

ASS. REC. BY:

REF:

CS / FCL17016183 / Agb57

Special Instruction:

Surveyor:

Adrian

ASSIGNMENT (Office)

From (Person):

WS Hung Yin Min

of

FCL

Date/Time:

22082017 529pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGP 4295Y

Insured:

SHC 7654G

at Workshop m/s

Cycle & Carriage

Tel:

9179 2566 / 6594 9163

of

330 Ubi Rd 3

Policy No:

Claim No:

D17008108mfsH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 19082017

(Client's Record)

CA / REV / REP. / REV 24 HRS 'Wp'

24.08.2017 @ 10am

H.O.D. Endorsement:

Date/Time:

22082017 6pm

Person Contacted:

mars

Vehicle IN / OUT

| Date/Time | Action/Instruction (✓) Estimate |
|-----------|--------------------------------------|
| | SGP 4295Y - x |
| | SHC 7654G - 03 / ALH 17016255 / MYA3 |
| | D.O.A. 19082017 |
| | |
| | |
| | |
| | |

Surveyor:

ASSIGNMENT

From: _____ Date: 24082017

Estimated Cost: _____

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

To Inspect Vehicle No: SGP 4295Y

at Workshop m/s Cycle & Carriage

of 330 Ubi Rd 3

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

10am

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: 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS Wp

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SGP4295Y Yr Regn: 2016 / August

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

Truck / Trailer or

Make: Mit Attrage c.c 1193

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

Sp. Reading 28086 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMBSTA13AHH001270

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: 185/55 R15

R: 185/55 R15

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 24/08/17

Survey held at Cycle and Carriage Ubi

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

TP / 1st Car.
25/8/17 email draft to Yih Min.
13/12/17 Mars email liability not clear, vehicle not sent in to repair.
13/12/17 submit preliminary report.

RECEIVED 13 DEC 2017

Date/Time, File Pass to?

☒ : Preli. Report
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

1)

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee: 145

Transportation: 50

\$ + RS \$

Photos 20

Others

TOTAL

215

Report Format :

Lump Sum / I.B.I: (\$ _____)




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

| Affiliated to Federation Internationale Des Experts En Automobile | | | | |
|--|---|--------------------------|------------|---|
| FIRST CAPITAL INSURANCE LTD | | Ref : CS/FCI17016183/Agb | | |
| 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | Date : 22-08-2017 | |  |
| | | Code : FCI2 | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHD 6770E | Veh. Inspected | SGP 4295Y | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | D17008108MFSH | Excess (\$) | 0.00 | |
| Assign From | CWS (AUNG YIN MIN) | Assign Date | 22/08/2017 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | | c.c | 0 | |
| Engine No. | HIDDEN | Year of Reg. | | |
| Chassis No. | | Colour | | |
| Odometer | - | Steering | | |
| Brakes | | Modification | | |
| General | | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | | | mm | |
| L/H Front Tyre | | | mm | |
| R/H Rear Tyre | | | mm | |
| L/H Rear Tyre | | | mm | |
| 4. Description of Damages | | | | |
| | | | | |
| 5. General Information | | | | |
| Accident Date | 19/08/2017 | Inspection Date | | |
| Survey held at | CYCLE & CARRIAGE.FULCO MOTOR DEALER PL NO.330 UBI ROAD 3 SINGAPORE 408650 | | | |
| 5a. Remarks | | | | |
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. | | | | |

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

| | | | |
|--------------------|------------------------------|----------------------|---------------|
| Date | 22-08-2017 | Our Ref No. | D17008108MFSH |
| Accident Date | 19-08-2017 | Claim Type. | Third Party |
| Insured Vehicle | SHC7654G | Third Party Vehicle. | SGP4295Y |
| Survey Location | 330 UBI ROAD 3 | | |
| Contact Person. | MARS LER | | |
| Contact No. | 65949163/ 91792566 | 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 | CYCLE & CARRIAGE - FULCO MOTOR DEALER PTE LTD - (SERVICE) | Attention. | NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. | NA |
| Officer Incharge | AUNGYM | | |

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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/227173)



PRI Documents



Close



PRI Header Details

| | | | | | |
|-------------------|---|-----------------------------------|--|----------------------|--------------|
| Claim No | D17008108MFSH | Policy No | D-15072702MFSH | Claimant S.No & Name | 1 & CY MOTOR |
| Workshop Name | CYCLE & CARRIAGE - FULCO MOTOR DEALER PTE LTD - (SERVICE) (Contact Person : MARS LER) | Survey Location & Contact Details | 330 UBI ROAD 3 Mobile: 91792566 , Phone: 65949163 , Fax: EmailId: MARS.LER@CCFULCO.COM.SG | | |
| Our Surveyor | LKK AUTO CONSULTANTS PTE LTD | Instructions To Surveyor | WITHOUT PREJUDICE: | | |
| Insured Name | CITYCAB PTE LTD | Insured Vehicle No | SHC7654G | TP Vehicle No | SGP429 |
| PRI Recieved Date | 22-08-2017 03:14:55 PM | Surveyor Appointed Date | 22-08-2017 05:29:46 PM | Surveyor Accept Date | 22-08- |

Survey Report Upload

| | | | | | |
|-----------------------------|----------------------|----------------------|------------|-------------------------|----------------------|
| Surveyor Inspection Date *: | <input type="text"/> | Surveyor Report Date | 22-08-2017 | Upload Survey Report *: | <input type="text"/> |
|-----------------------------|----------------------|----------------------|------------|-------------------------|----------------------|

Vehicle Particulars

| | | | | | |
|-----------|---|----------------|--|---------|-------------------------------------|
| Make | <input type="text" value="Please Select Make"/> | Model | <input type="text" value="Please Select Model"/> | Year | <input type="text" value="Select"/> |
| Chasis No | <input type="text"/> | Engine No | <input type="text"/> | Mileage | <input type="text"/> |
| Color | <input type="text"/> | Cubic Capacity | <input type="text"/> | | |

Multiple Documents Upload

Upload Multiple Documents

File Name

Action

Surveyor Job Remarks

Ai Phing (LKKAUTO)

From: Ai Phing (LKKAUTO)
Sent: Friday, 25 August, 2017 4:51 PM
To: 'Claim Workflow System'
Cc: AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17008108MFSH/1
Attachments: SGP 4295Y.pdf

Dear Yin Min,

Enclosed herewith preliminary advise of vehicle SGP 4295Y.

Best Regards,

Ai Phing | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Tuesday, 22 August, 2017 5:59 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17008108MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

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

Best Regards,

Catherine Chong | 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: Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]
Sent: Tuesday, 22 August, 2017 5:29 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; AUNGYINMIN@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17008108MFSH/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.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D17008108MFSH

Date: 25-08-2017

Our Ref: CS/FCI17016183/Agb

The Motor Claims Department
First Capital Insurance Ltd

Without Prejudice

Dear Sir/Madam,

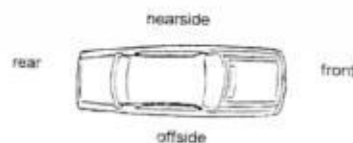
INITIAL INSPECTION REPORT OF VEHICLE NO. SGP 4295Y

Please be informed that we had conducted the inspection of the above mentioned vehicle on 24-08-2017 at the premises of M/s CYCLE & CARRIAGE and have the following to report:-

| | |
|--------------------------|----------------|
| Workshop Estimate Amount | : S\$ 6,684.00 |
| Revised Estimate Amount | : S\$ 4,037.70 |
| "Check" Items Amount | : S\$ - |
| Market Value | : S\$ - |
| LTA Reimbursement Value | : S\$ - |
| Nett Value | : S\$ - |

Description of Damage:

The vehicle sustained damages at the n/s body.



Yours faithfully

Adrian Ling
Automotive Assessor

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 ability.
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 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 | 21/08/2017 09:25 |
| Date Of Accident | 19/08/2017 11:05 |
| Exact Location Of Accident | CTE TOWARDS CITY (NEAR EXIT OF BUKIT TIMAH ROAD) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SGP4295Y |
| Insured/Policyholder | |
| Name Of Registered Owner | SUPPIAH NAGAMMAL |
| NRIC No | S0029751H |
| Email Address | SUPPIAHNAGAMMAL60@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97577672 |
| Alternative Phone No | HOME-64413389 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | MITSUBISHI |
| Model | ATTRAGE-1.2 CVT (A) |
| Exact Purpose for which vehicle was being used at time of accident | NORMAL USAGE |
| 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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | |
| Cover Note Number | 2100479095 |

Driver

| | |
|----------------------|--------------------------------|
| Name of Driver | RETNA MOHAN S/O RETNAM SUPPIAH |
| NRIC No | S1106573B |
| Date Of Birth | 05/05/1955 |
| Occupation | INDOOR |
| Date Of Driving Pass | 08/12/2006 |
| Driving Experience | 10 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94363053 |
| Fax Number | |
| Contact Number | HOME-64413389 |
| Email Address | RETMOHAN@SINGNET.COM.SG |

| | |
|---|---|
| Address | BLK 560 PASIR RIS STREET 51 #01-249 SINGAPORE |
| Postcode | 510560 |
| 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 - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | 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 |

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

AS I WAS TRAVELLING CTE TOWARDS CITY (NEAR EXIT OF BUKIT TIMAH ROAD), DURING I FILTERING OUT FROM 2ND LANE TO 3RD LANE, MY CAR ALREADY IN 3RD LANE, VEHICLE B SHC7654G FROM 4RD LANE CUT IN TO 3RD LANE CAUSE MY LEFT SIDE PORTION DAMAGE.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------------|
| Vehicle Registration Number | SHC7654G |
| Vehicle Make/Model/Colour | HYUNDAI YELLOW |
| Details Of Properties | |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

MOTOR ACCIDENT REPORT FORM

| BASIC INFORMATION | |
|---|--|
| Date of Report: | 21/08/2017 |
| Date of Accident: | 19/08/2017 |
| Exact Location of Accident: | CTE Towards City (Near Exit of Bukit Timah Road) |
| Time: 0850 | |
| Time: 1105 | |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number: | SGP 4295Y |
| Name of Registered Owner: | Suppiah Nagammal |
| NRIC/Passport No./FIN: | S0029751H |
| Company Reg. No.(for Company Veh): | |
| VEHICLE PARTICULARS | |
| Manufacturer: | MIT |
| Model: | Attrage |
| Exact Purpose for which vehicle was being use at time of Accident | <input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others |
| Are You Claiming Under Your Own Insurance? | <input type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input checked="" type="checkbox"/> NO 3rd Party |
| Vehicle Category | <input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle |
| INSURANCE DETAILS | |
| Name of Insurance: | AIG |
| Type of Coverage: | <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party |
| Policy Number: | 2100479095 |
| Driver when the Accident Happen | |
| Name of Driver: | Retha Mohan S/O Ketnam Suppiah |
| NRIC/Passport/Fin No: | 31106573B |
| Date of Birth: | 05/05/1955 |
| Occupation: | Retiree |
| Date of Driving Pass: | 08/12/2006 |
| Gender: | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Mobile No.: | 94363053 |
| Home No.: | 64413389 |
| Address: | Blk 560 Pasir Ris Street 51 #01-249 |
| Postal Code: | 510560 |
| Email Address: | retmohan@singnet.com.sg |
| Was the Driver an Employee of the Insured's Company: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured spouse |
| Vehicle Registration Number of driver's Own Vehicle: | |
| Insurance Company: | |
| OTHER INFORMATION OF THE ACCIDENT | |
| Type of Accident: | Third Party Hit Insured (Change Lane) |
| Weather Condition: | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify |
| Road Surface: | <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify |
| Was Anybody Injured: | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Was Any other material or Property Damaged: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of Passengers(Including Driver): | 2 |
| Any Accident Photo in the Scene of Accident: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was there any video captured by your Camera?: | Yes |
| Was the Accident reported to police: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Was there any audio recording?: | - |
| Which Police Station: | |
| Was notice of Intended Prosecution given: | |
| DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve) | |
| Vehicle Registration Number: | SHC76544 |
| Name of Registered Owner: | |
| NRIC/Passport No./FIN: | |
| Company Reg. No.(for Company Veh): | |
| Name of Driver: | |
| NRIC/Passport/Fin No: | |
| Mobile No.: | |
| Home No.: | |
| Address: | |
| Postal Code: | |
| Email Address: | |
| Insurance Company: | |
| Details of Witness if any | |
| Witness Name: | |
| Contact Number: | |
| Email Address: | |
| Details of Injured Person | |
| Name: | |
| Age: | |
| Address: | |
| Injured Sustained: | |
| Injured Person in which vehicle: | |
| Were Seatbelts worn: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were Injured Convey to Hospital by Ambulance: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 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 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.
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.

Policyholder's Signature / Date & Time

Driver's Signature

Witnessed by Reporting Centre Personnel



Sketch Plan


Describe Circumstances of the Accident

As I was travelling CTE Towards City (near exit of Bukit Timah Road, during I filtering out from 2nd lane to 3rd lane, my car already in 3rd lane, vehicle B SHC 7654G from 4th lane cut in to 3rd lane cause my left side portion damage

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


Driver's Signature & Time / Date


Witnessed by Reporting Centre Personnel





Cover Note No. 2100479095

Date 15 Aug 2016

SCHEDULE

| | | | |
|----------------|------------------------------|--------------------------|----------------------------|
| Policyholder | Suppiah Nagammal | Registration No. | NA 3GP 4295Y |
| Age Condition | All Age Condition | Make/Model | MITSUBISHI Attrage 1.2 CVT |
| Policy Type | MITSUBISHI AUTO PROTECTOR | CC/Tonnage | 1,193.00 |
| Effective Date | 24 17 Aug 2016 | Engine No | 3A92UDG9924 |
| Expiry Date | 23 18 Aug 2017 | Chassis No | MMBSTA13AHH001270 |
| Excess | S\$600.00 | Year of Registration | 2016 |
| | | Hire Purchase Company | MayBank |

The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE OF INSURANCE

I/We hereby certify that this cover note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Issued in SINGAPORE

AIG Asia Pacific Insurance Pte. Ltd.

IMPORTANT NOTICE

THIS COVER NOTE IS VALID FOR 60 DAYS FROM THE FIRST DAY OF THE POLICY PERIOD. APPLICABLE TO CORPORATE POLICIES ONLY.

AUTHORISED REPRESENTATIVE

ORIGINAL

FULNHY

1473169



NRIC No. S0029751H

FOR C&C USE ONLY

Blood Group Date of Issue

AB+

01-12-1993

APT BLK 560 PASIR RIS STREET 51 #01-249
SINGAPORE 510560

NRIC No. S0029751H

Date: 01/11/2007

No: 5805997

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0029751H



Name

SUPPIAH NAGAMMAL

FOR C&C USE ONLY



Race

INDIAN

Date of Birth

19-08-1954

Country of Birth

SINGAPORE

Sex

F



ESTIMATE

| Invoice Name & Address | Owner Name & Vehicle Info |
|--|--|
| Ms SUPPIAH NAGAMMAL Blk 560 Pasir Ris St 51 #01-249 Singapore 510560 Contact No Mobile: 97577672 | Cust No/Name /Ms Suppiah Nagammal Reg No/Reg Date SGP4295Y*1F / 24/08/2016 Date In/Mileage 21/08/2017/ 0 Chassis No MMBSTA13AHH001270 Engine No 3A92UDG9924 Make/Model MIT/17MY Attrage 1.2 CVT Colour/Trim P57 / BK |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | | | |
|---------------------------------|---|----------------------|---------|---------------|------------|-------|----------|-----------------|
| CSM00001 | Cash | 21/08/2017/ 18:17 | DS | 218 / MarsLer | 42836 | | | |
| Description of Goods / Services | | | | Qty | Unit Price | Disc% | Amount | |
| S | MIPNT88088 | | | | | | | 2400.00 1250 |
| | TO REPLACE LHF & LHR DOOR ASSY,ETC | | | | | | | |
| | -TO REPAIR LHR OUTER FENDER PANEL | | | | | | | |
| S | MIPNT88088 | | | | | | | 300 600.00 |
| | TO TRANSFER LHF AND LHR DOOR COMPONENTS & MECHANISM | | | | | | | 1680 2100.00 |
| S | MIPNT98088 | | | | | | | |
| | SPRAY PAINTING ON LH SIDE ACCIDENT AFFECTED AREAS | | | | | | | |
| M | JJ5700B683 | LHF DOOR PANEL ASSY | Dented. | 1.00 | 926.00 | 10.00 | ✓ 833.40 | |
| M | JJ5730B739 | PANEL ASSY,RR DOOR,L | Repair | 1.00 | 780.00 | 10.00 | + 702.00 | |
| M | JJ7410A939XA | TAPE,FR DOOR SASH,LH | NEC | 1.00 | 27.00 | 10.00 | ✓ 24.30 | |
| M | JJ7410A943XA | TAPE,RR DOOR SASH,LH | Not All | 1.00 | 27.00 | 10.00 | * 24.30 | |
| Z | NOTES | | | | | | | |
| | ACCIDENT ON 19/08/2017 ALONG CTE TOWARDS CITY (NEAR EXIT OF BUKIT TIMAH ROAD) | | | | | | | |
| | OWNER CLAIMING THIRD PARTY | | | | | | | |
| | TP: #SHC7654G | | | | | | | |
| | REQUIRED REPLACEMENT CAR | | | | | | | |

Adrian Lij

24/08/17

04 Days

96893735.

Adrian Lg

96893735.

24/08/17

04 Days

Confirm & accepted by

| | |
|-----------------|----------|
| Parts | 1,584.00 |
| Labour | 0.00 |
| Standard Menu | 0.00 |
| Specialist Job | 5,100.00 |
| Others(Lub,etc) | 0.00 |
| Sundry | 0.00 |
| Total(w/o GST) | 6,684.00 |

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



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

Affiliated to Federation Internationale Des Experts En Automobile

FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI17016183/Agbs2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 18-12-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SHC 7654G | Veh. Inspected | SGP 4295Y |
| Policy No. | D-15072702MFSH | Coverage (\$) | 0.00 |
| Claim No. | D17008108MFSH | Excess (\$) | 0.00 |
| Assign From | AUNG YIN MIN | Assign Date | 22/08/2017 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|--------------------|--------------|--------------------|
| Make & Model | MITSUBISHI ATTRAGE | c.c | 1193 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | MMBSTA13AHH001270 | Colour | RED |
| Odometer | 28086 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|-----------|-------------|---------|
| R/H Front Tyre | 185/55R15 | BRIDGESTONE | 6 mm |
| L/H Front Tyre | 185/55R15 | BRIDGESTONE | 6 mm |
| R/H Rear Tyre | 185/55R15 | BRIDGESTONE | 6 mm |
| L/H Rear Tyre | 185/55R15 | BRIDGESTONE | 6 mm |

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.
DAMAGES SEE DETAILS.

5. General Information

| | | | |
|----------------|---|-----------------|------------|
| Accident Date | 19/08/2017 | Inspection Date | 24/08/2017 |
| Survey held at | CYCLE & CARRIAGE.FULCO MOTOR DEALER PL NO.330 UBI ROAD 3 SINGAPORE 408650 | | |

5a. Remarks

A)THE VEHICLE HAS NOT SEND IN FOR REPAIR.
B)DAMAGES CONSISTENT TO ACCIDENT REPORT.
C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

| | |
|-------------------------------------|----------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 4 Working Days |
|-------------------------------------|----------------|



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGP 4295Y

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|----------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | LHF DOOR PANEL ASSY (SN) | DENTED | 833.40 | 833.40 |
| 1 | PANEL ASSY, RR DOOR,L (SN) | TO REPAIR SEE LABOUR | 702.00 | - |
| 1 | TAPE, FR DOOR SASH, LH (SN) | NECESSARY | 24.30 | 24.30 |
| 1 | TAPE, RR DOOR SASH, LH (SN) | NOT NECESSARY | 24.30 | - |
| | | | 1,584.00 | 857.70 |
| LABOUR | | | | |
| | TO REPLACE LHF & LHR DOOR ASSY, ETC - TO REPAIR LHR OUTER FENDER PANEL. INCLUSIVE OF THE REPAIR OF PANEL ASSY, RR DOOR,L. | | 2,400.00 | 1,200.00 |
| | TO TRANSFER LHF AND LHR DOOR COMPONENTS & MECHANISM. | | 600.00 | 300.00 |
| | SPRAY PAINTING ON LH SIDE ACCIDENT AFFECTED AREAS. | | 2,100.00 | 1,680.00 |
| | | | 5,100.00 | 3,180.00 |
| GRAND TOTAL | | | 6,684.00 | 4,037.70 |
| RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) | | | | 4,037.70 |

Report Ref No. CS/FCI17016183/Agbs2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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