22/03/2002 ASS. REC. BY:	REF: CS3 SM	nienio 656/G	Cd3/ Epecial Instruction	
Surveyor: GVD	(himm)	MENT (Office)	300	
From (Person): Gwy Po	1 //		Date/Time:	12/10/18/8 5:42
Estimated Cost:		Bill to:		12/10/10/00 1
OD TP /WS/TP RES /	OD RES / EVA / INV / M	V 7 CS	-	
To Inspect Vehicle No:		74	Insured: PC	126R
at Workshop m/s	6 speed that	owerkz	Tel: 8533	3 2934
of	68 kaki Bulu.	AVE 6 # C	12-05	
TOTICY INO: DISMIT	SCB4 000041	Claim No: _	CM7D1804	237
Sum Insured:		Excess:		
Make of Veh: (Client's Record)			D.O.A.	27/09/18
CA / REV / REP. / RE	EV 24 HPS (WP)			
	SISIONS Person Contacts	. Cun	H.O.D. Ende	
			Vehicle IN	OUT
Date/Time Action/Inst	ruction (×) Estim	ate		
	77A - NATINCISC		- 2	DOA: 03/08/2019
	3R-X.	•		
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REF: SMO	c 4823 R -
Anyzyor XM.	SIGNMENT
10	Veh No: PC 2277A Yr Regn: 25 May 29 Type: M.Car / M.Cycle / Eus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Good Wiacl c.c 2582 Colour white A/C: Insured / Std / NI / NA Sp.Reading 33/603 T/Radio: Insured / Std / NI / NA Eng/No: C/No: TT ST2 P 200 [9/25] Gen. Cond: Good / Fair / Poor / Burnt Steering: Ino Ger / Jammed / Leaked / Burnt or Brake: Incret / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: [SS & LS] R: // PS/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear R/Bal. S mm R/Bal. S mm L/Bal. S mm L/Bal. S mm L/Bal. S mm L/Bal. S mm
days Res.: Yes or No Lum Sum:	D.O.A. Survey held at Des. of Damages: Frt / Rear / O/S / V/S/I U/C / Rooftop or
Date / Time Action / Instruction \$ 1500 - \$ V500	The U/C / Chassis frame / Body Structure affected due to collision.
RECEIV	/ED 1 9 OCT 2018
Date/Time, File Pass to? : Preli. Report 1) : Final Report	Days Of Repair: 4 Resurvey No. of Trip: — Survey Fee: 100
Date/Time, File Return to? Add Fee	Transportation:
Report Format : PRS	: Tech. Invs (\$) Others - 10

Weekend (\$

TOTAL

Lump Sum / I.B.I: (\$

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sut	mitted	Ins Auth'ed	Chak	_	
Main	28 Sep 2018		12 Oct 2018 17:42 Assign		10,000	ATTINICO.	THS MULTIPED		Assignment Case	ent
М	lain	Re	ference		Claim Details		Documen	nts	7	Show All
CLAIM SUE	FOLDER DE	TAILS	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.			-	NAME OF TAXABLE PARTY.	and the second	STATE STATE OF	
Insured:		G TRANSPORT (2010) PTE LTD	Co. Pos	No - 201010000	Create	ed by insurer]			
Main Claimant:	UNKNOW			, co. keg.	No.: 201010850	C				
Vehicle Reg. No.:	PC2277	4			Date of Loss:	27/09/2	018 13:00 - :59			
Claim Type:	TP / CMT	D1804237			Policy/Cover Note No.:	D18MTS	CBU000041 (Comp	prehensiv	re)	
Vehicle Reg. No. (Insured):	PC126R				Policy No. (Claimant):					
Repairer:	6 Spood A				Excess:					
Handling Insurer:	Sompo Ins	surance Singapo	re Pte. Ltd. (HQ	BUKIT AVEI 2) - Tel: 64	NUE 6, #02-05 A	RK@KB, 4	117896 Kaki Bukit NOH PAU LOONG	- Tel: 85	332934	
Adjuster:	LKK Auto (Consultants Pte	td (HO) - Tel:	5256-2561	[Einal Dat	d 22/	10/20103	- 03295	21/]	
Driver/Custo dian (Insured):		CHERNG JEIN (),				due 23/	10/2018]			
ASSOCIATE	D MAIL REC	EIVED						Cour All I		
There are no	mail for this c	ase.						View All	Compos	e Case Mail
ALL ASSOC	IATED TASK	(S ⁻				View All	I Consult To 1			
Due Date	Priority	Type Task G	roup Subje	ct Hand	dler Assign		Search Tasks Completed On		New Task eated On	Complete

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars Owner ID Type:	Company
wner ID:	4923R
ehicle Details	4720K
/ehicle No.:	PC2277A
Vehicle to be Exported:	No
ntended Deregistration Date:	19 Oct 2018
Vehicle Make:	TOYOTA
/ehicle Model:	HIACE HIGH ROOF COMMUTER TURBO AUTO
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	1KD2376002
Chassis No.:	JTFST22P700019125
Maximum Power Output:	-
Open Market Value:	\$38,054.00
Original Registration Date:	25 Mar 2014
First Registration Date:	25 Mar 2014
ransfer Count:	0
Actual ARF Paid:	\$1,903.00
ntended PARF Rebate Details	
ARF Eligibility:	No
ARF Eligibility Expiry Date:	-
ARF Rebate Amount:	\$0.00
itended COE Rebate Details	的复数在时间的影響的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的
OE Expiry Date:	24 Mar 2024
OE Category:	C - Goods Vehicle & Bus
OE Period(Years):	10
QP Paid:	\$26,361.00
OE Rebate Amount:	\$14,314.00
otal Rebate Amount:	\$14,314.00

The information contained herein is correct as at 19 Oct 2018

ОК

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 Insurence 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 of the report being made avail

aforesaid.	A Committee of the Comm
Tall the transfer was specificated	ACCIDENT STATEMENT
Date Of Report	28/09/2018 16:17
Date Of Accident	27/09/2018 13:15
Exact Location Of Accident	SINGAPORE ZOO (BUS COACH AREA)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC2277A
Insured/Policyholder	
Name Of Registered Owner	HEAVENLY TOURS PTE LTD
Co Reg No	NA
Email Address	SHAFIQ_MUHD@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-94461887
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	BVBPSB0005851800
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SHAFIQ BIN MOHAMED ZAFURULLA
NRIC No	S9018837B
Date Of Birth	27/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	30/05/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94461887
Fax Number	
Contact Number	
EMail Address	SHAFIQ_MUHD@HOTMAIL.COM
	Page 1 of 1

BLK 474 JURONG WEST STREET 41 Address #12-398 Postcode 640474 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 COLLIDED INTO PARKED VEHICLE 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 NO 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) 0 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 ATTACHED Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

# B	四点日	S0	1035	HI SKA	(라비(어	431:	17(0)	리파당대의	

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

PC126R

BUS

PETER TING CHERNG JEIN

87989536I

84014515

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

Nature Of Damage

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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 to the GIA Records Mangement Centre establised 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.
- 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 detention, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insureres 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 requirments under any regulations, laws or court orders.

Policyholder's Signature Date & Time

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

Reporting Centre NRIC / Fin No.:

SKETCH PLAN					
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AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	And the state of the designation	and a dear the relative beautiful be			who had a land
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDEN	4T			
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Un 24 Sept 20	18, at about	13 15 HRS D	lu compani	1's Helicle (PC 2277 A) W	as
	Same Veryon		0,1	y's whicle (PC 2277 A) w le was hit by anothe his bot.	
partied at Singo	price 200 bus	crach area.	My Vehic	le was hit by another	5
vehinle (PC 126R)	while reverse	in to more	mit form	his but	1
	- CA	3	204 410101	1713 (27)	
IMPORTANT NOTE					
	2 - 1 - 1 - 1 - 1 - 1				1
under General Condition – (Conduct of Claim of t	ne Matar Palicy, you	have to decide	within 21 days of occurrence	
or discovery of damage wheth	er or not to claim und	ler the policy. Please	e cneck your poli	cy for more information.	1
DEGL LE LEIGH					
DECLARATION					
/We declare the foregoing particular	ilars are true in every rea	spect.			
				/7	
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		7.0.		1/////4	
		ver .		Arah	
Policyholder's Signature	Driver's Signature			Reporting Centre Personnel's Signature	
Date & Time	(if driver is not the	a policytolder)		Name:	
	Date & Time			NRIC / Fin Ng/.	20 2
					Page 6

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj	Submitted	Ins Auth'ed	Status	
Main	28 Sep 2018		12 Oct 2018 17:42 Edit Adj Rpt	S\$0.00 Edit Estin	1	ew Rpt		Pending for Report Cancel Cas	
	Main	Re	eference	Cla	im Details	Γ	Documents		Show All
CLAIM SU	BFOLDER DE	TAILS				[Created	by insurer]		
Insured:	HUI LEON	IG TRANSPORT (2010) PTE LTD,	Co. Reg. No.:	2010108500	C			
Main Claimant:	HEAVENL	Y TOURS PTE LT	D , Co. Reg. No.: 2	01014923R					
Vehicle Reg No.:	PC2277	A		ı	Date of Loss:		8 13:00 - :59 s and 2 Days From	LTA Reg Date	(Man Yr)]
Claim Type	: TP / CMT	D1804237			Policy/Cover Note No.:	D18MTSCB	SU000041 (Compreh	nensive)	
Vehicle Reg No. (Insured):	PC126R				Policy No. (Claimant):				
				1	excess:				
Repairer:	6 Speed A	utowerkz Pte Lt	td (HQ) 68 KAKI BU	KIT AVENUE	6, #02-05 A	RK@KB, 417	896 Kaki Bukit - Te	l: 85332934	
Handling Insurer:	5-00116: 57- 1 /0 (0015/7)	PARTICIPATION OF THE PARTICIPA	ore Pte. Ltd. (HQ)	000000 100000000	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561 [Handled by)	CING GUO Q	IANG] [Final	Rpt due 23,	/10/2018]
Driver/Cus dian (Insured):		G CHERNG JEIN (), NRIC: S798953	6I, Tel: +6	584014515				
ASSOCIA	TED MAIL RE	CEIVED					View	All Comp	ose Case Mail
There are	no mail for this	case.							
ALL ASS	CIATED TAS	ks⊟			8	View All S	Search Tasks Cr	eate New Task	Complete
Due Dat		Type Task	Group Subjec	t Handle	r Assigi	ned By	Completed On	Created (On Done

Claim Documents

*PC2277A (CMTD1804237)

[PC126R]

TP

HEAVENLY TOURS PTE LTD

Sep 27 2018 1:00PM

[HUI LEONG TRANSPORT (2010) PTE LTD]

6 Speed Autowerkz Pte Ltd

Upload Documents	Upload Photo	Compose New Letter		View	View in Brow	1
Photos/Images				3 per p	age 🔻	✓
No Relabel/Red	rder LKK Au	to Consultants Pte Ltd	(HQ)		Thumbnail	
1 19/10/18 12:	16 General	View		0	Load JPG	Y
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4 19/10/18 12:	16 General	View		0	Load JPG	✓
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47	19/10/18 12:16	General View	0	Load JPG	✓
48	19/10/18 12:16	General View	0	Load JPG	~
49	19/10/18 12:16	General View	0	Load JPG	✓
Doc	umentation		1 per j	page 🔽	~
No	Finalized On	Sompo Insurance Singapore Pte. Ltd. (HQ)		Thumbnail	Print
1	12/10/18 15:35	PRI REQ FAX FROM CATHERINE LIM LLC DT 12/10/18 FOR PC2277A	0	Load PDF	
2	12/10/18 16:03	Third Party E-filed GIA report	0	Load PDF	
3	12/10/18 17:40	PRS - NO CONSENSUS	0	Load HTM	

Documents Checklist

There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
	^
	~

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/SMO18018656/GCD3E2

Date:

02/11/2018

REFERENCE

Handling Insurer:

Sompo Insurance Singapore Pte.

Policy No:

D18MTSCBU000041

Claimant Vehicle PC2277A

Insured Vehicle

PC126R

No:

Date of Loss:

27/09/2018

No:

Nature of Claim:

TP

Claim CMTD1804237 No:

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

PC2277A

Make & Model:

TOYOTA HIACE, 2.0 (M)

Engine No:

1KD2376002

Reg. Date:

25/03/2014 (Man. Year: 2014)

Chassis No: Odometer:

JTFST22P700019125 331603 km

Colour: Engine Capacity:

2982 cc

Market Value/New Car Price: 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):

Yes

Handbrake (Serviceable):

Yes Engine Modification:

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

195 R15

Rear Tyre Size:

195 R15

Front Left Side:

Bridgestone 5 mm

Rear Left Side:

Bridgestone 5 mm

Front Right Side:

Bridgestone 5 mm

Rear Right Side:

Bridgestone 5 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:

12/10/2018

Date Inspected:

18/10/2018 Inspected At:

6 Speed Autowerkz Pte Ltd (HQ) 68 KAKI BUKIT AVENUE 6, #02-05

ARK@KB

Singapore 417896

Estimated Period of Repair:

4.0 days

Adjuster: XING GUO QIANG

Manager: CELINE FONG

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 \$1,500.00 -\$2,500.00

REPAIR DETAILS

Reference

Part Source:

(Last Synchronised: 02 Nov 2018)

Parts:

N/A

TOYOTA HIACE 2.0 (M) (Model not available in database)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for PC2277A)

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 5 of 5

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 >