

ASS. REC. BY:

REF:

C93/FCI/9005463/K/CD/352

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person):

Eileen Lee

of

FCI

Date/Time:

27/3/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLK 350P

Insured:

SHD 7068T

at Workshop m/s

EURO ASIA MOTORSPORTS PL

Tel:

99269996 / DUID 604

of

56 LOYANG WAY #01-02 LOYANG ENTERPRISE BUILDING

Policy No:

Claim No:

D190203012F5H

Sum Insured:

Excess:

Make of Veh:

D.O.A.

27/3/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

YRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	SLK 350P x
	SHD 7068T x



**MOTOR SURVEY ASSIGNMENT**

Date	25-03-2019	Our Ref No. D19002030MFSH
Accident Date	22-03-2019	Claim Type. Third Party
Insured Vehicle	SHD7068T	Third Party Vehicle. SLK350P
Survey Location	56 LOYANG WAY #01-02LOYANG ENTERPRISE BUILDING	
Contact Person.	DAVID GOH	
Contact No.	98269998/ 98269998	Fax No. 65090367
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	EURO ASIA MOTORSPORTS PTE LTD	Attention. NIL
Cc : TP Solicitor	C YOGARAJAH LLC	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

**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.

*Vch. In.*  
*PRG*  
*Kalvin*

## 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	22/03/2019 16:07
Date Of Accident	22/03/2019 10:55
Exact Location Of Accident	PIE TO CHANGI BEFORE THOMSON EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK350P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHRIS GOH SIANG KEE
NRIC No	S7511852Z
Email Address	CGOH1975@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90495000
Alternative Phone No	OFFICE-90495000

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SLK350
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA110602
Cover Note Number	

### Driver

Name of Driver	CHRIS GOH SIANG KEE
NRIC No	S7511852Z
Date Of Birth	04/04/1975
Occupation	INDOOR
Date Of Driving Pass	04/08/2000
Driving Experience	18 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90495000
Fax Number	
Contact Number	OFFICE-90495000
EMail Address	CGOH1975@GMAIL.COM

Address -  
 Postcode -  
 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 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 5  
 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

FRONT VEHICLE STOP, I ALSO STOP IN TIM. SUDDENLY, VEHICLE B HIT MY VEHICLE FROM BEHIND, PUSH MY VEHICLE FORWARD AND HIT VEHICLE C.

#### 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 SHD7068T  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 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 SMD2538C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

VEHICLE C

PRIVATE CAR

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJW1174K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

VEHICLE D

PRIVATE CAR

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SGN2052E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

VEHICLE E

PRIVATE CAR

SKETCH PLAN

IMPORTANT NOTICE

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

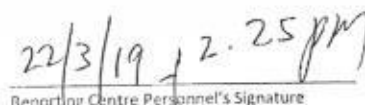
I understand, acknowledge, agree and consent that:

- (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:

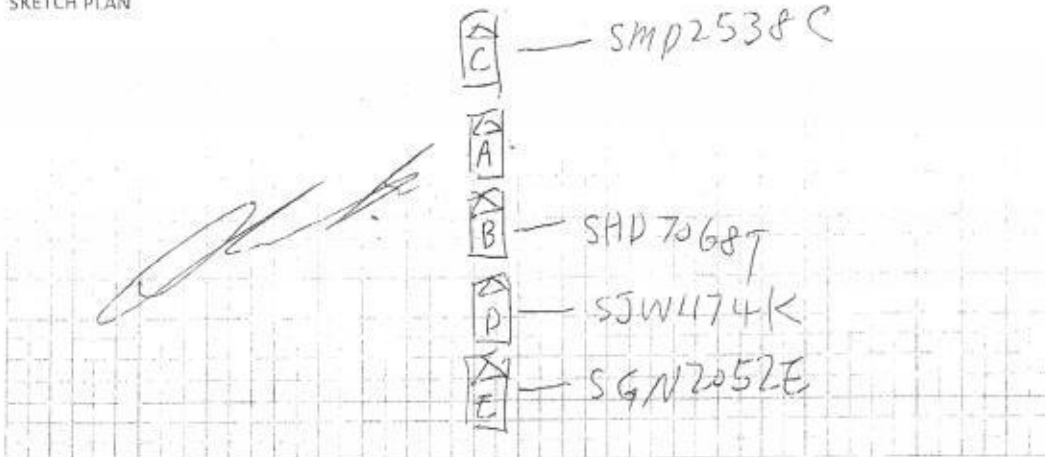
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

front veh stop, I also stop instant, suddenly veh B hit my veh from behind, push my veh forward & hit veh C.

## 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.:



## LETTER OF UNDERTAKING

I/We, CHRIS JOHN SMITH B2E, the owner of vehicle no. SLF 350P

My/Our Insurance is under M/s AXA Insurance Pte Ltd , I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, \_\_\_\_\_

Signed and Acknowledge by:



.....  
Nric no. & signature of policyholder

.....  
Company stamp

.....  
Date

22/02/2019

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	1852Z
<b>Vehicle Details</b>	
Vehicle No.:	SLK350P
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Mar 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	SLK350
Primary Colour:	White
Manufacturing Year:	2006
Engine No.:	27296330367544
Chassis No.:	WDB1714562F128813
Maximum Power Output:	200.0 kW (268 bhp)
Open Market Value:	\$63,613.00
Original Registration Date:	22 Jun 2006
First Registration Date:	22 Jun 2006
Transfer Count:	5
Actual ARF Paid:	\$69,975.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	21 Jun 2026
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$48,479.00
COE Rebate Amount:	\$35,065.00
<b>Total Rebate Amount:</b>	<b>\$35,065.00</b>

The information contained herein is correct as at 28 Mar 2019

OK



<b>PRE-REPAIR INSPECTION REPORT</b>			
MS FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI19005463/K1cd3s2	
36 ROBINSON ROAD		Date: 03-04-2019	
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SHD 7068T	Veh. Inspected	SLK 350P
Policy No.		Coverage (\$)	0.00
Claim No.	D19002030MFSH	Excess (\$)	0.00
Assign From	EILEEN LEE	Assign Date	27/03/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MERCEDES BENZ SLK350	c.c	3498
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	WDB1714562F128813	Colour	WHITE
Odometer	83415 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	225/35R19	GOODYEAR	6 mm
L/H Front Tyre	225/35R19	GOODYEAR	6 mm
R/H Rear Tyre	225/35R19	GOODYEAR	6 mm
L/H Rear Tyre	225/35R19	GOODYEAR	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.			
<b>5. General Information</b>			
Accident Date	22/03/2019	Inspect Date / Time	27/03/2019 ( 10:40 AM )
Survey held at	56 LOYANG WAY #01-02 LOYANG ENTERPRISE BUILDING		
Repairer	EURO ASIA MOTORSPORT PTE LTD		
<b>5a. Remarks</b>			
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: \$90,000.00			

Report Ref No. CS3/FCI19005463/K1cd3s2

Inspected By

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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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