



ASS. REC. BY:

REF:

CS/FCI/904834/d3

Special Instructions:

Surveyor

ASSIGNMENT (Office)

From (Person):

May Chua

of

FCI

Date/Time:

18/3/19

Estimated Cost:

Bill to:

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

To inspect Vehicle No.:

YN2513D

Insured:

SH 9910Y

at Workshop n/o:

New Packer Auto

Tel:

96158550 Mr Tan

of

1 Soon Lee Street #01-50 Pioneer Centre

Policy No.:

Claim No.:

D19101709MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

07/3/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle-IN/OUT

Date/Time

Action/Instruction (✓) Estimate

YN2513D X

SH 9910Y CS/FCI/904834/d3 (SKG 131) DOR: 07/3/19

01/3/19-

Vehicle not in

10/4/19-

Vehicle still not in

30/4/19-

VINI yet

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TR / 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: \$20K.  
 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: YN25B D Reg: 2011 Ins  
 Type: M.Car / M.Cycle / Bus / Van / Truck / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Mitsubishi FE84 CC 2472  
 Colour: white AC: Insured / Std / NI / NA  
 Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: FE 84 BEA 202 47  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 7-00-8/6  
 R: 7-00-8/6

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

TOYO / YOKO or West lake

Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 7 mm R/Bal. 7/7 mm  
 L/Bal. 2 mm L/Bal. 7/7 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 02/07/19

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 \_\_\_\_\_

8/7/19 Police P 7662

9/7/2019

Date/Time, File Pass (4)

☐ : Prel. Report  
☐ : Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

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

1. S + RS: \_\_\_\_\_

2. Hike: \_\_\_\_\_

3. Other: \_\_\_\_\_

4. Other: \_\_\_\_\_

Add Fee: ☐ Site Insp (5)

☐ Interview (5)

☐ Tech. Insp (5)

☐ Material (5)

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

Long Form / LD: (2)

**MOTOR SURVEY ASSIGNMENT**

**Date** 11-03-2019 **Our Ref No.** D19001709MFSH

**Accident Date** 07-03-2019 **Claim Type.** Third Party

**Insured Vehicle** SH9910Y **Third Party Vehicle.** YN2513D

**Survey Location** 1 SOON LEE STREET#01-50 PIONEER CENTRE

**Contact Person.** MR TAN TICK CUAN

**Contact No.** 0/ 96158550 **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** NEW PIONEER AUTO PTE LTD **Attention.** NIL

**Cc : TP Solicitor** KSCGP JURIS LLP **TP Solicitor Fax No.** NA

**Officer Incharge** MAY CHUA

**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.

# PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers

27 Simei St 4 #06-42 Singapore 520227 Fax: 64444886 Company Registration No. 53139926E



## AUTOMOBILE INSPECTION REPORT

To:

**SRN ENGINEERING PTE LTD**  
**1 Soon Lee Street #01-50 Pioneer**  
**Centre Singapore 627605**

### INSURANCE DETAILS

Insured : -  
Policy No. / Claim No. : -  
Sum Insured : -  
Excess Clause : -  
Windscreen Coverage : -  
Type of Claims : Third Party Claims  
Third Party Insurer : -  
Third Party Policy No. : -

### REFERENCE

Assigned By : As above  
Accident Date : 07 March 2019  
Assignment Date : 01 April 2019  
Inspection Date : 01 April 2019  
Our Reference No. : PAS/NP/190401/TP

Inspection Report Date : 15 April 2019

New Pioneer Auto Pte. Ltd.

Inspection Address :

**1 Soon Lee Street #01-50 Pioneer Centre**  
**Singapore 627605**

### PARTICULARS OF VEHICLE

Registration No. : YN 2513 D  
Make/Model : MITSUBISHI FE84BE6SRDEA  
Yr of Manuf/Regn : 2011  
Carrying Capacity : -  
Chassis No. : FE84BEA20244  
Engine No. : 4M42A89021  
Colour : White  
Class : Goods ( Lorry )

Mileage : 452055 Km/h  
Radio/Cassette : Fitted  
CD Disc Player : Fitted  
Air Conditioner : Fitted  
Clock : Fitted  
Seat Belt : Fitted  
Wing Mirror Other : Fitted  
Accessories : Fitted

### PRE-ACCIDENT CONDITION (Static Check Only)

Body Work : Good  
Paint Work : Good  
Handbrake : Serviceable  
Footbrake : Serviceable  
Steering : Serviceable  
Any Apparent : None  
Eng Modifications

### VEHICLE VALUE

Market Value : Nil -  
Wreck Value (Part) : Nil -

### TYRE SIZE & CONDITION

Front N/s Size : 7.00 - 16 LT 80 %  
Make : WESTLAKE  
Rear N/s size : 7.00 - 16 LT 80 % 80  
Make : WESTLAKE  
Spare Size : 7.00 - 16 LT 80 %  
Make : WESTLAKE

Front O/s Size : 7.00 - 16 LT 80 %  
Make : WESTLAKE  
Rear O/s Size : 7.00 - 16 LT 80 % 80  
Make : WESTLAKE  
Spare Size :  
Make :  
Jack & Tools : Intact/Missing

Type of Wheel Rims: Standard

Note: The above percentage % represent the estimated remaining tyre threads.

# PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/Adjusters Cargo Surveyors & Licensed Appraisers

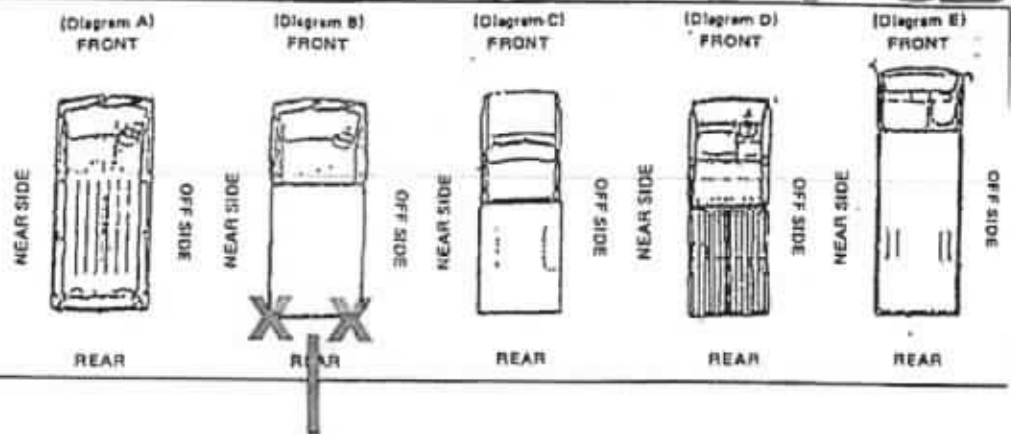


VEHICLE REGISTRATION NO. : YN 2513 D **APPENDIX A**

## POINT OF IMPACT

Direction of impact/damage marked (→) (X)

The vehicle sustained impact on its Rear portion. ( See Diagram B )



## GENERAL DESCRIPTION OF DAMAGES

Parts damaged were :

**The tailgate lower panel, rear bumper guard and bracket, rear bumper step bracket, both rear main chassis wooden beam were dented.**

## ADJUSTMENTS & RECOMMENDATIONS

A static inspection was carried out on 01/04/2019 & our report is here with enclosed for your perusal. The Repairs Estimate submitted by M/s New Pioneer Auto Pte. Ltd. as per attached Appraisement Schedule have been revised and scrutinised thoroughly by us & In our opinion, we consider it to be fair and reasonable. The repairer has agreed to effect repairs to the owners satisfaction & to roadworthy condition on an agreed Part - By - Part Repair Basis of \$ 5,320.00 after deducting the Policy Excess Clause of \$ NA. As instructed, we have not authorised any of the repairs on your behalf.

	Repairer's		Our	
	Estimate	Amount	Revised	Amount
Spares Parts	: 4500	00	3650	00
Towing Charges	: -	-	-	-
PB Labour Charges	: 800	00	680	00
Others Misc Charges	: 650	00	510	00
Paintwork	: 600	00	480	00
Total	: \$ 6550	00	\$ 5320	00

Under normal circumstances, the duration of repairs should not exceed Four ( 04 ) days excluding Pre -Repair Inspection ( PRI ) / Pre - Repair Survey ( PRS ) waiting time frame & Public Holidays

