

WAS-REQ-DV

REF

08/FCI19007157/Jcd3SM

Special Instruction

Sub Vendor

Hwee Jie

ASSIGNMENT (Office)

WS
Person Contact

Henny Kao

of

FCI

Date/Time

5:07pm @ 22/4/19

Estimated Cost

Bill to

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

To Inspect Vehicle No

SKB 36812

Insured

SHB 3788K

at Workshop n/s

Hendon Automotive

Tel

94592885

of

280 woodlands Ind. park ES #05-26

Policy No

Claim No

D19002614MFSH

Sum Insured

Excess

Make of Veh

(Client's Record)

D.O.A

16/4/2019

CA / REV / REP. / REV 24 HRS

DS

H.O.D. Endorsement

Date/Time

11:24am @ 23/4/19

Person Contacted

Lynn

Vehicle

IN / OUT

Date/Time

Action/Instruction (X) Estimate Inp: #101-19

SKB 36812-X

SHB 3788K-C03/1161/3009641/M/sb 392

D.O.A. 27/5/2013

25/4-

NO estimate. according to Lynn.

Dismantle: 24/4/2019

Surveyor: Three Jie

REF: FCI

ASSIGNMENT

From: _____ Date: 23/4/19

Estimated Cost: _____

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

To Inspect Vehicle No: SKB 3681Z
at Workshop m/s: Hendon Automotive
of 280 Woodlands Ind. Park ES #01-19

Insured: _____

Policy No: _____

Claims No: _____

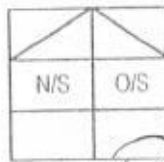
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Lynn @ 9459 2885

(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 (DS)

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKB3681Z Yr Regn: 24 May 2011

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

Truck / Trailer or

Make: Kia Optima C.C. 1998

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 105906 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAGN411MBS109235

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/40R18

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 16/4/19 D.O.I. 23/4/19 12-32pm

Survey held at Hendon Auto

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
	PRS
	MV- 33000
	PV- 23154
	NV- 9846
	<u>25/4/2019</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format : PRS

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

Add Fee: ☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Invs (\$ _____)

☐ Weekend (\$ _____)

MOTOR SURVEY ASSIGNMENT

Date	18-04-2019	Our Ref No. D19002614MFSH
Accident Date	16-04-2019	Claim Type. Third Party
Insured Vehicle	SHB3788K	Third Party Vehicle. SKB3681Z
Survey Location	280 WOODLANDS INDUSTRIAL PARK E5 #05-26 HARVEST@WOODLANDS	
Contact Person.	LYNN SIM	
Contact No.	94592885/ 94592885	Fax No. 63345178
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	HENDON AUTOMOTIVE	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	17/04/2019 15:12
Date Of Accident	16/04/2019 23:15
Exact Location Of Accident	AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB3681Z
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	ELCYC SERVICES
Co Reg No	53336164L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92333410
Alternative Phone No	OFFICE-92333410

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA

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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102864965(CLASSIC)
Cover Note Number	

Driver

Name of Driver	LEONG WAI LOONG EDMUND
NRIC No	S8900523Z
Date Of Birth	04/01/1989
Occupation	OUTDOOR
Date Of Driving Pass	13/04/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92333410
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 2 PETIR RD #12-12 MAYSPRINGS

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 COLLISION - CHANGE/CROSS LANE

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?

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: : ---
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

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER.

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 SHB3788K

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.

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;

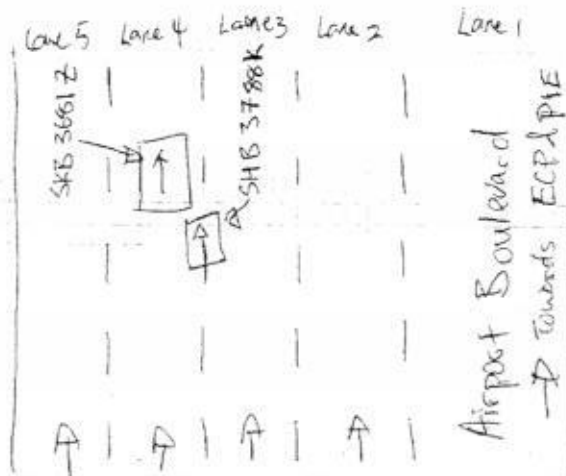
Policyholder's Signature:
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 17/4/19

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While traveling along airport boulevard road towards PIE Tolls with passenger onboard, the vehicle in front of my vehicle (SHB 36612) came to a halt. I step on the brake to slow down and eventually came to a halt. Soon after there was a collision at the rear right of my vehicle with another vehicle (SHB 3788K).

DECLARATION

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

ILCYC SERVICES
2 PETIR ROAD
12-12 WAYSIDE
Policy No: SHB 3788K
Date & Time:

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

IDAC RUMBLE BOX (VAC)

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	6164L
Vehicle Details	
Vehicle No.:	SKB3681Z
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Apr 2019
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 2.0 AUTO ABS AIRBAG 2WD 4DR
Primary Colour:	Silver
Manufacturing Year:	2010
Engine No.:	G4KDBS013039
Chassis No.:	KNAGN411MB5109235
Maximum Power Output:	121.0 kW (162 bhp)
Open Market Value:	\$17,150.00
Original Registration Date:	24 May 2011
First Registration Date:	24 May 2011
Transfer Count:	3
Actual ARF Paid:	\$17,150.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 May 2021
PARF Rebate Amount:	\$10,290.00
Intended COE Rebate Details	
COE Expiry Date:	23 May 2021
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$62,010.00
COE Rebate Amount:	\$12,864.00
Total Rebate Amount:	\$23,154.00

The information contained herein is correct as at 24 Apr 2019

OK

2-1.2

SUPREME

NEW CARS | PRE-LOVED CARS | INSURANCE | FINANCING

Post an Advertisement
Sell it yourself! Advertise it at just
\$58 until it's SOLD!

Post an Ad

Advertiser Login

Ways of Selling

New 5 Years Coe Renewal Toyota Vios 1.5A



3.88% P.A. Low Interest @ GV
Finance 2 Years Warranty
\$1500 Down Monthly From \$418
GV Credit Pte Ltd StarAd



Browse by Category ▼

Sort by Date Posted ▼

40 results/page ▼

1 vehicles

kia OPTIMA 2.0

Advanced Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	kia OPTIMA 2.0		Any	Any	2011	Any	Any	Any	Available
	Kia Optima K5 2.0A		\$35,800	\$11,500 /yr	27-Jul-2011	1,998 cc	-	Luxury	Available
	Cheapest In The Market! Original Color, Seat Sport Rim And With Sunroof! Perfect Condition! Previous Owner Is An Old Man! Free 6 Months Warranty!								
	ABWIN Bus Pte Ltd								PREMIUM AD
	Posted: 08-Apr-2019 Tags: 2011 Kia Optima, 2011 kia optima, Kia Optima, kia optima, Kia, Optima, optima, Used Kia								

Save this search criteria, to get email alerts whenever a match is found.

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
For old advertisements, view Expired ads									40 results/page

[Home](#) | [New Cars](#) | [Used Cars](#) | [Sell My Car](#) | [Directory](#) | [Products](#) | [Insurance](#) | [Article](#) | [Forum](#) | [Resources](#)

sgCarMart is the number one car classifieds for parallel import cars, Toyota, Honda, Nissan, Mitsubishi & BMW. There are plenty of cars for sale, from vans, trucks, sedan cars, luxury cars, sports cars or stationwagons, SUV, MPV, hatchback, to COE cars & OPC cars. You can also buy from a car auction, look up car loans, financial services, low mileage cars, car brands, carpark rates & car insurance. Find buy used kia OPTIMA 2.0, kia OPTIMA 2.0 Singapore, used kia OPTIMA 2.0 Singapore, used kia OPTIMA 2.0, used vehicles Singapore or even buy used kia OPTIMA 2.0 Singapore.

We have new car dealers comprising parallel importers, authorised car dealers, and used car dealers on our site. Find new car price lists, new car launches and new car promotions. Visit our partner sites for job openings for Singapore jobs, real estate properties for sale, mover, car performance parts, car discussion, forum discussion, commercial vehicle leasing & COE results.

All prices and other information displayed on sgCarMart.com are gathered from sources and based on algorithms that are believed by sgCarMart.com to be reliable, but no assurance can be given that this information is accurate, complete or current. sgCarMart.com does not assume any responsibility for errors or omissions or warrant the accuracy of this information.

Follow sgCarMart.com

[About Us](#) | [Careers](#) | [Contact Us](#) | [Sitemap](#) | [Terms of Service](#) | [Privacy Policy](#) | [Personal Data Protection Statement](#)

©2004-2019 sgCarMart. All rights reserved.

**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/FCI19007157/Jcd3s2

Date: 07-05-2019



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHB 3788K	Veh. Inspected	SKB 3681Z
Policy No.		Coverage (\$)	0.00
Claim No.	D19002614MFSH	Excess (\$)	0.00
Assign From	HENRY KAO	Assign Date	22/04/2019

2. Vehicle Particulars & Condition

Make & Model	KIA OPTIMA	c.c	1998
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KNAGN411MB5109235	Colour	SILVER
Odometer	105906 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/40R18	YOKOHAMA	6 mm
L/H Front Tyre	225/40R18	YOKOHAMA	6 mm
R/H Rear Tyre	225/40R18	YOKOHAMA	6 mm
L/H Rear Tyre	225/40R18	YOKOHAMA	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.	
--	--

5. General Information

Accident Date	16/04/2019	Inspect Date / Time	23/04/2019 (12:32 PM)
Survey held at	280 WOODLANDS IND PARK E5 #01-19		
Repairer	HENDON AUTOMOTIVE		

5a. Remarks

<p>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: \$33,000.00</p>

Report Ref No. CS3/FCI19007157/Jcd3s2

Inspected By

ONG HWEE JIE

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, 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 replying on this Report, in whole or in part, does so at his or her own risk.