

ASS. REQ. BY: CS/MSA17021807/Agbnz
 From Person: Adrian Meinmen Catherine Thia of MSIG Date/Time: 14/11/2017 @ 3:51pm
 Estimated Cost: _____ Bill to: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No: SKQ 362K Insured: FBM 605M
 at Workshop no: Leang Automotive Tel: 90286516
 of Blk 1 kaki Bukit Ave 6 # 01-68, 417883
 Policy No: MSD/VMS/17-984538-WTT Claim No: MSC/V/17-601749
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A: 3/11/2017
 (Client's Record)
 CA / REV / REP. / REV 24 HRS 'wp' H.O.D. Endorsement: _____
 Date/Time: 9:22am @ 15/11/17 Person Contacted: Mr. Leang Vehicle: IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SKQ 362K - X
	FBM 605M - X
16/11/17 @ 10.20am	Informed. Catherine Thia, we are pending estimate from rep.
11/12/17 @ 10.55am	revised to Catherine Thia via Meinmen.
	US \$1600, 4 days (Fed \$2998.30, 64%.)

REF: MSIG

ASSIGNMENT

From: _____ Date: 15/11/17

Estimated Cost: _____

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

To inspect Vehicle No: SKQ 362 K

at Workshop m/s Leang Automotive

of Blk 1 Kaki Bukit Ave 6 #02-12 Autobay

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: 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS wp

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKQ362K Yr Regn: 2014 Oct

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

Truck / Trailer or _____

Make: Honda City c.c 1497

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

Sp. Reading: 85863 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHGM6660EP000130

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/50R16

R: 205/50R16

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

TOYO / YOKO or Continental

Front	Rear
R/Bal. <u>06</u> mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm	L/Bal. <u>06</u> mm
D.O.A. _____	D.O.I. <u>15/11/17</u>

Survey held at Leang

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TP MS/6

RECEIVED 11 DEC 2

Date/Time, File Pass to?

☐ : Preli. Report1) 11/12 by MS☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

) \$ - RS \$

) Photos

) Others

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: over-7pLump Sum / I.B.I. (\$) 1600

TOTAL

200

10

210



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/MSG17021807/Aqb

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 15-11-2017

Code : MSG



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBM 605M	Veh. Inspected	SKQ 362K
Policy No.	MSD/VMS/17-984538-WTT	Coverage (\$)	0.00
Claim No.	MSC/V/17-001749	Excess (\$)	0.00
Assign From	MERIMEN (CATHERINE THIA)	Assign Date	14/11/2017

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	03/11/2017	Inspection Date	15/11/2017
Survey held at	LEANG AUTOMOTIVE BLK 1 KAKI BUKIT AVE 6 #01-68 AUTOBAY@ KAKI BUKIT SINGAPORE 417883		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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Survey Department Check List (Case Handler)

Reference No.: Cy/MSK17071807/Agb
 Policy Type: OD / TP / TP RES / TL / EVA

SKA 361K

Case Handler

Typist

Admin (Cathy): Case handler to make sure all information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

- 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

Y-Date	N-Date	Y-Date	N-Date
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Surveyor (Adrian): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

- 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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Check By:

Adrian 11/11/17
 Case Handler Date

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	04 Nov 2017		14 Nov 2017 15:51 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	MUHAMMAD KHIR FAZLI BIN MOHAMED RAMLI, ID: S8633682J, Tel: +6581028756, Email: NOEMAIL		
Main Claimant:	LIM GUAN HENG ALBERT, ID: S1352349E		
Vehicle Reg. No.:	SKQ362K	Date of Loss:	03/11/2017 15:00 - :59
Claim Type:	TP / MSC/V/17-001749	Policy/Cover Note No.:	MSD/VMS/17-984538-WTT(TPFT) (TP, Fire & Theft) Coverage: 21/06/2017 - 20/06/2018
Vehicle Reg. No. (Insured):	FBM605M	Policy No. (Claimant):	
		Excess:	
Repairer:	Leang Automotive - Kaki Bukit (HQ) AUTOBAY @ KAKI BUKIT 1 KAKI BUKIT AVE 6 #01-68, 417883 Kaki Bukit - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Catherine Thia Shi Yi - 6594 2545]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 15/11/2017]		
Driver/Custodian (Insured):	MUHAMMAD KHIR FAZLI BIN MOHAMED RAMLI (30 / Male), NRIC: S8633682J, Tel: +6581028756		

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.									

BONNIE KWOK LLC*Advocates & Solicitors*

101A Upper Cross Street
#08-12 People's Park Centre
Singapore 058358

Tel : (65) 6536 6026
Fax : (65) 6536 2279
[Not for service of court documents]
GST Reg No. 2012035472

Your Vehicle: FBM 605 M
Our Vehicle: LeangAuto-SKQ 362 K



Date : 13 November 2017

M/s MSIG Insurance (Singapore) Pte. Ltd.
16 Raffles Quay
#24-01 Hong Leong Building
Singapore 048581

By Fax 6225 7402 Only

Dear Sirs,

ACCIDENT INVOLVING SKQ 362 K & FBM 605 M ON 3 NOVEMBER 2017

We refer to the above matter.

We hereby give you 2 days' notice to conduct a pre-repair inspection of vehicle SKQ 362 K at M/s Leang Automotive, No. 1 Kaki Bukit Avenue 6 #01-68 Singapore 417883.

Your faithfully

BONNIE KWOK
c.c. Client

Note: This document has not been finalised.

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: Catherine Thia Shi Yi

Date: 11 Dec 2017

Preliminary Advice

Insured Vehicle No : FBM605M
TP Vehicle No : SKQ362K
Make : HONDA CITY
Date of Inspection : 15/11/2017
Inspection At : LEANG AUTOMOTIVE

Accident Date : 03/11/2017
Assignment Date : 14/11/2017
Est. Duration of Repair : 4

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	4,498.30
Revised Amount	:S\$	2,026.16
Check Items (Estimated)	:S\$	0.00
Total	:S\$	2,026.16
Lump Sum Repair	:S\$	1,600.00

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.

Shiau Chan (LKKAuto)

From: Do-Not-Reply <do-not-reply@merimen.com>
Sent: Thursday, 16 November, 2017 10:20 AM
To: do-not-reply@merimen.com
Cc: SUR
Subject: VEHICLE SKQ 362K (YOUR REF: MSC/V/17-001749)

This mail is associated with :
***SKQ362K (MSC/V/17-001749)**
[FBM605M]

TP
LIM GUAN HENG ALBERT
Nov 3 2017 3:00PM
[MUHAMMAD KHIR FAZLI BIN MOHAMED RAMLI]
Leang Automotive - Kaki Bukit

Dear Catherine,

Please be informed that we have inspected the vehicle SKQ 362K on 15/11/2017.

We are pending for estimate from repairer.

Thanks & Regards,

Shiau Chan (Ms)
LKK Auto Consultants Pte Ltd
Tel: 6256 3561
Fax: 6256 4315

[This mail is sent from a mailer account - do not reply to this email address]

Sent by : SHIAU CHAN (LKK Auto Consultants Pte Ltd)

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	04/11/2017 15:19
Date Of Accident	03/11/2017 16:05
Exact Location Of Accident	ALONG PIE HIGHWAY NEAR LAMP POST 71S8AF
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ362K
Insured/Policyholder	
Name Of Registered Owner	LIM GUAN HENG ALBERT
NRIC No	S1352349E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98333340
Alternative Phone No	OFFICE-98333340

Vehicle Particulars

Manufacturer	HONDA
Model	CITY 1.5 SV CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075094973-02
Cover Note Number	

Driver

Name of Driver	LIM GUAN HENG ALBERT
NRIC No	S1352349E
Date Of Birth	31/05/1959
Occupation	INDOOR
Date Of Driving Pass	26/09/1980
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98333340
Fax Number	
Contact Number	OFFICE-98333340
Email Address	NOEMAIL

Address APT BLK 533 HOUGANG AVENUE 6 #10-333
 Postcode 530533
 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? YES
 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) 2

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name HOGANG N.P.C
 Police Station Address ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO 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 FBM605M
 Vehicle Make/Model/Colour MOTORCYCLE
 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

DETAILS OF INJURED PERSON 1

Name MOTORCYCLIST

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBM605M

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

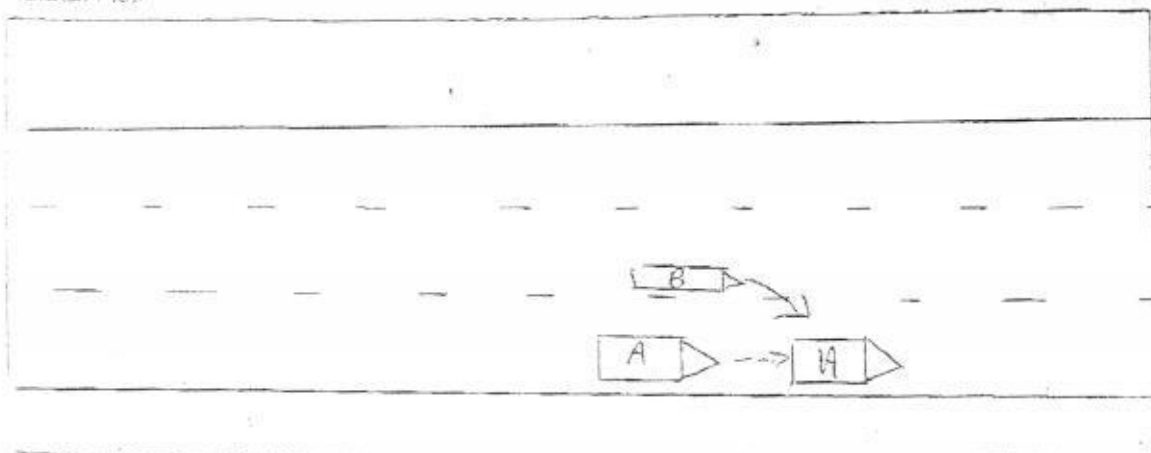
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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.
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 Ministry 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/postal packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(c) 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
(d) 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 situated outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan




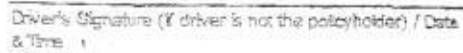
Describe Circumstances of the Accident

See police report

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20171103/2140

1 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20171103/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2017 18:01	Vide Report No.: J/20171103/0137	Station Diary No.: 80
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Informant's Particulars

Name of Informant: LIM GUAN HENG			Address: APT BLK 533 HOUGANG AVENUE 6 #10-333 SINGAPORE 530533		
ID Type / ID No.: NRIC NO / S1352349E			Contact No.: Home/Office:		Mobile: 98333340
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 31/05/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MANUFACTURER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/11/2017 16:05	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE highway near lamp post 71S8AF				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM605M	Motorcycle				Slightly Damaged	0
SKQ362K	Car	HONDA	CITY 1.5 SV CVT	Brown	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ362K	NTUC Income Insurance Co-Operative Limited	5075094973-02	29/10/2017	28/10/2018



**SINGAPORE
POLICE FORCE**



T/20171103/2140

2 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20171103/2140

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM GUAN HENG	ID No.	S1352349E
Related Vehicle	SKQ362K (Car)	Contact No.	98333340
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CHIA CHOO SIANG	ID No.	S1678196G
Related Vehicle	SKQ362K (Car)	Contact No.	96989532
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/11/2017 at about 1555hrs, I was heading back home on the PIE heading towards Hougang, when suddenly me and my wife heard a loud bang and felt a sudden force. My wife saw a motorcyclist had hit onto our vehicle and was lying on the road.

We immediately exit our vehicle and carry him over to the side of the road. There was no visible injuries when I carried him over. I asked whether does he need ambulance and he nod his head. I immediately called 995 and soon after the toll truck company and LTA officer arrived to assert the situation. Ambulance came shortly after and they assert his situation and inform that there was a fracture on his left wrist. Right after, Traffic Police and Police came to scene.

The ambulance conveyed the injured motorcyclist to the nearest hospital while the Traffic Police Officer interviewed me.

I am lodging this report for record purpose under the instruction of the Traffic Police Officer that attended to this incident.



**SINGAPORE
POLICE FORCE**



T/20171103/2140

3 of 4

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20171103/2140

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20171103/2140

4 of 4

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20171103/2140

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 KOH YEW WEI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Signature Of Informant:

Date/Time:

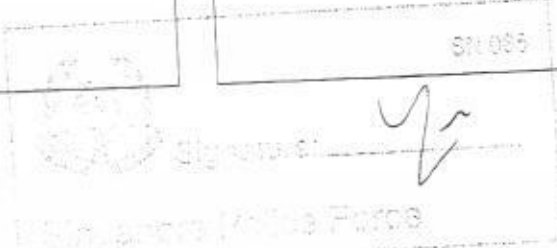
03/11/2017 18:01

Classification Of Case:

ST 085

Authentication Stamp

NP188



SKR 362K
Honda City.
MRHGM6660EP000130

Rees Bumper	Rehnd	468.70	/
Rees Bumper Crips.	~	30	/
Rees Bumper Side Holder x 02	LH per	21.5 x 2 = 43	21.50
Taillamp LH	wt	225	/
Rees LH Fender	Ryis	795.10	+
Rees Windscreen Moulding	2	66.50	+
Rees Windscreen Sealant	~	60 (SN)	+
Rees LH Wheel Rim	wt	680 (SN)	500 (SN)

Panel Bending
Spray Painting.
Wiring.
To undersent
To remove reverse sensor
To remove upholstery
To remove rees windscreen.

700 250
800 600
50 30
150 X
100 50
150 X

Wst 745.20
un20%: 59616.
S.N: 500

Labour 930

Label 2026

4/s: 1.6

04 Days

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:

1-6/10

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/MSG17021807/AQBN2

Date: 12/12/2017

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMS/17-984538-WTT (TPFT)	
Claimant Vehicle No :	SKQ362K	Insured Vehicle No :	FBM605M	
Date of Loss:	03/11/2017	Nature of Claim:	TP	Claim No: MSCN/17-001749

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKQ362K	Engine No:	L15Z11414240
Make & Model:	HONDA CITY, 1.5 CVT (A)	Chassis No:	MRHGM6660EP000130
Reg. Date:	29/10/2014 (Man. Year: 2014)	Odometer:	85863 km
Colour:	Bronze		
Engine Capacity:	1497 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:	205/50R16	Rear Tyre Size:	205/50R16
Front Left Side:	Continental 6 mm	Rear Left Side:	Continental 6 mm
Front Right Side:	Continental 6 mm	Rear Right Side:	Continental 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,368.30	1,096.16	1,272.14	53.72
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,130.00	930.00	1,200.00	56.34
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,498.30	2,026.16	2,472.14	54.96
Approved Total (Overridden) (S\$)		1,600.00		
Nett Amount (S\$)	4,498.30	1,600.00	2,898.30	64.43

INSPECTION

Date of Assignment:	14/11/2017	
Date Inspected:	15/11/2017 Inspected At:	Leang Automotive - Kaki Bukit (HQ) AUTOBAY @ KAKI BUKIT 1 KAKI BUKIT AVE 6 #01-68 Singapore 417883
Estimated Period of Repair:	4.0 days	

Adjuster: ADRIAN LING

Manager: SHIAU CHAN

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: 12 Dec 2017)
Parts:	143	HONDA CITY 1.5 CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SKQ362K)	
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	Deformed	468.70 F	*468.70 FL
2	1		*REAR BUMPER CLIPS	Necessary	30.00 F	*30.00 FL
3	1		*REAR BUMPER SIDE HOLDER	N/s Necessary	43.00 F	*21.50 FL
4	1		*TAILLAMP LH	Cut	225.00 F	*225.00 FL
5	1		*REAR LH FENDER	Repair	795.10 F	*- FL
6	1		*REAR WINDSCREEN MOULDING	Not Necessary	66.50 F	*- FL
7	1		*REAR WINDSCREEN SEALANT	Not Necessary	60.00 FS	*- FS
8	1		*REAR LH WHEEL RIM	Cut	680.00 FS	*500.00 FS

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

Sub Total (S\$)	2,368.30	1,245.20
- List Item Discount on L Items 0.00/20.00% (S\$)	0.00	149.04
Total Parts (S\$)	2,368.30	1,096.16

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	PANEL BEATING	New	700.00	250.00
2	SPRAY PAINTING	New	800.00	600.00
3	WIRING	New	50.00	30.00
4	TO UNDERSEAL	New	150.00	-
5	TO REMOVE REVERSE SENSOR	New	100.00	50.00
6	TO REMOVE UPHOLSTERY	New	150.00	-
7	TO REMOVE REAR WINDSCREEN	New	180.00	-
Gross Labour Cost (\$\$)			2,130.00	930.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >