

ASS. REC. BY:

REF: CS3/FCI190120901/TLCF3⁵²

Special Instruction:

Surveyor: Taukiah

ASSIGNMENT (Office)

From (Person): WS Henny KAO of FCI Date/Time: 9/7/19

Estimated Cost: _____ Bill to: _____

OD EL / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SGQ 4466R Insured: SHC 7388Aat Workshop in/s N-SI Automotive Tel: 68420051of 2 Kaki Bukit Ave 2 # 01-18Policy No: _____ Claim No: D19004443 MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 6/7/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

'DS'

H.O.D. Endorsement:

Date/Time: 12:36pm 9/7/19 Person Contacted: Elaine Vehicle IN / OUT

Date/Time	Action/Instruction
	<u>Shanghai X</u>
	<u>SHC 7388A: NA/INC19011957/Y D.O.A. 06/07/2019</u>
	<u>SGQ 4466R: NA/INC19011957/Y D.O.A. 06/07/2019</u>
	<u>Disassemble: 10/7/2019</u>
	<u>After repair: 17/7/2019</u>

ASS. REC. BY:

REF: FCI

PRS

ASSIGNMENT

From:

Date:

9/7/19

Estimated Cost:

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

To Inspect Vehicle No:

SAQ 44 66R

at Workshop m/s

N-SI Automotive

of

2 kak: Bulut Ave 2 # 01-17118

Insured:

Policy No.

Claims No.

Sum Insured:

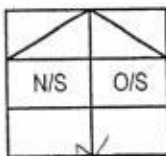
Excess:

(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

(DS)

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SG Q 4466R

Yr Regn:

2016, Jly.

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

Truck / Trailer or

Make:

Honda Jazz

c.c

1998

Colour:

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

056907

T/Radio:

Insured / Std / NI / NA

Eng/No:

JHM GK 58504.X200189.

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

185/55 R16

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

Front

R/Bal.

mm

Rear

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

9/7/19 2450pm

Survey held at

N-SI

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

market value

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

PRE

Lump Sum / L.B.H: (\$

Days Of Repair:

Resurvey No. of Trip:

2

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

MOTOR SURVEY ASSIGNMENT

Date	08-07-2019	Our Ref No. D19004443MFSH
Accident Date	06-07-2019	Claim Type. Third Party
Insured Vehicle	SHC7388A	Third Party Vehicle. SGQ4466R
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: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	HENRY KAO	

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	06/07/2019 15:28
Date Of Accident	06/07/2019 13:00
Exact Location Of Accident	BUANGKOK DRIVE SLIP ROAD TOWARDS BUANGKOK GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ4466R
Insured/Policyholder	
Name Of Registered Owner	ISKANDER BIN ARIFIN
NRIC No	S7633512E
Email Address	ISKANDERARIFIN76@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92214179
Alternative Phone No	OFFICE-92214179

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.5 (A)
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	5102599285
Cover Note Number	

Driver

Name of Driver	ISKANDER BIN ARIFIN
NRIC No	S7633512E
Date Of Birth	13/10/1976
Occupation	INDOOR
Date Of Driving Pass	22/03/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92214179
Fax Number	
Contact Number	OFFICE-92214179
Email Address	ISKANDERARIFIN76@GMAIL.COM

Address	BLK 426 BEDOK NORTH ROAD #12-509
Postcode	460426
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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	SHC7388A
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YAP LIAN HENG
NRIC/Passport Number	S1206389Z
Contact Number	98512568
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2 This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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:

13 30

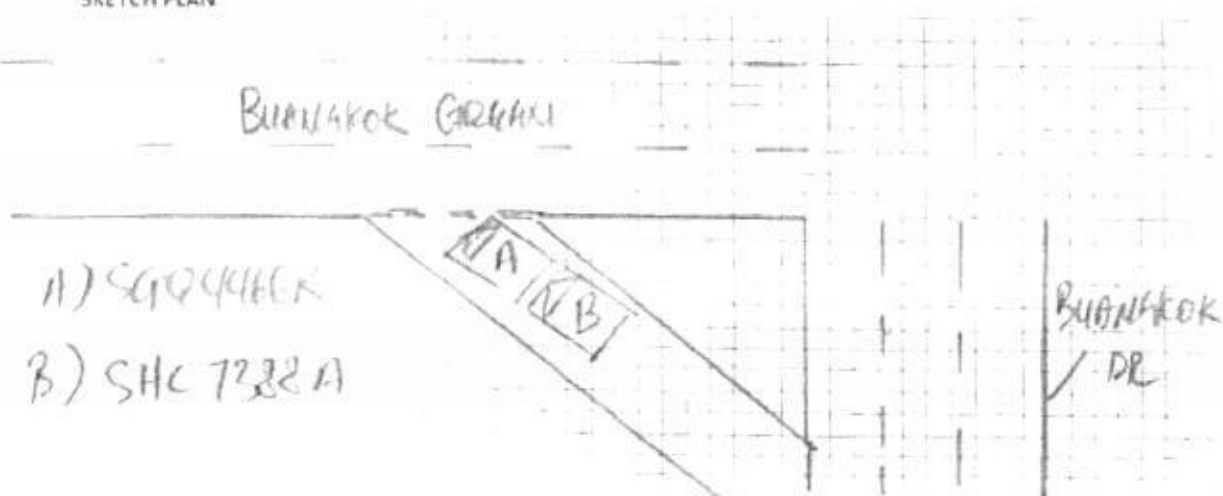
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

ROSLI HOSSEN

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 1300hrs at the slip road between Buangkok Drive and Buangkok Green, driving for the road to clear, a yellow Camber Delford cab hit the rear.

DECLARATION

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

1/2 06/07/2019
Policyholder's Signature 1330
Date & Time:

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

06/07/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	512E
Vehicle Details	
Vehicle No.:	SGQ4466R
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Jul 2019
Vehicle Make:	HONDA
Vehicle Model:	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	L15B31190077
Chassis No.:	JHMGK5850HX200169
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$16,937.00
Original Registration Date:	19 Jul 2016
First Registration Date:	19 Jul 2016
Transfer Count:	1
Actual ARF Paid:	\$11,937.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Jul 2026
PARF Rebate Amount:	\$8,952.00
Intended COE Rebate Details	
COE Expiry Date:	18 Jul 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,694.00
COE Rebate Amount:	\$37,517.00
Total Rebate Amount:	\$46,469.00

The information contained herein is correct as at 22 Jul 2019

OK




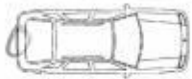
LKK Auto Consultants Pte Ltd

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 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI19012090/T1cf3s2 Date: 01-08-2019 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 7388A	Veh. Inspected	SGQ 4466R
Policy No.		Coverage (\$)	0.00
Claim No.	D19004443MFSH	Excess (\$)	0.00
Assign From	HENRY KAO	Assign Date	09/07/2019
2. Vehicle Particulars & Condition			
Make & Model	HONDA JAZZ	c.c	1498
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JHMGK5850HX200169	Colour	RED
Odometer	056907 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/55R16	DUNLOP	6 mm
L/H Front Tyre	185/55R16	DUNLOP	6 mm
R/H Rear Tyre	185/55R16	DUNLOP	6 mm
L/H Rear Tyre	185/55R16	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	06/07/2019	Inspect Date / Time	09/07/2019 (04:50 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.			

Report Ref No. CS3/FCI19012090/T1cf3s2

Inspected By



MOHAMAD TAUFIKH

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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