

ASS. REC. BY: Survivor REF: CS/FG 19004473/GS d3 Special Instruction: \_\_\_\_\_

**CWS** ASSIGNMENT (Office)

From (Person): Karantan of FCI Date/Time: 12.3.2019

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SLM 5355H Insured: SH 9646K

at Workshop m/s Best solution Auto care Tel: 67440777

of 53 ubi Ave hse 1 #03-01

Policy No: \_\_\_\_\_ Claim No: D19001731MFSH

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 9.3.2019

(Client's Record) 15/3/19

CA / REV / REP. / REV 24 HRS "w/p" H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 14.3.2019 4:13pm Person Contacted: Fish/MS. Lee Vehicle (IN) OUT

Date/Time	Action/Instruction (✓) Estimate
	SLM 5355H - NA/INC 19004457/K4 D.O.A - 09/03/2019
	SH 9646K - NA/INC 19004457/K4 D.O.A - 09/03/2019
<u>14/3/19 @ 4:33pm</u>	<u>revised to Karen Tan by email.</u>

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'DS' Vehicle: IN / OUT

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

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. \_\_\_\_\_ D.O.I. 15403-19

Survey held at w/s 11:45

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

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

Date / Time	Action / Instruction
	<u>45 \$ 5.700/- @ 7 days</u>
	<u>( \$ 9,856.00 Red - 63% )</u>

Date/Time, File Pass to? ☐ : Preli. Report

1) Typical ☒ : Final Report

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Days Of Repair: 7

Resurvey No. of Trip: 3

Add Fee: ☐ : Site Insp (\$ )

☐ : Interview (\$ )

☐ : Tech. Invs (\$ )

☐ : Weekend (\$ )

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

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

☐ : S + RS, SI

☐ : Photos

☐ : Others

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

Lump Sum / I.B.I: (\$ 5,700/- US )

TOTAL \_\_\_\_\_

62

REF: FCI

9829c

ASSIGNMENT

From: \_\_\_\_\_ Date: 15/03/2019  
Estimated Cost: \_\_\_\_\_  
OD: ☒ TP / ☐ WS / ☐ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV  
To Inspect Vehicle No: SLM5355H  
at Workshop m/s: Best Solution  
of: 53 ubi Ave 1 #03-01  
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: \_\_\_\_\_  
IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
Est. Repairs: 7 days Res.: Yes or No  
Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS '05'

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

Vehicle: IN / OUT

Veh No: SLM5355H Yr Regn: 31 Mar 2017  
Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover / ☐ Truck / ☐ Trailer or  
Make: Mazda 6 C.C. 1998  
Colour: Grey A/C: Insured / Std / Nil / NA  
Sp. Reading: 77249 T/Radio: Insured / Std / Nil / NA  
Eng/No: \_\_\_\_\_  
C/No: JMA69C 1071 H0111517  
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 / ☒ Rim or  
Tyre Size: F: 225/55 R17 R: 11  
☒ BS / ☐ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI / ☐ TOYO / ☐ YOKO or

Front Rear  
R/Bal. 6 mm R/Bal. 6 mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. \_\_\_\_\_ D.O.I. 15-03-19  
Survey held at w/s 11:45  
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
new N/S  
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

45 \$ 5,700/- @ 7 days  
( \$ 9,856.00 Red - 63% )

Date/Time, File Pass to?

☐ : Preli. Report  
☒ : Final Report

1) Typist

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip: 3

Add Fee: ☐ : Site Insp (\$)  
☐ : Interview (\$)  
☐ : Tech. Invs (\$)  
☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.I.: (\$ 5,700/- 45 )

**MOTOR SURVEY ASSIGNMENT**

Date	12-03-2019	Our Ref No. D19001731MFSH
Accident Date	09-03-2019	Claim Type. Third Party
Insured Vehicle	SH9646K	Third Party Vehicle. SLM5355H
Survey Location	53 UBI AVENUE 1 #03-01 PAYA UBI INDUSTRIAL PARK	
Contact Person.	LEE	Fax No. 67442377
Contact No.	67440777/ 67440777	
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	BEST SOLUTION AUTO	Attention. NIL
	CARE	
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.

Time: 4-13 PM

Person: Ash

V: in

Estimate: ✓

**Shiau Chan (LKKAUTO)**

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Tuesday, 19 March 2019 4:38 PM  
**To:** 'CWS Motor Claims'; assignments  
**Cc:** 'Karen Tan'; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D19001731MFSH/1  
**Attachments:** CSFCI19004673Gsd3.pdf

Dear Karen,

Enclosed herewith preliminary advice of SLM 5355H.

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:** Thursday, 14 March 2019 4:51 PM  
**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 - D19001731MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed repairer agreed survey on 15/03/2019.

**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, 14 March 2019 2:55 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 - D19001731MFSH/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.

