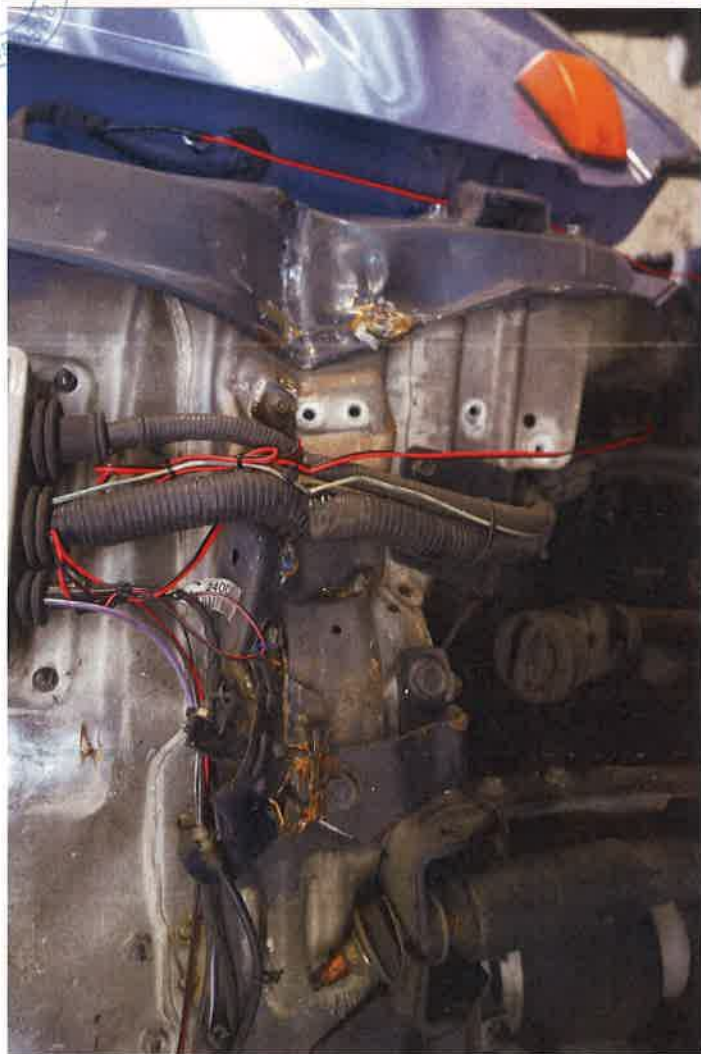
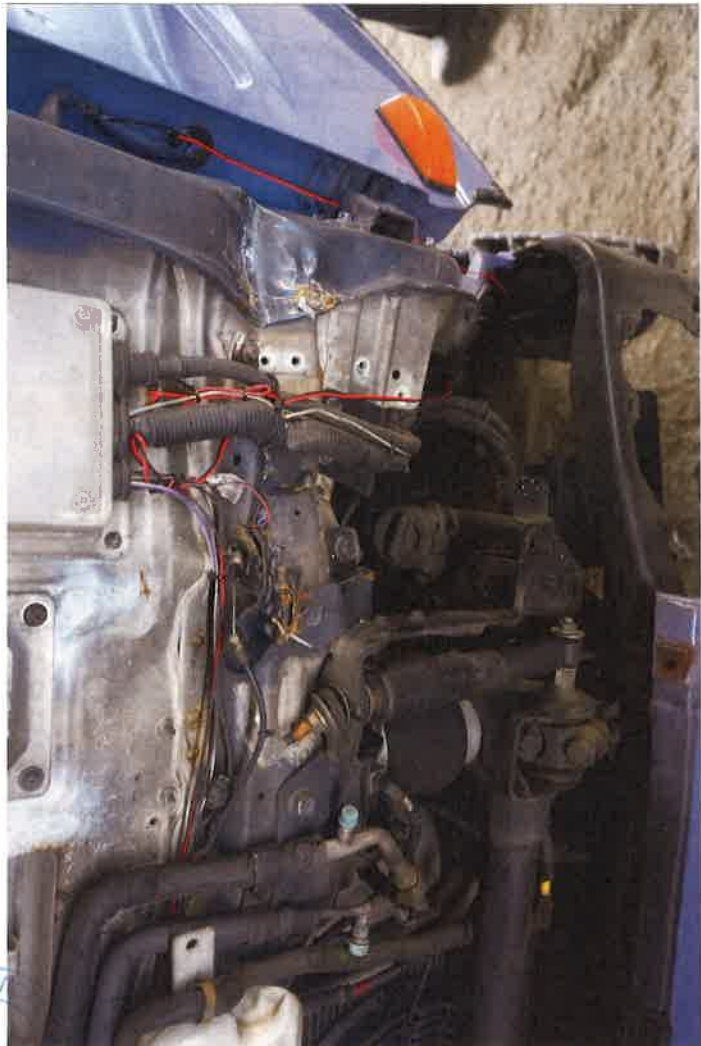
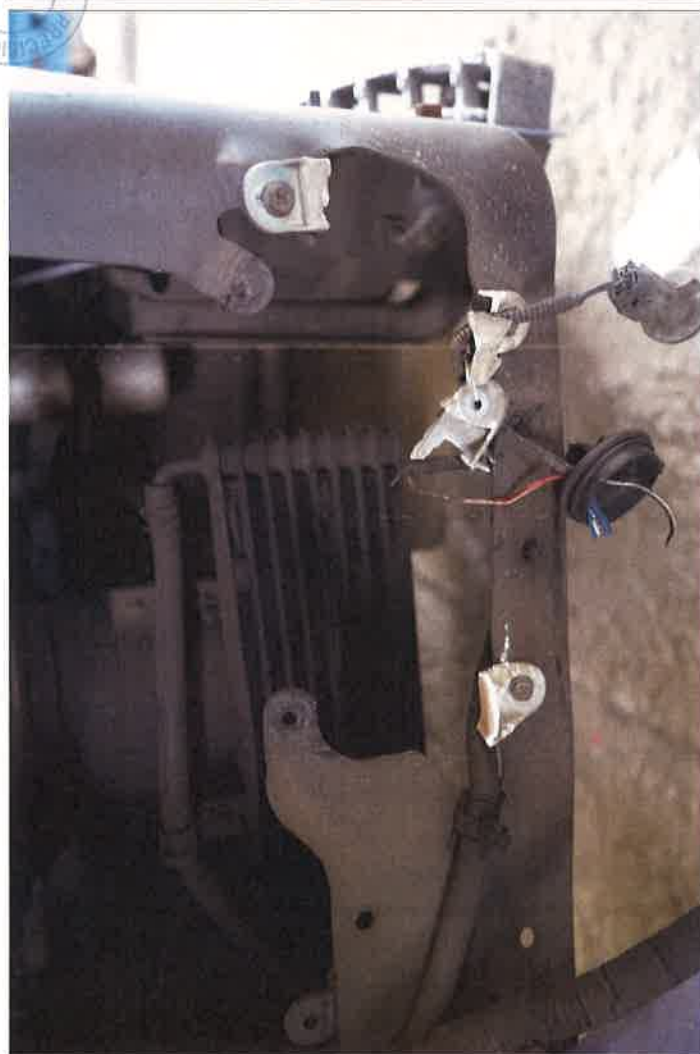
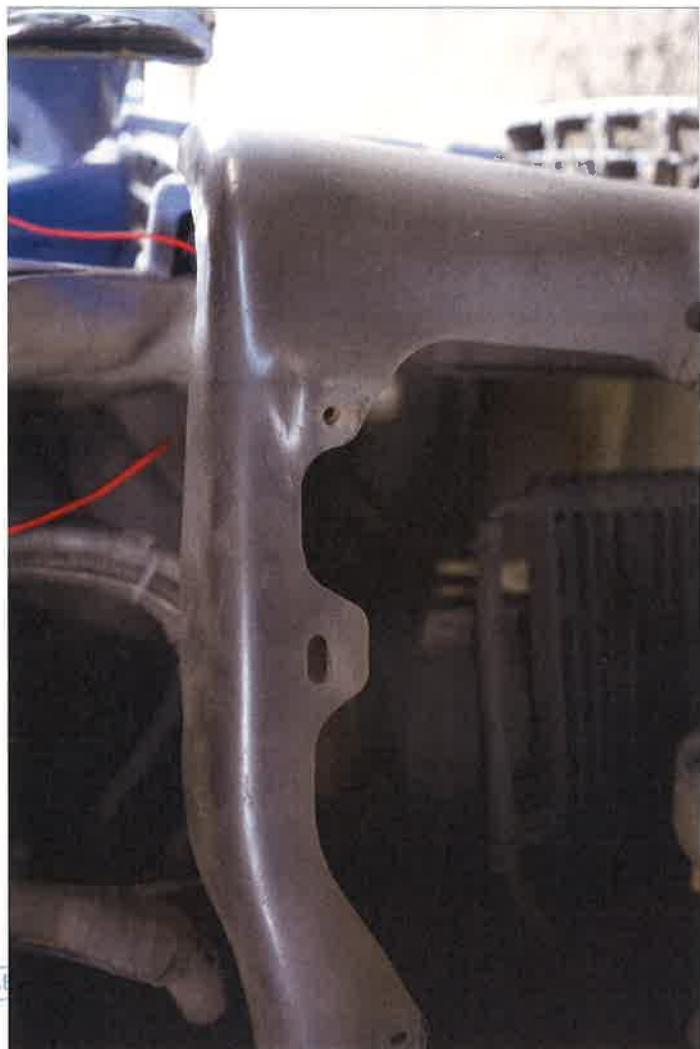


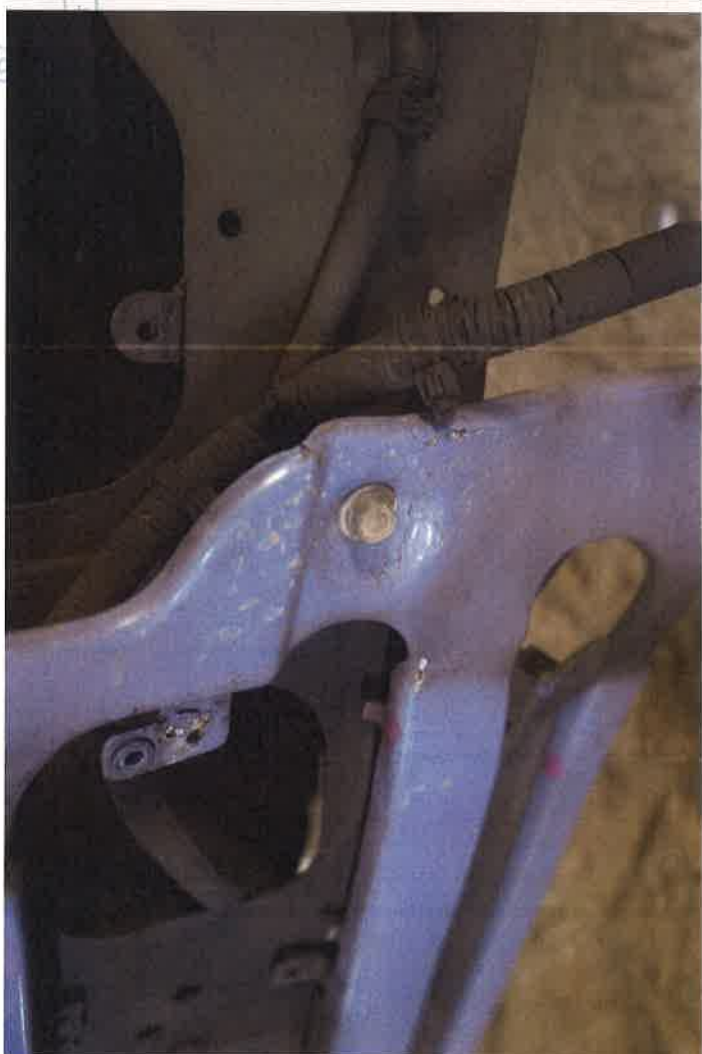
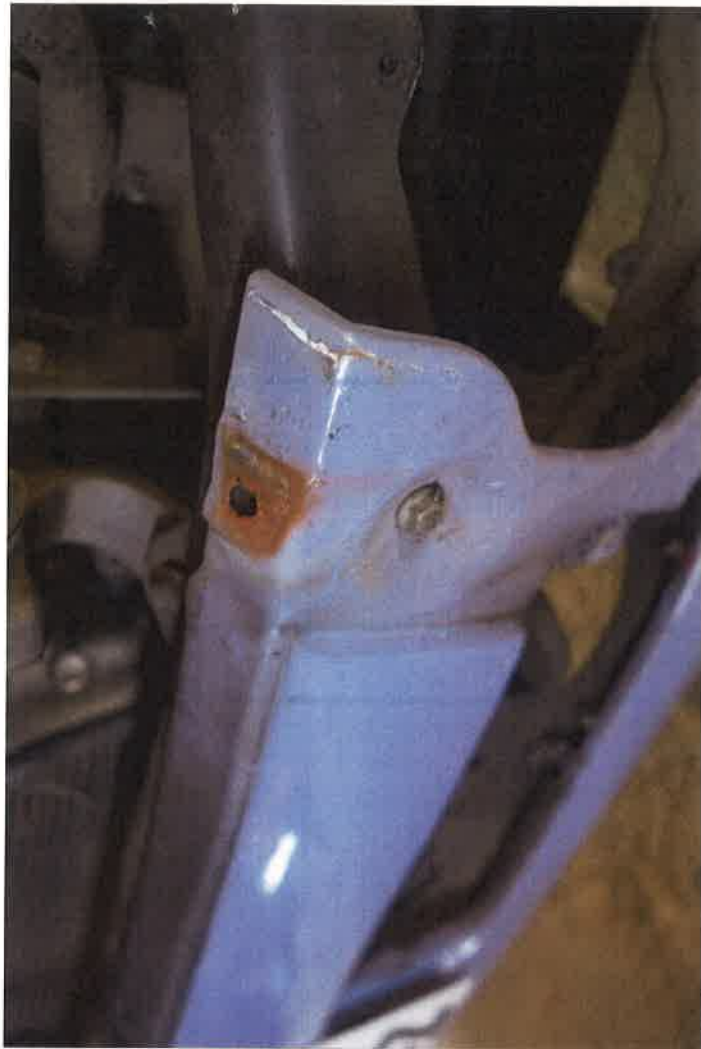


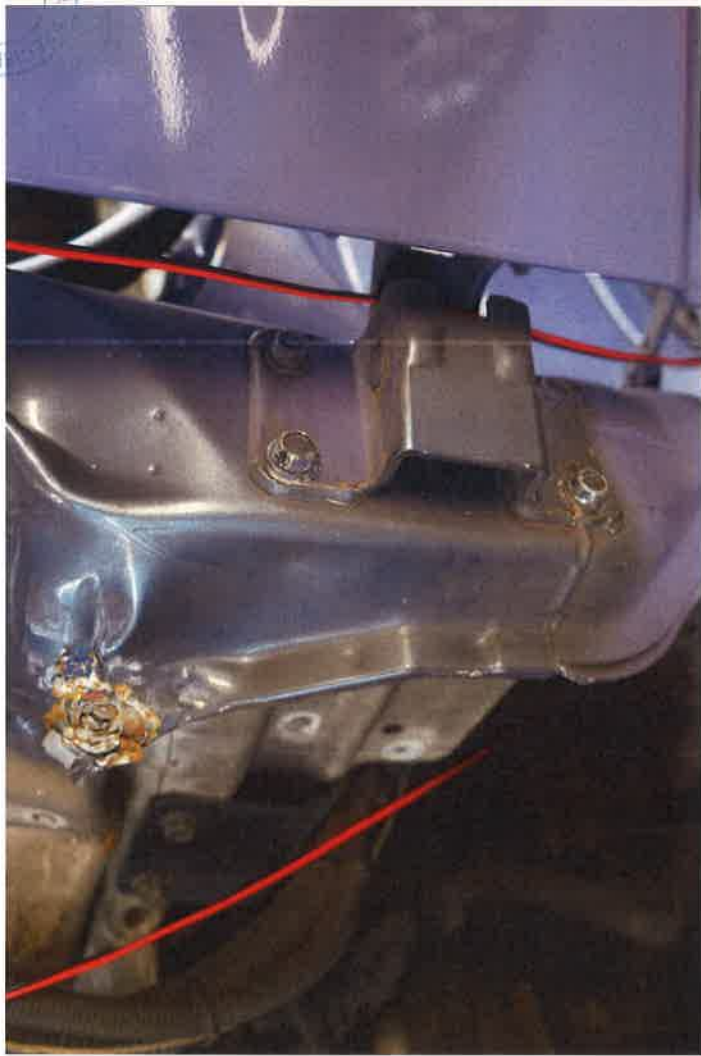
SERVICE
PRECISION















Your Ref : XD 9007S
Our Ref : XD 2136Z/YK/ms/sl
Date : 15 May 2020

Fax : 6538 3708
Tel : 3152 0989
Email : accident@kscgp.com

MSIG Insurance (Singapore) Pte. Ltd.

BY EMAIL ONLY

DATE OF ACCIDENT: 11 MAY 2020

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of to notify you of XD 2136Z a road traffic accident on 11 May 2020 at about 6.45 a.m at PSA Gate 4, involving our client's vehicle registration number XD 2136Z and vehicle registration number XD 9007S which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

f SL

Enc.

Your Ref : XD9007S (MSIG)
Our Ref : XD 2136Z/YK/ms/sl
Date : 15 May 2020

Fax : 6538 3708
Tel : 3152 0981
Email : accident@kscgp.com

MSIG Insurance (Singapore) Pte. Ltd.

BY EMAIL ONLY

DATE OF ACCIDENT: 11 MAY 2020

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/N	Name of Surveyor	Company Name
1.	Foo Philip	Precision Appraisal Services
2.	Ronald Ng	Precision Appraisal Services
3.	Lee Kok Weng	Lee Automobile Appraisals Services
4.	Leslie Lim	Premier Appraisal Services
5.	Ng Kong Beng, Patrick	Carlink Consultancy
6.	Andrew How	Prominent Appraiser Services Pte Ltd
7.	Gan Song Sing, Roger	ROG Associates
8.	Dennis Yap	Pal's Appraiser Pte Ltd
9.	Michael Yap	Mc-Coy Appraiser Pte Ltd
10.	Nicky Seah	Absolute Appraisal Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Workshop : Yee Keong Motor Engineering
Address : No 14 Penjuru Road
Singapore 609125
Contact : Mr Hiew (h/p: 9780 8928)

Yours faithfully,

f SL

Your Ref XD9007S (MSIG)
Our Ref : XD 2136Z/YK/ms/sl
Date 15 May 2020

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of
_____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

SEARCH RESULTS

Our Ref No: GR-20-064651
Date of Request: 20/05/2020

Your Ref No: XD 2136Z/YK/MS

KSCGP JURIS LLP
133 New Bridge Road
#17-03, Chinatown Point
Singapore 059413

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 11/05/2020
Place of Accident: PSA GATE 4
Client Vehicle No: XD2136Z

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
XD9007S	PSA GATE 4	11/05/2020 06:30

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-064651
Date of Request: 20/05/2020

Your Ref No: XD 2136Z/YK/MS

KSCGP JURIS LLP
133 New Bridge Road
#17-03, Chinatown Point
Singapore 059413

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 11/05/2020
Place of Accident: PSA GATE 4
Client Vehicle No: XD2136Z

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-064653
Date of Request: 20/05/2020

Your Ref No: XD 2136Z/YK/MS

KSCGP JURIS LLP
133 New Bridge Road
#17-03, Chinatown Point
Singapore 059413

Dear Sir/Madam,

Date of Accident: 11/05/2020
Vehicle No: XD2136Z
Place of Accident: PSA GATE 4
Involving Vehicle No: XD9007S

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
XD9007S	PSA GATE 4	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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Thank You.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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.
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.**
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 aforesaid.

ACCIDENT STATEMENT

Date Of Report 13/05/2020 16:03
Date Of Accident 11/05/2020 06:30
Exact Location Of Accident PSA GATE 4
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD9007S
Insured/Policyholder
Name Of Registered Owner UNION SERVICES (S'PORE) PTE LTD
Vehicle Particulars
Manufacturer UD TRUCKS
Model ESCOT V-10.8 D GKB5ELDHNT (M)
Vehicle Category COMMERCIAL VEHICLE
Insurance Company
Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number J 400000235 MKF
Cover Note Number

Driver

Name of Driver QI GAOFENG
Passport No/FIN G6990597N
Address -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
Weather Conditions CLEAR

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
Number of Passengers (Including Driver) 1

Circumstances of Accident

I WAS EXITING FROM PSA GATE 4. UPON REACHING THE EXIT MY FRONT LANE WAS OCCUPIED. I THEN SWITCH LANE TO THE RIGHT. SUDDENLY VEHICLE CAME FROM THE REAR AND COLLIDED INTO MY REAR CHASSIS. NO INJURY.

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	XD2136Z
Vehicle Make/Model/Colour	NISSAN
Name of Driver	
Insurance Company Name	

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.
3. Information provided must be as truthful and accurate as possible. Any willful 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.
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 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 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(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")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer attached

Describe Circumstances of the Accident

I was exiting from Jaring Island, PSA gate 4.
 Upon reaching the exit my front lane was
 occupied. I then switch lane to the right.
 Suddenly vehicle came from the rear and
 collided into my rear chassis. No injury.

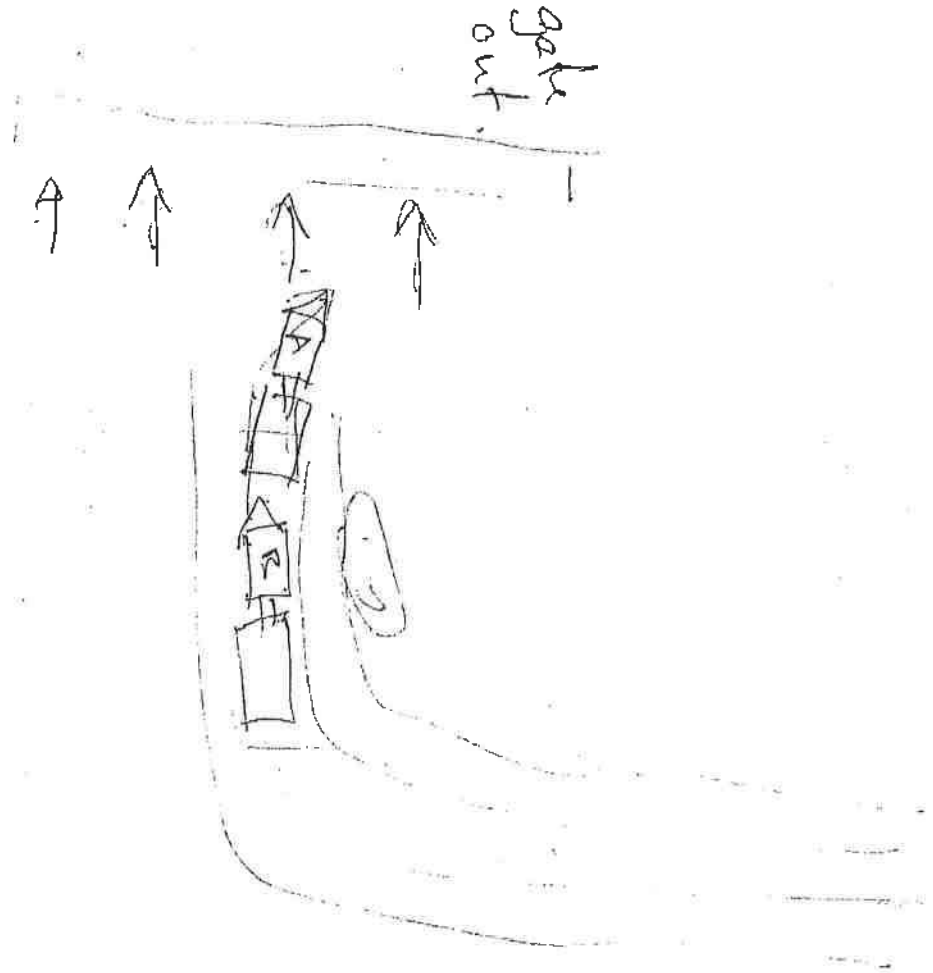
Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
 Time

Driver's Signature (If driver is not the policyholder) / Date
 & Time

Witnessed by Reporting Centre
 Personnel



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Third Party Insurer Enquiry

Our Ref No: GR-20-063704
Date of Request: 15/05/2020

Your Ref No: Online Purchase

KSCGP JURIS LLP
133 New Bridge Road
#17-03, Chinatown Point
Singapore 059413

Dear Sir/Madam,

Enquiry Date: 15/05/2020
Enquiry By: Loh Swee Wei
TP Vehicle No.: XD9007S
Accident Date: 11/05/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
XD9007S	MSIG Insurance (Singapore) Pte. Ltd.	01/01/2020-31/12/2020	+65 6827 7888

Thank You.

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TAX INVOICE

Our Ref No: GR-20-063704
Date of Request: 15/05/2020

Your Ref No: Online Purchase

KSCGP JURIS LLP
133 New Bridge Road
#17-03, Chinatown Point
Singapore 059413

Dear Sir/Madam,

Enquiry Date 15/05/2020
Enquiry By Loh Swee Wei
TP Vehicle No. XD9007S
Accident Date 11/05/2020

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

Enquire Vehicle's Insurance Particulars (As At 11 May 2020 / 06:45:00)

Vehicle No.:

XD9007S

Make Description/Model:

UD TRUCKS / GKB5ELDHNT ESCOT V

Insurance Company Name:

MSIG INSURANCE (SINGAPORE) PTE LTD

Business Transaction Reference No.:

20200831192247898046

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Enquire Vehicle Owner Details (As At 11 May 2020 / 06:45:00)

Vehicle Owner Details

Owner ID Type:

Company

Owner ID:

198001961M

Owner Name:

UNION SERVICES (S'PORE) PTE LTD

Registered Address Type:

**Private Residential (Condo Apt or House) /
Shopping / Office Complexes**

Registered Block/House No.:

150

Registered Street Name:

BEACH ROAD

Registered Unit No.:

13 - 05/07

Registered Building Name:

GATEWAY WEST

Registered Postal Code:

189720

Vehicle Insurance Details

Vehicle No.:

XD9007S

Make Description/Model:

UD TRUCKS / GKB5ELDHNT ESCOT V

Insurance Company Name:

MSIG INSURANCE (SINGAPORE) PTE LTD