| Sarveyor | REF: QS3 FCI | 18018018/UHd3-1 | Special Instruction: |
|-------------------|-----------------------------|--|---------------------------------|
| | | GNMENT (Office) | 4s: \$.40,300.00 |
| rom (Person): Mo | | Date/Time: 10/12/18 | Third Parties: |
| stimated Cost: | Bill to: | TO STATE OF THE ST | Claimant: |
| | | | Surveyor: PAL's Appraiser |
| DFFP Re-inspecti | on / Evaluation | | Workshop: z-one Automotiv |
| o Inspect Vehicle | No: SFQ 5961H | Insured: SHC 0665 | × |
| | . Z. one Automoti | | |
| [Ika | ci Bulait tre 6 # 01-8 | 5 | |
| olicy No: | | Claim No: 01800; | 7261MFSH |
| Sum Insured: | | Excess: | |
| Make of Veh: | | | 1/2018 |
| Client's Record) | appt 03/6/19 | 01-1.30m | 20 - 0 |
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| Date/Time: | Person Contacted; | Vehicle IN / | OUT |
| Date/Time:/ | Confirmed with | Final Fig Hoday | s (Red \$ / %; Original 16 days |
| Date/Time: 6/6 | Submit Fine Fig 30,00 | 00 / 6days (Red \$ 1031 | 0 /25 %; Original days) |
| | ion/Instruction | | |
| | have Police Investigation | Danett. | |
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| 1117 | nding FOR RI Appointme | 145/KIS65) | Dan alatale |
| | | A CONTRACTOR OF THE PARTY OF TH | DOA: 30/9/2018 |
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| | RECEIVED | g g JUN 2019 | |
| | | 7777 | |
| | | | |
| Para(1) : Part | s found not replaced (To | highlight R or UB | . LR. Etc.) |
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| | | | |
| Para(2): Con | nments on consistency of da | amages (Parts Not Cor | sistent · NC) |
| | | aninges (1 arts 110t Cor | isistent . Mo j |
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| | | | 3 DX16-9 |
| Para(3): Net | Value | | 30X15=9 450H70 |
| | | | Fee Charged: Date: |
| M | arket Value: | Inspected/ | Basic & Add 626 |
| | | Evaluated by: | Transport 50 |
| Sa | dvage Value: | | Photos & |
| N.T. | att Mala | | Others of D |
| | ett Value : | | Total OSP 715 |
| 1) Date/Time 6 | | 2) Date/Time | File Return 6 10 |
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| Assirector Marcus | ASSIGNMENT (Office | |
|--|---|----------------------------|
| From (Person) Lurene Ju | | Dete/Time 4/10/188 11/69ar |
| Estimated Cost: | Bill to: | |
| OD (FP) WS / TP RES / OD To Inspect Vehicle No: | SFQ 5961 H | Instituted 34C 0665X |
| at Workshop m/s | Z-one Automotive Bukit Ave 6 # 01-87 | Tel: 9755 2115 |
| Policy No: | Claim No | D18007261MFSH |
| Sum Insured: | Excess: | |
| Make of Vela | | D.O.A 30/9/18 |
| (Client's Record) CA / REV / REP. / REV 2 Date/Time: 12-09pm | 4 HRS (4) 4 HRS Contacted Marg | 11.0.D. Endorsenson |
| Date/Time Action/Instruct | ion (×) Estimate | |
| SEQ 50 3年C 665 | 161 + -x x - cs3/fc115016666/f | abdi Bon: 1/10/15 |
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| ASSIGNMENT Veh No: SAGGMENT Veh No: SAGGMENT Type: M.Car. M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or SA/ To Inspect Vehicle No: SAGGMENT Make: Cayofa Wish c.c / 79 X | (08/11/13) wef | REF: | Ful | |
|--|--|----------------|------------------------------------|--|
| Promit Estimated Cost Estimated Cost Estimated Cost OD / TP / WS / TP RES / OD RES EVA INV / INV To inspect Vehicle No: At Workshop mis of Insured: Policy No. Claims No. Sum Insured: Policy Condition) Make of Veh: (Client's Record) Make Cay of Wish or Tradic Insured Std Ni Na Sor Reading 2 / TW 60 The JT of R Z W Y 0 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ASS. REC. BY: Marcus | 100 | | |
| Type: GEV M.Cycle / Bus / Van / Lorry / Tack / Prime Mover / To Inspect / Vehicle No: At Workshop m/s of Insured: Folicy No. Claims No. Sum housed: (Color Sum No. Sum housed: (Folicy Condition) Remark: The veh had commenced its repair at the time of inspection. Bell or Market Value: (Folicy Condition) Bell or Market Value: (Both Action / Instruction) Call February: Action / Insured / Std / NI / NA Eng/No. CNo. Sum housed: (Folicy Condition) Remark: The veh had commenced its repair at the time of inspection. Bell or Market Value: (Folicy Condition) Remark: The Value (Folicy Action or Tyre State File Institute or Tyre State File Insti | | <u>A88</u> | 1 | 1 6 AP |
| Truck/Trailer or GA Co. / 79 V To Inspect Vehicle No: FG Select House Selected Selection of Sel | From: Da | te: | | |
| To Inspect Vehicle No: FOLICY No. Claims No. Sum Insured: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: (Policy Condition) Romark: The veh had commenced its repair at the time of inspection. Ball or Market Value: (IDAC Accident Rport: Claims Ro. CA / REV / REP. / 24 HRS 3) (FUNC) Date: Person Contactabid: Date / Time Action / Instruction LTA (FOR 2 Actide Instruction) LTA (FOR 2 Actide Instruct | Estimated Cost | | , | Lorry / Laxt / Printe Movel / |
| Sp. Reading 2 7 10 6 The application insured Stall NI NA English. Folicy No. Claims No. Sum insured: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: Sp. Reading 2 7 10 6 The Insured Stall NI NA English Fig. Street Stall NI NA English Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: Sp. Consistent? Yes or No GIA / PR Seen: Consistent? Yes or No GIA / PR Seen: Consistent? Yes or No Sum Sum: Sp. Subun / English CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No Cate / Tries Action / Instruction La / Report Format: Sy / Condition. Cate / Tries Pass to? Cate | OD I TP I WS TP RES OD RES I EVA | / INV / MV | | / |
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| Sp. Reading 2 7 10 6 The application insured Stall NI NA English. Folicy No. Claims No. Sum insured: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: Sp. Reading 2 7 10 6 The Insured Stall NI NA English Fig. Street Stall NI NA English Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: Sp. Consistent? Yes or No GIA / PR Seen: Consistent? Yes or No GIA / PR Seen: Consistent? Yes or No Sum Sum: Sp. Subun / English CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No CA / REP / REP. / 24 HRS Sy / La Yes or No Cate / Tries Action / Instruction La / Report Format: Sy / Condition. Cate / Tries Pass to? Cate | at Workshop m/s | 7. one. | Colour & Wil | A/C: Insured / Std / NI / NA |
| EngNo: Claims No. Claims Record) Claims Record Claims Record Claims Record Claims Record Law Record Law Red Burnt or Claims Record Law R | | | Sp.Reading 2,7(2)(2 | T/Radio: Insured / Std / NI / NA |
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| Claims No. Sum Insured: Excess: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No ISIN POLY INTERPORT MICE OF THE Pass to? Date / Time Action / Instruction L1A (SCR L NOUT) Date / Time Action / Instruction Cation | 10-901-00-00-00-00-00-00-00-00-00-00-00-00-0 | | CINO: JTOFR | 12WX.03000217 |
| Steering: Input By Jammed / Leaked / Burnt or Brake: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: (DAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: % 3 Val: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction LTA (SBR) Actif (1) SRIbry / STD ARRIM or Trye Size: F: / S.J. G.F. W.F. R: BS / DUN / EXNOVA / GY / FS / LIZA / Milc / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear: R: BS / DUN / EXNOVA / GY / FS / LIZA / Milc / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear: R: BS / DUN / EXNOVA / GY / FS / LIZA / Milc / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear: R: BS / DUN / EXNOVA / GY / FS / LIZA / Milc / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear: R: BS / DUN / EXNOVA / GY / FS / LIZA / Milc / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear: R: BS / DUN / EXNOVA / GY / FS / LIZA / Milc / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear: R: BS / DUN / EXNOVA / GY / FS / LIZA / Milc / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear: R: BS / DUN / EXNOVA / GY / FS / LIZA / Milc / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear: R: BS / DUN / EXNOVA / GY / FS / LIZA / Milc / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear: R: BS / DUN / EXNOVA / GY / FS / LIZA / Milc / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear: R: BS / DUN / EXNOVA / GY / FS / LIZA / Milc / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear: R: BS / DUN / EXNOVA / GY / FS / LIZA / Milc / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear: R: BS / DUN / EXNOVA / GY / FS / LIZA / Milc / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear: R: BS / DUN / EXNOVA / GY / FS / LIZA / Milc / OHTSU / PIR / SUMI / TOYO / YOKO or TOYO / YOKO Bal. or Market Value: TOYO / YOKO Bal. or Market Value: TOYO / YOKO REAR: R: BS / DUN / EXNOVA / GY / FS / LIZA / MILC / CONTON / REAR: | | | Gen. Cond. Good Fair / Poor / Bur | nt / |
| Cient's Record Make of Veh: Brake: Ingrito Jammed Leaked Burnt or Modi: Nil (Sirilpr STD Airlim or Tyre Size: F: / S.J. / G.C. W.C.F. R: Bs / DUN / EXNOVA / GY / FS / LUZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Composition Pirot / Toyo Yoko or Pirot / T | 100 March 1981 | (cess; | Steering: Inorde) / Jammed / Leake | d / Burnt or |
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| Tyre Size: F: / 9.5 GC N IS Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: S | A MARIE AND A CONTRACTOR | | Modi: Nil (S/Rim / STD A/Rim | or , |
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| repair at the time of inspection. Bal. or Market Value: DAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No GIA / PR Seen: Days Res.: Yes or No CA / REV / REP. / 24 HRS Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Date: Person Contacted: Date / Time Action / Instruction L/A (SUS) Neff (13) Security No. of Trip: Date/Time, File Pass to? Date/Time, File Return to? Add Fee: Site Insp (\$) Photos Report Format: Lump, Sum / I.B.I; (\$) Others Lump, Sum / I.B.I; (\$) Others Weekend (\$) Others Transportation: Weekend (\$) Others Weekend (\$) Others | | N/S 0/S | 4 | A / MIC / OHTSU / PIR / SUMI / |
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| DAC Accident Rport: Consistent? : Yes or No | Dat as Market Value: | 1 | | 77 0.1 |
| Date / Time | and the second s | 7 (| 7 | n n n n |
| Est. Repairs: days Res.: Yes or No D.O.A. 30/5 (| IDAO AGGGERADORI | | | |
| Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time | SIA 1 1 IX GCGII. | | 11. | 41 |
| CA / REV / REP. / 24 HRS Solution: Person Contacted: Date / Time | | | 30(1(1) | |
| Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date/Time | Lum Sum: % | | S. Productive and the second | e I NIC I IIIC I Poofton or |
| Date Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Action | CA / REV / REP. / 24 HRS | 30/4/2010 | Des. of Damages : Prt / Rear / Of | a / N/a / G/G / Roontop G |
| Date/Time, File Pass to? Preli. Report Days Of Repair: Survey Fee: Transportation: | Date: Person Contact | | | ody Structure affected due to collision. |
| DeterTime, File Pass to? Preli. Report Days Of Repair: Survey Fee: Transportation: Add Fee: Site Insp (\$)S+RSSI Interview (\$) Photos Report Format: Tech. Invs (\$) Others Uwekend (\$) | | 22 (2002) | | |
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| ASS. REC. BY: / MCV FU | | 161/ |
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| From | Date: | CIOCOLLI |
| Estimated Cost | Light, | Veh No: 374 576/ Yr Regn: 6 108 |
| OD/ TP/WS/TP RES/ OD RES | S/EVA/INV/MV | Type: M.Car J.M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or |
| To Inspect Vehicle No: | 5725-8614 | Make Tanata NICI 1701 |
| at Workshop m/s | Z. One | - S C 177 C C 177 C |
| of . | h one | - Insuled Sta I NI I NA |
| insured: | | Sp. Reading 24/4/9 T/Radio: Insured / Std / NI / NA Eng/No: |
| Policy No. | | CINO: JTDER 12 14/1/23 20 |
| Claims No. | | Gen. Cond: Good / Pair / Poor / Burnt |
| Sum Insured: | Excess: | Steering: Inorder / Jammed / Leaked / Burnt or a |
| (Client's Record) | | Brake: Inorder I Jammed / Leaked / Burnt or |
| Make of Veh: | | Modi: Nil / S/Rim / STD A/Rim or |
| | | Tyre Size: F: / S (/ 6 (7 / 6) |
| (Policy Condition) | | R: P: // DI-CIG |
| Remark: The veh had commence | d its N/S O/S | 1 |
| repair at the time of ins | pection. | TOYO / YOKO OF FOR COMMENTAL PROPERTY SUMMER TOYO / YOKO OF FOR COMMENTAL PROPERTY SUMER TOYO / YOKO OF FOR COMMENTAL PROPERTY SUMER TOYO / YOKO OF FOR COMMENTAL PROPERTY SUMER TO / YOKO OF FOR C |
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| IDAC Addident Roort: (| Consistent? : Yes or No | 100. 6 |
| GIA PR Seen: 1 | Consistent? : Yes or No | mm Ribal mm |
| Est. Repairs: days | Res: Yes or No | non 2 -/ a / a |
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| CA / REV / REP. / 24 HRS | 7 1.112023 | The state of the s |
| 7.2.7.7.2.7.1110 | Vehicle: IN / OUT | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or |
| Date. Person Cont | tacted | The U/C/4 Chassis frame / Body Structure affected due to collision. |
| Date / Time Action / Instruction | | |
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| | Add Fee: | Transportation: |
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| eport Format : PRS . | | : Interview (\$) Photos |
| ump Sum / I.B.I: (\$ | · · | : Tech. Invs (\$) Geners |
| 1 | , | : Weekend (\$ |

TOTAL

Nivitha (LKK Auto)

From:

CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>

Sent:

Monday, 10 December 2018 6:10 PM

To:

sophia@satwantlaw.com.sg

Cc:

Sithara; ASSIGNMENTS@LKKAUTO.COM; admin-d@lkkauto.com; CWS Motor

Claim

Subject:

Request for RE -INSPECTION-your ref no: PD/DL/1801723(MH)/ our Ref:

D18007261MFSH;accident involving SHC0665X and SFQ5961H on 30-09-2018

Without Prejudice

Dear Sirs,

RE-INSPECTION: THIRD PARTY VEHICLE NO: SFQ5961H.

We refer to the above matter.

Please let us have Police investigation result & Kindly note that we wish to carry out a re-inspection. Please advise the date, time, venue and person to contact at least 7 working days in advance of the appointment.

Thanks & Regards, Motor Claims Department MS First Capital Insurance Ltd cwsmotorclaims@msfirstcapital.com.sg

Nivitha (LKK Auto)

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>

Sent: Monday, 10 December 2018 6:50 PM

To: ASSIGNMENTS@LKKAUTO.COM; admin-d@lkkauto.com

Cc: Sithara; CWS Motor Claims

Subject: Request for Re -Inspection-our Ref: D18007261MFSH;accident involving SHC0665X

and SFQ5961H on 30-09-2018

Please find below link to download document Re survey.zip

WITHOUT PREJUDICE Dear Sir,

Kindly arrange Re inspection as per below email.

Please find the attached documents.

Thanks & Regards, Motor Claims Department MS First Capital Insurance Ltd cwsmotorclaims@msfirstcapital.com.sg

From: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]

Sent: Monday, December 10, 2018 3:40 PM

To: sophia@satwantlaw.com.sg

Ce: Sithara; ASSIGNMENTS@LKKAUTO.COM; admin-d@lkkauto.com; CWS Motor Claims

Subject: Request for RE -INSPECTION-your ref no: PD/DL/1801723(MH)/ our Ref: D18007261MFSH; accident involving SHC0665X and SFQ5961H on 30-09-2018

Without Prejudice

Dear Sirs.

RE-INSPECTION: THIRD PARTY VEHICLE NO: SFQ5961H.

We refer to the above matter.

Please let us have Police investigation result & Kindly note that we wish to carry out a re-inspection. Please advise the date, time, venue and person to contact at least 7 working days in advance of the appointment.

Thanks & Regards,

Motor Claims Department

MS First Capital Insurance Ltd

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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
- 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 arc

| | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | |
| Date Of Accident | 03/10/2018 14:56 |
| Exact Location Of Accident | 30/09/2018 15:20 |
| Country/State of Loss | ALONG SUNGEI KADUT DRIVE TOWARDS CHOA CHU KANG WAY |
| | SINGAPORE |
| Vehicle Registration Number | DETAILS OF OWN VEHICLE |
| Insured/Policyholder | SFQ5961H |
| Name Of Registered Owner | LINESCOVERS |
| NRIC No | LIM BOON CHONG |
| Email Address | S7114528Z |
| Mobile Phone No | NOEMAIL |
| Alternative Phone No | (LOCAL) +65-91114480 |
| Vehicle Particulars | OFFICE-91114480 |
| Manufacturer | TOYOTA |
| Model | TOYOTA WISH-1.8 (A) |
| Exact Purpose for which vehicle was being used a 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 | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MT101224 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LIM BOON CHONG |
| NRIC No | S7114528Z |
| Date Of Birth | 03/05/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/01/2003 |
| Driving Experience | 15 YEARS AND 8 MONTHS |
| | |

MALE

NOEMAIL

(LOCAL) +65-91114480

OFFICE-91114480

BLK 704 CHOA CHU KANG STREET 53 Address

#07-66

Postcode 680704

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR Road Surface DRY

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

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)

Passenger 1

NAME:

YES

NO

3

: CHEW GUAT TENG

GENDER:

: FEMALE

Passenger 2

NAME:

: LIM SHUMIN

GENDER:

: FEMALE

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?

If Yes, against whom?

NO

Circumstances of Accident

Please refer to Police Report T/20181003/2056.

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

SHC665X

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)

DETAILS OF INJURED PERSON 1

Name

LIM BOON CHONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SFQ5961H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

BLK 704 CHOA CHU KANG STREET 53 #07-66

Postcode 680704

DETAILS OF INJURED PERSON 2

CHEW GUAT TENG

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SFQ5961H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

LIM SHUMIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SFQ5961H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

YES

ambulance?

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report porceptly the described the accident to speed up the claims process.
- A This Personnel the completed by the Policyholder and/or the Authorised Driver
- 3 With respect on any ded must be at truthful and accurate at possible. Any withit misrepresentation in withholding of material facts may allow measure comparison to expudiate policy liability.
- The resource 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
- 5 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 independent of this regard to the courses, and hereby coquent to the archiving of this report at the centre and to copies of the import being made everlable efficiency.
- Eonsett under the Personal Data Protection Act (POPA)
 - Funderstand, acknowledge, agree and concent than
 - the discrete any workings and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use discrete and/or processing personal disappearant information set out in this (form) and any other personal information processing operations of the processing information of the insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurer(s) who have insured sensitively involved in this accident (ad insurer(s) who have insured achieves) may vide any objects of the insurers. It is insurers to insurers the insurer of Singapore and any objects of government agency/authority (such as the police), for the proposeis) of
 - (i) processing mandling analysis dealing with my claims including the settlement of the claims and any necessary discluding relating to the claims.
 - If it is extracting the occident analyze my claims
 - fail) enviring min analysis dealing with my motive home as responding to any enquiries by mig-
 - (w) administrating my claims including the making of correspondence, statements, invoices, reports or notices to me, which could mixize discloure of certain personal data about me to bring about delivery of the same as well as on the valuable of energoes/mail packages) and/as
 - (v) complying with applicable law in administering, processing, hundling and/or dealing with my claims/collectively the "Purposes":
 - the all enterer(s) who have another e-heless 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 is formation may/can be disclosed by any of the insurers and/or GIA to their third party service provides or aconts/visuading their sewyors/law firms, which may be sized outside of Singapore, for one or more of the above Purposes.
 - (d) my Personal Information will also be corrected and used for compile claims history for the buttook of fraud detection, revisional and expragement in present are all folium claims.
- (ii) the information suicalliful under (d) above may be shared / disclosed.
 - (i) to 31 moures and/or any other third parties that assist or evaluating investigating, controlling or managing fraud, required by, law enforcement and government agencies as reasonably required for the purposes stated, or
 - land the complying with reducements under any regulations, these or court proofs

Policyholdine's Signature

Desert's Signature (If deserts said the pasicyburder)

Date & Tone NRIC/FIN No.

Reporting Cent

harmfully wance that the insuranceus was have a 1 hosey period for the 25 decute on thing art Own Damage Claim

Accident Sketch Plan

| SKETCH PLAN | Intava | Date of Acordent 30/09/2018 |
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| | XB | A SFQ5961H |
| | X B | B SHC665X |
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| | ZULYKI KYCH | H Dr |
| | A 1 | t ³ |
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| | ANCES OF THE ACCIDENT | |
| Please refer to Police | se Report T/20181003/2056 | |
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| | | |
| Vehicle Ara currently | at Traffic Police compound, therefore | no photos. |
| | | ☐ Osco Damage Claim |
| | | ☐ Third Party Claims |
| | | □ 00/TP Claim at another workshop □ Reporting Ordy |
| DECLARATION | | - Forest and |
| /W= deklaris/he foresoins | continuolars, and true in every respect. | 50.00 |
| rest T | | 1000 |
| | | (SCHAMS) |
| Washoder's Rignature | Driver's Signature (Vidrover's not the policyholder) | Acporting Contro Analysis Senature |
| | Date & Tyre: | Name NRIC/FIN No |

Certificate of Insurance

Tokio Marine Insurance Singapore Ltd.

Company Reg. No. 152, 2022 FASS P.C. F. Reg. No. 97, 103300023 in 20 No. Calum Street #Ds 61 Total Meme Centra Singapore Biolobis 1 (86: 622 K111 F. pt.) 627, 8355 / 856 6224 0896 F. Desiricationarise coming 37 arese foliarisance com-

to marries of the Trans Market Entry



Certificate of Insurance

FORM NO

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: UT101724 (Provide Carl)

Palicy No. UT101224 Feature Cary

1. Index Mark and Registration Number of Vehicle

2. Name of Policyholder

3. Effective date of the Commencement of Insurance for the purposes of the Act

4. Date of Expry of Insurance

0004/2019

Date of Expiry of Insurance DISECTOR
 Persons or Class of Persons entitled to drive*
 (ii) The Policyholder
 (ii) Any offer person who is criving on the Policyholder's order or with his permission.

recorded that the frequency of particular or according with the according or according or according to the control of according to the control

6. Limitations as to use? Use only for succession and pressure purposes and for the Pulsonwister's business. The pality does not cover use for his or research record, pace, making, releasedly mail, speed-learning or the carriage of goods (unless than samples) in uninvariant with any finds or business or use for any purpose in connection with the Major Trade.

The Parties width Part the Policy is writed this Laddhade leaster it become a name of some

SAPORTANT ACTION

The Carolinean and Secretarian Company of Servery, I the resource in particular to infollowing resource, pay must return the Carolinean a State Resource Engagement at which is depth on a first control that the same are resolved on-must state as state on declaration on that offer Palant is recorded that this big is an offere under other Palant is seen and other Palant is recorded that the same state of the same are resolved to the same and other palants are controlled to the same are resolved to the same are resolved

| | | | Account No. 2147DDA |
|---|---|--|--|
| Comprehensive | | | ACCIDENT NO. 2147DEM |
| Prevaling Market Value | | | |
| Olen Durrage Claims Additional Excess for Uniquest | 9GD 860.00 9GD 560.00 | (Ongred Excess | 5GD 809.001 |
| Additional Excess to Young or | 8GD 3.560.60 | | |
| WirdScreen Excess | 5GD 160.00 | | |
| | Prevailing Market Value Cleri Darrage Claims Additional Excess for Uniqueed Drivers), ACCOUNT Excess for Young or Integration of Volence World Committee Committee World Committee Committee World Committee Committee | Prevailing Market Value Over Damage Claims SGD 860.00 SGD 560.00 S | Prevailing Market Value Over Dannage Claims SGD 800.90 (Original Excess National Excess for Unique) Additional Excess for Uniquese SGD 800.00 (Original Excess National Excess for Volvey or SGD 3.500.00 (Original Excess National Excess SGD 3.500.00 (Original Excess SGD 3.500 |

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

 $\operatorname{Hom}(Q, \pm (\tau), \chi) \times$

Person (Follows (420))

Police Report





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

1 of 3 Report No. T/20181003/2056

| Date/Time Report Made: 03/10/2018 11:44 | | Vade: | Vide Report No.: J/20180930/0186 | Station Diary No. |
|--|-------------------------|-------|---|----------------------------|
| Informa | ant's Partic | ulars | | |
| | f Informant ON CHONG | | Address: 704 CHOA CHU KANG STRI | EET 53 #07-66 SINGAPORE |
| ID Type / ID No.: NRIC NO / S7114528Z | | 28Z | 680704 Contact No : Home/Office: | |
| Nationality: SINGAPORE CITIZEN | | EN | Email: | Mobile: 91114480 |
| Sex: Age: Date of Birth: | | | Type of Informant Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: GENERAL MANAGER | | ER | Driving Licence Information: Class 3,4 | Date of Evolu- |

| Type of Accident: | Injury Conveyed By Ambular | Drink Drive: No | Date/Time of Accident: 30/09/2018 15:20 | Type of Location | |
|--|--|-----------------------|---|-------------------|--|
| Along Road 1 SUNGEI KAD CHOA CHU K | Traveling Toward Road 2 UT DRIVE ANG WAY | | | | |
| Weather: Road | | load Surface: | R | Road Speed Limit: | |
| Traffic Flow: Traffic | | | | Traffic Volume: | |
| Traffic Flow: | T | raffic Control: | Tr | affic Volume: | |

| Vehicle No. | ype | Make | Model | Color | 0 | |
|-------------|------|--------|------------------|-------|-----------|-----------------|
| SFQ5961H | Car | TOWNER | | Color | Condition | No of Passenger |
| | Cell | TOYOTA | WISH 1.8 AUTO | Blue | | 3 |
| SHC665X | TAXI | | 7010 | _ | | |

| | ehicle Insurance | | | |
|--------|--|--------------|------------|-------------|
| | Insurance Company TOKIO MARINE INSURANCE | Insurance No | Effective | Expiry Date |
| - 4000 | SINGAPORE LTD | MT101224 | 07/04/2018 | 06/04/2019 |

Police Report





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

2 of 3 Report No. T/20181003/2056

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG SUNGEI KADUT DRIVE ON THE EXTREME LEFT LANE OF THE 3-LANE ROAD WITH 2 PASSENGERS AND WAS INTENDING TO GO STRAIGHT TOWARDS CHOA CHU KANG WAY. I WAS AT THE JUNCTION OF SUNGEI KADUT DRIVE AND SUNGEI KADUT AVE AND THE TRAFFIC LIGHT WAS GREEN IN MY FAVOR. SO I PROCEEDED TO GO STRAIGHT. AS I WAS CROSSING THE JUNCTION. A TAXI(SHC665X) THAT WAS ON THE ONCOMING SIDE MADE A RIGHT TURN AND COLLIDED INTO THE FRONT RIGHT SIDE OF MY CAR. AMBULANCE CAME AND CONVEYED MY 2 PASSENGERS AND I TO NG TENG FONG GENERAL HOSPITAL ONE OF MY PASSENGERS (MY WIFE) RECEIVED 3-DAYS MC AND I RECEIVED 6-DAYS MC.

Police Report





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

3 of 3 Report No. T/20181003/2056

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.

| TP / MUHAMMAD SYUKRI BIN A | | Signature Of Informant: | |
|---|-----------|-----------------------------|--|
| Signature Of Interpreter: Not applicable | | Date/Time; 03/10/2018 11:44 | |
| Officer In Charge Of Case. TP / GiT / | | Classification Of Case: | |
| SI NG CHWEE THENG Contact No., 65476397 | | SINGAPORE POLICE FORCE | |
| Authentication Stamp NP168 | 47.41.2 | 63 | |
| | Securitor | -J1 | |

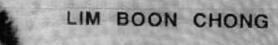
Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7114528Z









Race

CHINESE

Date of Bath

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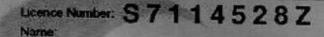
03-05-1971

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Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



LIM BOON CHONG

Birth Date: 03 May 1971

Issue Date: 16 Jan 2003



2226222



NRIC No. S7114528Z



Blood Group

Date of issue

0+

30-07-1994

APT BLK 704 CHOA CHU KANG STREET 53 #07-66 SINGAPORE 680704

NRIC No:

S7114528Z

Date:

23/08/2018

YOU ARE TO ENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 3 Mo

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

16 Jan 2003

Class 4

Heavy motor cars and motor tractors > 2500 kg

22 Feb 2008

S7114528Z

S / No. 9000088557

Licence No: S7114528Z

IP 428A



