

22/03/2012

ASS. REC. BY:

REF: CS/FCI 19009629/TIV d5⁵⁷

Special Instruction:

Surveyor: TAUFIK**ASSIGNMENT (Office)**From (Person): Given Lee of FCI Date/Time: 30.5.19 3:47p.m

Estimated Cost: _____ Bill to: _____

OD (TP) / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMH 5059CInsured: SHA 7088Bat Workshop m/s Cycle & CarriageTel: 65684555 65684501of 209 Pandan Gardens91865202

Policy No: _____

Claim No: D19003462MFSH

Sum Insured: _____

Excess: _____

Make of Veh: _____

(Client's Record)

D.O.A. 24.5.2019

CA / REV / REP. / REV 24 HRS

"up"

H.O.D. Endorsement: _____

Date/Time: 30.5.19 4:01p.mPerson Contacted: Don BongVehicle IN/OUT

Date/Time	Action/Instruction Estimate (✓)
	SMH 5059C - X
	SHA 7088B - CS/FCI 15013845/RH5d1 D.O.A. - 11/08/2015
10/6/19	Email preli revised to FCI
3/9/19	@ 256pm Don said vehicle has not send in for repair
3/9/19	Submit preli report

RECEIVED 03 SEP 2019

MOTOR SURVEY ASSIGNMENT

Date	27-05-2019	Our Ref No. D19003462MFSH
Accident Date	24-05-2019	Claim Type. Third Party
Insured Vehicle	SHA7088B	Third Party Vehicle. SMH5059C
Survey Location	209 PANDAN GARDENS	
Contact Person.	DON BONG	
Contact No.	65684555/ 0	Fax No. 65691056
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	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

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: Monday, 10 June 2019 5:23 PM
To: 'CWS Motor Claims'; SUR
Cc: 'Eileen Lee'
Subject: RE: SURVEY ASSESSMENT - D19003462MFSH/1, SMH 5059C
Attachments: SMH 5059C PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SMH 5059C
Date of survey: 4/6/2019
Number of days : 6 days

Best Regards,

Veron Chen | 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)
Sent: Thursday, 30 May 2019 5:36 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'Eileen Lee' <EileenLee@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19003462MFSH/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: Thursday, 30 May, 2019 3:47 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Eileen Lee <EileenLee@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19003462MFSH/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.



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D19003462MFSH

Our ref: CS/FCI19009629/T1vd3

Date: 10/6/2019

The Motor Claims Department
MS FIRST CAPITAL INSURANCE LTD

WITHOUT PREJUDICE

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO SMH 5059C

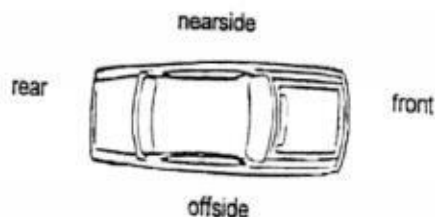
We thank you for your instruction on 30/5/2019

Please be informed that we had conducted the inspection of the above mentioned vehicle on 4/6/2019 at the premises of M/s CYCLE & CARRIAGE AUTOMOTIVE PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$5,593.00
Revised Estimate Amount	: S\$3,615.00
"Check" Items Amount	: S\$
Total	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the
o/s rear portion



Comments/Present Status:

Damages Consistent

Yours faithfully,

MOHAMAD TAUFIKH
M.MATAL, AMSAE-A
Automobile Assessor

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	27/05/2019 15:16
Date Of Accident	24/05/2019 17:40
Exact Location Of Accident	CROSS ST & RAFFLES QUAY JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH5059C
Insured/Policyholder	
Name Of Registered Owner	KANG PENG HIONG
NRIC No	S1184047G
Email Address	CALSERVETS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96188957
Alternative Phone No	OTHERS-96188957

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO BATTERY ROAD
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900005760
Cover Note Number	

Driver

Name of Driver	KANG PENG HIONG
NRIC No	S1184047G
Date Of Birth	19/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	15/12/1978
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96188957
Fax Number	
Contact Number	OTHERS-96188957
Email Address	CALSERVETS@GMAIL.COM

Address	BLK 302 CLEMENTI AVENUE 4 #09-533
Postcode	120302
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT COLLISION-HEAD TO SIDE

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	SHA7088B
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
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: 27/5/2019

12.01pm

Driver's Signature

(If driver is not the policyholder)

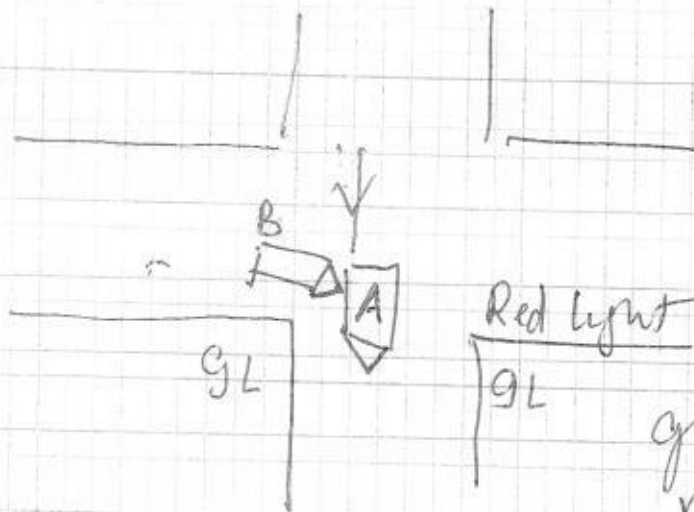
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report-

DECLARATION

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

Policyholder's Signature

Date & Time:

27/5/2019

12.06pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190524/2177

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20190524/2177

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2019 20:26		Vide Report No.:		Station Diary No.: 193
Informant's Particulars				
Name of Informant: KANG PENG HIONG		Address: APT BLK 302 CLEMENTI AVENUE 4 #09-533 SINGAPORE 120302		
ID Type / ID No.: NRIC NO / S1184047G		Contact No.: Home/Office: Mobile: 96188957		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 19/03/1956	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/05/2019 18:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 RAFFLES QUAY CROSS STREET ALONG CROSS ST AT JUNCTION OF RAFFLES QUAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7088B	Car				Slightly Damaged	1
SMH5059C	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH5059C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900005760	25/01/2019	24/01/2020



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KANG PENG HIONG	ID No.	S1184047G
Related Vehicle	SMH5059C (Car)	Contact No.	96188657
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 24/05/2019 at about 1800hrs, I was travelling along Cross St towards Chinatown. I was travelling on the 2nd lane from the right.

Traffic was heavy. It was not raining. My vehicle have an in-car camera and it is recording forward at the point of time.

I then arrived at the junction of Raffles Quay. I stopped at the said junction as the traffic light was red.

When the traffic light turned green in my favour, I proceeded straight.

I then noticed a taxi on my right at lane 2 from the right on Raffles Quay. it was stationery but the vehicle had already passed the stop line.
I still proceeded straight.

As I was about to pass the junction, the said taxi then moved and its front left bumper collided into my rear right bumper.

Both driver then stopped at the side along Cross St.

The driver whom was a male Chinese driver then came out. However, he refused to give his particulars upon request. We then took photos of the damages and continued on our journey.

The taxi registration plate number is SHA7088B.

I have the footage of the accident downloaded into a memory card.