ASSIRBO BY	1110	MSG17021372/1	libez	nge
	Jusmine tok	Msig	Destina	2.44pm @ 8/11/17
To Inspect Vel at Workshop in of 160 Sin	TERES/OD RES/EVA/D Bole No. Sqy: EM Solution Ming Drive, #03-	1798 X	in 5456	1074 E 0226
Policy No. 2 Sum Insured.	8735628 Mcy	Claim No Excess	535878	
Make of Veh: (Client's Record CA / REV /	REP. / REV 24 HRS WP	9	7/11/2017	5/11/2017
Date/Time: 8	14/17 @ 3.38 pm Person (Consisted Josephina	RODERS Vehicle	OUT
Date/Time	SGY7798X-CS, SKT70746-> Dismumble Part: 10.11.2 After Kpair. 13.11-2013	AIG16009516/M]	thc2-0.0.A	5,22/05/2016

ASSIGNMENT

From: Date: 9/11/2017	VAN NO. SRY 7798 YFRAUN JONU
Estimated Cost.	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (F) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: Sqy 7798 X	Wake SUBARY HELACY 00 JUST
at Workshop m/s EM solution	Colour Back A/C Insured / Std / NI / NA
160 sin Ming Drive #03-18, 575722	So Reading \\8205 T/Radio Insured / Std / NI / NA
Insured	Eng/No:
Policy No.	CINO: JF1 829 KVS AG 067020.
Claims No.	Gen. Condy Good / Fair / Poor / Burnt
Sum Insured Excess	Steering: Inforder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inforder / Jammed / Leaked / Burnt or
Make of Veh	Modi: Nil / S/Rim / STD A/Rim or
*	Tyre Size: F: 235/45/12/
(Policy Condition)	R:
Lighton, The Astrona commensation	DIS BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Front Rear O
IDAC Accident Rport: Consistent? : Yes or No.	R/Bal. mm R/Bal mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 0 mm L/Bal 0 mm
Est. Repairs: days Res.: Yes or No.	DOA 5/4/2017 001 9/4/2017 11/45
Lum Sum: % 3 Val.: Yes or No	Survey held at 6M Solution
CA / REV / REP. / 24 HRS WP'	Des. of Damages : Frt. / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction 2	
*	
, S.	
Date/Time File Pass to? : Prell. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee: 180
	d Fee: Site Insp (\$) _ 5 - 25 _ 5
	Interview (S) Shotos
Regort Format : PRC.	Tech invs:(\$) then
Lump Sum / I.B.I: (\$	Weekend (\$
wante and the contract of	180



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

10		Affiliated to Federation Internation	onale Des Experts En Auton	nobile
MSI	G INSURANCE (S	INGAPORE) PTE LTD	Ref : CS3/MSG1702	21372/M1b
	RAFFLES QUAY -01 HONG LEONG	BLDG SINGAPORE 048581	Date: 08-11-2017 Code: MSG	
1.		Policy Particulars	:- (THIRD PARTY CLA	IM)
	Insured Veh.	SKT 7074E	Veh. Inspected	SGY 7798X
	Policy No.	28735028MCY	Coverage (\$)	0.00
	Claim No.	535878	Excess (\$)	0.00
	Assign From	MERIMEN (JASMINE LOK)	Assign Date	08/11/2017
2.		Vehicle Parti	iculars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	W 100 100 100 100 100 100 100 100 100 10
	Chassis No.		Colour	
	Odometer		Steering	
	Brakes		Modification	
	General		-10	
3.		Condit	ions 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.	A DESCRIPTION OF THE PARTY OF T	Descripti	on of Damages	
5.		Genera	al Information	
	Accident Date	05/11/2017	Inspection Date	09/11/2017
	Survey held at	EM SOLUTION PTE LTD		
		160 SIN MING DRIVE #03-18/19 SIN MING AUTOCITY SINGAPORE 575722	9	
5a.	A PROPERTY OF	R	emarks	
	B) THE REPAIR E THE REPAIRER V	ON WAS CONDUCTED ON A "W STIMATE WAS NOT PRESENTE VAS TOLD TO PREPARE THE ES EASE FIND DAMAGED VEHICLE	D AT THE TIME OF INSP STIMATE.	SIS. ECTION.

