| ASS, REC. BY:   | 1                  | REF CS3 FC           | C17023731/UN               | 3perial tainuelion.  |
|---|--------------------|----------------------|----------------------------|--|
| Surveyor -  | MARTIS             |                      | GNMENT (Office             |  |
| Estimated Cost:  OD WS-1  To Inspect Vehi  at Workshop m/ | TP RES / OD RES    | 7 13884<br>Fastech A | Bill to: MV7CS  M+0  16/48 | Insured: SHD 8502A Tel: G7465405  D170 11509 MFSH  D.O.A. 12/12/17 |
| CA / REV /  | REP. / REV 24 H    |                      | itsoted: Nancy             | H.O.D. Endorsement:  |
| Date/Time   | Action/Instruction | M Es-                | timate                     |  |
| 15/15/17  | Email For          | informed.            | panding est                | oftom repairer   |

| (08/11/78) wef. ASS REC. 8Y: MCrc4 5         | Zei/                                    |                                      |
|--|---|--------------------------------------|
|  | IGNMENT                                 | U                                    |
| 3  |   | 12 16                                |
| From: Date:                                  | Veh No: 337/366                         | Yr Regn. 12/6                        |
| Estimated Cost.                              | Type M.Car J-M.Cycle / Bus / Van / Lofr | y / Taxi / Prime Mover /             |
| OD TP WS TP RES OD RES EVA INV MV            | Truck / Trailer or A                    | 1496                                 |
| To Inspect Vehicle No: SD7/367               | Make: Mozde 3                           | Tursian Curic Adamson Commission     |
| at Workshop m/s                              | Colour Wh. Le                           | A/C: Insured / Std / NI / NA         |
| of   | Sp.Reading $29400$                      | T/Radio: Insured / Std / NI / NA     |
| Insured                                      | Eng/No:                                 |                                      |
| Policy No.                                   |   | 42A8G0339666                         |
| Claims No.                                   | Gen. Cond. Good / Fair / Poor / Burnt   |                                      |
| Sum Insured: Excess:                         | Steering: Increer / Jammed / Leaked / E | Burnt or                             |
| (Client's Record)                            | Brake:     Jammed / Leaked / E          | Burnt or                             |
| Make of Veh:                                 | Modi: Nil / S/Rim / STD A/Rim or        | /                                    |
|  | Tyre Size: F: 205                       | 60016                                |
| (Policy Condition)                           | R:                                      |                                      |
| Remark: The veh had commenced its N/S O/S    | BS / DUN / EXNOVA / GY / FS / LIZA / I  | MIC / OHTSU / PIR / SUMI /           |
| repair at the time of inspection.            | TOYO YOKO OF                            |                                      |
| Bal. or Market Value:                        | Front                                   | Rear                                 |
| IDAC Accident Rport: Consistent? : Yes or No | R/Bal. 0 mm                             | R/Bal. mm                            |
| GIA / PR Seen: Consistent? : Yes or No       | L/Bal. mm                               | L/Bal. mm                            |
| Est Repairs days Res.: Yes or No             | D.O.A.                                  | D.O.L. 14/12/17C                     |
| Lum Sum: % 3 Val.: Yes or No                 | Survey held at                          | Fastein /11.16am                     |
| CA / REV / REP. / 24 HRS                     | Des. of Damages : Frt / Rear / O/S /    | N/S / U/C / Rooftop or               |
| Vehicle: IN / OUT                            | Reg                                     |                                      |
| Date: Person Contacted:                      | The U/C / Chassis frame / Body          | Structure affected due to collision. |
| Date / Time Action / Instruction             | 45.                                     |                                      |
| hove video. fil 115<br>Rear Donge hot by NI  | mirror 100 Dange.                       |                                      |
| Kear Donge hit ky W                          | 715                                     |                                      |
| While Sound ment reconser                    | Chang Muc D                             | eer saction                          |
| 4/1/18 Sumit agorforejoner                   | 01                                      | ( , , , , , ,                        |
| * Note NO Domes o                            | Rund on NIS fit                         | sortion                              |
| PECEIVED 0 0                                 |   |                                      |
| KECEIVED .                                   | 7/111 40103                             |                                      |
| Date/Time, File Pass to? : Preli. Report     | Days Of Repair:                         |                                      |
| 08.012018 : Final Report                     | Resurvey No. of Trip:                   | Survey Fee:                          |
| Date/Time. File Return to?                   |   | Transportation:                      |
| 2 typist Add Fe                              | e: Site Insp (\$                        | )S+RSS                               |
| 37   | Interview (\$                           | ) Photos                             |
| Report Format : PRS                          | Tech. Invs (\$                          | ) Others                             |
| Lump Sum / I.B.I: (\$                        | Weekend (\$                             | )                                    |
|  | (a. 1786)).                             | TOTAL                                |
|  |   |                                      |

## Survey Department Check List (Case Handler)

| oncy ry   | oe: OD / TP / TP RES / TL / EVA  | Case H                                  | andler     | Typ          | ist         |
|-----------|--|---|------------|--------------|-------------|
|           | A second of the second second second second  | 100000000000000000000000000000000000000 |            | 0.303        |             |
| Admin (   | ): Case handler to make sure all Inform  |   |            | Y-Date       |             |
|           | Assign Form  | Y-Date                                  | N-Date     | 1-Date       | IV-Date     |
| С         | Reference No.  | -                                       |            | _            |             |
| С         | Customer Code  |   |            | -            |             |
|           | Assign From  |   |            | -            |             |
| С         | 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  | /                                       |            |              |             |
| С         | Excess   |   |            |              |             |
| •         | 1 Company to the second |   | amplated : | ll cognicod  | information |
| Surveyo   |  | the surveryor c                         | ompieteu a | ili requireu | momation    |
|           | ment Form  |   |            |              |             |
| С         | Vehicle No   |   |            |              |             |
| С         | Regn Month/Year  |   |            |              |             |
| Ν.        | Vehicle Type   | V                                       |            | 1            | -           |
| N         | Make & Model   | /                                       |            |              |             |
| С         | Engine Capacity. (C.C)   | V                                       |            |              | 9           |
| N         | Colour   | V                                       |            |              |             |
| С         | Odometer. (Sp.Reading)   | V                                       |            |              |             |
| С         | Chassis No   | V                                       |            |              |             |
| N .       | General Condition  | V                                       |            |              |             |
| N         | Steering   | V                                       |            |              |             |
| N         | Brake  | V                                       |            |              |             |
| N         | Modification (Modi)  | V                                       |            |              |             |
| С         | Tyre Size  | V                                       |            |              |             |
| N         | Tyre Make  | _ V                                     |            |              |             |
| С         | Tyre Balance   | V                                       |            |              |             |
| С         | Date of Inspection   | V                                       |            |              |             |
| N         | Survey held  | V                                       | Journal L  |              |             |
| N         | Des.of Damages   | /                                       |            |              |             |
| /3\ C     |  | -V                                      |            |              | -           |
| (2) Syste | m - (Views/Merimen)  Damaged Vehicle Photographs Uploaded  |   | 1          | 1            |             |
|           |  |   |            |              |             |
| (3) Work  | shop Estimate/Assignment Form  |   |            |              |             |
| N         | ALL Parts condition  |   |            |              |             |
| С         | Market Value for OD cases  |   |            |              |             |
| C         | Estimate Repair Cost for PRI (RSI, TMI, MSIG)  |   |            |              |             |
| С         | Days of repair   |   |            |              |             |
| С         | Finalised Amount   |   |            |              |             |
| С         | Re-inspection Cases to Finalize within 5 Days  |   |            |              |             |
| (4) Syste | m - (Views/Merimen)  |   |            |              |             |
| c         | Resurvey photo Uploaded  |   |            |              |             |

Case Handler

Date



## 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

|  | iliated to Federation Inte                                  | rnationale Des Experts En Autom | obile          |  |  |  |
|--|---|---------------------------------|----------------|--|--|--|
| APITAL INSU                            | CE LTD  | Ref : CS/FCI1702373             | 1/Uvd3         |  |  |  |
| NSON ROAD<br>ITY HOUSES                | APORE 068877  | Date: 14-12-2017<br>Code: FCI2  |                |  |  |  |
|  | Policy Particu  | ulars :- THIRD PARTY CLAIR      | M              |  |  |  |
| ured Veh.                              | D 8502A   | Veh. Inspected                  | SDT 1388Y      |  |  |  |
| licy No.                               | - X   | Coverage (\$)                   | 0.00           |  |  |  |
| im No.                                 | 7011509MFSH   | Excess (\$)                     | 0.00           |  |  |  |
| sign From                              | /S (SITHARA)  | Assign Date                     | 14/12/2017     |  |  |  |
|  | Vehicle   | Particulars & Condition         |                |  |  |  |
| ke & Model                             |   | c.c                             | Ō              |  |  |  |
| Engine No. HIDDEN                      |   | Year of Reg.                    |                |  |  |  |
| Chassis No.                            |   | Colour                          |                |  |  |  |
| Odometer -                             |   | Steering                        |                |  |  |  |
| akes                                   |   | Modification                    |                |  |  |  |
| neral                                  |   |                                 |                |  |  |  |
|  | Co  | onditions of Tyres              |                |  |  |  |
|  | :e  | Make                            | Balance        |  |  |  |
| H Front Tyre                           |   |                                 | mm             |  |  |  |
| I Front Tyre                           |   |                                 | mm             |  |  |  |
| H Rear Tyre                            |   |                                 | mm             |  |  |  |
| H Rear Tyre                            |   |                                 | mm             |  |  |  |
|  | Des   | cription of Damages             |                |  |  |  |
| runs Na                                | Ge Ge   | eneral Information              |                |  |  |  |
| cident Date                            | 12/2017   | Inspection Date                 | 14/12/2017     |  |  |  |
| rvey held at                           | STECH AUTO PTE LT   | D                               |                |  |  |  |
| ************************************** | (AKI BUKIT AVENUE 6<br>1-46/48/50 AUTOBAY<br>NGAPORE 417883 | 6                               |                |  |  |  |
| No.                                    | place space C   | Remarks                         |                |  |  |  |
| THE INSPECTI                           |   | A"WITHOUT                       | PREJUDICE" BAS |  |  |  |



### 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 INSPECTION REPORT CS3/FCI17018451/Wbs2 Ref: FIRST CAPITAL INSURANCE LTD 28-10-2017 Date: 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 Code: FCI2 Policy Particulars :- (THIRD PARTY CLAIM) 1. SJG 5251D Veh. Inspected SHD 8532M Insured Veh. 0.00 D-15072702MFSH Coverage (\$) Policy No. 0.00 D17009107MFSH Excess (\$) Claim No. 26/09/2017 Assign Date SITHARA Assign From Vehicle Particulars & Condition 2. 1799 HONDA CIVIC Make & Model 2008 HIDDEN Year of Reg. Engine No. SILVER JHMFD16308S216601 Colour Chassis No. IN ORDER 192224 KM Steering Odometer SPORTS RIM Modification IN ORDER Brakes FAIR General **Conditions of Tyres** 3. Balance Make Size 3 mm SPORTMAX 225/45R17 R/H Front Tyre 3 mm SPORTMAX 225/45R17 L/H Front Tyre 3 mm 225/45R17 HABILEAD R/H Rear Tyre 3 mm HABILEAD 225/45R17 L/H Rear Tyre **Description of Damages** 4. THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. Nota: General Information 5. 26/09/2017 ( 12:57 PM ) Inspect Date / Time 25/09/2017 **Accident Date** ECO AUTOMOBILE CLAIMS & REPAIR PTE LTD Survey held at 13 KAKI BUKIT ROAD 4 #03-29 BARTLEY BIZ CENTRE SINGAPORE 417807 Remarks 5a. 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.

Report Ref No. CS3/FCI17018451/Wbs2

Inspected By

WILSON TEO CHENG MING

D) MARKET VALUE:\$18,000.00

**Automotive Assessor** 

Tu

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES: This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No habitity of responsibility exhausoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

## First Capital Insurance Limited

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

A FAIRFAX Company

MOTOR SURVEY ASSIGNMENT

Date

13-12-2017

Our Ref No. D17011509MFSH

**Accident Date** 

12-12-2017

Claim Type. Third Party

Insured Vehicle

SHD8502A

Third Party Vehicle. SDT1388Y

Survey Location

1 KAKI BUKIT AVENUE 6 #01-46/48/50AUTOBAY

Contact Person.

NANCY LAM

Contact No.

67465405/0

Fax No. 67458520

Survey Type

WITHOUT PREJUDICE:

Appointed

LKK AUTO CONSULTANTS PTE LTD

Surveyor Contact Person

NA

Fax No. 68416315

Contact Number.

NA

### FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc: Workshop

FASTECH AUTO PTE LTD

Attention, NIL

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

SITHARA

### IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

| Job Sheet (/C                     | laimWS/Surveyor/JobSheet/2                              | 231885) 📐 PR                               | I Documents 🙆   Close 🗶   |                                  |              |
|-----------------------------------|---|--|---|----------------------------------|--------------|
|                                   |   |  | PRI Header Details  |                                  |              |
| Claim No                          | D17011509MFSH   | Policy No                                  | D-15072702MFSH  | Claimant<br>S.No &<br>Name       | 1 & FASTECH  |
| Workshop<br>Name                  | FASTECH AUTO PTE LTD<br>(Contact Person : NANCY<br>LAM) | Survey<br>Location<br>& Contact<br>Details | 1 KAKI BUKIT AVENUE 6 # Mobile: 0 , Phone: 67465 EmailId: NANCY.LAM@FAS | 405 , <b>Fax:</b> 67             | 458520       |
| Our<br>Surveyor                   | LKK AUTO CONSULTANTS<br>PTE LTD                         | Instructions<br>To Surveyor                | WITHOUT PREJUDICE:  |                                  |              |
| Insured<br>Name                   | CITYCAB PTE LTD   | Insured<br>Vehicle No                      | SHD8502A  | TP<br>Vehicle<br>No              | SDT1388Y     |
| PRI<br>Recieved<br>Date           | 13-12-2017 08:31:13 PM                                  | Surveyor<br>Appointed<br>Date              | 14-12-2017 12:30:47 PM  | Surveyor<br>Accept<br>Date       | 14-12-2017 ( |
|                                   |   |  | Survey Report Upload  | V                                |              |
| Surveyor<br>Inspection<br>Date *: | nHG.  | Surveyor<br>Report Date                    | 14-12-2017  | Upload<br>Survey<br>Report<br>*: | Choose File  |
|                                   |   |  | Vehicle Particulars   |                                  |              |
| Make                              | Please Select Make ▼                                    | Model                                      | Please Select Model ▼   | Year                             | Select Year  |
| Chasis No                         |   | Engine No                                  |   | Mileage                          |              |
| Color                             |   | Cubic<br>Capacity                          |   |                                  |              |
| Multiple D                        | ocuments Upload   |  |   |                                  |              |
|                                   |   | Upload Multiple                            | e Documents   |                                  |              |
| File Nan                          | ne  |  |   | Action                           |              |
| Surveyor                          | Job Remarks   |  |   |                                  |              |
| Remarks                           |   |  |   | Save                             |              |

### Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Friday, 15 December, 2017 11:55 AM

To:

'Claim Workflow System'

Cc:

SITHARA@FIRST-INSURANCE.COM.SG; SUR

Subject:

RE: SURVEY ASSESSMENT - D17011509MFSH/1, SDT 1388Y

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SDT 1388Y on 14/12/2017.

We are pending estimate from repairer.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Thursday, 14 December, 2017 12:54 PM

To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>

Cc: SITHARA@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D17011509MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System [mailto:cwsmotorclaims@first-insurance.com.sg]

Sent: Thursday, 14 December, 2017 12:30 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; SITHARA@FIRST-INSURANCE.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D17011509MFSH/1

Dear Sir/Mdm,

We refer to the above reference.
Please find attached the necessary documents for survey.
Kindly submit your report via CWS within the next 14 days.

Best Regards, Admin Team Claim Workflow System Motor Claims Department First Capital Insurance Limited

Tel: 6507 3848 Fax: 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

| Date of Accident: 12/12/17.  | Accident Time: 3:45 pm.  | 7 110                      |
|--|--|----------------------------|
| Vehicle (A) No: SDT 1388 Y.  | Make Model:  | NIV                        |
| 7  |  |                            |
| 1104 612 136341  | do BUE BESON BULLERIET EXIT  |                            |
| Owner Name: " Liu Siakang  |  |                            |
| Owner Address: BH 177 Bis  | NO CT A.   | _                          |
| #06-177.   | 5570177  |                            |
| Owner NRIC: 686015431 E  | mail:  | _                          |
| HP: 91383513 . Home:   | Office:  | _                          |
| Insurance Company: OSC.  | Insurance Policy No:   |                            |
| (Comprehensive / Third Party / Third Party Fire  | 9. TT 6\   |                            |
| Driver Name: BS Cabone.  | 2017-V0102739 - VD   | P.                         |
| Driver NRIC:   | Date of Birth:   |                            |
| Driver Contact No:   | 19-61 - 1986.  |                            |
| Driving License P. B.  | Occupation; in deer  |                            |
| Driving License Pass Date: 25 [02] 2   | oss. Relationship With Owner: Owner.   |                            |
| Claiming Under: (Own Damage Claim / Third P<br>Weather Condition: (Clear / Raining / Drizzling<br>Road Surface: (We) / Dry)<br>Damage Portion of Vehicle(A): Real / Front / Rig  | 7 After Rained )   |                            |
| Weather Condition: (Clear / Raining / Drizzling<br>Road Surface: (We) / Dry)  Damage Portion of Vehicle(A): Real / Front / Rig   | / After Rained ) ght Side / Left Side / Chain Collision  |                            |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry )  Damage Portion of Vehicle(A): Real / Front / Rig  Anyone Injured: YES / NO   | / After Rained ) ght Side / Left Side / Chain Collision  Name:   | 7                          |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry )  Damage Portion of Vehicle(A. Real / Front / Rig  Anyone Injured: YES / NO  | / After Rained ) ght Side / Left Side / Chain Collision  |                            |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry)  Damage Portion of Vehicle(A): Real / Front / Rig  Anyone Injured: YES /NO  Colice Report: YES /NO  Cassenger In Vehicle (A):  | After Rained )  ght Side / Eest Side / Chain Collision  Name:  If YES, Where;  |                            |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry )  Damage Portion of Vehicle(A. Real / Front / Rig  Anyone Injured: YES / NO  | / After Rained ) ght Side / Left Side / Chain Collision  Name:   | The section of the section |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry)  Damage Portion of Vehicle(Al: Real / Front / Rig  Anyone Injured: YES / NO  olice Report: YES / NO  assenger In Vehicle (A):  | After Rained )  ght Side / Left Side / Chain Collision  Name:  If YES, Where:  NRIC: HP:   |                            |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry )  Damage Portion of Vehicle(Af: Real / Front / Right Anyone Injured: YES / NO)  Colice Report: YES / NO .  assenger In Vehicle (A): 6  Vitness Name:   | After Rained )  ght Side / Left Side / Chain Collision  Name:  If YES, Where;  NRIC: HP:  Vehicle (C) No: SHD 3502 B   |                            |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry )  Damage Portion of Vehicle(Al: Real / Front / Right Anyone Injured: YES / NO)  Colice Report: YES / NO  assenger In Vehicle (A): 6  Vitness Name:  Cehicle (B) No: 67 76416   | After Rained )  ght Side / Left Side / Chain Collision  Name:  If YES, Where:  NRIC: HP:   |                            |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry)  Damage Portion of Vehicle(A): Real / Front / Rig  Anyone Injured: YES /NO  Colice Report: YES /NO  Cassenger In Vehicle (A): 6  Vitness Name:  Cehicle (B) No: Cy 76425  Tiver Name:  Triver Name:  | After Rained )  ght Side / Left Side / Chain Collision  Name:  If YES, Where;  NRIC: HP:  Vehicle (C) No: SHD 3502 B   | 751, 00 5 1002, 100        |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry)  Damage Portion of Vehicle(A): Real / Front / Rig  Anyone Injured: YES / NO  Police Report: YES / NO  Passenger In Vehicle (A): 6  Vitness Name:  Tehicle (B) No: Gy 76425  Triver Name:  Triver Name:  Pontact No:  | Name:   NRIC:   HP:   Vehicle (C) No:   SHD 3502   A     Driver Name:  |                            |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry )  Damage Portion of Vehicle(Al: Real / Front / Right Anyone Injured: YES / NO)  Police Report: YES / NO  assenger In Vehicle (A): 6  Vitness Name:  The chicle (B) No: 6x 76415  Triver Name:  river NRIC:  ontact No:  surance: 1000  | After Rained)  ght Side / Keft Side / Chain Collision  Name:  If YES, Where:  NRIC: HP:  Vehicle (C) No: SHD 3502 A,  Driver Name:  Driver NRIC:  Contact No:  Insurance: FCCAP.   |                            |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry )  Damage Portion of Vehicle(Al: Real / Front / Right Road Surface: (YES / NO)  Anyone Injured: YES / NO)  assenger In Vehicle (A): 6  Vitness Name:  Cehicle (B) No: 6x 76415  river Name:  river NRIC:  Onfact No:  Surance: 1000   | After Rained)  ght Side / Left Side / Chain Collision  Name:  If YES, Where;  NRIC: HP:  Vehicle (C) No: SHD 3502 B,  Driver Name:  Driver NRIC:  Contact No:  |                            |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry )  Damage Portion of Vehicle(Al: Real / Front / Right Anyone Injured: YES / NO .  Police Report: YES / NO .  Sassenger In Vehicle (A): 6  Witness Name:  Schicle (B) No: Gy 76425 .  river Name:  river NRIC:  Ontact No:  Surance: Lacu C.  surance: Lacu C.  surance: Lacu C.  surange portion of vehicle(B):   | After Rained)  ght Side / Keft Side / Chain Collision  Name:  If YES, Where;  Vehicle (C) No: SHD 3502 A  Driver Name:  Driver NRIC:  Contact No:  Insurance: FCCAP.  Damage portion of vehicle(C):  |                            |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry )  Damage Portion of Vehicle(Al: Real / Front / Right Road Surface: (YES / NO)  Anyone Injured: YES / NO)  assenger In Vehicle (A): 6  Vitness Name:  chicle (B) No: 6x 76426  river Name:  river NRIC:  ontact No:  surance: 12706  unage portion of vehicle(B):   | After Rained)  ght Side / Keft Side / Chain Collision  Name:  If YES, Where;  Vehicle (C) No: SHD 3502 A,  Driver Name:  Driver NRIC:  Contact No:  Insurance: FCC4P.  Damage portion of vehicle(C):   |                            |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry )  Damage Portion of Vehicle(Al: Real / Front / Right Anyone Injured: YES / NO)  Police Report: YES / NO)  assenger In Vehicle (A): 6  Vitness Name:  Cehicle (B) No: Gy 76425  river Name:  priver NRIC:  contact No:  surance: Proc C  surange portion of vehicle(B):  chicle (D) No:  iver Name:   | After Rained )  ght Side / Keft Side / Chain Collision  Name:  If YES, Where;  Vehicle (C) No: SHD 3502 A  Driver Name:  Driver NRIC:  Contact No:  Insurance: FCCAP.  Damage portion of vehicle(C):  Vehicle (E) No:  Driver Name:  |                            |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry )  Damage Portion of Vehicle(Al: Real / Front / Right Anyone Injured: YES / NO)  Police Report: YES / NO)  Passenger In Vehicle (A): 6  Vitness Name:  Thicle (B) No: 6x 76425  Tiver Name:  Triver NRIC:  Contact No:  Surance: 6x 6x 76425  Thicle (D) No:  Surance: 6x 76425  Thicle (D) No: | After Rained )  ght Side / Left Side / Chain Collision  Name:  If YES, Where;  Vehicle (C) No: SHD 3502 A  Driver Name:  Driver NRIC:  Contact No:  Insurance: FCCAP.  Damage portion of vehicle(C):  Vehicle (E) No:  Driver Name:  Driver Name:  Driver Name:  Driver Name:  Driver Name:  Driver Name:  |                            |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry )  Damage Portion of Vehicle(A): Real / Front / Right Road Surface: (YES / NO)  Anyone Injured: YES / NO)  Colice Report: YES / NO)  Cassenger In Vehicle (A): Contact No:  Triver Name:  Triver NRIC:  Contact No:  Surance: Contact No:                           | After Rained )  Shift Side / Keff Side / Chain Collision  Name:  If YES, Where:  NRIC:  HP:  Vehicle (C) No: SHD 8502 A  Driver Name:  Driver NRIC:  Contact No:  Insurance: FCC4.  Damage portion of vehicle(C):  Vehicle (E) No:  Driver Name:  Driver Name: |                            |
| Weather Condition: (Clear / Raining / Drizzling Road Surface: (We) / Dry )  Damage Portion of Vehicle(Al: Real / Front / Right Anyone Injured: YES / NO)  Police Report: YES / NO)  Passenger In Vehicle (A): 6  Vitness Name:  Thicle (B) No: 6x 76425  Tiver Name:  Triver NRIC:  Contact No:  Surance: 6x 6x 76425  Thicle (D) No:  Surance: 6x 76425  Thicle (D) No: | After Rained )  ght Side / Left Side / Chain Collision  Name:  If YES, Where;  Vehicle (C) No: SHD 3502 A  Driver Name:  Driver NRIC:  Contact No:  Insurance: FCCAP.  Damage portion of vehicle(C):  Vehicle (E) No:  Driver Name:  Driver Name:  Driver Name:  Driver Name:  Driver Name:  Driver Name:  |                            |

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 lodgment 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.
- 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:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (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:
  - 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Ġ. 8

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| 01      | 12/1-          | 2 12017 | 94          | redu   | 3:16 | pm.      | ١        | يحوح  | Travella |
|---------|----------------|---------|-------------|--------|------|----------|----------|-------|----------|
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| vehicle | ڪ د            | Ended   | ched.       | 1040   | my   | 1 cens   | , a      | nd hi | 4 my     |
| velvere | <u>.</u> .     | Vehicle | B.          | cannot | 540  | ns ex    | tine     | and   | hut, m   |
| vekicle |                |         | *********** |        |      |          |          |       |          |
|         | e bisparent me |         |             |        |      | ~        |          |       |          |
|         |                | 1       | vehicle     | B '    | 100  | ver icus | sea (4 e | ۲.,   |          |
|         |                |         | vehicle     | B:     | Also | Rissene  | ler.     |       |          |
|         |                |         | vehille     | ٠ د ٠  | 10   | tsi che  | es,      |       |          |
|         |                |         |             |        |      |          |          |       |          |
| -       |                |         |             |        |      |          |          |       | w        |
|         |                |         |             |        |      |          |          |       |          |

### DECLARATION

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

Policyholder's Signature Date & Time:

CARDE SPECIALIZATION SET 13

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Enquire PARF/COE Rebate for Registered Vehicle

| ehicle Owner Particulars     | 25 * 15 1                            |
|------------------------------|--------------------------------------|
| wner ID Type                 | Singapore NRIC                       |
| wner ID                      | 15431                                |
| ehicle Details               |                                      |
| ehicle No.                   | SDT1388Y                             |
| ehicle to be Exported        | No                                   |
| ntended De-registration Date | 14 Dec 2017                          |
| ehicle Make                  | MAZDA                                |
| ehicle Model                 | MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT     |
| rimary Colour                | White                                |
| Manufacturing Year           | 2016                                 |
| ingine No.                   | P520361401                           |
| Chassis No.                  | JM6BM42A8G0339666                    |
| Maximum Power Output         | 88.0 kW (118 bhp)                    |
| Open Market Value            | \$18,622.00                          |
| Original Registration Date   | 12 Dec 2016                          |
| irst Registration Date       | 12 Dec 2016                          |
| ransfer Count                | 0                                    |
| Actual ARF Paid              | \$13,622.00                          |
| ntended PARF Rebate Details  |                                      |
| ARF Eligibility              | Yes                                  |
| ARF Eligibility Expiry Date  | 11 Dec 2026                          |
| ARF Rebate Amount            | \$10,216.00                          |
| ntended COE Rebate Details   |                                      |
| COE Expiry Date              | 11 Dec 2026                          |
| COE Category                 | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years)            | 10                                   |
| QP Paid                      | \$50,951.00                          |
| COE Rebate Amount            | \$45,808.00                          |
| Total Rebate Amount          | \$56,024.00                          |

The information contained herein is correct as at 14 Dec 2017

ОК

## Enquire Transfer Fee

| Vehicle Details  |  |
|--|--|
| Vehicle No.  | SDT1388Y   |
| Vehicle Type   | P10 - Passenger Motor Car  |
| Vehicle Attachment 1                                   | With Sun Roof  |
| Vehicle Scheme   | Normal   |
| Vehicle Make   | MAZDA  |
| Vehicle Model  | MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT   |
| Chassis No.  | JM6BM42A8G0339666  |
| Propellant   | Petrol   |
| Engine No.   | P520361401   |
| Engine Capacity  | 1496 cc  |
| Maximum Power<br>Output                                | 88.0 kW (118 bhp)  |
| Maximum Laden<br>Weight                                | 1835 kg  |
| Unladen Weight   | 1321 kg  |
| Year Of Manufacture                                    | 2016   |
| Original Registration<br>Date                          | 12 Dec 2016  |
| Lifespan Expiry Date                                   | •3   |
| COE Category   | A - Car up to 1600cc & 97kW (130bhp)   |
| Quota Premium  | \$50,951.00  |
| COE Expiry Date  | 11 Dec 2026  |
| Road Tax Expiry Date                                   | 11 Jun 2018  |
| PARF Eligibility Expiry<br>Date                        | 11 Dec 2026  |
| Inspection Due Date                                    | 11 Dec 2019  |
| Intended Transfer<br>Date                              | 14 Dec 2017  |
| CO2 Emission   | 135.00 (g/km)  |
| CEVS Rebate Utilised<br>Amount                         | \$5,000.00   |
| (a) anyahla  | be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee           |
| Road tax, including Over<br>its ownership is being tra | Payment (if any), of a vehicle will follow the vehicle to the new registered owner when ansferred. |
| Amount Payable   | Amount Refore GST GST Amount Amount After GS   |

### 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.
- Any false reporting may be referred to the Police for investigation.
- 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   | 13/12/2017 15:02                            |
| Date Of Accident   | 12/12/2017 15:45                            |
| Exact Location Of Accident   | ALONG CTE TOWARDS AYE BESIDE BALESTIER EXIT |
| Country/State of Loss  | SINGAPORE                                   |
| D  | DETAILS OF OWN VEHICLE                      |
| Vehicle Registration Number  | SDT1388Y                                    |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | LIU JIA HONG                                |
| NRIC No  | S8601543I                                   |
| Email Address  | LIU_JIAHONG@HOTMAIL.COM                     |
| Mobile Phone No  | (LOCAL) +65-91383513                        |
| Alternative Phone No   | OFFICE-91383513                             |
| Vehicle Particulars  |   |
| Manufacturer   | MAZDA                                       |
| Model  | 3   |
| 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? | NO  |
| If No, Please state action to be taken                                       | THIRD PARTY                                 |
| Vehicle Category   | PRIVATE CAR                                 |
| Insurance Company  |   |
| Name of Insurance Company  | GREAT EASTERN GENERAL INSURANCE LIMITED     |
| Type Of Coverage   | COMPREHENSIVE                               |
| Fleet Policy   | NO  |
|  |   |

2017-V0102739-VDP

Driver

Policy Number Cover Note Number

LIU JIA HONG Name of Driver S8601543I NRIC No 19/01/1986 Date Of Birth INDOOR Occupation 25/02/2006 Date Of Driving Pass

11 YEARS AND 9 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-91383513 Mobile Number

Fax Number

OFFICE-91383513 Contact Number

LIU\_JIAHONG@HOTMAIL.COM EMail Address

Address

BLK 177 BISHAN STREET 13 #06-177

Postcode

570177

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

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

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)

1

**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

PLEASE SEE ATTACHED.

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

NA

GX7642S

Vehicle Make/Model/Colour

NA

**Details Of Properties** 

NA

Name of Driver NRIC/Passport Number

NA

Contact Number

NA

Address

NA

Postcode

NA

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

NA

No. Of Passenger (Including Driver)

**Details of Witness** 

NA

Phone Number

Name

NA

Email Address

NA

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHD8502A

Vehicle Make/Model/Colour

Details Of Properties

NA

Name of Driver

NRIC/Passport Number

Contact Number

Address

NA

NA

Postcode NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name NA
Phone Number NA
Email Address NA

### Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 Control 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 indigment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, arknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permetted 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)
  - (i) processing, handling and/or dealing with my dains 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 enquires by me;
  - [w] 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 occident and the insurers' lawyers/faw firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- 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.
- (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.
- (n) 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

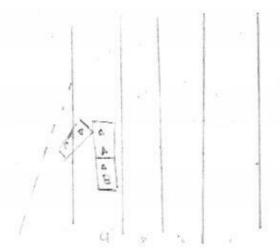
Reporting Centre

Name:

NRIC/FIN No.

### Individual Statement

SKETCH PLAN



PIEDT 13384 B 6× 76425 C'SHD BOWA P.

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| along Ste | CTE TOWERD                                  | 3 PriE   | Beyere      | Bales        | det EX | 1     |
|-----------|---|----------|-------------|--------------|--------|-------|
| while c   | Encourage d.                                | imo mi   | 1 LCOR      | . cund       | he my  |       |
| vehice.   | Vehicle B.                                  | connut : | sect in     | was co       | nd hid | , acy |
| vehicle.  | 0000 pg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |          |             |              |        |       |
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|           | veleiche                                    | = B; M   | = Pissene   | lev-         |        |       |
|           | vekille                                     | e C ', 1 | and ever    | es .         |        |       |
|           |   |          |             |              |        |       |

DECLARATION

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

Policyholder's Signature Date & Time

13/12/12 Driver's Signature / 3 - 00 pm

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN 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

Page No.:1 of 1

| FIRST CAPITAL INSU |   | NSPECTION REPORT  Ref. CS3/FC117023731     | /Ubs2  |
|--------------------|---|--|--|
| 36 ROBINSON ROAL   |   | Date: 16-01-2018                           |  |
|                    | SINGAPORE 068877  |  |  |
|                    |   | Code: FCI2                                 |  |
| 1.                 | Policy Particul   | ars :- (THIRD PARTY CLAIM                  |  |
| Insured Veh.       | SHD 8502A   | Veh. Inspected                             | SDT 1388Y  |
| Policy No.         | D-15072702MFSH  | Coverage (\$)                              | 0.00   |
| Claim No.          | D17011509MFSH   | Excess (\$)                                | 0.00   |
| Assign From        | SITHARA   | Assign Date                                | 14/12/2017   |
| 2.                 | Vehicle F   | Particulars & Condition                    |  |
| Make & Model       | MAZDA 3 (A)   | c.c  | 1496   |
| Engine No.         | HIDDEN  | Year of Reg.                               | 2016   |
| Chassis No.        | JM6BM42A8G0339666   | Colour                                     | WHITE  |
| Odometer           | 29400 KM  | Steering                                   | IN ORDER   |
| Brakes             | IN ORDER  | Modification                               | SPORTS RIM   |
| General            | GOOD  |  |  |
| 3.                 | Co  | nditions of Tyres                          |  |
|                    | Size  | Make                                       | Balance  |
| R/H Front Tyre     | 205/60R16   | тоуо                                       | 8 mm   |
| L/H Front Tyre     | 205/60R16   | TOYO                                       | 8 mm   |
| R/H Rear Tyre      | 205/60R16   | TOYO                                       | 8 mm   |
| L/H Rear Tyre      | 205/60R16   | TOYO                                       | 8 mm   |
| 4.                 | Desc  | cription of Damages                        |  |
| THE VEHICLE S      | SUSTAINED DAMAGES AT THE  | REAR PORTION.                              | The state of the s |
| NOTE: NO DAM       | AGES FOUND ON N/S FRONT   | PORTION.                                   |  |
|                    |   | eneral Information                         | A STATE OF THE STA |
| 5. Accident Date   |   | Inspect Date / Time                        | 14/12/2017 ( 11:16 AM  |
| Survey held a      |   | *NATION                                    |  |
| Survey note a      | 1 KAKI BUKIT AVENUE 6<br>#01-46/48/50 AUTOBAY<br>SINGAPORE 417883           |  |  |
| 5a.                | SINGAP OILE 417000  | Remarks                                    |  |
| A) THE INSPEC      | TION WAS CONDUCTED ON A   | A "WITHOUT PREJUDICE" BASI                 | IS.  |
| B) THE REPAIR      | ESTIMATE WAS NOT PRESE  | NTED AT THE TIME OF INSPEC                 | CTION.   |
| B) THE REPAIR      | ESTIMATE WAS NOT PRESE<br>WAS TOLD TO PREPARE TH<br>PLEASE FIND DAMAGED VEH | NTED AT THE TIME OF INSPECT<br>E ESTIMATE. | CTION.   |

Report Ref No. CS3/FCI17023731/Ubs2

Inspected By

CHUA KANG SENG

Licensed Appraiser

L

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact of fort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.