

ASS. REC. BY:

REF: ES3/FCI18023276/Tled3 Special Instruction:

Surveyor: Tau Hich ASSIGNMENT (Office)

From (Person): CWS Karen Tan of FCI Date/Time: 2:05pm @ 28/12/18

Estimated Cost: _____ Bill to: _____

OD TP WS TP RES OD RES EVA INV MV CS

To Inspect Vehicle No: SJN 7206K Insured: SHC 3816H

at Workshop m/s: King's Auto Tel: 6457 8629

of: 176 Sin Ming Drive # 02-10

Policy No: _____ Claim No: D19000055MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/12/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS lup H.O.D. Endorsement: _____

Date/Time: 2:46pm @ 28/12/18 Person Contacted: Hui Fang Vehicle: IN OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SJN 7206K - X</u>
	<u>SHC 3816H - CS / FCI 140186 / Gqm 3rd</u> <u>JAN: 21/09/2019</u>
	<u>Dismantle: 2/1/2019.</u>

MOTOR SURVEY ASSIGNMENT

Date	27-12-2018	Our Ref No. D19000055MFSH
Accident Date	27-12-2018	Claim Type. Third Party
Insured Vehicle	SHC3816H	Third Party Vehicle. SJN7206K
Survey Location	BLK 176 SIN MING DRIVE #02-10	
Contact Person.	ALFRED NG	
Contact No.	64578629/ 0	Fax No. 64517651
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	KING'S AUTO AIR- CONDITIONING SERVICE	Attention. NIL
Cc : TP Solicitor	JUSEQUITY LAW CORPORATION	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.

(Draft)

MLHM18166166 / Lai Hwat (Meng Kee) Motor Pte Ltd - Sin Ming
 ENTRY DATE & TIME: 27/12/2018 11:05
 SUBMITTED BY: [To Be Confirmed]

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 27/12/2018 11:05
 Date Of Accident 27/12/2018 08:55
 Exact Location Of Accident JUNCTION OF YISHUN AVE 8 AND YISHUN AVE 1
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN7206K
Insured/Policyholder
 Name Of Registered Owner SG RENT & DRIVE PTE LTD
 Co Reg No 201806696W
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No Office-96951100

Vehicle Particulars

Manufacturer HYUNDAI
 Model AVANTE
 Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE
 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 AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Type Of Coverage THIRD PARTY
 Fleet Policy YES
 Policy Number 999994608
 Cover Note Number

Driver

Name of Driver MUHAMMAD NAZRI BIN MOHAMED KHAIRI
 NRIC No S8621424E
 Date Of Birth 09/08/1986
 Occupation OUTDOOR
 Date Of Driving Pass 30/06/2009
 Driving Experience 9 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-83386897
 Fax Number
 Contact Number
 EMail Address IAM.NAZRI@YAHOO.COM.SG
 Address BLK 804B KEAT HONG CLOSE
 #10-30

Postcode	682804
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

PLEASE REFER TO 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	SHC3816H
Vehicle Make/Model/Colour	COMFORT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PEK CHENG BOON (BAI QINGWEN)
NRIC/Passport Number	S7136039C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

