From (Person). Flow POD of MSIG Dest/Time 24/1190 M Estimated Cost: Bill to: OD TP WS/TP RES/OD RES/EVA/INV/MV/CS To Inspect Vehicle No: SIE 43237 Insured: GBC 1159E at Workshop m/s CM Solution Tel: 64560226 of 160 Sirg Mirg Dive # 03-18 /19 Policy No: 289 4439 DMKC Claim No: Sum Insured: Excess: Make of Veh: Client's Record) CA / REV / REP. / REV 24 HRS MP? Date/Time: 10.22cmO 21/11/4 Person Contacted: Surescol. Vehicle IN OUT Date/Time: Action/Instruction (X) Estimate SIF 43237 -X GBC 1159E	Moumon	Cino Otano	ASSIC	GNMENT (Office)	33		
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SJE 4323Z-X	Date/Time	Action/Instruction	on (×) Esti	mate			
		SIE 432	37-X	16.15			
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		ASSIGNMENT
From.	Date: 3[]01]]	
Estimated Cost		Type: MCas/ M. Cycle / Bus. / Van / Lorry / Taxi / Prime Mover /
OD TP WS / TP RES /	OD RES / EVA / INV / MV	Truck / Trailer or
Te Inspect Vehicle No:	SLE 4323Z	Make: Manda Letel on 1496
at Workshop m/s	E.M. Solution	Colour Maraen A/C Insured / Std / NI / NA
160 8tn 1	1ing Drive #103-18	
Insured /) - (1.62.1	Eng/No:
Policy No.		CINO: PUIIIO 488.
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured:	Excess	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)		Brake: Ingreer / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim or
		Tyre Size: F: 215/60 R/6 .
(Policy Condition)		R: 215/00/1/0
Remark: The veh had co	ommenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the tir	me of inspection.	TOYO/YOKO OF FALKEN
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 /
Est. Repairs:		D.O.A. D.O.I. 21-01-19 Survey held at WS 12130pm
Lum Sum: 7.	% 3 Val.: Yes or No	Survey held at WS 123 30 mm
	0	Des. of Damages : Frt / Rearly O/S / N/S / U/C / Rooftop or
CA / REV / REP.		IN/OUT
Date: Pe	erson Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
	/ Instruction	
.88	5000-\$10K	
7		
	-	
Date/Time, File Pass to?		
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Date/Time, File Return to?	: Final Report	Resurvey No. of Trip: - Survey Fee:
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2)	The View	
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...CLAIM SUBFOLDER...(New Assignment)

Case I	lotified	Est Submitted	Adj Assigned	Adi Rot	Aut e.a.	and the same of	You would be	mark .		
1	8 Jan 2019 6:32	JEST SAUTHERS	21 Jan 2019 10:00 Assign	Act spr	Adj Sub	mutseq	Ins Auth'ed		ssignme Case	nt
М	ain	Re	ference		Claim Details		Documen	its	1	Show All
CLAIM SUB	FOLDER DE	TAILS	Argent (Allengare Inches		ACCOUNT OF THE PARTY	[Created	by insurer]	SINGS OF STREET	Francis Cons	
Insured:	GYLET EL	EVATOR CO PTE	LTD, Co. Reg.	No.: 199404	975W					
Main Claimant:	RUSEDAH	BINTE TAWAHI	D, ID: S16644	76E						
Vehicle Reg. No.:	SLE4323	BZ			Date of Loss:		19 09:00 - :59 ns and 28 Days F	rom LTA F	Reg Date (Man Yr)]
Claim Type:	/pe: TP Policy/Cover 28944390MKC (Compreh									
Vehicle Reg. No. (Insured):	GBC1159	•			Policy No. (Claimant):					
					Excess:					
Repairer:	E M Soluti	on Pte Ltd (HQ)	160 Sin Ming Di	rive,, #03-18	3, Sin Ming Auto	city, 575722	2 Sin Ming - Tel:	64560226		
Handling Insurer:	MSIG Inst	urance (Singapo	re) Pte. Ltd. (H	IQ) - Tel: +6	55 6827 7888	[Handled b	y Fievel Foo We	enyao - 6	643 1316	
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Imm.Adv	ice due 2	2/01/2019]			
Driver/Custo dian (Insured):	THE RESERVE OF LICENSESSES AND ADDRESSES.	MAR RUTHIRAPATH	Y (), NRIC: F	3393202M			*			
Adj Asg. Remarks:	Liability 10	0%, SJE disagree	- assign LKK, Co	ontact : Mr B	ernard at 6456-	0226 / 910	1-8302			
ASSOCIATE	D MAIL RE	CEIVED						View All	Compos	e Case Ma
There are no	mail for this	case.					-	-	Total Street, Section 1	
ALL ASSOC	IATED TAS	KS⊟				View All	Search Tasks	Create N	lew Task	Complet
Due Date No results.	Priority	Type Task	Group Subj	ect Hand	dler Assign	ned By	Completed Or	Cre	eated On	Done

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.
- sent to the archiving of this report at the centre and to copies of the report being made available

By the lodgement of this report to the insurers, you aforesaid.	u nereby consent to the archiving of this report at the centre and to copies of the report comig.	
	ACCIDENT STATEMENT	
Date Of Report	18/01/2019 15:32	
Date Of Accident	18/01/2019 09:20	
Exact Location Of Accident	ALONG LOYANG AVENUE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE4323Z	
Insured/Policyholder		
Name Of Registered Owner	RUSEDAH BINTE TAWAHID	
NRIC No	S1664476E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98891346	

OTHERS-98891346

Alternative Phone No	į
Vehicle Particulars	

HONDA Manufacturer VEZEL 1.5 (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?

If No, Please state action to be taken

Vehicle Category

NO

THIRD PARTY

PRIVATE USE

PRIVATE CAR

Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

DMPCSN1648511802 Policy Number

Cover Note Number

Driver

SHERIL NADIA BINTE ISNANDAR Name of Driver

S9005651D NRIC No 14/02/1990 Date Of Birth INDOOR Occupation 02/06/2015 Date Of Driving Pass

3 YEARS AND 7 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-92767216 Mobile Number

Fax Number

Contact Number

SNISNANDAR@GMAIL.COM EMail Address

BLK 513 JURONG WEST STREET 52

Address #11-36

11 11 00

Postcode 640513

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

.

insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

3

Was any body injured in the Accident?

YES

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?

YES

Remarks/ Reasons:

VIDEO WITH EM SOLUTION PTE LTD

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC1159E

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

ASHOKKUMAR RUTHIRAPATHY

NRIC/Passport Number

F8393202M

Contact Number

81612359

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Page 2 of 15

Vehicle Registration Number

SMD1271C

Vehicle Make/Model/Colour

Details Of Properties

C/O GOJUK

Vehicle Category

PRIVATE HIRE

Name of Driver

SIM BO HAN KEN

NRIC/Passport Number

S8520309F

Contact Number

87885558

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SHERIL NADIA BINTE ISNANDAR

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLE4323Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

BLK 513 JURONG WEST STREET 52

#11-36

Postcode

640513

Sketch Plan Pg. 1

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 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.
- 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:

- 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
- (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:
 - (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 Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17 JAN 2019

Reporting Centr Personnel's Signature

Name:

NRIC/FIN Nich Kwee Choo S6840583A

GIARMC SketchPlanForth_V3

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT at albout 9. 20 AM was driving Dunia Ave was driving infont stopped - a Verticle - GBC 1159 E collided onto the Rear portion of my verticle and causing onto SBD 1271 collided my vetticle moved FORWARD and incident for my damples . DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Policyholder's Signature Driver's signatur

(If driver is not the policyholder)

Date & Time: 17 JAN 2019

Date & Time:

GIARMC SketchPlanForm_V3

Name:

NRIC/FIN No. Poh Kwee Choo S6840583A

Page 5 of 15

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4476E
Vehicle Details	0.540007
Vehicle No.:	SLE4323Z
Vehicle to be Exported:	No
ntended Deregistration Date:	23 Jan 2019
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	L15B4030488
Chassis No.:	RU11110488
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$20,784.00
Original Registration Date:	21 Jul 2016
First Registration Date:	21 Jul 2016
Transfer Count:	0
Actual ARF Paid:	\$11,098.00
Intended PARF Rebate Details	XI
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Jul 2026
PARF Rebate Amount: Intended COE Rebate Details	\$8,323.00
COE Expiry Date:	20 Jul 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,000.00
COE Rebate Amount:	\$39,696.00
Total Rebate Amount:	\$48,019.00

The information contained herein is correct as at 23 Jan 2019

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

Case I	Votified	Est Submitted	Adj Assigned	Ad) Rpt	A	dj Subr	nitted	Ins Auth'ed	Status		
	18 Jan 2019 16:32		21 Jan 2019 10:00 Edit Adj Rpt	S\$0.00 Edit Estim	energy pro-	\$0.00 View Rp	ot]		Pending Report Cancel C	for Surv	ey
M	lain	Re	ference		Claim De	tails		Docume	nts	Sh	now All
CLAIM SUE	FOLDER DI	ETAILS					[Create	d by insurer]			
Insured:	GYLET EL	EVATOR CO PTE	LTD, Co. Reg.	No.: 199404	1975W						
Main Claimant:	RUSEDAH	RUSEDAH BINTE TAWAHID, ID: S1664476E									
Vehicle Reg. No.:	SLE432	3Z			Date o		[29 Mon	019 09:00 - :59 ths and 28 Days		g Date (M	an Yr)]
Claim Type:	TP / 582	2917			Policy/ Note N			390MKC (Compre e: 05/05/2018 - 0			
Vehicle Reg. No. (Insured):	GBC1159	E			Policy (Claim						
					Excess		S\$750.0	the same of the sa			
Repairer:		tion Pte Ltd (HQ)									
Handling Insurer:	Particular and annual and annual and annual	surance (Singapo							and the second second second second		
Adjuster:	22/01/2	Consultants Pte 019]	Ltd (HQ) - Tel	: 6256-3561	[Hand	led by)	KING GU	O QIANG] [11	nm.Advic	e due	
Driver/Custo dian (Insured):		MAR RUTHIRAPATI	HY (), NRIC: F	8393202M							
Adj Asg. Remarks:	Liability 1	00%, SJE disagree	- assign LKK, C	Contact : Mr	Bernard at	6456-	0226 / 91	01-8302			
ASSOCIAT	ED MAIL RI	ECEIVED							View All	Compose	Case Ma
There are n	o mail for this	s case.									
ALL ASSO	CIATED TA	SKS⊡					View A			-	Complet
Due Date No results.	Priority	Type Task	Group Sub	oject Hai	ndler	Assigr	ned By	Completed C	On Cre	ated On	Done

Claim Documents

*SLE4323Z (582917) [GBC1159E] TP **RUSEDAH BINTE TAWAHID** Jan 18 2019 9:00AM [GYLET ELEVATOR CO PTE LTD] E M Solution Pte Ltd

	oad Documents Uplo	ad Photos Compose New Letter		and the second second	
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Vo.	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Prin
1	23/01/19 11:39	Accident Statement From: OD - Reg. No: GBC1159E, Claimant: GYLET ELEVATOR CO PTE LTD.	0	Load HTM	
Pho	tos/Images		3 per	page ▼	•
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5	23/01/19 11:39	Policy From:OD - Reg. No: GBC1159E, Claimant: GYLET ELEVATOR CO PTE LTD	0	Load PDF	

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/MSG19001261/GCD3S2

Date:

23/01/2019

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

A28944390MKC

Claimant Vehicle

SLE4323Z

Insured Vehicle No:

GBC1159E

Engine No:

Chassis No:

Odometer:

No: Date of Loss:

18/01/2019

Nature of Claim:

TP

582917 Claim No:

L15B4030488

RU11110488

124579 km

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

Reg. Date:

SLE4323Z

Make & Model:

HONDA VEZEL, 1.5 (A) 21/07/2016 (Man. Year: 2015)

Maroon

Colour: Engine Capacity:

1496 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:

Good Yes

Steering (Serviceable):

Footbrake (Serviceable): Pre-accident Condition:

Yes

Handbrake (Serviceable):

Engine Modification:

No

CONDITION OF TYRES

Front Tyre Size: Front Left Side:

215/60R16 Falken 6 mm Rear Tyre Size: Rear Left Side:

215/60R16 Falken 6 mm

Front Right Side:

Falken 6 mm

Rear Right Side:

Falken 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	
lowing	Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

21/01/2019

Date Inspected:

21/01/2019 Inspected At:

E M Solution Pte Ltd (HQ)

160 Sin Ming Drive,, #03-18, Sin Ming Autocity

Singapore 575722

Estimated Period of Repair:

10.0 days

XING GUO QIANG Adjuster:

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 \$8,000.00 - \$10,000.00

REPAIR DETAILS

Reference

Version: 1.0 (Last Synchronised: 23 Jan 2019) Part Source: MRM-SG

HONDA VEZEL 1.5 (A) (Catalogue:Merimen Singapore 1.0) M1-SUV Parts:

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

Print Code: (Unsubmitted, no print-code for SLE4323Z)

These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the Validity:

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.

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 >