

ASS. REC. BY:                      REF: CS/MSG/7019326/AtLnz Special Instruction:                       
SUBJECT: Adrian ASSIGNMENT (Office)  
From (Person): Katherine Wong of MSG Date/Time: 9/10/17 3:17pm  
Estimated Cost:                      Bill to:                     

OD (TP) WS / TP RES / OD RES / EVA / INV / MV / CS  
To Inspect Vehicle No: SGC 9361A Insured: SGR 4953X  
at Workshop n/s Kai Motor Tel: 67474006  
of Blk 3007 Ubi Rd 1 # 01-440, 408701  
Policy No: A27252687 QMX Claim No: 531904  
Sum Insured:                      Excess:                     

Make of Veh:                      D.O.A. 4/10/2017  
(Client's Record)  
CA / REV / REP. / REV 24 HRS lwp 10/10/17 @ 10 am owner waiting  
Date/Time: 9/10/17 4:46pm Person Contacted: Kim H.O.D. Endorsement:                       
Vehicle IN (OUT)

Date/Time	Action/Instruction (X) Estimate
	<u>SGC 9361A - NA / LIP 17019083 / ka - D.O.A: 4/10/17</u>
	<u>SGR 4953X - NA / LIP 17019083 / ka - D.O.A: 4/10/17</u>
	<u>Temp Sum \$4,400+ (Red 10264: 69%)</u>

Surveyor:

## ASSIGNMENT

From: \_\_\_\_\_ Date: 10-10-2017

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SGC 9361A

at Workshop m/s Kai Motor

of Blk 3007 Ubi Rd 1 #01-440

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

10am  
owner waitingRemark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SGC9361A. Yr Regn: 20 06 Jan.

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

Truck / Trailer or

Make: Jaguar X-Type c.c. 2089

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

Sp. Reading: 119987. T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: SAJAGSIN06YE76285

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: 205/55R16.

R: 205/55R16.

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 10/10/17.

Survey held at Kai Motor.

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
	TP MSTG.
	COE Expiry: 25/01/21

Date/Time, File Pass to?

☐ : Preli. Report  
☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

S + RS, SI

Photos

Others

TOTAL

Report Format: TP

Lump Sum / I.B.I: (\$ 4400 )




# 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/MSG17019326/Atb	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581			Date : 09-10-2017	
			Code : MSG	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SGR 4953X	Veh. Inspected	SGC 9361A	
Policy No.	A27252687QMX	Coverage (\$)	0.00	
Claim No.	531904	Excess (\$)	0.00	
Assign From	MERIMEN (KATHERINE WONG)	Assign Date	09/10/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	04/10/2017	Inspection Date		
Survey held at	KAI MOTOR TRADING BLK 3007 UBI ROAD 1 #01-434 SINGAPORE 408701			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.				

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	05 Oct 2017		09 Oct 2017 15:17 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	GOH SENG PIN, ID: S7107771C, Tel: +6596919910, Email: NOEMAIL		
Main Claimant:	Foh Mei Ling Patricia, ID: S7145653F		
Vehicle Reg. No.:	SGC9361A	Date of Loss:	04/10/2017 17:00 - :59
Claim Type:	TP / 531904	Policy/Cover Note No.:	A27252687QMX (Comprehensive) Coverage: 09/02/2017 - 08/02/2018
Vehicle Reg. No. (Insured):	SGR4953X	Policy No. (Claimant):	
		Excess:	S\$1,000.00
Repairer:	KAI MOTOR TRADING (HQ) BLK 3007 UBI ROAD 1, #01-440, 408701 Ubi - Tel:		
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 10/10/2017]		
Driver/Custodian (Insured):	GOH SENG PIN (46 / Male), NRIC: S7107771C, Tel: +6596919910		
Adj Asg. Remarks:	Please assign case to Mr Adrian Ling. 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.									

## 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	05/10/2017 13:07
Date Of Accident	04/10/2017 17:30
Exact Location Of Accident	PIE BEFORE SIMS AVE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC9361A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOH MEI LING PATRICIA
NRIC No	S7145653F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90479881
Alternative Phone No	OTHERS-90479881
<b>Vehicle Particulars</b>	
Manufacturer	JAGUAR
Model	X-TYPE 2.0SE
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
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI17V01589/VPE/R01
Cover Note Number	
<b>Driver</b>	
Name of Driver	FOH MEI LING PATRICIA
NRIC No	S7145653F
Date Of Birth	16/12/1971
Occupation	INDOOR
Date Of Driving Pass	01/12/1993
Driving Experience	23 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90479881
Fax Number	
Contact Number	OTHERS-90479881
Email Address	NOEMAIL

Address BLK 10 JALAN BATU  
#04-22

Postcode 431010

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 CHAIN COLLISION

Weather Conditions AFTER RAIN

Road Surface WET

#### 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) 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 ATTACHED STATEMENT.

#### 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 SGR4953X

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name MSIG LTA

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 SKL8602S

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

## 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 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. 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 lodgment 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.
- (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:

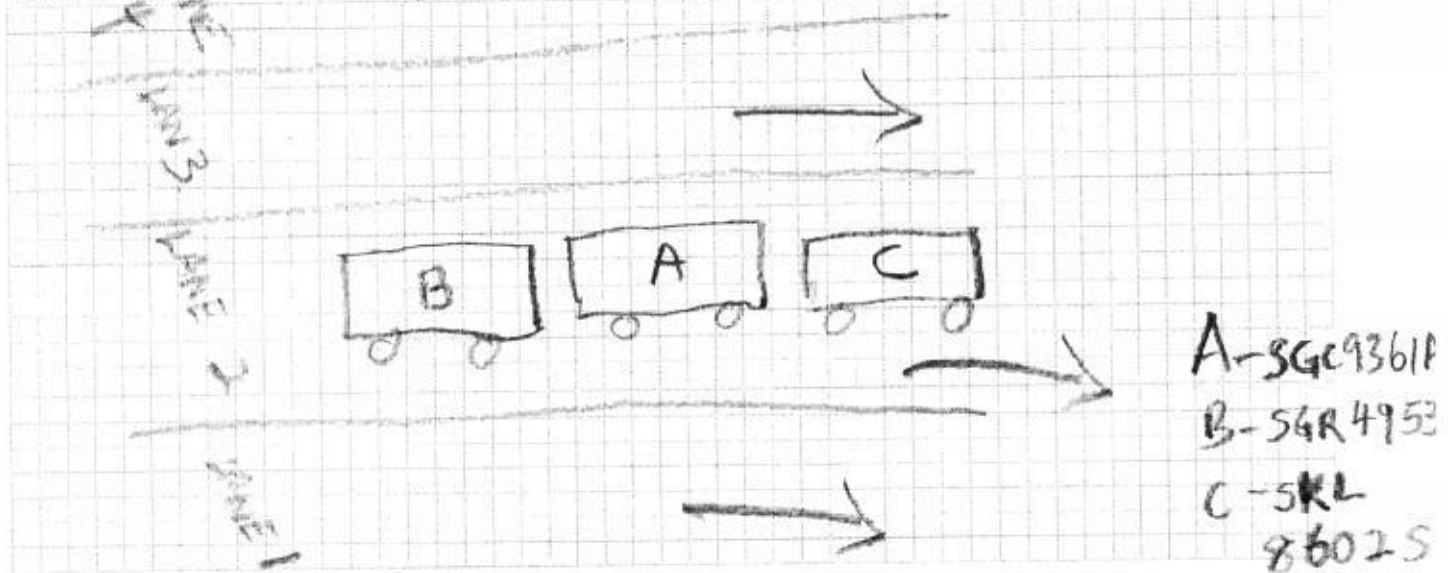
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN

PIE (BEFORE SIMS AVE EXIT)




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


VEHICLE A WAS DRIVING ALONG PIE (BEFORE SIMS AVE EXIT).  
VEHICLE C SLOW DOWN AND BREAK. VEHICLE A ALSO SLOW DOWN AND  
BREAK. VEHICLE B DID NOT BREAK IN TIME AND BANG INTO  
VEHICLE A AND VEHICLE A SLIGHTLY BUMP INTO VEHICLE C.

DECLARATION

I/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:

  
Reporting Centre Personnel's Signature  
Name: 5/10/2017  
NRIC/FIN No.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7145653F



FOH MEI LING, PATRICIA  
(HE MEILING, PATRICIA)  
贺美玲  
CHINESE  
10-12-1971 F  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7145653F  
Name  
FOH MEI LING, PATRICIA  
(HE MEILING, PATRICIA)

Birth Date 16 Dec 1971  
Issue Date 09 Mar 2004




0274390



License No. S7145653F



Photo Grade A+ 05-03-1992

APT BLK 10 JALAN BATU  
#04-22  
SINGAPORE 1543

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE 01 Dec 1993

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

License No. S7145653F





# 凱摩哆服務

## KAI MOTOR TRADING

BLK 3007 UBI ROAD 1 #01-440, SINGAPORE 408701.  
TEL: 6747 4006 FAX: 6743 7591 EMAIL: kaimotor@gmail.com  
BUS. REG. NO: 44223100L GST NO: M90371531Y

專業服務：汽車意外保險賠償·拖車·汽車修理及維修服務·打嗎呷·噴漆  
Specialist in: Accidents Insurance Claim, Towing Service, Motor Vehicle Repairing, Panel Beating, Spray Painting.

Attn: The Motor Claims Department

Your Insured veh no : SGR 4953 X

MSIG Insurance (S) Pte Ltd

4 Shenton Way

#21-01 SGX Centre 2

Singapore 068807

ATTN: Adring  
Fax: 67414108

WITHOUT PREJUDICE

(By Email Only)

Tel : 6827 7888

Fax : 6827 7809

Dear Sir / Madam

Estimate Repair Cost To JAGUAR NO SGC 9361 A & SGR 4953 X on 04/10/2017

To Supply :

1pc	Front number plate <i>cracked</i>	30	\$ 30.00	SN ✓
1pc	Front number plate garnish <i>dehnd</i>		\$ 135.00	✓
1pc	Front bumper <i>cracked</i>		\$ 1,452.00	-
10pcs	Front bumper clips <i>m</i>		\$ 50.00	30
2pcs	Front bumper side holder <i>not new</i>	\$ 68.00	\$ 136.00	+
2pcs	Front bumper chrome moulding <i>not new</i>	\$ 230.00	\$ 460.00	+
1pc	Front bumper reinforcement <i>not new</i>		\$ 760.00	+
1pc	Front grille <i>cracked</i>		\$ 755.00	✓
2pcs	Front headlamp <i>not new</i>	\$ 1,872.00	\$ 3,744.00	+
1pc	Rear bumper <i>Deformed</i>		\$ 1,546.00	-
10pcs	Rear bumper clips <i>m</i>		\$ 50.00	30
2pcs	Rear bumper side holder <i>not new</i>	\$ 95.00	\$ 190.00	+
2pcs	Rear bumper chrome moulding <i>not new</i>	\$ 235.00	\$ 470.00	235
1pc	Rear bumper reinforcement <i>not new</i>		\$ 850.00	x
4pcs	Reverse sencer <i>2 pieces damaged</i>	\$ 265.00	\$ 1,060.00	530
2pcs	Taillamp <i>not new</i>	\$ 578.00	\$ 1,156.00	x
		4713	\$ 12,814.00	

To dismantle & renew damage parts, panel beat where necessary.

\$ 800.00 400

To putty apply primer & spray paint on the affected portion.

\$ 800.00 400

To check wiring functions.

\$ 100.00 20

To remove and refix reverse sensor

\$ 120.00 60

\$ 14,664.00

Acknowledged by Repairer

Signature:

Date:

Total: 5603

L/S: 4AK

04 Days