| INS. CASE OWNE | ER. | 11 cc 4/ 111 | 1900 8000 | Mebs/ DAC | * |
|--|------------------------------|--|---|--|---|
| Surveyor | marcus | DOI: A | SSIGNMENT UN | Data/Time, 7 | 15/19 |
| * Pre-assign / CCI | /FTE | | 4 della | Registered in Merunen | alalin. |
| Insured Vehicle N | (ND | 49856 | Claim No. | | |
| Name of Insured | oth | | Policy No. | · mioneo | 45 |
| Insured Tel No. | | HP: | | MINIMAN IN | 200 |
| Excess Sec II : SS | - | 12/11/1 | Make / Model | 10000 50000 | |
| ls driver the own | 75-20-00-00-00-00 | Nature of Accident : | Place of Acci | dent: URING WA | y two scp cut |
| If NO, Driver No | me / Age: PHHM | KIN THMURI | OLGIA REPO | ORT: YES / NO ; TP GIA RE | DODT- VEC (NO. |
| Driver Te | | (V/L: YES / NO | insured Liabil | | Yes/No |
| SCN133 | CR - | | | | |
| INSRS: WSP: Tel: Linbility: RMKS: | Uni II | NSRS: /SP: el: inbility: MKS: | INSRS: WSP: Tel: Liability: RMKS; | T I | NSRS: /SP: el: ubility: |
| Date/Time | | | | | |
| | APLA JACKOR | THE RICH ROLL | 1-4 | STAGE | DATE/PIC |
| | 0 | o's driving little | | Non-Reporting ltr (1st) Non-Reporting ltr (2nd): Non-Reporting ltr (Pinal): Notification ltr (if non-pickap | |
| 20.05.14 | | . TO DON'T DO DIRECT . (F | SE SUBMITIED TO TANOPER | Call Of: | |
| | ANYDY. | | | After call fir to OI: | |
| 01-64-19 | stribero. III. BNO II | WRIGHT HOS REPORT | | Documentation Check List: | |
| | | many rap paraci- | | Notification ltr (if non-pickup) After call ltr to OE: | |
| | | | | Authorisation To Act. | |
| | | | | Release Voucher: | |
| | | | | Final Repair Bill: | |
| | | | | Car Rental Invoice: | |
| | | | | Towing Invoice | |
| | | | | LTA/GIA: | |
| | | | | Medical Bill: | |
| | | | | PIRe | |
| | | | | Mandate/Reject Instruction: | |
| | | | | LOD | |
| PRELIMINARY ADVICE | Date/Time: | Sent By: | | Payment Breakdown Form; | |
| and the same of th | 4711100 (331310) | Statt Dy. | | Post-Repair Photos: | |
| FINALIZATION | Date/Time: | Confirm with: | | Others: | |
| Repair Cost: | SS | | | Confirm by: | |
| FINAL SETTLEMENT | Date/Time: | dayx) Reduction: Confirm with | .56.71 | Email | Call |
| final Liability: | | reed / Assessed) BOLA S/N No | | Email Call | |
| Repair Cost: | S\$ | THE PARTY OF THE P | | If NO or B 28, Ass. Lin: | 5_ |
| oss of Rental (LOR): | S5 | daya) | | 1711210 | |
| Loss of Use (LOU): | SS (S | x days) | | 1 19 |) |
| oss of Income (LOI): | SS (\$ | x days) | | DIVINE TO THE | |
| OR only LOU only | LOR+LOU | The second secon | mly one] | VISITION | |
| THE RESIDENCE OF THE PARTY OF T | SS | | | | |
| HA/LTA Search | 124.0 | | | 1) Claim status: Normal/Rej | cct/Private Settle |
| Medical: | SS | | - 14 - 17 | | |
| Medical: Disbursement: | SS | (e.g. Tow/ ind | ependent) | 2) Report Format: | 7P / WP |
| Medical: Disbursement: .egul Cost | SS SS | | ependent) | 3) Survey fee: | ± 380. |
| Medical: Disbursement: Legal Cost Fotal: | S\$ S\$ S\$ | Global Sum 55; | ependent) | | |
| Medical: Dishursement: .egal Cost Fotal: FINAL PAYMENT | SS SS Date/Time: | Global Sum 55: Confirm with: | ependent) | | |
| Medical: Disbursement: Legal Cost Fotal: TNAL PAYMENT Payer 1: | SS SS SS Date/Time: | Global Sum 55: Confirm with: Nume 1: | ependent) | 3) Survey fee: | |
| Medical: Dishussement: .ogal Cost Fotal: FINAL PAYMENT | SS SS Date/Time: | Global Sum 55: Confirm with: | ependent) | 3) Survey fee: | |

| | / |
|---|---|
| DENTINGS: SYMPTON COLUMN REF: | 121/ |
| SS. REC. BY: MCVELS | ASSIGNMENT |
| e e | C1-117750 - V.17 |
| rom: Date: | Type M.Cer I M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| stimated Cost: | |
| DITPIWS TP RESION RESIEVA INVIMV | Truck/Trailer or CA/ |
| To Inspect Vehicle No: SLN 1735 N | Make: Chevrolet cruze co. 1598 |
| t Workshop m/s Sray hui | Colour S-W A/C: Insured / Std / NI / NA |
| of Control of Control | Sp.Reading CO 450 T/Radio: Insured / Std / NI / NA |
| nsured | Eng/No: |
| Policy No. | CINO: KLIJA69 E96K351376 |
| Claims No. | Gen. Cond: 800d Fair / Poor / Burnt |
| Sum Insured: Excess: | Steering: Inorder/ Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: Inforder / Jammed / Leaked / Burnt or |
| Make of Veh: | Modi: Nil /S/Rim / STD A/Rim or / |
| | Tyre Size: (E) 205/60216 |
| (Colley Condition) | R: |
| (Policy Condition) Remark: The veh had commenced its | I/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| repair at the time of inspection. | TOYOTYOKO OF KUMMO |
| Bal, or Market Value: | Front Rear |
| IDAC Accident Rport: Consistent? : Yes or No | R/Bal. 0 mm R/Bal. mm |
| GIA / PR Seen: Consistent? : Yes or No | L/Bal. 6 , mm L/Bal. 6 / mm |
| Est Repairs: days Res.: Yes or N | 10 D.O.A. 17/4/18 D.O.L. 7/5-1/8 |
| Lum Sum: 70 % 3 Val.: Yes or N | Survey held at |
| \sim | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or |
| CA / REV / REP. / 24 HRS | cle: IN/OUT Reaf |
| Date: Person Contacted: | The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time Action / Instruction | |
| 10/10 continue 4/5 \$ | 4000 with AM long |
| 13/18 | |
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| QH_EBO_C ** (BHB) | 34*/-) |
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| | |
| Date/Time, File Pass to? : Prell. Report | Days Of Repair: |
| i) : Final Report | Resurvey No. of Trip: Survey Fee: |
| Date/Time, File Return to? | Transportation |
| 2) | Add Fee: Site Insp (\$)_S+RS_SI |
| | : Interview (\$) Photos |
| Report Format : | : Tech. Invs (\$) Others |
| Lump,Sum / I.B.I: (\$ | : Weekend (\$ |
| | TOTAL |

MKFS19057059 / Kan Fock Sing Meter Werkshop - Defu BITTRY DATE & TIME: 03/05/2019 12:04 SUBMITTED BY: Margarot Lee

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 03/05/2019 13:21

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.

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 flability.

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.

Any false reporting may be referred to the Police for investigation.

This report will be forwarded by the insurers of the GIA Records Management Centra 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 ladgement 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 03/05/2019 13:04
Date Of Accident 17/04/2019 17:50

Exact Location Of Accident TANG MARRIROT SLIP RD TO CP

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN173FR

Insured/Policyholder SLN 1735R

Name Of Registered Owner NATIONAL CAR RENTALS (PRIVATE) LIMITED

Co Reg No 196100157E

Email Address JAMES.CHUA@AVIS.COM.SG

Mobile Phone No Alternative Phone No

Alternative Phone No OFFICE-67371668

Vehicle Particulars

Manufacturer CHEVROLET

Model CRUZE

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 THIRD PA

Vehicle Category

THIRD PARTY

PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5057641947-06

Cover Note Number

Driver

 Name of Driver
 TEO JOO HONG

 NRIC No
 \$1626848H

 Date Of Birth
 05/05/1964

Occupation OUTDOOR
Date Of Driving Pass 05/10/1984

Driving Experience 34 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88990165

Fax Number

Contact Number

EMail Address NOEMAIL

S/11/1735R

Accident 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 Authorized Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misropresentation 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.
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- 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
- By the lodgment of this report to the insurers, you hereby consent to the erchiving of this report at the centre and to copies of
 the report being made available aforesaid.
- S. 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 deta/personal information and out in this (form) and any other personal information personal information to 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 of;
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) 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 froud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, lows or court orders.

Policyholder's Signature Date & Time:

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

Date & Yime:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GLARIMC STATE IN PROFIT OF THE VI

20 v results/page

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SINGAPORE ACCIDENT STATEMENT

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- 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

| | ACCIDENT STATEMENT |
|--|---------------------------------------|
| Date Of Report | 18/04/2019 14:44 |
| Date Of Accident | 17/04/2019 17:45 |
| Exact Location Of Accident | DRIVE WAY TWDS CARPARK (C K TANG) |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SHA4985G |
| Insured/Policyholder | |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Co Reg No | 199303821R |
| Email Address | FLEETSAFETY@CDGTAXI.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65508768 |
| Vehicle Particulars | |
| Manufacturer | HYUNDAI |
| Model | 140 |
| 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 | TAXI |
| Insurance Company | |
| Name of Insurance Company | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | MCOM0015 |
| Cover Note Number | |
| Driver | |

Driver

 Name of Driver
 RAHIM BIN JANURI

 NRIC No
 \$7107210Z

 Date Of Birth
 01/05/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/01/1997

Driving Experience 22 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87003565

Fax Number Contact Number

EMail Address RAHIM_NITA@YAHOO.COM.SG

Address

BLK 392 YISHUN AVENUE 6 #02-1006

Postcode

760392

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

.

- 2

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

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

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SLN1735R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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- 6. The report will be ferwarded 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.
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I understand, acknowledge, agree and consent that:

- (iii) 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 suttlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my daims;
 - (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 disclusure 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 "Purisones")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/orn 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 films), 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:
 - 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.

COMPORT TRANSPORTATION PTC LTC CALIFRED THE TRANSPORTER

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre PersonAel's Signature

Names

NRIC/FIN No.:

SAMAC Skytch/Hautione 1/3

L

Date & Time:

5. L

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| S. Maniam (SO) |
| rooner's Signature |
| |

(if driver is not the policyholder) Date & Time:

Classic Skindlike Form, VS

NEIC/FIN No.:

Page 4 of 18

SIANG HUI MOTOR WORKS Blk 3006, Ubi Road 1 #01-338, Singapore 408700.

| | Blk 3006, Ubi Road 1 #01-338, Sing Tel: 67444605 Fax: 6744 | gapore 408700. 10726 2/5 \$ 4000 Thy | ste Maraja |
|------|--|---|------------|
| Ve | hicle Noi SLN 1735 R | Date, 6-5- | -/B |
| _C | hawoit Cruze | Date, | 7.7 |
| 1 | IPC Rear bumper | \$ 1047.00 | 015- |
| - / | PC Rear bumper reinforcement | \$ 560.00 | CMA/ |
| 5 / | PC Kear bumper moulding contro | # 7800 | |
| T // | Kear bumper moulding side | RH # 62.00 | cn- |
| 2 11 | PC Tail lamp RH PC Boot lid W/Strip | \$ 683.00 | cm/ |
| 7 1 | PC End Panel | 4 11 - | zmi/ |
| 8 2 | PC Reverse Sansor @#178.00 | . 4 . 1 . 3 | 179/sel- |
| 91 | of End panel garnish | 41 | Elila 1PL |
| + | | 4 11260 22 | 111 |
| | Less 10% | th 1120 0. | P-3883 |
| - 0 | litte 1400. | | 3467.76 |
| 7 | Net Item:- IPC Rear no plate with big IPC Reverse Camera | lder | |
| 2 | 1 PC Rear no plate with be | Talet \$35.00 50 | an |
| | IPC Reverse Camera | \$350.00 80 | LX |
| | Labour Charges - | | |
| | To remove, replace reverse Sonsor 1 a | amera | |
| 2) | and check wiring | # 180.00 - | 30 |
| 2) | To spray painting | \$ 930.00 - | 900 |
| 11 | is semore, replace bumper as end | Panel-8 | |
| | regign all accident parts to san | ne \$ 680.00 - | 600 |
| | 78tal= | \$ 6085.10 | 50327 |
| | | | |

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Owner ID Type: | | Company |
|--|---|--------------------------------------|
| Owner ID: | | 0157E |
| Vehicle Details | | |
| Vehicle No.: | | SLN1735R |
| Vehicle to be Exported: | | No |
| Intended Deregistration Date: | - | 07 May 2019 |
| Vehicle Make: | | CHEVROLET |
| Vehicle Model: | | CRUZE NB 1.6D 6AT |
| Primary Colour: | | Silver |
| Manufacturing Year: | | 2016 |
| Engine No.: | | F16D4161890363 |
| Chassis No.: | | KL1JA69E9GK351376 |
| Maximum Power Output: | | 86.0 kW (115 bhp) |
| Open Market Value: | | \$14,317.00 |
| Original Registration Date: | | 25 Apr 2017 |
| First Registration Date: | | 25 Apr 2017 |
| Transfer Count: | | 0 |
| Actual ARF Paid: Intended PARF Rebate Details | | \$14,317.00 |
| PARF Eligibility: | | Yes |
| PARF Eligibility Expiry Date: | | 24 Apr 2027 |
| PARF Rebate Amount: Intended COE Rebate Details | | \$10,737.00 |
| COE Expiry Date: | | 24 Apr 2027 |
| COE Category: | | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | | 10 |
| QP Paid: | | \$52,000.00 |
| COE Rebate Amount: | | \$41,412.00 |
| Total Rebate Amount: | | \$52,149.00 |

The information contained herein is correct as at 07 May 2019

OK

Asher Sng (LKKAuto)

From:

Asher Sng (LKKAuto)

Sent:

Tuesday, 4 June 2019 10:18 AM

To:

Manivel Priyadarshini

Subject:

ACCIDENT INVOLVING SLN 1735R AND SHA 4985G ON 17/04/2019

Hi Priya,

We refer to the above matter.

ACCIDENT INVOLVING SLN 1735R AND SHA 4985G ON 17/04/2019

We were informed by TP workshop that they do not wish to do direct settlement, case have pass to the solicitor to handle.

In view of the above, We will proceed to close file and submit our report.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: <u>ashersna@likkauto.com</u> | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | 5(408933)

Nivitha (LKK Auto)

From:

Motor Claim - III <motorclaim@iii.com.sg>

Sent:

Tuesday, 7 May 2019 9:08 AM

To:

bonnie kwok; 'sur@lkkauto.com'; admin-d@lkkauto.com

Cc:

Manivel Priyadarshini

Subject:

RE: Urgent: Pre-Repair Inspection: Your Vehicle: SHA 4985 G; SiangHui's Vehicle: SLN 1735 R; Accident Involving SLN 1735 R & SHA 4985 G on 17 April 2019

Dear Sir / Mdm.

Please conduct a survey on TP vehicle SLN1735R and let us have your report urgently.

This claim will be handled by Ms Priya.

*Kindly upload this survey request email to merimen.

Thank You.

Best Regards, Gabriel Wee



64 Cecil Street; #05 - IOB Building Singapore 049711 Tel: 6347 6100, Ext - 248

From: bonnie kwok [mailto:litigation@bonniekwok.com]

Sent: 06 May, 2019 5:41 PM

To: Motor Claim - III < motorclaim@iii.com.sg>

Subject: Re: Urgent: Pre-Repair Inspection: Your Vehicle: SHA 4985 G; SiangHui's Vehicle: SLN 1735 R; Accident

Involving SLN 1735 R & SHA 4985 G on 17 April 2019

Dear Sirs,

Our client agrees to LKK Auto Consultants Pte Ltd as the Single Joint Expert (SJE).

Please let us have their report in due course.

Kindly request for the SJE to contact the repairers, M/s Siang Hui Motor Works at 6744 4605 to make the necessary arrangements.

Regards,

ST

BONNIE KWOK LLC

Advocates & Solicitors 101A Upper Cross Street #08-12 People's Park Centre Singapore 058358 TEL: 6536 6026 FAX: 6536 2279

email: fitigation@bonniekwok.com GST Reg. No.: 201203547Z

We do not accept service of documents by facsimile or email. Our business hours are from Mondays to Fridays from 9 am to 6 pm and we are closed on Saturday, Sundays and Public Holidays.

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On Mon, 6 May 2019 at 11:59, Motor Claim - III < motorclaim@iii.com.sg > wrote:

Dear Sir / Mdm,

We acknowledge receipt of your email.

We proprose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

Best Regards,

Gabriel Wee



64 Cecil Street; #05 - IOB Building

. Tel: 6347 6100, Ext - 248

From: bonnie kwok [mailto: litigation@bonniekwok.com]

Sent: 06 May, 2019 11:29 AM

To: Motor Claim - III < motorclaim@iii.com.sg>

Subject: Urgent: Pre-Repair Inspection: Your Vehicle: SHA 4985 G; SiangHui's Vehicle: SLN 1735 R; Accident

Involving SLN 1735 R & SHA 4985 G on 17 April 2019

Dear Sirs.

We refer to the above matter.

We hereby give you 2 days' notice to conduct a pre-repair inspection of vehicle no. SLN 1735 R at M/s Siang Hui Motor Works, Block 3006 Ubi Road 1 #01-338 Singapore 408700.

Regards,

ST

BONNIE KWOK LLC

Advocates & Solicitors

101A Upper Cross Street

#08-12 People's Park Centre

Singapore 058358

TEL: 6536 6026

FAX: 6536 2279

email: litigation@bonniekwok.com

GST Reg. No.: 201203547Z

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Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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or any modification.

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India International Insurance Pte Ltd.

Registration No. 198703792-K

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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Registration No. 198703792-K

Merimen e-Claims Page 1 of 1

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

 CLAIM SUBFOLDER TRACKING

 Case
 Notified
 Est Submitted
 Adj Assigned
 Adj Rpt
 Adj Submitted
 Ins Auth'ed
 Status

 Main
 10 Jun 2019 16:57 Edit Reg
 00:00 Edit Adj Rpt
 S\$4,000.00 Edit Estimates
 S\$4,000.00 View Rpt
 Pending for Survey Report Cancel Case

| м | ain Reference | 11 9 | Claim Details | Documen | nts Show All | | | |
|-----------------------------------|--|----------------|---------------------------|--|-----------------------------|--|--|--|
| CLAIM SUB | FOLDER DETAILS | | | [Created by adjuster] | | | | |
| Insured: | COMFORT TRANSPORTATION PTE LTD, | Co. Reg. No.: | | | | | | |
| Main Claimant: | NATIONAL CAR RENTALS (PRIVATE) LIMITED, Co. Reg. No.: 196100157E | | | | | | | |
| Vehicle Reg. No.: | SLN1735R | | Date of Loss: | 17/04/2019 00:00 - :59 [23 Months and 23 Days i | From LTA Reg Date (Man Yr)] | | | |
| Claim Type: | TP | | Policy/Cover Note No.: | | | | | |
| Vehicle Reg. No. (Insured): | SHA4985G | | Policy No. (Claimant): | 5057641947-06 | | | | |
| | | | Excess: | | | | | |
| Repairer: | Siang Hui Motor Works (HQ) 3006 Ubi Ro | ad 1, #01-338 | 3, 408700 Ubi - | Tel: 67444605 | | | | |
| Handling Insurer: | India International Insurance Pte Ltd (H | (Q) - Tel: 634 | 76100 [Hand | lled by Priya] | | | | |
| Claimant's Insurer: | NTUC Income Insurance Co-operative Lt | d (HQ) - Tel: | | | | | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: | 6256-3561 | . [Handled by M | IARCUS CHUA] [Final | Rpt due 16/05/2019] | | | |
| ASSOCIATE | D MAIL RECEIVED | | | | /lew All Compose Case Ma | | | |
| There are no | mail for this case. | | | | | | | |
| ALL ASSOC | IATED TASKS | | | View All Search Tasks | Create New Task Complet | | | |
| Due Date | Priority Type Task Group Sub | fect Hand | ller Assign | ed By Completed O | n Created On Don | | | |

Claim Documents

*SLN1735R
[SHA4985G]
TP
NATIONAL CAR RENTALS (PRIVATE) LIMITED
Apr 17 2019 12:00AM
[COMFORT TRANSPORTATION PTE LTD]
Siang Hui Motor Works

| Pho | otos/Images | | 3 per pa | ge 🔻 | V |
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Merimen e-Claims Page 2 of 3

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Merimen e-Claims Page 3 of 3

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Documents Checklist

| DOCUMENTS CHECKLIST | Reset | Save | Print |
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| There are no document checklists configured. | | | |
| 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, Pava 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:

CC4/III19008000/UEB3Q2

Date:

11/06/2019

REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No:

Claimant Vehicle

SLN1735R

Insured Vehicle No:

SHA4985G

No: Date of Loss:

17/04/2019

Nature of Claim:

TP

Claim No: N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Rea No:

SLN1735R

Make & Model:

CHEVROLET CRUZE, 1.4 1.4T (A)

Engine No:

F16D4161890363

Reg. Date: Colour:

25/04/2017 (Man. Year: 2016)

Chassis No: Odometer:

KL1JA69E9GK351376

1598 cc

26480 km

Engine Capacity:

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: No

CONDITION OF TYRES

Front Tyre Size:

205/60 R16

Rear Tyre Size:

205/60 R16

Front Left Side: Front Right Side: Kumho 6 mm Kumho 6 mm Rear Left Side: Rear Right Side:

Kumho 6 mm Kumho 6 mm

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|-----------------------------------|------------|------------|------------|--------|
| Parts | 4,245.10 | 3,502.70 | 742.40 | 17.49 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 1,840.00 | 1,530.00 | 310.00 | 16.85 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Calculated Gross Total (S\$) | 6,085.10 | 5,032.70 | 1,052.40 | 17.29 |
| Approved Total (Overridden) (S\$) | | 4,000.00 | | |
| Nett Amount (S\$) | 6,085.10 | 4,000.00 | 2,085.10 | 34.27 |
| | | | | |

INSPECTION

Date of Assignment:

07/05/2019

Date Inspected:

07/05/2019

Inspected At:

Siang Hui Motor Works (HQ)

3006 Ubi Road 1, #01-338

Singapore 408700

Estimated Period of Repair:

5.0 days

Adjuster: MARCUS CHUA

Manager: Asher Sng Rong Yi

Adjuster Report Page 2 of 4 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.

Adjuster Report Page 3 of 4

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 10 Jun 2019)

Parts: N/A CHEVROLET CRUZE 1.4 1.4T (A) (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for SLN1735R)

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

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

| No. | Qty | Part No. | Particulars | Condition | Repairer's | Amount |
|-------|---|-------------|-------------------------------|------------------------|--------------|--------------|
| 1 | 1 | | *REAR BUMPER | Distorted | 1,047.00 FL | *1,047.00 FL |
| 2 | 1 | | *REAR BUMPER REINFORCEMENT | Cracked | 560.00 FL | *560.00 FL |
| 3 | 1 | | *REAR BUMPER MOULDING CENTRE | Cracked | 78.00 FL | *78.00 FL |
| 4 | 1 | | *REAR BUMPER MOULDING SIDE RH | Cracked | 62.00 FL | *62.00 FL |
| 5 | 1 | | *TAIL LAMP RH | Cracked | 683.00 FL | *683.00 FL |
| 6 | 1 | | *BOOT LID W/STRIP | Twisted | 258.00 FL | *258.00 FL |
| 7 | 1 | | *END PANEL | Dented / Bent | 987.00 FL | *987.00 FL |
| 8 | 2 | | *REVERSE SENSOR | Shorted (1 PCS ONLY) | 356.00 FL | *178.00 FL |
| 9 | 1 | | *END PANEL GARNISH | Not Necessary | 258.00 FL | *-FL |
| 10 | 1 | | *REAR NO PLATE WITH HOLDER | Scratched | 35.00 FS | *35.00 FS |
| 11 | 1 | | *REVERSE CAMERA | Serviceable | 350.00 FS | *-FS |
| F=Fra | inchise | part. S=Spc | Nett. L=ListItemDisc. | Cub Tatal (CC) | 4.074.00 | 2 000 00 |
| | | | | | 1274,540,000 | 3,888.00 |
| | Franchise part. S=SpcNett. L=ListItemDisc. Sub Total (S\$) 4,674.00 - List Item Discount on L Items 10.00/10.00% (S\$) 428.90 | | 385.30 | | | |
| | | | | Total Parts (S\$) | 4,245.10 | 3,502.70 |
| | | | Report was unsubmitted | during this print-out. | | |

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

| | Lab.Type | Repairer's | Amount |
|--|--|--|---|
| ems | | | |
| REMOVE, REPLACE REVERSE SENSOR & CAMERA AND ECK WIRING | New | 180.00 | 30.00 |
| SPRAY PAINTING | New | 980.00 | 900.00 |
| REMOVE ,REPLACE BUMPER & END PANEL & REALIGN . ACCIDENT PARTS TO SAME | New | 680.00 | 600.00 |
| Gross Labou | r Cost (S\$) | 1,840.00 | 1,530.00 |
| | REMOVE, REPLACE REVERSE SENSOR & CAMERA AND ECK WIRING SPRAY PAINTING REMOVE , REPLACE BUMPER & END PANEL & REALIGN . ACCIDENT PARTS TO SAME | REMOVE,REPLACE REVERSE SENSOR & CAMERA AND New SPRAY PAINTING New REMOVE ,REPLACE BUMPER & END PANEL & REALIGN New | REMOVE,REPLACE REVERSE SENSOR & CAMERA AND New 180.00 ECK WIRING SPRAY PAINTING New 980.00 REMOVE ,REPLACE BUMPER & END PANEL & REALIGN New 680.00 . ACCIDENT PARTS TO SAME |

< END OF ESTIMATES >