ASS:REC.BY:		REF: CS	/AXA 17019094	Mgbezepecin	al Instruction:		
Surveyor:	Tuufildh-		GNMENT (Office	-			
From (Person):	Kitty Teo		AXA		ate/Time:	05.10.2017	1.20pm
Estimated Cost:)		Bill to:				
OD TP/WS/T	PRES / OD R	ES/EVA/INV	MV7CS				
To Inspect Vehicl			91760	Insured:			
at Workshop m/s		Tan (hong		Tel:	9112	31175	
of		23 Jalan	Burnh				
Policy No:			Claim N	o: STMI	002KX	A low makes	
Sum Insured:			Excess	the for	00.0		
Make of Veh:	V- 11-				.O.A.	70092017	
(Client's Record)			(0-0)	after 1pm	H.O.D. Endo	orsement:	
Date/Time: 05	-10 7 NH 220	Person Con	ntacted: Kriz	- Vel	nicle IN L	6117	
Date/Time A	ction/Instruction	(/) Es	timate		-3		
	ABC 9176C.				6		
910-	Revert V	na Cimar	t claume.				
08/5/18CV.	59pm Ch	ecleed wit	the Kirs Cux	SP) 8 Nu	Nel Civ	n-drange of	Dehicle
	onipany),	they hey	decided u	Midau	00 1	without	do Ad
	SnA.						
081518	Suburit 1	reli, ven	ort.				

.

REF. AXA ASSIGNMENT VERTICE - GBC9176C YAREST 2014, Feb. Date 6/10/17 Estimated Cost Type M.Car / M.Cycle / Bus / Van)Lorry | Taxi / Prime Mover | 6 TF WS ITP RES | OD RES | EVA | INV | MV Truck / Trailer of To inspect Venice No. GBC 9176 C Nissaan NV200 00 1461 Mare at Workshop mis 7an Chong Silver. a C Insured / Std / N/7 NA 23 jalan Buroh Sp Reading T Radio Insured / Std / NI / NA insured Eng No Pallay No VSKYBAM.204007 1921 C No Clams No Gen Cond (Sod) Fair / Poor / Burnt Sum Insured Steering Inorder Jammed / Leaked / Burnt or ____ Excess \$ 500 - 00 (Client's Record) Brake Inorder) Jammed / Leaked / Burnt or Make of Ven Mod (NII) S/Rim | STD A/Rim Palicy Condition Remark. The veh had commenced its NS BS / DUN / EXNOVA / GY / FS / LIZA / (M) C / OHTSU / PIR / SUMI / 08 repair at the time of inspection. TOYO / YOKO or Ball or Market Value ... Front DAC Accident Room Consistent? Yes or No GI4 PR Seen Consistent? : Yes or No L Ba Est Repairs gays Res Yes or No DOA Lum Sum -3 Val. Yes or No. 23 Jhn Bunh Survey held at (CA) / REV / REP. / 24 HRS Design Damages Frt / Rear / O/S / N/S / U/C / Rooftop or Venicie IN / OUT Frt ols Person Contacted The U/C / Chassis frame / Body Structure affected due to collision Date Time Agtion Instruction

RECEIVED 9 MAY 2018

D818 ANN 01	reli. Report nal Report	Res	ys Of Repair: survey No. of Trip:	Survey Fae	190	
		Add Fee:	Site Insp (\$	\$ - 95S		
Report Format :			Interview : (\$) Photos		
Lump Sum / I.B.I: (S	7	F	Tech Invs (\$) Others		
		L	Weekend (\$)		
				T0TA_	150	



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

Α.	XA INSURANCE P	TE LTD	Ref : CS/AXA1701	9094/T1gb			
8 A)	SHENTON WAY # KA TOWERSINGA	24-01 PORE 068811	Date: 05-10-2017 Code: AXA2				
1.		Policy Particu	llars :- OWN DAMAGE				
	Insured Veh.		Veh. Inspected				
	Policy No.		Coverage (\$)	GBC 9176C			
	Claim No.	S7M002KX	Excess (\$)	0.00			
	Assign From	SMART CLAIM (KITTY TEO)	Assign Date	500.00			
2,			iculars & Condition	05/10/2017			
	Make & Model	V-history	c.c				
	Engine No.	HIDDEN	Year of Reg.	0			
	Chassis No.		Colour				
	Odometer	÷:	Steering				
	Brakes		Modification				
	General		Wodification				
		Condit	ions of Tyres				
		Size	Make				
	R/H Front Tyre		Make	Balance			
	L/H Front Tyre			mm			
	R/H Rear Tyre			mm			
	L/H Rear Tyre			mm			
		Description	on of Damages	mm			
		Tipuc	or buildages				
	Francisco de la companya della compa	General	Information				
	Accident Date	20/09/2017	Inspection Date	06/10/2017			
	Survey held at	TAN CHONG IND MACHINERY	PTE LTD	06/10/2017			
		23 JALAN BUROH . SINGAPORE 619479	1 Acros 20.20				
THE REAL PROPERTY.		Re	marks				
	A)THE MARKET VA	ILIE IC CC (FOT	AGE) HAVE AUTHORISED RE				

Menu



Service Request Details

Claim

S7M002KX

Reference

None /

Loss Date

20 September 2017

Request Date

5 October 2017

Due Date

12 October 2017

Vendor Name

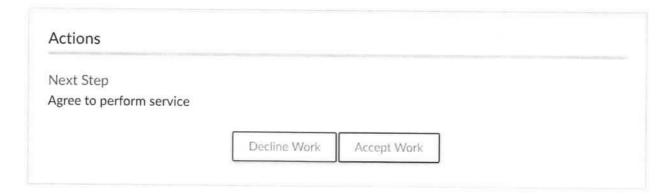
LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

Services

Accelerated survey and authorize



Vehicle Information

Incident Vehicle Registration # GBC9176C

Make

NISSAN

Menu

Service Address

23 JALAN BUROH, , , 619479

Primary Contact

TAN CHONG INDUSTRIAL MACHINERY PTE LTD 66622287

Claim Handler

Kitty TEO 6568804602 kitty.teo@axa.com.sg

Additional Instructions

EXCESS \$500

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message



PRELIMINARY ADVISE OF GBC 9176C

Type

Q Question

Message

Repairer's Estimate (Gross): \$3,032.64 Revised Amount: \$1,622.40 Check Items (Estimated): - Total: \$1,622.40 Pre-Accident Value: \$46,000.00 COE / PARF Rebate: \$31,117.00 Margin for Repair: \$14,883.00 Date & time of survey: 06-10-2017 @ 04:30pm. Damages Consistent. Repair Cost Economical. We have authorised repair. 01 Repair days.

Reply



Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3447H
Vehicle Details	
Vehicle No.:	GBC9176C
Vehicle to be Exported:	No
Intended De-registration Date:	09 Oct 2017
Vehicle Make:	NISSAN
Vehicle Model:	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Primary Colour:	Silver
Manufacturing Year:	2013
Engine No.:	K9KC400D052675
Chassis No.:	VSKYBAM20U0071921
Maximum Power Output:	•
Open Market Value:	\$19,232.00
Original Registration Date:	21 Feb 2014
First Registration Date:	21 Feb 2014

Transfer Count:	0
Actual ARF Paid:	\$962.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	•
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE No.:	2014020105000092W
COE Expiry Date:	20 Feb 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$48,889.00
COE Rebate Amount:	\$31,117.00
Total Rebate Amount:	\$31,117.00

The information contained herein is correct as at 09 Oct 2017

OK

Land Transport Authority (https://www.lta.gov.sg)

Please read through the Privacy Statement, Terms of Use, and Disclaimer.

Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.

Best viewed with IE 10 and above, Chrome, Firefox, and Safari.

Copyright © 2017 LTA | Privacy Statement | Terms of Use | Disclaimer | Rate the Website |

Rate this e-Service (https://www.lta.gov.sg/feedback/PublicSurvy.aspx?SurveyDetINum=S201400011)

Last updated on 08 Oct 2017 at 01:03 AM

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 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.

By the lodgement of this report to the insurers, you aforesaid.	ou 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	21/09/2017 11:01
Date Of Accident	20/09/2017 13:10
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC9176C
Insured/Policyholder	
Name Of Registered Owner	ZYFAS PHARMA PTE LTD
Co Reg No	0 2005 134474
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62757757
Vehicle Particulars	

Vehicle Particulars

Manufacturer NISSAN

Model URVAN-3.0 D (M)

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?

YES

If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number P1578798

Cover Note Number

Driver

Name of Driver MOHD KASSIM BIN SALLEH

NRIC No S1595048Z Date Of Birth 28/10/1963 Occupation OUTDOOR Date Of Driving Pass 27/04/2007

Driving Experience 10 YEARS AND 4 MONTHS

Gender MALE

Mobile Number Fax Number

Contact Number

EMail Address NOEMAIL 21-09-17;11:10

1/ 2 = 1/ 2

62708314

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 flability.
- 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 cooles of this report will form for the Centre of the cooles of this report will form for the Centre of th
- 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 evailable aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/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' law yers/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 lawyers lawyers) high may be sited outside of Singapore, for one or more of the above Purposes.

102F Posir Parilang Road
106-10 Citillak Warehouse Complex
Singapore 118530
Tgl: 6275-7757 Fax: 6275-2287

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

Sketch Plan

2 1 SFP 7017

Witnessed by Reporting Centre
Personnel

Pemp Sey Road

Holland road B. Sts 8602E

.21-09-17:11:10 ; 21-09-17:10:18 :

2/ 2 = 2/ 2

Deceribe Circumstant	20.000
Describe Circumstances of the Accident	LICENSE PLATE NUMBER: 63091760
ACCIDENT DATE: 20/09/2017	CONTACT NUMBER: 84524115 /627577
ACCIDENT TIME: /3.00	EMAIL: PAS @ Zyfas . com
LOCATION: Holland Road.	
(was driving also	ng Holland Road, left lane, when q
car from a Filter lane	cras out little sit. In order not to know
the car, I moved but to	or itelland hoad, left lane when q bus out little sit. In order not to know the right, and rubbed then car from
my right. That how if	happened.
1070.00	
NOTE: PLEASE NOTE THAT YOUR INSUI	RER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT
AN OWN DAMAG	E CLAIM UNDER YOUR OWN POLICY.
PLEASE CHECK VO	UR POLICY FOR MORE INFORMATION.
Please state:	OR FOLICE FOR MORE INFORMATION.
X Claim Own Policy () Claim Third Par	uter () Claim OD/MD at all
Jy -man own rency () Claim Third Par	rty () Claim OD/TP at other workshop (Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time ZYFAS PHARMA PTE LTD 102F Pasir Panlang Road #06-10 Cillink Warehouse Complex Singapore 118530
Tel: 0275-7757 Fax: 6275-2287

Mdn - 21/09/2017

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

Witnessed by Reporting Centre Personnel

21 SEP 2017

AXA INSURANCE PTE LTD 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel:(65)63387288 Fax:(65)63382522 Website:www.axa.com.sg GST Registration Number: 199903512M customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■ 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 NO.

: VCA/P1578798

Account No. : 00880

Coverage

: Comprehensive

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder : ZYFAS PHARMA PTE LTD

Vehicle Registration No. : GBC9176C

Period of Insurance

: From 21/02/2017 To 20/02/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

(a) Use in connection with the Policyholder's business
(b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
(c) Use for social, domestic and pleasure purposes

This Policy does not cover (a) Use for hire or reward or for racing, pace-making, reliability

trial or speed-testing
(b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)

EXCESS :

Own Damage Excess

: SGD 500.00

(Please refer to your policy for Additional Excess)

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates 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).

AXA INSURANCE PTE LTD

lass

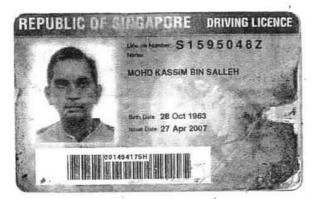
Authorized Signature

Issued by - SGOTCAS2 on 16/02/2017

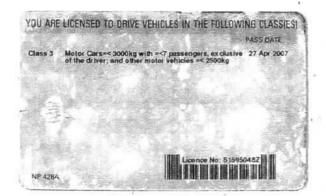
IMPORTANT:
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of
Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or
destroyed a Statutory Declaration to the effect must be made. Failure to comply with this
obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap.

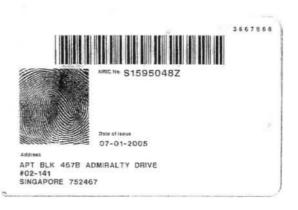
The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

Page 1











TAN CHONG INDUSTRIAL MACHINERY PTE LTD 23 JALAN BUROH SINGAPORE 619479 TEL:66622287 FAX:62665862

From	KRIZ CHUA				Date	28-Sep	o-17
To .	AXA INSURANCE PTE LTD				Our ref	KC/17	709/0052
Attn	To Sir/Madam		Tel Fax		6880 4888		
VEH NO :	GBC9176C				Model :	NISSA	AN URVAN
Chassis:					Eng No :	-	
RE: ACCI	DENT REPAIR FOR GBC9176C				CLAIM	TYPE: O	WN DAMAGE
DESCRIP	TION	QTY	UNIT	_ 4	DISCOUN		Amount
FRONT B	UMPER (BLACK COLOUR)	1	\$ 1,428.8	0 30	20%	\$ c	t 1,143.04
HOOD (SI	LVER COLOUR)	1	\$ 812.0	0 40	7, 20%	\$ <i>N</i> s	x 649.60 ot consiskut-
	FEE ACE FRONT HOOD AND FRONT RH BUMPER SFER CLIPS AND REALIGN BUMPER FRAME		May			\$	960.00
TO PUTTY WITH EXI	Y AND SPRAY PAINT AT FRONT HOOD, RHE STING MATCHING COLOUR	BUMPER	R & AFFECTE	D AREAS		\$	× 280.00
LKK Auto Consultants hence notify the Repairer of the following: To resurvey before/after spray painting To display damaged part(s) during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed Supplementary Item(s) must be resurveyed and is subject to final approval from Insurance Company 1 All prices quoted are subjected to Part Section 1. The above quotation is based on initial visual inspection only.					3,032.64		
Please be	e advised that any additional parts replaced	or labou	r performed	will incur sur	oplementa	ry charg	es

accordingly and a separate quote will be forwarded to you for approval.

2. If you are agreeable with this quotation, kindly endorse and fax this quotation back to us in order for us to proceed with the repair.

3. Please be informed that the acceptance of this quotation will render the company herein liable for all repair costs incurred in accordance with the above quotation.

Thank you and regards

KRIZ CHUA Marketing Executive

TEL: 67038756 HP: 91123105

TRUCK SERVICE

Service Department

tay filing likewoo wm * Resurry new pourts

Page 1