Attention. NIL
Cc : TP Solicitor	CHIA S ARUL LLC	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

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	16/12/2018 15:57
Date Of Accident	14/12/2018 11:40
Exact Location Of Accident	SENGKANG EAST WAY & PUNGGOL EAST FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBN58L
Insured/Policyholder	
Name Of Registered Owner	NEO LEE SONG
NRIC No	S0743702A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91171129
Alternative Phone No	OTHERS-91171129
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LEXUS GS350 LUXURY AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070935102-03
Cover Note Number	
Driver	
Name of Driver	NEO LEE SONG
NRIC No	S0743702A
Date Of Birth	03/10/1948
Occupation	INDOOR
Date Of Driving Pass	16/12/2002
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91171129
Fax Number	
Contact Number	OTHERS-91171129
Email Address	NOEMAIL

Address	BLK 976 #10-252 HOUGANG STREET 91
Postcode	530976
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	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 BELOW STATEMENT/SKETCH PLAN

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	SHC7136K
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH KHIOK BOON
NRIC/Passport Number	S0053667I
Contact Number	98198213
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


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.
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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:

IDAC KAKI BUKIT(VAC)
Reporting Centre
23 KAKI BUKIT LANE, 4
Singapore 415933
Name: _____
Tel: 67416697
NRIC/FIN No.: _____
Fax: 67492305
Email: vackb@singnet.com.sg

Sketch Plan #2 Pg. 1

SKETCH PLAN



A: SBN58 L

B: SHC 7136 K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Sengkang east way, while the traffic was heavy. The taxi SHC 7136 K suddenly hit the rear of my car.

DECLARATION

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

(Signature)

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT(VAC)

23 KAKI BUKIT AVE 4

Singapore 415933

Reporting Centre Tel: 67416697

Name: Fax: 67492305

NRIC/FIN: Email: vackb@singnet.com.sg

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3702A
Vehicle Details	
Vehicle No.:	SBN58L
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Dec 2018
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS GS350 LUXURY AUTO
Primary Colour:	Silver
Manufacturing Year:	2012
Engine No.:	2GR8739722
Chassis No.:	JTHBE1BL505003517
Maximum Power Output:	233.0 kW (312 bhp)
Open Market Value:	\$64,609.00
Original Registration Date:	18 Apr 2012
First Registration Date:	18 Apr 2012
Transfer Count:	0
Actual ARF Paid:	\$64,609.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Apr 2022
PARF Rebate Amount:	\$41,995.00
Intended COE Rebate Details	
COE Expiry Date:	17 Apr 2022
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$76,881.00
COE Rebate Amount:	\$25,618.00
Total Rebate Amount:	\$67,613.00

The information contained herein is correct as at 18 Dec 2018

OK

▶ Lexus GS350 Used Vehicle List (1 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Available
Lexus GS350 Luxury	\$89,000	\$16,180 /yr	20-Jun-2012	3,456 cc	86,000 km	Motorist Pte Ltd	Available

With 1 Careful Owner, Tip Top Condition, Luxury Model And Service By Borneo Motor, Perfect Colour Combination Of Exterior And Interior. A Good As Getting New. Loans Available Up To 85% With Interest ...

Office No. - 65898800

Rudi - 97666974 | Kanthan - 90225037

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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		Ref: CS3/FCI18022657/Gcbs2	
36 ROBINSON ROAD		Date: 21-12-2018	
#16-01 CITY HOUSES SINGAPORE 068877		Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 7136K	Veh. Inspected	SBN 58L
Policy No.		Coverage (\$)	0.00
Claim No.	D18008879MFSH	Excess (\$)	0.00
Assign From	KAREN TAN	Assign Date	18/12/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA LEXUS GS350	c.c	3456
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	JTHBE1BL505003517	Colour	SILVER
Odometer	127468 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	235/45ZR18	PIRELLI	6 mm
L/H Front Tyre	235/45ZR18	PIRELLI	6 mm
R/H Rear Tyre	235/45ZR18	PIRELLI	6 mm
L/H Rear Tyre	235/45ZR18	PIRELLI	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	14/12/2018	Inspect Date / Time	18/12/2018 (03:30 PM)
Survey held at	8 KAKI BUKIT AVE 4 #05-23		
Repairer	XIN YUN AUTO PTE LTD		
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: \$86,000.00			

Report Ref No. CS3/FCI18022657/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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