ASSIGNMENT (Office) medimen 28/01/2019 JISMING LOK msle From Peasons Date/True Estimated Cost Isitt to OD / HY WS / TERES / OD RES / EVA / INV / MV / CS GBB 8744A XI) ITJE To Impect Vehicle No. insered You Kung 9180 8918 Mold of Workshop not Tel: PRILIMER NO 14 1288 06552 mKt 570042 Policy Ivo. Claim No. Sinn broated Ехеста 910256110 Make of Yels DO:A (Client's Broad) CA / BEY / BEE / BEY 21 HIGS TODE H.O.D. Endoconcut. 11-Fam Person Contacted 13057018 Mr. HIEW Date/Fine Velucle (18 Pour *) Estimate Date/Fauv Action/Instruction (Dismonth : 15/9/2018 Submit. (Red. 27to: 3/%) 4days

GURDEEP SINGS STRONGS CHIA YOK SEND REY FOO JONG HAM GOH LAW OHLIAN NAVINDER SINGH P. PADMAN KWEH SOOK HISK PRACESPY MALE CORNEO HUE JUSTED MUNIRAH BINTE MYDIN SHANEN SID NANDO SIVA DAS

REG / CS / PAY / FA 0.7 JAN 2019 Colebrating 25 Years of Professional and Personalised Legal Service

MAIN OFFICE:

10 Hoe Chiang Road, #13-03A

Keppel Towers. Singapore 089315 Tel: 6538 3611

Fax: 6538 3708

Website: www.kscap.com (Fax/Email not for service of court documents) as a Combind Coutliby Playtnership Registration Number T10LL1855L

3152 0987 DID:

BY HAND

motor@kscgp.com Email:

GBB 8744A Your Ref

GS/18/4897/YK/sy/cl Our Ref

Date

4 January 2019

MSIG Insuamce (Singapore) Pte. Ltd. 16 Raffles Quay #24-01 Hong Leong Building.

Singapore 048581

Dear Sirs.

HENG LIM SERVICES PTE. LTD.

C/o 10 Hoe Chiang Road #13-03A Keppel Towers Singapore 089315 ACCIDENT INVOLVING XD 147E AND GBB 8744A OUTSIDE 20 GUL WAY ON 04.09.2018

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 04 September 2018 outside 20 Gul Way, involving our client's motor vehicle bearing registration number XD 147E and the motor vehicle bearing registration number GBB 8744A, which was insured by you at the material time.

We are instructed that the accident was caused by the negligent driving and/or management of the authorised driver of GBB 8744A. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:

			S	11,259.00
(8)	GST on items (6) & (7)	7	S	70.00
(7)	Costs	€.	S	900.00
(6)	Incidentals	•	S	100.00
(5)	GIA search	-	S	29.00
(4)	LTA search	-	S	10.00
(3)	Survey fees	*	\$	700.00
(2)	Loss of use (\$300 per day x 8 dayx)	÷.	\$	2,400.00
(1)	Cost of repairs	-	\$	7,050.00

BRANCH: PRIVATE PROPERTY CONVEYANCING 490 Lorong & Tow Payor: Biz 3 Lottey 2 406-18 HOB HUS Sirigapore 310490 Tel: 6591 7695 Fax: 6356 1825

BRIANCH HOB CONVEYANCING #50 Lorong 6 Top Payon Rig 3 Lottly 2 #09 18 HDB Hub Simpapore 310450 Tel: 6591 7696: Fax: 6256 1409

ESSANCH: SWIPPING ADMINIST TY & COMMERCIAL 92 Arab Street #03-01 & #03-02 Singspore 199788 Tal: 6634 1346 Fax: 6634 1358

BRANCH: CORPORATE & LITIGATION 61 Robinson Road #15-02 Robinson Cerry Singapore 066693 Tel: 6817 8795 Fax: 6224 1612

The information contained in this letter / facaimile message is CONFIDENTIAL and may also be LEGALLY PRIVILEGED, inlanded only for the individual or entity named above. If you are not the intended recipient, you are hereby notified that any use, revelation, dissemination, distribution or copying of this document is strictly prohibited. If you have received this document in error, please notify us immediately by telephone (cull the number above) and destroy the original message.

A copy each of the supporting documents are enclosed.

S/NO.	AVAILABLE DOCS	PARTICULARS
	Client's Documents	
I.	05.09.2018, 04.09.2018	GIA Statement / Traffic Police report
2.		Witness(es)-Statement
3.		Accident-site-photographs
4.	V)	Video footage / CCTV / CD-recording
5.	30.11.2018	Repair bill / invoice / Excess Tax invoice
6.		Rental bill / invoice and agreement / receipt
7.		Vehicle Entry Permit-receipt / E-day license for off-peak vehicle
8.		Towing fees / receipt (Singapore / Malaysia)
9.		Client sold off vehicle and produce letter from LTA
10.		Spare-Part-Ordering-Form
11.		Levy-at-Custom / receipts
12.	30.11.2018	Survey invoice and surveyor's report
13.	30.11.2018	32 Original /- Gopies of damage photographs
14.		Enquire PARF / COE Rebate for Registered Vehicle
15.		Enquire-Transfer-fee
16.		Gertificate of Insurance / Motor Gover Note / New Policy Schedule / Registration Card / Grant / Road Tax
17.	11.09.2018, 12.09.2018	Pre-repair Inspection Notices
18.		Traffic-Police-investigation-results
19.		Estimated agreement between surveyor and repairer
20.	02.01.2019, 03.01.2019	Tax invoices and search results from General Insurance Association of Singapore (GIA) and Traffic Police search fees
	Third Party's Documen	ts
21.	07.09.2018, 05.09.2018	GIA Statement / Traffic Police report
22.		Admission-Note
23.	10.09.2018	LTA search / receipt / tax invoice
24.		Malaysia Vehicles-Searches / service
25.		RGB-/-ACRA-search
26.		Enhanced-Individual-search / receipt
27.		Property-tax-search / receipt
	Others (Apply only in c	hain collisions and/or any other documents)
28.		

We have, on 11 September 2018 and 12 September 2018, notified you of the accident and a prerepair inspection of our client's motor vehicle was carried out by the appointed surveyors.

Subject to our client's instructions, please confirm in writing within 7 days hereof if you or your insured wish to inspect our client's vehicle or conduct a second re-inspection.

Please note that you or your insured should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no

alternative but to commence proceedings against your insured without further notice to you or your insured. In this event, you will be liable for any and all legal costs incurred.

Please also note that if your insured has a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter, which we will then forward to our client and/or the insurers for consideration on a without prejudice basis.

For avoidance of doubt, kindly note that this claim is made without prejudice to our client's personal injury claim.

Yours faithfully.

(Main Office)

Enc.

Cc client

Cc owner - Harvest Building Products Pte. Ltd.

Cc driver - Lim Jit Seng

YEE KEONG MOTOR ENGINEERING

No. 14 Penjuru Road, Singapore 609125 TEL/FAX: 62620218 | MOBILE: 97808928

Date:

PROFORMA INVOICE

DATE: 30 November 2018

VEHICLE NO.: XD 147 E

MAKE/MODEL:

NISSAN CKB45ABTN2

HENG LIM SERVICES PTE LTD C/O 14 Penjuru Road Singapore 609125

FINAL REPAIR BILL FOR VEHICLE NO. XD 147 E

Lump sum repair \$7,050.00nett.

Your Ref : GBB 8744A

Our Ref : XD147E/YK/sy/wl

Date : 11 September 2018

Fax : 6538 3708 Tel : 3152 0979

Email : accident@ksegp.com

MSIG Insurance (Singapore) Pte Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 4 SEPTEMBER 2018 NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of XD 147E to notify you of a road traffic accident on 4 September 2018 at about 11.05am along Road 1 Gul Way involving our client's vehicle registration number XD 147E and vehicle registration number GBB 8744A which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

F. SY

Enc.

Your Ref : GBB 8744A

Our Ref : XD147E/YK/sy/wl

Date : 12 September 2018

Fax : 6538 3708

Tel : 3152 0979

Email: accident@kscgp.com

MSIG Insurance (Singapore) Pte Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 4 SEPTEMBER 2018 NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email on 12 September 2018.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/N	Name of Surveyor	Company Name
1.	Foo Philip	Precision Appraisal Services
2.	Ronald Ng	Precision Appraisal Services
3.	Lee Kok Weng	Lee Automobile Appraisals Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address

: Yee Keong Motor Engineering

No. 14 Penjuru Road Singapore 609125

Contact Person/Tel

: Mr Hiew (H/p: 9780 8928)

Yours faithfully,

f. SY

Your Ref : GBB 8744A

Our Ref : XD147E/YK/sy/wl
Date : 12 September 2018

Acknowledgement

	is is to confirm that I		[Full Name of Surveyor] of
	[Sc	ırveyor's Company]	have completed as follows
a)	Pre- Repair Survey/Inspection on	[Date] at	[Time].
	Name and signature of Appointed Surveyor Company Stamp	Witnessed by: Date:	
0)	Pre- Repair Survey/Inspection (during disman	tling) on	[Date] at[Time]
	Name and signature of Appointed Surveyor Company Stamp	Witnessed by: Date:	
)	Re-inspection of new replacement part (part b	y part) on[Da	ate] at[Time].
	Name and signature of Appointed Surveyor Company Stamp	Witnessed by: Date:	
)		Date:	[Time].



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

SEARCH RESULTS

Our Ref No:

GR-19-000795

Date of Request:

02/01/2019

Your Ref No:

GS/18/4897/YK/SY/CL

KSCGP JURIS LLP

10 Hoe Chlang Road #13-03A

Keppel Tower Singapore 089315

Dear Sir/Madam,

Your Search Criteria:

Date of Accident:

04/09/2018

Place of Accident:

OUTSIDE 20 GUL WAY

Client Vehicle No:

XD147E

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
GBB8744A	GUL WAY	04/09/2018 11:10

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we lake no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-19-000795

Date of Request:

02/01/2019

Your Ref No:

GS/18/4897/YK/SY/CL

KSCGP JURIS LLP 10 Hoe Chiang Road #13-03A Keppel Tower Singapore 089315

Dear Sir/Madam,

Your Search Criteria:

ite of Accident:

04/09/2018

Place of Accident:

OUTSIDE 20 GUL WAY

Client Vehicle No:

XD147E

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-19-000883

Date of Request:

03/01/2019

Your Ref No:

GS/18/4897/YK/SY/CL

KSCGP JURIS LLP 10 Hoe Chiang Road #13-03A Keppel Tower Singapore 089315

Dear Sir/Madam,

Date of Accident:

04/09/2018

Vehicle No:

XD147E

Place of Accident:

OUTSIDE 20 GUL WAY

Involving Vehicle No:

GBB8744A

With reference to your application for the accident report, we have attached the following accident reports as

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GBB8744A	OUTSIDE 20 GUL WAY	14.00	1	13.08
GST Amount				0.92
Total Amount Due (C	SST Inclusive)			14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque

9/10/2018 Vehicle Hub

Enquire Vehicle & Owner Information (Vehicle No. GBB8744A As At 04 Sep 2018 / 11:05:00)

Law Firm Search Details

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

XD147E/YK/SY

Current Owner Details

Owner ID Type:

Company

Owner ID:

200914531R

Owner Name:

HARVEST BUILDING PRODUCTS PTE. LTD.

Registered Address Type:

Private Residential (non-Condo Apt / non-House)

Registered Block/House No.: 61

Registered Street Name:

WOODLANDS INDUSTRIAL PARK E9

Registered Unit No.:

#06-05

Registered Building Name: E9 PREMIUM

Registered Postal Code:

757047

Current Vehicle Details

Vehicle No.:

GBB8744A

Make Description/Model: TOYOTA / DYNA 150 MANUAL 3SEATER

Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD

PRECISION APPRAISAL SERVICES



Insurance Loss Assessors/Adjusters Cargo Surveyors & Licensed Appraisers
227 Simei St 4 #06-42 Singapore 520227 Fax: 6444 4886 Company Registration No. 53139926E

To:

HENG LIM SERVICES PTE LTD C/O 14 Penjuru Road Singapore 609125 Invoice No.: 181119

DATE: 30 November 2018

	DESCRIPTION		AMOUN
Vehicle Registration No.	: XD 147 E		- ,
Type of Claims	: Third Party Claims		
Our Reference No.	: PAS/YK/181119/TP		
Your Reference No.	file.		
Inspection Report Fees	: (including transportation charges & photog	raphs)	\$700.00
Reinspection Report Fees	:-		
Transportation Charges	: -		
Additional Photographs	: -		
Others (Specify)	: -		
DOLLARS	SEVEN HUNDRED ONLY	OTAL:	\$700.00



PRECISION APPRAISAL SERVICES

PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/Adjusters Cargo Surveyors & Licensed Appraisers 227 Simei St 4 #06-42 Singapore 520227 Fax: 64444886 Company Registration No. 53139926E



AUTOMOBILE INSPECTION REPORT

To:

HENG LIM SERVICES PTE LTD C/O 14 Penjuru Road Singapore 609125

INSURANCE DETAILS

Insured

Policy No. / Claim No.

Sum Insured

Excess Clause

Windscreen Coverage

Type of Claims

: Third Party Claims

Third Party Insurer

Third Party Policy No. : -

REFERENCE

Assigned By

: As above

Accident Date

: 04 September 2018

signment Date

: 13 September 2018

Inspection Date

Our Reference No. :

: 13 September 2018

PAS/YK/181119/TP

Inspection Report Date: 30 November 2018

Workshop Name:

YEE KEONG MOTOR ENGINEERING

Inspection Address:

14 Penjuru Road Singapore 609125

PARTICULARS OF VEHICLE

Registration No.

: XD 147 E

Make/Model

: NISSAN CKB45ABTN2

Yr of Manuf/Regn : 2005 / 2006

Carrying Capacity : -

Chassis No.

: CKB45ABT00647

Engine No.

: PF6169755C : Metallic Blue

Colour

Class

. Goods (Prime Mover)

Mileage

: 7171722

Km/h · Fitted

Radio/Casette CD Disc Player

: Fitted : Fitted

Air Conditioner

: Fitted

Clock Seat Belt

: Fitted

Wing Mirror Other : Fitted

Wreck Value (Parf) : -

Accessories

Market Value

: Fitted

RE-ACCIDENT CONDITION (Static Check Only) VEHICLE VALUE

Body Work

: Good

Paint Work

: Good

Handbrake

Serviceable

Footbrake

: Serviceable

Steering

: Serviceable

Any Apparent

: None

Eng Modifications

TYRE SIZE & CONDITION

2

Front N/s Size

295/80R22.5

80 %

Front O/s Size

295/80R22.5

80 %

Make Rear N/s size

Falken

Make Rear O/s Size Falken

80 %

Make

295/80R22.5

80 %

295/80R22.5 Akina

Spare Size

Akina 295/80R22.5

80 %

Make

Spare Size Make

Make Akina

Type of Wheel Rims: Standard

Jack & Tools

: Intact/Missing

Note: The above percentage % represent the estimated remaining tyre threads.

PRECISION APPRAISAL SERVICES

Insurance Loss Assessors / Adjusters Cargo Surveyors & Licensed Appraisers

(Diagram A)

VEHICLE REGISTRATION NO. : XD 147 E

APPENDIX A

(Diagram-C)



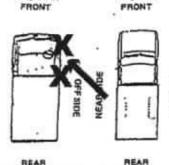
POINT OF IMPACT

Direction of impact/damage marked (→) (X)

The vehicle sustained impact on its O/s Front Portion. (see Diagram B)







(Diegram II)





(Diegram D)

FRONT

REAR



GENERAL DESCRIPTION OF DAMAGES

Parts damaged were :

The front o/s door and wheel arch garnish, front o/s wheel rim and arch, front o/s step panel were dented.

ADJUSTMENTS & RECOMMENDATIONS

A static inspection was carried out on 13/09/2018 & our report is here with enclosed for your perusal. The Repairs Estimate submitted by M/s Yee Keong Motor Engineering as per attached Appraisement Schedule have been revised and scrutinised thoroughly by us & in our opinion, we consider it to be fair and reasonable. The repairer has agreed to effect repairs to the owners satisfaction & to roadworthy condition on an agreed Lump Sum Repair Basis of \$ 7,050.00 after deducting the Policy Excess Clause of \$ NA. As instructed, we have not authorised any of the repairs on your behalf.

		Repaire	r's		Di	ur
	Es	timate	Amount	(<u> </u>	Revised	Amount
Spares Parts	:	8814	38		6291	19
Towing Charges	:					-
PB Labour Charges	:	1400	00		980	00
Others Misc Charges	:	510	00	=	350	00
Paintwork	:	1600	00		1200	00
Total	:\$	12324	38	\$	8821	19

Under normal circumstances, the duration of repairs should not exceed Four (04) days excluding Pre - Repair Inspection (PRI) / Pre - Repair Survey (PRS) waiting time frame & Public Holidays

Attached photographs taken during inspection Thirty - Two (32) Photographs

SPECIAL REMARKS

- The inspection was conducted on a 'without prejudice' basis
- 2. On 14/09/2018, we examined the extent of damages
- 3. On 18/09/2018, we examined the repaired vehicle.

Yours FaithFully





TFNG PHILIP FOO ACII CAE, AMIMI AIAME, AMSAE-A Licensed Appraiser/Adjuster

Inspection Report Date: 30 November 2018

VEHICLE REGN NO :

.. XD 147 E

OUR REFERENCE : PAS/YK/181119/TP

INSPECTION REPORT DATE: 30-Nov-18

APPRAISEMENT SCHEDULE

CONTINUATION SHEET NO:

S/N	o Oty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount	Recommendation / Revised Amount
		PARTS SUPPLY - LIST ITEMS		\$. ts	\$ cts
1	1pc	Front o/s step panel	Badly Dented	684.05	684.05
2	10 12 11	Front o/s step alloy lower	Cracked	275.50	275.50 6
3		Front o/s lower step garnish	Torn	295.00	295.00
4	100	Front o/s door	Badly Dented	4720.20	4720.20
5	200	Front o/s door hinge@\$206	Serviceable	412.00	49
-			# PH.30	6386.75	5974.75
		Less:30% discount		-	1792.42
	1 1		2/29	6386.75	4182.33
	1 1	NETT ITEMS			
1	1pc	Front o/s door rubber	Torn	228.00	228.00
2	1pq	Front o/s door lamp	Serviceable	. 84.45	-
3	1pc	Front o/s door 'UD' lamp	Cracked	88.20	88.20
4	9-27-23	Front o/s door inner lock	Bent	338.24	338.24
5	27. 1	Front o/s door wheel arch gar	nish Cracked	422.18	422.18
6		Front o/s wheel rim	Badly Dented	848.22	848.22
7	- 67	Front o/s wheel rim cap	Dented	102.12	102.12
8	1 12	Front o/s wheel mudflap	Defaced	248.22	248.22
9		Front o/s door 'UD' emblem	Necessary	68.00	68.00
100		The state of the second section of the second section of the second section se	840<2	2427.63	2343.18
	1 1	Less:10% discount		-	234.32
	1 1		75647	2427.63	2108.86
		Total Spare Parts		8814.38	6291.19
		LABOUR & MISC. CHARGES			
1		Remove the necessary affected	d parts,		
		straighten front o/s wheel ard			ତିବର ଜଣ
	1 1	and replace parts	1.41-9.000000	1400.00	980.00
2	2	Putty & Spraypaint		1600.00	1200.008
3		Check electrical		80.00	50.00
4	1 1	Rewrite door lettering		80.00	50.00
. 5		Tuff Kote		100.00	60.00
6		Remove and refit front o/s do	or parts	100.00	80.00
7		Reset wheel alignment	F31. ■ VEDBAPC	100.00	80.00
2.3	3	Replace front o/s wheel rim &	tyre and balancing	50.00	30.00
		Note: Recommended lump sur		100	1000
		repair at \$7,050.00nett			
			SUB / GRANK/TOTAL	12324.38	8821.19

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 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 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 lodgement of this report to the insurers, you hereby consideresaid.	sent to the archiving of this report at the centre and to copies of the report being made available
A STATE OF THE STA	ACCIDENT STATEMENT
Date Of Report	05/09/2018 16:13
Date Of Accident	04/09/2018 11:05
Exact Location Of Accident	OUTSIDE 20 GUL WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD147E
Insured/Policyholder	
Name Of Registered Owner	HENG LIM SERVICES PTE LTD
Co Reg No	200802401H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81616722
Alternative Phone No	OFFICE-62696878
Vehicle Particulars	
Manufacturer	NISSAN
Model	CKB45ABTN2-12.5 D (M)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B27450516TMV
Cover Note Number	
Driver	
Name of Deliver	TONGLIVIN

Name of Driver TONG LIXIN Passport No/FIN G2437433K Date Of Birth 25/03/1985 Occupation OUTDOOR Date Of Driving Pass 15/08/2014

Driving Experience 4 YEARS AND 0 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-86788986

Fax Number

Contact Number

EMail Address NOEMAIL Address

N/A

Postcode

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 - MAJOR/MINOR RD

Weather Conditions

RAINING

Road Surface

WET

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?

YES

Was any injured conveyed to hospital by ambulance?

YES

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?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE HEADQUARTERS

Police Station Address

ROAD: 10 UBI AVENUE 3 SINGAPORE , POSTCODE: 408865 .

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT NO: T/20180904/2089

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBB8744A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name UNKNOWN DRIVER

C 100 V

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBB8744A

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:
 - 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:
 - 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.

1/2

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

I AM AWARED THAT MY IN SURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

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Sketch Plan Pg. 2

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			(B) 40147E.	
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Hir House	7		(B) CBB 8-1-111	
		Himi		
	2 10 m			
	Jatour -			
	10m/2			
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT			
ESCRIBE CIRCUNSTAIRCE	OF THE ACCIDENT			
Mary molice ve	port 100: 7 2018	0904 /2089		
Viz Des Source	W. J. 200 K 11 St. 2	1.0		
*				
			□ Claim own policy	
			☐ Claim third party ☐ Claim OD / TP at other work	s trop
			Claim third party Claim 00 / TP at other work For record purpose	s hop
DECLARATION			Claim third party Claim OD / TP at other work For record purpose	
DECLARATION We declare the foregoing par	ticulars are true in every respec		Claim third party Claim OD / TP at other work For record purpose	
DECLARATION //We declare the foregoing par	ticulars are true in every respec		Claim third party Claim OD / TP at other work For record purpose	
DECLARATION /We declare the foregoing par	ticulars are true in every respec		Claim third party Claim OD / TP at other work For record purpose	shop
We declare the foregoing par	1/4		Claim third party Claim OD / TP at other work For record purpose Policy No	/en. No. 101476
DECLARATION We declare the foregoing par olicyholder's Signature sate & Time:	ticulars are true in every respec	t [Claim third party Claim OD / TP at other work For record purpose	/en. No. 101476

coamic venuel-stom_v1



MSIG Insurance (Singapore) Pte. Ltd. 4 Shanton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1995 EDITION (REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.E.301

Goods Carrying Vehicle -Sch II

COMMERCIAL VEHICLE - TP

Third Party

Certificate No. B 27450516 TMV

 Index Mark and Registration Number of Vehicle XD147E

2. Name of Policyholder

Heng Lim Services Pte Ltd

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act
- 4. Date of Expiry of Insurance

12/02/2019

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

- * Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Use in connection with the Policyholder's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes.

- The Policy does not cover

 (1) Use for racing pace-making reliability trial or speed-testing.

 (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

 (3) Use for the carriage of passengers for hire or reward.
- * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Rusks and Compensation) Act (Cap. 189).

IAVE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1967 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

for Chief Executive Officer









Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

1 of 3 Report No. T/20180904/2089

Date/Time Report Made: 04/09/2018 15:52				eport No.: 0904/008			Station Diary No.:	
Informa	nt's Partici	ilars	8	HIE	3.1.	The second	52. 製物2	
Name of TONG L	Informant: IXIN		Address 77A JO		CIRCLE SIN	GAPORE 62	29098	
ID Type / ID No.: FIN NO / G2437433K			Contact No.: Home/Office: Mobile: 86788986					
Nationality:			Email:					
Sex: Male	Age: 33	Date of Birth: 25/03/1985	Type of Informant: Driver					
Race:			Langua	Language: Insti		Institution	titution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class: 3,4 Date of			Date of Ex	of Expiry:	
Type of Accident	. N	of the Accident on-Injury ttended by Police		Drink Drive: No	Date/Tim Accident 04/09/20		Type of Location T-Junction	
Location: Along-Ro GUL WA BLK 19 G Weather:	ad-1- Y SUL WAY S	INGAPORE 6291	95 Road S	urface:		Ro	ad Speed Limit:	
Clear			Dry		11.6-0			
Traffic Flow: Two Way			Traffic Control: Not Controlled			107/10	Traffic Volume: Moderate	
Type of C	Collision:	nicles - Head To S	Side				yone conveyed by bulance:	

Details of V	ehicle involv	red -	- 基			F-81 . O
Vehicle No.	Type	Make	Model 3	Color -	Condition	No of Passenger
GBB8744A	Lorry					0
XD147E	PRIME MOVER					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

05-09-18:16:54 :





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180904/2089

CONTINUATION OF REPORT

Driver Name	TONG LIXIN		ID No		G2437433K	
Related Vehicle	XD147E (PRIME MOVER)			ct No.	86788986	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL	
Date Treatment NIL		Date Disc	harge	NIL		
No. of Days gran	Degree of	Injury	NIL			

Brief Details.

ON THE DATE, TIME AND LOCATION MENTION ADOVE

THE ROAD SURFACE WAS WET AND THE TRAFFIC FLOW WAS NORMAL, I WAS DRIVING ALONG GUL WAY, I WAS EXITING FROM A MINOR LANE FROM THE SIDE OF THE ROAD, BEFORE ENTERING INTO THE MAJOR LANE, I STOP MY VEHICLE AND CHECK FOR ONCOMING VEHICLE. THERE WAS 2 VEHICLE IN A STATIONARY POSITION, THAT I PROCCED FORWARD INTO THE LANE. WHEN I WAS ENTERING INTO THE 2 LANE SUDDENLY THE LORRY FROM MY RIGHT SIDE COLLIDED ON MY VEHICLE. THE IMPACT WAS NEAR TO THE FRONT RIGHT TIRE AREA. I EXITED MY VEHICLE AND CHECKED ON THE DRIVER AND HE INFROM ME THAT HE INJURED LEFT-LEG-PAIN, I-CALLED-FOR-THE-AMBULANCE-AND-INFORM-MY-COMPANY, WE-WAITED-FOR-THE AMBULANCE AND TRAFFIC POLICE.

THAT'S ALL





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180904/2089

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / KHALED AMR HASSAN MOHSSEN	Signature Of Informant:				
Signature Of Interpreter: SC/CPL MARCUS / S9409296E	Date/Time: 04/09/2018 15:52 SINGAPORE POLICE FORCE				
Officer In Charge Of Case: TP / GIT /	Classification Of Case:				
Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.; 65476367	Signature: SINGAPORE POLICE FORCE				
Authentication Stamp NP168	Khinled				

Signature: .





Accident Photo







Accident Photo





Accident Photo



Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/09/2018 17:04

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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,
- 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report 07/09/2018 10:39

Date Of Accident 04/09/2018 11:10

Exact Location Of Accident GUL WAY

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB8744A

Insured/Policyholder

Name Of Registered Owner HARVEST BUILDING PRODUCTS PTE LTD

Co Reg No 200914531R

Email Address LILIAN.FOO@HBP.COM.SG

Mobile Phone No (LOCAL) +65-96447794

Alternative Phone No Office-63622608

Vehicle Particulars

Manufacturer TOYOTA

Model DYNA 150 MANUAL 3SEATER-3.0 D (M)

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

110

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

A28806552MKC

Cover Note Number

Driver

Name of Driver LIM JIT SENG

NRIC No S6822975H

Date Of Birth 17/06/1968
Occupation INDOOR

Date Of Driving Pass 18/08/1988

Driving Experience 30 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94874026

Fax Number Contact Number EMail Address NOEMAIL Address BLK 417 ANG MO KIO AVE 10 #09-1011 Postcode 560417 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 - MAJOR/MINOR RD Weather Conditions AFTER RAIN Road Surface DAMP 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? YES Was any injured conveyed to hospital by YES 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) 2 Passenger 1 Name: : WORKER Gender: : Male Details of Police Action Was the accident reported to the police? YES If Yes, Please state which Police Station Police Station Name TRAFFIC POLICE DIVISION HQ Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE Police Station Contact TEL NO: 65470000 - FAX NO: 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

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **XD147E**

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LIM JIT SENG

GBB8744A

YES

YES

Sketch Plan

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.
- 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) 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
- 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 Sienature Date & Time:

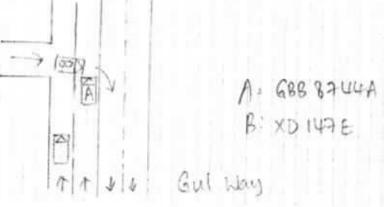
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre P

Name: NRIC/FIN No :



Please	refer to	polize	report	
				_
				_
				_
				_
				_
ARATION	oing particulars are t			MAD

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 79 8 (0 Am







Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 406865 Tel No: 65470000

1 of 3 Report No. T/20180905/2110

Date/Time Report Made: 05/09/2018 16:21			Vide Report No.:	Station Diary No.		
Informa	ant's Partic	ulars	NO VINNESSEE DE L'ONNESSEE			
Name of Informant: LIM JIT SENG			Address: 417 ANG MO KIO AVENUE 10 #09-1011 TECK GHEE			
ID Type / ID No.: NRIC NO / S6822975H			HEARTLANDS SINGAPORE 560417 Contact No.: Home/Office: Mobile: 94874026			
National SINGAP	Nationality: SINGAPORE CITIZEN		Email: M00ile: 94074025			
Sex: Male	Age: 50	Date of Birth: 17/06/1968	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: DRIVER			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambular	Drink Drive:	Date/Time of	Type of Locatio
Location:	Tambola Sy rational	No.	Accident: 04/09/2018 11:	10
Along Road 1 GUL WAY				
Weather:	F	Road Surface:		Road Speed Limit:
Traffic Flow:	T	raffic Control:		Traffic Volume:
ratiic Plow:				Tranic volume.

Details of V				110	The second second	STRUMPURGUL
Vehicle No.		Make	Model	Color	Condition	No of Passenger
GBB8744A	Lorry			2		1
XD147E		_		+		
	1		1			0





Report No. T/20180905/2110

2 of 3

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Brief Detalls.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS GOING STRAIGHT ON THE 2-LANE 2-WAY ROAD WITH 1 PASSENGER. I WAS GOING STRAIGHT WHEN SUDDENLY A LORRY(XD147E) CAME OUT FROM A FACTORY ON MY LEFT. THE LORRY WANTED TO TURN RIGHT. I COULD NOT STOP IN TIME AND COLLIDED INTO THE RIGHT SIDE OF THE LORRY, POLICE AND AMBULANCE CAME. MY PASSENGER AND I WAS CONVEYED TO NG TENG FONG GENERAL HOSPITAL WHERE I WAS DISCHARGED THE SAME DAY AND RECEIVED 6-DAYS MC.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20180905/2110

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / MUHAMMAD SYUKRI BIN ABU BAKAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/09/2018 16:21
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476367	Classification Of Case:
Authentication Stamp NP168 Signature:	€ PULICE PARCE

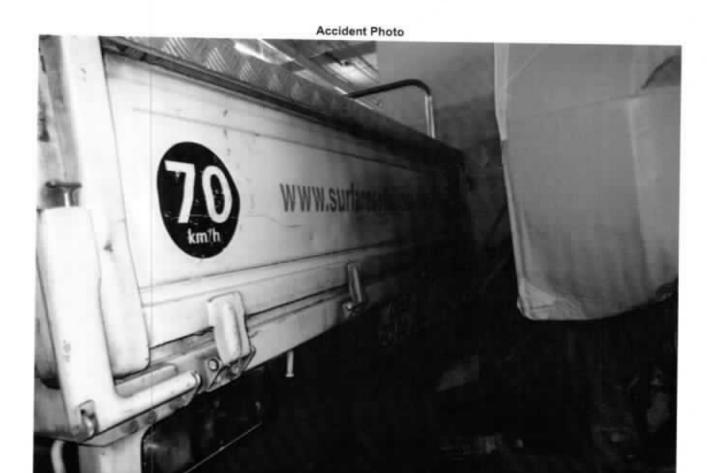


Accident Photo













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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt		Adj Subi	mitted	Ins Auth'ed	S	tatus	
Main	7 Sep 2018		13 Sep 2018 10:37 Edit Adj Rpt		S\$4,800.00 S Edit Estimates		0.00 pt			Pending for Survey Report Cancel Case	
,	tain	R	eference	CI	aim Deta	ils		Document	ts	٦.	Show All
	FOLDER DE				200011		reated l	by insurer]			
Insured: Main Claimant:			LTD, Co. Reg. No.			531K					
Vehicle Reg. No.:	XD147E	XD147E Date of Loss: 04/09/2018 11:00 - :59 [150 Months and 22 Days From LTA Reg Date (M.						(Man Yr)]			
Claim Type:	TP / 570	TP / 570042						MKC (Comprehe 26/08/2018 - 25		19	
Venicle Reg. No. (Insured):	GBB8744A (Claimant):										
Repairer:	Van Van	n Motor Enginee	ring (HQ) No. 14		Excess:	Turona V	Nest - Te	i+ 97808928			
Handling Insurer:			ore) Pte. Ltd. (HQ						heng k	(wel - 6594	2550]
Adjuster:	30/01/2		Ltd (HQ) - Tel: 62	256-3561	[Handled	by MOH	D TAUF	IKH BIN HAMII)] [1	Final Rpt	due
Driver/Custr dian (Insured):)	7	6822975H, Tel:	6594874026	Email:						
Adj Asg. Remarks:	Third Part	y Pre-Repair Surve	ey. TP reject SJE, pl	ease assign l	JKK to su	rvey. Liai	bility : no	ot clear Contact	Mr.Hit	ew @ 9780	8928
ASSOCIAT	ED MAIL RE	CEIVED						V	ew All	Compos	a Case Mai
MSIG_SC MSIG_SC	(28/01/201 (28/01/201	9): Report Send 9): < No subject	Back Alerts - XD1 >	47E (TP)							
ALL ASSO	CIATED TAS	кѕ⊟				View	All	earch Tasks	Create	New Task	Complete
Due Date No results.	Priority	Type Tasi	Group Subje	ct Handle	er A	ssigned	ву	Completed On		Created Or	Done

Claim Documents

*XD147E (570042)

[GBB8744A]

TP

HENG LIM SERVICES PTE LTD

Sep 4 2018 11:00AM

[HARVEST BUILDING PRODUCTS PTE LTD]

Yee Keong Motor Engineering

Uţ	sload Documents U	pload Photos Compose New Letter	view	View in Brows	-
Ass	essment Reports		1 per i	page v	8
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Prin
1	12/09/18 18:52	Accident Statement From: SC - Reg. No: GB88744A, Claimant: HARVEST BUILDING PRODUCTS PTE LTD	0	Load HTM	
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Documents Checklist

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Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
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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/MSG18016722/T1TD3E2-1

Date:

06/03/2019

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

A28806552MKC

Claimant Vehicle XD147E

Insured Vehicle No:

GBB8744A

No: Date of Loss:

04/09/2018

Nature of Claim:

TP

Claim No: 570042

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

XD147E

Make & Model:

NISSAN CKB45ABTN2, 12.5 D (M) 13/02/2006 (Man. Year: 2005)

Engine No:

PF6169755C

Reg. Date: Colour.

Chassis No: Odometer:

CKB45ABT00647 717172 km

Engine Capacity:

12503 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:

295/80 R22.5

Rear Tyre Size:

295/80 R22.5 (D)

Front Left Side: Front Right Side: Falken 8 mm Falken 8 mm Rear Left Side: Rear Right Side: Falken 8/8 mm Falken 8/8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS		Repairer's	Adjuster's	Difference	Diff %
Parts		8,814.38	4,091.02	4,723.36	53.59
Miscellaneous Items		0.00	0.00	0.00	
Labour		3,510,00	1,880.00	1,630.00	46.44
Paintwork Labour		0.00	0.00	0.00	
Towing		0.00	0.00	0.00	
	Calculated Gross Total (S\$)	12,324.38	5,971.02	6,353.36	51.55
	Approved Total (Overridden) (S\$)		4,800.00		
	Nett Amount (S\$)	12,324.38	4,800.00	7,524.38	61.05

INSPECTION

Date of Assignment:

13/09/2018

Date Inspected:

13/09/2018 Inspected At:

Yee Keong Motor Engineering (HQ)

No. 14 Penjuru Road

Singapore 609125

Estimated Period of Repair:

4.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

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.

REPAIR DETAILS

Referen		(Last Synchronised: 05 Mar 2019)		
Parts:	N/A	NISSAN CKB45ABTN2 12.5 D (M) (Model not available in database)		
Labour:	Repairer's	(Price-denominated Standard List)		
Print Code:	(Unsubmitted,	no print-code for XD147E)		
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	urther Info: Items/values not in reference catalogue are prefixed with an asterisk *.			

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT O/S STEP PANEL	Not Necessary	684.05 F	*-FL
2	1		*FRONT O/S STEP ALLOY LOWER	Cracked	275.50 F	*275.50 FL
3	1		*FRONT O/S LOWER STEP GARNISH	Torn	295.00 F	*295.00 FL
4	1		*FRONT O/S DOOR	Badly Dented	4,720.20 F	*3,900.00 FL
5	2		*FRONT O/S DOOR HINGE	Serviceable	412.00 F	*-FL
6	1		*FRONT O/S DOOR RUBBER	Torn	228.00 F	*228.00 FN
7	1		*FRONT O/S DOOR LAMP	Serviceable	84.45 F	*-FN
8	1		*FRONT O/S DOOR UD LAMP	Not Necessary	88.20 F	*-FN
9	1.		*FRONT O/S DOOR INNER LOCK	Not Necessary	338.24 F	*- FN
10	1		*FRONT O/S DOOR WHEEL ARCH GARNISH	Cracked	422.18 F	*422.18 FN
11	1		*FRONT O/S WHEEL RIM	Repair	848.22 F	*- FN
12	1		*FRONT O/S WHEEL RIM CAP	Dented	102.12 F	*102.12 FN
13	1		*FRONT O/S WHEEL MUDFLAP	Defaced	248.22 F	*248.22 FN
14	1		*FRONT O/S DOOR UD EMBLEM	Necessary	68.00 F	*68.00 FN
F=Fra	nchise	part. L=Listh	emDisc. N=NettItemDisc.			
				Sub Total (S\$)	8,814.38	5,539.02
			- List Item Discount on L Ite	ms 0.00/30.00% (S\$)	0.00	1,341.15
			- Nett Item Discount on N Ite	ems 0.00/10.00% (S\$)	0.00	106.85
				Total Parts (S\$)	8,814.38	4,091.02

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items	6.0		
1	REMOVE THE NECESSARY AFFECTED PARTS, STRAIGHTEN FRONT O/S WHEEL ARCH PANEL AND REPLACE PARTS	New	1,400.00	800.00
2	PUTTY & SPRAYPAINT	New	1,600.00	800.00
3	CHECK ELECTRICAL	New	80.00	30.00
4	REWRITE DOOR LETTERING	New	80.00	50.00
5	TUFF KOTE	New	100.00	30.00
6	REMOVE AND REFIT FRONT O/S DOOR PARTS	New	100.00	60.00
7	RESET WHEEL ALIGNMENT	New	100.00	80.00
8	REPLACE FRONT O/S WHEEL RIM & TYRE AND BALANCING	New	50.00	30.00
	Gross Labour	r Cost (S\$)	3,510.00	1,880.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >