| urvoyor : | Tauftch | | AS | SIGNM | ENT (| Offic | e) | | | PROME BY | _ |
|------------------------|--|--|--------|--|-------|----------|------|---------|--------------|------------|--------|
| From (Person): | Katheline | Worg | of | | .Msi | h | | | Date/Time: | 21:117017 | 2.40pm |
| Estimated Cost: | | J | | | Billt | | | | | | |
| OD /TP/WS/ | TP RES / OD | RES / EV | A/I | NV / MV | | | | | ST | V 27637 | |
| To Inspect Vehi | cle No: | | STH | 560E | | | | Insured | | | |
| at Workshop m/ | | | B's | Perfum | nance | | | Tel | | 6 5722 | |
| of | | No | F . | Soon | 100 | St | # 01 | -38 | | | |
| Policy No: | msD/VP | cp/17,- | 0008 | 305 - 00 | C | aim N | lo: | | | | |
| Sum Insured: | | | | 491 | | Exces | s: | | | | |
| Make of Veh: | | | | | | | | | D.O.A | F10211-P1 | |
| CA / REV / | | | | | | | | | H.O.D. En | dorsement: | 100 |
| | 72.112017 9 | | | | d: | E | Ison | | Vehicle (PA) | | |
| Date/Time | Action/Instruc | etion (| X ` |) Estinu | nte. | | | | | | |
| | STN 560E | | 119000 | | | - 2772 | 2100 | | | | |
| | 93 4 2763 | J · x | | | | MATERIA. | | | | | |
| 9755 A. (17554E) - 140 | Dismantle | Part: | 24 | 11.2017 | | | | | | | |
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Tech. Invs (\$

Weekend (\$

Report Format:

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

AR9.

) Others

TOTAL

Survey Department Check List (Case Handler)

Reference No.: Policy Type: OD / TP / TP RES / TL / EVA Case Handler Typist Admin (): Case handler to make sure all information created by the assignment team are ACCURATE. (1) Office Assign Form Y-Date N-Date Y-Date N-Date Reference No. C Customer Code N Assign From C Assign Date C Veh No (Inspected) C Veh No (Insured) C D.O.A C Policy No. C Claim No C Insurance Authorisation (CA /REV/REP) C Report Type C Weekend Charges N Survey held at/Repairer C Excess Surveyor (): Case handler to make sure the surveryor completed all required information. (1) Assignment Form Vehicle No C Regn Month/Year N . Vehicle Type Make & Model C Engine Capacity. (C.C) Colour N C Odometer. (Sp.Reading) C Chassis No. General Condition N Steering N Brake N Modification (Modi) C Tyre Size Tyre Make N C Tyre Balance C Date of Inspection N Survey held N Des.of Damages (2) System - (Views/Merimen) Damaged Vehicle Photographs Uploaded (3) Workshop Estimate/Assignment Form N ALL Parts condition Market Value for OD cases C Estimate Repair Cost for PRI (RSI, TMI, MSIG) C Days of repair Finalised Amount Re-inspection Cases to Finalize within 5 Days (4) System - (Views/Merimen)

*C: Critical *N: Non-Critical

Resurvey photo Uploaded

Case Handler

Date

Check By:



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

| MSI | G INSURANCE (S | INGAPORE) PTE LTD | Ref : CS3/MSG170 | 22285/T1b | | |
|-----|------------------------------------|---|---|--|--|--|
| | AFFLES QUAY 01 HONG LEONG | BLDG SINGAPORE 048581 | Date: 22-11-2017 Code: MSG | | | |
| 1. | | Policy Particulars | :- (THIRD PARTY CLA | IM) | | |
| | Insured Veh. | SJV 2763J | Veh. Inspected | SFN 560E | | |
| | Policy No. | MSD/VPCP/17-000802-00 | Coverage (\$) | 0.00 | | |
| | Claim No. | | Excess (\$) | 0.00 | | |
| | Assign From | MERIMEN (KATHERINE WONG) | Assign Date | 21/11/2017 | | |
| 2. | | Vehicle Parti | culars & Condition | | | |
| | Make & Model | | c.c | 0 | | |
| | Engine No. | HIDDEN | Year of Reg. | | | |
| | Chassis No. | | Colour | | | |
| | Odometer | | Steering | | | |
| | Brakes | | Modification | | | |
| | General | | *************************************** | | | |
| 3. | | Condit | ions of Tyres | gija ku sustancju o | | |
| | | Size | Make | Balance | | |
| | R/H Front Tyre | | | mm | | |
| | L/H Front Tyre | | | mm | | |
| | R/H Rear Tyre | | | mm | | |
| | L/H Rear Tyre | | | mm | | |
| 1. | | Descripti | on of Damages | | | |
| 5. | Laws Digo toni | Genera | I Information | and the state of t | | |
| | Accident Date | 19/11/2017 | Inspection Date | 22/11/2017 | | |
| | Survey held at | B'S PERFORMANCE PTE LTD | | | | |
| | | 7 SOON LEE STREET ISPACE #01-38 SINGAPORE 627668 | | | | |
| ā. | | R | emarks | Section of the section of | | |
| | B) THE REPAIR E: THE REPAIRER W | ON WAS CONDUCTED ON A "WI STIMATE WAS NOT PRESENTEI /AS TOLD TO PREPARE THE ES EASE FIND DAMAGED VEHICLE | D AT THE TIME OF INSPI STIMATE. | SIS. ECTION. | | |

...CLAIM SUBFOLDER...(New Assignment)

| LAIM SU | BFOLDER TRAC | KING | | | | | | |
|-----------------------|--------------------|--|--------------------------------|---------------------------------------|------------------------|--|--------------------------|--|
| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitte | d Ins Auth'ed | Status | |
| Main | 21 Nov 2017 | | 21 Nov 2017 14:40 Assign | | | | New Assign Cancel Cas | Control of the Contro |
| | Main | Re | eference | Cla | m Details | Docum | ents | Show All |
| CLAIM S | UBFOLDER DET | TAILS | | AMERICAN SERVICE | | [Created I | y insurer] | COLUMN TO SERVICE STATE OF THE PARTY OF THE |
| Insured: | | HITACHI CAP | ITAL ASIA PACI | FIC PTE LTD, | Co. Reg. No.: 19 | Control for the Control of the Contr | | |
| Main Cla | imant: | Lim Ming Kw | ang James, ID: | S7712286I | | | | |
| Vehicle F | Reg. No.: | SFN560E | | Da | te of Loss: | 19/11/2017 | 11:00 - :59 | |
| Claim Ty | pe: | TP Policy/Cover Note No.: MSD/VPCP/17- Coverage: 08/ | | 7-000802-00 8/04/2017 - 07/04/2018 | | | | |
| Vehicle F (Insured | | SJV2763J | | Po | Policy No. (Claimant): | | | |
| \$1. N. e | | | | Ex | cess: | | | |
| Repairer | 1 | Bs Performar Tel: | nce Pte Ltd (HQ) | NO. 7 SOON LE | E STREET, #01-3 | 8 I SPACE SINGAPOR | RE 627608, 627 | 7608 Pioneer - |
| Handling | Insurer: | MSIG Insurar Shong - 6594 | nce (Singapore) 2544] | Pte. Ltd. (HQ) | - Tel: +65 6827 | 7888 [Handled by | Katherine Wo | ong Chew |
| Adjuster | | LKK Auto Cor | sultants Pte Ltd | (HQ) - Tel: 62 | 56-3561 [Im i | m.Advice due 22 | /11/2017] | |
| ASSOCIA | ATED MAIL REC | EIVED | | | | View | All Compo | ose Case Mail |
| There are | no mail for this c | ase. | | | | | | |
| E | | | | | | | | |
| | OCIATED TASK | s | | | View All Se | earch Tasks Cr | eate New Task | Complete |
| ALL ASS | | Type Task (| Group Subjec | t Handler | Assigned By | Completed Or | Created | On Done? |

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.
- 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 | 20/11/2017 10:47 | |
| Date Of Accident | 19/11/2017 12:00 | |
| Exact Location Of Accident | ALONG AYE AFTER CLEMENTI FLOYVER | |
| Country/State of Loss | SINGAPORE | |
| | DETAILS OF OWN VEHICLE | |
| | | |

| Vehicle Registration Number | SFN560E |
|-----------------------------|----------------------|
| Insured/Policyholder | |
| Name Of Registered Owner | LIM MING KWANG JAMES |
| NRIC No | S7712286I |
| Email Address | JAMESLIMMK@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90278278 |
| Alternative Phone No | OFFICE-NOPHONE |
| Vehicle Particulars | |

| Manufacturer | MERCEDES-BENZ | | |
|--------------|------------------|--|--|
| Model | E250-1.8 CGI (A) | | |

| Exact Purpose for which | vehicle was | being used at |
|-------------------------|-------------|---------------|
| time of accident | | |

| Are you claiming | under your own insurance policy | NO |
|--------------------|---------------------------------|-----|
| for repair to your | vehicle? | 140 |

| If No, Please state action to be taken | THIRD PARTY |
|--|-------------|
| Vehicle Category | PRIVATE CAR |

| Ins | urar | ice | Con | npai | ny |
|-----|---------|-----|-----|------|----|
| | 444.440 | | | | |

| Name of Insurance Company | AXA INSURANCE PTE LTD |
|---------------------------|-----------------------|
| | |

| Type Of Coverage | COMPREHENSIVE |
|------------------|---------------|
|------------------|---------------|

Fleet Policy NO

Policy Number VA1/GA269341

Cover Note Number

| | - | | | | |
|---|----|----|---|---|---|
| n | - | 'n | | - | * |
| u | T. | n | v | e | r |

Name of Driver LIM MING KWANG JAMES

 NRIC No
 \$7712286I

 Date Of Birth
 02/05/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 07/11/1996

Driving Experience 21 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90278278

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address JAMESLIMMK@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

3

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

...

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)

Police Station Address

ROAD: 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7740000 - FAX NO: 67741705

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT D/20171119/7010

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

rvas triere arry addie recorded

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJV2763J

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

SIEW JUN JIE ELROY

NRIC/Passport Number

G3531232W

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

SGE3535U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver GOH KAR TUCK S7621706H

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

DETAILS OF INJURED PERSON 1

LOH JUN JIA Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? SFN560E

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

LIM ZHI EN JALYN Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

SFN560E

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address Postcode

DETAILS OF INJURED PERSON 3

LIM ZHI HENG Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

SFN560E

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address Postcode

DETAILS OF INJURED PERSON 4

LIM MING KWANG JAMES Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

SFN560E

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

2 12 ...

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the socident 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 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.
- 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of thereport 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
- (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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre

Sketch Plan

Sketch Plan

A _ SFN SGOE

B - STV 27635

C _ SGE 3535U

D — YNKNOWN

ID

ID

ID

ID

AYE After clement: Flaguer

(towards city)

Sketch Plan Pg. 2

| Reser | to | Police | Report | 0/2017/11/9/701 | O . | |
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| eclaration | | | | | ☐ Claim own policy | |
| Ma decises the | o foragoi | on particulars | are true in every | respect. | Claim third party 85 Pors | FO(MY |
| TO GEOMIC DR | lorego | and the second | | | Glaim third party Claim OD (TP) at other workshop 65 Pers For record purpose Policy No. VA1/GA26734/ | |
| | | | | | Policy No. VA1/GA26934 | f |
| | | | | | Insurer AXA Ven.No. SFNS | 60E |
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AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

□ customer.care@axa.com.sg

www.axa.com.sg

Certificate of Insurance

account number 11055

-Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 139) - Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960-Road Transport Act. 1987 (Malaysia) -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name

LIM MING KWANG JAMES

Certificate number

GA269341/1

Cover Plan name

Comprehensive Essential

Chassis number Engine number

WDD2120472A182795 27186030043605

NCD applicable Vehicle registration number 50% SFN560E

Period of Insurance

from 21/09/2017 to 24/12/2018 (both dates inclusive)

Finance loan company

MAYBANK

Persons or classes of persons entitled to drive*

(a) The Policyholder

(b) 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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

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.

EXCESS

Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

- 1, \$\$500 for unnamed Authorised Driver
 - 2. S\$500 for declared Young and Inexperienced Driver
 - 3. \$\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision 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

Authorised signature

Important note

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. 189).

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, endorsement etc.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$77122861





LIM MING KWANG JAMES (LIN MINGGUANG)

林 明

Race CHINESE

02-05-1977 Country of birth SINGAPORE

APT BLK 322A JURONG EAST STREET 31 #04 264 SINGAPORE 601322

NRIC No. S7712286

No: 6139623

4041339





Class 2B Motorcycles not exceeding 200 cc.

Class 2A Motorcycles between 28t oc and 300 cc

Motor Cars and Motor Factors fine was
which unlation does not exceed 2560 for

NP 428A -- 1





1 of 2

Report No. D/20171119/7010

POLICE REPORT (NP299)

Police Station Of Origin Clementi Police Divisional HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

| Date/Time Report Made 19/11/2017 18:15 | Vide Re | Station Diary No. | | | | |
|--|---|--|---------------|---------|--|--|
| Name Of Informant LIM MING KWANG JAMES | Address APT BLK 322A JURONG EAST STREET 31 #04-264 SINGAPORE 601322 | | | | | |
| ID Type / ID No. NRIC NO / S7712286I | Contact No. Home/Office: Mobile: 90278278 | | | | | |
| Nationality SINGAPORE CITIZEN | Email A | ddress nmk@gmai | l.com | - | | |
| Occupation | Sex | Age | Date of Birth | Race | | |
| SALES AND MARKETING MANAGER | Male | 40 | 02/05/1977 | Chinese | | |
| Institution/School Name | Language English | | | | | |
| Date/Time Of Incident 19/11/2017 11:45 - 19/11/2017 12:00 | Location | Location Of Incident AYER RAJAH EXPRESSWAY | | | | |
| | | | | | | |

Brief details.

I am the driver of vehicle number , sfn560e, we were travelling on aye towards city, the accident happened after clementi flyover. Because of road works ahead, alot of cars were filtering from the right and caused cars infront of me to brake to a stop, i managed to brake but unfortunately, the cars behind me hit my car from the back, there were 3 cars, mine being the first, the second was sjv2763j, and third sge3535u.

the impact caused the 4 passengers, me, my wife and my 2 kids, felt discomfort and pain, we went to

| Signature Of Officer Recording The Report: | Signature Of Informant: The identity of the person making this |
|---|--|
| Not applicable | report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 19/11/2017 18:15 |
| Officer In-Charge Of Case: | Classification Of Case: |
| | |

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20171119/7010

hospital to follow with a check at 2:30pm.

passenger details

- 1. Loh Jun Jia S8214893J
- 2. Lim Zhi En Jalyn T0621359B
- 3. Lim Zhi Heng Javis T0830334C

| Person Name | LIM MING KWANG JAMES | | |
|----------------|---|--------------|-----------|
| ID Type | NRIC NO | ID No | S7712286I |
| Gender | Male | Age | 40 |
| Race | Chinese | Language | English |
| Occupation | SALES AND MARKETING MANAGER | Address Type | |
| Address | APT BLK 322A JURONG EAST STREET 31 #04-264 SINGAPORE 601322 | Mobile No | 90278278 |
| Is Informant A | Yes | | |
| Victim? | | | |
| Person Name | LIM MING KWANG JAMES (Info | ormant) | |

| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
|--|---|
| Signature Of Interpreter: Not applicable | Date/Time: 19/11/2017 18:15 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

View Sent Message

This mail is associated with:

*SFN560E (MSC/V/17-001809) [SJV2763J]

TP
Lim Ming Kwang James
Nov 19 2017 11:00AM
[HITACHI CAPITAL ASIA PACIFIC PTE LTD] Bs Performance Pte Ltd

Resend

View Recipients

Print Message

Delete Message

Forward

From

LKK Auto Consultants Pte Ltd (LKK_HQ), sent on 02/12/2017 13:38 PM.

MSI_WCS

Subject Pre-repair Inspection

Dear Katherine,

Refer to your assignment on 21.11.2017 at 2.40PM.

Please be informed that we have inspected the vehicle SFN 560E on 22.11.2017 at 5.15PM.

At the time of inspection the repairer did not present their estimation to the damaged vehicle.

We will submit our report accordingly.

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)

DOCUMENTS SUMMARY

There are no documents.

...CLAIM SUBFOLDER...(Pending for Survey Report)

| LAIM SUB | FOLDER TRA | CKING | | | | | | | | |
|----------------------------------|---------------------------------|------------------|--------------------------------------|-------------------------|--|-----------------------|--|-----------------------|-------------------------------------|-----------------|
| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj | Subn | nitted | Ins Auth'ed | Status | |
| Main | 21 Nov 2017 | | 21 Nov 2017 14:40 Edit Adj Rpt | S\$0.00 Edit Estimat | - 1 | 0.00 lew Rp | t | | Pending for Report Cancel Cas | |
| | Main | Re | ference | C | laim Deta | ils | \Box | Docume | nts | Show All |
| CLAIM SU | BFOLDER DE | TAILS | | Name and Parket | TO COLUMN TO STATE OF THE STATE | | [Create | ed by insurer] | | ALIMAN COLORES |
| Insured: | HITACHI | CAPITAL ASIA P | ACIFIC PTE LT | D, Co. Reg. I | No.: 19940 | 00399 | N | | | |
| Main Claimant: | Lim Ming | Kwang James, | ID: S7712286I | | | | | | | |
| Vehicle Reg | | | | | | | 017 11:00 - :59 hths and 25 Days From LTA Reg Date (Man Yr)] | | | |
| Claim Type | : TP / MSC/V/17-001809 | | | | Policy/Co Note No. | | MSD/VPCP/17-000802-00 (Comprehensive) Coverage: 08/04/2017 - 07/04/2018 | | | |
| Vehicle Reg No. (Insured): | SJV2763J Policy No. (Claimant): | | | | | | | | | |
| 0 | | | | | Excess: | | | | | |
| Repairer: | Bs Perfor | mance Pte Ltd (I | HQ) NO. 7 SOOM | LEE STREET, | #01-38 I | SPAC | E SINGA | PORE 627608, 62 | 7608 Pioneer - | Tel: |
| Handling Insurer: | MSIG Ins | urance (Singapo | re) Pte. Ltd. (F | 1Q) - Tel: +65 | 6827 788 | 38 | [Handled | by Katherine W | ong Chew Sho | ong - 6594 2544 |
| Adjuster: | 22/11/20 | Consultants Pte | Ltd (HQ) - Tel: | 6256-3561 | . [Handled | by M | OHD TA | AUFIKH BIN HAM | 4ID] [Imm | .Advice due |
| ASSOCIA | TED MAIL RE | CEIVED | | | | | | | View All Co | mpose Case Mail |
| There are r | no mail for this | case. | | | | | | | | |
| ALL ASS | OCIATED TAS | KS [⊡] | | | | | View A | All Search Tasks | Create New | Task Complete |
| Due Dat | | Type Task | Group Sub | ject Hand | ler A | ssign | ed By | Completed O | On Create | d On Done? |

Claim Documents

*SFN560E (MSC/V/17-001809) [SJV2763J] TP

Lim Ming Kwang James Nov 19 2017 11:00AM [HITACHI CAPITAL ASIA PACIFIC PTE LTD] Bs Performance Pte Ltd

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| 2 | 21/11/17 14:37 | TP disagree on SJE & PRI Details TP police Report | 0 | Load PDF | - |

Documents Checklist

| DOCUMENTS CHECKLIST | Reset Save Print |
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| There are no document checklists configured. | |
| Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) | |
| | |
| Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties. | |

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/MSG17022285/T1BS2

Date:

13/04/2018

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd. Policy No:

MSD/VPCP/17-000802-00

Claimant Vehicle

SFN560E

Insured Vehicle No: SJV2763J

ie 140 . 05 V 2 1 000

Date of Loss: 19/11/2017

Nature of Claim: TP

Claim No: MSC/V/17-001809

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

No:

SFN560E

Make & Model:

MERCEDES-BENZ E250, 1.8 CGI (A)

25/06/2010 (Man. Year: 2010)

Engine No: Chassis No: Odometer: 27186030043605 WDD2120472A182795

124552 km

Reg. Date: Colour:

Black

Engine Capacity: 1

Market Value/New Car Price:

1796 cc

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Good

Steering (Serviceable):

Voc

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

No Pre-

Pre-accident Condition:

165

CONDITION OF TYRES

Front Tyre Size:

245/45R17

Rear Tyre Size:

245/45R17

Front Left Side:

Achilles 6 mm

Rear Left Side:

Achilles 6 mm

Front Right Side:

Achilles 6 mm

Rear Right Side:

Achilles 6 mm

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|---------------------|------------|------------|------------|--------|
| Parts | 0.00 | 0.00 | 0.00 | |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 0.00 | 0.00 | 0.00 | |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Nett Amount (S\$) | 0.00 | 0.00 | 0.00 | |

INSPECTION

Date of Assignment:

21/11/2017

Bs Performance Pte Ltd (HQ)

Date Inspected:

22/11/2017 Inspected At:

NO. 7 SOON LEE STREET, #01-38 I SPACE

SINGAPORE 627608

Singapore 627608

Estimated Period of Repair:

0.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager:

CATHERINE CHONG KAI LING

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

- 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.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$5,500.00 - \$6,500.00

Adjuster Report

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 13 Apr 2018)

Parts: 143 MERCEDES-BENZ E250 1.8 CGI (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SFN560E)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the

END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >