

ASS. REC. BY:

REF:

CS/F0119010195/Atd3e2

Special Instruction:

Surveyor: AdnanASSIGNMENT (Office)From (Person): Henry Kaoof FCIDate/Time: 7/6/2019 5.51pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: XE320RInsured: SHC667Rat Workshop m/s Complete VMSTel: 64550012 Darrenof 176 Stm #03-14

Policy No:

Claim No: D19003726MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 6/6/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 10/6Person Contacted: DarrenVehicle IN / OUT

Date/Time

Action/Instruction Estimate ()Survey at 14 Tampines Ind DriveXE320R - CC2 / MIDA18012959 / G192 DOA: 21/6/2018SHC667R - CC3 / TM118020904 / K1965 DOA: 16/11/201812/6 -Pending estimate.

ACCIDENT BY:

REF:

Accident

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

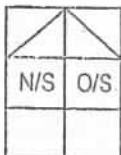
Sum Insured: _____ Excess: _____

(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: XE320R Yr Regn: 2008, Jan.

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

Truck / Trailer or

Make: Nissan Diesel c.c. 13074

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 509791 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: CW34CLP00098

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 255/80R22.5

R: 295/80R22.50

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

TOYO / YOKO or Chengshan

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 10/06/19

Survey held at 14 Tempis Industrial Drive

Des. 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

17/6/2019

TP 1st Cap. Check with Adrian no need indicate mv.

Part by Part \$43,300, 4days (Fed: 20150; 31%)

mv:

PV:

Nett:

RECEIVED 17 JUN 2019

Just equipment damage not the vehicle itself.

Date/Time, File Pass to?

Date/Time, File Return to?

1) 17/6 Typist

2) _____

3) _____

4) _____

5) _____

6) _____

Prel Report:

Final Report:

Part Prices Check:

IN

OUT

Survey Fee:

Date: 53x15 = 795

Basic & Add.

50 + RS. SI

Photos

Others

TOTAL

| |
|------------------|
| <u>170 + 795</u> |
| <u>50</u> |
| <u>50 + 50</u> |
| <u>54</u> |
| <u>1169</u> |

17/6/19

MOTOR SURVEY ASSIGNMENT

| | | |
|--------------------|---|-----------------------------|
| Date | 06-06-2019 | Our Ref No. D19003726MFSH |
| Accident Date | 06-06-2019 | Claim Type. Third Party |
| Insured Vehicle | SHC0667R | Third Party Vehicle. XE320R |
| Survey Location | 176 SIN MING DRIVE #03-14SIN MING AUTOCARE COMPLEX | |
| Contact Person. | LILY/LI HUI (TEL: 64539622) | |
| Contact No. | 64550012/ 0 | Fax No. 65540012 |
| Survey Type | WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED: | |
| Appointed Surveyor | LKK AUTO CONSULTANTS PTE LTD | |
| Contact Person | NA | Fax No. 68416315 |
| Contact Number. | NA | |

14 Tampines Ind Drive

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 | COMPLETE VMS PTE LTD | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | HENRY KAO | |

9689373B

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.

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Friday, 14 June 2019 5:50 PM
To: 'CWS Motor Claims'
Cc: Henry Kao Cai Jie; assignments
Subject: RE: SURVEY ASSESSMENT - D19003726MFSH/1
Attachments: PRELI ADVISED XE 320R.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **XD 320R**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Denise Tay (LKKAuto)
Sent: Wednesday, 12 June 2019 4:00 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>
Cc: Henry Kao Cai Jie <HenryKao@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19003726MFSH/1

Dear Sir/Madam,

Please be informed that we have inspected the vehicle XE 320R on 10/06/2019
We are pending estimate from repairer.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@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, 7 June 2019 5:51 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Henry Kao Cai Jie <HenryKao@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19003726MFSH/1

Dear Sir/Mdm,



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19003726MFSH

Date: 12/06/2019

Our Ref: CS/FCI19010195/Atd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

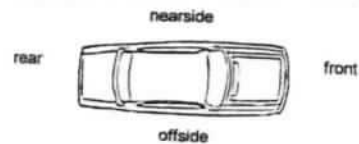
INITIAL INSPECTION REPORT OF VEHICLE NO. XE 320R

Please be informed that we had conducted the inspection of the abovementioned vehicle
10/06/2019 at the premises of M/s Complete VMS have the following to report: -

| | |
|--------------------------|-----------------|
| Workshop Estimate Amount | : S\$ 63,450.00 |
| Revised Estimate Amount | : S\$ 43,300.00 |
| "Check" Items Amount | : S\$ 0.00 |
| Market Value | : S\$ |
| LTA Reimbursement Value | : S\$ |
| Nett Value | : S\$ |

Description of Damage:

The vehicle sustained damages at the rear portion.



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Adrian

Automotive Assessor

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Wednesday, 12 June 2019 4:00 PM
To: 'CWS Motor Claims'
Cc: Henry Kao Cai Jie; assignments
Subject: RE: SURVEY ASSESSMENT - D19003726MFSH/1

Dear Sir/Madam,

Please be informed that we have inspected the vehicle XE 320R on 10/06/2019
We are pending estimate from repairer.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@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, 7 June 2019 5:51 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Henry Kao Cai Jie <HenryKao@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19003726MFSH/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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|---------------------------|---------|
| Owner ID Type: | Company |
| Owner ID: | 1700E |

| Vehicle Details | |
|-------------------------------|--------------|
| Vehicle No.: | XE320R |
| Vehicle to be Exported: | Yes |
| Intended Deregistration Date: | 11 Jun 2019 |
| Vehicle Make: | NISSAN |
| Vehicle Model: | CWB45CLPHNB |
| Primary Colour: | Multi-Colour |
| Manufacturing Year: | 2007 |
| Engine No.: | GE13334373B |
| Chassis No.: | CWB4CLP00098 |
| Maximum Power Output: | - |
| Open Market Value: | \$81,596.00 |
| Original Registration Date: | 25 Jan 2008 |
| First Registration Date: | 25 Jan 2008 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$4,080.00 |

| Intended PARF Rebate Details | |
|-------------------------------|--------|
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |

| Intended COE Rebate Details | |
|-----------------------------|-------------------------|
| COE Expiry Date: | 24 Jan 2023 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 5 |
| PQP Paid: | \$25,304.00 |
| COE Rebate Amount: | \$19,837.00 |
| Total Rebate Amount: | \$19,837.00 |

| Message | |
|--|--|
| Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle. | |

The information contained herein is correct as at 11 Jun 2019

OK


CHEAPEST CAR INSURANCE RENEWAL





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3.18% P.A \$0 Admin Fees At GV Finance. 2 Years Warranty. Monthly From \$638.
GV Credit Pte Ltd StarAd



ABWIN **ONE-STOP**



VIEW OUR PROFILE

Browse by Category  Save Search  Print Sort by Date Posted 20 results/page

1 vehicles **Search** Nissan CWB45 [Advanced Search](#) [Search](#) [View All](#)

| Make | Model | Price | Depreciation | Reg Date | Eng Cap | Mileage | Veh Type | Status |
|--------|-------|-------|--------------|----------|---------|---------|----------|-----------|
| Nissan | CWB45 | Any | Any | Any | Any | Any | Any | Available |



☐ **Nissan CWB45 (COE till 09/2027)** **\$109,800** **\$13,290 /yr** **13-Sep-2007** **13,074 cc** **-** **Truck** **Available**

Fuel Type: Diesel

10 Wheeler Attached With Palfinger PK32080C Crane. New Paint And Rear Wooden Sideboards. Servicing Done. Excellent Condition.

 Posted: 03-Jun-2019 Tags: 2007 Nissan CWB45, 2007 Nissan cwb45, Nissan CWB45, nissan cwb45, Nissan, CWB45, cwb45, Used Nissan

Save this search criteria, to get email alerts whenever a match is found.  Save Search

| Make | Model | Price | Depreciation | Reg Date | Eng Cap | Mileage | Veh Type | Status |
|------|-------|-------|--------------|----------|---------|---------|----------|--------|
|------|-------|-------|--------------|----------|---------|---------|----------|--------|

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SHORTLISTED HISTORY

[Compare](#) 

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 | 06/06/2019 14:11 |
| Date Of Accident | 06/06/2019 00:45 |
| Exact Location Of Accident | ECP(CITY) AFTER STILL ROAD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--|
| Vehicle Registration Number | XE320R |
| Insured/Policyholder | |
| Name Of Registered Owner | CHYE THIAM MAINTENANCE PTE LTD |
| Co Reg No | 198801700E |
| Email Address | DARREN@COMPLETEVMS.COM.SG |
| Mobile Phone No | (LOCAL) +65-87814020 |
| Alternative Phone No | OFFICE-NOPHONE |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | CWB4CLL00058-13.1 D (M) |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| 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 | YES |
| Policy Number | 5108281586 |
| Cover Note Number | |
| Driver | |
| Name of Driver | OH BOON CHYE |
| NRIC No | S6838965H |
| Date Of Birth | 03/10/1968 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/06/2002 |
| Driving Experience | 16 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87814020 |
| Fax Number | |
| Contact Number | |
| Email Address | DARREN@COMPLETEVMS.COM.SG |

Address 109 ANG MO KIO AVE 4
#10-10 SINGAPORE

Postcode 560109

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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? YES

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 HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY:
SINGAPORE

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

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

Remarks/ Reasons: FILE SIZE TOO BIG

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC667R

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)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC667R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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:

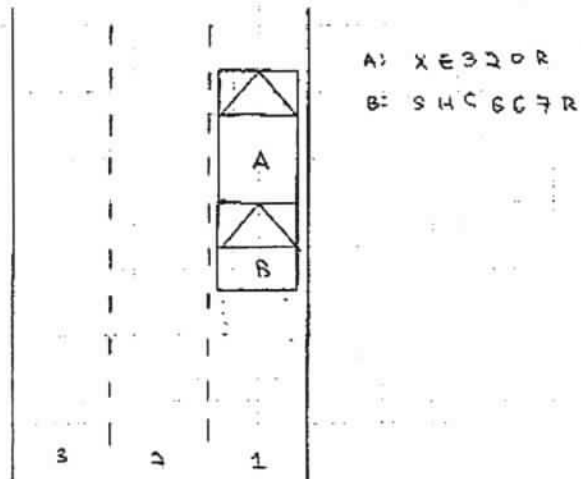
Driver's Signature
(If driver is not the policyholder)
Date & Time: 06/06/2019

0300

Reporting Centre Personnel's Signature
Name: GAYATHI LIA
NRIC/FIN No.: S8834652A

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 06/06/2019 at around 0045hrs, I was travelling
at a speed of 5kph providing safety coverage for my
colleagues ahead. Subsequently, the taxi rear ended my
vehicle I might be seeing medical attention as I am
feeling unwell after the accident.

DECLARATION

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

Policyholder's Signature
Date & Time:

* *ell*
Driver's Signature
(If driver is not the policyholder)
Date & Time: 06/06/2019
0200

2
Reporting Centre Personnel's Signature
Name: (G NATHAN) L.H
NRIC/PIN No.: 68334651A



**SINGAPORE
POLICE FORCE**



T/20190606/2018

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20190606/2018

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|--|----------------------------|--|
| Date/Time Report Made: 06/06/2019 03:39 | | Vide Report No.: | | Station Diary No.: 12 | |
| Informant's Particulars | | | | | |
| Name of Informant: OH BOON CHYE | | | Address: APT BLK 109 ANG MO KIO AVENUE 4 #10-10 SINGAPORE 560109 | | |
| ID Type / ID No.: NRIC NO / S6838965H | | | Contact No.: Home/Office: Mobile: 87814020 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 50 | Date of Birth: 03/10/1968 | Type of Informant: Driver | | |
| Race: Chinese | | Language: | | Institution / School Name: | |
| Occupation: Other car and light goods vehicle drivers nec | | | Driving Licence Information: Class: 3,4,5 Date of Expiry: | | |

| | | | | |
|--|------------|-----------------------|---|--|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 06/06/2019 00:45 | Type of Location: |
| Location: Along Road 1 EAST COAST PARKWAY | | | | |
| Along ECP towards MCE | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | No of Passenger |
|-----------------------------|-------|------|-------|-------|----------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | |
| SHC667R | TAXI | | | | Totally Damaged | 1 |
| XE320R | Lorry | | | | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20190606/2018

2 of 3

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20190606/2018

CONTINUATION OF REPORT

Brief Details.

On 06/06/2019 at about 0045hrs, I was travelling in my lorry (XE 320R, Truck Mounted Attenuator) escorting one my another company's lorry for picking up litter Along ECP. Everything was in order. During this time, I was slowly following the other of my company's lorry when I felt an impact after seeing a taxi speeding from the rear. It was when I realized that one taxi (SHC 667R) had crashed onto my lorry with Truck Mounted Attenuator.

I wish to state that traffic police came down to the scene. Furthermore, my lorry was damaged by the accident and after the accident, i felt giddy. This is the first time such an incident had happened and I lodging this report for record and insurance purposes. I also wish to state that I have yet to see a doctor.



**SINGAPORE
POLICE FORCE**



T/20190606/2018

3 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20190606/2018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 1 ONG YU HAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

SN 085

Authentication Stamp

NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

06/06/2019 03:39

Classification Of Case:



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

NOTICE OF ACCIDENT

Your Ref : SHC667R
Our Ref : XE320R

6th June 2019

By Fax 6507 3849 and
By Email motor_claims@myfirst-insurance.com.sg

MS FIRST CAPITAL INSURANCE LIMITED

36 Robinson Road
#16-01 City House
Singapore 068877

Attention: Motor Claim Department

Dear Sir,

ACCIDENT INVOLVING XE320R AND SHC667R ON 6/06/2019 ALONG ECP CITY AFTER STILL ROAD EXIT AT ABOUT 00:45HRS.

We act for **CHYE THIAM MAINTENANCE PTE LTD** owner of vehicle no. **XE320R** with instruction to repair the vehicle.

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

| | |
|----------------|---|
| Venue | CHYE THIAM MAINTENANCE LTD 14 Tampines Industrial Drive CTM Building Singapore 528530 |
| Contact person | Ms Lily |
| Email | lily@completevms.com.sg |

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you. Please note that there will also be a storage charge of \$60 per day on the 2 day notice period commencing from the date of this letter.

Your Faithfully

Please acknowledge :-

Lily

Complete VMS Pte Ltd

Appointed Surveyor: _____

Date & Time: _____



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(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

CHYE THIAM MAINTENANCE PTE LTD
14 TAMPINES INDUSTRIAL DRIVE
SINGAPORE 528530

Attention : THE OWNER
Contact : 64819588 83518839

Estimate : ES006690

Date : 06/06/2019
Vehicle Num. : XE320R
Make/Model : NISSAN CWB45CLPHNB-2008
Chassis/Eng# : CWB4CLP00098/GE13334373B
Accident Date : 06/06/2019
Claim No. :
Reference :
Policy No. :

| S/N | Quantity | Particular | Unit Price | Amount S\$ |
|-----|----------|---|------------|------------|
| | | LABOUR : | | |
| | | TO DISMANTLE CARRIAGE KNOCK AND STRAIGHTEN REAR CHASSIS | 42800 | 800.00 |
| | | FRAME, RE-ALIGN BODY AND RUST PROOFING | | 2,800.00 |
| | | TO SUPPLY AND INSTALL VERDEGRO US-100K (TMA'S) TRUCK | | |
| | | MOUNTED ATTENUATORS (PASS NCHRP350 STS LEVER 3) | Distorted | |
| | | CW HYDRAULIC LIFT UP | 42000 | 59,800.00 |
| | | Labour Total S\$: | | 62,600.00 |

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

SingDollars : Sixty-Two Thousand Six Hundred Only

Supplementary : 500
Total : 43300 (P/P)
04 Days,

43.3K

Total S\$: 62,600.00
=====

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

63450



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre
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(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

CHYE THIAM MAINTENANCE PTE LTD
14 TAMPINES INDUSTRIAL DRIVE
SINGAPORE 528530

Attention : THE OWNER
Contact : 64819588 83518839

Supplementary Estimate : ES006701


Date : 06/06/2019
Vehicle Num. : XE320R
Make/Model : NISSAN CWB45CLPHNB-2008
Chassis/Eng# : CWB4CLP00098/GE13334373B
Accident Date : 06/06/2019
Claim No. :
Reference :
Policy No. :

| S/N | Quantity | Particular | Unit Price | Amount S\$ |
|-----|----------|--|------------|----------------------|
| 1. | 1 | SPECIAL NETT ITEMS : REAR CAMERA <i>David</i> | | <i>500</i> 850.00 |
| | | Special Nett Total S\$: | | 850.00 |

500

SingDollars : Eight Hundred Fifty Only

Total S\$: 850.00
=====


COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun




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

| Affiliated to Federation Internationale Des Experts En Automobile | | | | |
|--|-------------------------------|-----------------------------|------------|---|
| MS FIRST CAPITAL INSURANCE LTD | | Ref : CS/FCI19010195/Atd3e2 | | |
| 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | Date : 27-06-2019 | |  |
| | | Code : FCI2 | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHC 667R | Veh. Inspected | XE 320R | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | D19003726MFSH | Excess (\$) | 0.00 | |
| Assign From | HENRY KAO | Assign Date | 07/06/2019 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | NISSAN CWB45CLPHNB | c.c | 13074 | |
| Engine No. | HIDDEN | Year of Reg. | 2008 | |
| Chassis No. | CWB4CLP00098 | Colour | YELLOW | |
| Odometer | 509791 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | NIL | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 295/80 R22.5 | CHENG SHAN | 6 mm | |
| L/H Front Tyre | 295/80 R22.5 | CHENG SHAN | 6 mm | |
| R/H Rear Tyre | 295/80 R22.5 | CHENG SHAN | 6 mm | |
| L/H Rear Tyre | 295/80 R22.5 | CHENG SHAN | 6 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 06/06/2019 | Inspection Date | 10/06/2019 | |
| Survey held at | 14, TAMPINES INDUSTRIAL DRIVE | | | |
| Repairer | COMPLETE VMS PTE LTD | | | |
| 5a. Remarks | | | | |
| A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. | | | | |
| 5b. Estimate Days of Repair | | | | |
| ESTIMATED NORMAL PERIOD FOR REPAIR: | | 4 Working Days | | |



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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. XE 320R

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|-----------|---------------------------|-------------------|
| 1 | REPLACEMENT OF PARTS | DAMAGED | | |
| | REAR CAMERA (SN) (ADDITIONAL) | | 850.00 | 500.00 |
| | | | 850.00 | 500.00 |
| | LABOUR | | | |
| | TO DISMANTLE CARRIAGE KNOCK AND STRAIGHTEN REAR CHASSIS FRAME, RE-ALIGN BODY AND RUST PROOFING. | | 2,800.00 | 800.00 |
| | TO SUPPLY AND INSTALL VERDEGRO US-100K (TMA'S) TRUCK MOUNTED ATTENUATORS (PASS NCHRP350 STS LEVER 3) C/W HYDRAULIC LIFT UP. | | 59,800.00 | 42,000.00 |
| | | | 62,600.00 | 42,800.00 |
| GRAND TOTAL | | | 63,450.00 | 43,300.00 |
| RECOMMENDED COST OF REPAIRS | | | | 43,300.00 |

Report Ref No. CS/FCI19010195/Atd3e2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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