

2/2/2019

ASS. REC. BY:

REF: CS3/FCI 900 7709 / TIC ds

Special Instruction:

Survey: TAMALH

ASSIGNMENT (Office)

CWS

From (Person): Joanny

of FCI

Date/Time: 25.19 2.36p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLE 4751X

Insured: SH 7457 C

at Workshop m/s Miracle workz

Tel: 64683096

of 4B Toh Guan Road East #04-126

Policy No:

Claim No: D19002841 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 26.4.2019

CA / REV / REP. / REV 24 HRS

"rup"

65.19 (APX 1.0p.m)

Date/Time: 25.19 3.10p.m

Person Contacted:

Nicole

H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction	Estimate (X)
	SLE 4751X - X	
	SH 7457 C -	
	Dismantle: 8/5/2019	
	After repair: 9/5/2019	



**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	30-04-2019	<b>Our Ref No.</b> D19002841MFSH
<b>Accident Date</b>	26-04-2019	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SH7457C	<b>Third Party Vehicle.</b> SLE4751X
<b>Survey Location</b>	NO. 48 TOH GUAN ROAD EAST #04-126 ENTERPRISE HUB	
<b>Contact Person.</b>	WINNIE PHEE	
<b>Contact No.</b>	64683096/ 82045858	<b>Fax No.</b> 65155434
<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>	MIRACLE WORKZ PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	C YOGARAJAH LLC	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	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.

## 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 willful 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	27/04/2019 13:21
Date Of Accident	26/04/2019 19:40
Exact Location Of Accident	ALONG CLEMENTI AVENUE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE4751X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA SIEW LING JACQULINE
NRIC No	S8117853D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97896022
Alternative Phone No	OFFICE-97896022

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 1.5X CVT (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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA443246
Cover Note Number	12/02/2019-11/02/2020

### Driver

Name of Driver	YIK KUM TIM
NRIC No	S7628725B
Date Of Birth	13/09/1976
Occupation	INDOOR
Date Of Driving Pass	23/07/1997
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97677852
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	311C CLEMENTI AVENUE 4 20-185
Postcode	123311
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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)	3
Passenger 1	NAME: : CHUA SIEW LING JACQUINE GENDER: : FEMALE
Passenger 2	NAME: : YIK TANG EN 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 THE SKETCH PLAN

### 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	SH7457C
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SWEE SENG
NRIC/Passport Number	
Contact Number	96603483
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

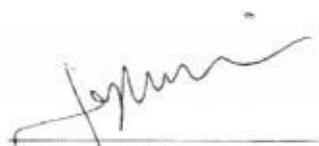
**SKETCH PLAN**

**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.

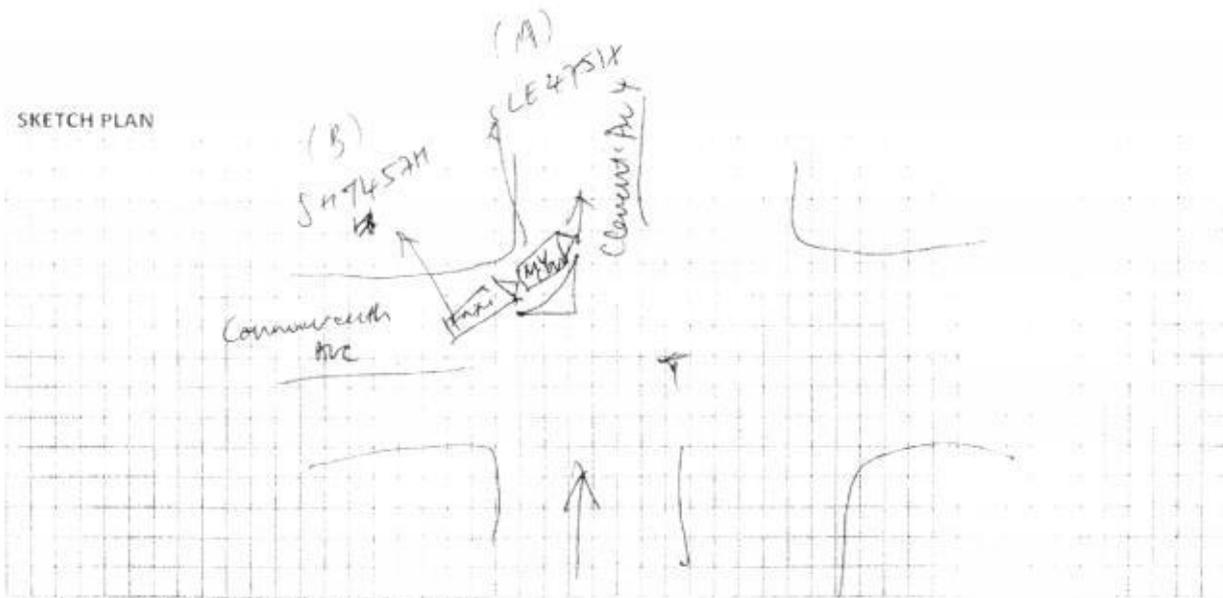
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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 20 April 19, about 1940 hrs. I was making a left turn towards Get Clement Ave & at the cross junction along Commercial Ave. At the left hand belt. I moved the car (SE 4751X) slightly forward as my vision was not blocked. Then I saw a town transit bus heading towards my direction so I braked and stopped for the bus to go first. At this junction, a low fast car (SH 7457) barged into the back of my car as I stopped.

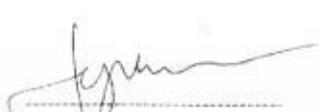
**Important:**

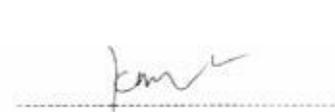
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

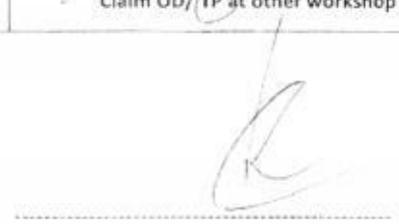
- Reporting Only
- Claim OD
- Claim TP
- Claim OD/TP at other workshop

DECLARATION

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

  
 Policyholder's signature  
 Date & Time

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 Nijc/Fin No:

[> Back to OneMotoring](#)**Enquire Transfer Fee****Vehicle Details**

Vehicle No. :	SLE4751X
Vehicle Type :	P11 - Passenger Station Wagon/Jeep/Land Rover
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	HONDA
Vehicle Model :	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
Chassis No. :	RU11200157
Propellant :	Petrol
Engine No. :	L15B4400157
Engine Capacity :	1496 cc
Maximum Power Output :	96.0 kW ( 128 bhp )
Maximum Laden Weight :	1465 kg
Unladen Weight :	1190 kg
Year Of Manufacture :	2016
Original Registration Date :	22 Jul 2016
Lifespan Expiry Date :	-
COE Category :	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium :	\$52,301.00
COE Expiry Date :	21 Jul 2026
Road Tax Expiry Date :	21 Jul 2019
PARF Eligibility Expiry Date :	21 Jul 2026
Inspection Due Date :	21 Jul 2019
Intended Transfer Date :	02 May 2019
CO2 Emission :	117.00 (g/km)
CEV/VES Rebate Utilised Amount :	\$10,000.00
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

The current road tax expiry is 21 Jul 2019. You may renew the road tax from 22 Apr 2019 with all pre-requisite(s) fulfilled. If the road tax is renewed after 21 Jul 2019, late renewal fee(s) will be imposed. Please use [Enquire Road Tax Payable](#) to check on the late 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 (From 22 Jul 2019 to 21 Jan 2020)**

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
<b>Sub Total :</b>			<b>25.00</b>
Nett Road Tax Amount (After Offsetting Over Payment) :	341.00	-	341.00
<b>Total Amount Payable :</b>			<b>366.00</b>

**Amount Payable (From 22 Jul 2019 to 21 Jul 2020)**

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
<b>Sub Total :</b>			<b>25.00</b>
Nett Road Tax Amount (After Offsetting Over Payment) :	682.00	-	682.00
<b>Total Amount Payable :</b>			<b>707.00</b>

You may print this page for reference.

OK

Print

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 7853D

### Vehicle Details

Vehicle No.: SLE4751X  
Vehicle to be Exported: No  
Intended Deregistration Date: 02 May 2019  
Vehicle Make: HONDA  
Vehicle Model: VEZEL 1.5X CVT ABS  
D/AIRBAG 2WD 5DR

Primary Colour: White  
Manufacturing Year: 2016  
Engine No.: L15B4400157  
Chassis No.: RU11200157  
Maximum Power Output: 96.0 kW (128 bhp)  
Open Market Value: \$20,597.00  
Original Registration Date: 22 Jul 2016  
First Registration Date: 22 Jul 2016  
Transfer Count: 1  
Actual ARF Paid: \$10,836.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 21 Jul 2026  
PARF Rebate Amount: \$8,127.00

### Intended COE Rebate Details

COE Expiry Date: 21 Jul 2026  
COE Category: A - Car up to 1600cc & 97kW  
(130bhp)  
COE Period(Years): 10  
QP Paid: \$52,301.00  
COE Rebate Amount: \$37,749.00  
**Total Rebate Amount: \$45,876.00**

The information contained herein is correct as at 02 May 2019

OK



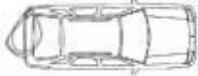
# LKK Auto Consultants Pte Ltd

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 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI19007709/T1cd3 Date: 24-06-2019 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SH 7457C	Veh. Inspected	SLE 4751X
Policy No.		Coverage (\$)	0.00
Claim No.	D19002641MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	02/05/2019
2. Vehicle Particulars & Condition			
Make & Model	HONDA VEZEL	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	RU11200157	Colour	WHITE
Odometer	015095 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	DUNLOP	6 mm
L/H Front Tyre	215/60R16	DUNLOP	6 mm
R/H Rear Tyre	215/60R16	DUNLOP	6 mm
L/H Rear Tyre	215/60R16	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	26/04/2019	Inspect Date / Time	06/05/2019 ( 02:00 PM )
Survey held at	MIRACLE WORKZ PTE LTD 48 TOH GUAN ROAD EAST #04-126 ENTERPRISE HUB SINGAPORE 608586		
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:\$68,000.00			

Report Ref No. CS3/FCI19007709/T1cd3

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

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.