cws Filen fe	ASSIGNMENT (Office) of RL	Dutc/Time: 3.12pm@7/8/K
Estimated Cost:	Bill to:	
OD / P WS/TP RES/ OD RES	S/EVA/INV/MV/CS	
l'o Inspect Vehicle No:	PA 9346Z Ins	ured: SHA 70485
nt Workshop m/s	6	Tel: 98438331
of'	2 Kaki Bulcit Ave 24	
olicy No:		019002959MF8H
Sum Insured:	Excens:	
Make of Veh: Client's Record)		D.O.A. 1/5/2019
	I was	
CA / REV / REP. / REV 24 H	rs (wp)	H.O.D. Endorsement:
	Person Contacted: Mrpah.	Vehicle IN OUT
Date/Time: 3.56pme 715/19	Person Contacted: Mrpoh.	
Date/Time: 3-Styre 71s 19 Date/Time Action/Justruction	Person Contacted Mrpoh. () Estimate	
Pate/Time: 3.55 pmc 71s119 Pate/Time: Action/histruction PA 9 3 4 6 2	Person Contacted Mrpoh. (S) Estimate - NA/INCLOSUTS9/61	Vehicle IN OUT :
Date/Time: 3-Store 71s 19 Date/Time: Action/Justruction PA 9 3-46.2 SHT 40488	Person Contacted Mrpoh. (Selimate - NA/INCLOSUTS9/61	Vehicle IN OUT
PA 93462	Person Contacted Mrpoh. () Estimate - NA/INCLOUTS9/CL - CCS/EGG/GO188669/H/	Vehicle IN (OID) :

TOTAL

Final Report:



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

Claims & Hotor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msftrstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

es repris de la constituer.

Date

06-05-2019

Our Ref No. D19002959MFSH

Accident Date

01-05-2019

Claim Type. Third Party

Insured Vehicle

SHA7048S

Third Party Vehicle. PA9346Z

Survey Location

2KAKI BUKIT AVE 2 #01-11 AUTO HUB

Contact Person.

MR. TZI POH

Contact No.

66049883/98438331

Fax No. 0

Survey Type

WITHOUT PREJUDICE:

Appointed

LKK AUTO CONSULTANTS PTE LTD

Surveyor Contact Person

NA

Fax No. 68416315

Contact Number.

NA

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc: Workshop

BEST AUTO K PTE LTD

Attention, NIL

Cc: TP Solicitor

VISION LAW LLC

TP Solicitor Fax No. NA

Officer Incharge

EILEEN LEE

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

MTLM19056853 / Tan Lim Motor Pte Ltd - Defu ENTRY DATE & TIME: 02/05/2019 18:03 SUBMITTED BY: Lam Wei Shong

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to 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.
- 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 consent to the archiving of this report at the centre and to copies of the report being made available
 aforesaid.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	02/05/2019 18:03
Date Of Accident	01/05/2019 19:50
Exact Location Of Accident	HILL STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA9346Z
Insured/Policyholder	
Name Of Registered Owner	PH AUTO PTE LTD
Co Reg No	201330831N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91312720
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	Julian Mesoria Arekanika to
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085987065-02
Cover Note Number	10/11/2018 TO 09/11/2019
Driver	
Name of Driver	LIM KOK HAN
NRIC No	S6944330C
Date Of Birth	19/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	11/01/2005
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98249708
	(5 5)

NOEMAIL

BLOCK 322B ANCHORVALE DRIVE Address

#13-132

Postcode 542322

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Refer to sketch Plan

Attachment(s)

Are accident photos available for attachment?

YES

NO

NO

1

NO

NO

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

SHA7048S

Details Of Properties

COMFORT TAXI TAXI

Vehicle Category Name of Driver

LEE KENG LEE

NRIC/Passport Number

S0404227A

Contact Number

8367 3713

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE KENG LEE Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SHA7048S

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.
- 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)

Lunderstand, acknowledge, agree and consent that:

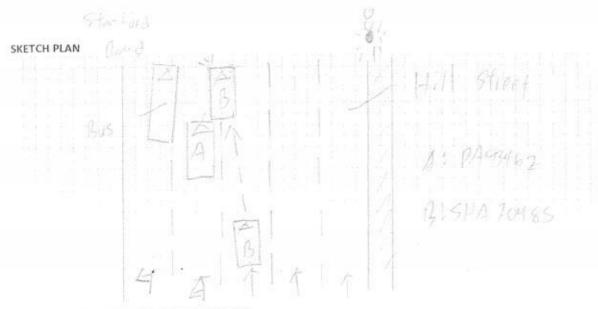
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the Purposes")
- 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.

Policyholde Date & Time: Driver's Signature
(If driver is not the policyholder)
Date & Time: 01/05/10 C 185/105

Reporting Contre Personnel's Signature Lun

NRIC/FIN No.

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
T LIM KOK HOW S6944330C WAS DRIVING PA9346Z ON	
: 01/05/2019 @ 1950 has ALONG HILL STREET KEEPING	14
THE SELOND LEFT LANE NEAR TRAFFIC JUNCTION OF MAINTE	CD
ROAD.	
	1-
I SAW MY LEFT FIRST LANE BUS SIGNAL TO TURN LE	
from Bus Stof & SAW TAXI SHA 70485 SIGNAL TO	5
MOVE INTO MY SECOND LANE I MAINTAIN SLOW TO	
ALLOW THE TAX! TO COME IN BUT THE TAX! SEEM)
CANNOT DECIDE TO COME IN OR GO STRAIGHT.	
With a LEAR THE TRAVER WILL TOXI DELIDED TO MOULE	
WHEN NEAR THE TRAFFIC LIGHT, TAXI DECIDED TO MOVE	
INTO SECOND LEFT WHERE BY MY VEHICLE ALREADY I	
CLOSE TO HIM, SUDDENLY THE TAXI BREAK & STOP	
I DON'T ASPECT HE WILL BREAK STOP AS THE TRAFFIC	
LIGHT IS STILL AT CREEN.	
	_
DECLARATION	

1/We declife the stregging particulars are true in every respect.

Policyholder i Signature Date & Time: Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/05/14 @ 1850KA

Reporting Sentre Personnel's Signature Name: Lam WP1 Skray NRIC/FIN No.: G 680 40521

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	Company
Owner ID:	0831N
Vehicle Details	SERVICE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT
Vehicle No.:	PA9346Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	09 May 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 3.0 A
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	1KD1844692
Chassis No.:	KDH2230004478
Maximum Power Output:	(24)
Open Market Value:	\$46,714.00
Original Registration Date:	26 Nov 2009
First Registration Date:	26 Nov 2009
Transfer Count:	3
Actual ARF Paid:	\$2,336.00
Intentied PARI- Renate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	•
PARF Rebate Amount:	\$0.00
Intended CO: Rebate Details	
COE Expiry Date:	25 Nov 2019
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$17,501.00
COE Rebate Amount:	\$2,284.00
Total Rebate Amount:	\$2,284.00

The information contained herein is correct as at 09 May 2019

New Cars

Used Cars

Sell My Car

Directory

Products

Insurance

Articles

C

Forum

Resources

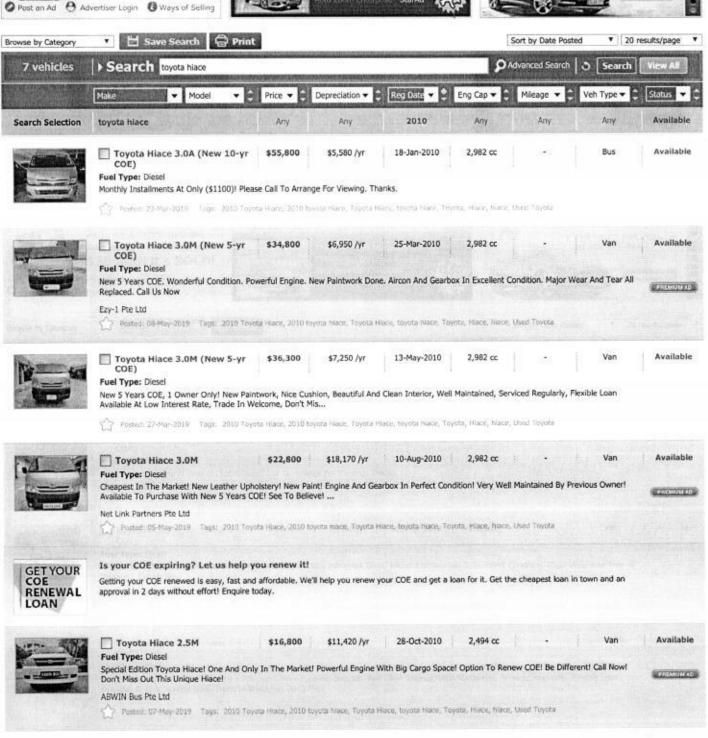


Private Hire Car Rental Enjoy 30% Off Fuel Hybrid / Petrol Cars (Brand new & used)











Toyota Hiace 3.0M

\$23,800

\$15,400 /yr 24-Nov-2010 2,982 cc

Available

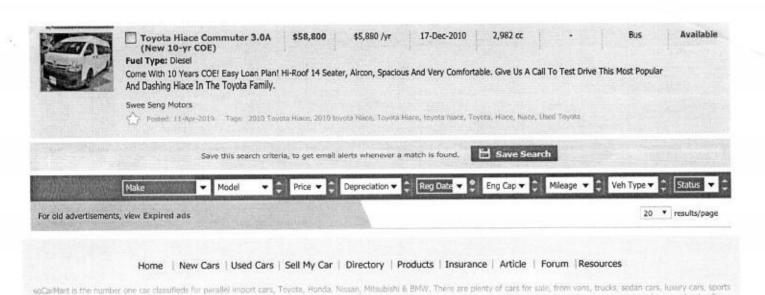
Fuel Type: Diesel

5 Weeks Warranty! Good Condition! No Repair Needed! Comes With Free Full Servicing Inclusive Of Changing Of Timing Belt As Well! Best Commercial Van In The Market! Can Renew 5 Years COEI Don't Miss Ou...

Net Link Partners Pte Ltd



Posted: 09-May-2019 Tags: 2010 Toyota Hiace, 2010 toyota hiace, Toyota Hiace, toyota hiace, Toyota, Hiace, blace, Used Toyota



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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

MS	FIRST CAPITAL IN	ISURANCE LTD	Ref: CS3/FCI19008028/A	Acd3s2
36 R	OBINSON ROAD	INGAPORE 068877	Date: 07-06-2019	
		and the second and the second of the second	Code: FCI2	
1.			s :- (THIRD PARTY CLAIM)	
	Insured Veh.	SHA 7048S	Veh. Inspected	PA 9346Z
	Policy No.		Coverage (\$)	0.00
	Claim No.	D19002959MFSH	Excess (\$)	0.00
	Assign From	EILEEN LEE	Assign Date	07/05/2019
2.		Vehicle Par	ticulars & Condition	NAME OF STREET
	Make & Model	TOYOTA HIACE	c.c	2982
	Engine No.	HIDDEN	Year of Reg.	2009
	Chassis No.	KDH2230004478	Colour	WHITE
	Odometer	226251 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Cond	itions of Tyres	AMERICA STREET
	5	Size	Make	Balance
	R/H Front Tyre	205/55R16	BRIDGESTONE	6 mm
	L/H Front Tyre	205/55R16	BRIDGESTONE	6 mm
	R/H Rear Tyre	205/55R16	BRIDGESTONE	6 mm
	L/H Rear Tyre	205/55R16	BRIDGESTONE	6 mm
4.		Descrip	tion of Damages	CHANGE IN A CAMP
	THE VEHICLE SU	USTAINED DAMAGES AT THE FRONT O/S PORTION.		
5.		Gene	ral Information	
	Accident Date	01/05/2019	Inspect Date / Time	09/05/2019 (01:01 PM)
	Survey held at	2 KAKI BUKIT AVE 2 #01-11		
	Repairer	BEST AUTO K PTE LTD		
5a.		N. E. S.	Remarks	27.57
	B) THE REPAIR E THE REPAIRER V	ON WAS CONDUCTED ON A "V STIMATE WAS NOT PRESENTE VAS TOLD TO PREPARE THE E EASE FIND DAMAGED VEHICL E:\$10,000.00	ED AT THE TIME OF INSPECTI STIMATE.	

Report Ref No. CS3/FCI19008028/Acd3s2

Inspected By

XX.X

ADRIAN LING WAI PING

Licensed Appraiser

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

L

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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