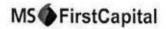
rom (Person)	Sithara (COS)	of fc	I	Date/Time: 14 1 2019	
Estimated Cos			Bill to:	, , , ,	
The same of the sa	TP RES / OD RES / E		CS Insured:	SHC.SOH M	
	als Rolincar And		Tel:		
	i Bubit Ave 2 #0				
Policy No:			Claim No:	392 MESH I	
Sum Insured:			Excess:	-10	
Make of Veh: Client's Record				P100/1/11 A.O.O	
CA / REV /	REP. / REV 24 HRS	Person Contacted:	V	H.O.D. Endorsement:	
Date/Time	Action/Instruction (	< ) Estimate	p	***	
	SLD 7230T-NA INCIG000720 K4 DOA: 11 1/2019				
	SHC30HM - X				
	Diemantle: 16/1	2019			
	After report: 181	The state of the s			



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 069877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

#### MOTOR SURVEY ASSIGNMENT

Date

14-01-2019

Our Ref No. D19000392MFSH

**Accident Date** 

11-01-2019

Claim Type. Third Party

Insured Vehicle

SHC0304M

Third Party Vehicle. SLD7230T

**Survey Location** 

2 KAKI BUKIT AVENUE 2 #01-17 KAKI BUKIT AUTOHUB

Contact Person.

MELODY CHIN

Contact No.

67440510/68420051

Fax No. 67410510

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

TWINCAR AUTOMOTIVE

Attention, NIL

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

SITHARA

PTE LTD

#### 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.

Veh In

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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 witholding 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.
- 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.

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	12/01/2019 09:20	
Date Of Accident	11/01/2019 20:35	
Exact Location Of Accident	PIE TWDS CHANGI AFTER EUNOS EXIT B4 EUNOS FLYOVER	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLD7230T	
Insured/Policyholder		
Name Of Registered Owner	HSU CHUEN SING	
NRIC No	S2648990C	
Email Address	WYMANHSU@HOTMAIL.COM.HK	
Mobile Phone No	(LOCAL) +65-90231986	
Alternative Phone No	OTHERS-90231986	
Vehicle Particulars		
Manufacturer	HOLDEN	
Model	VEZEL 1.5X A	
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	5081283637-02	
Cover Note Number		
Driver		
Name of Driver	HSU MAN ON	
NRIC No	S8671808A	
Date Of Birth	13/12/1986	
Occupation	INDOOR	
Date Of Driving Pass	03/12/2010	
Driving Experience	8 YEARS AND 1 MONTH	
Gender	MALE	

(LOCAL) +65-98585630

WYMANHSU@HOTMAIL.COM.HK

OTHERS-98585630

BLK 440 TAMPINES STREET 43 Address

#09-193

520440 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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** 

SHC304M Vehicle Registration Number

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 OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SGM3241A

Page 2 of 19

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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 HSU MAN ON

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SLD7230T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

#### Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the dain's process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this form by insurance companies is not an admission of policy inbility on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- 3. 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:
  - 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/cen 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:
  - 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
  - (iii) 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

WHICLE B-SHC BOWM

WHICLE B-SHC BOWM

WHICLE C-SGM 3241A

PIE TOWARD CHANGE

AMER EURON EXIT, BEFORE EUROS HAWER

TOTAL

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- was transmitted about the Tumano enamer tragetion, I was
DN THE EXTERNE RIGHT LAND.
While Travellinh STRAIGHT PHEAD, AND DUE TO THE
VEHICLE WERENT WAS STOPPED DUE TO ACCUSENT I THEN
APPLIED BRAKE AND MANAGED TO STOP IN TIME. SUBJENLY
AFTER A FEW SECONDS I FLUT A CHEAT IMPACT FROM THIS
EZAR OF My variety.
ALLCHIED CEUM MY VEMICUE AND REPUISED IT WAS A
valued with Grance PLATA MARBER (SHE 304 M)
THAT CULLIARD TO THE RAPE OF MY WHICH.
benicce A - SLD 72307
USANCCIE BO - SHC SIGH M
vance c - SGM 3241 A

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 Aersonnei's Signature Name: NRIC/FIN No.

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	8990C	
Vehicle No.:	SLD7230T	
Vehicle to be Exported:	No	
Intended Deregistration Date:	16 Jan 2019	
Vehicle Make:	HONDA	
Vehicle Model:	VEZEL 1.5X A	
Primary Colour:	Blue	
Manufacturing Year:	2016	
Engine No.:	L15B4033759	
Chassis No.:	RU11113757	
Maximum Power Output:	96.0 kW (128 bhp)	
Open Market Value:	\$21,209.00	
Original Registration Date:	27 Jun 2016	
First Registration Date:	27 Jun 2016	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$11,693.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	26 Jun 2026	
PARF Rebate Amount: Intended COE Rebate Details	\$8,769.00	
COE Expiry Date:	26 Jun 2026	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$53,694.00	
COE Rebate Amount:	\$39,972.00	
Total Rebate Amount:	\$48,741.00	

The information contained herein is correct as at 16 Jan 2019

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We'll handle your loans, insurance & other paperwork for FREE.

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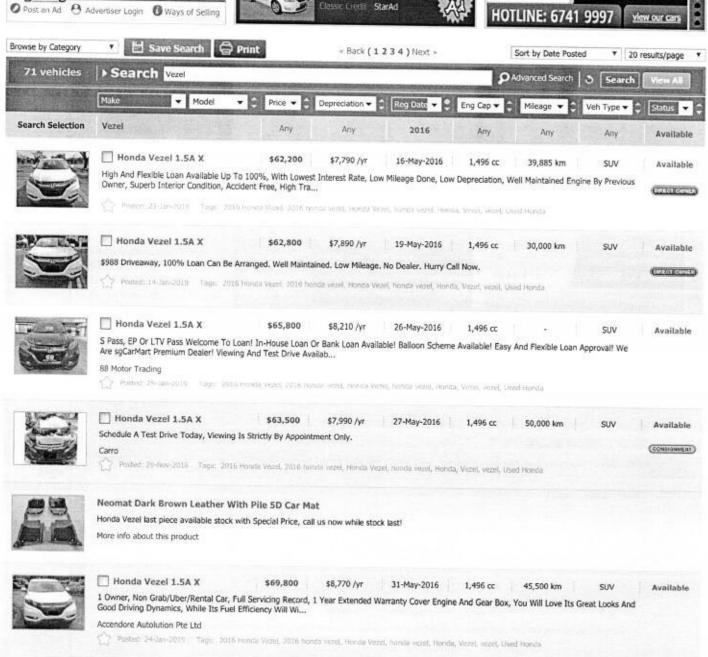
Post an Advertisement Sell it yourself! Advertise it at just \$58 until it's SOLD!



Classic Promo!Best Deal!Fast Selling!Hurry Down Now! Flexible Loan. Trade In Are Welcome. 100% Deposit Refund For Unapproved Loan. Classic Credit StarAd



**VALUE FOR MONEY VALUE FOR TIME** A PEACE OF MIND





Honda Vezel 1.5A X

\$66,800

\$8,360 /yr 02-Jun-2016 1,496 cc 48,789 km

Available

SECTION 1

Consignment Unit! Low Monthly Installment! Fast Approval! 20KM/L Fuel Consumption On This Earth-dream Build Engine Using Direct Injection! Low On Maintainance! In A Very Good Condition To Drive Off! C...

Jia Yi Car Pte Ltd

Protect 24-149-2029 Tags. 2016 Honds Virtal, 2016 hunds virtal, Honds Vezel, Honds Vezel, Honds Vezel, Honds Vezel, Virtal, Vezel, Used Honds



\$65,800

\$8,280 /yr

06-Jun-2016

1,496 cc -

Available

S Pass, EP Or LTV Pass Welcome To Loan! In House Loan Or Bank Loan Available! Balloon Scheme Available! Easy And Flexible Loan Approval! We Are sgCarMart Premium Dealer! Viewing And Test Drive Availab... PERMIT

88 Motor Trading

Fosted: 28-Tain-2019 Tays: 2016 Honda Vesel, 2016 honda verel, Honda Vezel, honda vezel, Hunda, Vezel, used Honda



## 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

	A AMERICAN		INSPECTION REPORT				
MS FIRST CAPITAL INSURANCE LTD			Ref CS3/FCI1900088				
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date: 30-01-2019					
			Code: FCI2	ENDWOOD CONTRACTOR			
1.	Policy Particulars :- (THIRD PARTY CLAIM)						
	Insured Veh.	SHC 304M	Veh. Inspected	SLD 7230T			
	Policy No.		Coverage (\$)	0.00			
	Claim No.	D19000392MFSH	Excess (\$)	0.00			
	Assign From	SITHARA	Assign Date	14/01/2019			
2.		Vehicle	Particulars & Condition				
	Make & Model	HONDA VEZEL	c.c	1496			
	Engine No.	HIDDEN	Year of Reg.	2016			
	Chassis No.	RU11113757	Colour	BLUE			
	Odometer	48826 KM	Steering	IN ORDER			
	Brakes	IN ORDER	Modification	SPORTS RIM			
	General	GOOD					
3.		C	onditions of Tyres				
		Size	Make	Balance			
	R/H Front Tyre	215/60R16	DUNLOP	6 mm			
	L/H Front Tyre	215/60R16	DUNLOP	6 mm			
	R/H Rear Tyre	215/60R16	DUNLOP	6 mm			
	L/H Rear Tyre	215/60R16	DUNLOP	6 mm			
4.		Des	cription of Damages				
	THE VEHICLE SU	STAINED DAMAGES AT TH	E REAR PORTION.				
5.		G	eneral Information				
	Accident Date	11/01/2019	Inspect Date / Time	15/01/2019 ( 01:30 PM )			
	Survey held at	TWINCAR AUTOMOTIVE					
		2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTO SINGAPORE 417921					
5a.			Remarks	0.48 - 3665-150			
	B) THE REPAIR E	STIMATE WAS NOT PRESE VAS TOLD TO PREPARE TH EASE FIND DAMAGED VEH	A "WITHOUT PREJUDICE" BASIS NTED AT THE TIME OF INSPEC IE ESTIMATE. IICLE PHOTOGRAPHS.	S. TION.			

Report Ref No. CS3/FCI19000882/Acd3s2

Inspected By

St. S.

ADRIAN LING WAI PING

B.Eng, AMSOE, AMIRTE, AMSAE-A, M. MATAI

Licensed Appraiser

L

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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