Attached photographs taken during inspection Forty - Seven ( 47 ) Photographs

## SPECIAL REMARKS

1. The inspection was conducted on a 'without prejudice' basis
2. On 04/04/2019, we examined the repaired vehicle.

Yours FaithFully



TENG PHILIP FOO  
ACII CAE, AMIMI  
AIAME, AMSAE-A  
Licensed Appraiser/Adjuster

Inspection Report Date: 15 April 2019

VEHICLE REGN NO : YN 2513 D  
OUR REFERENCE : PAS/NP/190401/TP  
INSPECTION REPORT DATE : 15-Apr-19

# APPRAISEMENT SCHEDULE

CONTINUATION SHEET NO : 2

S/No	Qty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount \$ cts	Recommendation / Revised Amount \$ cts
<u>PARTS SUPPLY - SPECIAL NETT ITEMS</u>					
1	1set	Rear bumper guard w bracket	Broken	800.00	650 800.00
2	2pcs	Main (centre) chassis wooden beam@	Cracked	700 1400.00	1100 1400.00
3	6pcs	Main chassis 'U' bolt & nuts@\$80	Bent	480.00	480.00
4	1pc	Rear bumper step bracket	Bent	450.00	300 450.00
5	1pc	Tailgate lower panel frame	Badly Dented	850.00	Repair
6	1set	O/s Taillamp	Cracked	250.00	200 250.00
7	1set	N/s Taillamp	Cracked	250.00	200 250.00
8	1pc	Tailgate '60km/h' sticker	Necessary	10.00	10.00 NN
9	1pc	Tailgate '25pax' sticker	Necessary	10.00	10.00 XHC NN
				4500.00	3650.00 2950
<u>LABOUR &amp; MISC. CHARGES</u>					
1		Remove the necessary affected parts			
		straighten tailgate lower panel, both		800.00	600 680.00
		rear chassis and replace parts			
2		Putty and Spraypaint		600.00	400 480.00
3		Check electrical		100.00	40 80.00
4		Rewire portion		50.00	30.00 } 30
5		Remove and refit rear cargo deck		500.00	300 400.00 1370
xxx SUB / GRAND TOTAL				6550.00	5320.00 4320

PRECISION APPRAISAL SERVICE

*[Signature]*





## 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	08/03/2019 16:10
Date Of Accident	07/03/2019 20:50
Exact Location Of Accident	JLN BT MERAH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN2513D
Insured/Policyholder	
Name Of Registered Owner	SRN ENGINEERING PTE LTD
Co Reg No	200807486G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87379597
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5068149249-04
Cover Note Number	
Driver	
Name of Driver	BASKARAN VIMALAN
Passport No/FIN	G2706280L
Date Of Birth	05/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87379597
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address ---  
 Postcode  
 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 CHAIN COLLISION  
 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 3  
 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) 9  
 Passenger 1  
 NAME: : ---  
 GENDER: : MALE  
 Passenger 2  
 NAME: : ---  
 GENDER: : MALE  
 Passenger 3  
 NAME: : ---  
 GENDER: : MALE  
 Passenger 4  
 NAME: : ---  
 GENDER: : MALE  
 Passenger 5  
 NAME: : ---  
 GENDER: : MALE  
 Passenger 6  
 NAME: : ---  
 GENDER: : MALE  
 Passenger 7  
 NAME: : ---  
 GENDER: : MALE  
 Passenger 8  
 NAME: : ---  
 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**

WHILE I WAS TRAVELLING ALONG JLN BT MERAH, SUDDENLY THERE WAS AN ACCIDENT BEHIND OF ME. A CAR HIT ONTO THE REAR PORTION OF A TAXI. THE TAXI CANNOT CONTROL AND HIT ONTO THE REAR PORTION OF THE VEHICLE.

**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 SH9910Y  
Vehicle Make/Model/Colour  
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)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKG131M  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
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**

1. Please report correctly the details of the accident to speed up the claims process.
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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.



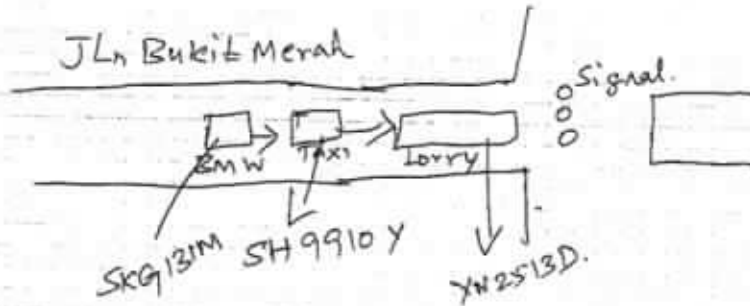
Policyholder's Signature  
Date & Time:

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

IDAC BUKIT BATOK (VAC)

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In Jalan Bukit Merah, I drive my lorry at 8.50 pm on 7.3.19. This time behind my lorry, two car accident ready, [Taxi no: SH9910Y] and BMW car no: SKG131M. Then the taxi can't control, then my lorry behind suddenly touch this car [SH9910Y]

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:  
NRIG/FIN No.:

Accident Photo



Accident Photo

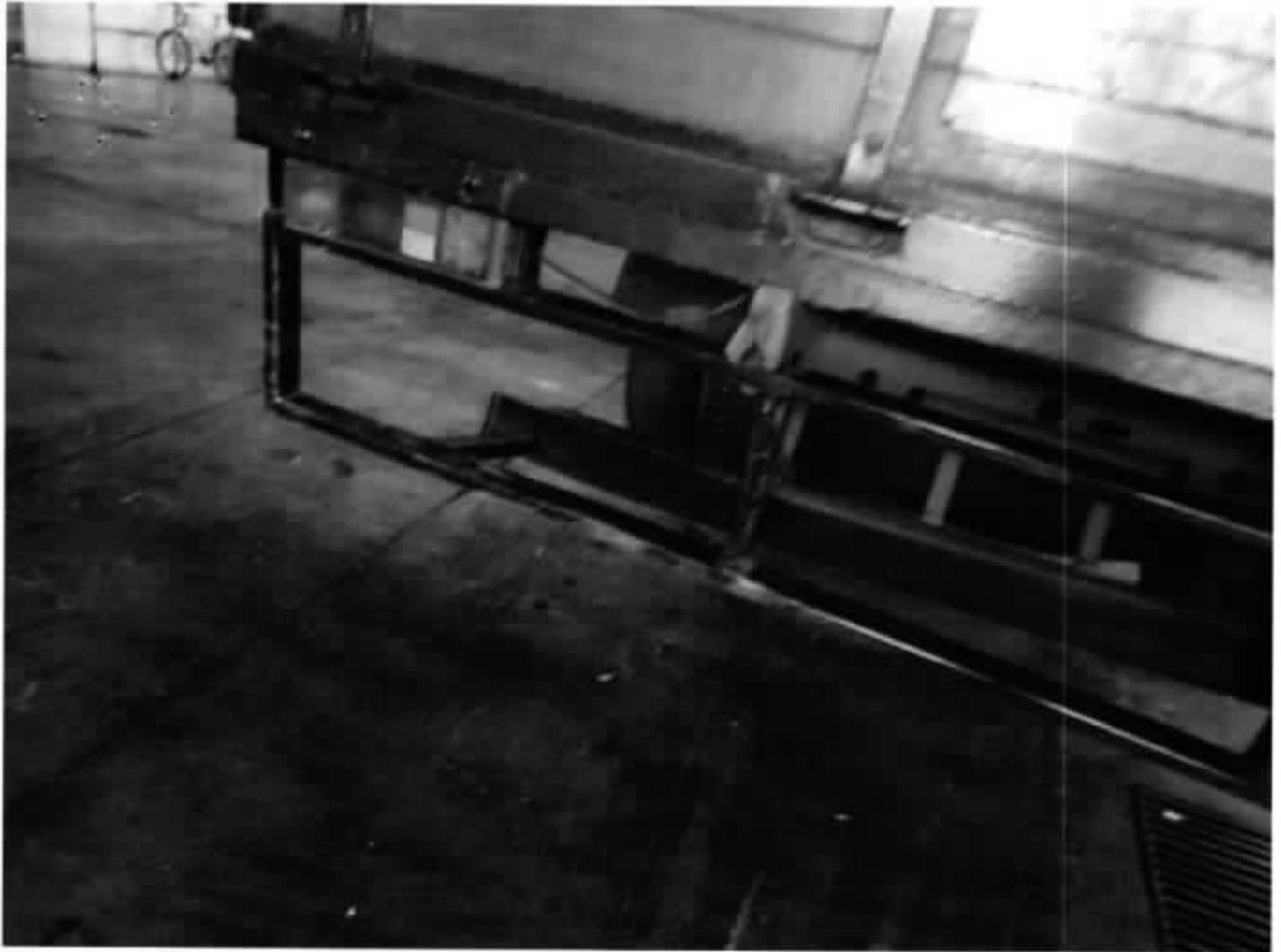


Accident Photo





Accident Photo



Accident Photo



Accident Photo



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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	08/03/2019 11:39
Date Of Accident	07/03/2019 20:45
Exact Location Of Accident	JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SH9910Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS HYBRID 4G
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	REPORTING ONLY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
Driver	
Name of Driver	SHOW GOON YEAN
NRIC No	S1496985C
Date Of Birth	12/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	11/12/1981
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97212272
Fax Number	
Contact Number	
Email Address	SHOW263@YAHOO.COM.SG

