

ASS. REC. BY:

REF: 083/FCI19007154/ Ac d3<sup>52</sup>

Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

CWS

From (Person):

81thman

of

FCI

Date/Time:

9:20am @ 23/4/19

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EYA / INV / MY / CS

To Inspect Vehicle No:

PC 5576S

Insured:

SHA 8094B

at Workshop n/a

Tion Fong Spry

Tel:

8382 4734

of

81celi Blk Ave 4 # 08-22

Policy No:

Claim No:

D19002651 MF8H

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

18/4/19

CA / REV / REP. / REV 24 HRS

Imp

24/4/19 @ 3-4pm

H.O.D. Endorsement

Date/Time:

12:41pm @ 23/4/19

Person Contacted:

Ben

Vehicle IN

OUT

Date/Time

Action/Instruction (X) Estimate

PC 5576S - X

SHA 8094B - CB/AIE/10009471/e2

DVA: 16/5/2006

Dismantle: 26/4/2019

After repair: 6/5/2019

No MV

ASS. REC. BY:

REP:

Adrian

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

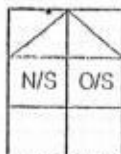
Claims No. \_\_\_\_\_

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

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: PC55765 Yr Regn: Dec 1 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or Mini BusMake: Toyota Hiace c.c. 2983Colour white A/C: Insured / Std / Nil / NASp. Reading 148663 T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: KDH2230027634Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/55R17R: 215/55R17

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

TOYO / YOKO or Kapsen

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.L. 24/04/19 3-15pmSurvey held at Tien Fong

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

TP 1st Cap. P.R.S.

mv :

PV :

Nett :

Date/Time, File Pass to?

Date/Time, File Return to?

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report:

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic &amp; Add.

S + RS, SI

Photos

Others

TOTAL

**MOTOR SURVEY ASSIGNMENT**

Date	22-04-2019	Our Ref No. D19002651MFSH
Accident Date	18-04-2019	Claim Type. Third Party
Insured Vehicle	SHA8094B	Third Party Vehicle. PC5576S
Survey Location	8 KAKI BUKIT AVENUE 4 #08-22 & #08-32 PREMIER@KAKI BUKIT	
Contact Person.	WAN SIM	
Contact No.	0/ 83824734/92274711	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	TIAN FONG SPRAY PAINTING SPECIALIST	Attention. NIL
Cc : TP Solicitor	KSCGP JURIS LLP	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

**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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/251311)



PRI Documents



Close



## PRI Header Details

Claim No	D19002651MFSH	Policy No	D-19092579MFSH	Claimant S.No & Name	1 & KSCGP JU
Workshop Name	TIAN FONG SPRAY PAINTING SPECIALIST (Contact Person : WAN SIM)	Survey Location & Contact Details	8 KAKI BUKIT AVENUE 4 #08-22 & #08-32 PREMIER@K Mobile: 83824734/92274711 , Phone: 0 , Fax: 0 EmailId: ACCIDENT@KSCGP.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA8094B	TP Vehicle No	PC5576S
PRI Recieved Date	22-04-2019 05:16:49 PM	Surveyor Appointed Date	23-04-2019 09:28:43 AM	Surveyor Accept Date	26-04-2019 0

## Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	26-04-2019	Upload Survey Report *:	<input type="button" value="Choose File"/>
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## Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select Year"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

## Multiple Documents Upload

File Name

Action

## Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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## 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	18/04/2019 16:10
Date Of Accident	18/04/2019 13:10
Exact Location Of Accident	JUNCTION OF UBI AVE 2 & EUNOS LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5576S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S&S TRANSPORT SERVICE
Co Reg No	53343140M
Email Address	DILAFADZ@HOTMAIL.SG
Mobile Phone No	
Alternative Phone No	OFFICE-83280317

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 (A)
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	5097524363-01
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD FADZIL BIN KAMARUDDIN
NRIC No	S8413516Z
Date Of Birth	17/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83280317
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 620 BEDOK RESERVOIR ROAD # 02-1452
Postcode	470620
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	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?	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - 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 attachment.

#### 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	SHA8094B
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)



**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.
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:

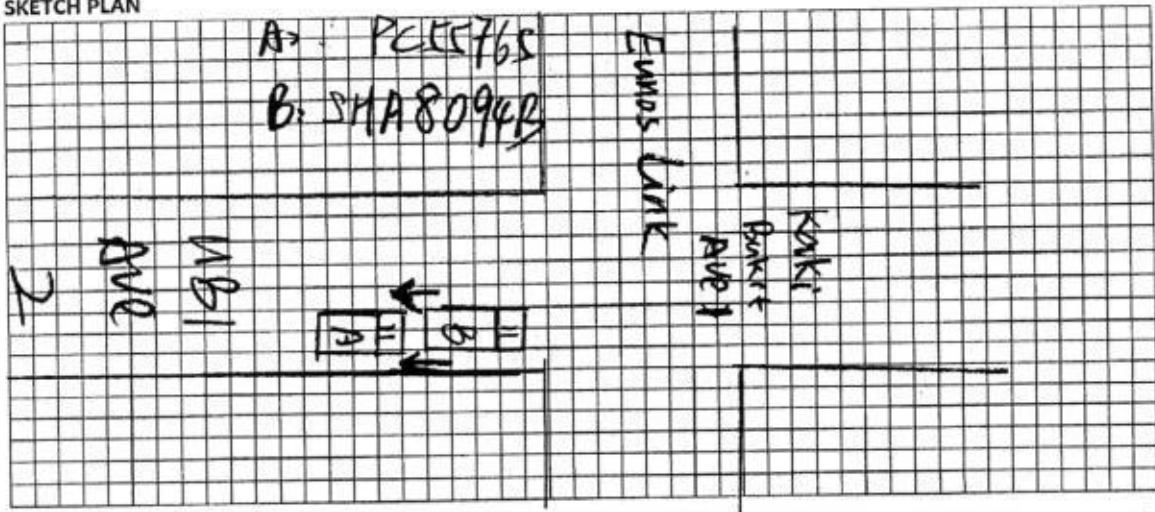


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/04/14 at about 1310 Hrs, my van was stationary along Junction of Ubi Ave 2 And Eunos Link. Suddenly The Tax in the front of me reverse and hit into my van's front portion.

DECLARATION: I/We declare the above 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.:

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## Enquire Transfer Fee

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	PC5576S		
Vehicle Type :	Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus		
Vehicle Attachment 1 :	Air-Conditioned		
Vehicle Scheme :	Public Service Vehicle (Others)		
Vehicle Make :	TOYOTA		
Vehicle Model :	HIACE COMMUTER GL 3.0 AUTO		
Chassis No. :	KDH2230027634		
Propellant :	Diesel		
Engine No. :	1KD2602493		
Engine Capacity :	2982 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	2990 kg		
Unladen Weight :	2140 kg		
Year Of Manufacture :	2016		
Original Registration Date :	23 Dec 2016		
Lifespan Expiry Date :	22 Dec 2036		
COE Category :	C - Goods Vehicle & Bus		
PQP Paid :	\$43,763.00		
COE Expiry Date :	22 Dec 2026		
Road Tax Expiry Date :	22 Dec 2019		
Inspection Due Date :	22 Dec 2019		
Intended Transfer Date :	26 Apr 2019		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	3140M
<b>Vehicle Details</b>	
Vehicle No.:	PC5576S
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Apr 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 3.0 AUTO
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	1KD2602493
Chassis No.:	KDH2230027634
Maximum Power Output:	-
Open Market Value:	\$40,955.00
Original Registration Date:	23 Dec 2016
First Registration Date:	23 Dec 2016
Transfer Count:	0
Actual ARF Paid:	\$2,048.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	22 Dec 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$43,763.00
COE Rebate Amount:	\$33,494.00
<b>Total Rebate Amount:</b>	<b>\$33,494.00</b>

The information contained herein is correct as at 26 Apr 2019

OK

**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		Ref:	CS3/FCI19007154/Acd3s2
36 ROBINSON ROAD		Date:	10-05-2019
#16-01 CITY HOUSES SINGAPORE 068877			
		Code:	FCI2
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SHA 8094B	Veh. Inspected	PC 5576S
Policy No.	D-19092579MFSH	Coverage (\$)	0.00
Claim No.	D19002651MFSH	Excess (\$)	0.00
Assign From	SITHARA	Assign Date	23/04/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA HIACE	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KDH2230027634	Colour	WHITE
Odometer	148663 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	215/55R17	KAPSEN	6 mm
L/H Front Tyre	215/55R17	KAPSEN	6 mm
R/H Rear Tyre	215/55R17	KAPSEN	6 mm
L/H Rear Tyre	215/55R17	KAPSEN	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.			
<b>5. General Information</b>			
Accident Date	18/04/2019	Inspect Date / Time	24/04/2019 ( 03:15 PM )
Survey held at	TIAN FONG SPRAY - 8 KAKI BKT AVE 4 #08-22		
Repairer	-		
<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.			

Report Ref No. CS3/FCI19007154/Acd3s2

Inspected By



ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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