

ASS. REC. BY:

REF:

L63/FC11 9003943/71cd3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Serene Ler of FC1 Date/Time: 04/3/19

Estimated Cost: _____ Bill to: _____

OD/TP/WS/TP RES / OD RES / EVA / INV / MY / CSTo Inspect Vehicle No: SJS 4927G Insured: S40 6979Xat Workshop m/s ANA Automotive Tel: 87783636 Melvinof 36 Joh Guan Rd East 403-36Policy No: _____ Claim No: D190001508MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 01/3/19
(Client's Record)

CA / REV / REP. / REV 24 HRS

'wpi'

H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time	Action/Instruction () Estimate
	<u>SJS 4927G</u>
	<u>S40 6979X C3/FC11 7015060/Aggr 2 000: 01/8/17</u>
	<u>After repair: 8/3/2019</u>

Taufik

FC1

555 4927 6

Name: _____ Date: _____

Estimated Cost: _____

OD: ☒ PWS / ☐ RES / ☐ OD RES / ☐ EVA / ☐ HW / ☐ MW

Location: _____

at: _____

at: _____

at: _____

Policy No: _____

Amount: _____

Sum Insured: _____

(Claim) Record: _____

Make of Vehicle: _____

(Policy Condition): _____

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

Bal. or Market Value: 914k

IDAC Accident Report: _____

GIA / PIR: _____

Est. Repair: _____ days

Lump Sum: _____ %

CA / REV / REP: _____

Date: _____

Person Contacted: _____

Date / Time: _____

Action / Instruction: _____

HIS	O/S

Vehicle: 555 4927 6 to: 2009 Aug

Type: ☒ Car / ☐ B/Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover / ☐ Truck / ☐ Trailer or

Make: Kia Cerato

Color: Black

Sp. Reading: 222911

Eng No: _____

Chassis: KNAFW41M45113851

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

Mod: Nil / STD / M/Ring or

Tyre Size: 255/45R17

BS / DUN / EXNOVA / GY / ES / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or None

Front: 6 mm

R/Ral: 6 mm

L/Ral: 6 mm

D.O.A: 4/3/19

Survey held at: AMIA Tok Gumi

Des. of Damages: ☒ Front / ☐ Rear / ☐ O/S / ☐ HIS / ☐ UIC / ☐ Roof/Top or

The UIC / Chassis frame / Body Structure affected due to collision.

\$6000 - \$7000, ... 7 days

RECEIVED 15 APR 2019

Date/Time: File Pass to: ☐ Prel. Report

Date/Time: File Return to: ☐ Final Report

Report Format: PRS

Lump Sum: 113515

Days Of Repair: _____

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

Add Fee: ☐ Late Insp. ☐ Interview ☐ Court Fee ☐ Witness Fee

MOTOR SURVEY ASSIGNMENT

Date	01-03-2019	Our Ref No. D19001508MFSH
Accident Date	01-03-2019	Claim Type. Third Party
Insured Vehicle	SHD6979X	Third Party Vehicle. SJS4927G
Survey Location	36 Toh Guan Road #01-36	
Contact Person.	MR MELVIN	
Contact No.	87783636/ 87783636	Fax No. 0
Survey Type	WITHOUT PREJUDICE: NO EST. COR *	
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	AMA AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	CHIA S ARUL 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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/249090)



PRI Documents



Close



PRI Header Details

Claim No	D19001508MFSH	Policy No	D-19092580MFSH	Claimant S.No & Name	1 & CHIA S AI PTE LTD
Workshop Name	AMA AUTOMOTIVE PTE LTD (Contact Person : MR MELVIN)	Survey Location & Contact Details	36 Toh Guan Road #01-36 Mobile: 87783636 , Phone: 87783636 , Fax: 0 EmailId: WENGKIT@CHIAARUL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: NO EST. COR *		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHD6979X	TP Vehicle No	SJS4927G
PRI Recieved Date	01-03-2019 07:35:40 PM	Surveyor Appointed Date	02-03-2019 12:49:44 PM	Surveyor Accept Date	15-04-2019 1

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	15-04-2019	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select Year"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

Remarks

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	04/03/2019 10:22
Date Of Accident	01/03/2019 08:30
Exact Location Of Accident	ALONG AYE TWDS CITY BEFORE EXIT CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS4927G
Insured/Policyholder	
Name Of Registered Owner	AMA RENTAL PTE LTD
Co Reg No	201708966M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87783636
Alternative Phone No	OFFICE-87783636
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE-1.6 A/T ABS AB 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	SJS4927G
Cover Note Number	
Driver	
Name of Driver	SUKARTO BIN IBRAHIM
NRIC No	S1761635H
Date Of Birth	30/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	02/09/1985
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96378461
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 953 JURONG WEST ST 91 #02-609
 Postcode 640953
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 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? YES
 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. YES
 Number of Passengers (Including Driver) 2
 Passenger 1
 NAME: : PASSENGER
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

