

ASS. REC. BY:

REF: CS3/FC119021348/ETf30

Special instruction:

Surveyor: Steve

ASSIGNMENT (Office)

From (Person): Jason Teq chu kiat of PCI

Date/Time: 3.12.19 3:32 PM

Estimated Cost: _____ Bill to: _____

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

To inspect Vehicle No: SmK 3760B

Insured: **SHA 3479H**

at Workshop m/s Lay Auto Garage

Tel: 87 973443

of 38 Toh Guan Road East #01-56

Policy No:

Claim No: D19007620MPSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 29.11.2019

CA / REV / REP. / REV 24 HRS

Date/Time: 3.12.19 4.41 p.m

Person Contacted:

Fiona

H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time

Action/Instruction	(X) Estimate
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SMK 8260B-X

SHA 34794 - CS/FCI 18009438 / G9d 3n2 DCA - 2405/2018

ASS. REC. BY:

Stene

REF: FCI

PRS

ASSIGNMENT

From:

Date:

4.12.2019

Estimated Cost:

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

To Inspect Vehicle No:

Smk 8260B

at Workshop m/s

Lay Auto Garage

of *38 Toh Guan Rd East A 0156*

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

morning

(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:

SMK 8260B

Yr Regn:

25/4/19

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

Truck / Trailer or

Make:

Honda Shuttle

c.c

1496

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

55772

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GP 72004605

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:

185/60R15

R:

11

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

TOYO / YOKO or

Flirta

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

29/11/19

D.O.I.

4/12/19

1117AM

Survey held at

Lay Auto

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

MR-75K

Submit PRS Report

11/12/2019

RECEIVED 12 DEC 2019

Date/Time, File Pass to?

☐

: Preli. Report

1) *Q12 Typst*

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

190

190

Rep. Form:

PRS - TP

Lump Sum / EPIC:

MOTOR SURVEY ASSIGNMENT

Date	02-12-2019	Our Ref No. D19007620MFSH
Accident Date	29-11-2019	Claim Type. Third Party
Insured Vehicle	SHA3479H	Third Party Vehicle. SMK8260B
Survey Location	38 TOH GUAN ROAD EAST #01 -56	
Contact Person.	MS FIONA	
Contact No.	0/ 87973443	Fax No. 0
Survey Type	WITHOUT PREJUDICE: CLAIM FROM SOLICITORS , NO DS	
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	LAY AUTO GARAGE	Attention. NIL
Cc : TP Solicitor	TEO KENG SIANG LLC	TP Solicitor Fax No. 63335676
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.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	521C
Vehicle Details	
Vehicle No.:	SMK8260B
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Dec 2019
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	LEB7105965
Chassis No.:	GP72004605
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$22,784.00
Original Registration Date:	25 Apr 2019
First Registration Date:	25 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$13,898.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Apr 2029
PARF Rebate Amount:	\$10,423.00
Intended COE Rebate Details	
COE Expiry Date:	24 Apr 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,000.00
COE Rebate Amount:	\$45,066.00
Total Rebate Amount:	\$55,489.00

The information contained herein is correct as at 04 Dec 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	30/11/2019 13:02
Date Of Accident	29/11/2019 19:45
Exact Location Of Accident	CTE NEAR MERCHANT ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8260B
Insured/Policyholder	
Name Of Registered Owner	LAY AUTO LEASING PTE LTD
Co Reg No	201310521C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91932880
Alternative Phone No	OFFICE-91932880

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5108110635
Cover Note Number	

Driver

Name of Driver	SUA WEE CHONG
NRIC No	S7530278I
Date Of Birth	09/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1997
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91932880
Fax Number	
Contact Number	OFFICE-91932880
EMail Address	NOEMAIL

Address	19 TECK WHYE LANE #06-49
Postcode	S680019
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
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	DRIZZLING
Road Surface	WET

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: : - GENDER: : FEMALE

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 SEE ATTACHED 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	SHA3479H
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN AI LI
NRIC/Passport Number	S7346560E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SUA WEE CHONG
Approximate Age	
Injuries Sustain	REFER TO SKETCH PLAN
Injured person in which vehicle?	SMK8260B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

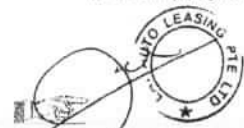
SKETCH PLANIMPORTANT NOTICE


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 willful 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.

IDAC BUKIT BATOK (VAC)
 511 Bukit Batok Street 23
 Singapore 659345
 Tel: 6560 3312 Fax: 6569 0722
 Email: vacbb@singnet.com.sg


 Policyholder's Signature
 Date & Time:


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

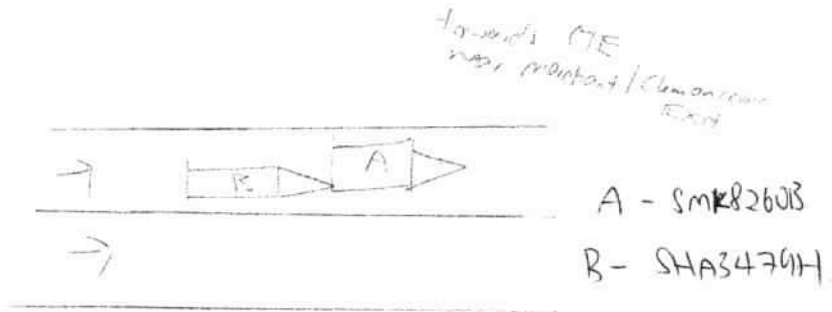
30 NOV 2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan #2 Pg. 1

11/30/2019

Protected By Symantec

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards CTE, my vehicle was stationary due to heavy traffic instant. Suddenly vehicle B hit against the rear of my vehicle, causing damage to the rear of my vehicle.

DECLARATION

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

30 NOV 2019

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.:

IDAC BUNIT DATOK (VAC)
511 Bukit Batok Street 21
Singapore 659545
Tel: 6560 3312 Fax: 6560 0722
Email: vacbb@singnet.com.sg





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/FCI19021348/Etf3e2 Date: 13-12-2019 Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHA 3479H	Veh. Inspected	SMK 8260B	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19007620MFSH	Excess (\$)	0.00	
Assign From	JASON TEA CHEE KIAT	Assign Date	03/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	HONDA SHUTTLE	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	GP72004605	Colour	GREY	
Odometer	55772 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	185/60 R15	FIRENZA	5 mm	
L/H Front Tyre	185/60 R15	FIRENZA	5 mm	
R/H Rear Tyre	185/60 R15	FIRENZA	5 mm	
L/H Rear Tyre	185/60 R15	FIRENZA	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	29/11/2019	Inspect Date / Time	04/12/2019 (11:17 AM)	
Survey held at	LAY AUTO-38 TOH GUAN RD EAST #01-56			
Repairer	-			
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:\$75,000.00				

Report Ref No. CS3/FCI19021348/Etf3e2

Inspected By



CHEN TSUE YEE

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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