

ASS. REC. BY:

STEVE

REF:

CS3/FCI20001161/HVF3-1

Ev

Special Instruction:

Survivor:

CWS

ASSIGNMENT (Office)

11/9/2020 4:02 PM

From (Person):

~~Rachel van der~~

of

Tol

Date/Time:

~~20.1.2020 10:30:00~~

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJW 7618H

Insured:

SHB 2039X

at Workshop m/s

CarSmithy

Tel:

90910000

of

13 Kaki Bukit Ad 4 #01-20 Parkway Biz

Policy No:

Claim No:

D20000450 MP54

Sum Insured:

Excess:

Make of Veh:

D.O.A.

16.1.2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.P. Endorsement:

Date/Time:

20.1.2020 12m p.m

Person Contacted:

Alex

Vehicle IN/OUT

Date/Time

Action/Instruction ( X ) Estimate

SHB 2039 X: CCH/AVR15009521/H2PA302 DUA: 03/06/2015

SJW 7618H NRP/PIG 20001093/Y DUA: 16/01/2020

\* 20/1/20 - surgery taken

23/1/2020

Submit PRS - mv: \$14000 (Est) LTA: \$9,157 NV: \$4843

/SS, REC. BY:

H. ANN

REF: FCI

PRS

## ASSIGNMENT

From:

Date:

20 Jan. 2020

Estimated Cost:

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

To inspect Vehicle No:

SJW 76184

at Workshop m/s

Caremith Private

of 13 kaki Bukit Rd 4 #01-20 Bantay Biz

Insured:

Policy No.

Claims No.

Sum Insured:

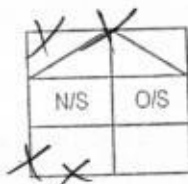
Excess:

(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:

6 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJW 76184

Yr Regn:

16/04/2010

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

Truck / Trailer or

Make:

T. ALTIS

C.C

1598

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

187458

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR0537EE1061715PT

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65/R15

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

5

mm

L/Bal.

3

mm

L/Bal.

5

mm

D.O.A.

16/1/20

D.O.I.

20/1/20 2.36pm

Survey held at

Caremith Bur

Des. of Damages: ☒ Front / ☒ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

\* SJW 76184 vehicle hv let workshop  
know don't over 4k limit rpt so  
pending workshop update

\* SJW 76184  
pas case 4

MV - 14000

PV - 7157

NV - 4800

RECEIVED 23 JAN 2020

\* 22/1/20 - workshop updated bala  
Non economic replacement  
can be close total loss  
rpt

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

23/1 - typist

Rep Form 1

Lump Sum / LBS /

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	17-01-2020	<b>Our Ref No.</b> D20000450MFSH
<b>Accident Date</b>	16-01-2020	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHB2039X	<b>Third Party Vehicle.</b> SJW7618H
<b>Survey Location</b>	13 KAKI BUKIT ROAD 4#01-20 BARTLEY BIZ CENTRE	
<b>Contact Person.</b>	ALEX	
<b>Contact No.</b>	0/ 90910000	<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>	CARSMITH PRIVATE LIMITED	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	ALLISTER LIM & THRUMURGAN	<b>TP Solicitor Fax No.</b> 64381211
<b>Officer Incharge</b>	RACHELWU LIMEI	

**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.

P: Alex  
T: 20.1.2020  
V:  
E: ✓

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111417572	5111417572-000019	SKYLINE AUTO CREDIT	53342372D	GFM	Third Party	SJW7618H	SJW7618H	29/07/2019	28/07/2020

Date of Accident : 16/01/2020 Accident Time: 2015 (24-HR-Format)  
Accident Place : PIE (YUAS) BEFORE BKE EXIT.  
Vehicle No. (Car Plate No.) : 5JW 7618H Make/Model: TOYOTA ALTIS  
Insurance Company : NTUC Policy No: 5111417572-000019  
Owner or Company Name / IC No. : SKYLINE AUTO CREDIT  
Owner or Company Contact No. : 97285587 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : LOGANATHAN S/O GANESAN 58318866I  
DRIVER'S Date Of Birth : 09/06/1983 DRIVER'S License Pass Date 23/08/2012  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: HIRER  
DRIVER'S Address : BLK 327 SERANGOON AVE 3 #03-316  
DRIVER'S Contact No./ Alt No. : 1) 96402779 2) 5550327  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_ sales@mia.com.sg  
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET  
Reporting Type : Reporting Only Claim Other Party Claim Own Insurance  
Number of Passengers (Including Driver): 02  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): YES, BODY, NECK, SHOULDER & LEG

Other Party Driver's Particular (if any)

Vehicle No: <u>(B) SHB 2039X</u>	Vehicle No: <u>(C) SKE 7057J</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

MALE - GRAB PASSENGER

## 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:

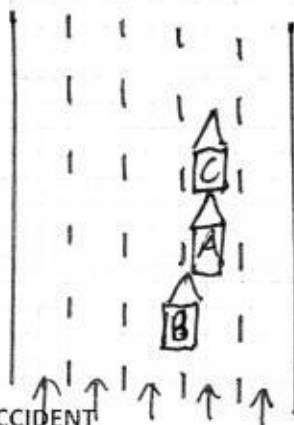
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

PIE (THAS) BEFORE BLUE EXIT.

VEH. A - SJW 7618 H

VEH. B - SHB 2039 X

VEH. C - SKE 7057 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

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



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.:



## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200116/7043

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200116/7043

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2020 22:39			Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: LOGANATHAN S/O GANESAN			Address: APT BLK 327 SERANGOON AVENUE 3 #03-316 SINGAPORE 550327		
ID Type / ID No.: NRIC NO / S8318866I			Contact No.: Home/Office: Mobile: 96402779		
Nationality: SINGAPORE CITIZEN			Email: loganwolf821979@gmail.com		
Sex: Male	Age: 36	Date of Birth: 09/06/1983	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident:</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/01/2020 20:15	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB2039X	Car					0
SJW7618H	Car				Seriously Damaged	1
SKE7057J	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200116/7043

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200116/7043

## CONTINUATION OF REPORT

Driver			
Name	LOGANATHAN S/O GANESAN	ID No.	S83188661
Related Vehicle	SJW7618H (Car)	Contact No.	96402779
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/01/2020	Date Discharge	16/01/2020
No. of Days granted Medical Leave	04	Degree of Injury	Serious

## Brief Details.

On the stated date and time, I vehicle SJW7618H was travelling at PIE towards tuas before BKE exit. Suddenly, vehicle SHB2039X bang onto my vehicle rear portion causing my vehicle to propel forward and hit onto vehicle SKE7057J. This a chain collision involving 3 vehicles.  
After the accident, I felt pain on my neck, shoulder, back and left leg. I then went to unihealth 24 hrs clinic at toa payoh to seek medical treatment and was given 4 days of MC.

POLICE REPORT Pg. 1



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20200116/7043

3 of 3

Report No. T/20200116/7043

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
16/01/2020 22:39

Classification Of Case:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	372D
<b>Vehicle Details</b>	
Vehicle No.:	SJW7618H
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jan 2020
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	White
Manufacturing Year:	2010
Engine No.:	3ZZ4988367
Chassis No.:	MR053ZEE106171581
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$16,716.00
Original Registration Date:	16 Apr 2010
First Registration Date:	16 Apr 2010
Transfer Count:	3
Actual ARF Paid:	\$16,716.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Apr 2020
PARF Rebate Amount:	\$8,358.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	15 Apr 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$34,001.00
COE Rebate Amount:	\$799.00
<b>Total Rebate Amount:</b>	<b>\$9,157.00</b>

The information contained herein is correct as at 21 Jan 2020

OK



Offers Superior Wet Grip & Excellent...



Door Visors promo for all models from \$45



Improve Overall Car Response & Power



New C-Speak Impro Sound

Toyota Corolla Altis 1.6A (New 5-yr) Price Range Depreciation Year Reg Vehicle Type

Home » Used Cars » Car World Automobile » Toyota Corolla Altis 1.6A (New 5-yr COE)

## Toyota Corolla Altis 1.6A (New 5-yr COE)

[Overview](#) [Financial](#) [Insurance](#) [Accessories](#) [Similar](#) [Research](#) [Photos](#) [Map](#)



Price	\$32,800	Reg Date	12-Mar-2010 (5yrs COE left)
Depreciation	\$6,550 /yr	Manufactured	2010
Mileage	N.A.	Transmission	Auto
Road Tax	\$742 /yr	OMV	\$16,716
Dereg Value	N.A.	ARF	\$16,716
COE	N.A.	Power	80.0 kW (107 bhp)
Engine Cap	1,598 cc	No. of Owners	1
Curb Weight	1,195 kg	Type of Vehicle	Mid-Sized Sedan

### Features

View specs of the Toyota Corolla Altis (2008-2013)

### Description

1 Owner Unit With Low Mileage) Full Loan Available With Low Interest Rate And Monthly, Car Warranty Extend Up To 1 Years, STA/VICOM/AA Are Welcome, Bank Loan Or In House Available, Welcome Trade In. Transparency Guaranteed.

### Category

COE Car

### Status

Available

### Resources



#### Car Valuation - Free

Find out the market value of your existing car for free. Get started



#### Vehicle Evaluation

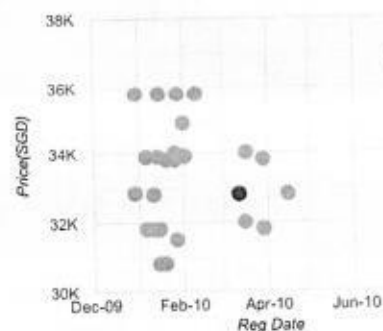
Afraid of lemons? Request to have this car evaluated professionally. Find out more



Location Map

### Price Chart

### Summary



Click on the point to view the vehicle

Shortlist

Compare

Add nc

Report Error

More Actions

### Seller Information

#### Car World Automobile

12 vehicles for sale. 26 sold in past 3 mths

61 Ubi Avenue 2 #05-06

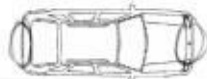
**LKK Auto Consultants Pte Ltd**

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		Ref: CS3/FCI20001161/Hvf3s2		
36 ROBINSON ROAD		Date: 28-01-2020		
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHB 2039X	Veh. Inspected	SJW 7618H	
Policy No.	53342372D	Coverage (\$)	0.00	
Claim No.	D20000450MFSH	Excess (\$)	0.00	
Assign From	RACHEL WU MEI	Assign Date	20/01/2020	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA ALTIS	c.c	1598	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	MR053ZEE106171581	Colour	WHITE	
Odometer	187458 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	BRIDGESTONE	3 mm	
L/H Front Tyre	195/65 R15	BRIDGESTONE	3 mm	
R/H Rear Tyre	195/65 R15	BRIDGESTONE	5 mm	
L/H Rear Tyre	195/65 R15	BRIDGESTONE	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.				
5. General Information				
Accident Date	16/01/2020	Inspect Date / Time	20/01/2020 ( 02:36 PM )	
Survey held at	CARSMITH PTE LTD BARTLEY BIZ CENTRE 13 KAKI BUKIT ROAD 4 #01-20 SINGAPORE 417807			
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: \$14,000.00(EST)				

Report Ref No. CS3/FCI20001161/Hvf3s2

Inspected By

LEE HOCK ANN

Asst. 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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