| 27/03/2002 ASS. REC. B) | REF: CS FC18019850/ T Cd302 Special Instruction: |
|---------------------------------|--|
| "Surveyor": | ASSIGNMENT (Office). |
| From (Person Estimated Co | 1): Karentan of FCP Date/Time: 31/10/18@ 3.30pm |
| | StTP RES / OD RES / EVA / INV / MY 7 CS |
| To Inspect V | ehicle No: PA 60263 Insured: 841A 3656 M |
| at Workshop | m/s UCB Engineering Tel: 97317794 |
| of | ac julen pesawat |
| Policy No: Sum Insured: | Claim No: |
| | Excess: |
| Make of Veh (Client's Record | |
| CA / REV | / REP. / REV 24 HRS (W) 2/11/180 3pm |
| Date/Time: | 4.12pm 31110/18 Person Contacted: Mr. Lim Vehicle IN OUT |
| Date/Time | Action/Instruction (X) Estimate |
| | PA6026S-X |
| | 8HA 3656M-colfce 16002949/fgh3c2 DOA: 13/02/2016 |
| | MV |
| | 10(1 |
| • | |

REF:



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

Claims & Hotor Underwriting 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

31-10-2018

Our Ref No. D18007835MFSH

Accident Date

29-10-2018

Claim Type. Third Party

Insured Vehicle

SHA3656M

Third Party Vehicle. PA6026S

Survey Location

160 SIN MING DRIVE, #04-05 AUTOCITY,

Contact Person.

LIM

Contact No.

97317794/97317794/

Fax No. 65383708

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

Cc: Workshop

SOON SENG COMPANY

Attention, NIL

Cc: TP Solicitor

KSCGP JURIS LLP

TP Solicitor Fax No. NA

Officer Incharge

KARENT

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.

Nivitha (LKK Auto)

From:

CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>

Sent:

Wednesday, 31 October 2018 4:58 PM

To:

ASSIGNMENTS@LKKAUTO.COM

Cc:

Karen Tan; CWS Motor Claims

Subject:

2nd Notice to conduct Pre -Repair Survey (Your Ref : D18007835MFSH ; Our Ref:

PA6026S)

Dear Sirs.

Third party has amended the WS details as mentioned in the below mail.

Please do the needful.

Thank you.

Regards, Admin Team Claim Workflow System Motor Claims Department MS First Capital Insurance Limited

From: Accident@kscgp.com [mailto:Accident@kscgp.com]

Sent: Wednesday, October 31, 2018 2:13 PM To: cwsmotorclaims@msfirstcapital.com.sg

Cc: cwsmotorclaims@msfirstcapital.com.sg; karentan@msfirstcapital.com.sg

Subject: 2nd Notice to conduct Pre -Repair Survey (Your Ref: D18007835MFSH; Our Ref: PA6026S)

Dear Sirs.

We enclose herein an amended copy of the 2nd Notice to conduct Pre-Repair Survey, for your attention and information.

The workshop's details are as follows:

UCB Engineering Pte Ltd

2C Jalan Pesawat Jurong

Singapore 619359

Contact: Mr Lim / 9731 7794 (Please look for Ah Koon at the workshop)

. Thank you.

Regards,
Wei Lin
for and on behalf of Mr Gurdeep Singh Sekhon
KSCGP Juris LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315

Tel: 6538 3611 / DID: 3152 0984 / Fax: 6538 3708

Email: accident@kscgp.com

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---- Original Message -----

From: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]

To: ACCIDENT@KSCGP.COM

Cc: cwsmotorclaims@msfirstcapital.com.sg, karentan@msfirstcapital.com.sg

Sent: Wed, 31 Oct 2018 07:29:46 +0000

Subject:

Dear Sir/Madam

PRI Request For PA6026S Accident Involving SHA3656M On 29-10-2018 AT 22:15:00HRS.

Please find below details for your reference

Claim number: D18007835MFSHInsured vehicle number: SHA3656M

Accident date: 29-10-2018

Third-party vehicle number: PA6026S
 Assignment type: WITHOUT PREJUDICE

• Surveyor: LKK AUTO CONSULTANTS PTE LTD

• Officer-in-Charge: KARENT

PS: This is a system generated mail. Please do not reply to this mail.

Regards, Admin Team Claim Workflow System . Motor Claims Department MS First Capital Insurance Limited

Tel: 6507 3848 Fax: 6507 3849

This email has been scanned by the MxScan Email Security System.

> Back to OneMotoring

Enquire Transfer Fee

| | Amount Before GST | GST Amount | Amount After GS |
|--|---|---|------------------------------|
| Road tax, including Over Paymen Amount Payable (From 12 A | at (if any), of a vehicle will follow the vehicle to the $pr 2019 to 11 Oct 2019$) | new registered owner when its own | nership is being transferred |
| enewed after 11 Apr 2019, late | renewal fee(s) will be imposed. Please use Enquire | Road Tax Payable to check on the | late fee(s) payable. |
| | Apr 2019. You may renew the road tax from 12 Ja | - 2010 with all and accordate () () (| 11-1 1611 |
| NOx Emission : | | | |
| HC Emission : | • | | |
| CO Emission : | • | | |
| CO2 Emission : | • | | |
| ntended Transfer Date: | 16 Jan 2019 | | |
| nspection Due Date : | 11 Apr 2019 | | |
| Road Tax Expiry Date : | 11 Apr 2019 | | |
| COE Expiry Date : | 11 Apr 2021 | | |
| PQP Paid : | \$22,831.00 | | |
| COE Category: | C - Goods Vehicle & Bus | | |
| Lifespan Expiry Date : | 11 Apr 2026 | | |
| Original Registration Date: | 12 Apr 2006 | | |
| Year Of Manufacture : | 2005 | | |
| Unladen Weight: | 11940 kg | | |
| Maximum Laden Weight: | 16000 kg | | |
| Maximum Power Output : | • | | |
| Power Rating : | 0.0 kW | | |
| Engine Capacity : | 11705 cc | | |
| Engine No. : | 8053323 | | |
| Propellant : | Diesel | | |
| Chassis No. : | 9BSK4X20003572703 | | |
| Vehicle Model : | K124IB4X2 | | |
| Vehicle Make : | SCANIA | | |
| Vehicle Scheme : | Public Service Vehicle (Others) | | |
| Vehicle Attachment 1: | Air-Conditioned | | |
| Vehicle Type : | Z20 - Private Hire (Chauffeur) Bus/Coach/N | linibus | |
| /ehicle No. : | PA6026S | | |

| | Amount Before GST | Amount | Amount After GST |
|-----------------------------|-------------------|--------|------------------|
| | (S\$) | (S\$) | (S\$) |
| Transfer Fee : | 25.00 | ¥ | 25.00 |
| Sub Total: | | | 25.00 |
| Nett Road Tax Amount (After | 364.00 | • | 364.00 |
| Offsetting Over Payment): | | | |
| Total Amount Payable : | | | 389.00 |
| Message | | | |

This vehicle has a road tax Over Payment of \$9.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively,

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the

You may print this page for reference.

OK

Print

> Back to OneMotoring

PARF Eligibility Expiry Date:

Intended COE Rebate Details

PARF Rebate Amount:

COE Rebate Amount:

Total Rebate Amount:

COE Expiry Date:

COE Category: COE Period(Years):

PQP Paid:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Company Owner ID Type: 1936W Owner ID: **Vehicle Details** PA6026S Vehicle No.: No Vehicle to be Exported: 10 Jan 2019 Intended Deregistration Date: **SCANIA** Vehicle Make: K124IB4X2 Vehicle Model: Multi-Colour Primary Colour: 2005 Manufacturing Year: 8053323 Engine No.: 9BSK4X20003572703 Chassis No.: Maximum Power Output: \$138,090.00 Open Market Value: 12 Apr 2006 Original Registration Date: 12 Apr 2006 First Registration Date: 0 Transfer Count: Actual ARF Paid: \$6,905.00 Intended PARF Rebate Details No PARF Eligibility:

\$0.00

11 Apr 2021

\$22,831.00

\$10,286.00

\$10,286.00

C - Goods Vehicle & Bus

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 10 Jan 2019

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 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 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

| Δ | a | al | n | 3 | VΤ | ST | Ά | 13 | M | Ξ | V | ī |
|---|---|----|---|---|----|----|---|----|---|---|---|---|
| | | | | | | | | | | | | |

Date Of Report 30/10/2018 13:55

Date Of Accident 29/10/2018 22:15

Exact Location Of Accident HOLIDAY INN EXPRESS CLARKE QUAY DRIVEWAY ENTRANCE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA6026S

Insured/Policyholder

Name Of Registered Owner RMG TOURS PTE LTD

Co Reg No 197401936W

Email Address PHLIM@RMGTOURS.COM.SG

Mobile Phone No

Alternative Phone No OFFICE-62261811

Vehicle Particulars

Manufacturer SCANIA Model K124IB4X2

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

BUS

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD

Type Of Coverage THIRD PARTY

Fleet Policy YES

Policy Number SD18V03922/VBS/R05

Cover Note Number

Driver

 Name of Driver
 YEO KOK KEE

 NRIC No
 \$1131059A

 Date Of Birth
 30/05/1955

 Occupation
 INDOOR

 Date Of Driving Pass
 24/04/1987

Driving Experience 31 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96966260

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 435 HOUGANG AVE 8 #10-1677

Postcode

530435

Was driver an employee of the Insured's Company YES

was driver an employee of the mounted of company

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

10

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

PLEASE REFER TO ATTACHED .

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA3656M

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

TAXI

Vehicle Category Name of Driver

LIM KOK LEONG

NRIC/Passport Number

S1153075C

Contact Number

96687541

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 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 filse 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.
 - 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 un destand, 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 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 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 invoive 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' 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 egents(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.

Lirn P. H. OUF Hp 9731 7794 Fleet Maintenance Manage

P olishor 1098 AFROV Street
D ata & Tislingapore 069929 30,10, 1018

(2) 1350 km.

Driver's Signature

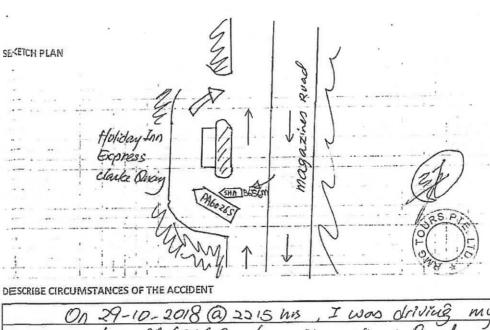
(If driver is not the policyholder)
Date & Time: 30 - 10-2018

@1320 pros.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



PA60265 along Magazines hotel dreup cheek camera ved. V

DECLARATION

Lim P. H. Policy holder 7 Signature Fleet Maintenance Mar Policyholder sprens Fleet Maintenance Manager RMG TOURS PTE LTD

109B Amoy Street 30 -10-2018 Singapore 069929 @ 1350 kg @ 1350 kg

Driver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:



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

Page No.:1 of 1

| | DOT CARITAL III | | NSPECTION REPORT Ref: CS3/FCI18019850/ | /T1cd3e2 | | |
|---|--------------------|---|--|-------------------------|--|--|
| MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | | Date: 22-01-2019 | 11cd3e2 | | |
| | | | Code: FCI2 | | | |
| | | Policy Particul | ars :- (THIRD PARTY CLAIM | | | |
| | Insured Veh. | SHA 3656M | Veh. Inspected | PA 6026S | | |
| | Policy No. | | Coverage (\$) | 0.00 | | |
| | Claim No. | D18007835MFSH | Excess (\$) | 0.00 | | |
| | Assign From | KAREN TAN | Assign Date | 31/10/2018 | | |
| 2. | To the second | Vehicle I | Particulars & Condition | A ROUSE | | |
| | Make & Model | SCANIA | c.c | 11705 | | |
| | Engine No. | HIDDEN | Year of Reg. | 2006 | | |
| | Chassis No. | 9BSK4X20003572703 | Colour | WHITE | | |
| | Odometer | 405983 KM | Steering | IN ORDER | | |
| | Brakes | IN ORDER | Modification | NIL | | |
| | General | GOOD | | | | |
| 3. | THE REAL PROPERTY. | Co | enditions of Tyres | | | |
| | | Size | Make | Balance | | |
| | R/H Front Tyre | 295/80 R22.5 | OTANI | 8 mm | | |
| | L/H Front Tyre | 295/80 R22.5 | OTANI | 8 mm | | |
| | R/H Rear Tyre | 295/80 R22.5 (D) | OTANI | 8/8 mm | | |
| | L/H Rear Tyre | 295/80 R22.5 (D) | OTANI | 8/8 mm | | |
| 1. | | Desc | cription of Damages | | | |
| | THE VEHICLE SU | STAINED DAMAGES AT THE | E O/S BODY. | | | |
| 5. | | Ge | eneral Information | | | |
| | Accident Date | 29/10/2018 | Inspect Date / Time | 02/11/2018 (03:15 PM) | | |
| | Survey held at | UCB ENGINEERING PTE L | .TD | | | |
| | | 2C, JALAN PESAWAT, JUR | RONG, SINGAPORE 619359 | | | |
| 5a. | | | Remarks | | | |
| | B) THE REPAIR E | STIMATE WAS NOT PRESE VAS TOLD TO PREPARE TH .EASE FIND DAMAGED VEH | A "WITHOUT PREJUDICE" BASIS NTED AT THE TIME OF INSPEC E ESTIMATE. IICLE PHOTOGRAPHS. | S. TION. | | |

Report Ref No. CS3/FCI18019850/T1cd3e2

Inspected By

presion

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A
Automotive Assessor

L

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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