

ASS. REC. BY:

REF:

CS3/FCI/9003306/Gcd3

Special Instruction:

Surveyor:

Guo Jing

ASSIGNMENT (Office)

CWS

From (Person):

May chun

of

FCI

Date/Time:

5:32pm @ 20/2/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SME 5319M

Insured:

SH 8580Y

at Workshop m/s

H.S. Automotive

Tel:

6538 1368

of

2 kaki Bkt Ave 2 # 02-25

Policy No:

Claim No:

D1906119SMFS#

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

17/02/2019

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement:

Date/Time:

11:27am @ 21/2/19

Person Contacted:

Alex

Vehicle:

IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SME 5319M - NA/AIG 1902 2951 / r3 DUA: 17/2/19
	SH 8580Y - NA/AIG 1902 2951 / r3 DUA: 17/2/19

Surveyor

PRS  
Xel.

REF:

ECi

6544 H

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

HS Auto

of \_\_\_\_\_

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: \_\_\_\_\_

\$75K

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

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: \_\_\_\_\_

SMF5319M

Yr Regn: \_\_\_\_\_

16 Nov 2018

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

Truck / Trailer or

Make: \_\_\_\_\_

KIA Cerato 1.6 cc 1591

Colour: \_\_\_\_\_

Blue

A/C: \_\_\_\_\_

Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_

5887

T/Radio: \_\_\_\_\_

Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

KNAF3416MK 5018457

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: \_\_\_\_\_

295/55 R16

R: \_\_\_\_\_

11

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

TOYO / YOKO or

MAXEN

Front

Rear

R/Bal. \_\_\_\_\_

9

mm

R/Bal. \_\_\_\_\_

9

mm

L/Bal. \_\_\_\_\_

9

mm

L/Bal. \_\_\_\_\_

9

mm

D.O.A. \_\_\_\_\_

D.O.I. \_\_\_\_\_

21-02-19

Survey held at \_\_\_\_\_

w/s

3:50pm

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

O/S RA

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\_\_\_\_\_\$ + RS. \_\_\_\_\$

Photos: \_\_\_\_\_

Others: \_\_\_\_\_

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: \_\_\_\_\_

PRE

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

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	18-02-2019	<b>Our Ref No.</b> D19001195MFSH
<b>Accident Date</b>	17-02-2019	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SH8580Y	<b>Third Party Vehicle.</b> SMF5319M
<b>Survey Location</b>	BLK 2 KAKI BUKIT AVENUE 2 #02-25 KAKI BUKIT AUTOHUB	
<b>Contact Person.</b>	ZUL	
<b>Contact No.</b>	65381368/ 0	<b>Fax No.</b> 65381367
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	H S AUTOMOTIVE SERVICES	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	JUSEQUITY LAW CORPORATION	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	MAY CHUA	

**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	18/02/2019 10:51
Date Of Accident	17/02/2019 12:25
Exact Location Of Accident	EAST COAST RD(CARPARK D4)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF5319M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM WAH KENG WINSTON
NRIC No	S6926544H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83398398
Alternative Phone No	OTHERS-83398398

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800136673
Cover Note Number	

### Driver

Name of Driver	CHUA PEI SHAN(CAI PEISHAN)
NRIC No	S8128165C
Date Of Birth	09/09/1981
Occupation	INDOOR
Date Of Driving Pass	30/10/2004
Driving Experience	14 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94579633
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 415 PASIR RIS DR 6 #10-217
Postcode	510415
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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: : DAUGHTER GENDER: : FEMALE

#### 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

I WAS TRAVELLING STRAIGHT ALONG EAST COAST RD HEADING TWDS BEDOK, SUDDENLY VEH B HIT ONTO MY FRT RIGHT PORTION.

#### 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	SH8580Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE FOOK NAM
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

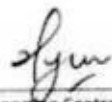
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to 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.

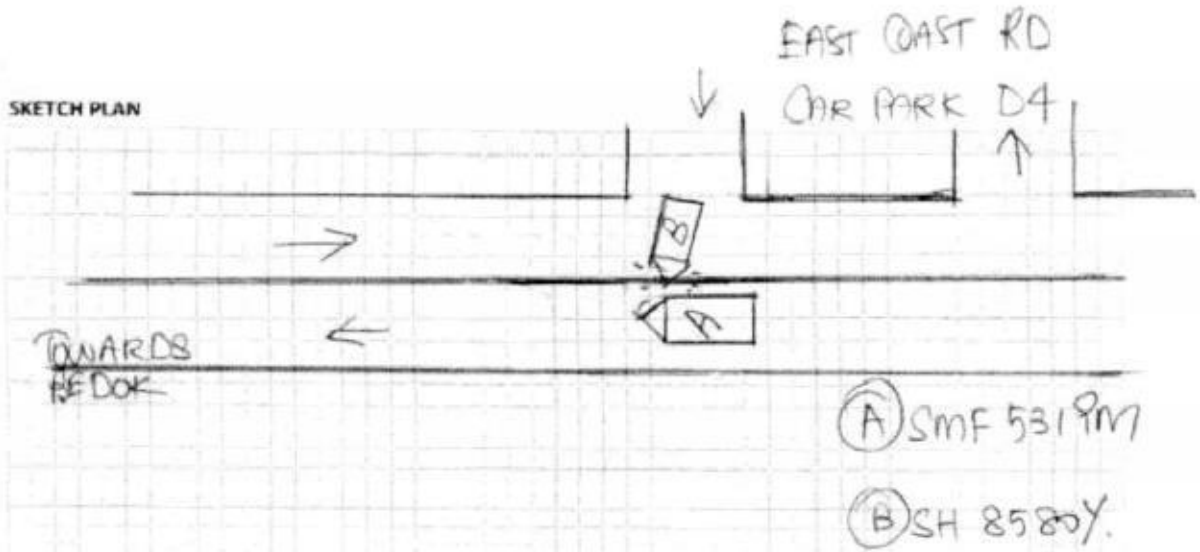
Policyholder's Signature  
Date & Time:

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

 18/02/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/TIN No.:

# Individual Statement

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG EAST COAST ROAD  
 HEADING TOWARDS <sup>D</sup>BEOK.  
 SUDDENLY VEHICLE B HIT ONTO MY RH FRONT PORTION.

## 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:

18/02/19  
 Reporting Centre Personnel'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:	6544H
Vehicle Details	
Vehicle No.:	SMF5319M
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Feb 2019
Vehicle Make:	KIA
Vehicle Model:	CERATO 1.6(A) EX
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	G4FGJH709219
Chassis No.:	KNAF3416MK5018457
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$13,922.00
Original Registration Date:	16 Nov 2018
First Registration Date:	16 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$13,922.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Nov 2028
PARF Rebate Amount:	\$10,441.00
Intended COE Rebate Details	
COE Expiry Date:	15 Nov 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$28,457.00
COE Rebate Amount:	\$27,695.00
<b>Total Rebate Amount:</b>	<b>\$38,136.00</b>

The information contained herein is correct as at 22 Feb 2019

OK

### ► Cerato Used Vehicle List (4 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Availabi
Kia Cerato 1.6A	\$75,000	\$7,200 /yr	16-Oct-2018	1,591 cc	5,984 km	Motorist Pte Ltd	Availal

Agent Maintained Unit! C&C 5 Years Warranty From Date Of Registration And 10 Years Engine Warranty! Practically In Showroom Condition! Buy With A Peace Of Mind. Up To 80% Loan Available With Lowest In...

Office No. - 65898800

Rudi - 97666974 | Kanthan - 90225037

Kia Cerato K3 1.6A EX	\$73,800	\$7,320 /yr	17-May-2018	1,591 cc	9,541 km	Republic Auto	Availal
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\$2,000 Republic Auto Warranty Workshop Credit, Original Factory Unit From C&C, Servicing Just Done! 10 Years Engine Warranty. Buy With Peace Of Mind. Call /SMS For Viewing Appointment.

Office No. - 65672000

Benny Goh - 90297772

Kia Cerato K3 1.6A Sunroof (OPC)	\$61,800	\$5,910 /yr	26-Apr-2018	1,591 cc	7,000 km	Cargent Pte Ltd	Availal
----------------------------------	----------	-------------	-------------	----------	----------	-----------------	---------

SX Model With Sunroof (\$6K More Than EX). Facelifted Version. Kia Infotainment Touchscreen System. Unlimited Mileage With Warranty 5 Years By Agent Cycle And Carriage (Engine). Front And Rear HD Recor...

Office No. - 66335766

Mag - 81332103 | Peter - 81806338

Kia Cerato K3 1.6A EX	\$72,888	\$7,460 /yr	31-Jan-2018	1,591 cc	6,500 km	Wheels Singapore Pte Ltd	Availal
-----------------------	----------	-------------	-------------	----------	----------	--------------------------	---------

Well Maintained Interior And Exterior. Low Mileage! 1 Owner. High Loan Options With Attractive Interest Rates. Trade In Welcome! Please C For A Viewing And Test Drive!

Office No. - 66815662

PH - 98418186 | Benjamin - 83237600

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**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		Ref: CS3/FCI19003306/Gcd3s2		
36 ROBINSON ROAD		Date: 25-02-2019		
#16-01 CITY HOUSES SINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SH 8580Y	Veh. Inspected	SMF 5319M	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19001195MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	20/02/2019	
2. Vehicle Particulars & Condition				
Make & Model	KIA CERATO 1.6	c.c	1591	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	KNAF3416MK5018457	Colour	BLUE	
Odometer	5887 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/55R16	NEXEN	9 mm	
L/H Front Tyre	205/55R16	NEXEN	9 mm	
R/H Rear Tyre	205/55R16	NEXEN	9 mm	
L/H Rear Tyre	205/55R16	NEXEN	9 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. THE UNDERCARRIAGE AFFECTED DUE TO COLLISION.				
5. General Information				
Accident Date	17/02/2019	Inspect Date / Time	21/02/2019 ( 03:50 PM )	
Survey held at	H S AUTOMOTIVE SERVICES 2 KAKI BUKIT AVE 2 #01-15 KAKI BUKIT AUTOHUB SINGAPORE 417921			
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: \$75,000.00				

Report Ref No. CS3/FCI19003306/Gcd3s2

Inspected By

XING GUO QIANG

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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