

ASS. REC. BY:

REF: CS3/MSG/18013790/R124302

Instruction:

Surveyor:

Rasul

ASSIGNMENT (Office)

From (Person): Ong Shu Xiang

of MSG

Date/Time: 27/7/18 @ 5:05pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: PC 5974B

Insured: Forklift

at Workshop m/s Koo Ah whar

Tel: 9754 8055

of 5 Soon Lee St #06-03

Policy No:

Claim No: MSC / M / 18 - 000224

Sum Insured:

Excess:

Make of Veh:

D.O.A. 24/07/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS (up)

31/7/18 @ 9am

H.O.D. Endorsement:

Date/Time: 11:52am @ 30/7/18

Person Contacted: Mr. Khoo

Vehicle IN (OUT)

Date/Time

Action/Instruction (X) Estimate

PC 5974B - X

6/8/18

Dismantled.

Before paint: 6/8/2018

After paint: 8/8/2018



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

Affiliated to Federation Internationale Des Experts En Automobile

MSG INSURANCE (SINGAPORE) PTE LTD

Ref : CS3/MSG18013790/R1z4d3

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 30-07-2018



Code : MSG

1. Policy Particulars :- (THIRD PARTY CLAIM)

| | | | |
|--------------|-----------------|----------------|------------|
| Insured Veh. | FORKLIFT | Veh. Inspected | PC 5974B |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | MSC/M/18-000224 | Excess (\$) | 0.00 |
| Assign From | ONG SHU XIANG | Assign Date | 30/07/2018 |

2. Vehicle Particulars & Condition

| | | |
|--------------|--------|--------------|
| Make & Model | c.c | 0 |
| Engine No. | HIDDEN | Year of Reg. |
| Chassis No. | | Colour |
| Odometer | - | Steering |
| Brakes | | Modification |
| General | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------|------|---------|
| R/H Front Tyre | | | mm |
| L/H Front Tyre | | | mm |
| R/H Rear Tyre | | | mm |
| L/H Rear Tyre | | | mm |

4. Description of Damages

| |
|--|
| |
|--|

5. General Information

| | | | |
|----------------|---------------------------|-----------------|------------|
| Accident Date | 24/07/2018 | Inspection Date | 31/07/2018 |
| Survey held at | 5 SOON LEE STREET # 06-03 | | |
| Repairer | KOO AH WHAR | | |

5a. Remarks

| |
|--|
| 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. |
|--|

Catherine Chong (LKK Auto)

From: Ong Shu Xiang <shuxiang_ong@sg.msig-asia.com>
Sent: Friday, 27 July, 2018 5:05 PM
To: assignments; SUR
Cc: Ryan Tan; Lim Zi Liang
Subject: URGENT - Incident involving PC5974B and reach stacker at 15 Pioneer Walk on 24 July 2018 - MSIG Ref: MSC/M/18-000224
Attachments: HLG18072400025.pdf; kalmar-reachstacker.jpg; IMG-20180727-WA0029.jpg; IMG-20180727-WA0028.jpg; IMG-20180727-WA0028.jpg; IMG-20180727-WA0027.jpg; 2nd PRS PC-FORK.PDF
Importance: High

Dear Sirs

We wish to appoint LKK to arrange for a survey on a third party vehicle, PC5974B on a Without Prejudice basis.

Briefly, our Insured's reach stacker was steering to the left to move forward when its right rear tyres scratched the third party vehicle PC5974B. This caused a dent at the PC5974B's right panel.

We are enclosing these documents for your perusal:-

- Our Insured's incident report
- Coloured photographs depicting the damages sustained for PC5974B
- Coloured photograph of the reach stacker involved
- KSCGP's letter dated 27 July 2018

KSCGP Juris LLP is representing the third party and they did not enclose the repair estimate. Appreciate that our surveyor obtain this document from the workshop.

Please contact Mr Khoo Teck Kuan at Tel: 9754 8055 / Fax: 6261 3087 to arrange for the survey at

Koo Ah Whar
5 Soon Lee Street
#06-03 Pioneer Pt
Singapore 627607

Please acknowledge receipt of our email.

Thank you.

Ong Shu Xiang
Senior Executive, Claims Services
D: +65 6643 1337 | F: +65 6643 1349 | shuxiang_ong@sg.msig-asia.com



Insurer Claims
Team of the Year
2016

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



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

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Your Ref : MSC/M/18-000224

Our Ref : PC 5974B/KAW/jp/ps

Date : 27 July 2018

Email: accident@kscgp.com

MSIG Insurance (Singapore) Pte Ltd

BY EMAIL ONLY

Dear Sirs,

DATE OF ACCIDENT: 24 JULY 2018

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your letter of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

| S/No. | Name of Surveyor | Company Name |
|-------|------------------|-------------------------------|
| 1 | Errol Tan | Pro Plus Automobile Engineers |
| 2 | Dave Chang | Sincere Appraisal Services |
| 3 | Lee Kok Weng | Lee Automobile Services |

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Koo Ah Whar
5 Soon Lee Street
#06-03 Pioneer Pt
Singapore 627607

Contact Person/Hp/Tel : Khoo Teck Kuan /Tel: 9754 8055 / Fax: 6261 3087

Kindly acknowledge upon inspection in the acknowledgement box below.

Yours sincerely,

f JP

Your Ref : MSC/M/18-000224
Our Ref : PC 5974B/KAW/jp/ps
Date : 27 July 2018

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of
_____ *[Surveyor's Company]* have completed as
follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (after dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|-------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Business |
| Owner ID: | 8663E |
| Vehicle Details | |
| Vehicle No.: | PC5974B |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 16 Aug 2018 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | REGIUS ACE 3.0 DX A |
| Primary Colour: | White |
| Manufacturing Year: | 2016 |
| Engine No.: | 1KD2678385 |
| Chassis No.: | KDH2010214156 |
| Maximum Power Output: | - |
| Open Market Value: | \$35,781.00 |
| Original Registration Date: | 31 Mar 2017 |
| First Registration Date: | 31 Mar 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$1,790.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 30 Mar 2027 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| PQP Paid: | \$45,148.00 |
| COE Rebate Amount: | \$38,921.00 |
| Total Rebate Amount: | \$38,921.00 |

The information contained herein is correct as at 16 Aug 2018

OK

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 withholding 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 | 24/07/2018 12:11 |
| Date Of Accident | 24/07/2018 08:20 |
| Exact Location Of Accident | 15 PIONEER WALK |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | PC5974B |
| Insured/Policyholder | |
| Name Of Registered Owner | TJ TEE TRANSPORT SERVICES |
| Co Reg No | 53208663E |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-96586514 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | HIACE |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5067535170-03 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MOHAMAD ZAIZ BIN MOHAMED SOHID |
| NRIC No | S1438702A |
| Date Of Birth | 31/07/1960 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 16/01/1979 |
| Driving Experience | 39 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96586514 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

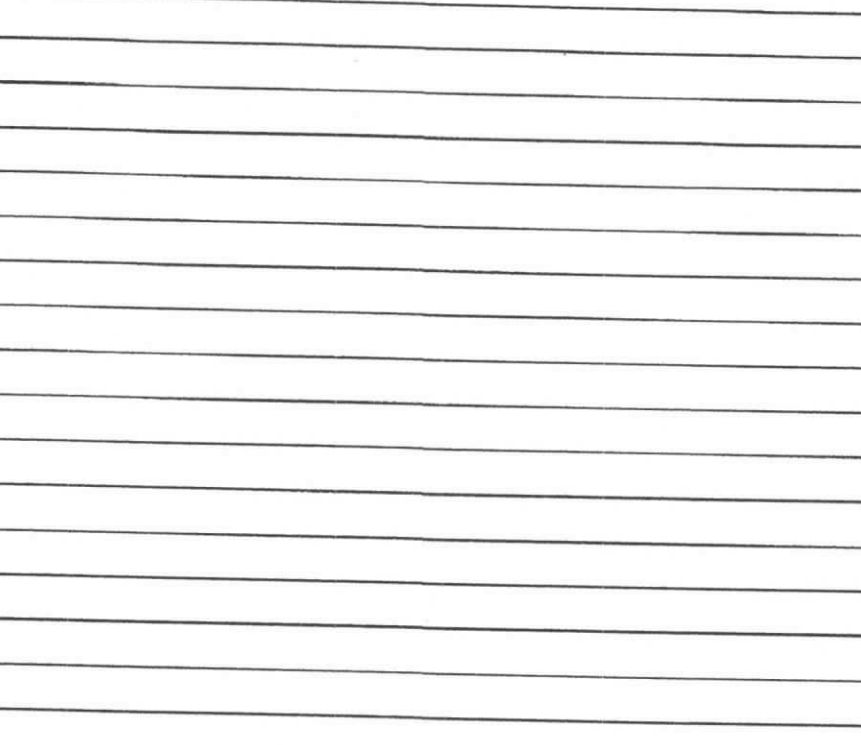
PIONEER HUB
IS PIONEER WALK

CONTAINER
FORKLIFT

PC5974B

DIESEL PUMP
STATION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

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

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



(DAČ BUKIT BANGU NIAČ)

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

Address

BLK 723 PASIR RIS ST 72 #03-133

Postcode

Was driver an employee of the Insured's Company YES

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 CLEAR

Road Surface DRY

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 ambulance?

Was any other material or property damaged? NO

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

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

WHEN MY VEHICLE WAS STATIONARY AT 15 PIONEER WALK PREMISES TO PUMP PETROL. SUDDENLY A CONTAINER FORKLIFT REVERSED AND HIT ONTO THE RIGHT SIDE PORTION OF MY VEHICLE.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

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 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:



IDA BUKIT PATOK (VAC)
51
Reporting Centre Personnel's Signature 2
Name: T
NRIC/FIN No.: 50

**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

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PRE-REPAIR INSPECTION REPORT

MSG INSURANCE (SINGAPORE) PTE LTD
16 RAFFLES QUAY #24-01 HONG LEONG BLDG
SINGAPORE 048581

Ref: CS3/MSG18013790/R1z4d3e2

Date: 05-09-2018



Code: MSG

1. Policy Particulars :- (THIRD PARTY CLAIM)

| | | | |
|--------------|-----------------|----------------|------------|
| Insured Veh. | FORKLIFT | Veh. Inspected | PC 5974B |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | MSC/M/18-000224 | Excess (\$) | 0.00 |
| Assign From | ONG SHU XIANG | Assign Date | 27/07/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-----------------------|--------------|----------|
| Make & Model | TOYOTA REGIUS ACE 3.0 | c.c | 2982 |
| Engine No. | HIDDEN | Year of Reg. | 2017 |
| Chassis No. | KDH2010214156 | Colour | WHITE |
| Odometer | 81909 KM | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | FAIR | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|----------|----------|---------|
| R/H Front Tyre | 195 R15C | MICHELIN | 7 mm |
| L/H Front Tyre | 195 R15C | MICHELIN | 7 mm |
| R/H Rear Tyre | 195 R15C | MICHELIN | 7 mm |
| L/H Rear Tyre | 195 R15C | MICHELIN | 7 mm |

4. Description of Damages

| | |
|--|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. | |
|--|--|

5. General Information

| | | | |
|----------------|---------------------------|---------------------|-------------------------|
| Accident Date | 24/07/2018 | Inspect Date / Time | 31/07/2018 (09:17 AM) |
| Survey held at | 5 SOON LEE STREET # 06-03 | | |
| Repairer | KOO AH WHAR | | |

5a. Remarks

| |
|---|
| 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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$8,000-\$9,000 |
|---|

Report Ref No. CS3/MSG18013790/R1z4d3e2

Inspected By

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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