

ASS. REC. BY:

REF:

CS3/FCI19010342/Gcd35

Special Instruction:

Surveyor: GQ

## ASSIGNMENT (Office)

From (Person): Sithara

of

FCI

Date/Time:

11/6/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SCW4372T

Insured:

SHD 8541L

at Workshop m/s

Yap Motor

Tel:

94235116 Mr Yap

of B16 9004 Tampine St 93 #01-78

Policy No:

Claim No:

D19003699MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

4/6/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

11/6

Person Contacted:

Mr Yap

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SCW4372T - NA / NC19000829 / h4 DOA: 13/1/2019

SHD 8541L - X.

Dismantle: 14/6/2019

(08/11/13)

ASS. REC. BY:

REF

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

SOW 4372T

at Workshop m/s

Yap Auto

of

Blk 9004 Tampines St. 93 #01-78

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:

\$18k

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:

SOW 4372T

Yr Regn:

Mar / 99

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

Truck / Trailer or

Make:

Toyota Soluna

c.g.

1498

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

340582

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053AN 5000035082

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/50R15

R:

11

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

01-06-19

Survey held at

W/S

4:15

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

\$4000 / year. x 57 months.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

\$ + RS, SI

Photos

Others

TOTAL

Report Format:

PRG.

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

**MOTOR SURVEY ASSIGNMENT**

Date	06-06-2019	Our Ref No. D19003699MFSH
Accident Date	04-06-2019	Claim Type. Third Party
Insured Vehicle	SHD8541L	Third Party Vehicle. SCW4372T
Survey Location	BLK 9004 TAMPINES ST 93#01-78	
Contact Person.	MR YAP	
Contact No.	94235116/ 94235116	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	YAP AUTO SERVICE	Attention. NIL
Cc : TP Solicitor	KURU & CO	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

**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.

Veh In - XGQ

## 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 16:12
Date Of Accident	04/06/2019 09:30
Exact Location Of Accident	X-JUNCT OF TAMPINES AVE 4/TAMPINES ST 91
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW4372T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZAHARA BINTE SAMAD
NRIC No	S7907932D
Email Address	HARACLOE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97590004
Alternative Phone No	OTHERS-97590004

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SOLUNA-GLI
Exact Purpose for which vehicle was being used at time of accident	
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107898238
Cover Note Number	

### Driver

Name of Driver	ZAHARA BINTE SAMAD
NRIC No	S7907932D
Date Of Birth	17/03/1979
Occupation	INDOOR
Date Of Driving Pass	08/02/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97590004
Fax Number	
Contact Number	OTHERS-97590004
EEmail Address	HARACLOE@GMAIL.COM

Address	BLK774 BEDOK RESERVOIR VIEW #14-113
Postcode	470774
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	COLLISION - CROSS JUNCTION
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)	2
Passenger 1	NAME: : MUHAMMAD AQID GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER SKETCH PLAN AND POLICE REPORT ATTACH.

#### 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	SHD8541L
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)

**DETAILS OF INJURED PERSON 1**

Name ZAHARA BTE SAMAD

Approximate Age

Injuries Sustain

Injured person in which vehicle? SCW4372T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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 Pg. 2

SKETCH PLAN

A-SCW 43727  
B-SND 8541L

Tampines  
Ave 4

Tampines St 91

Bedok Reservoir

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: 7/20190606/2226  
attach

☐ claim OD / TP at Falcon-Air ☒ claim OD / TP Own W/shop ☐ Reporting Only

## 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.: 7/6/19







**SINGAPORE  
POLICE FORCE**



T/20190606/2226

1 of 3

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20190606/2226

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/06/2019 23:25		Vide Report No.:		Station Diary No.: 118	
<b>Informant's Particulars</b>					
Name of Informant: ZAHARA BINTE SAMAD			Address: APT BLK 774 BEDOK RESERVOIR VIEW #14-113 SINGAPORE 470774		
ID Type / ID No.: NRIC NO / S7907932D			Contact No.: Home/Office: Mobile: 97590004		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 17/03/1979	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: FOOD DELIVERY			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/06/2019 10:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 TAMPINES AVENUE 4 BEDOK RESERVOIR ROAD Traffic Light junction of Tampines Ave 4 towards Bedok Reservoir Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SCW4372T	Car	TOYOTA	SOLUNA GLI A	Silver	Totally Damaged	1
SHD8541L	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SCW4372T	NTUC Income Insurance Co-Operative Limited	5107898238	05/03/2019	15/03/2020



**SINGAPORE  
POLICE FORCE**



T/20190606/2226

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3

Report No. T/20190606/2226

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZAHARA BINTE SAMAD	ID No.	S7907932D
Related Vehicle	SCW4372T (Car)	Contact No.	97590004
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/06/2019	Date Discharge	04/06/2019
No. of Days granted Medical Leave	08	Degree of Injury	Slight

**Brief Details.**

On the 4 June 2019 at around 1000hrs, I was driving along Tampines Ave 4 towards Bedok Reservoir Road. At the traffic light junction one taxi bearing plate number SHD8541L collided onto my driver side (Right Side). He was driving from Bedok Reservoir Road turning towards Tampines Ave 1 and he was turning right at a fast speed from the traffic junction. It happen too fast and I unable to avoid his vehicle. I was shocked as the taxi was already very close to my vehicle.

My vehicle (SCW 4372T) damages are on the right side. The driver side totally damaged and dent on the right side and the tyre was damaged. The taxi (SHD 8541L) damages are on the right side of the front bumper.

I suffered from back pain and pain on the right side of my body when I take a deep breath and headache and bruises on the right side of my thigh. No injury on my son however he was shocked. No injury on the taxi driver.

I do not have any In car camera. I do not have the particulars of the taxi driver however there police officer and traffic police attended to me. I do not have the incident number of the accident.



**SINGAPORE  
POLICE FORCE**



T/20190606/2226

3 of 3

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No: T/20190606/2226

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: G / Sgt 2 JOANNE OH HUI MIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/06/2019 23:25
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp NP168	

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	7932D
<b>Vehicle Details</b>	
Vehicle No.:	SCW4372T
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	SOLUNA GLI A
Primary Colour:	Silver
Manufacturing Year:	1998
Engine No.:	5AH138045
Chassis No.:	MR053AN5000035082
Maximum Power Output:	-
Open Market Value:	\$12,552.00
Original Registration Date:	16 Mar 1999
First Registration Date:	16 Mar 1999
Transfer Count:	6
Actual ARF Paid:	\$17,573.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	15 Mar 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$12,763.00
COE Rebate Amount:	\$12,103.00
<b>Total Rebate Amount:</b>	<b>\$12,103.00</b>
<b>Message</b>	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 17 Jun 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/FCI19010342/Gcd3s2		
36 ROBINSON ROAD		Date: 22-07-2019		
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHD 8541L	Veh. Inspected	SCW 4372T	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19003699MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	11/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA SOLUNA	c.c	1498	
Engine No.	HIDDEN	Year of Reg.	1999	
Chassis No.	MR053AN5000035082	Colour	SILVER	
Odometer	340582 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/50R15	WEST LAKE	5 mm	
L/H Front Tyre	195/50R15	WEST LAKE	5 mm	
R/H Rear Tyre	195/50R15	WEST LAKE	5 mm	
L/H Rear Tyre	195/50R15	WEST LAKE	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY AND UNDERCARRIAGE.				
5. General Information				
Accident Date	04/06/2019	Inspect Date / Time	11/06/2019 ( 04:15 PM )	
Survey held at	BLK 9004 TAMPINES ST 93 #01-78			
Repairer	YAP MOTOR COMPANY			
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: \$18,000.00				

Report Ref No. CS3/FCI19010342/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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