REF CS3 / MSG 17021046 / W 622 Special learner on ASSIGNMENT (Office) Date/Time 3/11/17 @ 2.09pm Katherine Wong : OD TP WS TP RES / OD RES / EVA / INV / MV / CS Insured SKT 7543 T SLP 4394K Alls Well Motor Traders Tel 66791146 at Workshop m/s 25 Defu Lune 9,539266 535 069 Policy No S 289 698875MF Claim No. Sum Insured: Excess: D.O.A. 31/10/2017 Make of Veh (Client's Record CA / REV / REP. / REV 24 HRS Ben Date/Time: 2:28 pm@3/11/12 Person Contacted Venida (IX) OUT Date/Time Action/Instruction ( X ) SIP 4394K-2 SKT75437-X Dismuntle Part: 0611-2017 After repair: 14.11.2017 25-11-17 458pm Email to Katherine Wong the Musimen

Date Time File Pass 101 : Prelli. Report Days Of Repair:

1. 08-12,207 : Final Report Resurvey No. of Trip: Survey Fee

Care Time File Return 137 Add Fee: Site Insp. (\$ 1.3-85...

Report Format: PRS.

dd Fee: Site Insp. (\$ 1\_3-21\_5
Intervey, (\$ 1,3-21\_5
Tech Inva (\$ 1,3-21
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

ARTIS .	Mer altitude de 1900	Affiliated to Federation Internation				
MSIG	INSURANCE (SIN	IGAPORE) PTE LTD	Ref : CS3/MSG17021	046/Wb		
16 RA ‡24-0	AFFLES QUAY 1 HONG LEONG I	BLDG SINGAPORE 048581	Date: 03-11-2017 Code: MSG			
١.		Policy Particulars	:- (THIRD PARTY CLAIR	M)		
	Insured Veh.	SKT 7543T	Veh. Inspected	SLP 4394K		
	Policy No.	S28969887SMF	Coverage (\$)	0.00		
	Claim No.	535069	Excess (\$)	0.00		
	Assign From	MERIMEN (KATHERINE WONG)	Assign Date	03/11/2017		
2.		Vehicle Part	iculars & Condition			
	Make & Model	*	c.c	0		
	Engine No.	HIDDEN	Year of Reg.			
	Chassis No.		Colour			
	Odometer -		Steering			
	Brakes		Modification			
	General					
3.	Den Timber	Condi	tions 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.		Descrip	tion of Damages			
5.	<b>学品等基础</b>	Gener	al Information			
	Accident Date	31/10/2017	Inspection Date	03/11/2017		
	Survey held at	25 DEFU LANE 9				
	Repairer	ALLSWELL MOTOR TRADER	S			
5a.	e destantia.		Remarks			
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)

Case	Notified	Est Submitted	Adi Assigned	Adi Ret	Adl Sobmitted	Inc Auth/ed	Status		
Main	01 Nov 2017		03 Nov 2017 14:09 Assign	maj mpa	Proof at the Art STE, Started	40.00 (1904)	sep2construct	ignment ase	
	Main	Refere	nce	Claim De	tails	Documents		Show All	
CLAIM S	UBFOLDER DET	AILS				[Created b	y insurer]		
Insured:		TAN GIM CH	UAN HENRY,	D: S1556130J					
Main Clain	nant:	ALLSWELL L	EASING & LIM	OUSINE PTE L	<b>rD</b> , Co. Reg. No.: 2	201432541Z			
Vehicle Re	g. No.:	SLP4394K		Date of	Date of Loss:		31/10/2017 19:00 - :59		
Claim Type:		<b>TP</b> / 53506	9	Policy	Cover Note No.:	S28969887SMF (Comprehensive) Coverage: 23/06/2017 - 22/06/20			
Vehicle Reg. No. (Insured):		SKT7543T		Policy	Policy No. (Claimant):				
				Exces	š:	S\$500.00			
Repairer:		Allswell Mot	or Traders (HQ	) 25 Defu Lane	9, 539266 Defu Lane	- Tel: 66791146			
Handling I	Insurer:		nce (Singapor - 6594 2544]	e) Pte. Ltd. (H	Q) - Tel: +65 6827 7	888 [Handled	by Katherine	Wong	
Adjuster:		LKK Auto Co	nsultants Pte L	.td (HQ) - Tel:	6256-3561 [ <b>Imn</b>	n.Advice due (	04/11/2017]		
ASSOCIA	TED MAIL RECE	EIVED				View	All Compose	Case Mail	
There are	no mail for this ca	ise.							
ALL ASS	OCIATED TASK	s⊟			View All Se	earch Tasks   Cre	ate New Task	Complete	
Due Dat		ype Task Gro	up Subject	Handler	Assigned By C	ompleted On	Created On	Done	

# Survey Department Check List (Case Handler)

Reference Policy Ty	e No. : ype: OD / TP / TP RES / TL / EVA					
				andler	Тур	
Admin (	): Case handler to make sure all	Accessed to the contract of th			And in contrast of the last of	
	Assign Form	<u>Y-</u>	Date	N-Date	Y-Date	N-Date
С	Reference No.		,		-	
C	Customer Code	-	,			
N	Assign From	-	/			
C	Assign Date	1	9			
С	Veh No (Inspected)		/			
C	Veh No (Insured)		_			
C	D.O.A	V				
C	Policy No	v				
C	Claim No	V				
C	Insurance Authorisation (CA /REV/REP)					
c	Report Type	V	/			
·C	Weekend Charges					
N	Survey held at/Repairer	_	/			
С	Excess					
	/	9940				information
urvey		sure the surve	ryor c	ompleted a	ili requirea	intormation
	nment Form	,	,			
С	Vehicle No		V			
С	Regn Month/Year		/			
N	Vehicle Type		/			
N	Make & Model		/			
С	Engine Capacity. (C.C)		/			
N	Colour		/			
С	Odometer. (Sp.Reading)		/			
C	Chassis No		/			
N	General Condition		/			
N	Steering		/			
N	Brake		/			
N	Modification (Modi)		/			
С	Tyre Size		/			
N	Tyre Make		/			200
С	Tyre Balance		V			
C	Date of Inspection		V			
N	Survey held		/			
N	Des.of Damages		1			
2) Syste	em - (Views/Merimen)	_				
C C	Damaged Vehicle Photographs Uploaded	Г	/	1		T
	CONTRACTOR OF THE PROPERTY OF		•			
	kshop Estimate/Assignment Form					
N	ALL Parts condition					
С	Market Value for OD cases					
С	Estimate Repair Cost for PRI (RSI, TMI, MSIG	)				
C	Days of repair					
С	Finalised Amount					
С	Re-inspection Cases to Finalize within 5 Day	S				
	em - (Views/Merimen)	-				
С	Resurvey photo Uploaded					
C	Resurvey photo Uploaded  Check By:			I		

Case Handler

Date

2017 Mudel SLP 4394 K Bost-cl 572 Woodler strip 115 Betwete 4238 100 absilor #80 Lebour 800 emblam (H) 24 emblam (CR)400 / 62 S.P 1000 Hambon (HYBRID) 65 6038 Look 275 LUIQ Fonelor - Depois beliefriker 30 Totlleing Panel -> 290 Rear Bruper 590 LHS Rate 28 Lus Reflect - 65 Contre Rondorcount 390 LHS Brooket 20 LHIR Whol Junes Shield \$180 - = elip #45 i Inner Penal Dentslet on Coursel 75 Reverse Sonson 200 Roos End Dane 1 475 - - 1200 CVO \$149 Paer wheel Hung Lives ponel Doper. \* highting home Denne part Plats who could Provide!

#### 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 witholding 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.
- 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.

7557877858	
Mark the state of the state of the	ACCIDENT STATEMENT
Date Of Report	01/11/2017 14:41
Date Of Accident	31/10/2017 19:50
Exact Location Of Accident	NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP4394K
Insured/Policyholder	
Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE.LTD.
Co Reg No	201432541Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64625405
Vehicle Particulars	
Manufacturer	HONDA
Model	GRACE-1.5 HYBRID DX CVT ABS D/AIRBAG (A)
Exact Purpose for which vehicle was being used at time of accident	PHV GRAB
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 HIRE
Insurance Company	

Insurance Company	Insura	ince	Com	pany
-------------------	--------	------	-----	------

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5087620250

Cover Note Number

Driver

 Name of Driver
 TAN HOCK CHYE

 NRIC No
 \$1821772D

 Date Of Birth
 16/03/1967

 Occupation
 OUTDOOR

 Date Of Driving Pass
 23/07/1988

Driving Experience 29 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87427752

Fax Number Contact Number

EMail Address NOEMAIL

Address

BLK 218, PASIR RIS STREET 21, #02-158.

Postcode

510218

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER & LEASEE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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 3

#### Number of Passengers (Including Driver) **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

REPORT NO: T/20171101/2041

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

accident happened along new upper changi road at 19:48hr on 31/10/2017 involving SLB506E (front car), SLP4394K (middle car) and SKT7543T (rear car). While travelling along new upper changi road in heavy traffic, I was in a middle lane of a 3 lane road. (left side is bus lane). Front car SLB506E jammed brake and I followed as well and managed to stop my car in time. However, vehicle SKT7543T who was driving on the bus lane filtered out to the middle lane and crashed into the left hand rear of my car causing my car to jerk forward hitting SLB506E. I sustained minor injury and have seen a doctor...

#### 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

SKT7543T

Vehicle Make/Model/Colour

NISSAN SELPHY

Details Of Properties

Name of Driver

HENRY TAN GIM CHUAN

NRIC/Passport Number

S1556130J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Details of Witness**

Name

Phone Number

#### Sketch Plan Pg. 1

#### 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.
- 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.
- 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.
- 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.
- 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 :
  - 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.
- (c) the information so collected under (d) above may be shared / disclosed;
  - 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: 0//1/2017

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### Sketch Plan Pg. 2

HEW WADDER CHANGI ROOFS A = SLB506E B = SUP4394K C = SKT 7543T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ACCIDENT HAPPINED AZONG NEW UPPER CHANGI ROAD AT 19:48 TR ON 31/10/2017 INVOLVING SLB 5067 (FRONT CAR) SLP 4394K (NIDDLF CAR) AND SKY 75437 (RIMR CAR) (VIDEO ENIDENCE AVAILABLE) While travelling along New Upper Changild in heavy traffic. I was in the riddle land of a 3 lane road (1899 land is Bus Land) Front can SLB 506 & janued brate and I followed as well and managed to stopped my can, However, rehicle SKT 75437 who was driving on the bus lane filtered out to the middle lane and crashed ento the left hand rear of my car, causing my can to just forward to hit PLB 506 E (Photos been sman provided I sustained ninor injury and have seen doctor

DECLARATION

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

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

Reporting Centre Personnel's Signature

#### View Sent Message

This mall is associated with:

\*SLP4394K (535069) [SKT7543T]

ALLSWELL LEASING & LIMOUSINE PTE LTD Oct 31 2017 7:00PM [TAN GIM CHUAN HENRY] Allswell Motor Traders

Resend View Recipients Print Message Delete Message Forward

From LKK Auto Consultants Pte Ltd (LKK\_HQ), sent on 25/11/2017 16:58 PM.
To MSI\_WCS

Subject Pre-repair Inspection

Dear Katherine,

Refer to your assignment on 03.11.2017 at 2.09PM.

Please be informed that we have inspected the vehicle SLP 4394K on 03.11.2017 at 2.32PM.

At the time of inspection the repairer did not present their estimation to the damaged vehicle.

We will submit our report accordingly.

Best Regards,
Catherine Chong | Admin
LKK Auto Consultants Pte Ltd
Phone: 6741-8434 | email: assignments@ikkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

#### **DOCUMENTS SUMMARY**

There are no documents.

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- 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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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.
- archiving of this report at the centre and to copies of the report being made available

aforesaid.	ACCIDENT STATEMENT
	ACCIDENT STATEMENT
Date Of Report	01/11/2017 11:03
Date Of Accident	31/10/2017 19:05
Exact Location Of Accident	UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT7543T
Insured/Policyholder	
Name Of Registered Owner	TAN GIM CHUAN HENRY
NRIC No	S1556130J
Email Address	HENRY.TAN.GC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96261282
Alternative Phone No	OFFICE-98760011
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S28969887SMF
Cover Note Number	
Driver	
Name of Driver	TAN GIM CHUAN HENRY
NRIC No	S1556130J
Date Of Birth	04/05/1962
Occupation	OUTDOOR
Date Of Driving Pass	21/12/1979
Driving Experience	37 YEARS AND 10 MONTHS

MALE

(LOCAL) +65-96261282

HENRY, TAN, GC@GMAIL.COM

OFFICE-98760011

Adaress

BLK 643 WOODLANDS RING ROAD, #12-36

Postcode

730643

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

COLLISION - HEAD TO REAR

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

As Per Attached

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

SLP4394K

Vehicle Make/Model/Colour

HONDA GRACE

Details Of Properties

Name of Driver

TAN HOCK CHYE

NRIC/Passport Number

S1821772D

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 Pg. 1

#### 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
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regudiate policy liability.
- 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.
- 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 :
  - 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:
  - 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.

Polycyhelder's Signature

Date & Time:

Driver's Stanature

(If driver is not the policyholder)

Date & Time:

Reporting Sentre Personnel's Signature

Name: NURA

NRIC/FIN No .:

OSMAN

SKETCH PLAN

To signic -		MPER (	HANGI RA		7
THE GLODES -	206E	243 244 4394K	3rd My cak. SKT 7543T	BN7 ryne	A3. TOHE

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

17	ME OF ACOUNT : 7.05 PM
01	TIE OF DUCIDENT : 31.10. 7017.
	Thile driving along upper (hung, R.). the cos SLP 4394k
-	suddenly sam brake and hit the Ist Cas SLB 5068.
-	This cause me to som my brake , but not in time to
	stop to prevent me from hitting SLA 506B
	The driver of lot SIP 506 E he jan brake sydden
	DECOUNT for cat introd ed to.
-	

DECLARATION

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

Reporting Centra Personnel's Signature
Nation AURIX OSMIAN
NRIC/FIN No.:

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

Paper Survey

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	01 Nov 2017		03 Nov 2017 14:09 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case	
	Main	Refere	ence	Claim Detai	is	Documents	Show All	
CLAIM S	UBFOLDER DET	TAILS				[Created by in	surer]	
Insured: Main Clai			AN HENRY, ID: ASING & LIMOUS	S1556130J SINE PTE LTD,	Co. Reg. No.: 20	1432541Z		
Vehicle F	teg. No.:	SLP4394K		Date of Lo	oss:	31/10/2017 19:00 - :59		
Claim Type:		<b>TP</b> / 535069		Policy/Co	ver Note No.:	S28969887SMF (Comprehensive) Coverage: 23/06/2017 - 22/06/20		
Vehicle Reg. No. (Insured):		SKT7543T		Policy No.	Policy No. (Claimant):			
				Excess:		S\$500.00		
Repairer: Allswell Motor Traders (HQ) 25 Defu Lane 9, 5						000011504		
Handling	Insurer:	MSIG Insuran Chew Shong -		Pte. Ltd. (HQ) -	Tel: +65 6827 788	88 [Handled by	Katherine Wong	
Adjuster	10		sultants Pte Ltd e due 04/11/2		-3561 [Handled	by Teo Cheng M	ling Wilson]	
ASSOCIA	ATED MAIL REC	EIVED				View All	Compose Case Mail	
There are	no mail for this o	case.						
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#### **Claim Documents**

# \*SLP4394K (535069) [SKT7543T] TP ALLSWELL LEASING & LIMOUSINE PTE LTD Oct 31 2017 7:00PM [TAN GIM CHUAN HENRY] Allswell Motor Traders

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No.		LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
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2	12/12/17 12:13	General View	0	Load JPG	V
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4	12/12/17 12:13	Chassis Number	0	Load JPG	V
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88	12/12/17 12:13	Photo After Spray	0	Load JPG	V
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No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	02/11/17 14:29	Fax From Third Party	0	Load PDF	
2	02/11/17 14:29	OI GIA Rep - SKT7543T	0	Load PDF	
3	02/11/17 14:29	TP GIA Rep - SLP4394K	0	Load PDF	
4	23/11/17 08:53	OI police report From:TP BI - Reg. No: SLP4394K, Claimant: Tan Hock Chye	0	Load PDF	
5	24/11/17 17:11	Survey report	0	Load PDF	
6	24/11/17 17:13	Survey Photot	0	Load PDF	

#### **Documents Checklist**

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)				
	r in			
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

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

#### VEHICLE DAMAGE INSPECTION REPORT

CS3/MSG17021046/WBE2 Our File No:

12/12/2017 Date:

REFERENCE

Handling

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

S28969887SMF

Insurer: Claimant

SLP4394K

Insured Vehicle No:

SKT7543T

Vehicle No: Date of Loss: 31/10/2017

Nature of Claim:

TP

Claim No: 535069

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

SLP4394K

Make & Model:

HONDA GRACE, 1.5 HYBRID DX CVT ABS D/AIRBAG (A)

Engine No: LEB5259688

Reg. Date:

05/06/2017 (Man. Year: 2017)

Chassis No: GM41109667 Odometer: 32645 km

Colour: Engine Capacity: Silver 1496 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 Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

185/60 R15

Rear Tyre Size:

185/60 R15

Front Left Side:

Dunlop 4 mm

Rear Left Side:

Dunlop 4 mm

Front Right Side:

Dunlop 4 mm

Rear Right Side:

Dunlop 4 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

03/11/2017

Date Inspected:

03/11/2017

Inspected At:

Allswell Motor Traders (HQ)

25 Defu Lane 9

Singapore 539266

Estimated Period of Repair:

0.0 days

Adjuster: Teo Cheng Ming Wilson

Manager: CATHERINE CHONG KAI LING

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.

- 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.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$5,000.00 -\$6,500.00

Adjuster Report

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#### REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 12 Dec 2017)

Parts: 192 HONDA GRACE 1.5 HYBRID DX CVT ABS D/AIRBAG (A) (Catalogue:Merimen Singapore

1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SLP4394K)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

#### Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

# Recommended Miscellaneous Items

There are no new miscellaneous items selected.

# Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >