| | ASS. REC. BY: REF: CO MGG18002 | 3390 (646 | n2 Special Ins | truction: | |
|-----|--|-------------------|------------------------------------|-------------------|-------------|
| , ა | Surveyor GA ASSIGNMEN Miliman. From (Person): Clava Milds of Maig | | Date/ | Gelic :omi | DIR 9.49am |
| | Estimated Cost: E OD/TP/WS/TP RES/OD RES/EVA/INV/MV/CS | Bill to: | | | |
| | To Inspect Vehicle No: SKX 140 Y at Workshop m/s Cycle be Carriage of 209 Pandan Gardens (330 Ubi Policy No: A290531970MY | RU3) Claim No: | Insured: Tel: | 6.5684501 | Edpin |
| | Sum Insured: Make of Veh: (Client's Record) | Excess: _ | G00 . D.O. | A 17/2/18 | |
| | CA / REV REP. / REV 24 HRS Date/Time: 21/2/18 Person Contacted: | 2018 Edoin - | | O.D. Endorsement: | |
| | Date/Time Action/Instruction () Estimate SKX 140 Y - X Change to (ucle (Ub)) Mars | loc | | | |
| | change to (you (Ubi) muss 13/3- Revert via menmen 15/3@10:42am Authorise 7 15/3@22:36pm email to W | By Ken | A CONTRACT TO SECURE A CONTRACT OF | | ng Lear, |



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

| 4 | | Affiliated to Federation Internati | ionale Des Experts En Auto | omobile | | | |
|----------|-----------------------------------|--|-------------------------------|---------------------------|--|--|--|
| MS | SIG INSURANCE (| SINGAPORE) PTE LTD | Ref : CS/MSG1800 | 03290/Gtb | | | |
| 16 #2 | RAFFLES QUAY 4-01 HONG LEON | G BLDG SINGAPORE 048581 | Date: 21-02-2018 Code: MSG | | | | |
| 1. | CONTRACTOR | Policy Particul | lars :- OWN DAMAGE | | | | |
| | Insured Veh. | | Veh. Inspected | SKX 140Y | | | |
| | Policy No. | A29053197QMY | Coverage (\$) | 0.00 | | | |
| | Claim No. | | Excess (\$) | 600.00 | | | |
| | Assign From MERIMEN (CLARA MILAH) | | Assign Date | 21/02/2018 | | | |
| 2. | | Vehicle Parti | culars & Condition | | | | |
| | Make & Model | | c.c | 0 | | | |
| | Engine No. HIDDEN | | Year of Reg. | | | | |
| | Chassis No. | | Colour | | | | |
| | Odometer | | Steering | | | | |
| | Brakes | | Modification | | | | |
| | General | | | | | | |
| 45 | | Conditi | ons of Tyres | THE REPORT OF THE PARTY. | | | |
| | | Size | Make | Balance | | | |
| _ | R/H Front Tyre | | | mm | | | |
| _ | L/H Front Tyre | | | mm | | | |
| | R/H Rear Tyre | | | mm | | | |
| | L/H Rear Tyre | | | mm | | | |
| | | Description | on of Damages | | | | |
| 14 | | General | Information | | | | |
| | Accident Date | 17/02/2018 | Inspection Date | 12/03/2018 | | | |
| | Survey held at | CYCLE & CARRIAGE.FULCO M | | 12/03/2018 | | | |
| | | NO.330 UBI ROAD 3 SINGAPORE 408650 | | | | | |
| | Same Sale of the | Re | marks | the state of the state of | | | |
| | A)THE MARKET V | ALUE IS S\$(EST. AVERA E TO YOUR INSTRUCTIONS, WE | AGE) | | | | |

CLAIM SUBFOLDER TRACKING

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

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitte | d Ins Auth | r'ed | Status | |
|------------|---------------------|-----------------------------|--------------------------------|-----------------|---------------------------|----------------|---|---------------------|----------------------|
| Main | 19 Feb 2018 | | 21 Feb 2018 09:49 Assign | | | | | New Ass Cancel C | ase ase |
| | Main | Refere | nce | Claim D | etails | Docume | nts | 7 . | Show All |
| CLAIM SU | JBFOLDER DET | AILS | | | MATERIAL PROPERTY. | [Crea | ted by in | nsurer] | Date of Control of |
| Insured: | | LEE KIEN BO | ON, ID: S7247 | 7417A, Tel: + | 6591199883, Em | ail: kienboon@ | twoppint. | com.sa | |
| Vehicle Re | g. No.: | SKX140Y | | Date | of Loss: | | 2018 09: | | |
| Claim Type | r. | OD | | Policy | Policy/Cover Note No : A2 | | A29053197QMY (Comprehensive) Coverage: 25/11/2017 - 24/11/2018 | | ensive) 4/11/2018 |
| | | | OL CAMPAGE AT | Exces | s: | S\$600 | | | 4-3 |
| Repairer: | | Cycle & Carr 65684501/65 | iage Automotiv 684518 | e Pte Ltd (Pa | ndan Gardens) 2 | 09 Pandan Gar | dens, 609 | 339 West (| Coast - Tel: |
| Handling I | nsurer: | MSIG Insura | nce (Singapore | e) Pte. Ltd. (H | Q) - Tel: +65 682 | 7 7888 [Har | dled by C | lara Milah | Yeo1 |
| Adjuster: | 50.000 5500 | | | | 6256-3561 [In | | | | ,,,, |
| Driver/Cus | todian: | | | | 17A, Tel: +6591 | | | | |
| Adj Asg. R | emarks: | Please revert. | | | | | | | |
| ASSOCIA | TED MAIL REC | EIVED | | | | | View All | Compose | Case Mail |
| There are | no mail for this ca | ise. | | | | | | The same and | 0000 1701 |
| ALL ASS | CIATED TASK | s= | | | View All | Search Tasks | Create I | New Task | Complete |
| | e Priority 1 | ype Task Grou | p Subject | Handler | Assigned By | Completed C | - | eated On | - |

Out.
Edwin Caina

Denise Tay (LKKAuto)

From:

Denise Tay (LKKAuto)

Sent:

Thursday, 15 March 2018 2:36 PM

To:

'Mars Ler'; SUR Chris Bulaclac

Cc: Subject:

RE: SKX140Y / MSIG / OD

Dear Sir,

As instructed by our client, please proceed to repair the insured vehicle SKX 140Y (Excess \$600/-).

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

Our client reserve their right not to pay if there is no valid approval obtained before repair.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>denisetay@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Mars Ler [mailto:mars.ler@ccfulco.com.sg]

Sent: Monday, 12 March 2018 4:39 PM

To: SUR <sur@lkkauto.com>

Cc: Chris Bulaclac <chris.bulaclac@ccfulco.com.sg>

Subject: RE: SKX140Y / MSIG / OD

Dear Sir /Mdm,

Car has been survey , please authorize the repair and advise on excess .

Thank You,

Best regards

Mars Ler
B & P Service Advisor
Cycle & Carriage Fulco Motor Dealer Pte Ltd
330 Ubi Road 3 Singapore 408650
D/D 65949163 H/P 91792566

From: Edwin Abcede Caina [mailto:edwin.caina@cyclecarriage.com.sg]

Sent: Wednesday, 21 February, 2018 1:29 PM

View Received Message

This mail is associated with : *SKX140Y (550123) OD Feb 17 2018 9:00AM [LEE KIEN BOON] Carriage Automotive

| | Cycle & Camage Automotive File Liu | | | | | |
|-----------------------|--|--|--|--|--|--|
| Reply | Reply All Mark as Unread Print Message Delete Message Forward | | | | | |
| From To Subject | MSIG Insurance (Singapore) Pte. Ltd. (MSIG_SG), sent on 15/03/2018 10:48 AM. LKK_HQ Alert - Adj Mandate Approved (S\$4743.60) - SKX140Y - Claim Handler: Clara Milah Yeo | | | | | |
| Approved: | :4743.60:a if c | | | | | |
| | | | | | | |
| DOCUME | ENTS SUMMARY | | | | | |
| There are | re no documents. | | | | | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 todgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

| Date Of Accident 17/02/2018 09:45 Exact Location Of Accident CAUSEWAY BRIDGE TO JB CUSTOM Country/State of Loss MALAYSIA/JOHOR DARUL TAKZIM DETAILS OF OWN VEHICLE Vehicle Registration Number SKX140Y Insured/Policyholder Name Of Registered Owner LEE KIEN BOON NRIC No S7247417A Email Address KIENBOON@TWOPOINT.COM.SG (LOCAL) +65-91199883 OFFICE-62555877 Vehicle Particulars Manufacturer MITSUBISHI Model OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A) Exact Purpose for which vehicle was being used at prime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company No No Policy Number Cover Rots Number Driver | | ACCIDENT STATEMENT |
|--|--|--|
| Exact Location Of Accident Country/State of Loss MALAYSIAJOHOR DARUL TAKZIM DETAILS OF OWN VEHICLE Vehicle Registration Number SKX140Y Insured/Policyholder Name Of Registerad Owner NRIC No S7247417A KIENBOON@TWOPDINT.COM.SG (LOCAL) +65-9119883 CLOCAL) +65-9119883 CHORDER OF Which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No. Please state action to be taken Vehicle Category Insurance Company Name of Driver Name of Birth Othor S7247417A Date Of Birth Othor S72478 AND 4 MONTHS Driving Experience S2 YERS AND 4 MONTHS MALE | Date Of Report | 19/02/2018 15:04 |
| DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Name Of Registered Owner NRIC No S7247417A KIENBOON@TWOPOINT,COM.SG (LOCAL) +65-91199883 OFFICE-62555877 Vehicle Particulars Manufacturer MITSUBISHI Model Exact Purpose for which vehicle was being used at time of accident Vehicle Particulary over vehicle? If No, Please state action to be taken Vehicle Category Name of Insurance Company No A 29053197 QMY Cover Note Number Driver Name of Driver Name of Birth 16/12/1972 Occupation Date Of Driving Pass MALE LEE KIEN BOON NALE NO NALE NO NALE NO NALE NO NALE NO NO NO NO NO NO NO NO NO N | Date Of Accident | 17/02/2018 09:45 |
| DETAILS OF OWN VEHICLE Vehicle Registration Number SKX140Y Insured/Policyholder Name Of Registered Owner NRIC No Email Address KIENBOON@TWOPOINT.COM.SG (LOCAL) +65-91199883 OFFICE-62555877 Vehicle Particulars MITSUBISHI OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A) PRIVATE USE YES YES YES Vehicle Category If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO A 29053197 QMY Cover Note Number Driver Name of Driver Name of Driver Name of Birth 16/12/1972 Occupation NALE WALE NALE NA | Exact Location Of Accident | CAUSEWAY BRIDGE TO JB CUSTOM |
| Vehicle Registration Number Insured/Policyholder Name Of Registerad Owner NRIC No S7247417A Email Address KIENBOON@TWOPOINT.COM.SG Mobile Phone No OFFICE-62555877 Vehicle Particulars Manufacturer MITSUBISHI OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A) Exact Purpose for which vehicle was being used at a run of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company Noubber Pelet Policy No Peloto Number Driver Name of Name Name Name Name Name Name Name Name | Country/State of Loss | MALAYSIA/JOHOR DARUL TAKZIM |
| Insured/Policyholder | D | ETAILS OF OWN VEHICLE |
| Name Of Registered Owner NRIC No S7247417A Email Address KIENBOON@TWOPOINT.COM.SG (LOCAL) +65-91199883 Alternative Phone No OFFICE-62555877 Vehicle Particulars Manufacturer MITSUBISHI OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A) 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? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Fleet Policy No Policy Number Cover Note Number Driver Name of Driver Note S7247417A LEE KIEN BOON S7247417A Date Of Birth Occupation NICON Date Of Driving Pass Driving Experience Gender MALE | Vehicle Registration Number | SKX140Y |
| NRIC No S7247417A Email Address KIENBOON@TWOPOINT.COM.SG Mobile Phone No (LOCAL) +65-91199883 Alternative Phone No OFFICE-62555877 Vehicle Particulars Manufacturer MITSUBISHI Model OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A) 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? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Name of Insurance Company NO Policy Number A29053197 QMY Cover Note Number Driver Name of Driver LEE KIEN BOON NRIC No S7247417A Date Of Birth 16/12/1972 Occupation 1000 ALE Driving Experience 33 YEARS AND 4 MONTHS Gender | Insured/Policyholder | |
| Email Address KIENBOON@TWOPOINT.COM.SG Mobile Phone No (LOCAL) +65-91199883 OFFICE-62555877 Vehicle Particulars Manufacturer MITSUBISHI OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A) 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? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company No PRIVATE CAR Insurance Company NO A 29053197 QMY Cover Note Number Driver No No S7247417A Date Of Birth OCCUpation Date Of Driving Pass Driving Experience Gender MITSUBISHI OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A) Exact Purpose FACE (A) Exact Purp | Name Of Registered Owner | LEE KIEN BOON |
| Mobile Phone No (LOCAL) +65-91199883 Alternative Phone No OFFICE-62555877 Vehicle Particulars Manufacturer MITSUBISHI Model OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A) Exact Purpose for which vehicle was being used at imme of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD. COMPREHENSIVE Fleet Policy NO Policy Number A 29053197 QMY Cover Note Number Driver Name of Oriver LEE KIEN BOON NRIC No S7247417A Date Of Birth 16/12/1972 Occupation INDOOR Date Of Driving Pass 30/09/1994 Driving Experience 23 YEARS AND 4 MONTHS Gender | NRIC No | S7247417A |
| Alternative Phone No OFFICE-6255877 Vehicle Particulars Manufacturer MITSUBISHI Model OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A) Exact Purpose for which vehicle was being used at time of accident time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD. COMPREHENSIVE Fleet Policy NO Policy Number A 29053197 QMY Cover Note Number Driver Name of Oriver LEE KIEN BOON NRIC No S7247417A Date Of Birth 16/12/1972 Occupation INDOOR Date Of Driving Pass 30/09/1994 Driving Experience 23 YEARS AND 4 MONTHS Gender | Email Address | KIENBOON@TWOPOINT.COM.SG |
| Vehicle Particulars MITSUBISHI Model OUTLANDER-2.4.2.4 CVT AWD S/R FACE (A) Exact Purpose for which vehicle was being used at time of accident PRIVATE USE Are you claiming under your own insurance policy repair to your vehicle? YES If No, Please state action to be taken PRIVATE CAR Vehicle Category PRIVATE CAR Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A 29053197 QMY Cover Note Number LEE KIEN BOON Driver LEE KIEN BOON NRIC No \$7247417A Oate Of Birth 16/12/1972 Occupation INDOOR Date Of Driving Pass 30/09/1994 Driving Experience 23 YEARS AND 4 MONTHS Gender MALE | Mobile Phone No | (LOCAL) +65-91199883 |
| Manufacturer MITSUBISHI Model OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A) 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? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A 29053197 QMY Cover Note Number Driver Name of Driver LEE KIEN BOON NRIC No S7247417A Date Of Birth 16/12/1972 Occupation INDOOR Date Of Driving Pass Driving Experience 23 YEARS AND 4 MONTHS Gender | Alternative Phone No | OFFICE-62555877 |
| Model OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A) 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? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A 29053197 QMY Cover Note Number Driver Name of Driver LEE KIEN BOON NRIC No S7247417A Date Of Birth 16/12/1972 Occupation INDOOR Date Of Driving Pass 30/09/1 994 Driving Experience 23 YEARS AND 4 MONTHS Gender | Vehicle Particulars | |
| 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? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE Fleet Policy NO Policy Number A 29053197 QMY Cover Note Number Driver Name of Driver LEE KIEN BOON NRIC No S7247417A Date Of Birth 16/12/1972 Occupation INDOOR Date Of Driving Pass 30/09/1994 Driving Experience 23 YEARS AND 4 MONTHS Gender | Manufacturer | MITSUBISHI |
| time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company No A 29053197 QMY Cover Note Number Driver Name of Driver Name of Driver NAME OF Birth Date OF Birth Date OF Birth Date OF Driving Pass Driving Experience Sala A 2926 A 2 | Model | OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A) |
| for repair to your vehicle? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD. COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver NAME of Driver NAME of Birth Date Of Birth Driving Pass Driving Experience 23 YEARS AND 4 MONTHS MALE | Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A 29053197 QMY Cover Note Number Driver Name of Driver LEE KIEN BOON NRIC No S7247417A Date Of Birth 16/12/1972 Occupation Date Of Driving Pass 30/09/1994 Driving Experience 23 YEARS AND 4 MONTHS Gender | Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A 29053197 QMY Cover Note Number Driver Name of Driver NAME OF Birth Date Of Birth 16/12/1972 Occupation Date Of Driving Pass Driving Experience 23 YEARS AND 4 MONTHS Gender | If No. Please state action to be taken | |
| Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A 29053197 QMY Cover Note Number Driver Name of Driver NRIC No S7247417A Date Of Birth 16/12/1972 Occupation Driving Pass Driving Experience S23 YEARS AND 4 MONTHS Gender MALE | Vehicle Category | PRIVATE CAR |
| Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A 29053197 QMY Cover Note Number Driver LEE KIEN BOON NRIC No S7247417A Date Of Birth 16/12/1972 Occupation INDOOR Date Of Driving Pass 30/09/1994 Driving Experience 23 YEARS AND 4 MONTHS Gender MALE | Insurance Company | |
| Fleet Policy NO Policy Number A 29053197 QMY Cover Note Number Driver Driver LEE KIEN BOON NRIC No S7247417A Date Of Birth 16/12/1972 Occupation INDOOR Date Of Driving Pass 30/09/1994 Driving Experience 23 YEARS AND 4 MONTHS Gender MALE | Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Policy Number A 29053197 QMY Cover Note Number Driver Driver LEE KIEN BOON NRIC No S7247417A Date Of Birth 16/12/1972 Occupation INDOOR Date Of Driving Pass 30/09/1994 Driving Experience 23 YEARS AND 4 MONTHS Gender MALE | Type Of Coverage | COMPREHENSIVE |
| Cover Note Number Driver Driver LEE KIEN BOON NRIC No \$7247417A Date Of Birth 16/12/1972 Occupation INDOOR Date Of Driving Pass 30/09/1994 Driving Experience 23 YEARS AND 4 MONTHS Gender MALE | Fleet Policy | NO |
| Driver LEE KIEN BOON NRIC No \$7247417A Date Of Birth \$16/12/1972 Occupation INDOOR Date Of Driving Pass \$30/09/1994 Driving Experience \$23 YEARS AND 4 MONTHS Gender MALE | Policy Number | A 29053197 QMY |
| Name of Driver LEE KIEN BOON NRIC No \$7247417A Date Of Birth 16/12/1972 Occupation INDOOR Date Of Driving Pass 30/09/1994 Driving Experience 23 YEARS AND 4 MONTHS Gender MALE | Cover Note Number | |
| NRIC No S7247417A Date Of Birth 16/12/1972 Occupation INDOOR Date Of Driving Pass 30/09/1994 Driving Experience 23 YEARS AND 4 MONTHS Gender MALE | Driver | |
| Date Of Birth 16/12/1972 Occupation INDOOR Date Of Driving Pass 30/09/1994 Driving Experience 23 YEARS AND 4 MONTHS Gender MALE | Name of Driver | LEE KIEN BOON |
| Occupation INDOOR Date Of Driving Pass 30/09/1994 Driving Experience 23 YEARS AND 4 MONTHS Gender MALE | NRIC No | S7247417A |
| Date Of Driving Pass 30/09/1994 Driving Experience 23 YEARS AND 4 MONTHS Gender MALE | Date Of Birth | 16/12/1972 |
| Driving Experience 23 YEARS AND 4 MONTHS Gender MALE | Occupation | INDOOR |
| Gender MALE | Date Of Driving Pass | 30/09/1994 |
| | Driving Experience | 23 YEARS AND 4 MONTHS |
| Mobile Number (LOCAL) +65-91199883 | Gender | MALE |
| | Mobile Number | (LOCAL) +65-91199883 |

OFFICE-62555877

KIENBOON@TWOPOINT.COM.SG

Address

55 TAMPINES AVENUE 1 #02-01 SINGAPORE

Postcode

529773

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 5

Passenger 1

NAME:

: LEE SIAO YEN

GENDER:

: FEMALE

Passenger 2

NAME:

: LEE JING

GENDER:

: FEMALE

Passenger 3

NAME:

: LEE XU

GENDER:

: MALE

Passenger 4

NAME:

: SARBINI

GENDER:

: FEMALE

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 ATTACHMENT

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

SLP1977Z

Vehicle Make/Model/Colour

HONDA JAZZ

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)

PECK KENG YEOW

S7818750F

97978342

TOKIO MARINE INSURANCE SINGAPORE LTD

REAR DENT

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
- 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' 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 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.

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.:

| - | TZ | | N |
|------|----|---------|---|
| I A. | 1 | B | |
| 111 | VI | ARTON I | V |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| le are u | gue to clear the JB autom. |
|-----------------------|---|
| My care | glided forward. Instead of stepping on the |
| brakes, | I stepped in the anekration and my con mine |
| forward | and hit the care in front. |
| | |
| | |
| HARRIE HELEKEL DE (E) | |
| | |
| | |
| | |
| | |

DECLARATION

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

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way. # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1 Individual Ownership MOTOR MAX PLUS Comprehensive

Certificate No. A 29053197 QMY

Excess: SGD600

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SKX140Y

 Name of Policyholder Lee Kien Boon

- Effective Date of the Commencement of Insurance for the purposes of the Act 25/11/2017
- Date of Expiry of Insurance 24/11/2018
- 5. Persons or Classes of Persons entitled to drive*

Lee Kien Boon Lee Siao Yen

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

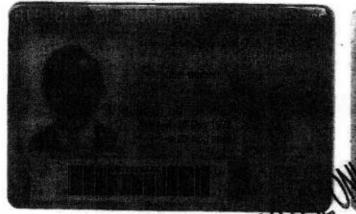
PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is Issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

for Chief Executive Officer



EPUBLIC OF STNGAPORE IDENTITY CÂTO NO. S7247417A

EOK CSC APS OF

Dt. 15-11-1993 B5 TAMPHES AVENUE 1 /02-01 SINGAPORE 529773 NRIO No. 97247417A Date: 23/01/2018

Enquire PARF/COE Rebate for Registered Vehicle

| Owner ID Type: | Singapore NRIC |
|-------------------------------|---------------------------------------|
| Owner ID: | 7417A |
| /ehicle Details | |
| /ehicle No.: | SKX140Y |
| /ehicle to be Exported: | No |
| ntended De-registration Date: | 13 Mar 2018 |
| /ehicle Make: | MITSUBISHI |
| /ehicle Model: | OUTLANDER 2.4 CVT AWD S/R FACELIFT |
| Primary Colour: | Brown |
| Manufacturing Year: | 2015 |
| Engine No.: | 4B12QL8691 |
| Chassis No.: | JMYXTGF3WGZ001889 |
| Maximum Power Output: | 123.0 kW (164 bhp) |
| Open Market Value: | \$20,152.00 |
| Original Registration Date: | 25 Nov 2015 |
| irst Registration Date: | 25 Nov 2015 |
| Fransfer Count: | 0 |
| Actual ARF Paid: | \$20,213.00 |
| ntended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 24 Nov 2025 |
| PARF Rebate Amount: | \$15,159.00 |
| ntended COE Rebate Details | |
| COE Expiry Date: | 24 Nov 2025 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$62,140.00 |
| COE Rebate Amount: | \$47,830.00 |
| Total Rebate Amount: | \$62,989.00 |

The information contained herein is correct as at 13 Mar 2018



CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD EUNOS LINK SERVICE CENTRE



330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857

ESTIMATE

| Invoice Name & Address | Owner Name & Vehicle Info | | | |
|-----------------------------|---------------------------|------------------------------------|--|--|
| Mr LEE KIEN BOON | Cust No/Name | KCV07724/Mr Lee Kien Boon | | |
| Blk 512 Bedok North Ave 2 | Reg No/Reg Date | SKX140Y / 25/11/2015 | | |
| #09-305 | Date In/Mileage | 09/03/2018/ 0 | | |
| Singapore 460512 | Chassis No | JMYXTGF3WGZ001889 | | |
| | Engine No | 4B12QL8691 | | |
| Contact No Mobile: 91199883 | Make/Model | MIT/OUTLANDER 2.4 CVT AWD 16MY (E1 | | |
| | Colour/Trim | C00 / BK | | |

| Acc | count No | Terms | Date/Time Printed | CSE | Operator | THE PARTY AND | WIP No | IE ACTO | STEED WILLIAM |
|-----|----------|------------------------|---|---|-------------------|---------------|------------|---------|---------------|
| CSM | 00001 | Cash | 12/03/2018/ 08:40 | OD | 218 / MarsLer | | 53585 | | + |
| 100 | | annie. | Description of Good | s / Service | S | Qty | Unit Price | Disc% | Amount |
| S | MIPNT880 | 88 | no are an experience of the control | NAME OF THE PARTY | | | | | 60 80.00 |
| | | LIGHTIN | G AND WIRING SYSTEM | ON FRONT | ACCIDENT AFFECTED | | | | |
| _ | AREAS | 00 | | | | | | | / 250.00 |
| 5 | MIPNT880 | TOTAL THE PARTY OF THE | TERITE COMMINE AND | DIACNOCTI | | | | | / 250.0 |
| • | MIPNT880 | | TERIZE SCANNING AND | DIAGNUSTI | * | | | | Gas 1800.0 |
| 2 | | | DUMBED DETNEADCEMEN | T ETC | | | | | 1000.00 |
| | | | BUMPER,REINFORCEMEN M,ALIGN ON FRONT ACC | | CTED ADEAS | | | | / |
| c | MIPNT980 | | M, ALIGN ON FRONT ACC | IUCINI AFFI | CUED AKEAS | | | | 420 1260.0 |
| 3 | | | N FRONT ACCIDENT AFF | ECTED ADE | n c | | | | 7 |
| м | SUNDRY | INTING U | N FRONT ACCIDENT AFF | ECIED AREA | 13 | - | | | 50.0 |
| P | | DONT NUM | BER PLATE WITH CASIN | C 1 | | 777 | | | 20.0 |
| М | JJ6400H1 | | FACEL FR BU | | GRAD 015 | 2176.60 | 855.00 | 10.00 | 769.5 |
| | JJ6405A1 | | EXTENSION, | | 1/ dist 1 (C | 1 (4.60- | 7 401.00 | | 360.9 |
| P | JJ6407A1 | | LH GARNISH, | | X XX | 1.00 | 207.00 | | 186.3 |
| M | JJ6407A1 | | RH GARNISH, | | -100 | 1.00 | 207.00 | | 186.3 |
| P | JJ6407A1 | | LH GARNISH, | | XMV | 1.00 | 105.00 | | ¥ 94.5 |
| P | JJ6407A1 | | RH GARNISH, | | - BR | 1.00 | 105.00 | | 94.5 |
| М | JJ6407A1 | | LH GARNISH, | | X N/N | 1.00 | | 10.00 | |
| М | JJ6407A1 | | RH GARNISH, | | SWN | 1.00 | | 10.00 | 2 40.5 |
| М | JJ6400J0 | | COVER, FR B | | WT. | 1.00 | 277.00 | | 249.3 |
| P | JJ7450B0 | | COVER, FR B | | 3 NN | 1.00 | 23.00 | 10.00 | ×20.7 |
| М | JJ7450A9 | | GRILLE ASSY | | CAA. | 1.00 | 597.00 | 10.00 | √537.3 |
| М | JJ6400H3 | 13 | LH BRACKET, | | | 1.00 | 17.00 | 10.00 | V15.3 |
| М | JJ6400H3 | | RH BRACKET, | | | 1.00 | 17.00 | 10.00 | 15.3 |
| P | JJ7450A7 | 53 | COVER, HEAD | LAMP SUPP | S NN | 1.00 | 47.00 | 10.00 | +42.3 |
| P | JJMU4880 | 06 | CLIP, BUMPER | / | LMC. | 10.00 | 2.00 | 10.00 | 18.0 |
| P | JJMR2881 | 50 | CLIP, RADIAT | OR GRILLE | / | 15.00 | 2.00 | 10.00 | 27.0 |
| M | JJ6400H5 | 68 | REINFORCEME | NT, FR BU | * . | 1.00 | 549.00 | 10.00 | ¥ 494.1 |
| M | JJ6400G5 | 76 | REINFORCEME | NT, FR BUM | * | 1.00 | 126.00 | 10.00 | ×113.4 |
| M | JJ6400D9 | 77 | REINFORCEME | NT,FR BUM | & NN | 2.00 | 20.00 | 10.00 | 36.0 |
| M | JJ6400F0 | 145 | REINF, F/BMP | | | 1.00 | | 10.00 | 21.6 |
| M | JJ6400F0 |)46 | REINF, F/BMP | R SIDE, LW | | 1.00 | 24.00 | 10.00 | 21.6 |

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD EUNOS LINK SERVICE CENTRE



330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857

ESTIMATE

| Invoice Name & Address | Owner Name & Vehicle Info | | | |
|-----------------------------|---------------------------|------------------------------------|--|--|
| Mr LEE KIEN BOON | Cust No/Name | KCV07724/Mr Lee Kien Boon | | |
| B1k 512 Bedok North Ave 2 | Reg No/Reg Date | SKX140Y / 25/11/2015 | | |
| #09-305 | Date In/Mileage | 09/03/2018/ 0 | | |
| Singapore 460512 | Chassis No | JMYXTGF3WGZ001889 | | |
| | Engine No | 4B12QL8691 | | |
| Contact No Mobile: 91199883 | Make/Model | MIT/OUTLANDER 2.4 CVT AWD 16MY (E1 | | |
| | Colour/Trim | C00 / BK | | |

| Account No | Terms | Date/Time Printed | CSE | Operator | 24 2 6 7 1 | WIP No | |
|-------------|-----------|---|------------|---------------|---|---|-------------------------------------|
| CSM00001 | Cash | 12/03/2018/ 08:40 | OD | 218 / MarsLer | | 53585 | |
| NI BOTHER | | Description of Goods | / Services | | Qty | Unit Price Disc | % Amount |
| OWNER CL | AIMING O | 2/2018 ALONG CAUSEWAY WN POLICY (MSIG) INSURANCE COMPANY | BRIDGE TO | JB CUSTOM | | | |
| | 3 Da | E. | Sti | ima | TE | | |
| | bets | re palet ph | tos. | Г | LKK Auto | Consultants hence no | tify |
| | Gu E) | ne paint phi co aigny - xcess \$606 t Authoris 12/3/18. | 82880 | 282 | To display of Parts prices Third party No illegal m Supplement | er of the following: before/after spray painting lamaged part(s) during resistance subject to confirmation survey is on a "Without Pre odification(s) is allowed lary item(s) must be resurve final approval from Insural | unley n jullice" basis |
| |) Va | 12/3/18. | · (| 331 | Acknowledge Signature: Date: | | Company |
| | | | | WES | | | 6824.90 |
| Confirm & a | ccepted b | у | | | Parts Labour Standard Specialis Others(Lu Sundry | t Job | 3,384 0 0 3,390 0 50 |

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

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

MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way, #21-01 SGX Centre 2

Singapore 068807

Our File No: CS/MSG18003290/GTBN2

21/05/2018 Date:

REFERENCE

Insured/Claimant: Date of Loss:

LEE KIEN BOON

Policy No: Nature of Claim: A29053197QMY

OD

Claim No: 550123

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SKX140Y

17/02/2018

Make & Model:

MITSUBISHI OUTLANDER, 2.4 2.4 CVT AWD S/R

FACE (A)

Reg. Date:

25/11/2015 (Man. Year: 2015)

Chassis No:

Engine No:

Odometer:

JMYXTGF3WGZ001889

4B12QL8691

53148 km

Colour:

Brown 2360 cc

Engine Capacity:

Market Value/New Car

S\$102,000.00

Price: Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Front Right Side:

Steering (Serviceable): Yes Engine Modification:

Yes Footbrake (Serviceable): No Pre-accident Condition:

46.13

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

225/55R18 Front Left Side:

Goodyear 6 mm Goodyear 6 mm Rear Tyre Size: Rear Left Side: Rear Right Side:

225/55R18 Goodyear 6 mm Goodyear 6 mm

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|------------------------------|------------|------------|------------|--------|
| Parts | 3,384.90 | 2,273.40 | 1,111.50 | 32.84 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 3,440.00 | 1,680.00 | 1,760.00 | 51.16 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Calculated Gross Total (S\$) | 6,824.90 | 3,953.40 | 2,871.50 | 42.07 |
| - Excess (S\$) | 600.00 | 600.00 | 0.00 | 0.00 |
| (S\$) | 6,224.90 | 3,353.40 | 2,871.50 | 46.13 |
| + GST 7.00/7.00% (S\$) | 435.74 | 234.74 | 201.00 | 46.13 |

6,660.64

INSPECTION

Date of Assignment:

21/02/2018

Nett Amount (S\$)

Date Inspected:

12/03/2018 Inspected At:

CYCLE & CARRIAGE.FULCO MOTOR

3,072.50

DEALER PL

3,588.14

NO.330 UBI ROAD 3 SINGAPORE 408650

Estimated Period of Repair:

3.0 days

Adjuster: XING GUO QIANG Manager: DENISE TAY KWEE CHENG

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.

Reference

REPAIR DETAILS

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 21 May 2018)

Parts: M1-SUV MITSUBISHI OUTLANDER 2.4 2.4 CVT AWD S/R FACE (A) (Catalogue:Merimen

Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SKX140Y)

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

| No. | Qty | Part No. | Particulars | Condition | Repairer's | Amount |
|-------------|-------------|---------------|-----------------------|-------------------|------------|------------|
| 1 | 1 | | *FACE,FR BUMPER | Cracked | 769.50 FS | *769.50 FS |
| 2 | 1 | | *EXTENSION,FR BUMPER | Cut | 360.90 FS | *360.90 FS |
| 3 | 1 | | *LH GARNISH,FR BUMPE | Not Necessary | 186.30 FS | *-FS |
| 4 | 1 | | *RH GARNISH,FR BUMPE | Cracked | 186.30 FS | *186.30 FS |
| 5 | 1 | | *RH GARNISH,FR BUMPE | Broken | 94.50 FS | *94.50 FS |
| 6 | 1 | | *LH GARNISH,FR BUMPE | Not Necessary | 94.50 FS | *- FS |
| 7 | 1 | | *LH GARNISH,FR BUMPE | Not Necessary | 40.50 FS | *-FS |
| 8 | 1 | | *RH GARNISH,FR BUMPE | Not Necessary | 40.50 FS | *- FS |
| 9 | 1 | | *COVER,FR BUMPER | Cut | 249.30 FS | *249.30 FS |
| 10 | 1 | | *COVER,FR BUMPER (MA) | Not Necessary | 20.70 FS | *- FS |
| 11 | 1 | | *GRILLE ASSY, RADIATO | Cracked | 537.30 FS | *537.30 FS |
| 12 | 1 | | *LH BRACKET,FR BUMPER | Necessary | 15.30 FS | *15.30 FS |
| 13 | 1 | | *RH BRACKET,FR BUMPER | Necessary | 15.30 FS | *15.30 FS |
| 14 | 1 | | *COVER,HEADLAMP SUPP | Not Necessary | 42.30 FS | *- FS |
| 15 | 10 | | *CLIP,BUMPER | Necessary | 18.00 FS | *18.00 FS |
| 16 | 15 | | *CLIP,RADIATOR GRILLE | Necessary | 27.00 FS | *27.00 FS |
| 17 | 1 | | *REINFORCEMENT,FR BU | Not Necessary | 494.10FS | *- FS |
| 18 | 1 | | *REINFORCEMENT,FR BUM | Not Necessary | 113.40 FS | *- FS |
| 19 | 2 | | *REINFORCEMENT,FR BUM | Not Necessary | 36.00 FS | *-FS |
| 20 | 1 | | *REINF,F/BMPR SIDE,LW | Not Necessary | 21.60 FS | *-FS |
| 21 F=Fra | 1 nchise | part. S=SpcNe | *REINF,F/BMPR SIDE,LW | Not Necessary | 21.60 FS | *-FS |
| | | | | Total Parts (S\$) | 3,384.90 | 2,273.40 |

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

| No | Particulars | Lab.Type | Repairer's | Amount |
|-----|--|--------------|------------|--------|
| Lab | our Items | | | |
| 1 | TO CHECK LIGHTING AND WIRING SYSTEM ON FRONT ACCIDENT AFFECTED AREAS | New | 80.00 | 60.00 |
| 2 | SUPPLY FRONT NUMBER PLATE WITH CASING | New | 50.00 | 50.00 |
| 3 | TO PERFORM COMPUTERIZE SCANNING AND DIAGNOSTIC | New | 250.00 | 250.00 |
| 4 | TO REPLACE FRONT BUMPER, REINFORCEMENT, ETC. STRAIGHTEN, REFORM, ALIG ON FRONT ACCIDENT AFFECTED AREAS | New N | 1,800.00 | 900.00 |
| 5 | SPRAY PAINTING ON FRONT ACCIDENT AFFECTED AREAS | New | 1,260.00 | 420.00 |
| | Gross Labou | 3,440.00 | 1,680.00 | |
| | Report was unsubmitted during this | s print-out. | | |

< END OF ESTIMATES >