

22/05/2019

ASS. REC. BY:

REF CS3 / FCJ 19009017 / Gcdzer

Special Instruction:

Surveyor:

CWO (CWO)

ASSIGNMENT (Office)

From (Person):

Surenfer

of

FCI

Date/Time:

5:57pm @ 21/5/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PC 1443T

Insured:

SHA 7659D

at Workshop m/s

Best Auto

Tel:

6604 9883 / 98438331

of

2baki Bulci Ave 2 # 01-11

Policy No:

Claim No:

D19003310M psh

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

16/05/2019

CA / REV / REP. / REV 24 HRS

(DS)

H.O.D. Endorsement:

Date/Time:

12:30pm @ 22/5/19

Person Contacted:

Tzi poh

Vehicle IN/OUT

Date/Time	Action/Instruction
	Estimate (X)
	PC 1443T-X
	SHA 7659D-CS3/FCI/8016676/Rlcbs 2 DOA 9/9/2018
28/05/19	@ 6:16 pm am revert pending estimate from repair to drive v.c email
	After repair: 28/5/2019

(08/11/13)

Girreger:

PRS
Bul.

REF:

Tci

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s

Best Auto

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: \$35k

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

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: PC1443TYr Regn: 14 Mar 2022

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

Truck / Trailer or

Make: Merce VIANO

C.C

2143Colour: Black

A/C:

Insured / Std / NI / NA

Sp.Reading: -

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF 6398 1523 710 770Gen. 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: 225/60 R16

R: _____

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

TOYO / YOKO or

Habiteard

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 22-05-19Survey held at W/S1:30pmDes. 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

No Estimate.

RECEIVED 26 AUG 2019

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee: 150

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

150Report Format: PRQ

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

MOTOR SURVEY ASSIGNMENT

Date	17-05-2019	Our Ref No. D19003310MFSH
Accident Date	16-05-2019	Claim Type. Third Party
Insured Vehicle	SHA7659D	Third Party Vehicle. PC1443T
Survey Location	2KAKI BUKIT AVE 2 #01-11 AUTO HUB	
Contact Person.	MR. TZI POH	
Contact No.	66049883/ 98438331	Fax No. 0
Survey Type	WITHOUT PREJUDICE: NO DISPUTE ON LIABILITY BUT 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	BEST AUTO K PTE LTD	Attention. NIL
Cc : TP Solicitor	VISION LAW LLC	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.

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Tuesday, 28 May 2019 10:16 AM
To: 'Serene Ler'; 'CWS Motor Claims'
Cc: assignments; SUR; Admin-D (LKKAuto)
Subject: RE: SURVEY ASSESSMENT - D19003310MFSH/1

Dear Serene,

Please be informed that we have inspected the vehicle PC 1443T on 22/05/2019.

We are pending estimate from repairer.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

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) [mailto:admin-d@lkkauto.com]
Sent: Wednesday, 22 May 2019 12:20 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Serene Ler' <Serener@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19003310MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | 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: Tuesday, 21 May 2019 5:57 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Serene Ler <Serener@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19003310MFSH/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

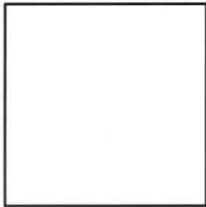
Motor Claims Department

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.



This email has been checked for viruses by AVG antivirus software.
www.avg.com

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	0831N
Vehicle No.:	PC1443T
Vehicle to be Exported:	No
Intended Deregistration Date:	22 May 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	VIANO CDI2.2 EL
Primary Colour:	Silver
Manufacturing Year:	2011
Engine No.:	65194030903496
Chassis No.:	WDF63981523710770
Maximum Power Output:	-
Open Market Value:	\$47,202.00
Original Registration Date:	15 Mar 2012
First Registration Date:	15 Mar 2012
Transfer Count:	1
Actual ARF Paid:	\$2,361.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	14 Mar 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$38,699.00
COE Rebate Amount:	\$10,856.00
Total Rebate Amount:	\$10,856.00

The information contained herein is correct as at 22 May 2019

OK

► Viano Used Vehicle List (2 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Availability
Mercedes-Benz Viano CDI (Diesel - Euro 5 Engine and Above)	\$98,000	\$26,790 /yr	14-Mar-2012	2,143 cc	359,206 km	Cars Select	Available

Rare Unit! S Plate! Elegant VVIP Transportation! Regular Servicing! Flexible Loan. High Paper Value Of \$55,000. 1 Owner, C&C Unit, 100% Accidents Free. No Repairs Needed. Good Condition. Like New Cond...

Office No. - -

Ken - 93388994

Mercedes-Benz Viano CDI (Diesel)	\$45,800	\$13,750 /yr	20-Sep-2012	2,143 cc	-	Urban Motors Pte Ltd	Available
---	-----------------	--------------	-------------	----------	---	----------------------	------------------

\$4,000 Drive Off. \$1,300/Month. New Paint Work, No Repair Needed, Good Condition. Flexible Loan Package. Instant Approval. Ex Bankrupt Welcome. High Trade In.

Office No. - 68411110

Gary Ong - 97471110 | Dan - 90911110

sgCarMart is the number one car classifieds for parallel import cars, Toyota, Honda, Nissan, Mitsubishi & BMW. There are plenty of cars for sale, even for COE cars, OPC cars, vans, trucks, hybrid cars, sports cars or station wagons. You can also buy from a car auction, look up car loans, financial services, low mileage cars, car brands, carpark rates & car insurance. 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, and also motoring advice, car reviews & car news on the latest models. 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.

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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	16/05/2019 13:39
Date Of Accident	16/05/2019 12:05
Exact Location Of Accident	ECP TOWARDS TMCC GARDEN EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1443T
Insured/Policyholder	
Name Of Registered Owner	PH AUTO PTE LTD
Co Reg No	201330831N
Email Address	TZP_G@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91312720

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VIANO-2.1 D CDI AMBIENTE (W639) (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARDS
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085987065-02
Cover Note Number	09/05/2019 TO 08/05/2020

Driver

Name of Driver	KOH HOCK BOON
NRIC No	S7146870D
Date Of Birth	19/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81689836
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLOCK 155 SIMEI ROAD #08-206
Postcode	520155
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 - 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?	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: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7659D
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.
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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.



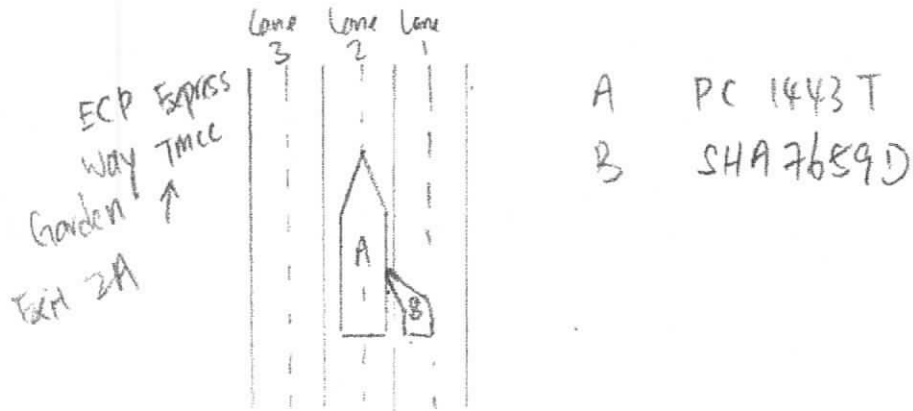
Policyholder's Signature
Date & Time:

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

16/05/19 1400h

Reporting Centre Personnel's Signature
Name: Lam Wei Sheng
NRIC/FIN No.: G168640512

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving On 16 May 2019 12.04 pm ~~Toward~~ along ECP Expressway Tmcc Garden Exit 2A, Suddenly vehicle B SHA 7659 D Hit onto My vehicle rear right side sliding door And Rear Fender panel.

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: Cam Ver Shing
NRIC/FIN No.: G6864052R

16/05/19 0140h


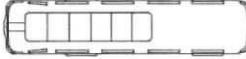
**LKK Auto Consultants Pte Ltd**

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/FCI19009017/Gcd3e2 Date: 26-08-2019 Code: FCI2	
			
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHA 7659D	Veh. Inspected	PC 1443T
Policy No.		Coverage (\$)	0.00
Claim No.	D19003310MFSH	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	21/05/2019
2. Vehicle Particulars & Condition			
Make & Model	MERCEDES BENZ VIANO	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	WDF63981523710770	Colour	BLACK
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/60 R16	HABILEAD	6 mm
L/H Front Tyre	225/60 R16	HABILEAD	6 mm
R/H Rear Tyre	225/60 R16	HABILEAD	6 mm
L/H Rear Tyre	225/60 R16	HABILEAD	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.			
5. General Information			
Accident Date	16/05/2019	Inspect Date / Time	22/05/2019 (01:30 PM)
Survey held at	BEST AUTO K PTE LTD 2 KAKI BUKIT AVE 2 #01-11 KAKI BUKIT AUTOHUB SINGAPORE 417868		
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:\$35,000.00			

Report Ref No. CS3/FCI19009017/Gcd3e2

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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