Date/Time: 8 (16/19	FCI (Office)	TO A CHARGE STATE OF THE PARTY AND ADDRESS.	1 Kao		Unveyor: A2 rom (Person):
Insured: 54 C 70187 Tel: 6281 897		SKH 5		de No:	Stimuted Cost: DD TP / VS /
 vey on contre	ANTOMO 01-00 BAR	2018L	BUKIT	13/CAH	t Workshop m/s of
 b1900 3585 MF5H	Claim No: _				olicy No:
 271.	Excess:				Sum Insured:
D.O.A. 30/5/19					Make of Vel r. Client's Record)
 H.O.D. Endorsement:			24 HRS	REP. / REV	CA / REV / I
Vehicle IN OUT	d:d:	erson Contact	Pe	-	Date/Time:
•		x) store	tion Pale	Action/Instruc	Date/Time
*				9×4 5011	
1		•	-	HC 7018	
		2019	13/0/2	Dismante	
		200		Alterropa	100
		food	n- into	TATIES IV PA	



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 & 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

30-05-2019

Our Ref No. D19003585MFSH

Accident Date

30-05-2019

Claim Type. Third Party

Insured Vehicle

SHC7018T

Third Party Vehicle. SFH5011Y

Survey Location

13 KAKI BUKIT ROAD 4#01-20 BARTLEY BIZ CENTRE

Contact Person.

WILSON ONG

Contact No.

62810087/0

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

MOTOR INTEL AUTOMO

Attention, NIL

Cc : TP Solicitor

R. S. SOLOMON LLC

TP Solicitor Fax No. 68177499

Officer Incharge

HENRY KAO

PTE LTD

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

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

By the lodgement of this report to the insurers, you hereby conse aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/05/2019 14:42
Date Of Accident	30/05/2019 00:30
Exact Location Of Accident	MSCP OF BLK 624A LEVEL 2 PUNGGOL CTL
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFH5011Y
Insured/Policyholder	
Name Of Registered Owner	TANG TIEW MUI
NRIC No	S7479474B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93886821
Alternative Phone No	OTHERS-93886821
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA STREAM 1.8L SUNROOF ALLOY WHEEL AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5106833626 Policy Number

Cover Note Number

Date Of Driving Pass

Driver

TANG TIEW MUI Name of Driver S7479474B NRIC No 08/07/1974 Date Of Birth OUTDOOR Occupation 01/06/2004

14 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-93886821 Mobile Number

Fax Number

OTHERS-93886821 Contact Number

NOEMAIL EMail Address

Address

BLK 114 #09-557 YISHUN RING ROAD

Postcode

760114

Posicode

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

9

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions

CLEAR

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

ambulance?

...

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: PAULINE FONG

GENDER:

: FEMALE

Passenger 2

NAME:

: BERNISE TANG

GENDER:

: FEMALE

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 BELOW STATEMENT/SKETCH PLAN:

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

110

Was there any audio recorded?

NO

Vehicle Registration Number

SHC7018T

Vehicle Make/Model/Colour

HUNDAI 140 1.7 CRDI F/L AT ABS AIRBAG 4DR

Details Of Properties

Vehicle Category

TAXI

Name of Driver

THAM CHIEN TIN

DETAILS OF OTHER VEHICLE PROPERTY 1

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 15

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the ladgment 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, discides and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: 23 KAKI BUKIT AVE 4
Singapore 415933
Reporting Centre Personnel's Singapore
Name: Fax: 67492305
NRIC/FIN Nemail: vackb@singnet.com.se

IDAC KAKI BUKIT(VAC)

41.		
SKETCH PLAN	1640L CTL MSCP LI	
5	3	VEH A : SFH SOILY
LLL		VEH 13: 540 7018T
	A A	
Γ T T	同一十二	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
On 30/05/2	019 91 about 00301	ors I was exiting the
carpark of BI	K 624A Punggol Centro	of as I was exiting
a City Cab to	xi stopped on the	e left side of the capack
as such I	drove past from the	e right. As I past the
taxi out of	Sudden I lett a	strong impact from the left
of my vehicle.	I alighted a found	out the taxi passenger
had open the	right passenger door	without checking clear
Defore doing so	s. L. caused damage !	to my left side of my
Vehicle. The do	iver of the taxi u	viole a letter admitting
he was in -	bult & will assit ,	regards to claiming against
Mis insurance.		
I/We declare the foregoing part	iculars are true in every respect.	IDAC KAKI BUKIT (VAC) 23 KAKI BUKIT AVE 4 Singapore 415933
Policyfolder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel 3.5 (6)492305 Name: Email: vackb@singnet.com.sp.

Page 5 of 15

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Painiculars	
Owner ID Type:	Singapore NRIC
Owner ID:	9474B
Vehicle Details in the same and the same and the	阿尔西州的 中国共享,1970年第25年,1970年,1971年,
Vehicle No.:	SFH5011Y
Vehicle to be Exported:	Yes
Intended Deregistration Date:	03 Jun 2019
Vehicle Make:	HONDA
Vehicle Model:	STREAM 1.8L SUNROOF ALLOY WHEEL AT
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	R18A13800524
Chassis No.:	JHMRN688095200527
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$26.398.00
Original Registration Date:	18 Dec 2008
First Registration Date:	18 Dec 2008
Transfer Count:	2
Actual ARF Paid:	\$26,398.00
Intended PARE Reparte Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
Intended COE Repare Details	
COE Expiry Date:	17 Dec 2023
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$15,777.00
COE Rebate Amount:	\$14,318.00
Total Rebate Amount:	\$14,318.00

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 03 Jun 2019





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

	The state of	PRE-REPAIR II	NSPECTION REPORT	CALL STREET, S
MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI19009730/ Date: 27-06-2019 Code: FCI2	/Acd3s2	
		Policy Particul	ars :- (THIRD PARTY CLAIM	
-	Insured Veh.	SHC 7018T	Veh. Inspected	SFH 5011Y
	Policy No.		Coverage (\$)	0.00
	Claim No.	D19003585MFSH	Excess (\$)	0.00
	Assign From	HENRY KAO	Assign Date	01/06/2019
	Mirror Street	Vehicle I	Particulars & Condition	
	Make & Model	HONDA STREAM	c.c	1799
	Engine No.	HIDDEN	Year of Reg.	2008
	Chassis No.	JHMRN68809S200527	Colour	BLACK
	Odometer	203443 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Co	onditions of Tyres	CONTRACTOR ASSOCIATION
		Size	Make	Balance
	R/H Front Tyre	225/45R17	BRIDGESTONE	6 mm
	L/H Front Tyre	225/45R17	BRIDGESTONE	6 mm
	R/H Rear Tyre	225/45R17	BRIDGESTONE	6 mm
	L/H Rear Tyre	225/45R17	BRIDGESTONE	6 mm
4.		Des	cription of Damages	THE RESIDENCE OF THE PARTY OF T
	THE VEHICLE SU	STAINED DAMAGES AT THE N/S BODY.		
5.	a house a second	G	eneral Information	· 自然 200 的现在分
	Accident Date	30/05/2019	Inspect Date / Time	03/06/2019 (10:14 AM)
	Survey held at			
		13 KAKI BUKIT ROAD 4 @	BARTLEY BIZ CENTRE #01-20	SINGAPORE 147807
5a.			Remarks	电电影 经国际公司
	B) THE REPAIR E	STIMATE WAS NOT PRESE WAS TOLD TO PREPARE TH LEASE FIND DAMAGED VEH	A "WITHOUT PREJUDICE" BASI ENTED AT THE TIME OF INSPEC HE ESTIMATE. HICLE PHOTOGRAPHS.	IS. CTION.

Report Ref No. CS3/FCI19009730/Acd3s2

Inspected By

88.

ADRIAN LING WAI PING

Licensed Appraiser

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

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, is whole or in part, does so at his or her own risk.