

21/10/2018

V.A.S.S. REC. BY:

REF: CS3/FCI 11018525/Ticd3²⁴

Special Instruction:

Summary: Tqurhkh

ASSIGNMENT (Office)

CWS

From (Person): Jason Tan

of FCI

Date/Time: 18/10/18 6:20 pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLW 391H

Insured:

SHA 38299

at Workshop m/s

LKT Group

Tel:

6846 18 36 / 96770025

of

BLK 3006 Ubi Road 1 #01-390

Policy No:

Claim No:

D1900 G554MFS4

Sum Insured:

Excess:

D.O.A. 11/10/2018

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS

lap

H.O.D. Endorsement:

Date/Time:

9:43am @ 21/10/18

Person Contacted:

Raji

Vehicle IN/OUT

Date/Time

Action/Instruction

Tchmidt X

SLW 391H -X

SHA 38299-CS/FCI 18006053/Drd3e2

Date: 3/4/2018

Dismantle: 22/10/2018

After repair: 24/10/2018

ASS. REC. BY:

REF:

FCI

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.

N/S	O/S

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLW 391H

Yr Regn:

2015, Jan.

Type: ☒ M.Cap / ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Audi A3

c.c

1345

Colour

white

A/C: Insured / Std / NI / NA

Sp. Reading

49935

T/Radio: Insured / Std / NI / NA

Eng/No:

WAM 777849ER 143277.

C/No:

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/55R17

R:

~ ~

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

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

21/10/19 5.09pm

Survey held at

LKT Group

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

RECEIVED 14 NOV 2019

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Form:

PRE

Emp. Sign / F.P. (C)

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	14-10-2019	Our Ref No. D19006554MFSH
Accident Date	11-10-2019	Claim Type. Third Party
Insured Vehicle	SHA3829G	Third Party Vehicle. SLW391H
Survey Location	3006 UBI ROAD 1 #01-384KAMPONG UBI INDUSTRIAL ESTATE	
Contact Person.	RAJI (MS)	
Contact No.	68461836/ 96770025	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	LKT GROUP PTE LTD	Attention. NIL
Cc : TP Solicitor	APAC LAW CORPORATION	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.



APAC LAW CORPORATION

ADVOCATES & SOLICITORS - NOTARY PUBLIC - COMMISSIONERS FOR OATHS

Co./GST Reg No. 201006902N

Address : 380 Jalan Besar
#05-02 ARC 380, Singapore 209000
[Branch Office]

Our Reference : APAC.SLW391H.PRLrj

Your Reference : SHA3829G

Main Line : + 65 6222 5593

Fax Line : + 65 6224 3703

Direct Email : britto@apaclaw.com

Date : 17 October 2019

FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877

**CERTIFICATE OF POSTING
&
BY FAX 6507 3849**

Attn: Manager (Motor Claims Department)

NOTICE TO INSURANCE TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 6.2 OF PRE-ACTION PROTOCOL FOR NIMA CASE

We act for **LKT GROUP PTE LTD**, the owner of motor vehicle **SLW391H**, who has appointed us to act on his behalf to claim against your insured's vehicle no **SHA3829G** in regards to the road traffic accident on 11.10.2019 along Balestier Road towards Lavender.

Please note that our client's motor vehicle **SLW391H** is now at the following workshop: -

LKT GROUP PTE LTD
Blk 3006 Ubi Road 1
#01-384 Kampong
UBI Industrial Estate
Singapore 408700
Contact Person: **Mr Eddy (6846 1836 / 9677 0025)**

PLEASE NOTE that if you fail to carry out pre-repair inspection or waive the pre-accident inspection within **2 days** from the receipt of this Notice, our client may proceed to have his motor vehicle repaired.

Please give us written notice of the completion of pre-repair inspection or waivers as the case may be as repairs can only commence after receipt of the written notice.

Yours faithfully

APAC LAW CORPORATION

Main Office
(Conveyancing, Corporate & Litigation Practice)
430 Toa Payoh Lor 6
#12-01 OrangeTee Building
Singapore 319402

Branch Office
(Road Traffic Accidents & Litigation Practice)
380 Jalan Besar
#05-02 ARC 380
Singapore 209000

We do not accept
service of Court
documents via
facsimile and/or
email.

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 12/10/2019 14:50
Date Of Accident 11/10/2019 22:15
Exact Location Of Accident BALESTIER ROAD TOWARDS LAVENDER
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW391H
Insured/Policyholder
Name Of Registered Owner BRIAN LAU
NRIC No S7536061D
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-83387396
Alternative Phone No OTHERS-83387396

Vehicle Particulars

Manufacturer AUDI
Model Q3-1.4 TFSI (A)
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 CAR

Insurance Company

Name of Insurance Company AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number P10207044R00
Cover Note Number

Driver

Name of Driver LOW CHEE HOE
NRIC No S7938897A
Date Of Birth 17/11/1979
Occupation INDOOR
Date Of Driving Pass 15/07/2004
Driving Experience 15 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-83387396
Fax Number
Contact Number
Email Address NOEMAIL

Address	1 JALAN DUSUN #07-05 SINGAPORE
Postcode	329363
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SHA3829G
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name LOW CHEE HOE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLW391H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

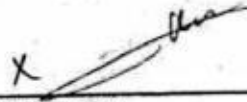
IMPORTANT NOTICE

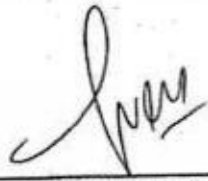
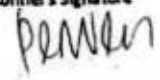
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

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

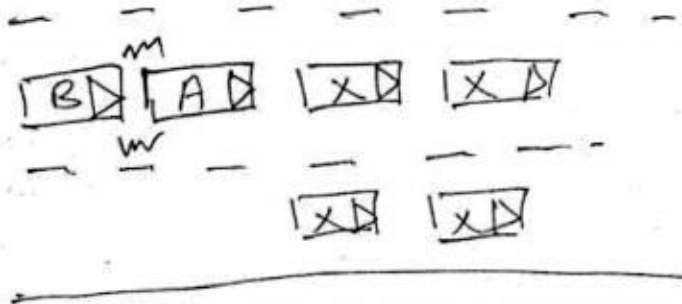

Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

① SLW391H

② SHA3829 G.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report.

DECLARATION

✓We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

POLICE REPORT PAGE 1



**SINGAPORE
POLICE FORCE**



T/20191012/2116

1 of 3

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20191012/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2019 22:20		Vide Report No.:		Station Diary No.: 76	
Informant's Particulars					
Name of Informant: LOW CHEE HOE			Address: 1 JALAN DUSUN #07-05 SINGAPORE 329363		
ID Type / ID No.: NRIC NO / S7938897A			Contact No.: Home/Office:		Mobile: 83387396
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 17/11/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: HR Officer			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/10/2019 22:15	Type of Location: Straight Road
Location: Along Road 1 BALESTIER ROAD				
Along Balestier Rd towards Lavender Street, about 100m from junction of Serangoon Rd.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3829G	Car				Slightly Damaged	0
SLW391H	Car				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT PAGE 2



**SINGAPORE
POLICE FORCE**



T/20191012/2116

2 of 3

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20191012/2116

CONTINUATION OF REPORT

Driver			
Name	Khairi Bin Omar	ID No.	S7219372E
Related Vehicle	SHA3829G (Car)	Contact No.	NIL
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
Driver			
Name	LOW CHEE HOE	ID No.	S7938897A
Related Vehicle	SLW391H (Car)	Contact No.	83387396
Hospital/Clinic	THOMSON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 11/10/2019 at about 2215hrs, I was in my vehicle Audi Q3 SLW391H driving along Balestier Rd towards Lavender Rd, and stopped about 100m before the junction of Serangoon Rd due to red light. Once the light turned green, a blue ComfortDelGro Taxi, SHA3829G, moved collided unto the back of my car. My car sustained damages, including a dented rear bumper and cracked rear lights. There were no other passengers in my car and the taxi, and I sustained injuries on my wrist and index finger.

I proceeded to Thomson Medical Centre and received 3 days MC from 12 Oct 2019 to 14 Oct 2019. I am lodging this report for insurance claiming purposes.



**SINGAPORE
POLICE FORCE**



T/20191012/2116

3 of 3

Report No. T/20191012/2116

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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:
E /
Sgt 2 ADAM MALIK BIN MOHAMED ABUSALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/10/2019 22:20

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	061D
Vehicle Details	
Vehicle No.:	SLW391H
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Oct 2019
Vehicle Make:	AUDI
Vehicle Model:	Q3 1.4 TFSI
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	CHP189421
Chassis No.:	WAUZZZ8U9ER143277
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$27,335.00
Original Registration Date:	30 Jan 2015
First Registration Date:	30 Jan 2015
Transfer Count:	1
Actual ARF Paid:	\$25,269.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jan 2025
PARF Rebate Amount:	\$18,951.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jan 2025
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$75,200.00
COE Rebate Amount:	\$39,581.00
Total Rebate Amount:	\$58,532.00

The information contained herein is correct as at 24 Oct 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/FCI19018525/T1cd3s2

Date: 21-11-2019



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHA 3829G	Veh. Inspected	SLW 391H
Policy No.		Coverage (\$)	0.00
Claim No.	D19006554MFSH	Excess (\$)	0.00
Assign From	JASON TEA	Assign Date	18/10/2019


2. Vehicle Particulars & Condition

Make & Model	AUDI Q3	c.c	1395
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WAUZZZ8U9ER143277	Colour	WHITE
Odometer	49935 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	235/55 R17	BRIDGESTONE	6 mm
L/H Front Tyre	235/55 R17	BRIDGESTONE	6 mm
R/H Rear Tyre	235/55 R17	BRIDGESTONE	6 mm
L/H Rear Tyre	235/55 R17	BRIDGESTONE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.	
--	---

5. General Information

Accident Date	11/10/2019	Inspect Date / Time	21/10/2019 (05:09 PM)
Survey held at	LKT GROUP PTE LTD BLK 3006 UBI ROAD 1 #01-390 KAMPONG UBI INDUSTRIAL ESTATE SINGAPORE 408700		

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: \$83,000.00
--

Report Ref No. CS3/FCI19018525/T1cd3s2

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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