

ASS. REC. BY:

REF:

CS3/PC1190/1241/Gcd307

Special Instruction:

Surveyor:

(CND/CND)

## ASSIGNMENT (Office)

From (Person):

CWS

Serene Lee

of

FCI

Date/Time:

6:17pm @ 25/6/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLW 3731R

Insured:

SH 9589S

at Workshop in/s

MJE Motor

Tel:

6454 2203

of

Blk 7 Sin Ming Ave. C #01-94

Policy No:

Claim No:

D19004130 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

23/6/2019

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

9:51am @ 26/6/19

Person Contacted:

Y0Y0

Vehicle IN/OUT

Date/Time

Action/Instruction

Vehicle? X

SLW 3731R - X

SH 9589S - X

Dismantle: 26/6/2019

After repair: 27/6/2019



**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	25-06-2019	<b>Our Ref No.</b> D19004130MFSH
<b>Accident Date</b>	23-06-2019	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SH9589S	<b>Third Party Vehicle.</b> SLW3731R
<b>Survey Location</b>	BLK 7 SIN MING SECTOR C#01-94	
<b>Contact Person.</b>	Y Y / JO	
<b>Contact No.</b>	64542203/ 92251391	<b>Fax No.</b> 0
<b>Survey Type</b>	WITHOUT PREJUDICE: LIABILITY UNCLEAR (ID NR)	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	MJE MOTOR	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	CHEONGHOH LAW CORPORATION	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	SERENE	

**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	24/06/2019 17:47
Date Of Accident	23/06/2019 11:35
Exact Location Of Accident	NICOLL HIGHWAY TOWARDS KPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3731R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG AH BENG
NRIC No	S0116000A
Email Address	GARY.ONGDY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81235943
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3 1.6
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000167
Cover Note Number	09/02/2019 TO 08/02/2020

### Driver

Name of Driver	ONG GARY
NRIC No	S8536366B
Date Of Birth	30/10/1985
Occupation	INDOOR
Date Of Driving Pass	16/02/2006
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81235943
Fax Number	
Contact Number	
Email Address	GARY.ONGDY@GMAIL.COM

Address	APT BLK 158 HOUGANG STREET 11 #02-05
Postcode	530158
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	NO
If Yes, Please state which Police Station	
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 TOO BIG - FOOTAGE WITH OWNER'S WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9589S
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	ONG GARY
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SLW3731R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**SKETCH PLAN**

FWD

Vehicle :- SLW

3731R

**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 case 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 lodging 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:

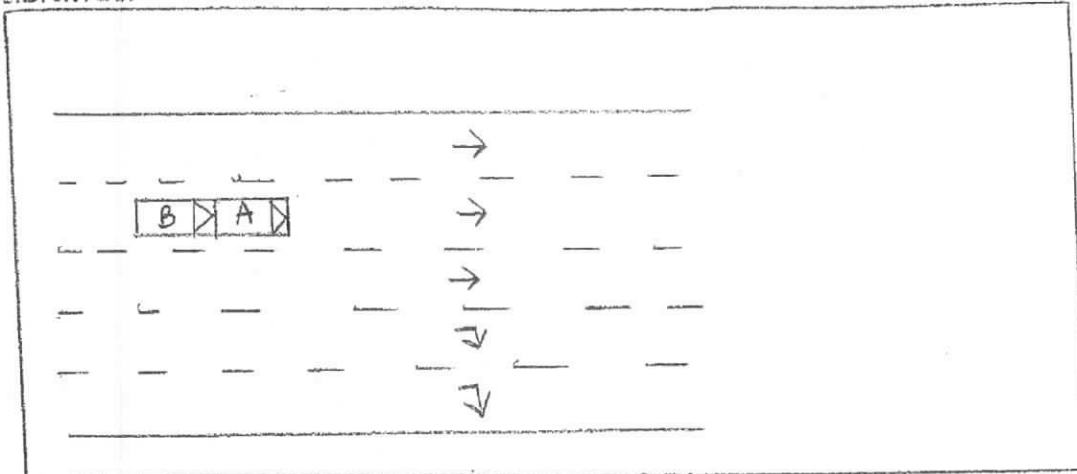
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Sketch Plan Pg. 2

Ah Lim

Date of accident: 23/06/19 Time: 1130 Location: Nicola Highway towards KPE  
 My Vehicle A: SLW 3731 R Vehicle B: 3H 9589 S Vehicle C: /  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Nicola Highway towards KPE in lane four. As the vehicles in front of me stopped, I slowed down & stopped too. After a few seconds, I felt an impact on the rear of my vehicle. Vehicle B collided into the rear of my vehicle.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: MS Automobile

Email address: U3AUTOMOBILE@GMAIL.COM

& myself: gary.ongdy@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

Vehicle: SLW 3731 R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre/Person's Signature

Name:

NRIC/FIN No.:

GIARAC Stand Plan Form\_V2

AH LIM MOTOR COMPANY






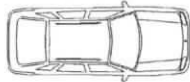
# LKK Auto Consultants Pte Ltd

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		Ref: CS3/FCI19011241/Gcd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date: 24-09-2019		
Code: FCI2				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SH 9589S	Veh. Inspected	SLW 3731R	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19004130MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	25/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	KIA CERATO K3 1.6	c.c	1591	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.	KNAFZ411MJ5766701	Colour	BLACK	
Odometer	84350 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/45 R17	GOODYEAR	6 mm	
L/H Front Tyre	215/45 R17	GOODYEAR	6 mm	
R/H Rear Tyre	215/45 R17	GOODYEAR	6 mm	
L/H Rear Tyre	215/45 R17	GOODYEAR	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	23/06/2019	Inspect Date / Time	26/06/2019 ( 11:00 AM )	
Survey held at	MJE MOTOR BLK 7 SIN MING IND EST SEC C #01-96 SINGAPORE 575642			
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/FCI19011241/Gcd3e2

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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