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

#### Vehicle Owner Details

Owner ID Type:	Singapore NRIC
Owner ID:	9829C

#### Vehicle Details

Vehicle No.:	SLM5355H
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Mar 2019
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	PE20866499
Chassis No.:	JM6GL1071H0111517
Maximum Power Output:	121.0 kW (162 bhp)
Open Market Value:	\$23,051.00
Original Registration Date:	31 Mar 2017
First Registration Date:	31 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$24,272.00

#### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Mar 2027
PARF Rebate Amount:	\$18,204.00

#### Intended COE Rebate Details

COE Expiry Date:	30 Mar 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$54,000.00
COE Rebate Amount:	\$43,374.00
<b>Total Rebate Amount:</b>	<b>\$61,578.00</b>

The information contained herein is correct as at 18 Mar 2019

OK

**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	12/03/2019 15:07
Date Of Accident	09/03/2019 13:10
Exact Location Of Accident	BUKIT BATOK AVE 6 TURN INTO BLK 135 CARPARK
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLM5355H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAN FATT CHOUR
NRIC No	S1619829C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98623741
Alternative Phone No	OTHERS-98623741

**Vehicle Particulars**

Manufacturer	MAZDA
Model	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT
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 HIRE

**Insurance Company**

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103011986
Cover Note Number	

**Driver**

Name of Driver	HAN FATT CHOUR
NRIC No	S1619829C
Date Of Birth	07/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	12/12/1986
Driving Experience	32 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98623741
Fax Number	
Contact Number	OTHERS-98623741
Email Address	NOEMAIL



Address	23 TAMPINES STREET 34
	#09-13
Postcode	529233
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	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.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : MALE

#### 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

PLS REFER TO THE ATTACHED 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	SH9646K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KUA HUI LAM
NRIC/Passport Number	S0052243J
Contact Number	97206366
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

HAN FATT CHOUR

Approximate Age

Injuries Sustain

NECK PAIN

Injured person in which vehicle?

SLM5355H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode



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.
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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.

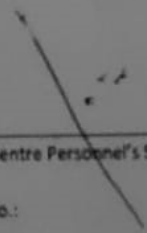
**8. Consent under the Personal Data Protection Act (PDPA)**

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:

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

12/3/2019

Sketch Plan #2

SKETCH PLAN


— Pls Refer to the Attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls Refer to the Attached

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)

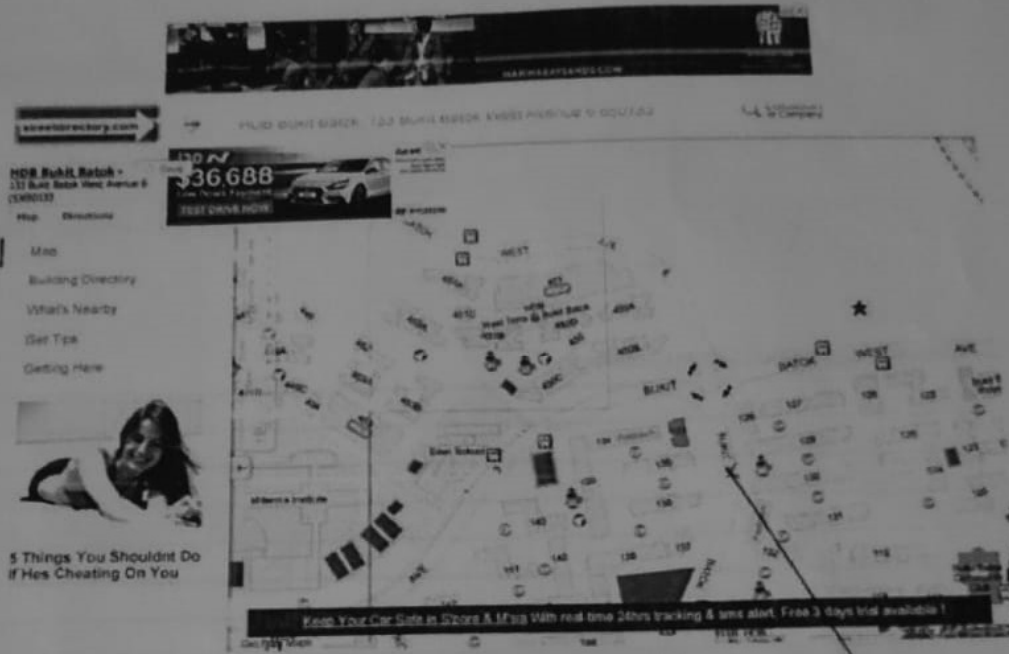
Date & Time:

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

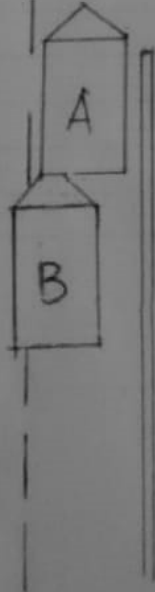
12/3/2019



A- SLM5355H  
B- SH9646K

51619829c

Bukit Batok Ave 6



Accident site

**Accident Statement**

On 9<sup>th</sup> of March 2019 around 1310Hrs, I was driving my vehicle (SLM5355H) along Bukit Batok Ave 6 and waiting to turn into blk 135 carpark . While waiting for oncoming traffic to clear, suddenly a vehicle (SH9646K) hit onto my vehicle rear. I'm making a third party claim.



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Name: Han Fatt Chour  
I/C: S1619829C