

ASS. REC. BY:

REF: CS3/FC1 19008779/Gcd3^{SP}

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Serene of FC1 Date/Time: 17.5.19 12.49pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLH 7405K Insured: SHD 3169L

at Workshop m/s Teamwork Garage Tel: 68442475

of BIK 53 Ubi Ave 1 #01-24

Policy No: Claim No: D19003246 MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 13.5.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 17.5.19 1.42pm Person Contacted: Shu Shan H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLH 7405K - X
	SHD 3169L - CS/FC1 18021890/usbe2 DOA - 23/11/2018
22/5/19	Email FC1 informed pending est from repairer

Surveyor

612.

REF:

Fci

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s

Team work

of _____

Insured: _____

Policy No. _____

Claims No. _____

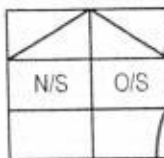
Sum Insured: _____

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: _____

\$110K

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: _____

G6H7405K

Yr Regn: _____

16 Nov 2016

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

Truck / Trailer or

Make: _____

Toyota Harrier c.c. 1986

Colour: _____

white

A/C: Insured / Std / NI / NA

Sp. Reading: _____

58253

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

ZSU6000 86356

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

235/55 R18.

R: _____

11

☒ 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. _____

D.O.I. _____

21-05-19

Survey held at _____

w/s

5pm

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

o/s rear

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

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

) \$ + RS. \$ SI

) Photos

) Others

TOTAL

Report Format: _____

PRE.

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

MOTOR SURVEY ASSIGNMENT

Date	15-05-2019	Our Ref No. D19003246MFSH
Accident Date	13-05-2019	Claim Type. Third Party
Insured Vehicle	SHD3169L	Third Party Vehicle. SLH7405K
Survey Location	BLK 53 UBI AVE 1 #01-24 PAYA UBI INDUSTRIAL PARK	
Contact Person.	SHU SHAN	
Contact No.	68442475/ 0	Fax No. 68442474
Survey Type	WITHOUT PREJUDICE: NO EST. COR	
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	TEAMWORK GARAGE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Wednesday, 22 May 2019 2:45 PM
To: 'CWS Motor Claims'; SUR
Cc: 'Serene Ler'
Subject: RE: SURVEY ASSESSMENT - D19003246MFSH/1, SLH 7405K

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SLH 7405K on 21/5/2019 .

We are pending estimate from repairer.

Best Regards,

Veron Chen | Case Handler **on behalf of Shirley**

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Friday, 17 May 2019 1:52 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'Serene Ler' <Serener@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19003246MFSH/1

Dear Sir / Mdm,

Thank you for the assignment.

Please be informed vehicle not in the workshop, repairer will arrange.

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Friday, 17 May, 2019 12:49 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Serene Ler <Serener@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19003246MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,

Admin Team

Claim Workflow System

Motor Claims Department

MS First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

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	15/05/2019 13:03
Date Of Accident	13/05/2019 22:30
Exact Location Of Accident	SIMS AVE TOWARDS KALLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH7405K
Insured/Policyholder	
Name Of Registered Owner	CHEE PHENG LOON
NRIC No	S7678859F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96480104
Alternative Phone No	OTHERS-96480104

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER PREMIUM 2.0 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	GA139466/1
Cover Note Number	

Driver

Name of Driver	CHEE PHENG LOON
NRIC No	S7678859F
Date Of Birth	20/03/1976
Occupation	INDOOR
Date Of Driving Pass	07/12/2004
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96480104
Fax Number	
Contact Number	OTHERS-96480104
Email Address	NOEMAIL

Address 369 TAMPINES STREET 34 #07-23 SPORE 520369

Postcode

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 -

Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE

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: : CHEE SIEW MEY
GENDER: : FEMALE

Passenger 2 NAME: : NGAN YING
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 SKETCH PLAN

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 SHD3169L

Vehicle Make/Model/Colour HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

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 NOTES


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 Authorized 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 re-evaluate 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 report 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.


B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

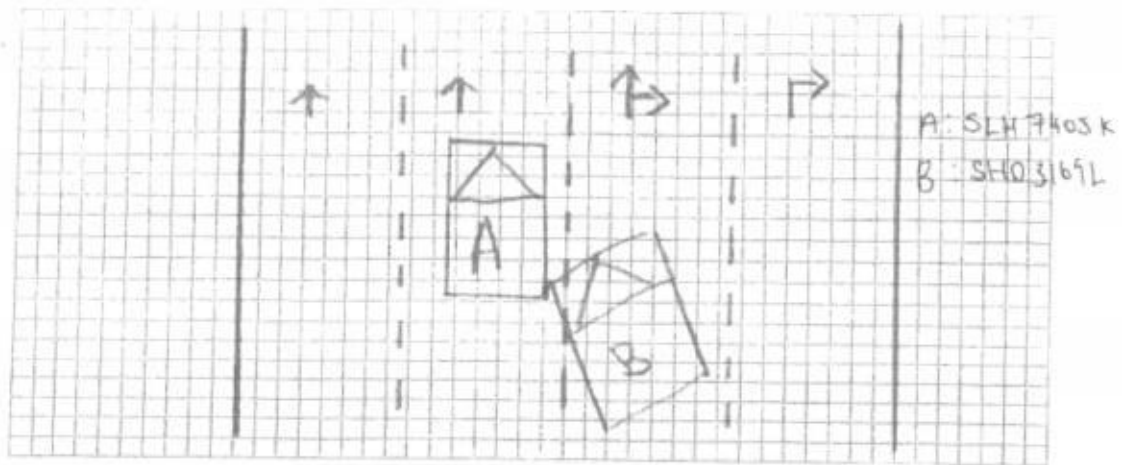
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: John
NRIC/FIN No.: S807037A

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sims Ave towards Kallang Road on the second lane. While driving suddenly a vehicle who is waiting to make a right turn suddenly he abruptly cut into my lane and hit onto the rear right portion of my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time:

GMANC SketchPlanForm_V3

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

Reporting Centre Personnel's Signature
Name: *Shun*
NRIC/FIN No.: *180405710*

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8859F
Vehicle Details	
Vehicle No.:	SLH7405K
Vehicle to be Exported:	No
Intended Deregistration Date:	21 May 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER PREMIUM 2.0 A
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	3ZRB855075
Chassis No.:	ZSU600086356
Maximum Power Output:	111.0 kW (148 bhp)
Open Market Value:	\$33,923.00
Original Registration Date:	16 Nov 2016
First Registration Date:	16 Nov 2016
Transfer Count:	0
Actual ARF Paid:	\$34,493.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Nov 2026
PARF Rebate Amount:	\$25,869.00
Intended COE Rebate Details	
COE Expiry Date:	15 Nov 2026
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$56,000.00
COE Rebate Amount:	\$41,917.00
Total Rebate Amount:	\$67,786.00

The information contained herein is correct as at 21 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		Ref: CS3/FCI19008779/Gcd3s2		
36 ROBINSON ROAD		Date: 24-07-2019		
#16-01 CITY HOUSESINGAPORE 068877				
Code: FCI2				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHD 3169L	Veh. Inspected	SLH 7405K	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19003246MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	17/05/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA HARRIER	c.c	1986	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	ZSU600086356	Colour	WHITE	
Odometer	58253 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	235/55R18	BRIDGESTONE	6 mm	
L/H Front Tyre	235/55R18	BRIDGESTONE	6 mm	
R/H Rear Tyre	235/55R18	BRIDGESTONE	6 mm	
L/H Rear Tyre	235/55R18	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.				
5. General Information				
Accident Date	13/05/2019	Inspect Date / Time	21/05/2019 (05:00 PM)	
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.			
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:\$110,000.00				

Report Ref No. CS3/FCI19008779/Gcd3s2

Inspected By

XING GUO QIANG

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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