# REF: (S3/P(1 19006393) EC 43 (Brecial Instruction:

Surveyor - 5	Stive ASSI	GNMENT (Of	lice)	2		
From (Person	Jo anney of			Date/Time: 10.4.19	3.19p.m	
Estimated Co.	st:	Bill to:				
To Inspect Ve	strres/odres/eva/inv ehicle No: SUR 97739 m/s Lu Luw Sing	/ MV / CS	Insured:	SH ( 3137] 96686354	•	
	y mo kio Industrial	Park 2A =	03-10	10000		
Policy No:			No: D19 002	387MFSH		
Sum Insured:		Exc	ess:			
Make of Veh			I	D.O.A. 8.4.2010	1	
CA / REV Date/Time: /	/ REP. / REV 24 HRS " WP 0.4.19 4.34 PM Person Con		<b>n</b>	H.O.D. Endorsement:ehicle_IN/LOUT	1 111419)	
Date/Time	Action/Instruction ( X ) Estimate.  SLR 97739 -X					
	SHC 3137 J - (B1CTI18020209/K1hb3g2 20A-3/11/2018					
	Dismartle: 12/4/2019					
<u> </u>						
					9	

Tech. Invs (\$

Weekend (\$

Others

TOTAL

150)

Report Format:

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

PRS.



MS First Capital Insurance Limited co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580

Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Hotor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

#### MOTOR SURVEY ASSIGNMENT

Date 09-04-2019

Our Ref No. D19002387MFSH

**Accident Date** 

1, 40 %

08-04-2019

Claim Type. Third Party

Insured Vehicle

SHC3137J

Third Party Vehicle. SLR9773G

**Survey Location** 

10 ANG MO KIO INDUSTRIAL PARK 2A#03-10 AMK AUTOPOINT

Contact Person.

KIM

Contact No.

64837412/64830827/ 9668

6354

Fax No. 64837416

p. Kim

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

M/S LEE LEUW SING

Attention. NIL

Cc : TP Solicitor

MOTOR

FONG & FONG LLC

TP Solicitor Fax No. NA

Officer Incharge

JOANNEY

## 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.

					í	
Job Sheet (/C	ClaimWS/Surveyor/JobSheet/2	250920) 🔑 PR	I Documents 😃 Close 🗶			
		1 1 1	PRI Header Details			
Claim No	D19002387MFSH	Policy No	D-19092580MFSH	Claimant S.No & Name	1 & FONG & F	
Workshop Name	M/S LEE LEUW SING MOTOR (Contact Person : KIM)	Survey Location & Contact Details	10 ANG MO KIO INDUSTRIAL PARK 2A#03-10 AMK Mobile: 9668 6354 , Phone: 64837412/64830827 EmailId: WONGSYLAW@GMAIL.COM			
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:			
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC3137J	TP Vehicle No	SLR9773G	
PRI Recieved Date	09-04-2019 08:04:30 PM	Surveyor Appointed Date	10-04-2019 03:18:59 PM	Surveyor Accept Date	15-04-2019 1	
			Survey Report Upload			
Surveyor Inspection Date *:		Surveyor Report Date	15-04-2019	Upload Survey Report *:	Choose File	
			Vehicle Particulars			
Make	Please Select Make ▼	Model	Please Select Model ▼	Year	Select Year V	
Chasis No		Engine No		Mileage		
Color		Cubic Capacity				
Multiple Do	ocuments Upload					
		Upload Multiple	e Documents			
File Nam	ne			Action		
Surveyor J	Surveyor Job Remarks					
Remarks				Save		

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Business	
Owner ID:	2557B	
Vehicle Details		
Vehicle No.:	SLR9773G	
Vehicle to be Exported:	No	
Intended Deregistration Date:	11 Apr 2019	
Vehicle Make:	HONDA	
Vehicle Model:	FREED HYBRID 1.5G AUTO	
Primary Colour:	Silver	
Manufacturing Year:	2017	
Engine No.:	LEB5569148	
Chassis No.:	GB71040658	
Maximum Power Output:	101.0 kW (135 bhp)	
Open Market Value:	\$25,824.00	
Original Registration Date:	31 Aug 2017	
First Registration Date:	31 Aug 2017	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$5,000.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	30 Aug 2027	
PARF Rebate Amount: Intended COE Rebate Details	\$3,750.00	
COE Expiry Date:	30 Aug 2027	
COE Category:	E - Open - all except motorcycle	
COE Period(Years):	10	
QP Paid:	\$50,000.00	
COE Rebate Amount:	\$41,922.00	
Total Rebate Amount:	\$45,672.00	

The information contained herein is correct as at 11 Apr 2019

ОК

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# ANNOUNCING 88 Motor Trading

as sgCarMart Premium Dealer for the 5th Consecutive Year



Post an Advertisement Sell it yourself! Advertise it at just \$58 until it's SOLD! New 5 Years Coe Renewal Toyota Vios 1.5A.



2.88%P.A Low Interest@Gv Finance, 2 Years Warranty, From

GV Credit Pte Ltd StarAd



Browse by Category

Honda Freed

Ways of Selling

Model

Price

Depreciation

Reg Date 2017 Eng Cap Any Mileage

Sort by Date Posted

Advanced Search

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Status Availabl

▼ 20 results/page

Search Selection

2 vehicles

Honda Freed

Advertiser Login

Availab

Honda Freed Hybrid 1.5A G **Honda Sensing** 

\$91,800

\$10,750 /yr

01-Aug-2017

1,496 cc

8,000 km

Any

MPV

PREMIUM

Fuel Type: Petrol-Electric

Facelift Model, Low Fuel Consumption, Almost New Honda Hybrid With Honda Sensing. 10 Years Repayment, In House Loan Or Balloon Scheme Available! Lowest Interest Rate In Town! Lowest Depreciation Ever!...

Trust Motoring

Posted: 10-Apr-2019 Tags: 2017 Honda Freed, 2017 honda freed, Honda Freed, honda freed, Honda, Freed, freed, Used Honda

Honda Freed Hybrid 1.5A G **Honda Sensing** 

\$105,000

\$11,830 /yr

08-Dec-2017

1,496 cc

MPV

Availabl

DIRECT OWN

Fuel Type: Petrol-Electric

Rare Sporty As Good As New, Lady Owner, More Than \$18k Done Up, Highest 'C' Package, Latest Facelift, IRoad 2 Channel Rexis Reverse Camera/Sensors, Pioneer Headunit, High End Soundproof, 3M Crystallin...

Posted: 02-Mar-2019 Tags: 2017 Honda Freed, 2017 honda freed, Honda Freed, honda freed, Honda, Freed, freed, Used Honda

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Make

Model

Reg Date

Eng Cap

Mileage

Veh Type

20 ▼ results/pag

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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 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 witholding 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.

<b>《张教·维·维·</b> 集集专为生物》(1)	ACCIDENT STATEMENT
Date Of Report	08/04/2019 15:58
Date Of Accident	08/04/2019 09:05
Exact Location Of Accident	SLE TOWARDS BKE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR9773G
Insured/Policyholder	
Name Of Registered Owner	LIM S H SERVICES
Co Reg No	53292557B
Email Address	LSENGHUAT@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91088573
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	t IN TRANSIT
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
	COMPREHENSIVE
Fleet Policy	NO
Fleet Policy Policy Number	
	NO
Policy Number	NO 5093992285-01
Policy Number Cover Note Number	NO 5093992285-01
Policy Number Cover Note Number Driver	NO 5093992285-01 31/08/2018 - 30/08/2019
Policy Number Cover Note Number  Driver  Name of Driver	NO 5093992285-01 31/08/2018 - 30/08/2019 LIM SENG HUAT
Policy Number Cover Note Number  Driver  Name of Driver  NRIC No	NO 5093992285-01 31/08/2018 - 30/08/2019 LIM SENG HUAT S6818884I
Policy Number Cover Note Number  Driver Name of Driver NRIC No Date Of Birth	NO 5093992285-01 31/08/2018 - 30/08/2019 LIM SENG HUAT S6818884I 25/05/1968
Policy Number Cover Note Number  Driver  Name of Driver  NRIC No  Date Of Birth Occupation	NO 5093992285-01 31/08/2018 - 30/08/2019  LIM SENG HUAT S6818884I 25/05/1968 OUTDOOR
Policy Number Cover Note Number  Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass	NO 5093992285-01 31/08/2018 - 30/08/2019  LIM SENG HUAT S6818884I 25/05/1968 OUTDOOR 13/02/1990
Policy Number Cover Note Number  Driver  Name of Driver  NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience	NO 5093992285-01 31/08/2018 - 30/08/2019  LIM SENG HUAT S6818884I 25/05/1968 OUTDOOR 13/02/1990 29 YEARS AND 1 MONTH
Policy Number Cover Note Number  Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender	NO 5093992285-01 31/08/2018 - 30/08/2019  LIM SENG HUAT S6818884I 25/05/1968 OUTDOOR 13/02/1990 29 YEARS AND 1 MONTH MALE

LSENGHUAT@HOTMAIL.COM

Address

. 1

32 WOODLANDS DRIVE 16 #05-27

Postcode

737770

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

6

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES

Number of Passengers (Including Driver)

Passenger 1

NAME:

: GRAB PASSENGER

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

#### REFER TO STATEMENT

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

SEND DIRECT TO INSURANCE COMPANY

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SHC3137J

Vehicle Make/Model/Colour

VEHICLE C

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

SGH32H

Vehicle Make/Model/Colour

VEHICLE D

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

5 A A

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3** 

Vehicle Registration Number

SLH3188M

Vehicle Make/Model/Colour

VEHICLE E

**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)

**DETAILS OF OTHER VEHICLE PROPERTY 4** 

Vehicle Registration Number

SLH8775K

Vehicle Make/Model/Colour

VEHICLE B

**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)

**DETAILS OF OTHER VEHICLE PROPERTY 5** 

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

VEHICLE F (NISSAN LORRY)

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

#### Sketch Plan

## SKETCH PLAN

VLR 97736(NTUC) DOA: 08/04/19 @ 0905

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

Lunderstand, 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)
  - (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 finctuding 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.
- 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

(li) for complying with requirements under any regulations; laws or court orders.

Policyholder's Signature

819528285 THE PART Date & Time:

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

Reporting Gentre Personnel's Signatur DONUN AME

NRIC/FIN No.

#### Sketch Plan #2

## SKETCH PLAN SLE-7 BKE A: UR 9773 G B: S LH 8775 K 6: SHC 3137 J D: SGH 32 H E: SLH 3188 m F: UMKHOWH (A) Vehicle No. SLR 977.36 (NTW **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT** 8.4.19 AT AROND 9.05 AM, I WAS DRIVING SUR 9773 G, OM SLE TOWARDS BKG. TRAFFIC WAS MEANY. IN FROM OF ME SUDDENLY STOP, AND I WAS ABLE TO STOP IN TIME ABOUT I METER FROM CAR B. ABOUT FEW SECONDS LATER I FELT A HUGE IMPACT FROM THE REAR AND MY CAR WAS FORCED FURWARD AND PUSH AGAMST CAR 'B'. I THEN ENT THE CAR AND REALISE THAT IT WAS A 6 CAR CHAIN COLLISION. THE CAR THAT COLLIDED INTO ME WAS SHE 2137 J. WE THEN FUND OUT THAT ACTUBLY CAR'B' HAD COLLIDED INTO YEHICLE 'F' CAUSHE THE SUDDEN HAULT IN THE TRAFFIC. BUT YCHICLE 'F' DID NOT STOP AND HAD LEFT THE SCENE OF ACCIDENT. HAVE IN- CAR RECORDING OF THE ACCIDENT \* Claim TP (by LER LURW SIMO) DECLARATION I/We declare the foregoing particulars are true in every respect

Driver's Signature

Date & Time:

3M 56H

(If driver is not the policyholder)

Policyholder's Signature

Date & Time:

Reporting Centre Personnel's Signature

Name A WK



## 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 INS	PECTIO	ON REPORT	
MS	FIRST CAPITAL IN	SURANCE LTD	Ref:	CS3/FCI19006393/Ed	cd3e2
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date:	22-04-2019		
			Code:	FCI2	
		Policy Particulars	:- (THIR	D PARTY CLAIM)	
	Insured Veh.	SHC 3137J	Veh. Ir	spected	SLR 9773G
	Policy No.	D-19092580MFSH	Coverage (\$)		0.00
	Claim No.	D19002387MFSH	Excess (\$)		0.00
	Assign From	JOANNE YONG	Assign Date		10/04/2019
		Vehicle Part	ticulars	& Condition	
	Make & Model	HONDA FREED HYBRID	c.c		1496
	Engine No.	HIDDEN	Year o	f Reg.	2017
	Chassis No.	GB71040658	Colour		SILVER
	Odometer	112182 KM	Steerin	ng	IN ORDER
	Brakes	IN ORDER	Modification		SPORTS RIM
	General	GOOD			
H		Condi	tions of	Tyres	
		Size	Make		Balance
	R/H Front Tyre	185/65 R15	MICHE	LIN	7 mm
	L/H Front Tyre	185/65 R15	MICHE	LIN	7 mm
	R/H Rear Tyre	185/65 R15	MICHELIN		7 mm
	L/H Rear Tyre	185/65 R15	MICHE	LIN	7 mm
		Descrip	tion of D	amages	
	THE VEHICLE SU	STAINED DAMAGES AT THE FRONT AND REAR PORTION.			
	SALES PROFILE	Gener	al Inform	nation	
	Accident Date	08/04/2019	Inspec	t Date / Time	11/04/2019 ( 12:04 PM )
	Survey held at	t LEE LUEW SING MOTORS			
		NO 10 ANG MO KIO INDUSTRIAL PARK 2A #03-10 AMK AUTOPOINT SINGAPORE 568047			
a.	THE PARTY	100 TO THE TAX STREET, NAME OF STREET, NAME O	Remarks		Part Property and Party
	B) THE REPAIR E THE REPAIRER V	ON WAS CONDUCTED ON A "W STIMATE WAS NOT PRESENTE VAS TOLD TO PREPARE THE ES EASE FIND DAMAGED VEHICLE E:\$90,000.00	D AT THE STIMATE.	E TIME OF INSPECTION	DN.

Report Ref No. CS3/FCI19006393/Ecd3e2

Inspected By

4

CHEN TSUE YEE

Automotive Assessor

L

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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