MOUNT :		ASSIGN	MENT (Office)		
From (Person	Doll Goh	of	CTI	Date/Time: 19 2	180 1.39 pr
-	201.		Bill to:		
	STTP RES / OD RES			C1	
10 Inspect V	ehicle No:	SJX 1798	E	Insured: SLR948D	
at Workshop	m/s Kent 8	icha Car Se	Nices	Tel: 67588367	7
OI DIK	1017 TISHUN INC	g. Park #	#01-240		
Policy No:_	DM pcs N 308 4	831700	Claim No: S	NMIE DO0886 CO2	
Sum Insured			Excess:		
EMERGINE CONTROL					
Make of Veh (Client's Recor				D.O.A 14/2/18	
(Client's Recor	/ REP. / REV 24 HR	s'wp'		NOD Federates	
(Client's Recor	/ REP. / REV 24 HR	s 'ωρ' _ Person Contact			
(Client's Recor	19 2/1801-47pm	Person Contact	ed:	H.O.D. Endorsement:	
(Client's Recor CA / REV Date/Time:	19 2/1801-47pm	Person Contact	ate Repairor Sco	H.O.D. Endorsement: Vehicle (D) LOUT Ided Shut up la you	y' when I calle
(Client's Recor CA / REV Date/Time:	/ REP. / REV 24 HR. 19 2/18 Øl. 47pm Action/Instruction (Person Contact X) Estim	ate Repairor Sco	H.O.D. Endorsement:	y' when I calle
(Client's Recor CA / REV Date/Time:	REP. / REV 24 HRS 19 2/1801-47pm Action/Instruction (Person Contacti X) Estim — cc3/AIG I	ate Repairor Sco	H.O.D. Endorsement: Vehicle (D) LOUT Ided Shut up la you	y' when I calle

ASSIGNMENT

From: Date:	Veh No 53×1798E Yr Regn 2010 / May 21
Estimated Cost:	Type: M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Nissen Trang 2.5 CVT as JU96
at Workshop m/s	Colour Grey A/C: Insured / Std / NI / NA
of	Sp.Reading /08/30 T/Radio: Insured / Std / NI / NA
Insured	Eng/No:
Policy No.	C/No: JN/BB4J322006768
Claims No.	Gen Cond Good / Fa) / Poor / Burnt
Sum Insured: Excess:	Steering: Ingreer / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inoder / Jammed / Leaked / Burnt or
Make of Veh.	Modi: MD/S/Rim / STD A/Rim or
\wedge	Tyre Size F: 225/50 RI7 Proxes
(Policy Condition)	R: 225/50RIZ Bridge Stone
Remark: The veh had commenced its N/S 0	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: 9 days Res.: Yes or No	D.O.A. 14/2/18 D.O.I. 21/2/18
Lum Sum: % 3 Val.: Yes or No	Survey held at Kent Seng
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
vehicle: IN / 0	
Date: Person Contacted.	The U/C / Chassis frame / Body Structure affected due to collision.
Date/Time Action/Instruction Estimeted repeals RECEIVED 1 2 JUN 2018	10,000 -\$12,000 9 days- (6/6/2018
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: 3 Survey Fee: 150
Date/Time, File Return to?	Transportation
Add	
	Interview (\$ Photes
Report Format: PRS	Tech Invs (\$) ones
Lump Sum / I.B.I: (\$	Weekend (\$
	TOTAL 150

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

Case	Notified	Est Submitted	Adj Assigned	Adi Rnt	Adi Submitted	Ins Auth'ed	Status
				riaj ripi	naj Sabilittea	IIIS AUGITEU	Status
Main	14 Feb 2018		19 Feb 2018 13:39				New Assignment
			Assign				Cancel Case

Main	Reference	Claim Details	Documents	Show All
CLAIM SUBFOLDER DETA	ILS		[Created by in	surerl
Insured:	NAHALINGAM S/O ANANTHAI	M, ID: S8603709B		
Main Claimant:	REVATHY D/O KRISHNAMOOF	RTHY, ID: S8202916H		
Vehicle Reg. No.:	SJX1798E	Date of Loss:	14/02/2018 07:0	00 - :59
Claim Type:	TP / SNM18D00886C02	Policy/Cover Note No.:	DMPCSN308483 (Comprehensive	12(0227))
Vehicle Reg. No. (Insured):	SLR948D	Policy No. (Claimant):	GA205961	
		Excess:	S\$0.00	
Repairer:	Kent Seng Car Service () Blk 1	017 Yishun Industrial Park A, #0:	1-240, 768759 Yishun	- Tel: 67588367
Handling Insurer:	China Taiping Insurance (Sing			
Claimant's Insurer:	AXA Insurance Pte Ltd (HQ) -			
Adjuster:	LKK Auto Consultants Pte Ltd	(HQ) - Tel: 6256-3561 [Fina	I Rpt due 28/02/2	018]
Driver/Custodian (Insured):	NAHALINGAM S/O ANANTHAM (3			
Adj Asg. Remarks:	NO EST, CASE W/O SJE			
ASSOCIATED MAIL RECE	IVED		View All	Compose Case Ma
There are no mail for this cas	e.			
ALL ASSOCIATED TASKS		View All Se	earch Tasks Create N	ew Task Complet

MALM18022552 / Ah Lim Motor Company - AMK ENTRY DATE & TIME: 14/02/2018 11:03 SUBMITTED BY: Eileen Chua

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 GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report 14/02/2018 11:03

Date Of Accident 14/02/2018 07:45

Exact Location Of Accident OPEN SPACE CAR PARK BLK 322 YISHUN RING RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX1798E

Insured/Policyholder

Name Of Registered Owner REVATHY D/O KRISHNAMOORTHY

NRIC No S8202916H

Email Address KARTHIG@HOTMAIL.COM

Mobile Phone No (LOCAL) +65-81835292

Alternative Phone No Others-83223105

Vehicle Particulars

Manufacturer NISSAN

Model TEANA 2.5 CVT ABS D/AB HID 2WD 4DR

Exact Purpose for which vehicle was being used

at time of accident

PRIVATE USE

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 AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA205961

Cover Note Number 27/05/2017 - 26/05/2018

Driver

Name of Driver KARTHIGESAN S/O MANIAM

 NRIC No
 \$82226721

 Date Of Birth
 16/07/1982

Occupation INDOOR

Date Of Driving Pass 21/07/2005

Driving Experience 12 YEARS AND 6 MONTHS

E-FILE 6/12/2018

MALE Gender

(LOCAL) +65-83223105 Mobile Number

Fax Number

Contact Number

EMail Address KARTHIG@HOTMAIL.COM

BLK 326 YISHUN RING RD #02-1352 Address

760326 Postcode

Was driver an employee of the Insured's

Company

NO

SPOUSE 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

COLLISION - HEAD ON COLLISION Type Of Accident

CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

YES

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 TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

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

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLR948D Vehicle Registration Number

Vehicle Make/Model/Colour

Détails Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

te of accident: 14/2	8 E Vehicle B: SLR 948 D	Open Space Carpark at BIK 322 Vehicle C:
CETCH PLAN		
	25-come	
1	Corpore)	
	<-/ A	
	7	
	Carpank ()	
	Carpark BIK 322	
	DIR 322	
		1
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Bring the driver	of SJX1798E, I was drui	ng straight towards
the carpark exit	of SJX1798E, I was another	vehicle, SLR 948D, who
was coming out f	from the small road leading	to the main road.
	iver of SLR 948D should st	
	overlooked the situation and	
the diver hit was	left porton of my car claim	i males also la ind
The circle in the	of my car daw	agrical trig top conect, vims,
body Kit, headlight	r a my bonnet.	
		44-74-
		wante and the second se
Delain optonial	75-00-00	adahar DRasadias Oak
Claim OD/TP at Ah I		orkshop Reporting Only
Remarks : Please forward My workshop :	d a copy of my efile accident report to :	
Email address :		
& myself : Email address : i Kar-H	nig@hotmail.com	
	hat your insurer have 14 days timeframe for y neck with your own insurer for more informa	
	The state of the s	
DECLARATION /We declare the foregoing part	ticulars are true in every respect.	
	-	E B
	()	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:

10.24am

AH UM MOTUR COMPANY

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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:
 - 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 for the purposes stated, or

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

7

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

Date & Time: 14/2/19

10.24 am

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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

Case 1	Votified	Est Submitted	Adj Assigned	Adj Rpt		Adj Submitted	Ins Auth'ed	Sta	tus	
Main	14 Feb 2018		19 Feb 2018 13:39 Edit Adj Rpt	S\$0.00 Edit Est	1.1	S\$0.00 View Rpt		Re	nding for port ancel Case	
M	tain	F	eference	CI	aim Detai	ils	Document	ts]	Show All
CLAIM SUE	FOLDER DE	ETAILS				[Created	by insurer]			
Insured:	NAHALIN	GAM S/O ANAN	THAM, ID: S86037	709B						
Main Claimant:	REVATHY	D/O KRISHNAI	MOORTHY, ID: S8	202916H						
Vehicle Reg. No.;	SJX179	8E			Date of Lo		3 07:00 - :59 s and 24 Days Fr	om LTA	Reg Date	(Man Yr)]
Claim Type:	TP / SN	M18D00886C0	2		Policy/Cov Note No.:	DMPCSN30	84831700 (Comp	prehensiv	/e)	
Vehicle Reg. No. (Insured):	SLR948D				Policy No. (Claimant)	(-A)DSG61	GA205961			
					Excess:	S\$0.00				
Repairer:	Kent Sen	g Car Service ()	Blk 1017 Yishun Ind	ustrial Park	A, #01-24	0, 768759 Yishu	n - Tel: 6758836	57		
Handling Insurer:	China Tai	ping Insurance	(Singapore) Pte. L	td. (HQ) -	Tel: 6389 6	5111 [Handled	d by Joel Goh]			
Claimant's Insurer:	- CTANDOTTO	71 TO 10	IQ) - Tel: 6338 7288							
Adjuster:	28/02/20		Ltd (HQ) - Tel: 62	56-3561	[Handled b	y Sebastian Ye	eang Wai Keen]	[Fin	al Rpt	lue
Driver/Custo dian (Insured):	A Secretary of the second second second	SAM S/O ANANTH	AM (32 / Male), NR	IC: S86037	09B					
Adj Asg. Remarks:	NO EST, C	ASE W/O SJE								
ASSOCIAT	ED MAIL RE	CEIVED					V	iew All	Compos	e Case Mai
There are no	mail for this	case.								
ALL ASSO	CIATED TAS	SKS⊟				View All S	Search Tasks	Create N	ew Task	Complete
Due Date	Priority	Type Tasi	Group Subjec	t Handl	er As	signed By	Completed On	Cr	eated Or	Done

Claim Documents

*SJX1798E (SNM18D00886C02) [SLR948D] REVATHY D/O KRISHNAMOORTHY Feb 14 2018 7:00AM [NAHALINGAM S/O ANANTHAM] **Kent Seng Car Service**

Acc	essment Reports		1 per p	age V	~
		1.01	1 per p		
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Pho	otos/Images		3 per p	age 🔻	V
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13	14/02/18 11:36	Accident Photo [Linked Accident Report Documents]	0	Load JPG	☑
14	14/02/18 11:36	Accident Photo [Linked Accident Report Documents]	0	Load JPG	✓
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	12/06/18 14:27	General View	0	Load PDF	_
2	12/06/18 14:27	Photographs of Damaged Parts	0	Load PDF	
3	12/06/18 14:27	Photo After Spray	0	Load PDF	
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No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
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	The state of the s	Linken Accident Report Documents)			_

Linked Accident Report Documents

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8	14/02/18 11:36	Accident Photo	0	Load JPG	V
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1	14/02/18 11:35	Sketch Plan	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/CTI18003132/SD3E2

Date:

14/06/2018

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMPCSN3084831700

Claimant Vehicle

SJX1798E

Insured Vehicle No:

SLR948D

No

Date of Loss:

14/02/2018

Nature of Claim: TP

Claim No:

SNM18D00886C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

No:

SJX1798E

Make & Model:

NISSAN TEANA, 2.5 CVT ABS D/AB HID 2WD 4DR

Engine No:

VQ25516495A

108130 km

Reg. Date:

21/05/2010 (Man. Year: 2009)

Chassis No: Odometer:

JN1BBUJ32Z0002608

Colour: Engine Capacity: Grey

2496 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:

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

CONDITION OF TYRES Front Tyre Size:

225/50 R17

Rear Tyre Size:

225/50 R17

Pre-accident Condition:

Front Left Side:

PROXES 6 mm

Rear Left Side:

Bridgestone 6 mm

Front Right Side:

PROXES 6 mm

Rear Right Side:

Bridgestone 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:

19/02/2018

Date Inspected:

21/02/2018 Inspected At:

Kent Seng Car Service

Blk 1017 Yishun Industrial Park A, #01-240

Singapore 768759

Estimated Period of Repair:

9.0 days

Adjuster:

Sebastian Yeang Wai Keen

Manager:

Nivitha Govindasamy

Adjuster Report Page 2 of 5

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 \$10,000.00 -\$12,000.00

Adjuster Report

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 14 Jun 2018)

Parts: 143 NISSAN TEANA 2.5 CVT ABS D/AB HID 2WD 4DR (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SJX1798E)

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.

Adjuster Report

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 >