

ASS. REC. BY:

REF:

cs3/0119004273/Gcd3⁵

Special Instruction:

Surveyor:

CWS

ASSIGNMENT (Office)

From (Person):

Henny Kao

of

PET

Date/Time:

8/3/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBH 9260R

Insured:

SHB 2349B

at Workshop m/s

motor Intel

Tel:

8838 3318

of

13 Kaki Bkt Rd #01-20

Policy No:

Claim No:

D1900163MPSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

5/3/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

17/3/19 @ 3:11pm

Person Contacted:

Vehicle

IN OUT

Date/Time

Action/Instruction (X) Estimate

GBH 9260R - X

SHB 2349B - X

108/11/11
Surveyor

PRS
ad

REF:

fei

C3497E

ASSIGNMENT

From: Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

Motor Intel

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:

\$87K

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

GBH 9260R

Yr Regn:

02 Nov 2018

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

Truck / Trailer or

Make:

MH Canter

C.C.

2998

Colour

white

A/C:

Insured / Std / NI / NA

Sp. Reading

16114

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

FEA01BA25112

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/75 R15

R:

1

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

TOYO / YOKO or

Front

R/Bal.

5/5

mm

Rear

R/Bal.

5/5

mm

L/Bal.

5

mm

L/Bal.

5/5

mm

D.O.A.

D.O.I.

14-03-19

Survey held at

W/S

3pm

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

\$ + RS, SI

: Photos

: Others

TOTAL

Report Format :

PRS

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

MOTOR SURVEY ASSIGNMENT

Date	06-03-2019	Our Ref No. D19001631MFSH
Accident Date	05-03-2019	Claim Type. Third Party
Insured Vehicle	SHB2349B	Third Party Vehicle. GBH9260R
Survey Location	13 KAKI BUKIT ROAD 4#01-20 BARTLEY BIZ CENTRE	
Contact Person.	WILSON ONG	
Contact No.	88383318/ 93858911	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
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	MOTOR INTEL AUTOMO PTE LTD	Attention. NIL
Cc : TP Solicitor	BONNIE KWOK LLC	TP Solicitor Fax No. NA
Officer Incharge	HENRY KAO	

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	06/03/2019 14:25
Date Of Accident	05/03/2019 10:00
Exact Location Of Accident	KAKI BUKIT AVENUE 04 S-415875
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9260R
Insured/Policyholder	
Name Of Registered Owner	BERJAYA BUILDCON PTE LTD
Co Reg No	200923497E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93834818
Alternative Phone No	OFFICE-93834818

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEA01BR1SDEK (CBU)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105196400
Cover Note Number	

Driver

Name of Driver	TAN SWEETH KIAT
NRIC No	S1196564D
Date Of Birth	24/11/1955
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1986
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90080102
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 548 BEDOK NORTH AVENUE 1 #12-410
Postcode	460548
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	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

REFER TO BELOW STATEMENT/SKETCH PLAN

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	SHB2349B
Vehicle Make/Model/Colour	TOYOTA PRIUS HYBRID 1.8 CVT
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

IMPORTANT NOTICE

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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:

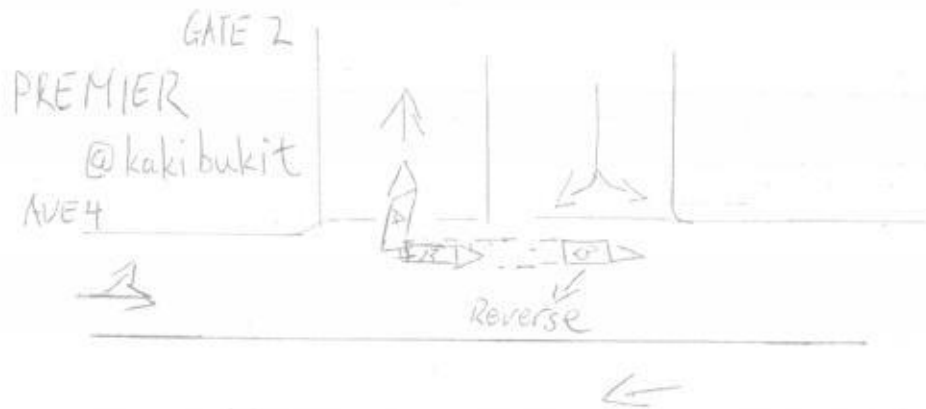
Driver's Signature
(If driver is not the policyholder)
Date & Time:

- 6 MAR 2019

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg

Reporting Centre Person's Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving at kaki bukit turning into PREMIER at kaki bukit AVE 4 SINGAPORE 415875 suddenly I felt an impact from my right side so I stopped my lorry and alighted and saw vehicle B have reverse and collided onto my right back portion of my lorry.

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:

- 6 MAR 2019

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933

Reporting Centre Person:
Name:
NRIC/FIN No. Email: vackb@singnet.com.sg

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3497E
Vehicle Details	
Vehicle No.:	GBH9260R
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Mar 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEA01BR1SDEK (CBU)
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	4P10D26079
Chassis No.:	FEA01BA25112
Maximum Power Output:	-
Open Market Value:	\$31,437.00
Original Registration Date:	02 Nov 2018
First Registration Date:	02 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$1,572.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	01 Nov 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$29,501.00
COE Rebate Amount:	\$28,414.00
Total Rebate Amount:	\$28,414.00

The information contained herein is correct as at 14 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 HOUSESINGAPORE 068877		Ref: CS3/FCI19004273/Gcd3s2 Date: 20-03-2019 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHB 2349B	Veh. Inspected	GBH 9260R
Policy No.		Coverage (\$)	0.00
Claim No.	D19001631MFSH	Excess (\$)	0.00
Assign From	HENRY KAO	Assign Date	08/03/2019
2. Vehicle Particulars & Condition			
Make & Model	MITSUBISHI CANTER FEA01	c.c	2998
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	FEA01BA25112	Colour	WHITE
Odometer	16114 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/75 R15	BRIDGESTONE	5 mm
L/H Front Tyre	185/75 R15	BRIDGESTONE	5 mm
R/H Rear Tyre	185/75 R15 (D)	BRIDGESTONE	5/5 mm
L/H Rear Tyre	185/75 R15 (D)	BRIDGESTONE	5/5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.			
5. General Information			
Accident Date	05/03/2019	Inspect Date / Time	14/03/2019 (03:00 PM)
Survey held at	MOTOR INTEL AUTOMO PTE LTD 13 KAKI BUKIT ROAD 4 @ BARTLEY BIZ CENTRE #01-20 SINGAPORE 147807		
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: \$87,000.00			

Report Ref No. CS3/FCI19004273/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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