

INVOICE

ASS. REQ. BY:

REF:

C/FCI18011332/NC

Special Instructions

Surveyor

ASSIGNMENT (Office)

From (Person): Sithara

of FCI

Date/Time: 18/6/2018

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: 8HC 592Y

Insured:

at Workshop in/s

Tel:

of

Policy No:

Claim No: D18004775MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 17/6/2018

(Client's Record)

H.O.D. Endorsement

CA / REV / REP. / REV 24 HRS

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time

Action/Instruction ( ) Estimate

8HC 592Y - X.

5001-8

FW: Our ref: D18004775MFSH SHC 592 Y

Admin-D (LKKAuto)

Wed 10/6/2018 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](mailto:bryanang@lkkauto.com)]

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

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

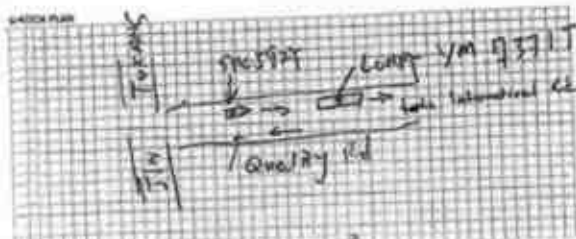
Subject: Our ref: D18004775MFSH

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                                                                | 10/06/2018 10:57                                                       |
| Date Of Accident                                                              | 17/06/2018 00:18                                                       |
| Exact Location Of Accident                                                    | QUALITY-INTERSECTIONAL RD NEAR JUN TUNANG                              |
| Country/State of Loss                                                         | SINGAPORE                                                              |
| DETAILS OF OWN VEHICLE                                                        |                                                                        |
| Vehicle Registration Number                                                   | SPH292Y                                                                |
| Insured Policyholder                                                          |                                                                        |
| Name Of Registered Owner                                                      | CITYCAR PTE LTD                                                        |
| Co-Tag No                                                                     | WV502890                                                               |
| Email Address                                                                 | <a href="mailto:FLEETSAFETY@CDOTX.COM.SG">FLEETSAFETY@CDOTX.COM.SG</a> |
| Mobile Phone No                                                               |                                                                        |
| Alternative Phone No                                                          | OFFICE 4008768                                                         |
| 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 a claim 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                                          |
| Exact Policy                                                                  | YES                                                                    |
| Policy Number                                                                 | D-180883786 SH                                                         |
| Cover Note Number                                                             |                                                                        |
| Driver                                                                        |                                                                        |
| Name of Driver                                                                | ONG KUN HOO                                                            |

Sketch Plan Pg. 2



## CIRCUMSTANCES OF THE ACCIDENT

At around 11:30pm on 16/06/17  
 I Drove to Quality Rd / over Junction  
 of Tanjong Pagar Road. I tested for  
 a while and around 00:00AM 19/06/17  
 I started my engine and suddenly  
 the vehicle was moved forward  
 by itself and hit a parked vehicle  
 in front of me. I was in the front  
 of the vehicle. I lost my contact  
 No one was injured.  
 That's all  
 12/06/17

## DECLARATION

I hereby declare that the above particulars are true and correct.

CITYCAR PTE LTD  
 COS. REG. NO. 18000290Insured's Signature  
 Date & TimeDriver's Signature  
 Date & TimeReporting Officer's Signature  
 Date

Thanks and regards,

Sithara G S  
 Motor ClaimsChange of email address  
 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 **MSS&AD** INSURANCE GROUP

## Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data.  
 Please refer to [www.msfirstcapital.com.sg](http://www.msfirstcapital.com.sg) for details of PDPA Personal Data Collection Statement.

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 If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.