

22/03/2002

ASS. REC. BY:

REF:

CS3/FCI19020023/71cP3b

Special Instruction:

Surveyor: Taufik h

ASSIGNMENT (Office)

From (Person):

Jason Teo chu kiat

of

FCL

Date/Time:

8.11.19 6.16p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJR 6009Z

Insured:

SH 7698Z

at Workshop m/s

A Auto Services

Tel:

85697181

of

5 Soon La Street Pioneer Point #06-31

Policy No:

Claim No:

D19007091 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

6.11.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12.11.19

9359.m

Person Contacted:

Mr ching

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SH 7698Z : CC 3 / A2G1W18097 / F11F242 D.A : 05/09/2010

SJR 6009Z : CC 4 / DAI1W167W / R3pb3q3 D.A : 04/09/2016

Dismantle: 13/11/2019.

ASS. REC. BY:

REF: FC1

ASSIGNMENT

CoE 2029 April

From:

Date:

12.11.2019

Estimated Cost:

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

To Inspect Vehicle No: SJR 6009Z

at Workshop m/s A Auto Services

of 5 soon Lee Street Pioneer Point #06-31

Insured:

Policy No.

Claims No.

Sum Insured:

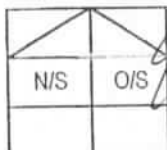
Excess:

(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

"up"

PRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJR 6009Z Yr Regn: 2009 June

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

Truck / Trailer or

Make:

Volkswagen New Beetle c.c. 1595

Colour:

Red. A/C: Insured / Std / NI / NA

Sp. Reading

99348 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

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: 225 / 45 / 17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

Survey held at

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

No estimate

RECEIVED 26 NOV 2019

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Week end (\$)

Report Format:

PRS

Lump Sum / L.R. / C.R.

120

120

MOTOR SURVEY ASSIGNMENT

Date	08-11-2019	Our Ref No. D19007091MFSH
Accident Date	06-11-2019	Claim Type. Third Party
Insured Vehicle	SH7698Z	Third Party Vehicle. SJR6009Z
Survey Location	5 SOON LEE STREETPIONEER POINT #06-31	
Contact Person.	AH ZHONG	
Contact No.	0/ 85697181	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	A AUTO SERVICES	Attention. NIL
Cc : TP Solicitor	CROSSBORDERS LLC	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.

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC

Owner ID: 454I

Vehicle Details

Vehicle No.: SJR6009Z

Vehicle to be Exported: No

Intended Deregistration
Date: 13 Nov 2019

Vehicle Make: VOLKSWAGEN

Vehicle Model: NEW BEETLE 1.6 A
6SPD

Primary Colour: Red

Manufacturing Year: 2009

Engine No.: BFS074697

Chassis No.: WVVZZZ9CZ9M558198

Maximum Power
Output: 75.0 kW (100 bhp)

Open Market Value: \$17,804.00

Original Registration
Date: 30 Jun 2009

First Registration Date: 30 Jun 2009

Transfer Count: 1

Actual ARF Paid: \$17,804.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited

PARF Eligibility Expiry
Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 30 Apr 2029

COE Category: A - Car (1600cc &
below)

COE Period(Years): 10

PQP Paid: \$26,175.00

COE Rebate Amount: \$24,771.00

Total Rebate Amount: \$24,771.00

The information contained herein is correct as at 13 Nov 2019

OK

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	07/11/2019 11:54
Date Of Accident	06/11/2019 20:20
Exact Location Of Accident	JUNCTION OF YIO CHU KANG ROAD AND HOUGANG AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR6009Z
Insured/Policyholder	
Name Of Registered Owner	JOANNABELL TAN MEI GEOK
NRIC No	S8820454I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81009614
Alternative Phone No	OFFICE-81009614

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	BEETLE 1.6A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5106499526
Cover Note Number	

Driver

Name of Driver	CHENG POH SIONG
NRIC No	S8670465Z
Date Of Birth	03/12/1986
Occupation	INDOOR
Date Of Driving Pass	08/08/2005
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81009614
Fax Number	
Contact Number	
EEmail Address	POHSIONG@HOTMAIL.COM

Address	BLK 998A BUANGKOK CRESCENT #11-701 SINGAPORE
Postcode	531998
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : 6 MONTHS OLD INFANT GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT AND ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WILL SEND TO NTUC
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7698Z
Vehicle Make/Model/Colour	BLUE/TAXI
Details Of Properties	REFER POLICE REPORT AND ATTACHED
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	CHENG POH SIONG
Approximate Age	
Injuries Sustain	REFER ATTACHED AND POLICE REPORT
Injured person in which vehicle?	SJR6009Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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 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 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:

6: SH 7698Z



As Per police report

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



**SINGAPORE
POLICE FORCE**



F/20191107/7013

1 of 2

POLICE REPORT (NP299)

Report No. F/20191107/7013

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 07/11/2019 12:16	Vide Report No.	Station Diary No.
Name Of Informant CHENG POH SIONG	Address APT BLK 998A BUANGKOK CRESCENT #11-701 SINGAPORE 531998	
ID Type / ID No. NRIC NO / S8670465Z	Contact No. Home/Office: Mobile: 81009614	
Nationality MALAYSIAN	Email Address pohsiong@hotmail.com	
Occupation Company director	Sex Male	Age 32
Institution/School Name	Date of Birth 03/12/1986	Race Chinese
Date/Time Of Incident 06/11/2019 20:20 - 06/11/2019 20:30	Language English	
	Location Of Incident APT BLK 998A BUANGKOK CRESCENT #11-701 SINGAPORE 531998	

Brief details.

I was driving SJR6009Z with my 6 month old infant (Clara Cheng Si Han) , along Yio Chu Kang road along, Hougang ave 9 junction. The junction traffic light was green and a taxi (SH 7698 Z) Turn Right from the opposite direction and hit onto my car. The traffic light Junction was green on my favour for me to proceeding straight.

Ambulance and Traffic police arrived at scene. Paramedic check on my 6 month old girl.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2019 12:16
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

**SINGAPORE
POLICE FORCE**

F/20191107/7013

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191107/7013

I feel unwell this morning and I was given 3 days of MC by TTSH hospital 7/11/19

Accident Video image has been captured by my car camera.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2019 12:16
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

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

Ref: CS3/FCI19020023/T1cf3e2

Date: 29-11-2019



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SH 7698Z	Veh. Inspected	SJR 6009Z
Policy No.		Coverage (\$)	0.00
Claim No.	D19007091MFSH	Excess (\$)	0.00
Assign From	JASON TEA CHEE KIAT	Assign Date	08/11/2019

2. Vehicle Particulars & Condition

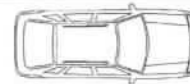
Make & Model	VOLKSWAGEN NEW BEETLE	c.c	1595
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	WVWZZZ9CZ9M558198	Colour	RED
Odometer	99398 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/45 R17	PIRELLI	6 mm
L/H Front Tyre	225/45 R17	PIRELLI	6 mm
R/H Rear Tyre	225/45 R17	PIRELLI	6 mm
L/H Rear Tyre	225/45 R17	PIRELLI	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY AND UNDERCARRIAGE PORTION.

**5. General Information**

Accident Date	06/11/2019	Inspect Date / Time	12/11/2019 (02:40 PM)
Survey held at	A AUTO SERVICES 5 SOON LEE STREET #06-31 PIONEER POINT SINGAPORE 627607		

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: \$43,000.00

Report Ref No. CS3/FCI19020023/T1cf3e2

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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