Survajor -	A	ASSIGNMENT (Office)			
From (Person):	Is Journe Tong of	fa	Date/	Fime: 02012017	HUSUH
Estimated Cost:	J	Bill to:			
OD / TP / WS / TP I	RES/OD RES/EVA/I	INV/MIV/CS E 9891K	Insured:	SHC FOFTY	•
at Workshop m/s	101	Hua Ado	Tel:		
of		9 Dive # 02-16	Dign	Wam Ed	
Policy No:		Claim No:	ווורופ	H23 MF4000	
Sum Insured:		Excess:		3/ 12001	
Make of Veh:		16	D.O.	810CC196 A	
(Client's Record)		OBOIDUNG C OF	Her IZAM "	O D. Fodorsement:	
Date/Time: 010	2. / REV 24 HRS 1W91 2013 4 UTpm Perso	on Contacted: The Hull	1 Vehic	le (IN) OUT	
	ion/Instruction (X) Estimate			
Date/Time Ac	to amile or		3	DA: (903)(18
61	SE 98914 - X HC FUTAY - (55 /F	TU 8015020 /G24636	,]		
61	10 7077 Y - (55 /F 10 7077 Y - (55 /F	F(L) 8015020 /Gz4686 9	.)		
61	10 7071 Y - (36 /F	TU 8015020 /924636	1		



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 & Meter 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

27-12-2018

Our Ref No. D19000047MFSH

Accident Date

26-12-2018

Claim Type. Third Party

Insured Vehicle

SHC7077Y

Third Party Vehicle. GBE9891K

Survey Location

BLK 14 SIN MING INDUSTRAIL ESTATE #01-03

Contact Person.

AH HUA

Contact No.

97686328/96951381

Fax No. 65561015

Survey Type

WITHOUT PREJUDICE:

Appointed

LKK AUTO CONSULTANTS PTE LTD

Surveyor

NA

Fax No. 68416315

Contact Person
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

MING HUA AUTO

Attention. NIL

Cc : TP Solicitor

SERVICE RIAZ LLC

TP Solicitor Fax No. NA

Officer Incharge

JOANNEY

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
- 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.

foresald.	ACCIDENT STATEMENT
Date Of Report	27/12/2018 17:30
Date Of Accident	26/12/2018 15:00
Exact Location Of Accident	TPE TOWARDS LOYANG AVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE9891K
Insured/Policyholder	
Name Of Registered Owner	7 AIRCON ENGINEERING PTE LTD
Co Reg No	201414436M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81381202
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used a time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
THE TRANSPORT OF THE PROPERTY	

Insurance Company

Name of Insurance Company

GREAT EASTERN GENERAL INSURANCE LIMITED

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

2018-V0100846-VCV Policy Number

Cover Note Number

Driver

NG TIAN SONG Name of Driver S7366007F NRIC No 04/05/1973 Date Of Birth INDOOR Occupation 15/11/2007 Date Of Driving Pass

11 YEARS AND 1 MONTH **Driving Experience**

MALE Gender

(LOCAL) +65-81381202 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

Address

BLK 876 TAMPINES ST 84 #07-22

Postcode

520876

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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)

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

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC7077Y

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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)
 - (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
- 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.
- 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 Signa Date & Time:

SECTION AND PARTY.

ngillee, Reg. No.: 201414436M

Driver's Signature

(If driver is not the policyholder)

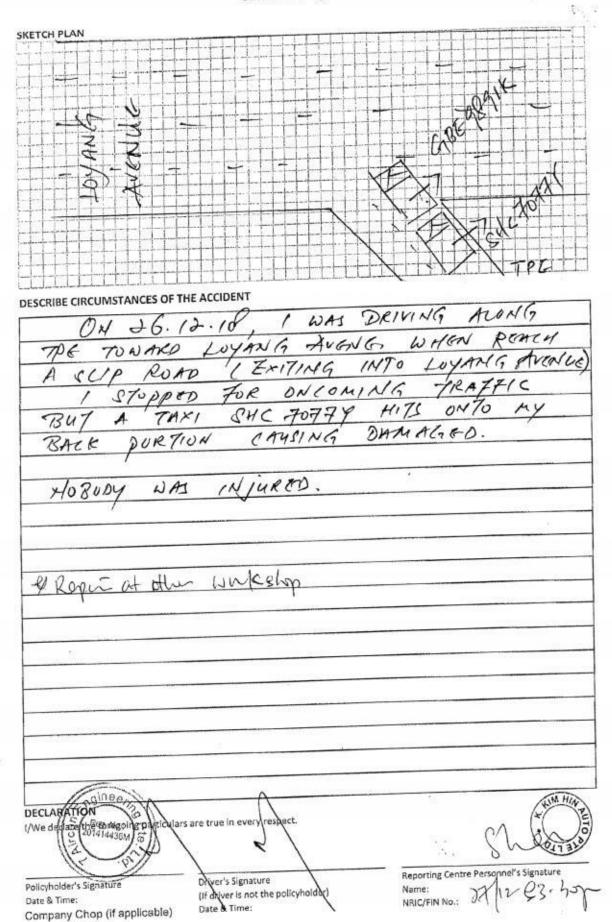
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company		
Owner ID:	4435M		
Vehicle Details			
Vehicle No.:	GBE9891K		
Vehicle to be Exported:	No		
Intended Deregistration Date:	03 Jan 2019		
Vehicle Make:	NISSAN		
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURC V		
Primary Colour:	Silver		
Manufacturing Year:	2016		
Engine No.:	YD25390836A		
Chassis No.:	JN1MC2E26Z0006165		
Maximum Power Output:	-		
Open Market Value:	\$22,962.00		
Original Registration Date:	16 May 2016		
First Registration Date:	16 May 2016		
Transfer Count:	0		
Actual ARF Paid:	\$1,149.00		
Intended PARE Rebate Details			
PARF Eligibility:	No		
PARF Eligibility Expiry Date:	-		
PARF Rebate Amount:	\$0.00		
Intended COE Rebate Details	AS NAME OF THE OWNER OWNER OF THE OWNER OWN		
COE Expiry Date:	15 May 2026		
COE Category:	C - Goods Vehicle & Bus		
COE Period(Years):	10		
QP Paid:	\$43,002.00		
COE Rebate Amount:	\$31,673.00		
Total Rebate Amount:	\$31,673.00		

The information contained herein is correct as at 03 Jan 2019

ОК

THE ONLY PLACE FOR SMART CAR BUYE

NV350 Used Vehicle List (2 vehicles)

Car Model Price Depreciation Reg Date Eng Cap Mileage Company Availabi

Nissan NV350 2.5M (Diesel) \$54,800 \$7,300 /yr 05-Jul-2016 2,488 cc - ABWIN Bus Pte Ltd Availal

Monthly Installment \$680 Only! No Gimmicks Yet Price Negotiable. Perfect Condition Still Under Tan Chong Warranty. Selling Price Include F 6 Month Road Tax. Low Mileage. Previous Owner Sell It Due ...

Office No. - 69339404

Ah Chong - 91297320 | Nicholas - 96793310

Nissan NV350 2.5M (Diesel) \$50,800 \$7,190 /yr 26-Jan-2016 2,488 cc 59,300 km Think One Automobile & Availal

Office No. - 65553300

Chris - 90688008 | Yow Tat - 91561581 | Eric - 91638879

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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

		PRE-REPAIR INS	PECTION REPORT	A CONTRACTOR OF THE PARTY OF TH
MS FIRST CAPITAL INSURANCE LTD			Ref: CS3/FCI19000052/G	**********************
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date: 09-01-2019	
			Code: FCI2	
.00		Policy Particulars	:- (THIRD PARTY CLAIM)	
	Insured Veh.	SHC 7077Y	Veh. Inspected	GBE 9891K
	Policy No.		Coverage (\$)	0.00
_	Claim No.	D19000047MFSH	Excess (\$)	0.00
	Assign From	JOANNE YONG	Assign Date	02/01/2019
2.	The same of the sa	Vehicle Par	ticulars & Condition	NEW CONTRACT
	Make & Model	NISSAN NV350	c.c	2488
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	JN1MC2E26Z0006165	Colour	SILVER
	Odometer	63004 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Cond	ditions of Tyres	CONTRACTOR OF THE PARTY
	T	Size	Make	Balance
	R/H Front Tyre	195 R15	YOKOHAMA	6 mm
	L/H Front Tyre	195 R15	YOKOHAMA	6 mm
-	R/H Rear Tyre	195 R15	YOKOHAMA	6 mm
	L/H Rear Tyre	195 R15	YOKOHAMA	6 mm
4.		Descri	ption of Damages	
	THE VEHICLE SU	ISTAINED DAMAGES AT THE REAR PORTION.		
5.		Gen	eral Information	
	Accident Date	26/12/2018	Inspect Date / Time	03/01/2019 (02:20 PM)
\vdash	Survey held at	MING HUA AUTO SERVICES	3	
		160 SIN MING DRIVE #02-16 SIN MING AUTO CITY SINGAPORE 575722		
5a.	Remarks			
	B) THE REPAIR E	ESTIMATE WAS NOT PRESEN WAS TOLD TO PREPARE THE LEASE FIND DAMAGED VEHIO	"MTHOUT PREJUDICE" BASIS TED AT THE TIME OF INSPEC" ESTIMATE. CLE PHOTOGRAPHS.	i. Tion.

Report Ref No. CS3/FCI19000052/Gcbs2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

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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