

ASS. REC. BY:

REF:

CS/MSG17015354/Drb 02 Special Instruction:

Survivor:

Bryan

ASSIGNMENT (Office)

From (Person): Muhel Ashik

of

MSG

Date/Time:

8/8/2017

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GX600SM

Insured:

SKZ8979G

at Workshop m/s

Teamwork

Tel:

68442475

of

53 Ubi Ave 1 #01-24

Policy No:

288779208MF

Claim No:

525651

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

3/8/2017

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	GX600SM - NA/HP17015146/K4 DOA: 3/8/2017.
	SKZ8979G - CS/MSG17015203/Avb DOA: 3/8/2017.

Assignment

ASSIGNMENT

COE July 2019

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop n/s

of

Insured:

Policy No. _____

Claims No. _____

Sum Insured: _____

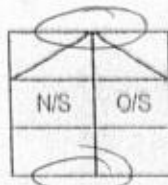
Excess: _____

(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: 10 days Res.: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **GX6005M** Yr Regn: **July, 2004**

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

Truck / Trailer or

Make: **Mercedes Benz Vito G.C 2151**

Colour: **Silver** AC: Insured / Std / NI / NA

Sp. Reading: **43763** TRadio: Insured / Std / NI / NA

Eng/No: **61198050801089**

C/No: **WDF63804423553898**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **In order** / Jammed / Leaked / Burnt or

Brake: **In order** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **195 R15C**

R: **— 11 —**

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

TOYO / YOKO or **Maxxis**

Front

Rear

R/Bal. **5** mm R/Bal. **5** mm

L/Bal. **5** mm L/Bal. **5** mm

D.O.A. **03/08/2017** D.O.I. **10/08/2017**

Survey held at **Teamwork Payc Ubi**

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

Front & Rear

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

Date / Time	Action / Instruction
	MSIG 8KZ 8979G
	MV 17K
	LTA 7.9K
	NL 9.1K
29/08/18	Plan 41580001 - with 10 days of rep (Red. 11, 404, 48, 58%)
3/9	Bryan said part prices OK.

RECEIVED 4 SEP 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **10**

Resurvey No. of Trip: **2**

Report Format: **TP**

Lump Sum / I.B.I: (\$ **8,000**)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS. 51

Photos

Others

300

10

310

Survey Department Check List (Case Handler)

Reference No. : MSG17015354.Drb.

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (Catherine): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code	✓			
N	Assign From	✓			
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (Bryan): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
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Check By:

Catherine

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014




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/MSG17015354/Drb	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581			Date : 08-08-2017	
			Code : MSG	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKZ 8979G	Veh. Inspected	GX 6005M	
Policy No.	28877920SMF	Coverage (\$)	0.00	
Claim No.	525651	Excess (\$)	0.00	
Assign From	MUHD ASHIK	Assign Date	08/08/2017	
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	03/08/2017	Inspection Date	10/08/2017	
Survey held at	IDAC PAYA UBI			
Repairer	TEAMWORK GARAGE PTE LTD			
5a. Remarks				

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

CLAIM SUBFOLDER TRACKING						
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd
Main	04 Aug 2017		08 Aug 2017 15:37 Assign			
						New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	INDRA BIN AHMAD, ID: S7513407Z		
Main Claimant:	C & M ELECTRONIC ENGINEERING SERVICES		
Vehicle Reg. No.:	GX6005M	Date of Loss:	03/08/2017 17:00 - :59
Claim Type:	TP / 525651	Policy/Cover Note No.:	28877920SMF (Comprehensive) Coverage: 12/02/2017 - 11/02/2018
Vehicle Reg. No. (Insured):	SKZ8979G	Policy No. (Claimant):	
		Excess:	
Repairer:	Teamwork Garage Pte Ltd (HQ) 53 Ubi Ave 1 #01-24, Paya Ubi Industrial Park, 408934 Ubi - Tel: 6844 2475		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Muhd Ashik B Madi - 6594 2548]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 09/08/2017]		
Driver/Custodian (Insured):	INDRA BIN AHMAD (), NRIC: S7513407Z		

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.									

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	04/08/2017 15:15
Date Of Accident	03/08/2017 17:45
Exact Location Of Accident	ANG MO KIO AVE 1 TWDS THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX6005M
Insured/Policyholder	
Name Of Registered Owner	C & M ELECTRONIC ENGINEERING SERVICES
Co Reg No	- 44003 Brsmc.
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97657255
Alternative Phone No	OFFICE-97657255

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI17V10708/VCV/R07
Cover Note Number	

Driver

Name of Driver	SNG JUI TONG
NRIC No	S2017409I
Date Of Birth	03/10/1949
Occupation	INDOOR
Date Of Driving Pass	19/02/1969
Driving Experience	48 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96433922
Fax Number	
Contact Number	OTHERS-96433922
EEmail Address	NOEMAIL

Address	BLK 229 ANG MO KIO AVE 3 #10-1286
Postcode	2056
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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

PLS REFER TO THE POLICE REPORT : T/20170803/2168

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	SKZ8979G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JMR2338
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Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name SNG JUI TONG
Approximate Age
Injuries Sustain NECK AND BACK
Injured person in which vehicle? GX6005M
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LEONG YOKE WAH
Approximate Age
Injuries Sustain NIL
Injured person in which vehicle? JMR2338
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

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' 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.

<p><i>[Signature]</i></p> <p>Policyholder's Signature / Date & Time</p>	<p><i>[Signature]</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p><i>[Signature]</i> 4/8/2017</p> <p>Witnessed by Reporting Centre Personnel</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Sketch Plan</p> <p style="transform: rotate(-90deg); transform-origin: left top;">Any No 180 Avenue 1</p> <p style="transform: rotate(-90deg); transform-origin: left top;">Tanjong Pagar Road</p> </div> <div style="width: 40%; text-align: center;"> </div> <div style="width: 30%;"> <p>A: Gx600SM</p> <p>B: SKZ89796</p> <p>C: JMR2338</p> <p><i>[Signature]</i></p> </div> </div>		

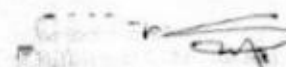
Sketch Plan #2


Describe Circumstances of the Accident

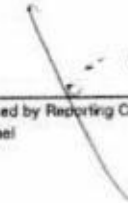
Refer to police report
T12017080312168

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

 4/8/2017
Witnessed by Reporting Centre Personnel

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20170803/2168

Police Station Of Origin:
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

2 of 4

Report No. T/20170803/2168

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
GX6005M	LIBERTY INSURANCE PTE LTD	SI17V10708/VCV/R 07	16/07/2017	15/07/2018
JMR2338	ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD	AEJ239682	24/01/2017	23/01/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SNG JUI TONG		ID No.	S2017409I
Related Vehicle	GX6005M (Van)		Contact No.	96433922
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	LEONG YOKE WAH		ID No.	F7902410N
Related Vehicle	JMR2338 (Car)		Contact No.	91287223
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On 03.08.2017 at about 1745hrs, I was driving alone along Ang Mo Kio Ave 1 towards Thomson Road on the 2nd lane and came to a stop because of the heavy traffic. All the cars in front of me was in a stationary position due to the traffic. I was in a stationary position waiting for the traffic to start moving when suddenly the vehicle behind me had collided into the rear of my vehicle causing me to jerk forward and hit onto the rear of the vehicle in front of me, JMR2338. I wish to state that when I was in a stationary position when the vehicle, SKZ8979G, collided into my vehicle. I was stepping on brakes however the impact caused me to jerk forward. The damages to my vehicle is my rear bumper scratches and cave in causing the rear door to be faulty. I did not manage to take down the particulars of the said vehicle which had hit me from behind. That is all.



TeamWork Garage Pte Ltd
 53 Ubi Avenue 1 #01-23/24 Spore 408934
 Paya Ubi Industrial Park
 Tel : 6844 2475 Fax : 6844 2474
 E-mail : claims@teamworkgarage.com
 Register number : 201015366H

MSIG Insurance (Singapore) Pte Ltd
 4 Shenton Way #21-01
 SGX Centre 2
 Singapore 068807

3RD PARTY CLAIM ESTIMATION

Vehicle number	: GX6005M
Make / Model	: MERCEDES/VITO
Chassis number	: WDF63809423553898
Accident date	: 03 August 2017
Reference	: 1708-15

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	BONNET <i>HH</i>	688.00 X
1	BONNET EMBLEM LOGO <i>HH</i>	50.40 X
2	BONNET HINGE <i>HH</i>	180.00 X
1	BONNET INSULATOR <i>HH</i>	130.40 X
1	FRONT GRILLE <i>crack mounting</i>	340.43 ✓
2	FRONT HEADLAMP <i>HH</i>	1489.30 X
1	FRONT BUMPER <i>distorted</i>	830.59 ✓
1	FRONT BUMPER REINFORCEMENT <i>Distorted</i>	512.38 ✓
2	FRONT FOG LAMP <i>HH</i>	519.80 X
2	FRONT FOG LAMP COVER <i>HH</i>	240.10 X
1	REAR BUMPER <i>distorted</i>	835.20 ✓
2	REAR BUMPER SIDE COVER <i>NS</i>	598.18 X
2	REAR BUMPER RETAINER <i>SVC</i>	187.30 X
1	END PANEL <i>Bnc</i>	683.20 ✓
1	END PANEL TOP GARNISH <i>NS</i>	370.30 X
1	FLOOR PANEL <i>regr</i>	1782.10 X
1	FLOOR PANEL TOP BOARD <i>HH</i>	712.34 X
2	TAILLAMP <i>broken</i>	708.42 ✓
2	TAILLAMP SEALER <i>SVC</i>	80.00 X
1	TAILGATE <i>Bnc</i>	2290.00 ✓
1	TAILGATE EMBLEM LOGO <i>Hec</i>	54.21 ✓
1	TAILGATE EMBLEM -VITO <i>Hec</i>	62.86 ✓
1	TAILGATE EMBLEM - 111 CDI <i>Hec</i>	53.27 X
1	TAILGATE OUTER GARNISH <i>mounting broken</i>	273.10 ✓
1	TAILGATE HANDLE <i>SVC</i>	166.79 X
1	TAILGATE LOCK <i>15t</i>	314.17 ✓
1	TAILGATE LOCK STRIKER <i>15t</i>	114.29 ✓
2	TAILGATE DAMPER <i>SVC</i>	390.40 X
1	TAILGATE RUBBER <i>deformed</i>	179.20 ✓
1	TAILGATE INNER TRIM BOARD <i>broken</i>	433.37 ✓
1	TAILGATE GLASS MOULDING <i>Hec</i>	179.32 ✓
		15449.42
Less 10 %		1544.94
Subtotal		13904.48

7810.74
7029.66

	Balance C/F	13904.48
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Vehicle number : GX6005M

Make Model : MERCEDES/VITO

Reference : 1708-15

Qty Particulars Unit Price - SGD \$

<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
	Balance B/F	13904.48
1	FRONT NUMBER PLATE <i>Vst</i>	70.00 <i>35/-</i>
1 SET	FRONT BUMPER CLIP <i>hlc</i>	60.00 <i>30/-</i>
1	REAR NUMBER PLATE <i>dislodged</i>	70.00 <i>35/-</i>
1 SET	REAR BUMPER CLIP <i>hlc</i>	60.00 <i>30/-</i>
1 SET	REAR TAILGATE INNER TRIM CLIP <i>hlc</i>	60.00 <i>20/-</i>
1 SET	REAR REVERSE SENSOR <i>off Down</i>	400.00 <i>220/-</i>
1	WINDSCREEN SEALANT <i>hlc</i>	150.00 <i>40/-</i>
1	JOINT SEALANT <i>hlc</i>	150.00 <i>40/-</i>
	<i>450/-</i>	
	Subtotal	1020.00
	Balance C/F	14924.48

<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
S/NO	Balance B/F	14924.48
1	CHECK FRONT, REAR WIRING AND LIGHTNING SYSTEM	80.00 <i>30/-</i>
2	REMOVE AND REFIT REAR LINING, TRIM AND GARNISH	200.00 <i>120/-</i>
3	REMOVE AND RENEW REAR REVERSE SENSOR	150.00 <i>40/-</i>
4	REMOVE AND REFIT REAR WINDSCREEN	150.00 <i>120/-</i>
5	REMOVE AND REFIT FUEL TANK	150.00 <i>44</i>
6	TANSFER PARTS, ATTACHEMENT FROM OLD TAILGATE TO NEW	200.00 <i>60/-</i>
7	DIAGNOIS CHECK AND CLEAR FAULT CODE	500.00 <i>44</i>
8	PANEL BEATING ON AFFECTED AREAS <i>2550/-</i>	1500.00 <i>1200/-</i>
9	SPRAY PAINTING ON AFFECTED AREAS	1400.00 <i>900/-</i>
10	APPLY ANTI RUST ON AFFECTED AREAS	150.00 <i>80/-</i>
	Subtotal	4480.00

<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged part(s) during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p>		Grand total	19404.48
<p><i>10/08/2017 @ 10am</i></p> <p><i>Let Antu</i></p> <p><i>4/5m 10 days.</i></p> <p><i>1 year</i></p> <p><i>LKK Auto</i></p>			<i>10029.66</i>
			<i>4/5 8000/-</i>

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/MSG17015354/DRBN2

Date: 05/09/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	28877920SMF
Claimant Vehicle No :	GX6005M	Insured Vehicle No :	SKZ8979G
Date of Loss:	03/08/2017	Nature of Claim:	TP
		Claim No:	525651

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GX6005M	Engine No:	61198050801089
Make & Model:	MERCEDES-BENZ VITO 119, 3.2 (A)	Chassis No:	WDF63809423553898
Reg. Date:	16/07/2004 (Man. Year: 2003)	Odometer:	43763 km
Colour:	Silver		
Engine Capacity:	2151 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

CONDITION OF TYRES

Front Tyre Size:	195R15C	Rear Tyre Size:	195R15C
Front Left Side:	Maxxis 5 mm	Rear Left Side:	Maxxis 5 mm
Front Right Side:	Maxxis 5 mm	Rear Right Side:	Maxxis 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	14,924.48	7,479.67	7,444.81	49.88
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,480.00	2,550.00	1,930.00	43.08
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	19,404.48	10,029.67	9,374.81	48.31
Approved Total (Overridden) (\$\$)		8,000.00		
	19,404.48	8,000.00	11,404.48	58.77
+ GST 7.00/7.00% (\$\$)	1,358.31	560.00	798.31	58.77
Nett Amount (\$\$)	20,762.79	8,560.00	12,202.79	58.77

INSPECTION

Date of Assignment:	08/08/2017	
Date Inspected:	10/08/2017 Inspected At:	Teamwork Garage Pte Ltd (HQ) 53 Ubi Ave 1 #01-24, Paya Ubi Industrial Park Singapore 408934
Estimated Period of Repair:	10.0 days	

Adjuster: BRYAN TANI

Manager: Janice Lee Si Hua

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.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 05 Sep 2018)
Parts: 143	MERCEDES-BENZ VITO 119 3.2 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GX6005M)
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

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*BONNET	Not Necessary	688.00 FL	*- FL
2	1		*BONNET EMBLEM LOGO	Not Necessary	50.40 FL	*- FL
3	2		*BONNET HINGE	Not Necessary	180.00 FL	*- FL
4	1		*BONNET INSULATOR	Not Necessary	130.40 FL	*- FL
5	1		*FRONT GRILLE	Mounting Cracked	340.43 FL	*340.43 FL
6	2		*FRONT HEADLAMP	Not Necessary	1,489.30 FL	*- FL
7	1		*FRONT BUMPER	Distorted	830.59 FL	*830.59 FL
8	1		*FRONT BUMPER REINFORCEMENT	Dented	512.38 FL	*512.38 FL
9	2		*FRONT FOG LAMP	Not Necessary	519.80 FL	*- FL
10	2		*FRONT FOG LAMP COVER	Not Necessary	240.10 FL	*- FL
11	1		*REAR BUMPER	Distorted	835.20 FL	*835.20 FL
12	2		*REAR BUMPER SIDE COVER	No such part	598.18 FL	*- FL
13	2		*REAR BUMPER RETAINER	Serviceable	187.30 FL	*- FL
14	1		*END PANEL	Buckled	683.20 FL	*683.20 FL
15	1		*END PANEL TOP GARNISH	No such part	370.30 FL	*- FL
16	1		*FLOOR PANEL	Repair	1,782.10 FL	*- FL
17	1		*FLOOR PANEL TOP BOARD	Not Necessary	712.34 FL	*- FL
18	2		*TAILLAMP	Broken	708.42 FL	*708.42 FL
19	2		*TAILLAMP SEALER	Serviceable	80.00 FL	*- FL
20	1		*TAILGATE	Buckled	2,290.00 FL	*2,290.00 FL
21	1		*TAILGATE EMBLEM LOGO	Necessary	54.21 FL	*54.21 FL
22	1		*TAILGATE EMBLEM-VITO	Necessary	62.86 FL	*62.86 FL
23	1		*TAILGATE EMBLEM-111 CDI	Not fitted	53.27 FL	*- FL
24	1		*TAILGATE OUTER GARNISH	Mounting Broken	273.10 FL	*273.10 FL
25	1		*TAILGATE HANDLE	Serviceable	166.79 FL	*- FL
26	1		*TAILGATE LOCK	Bent	314.17 FL	*314.17 FL
27	1		*TAILGATE LOCK STRIKER	Bent	114.29 FL	*114.29 FL
28	2		*TAILGATE DAMPER	Serviceable	390.40 FL	*- FL
29	1		*TAILGATE RUBBER	Deformed	179.20 FL	*179.20 FL
30	1		*TAILGATE INNER TRIM BOARD	Broken	433.37 FL	*433.37 FL
31	1		*TAILGATE GLASS MOULDING	Necessary	179.32 FL	*179.32 FL
32	1		*FRONT NUMBER PLATE	Bent	70.00 FS	*35.00 FS
33	1		*SET FRONT BUMPER CLIP	Necessary	60.00 FS	*30.00 FS
34	1		*REAR NUMBER PLATE	Dislodged	70.00 FS	*35.00 FS
35	1		*SET REAR BUMPER CLIP	Necessary	60.00 FS	*30.00 FS
36	1		*SET REAR TAILGATE INNER TRIM CLIP	Necessary	60.00 FS	*20.00 FS
37	1		*SET REAR REVERSE SENSOR	Damaged	400.00 FS	*220.00 FS
38	1		*WINDSCREEN SEALANT	Necessary	150.00 FS	*40.00 FS
39	1		*JOINT SEALANT	Necessary	150.00 FS	*40.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	16,469.42	8,260.74
- List Item Discount on L Items 10.00/10.00% (\$\$)	1,544.94	781.07
Total Parts (\$\$)	14,924.48	7,479.67

Report was unsubmitted during this print-out.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
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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
Labour Items				
1	CHECK FRONT,REAR WIRING AND LIGHTING SYSTEM	New	80.00	30.00
2	REMOVE AND REFIT REAR LINING,TRIM AND GARNISH	New	200.00	120.00
3	REMOVE AND RENEW REAR REVERSE SENSOR	New	150.00	40.00
4	REMOVE AND REFIT REAR WINDSCREEN	New	150.00	120.00
5	REMOVE AND REFIT FUEL TANK	New	150.00	-
6	TRANSFER PARTS,ATTACHMENT FROM OLD TAILGATE TO NEW	New	200.00	60.00
7	DIAGNOIS CHECK AND CLEAR FAULT CODE	New	500.00	-
8	PANEL BEATING ON AFFECTED AREAS	New	1,500.00	1,200.00
9	SPRAY PAINTING ON AFFECTED AREAS	New	1,400.00	900.00
10	APPLY ANTI RUST ON AFFECTED AREAS	New	150.00	80.00
Gross Labour Cost (\$\$)			4,480.00	2,550.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >