

11/07/2007

ACS REC BY:

REF: CS/MSG17019686 / Arb02

Special Instructions:

ASSIGNMENT (Office)

Mentimen

From (Person):

Katherine Wong

of

MSG

Date/Time: 13/10/17 @ 8:24am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBC 4373 H

Insured:

G88 9243 Y

at Workshop m/s:

Peoples Vehicle Recovery Service

Tel:

G743 8552

of Blk 3023A Ubi Rd 1 # 01-60, 408717

Policy No: MSD/VCT/17-001967

Claim No:

MSD/V/17-001579

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A 12/10/2017

CA / REV / REP. / REV 24 HRS

wp?

H.O.D. Endorsement:

Date/Time:

13/10/17 @ 9:00am

Person Contacted:

Jimmy

Vehicle IN OUT

Date/Time

Action/Instruction (✓) Estimate

GBC 4373 H-X

G88 9243 Y-NBA/MSG15004952 / el-D.O.A: 22/03/2015

ASS. REC. BY: Adrian Ling

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

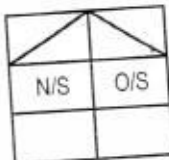
Sum Insured: _____

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: _____

days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Date / Time

Action / Instruction

23/10

TP MS16 People Recovery.
Adrian confirmed LE \$850f and 3 days with repairer. (Red 5050.30, 85%)

RECEIVED 02 MAY 2010

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐

Preli. Report

☐

Final Report

Report Format: TPLump Sum / I.B.I: (\$ 850f)Veh No: GBC4373HYr Regn: 2012 / April

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

Truck / Trailer or

Make: Toyota Hracec.c 2982Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 300463

T/Radio: Insured / Std / NI / NA

Eng/No: JTFHT02P0000.83747

C/No: _____

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 155 R15C

F:

R: 155 R15CBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Nexen

Front

R/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

Rear

R/Bal. 06 mmL/Bal. 06 mmD.O.I. 16/10/17Survey held at Paya ubiDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Days Of Repair: 2Resurvey No. of Trip: -

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee: 200Transportation: 10

S + RS. \$

Photos

Others

TOTAL

210

Survey Department Check List (Case Handler)

Reference No. : CO/MCA17019686/Arb.
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (Catharine)

: 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 (Adnan)

: Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

		Y-Date	N-Date	Y-Date	N-Date
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

(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

Check By:

Case Handler

Date

*C: Critical *N: Non-Critical



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/MSG17019686/Agb

16 RAFFLES QUAY
#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 13-10-2017

Code : MSG



Policy Particulars :- THIRD PARTY CLAIM

1.	Insured Veh.	GBB 9243Y	Veh. Inspected	GBC 4373H
	Policy No.	MSD/VCT/17-001967	Coverage (\$)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From	MERIMEN (KATHERINE WONG)	Assign Date	13/10/2017

Vehicle Particulars & Condition

2.	Make & Model	c.c	0
	Engine No.	HIDDEN	Year of Reg.
	Chassis No.		Colour
	Odometer	-	Steering
	Brakes		Modification
	General		

Conditions of Tyres

3.		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm

Description of Damages

4.

General Information

5.

Accident Date	12/10/2017	Inspection Date
Survey held at	PEOPLE'S VEHICLE RECOVERY SERVICE BLK 3023-A, UBI ROAD 1 #01-60 SINGAPORE 408717	

Remarks

5a.

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 Rpt	Adj Submitted	Ins Auth'd	Status
Main	12 Oct 2017		13 Oct 2017 08:24 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All																				
CLAIM SUBFOLDER DETAILS Insured: Overseas Courier Service (S) Pte Ltd, Co. Reg. No.: 197401014Z Main Claimant: Clarins Pte Ltd Vehicle Reg. No.: GBC4373H Claim Type: TP Vehicle Reg. No. (Insured): GBB9243Y Repairer: Peoples Vehicle Recovery Service (HQ) Blk 3023A Ubi Rd 1 #01-60, Singapore 408717, 408717 Ubi - Tel: 67433246 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 14/10/2017] Adj Asg. Remarks: request Adrian for survey		[Created by insurer] Date of Loss: 12/10/2017 11:00 - :59 Policy/Cover Note No.: MSD/VCT/17-001967 (Third Party Only) Policy No. (Claimant): Coverage: 15/09/2017 - 14/09/2018 Excess: Peoples Vehicle Recovery Service (HQ) Blk 3023A Ubi Rd 1 #01-60, Singapore 408717, 408717 Ubi - Tel: 67433246 MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Katherine Wong Chew Shong - 6594 2544] LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 14/10/2017]		View All Compose Case Mail																				
ASSOCIATED MAIL RECEIVED There are no mail for this case.																								
ALL ASSOCIATED TASKS <table border="1"> <thead> <tr> <th>Due Date</th> <th>Priority</th> <th>Type</th> <th>Task Group</th> <th>Subject</th> <th>Handler</th> <th>Assigned By</th> <th>Completed On</th> <th>Created On</th> <th>Done?</th> </tr> </thead> <tbody> <tr> <td colspan="10">No results.</td> </tr> </tbody> </table>					Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?	No results.									
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 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Katherine Wong Chew Shong

Date: 30 Apr 2018

Preliminary Advice

Insured Vehicle No	: GBB9243Y	Accident Date	: 12/10/2017
TP Vehicle No	: GBC4373H	Assignment Date	: 13/10/2017
Make	: TOYOTA DYNA	Est. Duration of Repair	: 2.00
Date of Inspection	: 16/10/2017		
Inspection At	: People's Vehicle Recovery Service		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	5,900.30
Revised Amount	:S\$	850.00 (Lump Sum)
Check Items (Estimated)	:S\$	
Total	:S\$	
Lump Sum Repair	:S\$	

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 1393W

Vehicle Details

Vehicle No.: GBC4373H
Vehicle to be Exported: No
Intended De-registration Date: 03 May 2018
Vehicle Make: TOYOTA
Vehicle Model: HIACE MANUAL
Primary Colour: White
Manufacturing Year: 2011
Engine No.: 1KD2132274
Chassis No.: JTFHT02P000083747
Maximum Power Output: -
Open Market Value: \$25,820.00
Original Registration Date: 27 Apr 2012
First Registration Date: 27 Apr 2012
Transfer Count: 0
Actual ARF Paid: \$1,291.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 26 Apr 2022
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
QP Paid: \$52,004.00
COE Rebate Amount: \$20,700.00
Total Rebate Amount: \$20,700.00

The information contained herein is correct as at 03 May 2018

OK

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	12/10/2017 13:09
Date Of Accident	12/10/2017 11:15
Exact Location Of Accident	TONG BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4373H
Insured/Policyholder	
Name Of Registered Owner	CLARINS PTE LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85185186

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100298875
Cover Note Number	

Driver

Name of Driver	ABDUL RASHID BIN KASSIM
NRIC No	S1685207D
Date Of Birth	26/02/1965
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1991
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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) 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

REFER TO ATTACHMENT.

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 GBB9243Y
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

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 #2

SKETCH PLAN

	<p>Vehicle No</p> <p>A - <u>66470 H</u></p> <p>B - <u>6889203 Y</u></p> <p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Vehicle</p> </div> <div style="text-align: center;"> <p>Truck</p> </div> </div>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was standing on outside of my vehicle while waiting for the loading bay to be clear. Vehicle B came out of the loading bay and did not stop straight to my vehicle resulting in a collision.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.:

GARIN, S. K. (2017)



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.300

COMMERCIAL AUTOPLUS

CERTIFICATE NO. 2100298875-05000

(This below excess is subject to GDT)
OWN DAMAGE EXCESS S\$800.00 (1)
WINDSCREEN EXCESS S\$100.00
(for policies with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

- 1) **VEHICLE REGISTRATION NO.** GBC4373H
2) **NAME OF INSURED** Clarins Pte Ltd
3) **EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT** 27 Apr 2017
4) **DATE OF EXPIRY OF INSURANCE** 26 Apr 2018
5) **PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE***

Any person provided he is in the Insured's employ and is driving on their order or with their permission.
A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

- 1) Use in connection with the Insured's business.
 - 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Insured's business.
 - 3) Use for social, domestic or pleasure purposes.
- The Policy does not cover: a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)
1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
3. Elhaz - 30 Bukit Batok Cres (Tel: 66547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65684501)
5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64536110)
7. Nova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723692) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
9. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Not Included

* **NAMED DRIVER** NA

HIRE PURCHASE COMPANY NA
EMPLOYER'S LOAN

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 5 Apr 2017

030210-471
AIG - AUTO DIRECT
78 SHENTON WAY
#07-15 AIG BUILDING
SINGAPORE 079120

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCHFY.

PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023A UBI ROAD 1 #01-60 SINGAPORE 408717

Tel No. : 67433246 / 67438552 Fax No. : 67430013

E-Mail : peoplevehicle@gmail.com

GST Reg. No. : M90001895E Buss. Reg. No. : 31800200X

MSIG INSURANCE (SINGAPORE) PTE LTD
4 SHENTON WAY #21-01
SGX CENTRE 2 (S) 068807

Attention : Motor Claim Department

Contact : 68277888 Fax No. : 68277809

Harika.

Estimate : ES17071

Date : 13/10/2017

Vehicle Num. : GBC 4373 H

Make/Model : TOYOTA VAN KDH200

Chassis/Eng# :

Accident Date : 12/10/2017

Claim No. : TP 284-17

Reference : GBB 9243 Y

Policy No. : AIG 2100298875

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

1.	1	LIST ITEMS :		
2.	1	TAILGATE		1,718.40 X
3.	1	TAILGATE LOGO		68.20 X
4.	1	TOYOTA STICKER		48.70 X
5.	1	HIACE STICKER		52.30 X
6.	1	TAILGATE WEATHERSTRIP		371.20 X
7.	1	TAIL LAMP R/H		390.20 X
8.	1	TAIL LAMP LOWER PANEL R/H		171.20 X
9.	1	BUMPER REAR		380.30 X
10.	2	BUMPER BRACKET REAR		157.20 X
11.	1	BUMPER SIDE RETAINER R/H REAR		92.60 X
11.	1	END PANEL REAR		390.10 X

List Total S\$:

25.00% Discount S\$:

3,840.40

960.10

2,880.30

1.	1	SPECIAL NETT ITEMS :		
2.	1	REVERSE SENSOR		280.00 X
3.	1	70 KM/H STICKER		15.00 X
3.	1	8 PAX STICKER		15.00 X

CONTINUE / ...

PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023A UBI ROAD 1 #01-60 SINGAPORE 408717
 Tel No. : 67433246 / 67438552 Fax No. : 67430013
 E-Mail : peoplevehicle@gmail.com
 GST Reg. No. : M90001895E Buss. Reg. No. : 31800200X

MSIG INSURANCE (SINGAPORE) PTE LTD
 4 SHENTON WAY #21-01
 SGX CENTRE 2 (S) 068807

Attention : Motor Claim Department
 Contact : 68277888 Fax No. : 68277809

Estimate : ES17071

Date : 13/10/2017
 Vehicle Num. : GBC 4373 H
 Make/Model : TOYOTA VAN KDH200
 Chassis/Eng# :
 Accident Date : 12/10/2017
 Claim No. : TP 284-17
 Reference : GBB 9243 Y
 Policy No. : AIG 2100298875

S/N	Quantity	Particular	Unit Price	Amount S\$
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4.	1	WINDSCREEN GUM <i>Not New</i>		60.00 X
Special Nett Total S\$:				570.00

LABOUR :
 REMOVE & REPLACE ACCIDENT DAMAGED PARTS
 SPRAY PAINTING ACCIDENT EFFECT PARTS
 REMOVE & REFIX TAILGATE GLASS
 REMOVE AND REFIT REAR UPHOLSTERY, CARPET AND ETC.
 CHECKING WIRING
 UNDERCOAT

Labour Total S\$:

330

1,200.00	200
900.00	100
120.00	X
250.00	+
60.00	30
120.00	X.
2,050.00	

total: 1105.72
 r/s: 850 02 Dgys.

SingDollars : Five Thousand Nine Hundred & Cents Thirty Only

E. & O.E.

Total S\$: 5,900.00

PEOPLE'S VEHICLE RECOVERY SERVICE

Computer Generated Invoice. No Signature Required.

LKK Auto Consultants hence notify the Repairer of the following:

- 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

Acknowledged by Repairer

Signature:

Date:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607196R)

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/MSG17019686/ARBN2

Date: 08/05/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VCT/17-001967
Claimant Vehicle No :	GBC4373H	Insured Vehicle No :	GBB9243Y
Date of Loss:	12/10/2017	Nature of Claim:	TP
		Claim No:	MSCN/17-001579

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GBC4373H	Engine No:	1KD2132274
Make & Model:	TOYOTA HIACE, 3.0 D (M)	Chassis No:	JTFHT02P000083747
Reg. Date:	27/04/2012 (Man. Year: 2011)	Odometer:	300463 km
Colour:	White		
Engine Capacity:	2982 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):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	195R15C	Rear Tyre Size:	195R15C
Front Left Side:	Nexen 6 mm	Rear Left Side:	Nexen 6 mm
Front Right Side:	Nexen 6 mm	Rear Right Side:	Nexen 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,250.30	775.72	2,474.58	76.13
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,650.00	330.00	2,320.00	87.55
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	5,900.30	1,105.72	4,794.58	81.26
Approved Total (Overridden) (S\$)		850.00		
(S\$)	5,900.30	850.00	5,050.30	85.59
+ GST 7.00/7.00% (S\$)	413.02	59.50	353.52	85.59
Nett Amount (S\$)	6,313.32	909.50	5,403.82	85.59

INSPECTION

Date of Assignment:	13/10/2017	
Date Inspected:	16/10/2017 Inspected At:	Peoples Vehicle Recovery Service (HQ) Blk 3023A Ubi Rd 1 #01-60, Singapore 408717 Singapore 408717

Estimated Period of Repair: 2.0 days

Adjuster: ADRIAN LING

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:	(Last Synchronised: 07 May 2018)	
Parts:	N/A	TOYOTA HIACE 3.0 D (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GBC4373H)	
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		*TAILGATE	Not Necessary	1,718.40 FL	*- FL
2	1		*TAILGATE LOGO	Not Necessary	68.20 FL	*- FL
3	1		*TOYOTA STICKER	Not Necessary	48.70 FL	*- FL
4	1		*HIACE STICKER	Not Necessary	52.30 FL	*- FL
5	1		*TAILGATE WEATHERSTRIP	Not Necessary	371.20 FL	*- FL
6	1		*TAIL LAMP R/H	Cracked	390.20 FL	*390.20 FL
7	1		*TAIL LAMP LOWER PANEL R/H	Deformed	171.20 FL	*171.20 FL
8	1		*BUMPER REAR	Deformed	380.30 FL	*380.30 FL
9	2		*BUMPER BRACKET REAR	Not Necessary	157.20 FL	*- FL
10	1		*BUMPER SIDE RETAINER R/H REAR	Necessary	92.60 FL	*92.60 FL
11	1		*END PANEL REAR	Not Necessary	390.10 FL	*- FL
12	1		*REVERSE SENSOR	Not Necessary	280.00 FS	*- FS
13	1		*70KM/H STICKER	Not Necessary	15.00 FS	*- FS
14	1		*8 PAX STICKER	Not Necessary	15.00 FS	*- FS
15	1		*WINDSCREEN GUM	Not Necessary	60.00 FS	*- FS
					Sub Total (\$\$)	4,210.40 1,034.30
					- List Item Discount on L Items 25.00/25.00% (\$\$)	960.10 258.58
					Total Parts (\$\$)	3,250.30 775.72

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

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	REMOVE & REPLACE ACCIDENT DAMAGED PARTS	New	1,200.00	200.00
2	SPRAY PAINTING ACCIDENT EFFECT PARTS	New	900.00	100.00
3	REMOVE & REFIX TAIL GATE GLASS	New	120.00	-
4	REMOVE AND REFIT REAR UPHOLSTERY,CARPET AND ETC	New	250.00	-
5	CHECKING WIRING	New	60.00	30.00
6	UNDERCOAT	New	120.00	-
Gross Labour Cost (S\$)			2,650.00	330.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >