

22/03/2002

ASS REC. BY:

REF: CS/FCI/19015490/Kvf302

Special Instruction:

Survivor: Konneth

ASSIGNMENT (Office)

From (Person): Hung Kao

of PCI

Date/Time: 2.9.2019 5.01pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLP 4048K

Insured: SHA 0456T

at Workshop m/s Lian Hov Motors

Tel: 910 82728

of BIK 5038 AMK Industrial Park 2 #01-405

Policy No:

Claim No: D19005632MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 16.8.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 2.9.19 5.10p m

Person Contacted: Anthony

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLP 4048K - CS3/MXG 1900-197/T16D3R2-1 12.0A-31/01/2019

SHA 0456T-X

3/9/19

Email preli revised to FCI

(LS)

5/9

Food Customer (Recd 466.93, 37M)

ASS. REC. BY:

REF: 102 /

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Lian He CH

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: 882k

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: SLP 4048k Yr Regn: 06, 17

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

Truck / Traller or NAMake: Toy Wish c.c. 1797Colour: M.P. White A/C: Insured / Std / NI / NASp. Reading: 193579 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: EGE20 6034373Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / SRIM / STD A/Rim orTyre Size: F: 195/60R15

R: _____

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

Front: _____ Rear: _____

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 18/8/19 D.O.I. 2/9/19

Survey held at _____

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

FR old car more

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

RECEIVED 05 SEP 2019

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) SLA - typist

Report Format :

Lump Sum / I.B.I. (\$) CWS
800/2Days Of Repair: 1Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

100

50

50

11

211

MOTOR SURVEY ASSIGNMENT

Date	30-08-2019	Our Ref No. D19005632MFSH
Accident Date	16-08-2019	Claim Type. Third Party
Insured Vehicle	SHA0456T	Third Party Vehicle. SLP4048K
Survey Location	Blk 5038 Ang Mo Kio Industrial Park 2 #01-405	
Contact Person.	ANTHONY CHEONG	
Contact No.	91082728/ 91082728	Fax No. 0
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	LIAN HER MOTORS	Attention. NIL
Cc : TP Solicitor	TEO KENG SIANG LLC	TP Solicitor Fax No. 63335676
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.

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Tuesday, 3 September 2019 11:53 AM
To: 'CWS Motor Claims'; SUR
Cc: 'Henry Kao'
Subject: RE: SURVEY ASSESSMENT - D19005632MFSH/1-SLP 4048K
Attachments: SLP 4048K PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SLP 4048K

Date of survey: 2/9/2019

Number of days (estimated) : 1 days

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) <admin-d@lkkauto.com>
Sent: Monday, 2 September 2019 5:09 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'Henry Kao' <HenryKao@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19005632MFSH/1

Dear Sir/Madam,

Thank you for your assignment.

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Monday, 2 September, 2019 5:01 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Henry Kao <HenryKao@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19005632MFSH/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.



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D19005632MFSH

Our ref: CS/FCI19015490/Kvf3

Date : 3/9/2019

The Motor Claims Department
MS FIRST CAPITAL INSURANCE LTD

WITHOUT PREJUDICE

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SLP 4048K

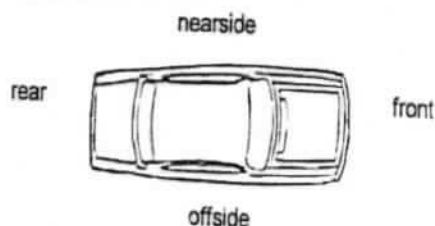
We thank for your instruction on 2/9/2019

Please be informed that we had conducted the inspection of the above mentioned vehicle on 2/9/2019 at the premises of M/s LIAN HER MOTORS and have the following to report:-

Workshop Estimate Amount	: S\$1,266.93
Revised Estimate Amount	: S\$313.83
"Check" Items Amount	: S\$833.10
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the front o/s door mirror



Comments/Present Status:

Damages Consistent

Yours faithfully,

Kenneth Kong
Licensed Appraiser

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	930Z
Vehicle Details	
Vehicle No.:	SLD9833R
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Sep 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	GLA180 (R18 BI)
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	27091030996287
Chassis No.:	WDC1569422J268340
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$27,838.00
Original Registration Date:	04 Jul 2016
First Registration Date:	04 Jul 2016
Transfer Count:	1
Actual ARF Paid:	\$25,974.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Jul 2026
PARF Rebate Amount:	\$19,480.00
Intended COE Rebate Details	
COE Expiry Date:	03 Jul 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,889.00
COE Rebate Amount:	\$32,724.00
Total Rebate Amount:	\$52,204.00

The information contained herein is correct as at 03 Sep 2019

OK

First Cap

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	17/08/2019 09:25
Date Of Accident	16/08/2019 12:35
Exact Location Of Accident	MOUNT ELIZABETH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4048K
Insured/Policyholder	
Name Of Registered Owner	L H CAR RENTAL PTE LTD
Co Reg No	200009761N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93227428
Alternative Phone No	OFFICE-93227428

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	YES
Policy Number	5109111878-000018
Cover Note Number	

Driver

Name of Driver	WONG PENG XIANG
NRIC No	S8931444E
Date Of Birth	09/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	28/05/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93227428
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	18 JLN HIKAYAT
Postcode	769862
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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: : NA 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

I WAS ON MOUNT ELIZABETH ROAD GOING STRAIGHT WHEN I WAS IN STATIONARY DUE TO NEARBY TRAFFIC. VEHICLE B CUT SLIGHTLY INTO MY LANE AND AS A RESULT HIS SIDE MIRROR HIT AGAINST MINE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	KIV, SUBMIT BY CLAIMANT W/S
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA456T
Vehicle Make/Model/Colour	HYUNDAI
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)

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 willful 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 Insurer to 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 insuring of this report to the Insurer, you hereby consent to the archiving of this report at the centre and to copies of the report being made available to the centre.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) Insurers, my Insurer and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my Personal Data/Personal Information set out in this Form, and any other Personal Information disclosed to me or collected by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurers who have insured vehicles involved in this accident (all Insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers". The Insurers' Insurances/Policy Terms, the Insurers' Authority of Singapore and any relevant government agency/authority (such as the police, for the purposes 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 handling 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 completion of the claims, mail processing and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all Insurers (to whom I have insured vehicles involved in the accident and the Insurers' lawyers/law firms) may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above purposes;
- (c) my Personal Information may also be disclosed by any of the Insurers and/or any of their third party service providers or agents (including their lawyers/law firms) which may be based 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 the (a) 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.

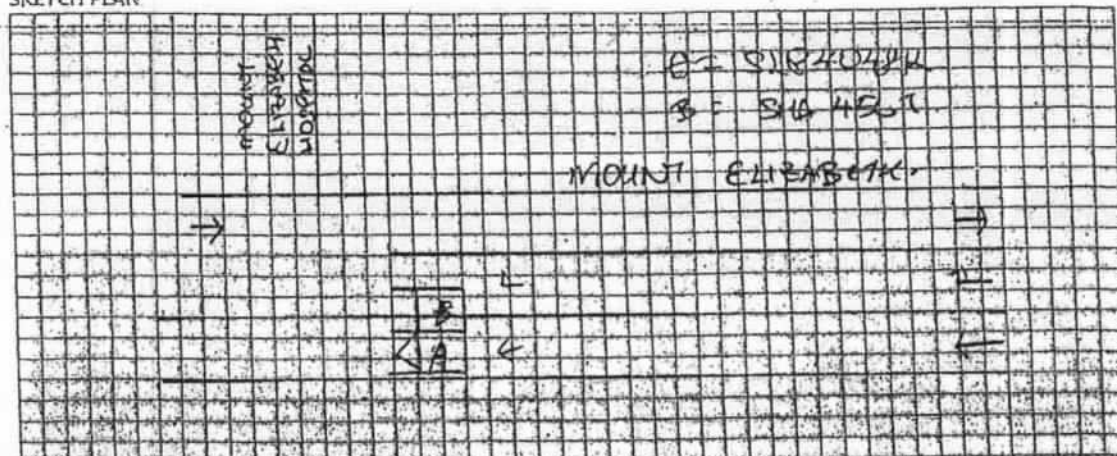
L.H CAR RENTAL PTE LTD

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on MOUNT ELIZABETH ROAD going straight when I was in stationary due to heavy traffic. Vehicle B cut slightly into my lane and as a result his side mirror hit against mine.

DECLARATION

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

L.H CAR RENTAL PTE LTD

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.:

Lian Her Motors

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541

Tel : 64816131

Fax : 64816131

L H Car Rental Pte Ltd

Blk 5038 #01-405

Ang Mo Kio Industrial Pk 2

Singapore 189556

Vehicle No : SLP 4048 K

Make : Toyota Wish

Year : 2017

*Not Notch
Heavy After Paint
11km 8800 1 day*

Qty	Description	Unit Price	Amount
<u>Estimate Cost Of Repair</u>			
1 pc	Front o/s door view mirror		
1 pc	Front o/s door view mirror light		
1 pc	Front o/s door view mirror cover		
			<i>my loose</i> \$955.60 ✓
			<i>crm</i> \$205.10 ✓
			<i>sw</i> \$155.20 X
			\$1,315.90
		Less 25 %	\$328.97
			\$986.93
<u>Labour Charges</u>			
	Remove/renew the above parts.		\$150.00 <i>801</i>
	To spray paint (pearl white)		\$100.00 <i>601</i>
	Check/reconnect wiring.		\$30.00 <i>201</i>
		Total	\$1,266.93

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:




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/FCI19015490/Kvf3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 06-09-2019		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 456T	Veh. Inspected	SLP 4048K	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19005632MFSH	Excess (\$)	0.00	
Assign From	HENRY KAO	Assign Date	02/09/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH (A)	c.c	1797	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	ZGE206034373	Colour	METALLIC PEARL WHITE	
Odometer	193579	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/60 R15	YOKOHAMA	8 mm	
L/H Front Tyre	195/60 R15	YOKOHAMA	8 mm	
R/H Rear Tyre	195/60 R15	YOKOHAMA	8 mm	
L/H Rear Tyre	195/60 R15	YOKOHAMA	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S DOOR MIRROR. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	16/08/2019	Inspection Date	02/09/2019	
Survey held at	LIAN HER MOTORS BLK 5038 ANG MO KIO INDUSTRIAL PARK 2, #01-405 SINGAPORE 569541.			
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.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		1 Working Days		



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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLP 4048K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT O/S DOOR VIEW MIRROR	MTG LOOSE	955.60	955.60
1	FRONT O/S DOOR VIEW MIRROR LIGHT	CRACKED	205.10	205.10
1	FRONT O/S DOOR VIEW MIRROR COVER	SERVICEABLE	155.20	-
	LESS 25% DISCOUNT		-328.98	-290.18
			986.92	870.52
LABOUR				
	REMOVE/RENEW THE ABOVE PARTS.		150.00	80.00
	TO SPRAY PAINT (PEARL WHITE).		100.00	60.00
	CHECK/RECONNECT WIRING.		30.00	20.00
			280.00	160.00
GRAND TOTAL			1,266.92	1,030.52
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				800.00

Report Ref No. CS/FC119015490/Kvf3e2

KONG SENG CHEONG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.