ON 1ST MARCH 2019 AT ABOUT 8.20AM AFTER FETCHING MY 1ST PASSENGER AT BLK 269 TOH GUAN ROAD TO DESTINATION DEFENCE TECHNOLOGY TOWER B AT DEPOT ROAD, I WAS INVOLVED IN A CAR ACCIDENT AT AYE TOWARDS CITY BEFORE EXIT CLEMENTI AVE 6. I AM DRIVING VEHICLE A SJS4927G TOWARD THE DESTINATION MENTIONED ABOVE. WHILE TRAVELLING ALONG AYE JUST BEFORE THE ERP GANTRY BEFORE CLEMENTI AVE 6 AT ABOUT 8.35AM THE FRONT VEHICLE IN FRONT OF MINE STOPPED SO I FOLLOW TO STOP. SUDDENLY, I FELT A HUGE IMPACT FROM MY REAR PORTION. I CAME DOWN FROM MY VEHICLE AND CHECK AND SAW A NTUC TAXI VEHICLE B SHD6979X HAD COLLIDED ON MY VEHICLE A REAR PORTION. THE IMPACT CAUSED MY CAR TO MOVE FORWARD BUT I MANAGED TO PULL THE HAND BRAKE TO PREVENT HITTING THE FRONT CAR. MY PASSENGER ALSO GOT INJURIES TO HER LIPS FROM THE IMPACT. REAR PORTION OF MY CAR WAS DAMAGED. THE TRAFFIC FLOW AT THE TIME WAS ABOUT TO GET HEAVY. I EXCHANGED MY PARTICULARS WITH THE TAXI DRIVER BEFORE WE MOVE THE CAR TO THE SHOULDER AFTER THE ADVISE FROM A POLICE CAR WHO HAPPEN TO PASS-BY. AFTER THE INCIDENT AS I FELT PAIN ON MY NECK, I WENT CONSULT A DOCTOR AND WAS GIVEN 8 DAYS MC.

Attachment(s)

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

Vehicle Registration Number	SHD6979X
Vehicle Make/Model/Colour	COMFORT DELGRO
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAM YEW SIN
NRIC/Passport Number	S7885452I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

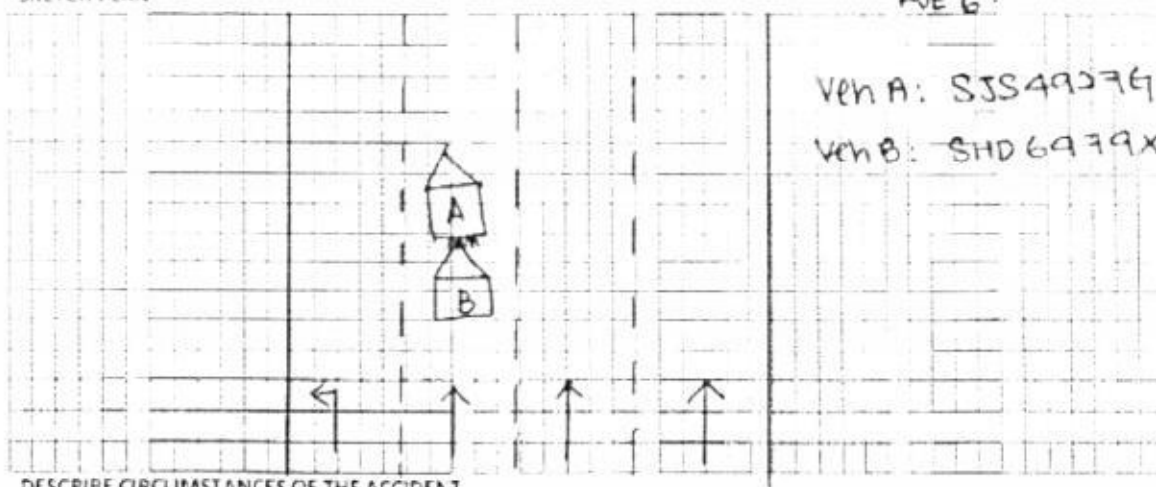
DETAILS OF INJURED PERSON 1

Name	SUKARTO BIN IBRAHIM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJS4927G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan

Along AYE TOWARD CITY
BEFORE EXIT CLEMENTI
AVE 6:

SKETCH PLAN



Veh A: SJS49276

Veh B: SHD6479X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT: J/20190301/7016

D/20190301/2036

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), there is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- ✓ - Claim OD/TP at other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect



Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name:
Enc/I in No.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	8966M
Vehicle Details	
Vehicle No.:	SJS4927G
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Apr 2019
Vehicle Make:	KIA
Vehicle Model:	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	G4FC9H283575
Chassis No.:	KNAFW411MA5113851
Maximum Power Output:	92.7 kW (124 bhp)
Open Market Value:	\$14,116.00
Original Registration Date:	20 Aug 2009
First Registration Date:	20 Aug 2009
Transfer Count:	2
Actual ARF Paid:	\$14,116.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Aug 2019
PARF Rebate Amount:	\$7,058.00
Intended COE Rebate Details	
COE Expiry Date:	19 Aug 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$13,658.00
COE Rebate Amount:	\$469.00
Total Rebate Amount:	\$7,527.00

The information contained herein is correct as at 15 Apr 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 HOUSESINGAPORE 068877		Ref: CS3/FCI19003943/T1cd3s2 Date: 23-04-2019 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHD 6979X	Veh. Inspected	SJS 4927G
Policy No.	D-19092580MFSH	Coverage (\$)	0.00
Claim No.	D19001508MFSH	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	04/03/2019
2. Vehicle Particulars & Condition			
Make & Model	KIA CERATO	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	KNAFW411MA5113851	Colour	BLACK
Odometer	222911 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/45R17	ROADSTONE	6 mm
L/H Front Tyre	215/45R17	ROADSTONE	6 mm
R/H Rear Tyre	215/45R17	ROADSTONE	6 mm
L/H Rear Tyre	215/45R17	ROADSTONE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	01/03/2019	Inspect Date / Time	04/03/2019 (03:50 PM)
Survey held at	AMA AUTOMOTIVE PTE. LTD. 36 TOH GUAN ROAD EAST #03-36 SINGAPORE 608580		
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/FCI19003943/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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