

ASS. REC. BY:

REF:

CS/FCE19001148/719d3

Special Instruction:

Surveyor:

Tauhiah

ASSIGNMENT (Office)

CWS

From (Person):

Severe Lev

of

PEI

Date/Time:

8:29pm @ 18/1/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

XE 152AM

Insured:

SHA 6999D

at Workshop n/s

Kuan Quek Motor

Tel:

8264 2189

of

Blk 3 Pioneer Rd North #01-16

Policy No:

Claim No:

D19 000 505 MF87

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

16/01/2019

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

9:37am @ 18/1/19

Person Contacted:

Mr. Kuan

Vehicle IN / OUT

(OUT)

Date/Time	Action/Instruction (✓) Estimate
	XE 152AM-X
	SHA 6999D-CS/FCE17001636/R19bn 2
21/1/19 @ 7:51pm	REVISED to Severe Lev by email.
25/3/19 @ 10pm	confirmed with Eileen. US \$950, 2 days. (Cost \$950, 50%)

DVA: 19/1/2017

Surveillance

Taufelch

REF: FCI

ASSIGNMENT

From: _____ Date: 18/1/19
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: XE 1524
 at Workshop m/s Kuan Quek Motor
 of 3 Pioneer Rd North # 01-16
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)

Make of Veh: After 4pm
 (Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS up
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: XE 1524 M. Yr Regn: 2016, March
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
 Make: 1524 FX Z772 C.C. 9839
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 18777 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JAL FX Z777 F70079.
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 295/50R27.5
 R: 295/50R27.5
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal. 8 mm R/Bal. 8/8 mm
 L/Bal. 8 mm L/Bal. 9/8 mm
 D.O.A. _____ D.O.I. 18/1/19
 Survey held at Kuan Quek
 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
	<u>Taufelch, pls see my remark.</u>
	<u>RECEIVED 25 MAR 2019.</u>
	<u>2/1</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to? _____
 Report Format : TP
 Lump Sum / I.B.F. (\$) 950

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

Survey Fee: 100
 Transportation: 50
 S + RS, SI: 50
 Photos: 16
 Others: _____
 TOTAL: 216

MOTOR SURVEY ASSIGNMENT

Date	17-01-2019	Our Ref No. D19000505MFSH
Accident Date	16-01-2019	Claim Type. Third Party
Insured Vehicle	SHA6999D	Third Party Vehicle. XE1524M
Survey Location	BLK 3 PIONEER ROAD NORTH #01-16	
Contact Person.	EILEEN	
Contact No.	62642189/ 0	Fax No. 62682109
Survey Type	WITHOUT PREJUDICE: NO EST. *	
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	KUAN QUEK MOTOR	Attention. NIL
Cc : TP Solicitor	VISION LAW LLC	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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.

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Monday, 21 January 2019 2:51 PM
To: 'CWS Motor Claims'; assignments
Cc: 'Serene Ler'; SUR
Subject: RE: SURVEY ASSESSMENT - D19000505MFSH/1
Attachments: CSFCI19001148T1qd3.pdf

Dear Serene,

Enclosed herewith preliminary advice of XE 1524M.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)

Sent: Friday, 18 January 2019 9:43 AM

To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: 'Serene Ler' <Sereneler@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D19000505MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | 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: Thursday, 17 January 2019 6:29 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Serene Ler <Sereneler@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D19000505MFSH/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.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19000505MFSH

Date: 21 January 2019

Our Ref: CS/FCI19001148/T1qd3

The Motor Claims Department
First Capital Insurance Ltd

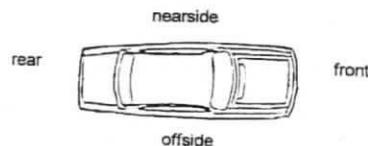
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. XE 1524M .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 18/01/2019 at the premises of M/s KUAN QUEK MOTOR. and have the following to report:-

Workshop Estimate Amount	: S\$ 1,900.00 .
Revised Estimate Amount	: S\$ 1,500.00 .
“Check” Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:
The vehicle sustained damages
at the o/s portion.



