

ASSIGNED BY

DATE

CS3/MRG17022159/Wbe21

10/11/17

Signature

Wilson

ASSIGNMENT (Office)

From (Person)

Jasmine Lok

MSG

Date/Time

20/11/17 @ 3:05pm

Estimated Cost

Bill No

OD / ☒ FWS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No

GBD 7127C

Insured

GBD 4674J

at Workshop in

Ace Autolub

Tel

G702 4282

of 13 kaki Bkt Rd 4 # 03-29, 417 807

Policy No

878625557MKE

Claim No

537032

Sum Insured

Excess

Make of Veh

(Client's Record)

D.O.A

16/11/2017

CA / REV / REP. / REV 24 HRS

1wp

21/11/17 @ Morning

H.O.D. Signature

Date/Time

3:41pm @ 20/11/17

Person Contacted

Angela

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (X) Estimate

GBD 7127C - x

GBD 4674J - 735 / 7022159 / mlb

D.O.A : 16/11/2017

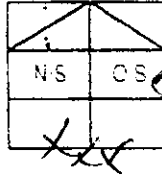
After repair : 27-11-2017

04/12/2017 2:25pm

Email to Jasmine Lok thru mesimen

# ASSIGNMENT

Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect vehicle No: **G3D 7127C**  
 at Workshop no: **Tampine H.T. Svc**  
 : **9002 Tampine St. 93 #31-36**  
 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.**

Bal on Market Value  
 IDAC Accident Report Consistent? : Yes or No  
 G/A PR Seen Consistent? : Yes or No  
 Est. Repairs: **4** days Res: Yes or No  
 Cum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Veh No: **G3D 7127C** Regn: **30/3/2015**  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: **Toyota Hiace** : **2982**  
 Colour: **White** A.C. Insured / Std: NI / NA  
 So Reading: **(11877)** T.Radio Insured / Std: NI / NA  
 Eng No: \_\_\_\_\_  
 C.No: **JTFHT02P300155427**  
 Gen. Cond: **Good / Fair / Poor / Burnt**  
 Steering: **Inorder / Jammed / Leaked / Burnt** or  
 Brake: **Inorder / Jammed / Leaked / Burnt** or  
 Modi: Nil / S/Rim / **STD A/Rim**  
 Tyre Size F: **195 R15C**  
 R: **195 R15C**  
 BS: **DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /**  
 TOYO / YOKO or  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 P.Bal: **4** mm R.Bal: **4** mm  
 L.Bal: **4** mm L.Bal: **4** mm  
 D.O.A: **16/11/2017** D.OI: **21/11/2017**  
 Survey held at: **Ae, Hwe @ 1.26pm**  
 Des. of Damages: Fnt / **Rear** / O/S / N/S / UIC / Rooftop or  
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

**Range \$2900 - \$3900**

**4 days repair**

RECEIVED 6 FEB 2018

REPAIR

*[Signature]*

**31/1/2018**

Time To File Pass: ☐ : Preli. Report  
**31-01-2018** ☐ : Final Report

Time To File Return:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transport

Insurance

Other

Remarks

Signature

Date

Report Format: **PRS.**

Lump Sum / I.B.I.

Add Fee: ☐ Site Insp. \$

☐ Inter. Exp. \$

☐ Tech. Fee \$

☐ Other \$



# 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 : CS3/MSG17022159/Wb		
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 21-11-2017		
		Code : MSG		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	GBD 4674J	Veh. Inspected	GBD 7127C	
Policy No.	B28625557MKC	Coverage (\$)	0.00	
Claim No.	537032	Excess (\$)	0.00	
Assign From	MERIMEN (JASMINE LOK)	Assign Date	20/11/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	c.c		0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	16/11/2017	Inspection Date	21/11/2017	
Survey held at	ACE AUTOLUTION PTE LTD 13 KAKI BUKIT ROAD 4 #03-22 BARTLEY BIZ CENTRE SINGAPORE 417807			
<b>5a. Remarks</b>				
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)

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est. Submitted	Adj. Assigned	Adj. Ref.	Adj. Submitted	Ins. Auth'd	Status
Main	16 Nov 2017		20 Nov 2017 15:05 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>
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#### CLAIM SUBFOLDER DETAILS

[\[Created by insurer\]](#)

Insured:	SYSTEM TECHNIC ENGINEERING PTE LTD, Co. Reg. No.: -		
Main Claimant:	VOIS PTE LTD, Co. Reg. No.: 200505930G		
Vehicle Reg. No.:	GBD7127C	Date of Loss:	16/11/2017 07:00 - :59
Claim Type:	TP / 537032	Policy/Cover Note No.:	B28625557MKC (Comprehensive) Coverage: 04/11/2017 - 03/11/2018
Vehicle Reg. No. (Insured):	GBD4674J	Policy No. (Claimant):	
		Excess:	
Repairer:	Ace Autolution (HQ) 13 KAKI BUKIT ROAD 4, #03-29 Bartley Biz Centre, 417807 Kaki Bukit - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 21/11/2017]		
Driver/Custodian (Insured):	TEO WEE CHONG (), NRIC: S7507422J		
Adj. Asg. Remarks:	Third Party Pre-Repair Survey		

#### ASSOCIATED MAIL RECEIVED

[View All](#)
[Compose Case Mail](#)

There are no mail for this case.

#### ALL ASSOCIATED TASKS

[View All](#)
[Search Tasks](#)
[Create New Task](#)
[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

# Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin** ( ): 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
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

**Surveyor** ( ): 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

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

## (2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
---	--	--	--

## (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


## (4) System - (Views/Merimen)

- C Resurvey photo Uploaded

--	--	--	--

Check By: 







  
Case Handler Date

\*C: Critical \*N: Non-Critical

## Tailgate

- = Weather strip
  - = No. plate light garnish
  - = Lock
  - = Release handle
  - = Mechanism Transf.
- ## Tailgate Logo

- = Tailgate Hinge / Spread  
Sticker
- = Advertising  
Sticker

Tail

~~✗~~ D.O.A - 16/11/2017

## Enquire PARF/COE Rebate for Registered Vehicle

## Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 5930G

## Vehicle Details

Vehicle No.: GBD7127C

Vehicle to be Exported: No

Intended De-registration Date: 31 Jan 2018

Vehicle Make: TOYOTA

Vehicle Model: TOYOTA HIACE VAN TURBO  
5 DR MANUAL

Primary Colour: White

Manufacturing Year: 2014

Engine No.: 1KD2467388

Chassis No.: JTFHT02P300155427

Maximum Power Output: -

Open Market Value: \$27,502.00

Original Registration Date: 30 Mar 2015

First Registration Date: 30 Mar 2015

Transfer Count: 1

Actual ARF Paid: \$1,376.00

## Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

## Intended COE Rebate Details

COE Expiry Date: 29 Mar 2025

COE Category: C - Goods Vehicle &amp; Bus

COE Period(Years): 10

PQP Paid: \$48,588.00

COE Rebate Amount: \$34,795.00

Total Rebate Amount: \$34,795.00

The information contained herein is correct as at 31 Jan 2018

OK

~~✗~~ M.V → \$70101

~~✗~~ Net Value → \$35306

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 Straits Drive StarAd



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Sort by Date Posted

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6 vehicles

TOYOTA HIACE

Advanced Search  Submit 

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
<b>Search Selection</b>	TOYOTA HIACE		Any	Any	2015	Any	Any	Any	Available

**Toyota Hiace Commuter****\$76,800****\$10,770 /yr****18-Mar-2015****2,982 cc****-****Bus****Available****Fuel Type: Diesel**

Push Start, Keyless, Auto Power Door, Folding Side Mirrors, Rear Foldable Seat. Z20 Excursion Bus. Major Servicing Done. 100% Accident Free, Very Good Condition. Guarantee No Repairs Needed. 13 Seater...

AL Autocar Pte Ltd

Posted: 29-Jan-2018 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace, Used Toyota

PREMIUM DEAL

**Toyota Hiace****\$64,800****\$8,450 /yr****01-Oct-2015****2,982 cc****-****Van****Available****Fuel Type: Diesel**

Last Call Before We Rent Out, Price Dropped, Fire Sales, View To Offer, Brand New Condition, Still Under Agent Warranty, Mileage Only 65305Km With Agent Record, View Now!

Posted: 29-Jan-2018 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace, Used Toyota

**Toyota Hiace Commuter****\$95,800****\$12,110 /yr****28-Dec-2015****2,982 cc****-****Bus****Available****Fuel Type: Diesel**

Please Call To Arrange For Viewing, Thanks.

Posted: 15-Jan-2018 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace, Used Toyota

**Toyota Hiace****\$62,800****\$8,010 /yr****02-Dec-2015****2,982 cc****38,500 km****Van****Available****Fuel Type: Diesel**

One Owner Only! 100% Accident Free. Lowest Depreciation In The Market. Well Maintained With Low Mileage Done! Call For A Viewing Appointment Now.

Posted: 18-Dec-2017 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace, Used Toyota

Car Buying

Car Selling

Car Aftermarket

Buying a pre-owned car, but  
 Unsure of its Condition?

Car Ownership

On The Move

Lifestyle

Get, STA Car Evaluation

**Toyota Hiace****\$63,800****\$8,270 /yr****19-Oct-2015****2,982 cc****52,000 km****Van****Available****Fuel Type: Diesel**

Full Bodykit, Spoiler With Brake Light, CF Bonnet, CF Front Grills, Piano Black Dashboard Panels, Dual Projector Headlamp, BMW Tail Lights, CF Do Or Handles, Merc Retractable Side Mirrors, 17" Lenso S...

Posted: 11-Dec-2017 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace, Used Toyota

DIRECT OWNER

**Toyota Hiace****\$64,800****\$8,190 /yr****29-Dec-2015****2,982 cc****-****Van****Available****Fuel Type: Diesel**

Accident Free. Very Good Condition, 100% Loan Available, Low Interest, High Trade In Welcome. Call For Viewing.

Posted: 08-Dec-2017 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace, Used Toyota

Save this search criteria, to get email alerts whenever a match is found.

Make

Model

Price

Depreciation

Reg Date

Eng Cap

Mileage

Veh Type

Status

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## 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	17/11/2017 12:15
Date Of Accident	16/11/2017 07:25
Exact Location Of Accident	PUNGGOL ROAD(SLIP RD)> TPE(SLE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7127C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VOIS PTE LTD
Co Reg No	200505930G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MV002694-R01
Cover Note Number	
<b>Driver</b>	
Name of Driver	KOO HOONG THIAN
Passport No/FIN	G2488622R
Date Of Birth	07/03/1980
Occupation	INDOOR
Date Of Driving Pass	27/04/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91069828
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 121B EDGEDALE PLAINS
Postcode	821121
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	CHAIN COLLISION
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)	2

#### 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

REFER TO BELOW STATEMENT/SKETCH PLAN:

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD4674J
Vehicle Make/Model/Colour	TOYOTA HIACE
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	SKM5818B
-----------------------------	----------

Vehicle Make/Model/Colour

BMW

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

SKETCH PLAN

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

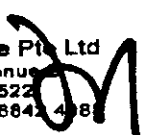
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
**VOIS**  
VOIS PTE LTD  
194 Pandan Road  
Singapore 116303

Policyholder's Signature  
Date & Time:

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

Think One Autocare Pte Ltd  
18 Defu Lane Avenue  
Singapore 539522  
Tel: 6844 3300 Fax: 6842 4181

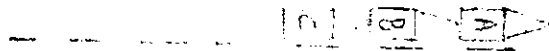
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Vehicle A : GBD 7127C

Vehicle B : GBD 4674J

Vehicle C : SKM 5818B



Punggol Road (Ship Road) Toward TPE (SLE)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 16 Nov 2017 at about 7.25am, I was driving my vehicle A GBD 7127C along Punggol Road (Ship Road) Toward TPE (SLE). The traffic was slow moving, suddenly vehicle B (GBD 4674J) bang into my rear portion. Then I realise there is 3 car collision.

DECLARATION

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

**VOIS**

VOIS PTE LTD  
154 PANGLOSS  
#02-01 PANGLOSS BUSINESS CENTRE

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Think One Autocare Pte Ltd  
18 Delu Lane Avenue  
Singapore 639522  
Tel: 6844 3300 Fax: 6842 498

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

## View Sent Message

This mail is associated with :

**\*GBD7127C (537032)**  
**[GBD4674J]**  
TP  
VOIS PTE LTD  
Nov 16 2017 7:00AM  
[SYSTEM TECHNIC ENGINEERING PTE LTD]  
Ace Autolution

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**From** LKK Auto Consultants Pte Ltd (LKK\_HQ), sent on 04/12/2017 14:25 PM.  
**To** MSIG\_JLKK  
**Subject** Pre-repair Inspection

Dear Jasmine,

Refer to your assignment on 20.11.2017 at 3.05PM.

Please be informed that we have inspected the vehicle GBD 7127C on 21.11.2017 at 1.26PM.

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.

MSNH17152003 / S & H Motor Pte Ltd - Sin Ming  
ENTRY DATE & TIME: 16/11/2017 15:02

## 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 16/11/2017 15:02  
Date Of Accident 16/11/2017 07:20  
Exact Location Of Accident FILTER LANE FROM PUNGGOL WAY TO TPE (SLE)  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD4674J  
**Insured/Policyholder**  
Name Of Registered Owner SYSTEM TECHNIC ENGINEERING PTE LTD  
Co Reg No -  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-97641685  
Alternative Phone No Office-97641685

### Vehicle Particulars

Manufacturer TOYOTA  
Model -

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 MSIG INSURANCE (SINGAPORE) PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number B 28625557 MKC  
Cover Note Number

### Driver

Name of Driver TEO WEE CHONG  
NRIC No S7507422J  
Date Of Birth 26/02/1975  
Occupation OUTDOOR  
Date Of Driving Pass 09/11/1992  
Driving Experience 25 YEARS AND 0 MONTHS  
Gender MALE  
Mobile Number  
Fax Number



Contact Number	
EMail Address	NOEMAIL
Address	
Postcode	
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	CHAIN COLLISION
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)	2

**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**

refer attached report.

**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	GBD7127C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	KOO HOONG THIAN
NRIC/Passport Number	g2488622r
Contact Number	82337812
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

SKM5818B

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

CHERN KEY

NRIC/Passport Number

s1682230b

Contact Number

94598148

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

## Sketch Plan

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



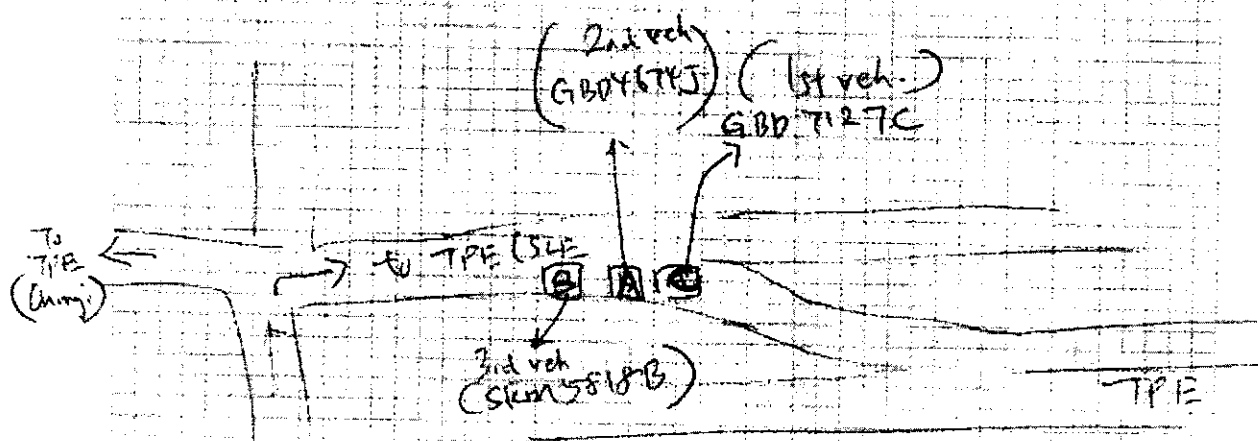
Policyholder's Signature  
Date & Time:

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

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

### Sketch Plan #2

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

- 1) My van GBD 4674J was entering the filler lane from Serangoon Bus Rd toward TPE (SLEP).
- 2) Suddenly the front of vehicle (GBD 7127C) sudden brake. I was in time to brake my van. But behind the car (SLM 5F18B) hit the back of my van and pushed my van in front to hit the front van.

## DECLARATION

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

Polcyholder's Signature

**Date & Time:**

1.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$  2.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$  3.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$  4.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$  5.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$  6.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$  7.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$  8.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$  9.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$  10.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

**Driver's Signature:**

(If driver is not the policyholder)

**Date & Time:**

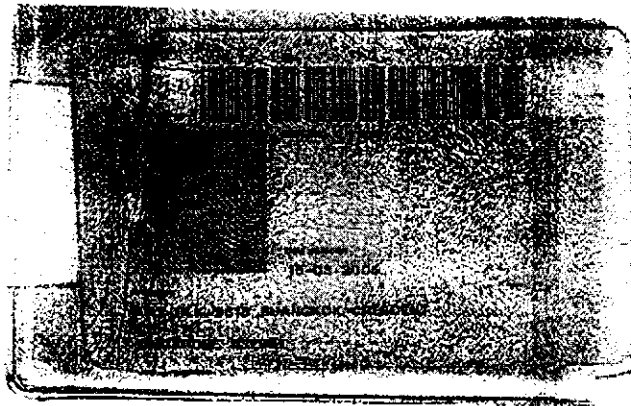
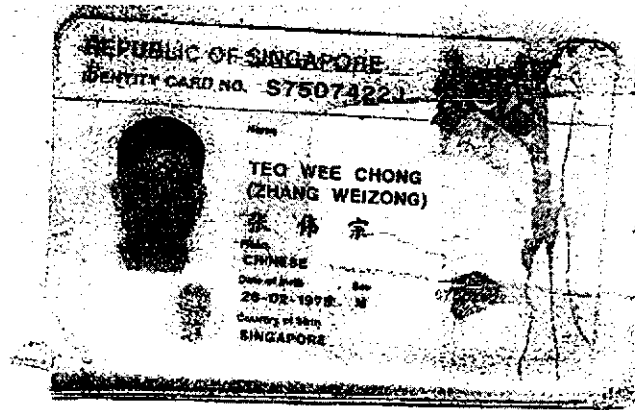
16/11/17  
13.00 hrs.

**Reporting Centre Personnel's Signature**

**Name:**

NRIC/FIN No.:

### Sketch Plan #3



## Accident Photo



Accident Photo



Driving License





Accident Photo



Accident Photo



Accident Photo



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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	16 Nov 2017		20 Nov 2017 15:05 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

<b>Main</b>	<b>Reference</b>	<b>Claim Details</b>	<b>Documents</b>	<b>Show All</b>
-------------	------------------	----------------------	------------------	-----------------

CLAIM SUBFOLDER DETAILS			[Created by Insurer]
Insured:	SYSTEM TECHNIC ENGINEERING PTE LTD, Co. Reg. No.: -		
Main Claimant:	VOIS PTE LTD, Co. Reg. No.: 200505930G		
Vehicle Reg. No.:	GBD7127C	Date of Loss:	16/11/2017 07:00 - :59
Claim Type:	TP / 537032	Policy/Cover Note No.:	B28625557MKC (Comprehensive) Coverage: 04/11/2017 - 03/11/2018
Vehicle Reg. No. (Insured):	GBD4674J	Policy No. (Claimant):	
		Excess:	
Repairer:	Ace Autolution (HQ) 13 KAKI BUKIT ROAD 4, #03-29 Bartley Biz Centre, 417807 Kaki Bukit - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Teo Cheng Ming Wilson] ... [Imm.Advice due 21/11/2017]		
Driver/Custodian (Insured):	TEO WEE CHONG (), NRIC: S7507422J		
Adj Asg. Remarks:	Third Party Pre-Repair Survey		

ASSOCIATED MAIL RECEIVED	<a href="#">View All</a>	<a href="#">Compose Case Mail</a>
There are no mail for this case.		

ALL ASSOCIATED TASKS <input type="checkbox"/>									
						<a href="#">View All</a>	<a href="#">Search Tasks</a>	<a href="#">Create New Task</a>	<a href="#">Complete</a>
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

**\*GBD7127C (537032)**  
**[GBD4674J]**  
**TP**  
**VOIS PTE LTD**  
**Nov 16 2017 7:00AM**  
**[SYSTEM TECHNIC ENGINEERING PTE LTD]**  
**Ace Autolution**

<a href="#">Upload Documents</a>   <a href="#">Upload Photos</a>   <a href="#">Compose New Letter</a>		<b>View</b> <a href="#">View in Browser</a> <input type="button" value="v"/>
<b>Assessment Reports</b>		<input type="button" value="1 per page"/> <input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)
1	20/11/17 14:27	<b>Accident Statement</b> <small>From: SC - Reg. No: GBD4674J, Claimant: SYSTEM TECHNIC ENGINEERING PTE LTD</small>
		<input type="button" value="i"/> Load HTM
<b>Photos/Images</b>		<input type="button" value="3 per page"/> <input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)
1	31/01/18 18:04	<b>Odometer Reading</b>
2	31/01/18 18:04	<b>General View</b>
3	31/01/18 18:04	<b>General View</b>
4	31/01/18 18:04	<b>Chassis Number</b>
5	31/01/18 18:04	<b>General View</b>
6	31/01/18 18:04	<b>General View</b>
7	31/01/18 18:04	<b>General View</b>
8	31/01/18 18:04	<b>General View</b>
9	31/01/18 18:04	<b>General View</b>
10	31/01/18 18:04	<b>General View</b>
11	31/01/18 18:04	<b>General View</b>
12	31/01/18 18:04	<b>General View</b>
13	31/01/18 18:04	<b>General View</b>
14	31/01/18 18:04	<b>General View</b>
15	31/01/18 18:04	<b>General View</b>
16	31/01/18 18:04	<b>General View</b>
17	31/01/18 18:04	<b>General View</b>
18	31/01/18 18:04	<b>General View</b>
19	31/01/18 18:04	<b>General View</b>
20	31/01/18 18:04	<b>General View</b>
21	31/01/18 18:04	<b>General View</b>
22	31/01/18 18:06	<b>Photo After Spray</b>
23	31/01/18 18:06	<b>Photo After Spray</b>
24	31/01/18 18:06	<b>Photo After Spray</b>
25	31/01/18 18:06	<b>Photo After Spray</b>
26	31/01/18 18:06	<b>Photo After Spray</b>
27	31/01/18 18:06	<b>Photo After Spray</b>
28	31/01/18 18:06	<b>Photo After Spray</b>
29	31/01/18 18:06	<b>Photo After Spray</b>
<b>Documentation</b>		<input type="button" value="1 per page"/> <input checked="" type="checkbox"/>

No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	20/11/17 14:24	<b>TP PRI</b>		Load PDF	
2	20/11/17 14:27	<b>E-FILE REPORT (SKM5818B)</b> From: SC - Reg. No: GBD4674J, Claimant: SYSTEM TECHNIC ENGINEERING PTE LTD		Load PDF	
3	20/11/17 14:37	<b>E-FILE REPORT (GBD7127C)</b> From: SC - Reg. No: GBD4674J, Claimant: SYSTEM TECHNIC ENGINEERING PTE LTD		Load PDF	
4	20/11/17 14:54	<b>OUR REJECTION REPLY &amp; NOMINATED LKK TO BE OUR SJE</b>		Load PDF	

## Documents Checklist

### DOCUMENTS CHECKLIST

Reset

Save

Print

There are no document checklists configured.

#### Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

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/MSG17022159/WBE2

Date: 01/02/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. Policy No: B28625557MKC  
 Claimant Vehicle No : GBD7127C Insured Vehicle No : GBD4674J  
 Date of Loss: 16/11/2017 Nature of Claim: TP Claim No: 537032

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **GBD7127C**  
 Make & Model: TOYOTA HIACE, 3.0 D TURBO 5 DR (M) Engine No: 1KD2467388  
 Reg. Date: 30/03/2015 (Man. Year: 2014) Chassis No: JTFHT02P300155427  
 Colour: White Odometer: 118771 km  
 Engine Capacity: 2982 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: Yes

CONDITION OF TYRES

Front Tyre Size: 195 R15C Rear Tyre Size: 195 R15C  
 Front Left Side: Bridgestone 4 mm Rear Left Side: Bridgestone 4 mm  
 Front Right Side: Bridgestone 4 mm Rear Right Side: Bridgestone 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	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

INSPECTION

Date of Assignment: 20/11/2017  
 Date Inspected: 21/11/2017 Inspected At: Ace Autolution (HQ)  
 13 KAKI BUKIT ROAD 4, #03-29 Bartley  
 Biz Centre  
 Singapore 417807  
 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 \$2,900.00 - \$3,900.00



## REPAIR DETAILS

### Reference

**Part Source:** MRM-SG      Version: 1.0 (Last Synchronised: 01 Feb 2018)  
**Parts:** 213      TOYOTA HIACE 3.0 D TURBO 5 DR (M) (Catalogue:Merimen Singapore 1.0)  
**Labour:** Repairer's      (Price-denominated Standard List)  
**Print Code:** (Unsubmitted, no print-code for GBD7127C)  
**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.
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< END OF ESTIMATES >