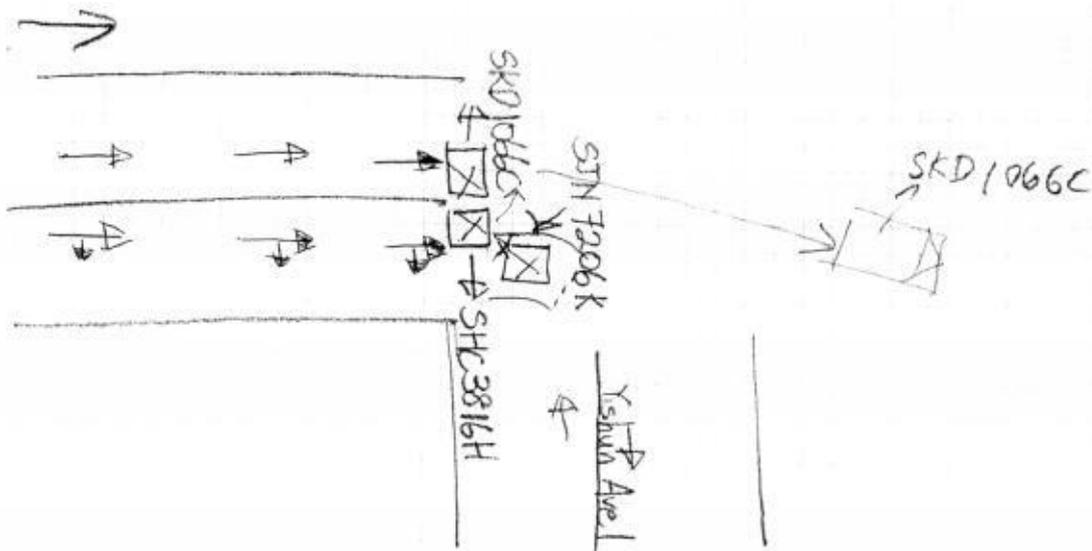
DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKD1066C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIAN BOON KIAT (LIAN WENJIE)
NRIC/Passport Number	S7346069G

SKETCH PLAN

Yishun Ave 8

Yishun Ave 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was about to turn right at a junction when a blue ~~car~~ taxi bang me from behind. Taxi driver wanted to change lane when Audi driver going straight and taxi driver hit the door of Audi car and due to the impact taxi bang my rear bumper.

Date of Accident: 27/12/2018

Time: 0658 am

DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

27 DEC 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: DEC 2018

Reporting Centre Personnel's Signature

Name: Poh Kwee Choo

NRIC/FIN No.: S6840583A

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: 27 DEC 2018

11:05 hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time: DEC 2018

11:05 hrs

Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No. S6840583A

> Back to OneMotoring

D.O.A. 27/12/2018
Bal: 2mths

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	6696W
Vehicle Details	
Vehicle No.:	SJN7206K
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	HD AVANTE 1.6 A
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	G4FC9U599574
Chassis No.:	KMHJU41BR9U690176
Maximum Power Output:	89.7 kW (120 bhp)
Open Market Value:	\$11,635.00
Original Registration Date:	26 Feb 2009
First Registration Date:	26 Feb 2009
Transfer Count:	1
Actual ARF Paid:	\$11,635.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Feb 2019
PARF Rebate Amount:	\$5,817.00
Intended COE Rebate Details	
COE Expiry Date:	25 Feb 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$4,460.00
COE Rebate Amount:	\$70.00
Total Rebate Amount:	\$5,887.00

The information contained herein is correct as at 31 Dec 2018

OK



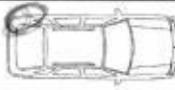
LKK Auto Consultants Pte Ltd

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

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PRE-REPAIR INSPECTION REPORT			
MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18023276/T1cd3s2 Date: 07-01-2019	
Code: FCI2			
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 3816H	Veh. Inspected	SJN 7206K
Policy No.		Coverage (\$)	0.00
Claim No.	D19000055MFSH	Excess (\$)	0.00
Assign From	KAREN TAN	Assign Date	28/12/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI AVANTE	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	KMHDU41BR9U690176	Colour	WHITE
Odometer	166416 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/45R17	CST	6 mm
L/H Front Tyre	215/45R17	CST	6 mm
R/H Rear Tyre	215/45R17	CST	6 mm
L/H Rear Tyre	215/45R17	CST	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION AND UNDERCARRIAGE.			
5. General Information			
Accident Date	27/12/2018	Inspect Date / Time	28/12/2018 (04:42 PM)
Survey held at	KING'S AUTO AIR-CONDITIONING SERVICE BLK 176 SIN MING DRIVE #02-10 SIN MING AUTOCARE SINGAPORE 575721		
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: \$8,000.00			

Report Ref No. CS3/FCI18023276/T1cd3s2

Inspected By

MOHAMAD TAUFIKH

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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