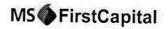
(cws)	Surveyor Adv. From (Person);			MENT (Office)	Special Instruction:
*	The state of the s	NUIZH 1411	of	FCL	Date/Time: 4.12.14 12.14 p.m
	Estimated Cost:			Bill to:	
	To Inspect Vehicle	No: SLF	/EVA/INV/MV 5444X	/ CS	Insured: SHA 7106H
	at Workshop m/s of 2 kaki Bu	N-51 Mulom	obile # 01-18		Tel: 6842005
	Policy No:Sum Insured:				D19007652MPSH
	Make of Veh: (Client's Record)		***	Excess:	D.O.A. 24-11. 2019
	CA / REV / RE Date/Time: 4-12	P. / REV 24 HR	S "Y'  Person Contacted	. Zi Tina	H.O.D. Endorsement:
		tion/Instruction (	V) Estimated	0	Vehicle IN OUT
		F5444 X-X A 7106H-X			•
	5/12/19	Sent E-1	Vail to la	svance (P	Pending Estimate)

Tech. Invs (\$

Weetend (\$

Cinera

707/4



Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

#### MOTOR SURVEY ASSIGNMENT

Date

03-12-2019

Our Ref No. D19007652MFSH

**Accident Date** 

24-11-2019

Claim Type. Third Party

Insured Vehicle

SHA7106H

Third Party Vehicle. SLF5444X

Survey Location

2 KAKI BUKIT AVENUE 2 #01-18 KAKI BUKIT AUTOHUB

Contact Person.

ZI TING

Contact No.

68420051/0

Fax No. 67410510

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

N-51 AUTOMOTIVE PTE

Attention. NIL

Cc: TP Solicitor

LTD NA

TP Solicitor Fax No. NA

Officer Incharge

KARENT

#### 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.

# Yvonne Wong (LKK Auto)

From:

Yvonne Wong (LKK Auto)

Sent:

Thursday, December 05, 2019 3:00 PM

To:

'CWS Motor Claims'; SUR

Cc:

'Karen Tan'

Subject:

RE: SURVEY ASSESSMENT - D19007652MFSH/1

Dear Sir,

SLF=5449X

Please be informed that we have inspected the vehicle SLF5544X on 04/12/2019.

We are still pending estimate from repairer.

Thank you.

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <a href="mailto:yvonnewong@lkkauto.com">yvonnewong@lkkauto.com</a> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Wednesday, December 04, 2019 1:23 PM

To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR

<sur@lkkauto.com>

Cc: 'Karen Tan' <karentan@msfirstcapital.com.sg>

Subject: RE: SURVEY ASSESSMENT - D19007652MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

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: Wednesday, 4 December, 2019 12:14 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims < cwsmotorclaims@msfirstcapital.com.sg >; Karen Tan < karentan@msfirstcapital.com.sg >

Subject: PRI: SURVEY ASSESSMENT - D19007652MFSH/1

Dear Sir/Mdm,

We refer to the above reference.
Please find attached the necessary documents for survey.
Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards, Admin Team Claim Workflow System Motor Claims Department MS First Capital Insurance Limited

Tel: 6507 3848 Fax: 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

## 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 witholding 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

	ACCIDENT STATEMENT	
Date Of Report	24/11/2019 22:10	
Date Of Accident	24/11/2019 20:15	
Exact Location Of Accident	JUNC OF AMK AVE 5 / AMK AVE 10	
Country/State of Loss	SINGAPORE	

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF5444X	

Insured/Policyholder

GRAB RENTALS PTE LTD Name Of Registered Owner

201617200G Co Reg No NOEMAIL Email Address

Mobile Phone No

OFFICE-31388644 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer

COROLLA ALTIS-1.6 CLASSIC CVT (A) Model

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

THIRD PARTY If No, Please state action to be taken

Vehicle Category

PRIVATE HIRE

Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

YES Fleet Policy

A29114756MKF Policy Number

Cover Note Number

Driver

MUHAMMAD KHAIRIN BIN KAMSANI Name of Driver

S8525896F NRIC No 05/08/1985 Date Of Birth OUTDOOR Occupation 08/03/2017

2 YEARS AND 8 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-85889474 Mobile Number

Fax Number

Contact Number

Date Of Driving Pass

NOEMAIL EMail Address

Address

BLK 468C FERNVALE LINK #12-557

Postcode

793468

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - LESSEE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

**COLLISION - CROSS JUNCTION** 

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: NOT APPLICABLE

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police? If Yes, Please state which Police Station

YES

Police Station Name

SENGKANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE, POSTCODE:

545025, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT NO. T/20191124/2109

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

SD CARD WITH TRAFFIC POLICE

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SHA7106H

Vehicle Make/Model/Colour

HYUNDAI / BLUE

**Details Of Properties** 

VEH B TAXI

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 24

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT PORTION

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

FEMALE PASSENGER

Approximate Age Injuries Sustain

Injured person in which vehicle?

SLF5444X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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### SKETCH PLAN

## IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- By the ladgment 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.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 :
  - 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:
  - 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: 24/4/19 10pm

Reporting Centre Personnel's Signature
Name: Nam

NRIC/FIN No.: O O O

S8240344P

	Driver's Signature (If driver is not the policyholder) Date & Time: 24/1/16/16	Reporting Centre Personnel's Signa Name: NG You HA NRIC/FIN No.:	ture N
DECLARATION			
DESCRIBE CIRCUMSTAN		efort.	
A-SLF 54447 SKETCH PLAN  Ang Mo Kid	AVE 5	Ang Mo Kio Ave 10	



Police Station Of Origin Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE Tel No. 1800-343 8999



Report No. 1/20101124/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made Vide Report No. F/20191124/0183 Station Diary No. 24/11/2019 23:10

Informant's Particulars Name of Informant Address APT BLK 468C FERNVALE LINK #12-557 SINGAPORE MUHAMMAD KHAIRIN BIN 793468 Contact No. KAMSANI ID Type / ID No. Mobile: 85889474 NRIC NO / S8525896F Home/Office Email Nationality: SINGAPORE CITIZEN type of Informati Date of Birth:

Inglinaion / School Name:

General Information of the Accident

Type of Location: Date/Time of Drink Injury X-Junction Accident: Type of Drive: Attended by Police 24/11/2019 20:15 Accident No.

Location: Along Road 1 ANG MO KIO AVENUE 5 ANG MO KIO AVENUE 10

Road Speed Limit Road Surface: Weather. 60 Km/h Dry Clear Traffic Volume: Traffic Control: Traffic Flow: Light Traffic Light - Working Two Way Anyone conveyed by Type of Collision: ambulance: Between Moving Vehicles - Head To Side No

Details of Y	enicle Invol	red				
Vahiole No.	Type	Make	Model	Color	Condition	No of Lancing
SHA7106H						0
SLF5444X	Car					1

Any reacountry myorres	Use of Pedestrian Crossing: NA
Any Pedestrian Involved: No. of Pedestrians Injured: Nil.	



Police Station Of Ongin Sengkang NPC 2 Sengkang Square #01-02 SINGAPORE 545025

Report No. 7/20101124/2109

Tel No 1800-343 8999

CONTINUATION OF REPORT

Onver				NII S
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SHA7106H (TAXI)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class NIL Date of Expiry: NIL
Date Treatment	NIL	Date Di	scharge NIL	
No of Days gran	ted Medical Leave NIL	Degree	of injury NiL	
Driver Name	MUHAMMAD KHAIRIN BIN KA	MSANI	ID No.	S8525896F
lelated Vehicle	SLF5444X (Car)		Contact No	85889474
ospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class 2B.3 Date of Expiry: Nil
ate Treatment	NIL	CORRECT REPORTS AND ADDRESS OF THE PERSON NAMED IN COLUMN 1	Discharge   NIL	
o of Dove grant	ed Medical Leave   NIL	Degree	e of Injury   NIL	

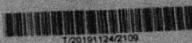
Brief Details.

On the 24/11/2019 at about 2015hrs, I was driving my vehicle bearing registration number SLF5444X along ang mo kio ave 5 towards Ang Mo Kio avenue 10 and I was going straight. As I was driving, there was a vehicle SHA7106H which was making a right turn and collided onto the front right tyre of my vehicle. After the collision, I came down to make a check and discovered that my vehicle was damaged. There is also a passenger in my vehicle however I do not have the details of the passenger nor do I have the details of the other driver. I wish to state that I have yet to consult the doctor and I was advise to make a traffic accident report reference report number F/20191124/0183



## SINGAPORE POLICE FORCE

police Station Of Origin Sengkang N P G 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No. 1800-343 8999



0191124/2109

Report No. 1/20191124/2109

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.

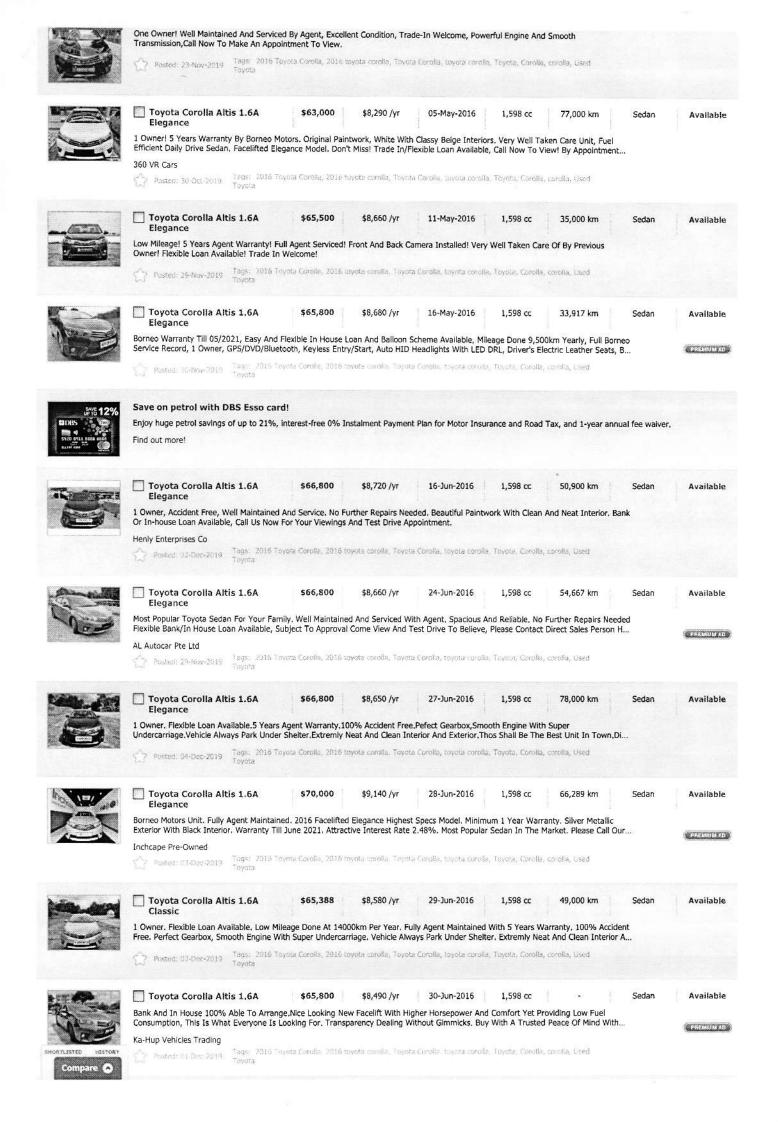
Signature Of Informant Signature Of Officer Recording The Report Sgt 3 DALJIT SINGH Date/Time: Signature Of Interpreter. 24/11/2019 23:10 Not applicable Classification, Of Case Officer In Charge Of Case Sgt 2 MUHAMMAD ABDILLAH BIN YUS TP / GIT / ignature Contact No.: 92209878 Singapore Police Force Authentication Stamp NP168

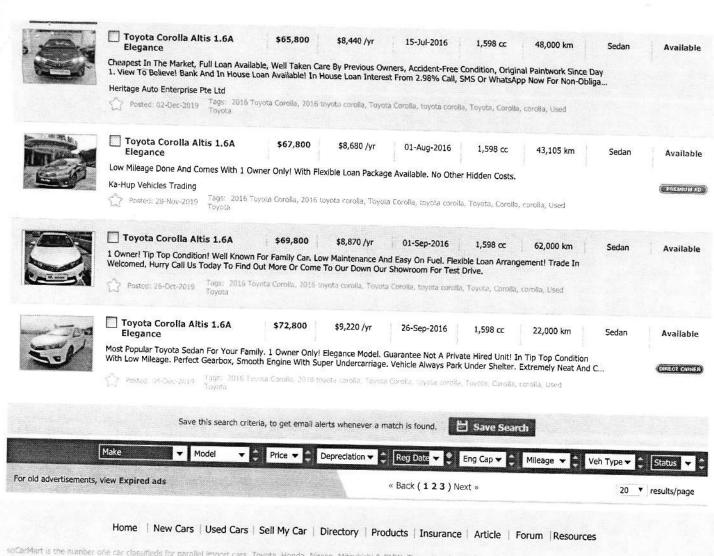
# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Company
Owner ID Type:	Company
Owner ID:	200G
Vehicle No.:	SLF5444X
	Yes
Vehicle to be Exported:	04 Dec 2019
Intended Deregistration Date:	
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS CLASSIC 1.6 CVT
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1ZRY331831
Chassis No.:	MR053REH104557881
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$16,800.00
Original Registration Date:	30 Aug 2016
First Registration Date:	30 Aug 2016
Transfer Count:	2
Actual ARF Paid:	\$16,800.00
Intenneus/Mattabateis/anin	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Aug 2026
PARF Rebate Amount:	\$12,600.00
Mालतन्त्रं (षश्चित्रं स्वकृत्रत्वे श्वस्तानः	
COE Expiry Date:	29 Aug 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,334.00
COE Rebate Amount:	\$35,914.00
Total Rebate Amount:	\$48,514.00

The information contained herein is correct as at 04 Dec 2019





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