

22/03/2002

ASS. REC. BY:

REF:

CS/FCL19000040/Jvber

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

(WS) Sithura

of

FCI

Date/Time:

02012019 1:59 pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLA 1299B

Insured:

SHC 3326

at Workshop m/s

Seah Motor

Tel:

9627 5090

of

Blk. 2 Kranji Loop #01-06

Policy No:

Claim No:

D1800 8971MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

19.12.2018

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

07.01.2019

H.O.D. Endorsement:

Date/Time:

02012019 2:11 pm

Person Contacted:

Samuel

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLA 1299B - X
	SHC 3326 - CS/FCL18021039 / Anbn2
	DOA: 07112018
8/1/19	Informed FCI pending est from repairer by email

REF: FCI

ASSIGNMENT

From: Date: 07/01/2019

Estimated Cost:

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

To inspect Vehicle No:

SLA 1299B

at Workshop m/s

Seah Motor

of

Blk 2, Kanji Jeep # 01-06

Insured

Policy No.

Claims No.

Sum Insured:

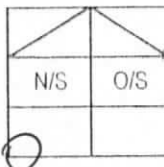
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

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 'up'

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No: SLA 1299B

Yr Regn: 23 Feb 2016

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

Truck / Trailer or

Make:

hyundai Elantra ac 1591

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading

44865

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHDH41CMGUV656530

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

Tyre Size:

F: 205/55 R16

R:

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.

19/12/18

D.O.I.

7/1/19

Survey held at

Seah Auto

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

10/1/19 Confirmed L/s \$1,200/- with 3days repair (Red 1096.60, 489)

RECEIVED 10 JAN 2019

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 10/1 - typist

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation

S + R\$ \$

) Photos

) Others

TOTAL

Report Format:

CWS

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

1200/2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

110

50

50+50

22

282

MOTOR SURVEY ASSIGNMENT

Date	20-12-2018	Our Ref No. D18008971MFSH
Accident Date	19-12-2018	Claim Type. Third Party
Insured Vehicle	SHC0332G	Third Party Vehicle. SLA1299B
Survey Location	BLK 2 KRANJI LOOP #01-06	
Contact Person.	PRESTINA MOH	
Contact No.	96275090/ 96275090	Fax No. 63678421
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	SEAH MOTOR TRADING CO	Attention. NIL
Cc : TP Solicitor	VISION LAW LLC	TP Solicitor Fax No. NA
Officer Incharge	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.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 8 January 2019 1:12 PM
To: 'CWS Motor Claims'
Cc: 'Sithara'; SUR
Subject: RE: SURVEY ASSESSMENT - D18008971MFSH/1, SLA 1299B

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SLA 1299B on 7/1/2019.

We are pending estimate from repairer.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Wednesday, 2 January 2019 2:13 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Sithara' <Sithara@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18008971MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Wednesday, 2 January, 2019 1:59 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Sithara <Sithara@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D18008971MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

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	20/12/2018 13:21
Date Of Accident	19/12/2018 13:30
Exact Location Of Accident	PIE TO CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA1299B
Insured/Policyholder	
Name Of Registered Owner	YUE ZHIJUAN
NRIC No	S8584294C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84993621
Alternative Phone No	OFFICE-84993621

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA

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	
Cover Note Number	

Driver

Name of Driver	YUE ZHIJUAN
NRIC No	S8584294C
Date Of Birth	02/02/1985
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84993621
Fax Number	
Contact Number	OFFICE-84993621
Email Address	NOEMAIL

Address	BLK 536 JURONG WEST ST 52 #12-507
Postcode	
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 (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : --- GENDER: : MALE

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

WHILE I WAS TRAVELLING ALONG PIE TO CHANGI, SUDDENLY FRONT VEHICLE JAM BRAKE AND I FOLLOWED. A VEHICLE THEN HIT ONTO THE REAR PORTION OF MY VEHICLE.

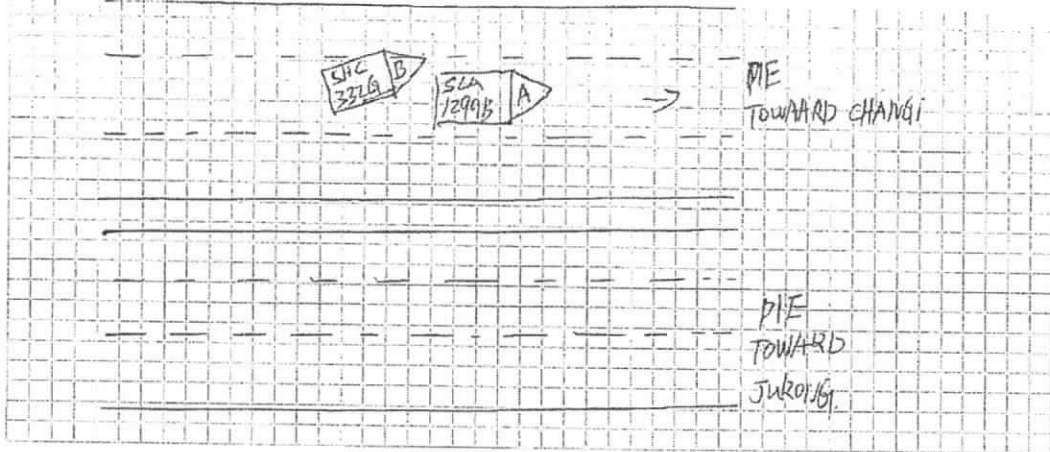
Attachment(s)

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	SHC332G
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	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I YUE ZHI JUAN. S8584294C, SLA1299B, WAS DRIVING ALONG PIE TOWARD CHANGI DIRECTION AS I WAS DRIVING AT CENTRE LANE. SUDDENLY THERE IS A CAR OVERTAKE INTO MY LANE AND I SLOWED DOWN. AS I SLOWING DOWN. I LOOK AT THE REAR VIEW MIRROR. I SAW A YELLOW CAR SHC332G COMING VERY FAST TOWARD MY CAR AND SUDDENLY I FELT A VERY HARD IMP FROM MY REAR LEFT VEHICLE.

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:

IDAC BUKIT BATOK (VAC)

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.:

SEAH MOTOR TRADING CO.

BLK 2 KRANJI LOOP #01-06

SINGAPORE 739538

Tel No. : 63650428 Fax No. : 63678421

E-Mail : seahmotor@gmail.com

Buss. Reg. No. : 288020/00J

FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD #16-01

CITY HOUSE SINGAPORE 068877

Attention : Motor Claim Department

Contact : 62222311 68543923 NOVIN Fax No. : 62223547

Estimate : ES000269

Date : 05/01/2019

Vehicle Num. : SLA1299B

Make/Model : HYUNDAI ELANTRA-2016

Chassis/Eng# : KMHDH41CMGU656530/G4FGFU01

Accident Date : 19/12/2018

Claim No. :

Reference : Y19/JAN/SLA1299B/TP

Policy No. : S103034318

62564315

S/N	Quantity	Particular	Unit Price	Amount S\$
LIST ITEMS :				
1.	1	REAR BUMPER DEF		459.00 ✓
2.	1	REAR BUMPER REINFORCEMENT DD		303.00 ✓
3.	1 LH	REAR BUMPER REFLECTOR SCR		35.00 ✓
4.	1	REAR BUMPER LOWER GARNISH DEF		251.00 ✓
5.	1	REAR BUMPER RETAINER LH NN		26.00 X
List Total S\$:				1,074.00
10.00% Discount S\$:				107.40
20%				966.60
SPECIAL NETT ITEMS :				
1.	1 SET	REVERSE SENSOR A'SSY Shorted		160.00 ✓
Special Nett Total S\$:				160.00
LABOUR :				
TO DISCONNECT REAR WIRE HARNESS OF ELECTRICAL PARTS				30 120.00 ✓
TO FACILITATE REPAIRS				150.00 X
TO APPLY TUFT COAT TO THE DAMAGED PARTS				250 450.00 ✓
TO KNOCKOUT/ALIGN STRAIGHTEN END PANEL/REAR BUMPER				
TAILLAMP, AND OTHER NECESSARY PARTS				200 450.00 ✓
TO PUTTY AND SPRAY PAINTING REAR DAMAGES				
Labour Total S\$:				1,170.00

SingDollars : Two Thousand Two Hundred Ninety-Six & Cents Sixty Only

E. & O.E.

Total S\$: 2,296.60

for SEAH MOTOR TRADING CO.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Total - \$1,200

Hwee Jie - LKK

10/1/19

L/S 3days


10/1/2019

**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

Affiliated to Federation Internationale Des Experts En Automobile				
MS FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI19000040/Jvbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 11-01-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 332G		Veh. Inspected	SLA 1299B
Policy No.			Coverage (\$)	0.00
Claim No.	D18008971MFSH		Excess (\$)	0.00
Assign From	SITHARA		Assign Date	02/01/2019
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI ELANTRA		c.c	1591
Engine No.	HIDDEN		Year of Reg.	2016
Chassis No.	KMHDH41CMGU656530		Colour	WHITE
Odometer	44865		Steering	IN ORDER
Brakes	IN ORDER		Modification	SPORTS RIM
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/55 R16	PIRELLI	6 mm	
L/H Front Tyre	205/55 R16	PIRELLI	6 mm	
R/H Rear Tyre	205/55 R16	PIRELLI	6 mm	
L/H Rear Tyre	205/55 R16	PIRELLI	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	19/12/2018		Inspection Date	07/01/2019
Survey held at	SEAH MOTOR TRADING CO. BLK 2 KRANJI LOOP #01-06 . SINGAPORE 739538			
5a. Remarks				
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:			3 Working Days	

**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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLA 1299B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	459.00	459.00
1	REAR BUMPER REINFORCEMENT	DENTED	303.00	303.00
1	LH REAR BUMPER REFLECTOR	SCRATCHED	35.00	35.00
1	REAR BUMPER LOWER GARNISH	DEFORMED	251.00	251.00
1	REAR BUMPER RETAINER LH	NOT NECESSARY	26.00	-
	LESS 10% DISCOUNT		-107.40	-
	LESS 20% DISCOUNT		-	-209.60
			966.60	838.40
	<u>SPECIAL NETT ITEMS</u>			
1	SET REVERSE SENSOR ASSY (SN)	SHORTED	160.00	160.00
			160.00	160.00
	<u>LABOUR</u>			
	TO DISCONNECT REAR WIRE HARNESS OF ELECTRICAL PARTS TO FACILITATE REPAIRS.		120.00	30.00
	TO APPLY TUFF COAT TO THE DAMAGED PARTS.	NOT NECESSARY	150.00	-
	TO KNOCKOUT/ALIGN STRAIGHTEN END PANEL / REAR BUMPER TAILLAMP, AND OTHER NECESSARY PARTS.		450.00	250.00
	TO PUTTY AND SPRAY PAINTING REAR DAMAGES.		450.00	200.00
			1,170.00	480.00
	GRAND TOTAL		2,296.60	1,478.40
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,200.00

Report Ref No. CS/FCI19000040/Jvbe2

ONG HWEE JIE

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.