

ASS. REC. BY:

REF: CS3/FCI/19009245/HICd3⁵²

Special Instruction:

(CWS)

Surveyor: Taufiq

ASSIGNMENT (Office)

From (Person): MAN chua

of FCI

Date/Time: 27.5.19 10.09.17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SJR 9794U

Insured: SHD 4830D

at Workshop m/s Soon Lee Auto

Tel: 91764600

of 27 Soon Lee Road

Policy No:

Claim No: D19003164MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 10.5.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

"up"

H.O.D. Endorsement:

Date/Time: 27.5.19 10.30.17

Person Contacted: Ah Nung

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SJR 9794U - NA / IN (190083581Y) D.O.A. - 10/05/2019
	SHD 4830 D - NA / IN (190083581Y) D.O.A. - 10/05/2019
	After repair: 31/5/2019

Account: *Tanfield*

REF:

FCI

ASSIGNMENT

2009 - July

From: _____ Date: _____
 Estimated Cost: _____
 O/C: W/S / P/R / O/D / B/S / V/A / H/V / M/V
 To inspect Vehicle No: _____
 at Work Shop no: _____
 of _____
 Incurred _____
 Policy No: _____
 Claim No: _____
 Claimed _____
 (Client's Record) _____
 Make of Veh: _____
 (Policy Condition) _____
 Remark: The veh had commenced its repair at the time of inspection.
 Val. or Market Value: **\$16K**
 IDAC Accident Report: Consistent? Yes or No
 G/A / P/R / Gen: Consistent? Yes or No
 Est. Repairs: days Res: Yes or No
 Lump Sum: % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: H / O / F



Vehicle: **SJR97944** (Group)
 Type: Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover
 Truck / Trailer of _____
 Make: **Toyota Drive Hybrid.** 1496
 Colour: **Silver** Insured / Std / H / NA
 Cap Reading: **23002** (Radio Insured / Std / H / NA
 Fuel No: **NHW2035 13327**
 C/B No: _____
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / Helm / STD Air / or
 Tyre Size: F: **205/45 R16**
 R: _____
 BS / DUB / EXHOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Nexen**
 Front: **6** mm Rear: **6** mm
 R/Ral: **6** mm L/Ral: _____ mm
 L/Ral: **6** mm R/Ral: _____ mm
 D.O.A.: _____ D.O.I: **27/5/120330pm**
 Survey held at: **Suan Lee Auto**
 Des. of Damages: Fit / Rear / O/S / H/S / B/C / Rooftop or
Front w/s
 The B/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	No G1A
	Market Value?
	22 Suan Lee Rd

Date/Time, File Pass to? Prel. Report
 Final Report

Days Of Repair: _____
 Resurvey No. of Trip: **1**

Add Fee: Site Insp. (\$) Interview (\$) Tech. Inv. (\$) Weekend (\$)

Survey Fee:	
Transportation	
Site Insp.	
Photos	
Others	
TOTAL	

Report Format: **PRE**
 Lump Sum / I.B.E. (\$) _____

MOTOR SURVEY ASSIGNMENT

Date	13-05-2019	Our Ref No. D19003164MFSH
Accident Date	10-05-2019	Claim Type. Third Party
Insured Vehicle	SHD4830D	Third Party Vehicle. SJR9794U
Survey Location	22 SOON LEE ROAD	
Contact Person.	AH MENG	
Contact No.	0/ 91764600	Fax No. 0
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	SOON LEE AUTO TRADING	Attention. NIL
Cc : TP Solicitor	TOMMY CHOO, MARK GO LLC 6532 2455	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

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 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	11/05/2019 09:41
Date Of Accident	10/05/2019 03:20
Exact Location Of Accident	PENANG ROAD TURN RIGHT TO BUYONG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR9794U
Insured/Policyholder	
Name Of Registered Owner	PANG'S MOTOR RENTAL PTE. LTD.
Co Reg No	201608109H
Email Address	PARAMOUNTWORLD@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86668968
Alternative Phone No	OFFICE-86668968

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102236443
Cover Note Number	

Driver

Name of Driver	LIM WEI SEN
NRIC No	S8727925A
Date Of Birth	11/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	04/03/2008
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86668968
Fax Number	
Contact Number	OTHERS-86668968
EEmail Address	PARAMOUNTWORLD@HOTMAIL.COM

Address	BLK 371 HOUGANG STREET 31 #11-35
Postcode	530371
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	RAINING
Road Surface	WET

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: : DANNY GENDER: : MALE
Passenger 2	NAME: : DANNY WIFE 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4830D
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO KWEE CHEK
NRIC/Passport Number	S0007337G
Contact Number	91083770
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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)**

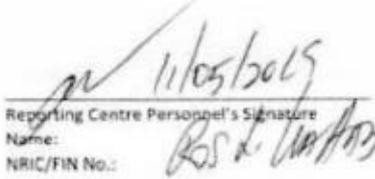
I understand, acknowledge, agree and consent that:

- (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 #2

SKETCH PLAN



A) SJR 9794U
B) SHD 4830D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Around 3:20 am on 10 May. I was ferrying a Gojek passenger heading towards The Centrepoint. I was travelling on the lane where the arrow is can go straight and turn right. Suddenly, taxi (SHD4830D) swerve abruptly to my lane without checking his blindspot or signalling. I step broke but the car hit his right door. He turn from a lane that can only go straight. My lane is lane 3, his is lane 4. My passenger witness the accident, you may refer to him, his number is 90072228 (DANNY)

REFER TO VIDEO

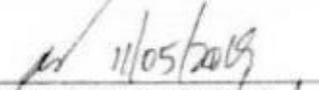
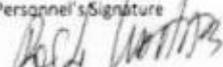
DECLARATION

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:	Company
Owner ID:	8109H
Vehicle Details	
Vehicle No.:	SJR9794U
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.5S A
Primary Colour:	Green
Manufacturing Year:	2008
Engine No.:	1NZ5334174
Chassis No.:	NHW203513327
Maximum Power Output:	57.0 kW (76 bhp)
Open Market Value:	\$28,677.00
Original Registration Date:	24 Jul 2009
First Registration Date:	24 Jul 2009
Transfer Count:	2
Actual ARF Paid:	\$17,207.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Jul 2019
PARF Rebate Amount:	\$8,603.00
Intended COE Rebate Details	
COE Expiry Date:	23 Jul 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$10,455.00
COE Rebate Amount:	\$101.00
Total Rebate Amount:	\$8,704.00

The information contained herein is correct as at 18 Jun 2019

OK

Bel: 2.5 mths



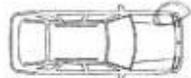
LKK Auto Consultants Pte Ltd

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/FCI19009245/T1cd3s2 Date: 24-06-2019 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHD 4830D	Veh. Inspected	SJR 9794U
Policy No.		Coverage (\$)	0.00
Claim No.	D19003164MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	27/05/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS HYBRID	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	NHW203513327	Colour	SILVER
Odometer	230021 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/45R16	NEXEN	6 mm
L/H Front Tyre	215/45R16	NEXEN	6 mm
R/H Rear Tyre	215/45R16	NEXEN	6 mm
L/H Rear Tyre	215/45R16	NEXEN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.			
5. General Information			
Accident Date	10/05/2019	Inspect Date / Time	27/05/2019 (03:30 PM)
Survey held at	SOON LEE WORKSHOP 22 SOON LEE ROAD SINGAPORE 628083		
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:\$16,000.00			

Report Ref No. CS3/FCI19009245/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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