

ASS. REC. BY: 22/03/2002		RFB: CS/FCI/902085/Atf3		Special Instruction:	
Surveyor: Adnan		ASSIGNMENT (Office)		Date/Time: 29.11.19 9.08a.m	
From (Person): May Chua		of FCI		Bill to:	
Estimated Cost:		OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS		Insured: SHD 68905	
To Inspect Vehicle No:		SLH 5709		Tel: 82228966	
at Workshop n/s Xin Hua Workshop		of 23 Kpk Bukit Nr 4 # 04-01		Claim No: D19004508mpsy4	
Sum Insured:		Excess:		D.O.A. 24.11.2019	
Make of Veh:		(Client's Record)		H.O.D. Endorsement:	
CA / REV / REP. / REV 24 HRS		sup		Vehicle IN/OUT	
Date/Time: 29.11.19 9.09a.m		Person Contacted: Kalin		Action/Instruction (✓) Estimate	
SLH 5706-X		SHD 68905 - (CS/FCI/9001600/KK9 342		29.11.2019	
2/12 -		Revert via email		proh advise	

(CWS)

ASS. REC. BY:

REF: FCI

ASSIGNMENT

From: _____ Date: 29.11.2019

Estimated Cost: _____

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

To Inspect Vehicle No: SLH 520Gat Workshop m/s Xin Hua workshopof 23 kari Bukit Ave 4 #04-01

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

mp"

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLH 520G Yr Regn: 2016 / OctType: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Elatru c.c. 1591Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 95468 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH D841C M14U290845Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55R16R: 205/55R16BS / BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 29/11/19

Survey held at

Xin HuaDes. 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

TP 1st Cap.Part by Part \$7806.72; (Red: 7890.76: 50%)

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1) _____

Date/Time, File Return to?

2) _____

Report Form:

Lump Sum / P.P. /

7806.72Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

MOTOR SURVEY ASSIGNMENT

Date	27-11-2019	Our Ref No. D19007508MFSH
Accident Date	24-11-2019	Claim Type. Third Party
Insured Vehicle	SHD6890S	Third Party Vehicle. SLH520G
Survey Location	23 KAKI BUKIT AVENUE 4 #04-01AAS KAKI BUKIT CENTRE	
Contact Person.	ERIC	
Contact No.	82228966/ 82228966	Fax No. 68445185
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	XIN HUA WORKSHOP PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

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.

Denise Tay (LKKAUTO)

From: Denise Tay (LKKAUTO)
Sent: Monday, 2 December 2019 11:50 AM
To: Admin-D (LKKAUTO); 'CWS Motor Claims'; assignments; SUR
Cc: 'May Chua'
Subject: RE: SURVEY ASSESSMENT - D19007508MFSH/1

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SLH 520G on 29/11/2019
We are pending estimate from repairer.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@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: Friday, 29 November 2019 9:22 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'May Chua' <maychua@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19007508MFSH/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: Friday, 29 November, 2019 9:08 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; May Chua <maychua@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19007508MFSH/1

Dear Sir/Mdm,

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	26/11/2019 16:26
Date Of Accident	24/11/2019 09:15
Exact Location Of Accident	FILTER LANE BETWEEN PASIR RIS DR 1 AND PASIR RIS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH520G
Insured/Policyholder	
Name Of Registered Owner	SUAH JIN POW (CAI RENBAO)
NRIC No	S7932028E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86861658
Alternative Phone No	OFFICE-86861658

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 AD GLS (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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00418950/02
Cover Note Number	

Driver

Name of Driver	SUAH JIN POW (CAI RENBAO)
NRIC No	S7932028E
Date Of Birth	28/10/1979
Occupation	INDOOR
Date Of Driving Pass	14/10/2004
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86861658
Fax Number	
Contact Number	OFFICE-86861658
Email Address	NOEMAIL

Address	BLK 227B SUMANG LANE #08-266 SINGAPORE
Postcode	822227
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?	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?	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 ATTACHED

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	SHD6890S
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)	

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.

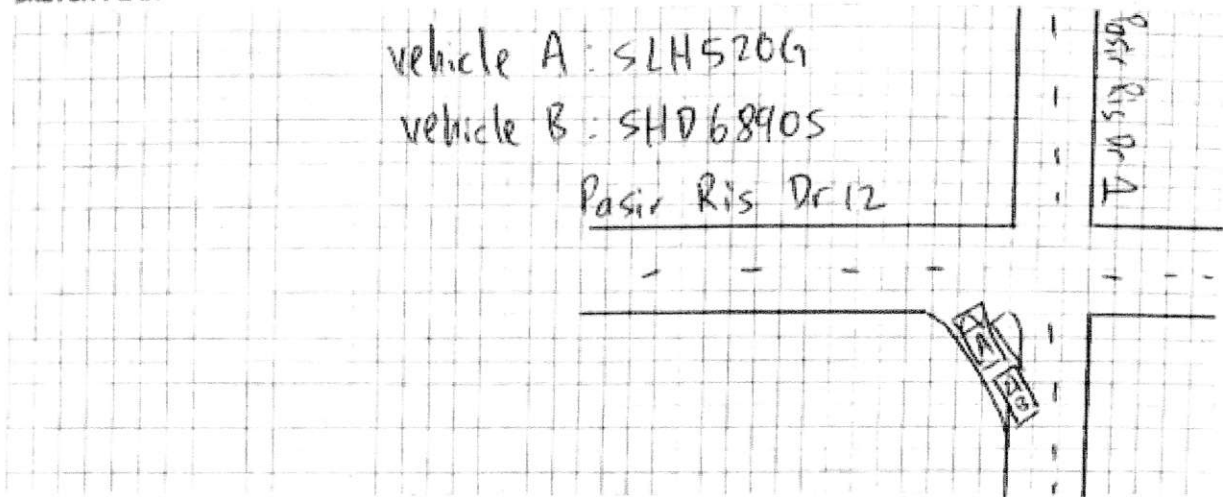
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 24th Nov 2019, @ approximately 0915 hrs, I was driving along Pasir Ris Drive 1. As I approach Pasir Ris Dr 12, I stop at the filter lane as there was traffic along the main road.

A taxi from behind hit my vehicle as it was entering the filter lane. The impact was significant. My vehicle stalled upon impact. I came out of my car and took photos. The taxi driver was not hurt. Neither was my passenger and his passengers. The taxi number plate is SHD 68905. It was driven by taxi driver "Tan Song chye". His IC was 81707389C.

I would like to add that the weather was fine and it was not raining. I would also like to add that I went into Malaysia on that day and came out only on 25th Nov 2019 @ approximately 5pm. Hence there was the late reporting.

DECLARATION

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

Policyholder's Signature

Date & Time: 26/11/2019 11:54hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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Advertiser Login

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Digital 12.3 Display
Direct Owner Since 2014



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elantra

Advanced Search

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	elantra	Any	Any	2016	Any	Any	Any	Available
	Hyundai Elantra 1.6A GLS S	\$59,800	\$7,520 /yr	14-Dec-2016	1,591 cc	40,500 km	Sedan	Available
1 Lady Owner. Immaculate Condition. Low Mileage. Agent Serviced. 40k Km Major Servicing Done. 5 Years Warranty With Komoco. Arrange For Viewing Appointment.								
Posted: 12-Oct-2019		Tags: 2016 Hyundai Elantra, 2016 hyundai elantra, Hyundai Elantra, hyundai elantra, Hyundai, Elantra, elantra, Used Hyundai						
	Hyundai Elantra 1.6A GLS S	\$60,800	\$7,850 /yr	25-Oct-2016	1,591 cc	34,000 km	Sedan	Available
1 Owner, 5 Year Warranty Till 2021 And Full Service History. Almost New Condition With Zero Mishaps On The Car. Low Mileage Unit. Welcome STA Evaluation. Loan Upto 80% At Attractive Interest Rates. Trade In & Consignment Options Available Your Current Car. Vie...								
Posted: 08-Oct-2019		Tags: 2016 Hyundai Elantra, 2016 hyundai elantra, Hyundai Elantra, hyundai elantra, Hyundai, Elantra, elantra, Used Hyundai						
	Hyundai Elantra 1.6A GLS	\$61,900	\$8,490 /yr	29-Jun-2016	1,591 cc	49,000 km	Sedan	Available
Sporty Grey Unit! Low Documented/Genuine Mileage! Full Agent Service! 5 Years Unlimited Mileage Agent Warranty Till June 2021! Entire Car Superbly Maintained! Excellent Condition Both Mechanically And Aesthetically! No Funny Sounds Whatsoever From Any Part Of The...								
Posted: 28-Sep-2019		Tags: 2016 Hyundai Elantra, 2016 hyundai elantra, Hyundai Elantra, hyundai elantra, Hyundai, Elantra, elantra, Used Hyundai						

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 028E

Vehicle Details

Vehicle No.: SLH520G
Vehicle to be Exported: Yes
Intended Deregistration Date: 26 Nov 2019
Vehicle Make: HYUNDAI
Vehicle Model: ELANTRA AD 1.6 GLS AT
Primary Colour: Silver
Manufacturing Year: 2016
Engine No.: G4FGGU259718
Chassis No.: KMHD841CMHU290845
Maximum Power Output: 93.8 kW (125 bhp)
Open Market Value: \$17,487.00
Original Registration Date: 24 Oct 2016
First Registration Date: 24 Oct 2016
Transfer Count: 0
Actual ARF Paid: \$17,487.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 23 Oct 2026
PARF Rebate Amount: \$13,115.00

Intended COE Rebate Details

COE Expiry Date: 23 Oct 2026
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$50,991.00
COE Rebate Amount: \$35,215.00
Total Rebate Amount: \$48,330.00

The information contained herein is correct as at 26 Nov 2019

OK

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 26 Nov 2019 / 15:31:30

Receipt Date/Time : 26 Nov 2019 / 15:31:30

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191126-002364

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
-----	--	-------------------------------	------------------------	------------------------------

Result of Insurance Enquiry - SHD6890S

As at 24 Nov 2019/09:15:00

Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED

1 Insurance Enquiry - SHD6890S
Enquiry Fee
20191126153009378695

		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45

Paid By

xxxxxxxxxxxx3951 Credit Card:
Visa/MasterCard

Total	7.45
Cash Change	0.00
Tendered Amount	7.45
Excess Refundable Amount	0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.