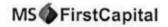
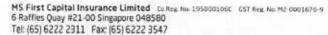
- 3	22/03/2002 ASS. REC, BY:		REF: C37 FCI 190081651 Ac d352 Special Instruction:		
(WS)	Survajor	Adrian	ASSIGNME	NT (Office)	
,	From (Person)	may chuq	of FCL		Date/Time: 9.5. 2019 8.199.
				Bill to:	
	To Inspect Ve	The state of the s	ES/EVA/INV/MV/CS	3	Insured: SHD 6570R
		n/s JD mot			Tel: 92373644
	of 25 Kak	i Bulcit Road	1 4 # 06-38		
	Policy No:			Claim No: D19003026 MFSH	
	Sum Insured:			Excess:	- 10.1100
	Make of Veh: (Client's Record	and the second s			D.O.A. 7.6. 2019
		REP. / REV 24		Ronnie	H.O.D. Endorsement: Vehicle IN OUT
	Date/Time	Action/Instructio	x) Estimate		
		SHD 6570R	- CS/FC113015300	Ded3n2	POA - 26/08/2018
		Dismantle:	15 5 2019		
		After repair:			

308/11/124





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

MOTOR SURVEY ASSIGNMENT

Date

08-05-2019

Our Ref No. D19003026MFSH

Accident Date

07-05-2019

Claim Type. Third Party

Insured Vehicle

SHD6570R

Third Party Vehicle. PC9779Y

Survey Location

25 KAKI BUKIT ROAD 4 #06-38 SYNERGY @ KB

Contact Person.

MR RONNIE

Contact No.

92373644/ 92373644

Fax No. 0

Survey Type

WITHOUT PREJUDICE:

Appointed

Surveyor

LKK AUTO CONSULTANTS PTE LTD

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

JD MOTORSPORTS PTE

Attention. NIL

.

Cc: TP Solicitor

LTD

HIN TAT AUGUSTINE &

TP Solicitor Fax No. NA

Officer Incharge

MAY CHUA

PARTNERS

IMPORTANT NOTE

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

This is a computer generated letter, no signature required.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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.

成於為國際學院科學學院的學院教育	ACCIDENT STATEMENT
Date Of Report	08/05/2019 17:06
Date Of Accident	07/05/2019 23:20
Exact Location Of Accident	ALONG PHENG GECK AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC9779Y

Insured/Policyholder

Name Of Registered Owner THE ULTIMATE LIMOUSINE SERVICES

Co Reg No 53118708W
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-90682882

 Alternative Phone No
 OFFICE-90682882

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model VIANO CD12.2EL

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

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company ALLIED WORLD ASSURANCE COMPANY, LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number BVBPSB0006031800

Cover Note Number

Driver

 Name of Driver
 ADELINE SIM

 NRIC No
 \$1798043B

 Date Of Birth
 19/06/1967

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/07/1990

Driving Experience 28 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90682882

Fax Number

Contact Number

EMail Address NOEMAIL

Address

11 TOH TUCK WALK

Postcode

596591

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

COLLIDED INTO PARKED VEHICLE

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

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

SHD6570R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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.
- 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
- 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)
 - 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.

Policyholder sakhature Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

COMFORTDELGRO ENGINEERING PTE LTD

320 UBI FOAD 3 SINGAPURE 408649

TEL: 6748 7556 FAX: 6743 6072

Reporting Centre Personnel's Signature

NRIC/FIN No.:

ETCH PLAN		
	e management between	
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	- Land	1 to
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41111777		11 <u>11-1-11</u>
		
SCRIBE CIRCUMSTANCES C	SE THE ACCIDENT	to the second section of the second second second second
	AT THE PERSON OF	
ly veh was Atathonar	a along Pheng Geik Ave,	as I auticapted that veh B
1 1		
vias parlong into the	parking lot and had a ha	nd time reversing in As I am
1 /	1	
pproaching my veh.	T Ray John & revover and	hat onto the near right of my
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	and an arrange of the second o	
CLARATION		COMPOSITION AND ENGINEERING PTE
ve declare The spregoing particu	lars are true in every respect.	COMFORTO-LYND ENGINEERING PLE
(531/8798W) CO	D. A Andin	(SENTE MUESES
(SX) AND	11 About	TEL 9746 7555 FAX: 6743 6072
icyhologes Stepature	Driver's Signature	Reporting Centre Personnel's Signature
te & Time:	(If driver is not the policyholder) Date & Time:	Name:
	Date of Time.	NRIC/FIN No.:

(1454.6° kr.) 5k ... (... ...

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vahicle Owner Particulars		
Owner ID Type:	Business	
Owner ID:	8708W	
Vehicle Details		
Vehicle No.:	PC9779Y	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	16 May 2019	
Vehicle Make:	MERCEDES BENZ	
Vehicle Model:	VIANO CDI2.2 EL	
Primary Colour:	Black	
Manufacturing Year:	2013	
Engine No.:	65194031690254	
Chassis No.:	WDF63981523819832	
Maximum Power Output:	e e	
Open Market Value:	\$44,312.00	
Original Registration Date:	30 Aug 2013	
First Registration Date:	30 Aug 2013	
Transfer Count:	0	
Actual ARF Paid:	\$2,216.00	
Intended PARF Repare Details		65
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
Intended COL Rebate Details		ALCO
COE Expiry Date:	29 Aug 2023	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
QP Paid:	\$61,011.00	
COE Rebate Amount:	\$26,142.00	
Total Rebate Amount:	\$26,142.00	

The information contained herein is correct as at 16 May 2019

FREE VALUATION

Let us tell you how much your car can sell for!

No obligations and it's FREE!

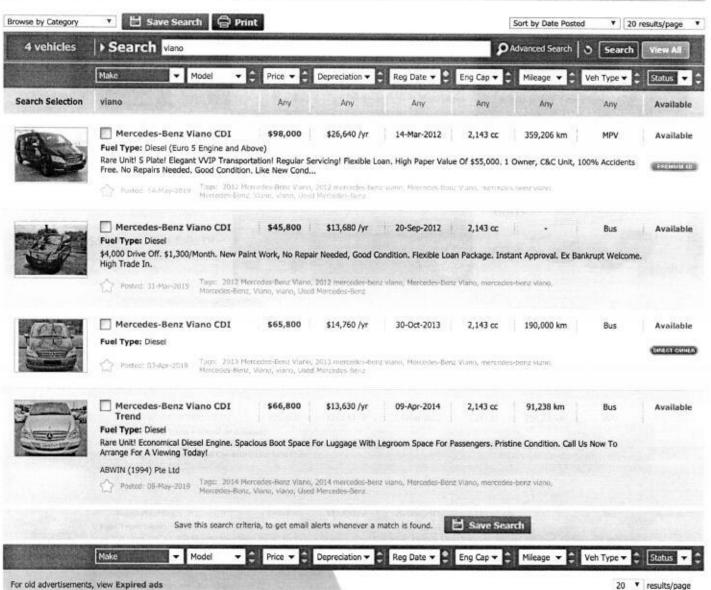
How much is my car worth?











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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

140	FIDOT CADITAL IN		ISPECTION REPORT	C(Andraid
	FIRST CAPITAL IN	ISURANCE LTD	Ref: CS3/FCI19008169	25.00.000
86 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date: 17-06-2019	
			Code: FCI2	
1.	The work was	Policy Particula	rs :- (THIRD PARTY CLAIN	1)
	Insured Veh.	SHD 6570R	Veh. Inspected	PC 9779Y
	Policy No.		Coverage (\$)	0.00
	Claim No.	D19003026MFSH	Excess (\$)	0.00
	Assign From	MAY CHUA	Assign Date	09/05/2019
2.		Vehicle Pa	articulars & Condition	
	Make & Model	MERCEDES BENZ VIANO	c.c	2143
	Engine No.	HIDDEN	Year of Reg.	2013
	Chassis No.	WDF63981523819832	Colour	BLACK
	Odometer	232936 KM	Steering	IN ORDER
	Brakes IN ORDER		Modification	SPORTS RIM
	General	GOOD		
3.		Con	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	225/55R17	HANKOOK	6 mm
	L/H Front Tyre	225/55R17	HANKOOK	6 mm
	R/H Rear Tyre	225/55R17	HANKOOK	6 mm
	L/H Rear Tyre	225/55R17	HANKOOK	6 mm
1.		Descri	iption of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE I	REAR O/S PORTION.	
5.	With Dark LA	Gen	eral Information	
	Accident Date	07/05/2019	Inspect Date / Time	15/05/2019 (10:17 AM)
	Survey held at	JD MOTORSPORTS PTE LT	D	
	25 KAKI BUKIT ROAD 4 #06-38 SYNERGY @ KB SINGAPORE 417800			
5a.			Remarks	
	B) THE REPAIR E THE REPAIRER V	ON WAS CONDUCTED ON A " STIMATE WAS NOT PRESEN" WAS TOLD TO PREPARE THE EASE FIND DAMAGED VEHIC E:\$58,000.00	TED AT THE TIME OF INSPEC ESTIMATE.	

Report Ref No. CS3/FCI19008165/Acd3s2

Inspected By

XCX.

ADRIAN LING WAI PING

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

Licensed Appraiser

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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