

PROPERTY

REF: 033/FCI19006285/Ecd3<sup>52</sup> / Action/ Instruction

SA/VEHICL  
CWS

Steve  
Henry KAO

ASSIGNMENT (Office)

From (Person)

of

FCI

Date/Time: 9:34am @ 9/4/19

Estimated Cost

Bill to

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

To Inspect Vehicle No.

SKX3059E

Insured

SHC 7329X

at Workshop in/s

SOON lee choon

Tel

9686 8855

of

Blk 5032 AMK Ind. park 2 # 01-283

Policy No.

Claim No.

D19002325MPSH

Sum Insured

Excess

Make of Veh  
(Client's Record)

D.O.A.

05/04/2019

CA / REV / REP. / REV 24 HRS

wp

H.O.D. Endorsement

Date/Time:

10:41am @ 9/4/19

Person Contacted:

Ms. phyllis

Vehicle

IN /  OUT

Date/Time

Action/Instruction (X) Estimate

SKX3059E-X

SHC7329X-CS/FCI14019435/11/bd1

DOA: 8/10/2014



**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	05-04-2019	<b>Our Ref No.</b> D19002325MFSH
<b>Accident Date</b>	05-04-2019	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHC7329X	<b>Third Party Vehicle.</b> SKX3059E
<b>Survey Location</b>	BLK 5032 ANG MO KIO INDUSTRIAL PARK 2 #01-283	
<b>Contact Person.</b>	MISS PHYLLIS	
<b>Contact No.</b>	0/ 96868855	<b>Fax No.</b> 65383708
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	SOON LEE CHOON AUTO SERVICES	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	KSCGP JURIS LLP	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	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 foresaid.

### ACCIDENT STATEMENT

Date Of Report	05/04/2019 15:17
Date Of Accident	05/04/2019 12:15
Exact Location Of Accident	SERANGOON AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX3059E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG KIM TECK
NRIC No	S1319566H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98273154
Alternative Phone No	OTHERS-98273154

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
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 CAR

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-007812
Cover Note Number	03/12/2018 - 02/12/2019

### Driver

Name of Driver	ONG KIM TECK
NRIC No	S1319566H
Date Of Birth	18/10/1958
Occupation	INDOOR
Date Of Driving Pass	06/10/1976
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98273154
Fax Number	
Contact Number	OTHERS-98273154
EMail Address	NOEMAIL

Address	BLK 434 HOUGANG AVE 8 #08-908
Postcode	530434
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 - CROSS JUNCTION
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)	2
Passenger 1	NAME: : BEK PECK HOON GENDER: : FEMALE

#### 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 ATTACHED STATEMENT & SKETCH BY DRIVER

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7329X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEOW HOCK SIONG
NRIC/Passport Number	S1446164G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

SKETCH PLAN

SKX 3059E

**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. 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.

**B. 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.

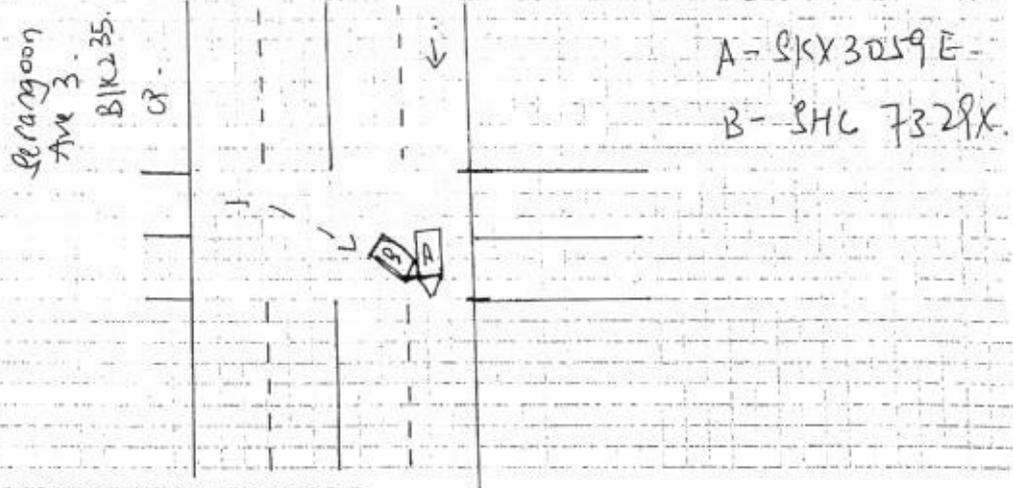
Policyholder's Signature  
Date & Time:

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

**AN LIM MOTOR COMPANY**  
 150, 10 Ang Mo Kio Industrial Park  
 #01-03 ANS Building, Singapore  
 561150  
 Reporting Center Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Serangoon Ave 3 towards NEX shopping mall. Suddenly I felt a great impact banged on my vehicle and realised that vehicle B, SHC 7329X had dashed out of the car park exit from the opposite direction and collided onto my vehicle. I am lodging this report to claim against the insurance of vehicle B, SHC 7329X.

Date: 5/4/2019  
 Time: 12.15pm  
 Location: Serangoon Ave 3

claim TP at other workshop  
 \* workshop email - phyllislow@hotmail.com

DECLARATION

I hereby declare that the above particulars are true and correct in all respects.

+

Driver's Signature  
 Date: 5/4/2019

Driver's Signature  
 Date: 5/4/2019

AM LIA MOTOR COMPANY  
 No. 11, Serangoon Road

Reporting Agent's Signature  
 Name: [Blank]  
 NRIC/ID No: [Blank]



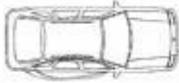
**LKK Auto Consultants Pte Ltd**

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/FCI19006285/Ecd3s2 Date: 15-04-2019	
Code: FCI2			
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 7329X	Veh. Inspected	SKX 3059E
Policy No.		Coverage (\$)	0.00
Claim No.	D19002325MFSH	Excess (\$)	0.00
Assign From	HENRY KAO	Assign Date	09/04/2019
2. Vehicle Particulars & Condition			
Make & Model	HONDA VEZEL	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	RU11105665	Colour	BLUE
Odometer	014127 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/55R17	DUNLOP	6 mm
L/H Front Tyre	215/55R17	DUNLOP	6 mm
R/H Rear Tyre	215/55R17	DUNLOP	6 mm
L/H Rear Tyre	215/55R17	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.			
5. General Information			
Accident Date	05/04/2019	Inspect Date / Time	09/04/2019 ( 12:10 PM )
Survey held at	SOON LEE CHOON AUTO SERVICES BLK 5032 ANG MO KIO IND PARK 2 #01-283 SINGAPORE 569535		
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:\$61,000.00			

Report Ref No. CS3/FCI19006285/Ecd3s2

**Inspected By**

CHEN TSUE YEE

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.