

ASS. REC. BY:

REF: CS/MS(917003164/TG h3n2)

Special Instruction:

Surveyor: Taufik

ASSIGNMENT (Office)

From (Person): Menimen Kethoic Wong

of MSCEH

Date/Time: 15/2/2017 5:24pm

Estimated Cost: Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: PC1005A

Insured: SKH 2203R

at Workshop m/s UCB Engineering

Tel: 62681281

of 2C Jalan Pesawat

Policy No: A27798100 QMY

Claim No: 504110

Sum Insured: Excess:

Make of Veh: (Client's Record)

D.O.A. 11/2/2017

CA / REV / REP. / REV 24 HRS up

H.O.D. Endorsement:

Date/Time: 15/2/2017 5:24pm

Person Contacted: An Siang

Vehicle IN / OUT

Date/Time	Action/Instruction (v) Estimate
	PC1005A-x
	SKH2203R-x
17/2/17	Sent preli through Menimen
20/2/2017 3:15pm	An Siang vehicle still with over, pending for repair.

ASS. DEC. BY: Tanjan

ASSIGNMENT

From: _____ Date: 11/12/17

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: 217-411-1111

at Workshop m/s: 217-411-1111

of _____

Insured: _____

Policy No. _____

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 Rpt: _____ Consistent?: **Yes** or No

GIA / PR Seen: _____ Consistent?: **Yes** or No

Est. Repairs: _____ days Res.: **Yes** or No

Lum Sum: _____ % 3 Val.: **Yes** or No

CA / REV / REP. / 24 HRS WPI 3pm

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

<input checked="" type="checkbox"/> N/S	<input type="checkbox"/> O/S

Veh No: PC1005A Yr Regn: 2011 Nov

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Scania K1B4X2 c.c. 8867

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YS2K4X 2 060 1874081

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 295/80R27.5

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front	Rear
R/Bal. <u>8</u> mm	R/Bal. <u>8/8</u> mm
L/Bal. <u>8</u> mm	L/Bal. <u>8/8</u> mm
D.O.A. _____	D.O.I. <u>16/2/17</u>

Survey held at UBS Eng 20 Jln Permat

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>11/12/17</u>	<u>WSP said pending for liability, vehicle not send in repair.</u>
<u>11/12/17</u>	<u>submit preliminary report.</u>

RECEIVED 1 DEC 2017

Date/Time, File Pass to? : **Preli. Report**

1) : **Final Report**

Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:	<u>200</u>
Transportation:	_____ S + RS, _____ SI
Photos	_____
Others	_____
TOTAL	<u>210</u>



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

Affiliated to Federation Internationale Des Experts En Automobile			
MSIG INSURANCE (SINGAPORE) PTE LTD		Ref : CS/MSG17003164/T1gh3	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 15-02-2017	
		Code : MSG	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKH 2303R	Veh. Inspected	PC 1005A
Policy No.	A27798100QMY	Coverage (\$)	0.00
Claim No.	504110	Excess (\$)	0.00
Assign From	MERIMEN (KATHERINE WONG)	Assign Date	15/02/2017
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	09/02/2017	Inspection Date	16/02/2017
Survey held at	UCB ENGINEERING PTE LTD 2C, JALAN PESAWAT, JURONG, SINGAPORE 619359		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Ppt	Adj Submitted	Ins Auth'd	Status
Main	10 Feb 2017		15 Feb 2017 17:20 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS				[Created by insurer]					
Insured:	WONG HON KHEAN , NRIC: S7970461Z, Tel: +6597930560								
Main Claimant:	EML Transport Service Pte Ltd , NRIC: 201003462H								
Vehicle Reg. No.:	PC1055A	Date of Loss:	09/02/2017 17:00 - :59						
Claim Type:	TP / 504110	Policy/Cover Note No.:	A27798100QMY (Comprehensive) Coverage: 16/11/2016 - 15/11/2017						
Vehicle Reg. No. (Insured):	SKH2303R	Policy No. (Claimant):							
		Excess:	S\$500.00						
Repairer:	UCB Engineering Pte Ltd (HQ) 2C Jalan Pesawat, 619359 Jurong East - Tel: 62681281								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Katherine Wong Chew Shong - 6594 2544]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 16/02/2017]								
Driver/Custodian (Insured):	JACQUELINE WONG SZE YING (), NRIC: S7910462J, Tel: +6591119912								
Adj Asg. Remarks:	Please note that Ah Siang confirmed survey tomorrow, 4pm, Owner waiting. Thank you.								
ASSOCIATED MAIL RECEIVED				View All Compose Case Mail					
There are no mail for this case.									
ALL ASSOCIATED TASKS				View All Search Tasks Create New Task Complete					
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Katherine Wong Chew Shong

Date: 17 Feb 2017

Preliminary Advice

Insured Vehicle No	: SKH2303R	Accident Date	: 09/02/2017
TP Vehicle No	: PC1005A	Assignment Date	: 15/02/2017
Make	: SCANIA KIB4X2	Est. Duration of Repair	: 2.00
Date of Inspection	: 09/02/2017		
Inspection At	: UCB Engineering Pte Ltd (HQ) 2C Jalan Pesawat Singapore 619359		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages n/s body and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:SS	950.00 LABOUR ONLY
Revised Amount	:SS	600.00 LABOUR ONLY
Check Items (Estimated)	:SS	0.00
Total	:SS	600.00 LABOUR ONLY

Lump Sum Repair :SS

Total Loss Consideration

New for Old Value	:SS
Pre-Accident Value	:SS
COE / PARF Rebate	:SS
Salvage Value	:SS
Margin for Repair	:SS

Remarks

- () The vehicle is economical/not economical for repair.
- (X) The above survey was conducted on a 'without prejudice' basis.

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 ability.
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 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	10/02/2017 15:09
Date Of Accident	09/02/2017 17:40
Exact Location Of Accident	ALONG NO 9 BENOI SECTOR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1005A
Insured/Policyholder	
Name Of Registered Owner	EML TRANSPORT SERVICE PTE LTD
Co Reg No	201003462H
Email Address	EMLTPT08@GMAIL.COM
Mobile Phone No	
Alternative Phone No	Office-92779277
Vehicle Particulars	
Manufacturer	SCANIA
Model	KIB4X2 MANUAL ABS
Exact Purpose for which vehicle was being used at time of accident	send works to mrt
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Bus
Insurance Company	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5068037511-01
Cover Note Number	
Driver	
Name of Driver	LIU LI ZHONG
NRIC No	G5062432W
Date Of Birth	28/08/1969
Occupation	Outdoor
Date Of Driving Pass	06/09/2013
Driving Experience	3 Years And 5 Months
Gender	Male
Mobile Number	(Local) +65-86195556
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address

Postcode

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 Unknown - REFER TO SKETCH

Weather Conditions Clear

Road Surface Dry

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

I have been approached by unknown person(s) soliciting/offering accident claims assistance. No

Number of Passengers (Including Driver) 7

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

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 SKH2303R

Vehicle Make/Model/Colour BLUE VW

Details Of Properties

Name of Driver JACQUILINE WONG SZE YING

NRIC/Passport Number S7910462J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

Vehicle Number: PC1005A
Date of Accident: 09/02/12

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' lawyers/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' 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.



+ LICI LIZHONG

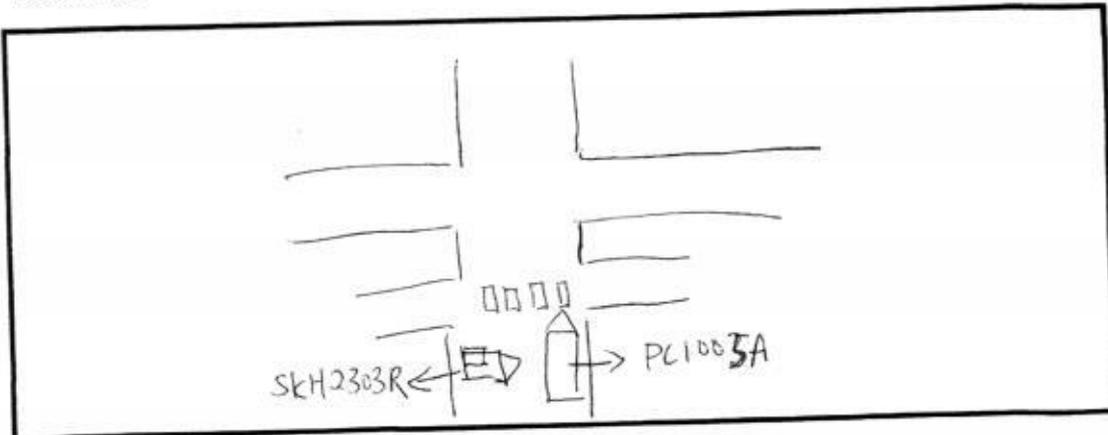
Signature of Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel X: 62736676

Sketch Plan



PC 1005A
9/2/17.

Describe Circumstances of the Accident

PC1005A was parking ~~at~~ in stationary position waiting for workers
 to board the bus - SKH ~~23:3R~~ was moving off from carpark
 lot and turning left and hit the ~~to~~ left side of
 the bus. The accident time is 1740hrs at 9 Bene Sider
 carpark compound.

DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

REPORTING ONLY () THIRD PARTY CLAIM () OWN DAMAGE ()
 OWN WORKSHOP ()

Declaration

I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

Y. LIU LIZHONG
 Driver's Signature (if driver is not the policyholder) / Date & Time


 CHARN'S CUSTOMCRAFT
 1827110
 Witnessed by Reporting Centre Personnel



UCB Engineering Pte Ltd

GST Registration Number: 19-9501338-G

Business Reg. No. 199501338G

Our ref: 170209.EML

15th February 2017

EML Transport Service Pte Ltd
141 Middle Road
#06-06 GMS Building
Singapore 188976

without Prejudice
QUOTATION

Dear Sir,

ESTIMATE COST OF REPAIR FOR PC 1005 A

DESCRIPTIONS

PRICE S\$

Labour charges for knocking/welding/repair onto luggage
Compartment door panel

450.00 300

To putty & spray painting onto affected areas

500.00 300

TOTAL

950.00
=====

(SGD: Nine Hundred And Fifty Only)

Price quoted above is subjected to 7% GST

Yours faithfully,
Tan Tiong Chia

\$600 *

Tan Tiong Chia 97495749

-WP-

2 days

20/2/17

Resny after paint

16/2/17 @ 315pm

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/MSG17003164/T1GH3N2
Date: 12/12/2017

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	A27798100QMY
Claimant Vehicle No :	PC1005A	Insured Vehicle No :	SKH2303R
Date of Loss:	09/02/2017	Nature of Claim:	TP
		Claim No:	504110

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	PC1005A	Engine No:	6660787
Make & Model:	SCANIA KIB4X2, 8.9 D (M)	Chassis No:	YS2K4X20001874081
Reg. Date:	16/11/2011 (Man. Year: 2011)	Odometer:	0 km
Colour:	Yellow		
Engine Capacity:	8867 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	295/80R22.5	Rear Tyre Size:	295/80R22.5(D)
Front Left Side:	Bridgestone 8 mm	Rear Left Side:	Bridgestone 8/8 mm
Front Right Side:	Bridgestone 8 mm	Rear Right Side:	Bridgestone 8/8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	950.00	600.00	350.00	36.84
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	950.00	600.00	350.00	36.84
+ GST 7.00/7.00% (S\$)	66.50	42.00	24.50	36.84
Nett Amount (S\$)	1,016.50	642.00	374.50	36.84

INSPECTION

Date of Assignment:	15/02/2017	Inspected At:	UCB Engineering Pte Ltd (HQ)
Date Inspected:	16/02/2017		2C Jalan Pesawat
			Singapore 619359

Estimated Period of Repair: 2.0 days

Adjuster: MOHD TAUFIKH

Manager: LOW AI PHING

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

THE VEHICLE HAS NOT SEND IN FOR REPAIRS.
(REPAIR COST NOT CONCLUDE)

REPAIR DETAILS

Reference		
Part Source:		(Last Synchronised: 12 Dec 2017)
Parts:	N/A	SCANIA KIB4X2 8.9 D (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for PC1005A)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	LABOUR CHARGES FOR KNOCKING/WELDING/REPAIR ONTO LUGGAGE COMPARTMENT DOOR PANEL	New	450.00	300.00
2	TO PUTTY & SPRAY PAINTING ONTO AFFECTERED AREAS	New	500.00	300.00
Gross Labour Cost (S\$)			950.00	600.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >