

ASS. REC. BY:

REF: CS/FCE/19018643/Ky d3<sup>ST</sup>

Special Instruction:

Supervisor: ASSIGNMENT (Office)

From (Person): CWS Susanne Yong of FCE

Date/Time: 9:20am 22/10/19

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SJV 347R

Insured: SHC 1427K

at Workshop m/s VE Motor Works

Tel: 91442977

of Blk # 01-44 Sin Ming Ind. Est. Sec. C

Policy No: \_\_\_\_\_

Claim No: D19006645MFST

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_  
(Client's Record)

D.O.A. 17/10/2019

CA / REV / REP. / REV 24 HRS <sup>imp?</sup>

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 10:20am 22/10/2019 Person Contacted: Mr. cheng

Vehicle IN (OUT)

Date/Time	Action/Instruction	Estimated
	SJV 347R-X	
	SHC 1427K-NS/INC16024195/4/bn2	

D.O.A: 16/12/2016



**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	17-10-2019	<b>Our Ref No.</b> D19006645MFSH
<b>Accident Date</b>	17-10-2019	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHC1427K	<b>Third Party Vehicle.</b> SJV347R
<b>Survey Location</b>	blk 9 #01-44 Sin Ming Industrial Est sector c	
<b>Contact Person.</b>	MR. CHANG	
<b>Contact No.</b>	91442977/ 97250880	<b>Fax No.</b> 0
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<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>	V8 MOTOR WERKZ PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	VISION LAW LLC	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	JOANNEY	

**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.

**Nivitha (LKK Auto)**

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**From:** CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>  
**Sent:** Monday, 10 February 2020 5:11 PM  
**To:** ASSIGNMENTS@LKKAUTO.COM  
**Cc:** CWS Motor Claims; Joanne Yong  
**Subject:** REQUEST OF SURVEY REPORT-OUR REF:D19006645MFSH;ACCIDENT INVOLVING SHC1427K AND SJV347R ON 17-10-2019

Dear Sir,

We received LOD from workshop/solicitor.

Please let us have the **Survey Report including Vehicle Inspection Photos & Survey Fees Invoice** asap.

Kindly upload the survey report through CWS from document management screen by selecting option Survey report.

Thanks & Regards,  
Motor Claims Department  
MS First Capital Insurance Ltd  
[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)

## 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	17/10/2019 14:33
Date Of Accident	17/10/2019 07:45
Exact Location Of Accident	ADMIRALTY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV347R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PINNACLE RENTAL PTE. LTD.
Co Reg No	201634825C
Email Address	PINNACLE_RENTAL.PTE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97250880

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5087371903-02
Cover Note Number	

### Driver

Name of Driver	GOH WEI QIANG
NRIC No	S9216910C
Date Of Birth	09/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84829985
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	APT BLK 729 YISHUN STREET 71 #03-107
Postcode	760729
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 - 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1427K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ATTENBOROUGH SIDEY ANDREW
NRIC/Passport Number	S1571823D
Contact Number	91766494
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.



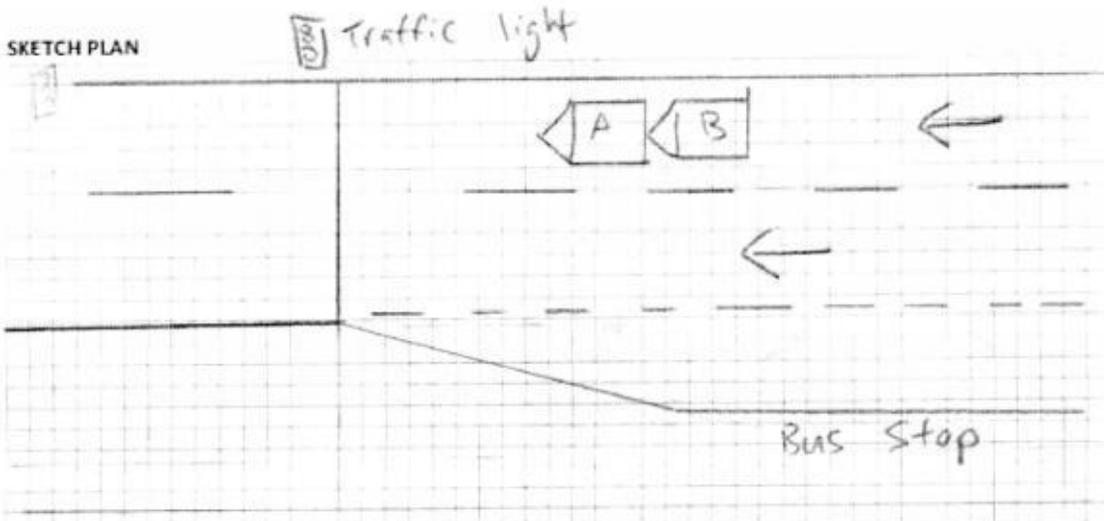
Policyholder's Signature  
Date & Time:

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 725643  
Tel: 6453 1234 Fax: 6453 7944  
(Claims Section)

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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A: STV 347R  
 Car B: SHC 1427K  
 Red

Car A stop at a Traffic light, Taxi Car B knock from behind. Causing Damage at Car A from rear. There is a slight pain in neck & shoulder area.

DECLARATION

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



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  
 #01-58/60 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1444 Fax: 6453 7944  
 (Claims Section)

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



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5087371903-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJV347R**  
 Chassis Number : **MR053HY9305145203**  
 2. Name of Policyholder : **PINNACLE RENTAL PTE. LTD.**  
 3. Effective Date of Insurance : **01 Jul 2019**  
 4. Expiry Date of Insurance : **30 Jun 2020**



5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

(We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue : 16 Jan 2019 16:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

K

# V8 MOTOR WERKZ PRIVATE LIMITED

BLK 7 #01-92 SIN MING INDUSTRIAL ESTATE SECTOR C SINGAPORE

575642

Tel No. : 91442977

Buss. Reg. No. : 20162278N

FIRST CAPITAL

~~Supplementary~~ Estimate : ES000010

Attention : Motor Claim Department

*Not Notched  
L1 Sm & 900k  
Presony After Paint  
3 days*

Date : 11/11/2019  
Vehicle Num : SJV347R  
Make/Model : TOYOTA VIOS 1.5  
Chassis/Eng# :  
Accident Date : 07/11/2019  
Claim No :  
Reference :  
Policy No :

S/N    Quantity    Particular    Unit Price    Amount S\$

S/N	Quantity	Particular	Unit Price	Amount S\$
LIST ITEMS :				
1.	1PCS	REAR BUMPER		380.00 ✓
2.	1PCS	REAR BUMPER REFLECTOR		78.00 ✓
3.	1PCS	REAR BUMPER RETAINER		135.00 ✓
4.	1PCS	REAR END PANEL		517.00 x
5.	S.NETT	REVERSE SENSOR		200.00 x
6.		LABOUR CHARGE FOR DISMANTLE AND REPLACEMENT		
7.		OF ACCIDENT PARTS, TO WELD, HEAT, CUT OFF PANEL		
8.		INCLUDING KNOCKING, REPAIRING, RESHAPE AND		
9.	1JOB	ADJUST TO SAME	400.00	300
10.		TO PUTTY AND SPRAY PAINT ON REAR BUMPER, END		
11.	1PCS	PANEL	400.00	360
12.	1JOB	LABOUR CHARGE FOR REPLACE REVERSE SENSOR	40.00	x
List Total S\$ :				2,150.00

E. & O.E.

Total S\$ : 2,150.00

for V8 MOTOR WERKZ PRIVATE LIMITED

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/FCI19018643/Kyd3s2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 24-03-2020	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 1427K	Veh. Inspected	SJV 347R
Policy No.		Coverage (\$)	0.00
Claim No.	D19006645MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	22/10/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA VIOS E (A)	c.c	1497
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	MR053HY9305145203	Colour	METALLIC GREY
Odometer	317069	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/55 R15	GOODYEAR	7 mm
L/H Front Tyre	195/55 R15	GOODYEAR	7 mm
R/H Rear Tyre	195/55 R15	GOODYEAR	5 mm
L/H Rear Tyre	195/55 R15	GOODYEAR	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	17/10/2019	Inspection Date	29/10/2019
Survey held at	BLK 7 SIN MING INDUSTRIAL EST SECTOR C #01-92		
Repairer	V8 MOTOR WERKZ 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:		<b>3 Working Days</b>	



# 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. SJV 347R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	BUCKLED	380.00	380.00
1	REAR BUMPER REFLECTOR	CRACKED	78.00	78.00
1	REAR BUMPER RETAINER	DISTORTED	135.00	135.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	517.00	-
	LESS 25% DISCOUNT		-	-148.25
			1,110.00	444.75
<b>SPECIAL NETT ITEMS</b>				
1	REVERSE SENSOR (SN)	SERVICEABLE	200.00	-
			200.00	-
<b>LABOUR</b>				
	LABOUR CHARGE FOR DISMANTLE AND REPLACEMENT OF ACCIDENT PARTS, TO WELD, HEAT, CUT OFF PANEL INCLUDING KNOCKING, REPAIRING, RESHAPE AND ADJUST SAME. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		400.00	300.00
	TO PUTTY AND SPRAY PAINT ON REAR BUMPER, END PANEL.		400.00	360.00
	LABOUR CHARGE FOR REPLACE REVERSE SENSOR.	NOT NECESSARY	40.00	-
			840.00	660.00
<b>GRAND TOTAL</b>			<b>2,150.00</b>	<b>1,104.75</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>900.00</b>

Report Ref No. CS/FCI19018643/Kyd3s2

KONG SENG CHEONG

Licensed Appraiser

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