Address *	BLK 263 BISHAN STREET 22 #14-265
Postcode	570263
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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 ATTACHED

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG131M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN2513D
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	EQUIPMENT
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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**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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

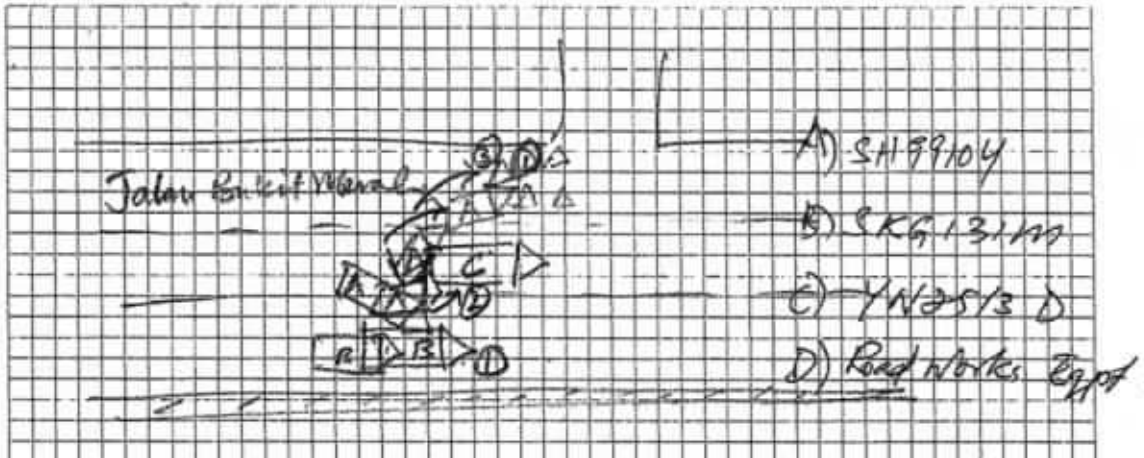
Policyholder's Signature  
Date & Time:

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

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



### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/2/19 at about 20:15hrs while I Veh A filtered to the right lane, collided with the passing by Veh B. The impact caused my vehicle to sway to the left and collide onto the rear of Veh C and subsequently collides onto the road works equipments that were also damaged.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



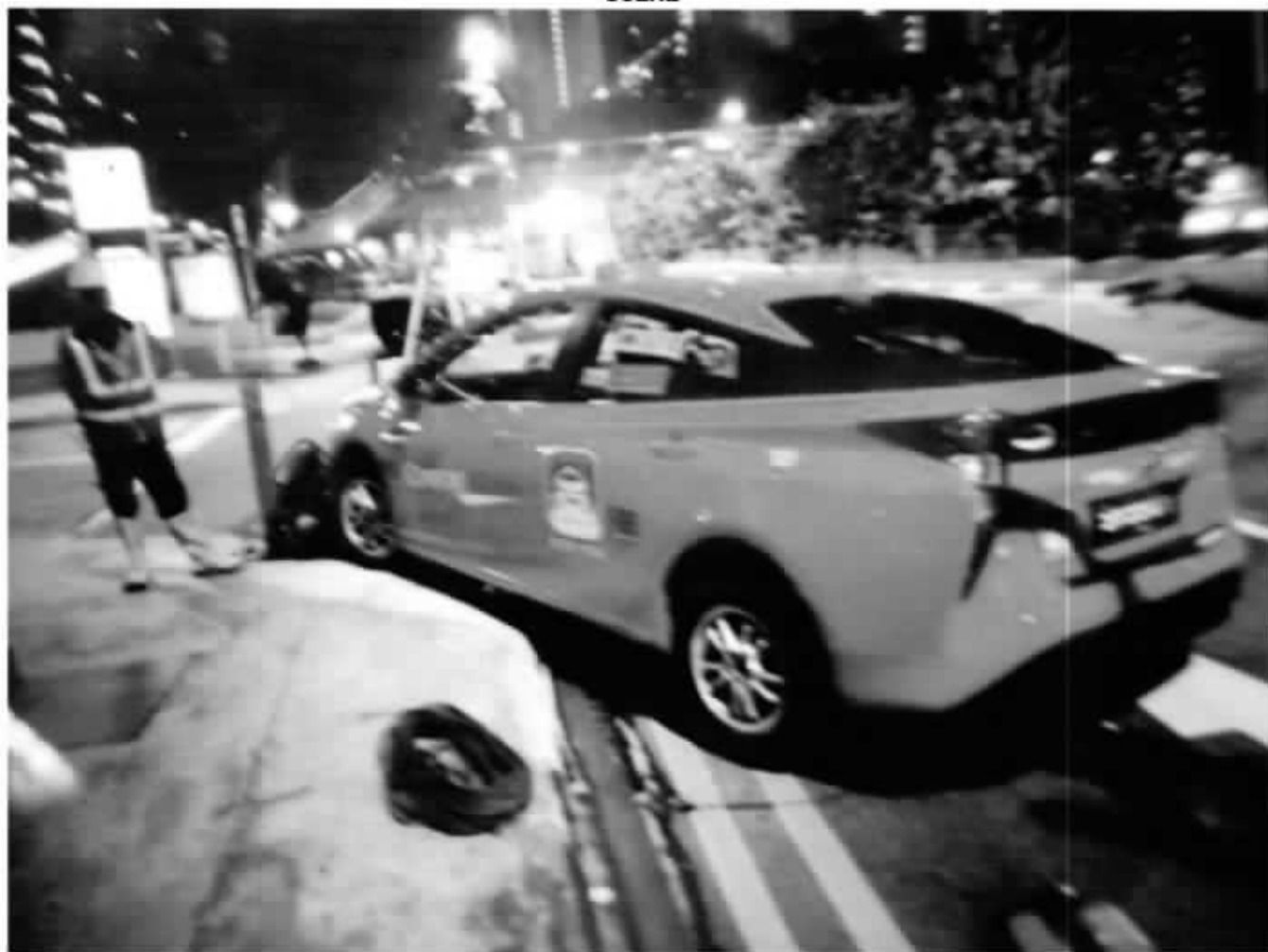
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# LKK Auto Consultants Pte Ltd

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/FCI19004834/T1sd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 09-07-2019	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)</b>				
Insured Veh.	SH 9910Y	Veh. Inspected	YN 2513D	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19001709MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	25/06/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MITSUBISHI FE84BE6SRDEA	c.c	2977	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	FE84BEA20244	Colour	WHITE	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	7.00 R16	WEST LAKE	7 mm	
L/H Front Tyre	7.00 R16	WEST LAKE	7 mm	
R/H Rear Tyre	7.00 R16 (D)	WEST LAKE	7/7 mm	
L/H Rear Tyre	7.00 R16 (D)	WEST LAKE	7/7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.				
REPAIR CONDITION SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	07/03/2019	Inspection Date	02/07/2019	
Survey held at	NEW PIONEER AUTO 1 SOON LEE STREET #01-50 PIONEER CENTRE			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		

**LKK Auto Consultants Pte Ltd**

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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YN 2513D**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	SET REAR BUMPER GUARD W BRACKET	REPLACED	800.00	650.00
2	MAIN (CENTRE) CHASSIS WOODEN BEAM @\$700.00	REPLACED	1,400.00	1,100.00
6	MAIN CHASSIS 'U' BOLT & NUTS @\$80.00	REPLACED	480.00	480.00
1	REAR BUMPER STEP BRACKET	REPLACED	450.00	300.00
1	TAILGATE LOWER PANEL FRAME	REPAIRED SEE LABOUR	850.00	-
1	SET O/S TAILLAMP	REPLACED	250.00	200.00
1	SET N/S TAILLAMP	REPLACED	250.00	200.00
1	TAILGATE '60KM/H' STICKER	NOT NECESSARY	10.00	-
1	TAILGATE '25PAX' STICKER	NOT NECESSARY	10.00	-
			4,500.00	2,930.00
	<b>LABOUR</b>			
	REMOVE THE NECESSARY AFFECTED PARTS		800.00	600.00
	STRAIGHTEN TAILGATE LOWER PANEL, BOTH REAR CHASSIS AND REPLACE PARTS. INCLUSIVE OF THE REPAIR OF TAILGATE LOWER PANEL FRAME.			
	PUTTY AND SPRAYPAINT.		600.00	400.00
	CHECK ELECTRICAL. )		100.00	30.00
	REWIRE PORTION. )		50.00	-
	REMOVE AND REFIT REAR CARGO DECK.		500.00	300.00
			2,050.00	1,330.00
	<b>GRAND TOTAL</b>		<b>6,550.00</b>	<b>4,260.00</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>4,260.00</b>

Report Ref No. CS/FCI19004834/T1sd3e2

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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