

ASS. REC. BY:

REF: CS/FCI 19015254 / ASD3<sup>82</sup>

Special Instruction:

Assigner: Adnan

## ASSIGNMENT (Office)

CWS

From (Person): Jason Teo

of

FCI

Date/Time: 12.24pm @ 29/8/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PC 8103D

Insured:

SHG 8708 D

at Workshop m/s

TICK HENI MOTOR

Tel:

6842 9089

of

1 Kaki Bukit Ave 6 #01-100

Policy No:

Claim No:

D19005535 MFST

Sum Insured:

Excess:

Make of Veh:

D.O.A.

23/8/2014

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

12.47pm @ 29/8/19

Person Contacted:

Connie

Vehicle ☒ IN/OUT

Date/Time	Action/Instruction
	Estimate <input checked="" type="checkbox"/>
	PC 8103D - X
	SHG 8708 D - NS/INCL 6019 TR2 / H1Vbn2 DOA: 11/10/2016
30/08/19	@ 05:17 pm checked with Connie, got estimate.
30/08/19	@ 17:20 pm revert pending estimate from repairer to Jason via email.

ASS. REC. BY: REF:

Adrian

# 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: PC8103D

Yr Regn: 2019, March

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

Truck / Trailer or Mini Bus

Make: Toyota Hiace

c.c 2982

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

24766

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTFST22PS00038949

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:

195R15C

R:

195R15C

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

TOYO / YOKO or

Front

06

Rear

06

R/Bal.

mm

R/Bal.

06

mm

L/Bal.

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

29/08/19

Survey held at

Truck Hai

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

Rees O/S

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

Date / Time	Action / Instruction
	TP 1st Cap.
	Adrian Confirmed L/S \$1,300/- @ 4 days with Boss
	(C \$ 2,113.78 Red - 62%)
	MV:
	PV:
	Nett:
	Resurvey no. of TP - 2

Date/Time, File Pays to?	Date/Time, File Return to?	Part Prices Check:	Survey Fee:	Date:
1) 11/12/19	2)	IN	Basic & Add.	130
3) Typ 24	4)	OUT	S + RS, SI	50 + 50 + 50
5)	6)		Photos	50
Prel. Report:			Others	
Final Report: L/S \$1,300/-			TOTAL	301

### MOTOR SURVEY ASSIGNMENT

<b>Date</b>	27-08-2019	<b>Our Ref No.</b> D19005535MFSH
<b>Accident Date</b>	23-08-2019	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHC8708D	<b>Third Party Vehicle.</b> PC8103D
<b>Survey Location</b>	BLOCK 1 KAKI BUKIT AVENUE 6 #01-54AUTOBAY @ KAKI BUKIT	
<b>Contact Person.</b>	MS CONNIE SEE	
<b>Contact No.</b>	68429089/ 0	<b>Fax No.</b> 0
<b>Survey Type</b>	WITHOUT PREJUDICE: CASE FROM LAWYER, NO DIRECT SETTLEMENT, SEE WHETHER CAN SURVEY THE VEHICLE. LIABI	
<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>	TICK HAI MOTOR & WELDING SERVICES	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	ARIDAS & ASSOCIATES	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	JASON TEA CHEE KIAT	

### 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.

**Re: SURVEY ASSESSMENT - D19005535MFSH/1**

Shirley Hiew (LKK Auto)

Fri 30/8/2019 5:20 PM

To: 'Jason Tea' &lt;JasonTea@msfirstcapital.com.sg&gt;; 'CWS Motor Claims' &lt;cwsmotorclaims@msfirstcapital.com.sg&gt;

Cc: SUR &lt;sur@lkkauto.com&gt;; assignments &lt;assignments@lkkauto.com&gt;

Dear Jason,

Please be informed that we have inspected the vehicle PC 8103D on 29/08/2019.

We are pending estimate from repairer.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:Sur@lkkauto.com) | fax: 6256-4315

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

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**From:** Admin-D (LKKAuto) <admin-d@lkkauto.com>**Sent:** Thursday, 29 August 2019 12:49 PM**To:** 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>**Cc:** 'Jason Tea' <JasonTea@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>**Subject:** RE: SURVEY ASSESSMENT - D19005535MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards

**G.NIVITHA****LKK Auto Consultants Pte Ltd**Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]**Sent:** Thursday, 29 August 2019 12:24 PM**To:** ASSIGNMENTS@LKKAUTO.COM**Cc:** CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Jason Tea <JasonTea@msfirstcapital.com.sg>**Subject:** PRI: SURVEY ASSESSMENT - D19005535MFSH/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.**



**AVG**

This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)

MSME19112464 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 26/08/2019 16:24  
 SUBMITTED BY: Chia Pei Ying

## 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	26/08/2019 16:24
Date Of Accident	23/08/2019 11:30
Exact Location Of Accident	ALONG CARPENTER STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8103D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AURORA WORLD PTE LTD
Co Reg No	201002992D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91188517

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107690929
Cover Note Number	

### Driver

Name of Driver	SUHAIMI BIN BASRI
NRIC No	S1758477D
Date Of Birth	13/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87485384
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 105 WOODLANDS ST 13 #02-182  
 Postcode 730105  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 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? YES  
 If Yes, Please state which Police Station  
 Police Station Name KEBUN BARU NPP  
 Police Station Address ROAD: 111 ANG MO KIO AVE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20190823/2079.

#### 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 SHC8708D  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category TAXI  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number 87540211  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)



## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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.:

## Sketch Plan #2 Pg. 1

## 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 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.
  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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



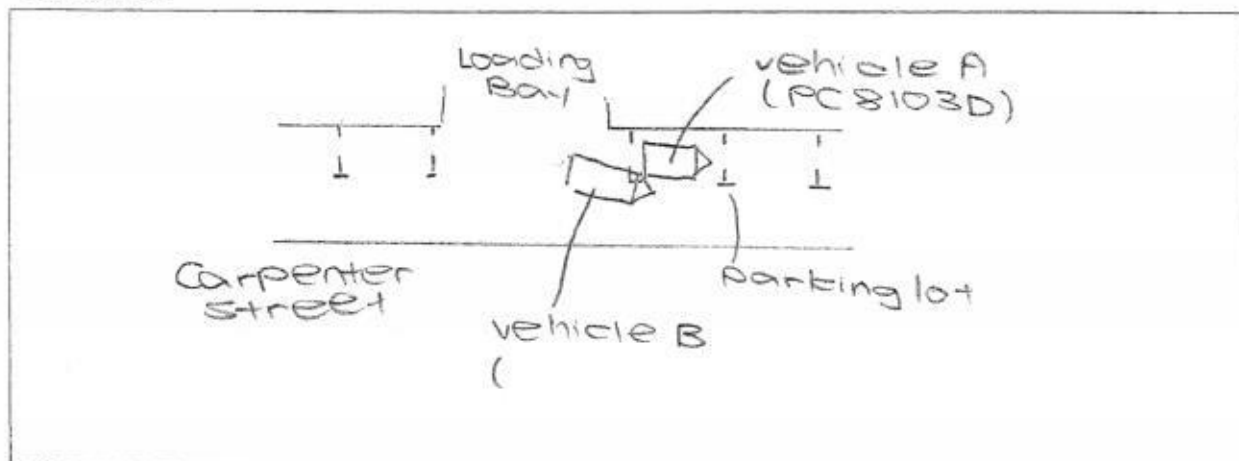
Sulaim

Policyholder's Signature / Date &amp; Time

Driver's Signature (If driver is not the policyholder) / Date &amp; Time

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

Refer to police report

We declare the foregoing particulars are true in every respect.



Schane

Witnessed by Reporting Centre  
Personnel

Insurance Co. NTUC

Vehicle NO. PC81030 Date Of Accident 23, 8, 19

☐ Reporting Only

☐ Own Damage Claim

☒ Third Party Claim

## Sketch Plan #4 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190823/2079

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

1 of 3

Report No. T/20190823/2079

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2019 13:07	Vide Report No.:	Station Diary No.: 14
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## Informant's Particulars

Name of Informant: SUHAIMI BIN BASRI			Address: APT BLK 105 WOODLANDS STREET 13 #02-182 SINGAPORE 730105		
ID Type / ID No.: NRIC NO / S1758477D			Contact No.: Home/Office: Mobile: 87485384		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 13/03/1966	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: COMPANY DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2019 11:30	Type of Location: Straight Road
Location: Along Road 1 CARPENTER STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC8103D	Van	TOYOTA	HIACE	White	Slightly Damaged	0
SHC8780D	Car	HYUNDAI		Blue	Slightly Damaged	1

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Sketch Plan #5 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190823/2079

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

2 of 3

Report No. T/20190823/2079

## CONTINUATION OF REPORT

Driver			
Name	SUHAIMI BIN BASRI	ID No.	S1758477D
Related Vehicle	PC8103D (Van)	Contact No.	87485384
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 23/08/19 at about 1130hrs, I was stationary at the carpark lot at Carpenter Street and the weather was clear and dry. While I was stationary inside my company van reg:PC8103D, white Toyota Hiace, suddenly, I felt a bump on my vehicle rear right bumper.

After that, I alighted from my van and I saw the Comfort Delgro blue colour Hyundai taxi reg:SHC8780D, was the one that hit my van. Subsequently, I approached the taxi driver, male Chinese aged about 50 plus, hp:87540211, and he admitted that he was in the wrong and he needed to rush to Changi airport to send his passenger there. As such, I just took down his car plate number and he wrote his contact for me and he left. My van sustained scratched and dent on the right rear bumper. The taxi sustained front left side bumper scratched and dented.

No one was injured during that accident. I lodged this report for my company insurance claim.

## Sketch Plan #6 Pg. 1

**SINGAPORE  
POLICE FORCE**

T/20190823/2079

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

3 of 3

Report No. T/20190823/2079

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sr Staff Sgt CHER KOK KENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

23/08/2019 13:07

Classification Of Case:

Authentication Stamp

NP168

## Accident Sketch Plan Pg. 1



T/20190824/2136

1 of 3

Report No. T/20190824/2136

## Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190823/2079  
Report Number T/20190824/2136  
Vide Report Number T/20190823/2079  
Date/Time of Report Made 24/08/2019 17:44  
Place Report Lodged Traffic Police  
Type of Informant Driver  
Name of Informant SUHAIMI BIN BASRI  
ID Type / ID No. NRIC NO / S1758477D  
Home/Office 87485384  
Mobile 87485384  
Email  
Type of Accident Non-Injury / Others  
Drink Drive No  
Anyone conveyed by ambulance No  
Date/Time of Accident 23/08/2019 11:30

*Suhaimi*

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC8103D	Van				Slightly Damaged	0
SHC8708D	TAXI				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Accident Sketch Plan Pg. 1



T/20190824/2136

2 of 3

Report No. T/20190824/2136

## Continuation of CSF For NP168

Driver			
Name	SUHAIMI BIN BASRI	ID No.	S1758477D
Related Vehicle	NIL	Contact No.	87485384
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Facts.**

I am lodging this report to make amends to the vehicle number reference report T/20190823/2079. The correct vehicle number for the taxi shall be SHC8708D. That is all.



## Accident Sketch Plan Pg. 1



T/20190824/2136

3 of 3

Report No. T/20190824/2136

## Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIA / WONG SIEU LUI
Classification of Case	1) NON-INJURY / OTHERS



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	992D
<b>Vehicle Details</b>	
Vehicle No.:	PC8103D
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Aug 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE HIGH ROOF COMMUTER TURBO AUTO
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	1KD2842887
Chassis No.:	JTFST22P500038949
Maximum Power Output:	-
Open Market Value:	\$38,308.00
Original Registration Date:	12 Mar 2019
First Registration Date:	12 Mar 2019
Transfer Count:	0
Actual ARF Paid:	\$1,916.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	11 Mar 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$26,914.00
COE Rebate Amount:	\$25,647.00
<b>Total Rebate Amount:</b>	<b>\$25,647.00</b>

The information contained herein is correct as at 30 Aug 2019.

OK

TP 1st Cap  
Shirley  
uto

**Vehicle Model : Toyota Hiace Hiroof Commuter Turbo Auto**

Chassis : JTFST22P500038949

✓✓✓✓✓  
868.80  
652.42

$$\begin{array}{r} 30 \\ 50 \\ 400 \\ - 500 \\ \hline 980 \end{array}$$

Date:

04 days.

13K



# 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

Affiliated to Federation Internationale Des Experts En Automobile

MS FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI19015254/Asd3s2

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 20-12-2019



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 8708D	Veh. Inspected	PC 8103D
Policy No.		Coverage (\$)	0.00
Claim No.	D19005535MFSH	Excess (\$)	0.00
Assign From	JASON TEA	Assign Date	29/08/2019

## 2. Vehicle Particulars & Condition

Make & Model	TOYOTA HIACE	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTFST22P500038949	Colour	WHITE
Odometer	24766	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195 R15C	BRIDGESTONE	6 mm
L/H Front Tyre	195 R15C	BRIDGESTONE	6 mm
R/H Rear Tyre	195 R15C	BRIDGESTONE	6 mm
L/H Rear Tyre	195 R15C	BRIDGESTONE	6 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	23/08/2019	Inspection Date	29/08/2019
Survey held at	TICK HAI MOTOR & WELDING SERVICES BLK 1 KAKI BUKIT AVE 6 #01-54 AUTOBAY @ KAKI BUKIT SINGAPORE 417883		

## 5a. Remarks

A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 8103D**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR FENDER (RH)	TO REPAIR SEE LABOUR	1,321.80	-
1	REAR BUMPER	DEFORMED	376.40	376.40
6	REAR BUMPER CLIP	NECESSARY	13.20	13.20
1	REAR BUMPER SIDE RETAINER (RH)	CRACKED	22.50	22.50
1	REAR BUMPER SIDE COVER (RH)	DEFORMED	89.50	89.50
1	TAILLAMP (RH)	CUT	368.30	368.30
	LESS 25% DISCOUNT		-547.92	-217.48
			1,643.78	652.42
	<b><u>LABOUR</u></b>			
	TO CHECK REAR ELECTRICAL WIRING SYSTEM.		120.00	30.00
	TO REMOVE & REINSTALL REVERSE SENSOR.		150.00	50.00
	TO REMOVE, REPLACE ABOVE LISTED PARTS AND PANEL, TO PANEL BEAT ACCIDENT AFFECTED PARTS. INCLUSIVE OF THE REPAIR OF REAR FENDER (RH).		650.00	400.00
	TO SPRAY PAINTING ON AFFECTED AREA.		850.00	500.00
			1,770.00	980.00
	<b>GRAND TOTAL</b>		<b>3,413.78</b>	<b>1,632.42</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>1,300.00</b>

Report Ref No. CS/FCI19015254/Asd3s2

**ADRIAN LING WAI PING****B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI****Licensed Appraiser**

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