

22/01/2019

ASS. REC. BY:

REF(S3)FC11900742/ T1 CD3<sup>52</sup>

Special Instruction:

Surveyor: Tau Fich

ASSIGNMENT (Office)

CWS

From (Person): Henry kao of FC1 Date/Time: 29.4.19 12.51p.m

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SKB 3057B Insured: SHD 8507L

at Workshop m/s KOK WANG CAR Tel: 91839633

of 1 Soon Lu Street #06-40

Policy No: \_\_\_\_\_ Claim No: D19002751MFSH

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

Make of Veh: \_\_\_\_\_ D.O.A. 23.4.2019  
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP" H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 29.4.19 1.47pm Person Contacted: MR KOK Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate (X)
	SKB 3057B - X	
	SHD 8507L - CS / FC1 18003787 / Agd 3rd	D.O.A - 21/07/2018
	Dismantle: 8/5/2019	
	After repair: 13/5/2019	

Surveitor  
PRS

Tanpha

REF: FCI

2

ASSIGNMENT

From: \_\_\_\_\_ Date: 6/5/14

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

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

To inspect Vehicle No: SKB 3057B

at Workshop m/s: Kok Wong Cen

of 1 soon lee street #06-40 pioneer.

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

Policy No: \_\_\_\_\_

Claims No: \_\_\_\_\_

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

(Client's Record)

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

Veh No: SKB3057B Yr Regn: 2011, May

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

Make: Mitsubishi ASX c.c. 1998

Colour: Black NC: Insured / Std / NI / NA

Sp. Reading: 277194 T/Radio: Insured / Std / NI / NA

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

C/No: JMYXTG A2WB.700102.

Gen. Cond:  Good / Fair / Poor / Burnt

Steering:  Inorder / Jammed / Leaked / Burnt or

Brake:  Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or 60K6.

Tyre Size: F: 205 / 60K6  
R: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \$30K

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 <sup>up</sup>

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Goodride

Front	Rear
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm

D.O.A. \_\_\_\_\_ D.O.I. 6/5/14 5pm

Survey held at Kok Wong Cen.

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

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: 2

Date/Time, File Return to?

2) \_\_\_\_\_

Add Fee:  Site Insp (\$ )

Interview (\$ )

Tech. Invs (\$ )

Weekend (\$ )

Report Format: PRS

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

Survey Fee:

Transportation	
S + RS	
Photos	
Others	
TOTAL	

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	24-04-2019	<b>Our Ref No.</b> D19002751MFSH
<b>Accident Date</b>	23-04-2019	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHD8507L	<b>Third Party Vehicle.</b> SKB3057B
<b>Survey Location</b>	1 SOON LEE STREET #06-40 PIONEER CENTRE	
<b>Contact Person.</b>	MR KOK	
<b>Contact No.</b>	91839633/ 91839633	<b>Fax No.</b> 66944864
<b>Survey Type</b>	WITHOUT PREJUDICE:	out: ✓ E: ✗
<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>	KOK WANG CAR GROOMING	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	R. S. SOLOMON LLC	<b>TP Solicitor Fax No.</b> 68177499
<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.

MSIG19053915 / STA INSPECTION PTE LTD - Boon Lay  
 ENTRY DATE & TIME: 26/04/2019 11:28  
 SUBMITTED BY: Woodford Richard Vincent

Your NCD will be affected due to late reporting  
 Actual e-Filing Submission Date & Time: 26/04/2019 11:45

## 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	26/04/2019 11:28
Date Of Accident	23/04/2019 08:30
Exact Location Of Accident	SLE TOWARDS WOODLANDS NEAR LENTOR
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SKB3057B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SJ MOTOR ENTERPRISE
Co Reg No	NA 52838801X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87820635
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	AXS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	A 29099925 TMC
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHARANPAL SINGH S/O TEJA SINGH
NRIC No	S1599698F
Date Of Birth	29/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1980
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87820635
Fax Number	
Contact Number	
E-Mail Address	PAULSINGH63@GMAIL.COM

Resend26-04-19:11:52

Address 120T TANAH MERAH BESAR LANE.  
 Postcode 498937  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 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? YES  
 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: : NA  
 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 ATTACHED

**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 SHD8507L  
 Vehicle Make/Model/Colour YELLOW CITY CAB  
 Details Of Properties FRONT  
 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 INJURED PERSON 1**

Name	CHARANPAL SINGH S/O TEJA SINGH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKB3057B
Wore seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

RECEIVED 21/04/2019 07:53

Kok Leong

SKETCH PLANIMPORTANT 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 reassess 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.

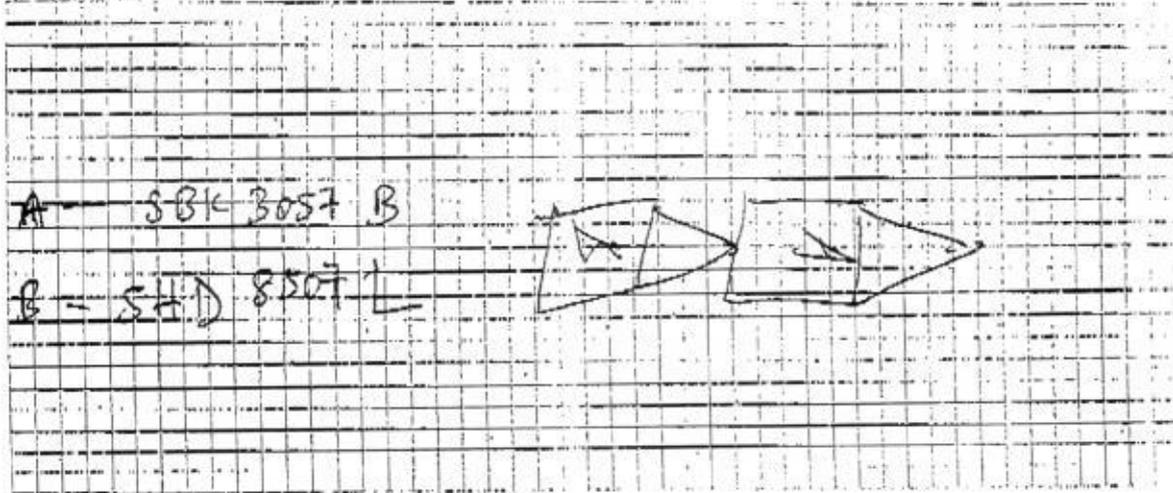


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23 April 2019 at 830 am I was travelling on SLE towards woodlands near Lentor heavy traffic the car in front slowdown I also slowid down suddenly I heard a honk being from behind I went down to check my behind vehicle number SHD 8507 L hit me from behind. The drive inform me to get a claim insurance from his company.

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.:

> [Back to OneMotoring](#)

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	8801X
Vehicle Details	
Vehicle No.:	SKB3057B
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Jun 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	ASX 2.0 CVT (G) ABS D/AIRBAG SR HID 2WD
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	4B11GB6930
Chassis No.:	JMYXTGA2WBZ000102
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$25,046.00
Original Registration Date:	16 May 2011
First Registration Date:	16 May 2011
Transfer Count:	2
Actual ARF Paid:	\$25,046.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 May 2021
PARF Rebate Amount:	\$13,775.00
Intended COE Rebate Details	
COE Expiry Date:	15 May 2021
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$56,001.00
COE Rebate Amount:	\$10,648.00
<b>Total Rebate Amount:</b>	<b>\$24,423.00</b>

The information contained herein is correct as at 20 Jun 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

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PRE-REPAIR INSPECTION REPORT			
MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI19007472/T1cd3s2 Date: 24-06-2019 Code: FC12	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHD 8507L	Veh. Inspected	SKB 3057B
Policy No.		Coverage (\$)	0.00
Claim No.	D19002751MFSH	Excess (\$)	0.00
Assign From	HENRY KAO	Assign Date	29/04/2019
2. Vehicle Particulars & Condition			
Make & Model	MITSUBISHI ASX	c.c	1996
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	JMYXTGA2WBZ000102	Colour	BLACK
Odometer	277194 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/60R16	GOODRIDE	6 mm
L/H Front Tyre	215/60R16	GOODRIDE	6 mm
R/H Rear Tyre	215/60R16	GOODRIDE	6 mm
L/H Rear Tyre	215/60R16	GOODRIDE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	23/04/2019	Inspect Date / Time	06/05/2019 ( 05:00 PM )
Survey held at	KOK WANG CAR GROOMING (HQ) 1 SOON LEE STREET #06-40 PIONEER CENTRE SINGAPORE 627605		
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:\$30,000.00			

Report Ref No. CS3/FCI19007472/T1cd3s2

Inspected By

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

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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