

Surveyor

CWS

Tuufik
Jurene fur

ASSIGNMENT (Office)

FCI

Date/Time: 9:37am 22/2/19

Estimated Cost

Bill to:

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

To Inspect Vehicle No:

SLA 4934G

Insured:

GBC 2934C

at Workshop m/s

Teamwork

Tel:

6844 2475

of

53 ubi Ave 1 # 01-24

Policy No:

Claim No:

D19001258MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

18/02/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12:18pm 22/2/19

Person Contacted:

Damen

Vehicle:

IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SLA 4934G - NA/INC19003058/24
	GBC 2934C - NA/INC19003058/24
	Dismantle: 25/2/2019

D.O.A: 18/2/19

D.O.A: 18/2/19

MOTOR SURVEY ASSIGNMENT

Date	21/02/2019	Our Ref No.	D19001258MFCV
Accident Date	18-02-2019	Claim Type	Third Party
Insured Vehicle	GBC2934C	Third Party Vehicle	SLA4934G
Survey Location	TEAMWORK GARAGE PTE LTD BLK 53 UBI AVE 1 #01-24 PAYA UBI INDUSTRIAL PARK (S) 408934	Contact Person	KEITH LIAN
Contact No.	68442475	Fax No.	0

Survey Type Without Prejudice - No est. COR provided
(Liability clear but quantum to be agreed)

Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	Third Party Vehicle	SLA4934G
Contact Person		Fax No.	68416315
Contact Number	62563561	Contact Person	KEITH LIAN

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.

Encl. Accident Reports

Cc : Workshop TEAMWORK GARAGE PTE LTD

Attention KEITH LIAN

Officer Incharge SERENE

IMPORTANT NOTE

Kindly submit the survey report by **email only** to surveyor@first-insurance.com.sg 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	19/02/2019 13:33
Date Of Accident	18/02/2019 16:30
Exact Location Of Accident	16A SUNGEI KADUT WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4934G
Insured/Policyholder	
Name Of Registered Owner	EU WEI KEONG
NRIC No	S8900703H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92254106
Alternative Phone No	OFFICE-92254106

Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.8T FSI MU CVT ABS D/AB 2WD 4DR
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	5106898770
Cover Note Number	

Driver

Name of Driver	EU WEI KEONG
NRIC No	S8900703H
Date Of Birth	14/01/1989
Occupation	INDOOR
Date Of Driving Pass	22/11/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92254106
Fax Number	
Contact Number	OFFICE-92254106
EMail Address	NOEMAIL

Address	BLK 673 CHOA CHU KANG CRESCENT #11-397
Postcode	680673
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

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 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

Vehicle Registration Number	GBC2934C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
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 rescind 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. Accidents resulting 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.:

Accident Sketch Plan

DATE: 11/01/2018

A: SEA7434G
B: GBC2934C


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked at the carpark of 16A
Surge Kadut way. While I was away vehicle B
collided onto my car while he was going out of
the parking lot. I was notified by my worker
and found out that my vehicle front left fender was
damaged.

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.:

45/MAAC 11/01/2018/0011_V3

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0703H
Vehicle Details	
Vehicle No.:	SLA4934G
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Mar 2019
Vehicle Make:	AUDI
Vehicle Model:	A4 1.8T FSI MU CVT ABS D/AB 2WD 4DR
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	CDH025549
Chassis No.:	WAUZZZ8K89A126831
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$35,854.00
Original Registration Date:	15 Dec 2008
First Registration Date:	15 Dec 2008
Transfer Count:	4
Actual ARF Paid:	\$35,854.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	14 Dec 2023
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$15,777.00
COE Rebate Amount:	\$14,914.00
Total Rebate Amount:	\$14,914.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 22 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

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PRE-REPAIR INSPECTION REPORT

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

Ref: CS3/FCI19003407/T1cd3s2

Date: 23-04-2019



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	GBC 2934C	Veh. Inspected	SLA 4934G
Policy No.		Coverage (\$)	0.00
Claim No.	D19001258MFCV	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	22/02/2019

2. Vehicle Particulars & Condition

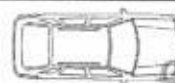
Make & Model	AUDI A4	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	WAUZZZ8K89A126831	Colour	WHITE
Odometer	128772 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	245/35R19	NEXEN	6 mm
L/H Front Tyre	245/35R19	NEXEN	6 mm
R/H Rear Tyre	245/35R19	NEXEN	6 mm
L/H Rear Tyre	245/35R19	NEXEN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.

**5. General Information**

Accident Date	18/02/2019	Inspect Date / Time	22/02/2019 (05:00 PM)
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934		

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: \$40,000.00

Report Ref No. CS3/FCI19003407/T1cd3s2

Inspected By

MOHAMAD TAUFIKH

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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