

FW: Our ref: D18004775MFSH

Admin-D (LKKAuto)

Wed 20/6/2018 6:29 PM

To: Naz (LKKAuto) <Naz@lkkauto.com>;

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

From: Bryan Ang (LKKAuto) [mailto:bryanang@lkkauto.com]

Sent: Monday, 18 June, 2018 3:05 PM

To: Sithara <Sithara@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>

Subject: RE: Our ref: D18004775MFSH

Dear Assignment Team

Please check whether vehicle is at Loyang.

To assign case to our Naz.

Best Regards,

Bryan Ang

LKK Auto Consultants Pte Ltd

phone: 6256-3561 | email: [bryanang@lkkauto.com](mailto:bryanang@lkkauto.com) | fax: 6741-4108

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

From: Sithara [mailto:Sithara@msfirstcapital.com.sg]

Sent: Monday, 18 June 2018 2:48 PM

To: assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>

Cc: Bryan Ang (LKKAuto) <[bryanang@lkkauto.com](mailto:bryanang@lkkauto.com)>

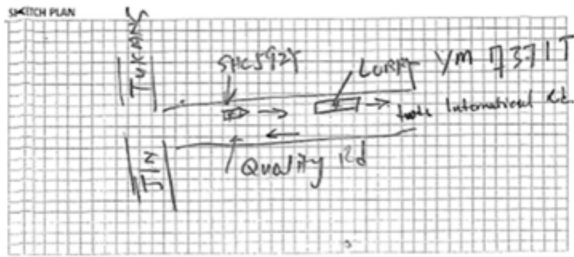
Subject: Our ref: D18004775MFSH

Dear Sirs,

Please find attached our insured's report. Please assist to investigate into this matter for us with respect to the vehicle maintenance & any mechanical fault.

ACCIDENT STATEMENT	
Date Of Report	17/06/2018 10:57
Date Of Accident	17/06/2018 00:10
Exact Location Of Accident	QUALITY>INTERNATIONAL RD NEAR JLN TUKANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC592Y
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	SONATA-2.0 (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?	
	NO
If No, Please state action to be taken	
	REPORTING ONLY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18068937MFSH
Cover Note Number	
Driver	
Name of Driver	ONG KUN HOO

Sketch Plan Pg. 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT AROUND 11:30pm on 16/06/18  
 I Drove to Quality Rd / near Junction  
 of Jln Tukang. I rested for  
 a while. and Around 00:00 AM 17/06/18  
 I started my engine and suddenly  
 the vehicle just moved forward  
 by itself and hit a parked vehicle  
 in front. I was DAMAGED TO THE FRONT  
 Vehicle. Any way I left my Contact  
 No on the wind screen  
 That's all  
 17/06/18

## DECLARATION

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

CITYCAR PTB LTD  
 CO. REG. NO. 199002839G

Policyholder's Signature  
 Date & Time:

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

Reporting Centre Personnel's Signature  
 Name:  
 MRIC/PA No.:

©2018AC SketchPlan\_v2

Thanks and regards,

Sithara G S  
 Motor Claims



**Change of email address**

[Sithara@msfirstcapital.com.sg](mailto:Sithara@msfirstcapital.com.sg)

MS First Capital Insurance Ltd | 36 Robinson Rd #16-01 City House Singapore 068877 | TEL : 6507 3848 | Fax No. : 6507 3849 | Company Regn. No. 195000106C

A Member of **MS&AD** INSURANCE GROUP

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