

ASS. REC. BY:

REF: CS3/FCI19010548/Dcd3 Special Instruction:

Surveyor: Bryan
CWS

ASSIGNMENT (Office)

From (Person):

Joanne Yong

of

FCI

Date/Time:

9.46am @ 14/6/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLN 1893S

Insured:

SHD 7277G

at Workshop m/s

Ng Motor

Tel:

64531432

of

Blk 8 Sin Ming Ind. Est Sec. C #01-76/72

Policy No:

Claim No:

D19003815MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

08/06/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

up)

H.O.D. Endorsement:

Date/Time:

10:01am @ 14/6/19

Person Contacted:

Mr. Ng

Vehicle IN/OUT

Date/Time

Action/Instruction

X

SLN 1893S - X

SHD 7277G - X

Dismantle: 14/6/2019.

REF:

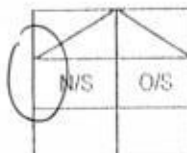
ASSIGNMENT

CJE April 2027

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop n/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: 3 days Res.: Yes or No

Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLN 18938 Yt Resp: 2017 April
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Corolla Altis c.c. 1598
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 168398 T/Radio: Insured / Std / NI / NA
 Eng/No: 12RY331113
 C/No: MR053PBH104557517
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: In ☒ Order / Jammed / Leaked / Burnt or
 Brake: In ☒ Order / Jammed / Leaked / Burnt or
 Modl: Nil / ☒ Rim / STD A/Rim or
 Tyre Size: F: 215/45R17
 R: ———— 11 ————

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Michelin

Front

Rear

P/Bal.

S mm

R/Bal.

S mm

L/Bal.

S mm

L/Bal.

S mm

D.O.A. 08/06/2019

D.O.I. 14/06/2019 2:23pm

Survey held at Ng Motor Sin Ming

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

H/S Body

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

Date / Time

Action / Instruction

First Capital SHD 7277G No estimate.

LHF Jender, LHF Door, LHR Door - run
 LHF wheel rim run.
 LHF undercarriage X.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format : PRS

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

Days Of Repair:

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

) \$ + RS, SI

) Photos

) Others

TOTAL

MOTOR SURVEY ASSIGNMENT

Date	11-06-2019	Our Ref No. D19003815MFSH
Accident Date	08-06-2019	Claim Type. Third Party
Insured Vehicle	SHD7277G	Third Party Vehicle. SLN1893S
Survey Location	BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C#01-70/72	
Contact Person.	MR NG BOON CHYE	
Contact No.	64531432/ 97558968	Fax No. 64584553
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	NG MOTOR PTE LTD	Attention. NIL
Cc : TP Solicitor	MAXIMUS LAW LLC	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

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.

To: MS FIRST CAPITAL INSURANCE LTD
(Motor Claims Department)
Your insured vehicle: SHD7277G

By Fax: 65073849

Date: 10 June 2019

Dear Sir/Madam,

**RE: Notice to Insurer to Conduct Pre-repair Inspection on Vehicle no. SLD1893S;
Accident Involving SLD1893S and SHD7277G on 08.06.2019 along Tampines Expressway.**

We have been appointed to repair vehicle no. SLD1893S.

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

Address : NG MOTOR VEHICLE SPRAY PAINTING
Blk 8 Sin Ming Industrial Estate Sector C
#01-70/72
Singapore 575643

Contact : Mr Ng Boon Chye
Tel : 6453-1432, hp no. 9755-8968
Fax : 6458 4553

Pursuant to ePractice Direction No. 2 of 2011, we hereby give you notice to conduct the pre-repair inspection within the next two (2) working days excluding any intervening Saturday, Sunday and/or Public Holiday failing which we will commence repairs thereafter without any further notice or reference to you. Kindly acknowledge upon inspection in the acknowledgement box below. Alternatively kindly inform us in writing if you are waiving your rights to an inspection of our customer's vehicle.

Yours sincerely,

Acknowledgement

This is to confirm that Boon (Full name of surveyor)
of LKK Auto (Surveyor's Company)
has completed the pre-repair inspection on _____ (Date of Inspection)
at 14/06/2019 (Time of Inspection)

Signature of Appointed Surveyor/Witnessed by: _____
Company Stamp/Date: _____

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: _____

Waiver

We waive our rights to inspection of the above vehicle

Signature: _____
Name: _____
Date: _____

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	10/06/2019 14:59
Date Of Accident	08/06/2019 13:30
Exact Location Of Accident	TPE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1893S
Insured/Policyholder	
Name Of Registered Owner	SHUN FENG LIMO & SERVICES
Co Reg No	53359566E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97627152
Alternative Phone No	OFFICE-97627152

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090549399-02
Cover Note Number	

Driver

Name of Driver	CHA YIN THOU
NRIC No	S7800105D
Date Of Birth	06/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97627152
Fax Number	
Contact Number	
Email Address	NOEMAIL

Contact Number

Address

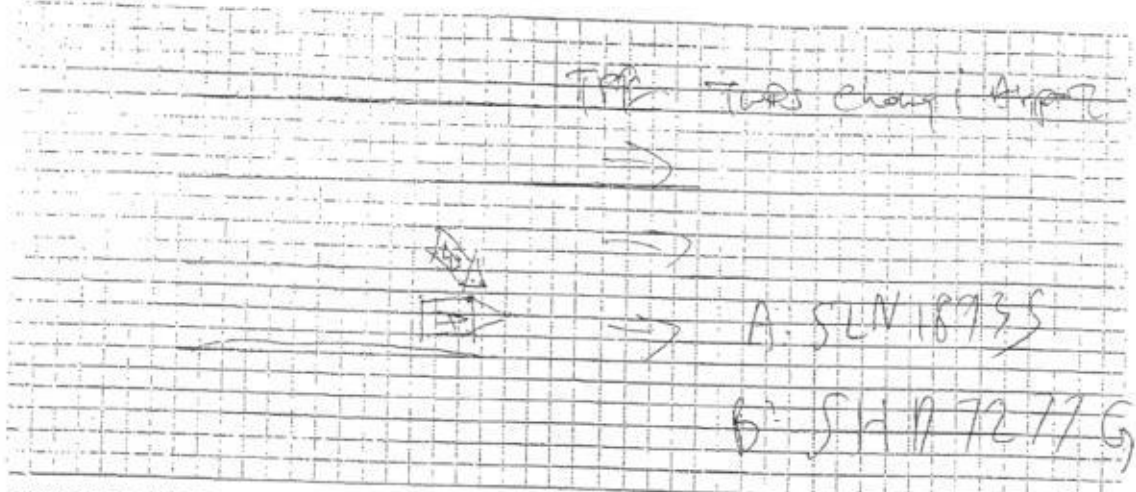
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8 Jun 19, at 1330hrs along TPE towards Changi Airport near to Lor Halu Exit, vehicle B Taxi SHD 7277G. Swooped to my lane and hit my vehicle A.

DECLARATION

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

Policyholder's Signature

Date & Time:

10 JUN 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NG WING KIN JAMES

admin.vac@vicom.com.sg

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	9566E
Vehicle Details	
Vehicle No.:	SLN1893S
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 CVT
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	1ZRY331113
Chassis No.:	MR053REH104557517
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$19,990.00
Original Registration Date:	26 Apr 2017
First Registration Date:	26 Apr 2017
Transfer Count:	0
Actual ARF Paid:	\$19,990.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Apr 2027
PARF Rebate Amount:	\$14,992.00
Intended COE Rebate Details	
COE Expiry Date:	25 Apr 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,000.00
COE Rebate Amount:	\$40,848.00
Total Rebate Amount:	\$55,840.00

The information contained herein is correct as at 17 Jun 2019

OK

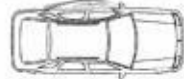
**LKK Auto Consultants Pte Ltd**

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

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PRE-REPAIR INSPECTION REPORT			
MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI19010548/Dcd3s2 Date: 28-06-2019 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHD 7277G	Veh. Inspected	SLN 1893S
Policy No.		Coverage (\$)	0.00
Claim No.	D19003815MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	14/06/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA COROLLA ALTIS	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	MR053REH104557517	Colour	BLACK
Odometer	168398 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/45R17	MICHELIN	5 mm
L/H Front Tyre	215/45R17	MICHELIN	5 mm
R/H Rear Tyre	215/45R17	MICHELIN	5 mm
L/H Rear Tyre	215/45R17	MICHELIN	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.			
5. General Information			
Accident Date	08/06/2019	Inspect Date / Time	14/06/2019 (02:23 PM)
Survey held at	NG MOTOR VEHICLE SPRAY PAINTING BLK 8 SIN MING IND.ESTATE SECTOR C #01-70/72 SINGAPORE 575643		
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.			

Report Ref No. CS3/FCI19010548/Dcd3s2

Inspected By

ANG BRYAN TANI

Automotive Assessor / Investigator



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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