CWS From (Person)	Eileen fee	ASSIG	NMENT (Office)		te/Time:_	11/1/10/3.
Estimated Cos			Bill to:			
To Inspect Ve at Workshop i	νīs	SMA 3	tomobile	Tel:		42281
of Policy No:	1/10.12	No.13 Karki Blot Rd		D1800	HZ7M OIF30	
Sum Insured:			. Excess:			
Make of Veh:		נמש) פת		D	12/09	806   801 E
	8-40 pm@ 11/9/1		cted: Mr-Al	fie ve		
Date/Time	Action/Instruction	(x) Esti	mate			
	SMA 3983 8HD 4226	1				
						and the second s

# ASSIGNMENT

Estimated Cost  OD (TP) WS/TP RES/OD RES/EVA/INV/MV  To Inspect Vehicle No: SMA 3983 J at Workshop m/s E.CO Automobile of 13 kaki 8kt Road 4 # 03-29 Insured: Policy No  Claims No.  Sum Insured: Excess:  (Client's Record)  Make of Veh:	Veh No. SMA3SS3J : Yr Regn. 2918 June -  Type: M.Chr M.Cycte / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or  Make Kiz Focle (C3 s.c 159)  Golour Blacel A/G: Insured / Std / NI / NA  Sp.Reading 4996. T/Radio: Insured / Std / NI / NA  Eng/No:  C/No: KNAFJ4: Imp J 57672.70  Gen. Cond: Good: Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Modi: Nil / S/Rim / STD A/Rim or  Tyre Size: F: 195/65 R / S
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. /-24 HRS  Vehicle: IN / OUT  Date: Person Contacted:	Tyre Size: F: 195/65R15  R: 195/65R15  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Nexen.  Front Rear  R/Bal. Ob mm R/Bal. ob mm  L/Bal. 90 mm L/Bal. ob mm  D.O.A. D.O.I. (2/09/18) 250 pm  Survey held at Eco Automobile 250 pm  The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction   TP IS Cop PRS -   RECEIVED 1  Date / Time   Action / Instruction   PRS -   RECEIVED 1  Date / Time   Action / Instruction   PRS -   Report   PRS -   PRS	3 SEP 2018  Days Of Repair:  Resurvey No. of Trip:   Survey Fee.   Iransportation



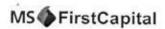
## LKK Auto Consultants Pte Ltd

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 Inte	rnationale Des Experts En Auton	nobile	
IRS	T CAPITAL INSUF	RANCE LTD	Ref : CS3/FCI18016	563/Acd3	
	OBINSON ROAD 01 CITY HOUSESI	NGAPORE 068877	Date: 11-09-2018 Code: FCI2		
	CB. This is a sit of	Policy Particul	ars :- (THIRD PARTY CLA	IM)	
	Insured Veh.	SHD 4228T	Veh. Inspected	SMA 3983J	
	Policy No.		Coverage (\$)	0.00	
	Claim No.	D18006710MFSH	Excess (\$)	0.00	
	Assign From	CWS (EILEEN LEE)	Assign Date	11/09/2018	
2.		Vehicle	Particulars & Condition		
	Make & Model		c.c	0	
	Engine No. HIDDEN Chassis No.		Year of Reg.		
			Colour		
	Odometer -		Steering		
	Brakes		Modification		
	General				
3.	To Williams	Co	onditions 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.		Desc	cription of Damages		
5.		Ge	eneral Information		
	Accident Date	07/08/2018	Inspection Date	12/09/2018	
	Survey held at	ECO AUTOMOBILE CLAIMS & REPAIR PTE LTD		to every some	
		13 KAKI BUKIT ROAD 4 #03-29 BARTLE SINGAPORE 417807	Y BIZ CENTRE		
5a.	32 (2) (3)		Remarks		
	B) THE REPAIR E	ON WAS CONDUCTED ON STIMATE WAS NOT PRESI VAS TOLD TO PREPARE TI LEASE FIND DAMAGED VE	A "WITHOUT PREJUDICE" BA ENTED AT THE TIME OF INSP HE ESTIMATE. HICLE PHOTOGRAPHS.	ASIS. ECTION.	



MS First Capital Insurance Limited Co.Reg. No. 195000106C . CST Rug. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Hotor Underwilling Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

## MOTOR SURVEY ASSIGNMENT

Date

10-09-2018

Our Ref No. D18006710MFSH

Accident Date

07-08-2018

Claim Type. Third Party

Insured Vehicle

SHD4228T

Third Party Vehicle. SMA3983J

Survey Location

NO.13 KAKI BUKIT ROAD 4 #03-29 BARTLEY BIZ CENTRE

Contact Person.

MR ALFIE

Contact No.

0/91765733

Fax No. 0

Survey Type

WITHOUT PREJUDICE:

Appointed

Surveyor

LKK AUTO CONSULTANTS PTE LTD

Contact Person

NA

Fax No. 68416315

Contact Number.

NA

#### FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

ECO AUTOMOBILE

Cc: Workshop

CLAIMS AND REPAIR

Attention, NIL

PTE LTD

Cc: TP Solicitor

CHIA S ARUL LLC

TP Solicitor Fax No. NA

Officer Incharge

EILEEN LEE

### IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.

<ol><li>By the lodgement of this report to the insurers, yo aforesaid.</li></ol>	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	10/09/2018 17:17
Date Of Accident	07/09/2018 20:00
Exact Location Of Accident	ALONG WOODLANDS AVE 8 TURNING TO ADMIRALTY RD
Country/State of Loss	SINGAPORE
A COLOR DE LA COLOR DE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA3983J
Insured/Policyholder	
Name Of Registered Owner	KWEK HONG KIT
NRIC No	S8583402I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98764712
Alternative Phone No	OFFICE-98764712
Vehicle Particulars	

Manufacturer

FORTE K3-1.6 (A) Model

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

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

Cover Note Number

## Driver

KWEK HONG KIT Name of Driver

S8583402I NRIC No Date Of Birth 03/04/1985 Occupation **INDOOR** 29/12/2012 Date Of Driving Pass

5 YEARS AND 8 MONTHS Driving Experience

Gender MALE

(LOCAL) +65-98764712 Mobile Number

Fax Number

OFFICE-98764712 Contact Number

EMail Address NOEMAIL

#### Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

16

- 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 insurers) 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)
  - 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 ciaims;
  - (iii) carrying out and/or dealing with my instructions or responding to any endulifies 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")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyom/isw 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 SIA to their third party service providers or agents (including their lewyers/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 detaction, 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
  - (3) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Oriver's Signature (if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NSIC/F N No.:

Page 3 of 12

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	The seast processing the company
Owner ID Type:	Singapore NRIC
Owner ID:	34021
Vehicle Details	
Vehicle No.:	SMA3983J
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Sep 2018
Vehicle Make:	KIA
Vehicle Model:	FORTE K3 1.6A
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	G4FGJH697396
Chassis No.:	KNAFJ411MJ5767270
Maximum Power Output:	95.3 kW (127 bhp)
Open Market Value:	\$11,545.00
Original Registration Date:	06 Jun 2018
First Registration Date:	06 Jun 2018
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$11,545.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Jun 2028
PARF Rebate Amount:	\$8,658.00
Intended COE Rebate Details	05 1 2020
COE Expiry Date:	05 Jun 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,941.00
COE Rebate Amount:	\$37,885.00
Total Rebate Amount:	\$46,543.00

The information contained herein is correct as at 13 Sep 2018

OK



### 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: 199807198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

		R INSPECTION REPORT		
FIRST CAPITAL I	NSURANCE LTD	Ref: CS3/FCI18016563		
86 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date: 14-09-2018		
		Code: FCI2		
l.	Policy Part	iculars :- (THIRD PARTY CLAIN	1)	
Insured Ve	h. SHD 4228T	Veh. Inspected	SMA 3983J	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18006710MFSH	Excess (\$)	0.00	
Assign Fro	m EILEEN LEE	Assign Date	11/09/2018	
2.	Vehic	cle Particulars & Condition		
Make & Mo	del KIA FORTE K3	c.c	1591	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No	<ul> <li>KNAFJ411MJ5767270</li> </ul>	Colour	BLACK	
Odometer	4996 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3.	Long Solver (Fig. 1987)	Conditions of Tyres		
	Size	Make	Balance	
R/H Front	Tyre 195/65R15	NEXEN	6 mm	
L/H Front 1	Tyre 195/65R15	NEXEN	6 mm	
R/H Rear T	yre 195/65R15	NEXEN	6 mm	
L/H Rear T	yre 195/65R15	NEXEN	6 mm	
4.	D	escription of Damages		
THE VEHIC	LE SUSTAINED DAMAGES AT	ISTAINED DAMAGES AT THE REAR PORTION.		
5.		General Information		
Accident D	Date 07/08/2018	Inspect Date / Time	12/09/2018 ( 12:50 PM )	
Survey hel	d at ECO AUTOMOBILE CL	ECO AUTOMOBILE CLAIMS & REPAIR PTE LTD  13 KAKI BUKIT ROAD 4 #03-29 BARTLEY BIZ CENTRE SINGAPORE 417807		
	ROAD 4 #03-29 BARTL			
5a.		Remarks		
B) THE REP THE REPAIR		ON A "WITHOUT PREJUDICE" BASI ESENTED AT THE TIME OF INSPEC THE ESTIMATE. VEHICLE PHOTOGRAPHS.		

Report Ref No. CS3/FCI18016563/Acd3s2

Inspected By

ADRIAN LING WAI PING

Licensed Appraiser

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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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