ASS. REC. BY: REF. CS MSC	9180 15778 RIZA det Special Instruction:
MUNION CHISTIPM WORD OF	MSIG Date/Time: 28 8/8/64' 27pm
Estimated Cost: OD / WS/TP RES / OD RES / EVA / INV / M	Bill to:
	9K Insured: YP6507K COLVE Tel: 8778 3636
36 toh alvan Ra E	COST # 01-36
Policy No: \$29087288 MKC	Claim No: 56 8476
Sum Insured	Excess:
Make of Veh: (Client's Record)	8/08 80/L A.O.D
CA / REV / REP. / REV 24 HRSW)	H.O.D. Endorsement:
Date/Time: 9.4/am@x 8 18 Person Contac	ted: Melvin Vehicle IN OUT
Date/Time Action/Instruction () Estim	rate
- 8186589K-X	
Dismantle: 30/8/2018	
After repair: 3/9/2018	

Quyeuur: Commerce REF:	5645B
Carreyor -	GNMENT
From: Date:	Veh No: SJS 6589K Yr Regn: Aug / 09
Estimated Cost:	Type: M.Car / 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: SJS 6585K	Make: Hornor STRGM c.c 1799
at Workshop m/s AMA AUT CARE	Colour Sured / Std / NI / NA
of 36, TOHGWAN ROEMT #01-36	Sp.Reading 706949 T/Radio: Insured / Std / NI / NA
Insured: ms14	Eng/No:
Policy No.	C/No: RW 6105 6547 .
Claims No.	Gen. Cond: Good / Pair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: (norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 225/45 R17
(Policy Condition)	R: -1 *
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO OF CONTINEMEN
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. / mm L/Bal. mm
Est. Repairs: Yes or No	D.O.A. 21 08/18 D.O.I. 29/08/18
Lum Sum: % 3 Val.: Yes or No	Survey held at AMA
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	The 0/0 / Chassis Haine / Body Structure and the to sometime
Estimated r+pair range	\$4,800 -45,500
	mixt
	F101-2-2
	1/7/2018
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 5
1) : Final Report	Resurvey No. of Trip: Survey Fee: 120
Date/Time, File Return to?	Transportation:
2) Add Fee	
	: Interview (\$) Photos
Report Format : PRG	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$:Weekend (\$
	TOTAL 120



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

119		Affiliated to Federation Internation	onale Des Experts En Autor	nobile
MSI	G INSURANCE (S	INGAPORE) PTE LTD	Ref : CS3/MSG1801	15778/R1z4d3
	RAFFLES QUAY -01 HONG LEONG	BLDG SINGAPORE 048581	Date: 29-08-2018 Code: MSG	
1.		Policy Particulars	:- (THIRD PARTY CLA	IM)
	Insured Veh.	YP 6507K	Veh. Inspected	SJS 6589K
	Policy No.	S29087288MKC	Coverage (\$)	0.00
	Claim No.	568476	Excess (\$)	0.00
	Assign From	MERIMEN (CHRISTINA WONG	Assign Date	29/08/2018
2.		Vehicle Parti	culars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	3.5	Steering	
	Brakes		Modification	
	General			
3.		Condit	ions 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.		Descripti	on of Damages	
5.	Engine No.		Information	
	Accident Date	21/08/2018	Inspection Date	29/08/2018
	Survey held at	AMA AUTOMOTIVE PTE. LTD.		
		36 TOH GUAN ROAD EAST #03-36 SINAGPORE 608580		
āa.	General	R	emarks	
	B) THE REPAIR ES THE REPAIRER W	ON WAS CONDUCTED ON A "WI STIMATE WAS NOT PRESENTED (AS TOLD TO PREPARE THE ES EASE FIND DAMAGED VEHICLE	O AT THE TIME OF INSPE TIMATE.	SIS. ECTION.

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sub	mitted	Ins Auth'ed	Status				
Main	28 Aug 2018		28 Aug 2018 16:27 Assign					New As	signmer Case	ıt		
1	Main	Ref	erence		Claim Details		Documer	nts		Show All		
CLAIM SU	BFOLDER DE	TAILS				[Create	ed by insurer]					
Insured:	KIM SOOI	N LEE (LIM) HEAV	Y TRANSPORT	PTE LTD,	Co. Reg. No.: -							
Main Claimant:	C-12-C-11111111111111111111111111111111	CHU, ID: S7985			•							
Vehicle Reg. No.:	SJS6589	SJS6589K Date of Loss: 21/08/2018 15:00 - :59 [107 Months and 25 Days From LTA Reg Date (Man						(Man Yr)]				
Claim Type:	TP / 568	476			Policy/Cover Note No.:	er S29087288MKC (Comprehensive)						
Vehicle Reg. No. (Insured):	YP6507K				Policy No. (Claimant):							
					Excess:							
Repairer:	Ama Auto	care Pte Ltd (HQ) 36 Toh Guan F	Road East, #0	01-36, 608580)	lurong Eas	st - Tel:					
Handling Insurer:		urance (Singapor						ng - 6643 1	1311]			
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561.	[Imm.Advi	ice due	29/08/2018]					
Driver/Custo dian (Insured):		LAH MD (), NRIC	: G0040239M,	Tel: +6591	950217							
Adj Asg. Remarks:	Liability is	down. TP disagree	with SJE list, pr	oceed to app	oint LKK. Conta	ct Person:	Mr Melvin 8778	3636				
ASSOCIAT	ED MAIL RE	CEIVED					-	View All	Compose	Case Mai		
There are no	mail for this	case.					-	-				
ALL ASSO	CIATED TAS	KS⊡				View A	Search Tasks	Create Ne	w Task	Complete		
Due Date	Priority	Type Task (Group Subj	ect Hand	ller Assign		Completed Or		ated On	Done		

> Back to OneMotoring

Enquire Transfer Fee

quire Transfer Fee Vehicle Details			
Vehicle No.:	SJS6589K		
Vehicle Type :	P11 - Passenger Station Wagon/Je	ep/Land Rover	
Vehicle Attachment 1:	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	HONDA		
Vehicle Model :	STREAM 1.8X A		
Chassis No.:	RN61056547		
Propellant:	Petrol		
Engine No.:	R18A1763329		
Engine Capacity:	1799 cc		
Maximum Power Output	103.0 kW (138 bhp)		
Maximum Laden Weight :	1735 kg		
Unladen Weight:	1350 kg		
Year Of Manufacture:	2008		
Original Registration Date:	27 Aug 2009		
Lifespan Expiry Date :			
COE Category:	E - Open Category		
Quota Premium :	\$10,046.00		
COE Expiry Date:	26 Aug 2019		
Road Tax Expiry Date :	26 Feb 2019		
PARF Eligibility Expiry Date:	26 Aug 2019		
Inspection Due Date :	26 Aug 2020		
Intended Transfer Date :	04 Sep 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission:	-		
NOx Emission :	-		
PM Emission:			
payable.	mposed if road tax / lay up has expired.		10.00
Road tax, including Over Pa ownership is being transfer Amount Payable	yment (if any), of a vehicle will follow t red.	he vehicle to the new registe	ered owner when its
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	8	25.00
Total Amount Payable:			25.00

You may print this page for reference.

OK Print

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

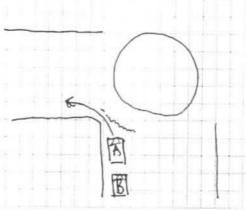
Owner ID Type:	Singapore NRIC	
	4859A	
Owner ID: Vehicle Details	4037A	
Vehicle No.:	SJS6589K	
Vehicle to be Exported:	No	
Intended Deregistration Date:	04 Sep 2018	
Vehicle Make:	HONDA	
Vehicle Model:	STREAM 1.8X A	
	Black	
Primary Colour:	2008	
Manufacturing Year:	R18A1763329	
Engine No.: Chassis No.:	RN61056547	
	103.0 kW (138 bhp)	
Maximum Power Output:	The first committee of the committee of	
Open Market Value:	\$20,804.00	
Original Registration Date:	27 Aug 2009	
First Registration Date:	27 Aug 2009	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$20,804.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	26 Aug 2019	
PARF Rebate Amount:	\$10,402.00	
Intended COE Rebate Details		
COE Expiry Date:	26 Aug 2019	
COE Category:	E - Open Category	
COE Period(Years):	10	
QP Paid:	\$10,046.00	
COE Rebate Amount:	\$895.00	
Total Rebate Amount:	\$11,297.00	

The information contained herein is correct as at 04 Sep 2018

OK

SINGAPORE ACCIDENT STATEMENT

Accident Location: Vehicle Number: SJS 688K Make/Model: Honda 87 Pream Policy Holder Name: Gol ye chy NRIC/ROC: SJ8748S9A Mobile: 91864TSJ 98799250 Email: Bohyeedru & Not mail. com Insurance Company: Direct Asia J181227-248 Policy Number: MT 00148408 Policy Period: 2612200 Policy Coverage: Comprehensive (V) Third Party () Third Party Fire & Theft () State Action Taken: Claim Own Policy () Claim Third Party (V) Reporting Only () Driver Name: Ton Ving Gwon NRIC: SJ98564SB Mobile: 91864JS Date Of Birth: v7/05/1979 Driving Pass Date: 07/12/2025
Policy Holder Name: Goh ke Chy NRIC/ROC: STB748S9A Mobile: 91864TST 98799250 Email: Bohyeedan @ Not mail. com Insurance Company: Direct Asia 2781200000000000000000000000000000000000
Policy Holder Name: Goh ke Chy NRIC/ROC: S7874859A Mobile: 91864757 98799250 Email: Bohyec dru @ Not mail. com Insurance Company: Direct hsia 2181207-24820 Policy Number: MT 100148408 Policy Period: 2612012 Policy Coverage: Comprehensive (V) Third Party () Third Party Fire & Theft () State Action Taken: Claim Own Policy () Claim Third Party (V) Reporting Only () Driver Name: Tan King Gwan NRIC: S7985645B Mobile: 9186475
NRIC/ROC: ST874859A Mobile: 91864757 98799250 Email: Bohyerdru & Notward. com Insurance Company: Direct Asia 2181227 - 2482 Policy Number: MT 00148408 Policy Period: 26/2200 Policy Coverage: Comprehensive (V) Third Party () Third Party Fire & Theft () State Action Taken: Claim Own Policy () Claim Third Party (V) Reporting Only () Driver Name: Ton Ving Gwon NRIC: S7985645B Mobile: 9186475
Email: 50h Jee dru @ Not mail. com Insurance Company: Direct 18ia 718/201-2018 2019 Policy Number: MT 00148408 Policy Period: 26/2018 Policy Coverage: Comprehensive (V) Third Party () Third Party Fire & Theft () State Action Taken: Claim Own Policy () Claim Third Party (V) Reporting Only () Driver Name: Ton Ving Gwon NRIC: 57985645B Mobile: 91864751
Insurance Company: Direct Asia 7 8 207 - 26 8 20 Policy Number: MT 00148408 Policy Period: 26 2010 Policy Coverage: Comprehensive (V) Third Party () Third Party Fire & Theft () State Action Taken: Claim Own Policy () Claim Third Party (V) Reporting Only () Driver Name: Ton Ving Gwan NRIC: 57985645B Mobile: 9186475
Policy Number: MT 00148408 Policy Period: 2012 2010 Policy Coverage: Comprehensive (V) Third Party () Third Party Fire & Theft () State Action Taken: Claim Own Policy () Claim Third Party (V) Reporting Only () Driver Name: Ton Wing Gwn NRIC: S7985645B Mobile: Q186475
Policy Coverage: Comprehensive (V Third Party () Third Party Fire & Theft () State Action Taken: Claim Own Policy () Claim Third Party (V Reporting Only () Driver Name: Ton Ving Gwon NRIC: \$7985645B Mobile: 9186475
Driver Name: Ton King Gwon NRIC: 57985645B Mobile: 91864751
NRIC: 57985645B Mobile: 91864751
- 1000 (0)
Date Of Birth: 17/05/1979 Driving Pass Date: 07/12/2005
Gender: Male () Occupation: Indoor () Outdoor ()
Address: Jumpy west &t 21, Brown 605 # 8-215, Singapure 640605
s driver an employee of the insured's company: Yes () No ()
f No, Relationship of the driver with the insured:
Owner () Spouse () Friend () Relative () Children () Sibling () Hirer ()
Weather Conditions: Clear (/) Raining () Others ()
Road Surface: Dry (/) Wet () Others ()
Nas any foreign vehicle involved in this accident? Yes () No (/)
Nas anybody injured in the Accident? Yes () No ←)
Nas there any video captured by Car Camera? Yes () No (/)
Number of Passenger (Including Driver):
1) / 2) 3) 4)
Was the accident reported to the police? Yes () No ("attach Police Report, if any"
Party Name: Shahidullah MD
/ehicle Number: YP 6507 K Make & Model:
VRIC: 061905731 Mobile No: 91950>17
Nitness Details (if any): んつ
NAME: NRIC: Mobile No:
Other remark: if any



A-SJS 6589 K B- YP 6507K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A STATE OF THE ACCIDENT			
	orna b	worth	Doad about
a lit our con behind, a 10 ?	profs w	long lon	there is
VIII (NOW) CON PAREZ.			
Important.			
Important: You have been advised by the workshop that in the event that you wish to		- Reportin	g Only
claim against your own policy (OD CLAIM), There is a FOURTEEN (14)		- Claim OD	
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame		- Claim TP	
from the day of the occurrence.	-	- Claim OD,	TP at other workshop

DECLARATION

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

Policyholder's signature

Date & Time

Driver's Signature (if driver not the policyholder) Date & Time

STE ANG (S) PTE LTD

Reporting Centre Personnel's Signature Name:

Name:

Nric/Fin No.

SKETCH PLAN

IMPORTANT NOTICE

- If ease report <u>correctly</u> 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 witcholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this florm 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 GrA 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 (a) insurers (a) 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 not ces 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 (zo lectively 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
 - 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

(i) for complying with requirements upder 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: Kenneth

kenneth Patrick Cornelius

From:

GOH YEE CHU <gohyeechu@hotmail.com>

Sent:

Friday, August 24, 2018 4:27 PM

To:

kenneth Patrick Cornelius

Subject:

autorisation

Dear Kenneth

I hereby authorise my husband, Tan King Guan(S7985645B) to process the necessary claim on my behalf for the reported car accident.

Should there be any clarification, please do not hesitate to contact me. Thanks!

Best Regargds Ms Goh Yee Chu S7874859A 98799250

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

人名英格里英格兰 网络连接线线	ACCIDENT STATEMENT
Date Of Report	24/08/2018 16:25
Date Of Accident	21/08/2018 15:30
Exact Location Of Accident	ALONG PIONEER ROAD NORTH TOWARDS AYE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS6589K
Insured/Policyholder	建全国 特别特别 医克里德氏征 医格尔氏氏管 医皮肤
Name Of Registered Owner	GOH YEE CHU
NRIC No	S7985645B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98799250
Alternative Phone No	OFFICE-98799250
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM-1.8 X (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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00148408/04
Cover Note Number	
Driver	
Name of Driver	TAN KING GUAN

 Name of Driver
 TAN KING GUAL

 Work Permit No
 \$79856458

 Date Of Birth
 17/05/1979

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/12/2005

Driving Experience 12 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91864751

Fax Number Contact Number

EMail Address NOEMAIL

Address

BLK 605 JURONG WEST STREET 62

08-215

Postcode

640605

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

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?

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?

YES

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

REFER TO THE SKETCH PLAN

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

YP6507K

Vehicle Registration Number Vehicle Make/Model/Colour

В

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

SHAHIDULAH MD

NRIC/Passport Number

061905731

Contact Number

91950217

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN			
DESCRIBE CIRCUMSTANCES OF	F THE ACCIDENT driving along priors 8top at other	B Y	2d North Toward Ale beside the Road about
to sine man	to other inticl	e;	adderry, there is
wit my car	back.	boots	(ny corn) Just
0			
Important: You have been advised by the work	shop that in the event that you wish to		- Reporting Only
DAYS CLAUSE WHEREBY MUST BE	CLAIM), There is a FOURTEEN (14) MADE within the stipulated time frame		- Claim OD - Claim TP
from the day of the occurrence.	and an expansion time frame	-	- Claim OD/TP at other workshop
DECLARATION			STE ANG (S) PTE LT
I/WE declare the foregoing parti	culars are true in every respect.		R
Policyholder's signature	Driver's Signature		Reporting Centre Personnel's Signature
Date & Time	(if driver not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time		Nric/Fin No.

Sketch Plan Pg. 2

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 wiful misrepresentation or withholding of materia facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this florm by insurance companies is not an admission of policy habitity 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 (G:A) 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.
- 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 venicie(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 solice), 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 ma;
 - (iv) administering my daims fincluding 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 we has on the external cover of envelopes/mail packages), and/or
 - (v) complying with applicable, aw in administering, processing, handling and/or dealing with my daims.(co lectively 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. ovestigation 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 up der any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(if drive is not the policyholder)

Date & Tune:

Reporting Centre Person Kenneth rets Signature

NRIC/FIN NO

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

CLAIM SUBF	OLDER TRA	CKING								
Case N	lotified	Est Submitted	Adj Assigned	Adj Rpt	Adj	Submitted	Ins Auth'ed	State	us	
Main 2	8 Aug 2018		28 Aug 2018 16:27 Edit Adj Rpt	S\$0.00 Edit Estima	1	0.00 lew Rpt		Rep	Pending for Survey Report Cancel Case	
М	ain	R	eference	Clain	n Details		Documents		1.	Show All
CLAIM SUB	FOLDER DE	TAILS				[Created	by insurer]		See Section 1	
Insured:	KIM SOOF	LEE (LIM) HEA	VY TRANSPORT P	TE LTD, Co. R	eg. No.: -	[Ci cutcu i	ay mourer1			
Main Claimant:	GOH YEE	CHU, ID: S7985	645B		-					
Vehicle Reg. No.:	SJS6589	ж		Da	te of Loss:		3 15:00 - :59 ns and 25 Days Fr	om LTA F	Reg Date	(Man Yr)]
Claim Type:	TP / 568	TP / 568476				er S29087288MKC (Comprehensive) Coverage: 06/07/2018 - 05/07/2019				
Vehicle Reg. No. (Insured):	YP6507K				icy No. aimant):					
					ess:					
Repairer:	Ama Auto	care Pte Ltd (HC) 36 Toh Guan Roa	d East, #01-36	, 608580]	urong East -	Tel:			
Handling Insurer:	MSIG Ins	urance (Singapo	re) Pte. Ltd. (HQ)	- Tel: +65 682	7 7888	[Handled by	Christina Wong	6643 13	311]	
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62:	56-3561 [Ha	ndled by N	OHD RASUL	.] [Imm.Adv	rice due	29/08	3/2018]
Driver/Custo dian (Insured):	SHAHIDUL	LAH MD (), NRIG	C: G0040239M, Te	el: +659195021	17		-			-
Adj Asg. Remarks:	Liability is	down. TP disagree	with SJE list, proce	ed to appoint L	KK. Contac	t Person: Mr	Melvin 8778 363	36		
ASSOCIATE	D MAIL RE	CEIVED					Viev	AII.	Compos	e Case Mail
There are no	mail for this	case.								
ALL ASSOC	IATED TAS	ĸs⊟				View All S	earch Tasks Cr	eate New	Task	Complete
Due Date	Priority	Type Task	Group Subject	Handler	Assign	ned By	Completed On	Crea	ited On	Done?
No results.						N-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
	-							THE R.	-	

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Claim Documents

*SJS6589K (568476)

[YP6507K]

TP

GOH YEE CHU

Aug 21 2018 3:00PM

[KIM SOON LEE (LIM) HEAVY TRANSPORT PTE LTD]

Ama Autocare Pte Ltd

Ass	sessment Reports		1 per p	page 🔻	~
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	-
1	28/08/18 11:26	Accident Statement From:SC - Reg. No: YP6507K, Claimant: KIM SOON LEE (LIM) HEAVY TRANSPORT PTE LTD	0	Load HTM	
Pho	otos/Images		3 per p	page 🔻	~
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	30/08/18 15:31	General View	0	Load JPG	~
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5	30/08/18 15:31	General View	0	Load JPG	~
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22	30/08/18 15:31	General View	0	Load JPG	∀
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Merimen e-Claims Page 2 of 3

Assessment Reports		1 per	1 per page 🔍		
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37	30/08/18 15:31	General View	0	Load JPG	~
38	04/09/18 12:32	Photographs of Damaged Parts	0	Load JPG	V
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49	04/09/18 12:32	Photographs of Damaged Parts	0	Load JPG	V
50	04/09/18 12:32	Photographs of Damaged Parts	0	Load JPG	V
51	04/09/18 12:32	Photographs of Damaged Parts	0	Load JPG	V
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54	04/09/18 12:32	Photographs of Damaged Parts	0	Load JPG	V
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57	04/09/18 12:32	Photographs of Damaged Parts	0	Load JPG	V
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51	04/09/18 12:32	Photographs of Damaged Parts	0	Load JPG	~
52	04/09/18 12:32	Photographs of Damaged Parts	0	Load JPG	V
53	04/09/18 12:32	Photographs of Damaged Parts	0	Load JPG	~
54	04/09/18 12:32	Photographs of Damaged Parts	0	Load JPG	V
55	04/09/18 12:32	Photographs of Damaged Parts	0	Load JPG	~
56	07/09/18 18:10	Photo After Spray	0	Load JPG	V
57	07/09/18 18:10	Photo After Spray	0	Load JPG	V
58	07/09/18 18:10	Photo After Spray	0	Load JPG	V
59	07/09/18 18:10	Photo After Spray	0	Load JPG	V
70	07/09/18 18:10	Photo After Spray	0	Load JPG	✓
71	07/09/18 18:10	Photo After Spray	0	Load JPG	V

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/MSG18015778/R1Z4D3E2

Date:

11/09/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

S29087288MKC

Claimant Vehicle

SJS6589K

Insured Vehicle No:

YP6507K

No: Date of Loss:

21/08/2018

Nature of Claim:

TP

Claim No: 568476

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SJS6589K

Make & Model:

HONDA STREAM, 1.8 X (A) 27/08/2009 (Man. Year: 2008) Engine No: Chassis No:

Odometer:

R18A1763329 RN61056547

306949 km

Reg. Date: Colour:

Black

Engine Capacity: Market Value/New Car Price:

1799 cc N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Handbrake (Serviceable):

Yes Engine Modification:

Pre-accident Condition: No

Yes

CONDITION OF TYRES

Front Tyre Size:

225/45 R17

Rear Tyre Size:

225/45 R17

Front Left Side:

Continental 6 mm

Rear Left Side:

Continental 6 mm

Front Right Side:

Continental 6 mm

Rear Right Side:

Continental 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:

28/08/2018

Date Inspected:

29/08/2018

Inspected At:

Ama Autocare Pte Ltd (HQ)

36 Toh Guan Road East, #01-36

Singapore 608580

Estimated Period of Repair:

5.0 days

Adjuster: MOHD RASUL Manager: Ho Zhao Tian

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 \$4,800.00 -\$5,500.00

Adjuster Report Page 3 of 4

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 11 Sep 2018)

Parts: M1-MPV HONDA STREAM 1.8 X (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SJS6589K)

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 Page 4 of 4

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 >