

ASS. REC. BY:

REF:

C88/FCI19012203/Kcd3SV

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Karon Fan of FCI

Date/Time: 2:15pm @ 10/7/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLJ 7784E

Insured:

SHD7126J

at Workshop m/s

Cheng Hoe Motor

Tel:

6755 6142

of Blk 101A Yishun Ind. park A # 01-374

Policy No:

Claim No:

019004323MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

28/06/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

3:01pm @ 10/7/19

Person Contacted:

Effreda

Vehicle:

IN/OUT

Date/Time

Action/Instruction

Estimate

SHD 7126J: CI/TPD15016125/ZC D.O.A: 02/08/2018

SLJ 7784E: X

16/7/19

Email FCI informed pending workshop est from repairer

25/7/19

@ 3:19pm Effreda will check

2/8/19

@ 3:45pm Effreda said TP vehicle not repairing at Cheng Hoe

ASS. REC. BY:

REF:

FCZ/

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

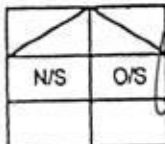
Excess:

(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:

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:

SCT 77848 Yr Regn: 08, 15

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

Truck / Trailer or

Make:

Volkswagen Jetta c.c. 1390

Colour:

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

62193

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVWZZZ16ZFM 02848

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:

205/55R16

R:

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

TOYO / YOKO or

Front

R/Bal.

7 mm

Rear

R/Bal.

5 mm

L/Bal.

7 mm

L/Bal.

5 mm

D.O.A.

26/6/19

D.O.I.

15/7/19

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

O/S body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 / File pass to
15/7 No en yet, no visible damage.

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Parking

Others

TOTAL

Report Format:

PRG

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

MOTOR SURVEY ASSIGNMENT

Date	03-07-2019	Our Ref No. D19004323MFSH
Accident Date	26-06-2019	Claim Type. Third Party
Insured Vehicle	SHD7126J	Third Party Vehicle. SLJ7784E
Survey Location	BLK 1019 YISHUN IND. PARK A #01-374	
Contact Person.	JUNE	
Contact No.	67556142/ 0	Fax No. 67557719
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	CHENG HOE MOTOR PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

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.

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Tuesday, 16 July 2019 1:25 PM
To: 'CWS Motor Claims'
Cc: 'Karen Tan'; SUR
Subject: RE: SURVEY ASSESSMENT - D19004323MFSH/1, SLJ 7784E

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SLJ 7784E on 15/7/2019.

We are pending estimate from repairer.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Wednesday, 10 July 2019 3:01 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Karen Tan' <karentan@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19004323MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer will arrange.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Wednesday, 10 July 2019 2:15 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Karen Tan <karentan@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19004323MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



This email has been checked for viruses by AVG antivirus software.
www.avg.com

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	27/06/2019 14:43
Date Of Accident	26/06/2019 16:35
Exact Location Of Accident	ALONG WOODLANDS AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ7784E
Insured/Policyholder	
Name Of Registered Owner	GOH MEI SHAN BRINA
NRIC No	S8113762E
Email Address	BRI54GOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81980549
Alternative Phone No	OTHERS-81980549

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA GP 1.4 TSI 90 A/T HL 1634G5
Exact Purpose for which vehicle was being used at time of accident	PVT 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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3020471801
Cover Note Number	4/3/19-13/8/19

Driver

Name of Driver	GOH MEI SHAN BRINA
NRIC No	S8113762E
Date Of Birth	04/05/1981
Occupation	INDOOR
Date Of Driving Pass	24/02/2010
Driving Experience	9 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81980549
Fax Number	
Contact Number	OTHERS-81980549
Email Address	BRI54GOH@GMAIL.COM

Address	BLK 772 WOODLANDS DR 60 #12-160
Postcode	730772
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 - CHANGE/CROSS LANE
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: : DRIVER'S DAUGHTER
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT : T/20190627/7010

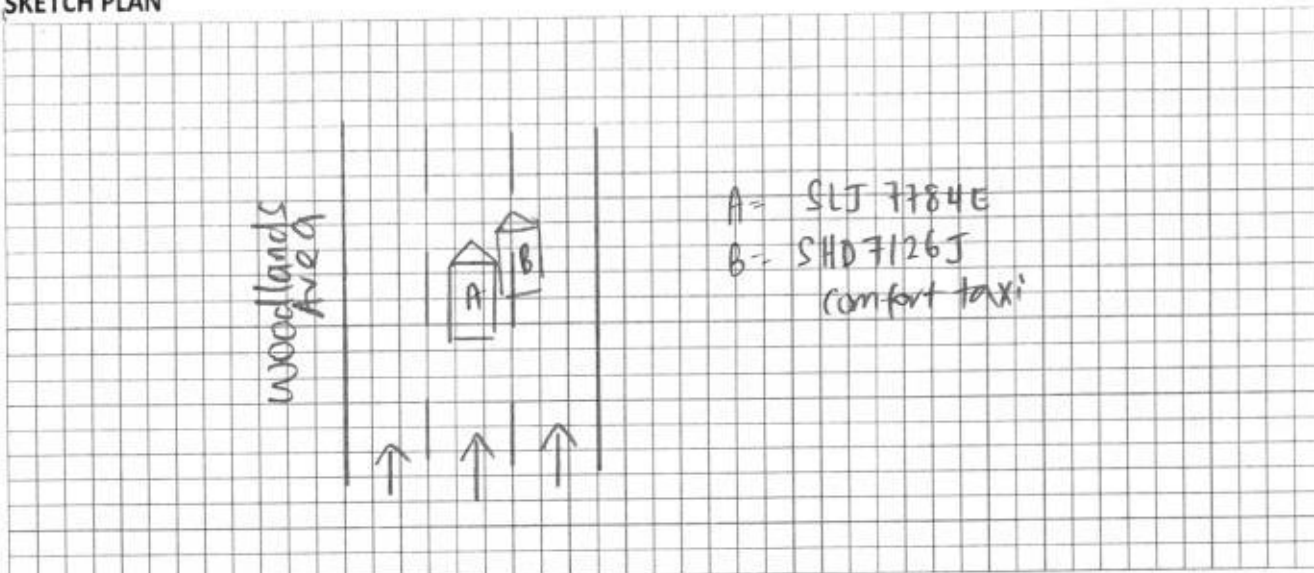
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7126J
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/20190627/7010

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: *Spada*
NRIC/FIN No.:

GIARMC SketchPlanForm_V3 () Claim Own Policy (☒) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190627/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2019 12:50	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: GOH MEI SHAN BRINA		Address: APT BLK 772 WOODLANDS DRIVE 60 #12-160 SINGAPORE 730772	
ID Type / ID No.: NRIC NO / S8113762E		Contact No.: Home/Office: Mobile: 81980549	
Nationality: SINGAPORE CITIZEN		Email: bri54goh@hotmail.com	
Sex: Female	Age: 38	Date of Birth: 04/05/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Managing Director		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/06/2019 16:35	Type of Location: Straight Road
Location: WOODLANDS AVENUE 9				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD7126J	Car			Blue		0
SLJ7784E	Car	VOLKSWAGO N	JETTA GP 1.4 TSI 90 A/T HL 1634G5	Silver		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ7784E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30204718 01	04/03/2018	13/08/2019



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190627/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH MEI SHAN BRINA	ID No.	S8113762E
Related Vehicle	SLJ7784E (Car)	Contact No.	81980549
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	26/06/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the said date and time, I was driving my said vehicle along Woodland Ave 9 near Block 780A Woodland Crescent, going to my mum's house at Woodland Street 83. It was a three lanes road. While i was driving in the middle lane, almost driving pass through a Comfort taxi, SHD 7126J at the 3rd lane (my right side) suddenly swirled into my lane and hit onto the right side of my car. I was in shocked by his sudden action and drive my car to the first lane (left lane). His action caused me to have sudden lost of breath but i carry on driving until a safe distance before slowing down my car, preparing to stop. While doing that, I checked my mirror and saw the said taxi still remain at 3rd lane than speed up and drive away. I proceeded to drive on and head to my mum's house as I feel not quite well after the accident. I have a CCTV footage showing how the accident happened.

> Back to OneMotoring


Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	762E
Vehicle Details	
Vehicle No.:	SLJ7784E
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Aug 2019
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	JETTA GP 1.4 TSI 90 A/T HL 1634G5
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	CAXF49499
Chassis No.:	WVWZZZ16ZFM028446
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$19,303.00
Original Registration Date:	13 Aug 2015
First Registration Date:	13 Aug 2015
Transfer Count:	1
Actual ARF Paid:	\$19,303.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Aug 2025
PARF Rebate Amount:	\$14,477.00
Intended COE Rebate Details	
COE Expiry Date:	12 Aug 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,209.00
COE Rebate Amount:	\$33,876.00
Total Rebate Amount:	\$48,353.00

The information contained herein is correct as at 02 Aug 2019

OK



PRE-REPAIR INSPECTION REPORT				
MS FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI19012203/Kcf3s2		
36 ROBINSON ROAD		Date: 06-08-2019		
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHD 7126J	Veh. Inspected	SLJ 7784E	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19004323MFSH	Excess (\$)	0.00	
Assign From	KAREN TAN	Assign Date	10/07/2019	
2. Vehicle Particulars & Condition				
Make & Model	VOLKSWAGEN JETTA (A)	c.c	1390	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	WVWZZZ16ZFM028446	Colour	METALLIC SILVER	
Odometer	62193 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/55 R16	PIRELLI	7 mm	
L/H Front Tyre	205/55 R16	IMPETUS	7 mm	
R/H Rear Tyre	205/55 R16	PIRELLI	5 mm	
L/H Rear Tyre	205/55 R16	PIRELLI	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.				
5. General Information				
Accident Date	26/06/2019	Inspect Date / Time	15/07/2019 (04:35 PM)	
Survey held at	CHENG HOE MOTOR PL BLK 1019 YISHUN IND. PARK A #01-374/382 SINGAPORE 768761			
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: \$58,000.00				

Report Ref No. CS3/FCI19012203/Kcf3s2

Inspected By

KSC

KONG SENG CHEONG

Licensed Appraiser

K.K.LAU

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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