

ASS. REC. BY:

REF: CS3 / MSG17022610 / 302

Special Instruction:

Surveyor: Sebastian

ASSIGNMENT (Office)

From (Person):

Jenny Yung

of

MSG

Date/Time:

28/12/17 10:20am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

XD 501R

Insured:

CA7 966F / No.19

at Workshop m/s

GMA Automotive

Tel:

90611218

of

38 Woodlands Ind Park St #05-01

Policy No:

Claim No:

537722 PLY

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

18/12/17

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

H.O.D. Endorsement:

Date/Time:

28/12/17 1pm

Person Contacted:

Aleen

Vehicle IN/OUT

Date/Time

Action/Instruction (x) Estimate

XD 501R - x

CA7 966F / NO.19 - x

Dismantle Part: 14.12.2017

15.12.17 4:26pm

Email to Jenny Yung

REF:

ASSIGNMENT

COE Expiry: 30 Jun 2021

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

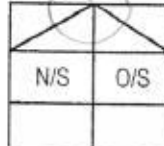
Claims No. _____

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: XD 501R Yr Regn: 1 06

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

Truck / Trailer or Tipper Truck.

Make: Mitsubishi Fuso cc 11945

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

Sp. Reading: No Display T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FV517JA 00796

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: 295/80R22.5 R: 11

Agate Amber Stone

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

TOYO / YOKO or

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 28/11/2017 @ 4.48 pm

Survey held at 4 Sungai Kadut Ave

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

28/11/2017 No Gilt / Estimate

~~650k~~ → 55k
~~68~~ → 75k

RECEIVED 13 APR 2018

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

120

120

Report Format : PRE

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

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

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

- C 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
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(3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

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Check By:

--	--

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014

Nivitha (LKK Auto)

From: Jenny Yong <jenny_yong@sg.msig-asia.com>
Sent: Tuesday, 28 November, 2017 10:20 AM
To: assignments@lkkauto.com
Subject: [New Assignment] Insured - Samwoh Corporation Pte Ltd - Accident involving shovel loader and third party vehicle XD501R on 18/11/2017 - MSIG : 537722PLY
Attachments: 2nd PRS - XD 501R.pdf; IMG-20171118-WA0000.jpg; IMG-20171118-WA0001.jpg; IMG-20171118-WA0002.jpg; IMG-20171118-WA0003.jpg; 20171122172911.pdf

Dear Sir/ Mdm,

Please conduct a pre-repair survey on third party vehicle, XD501R on a without prejudice basis urgently.

The vehicle can be surveyed / inspected at:

Address : GMA Automotive Services

Block 38 Woodlands Industrial Park E1

#05-01

Singapore 757700

Contact Person/Hp/Tel/Fax : Cleon Cheng / Tel: 9061 1218

Attached our insured's incident report and photographs showing the damage.

Jenny Yong

Senior Executive, Claims Services

D: +65 65942457 | F: +65 66431349 | jenny_yong@sg.msig-asia.com



Insurer Claims
Team of the Year
2016

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220

9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



A Member of **MS&AD** INSURANCE GROUP

From: christie@kscgp.com [mailto:christie@kscgp.com]

Sent: Friday, 24 November, 2017 9:31 AM

To: Jenny Yong <jenny_yong@sg.msig-asia.com>

Cc: jiapei@kscgp.com

Subject: FW: Notice to Conduct Pre-Repair Survey (Our Ref: XD 501R/GMA/jp/cy, Your Ref: CAT 966F (No.19))
Accident on 18.11.17 involving XD 501R and CAT 966F along Lorong Halus (Samwoh Worksite)

Dear Madam,

Please find enclosed the Notice to Conduct Pre-Repair Survey.

Thank you.

