

CWS

From (Person)

Senene Ter

of

FCI

Date/Time

3:02pm@15/2/19

Estimated Cost

Bill to

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

To Inspect Vehicle No.

SKF4414B

Insured

SHA 1239X

at Workshop m/s

Xin Yun Auto

Tel

98391666

of

8 Kaki Bkt Ave 4 # 05-23

Policy No.

Claim No.

D19001004MFSH

Sum Insured

Excess

Make of Veh

D.O.A.

G/2/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement

Date/Time

12:54pm@13/2/19

Person Contacted

Vehicle

IN/OUT

Date/Time

Action/Instruction (X) Estimate

15/2/19.

call wkepp since 15/2/19 No answer. 15/2/19 ask sunyap go wkepp and check. VMI. (Mr. Lim went premier so ask him check).

SKF4414B - X

SHA 1239Y - X

Dismantle: 5/3/2019.

After repair: 7/3/2019

XPR
PRS

REF:

FCI

B 9365M

ASSIGNMENT

(-2019)

From: _____ Date: _____
Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
To inspect Vehicle No: SKF 4414B
at Workshop n/s Xin Yun
of ~~Kali Bukit Ave 6 #01 ST~~
Insured: 8 Premier.
Policy No.: _____
Claims No.: _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

1pm - 2pm

(Policy Condition)

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

Bal. or Market Value:

\$14k.

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: SKF 4414B
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

15 Oct 2009

Make: KIA Cerato C.C. 1998
Colour: Silver A/C Insured / Std / Nil / NA
Sp. Reading: 156875 T/Radio: Insured / Std / Nil / NA

Eng/No: _____
C/No: KNAFW 412MA 5111099
Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

215/45 ZR17
u

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Road stone

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

Survey held at

w/s

04-03-19

3:30pm

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

RECEIVED 21 MAR 2019

Date/Time: File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:

Transportation

1) S.A.P.S. 50

2) Hotel

3) Others

4)

TOTAL

Report Format:

PRS

Lump Sum / I.B.J. (\$) :

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Week-end (\$

MOTOR SURVEY ASSIGNMENT

Date	12-02-2019	Our Ref No. D19001004MFSH
Accident Date	06-02-2019	Claim Type. Third Party
Insured Vehicle	SHA1239Y	Third Party Vehicle. SKF4414B
Survey Location	8 KAKI BUKIT AVENUE 4 #05-23 PREMIER @KAKI BUKIT	
Contact Person.	FABIAN	
Contact No.	0/ 98391666	Fax No. 0
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR (ID NON-REPORTING)	
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	CROSSBORDERS 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.

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	12/02/2019 09:53
Date Of Accident	06/02/2019 01:50
Exact Location Of Accident	JUNCTION OF SIM AVE & LOR 7 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF4414B
Insured/Policyholder	
Name Of Registered Owner	IZCHEN
Co Reg No	53369365M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98795641
Alternative Phone No	OFFICE-98795461

Vehicle Particulars

Manufacturer	KIA
Model	CERATO 2.0 SUNROOF
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000109
Cover Note Number	

Driver

Name of Driver	CHEN ZHENG WEI
NRIC No	S8772669Z
Date Of Birth	18/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2011
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98795641
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	216 SERANGOON AVE 4 #03-80 SERANGOON GREEN SUNGAPOIRE 550216
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 - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : HUBERT LIM JUN JIE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer to attached

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1239Y
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)

Sketch Plan

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 regulate 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.:



Sketch Plan #2

SKETCH PLAN

1-5-3-4-3

A: SKF4414B

B: SHA1239Y

1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please Refer to police Report.

DECLARATION

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


Public Relations Officer
Date & Time:


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


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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	9365M
Vehicle Details	
Vehicle No.:	SKF4414B
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Mar 2019
Vehicle Make:	KIA
Vehicle Model:	CERATO 2.0L SX A/T SR ABS D/AB 2WD
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	G4KD9H538087
Chassis No.:	KNAFW412MA5111099
Maximum Power Output:	114.7 kW (153 bhp)
Open Market Value:	\$16,006.00
Original Registration Date:	15 Oct 2009
First Registration Date:	15 Oct 2009
Transfer Count:	2
Actual ARF Paid:	\$16,006.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Oct 2019
PARF Rebate Amount:	\$8,003.00
Intended COE Rebate Details	
COE Expiry Date:	14 Oct 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$19,289.00
COE Rebate Amount:	\$1,171.00
Total Rebate Amount:	\$9,174.00

The information contained herein is correct as at 05 Mar 2019

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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT

MS FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSES SINGAPORE 068877

Ref: CS3/FCI19002943/Gcd3s2

Date: 22-03-2019



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHA 1239Y	Veh. Inspected	SKF 4414B
Policy No.		Coverage (\$)	0.00
Claim No.	D19001004MFSH	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	15/02/2019

2. Vehicle Particulars & Condition

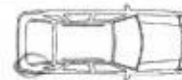
Make & Model	KIA CERATO	c.c	1998
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	KNAFW412MA5111099	Colour	SILVER
Odometer	156875 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/45ZR17	ROADSTONE	5 mm
L/H Front Tyre	215/45ZR17	ROADSTONE	5 mm
R/H Rear Tyre	215/45ZR17	ROADSTONE	5 mm
L/H Rear Tyre	215/45ZR17	ROADSTONE	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. THE UNDERCARRIAGE AFFECTED DUE TO COLLISION.

**5. General Information**

Accident Date	06/02/2019	Inspect Date / Time	04/03/2019 (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: \$14,000.00

Report Ref No. CS3/FCI19002943/Gcd3s2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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