SUTVEYOF Meninun From (Perso	a) Shawn H	ASSIG	CTI (Office)	Date/Time:	9/2/1801.
Estimated C	ost	RES/EVA/INV/N	Bill to:		
To Inspect V	ehicle No:	PC 2071	RH	Insured: S	1B 9749K
at Workshop		Motor Inte	LAutomo	Tel: 8834	3310
of	_13, Kaki BV	+ Rd4#0	1-20 Bartley		2 2210
Policy No:_	DMHCS NI	12257170	Claim No:	SNMISDOOS	207(02
			ATMINE WAS	1100000	0.1002
Sum Insured					
	i:		Excess:		8100 1011
Sum Insured Make of Vel (Client's Reco CA / REV	i:	hes lwp	Excess: _	D.O.A H.O.D. En	8101/10/1
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Sum Insured Make of Vei (Client's Reco CA / REV Date/Time:	rd) / REP. / REV 24	HRS lwp'	Excess:	D.O.A H.O.D. En	101 3018
Sum Insured Make of Vei (Client's Reco CA / REV Date/Time:	rd) / REP. / REV 24 / O'lland 12 2	HRS WP Person Conta (X) Estin	Excess:	D.O.A	101 2018

REF. CTI

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	08 Feb 2018		09 Feb 2018 13:19 Assign				New Assignment Cancel Case
5	Main	Refere	nce	Claim De	tails	Documents	Show All
CLAIM S	UBFOLDER DET/					[Created by i	nsurer]
Insured:		MT SINGAPO	ORE CAR RENTA	AL PTE LTD, C	o. Reg. No.: 201630	785W	
Main Clain	nant:	IMPERATUS		Reg. No.: -			
Vehicle Re	a. No.:	PC2078H		Date o	f Loss:	11/01/2018 03	:00 - :59
Claim Type		TP / SNM1	8D00207C02	Policy	Cover Note No.:	DMHCSN17225 Only)	71700 (Third Party
Vehicle Re	g. No. (Insured):	SJB9749K		Policy	No, (Claimant):	GA299293/1	
Vernere ive	ig: 1401 (stillour 12):			Excess		S\$0.00	
Repairer:		Tel:					417807 Kaki Bukit -
Handling 1	Insurer:	China Taipir 63896]	ng Insurance (S	Singapore) Pte	Ltd. (HQ) - Tel: 63	89 6111 [Handled	by Sharon Han -
Claimant's	s Insurer:	AXA Insura	nce Pte Ltd (HC) - Tel: 6338 72	88		
Adjuster:		LKK Auto Co	nsultants Pte	Ltd (HQ) - Tel:	6256-3561 [Fina	I Rpt due 21/02/	2018]
	stodian (Insured):	KOH ENG CH	YE (43 / Male),	NRIC: S74368	75A, Tel: +659155	1552	
Adj Asg. F	Remarks:	NO EST, CAS	E W/O SJE.				
ASSOCIA	ATED MAIL REC	IVED				View All	Compose Case Mail
There are	no mail for this ca	ise.					
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Due Da	te Priority 7 s.	ype task Gro	up subject	Hamuret	wasilinen på	and the same of	



AMY LIM LAW PRACTICE

High Street Centre
1 North Bridge Road
#08-08
Singapore 179094
T: 9625 8742 / 9639 3110
F: 6491 5638

UEN: 53361230J

We do not accept service by fax

Our Ref:

2018.1075.PD.MIA (PC2078H)

Your Ref:

SJB9749K

8 February 2018

China Taiping Insurance (Singapore) Pte Ltd (Motor Claims Dept) 3 Anson Road #16-00 Springleaf Tower Singapore 079909 Attn: Motor Claims Department BY FAX: 6224 7478 ONLY

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION
CLAIMANT: IMPERATUS PTE LTD
TRAFFIC ACCIDENT ON 11 JANUARY 2018 AT 03:45 HRS ALONG ANDERSON
ROAD INVOLVING VEHICLES NO. PC2078H & SJB9749K

We are instructed by Imperatus Pte Ltd to notify you of a road accident on 11 January 2018 at about 03:45 Hrs along Anderson Road involving our clients' vehicle registration number PC2078H and vehicle registration number SJB9749K driven by your insured at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our clients' vehicle has been damaged. Before our clients proceed to repair the damaged vehicle, please let us know within 2 working days (excluding any intervening Saturday, Sunday and Public Holiday) of your receipt of this notice whether you or your insurer 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 clients shall proceed to repair the vehicle without further reference to you.

Please be informed that the said vehicle can be inspected at:

Venue:

Motor Intel Automo Pte Ltd

Address:

13 Kaki Bukit Road 4, #01-20, Bartley Biz Centre

Singapore 417807

Contact:

Wilson Ong @ 8838 3318

Please liase with the above workshop directly.

Yours faithfully

Esther Moey

Email: claims@esthermoey.com

encs

PLEASE LET US KNOW THE DATE OF THE PRE-REPAIR INSPECTION

......

MSNH18006028 / S & H Motor Pte Ltd - Sin Ming ENTRY DATE & TIME: 12/01/2018 13:50 SUBMITTED BY: Wong Kee Nyuk

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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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.

ACCIDENT STATEMENT

Date Of Report 12/01/2018 13:50

Date Of Accident 11/01/2018 03:45

Exact Location Of Accident ALONG ANDERSON RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC2078H

Insured/Policyholder

Name Of Registered Owner IMPERATUS PTE LTD

Co Reg No

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-83485163

Alternative Phone No Office-83485163

Vehicle Particulars

Manufacturer TOYOTA

Model -

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA299293/1

Cover Note Number

Driver

Name of Driver TAN KOK WAH

 NRIC No
 \$7123303J

 Date Of Birth
 21/07/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 16/04/1992

Driving Experience 25 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83485163

Fax Number

Contact Number

EMail Address NOEMAIL

YES

Address

Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

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

refer attached report.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJB9749K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the 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 theinsurers' 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 Sngapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or courtorders.

Policyholder's Sign

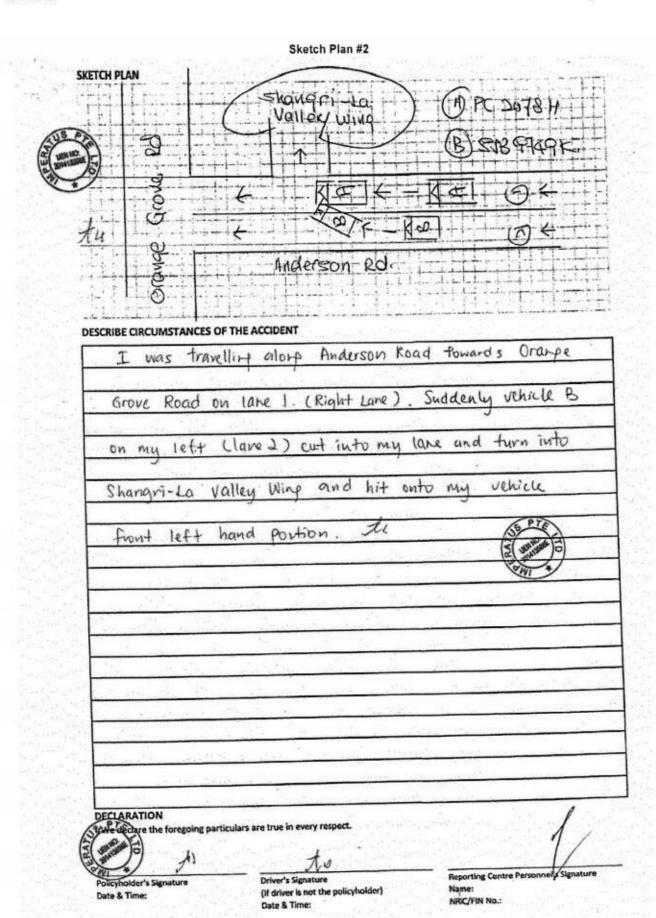
Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sign

NRIC/FIN No.:



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

AIM SUBF	OLDER TRA	CKING			-		Tar a second	le		
Case 1	Notified	Est Submitted	Adj Assigned	Adj Rpt	Ad	Submitted	Ins Auth'ed	Status		
Main	08 Feb 2018		09 Feb 2018 13:19 Edit Adj Rpt	S\$0.00 Edit Estima	A 1 1900	0.00 /iew Rpt		Report	Pending for Survey Report Cancel Case	
Þ	tain	R	eference	Clai	m Details		Document	ts	Sho	IIA wo
CLAIM SUE	SFOLDER DI	ETAILS	Marie Land St. Company			[Created	by insurer]			
Insured:	MT SING	APORE CAR REN	TAL PTE LTD, Co.	Reg. No.: 201	630785W					
Main Claimant:	IMPERAT	US PTE LTD, C	o. Reg. No.: -							
Vehicle Reg. No.:	PC2078	н		D	ate of Loss	: 11/01/201	8 03:00 - :59			
Claim Type:	TP / SN	M18D00207C02	2		olicy/Cover ote No.:	DMHCSN1	722571700 (Third	f Party Only)		
Vehicle Reg. No. (Insured):	cle Reg. SJB9749K Policy No. (Claimant): GA299293/1									
(Insureu).					ccess:	S\$0.00				
Repairer:	Motor In	tel Automo Pte l	.td (HQ) Bartley Biz	z Centre, 13 Ka	kai Bukit R	oad 4,#01-20), 417807 Kaki Bu	ukit - Tel:		
Handling Insurer:	China Ta	iping Insurance	(Singapore) Pte. I	Ltd. (HQ) - Te	l: 6389 61	11 [Handle	ed by Sharon Ha	n - 63896]		
Claimant's Insurer:			1Q) - Tel: 6338 728							
Adjuster:	21/02/2	Consultants Pto [018]	e Ltd (HQ) - Tel: 62	256-3561 [١	landled by	Teo Cheng I	Ming Wilson]	[Final Rpt	due	
Driver/Cust dian (Insured):		CHYE (43 / Male)	, NRIC: S7436875	5A, Tel: +659	1551552					
Adj Asg. Remarks:	NO EST,	CASE W/O SJE.								
ASSOCIAT	ED MAIL R	ECEIVED						/iew All Co	ompose C	ase Mai
There are n	o mail for thi	s case.								
ALL ASSO	CIATED TA	sks⊟				View All	Search Tasks	Create New T	ask C	Complete
Due Date	e Priorit	y Type Tas	k Group Subje	ct Handle	Assi	gned By	Completed Or	Creat	ed On	Done

Claim Documents

*PC2078H (SNM18D00207C02) [SJB9749K] TP IMPERATUS PTE LTD

Jan 11 2018 3:00AM [MT SINGAPORE CAR RENTAL PTE LTD] Motor Intel Automo Pte Ltd

Up	load Documents Up	load Photos Compose New Letter	View	View in Brows	er v
Ass	essment Reports	31	1 per p	page 🔻	V
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1	12/01/18 14:15	Sketch Plan [Linked Accident Report Documents]	0	Load TIF	
2	12/01/18 14:15	Sketch Plan #2 [Linked Accident Report Documents]	0	Load TIF	
3	12/01/18 14:15	Sketch Plan #3 [Linked Accident Report Documents]	0	Load TIF	
4	12/01/18 14:15	Sketch Plan #4 [Linked Accident Report Documents]	0	Load TIF	

Linked Accident Report Documents

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3	12/01/18 14:15	Sketch Plan #3	0	Load TIF	-
4	12/01/18 14:15	Sketch Plan #4	0	Load TIF	

Documents Checklist

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

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

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

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/CTI18002771/WD3E2

Date:

13/04/2018

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMHCSN1722571700

Claimant Vehicle

No:

PC2078H

Insured Vehicle No :

SJB9749K

Date of Loss:

11/01/2018

Nature of Claim: TP

Claim

SNM18D00207C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

PC2078H

Make & Model:

TOYOTA HIACE, 3.0 (A)

Engine No:

HIDDEN

Reg. Date:

(Man. Year:)

:)

Chassis No: Odometer: JTFST22P500016689 548411 km

Colour:

Black

Engine Capacity: 0 cc Market Value/New Car Price: 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:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

195 R15C

Rear Tyre Size:

195 R15C

Front Left Side:

LINAM 4 mm

Rear Left Side:

Giti 4 mm

Front Right Side:

LINAM 4 mm

Rear Right Side:

Giti 4 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:

09/02/2018

Date Inspected:

12/02/2018 Inspected At:

Motor Intel Automo Pte Ltd (HQ)

Bartley Biz Centre, 13 Kakai Bukit Road

4,#01-20

Singapore 417807

Estimated Period of Repair:

5.0 days

Adjuster: Teo Cheng Ming Wilson

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 \$3,900.00 -\$4,900.00

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 12 Apr 2018)

Parts: N/A TOYOTA HIACE 3.0 (A) (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for PC2078H)

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 >