Regards,

Christie

KSCGP Juris LLP

10 Hoe Chiang Road

#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 0981 / Fax: 6538 3708
Email: accident@kscgp.com

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----- Original Message -----

From: christie@kscgp.com [<mailto:christie@kscgp.com>]
To: info@samwoh.com.sg
Cc: jiapci@kscgp.com
Sent: Wed, 22 Nov 2017 14:36:51 +0800
Subject:

Dear Sir/Madam,

Please find enclosed the Notice to Conduct Pre-Repair Survey.

Thank you.

Regards,
Christie
KSCGP Juris LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 0981 / Fax: 6538 3708
Email: accident@kscgp.com

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Your ref : CAT966F /No. 19
Our client's vehicle / ref: XD 501R/GMA/jp/cy
Date: 24 November 2017

DID: 3152 0981
Email: christie@kscgp.com

MSIG INSURANCE (SINGAPORE) PTE LTD

BY EMAIL JENNY_YONG@
@SG.MSIG-ASIA.COM

Dear Sirs,

DATE OF ACCIDENT: 18 NOVEMBER 2017
NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Name of Surveyor	Company Name
1.	Errol Tan	Pro Plus Automobile Engineers
2.	Dave Chang	Sincere Appraisal Services
3.	Choo Beng Hai	Ace Automobile Appraisal Services
4.	Lee Kok Weng	Lee Automobile Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : GMA Automotive Services
Block 38 Woodlands Industrial Park E1
#05-01
Singapore 757700
Contact Person/Hp/Tel/Fax : Cleon Cheng / Tel: 9061 1218

Kindly acknowledge upon inspection in the acknowledgement box below.

Yours sincerely,

f JP

Your ref : CAT966F /No. 19
Our client's vehicle / ref: XD 501R/GMA/jp/cy
Date : 24 November 2017

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of
_____ *[Surveyor's Company]* have completed as
follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (after dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (party by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

Catherine Chong (LKK Auto)

From: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Sent: Friday, 15 December, 2017 4:26 PM
To: 'Jenny Yong'; 'assignments@lkkauto.com'
Subject: RE: [New Assignment] Insured - Samwoh Corporation Pte Ltd - Accident involving shovel loader and third party vehicle XD501R on 18/11/2017 - MSIG : 537722PLY

Dear Jenny,

Refer to your assignment on 28.11.2017 at 10.20M.

Please be informed that we have inspected the vehicle XD 501R on 28.11.2017 at 4.48PM.

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)

From: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Wednesday, 6 December, 2017 5:25 PM
To: 'Jenny Yong' <jenny_yong@sg.msig-asia.com>; assignments@lkkauto.com
Subject: RE: [New Assignment] Insured - Samwoh Corporation Pte Ltd - Accident involving shovel loader and third party vehicle XD501R on 18/11/2017 - MSIG : 537722PLY

Dear Jenny,

Noted with thanks.

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: Jenny Yong [mailto:jenny_yong@sg.msig-asia.com]
Sent: Wednesday, 6 December, 2017 4:51 PM
To: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>; assignments@lkkauto.com
Subject: RE: [New Assignment] Insured - Samwoh Corporation Pte Ltd - Accident involving shovel loader and third party vehicle XD501R on 18/11/2017 - MSIG : 537722PLY

Hi Catherine,

We have received a call from the third party lawyer, KSCGP that the workshop will be dismantling the parts and they have requested for the surveyor to survey.

Please contact the workshop as they could not remember which surveyor had gone down earlier.

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	XD501R
Vehicle Type :	B33 - Goods (Open) Tipper/Dumper Truck
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	MITSUBISHI
Vehicle Model :	FV517JD2RDEB
Chassis No. :	FV517JA00996
Propellant :	Diesel
Engine No. :	6D24379429
Engine Capacity :	11945 cc
Maximum Power Output :	-
Maximum Laden Weight :	28000 kg
Unladen Weight :	10520 kg
Year Of Manufacture :	2006
Original Registration Date :	10 Jul 2006
Lifespan Expiry Date :	09 Jul 2026
COE Category :	C - Goods Vehicle & Bus
PQP Paid :	\$22,326.00
COE Expiry Date :	30 Jun 2021
Road Tax Expiry Date :	30 Jun 2018
Inspection Due Date :	30 Jun 2018
Intended Transfer Date :	12 Apr 2018
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

The current road tax expiry is 30 Jun 2018. You may renew the road tax from 01 Apr 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 30 Jun 2018, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable (From 01 Jul 2018 to 31 Dec 2018)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	0.00	-	0.00
Total Amount Payable :			25.00

Message

This vehicle has a road tax Over Payment of \$765.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1236H
Vehicle Details	
Vehicle No.:	XD501R
Vehicle to be Exported:	No
Intended De-registration Date:	12 Apr 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	FV517JD2RDEB
Primary Colour:	White
Manufacturing Year:	2006
Engine No.:	6D24379429
Chassis No.:	FV517JA00996
Maximum Power Output:	-
Open Market Value:	\$69,553.00
Original Registration Date:	10 Jul 2006
First Registration Date:	10 Jul 2006
Transfer Count:	0
Actual ARF Paid:	\$3,478.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Jun 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$22,326.00
COE Rebate Amount:	\$14,363.00
Total Rebate Amount:	\$14,363.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 12 Apr 2018

OK

MR011/10056 - Thong Huat Pte Ltd - General
INSTR DATE & TIME: 20/11/2017 12:30

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 Authorized 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 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 CIA Registry 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 if required.

ACCIDENT STATEMENT

Date Of Report 20/11/2017 13:33
Date Of Accident 18/11/2017 09:50
Exact Location Of Accident AT LORONG HALUS (SAMWOH WORKSITE)
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD561R
Insured/Policyholder
Name Of Registered Owner THONG HUAT BROTHERS (PTE) LIMITED
Co Reg No 19720123811
Email Address THONGBEECHOO@PACIFIC.NET.SG
Mobile Phone No
Alternative Phone No OFFICE-63670772
Vehicle Particulars
Manufacturer MITSUBISHI
Model FV517J02RDEB
Exact Purpose for which vehicle was being used at time of accident COMMERCIAL
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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company ERGO INSURANCE PTE. LTD.
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number DMCV17S011771
Cover Note Number CT7066925

Driver

Name of Driver LBJJZH
Passport No/FIN GS440092L
Date Of Birth 18/03/1977
Occupation OUTDOOR
Date Of Driving Pass 05/06/2015
Driving Experience 2 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-83565417
Fax Number
Contact Number
E-Mail Address NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own
Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

Police Station Address ROAD 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286,
COUNTRY: SINGAPORE

Police Station Contact TEL NO. - FAX NO

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident**AS PER POLICE REPORT**

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

Vehicle Make/Model/Colour CAT966F / NO 19

Details Of Properties WHEEL LOADER

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

DETAILS OF INJURED PERSON 1

Name LIU JIZHI

Approximate Age

Injuries Sustained

Injured person in which vehicle? XD5011R

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 Authorized 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 statement may be referred to the police for investigation.
6. The report will be forwarded by the insurers of the GIA Roadside 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 in the archiving of this report at the centre and to copies of the report being made available afterwards.
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 purposes 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 internal 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/are 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 situated 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

20/11/17

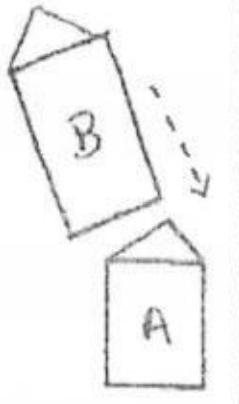
Reporting Centre Person's Signature
Name: Y. S. S. S.
MUC/UT/17

Accident Sketch Plan Pg. 1

SKETCH PLAN

A → XO SDI R

B → wheel loader



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 12/ Nov / 2017 , 9.48 am

Accident Location: at Long Hieu (Sanh white)

As per police report

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (DE/TP)

DECLARATION

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

*IMPORTANT NOTE:
Insured must sign this declaration and submit it to the insurer along with the claim form and other documents required by the insurer to process the claim. Failure to do so may result in the claim being rejected.

Policyholder's Signature
Date & Time:

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

Reporting Claim Person's Signature
Name: Y. K. K.
NRIC/ID No.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



J/20171118/2080

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POLICE REPORT (NP259)

Report No. J/20171118/2080

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Date/Time Report Made 18/11/2017 16:16	Video Report No.	Station Diary No. 94
Name Of Informant LIU JIZHI	Address 4 SUNGEI KADUT AVENUE #02-01 SINGAPORE 729641	
ID Type / ID No. FIN NO / G54400321	Contact No. Home/Office 83565417	Mobile
Nationality CHINESE	Email Address	
Occupation Lorry driver	Sex Male	Age 40
Institution/School Name	Date of Birth 10/03/1977	Race Chinese
Date/Time Of Incident 18/11/2017 09:45	Location Of Incident Samwoh - within worksite at Lorong Halus	

Brief details.

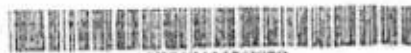
On 18/11/2017 at about 0948hrs, while inside vehicle XD501R, I was involved in a minor accident with a wheel loader. My vehicle was stationary when the driver of wheel loader reversed and collided onto the front portion of my vehicle.

The front portion of my company vehicle was damaged and my left knee was injured due to the impact. I have yet to see a doctor yet. I am lodging this report for insurance claim.

Signature Of Officer Recording The Report J / Staff Sgt WANG ZHENXIONG	Signature Of Informant 刘吉志
Signature Of Interpreter: Not applicable	Date/Time 18/11/2017 16:16
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / ASP LIM JIM KAI Contact No.: 67910000	Classification Of Case:

Authentication Stamp

POLICE REPORT Pg. 1

SINGAPORE
POLICE FORCE

J/20171118/2080

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20171118/2080

I do not have any details of the said driver but I believe that he is a staff under Samwoh resources Pte Ltd.

Signature Of Officer Recording The Report

J / Staff Sgt WANG ZHENXIONG

Signature Of Interpreter
Not applicableOfficer In-Charge Of Case
J / Jurong Police Divisional Investigation Branch /
ASP LIM JIM KAI
Contact No.: 67910000

Authentication Stamp

Signature Of Informant

Date/Time:
18/11/2017 16 18

Classification Of Case



**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

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PRE-REPAIR INSPECTION REPORT			
MSG INSURANCE (SINGAPORE) PTE LTD		Ref: CS3/MSG17022610/Sbe2	
16 RAFFLES QUAY		Date: 13-04-2018	
#24-01 HONG LEONG BLDG SINGAPORE 048581		Code: MSG	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	CAT996F/NO.19	Veh. Inspected	XD 501R
Policy No.		Coverage (\$)	0.00
Claim No.	537722PLY	Excess (\$)	0.00
Assign From	JENNY YONG	Assign Date	28/11/2017
2. Vehicle Particulars & Condition			
Make & Model	MITSUBISHI FV517JD2RDEB	c.c	11945
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	FV517JA00996	Colour	WHITE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	295/80 R22.5	AGATE	6 mm
L/H Front Tyre	295/80 R22.5	AGATE	6 mm
R/H Rear Tyre	295/80 R22.5	AMBERSTONE	6 mm
L/H Rear Tyre	295/80 R22.5	AMBERSTONE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.			
5. General Information			
Accident Date	18/11/2017	Inspect Date / Time	28/11/2017 (04:48 PM)
Survey held at	GMA AUTOMOTIVE SERVICES BLOCK 38 WOODLANDS INDUSTRIAL PARK E1 #05-01 SINGAPORE 757700		
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) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$68,000-\$75,000			

Report Ref No. CS3/MSG17022610/Sbe2

Inspected By



YEANG WAI KEEN

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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