MINE OF P	· carried and	ASSICN	17024712/Tld	
From (Person)	Catherine This	of	MSIG	Date/Time: 29/12/17/8 3.24
Estimated Cos	st:		Bill to:	
	STTP RES / OD RES			
To Inspect Ve	171	SLK 768	59D 1	nsured: SKD 1036P
at Workshop		ing Car Gn	emine	Tel: 9183 9633
of 1, Sc		# #06-40		
Policy No:	B27214085	SMP	Claim No: _5	42784
Sum Insured:			Excess:	
Make of Veh				D.O.A. 27/12/2017
(Calmatte Theren	4)	3-	02/01/2	
(Client's Recor				
CA / REV	/ REP. / REV 24 H			H.O.D. Endorsement:
CA / REV	/ REP. / REV 24 H			
CA / REV Date/Time:	1 REP. / REV 24 H	Person Contacte	ed: Mr. Kok	H.O.D, Endorsement:
CA / REV	Action/Instruction	Person Contacte (X) Estim	ed: Mr. Kok	H.O.D. Endorsement:
CA / REV Date/Time:	1 REP. / REV 24 H	Person Contacte (X) Estim	ed: Mr. Kok	H.O.D. Endorsement:
CA / REV Date/Time:	Action/Instruction	Person Contacte (X) Estim	ed: Mr.Kok	H.O.D, Endorsement:
CA / REV Date/Time:	Action/Instruction SHK-76591	Person Contacte (X) Estimu)-X -cs/MsG1702	ed: Mr.Kok	H.O.D. Endorsement: Vehicle IN/LOUT
CA / REV Date/Time:	Action/Instruction SHK-76591	Person Contacte (X) Estima	ed: Mr.Kok	H.O.D. Endorsement: Vehicle IN/LOUT
CA / REV Date/Time:	Action/Instruction SHK-76591	Person Contacte (X) Estimu)-X -cs/MsG1702	ed: Mr.Kok	H.O.D. Endorsement:Vehicle IN/OUT

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitt	ed Ins Aut	n'ed	Status		
Main	27 Dec 2017		29 Dec 2017 15:24 Assign					New Assignr Cancel Case	nent	
	Main	Refere	ence	Claim D	etails	Docume	ents	Show	All	
CLAIM S	UBFOLDER DET	AILS				[Cre	ated by in	surer]		
Insured:		GTA ELECTR	ONICS PTE LTO	, Co. Reg. No	o.: 200303728M					
Main Clain	nant:	Lay Auto Le	asing Pte Ltd,	Co. Reg. No.:	201310521C					
Vehicle Re	eg. No.:	SLK7659D	SLK7659D		Date of Loss:		27/12/2017 10:00 - :59			
Claim Type:		TP / 54278	TP / 542784		Policy/Cover Note No.:		B27214085SMP (Comprehensive) Coverage: 28/10/2017 - 27/10/20			
Vehicle Re	eg. No. (Insured):	SKD1036P	SKD1036P		Policy No. (Claimant):					
	3 W W			Exce	1-3		0.00			
Repairer:		Kok Wang C	Kok Wang Car Grooming (HQ) 1 SOON LEE STREET #06-40 PIONEER CENTRE, 627605 Pioneer - Tel:							
Handling 1	Insurer:	MSIG Insura - 6594 2545]		e) Pte. Ltd. (I	HQ) - Tel: +65 68	27 7888 [Ha	indled by C	atherine Thia	Shi	
Adjuster:		LKK Auto Co	onsultants Pte I	Ltd (HQ) - Tel	: 6256-3561 [I	mm.Advice	due 30/1	2/2017]		
Driver/Cu	stodian (Insured):	ONG AH KOO	N (), NRIC: S1	367236I, Te	l: +6591727481					
ASSOCIA	ATED MAIL REC	EIVED					View All	Compose Cas	e Mail	
There are	no mail for this c	ase.								
ALL ASS	OCIATED TASK	s⊟			View All	Search Tasks	Create N	lew Task Cor	mplete	
Due Da	te Priority	Type Task Gro	up Subject	Handler	Assigned By	Completed	0= 0	reated On	Done	



883 North Bridge Road #19-05 Southbank Singapore 198785 T: 6292 5838 F: 6292 5938 (UEN No. 201333127N)

(GST Reg No. 201333127N)

Our Ref

CY.SLK7659D.17.KWC.wp(Lh)

Your Ref

Your insured vehicle SKD 1036P

28 December 2017

GTA ELECTRONICS PTE LTD c/o Motor Claims Department MSIG Insurance (Singapore) Pte Ltd 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807



By Fax: 68277809 /6643 1349

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES SLK 7659D & SKD 106P ON 27.12.2017 @ 10:50HRS ALONG PIE TOWARDS EUNOS LINK

We are instructed by M/S LAY AUTO LEASING PTE LTD to notify you of a road traffic accident on 27.12.2017 @ 10:50hrs along PIE towards Eunos Link Involving our client's customer's vehicle registration number SLK 7659D and vehicle registration number SKD 106P driven by you at the material time. A copy of the Singapore accident statement report is enclosed.

As the result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

C. Yogarajah LLC

Enc

CC:

M/s. Kok Wang Car Grooming

1 Soon Lee Street #06 ~ 40 Pioneer Centre (S) 627605

Mr. Kok (9183 9633) By fax 6694 4864

MSI317169983 / STA INSPECTION PTE LTD - Boon Lby ENTRY DATE & TIME: 27/12/2017 15:26 SUBMITTED BY: GOH WEE LING

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 ladgement of this report to the insurers, you hereby consent to the archiving of this report of the centre and to content of the

	ACCIDENT STATEMENT	
Date Of Report	27/12/2017 15:26	
Date Of Accident	27/12/2017 10:50	
Exact Location Of Accident	PIE TOWARDS EUNOS LINK - EXIT- 9	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	INTERNATION NO SERVICE IN
Vehicle Registration Number Insured/Policyholder		
Name Of Registered Owner	LAY AUTO LEASING PTE LTD	with the second
Co Reg No	201310521C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-83832594	
Alternative Phone No	OFFICE-64625828	

Vehicle Particulars

Manufacturer TOYOTA Model WISH-1.8 (A)

Exact Purpose for which vehicle was being used at WORK PURPOSE

time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

If No. Please state action to be taken

Vehicle Category

Insurance Company

Name of Insurance Company

Type Of Coverage

Fleet Policy

Policy Number

Cover Note Number

NO 5088404545-01

THIRD PARTY

PRIVATE HIRE

NTUC INCOME INSURANCE CO-OPERATIVE LTD

THIRD PARTY FIRE AND/OR THEFT

Driver

Name of Driver

MUHAMMAD NABIL SYAZWAN BIN SARBINI

NRIC No \$9512129B Date Of Birth 05/04/1995 Occupation OUTDOOR Date Of Driving Pass 23/08/2013

Driving Experience 4 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83832594

Fax Number

Contact Number OFFICE-83832594

EMail Address NOEMAIL BLK 662 CHOA CHU KANG CRESCENT #18-273

Postcode 580652

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Address

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

NO

YES

NO

NO

NO

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

Number of vehicles involved in the accident 2

Was any body Injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO

Was there any video captured by Car Camera? Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKD1036P

Vehicle Make/Model/Colour BMW 730 AUTO - BLACK COLOR

Details Of Properties FRONT PORTION DAMAGED

Vehicle Category PRIVATE CAR
Name of Driver ONG AH KOON

NRIC/Passport Number S1367236! Contact Number 91727481

Address NA NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD NABIL SYAZWAN BIN SARBINI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

REFER REPORT

\$LK7659D

YES

NO

BLK 662 CHOA CHU KANG CRESCENT #18-273

680662

Kok Leona

Resend27-12-17;12:07 ;

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be sompleted by the Policyholder and/or the Authorised Oriver,
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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 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 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.
- 3. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (b) 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)
 - (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' 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:
 - (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 a ne purposes stated, or

(II) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

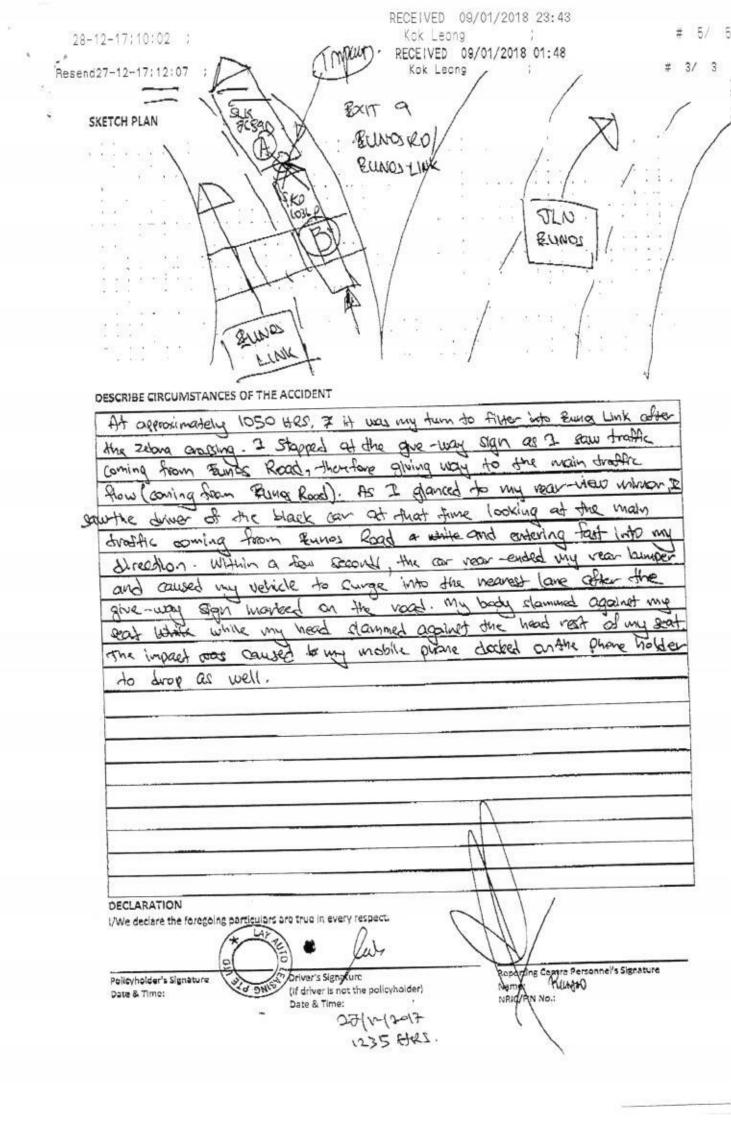
Dir's Signature

(If driver is not the pollcyholder)

Date & Time

Name: NRIC/FIN No .:

rsonnel's Signature Reporting Cent mong



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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adi	Submitted	Ins Auth'ed	Status	
Main	27 Dec 2017		29 Dec 2017 15:24 Edit Adj Rpt	S\$0.00 Edit Estima	S\$	0.00 lew Rpt	and Pager Ed		for Survey
	Main		Reference	Clair	n Details		Document	ts	Show All
	BFOLDER DE				No. of Concession, Name of Street, or other Designation, or other	[Created I	ov insurer1	Name and Address of the Owner, where	THE PERSON NAMED IN
Insured: Main Claimant:	The second secon		TD, Co. Reg. No.:				,		
Vehicle Reg. No.:	1915000000000	SLK7659D			te of Loss:	27/12/2017	10:00 - :59 s and 27 Days F	rom ITA Basa	
Claim Type:	TP / 542	TP / 542784			icy/Cover te No.:	B272140855	SMP (Comprehen	isive)	Jate (Man Yr
Vehicle Reg. No. (Insured):	SKD1036P		Pol	icy No. aimant):	Coverage: 2	8/10/2017 - 27/	10/2018		
Repairer:	Val. Wasa			Exc	ess:	S\$750.00			
Handling Insurer:	MSIG Inst	rance (Singap	(HQ) 1 SOON LEE S ore) Pte. Ltd. (HQ)	TREET #06-40	7 7888	ENTRE, 6276 [Handled by 6	05 Pioneer - Tel:	Shi Yi - 6594	25451
Adjuster:	30/12/20	Consultants Pt	e Ltd (HQ) - Tel: 62	56-3561 [Ha	ndled by M	OHD TAUFI	KH BIN HAMID] [Imm.A	dvice due
Driver/Custo dian (Insured):	ONG AH KO	OON (), NRIC:	S1367236I, Tel: +6	6591727481					
ASSOCIATE	D MAIL REC	CEIVED					10.		V 40 10 40 - 21 - 21 - 21 - 21 - 21 - 21 - 21 - 2
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ALL ASSOC	IATED TASE	(S ⁻			v	iew All Se	and Tasks -		1
Due Date	Priority	Type Task	Group Subject	Handler	Assign		Completed On	reate New Task Created	dempiec

Claim Documents

*SLK7659D (542784)

[SKD1036P]

TP

Lay Auto Leasing Pte Ltd

Dec 27 2017 10:00AM

[GTA ELECTRONICS PTE LTD]

Kok Wang Car Grooming

Ass	essment Reports		1 per p	oage 🔻	~
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1	29/12/17 15:14	Accident Statement From:OD - Reg. No: SKD1036P, Claimant: GTA ELECTRONICS PTE LTD	0	Load HTM	
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Ass	ssessment Reports		1 per pa	age 🔻	✓
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2	29/12/17 15:14	SLK7659D E FILE REPORT.	Õ	Load PDF	

Documents Checklist

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

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

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

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG17024712/T1D3E2

Date: 11/04/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

B27214085SMP Policy No:

Claimant Vehicle SLK7659D

Insured Vehicle No: SKD1036P

No: Date of Loss:

27/12/2017

Nature of Claim: TP

Claim No: 542784

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SLK7659D

Make & Model:

TOYOTA WISH, 1.8 (A)

Engine No:

HIDDEN

0 km

Reg. Date:

31/03/2008 (Man. Year: 2008)

Chassis No: Odometer:

ZNE100399107

Colour:

Engine Capacity: Market Value/New Car Price:

1794 cc

N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Footbrake (Serviceable):

Pre-accident Condition:

Handbrake (Serviceable): CONDITION OF TYRES

Rear Tyre Size:

No

195/65 R15

Front Tyre Size: Front Left Side:

Michelin 6 mm

195/65 R15

Rear Left Side: Rear Right Side:

Michelin 6 mm Michelin 6 mm

Front Right Side: Michelin 6 mm The above values represent the remaining tyre treads depth

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

INSPECTION

Date of Assignment:

29/12/2017

Date Inspected:

02/01/2018 Inspected At:

Kok Wang Car Grooming (HQ)

1 SOON LEE STREET #06-40 PIONEER CENTRE

Singapore 627605

Estimated Period of Repair:

0.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: Nivitha Govindasamy

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

A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$6,600.00 -\$8,500.00

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REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 11 Apr 2018)

Parts: M1-MPV TOYOTA WISH 1.8 (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SLK7659D)

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

numbers with the END OF ESTIMATES marker on the last estimate page

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

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >