

22/03/2002

ASS. REC. BY:

REF:

CS/C7117072415/ A1102

Special Instruction:

Range & days.

Surveyor

Adrian

ASSIGNMENT (Office)

From (Person):

Vene Tang

of

CTI

Date/Time:

24/11/17 @ 10.41am

Estimated Cost:

Bill to:

OD (TP) WS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SFG 9980D

Insured:

GBL 8167A

at Workshop m/s

NW CAR AUTO

Tel:

63851838

of

8 Kaki Bukit Ave 4 #01-07

Policy No:

DMCUSN179261700

Claim No:

SNM17D 0675602

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

18/11/17

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SFG 9980D X

GBL 8167A

NA/INC 17D17606/24

DOR: 11/9/17

lump sum \$1050 (Red: 3438.10, 73%)

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s MS Car Auto

of _____

Insured: _____

Policy No. _____

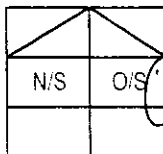
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SFG 9980D Yr Regn: 08 May 2008Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or SuzukiMake: Suzuki cc 1328Colour: Red A/C Insured / Std / NI / NASp. Reading: 141713 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ISAEZC11S00406855Gen. Cond: Good / Fair / Poor / BurntSteering: Good / Jammed / Leaked / Burnt orBrake: Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 165/70R14R: 11

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

TOYO / YOKO or

FALKEN

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 24-11-17Survey held at w/s MS Car Auto 3.30pmDes. 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

Date/Time. File Pass to?

18/11 Typist

Date/Time. File Return to?

D)

Report Format :

Lump TP / I.B.I: (\$ 2501)☐ : Preli. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation

(\$ + \$) = \$

Photos

Others

TOTAL

130130



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				
CHINA TAIPING INSURANCE (S) PTE LTD			Ref : CS3/CTI17022415/Gb	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909			Date : 24-11-2017	
			Code : CTI	
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	GBE 8167A		Veh. Inspected	SFG 9980D
Policy No.	DMCVSN1719261700		Coverage (\$)	0.00
Claim No.	SNM17D06756C02		Excess (\$)	0.00
Assign From	IRENE TAY (MERIMEN)		Assign Date	24/11/2017
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	18/11/2017		Inspection Date	24/11/2017
Survey held at	MS CAR AUTO - 8 KAKI BUKIT AVE 4 #01-07			
Repairer	-			
5a. General Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Ppt	Adj Submitted	Ins Auth'd	Status
Main	23 Nov 2017		24 Nov 2017 10:41 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	
Main Claimant:	YAW LAM KEONG PETER, ID: S1451261F
Vehicle Reg. No.:	SFG9980D
Claim Type:	TP / SNM17D06756C02
Vehicle Reg. No. (Insured):	GBE8167A
	Date of Loss: 18/11/2017 17:00 - :59
	Policy/Cover Note No.: DMCVSN1719261700
	Policy No. (Claimant): 5092900498
	Excess: S\$0.00
Repairer:	Ms Car Auto Pte Ltd (HQ) 8 KAKI BUKIT AVE 4 #01-07 PREMIER @ KAKI BUKIT, 415875 Kaki Bukit - Tel: 63851838
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hul Ping - 638986192]
Claimant's Insurer:	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 05/12/2017]
Adj Asg. Remarks:	PLEASE ASSIST TO CONDUCT A PRS AND REVERT WITH YOUR RECOMMENDATION

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.									

IN

Estimate Yes

24/11/2017

11:43am

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	1261F

Vehicle Details

Vehicle No.	SFG9980D
Vehicle to be Exported	No
Intended De-registration Date	27 Nov 2017
Vehicle Make	SUZUKI
Vehicle Model	SWIFT 1.3 AT
Primary Colour	Red
Manufacturing Year	2008
Engine No.	M13A2043394
Chassis No.	JSAEZC11S00406855
Maximum Power Output	67.0 kW (89 bhp)
Open Market Value	\$10,096.00
Original Registration Date	08 May 2008
First Registration Date	08 May 2008
Transfer Count	2
Actual ARF Paid	\$10,062.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	07 May 2018
PARF Rebate Amount	\$5,031.00

Intended COE Rebate Details

COE Expiry Date	07 May 2018
COE Category	A - Car (1600cc & below)
COE Period(Years)	10
QP Paid	\$8,638.00
COE Rebate Amount	\$751.00
Total Rebate Amount	\$5,782.00

The information contained herein is correct as at 27 Nov 2017

OK

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	22/11/2017 16:47
Date Of Accident	18/11/2017 17:20
Exact Location Of Accident	SAF SEAVIEW RESORT(SERVICE RD) TO NETHERAVON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFG9980D
Insured/Policyholder	
Name Of Registered Owner	YAW LAM KEONG PETER
NRIC No	S1451261F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88762235
Alternative Phone No	OTHERS-88762235
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5092900498
Cover Note Number	
Driver	
Name of Driver	YAW LAM KEONG PETER
NRIC No	S1451261F
Date Of Birth	26/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88762235
Fax Number	
Contact Number	OTHERS-88762235
Email Address	NOEMAIL

Address BLK 388 YISHUN RING ROAD
#12-1677
Postcode 760388
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 COLLIDED INTO PARKED VEHICLE
Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER ATTACHED - TP REVERSED HIT INSURED STATIONARY VEHICLE

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 GBE8167A
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

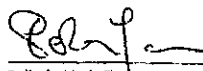
SKETCH PLAN

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 regulate 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)**

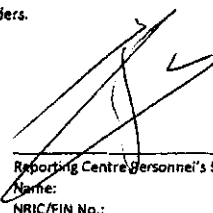
I understand, acknowledge, agree and consent that:

- (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.



Policyholder's Signature
Date & Time:

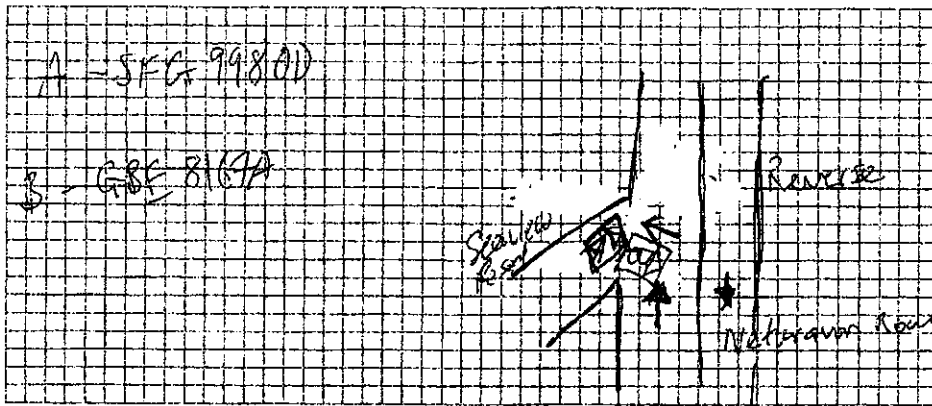
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171120/2121

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20171120/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2017 17:24		Vide Report No.:		Station Diary No.: 122	
Name of Informant: YAW LAM KEONG PETER					
Address: APT BLK 388 YISHUN RING ROAD #12-1677 SINGAPORE 760388					
ID Type / ID No.: NRIC NO / S1451261F		Contact No.: Home/Office: Mobile: 88762235			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 57	Date of Birth: 26/10/1960	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: FREELANCE DELIVERY		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/11/2017 17:30	Type of Location: Bend
Location: Along Road 1 NETHERAVON ROAD				
Service Road @ Changi near to SAF Seaview Resort.				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving vehicles - Rear to side				Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	Remarks
G8E8187A	Lorry	NISSAN		Silver	Slightly Damaged	0
SFG9880D	Car	SUZUKI	SWIFT 1.3 AT	Red	Slightly Damaged	0

Vehicle No.	Insurer	Policy No.	Effective Date	Expiry Date
SFG9880D	NTUC Income Insurance Co-Operative Limited	5092800498	24/07/2017	23/07/2018



**SINGAPORE
POLICE FORCE**



T/20171120/2121

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20171120/2121

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	YAW LAM KEONG PETER	ID No.	S1451261F
Related Vehicle	SFG9980D (Car)	Contact No.	88762235
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/11/2017	Date Discharge	19/11/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name	Karuppan Rajeshkannu	ID No.	F7902848R
Related Vehicle	NIL	Contact No.	90167848
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 18/11/2017 at around 1730hrs, I exited the carpark from SAF Seaview Resort at Changi and proceeded to make a left turn into the service road connecting to Netheravon Road. It was still raining and the road was wet. When I turned left into the service road, my car was stationary as there was a car in front of me, one lorry veh no GBE 8167 A, reversed from the right going against the flow of traffic (One-way traffic) at quite a fast speed and the back of the lorry collided into the right rear passenger door of my car despite me giving a continuous horn and the security officer shouting at the lorry driver. We exchanged particulars on the spot and took pictures of our vehicles at the accident scene. I felt pain on my back and neck on the night itself and went to see a doctor at Mt Alvernia and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20171120/2121

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20171120/2121

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/ Staff Sgt ZENG ZHIMIN, KEVIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2017 17:24
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt LEE SOON LYE Contact No.: 65476239	Classification Of Case:
Authentication Stamp NP168	SN 083

Police Force

TP China Denise

SJE :

Date of Survey :

Contacts :

Vehicle Nos : SFG 9980D

Model : Suzuki Swift

Year :

Amount:

Working Day:

Nos.	PARTS	Qty	Unit S\$	TOTAL S\$
1	Rear door RH Distorted	1	\$ 712.00	\$ 712.00
2	Rear door protector RH	1	\$ 123.00	\$ 123.00
3	Rear door hinge RH	2	\$ 48.00	\$ 96.00
4	Rear door weather strip RH	1	\$ 88.00	\$ 88.00
5	Rear door glass RH	1	\$ 196.00	\$ 196.00
6	Rear door pillar RH	1	\$ 485.00	\$ 485.00
7	Rear door power motor	1	\$ 328.00	\$ 328.00
8	Rear door lock	1	\$ 162.00	\$ 162.00
9	Rear door inner garnish	1	\$ 368.00	\$ 368.00
10	Rocker panel RH	1	\$ 1,428.00	\$ 1,428.00
Parts Sub Total :				\$ 3,986.00
Discount 15% :				\$ 597.90
PARTS TOTAL :				\$ 3,388.10

Nos.	SPECIAL NETT	Qty	Unit S\$	TOTAL S\$
1		1		\$ -
2		1		\$ -
SPECIAL NETT TOTAL :				\$ -

Nos.	LABOUR	S\$
1	Workmanship	\$ 600.00
2	Spray painting	\$ 600.00
3	To rust proof accident affected area	\$ 100.00
LABOUR TOTAL :		\$ 1,300.00

PARTS TOTAL : \$ 3,388.10
 SPECIAL NETT TOTAL : \$ -
 LABOUR TOTAL : \$ 1,300.00
TOTAL : \$ 4,688.10
 Deduct 20% : \$ 937.62
GRAND TOTAL : \$ 3,750.48

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:

total 1576.50
 1250
 03 Days

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	23 Nov 2017		24 Nov 2017 10:41 Edit Adj Rpt	S\$1,250.00 Edit Estimates	S\$1,250.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	-, Co. Reg. No.: -		
Main Claimant:	YAW LAM KEONG PETER, ID: S1451261F		
Vehicle Reg. No.:	SFG9980D	Date of Loss:	18/11/2017 17:00 - :59
Claim Type:	TP / SNM17D06756C02	Policy/Cover Note No.:	DMCVSN1719261700
Vehicle Reg. No. (Insured):	GBE8167A	Policy No. (Claimant):	5092900498
		Excess:	S\$0.00
Repairer:	Ms Car Auto Pte Ltd (HQ) 8 KAKI BUKIT AVE 4 #01-07 PREMIER @ KAKI BUKIT, 415875 Kaki Bukit - Tel: 63851838		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]		
Claimant's Insurer:	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by ADRIAN LING] ... [Final Rpt due 05/12/2017]		
Adj Asg. Remarks:	PLEASE ASSIST TO CONDUCT A PRS AND REVERT WITH YOUR RECOMMENDATION		

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.									

Claim Documents

***SFG9980D (SNM17D06756C02)**
[GBE8167A]

TP
YAW LAM KEONG PETER
Nov 18 2017 5:00PM
[-]
Ms Car Auto Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			View View in Browser		
Assessment Reports									1 per page		<input checked="" type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Sin Ming)								Thumbnail	Print
1	22/11/17 17:02	Accident Statement								Load HTM	
Photos/Images									3 per page		<input checked="" type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Sin Ming)								Thumbnail	Print
1	22/11/17 16:51	Accident Photo [Linked Accident Report Documents]								Load JPG	<input checked="" type="checkbox"/>
2	22/11/17 16:51	Accident Photo [Linked Accident Report Documents]								Load JPG	<input checked="" type="checkbox"/>
3	22/11/17 16:51	Accident Photo [Linked Accident Report Documents]								Load JPG	<input checked="" type="checkbox"/>
4	22/11/17 16:51	Accident Photo [Linked Accident Report Documents]								Load JPG	<input checked="" type="checkbox"/>
5	22/11/17 16:51	Accident Photo [Linked Accident Report Documents]								Load JPG	<input checked="" type="checkbox"/>
6	22/11/17 16:51	Accident Photo [Linked Accident Report Documents]								Load JPG	<input checked="" type="checkbox"/>
7	22/11/17 16:51	Accident Photo [Linked Accident Report Documents]								Load JPG	<input checked="" type="checkbox"/>
8	22/11/17 16:51	Accident Photo [Linked Accident Report Documents]								Load JPG	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)								Thumbnail	Print
1	08/01/18 18:26	General View								Load JPG	<input checked="" type="checkbox"/>
2	08/01/18 18:26	General View								Load JPG	<input checked="" type="checkbox"/>
3	08/01/18 18:26	General View								Load JPG	<input checked="" type="checkbox"/>
4	08/01/18 18:26	General View								Load JPG	<input checked="" type="checkbox"/>
5	08/01/18 18:26	General View								Load JPG	<input checked="" type="checkbox"/>
6	08/01/18 18:26	General View								Load JPG	<input checked="" type="checkbox"/>
7	08/01/18 18:26	General View								Load JPG	<input checked="" type="checkbox"/>
8	08/01/18 18:26	General View								Load JPG	<input checked="" type="checkbox"/>
9	08/01/18 18:26	General View								Load JPG	<input checked="" type="checkbox"/>
10	08/01/18 18:26	General View								Load JPG	<input checked="" type="checkbox"/>
11	08/01/18 18:26	General View								Load JPG	<input checked="" type="checkbox"/>
12	08/01/18 18:26	General View								Load JPG	<input checked="" type="checkbox"/>
13	08/01/18 18:26	General View								Load JPG	<input checked="" type="checkbox"/>
14	08/01/18 18:26	General View								Load JPG	<input checked="" type="checkbox"/>
15	08/01/18 18:26	Chassis Number								Load JPG	<input checked="" type="checkbox"/>
16	08/01/18 18:26	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>
17	08/01/18 18:26	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>
18	08/01/18 18:26	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>
19	08/01/18 18:26	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>
20	08/01/18 18:26	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>

21	08/01/18 18:26	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
22	08/01/18 18:26	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
23	08/01/18 18:26	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
24	08/01/18 18:26	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
25	08/01/18 18:26	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
26	08/01/18 18:26	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
27	08/01/18 18:26	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
28	08/01/18 18:26	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
29	08/01/18 18:26	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
30	08/01/18 18:26	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
31	08/01/18 18:26	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>

Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	24/11/17 10:42	EMAIL FROM MS(1)	1	Load PDF
2	24/11/17 10:42	EMAIL FROM MS(2)	1	Load PDF
No	Finalized On	STA INSPECTION PTE LTD (Sin Ming)	Thumbnail	Print
1	22/11/17 16:52	Sketch Plan [Linked Accident Report Documents]	1	Load TIF
2	22/11/17 16:52	Sketch Plan #2 [Linked Accident Report Documents]	1	Load TIF
3	22/11/17 16:52	Common Statement [Linked Accident Report Documents]	1	Load TIF
4	22/11/17 16:52	Common Statement [Linked Accident Report Documents]	1	Load TIF
5	22/11/17 16:52	Common Statement [Linked Accident Report Documents]	1	Load TIF

Linked Accident Report Documents

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Sin Ming)	Thumbnail	Print
1	22/11/17 17:02	Accident Statement	1	Load HTM
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Sin Ming)	Thumbnail	Print
1	22/11/17 16:51	Accident Photo	1	Load JPG
2	22/11/17 16:51	Accident Photo	1	Load JPG
3	22/11/17 16:51	Accident Photo	1	Load JPG
4	22/11/17 16:51	Accident Photo	1	Load JPG
5	22/11/17 16:51	Accident Photo	1	Load JPG
6	22/11/17 16:51	Accident Photo	1	Load JPG
7	22/11/17 16:51	Accident Photo	1	Load JPG
8	22/11/17 16:51	Accident Photo	1	Load JPG
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Sin Ming)	Thumbnail	Print
1	22/11/17 16:52	Sketch Plan	1	Load TIF
2	22/11/17 16:52	Sketch Plan #2	1	Load TIF
3	22/11/17 16:52	Common Statement	1	Load TIF
4	22/11/17 16:52	Common Statement	1	Load TIF
5	22/11/17 16:52	Common Statement	1	Load TIF

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)
<div><div></div><div>^</div><div>v</div></div>
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>

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/CTI17022415/ATBE2

Date: 18/01/2018

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMCVSN1719261700

Claimant Vehicle
No : SFG9980DInsured Vehicle
No : GBE8167A

Date of Loss: 18/11/2017

Nature of Claim: TP

Claim
No: SNM17D06756C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SFG9980D

Make & Model: SUZUKI SWIFT, 1.2 (A)

Engine No: M13A2043394

Reg. Date: 08/05/2008 (Man. Year: 2008)

Chassis No: JSAEZC11S00406855

Colour: Red

Odometer: 141713 km

Engine Capacity: 1328 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: 165/70 R14

Rear Tyre Size: 165/70 R14

Front Left Side: Falken 6 mm

Rear Left Side: Falken 6 mm

Front Right Side: Falken 6 mm

Rear Right Side: Falken 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,388.10	1,096.50	2,291.60	67.64
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,300.00	480.00	820.00	63.08
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,688.10	1,576.50	3,111.60	66.37
Approved Total (Overridden) (S\$)		1,250.00		
Nett Amount (S\$)	4,688.10	1,250.00	3,438.10	73.34

INSPECTION

Date of Assignment: 24/11/2017

Date Inspected: 24/11/2017 Inspected At:

Ms Car Auto Pte Ltd (HQ)
8 KAKI BUKIT AVE 4 #01-07 PREMIER @
KAKI BUKIT
Singapore 415875

Estimated Period of Repair: 3.0 days

Adjuster: ADRIAN LING

Manager: DENISE TAY KWEE CHENG

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: 18 Jan 2018)
Parts: 144 **SUZUKI SWIFT 1.2 (A) (Catalogue:Merimen Singapore 1.0)**
Labour: Repairer's **(Price-denominated Standard List)**
Print Code: (Unsubmitted, no print-code for SFG9980D)
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 DOOR RH	Distorted	712.00 FL	*712.00 FL
2	1		*REAR DOOR PROTECTOR RH	Not Necessary	123.00 FL	*- FL
3	2		*REAR DOOR HINGE RH	Not Necessary	96.00 FL	*- FL
4	1		*REAR DOOR WEATHER STRIP RH	Necessary	88.00 FL	*88.00 FL
5	1		*REAR DOOR GLASS RH	Not Necessary	196.00 FL	*- FL
6	1		*REAR DOOR PILLAR RH	Not Necessary	485.00 FL	*- FL
7	1		*REAR DOOR POWER MOTOR	Damaged	328.00 FL	*328.00 FL
8	1		*REAR DOOR LOCK	Damaged	162.00 FL	*162.00 FL
9	1		*REAR DOOR INNER GARNISH	Not Necessary	368.00 FL	*- FL
10	1		*ROCKER PANEL RH	Not Necessary	1,428.00 FL	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	3,986.00	1,290.00
- List Item Discount on L Items 15.00/15.00% (\$\$)	597.90	193.50
Total Parts (\$\$)	3,388.10	1,096.50

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	WORKMANSHIP	New	600.00	250.00
2	SPRAY PAINTING	New	600.00	200.00
3	TO RUST PROOF ACCIDENT AFFECTED AREA	New	100.00	30.00
Gross Labour Cost (S\$)			1,300.00	480.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >