

22/03/2019

ASS. REC. BY:

REF: CG/FCI19003403/K9 d3e7 Special Instruction:Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): CWS Karen Tan of FCIDate/Time: 6:11pm @ 22/2/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKH 66M Insured: SHC 8516Rat Workshop m/s: City Auto Tel: 64531235of 160 Sin Ming Drive # 05-01Policy No: Claim No: D19001265MPH

Sum Insured: Excess:

Make of Veh: D.O.A. 26/01/2019  
(Client's Record)CA / REV / REP. / REV 24 HRS <sup>1up</sup>

H.O.D. Endorsement:

Date/Time: 11:27am @ 22/2/19 Person Contacted: Vronica

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SKH 66M-x
	SHC 8516R - CG3/CAT14004738/Brb2q2 D.O.A. 11/3/19
13/3/19 @ 4:24pm	revised to Karen Tan by email.
31/10/19	Kenneth checked with Vronica, the vehicle has not repair due to liability not clear.
31/10/19	submit Preli report. - The vehicle has not send to repair.

ASS. REC. BY:

REF:

A01/  
F62

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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.

N/S	O/S

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKH 66M

Yr Regn:

02, 16

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

Truck / Trailer or

Make:

Alfa Romeo

C.C

1368

Colour:

M-Black

A/C:

Insured / Std / NI / NA

Sp. Reading

97455

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

BAR 94000007413753

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/45R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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

1 / File pass to

RECEIVED 31 OCT 2019

Date/Time, File Pass to?

1) 31/10 11:00 AM

Date/Time, File Return to?

2)



: Prell. Report



: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

90
60
9
149

Report Format :

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

**MOTOR SURVEY ASSIGNMENT**

Date	20-02-2019	Our Ref No. D19001265MFSH
Accident Date	26-01-2019	Claim Type. Third Party
Insured Vehicle	SHC8516R	Third Party Vehicle. SKH66M
Survey Location	BLK 160, SIN MING DRIVE, SIN MING AUTO CITY #05-01	
Contact Person.	VRONICA LAW	
Contact No.	64531235/ 0	Fax No. 64537944
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:	
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	CITY AUTO PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

**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)

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Wednesday, 13 March 2019 4:24 PM  
**To:** 'CWS Motor Claims'; assignments  
**Cc:** 'Karen Tan'; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D19001265MFSH/1  
**Attachments:** CSFC119003403Kqd3.pdf

Dear Karen,

Enclosed herewith preliminary advice of SKH 66M.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

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**From:** Admin-D (LKKAUTO)  
**Sent:** Friday, 22 February 2019 11:37 AM  
**To:** 'CWS Motor Claims' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** 'Karen Tan' <[karentan@msfirstcapital.com.sg](mailto:karentan@msfirstcapital.com.sg)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D19001265MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Thursday, 21 February 2019 6:11 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** CWS Motor Claims <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; Karen Tan <[karentan@msfirstcapital.com.sg](mailto:karentan@msfirstcapital.com.sg)>  
**Subject:** PRI: SURVEY ASSESSMENT - D19001265MFSH/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: D19001265MFSH

Date: 13 March 2019

Our Ref: CS/FCI19003403/Kqd3

The Motor Claims Department  
First Capital Insurance Ltd

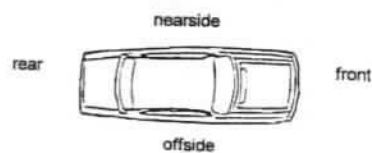
Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SKH 66M .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 12/03/2019 at the premises of M/s CITY AUTO, and have the following to report:-

Workshop Estimate Amount	: S\$ 607.32 .
Revised Estimate Amount	: S\$ 607.32 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:  
The vehicle sustained damages  
at the front door mirror.



Yours faithfully

KONG SENG CHEONG  
Licensed Appraiser

## 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	28/01/2019 12:09
Date Of Accident	26/01/2019 08:55
Exact Location Of Accident	A LONG THOMSON ROAD AFTER JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH66M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EUROAUTOMOBILE PTE LTD
Co Reg No	200201004E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65675252

### Vehicle Particulars

Manufacturer	ALFA ROMEO
Model	GIULIETTA-1.4 T MULTIAIR TCT (A)
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 CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCX/P1731691
Cover Note Number	03241

### Driver

Name of Driver	TAY KHENG LOCK
NRIC No	S0570472C
Date Of Birth	22/10/1949
Occupation	OUTDOOR
Date Of Driving Pass	11/10/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96280806
Fax Number	
Contact Number	
EEmail Address	DAVIDTAYKL@GMAIL.COM

Address	913 LORONG 1TOA PAYOH #02-05
Postcode	319772
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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?	NO
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

IT WAS ABOUT 8:55AM ON 26/1 ALONG THOMSON ROAD WHEN THE ACCIDENT HAPPENED TRAFFIC WAS EXTREMELY HEAVY DUE TO THE CHURCH, IT WAS BUMPER TO BUMPER. I WAS DRIVING IN LANE 2, CAR WAS TRAVELING ABOUT 5 KM/H, TAXI SHC8516R WAS IN LANE 1 AND WAS GOING IN HIGHER SPEED 20 KM/H, SIDEWIPPED MY DRIVER DOOR MIRROR. CAR ON MY LEFT WAS FILTERING INTO MY LANE SO I WAS SIVING, MY DOOR MIRROR BROKEN ON IMPACT THE TAXI MIRROR WAS FOLDED IN, BUT IT COULD PUSHED BACK IN, WE PULLED INTO THE SHEEL STATION TO EXCHANGE DETAILS, I HAD MY PASSENGER IN MY CAR TO VERIFY MY ACCIDENT.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8516R
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUAN KENG LEE
NRIC/Passport Number	S1567464D
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
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)**

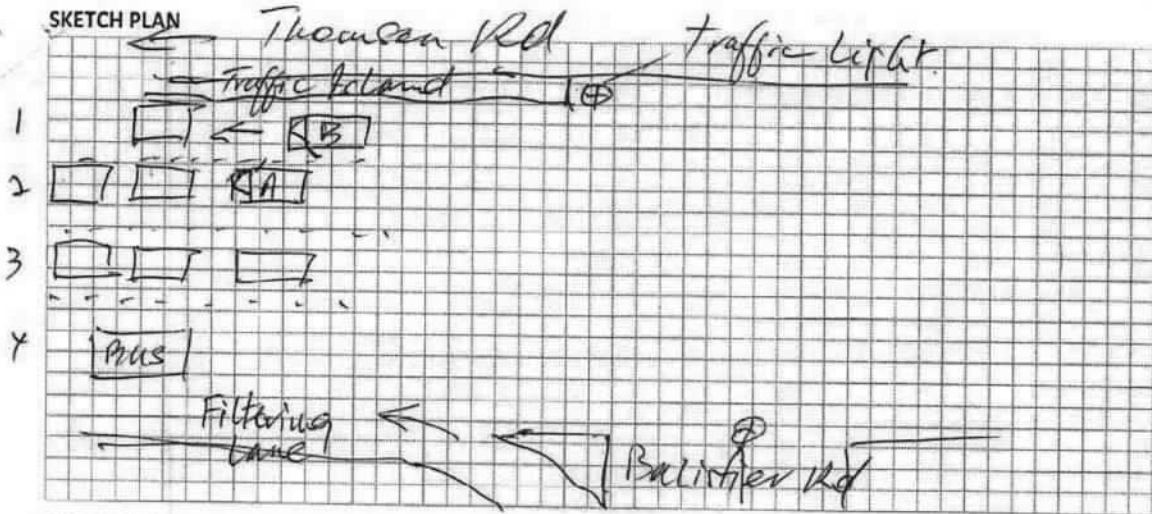
I understand, acknowledge, agree and consent that:

- (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:  
26/1 1210

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



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

It was about 8:50am on 26/1 along Thomson Rd when the accident happened. Traffic was extremely heavy due to the church. It was bumper to bumper. I was driving in lane 2. Car was travelling about 25 kmph. Tenjost taxi SHC8516R was in lane 1 was going at a higher speed 20 kmph, sideswiped my driver's door mirror. Car on my left was filtering into my lane so I was driving away. My door mirror broke on impact. This taxi's mirror was folded in, but it could be pushed back in place. We pulled into the Shell Station to exchange details. I had a passenger in my car to verify my account.

**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.:



# CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643  
TEL: 6453 1235, 6452 0850 FAX: 6453 7944  
24hrs Towing Services Tel: 9823 9898  
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

MS FIRST CAPITAL INSURANCE LTD

NO. 36  
ROBINSON RD  
CITY HOUSE  
SINGAPORE 068877

Contact : -

Fax No. : 65073849

*Not Notarized  
1.B.1  
Resurvey by P.A.M.*

Estimate : QUOT201902-000202(00)

Date : 15/02/2019

Vehicle No. : SKH66M

Make/Model : ALFA ROMEO GIULIETTA 1.4T  
MULTIAIR TCT

Mileage (km) : 0

Chassis No. : ZAR94000007413753

Accident Date : 26/01/2019 00:00:00

Claim No. : SHC8516R

Reference : SKH66M

Policy No. : VCX/P1731691

S/No	Particular	Quantity	Unit Price	Amount S\$
<b>LIST ITEMS :</b>				
1	Side mirror - RH	1.0	659.15	659.15 ✓
	List Total :			659.15
	20% Discount S\$			131.83
				527.32
<b>LABOUR :</b>				
	*To install and spray RH side mirror	1.0	80.00	80.00 ✓
				80.00

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:

E. & O.E.

Total S\$: 607.32

GST 7% S\$: 42.51

Amount Due S\$: 649.83

*[Signature]*  
for CITY AUTO PTE LTD




## 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/FCI19003403/Kqd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 08-11-2019		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 8516R	Veh. Inspected	SKH 66M	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19001265MFSH	Excess (\$)	0.00	
Assign From	KAREN TAN	Assign Date	22/02/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	ALFA ROMEO GIULIETTA	c.c	1368	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	ZAR94000007413753	Colour	METALLIC BLACK	
Odometer	97455	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	225/45 ZR17	BRIDGESTONE	9 mm	
L/H Front Tyre	225/45 ZR17	BRIDGESTONE	9 mm	
R/H Rear Tyre	225/45 ZR17	BRIDGESTONE	7 mm	
L/H Rear Tyre	225/45 ZR17	BRIDGESTONE	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT DOOR MIRROR. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	26/01/2019	Inspection Date	12/03/2019	
Survey held at	160 SIN MING DRIVE#05-01			
Repairer	CITY AUTO PTE LTD			
<b>5a. Remarks</b>				
A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B)DAMAGES CONSISTENT TO ACCIDENT REPORT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		1 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. SKH 66M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<b>REPLACEMENT OF PARTS</b>	BROKEN		
	SIDE MIRROR - RH		659.15	659.15
	LESS 20% DISCOUNT		-131.83	-131.83
			527.32	527.32
	<b>LABOUR</b>			
	TO INSTALL AND SPRAY RH SIDE MIRROR.		80.00	80.00
			80.00	80.00
<b>GRAND TOTAL</b>			<b>607.32</b>	<b>607.32</b>
<b>RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)</b>				<b>607.32</b>

Report Ref No. CS/FCI19003403/Kqd3e2

KONG SENG CHEONG

Licensed Appraiser

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 relying on this Report, in whole or in part, does so at his or her own risk.