ASS REC.EY	-	REF: CSIMSG1702	1887/71abe	V Ipedal <u>largestiss</u> :	
	<u>laufikh</u>	ASSIGNM	ENT (Office)		
From (Person	Jasmine to	k`6f	MSIG	Date/Time: 16/11/17 @	10-27am
Estimated Co	· 		Bill to:		
To learn the	S/TP RES / OD RE	S/EVA/INV/MV7			
TO Enspect Vi	ehicle No: XE 3	<u> </u>	····	Insured: GQ 1914J	
at Workshop	m/s ΠS }	1 Automotive	····	Tel: 62658506	
of <u>No-2</u>	Kwona Min Roa	d 1628705			
Policy No:	2771812370	nv.	"Claim Not	53/2/2	_
Sum Lasurei:			– Excess:		
Make of Vehi (Client's Record				DOA 09/09/2013	 }-
CA / REV	/ REP. / REV 24 H	me lup?		,	
Date/Time:	1.1.21 @ms24.01	LRQ I	~ I	H.O.D. Endorsement	
	<u> </u>	17 Person Contacted.	Jaclyn	Vella (EL) OUT	
Date/Time	Action/instruction	() Estimate			
	XE 30535				
	GQ19145->				
		-			
-					
	:				

Simples Tauffle REF: M.	516		;
	GNMENT		
From Date:	Veh No: XE 305 3S Type: M.Car / M.Cycle / Bus / Van / Lor	Yr Regn: 2017 ry / Taxi / Prime Mover	June.
OD ITP /WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m.s of	Truck/Trailer or Make: Scania P400 Colour White Sp.Reading 22971.	c.c / A/C: Insured / Std T-Radio: Insured / Sto	
Policy Nc. Claims No. Sum Insured: Excess: (Client's Record) Make of Ven:	Eng/No: C:No: Gen. Cond: Geor / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Brake: Inorder / Jammed / Leaked / Modi: Nil / Fixim / STD A/Rim of Tyre Size F: 315	Burnt or	TO3.
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection.	R: BS / DUN / EXNOVA GY FS / LIZA / TOYO / YOKO or	MIC / OHTSU / PIR / SU	· · ··
Bal. or Market Value:	Front	<u>Rear</u>	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. U mm	R/Bai. 6	mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm	L/Bal. <u>6</u>	mm
Est Repairs: 5 days Res.: Yes or No Lum Sum: 1-B-1 % 3 Val.: Yes or No	D.O.A. Survey held at ASM	D.O.I. 16/11/1	120 Spn
CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted:	Des. of Damages : Frt / Rear / O/S /	<u> </u>	
Date: Person Contacted: Date: Time Action Instruction H/H/H REV Preh in maximu. 11/12/14 Jaclyn said Just call to drive side of the said for the side of the said state of	Jaciyv) .		
	Days Of Repair:	<u></u>	
<u> </u>	Resurvey No. of Trip:	Sunvey Ree:	200
2. Add Fee		13+P33	
<i></i>	. Interview: +8	. Phisos	10
Report Format:	:Teps. Inva 18	: Omers	
Lump Sum (18) (6) 6891.2	: Meskend S	-5-1	≥ 10



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

**************************************	是我们的是一个人的,我们们们的一个人的,他们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们	Affiliated to Federation Internation	Ref : CS/MSG17021887	The same of the sa
	AFFLES QUAY 01 HONG LEONG	BLDG SINGAPORE 048581	Date: 16-11-2017 Code: MSG	
		Policy Particulars	:- THIRD PARTY CLAIM	
<u> 11413-11</u>	Insured Veh.	GQ 1914J	Veh. Inspected	XE 3053S
	Policy No.	27718123TMV	Coverage (\$)	0.00
	Claim No.	531212	Excess (\$)	0.00
	Assign From	MERIMEN (JASMINE LOK)	Assign Date	16/11/2017
2		Vehicle Parti	culars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	-	Steering	
	Brakes		Modification	
	General			
3		Condit	lons 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
ul Descen		Descripti	on of Damages	
5118A		Genera	l Information	
-patte-sake	Accident Date	09/09/2017	Inspection Date	16/11/2017
	Survey held at	ASM AUTOMOTIVE SERVICES	<u></u>	
		2 KWONG MIN ROAD SINGAPORE 628705		
ia.	VI TEST ESPECIA	R	emarks	

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

AIM SUB	FOLDER TRACE	(ING			> > > 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0		
Case	Notified	Est Submitted	Adt Assigned	Adj Ppt	Adj Submitted	Ins Auth'ed	Status
Main	27 Sep 2017		16 Nov 2017 10:27 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All		
CLAIM SUBFOLDER DETA	ILS		[Created by ins	urer]		
Insured:	LAND EQUIPMENT PTE LT	D, Co. Reg. No.: NA				
Main Claimant:	GKE EXPRESS LOGISTICS	PTE LTD, Co. Reg. No.: 1991	00225R			
Vehicle Reg. No.:	XE3053S	Date of Loss:	09/09/2017 00:00	0 - :59		
Claim Type:	TP / 531212	Policy/Cover Note No.	: 27718123TMV (TR Coverage: 01/10/			
Vehicle Reg. No. (Insured):	GQ1914J	Policy No. (Claimant)				
		Excess:				
Repairer:	ASM Automotive Services 62658806/62650980	ASM Automotive Services Pte Ltd (HQ) No. 2 Kwong Min Road, 628705 Boon Lay - Tel: 62658806/62650980				
Handling Insurer:	MSIG Insurance (Singapo Kwei - 6594 2550]	re) Pte. Ltd. (HQ) - Tel: +65 6	827 7888 [Handled by Ja :	smine Lok Kheng		
Adjuster:	LKK Auto Consultants Pte	Ltd (HQ) - Tel: 6256-3561 [Imm.Advice due 17/11	[/2017]		
Adj Asg. Remarks:	ON WP					
ASSOCIATED MAIL RECE	IVED		View All	Compose Case Mai		
There are no mail for this cas	6 e.					
ALL ASSOCIATED TASKS	_	_View All	Search Tasks Create Ne	w Task Complet		
ALL ASSOCIATED TASKS Due Date Priority Ty				w Task Complet		

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

Est. Duration of Repair : 5.00

Attn: Jasmine Lok Kheng Kwei Date: 17 Nov 2017

Preliminary Advice

Insured Vehicle No: GQ1914J

TP Vehicle No : XE3053S Make

: SCANIA P400LA

Accident Date Assignment Date : 09/09/2017 : 16/11/2017

Date of Inspection: 16/11/2017

Inspection At

: ASM AUTOMOTIVE SERVICES PTE LTD (HQ) NO. 2 KWONG MIN ROAD

SINGAPORE 628705

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	8,417.18
Revised Amount	:S\$	6,891.21
Check items (Estimated)	:S\$	-
Total	:S\$	6.891.21

Lump Sum Repair :S\$

Total Loss Consideration

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

Remarks

, ,	TL-		:_				
	, ine	venicie	15	economical/not	economica	ıor	repair.

(X) The above survey was conducted on a 'without prejudice' basis.

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 <u>truthful and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT	
Date Of Report	14/09/2017 19:00	
Date Of Accident	09/09/2017 10:00	
Exact Location Of Accident	ALONG AYE TOWARDS MCE	
Country/State of Loss	SINGAPORE	

	DETAILS OF OWN VEH	ICLE
Vehicle Registration Number	XE3053S	

Insured/Policyholder

Name Of Registered Owner GKE EXPRESS LOGISTICS PTE LTD

Co Reg No 199100225R

Email Address PRIYA@GKEGROUP.COM.SG

Mobile Phone No

Alternative Phone No OFFICE-62617770

Vehicle Particulars

Manufacturer SCANIA

Model P400LA-12.7 D 4X2 MSZ (M)

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES
Policy Number REFER CN
Cover Note Number CN831807

Driver

Name of Driver HIEW BOON FAH

 NRIC No
 \$8280980E

 Date Of Birth
 01/11/1982

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/02/2010

Driving Experience 7 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82331048

Fax Number

Contact Number

EMail Address NOEMAIL

Address

APT BLK 2 MARSILING DRIVE

#07-37

Postcode

730002

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

NO YES

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)

1

Details of Police Action

Was the accident reported to the police?

YE\$

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT: T/20170909/2057

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YE\$

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GQ1914J

Vehicle Make/Model/Colour

TOYOTA

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

FBG2326L

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJH5300R

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBG2326L

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Forminust be completed by the Policyholder and/or the Authorised Oriver
- 3 Information provided must be as truthful and accurate as possible. Any willul 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 forw arded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singaporia (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)

funderstand, acknowledge, agree and consent that

- (a) My insured my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use idisclose and/or process my personal data/personal information set out in the [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 "insureris"). the Insurers law yers/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.
- iii) 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 nailing 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 wield as on the external cover of envelopes/mail packages), and/or
- (v) complying with applicable law in administering, processing thandling 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, law yers/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 law yers/law firms), which may be seed outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Driver's Signature of driver's not the policyholder: - Date

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan #2

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Keer polit	i repot: 120170	909 /2057	
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eclare the foregoing particu	ulars are true in every respect		
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POLICE REPORT





1 of 3

Police Station Of Origin Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20170909/2057

	ne Report M	Made:	Vide Report No.	Station Diary No.
3				Note - 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	f Informant OON FAH		Address: 2 MARSILING DR #07-37 HD 730002.	DB-WOODLANDS SINGAPORE
• •	/ ID No.: O / \$82809	80E	Contact No. Home/Office:	Mobile: 82331048
National MALAY	•		Email	
Sex: Male	Age 34	Date of Birth: 01/11/1982	Type of Informant Driver	
Race Chinese	* ** * * * * * * * * * * * * * * * * *	S and tracker accounts from the	Language	Institution / School Name
Occupat Trailer-to	tion: ruck driver		Driving Licence Information. Class 2B 3,4,5	Date of Expiry

	the state of the state of the state of	a managa managa a a a a a a a a a a a a a a a a a		
Type of Accident	Injury Conveyed By Ambula	Drink nce Drive No	Date/Time of Accident 09/09/2017 10 00	Type of Location:
•	Traveling Toward Road 2 HEXPRESSWAY			
AYE (MCE)				
Weather		Road Surface	F	Road Speed Limit
rrcatile.				YORG SPEED FILLIN
Clear		Dry		Road Speed Limit
	The state of the s	Dry Traffic Control.		Traffic Volume

		and the office of the base of		and the second	er By Triple For Turky 1, 2000 Digital
English of	Land Branch		التصور المراب المرابي والأوافع وأمرأ المسام أفسي	na dia dia dia dia dia dia dia dia dia di	
FBG2326L	Motorcycle			Slightly	1
		i		Damaged	
GQ1914J	Lorry			Slightly	0
				Damaged	
SJH5300R	Car			Seriously	0
				Damaged	
XE3053S	Lorry			Slightly	0
				Damaged	

POLICE REPORT





Police Station Of Ongin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No. 65470000

2 of 3 Report No. T/2017D909/2057

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE DATE AND TIME MENTIONED. I WAS TRAVELLING ALONG LANE 3 OF 3 LANES. THE TRAFFIC WAS HEAVY AND VEHICLES WAS AT A SLOW PACE. I WAS GOING ABOUT 40KM/H ON AYE (MCE). ALL OF A SUDDEN THE LORRY ON LANE 2 SWERVED HIS VEHICLE TO HIS LEFT AND CUT INTO MY LANE WHICH THEN STOPPED I TRIED TO STEP ON MY BRAKES BUT COULD NOT AVOID THE COLLISION. MY LORRY THEN COLLIDED WITH THE RIGHT REAR OF THE LORRY AHEAD OF ME. I THEN SAW A MOTORCYCLE AND 1 RIDER WITH HIS PILLION RIDER SKIDDED ONTO THE FRONT OF MY LORRY. THE MOTORCYCLE HAD ALREADY FELL ON TO THE LEFT SIDE AND SKIDDED TO THE FRONT OF MY LORRY.

POLICE REPORT





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20170909/2057

CONTINUATION OF REPORT

-				_		
S	ke	tc	n.	P	8	n

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 TP / RIVALEMIR BIN YAHYA	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 09/09/2017 12-29
Officer In Charge Of Case: TP / GIT /	Classification Of Case
Contact No:	SWOASORE WOULDE FORCE
Authentication Stamp	<i>P</i> 1



ASM Automotive Services Pte Ltd

No 2, Kwong Min Road, Singapore 628705 Tel: 6265 0980 / 6265 8806 Fax: 6265 6068 Email: enquiry@asmauto.com.sg

Co. / GST Reg. No.: 201203813C

FROM

: Jaclyn Lai

DATE

: 27.09.17

TEL. NO. **EMAIL**

: 6265-0980 / 9236-8218 : jaclynlai@asmauto.com.sg

VEHICLE NO.

: XE 3053 S

TO

: MSIG Insurance (Singapore) P/L

MODEL NO.

: SCANIA P400LA4X2MSZ

ATTN

LTA REG DATE : 5-Jun-17

: YS2P4X20005464583

: Motor Claim Department

CHASSIS NO. ENGINE NO.

: DC13113L017007612

TEL. NO. **EMAIL**

: 6827-7660

CC

: claims@sg.msig-asia.com : GKE Express Logistics Pte Ltd

CLAIM TYPE D.O.A

: Third Party - GQ 1914 J : 09.09.17

ATTN

: Mr. Chia

CLAIM REF NO. : asm/AC17084/JL

Quotation for Accident Repair

<u>S/N</u>	SPARE PARTS	QUANTITY	<u>UN</u>	IIT PRICE	4	AMOUNT
1	Front upper panel	1	\$	1,577.00	\$	1,577.00
2	Shielding net	1	\$	441.77	\$	441.77 dd
	Front lower panel	1	\$	2,341.50	\$	2,341.50 Cmg
4	Corner panel, LH - outer	1	\$	911.00	\$	911.00 cma -
5	Corner panel, LH - inner	1	\$	94.00	\$	94.00 de
6	Headlamp seal, LH	1	\$	223.30	\$	223.30 /2 /
7	Headlamp assy c/w signal, LH	1	\$	658.30	\$	658.30 cm
8	Bumper corner, LH	1	\$	1,050.00	\$	1,050.00 Ry

7,296.87 SUB-TOTAL: LESS 10%: 729.69 **BALANCE:** 6,567.18

LABOUR CHARGES

950 ·1/20.

1 To remove & replace damaged parts, realignment etc. (\$280 x 5 days)

1,400.00

2 Spray painting

450.00 350. \$

TOTAL LABOUR:

\$ 1,850.00

GRAND TOTAL:

8,417.18

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:

Merimen e-Claims Page 1 of 1

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

Case	Notified	Est Submitted	Adj Assigned	Adj P	≀pt	Adj Subm	itted	Ins Auth'ed	Status
Main	27 Sep 2017		16 Nov 2017 10:27 Edit Adj Rpt	1	891.21 lit Estimates	S\$6,891. View Rpt	4		Pending for Survey Report Cancel Case
	Main	Refere	nce	Cla	im Details		Da	cuments	Show All
CLAIM SU	JBFOLDER DET	AILS						[Created by in	surer]
Insured:		LAND EQUIP	MENT PTE LTD,	Co. Reg). No.: NA				
Main Claim	ant:	GKE EXPRES	S LOGISTICS PTE	LTD,	Co. Reg. No	.: 1991002	25R		
Vehicle Reg	g. No.:	XE3053S			Date of Loss	:		09/09/2017 00:	00 - :59
Claim Type	::	TP / 531213	TP / 531212		Policy/Cover Note No.:			27718123TMV (Third Party Only) Coverage: 01/10/2017 - 17/06/2018	
Vehicle Reg. No. (Insured):		GQ1914J	GQ1914J		Policy No. (Claimant):				
					Excess:				
Repairer:		ASM Automo 62658806/626	tive Services Pte 50980	Ltd (H	IQ) No. 2 Kw	ong Min Roa	d, 6287	05 Boon Lay - To	el:
Handling I	nsurer:	MSIG Insura Kwei - 6594 2		Pte. Lt	d. (HQ) - Te	l: +65 6827	7888	. [Handled by Ja	smine Lok Kheng
Adjuster:			nsultants Pte Ltd due 16/12/2017		Tel: 6256-3	561 [Han	dled by	MOHD TAUFIK	H BIN HAMID]
Adj Asg. Ri	emarks:	ON WP							
ASSOCIA	TED MAIL RECE	IVED						View All	Compose Case Mail
There are r	no mail for this ca	se.		*****				-	
	CIATED TASKS							sks Create Ne	

Handler

Completed On

Created On

Due Date

No results.

Task Group

Subject

Merimen e-Claims Page 1 of 2

Claim Documents

*XE3053S (531212) [GQ1914J] **GKE EXPRESS LOGISTICS PTE LTD** Sep 9 2017 12:00AM [LAND EQUIPMENT PTE LTD] **ASM Automotive Services Pte Ltd**

Up	load Documents L	Ipload Photos Compose New Letter	View View In	
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Νo	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbna	il Prin
1	16/11/17 10:31	Accident Statement From:SC - Reg. No: GQ1914), Claimant: LAND EQUIPMENT PTE LTD	1 Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbna	il Prin
1	17/11/17 15:37	Adjuster Immediate Advice	■ Load HTM	
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Page 2 of 2 Merimen e-Claims

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2	28/09/17 13:28	TP ACCIDENT REPORT	1	Load PDF	
3	16/11/17 10:29	TPD FBG2326L GIA REPORT From:SC - Reg. No: GQ1914J, Claimant: LAND EQUIPMENT PTE LTD	0	Load PDF	
4	16/11/17 10:29	TPD SJH5300R GIA REPORT From:SC - Reg. No: GQ1914), Claimant: LAND EQUIPMENT PTE LTD	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)				
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Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.				

Adjuster Report Page 1 of 4

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

CS/MSG17021887/T1GBE2 Our File No:

Date: 11/01/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

27718123TMV

Claimant Vehicle XE3053S

Insured Vehicle No:

GQ1914J

Date of Loss:

09/09/2017

Nature of Claim:

TP

Claim No: 531212

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

No:

XE3053S

Make & Model:

SCANIA P400LA, 12.7 D 4X2 MSZ (M)

Engine No:

DC13113L017007612

Reg. Date: Colour:

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

Chassis No:

YS2P4X20005464583

Engine Capacity:

White

Odometer:

22979 km

Market Value/New Car Price:

12742 cc 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):

Handbrake (Serviceable):

Yes Engine Modification:

Pre-accident Condition:

Yes

CONDITION OF TYRES

Front Tyre Size:

315/80 R22.5

Rear Tyre Size:

315/80 R22.5

Front Left Side:

Goodyear 6 mm

Rear Left Side: Rear Right Side: Goodyear 6 mm Goodyear 6 mm

Front Right Side: Goodyear 6 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	6,567.18	5,421.21	1,145.97	17.45
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,850.00	1,470.00	380.00	20.54
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	8,417.18	6,891.21	1,525.97	18.13
+ GST 7.00/7.00% (S\$)	589.20	482.38	106.82	18.13
Nett Amount (S\$)	9,006.38	7,373.59	1,632.79	18.13

INSPECTION

Date of Assignment:

16/11/2017

Date Inspected:

16/11/2017 Inspected At:

ASM Automotive Services Pte Ltd (HQ)

No. 2 Kwong Min Road

Singapore 628705

Estimated Period of Repair:

5.0 days

Manager: LOW AI PHING Adjuster: MOHD TAUFIKH BIN HAMID

Adjuster Report Page 2 of 4 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. https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen_... 11/1/2018 Adjuster Report Page 3 of 4

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 11 Jan 2018)

Parts: N/A SCANIA P400LA 12.7 D 4X2 MSZ (M) (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for XE3053S)

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		*FRONT UPPER PANEL	Dented	1,577.00 FL	*1,577.00 FL
2	1		*SHIELDING NET	Dented	441.77 FL	*441.77 FL
3	1		*FRONT LOWER PANEL	Cracked	2,341.50 FL	*2,341.50 FL
4	1		*CORNER PANEL, LH - OUTER	Cracked	911.00 FL	*911.00 FL
5	1		*CORNER PANEL, LH - INNER	Deformed	94.00 FL	*94.00 FL
6	1		*HEADLAMP SEAL, LH	Repair	223.30 FL	*-FL
7	1		*HEADLAMP ASSY C/W SIGNAL, LH	Cracked	658.30 FL	*658.30 FL
8	1		*BUMPER CORNER, LH	Repair	1,050.00 FL	*-FL
F=Fra	anchise	part. L=ListIte	mDisc.		The second secon	
				Sub Total (S\$)	7,296.87	6,023.57
			- List Item Discount on L Iten	ns 10.00/10.00% (S\$)_	729.69	602.36
				Total Parts (S\$)	6,567.18	5,421.21

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
Lab	our Items			
1	TO REMOVE & REPLACE DAMAGED PARTS, REALIGNMENT ETC (\$280 x 5 DAYS)	New	1,400.00	1,120.00
2	SPRAY PAINTING	New	450.00	350.00
	Gross Labou	r Cost (S\$)	1,850.00	1,470.00
	Report was unsubmitted during	this print-out.		

< END OF ESTIMATES >