:	zarosazona - CI Turigi & days
۲	ASS_REC. BY: REF: C33/4G117022690/Gb27 Special Instruction:
	Surveyor
	From (Person): Abert Hora of AGI Date/Time: 5.23pm@28/11/1
	Estimated Cost: Bill to:
	OD (FP) WS TP RES / OD RES / EVA / INV / MV / CS
	To Inspect Vehicle No: FP6518D Insured: SCN 4506 V
•	at Workshop m/s MCS Auto Tel: 62969939
	of No. 1100 Servigeon Road ,328195
	Policy No: Claim No: C10001172
	Sum Insured: Excess:
	Make of Veh:  (Client's Record)  D.O.A. 26/11/2017
	CA / REV / REP / REVIOUSE
	<i>∧</i>
•	Date/Time: Person Contacted: Stephenie Vehicle IN OUT
	Date/Time Action/Instruction ( ) Estimate
	SCN4506Y-X
	After repoir: 12-122017

## Survey Department Check List (Case Handler)

(1) Office	( ): Case handler to make sure all informate e Assign Form	Y-Date N-Date	Y-Date N-Date
(±) Oc.	Reference No.	1-Date N-Date	1-Date M-Date
С	Customer Code		
Ž.	Assign From		
c	Assign Date		
c	Veh No (Inspected)		
C	Veh No (Insured)	V	
C	D.O.A		
C	Policy No		•
C	Claim No		
C	Insurance Authorisation (CA /REV/REP)		
С	Report Type		
C	Weekend Charges	V	
N	-		
C	Survey held at/Repairer Excess	V	
C	EX7622		
Survey	<u>or</u> ( ): Case handler to make sure the	surveryor completed al	li required information
(1) Assig	nment Form	,	
C	Vehicle No		
C	Regn Month/Year	/	
Ν,	Venicie Type		
Ν	Make & Model	/	
C	Engine Capacity. (C.C)	/	
N	Colour	V	
C	Odometer. (Sp.Reading)	/	
C	Chassis No		44
N	General Condition	V	
N	Steering	V	
N	Brake		
N	Modification (Modi)		
C	Tyre Size	/	
N	Tyre Make	V	
С	Tyre Balance	/	
C	Date of Inspection	/	
Ν	Survey held		
N	Des.of Damages		
(2) Syste	em - (Views/Merimen)		
`´Ć	Damaged Vehicle Photographs Uploaded	V	
(2) \\	kshop Estimate/Assignment Form		
N N	ALL Parts condition		
C	Market Value for OD cases		
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)		
C	Days of repair	:	
C C	Finalised Amount  Re-inspection Cases to Finalize within 5 Days		
_	em - (Views/Merimen)		
(4) Syste	Resurvey photo Uploaded		
-			

\*C: Critical \*N: Non-Critical

Case Handler

Date

Reference No. :



## 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 Internal	ionale Des Experts En Autor	mobile : Section 1							
AUTO & GÉNERAL IN	ISURANCE (S) PL	Ref : CS3/AGI17022	2690/Gb							
(BUDGET DIRECT IN 190 CLEMENCEAU A SINGAPORE SHOPP 239924	SURANCE) VENUE #03-01 ING CENTRESINGAPORE	Date: 29-11-2017 Code: AGI								
Labertala, ma	Policy Particulars	:- (THIRD PARTY CLA	IN)							
insured Veh.	SCN 4506Y	Veh. Inspected	FP 6518D							
Policy No.		Coverage (\$)	0.00							
Claim No.	C10001172	Excess (\$)	0.00							
Assign From	ALBERT HONG	Assign Date	29/11/2017							
2.	Vehicle Part	iculars & Condition								
Make & Model		c.c	O section of the sect							
Engine No.	HIDDEN	Year of Reg.								
Chassis No.		Colour								
Odometer	-	Steering								
Brakes		Modification								
General	· · · · · · · · · · · · · · · · · · ·		,							
3.	Condi	tions of Tyres	HILL TO THE							
	Size	Make	Balance							
R/H Front Tyre			mm							
L/H Front Tyre			mm							
R/H Rear Tyre			mm							
L/H Rear Tyre			mm							
4, and the contract of	√a⊦Descript	ion of Damages ice								
5 March 1982 March 1984 Annie		A Company of the Comp	THE STATE OF THE S							
Accident Date	26/11/2017	Inspection Date	30/11/2017							
Survey held at	MCS AUTO	mapection Date								
Tarray mond di	NO. 1100 SERANGOON ROAD SINGAPORE 328195	)								
5a.4 15 12 14 14 14 14 14 14 14 14 14 14 14 14 14		Remarks	and the second s							
B) THE REPAIR E	ON WAS CONDUCTED ON A "W STIMATE WAS NOT PRESENTE WAS TOLD TO PREPARE THE E EASE FIND DAMAGED VEHICLI	/ITHOUT PREJUDICE" BA ED AT THE TIME OF INSPI STIMATE.	SIS.							

### Nivitha (LKK Auto)

From:

Albert Hong <albert.hong@budgetdirect.com.sg>

Sent:

Tuesday, 28 November, 2017 5:23 PM

To:

'assignments'

Cc:

sur@lkkauto.com

Subject:

Appoint LKK to conduct TP survey; Our Ref: C10001172

Attachments:

SAS2316135 (1).PDF

Hi All,

Please accept survey assignment and liaise with the contact person.

Thank you.

Regards,

Albert Hong Senior Executive, Claims

T +65 6540 2182 F +65 6725 0853

E albert.hong@budgetdirect.com.sg

## Budget Direct insurance

Customer Care: +65 6221 2111

Claims: +65 6221 2199

Claims (Int.): +65 6540 2199

190 Clemenceau Avenue #03-01, Singapore Shopping Centre Singapore 239924

budgetdirect.com.sq

Auto & General Insurance (Singapore) Pte. Limited (co. Reg. No. 201626103G) trading as Budget Direct Insurance.

From: Sally [mailto:info@catherinelimllc.com] Sent: Tuesday, 28 November, 2017 5:05 PM

To: Albert Hong <albert.hong@budgetdirect.com.sg>

Subject: RE: Our Ref: C10001172, Your Ref: CL/171170/T/MCS.sg

Dear Albert

Detail as follows:

Venue: MCS Auto

No. 1100 Serangoon Road

Singapore 328195

Contact: Stephanie @ 6296 9939

Regards
Sally Goh
Catherine Lim LLC
20 Havelock Road #03-01
Central Square
Singapore 059765

Email: info@catherinelimllc.com

From: Albert Hong [mailto:albert.hong@budgetdirect.com.sg]

Sent: Tuesday, November 28, 2017 4:32 PM

To: Sally

Subject: RE: Our Ref: C10001172, Your Ref: CL/171170/T/MCS.sg

Hi Sally,

We are not agreeable to your list of surveyors.

Please let us have the contact person, date, time and location to conduct our own survey.

Thank you.

Regards,

Albert Hong Senior Executive, Claims

T +65 6540 2182 F +65 6725 0853 E <u>albert.hong@budgetdirect.com.sq</u>



Customer Care: +65 6221 2111

Claims: +65 6221 2199

Claims (Int.): +65 6540 2199

190 Clemenceau Avenue #03-01, Singapore Shopping Centre Singapore 239924 budgetdirect.com.sq

Auto & General Insurance (Singapore) Pte. Limited (co. Reg. No. 201626103G) trading as Budget Direct Insurance.

From: Sally [mailto:info@catherinelimllc.com]
Sent: Tuesday, 28 November, 2017 4:30 PM

To: Albert Hong <albert.hong@budgetdirect.com.sg>

Subject: RE: Our Ref: C10001172, Your Ref: CL/171170/T/MCS.sg

Dear Albert (Without Prejudice)

We refer to your email.

Our client is not agreeable to your appointed surveyor and attached herewith our client's list of surveyor for your attention.

Regards
Sally Goh
Catherine Lim LLC
20 Havelock Road #03-01
Central Square
Singapore 059765

Email: info@catherinelimllc.com

From: Albert Hong [mailto:albert.hong@budgetdirect.com.sg]

Sent: Tuesday, November 28, 2017 4:28 PM

To: info@catherinelimllc.com

Subject: Our Ref: C10001172, Your Ref: CL/171170/T/MCS.sg

Hi,

We refer to our conversation earlier.

We will be appointing LKK Auto Consultants Pte Ltd. Please let us know whether you are agreeable to our appointed surveyor.

Thank you.

Regards,

Albert Hong Senior Executive, Claims

T +65 6540 2182 F +65 6725 0853

E albert.hong@budgetdirect.com.sg

## Budget Direct insurance

Customer Care: +65 6221 2111

Claims: +65 6221 2199

Claims (Int.): +65 6540 2199

190 Clemenceau Avenue #03-01, Singapore Shopping Centre Singapore 239924

budgetdirect.com.sq

Auto & General Insurance (Singapore) Pte. Limited (co. Reg. No. 201626103G) trading as Budget Direct Insurance.

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## Enquire PARF/COE Rebate for Registered Vehicle

#### Vehicle Owner Particulars

Owner ID Type Foreign Identification Number

Owner ID 2045X

Vehicle Details

Vehicle No. FP6518D

Vehicle to be Exported No

Intended De-registration Date 01 Dec 2017
Vehicle Make YAMAHA

Vehicle Model RXZ

Primary Colour Red

Manufacturing Year 1997

Engine No. 3BS223636

Chassis No. ZMC223636

Maximum Power Output -

Open Market Value \$3,555.00

Original Registration Date 08 Sep 1997
First Registration Date 08 Sep 1997

Transfer Count 15

Actual ARF Paid \$534.00

Intended PARF Rebate Details

PARF Eligibility No

PARF Eligibility Expiry Date -

PARF Rebate Amount \$0.00

Intended COE Rebate Details

COE Expiry Date 07 Sep 2022

COE Category D - Motorcycle

COE Period(Years) 5

 PQP Paid
 \$2,764.00

 COE Rebate Amount
 \$2,635.00

 Total Rebate Amount
 \$2,635.00

#### Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 01 Dec 2017

1/2

# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 28/11/2017 14:03

#### 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 aforesaid.

 Date Of Report
 28/11/2017 09:44

 Date Of Accident
 26/11/2017 10:00

Exact Location Of Accident CAR PARK 35A CAMBRIDGE ROAD

Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number FP6518D

Insured/Policyholder

Name Of Registered Owner VEERAIYAN KARTHICK

Passport No/FIN 0442045X
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-93366496
Alternative Phone No OTHERS-93366496

Vehicle Particulars

Manufacturer YAMAHA

Model RXZ-133CC (M)

Exact Purpose for which vehicle was being used at

time of accident

PARKED AND STATIONARY

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 HIRE

### Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number MSD/VMT/17-980457-WTT

Cover Note Number 08/02/2017-07/02/2018

#### Driver 2

Name of Driver VEERAIYAN KARTHICK

Passport No/FIN 0442045X
Date Of Birth 15/04/1987
Occupation OUTDOOR
Date Of Driving Pass 30/10/2009

Driving Experience 8 YEARS AND 0 MONTHS

Gender MALE

 Mobile Number
 (LOCAL) +65-93366496

 Fax Number
 (LOCAL) +65-93366496

 Contact Number
 OTHERS-93366496

EMail Address NOEMAIL

Address

35A CAMBRIDGE ROAD

Postcode

219736

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

**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)

0

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

ON 26/11/2017, AROUND 10AM, MY PARKED BIKE (FP6518D) IN FRONT OF MY HOUSE WAS HIT BY A CAR (SCN4506Y). MY WAS DAMAGED AFTER CHECKED AND WE AGRRED TO SEETLE BY OWN INSURANCE. SCN4506Y (MERCEDEZ BENZ) - FONG THENG HUI S023105G

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

ИО

Was there any audio recorded?

NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SCN4506Y

Vehicle Make/Model/Colour

**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** 

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

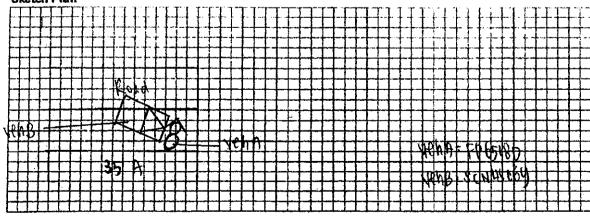
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

- TEST



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	beth															ali.			<u>-</u>
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olicy ime	holder's	Signat	ure/E	Date &		river's Time	Signat	ure (i	driver	is not t	he p	olicyto	ider) / (	Date		essed. onnel	by Repo	orligig Cent	re

#### S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
MRM ENGINEERING PTE, LTD.

Sector: CONSTRUCTION Name



VEERAIYAN KARTHICK Occupation

Occupation DRIVER

S Pass No. 0 34633878 Date of Application 12-04-2016 Date of Issue

21-04-2016 Date of Expiry 21-07-2018

L6713580



Licence Number: G 0 4 4 2 0 4 5 X

**VEERAIYAN KARTHICK** 

6inh Date 15 Apr 1987 Issue Date 24 Oct 2014 Valid Till 29 Oct 2019

002359053E

\*

VISIT PASS Immigration Regulations

Name VEERAIYAN KARTHICK



Date of Birth Sex 15-04-1987 M

Nationality

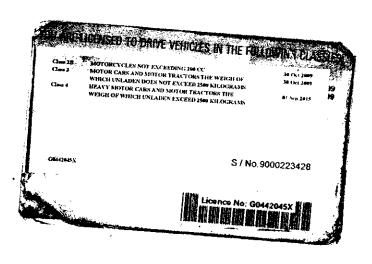
G0442045X Date of Issue 21-04-2016

Date of Expiry 21-07-2018

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.







#### **LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

	PRE-REPAIR IN	SPECT	ON REPORT					
AUTO & GENERAL IN	SURANCE (S) PL	Ref:	CS3/AGI1702269	0/Gbe2				
(BUDGET DIRECT IN: #03-01 S SHOPPING	S) 190 CLEMENCEAU AVE CENTRES 239924	Date:	21-02-2018					
		Code:	AGI					
1. Spill (1994)	Policy Particular	s :- (THIF	ED PARTY CLAIN					
Insured Veh.	SCN 4506Y	Veh. Ir	nspected	FP 6518D				
Policy No.		Cover	age (\$)	0.00				
Claim No.	C10001172	Exces	s (\$)					
Assign From	ALBERT HONG	Assign	n Date	29/11/2017				
2.	Vehicle Pa	rticulars	& Condition 🚁	<b>建设建</b> 电流 <b>对</b> 定式				
Make & Model	YAMAHA RXZ	c.c		133				
Engine No.	HIDDEN	Year o	f Reg.	1997				
Chassis No.	ZMC223636	Colou	·	RED				
Odometer	•	Steeri	ng	IN ORDER				
Brakes	IN ORDER	Modifi	cation	NIL				
General	GOOD							
<b>3.</b>	Cond	litions of	Tyres A 💮 🥕					
	Size	Make		Balance				
R/H Front Tyre	80/80-18	FKR		5 mm				
L/H Front Tyre				mm				
R/H Rear Tyre	80/80-18	FKR		5 mm				
L/H Rear Tyre				mm				
4.	Descrip	xtion of D	amages .					
THE VEHICLE SU BODY.	STAINED DAMAGES AT THE FI	RONT POI	RTION AND O/S					
5.	Géne	ral Inform	nation 🐪 🕸					
Accident Date	26/11/2017	Inspec	t Date / Time	30/11/2017 ( 01:00 PM )				
Survey held at	MCS AUTO							
	NO.1100 SERANGOON RD S	328195						
5a. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Remarks	i veze					
B) THE REPAIR E THE REPAIRER V C) ENCLOSED PL	ON WAS CONDUCTED ON A "V ST WAS NOT PRESENTED AT WAS TOLD TO PREPARE THE E LEASE FIND DAMAGED VEHICL AIR COST OF THE DAMAGED V	THE TIME ST. E PHOTO	OF INSPECTION. GRAPHS.					
5b.	Estima	e Dave o	f Renair	San Control				
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Report Ref No. CS3/AGI17022690/Gbe2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A **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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