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth ed	Status
Main	08 Nov 2017		08 Nov 2017 14:44 Assign				New Assignment Cancel Case
	Main	Refere	nce	Claim D	etails	Documents	Show All
CLAIM S	UBFOLDER DETA	AILS	and the same of the same of	THE PERSON NAMED IN	DIESE DE LES COMMUNICIES	[Created b	y insurer]
Insured:		STARHIGH A	SIA PACIFIC (PTE LTD), Co	. Reg. No.: NA		
Main Clain	nant:	WOO YAW H	UEI, ID: S761	6591B	46 a		
Vehicle Re	g. No.:	SGY7798X		Date	of Loss:	05/11/2017	00:00 - :59
Claim Typ	e:	TP / 53587	8	Policy	Cover Note No.:	28735028MCY (Comprehensive) Coverage: 20/06/2017 - 19/06/2	
Vehicle Re	g. No. (Insured):	SKT7074E		Policy	No. (Claimant):		
				Exces	5:		
Repairer:		E M Solution 64560226	Pte Ltd (HQ)	60 Sin Ming Dr	ve,, #03-18, Sin Min	g Autocity, 57572	2 Sin Ming - Tel:
Handling I	nsurer;	MSIG Insura Kwei - 6594		e) Pte. Ltd. (H	Q) - Tel: +65 6827 7	'888 [Handled b	y Jasmine Lok Kheng
Adjuster:		LKK Auto Co	nsultants Pte L	td (HQ) - Tel:	6256-3561 [Imn	n.Advice due 0	9/11/2017]
Driver/Cus	stodian (Insured):	LIEW KAI ON	N (), NRIC: S8	405464Z			erand with the factories and received.
Adj Asg, R	temarks:	Third Party Pr	e-Repair Survey				
ASSOCIA	TED MAIL RECE	IVED				View	All Compose Case Mail
There are	no mail for this ca	se.					
ALL ASS	OCIATED TASKS	Θ			View All Se	earch Tasks Crea	te New Task Complete
Due Dat		ype Task Grou	ip Subject	Handler	Assigned By C	ompleted On	Created On Done

Survey Department Check List (Case Handler)

경우를 전혀하다 되었다면서 살이 생각이 되었다. 이후 마양이 보고 있다면 되었다.	사람들이 많아 아니는 나는 아니는 아이들이 되었다면 하는데 하고 있습니다. 아이들이 되었다.	
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Claim No	1	
Insurance Authorisation (CA /REV/REP)		
Report Type	/	
Weekend Charges		
Survey held at/Repairer	V	
Excess		
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	ne surveryor completed a	an required implifiation.
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Damaged Vehicle Photographs Uploaded		
shop Estimate/Assignment Form		
74 1960 200 1970 1970 1980 1980 1980 1980 1980 1980 1980 1980 1980 1980 1980 1		
Resurvey photo Uploaded		
	Assign Form Reference No. Customer Code Assign From Assign Date Veh No (Inspected) Veh No (Inspected) D.O.A Policy No Claim No Insurance Authorisation (CA /REV/REP) Report Type Weekend Charges Survey held at/Repairer Excess If (): Case handler to make sure to make sure to make & Model Engine Capacity. (C.C) Colour Odometer. (Sp.Reading) Chassis No General Condition Steering Brake Modification (Modi) Tyre Size Tyre Make Tyre Balance Date of Inspection Survey held Des.of Damages m - (Views/Merimen)	Reference No. Customer Code Assign From Assign Date Veh No (Inspected) Veh No (Inspected) Veh No (Insured) D.O.A Policy No Claim No Insurance Authorisation (CA /REV/REP) Report Type Weekend Charges Survey held at/Repairer Excess If (): Case handler to make sure the surveryor completed of t

*C: Critical *N: Non-Critical

Case Handler

Date

Reference No. :



MKKH17147565 / K Kim Hin Auto Pte Ltd - HQ ENTRY DATE & TIME: 07/11/2017 17:15

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/11/2017 19:27

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.
- 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

atoresaio.	
	ACCIDENT STATEMENT
Date Of Report	07/11/2017 17:15
Date Of Accident	05/11/2017 17:40
Exact Location Of Accident	GUILLEMARD ROAD TURN TO SIMS WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY7798X
Insured/Policyholder	
Name Of Registered Owner	WOO YAW HUEI
NRIC No	S7616591B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91092450

OFFICE-91092450

Alternative Phone No Vehicle Particulars

SUBARU Manufacturer

Model LEGACY-2.0 GT (A)

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?

THIRD PARTY If No, Please state action to be taken Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

NO Fleet Policy

GA226429 Policy Number

Cover Note Number

Driver

WOO YAW HUE! Name of Driver NRIC No. S7616591B 11/06/1976 Date Of Birth Occupation INDOOR 19/11/2003 Date Of Driving Pass

13 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91092450 Mobile Number

Fax Number

OFFICE-91092450 Contact Number

NOEMAIL EMail Address

Address

BLK 259 KIM KEAT AVE #04-20

Postcode

310259

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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

4

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

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKT7074E

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

LIEW KAI ONN

NRIC/Passport Number

S8405464Z 91552802

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

I MPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- Z. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.
- 3. 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
 - (i) to all insurers and/or any other than parties that pasis in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - this for complying with requirements under any regulations, laws or court-cross

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SETCH PLAN	Sims	WAY
		SX147748X SK 7 70746
On 05 11 2017 at about 17 40101. I	was s	delineral and
at the traffic junction while turning right	1 10 L	sim way on
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* Repair at other workshop *.		
DECLARATION		
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Page 4 of 11

View Sent Message

This mail is associated with:

*SGY7798X (535878) [SKT7074E]

WOO YAW HUEL Nov 5 2017 12:00AM [STARHIGH ASIA PACIFIC (PTE LTD)] E M Solution Pte Ltd

Resend View Recipients Print Message

Delete Message Forward

From

LKK Auto Consultants Pte Ltd (LKK_HQ), sent on 28/11/2017 18:55 PM.

MSIG_JLKK

Subject Pre-repair Inspection

Dear Jasmine,

Refer to your assignment on 08.11.2017 at 2.44PM.

Please be informed that we have inspected the vehicle SGY 7798X on 09.11.2017 at 11AM.

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@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

DOCUMENTS SUMMARY

There are no documents.

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	08 Nov 2017		08 Nov 2017 14:44 Edit Adi Rot	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
CLAIM SUBFOLDER D	ETAILS		[Created by insur	er]
Insured:	STARHIGH ASIA PACIFIC (PTE LTD), Co. Reg. No.: NA		
Main Claimant:	WOO YAW HUEI, ID: S761	6591B		
Vehicle Reg. No.:	SGY7798X	Date of Loss:	05/11/2017 00:00 -	
Claim Type:	TP / 535878	Policy/Cover Note No.:	28735028MCY (Com Coverage: 20/06/20	
Vehicle Reg. No. (Insured):	SKT7074E	Policy No. (Claimant):		30.000
Name and Articles		Excess:		
Repairer:	64560226	60 Sin Ming Drive,, #03-18, Sin Ming		
Handling Insurer:	MSIG Insurance (Singapore Kwei - 6594 2550]	e) Pte. Ltd. (HQ) - Tel: +65 6827 78	88 [Handled by Jas	mine Lok Kheng
Adjuster:	LKK Auto Consultants Pte L [Imm.Advice due 09/11	.td (HQ) - Tel: 6256-3561 [Handle /2017]	d by MA CHIN FOOK]	***
Driver/Custodian (Insured):	LIEW KAI ONN (), NRIC: S8	405464Z		
Adj Asg. Remarks:	Third Party Pre-Repair Survey			
ASSOCIATED MAIL R	ECEIVED		View All Co	mpose Case Mail
There are no mail for thi	s case.		0,027	
⊟ ALL ASSOCIATED TA	sks	View All Search Task	s Create New Ta	sk Complet
Due Date Priority No results.	Type Task Group Subjec	t Handler Assigned By Co	ompleted On Cre	ated On Don

Claim Documents

*SGY7798X (535878) [SKT7074E] WOO YAW HUEI Nov 5 2017 12:00AM [STARHIGH ASIA PACIFIC (PTE LTD)] E M Solution Pte Ltd

	essment Reports		1 per p	age 🔻	V
No.	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	10/11/17 08:49	Accident Statement From: SC - Reg. No: SKT7074E, Claimant; STARHIGH ASIA PACIFIC (PTE . LTD.)	0	Load HTM	
ho	tos/Images		3 per p	page 🔻	V
No.		LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	05/12/17 18:43	General View	0	Load JPG	V
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3	05/12/17 18:43	General View	0	Load JPG	V
4	05/12/17 18:43	Chassis Number	0	Load JPG	V
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10	05/12/17 18:43	General View	0	Load JPG	V
11	05/12/17 18:43	General View	0	Load JPG	V
12	05/12/17 18:43	General View	0	Load JPG	V
13	05/12/17 18:43	General View	0	Load JPG	V
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	umentation	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	10.00	Thumbnail	Print
No 1	Finalized On 08/11/17 14:25	TP PRI & ACCDT REPORT	0	Load PDF	
2	08/11/17 14:43	REJECT TP LIST OF SURVEYOR & OUR REPLY INFORMING WE NOMINATED LKK TO BE OUR SJE	0	Load PDF	
3	10/11/17 08:49	E-FILE REPORT (SGY7798X) From:SC - Reg. No: SKT7074E, Claimant: STARHIGH ASIA PACIFIC (PTE - LTD.)	0	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.			H	
Our Checklist Remarks - LKK Auto Consultants Pte L	td (HQ)			
our checkist Kellidins	5			
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:

CS3/MSG17021372/M1BE2

Date:

06/12/2017

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

28735028MCY

Claimant

SGY7798X

Insured Vehicle No:

SKT7074E

Vehicle No: Date of Loss:

05/11/2017

Nature of Claim:

TP

Claim No: 535878

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SGY7798X

Make & Model:

SUBARU LEGACY, 2.5 GT Wagon (A)

Engine No:

EJ25D980936

Reg. Date:

04/01/2010 (Man. Year: 2009)

Chassis No:

JF1BR9KV3AG007020

Colour:

Black

2457 cc **Engine Capacity:** N/A Market Value/New Car Price:

Sum Insured (S\$):

Market Value/New Car Price

Odometer: 118205 km

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

235/45 R18

Rear Tyre Size:

235/45 R18

Front Tyre Size: Front Left Side:

Goodyear 8 mm

Rear Left Side:

Goodyear 8 mm

Front Right Side:

Goodyear 8 mm

Rear Right Side:

Goodyear 8 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:

08/11/2017

Date Inspected:

09/11/2017 Inspected At:

E M Solution Pte Ltd (HQ)

160 Sin Ming Drive,, #03-18, Sin Ming

Autocity

Singapore 575722

Estimated Period of Repair:

0.0 days

Adjuster: MA CHIN FOOK

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 \$2,000.00 -\$2,500.00

REPAIR DETAILS

Reference

Part Source:

(Last Synchronised: 06 Dec 2017)

Parts:

N/A

SUBARU LEGACY 2.5 GT Wagon (A) (Model not available in database)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SGY7798X)

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 >