

ASS. REC. BY:

REF:

CS / MB617020236 / R11b2

Special Instruction:

SUPERVISOR:

Rosa

ASSIGNMENT (Office)

From (Person):

Jasmine Lok

of

MSTC1

Date/Time:

23.10.2017 434pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB 810Y

Insured:

EZ 5454U

at Workshop m/s

Komoco Motors

Tel:

6544 6671

of

253 Alexandra Rd

Policy No:

A80425594ATT

Claim No:

533728

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

20102017

CA / REV / REP. / REV 24 HRS wpi

24.10.2017

H.O.D. Endorsement:

Date/Time:

23.10.2017 1155pm

Person Contacted:

Gay

Vehicle: IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHB 8310Y - CS / MB617020236 / H1503102

DCA: 310114

EZ 5454U - ✓

Part by Part \$5,484.73 (Red: 1220; 18%)

Surveyor: *Paul*

REF: MSIG

4975H

ASSIGNMENT

From: _____ Date: 24/10/17
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SHB 8310Y
at Workshop m/s Komoco Motors
of 253 Alexandra Road
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.

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 *up*

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 8310Y Yr Regn: 2017 / Juny
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Hyundai 1301.6 c.c. 1582
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 27222 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: TM40281UVH3128614
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: 195/60R15
R: 225/60R15
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Hankook
Front _____ Rear _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 20/10/14 D.O.I. 24/10/17
Survey held at Komoco
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
6/8 Rear
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Signature
12/2/2018

RECEIVED 10 FEB 2018

Date/Time, File Pass to?

1) 12/2/2018

Date/Time, File Return to?

2) _____

☐ : Preli. Report
☒ : Final Report

Days Of Repair: 7Resurvey No. of Trip: 1Survey Fee: 200

Transportation: _____

S + RS, _____

Photos _____

Others _____

TOTAL

210

Report Format: TPLump Sum / I.B.I.: (\$ 5404.73)

Add Fee:

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



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/MSG17020236/R1tb

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 23-10-2017



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	EZ 5454U	Veh. Inspected	SHB 8310Y
Policy No.	A80425594ATT	Coverage (\$)	0.00
Claim No.	533728	Excess (\$)	0.00
Assign From	MERIMEN (JASMINE LOK)	Assign Date	23/10/2017

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	20/10/2017	Inspection Date	24/10/2017
Survey held at	KOMOCO MOTORS PTE LTD 253 ALEXANDRA ROAD #01-01 SINGAPORE 159936.		

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 Rpt	Adj Submitted	Ins Auth'd	Status
Main	21 Oct 2017		23 Oct 2017 16:34 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	CHAN LAI PENG, ID: S1667711F		
Main Claimant:	PREMIER TAXIS PTE LTD		
Vehicle Reg. No.:	SHB8310Y	Date of Loss:	20/10/2017 20:00 - :59
Claim Type:	TP / 533728	Policy/Cover Note No.:	A80425594ATT (Comprehensive) Coverage: 10/03/2017 - 09/03/2018
Vehicle Reg. No. (Insured):	EZ5454U	Policy No. (Claimant):	
		Excess:	
Repairer:	Komoco Motors Pte Ltd (HQ) 253 ALEXANDRA ROAD, #01-01, 159936 Alexandra - Tel: 64735588		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 24/10/2017]		
Driver/Custodian (Insured):	ONG WEN HAO JONATHAN (), NRIC: S9536168D, Tel: +6583188968		
Adj Asg. Remarks:	Third Party Pre-Repair Survey		

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	23/10/2017 12:08
Date Of Accident	20/10/2017 20:20
Exact Location Of Accident	BEDOK NORTH AVE 3 // BEDOK CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8310Y
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	HYUNDAI
Model	130-1.6 (FD) DOHC (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5084895522
Cover Note Number	

Driver

Name of Driver	FRANKIE ONG HWEE HAI
NRIC No	S1275773E
Date Of Birth	15/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1976
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98987611
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 621A #08-09 EDGEFIELD WALK
Postcode	821621
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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

BOTH VEHICLES - NO PAX

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	EZ5454U
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	VEH. B
Name of Driver	ONG WEN HAO JOANATHAN
NRIC/Passport Number	
Contact Number	83188968/93864634 (OWNER)
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT RIGHT PORTION
No. Of Passenger (Including Driver)	1

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:

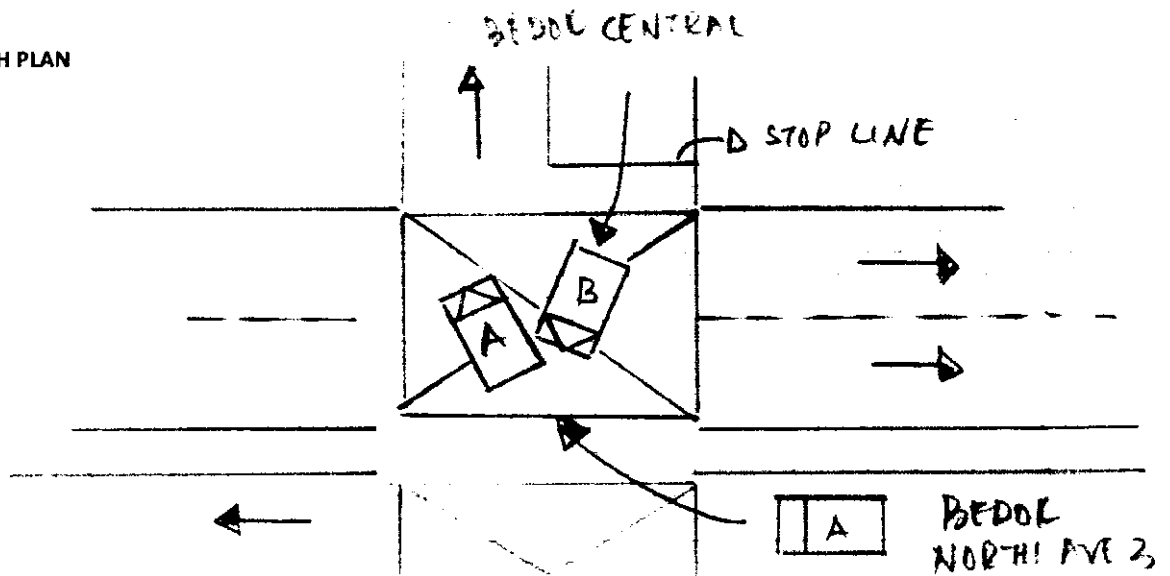
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



A: SHD83104
B: E254544.

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

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

Describe Circumstance of the Accident.

ON 20/10/2017 @ 2020HRS, I WAS DRIVING MY TAXI (SHB 8310 Y) – TRAVELLING ALONG BEDOK NORTH AVE 3 AT THE JUNCTION OF BEDOK CENTRAL IN THE RIGHT LANE.

I STOPPED MY TAXI WITH RIGHT INDICATOR – GIVING WAY TO ONCOMING VEHICLES FROM THE OPPOSITE DIRECTIONS.

WHEN ONCOMING VEHICLES WERE CLEAR, I MOVED AHEAD – MAKING MY RIGHT TURN INTO BEDOK CENTRAL WITH MY RIGHT INDICATOR BUT SUDDENLY VEHICLE B (EZ 5454 U – TOYOTA) WHICH WAS EXITING FROM BEDOK CENTRAL, FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO OBSERVE FOR CLEARANCE FROM MY ROUTE, HAD ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY.

AS SUCH, THE FRONT RIGHT PORTION OF VEHICLE B COLLIDED ONTO THE RIGHT REAR PORTION OF MY TAXI WHILE HE WAS MAKING HIS RIGHT TURN INTO BEDOK NORTH AVE 3.

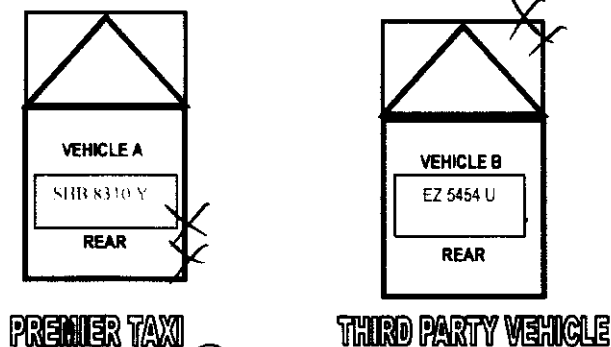
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT REAR PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT RIGHT PORTION.

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



Driver's Signature & NRIC Number
Monday, October 23, 2017 @ 12:19:38 PM

(attended by)



Victory Recovery (Business Reg No.: 53096358B)

65 Teban Gardens Rd #23-617, Singapore 600065.

Mobile: 9618 0311 Fax: 6267 8996

CASH /
W.O. No. 88807

TOW JOB WORKS ORDER

M Primer Taxi Svc Date 23-10-17
Car Make/Model 230 Vehicle No. SHB 830 8310
M'ship/NRIC No./Card No. _____ Contact No. _____
Time - Rec'd _____ Arrived 1450 Completed 1535
Amount Charge S\$ _____ Tow Truck No GR97340
Destination (from) Changi South 23 (to) Leang Kee 30
Remark (if any) Accident millage - 2000
Tow Driver's Signature _____ Member's Signature _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Change Tyres & Towing | <input type="checkbox"/> Using King Dolley | <input type="checkbox"/> Use Car Carrier |
| <input type="checkbox"/> Basement / Multi Carpark | <input type="checkbox"/> Low Spoiler / Low Oil Sump | <input type="checkbox"/> Release Brake / Shaft |
| <input type="checkbox"/> Causeway / 2nd Link | <input type="checkbox"/> Accident / Over-turn | <input type="checkbox"/> Loaded |

Note : The owner or his representative is required to follow along to the towing destination, failing which the tow operator shall not be liable for any alleged damages to the car nor missing items from the same. Vehicle is towed at owner's risk. The tow operator accepts no responsibility for any damages to the owner's vehicle whilst being towed.

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02

SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511

CO. REG:200707743D GST REG:200707743D

23-Oct-17

ESTIMATE REPAIR BILL FOR HYUNDAI I30 WAGON REGN NO: SHB 8310 Y

1 pc	Rear bumper	\$	778.64	SCR ✓
1 pc	Rear bumper n/s bracket o/s	\$	52.20	ne ✓
1 pc	Rear O/s fender	\$	1,575.23	Buc ✓
1 pc	Rear O/s lower arm	\$	642.71	? 7H ✓
1 pc	Rear O/s shock absorber	\$	568.59	? 7H ✓
1 pc	Rear O/s trailing arm	\$	482.29	? 7H ✓
1 pc	Rear O/s assist arm	\$	344.82	? 7H ✓
1 pc	Rear O/s upper arm	\$	401.05	? 7H ✓
1 pc	Rear O/s bearing	\$	349.60	? 7H ✓
1 pc	Rear O/s rim	\$	246.00	Scr ✓
		\$	5,441.13	
		Less 35%	\$	1,904.40
			\$	3,536.73

S/NETT

1 set	Rear bumper clips	\$	48.00	ne ✓
1 set	n/s door sticker	\$	60.00	X 17 ✓
1 pc	Rear n/s fender sticker	\$	100.00	50 ne ✓
1 pc	tyre	\$	702.00	punctured (140) ✓
1 pc	Sealant	\$	50.00	ne ✓

23-Oct-17

ESTIMATE REPAIR BILL FOR HYUNDAI I30 WAGON REGN NO: SHB 8310 Y

Towing Fee	\$	✓ 50.00	refit?
Sundry	\$	50.00	20
To Dismantle and refit reverse sensor and test system	\$	80.00	60
To check alignment	\$	160.00	80
To dismantle and replace rear o/s undercarriage	\$	250.00	150
To dismantle and refit the rear o/s fender glass	\$	120.00	60
To labour charge for dismantle and renew the accident damaged parts. To cut/weld and heat on the rear o/s fender. Including to knock-out, straighten, repair, reshape of the same etc	\$	1,300.00	800
To putty and spray painting on the rear bumper, rear /s fender	\$	500.00	400
To apply rustproofing on the repaired and replaced panels	\$	200.00	40
Total	\$	<u>6,704.73</u>	

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

<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 Signature: Date:</p>

Cash
Hp 90010068
7 days
PLP
24/10/17 @ 1445
Resny 64 print



Victory Recovery (Business Reg No.: 53096358B)

65 Teban Gardens Rd #23-617, Singapore 600065.

Mobile: 9618 0311 Fax: 6267 8996

CASH /
W.O. No. 88807

TOW JOB WORKS ORDER

M Primer Taxi Svc Date 23-10-17
Car Make/Model 30 Vehicle No. SHB 830 8310
M'ship/NRIC No./Card No. _____ Contact No. _____
Time - Rec'd _____ Arrived 1450 Completed 1535
Amount Charge S\$ _____ Tow Truck No LR97340
Destination (from) Changi South 23 (to) Leang Kee 30
Remark (if any) Accident Village - 23
Tow Driver's Signature [Signature] Member's Signature [Signature]

<input type="checkbox"/> Change Tyres & Towing	<input type="checkbox"/> Using King Dolly	<input type="checkbox"/> Use Car Carrier
<input type="checkbox"/> Basement / Multi Carpark	<input type="checkbox"/> Low Spoiler / Low Oil Sump	<input type="checkbox"/> Release Brake / Shaft
<input type="checkbox"/> Causeway / 2nd Link	<input type="checkbox"/> Accident / Over-turn	<input type="checkbox"/> Loaded

Note : The owner or his representative is required to follow along to the towing destination, failing which the tow operator shall not be liable for any alleged damages to the car nor missing items from the same. Vehicle is towed at owner's risk. The tow operator accepts no responsibility for any damages to the owner's vehicle whilst being towed.

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	21 Oct 2017		23 Oct 2017 16:34 Edit Adj Rpt	S\$5,484.73 Edit Estimates	S\$5,484.73 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	CHAN LAI PENG, ID: S1667711F		
Main Claimant:	PREMIER TAXIS PTE LTD		
Vehicle Reg. No.:	SHB8310Y	Date of Loss:	20/10/2017 20:00 - :59
Claim Type:	TP / 533728	Policy/Cover Note No.:	A80425594ATT (Comprehensive) Coverage: 10/03/2017 - 09/03/2018
Vehicle Reg. No. (Insured):	EZ5454U	Policy No. (Claimant):	
		Excess:	
Repairer:	Komoco Motors Pte Ltd (HQ) 253 ALEXANDRA ROAD, #01-01, 159936 Alexandra - Tel: 64735588		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 22/11/2017]		
Driver/Custodian (Insured):	ONG WEN HAO JONATHAN (), NRIC: S9536168D, Tel: +6583188968		
Adj Asg. Remarks:	Third Party Pre-Repair Survey		

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.									

Claim Documents

***SHB8310Y (533728)**
[EZ5454U]
TP
PREMIER TAXIS PTE LTD
Oct 20 2017 8:00PM
[CHAN LAI PENG]
Komoco Motors Pte Ltd

[Upload Documents](#) |
 [Upload Photos](#) |
 [Compose New Letter](#)

View [View in Browser](#) ▼

Assessment Reports			1 per page ▼	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	23/10/17 15:56	Accident Statement From:SC - Reg. No: EZ5454U, Claimant: CHAN LAI PENG	Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	30/10/17 10:04	Adjuster Immediate Advice	Load HTM	

Photos/Images			3 per page ▼	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
2	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
3	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
4	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
5	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
6	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
7	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
8	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
9	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
10	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
11	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
12	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
13	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
14	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
15	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
16	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
17	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
18	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
19	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
20	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
21	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
22	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
23	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
24	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
25	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
26	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
27	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>
28	30/10/17 10:05	General View	Load JPG	<input checked="" type="checkbox"/>

Documents Checklist

Reset Save Print

There are no document checklists configured.

Show Remarks To: ☐ Handling Insurer
Note: Remarks are private unless you show it to other parties.

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/MSG17020236/R1TBE2
Date: 14/02/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	A80425594ATT
Claimant Vehicle No :	SHB8310Y	Insured Vehicle No :	EZ5454U
Date of Loss:	20/10/2017	Nature of Claim:	TP
		Claim No:	533728

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB8310Y	Engine No:	D4FBGZ125029
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	TMAD281UVHJ128614
Reg. Date:	19/07/2017 (Man. Year: 2016)	Odometer:	27222 km
Colour:	Grey		
Engine Capacity:	1582 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:	195/65 R15	Rear Tyre Size:	195/65 R15
Front Left Side:	Hankook 6 mm	Rear Left Side:	Hankook 6 mm
Front Right Side:	Hankook 6 mm	Rear Right Side:	Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,044.73	3,844.73	200.00	4.94
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,660.00	1,640.00	1,020.00	38.35
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	6,704.73	5,484.73	1,220.00	18.20
+ GST 7.00/7.00% (S\$)	469.33	383.93	85.40	18.20
Nett Amount (S\$)	7,174.06	5,868.66	1,305.40	18.20

INSPECTION

Date of Assignment:	23/10/2017	
Date Inspected:	24/10/2017	Inspected At: Komoco Motors Pte Ltd (HQ) 253 ALEXANDRA ROAD, #01-01 Singapore 159936
Estimated Period of Repair:	7.0 days	

Adjuster: MOHD RASUL**Manager:** DENISE TAY KWEE CHENG

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: 14 Feb 2018)
Parts:	143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's (Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB8310Y)
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		*REAR BUMPER	Scratched	778.64 FL	*778.64 FL
2	1		*REAR BUMPER O/S BRACKET	Necessary	52.20 FL	*52.20 FL
3	1		*REAR O/S FENDER	Buckled	1,575.23 FL	*1,575.23 FL
4	1		*REAR O/S LOWER ARM	Bent	642.71 FL	*642.71 FL
5	1		*REAR O/S SHOCK ABSORBER	Bent	568.59 FL	*568.59 FL
6	1		*REAR O/S TRAILING ARM	Bent	482.29 FL	*482.29 FL
7	1		*REAR O/S ASSIST ARM	Bent	344.82 FL	*344.82 FL
8	1		*REAR O/S UPPER ARM	Bent	401.05 FL	*401.05 FL
9	1		*REAR O/S BEARING	Bent	349.60 FL	*349.60 FL
10	1		*REAR O/S RIM	Scratched	246.00 FL	*246.00 FL
11	1		*SET REAR BUMPER CLIPS	Necessary	48.00 FS	*48.00 FS
12	1		*SET N/S DOOR STICKER	Not Necessary	60.00 FS	*- FS
13	1		*REAR N/S FENDER STICKER	Necessary	100.00 FS	*50.00 FS
14	1		*TYRE (70%)	Punctured	200.00 FS	*140.00 FS
15	1		*SEALANT	Necessary	50.00 FS	*50.00 FS
16	1		*SUNDRY	Necessary	50.00 FS	*20.00 FS

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

Sub Total (S\$)	5,949.13	5,749.13
- List Item Discount on L Items 35.00/35.00% (S\$)	1,904.40	1,904.40
Total Parts (S\$)	4,044.73	3,844.73

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	TOWING FEE	New	50.00	50.00
2	TO DISMANTLE AND REFIT REVERSE SENSOR AND TEST SYSTEM	New	80.00	60.00
3	TO CHECK ALIGNMENT	New	160.00	80.00
4	TO DISMANTLE AND REPLACE REAR O/S UNDERCARRIAGE	New	250.00	150.00
5	TO DISMANTLE AND REFIT THE REAR O/S FENDER GLASS	New	120.00	60.00
6	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. TO CUT / WELD AND HEAT ON THE REAR O/S FENDER. INCLUDING TO KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE OF THE SAME ETC	New	1,300.00	800.00
7	TO PUTTY AND SPRAY PAINTING ON THE REAR BUMPER, REAR /S FENDER	New	500.00	400.00
8	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS	New	200.00	40.00
Gross Labour Cost (\$\$)			2,660.00	1,640.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >