

22/03/2002

ASS. REC. BY:

REF: (S3) / FC119008099 / Jcd352

Special Instruction:

Surveyor: Hwu Jie

ASSIGNMENT (Office)

From (Person): Sithara

of FC1

Date/Time: 7.5.19 2.57pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLM 730R

Insured: SHA 99824

at Workshop m/s Sing Hwu Motor

Tel: 6755 5205

of Block 1018 Yishun Industrial Park A #01-350

Policy No:

Claim No: D19002955mfsh

Sum Insured:

Excess:

Make of Veh:

D.O.A. 5.5.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

"wp"

H.O.D. Enforcement:

Date/Time: 8.5.19 2.59pm

Person Contacted:

Kueh

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SLM 730R - X
	SHA 99824 - CS / INV / 19006063 / T / 190352 D.O.A. - 03/04/2019

REF:

FCI

Hwee Jie

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop n/s _____ 1018 Yishun #01-350

of _____

Insured: _____

Policy No. _____

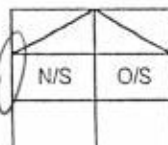
Claims No. _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No. SLM 730R Yr Regn: 20 Mar 2017Type: M.Cab / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Nissan Qashqai c.c. 1197Colour: White A/C: Insured / Std / NI / NASp. Reading: 35964 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SJNFEAJ11W1906026Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60 R17

R: _____

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

TOYO / YOKO or _____

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 5/5/19 D.O.I. 8/5/19 3. phSurvey held at Seng HweeDes. 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 - \$75000

PV - \$50109

NV - \$24891

10/5/2019

Date/Time. File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time. File Return to?

2)

Report Format:

PRS

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

) \$ + PS. \$

) Photos

) Others

)

TOTAL

MOTOR SURVEY ASSIGNMENT**Date** 06-05-2019 **Our Ref No.** D19002955MFSH**Accident Date** 05-05-2019 **Claim Type.** Third Party**Insured Vehicle** SHA9982G **Third Party Vehicle.** SLM730R**Survey Location** BLOCK 1018 YISHUN INDUSTRIAL PARK A #01-350**Contact Person.** MR KUEH**Contact No.** 67555205/ 0 **Fax No.** 67534407**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** SENG HWEE MOTOR **Attention.** NIL**Cc : TP Solicitor** ONG & SHAN LLC **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/251719)



PRI Documents



Close X

PRI Header Details

Claim No	D19002955MFSH	Policy No	D-19092579MFSH	Claimant S.No & Name	1 & ONG & SH
Workshop Name	SENG HWEE MOTOR (Contact Person : MR KUEH)	Survey Location & Contact Details	BLOCK 1018 YISHUN INDUSTRIAL PARK A #01-350 Mobile: 0 , Phone: 67555205 , Fax: 67534407 EmailId: ONGSHANLLC@GMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA9982G	TP Vehicle No	SLM730R
PRI Recieved Date	06-05-2019 08:19:36 PM	Surveyor Appointed Date	07-05-2019 03:56:31 PM	Surveyor Accept Date	14-05-2019 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	14-05-2019	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

<input type="button" value="Upload Multiple Documents"/>	
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	06/05/2019 17:01
Date Of Accident	05/05/2019 13:15
Exact Location Of Accident	ALONG TELOK BLANGAH HEIGHTS BLK 88A MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM730R
Insured/Policyholder	
Name Of Registered Owner	LOH NGIAP HIN
NRIC No	S0133640A
Email Address	CROSSLINK@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91443543
Alternative Phone No	OTHERS-91443543

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA339275/1
Cover Note Number	29/03/2019 - 28/03/2020

Driver

Name of Driver	LOH NGIAP HIN
NRIC No	S0133640A
Date Of Birth	16/08/1948
Occupation	INDOOR
Date Of Driving Pass	18/01/1973
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91443543
Fax Number	
Contact Number	OTHERS-91443543
EMail Address	CROSSLINK@SINGNET.COM.SG

Address	21 LORONG LEW LIAN #04-02
Postcode	536467
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	COLLIDED INTO PROPERTY
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)	3
Passenger 1	NAME: : LOW FOOK MENG GENDER: : MALE
Passenger 2	NAME: : LOW NGIAP WAH 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 BY DRIVER

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PASS TO OWN WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9982G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG SIEW MENG
NRIC/Passport Number	S1600938E
Contact Number	96937962
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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: 6/5/19

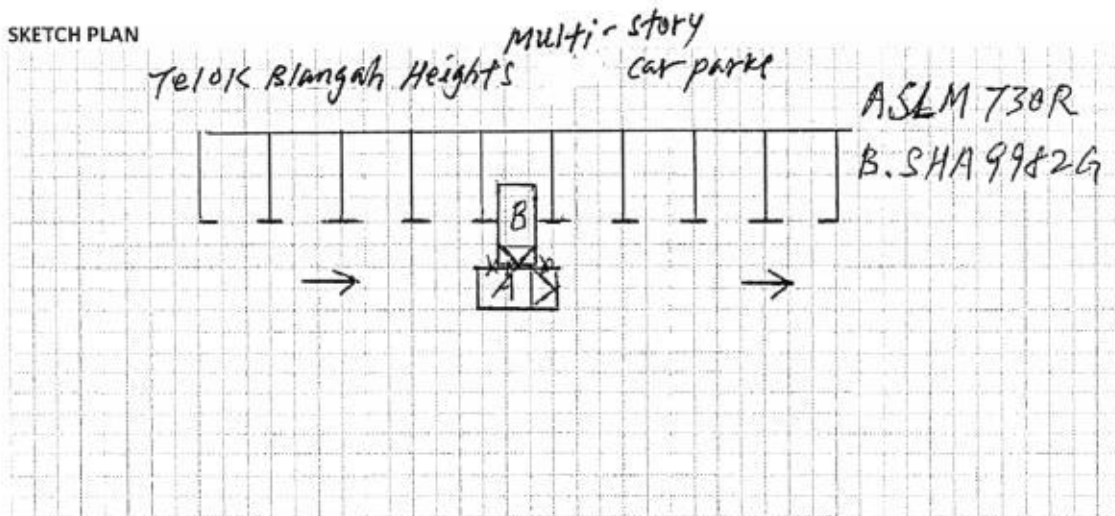
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/05/2019 @ 13.15hrs, I was driving my
 Vehicle A (ASLM 730R) along the driveway of
 Block 88A (MSCP) at Telok Blangah Heights
 and was hit by a Vehicle B (SHA 9982G)
 which dashed out of the Parking Lot
 at Level 3.
 My car sustained damages on the whole
 left side portion
 That is all.

DECLARATION

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

Policyholder's Signature

Date & Time:

6/5/19

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:	Singapore NRIC
Owner ID:	3640A
Vehicle Details	
Vehicle No.:	SLM730R
Vehicle to be Exported:	No
Intended Deregistration Date:	09 May 2019
Vehicle Make:	NISSAN
Vehicle Model:	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	HRA2396373A
Chassis No.:	SJNFEAJ11U1906026
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$18,585.00
Original Registration Date:	20 Mar 2017
First Registration Date:	20 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$13,585.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Mar 2027
PARF Rebate Amount:	\$10,188.00
Intended COE Rebate Details	
COE Expiry Date:	19 Mar 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,789.00
COE Rebate Amount:	\$39,921.00
Total Rebate Amount:	\$50,109.00

The information contained herein is correct as at 09 May 2019

OK

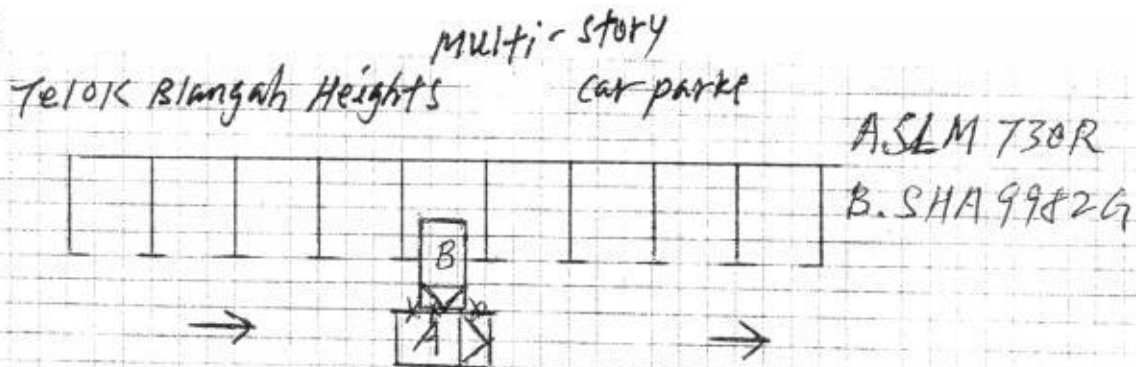
Date of Accident : 05-05-2019
Accident Time : 1.15pm.
Accident Place : Along Telok Blangah Heights BIK 88A
(Multi-story car park)
(A)
Vehicle Reg. No. : SLM 730R
Vehicle Make \ Model : Nissan QASHQAI 1.2
Insurance company : DCA / m 29-03-19 to 28-03-2020
Policy No : GA 339275/1
Name & IC no. OWNER : LOH NGIAP HIN S 013640-A
Name & IC- no. DRIVER : Loh Ngiap Hin
DATE OF BIRTH : 16-08-1948
Relationship bet. owner & Driver : Spouse \ Father \ Mother \ son \ daughter
Others :
DRIVER'S Address : 21 Lorong Lew Lian #04-02 (53646T)
Contact No. DRIVER : 91443543
Occupation : INDOOR \ OUTDOOR
Fax no \ Email Address :
Weather & Road Surface : CLEAR | RAINNING | WET | DRY
Reporting type : Reporting Only \ Claim Other Party \ Claim Own Ins.
T/P Claim

(B) **Other Party Driver's Particulars**

Vehicle Reg. No. : SHA 9982G
Vehicle Make \ Model :
Name DRIVER : Wong Sien Meng
IC no. DRIVER :
DRIVER'S contact & add : 96937962

Vehicle Reg. No. :
Vehicle Make \ Model :
Name DRIVER :
IC no. DRIVER :
DRIVER'S contact & add :

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/05/2019 @ 13.15hrs, I was driving my Vehicle A (ASL M 730R) along the driveway of Block 88A (MSCP) at Telok Blangah Heights and was hit by a Vehicle B (SHA 9982G) which dashed out of the parking lot at Level 3.

My car sustained damages on the whole left side portion

That is all.

DECLARATION

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

Policyholder's Signature

Date & Time:

6/5/19

Driver's Signature

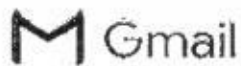
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Ong & Shan LLC <ongshanllc@gmail.com>

**NOTICE OF ACCIDENT INVOLVING SLM 730R & SHA 9982G ON 05.05.2019
ALONG TELOK BLANGAH HEIGHTS BLK 88A MULTI STOREY CARPARK @ 1315
HOURS (OUR REF: SRSTP.3628.19.SL)**

1 message

Ong & Shan LLC <ongshanllc@gmail.com>

Mon, May 6, 2019 at 12:08 PM

To: Claim Workflow System <cwsmotorclaims@msfirstcapital.com.sg>

Dear Sirs,

We act for the owner who has appointed the under-mentioned workshop to repair their motor vehicle no. **SLM 730R**.

Please be informed that the said vehicle can be inspected at:

Name of workshop : Seng Hwee Motor
Address : Blk 1018 Yishun Industrial Park A #01-350 Singapore 768760
Contact person : Mr. Kueh
Telephone no. : 6755 5205
Fax no. : 6753 4407

We hereby give you 2 clear days' notice to conduct a pre-repair inspection of the said vehicle at the above-mentioned workshop during office hours.

Please note that if you fail to conduct the pre-repair inspection within the next 2 working days (excluding any intervening Saturday, Sunday and/or Public Holiday) you will be deemed to have waived your rights to a pre-repair inspection. The above-mentioned workshop will commence repairs thereafter without further notice to you. They will also be entitled to claim for the additional loss of use/rental arising as a consequence of this notification.

Warmest Regards,

Evelyn Tan
M/s Ong & Shan LLC
Block 184 Toa Payoh Central
#02-364 Singapore 310184

Tel: 6224 9847 Fax : 6254 7261
Email: ongshanllc@gmail.com


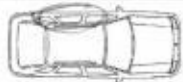
**LKK Auto Consultants Pte Ltd**

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/FCI19008099/Jcd3s2		
36 ROBINSON ROAD		Date: 07-06-2019		
#16-01 CITY HOUSESINGAPORE 068877				
Code: FCI2				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHA 9982G	Veh. Inspected	SLM 730R	
Policy No.	D-19092579MFSH	Coverage (\$)	0.00	
Claim No.	D19002955MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	07/05/2019	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN QASHQAI	c.c	1197	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	SJNFEAJ11U1906026	Colour	WHITE	
Odometer	35964 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60R17	YOKOHAMA	6 mm	
L/H Front Tyre	215/60R17	YOKOHAMA	6 mm	
R/H Rear Tyre	215/60R17	YOKOHAMA	6 mm	
L/H Rear Tyre	215/60R17	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.				
5. General Information				
Accident Date	05/05/2019	Inspect Date / Time	08/05/2019 (03:45 PM)	
Survey held at	SENG HWEE MOTOR BLK 1018, #01-350 YISHUN INDUSTRIAL PARK A SINGAPORE 768760			
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: \$75,000.00				

Report Ref No. CS3/FCI19008099/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

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