Yours faithfully

Taufikh
Automotive Assessor

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	17/01/2019 09:38
Date Of Accident	16/01/2019 12:30
Exact Location Of Accident	S'PORE ZOO @ CARPARK C
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1524M
Insured/Policyholder	
Name Of Registered Owner	GREENWAY ENVIRONMENTAL WASTE MANAGEMENT P/L
Co Reg No	200412740R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68620065

Vehicle Particulars

Manufacturer	ISUZU
Model	FXZ77Q
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29073066MKC
Cover Note Number	

Driver

Name of Driver	LEE TENG GUAN
NRIC No	S1419553Z
Date Of Birth	04/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	10/12/1987
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96969535
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	236 BT BATOK EAST AVE 5 #07-141
Postcode	650236
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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 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	SHA6999D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH HWEE GEK
NRIC/Passport Number	S7521697A
Contact Number	
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.
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.



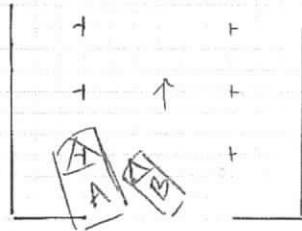
 Policyholder's Signature
 Date & Time:

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

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

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN



(A) XE1524M

(B) SHAG999D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/01/2019 @ around 1230 hrs, I was driving my vehicle to Spruce 200 @ carpark C. When driving along the carpark, suddenly I felt an impact on my right side portion then I went down to see & noticed that vehicle B had collided onto on my rear right side portion.

- Claim own policy
- Claim third party
- Claim OD TP at other work's hop fuel truck
- For record purpose

Policy No. _____
 Insurer MCCU Veh.No. XE1524M

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:
 NRIC/FIN No.:

KUAN QUEK MOTOR

BLK 3 PIONEER ROAD NORTH #01-16 SINGAPORE 628457

TEL : 6264 2189 FAX : 6268 2109

BUSINESS REG. NO. 25455700K

ESTIMATE

FIRST CAPITAL INSURANCE LTD
36, ROBINSON ROAD
#16-01, CITY HOUSE
SINGAPORE 068877

DATE : 18/01/2019
ACCIDENT DATE : 16/01/2019
TYPE OF CLAIM : THIRD PARTY
YOUR INSURED : SHA6999D

ATTN : MOTOR CLAIMS DEPARTMENT

RE : VEHICLE NO. XE1524M ISUZU FXZ77Q

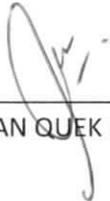
TO RENEW SIDE GUARD AND SIDE GUARD BRACKET RH
TO KNOCK REAR TYRE MUDGUARD RH

TO SPRAY PAINTING FOR SIDE GUARD AND
SIDE GUARD BRACKET RH

too high
900 ~~1200~~ bb
\$ 1,500.00
\$ 400.00 *300.*

TOTAL : \$ 1,900.00

S/DOLLARS : ONE THOUSAND AND NINE HUNDRED ONLY.


KUAN QUEK MOTOR

*1300
4/3/950**

*21/1/19
Tan Kah 97495749
WP
Resurvey after repair
o 2 days
sav@llkauto.com
Lumpsum*

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:



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/FCI19001148/T1qd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 27-03-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 6999D	Veh. Inspected	XE 1524M
Policy No.		Coverage (\$)	0.00
Claim No.	D19000505MFSH	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	18/01/2019
2. Vehicle Particulars & Condition			
Make & Model	ISUZU FXZ77Q	c.c	9839
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JALFXZ777F7001079	Colour	WHITE
Odometer	187727	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	295/80 R22.5	PIRELLI	8 mm
L/H Front Tyre	295/80 R22.5	PIRELLI	8 mm
R/H Rear Tyre	295/80 R22.5 (D)	PIRELLI	8/8 mm
L/H Rear Tyre	295/80 R22.5 (D)	PIRELLI	8/8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	16/01/2019	Inspection Date	18/01/2019
Survey held at	KUAN QUEK MOTOR BLK 3, PIONEER ROAD NORTH #01-16 SINGAPORE 628457.		
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:		2 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. XE 1524M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR TO RENEW SIDE GUARD AND SIDE GUARD BRACKET RH. TO KNOCK REAR TYRE MUDGUARD RH. TO SPRAY PAINTING FOR SIDE GUARD AND SIDE GUARD BRACKET RH.		1,500.00	900.00
			400.00	300.00
			1,900.00	1,200.00
	GRAND TOTAL		1,900.00	1,200.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			950.00

Report Ref No. CS/FCI19001148/T1qd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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