

22/03/2002

ASS. REC. BY:

REF: CS/FCI19018366/ Ks d301 Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Jason Tea of FCI

Date/Time: 16/10/19 @ 5:32pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLE 5513K

Insured: SHD 6949H

at Workshop in/s City Auto

Tel: 64531235

of BK 160 Sin Ming Drive # 05-01

Policy No:

Claim No: D19006596 MP24

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 14/10/2009

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 10:35am @ 17/10/19

Person Contacted: Veronica

Vehicle IN / OUT

Date/Time	Action/Instruction
	SLE 5513K - X
	SHD 6949H - NS / INC / 8023209 / Klvbn2 ✓ DUA: 24/12/2018
22/10/19	@ 14:58 pm revised PA to Jason via email.
24/10	860d Confirmed
	(\$434.96 Red - 42%)

ASS. REC. BY:

REF:

FCI

ASSIGNMENT

From:

Date:

21/10/2019

Veh No:

SLE 5513K Yr Regn: 07 16

Estimated Cost:

Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /☒ OD / ☐ TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

SLE 5513K

Make:

Honda Jazz c.c. 1498

at Workshop m/s

City Auto

Colour

Black A/C: Insured / Std / NI / NA

of

BLK & Sin Ming Ind. Est #0160/62

Sp. Reading

8140P T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

JHMGK5850HX200265

Policy No.

C/No:

Claims No.

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: ☒ In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: ☒ In order / Jammed / Leaked / Burnt or

Make of Veh:

1.30pm Owner Wang

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

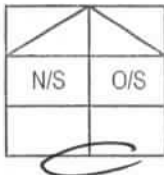
(Policy Condition)

Tyre Size:

F: 185/55R16

R:

Remark: The veh had commenced its repair at the time of inspection.



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

TOYO / YOKO or

Bal. or Market Value:

857K

Front

Rear

IDAC Accident Rpt:

Consistent?: Yes or No

R/Bal.

7 mm

R/Bal.

7 mm

GIA / PR Seen:

Consistent?: Yes or No

L/Bal.

7 mm

L/Bal.

7 mm

Est. Repairs:

02

days

Res.:

Yes or No

D.O.A.

14/10/19

D.O.I.

21/10/19

Lum Sum:

1.31

%

3 Val.:

Yes or No

Survey held at

CA / REV / REP. / 24 HRS (up)

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

RECEIVED 24 OCT 2019

Date/Time, File Pass to?

24/10/19



Preli. Report



Final Report

1)

Typist

Date/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

100

Transportation:

50

S + RS, SI

50

Photos

17

Others

TOTAL

217

Report Format:

Lump Sum (E):

600/- P/P

MOTOR SURVEY ASSIGNMENT

Date	15-10-2019	Our Ref No. D19006596MFSH
Accident Date	14-10-2019	Claim Type. Third Party
Insured Vehicle	SHD6949H	Third Party Vehicle. SLE5513K
Survey Location	BLK 160, SIN MING DRIVE, SIN MING AUTO CITY #05-01	
Contact Person.	VRONICA LAW	
Contact No.	64531235/ 0	Fax No. 64537944
Survey Type	WITHOUT PREJUDICE: NO ESTIMATE GIVEN, ASK WORKSHOP TO WRITE TO US FOR LIABILITY IF THEY GIVE ESTIMAT	
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	CITY AUTO PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	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.

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto)
Sent: Tuesday, 22 October 2019 2:58 pm
To: 'Jason Tea'; 'CWS Motor Claims'
Cc: SUR; Admin-D (LKKAuto); assignments
Subject: RE: SURVEY ASSESSMENT - D19006596MFSH/1
Attachments: PRELI ADVISE -SLE 5513K.pdf

Dear Jason,

Enclosed preliminary revised of vehicle SLE 5513K.

Thank you.

Best Regards,

Shirley Hiew | 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: Thursday, 17 October 2019 11:41 am
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 - D19006596MFSH/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

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, 16 October 2019 5:32 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Jason Tea <JasonTea@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D19006596MFSH/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



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: D19006596MFSH

Date: 22 October 2019

Our Ref: CS/FCI19018366/Ksd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

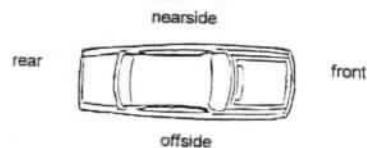
INITIAL INSPECTION REPORT OF VEHICLE NO. SLE 5513K .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 21/10/2019 at the premises of M/s City Auto Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ 1,034.96 .
Revised Estimate Amount	: S\$ 600.00 .
"Check" Items Amount	: S\$ 184.96 .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages at the rear portion.



Comments/ Present Status:

Damages Consistent.

Repair days: 2 days

Yours faithfully

Kenneth Kong
Automotive Assessor

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	15/10/2019 10:15
Date Of Accident	14/10/2019 19:55
Exact Location Of Accident	RESORT WORLD CASINO B1 PICK UP POINT 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE5513K
Insured/Policyholder	
Name Of Registered Owner	CHEW WEE CHANG (ZHOU WEIZHANG)
NRIC No	S8270388H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88002328
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.5RS

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 PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112856411
Cover Note Number	

Driver

Name of Driver	CHEW WEE CHANG (ZHOU WEIZHANG)
NRIC No	S8270388H
Date Of Birth	16/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	08/01/2010
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88002328
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	NOEMAIL

Address	APT BLK 108 ANG MO KIO AVENUE 4 #03-82
Postcode	560108
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?	
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

PLEASE REFER TO SKETCH PLAN

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	SHD6949H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RADINSALIH BIN RAHMAD
NRIC/Passport Number	S7246909G
Contact Number	83983774
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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 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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/50/52 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1215 / 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature
Name:
NRIC/TIN No:

I just dropped ^{off} passenger and waiting for next passenger. * My car is stationary at the pick up point. Taxi behind me hit my car from the back (SPD 694414).

Policyholder's Signature _____
Date & Time _____

Respectfully,


#01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: (65) 1235 Fax: 6453 7944
 (Claims Section)

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



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel: 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Estimate : QUOT201910-000390(00)

MS FIRST CAPITAL INSURANCE LTD

NO. 36
ROBINSON RD #06-01
CITY HOUSE
SINGAPORE 068877

Date : 15/10/2019

Vehicle No. : SLE5513K

Make/Model : HONDA JAZZ

Mileage (km) : 0

Chassis No. : JHMGK5850HX200265

Accident Date : 14/10/2019 00:00:00

Claim No. : SHD6949H

Reference : SLE5513K

Policy No. : 5112856411

Contact : -

Fax No. : 65073849

Not Authorize

2 days

S/No	Particular	Quantity	Unit Price	Amount S\$
LIST ITEMS :				
1	Rear bumper reinforcement	1.0	<i>NSP</i> 231.20	231.20
List Total :				231.20
20% Discount S\$				46.24
				184.96
LABOUR :				
	-To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts	1.0	250.00	<i>200</i> 250.00
	- Spray painting on affected & replace parts	1.0	600.00	<i>400</i> 600.00
				850.00

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:

E. & O.E.

Total S\$: 1,034.96

GST 7% S\$: 72.45

Amount Due S\$: 1,107.41


HA
for CITY AUTO PTE LTD

**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/FCI19018366/Ksd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 31-10-2019		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 6949H	Veh. Inspected	SLE 5513K	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19006596MFSH	Excess (\$)	0.00	
Assign From	JASON TEA	Assign Date	16/10/2019	
2. Vehicle Particulars & Condition				
Make & Model	HONDA JAZZ (A)	c.c	1498	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JHMGK5850HX200265	Colour	METALLIC BLACK	
Odometer	81409	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	185/55 R16	YOKOHAMA	7 mm	
L/H Front Tyre	185/55 R16	YOKOHAMA	7 mm	
R/H Rear Tyre	185/55 R16	YOKOHAMA	7 mm	
L/H Rear Tyre	185/55 R16	YOKOHAMA	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/10/2019	Inspection Date	21/10/2019	
Survey held at	160 SIN MING DRIVE# 05-01			
Repairer	CITY AUTO PTE LTD			
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:		2 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. SLE 5513K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	NO SUCH PARTS		
	REAR BUMPER REINFORCEMENT		231.20	-
	LESS 20% DISCOUNT		-46.24	-
			184.96	-
	LABOUR			
	TO KNOCK JACKOUT DAMAGED PARTS, PANEL BEATING, WELDING, ALIGN, REFIX AND TO RENEW ACCIDENT PARTS.		250.00	200.00
	SPRAY PAINTING ON AFFECTED & REPLACE PARTS.		600.00	400.00
			850.00	600.00
GRAND TOTAL			1,034.96	600.00
RECOMMENDED COST OF REPAIRS				600.00

Report Ref No. CS/FCI19018366/Ksd3e2

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.