

ASS. REC. BY:

REF: CS3/FCI19010473/Gcd3⁵²

Special Instruction:

Summary: MO Qiong

ASSIGNMENT (Office)

From (Person): May chuan

of FCI

Date/Time: 5:30pm @ 12/6/19

Estimated Cost:

Bill to:

OD (P) WS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SDV12184

Insured: SH 6500S

at Workshop in/s: N-Si Automotive

Tel: 68420051

of 2 kaki Bukit Ave 2 # 01-18

Policy No:

Claim No: D19003802MFSH

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 11/06/2019

CA / REV / REP. / REV 24 HRS kup

H.O.D. Endorsement:

Date/Time: 10:15am @ 13/6/19

Person Contacted: zi ting

Vehicle: (P) IN/OUT

Date/Time	Action/Instruction	Vehicle? (X)
	SDV12184-NA/INC19010250/r3	DVA: 11/6/2019
	SH 6500S-NA/INC19010250/r3	DVA: 11/6/2019
	Dismantle: 14/6/2019	
	After repair: 19/6/2019	

MOTOR SURVEY ASSIGNMENT

Date	11-06-2019	Our Ref No. D19003802MFSH
Accident Date	11-06-2019	Claim Type. Third Party
Insured Vehicle	SH6500S	Third Party Vehicle. SDV1218U
Survey Location	2 KAKI BUKIT AVENUE 2 #01-18 KAKI BUKIT AUTOHUB	
Contact Person.	ZI TING	
Contact No.	68420051/ 0	Fax No. 67410510
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	N-51 AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	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	11/06/2019 12:10
Date Of Accident	11/06/2019 08:30
Exact Location Of Accident	JUNC OF LOR CHUAN & AMK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV1218U
Insured/Policyholder	
Name Of Registered Owner	CHUA HIAN LOO
NRIC No	S1197834G
Email Address	HLCHUA05@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98207293
Alternative Phone No	OTHERS-85183840

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091394861-01
Cover Note Number	

Driver

Name of Driver	CHUA HIAN LOO
NRIC No	S1197834G
Date Of Birth	03/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1976
Driving Experience	43 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98207293
Fax Number	
Contact Number	OTHERS-85183840
Email Address	HLCHUA05@YAHOO.COM.SG

Address	BLK 133 LOR AH SOO #06-426
Postcode	530133
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 - 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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING ALONG LOR CHUAN TWDS AMK AVE 1 ON THE EXTREME RIGHT LANE OF A4-LANES RD.SOMEWHERE AT THE JUNC OF AMK AVE 1,I SLOWED DOWN AND STOPPED B4 THE STOP LINE AS THE TRAFFIC LIGHT TURNED AMBER.OUT OF THE SUDDEN VEH B CAME FROM THE REAR AND COLLIDRD DIRECTLY ONTO THE REAR PORTION OF MY VEH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6500S
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)

Accident Sketch Plan

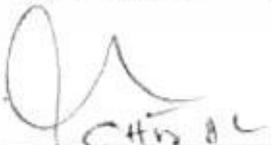
SKETCH PLAN

IMPORTANT NOTICE

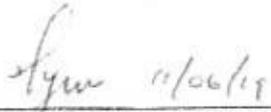
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

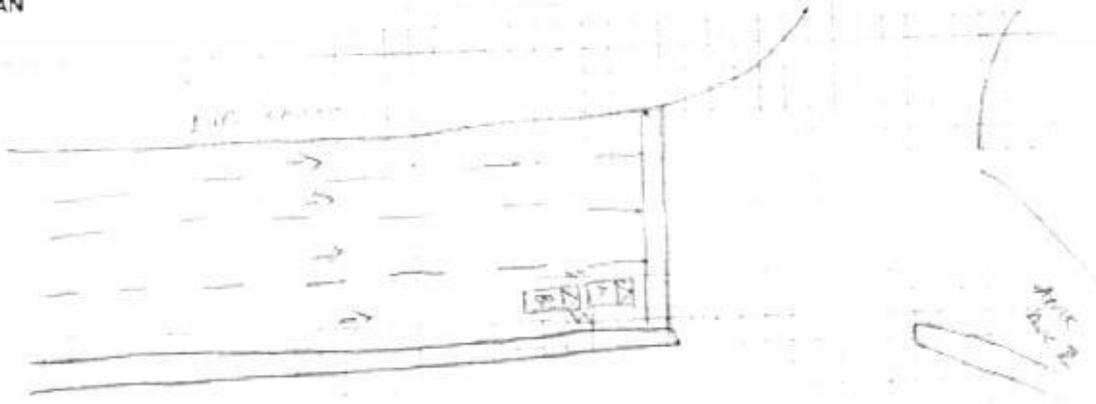

Policyholder's Signature
Date & Time:


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


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

Individual Statement

SKETCH PLAN



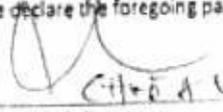
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

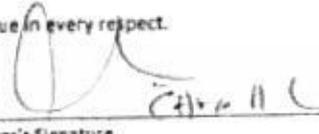
I was driving along the (then) road No. 101 on the left side of the road, and I was driving at the speed of 40 km/h. I should have had stopped before the accident as the traffic light was red. I was driving at the speed of 40 km/h and I was driving at the speed of 40 km/h.

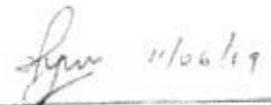
A - 101/1010
B - SH 6/605

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

Owner ID Type:	Singapore NRIC
Owner ID:	7834G
Vehicle No.:	SDV1218U
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS CLASSIC 1.6 CVT
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1ZR575303
Chassis No.:	MR053REH104551374
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$17,982.00
Original Registration Date:	15 Jun 2016
First Registration Date:	15 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$17,982.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Jun 2026
PARF Rebate Amount:	\$13,486.00
COE Expiry Date:	14 Jun 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,694.00
COE Rebate Amount:	\$37,600.00
Total Rebate Amount:	\$51,086.00

The information contained herein is correct as at 13 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

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PRE-REPAIR INSPECTION REPORT			
MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI19010473/Gcd3s2 Date: 01-07-2019 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SH 6500S	Veh. Inspected	SDV 1218U
Policy No.		Coverage (\$)	0.00
Claim No.	D19003802MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	12/06/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA ALTIS	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	MR053REH104551374	Colour	SILVER
Odometer	37779 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/55R16	YOKOHAMA	6 mm
L/H Front Tyre	205/55R16	YOKOHAMA	6 mm
R/H Rear Tyre	205/55R16	YOKOHAMA	6 mm
L/H Rear Tyre	205/55R16	YOKOHAMA	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	11/06/2019	Inspect Date / Time	13/06/2019 (05:20 PM)
Survey held at	N-51 AUTOMOTIVE PL 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		
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:\$70,000.00			

Report Ref No. CS3/FCI19010473/Gcd3s2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEE,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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