

ASSIGNED BY

CS/MSG17022642/Tlrber

To: Meninen

Taufik

ASSIGNMENT OFFICE

From: Irene Tan

MSG

28/11/17 @ 2.31pm

Estimated Cost:

B/L:

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

To Inspect Vehicle No.

GQ154S

Insured

SJE 7642G

at Workshop no:

Lys Engineering

Tel:

97368695

of 27A Jundong port Rd #01-24/26, 619101

Policy No:

MSD/VPCP/17-000961

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

23/11/2017

CA / REV / REP. / REV 24 HRS

lwp

07.12.2017 @ 1pm

at 15 Pioneer Walk.

H.O.D. Endorsement

Date/Time

28/11/17 @ 3.46pm

Person Connected:

Steven

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

GQ154S-X

SJE 7642G - CS/MSG17022537/Tlg6-D.O.A: 23/11/2017

sent preli through Meninen

Gbfim L/S \$900, 3 days

Red: \$2003.50, 64%

Signature: *Tanjah*

REF: MSIG

ASSIGNMENT

From: _____ Date: **7/12/17**
 Estimated Cost: _____
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **GQ 154S**
 at Workshop m/s: **Lys Engineering**
 of: **15 pioneer walk**
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

1pm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : **Yes** or No
 GIA / PR Seen: _____ Consistent? : **Yes** or No
 Est. Repairs: _____ days Res.: **Yes** or No
 Lum Sum: _____ % 3 Val.: **Yes** or No

CA / REV / REP. / 24 HRS **up**

Date: _____ Person Contacted: _____ Vehicle: IN / OUT **Steven**

Veh No: **GQ154S** Yr Regn: **2016 July**
 Type: M.Car / M.Cycle / Bus / Van / ☒ Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Mitsubishi Canter** c.c. **2998**
 Colour: **White** A/C: **Insured / Std / NI / NA**
 Sp. Reading: **24990** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **FEA 0164 20250**
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ In order / Jammed / Leaked / Burnt or
 Brake: ☒ In order / Jammed / Leaked / Burnt or
 Modi: ☒ Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **185/75R15**
 R: **~ ~ (P)**
☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal. **6** mm R/Bal. **6/6** mm
 L/Bal. **6** mm L/Bal. **6/6** mm
 D.O.A. _____ D.O.I. **7/12/17 1pm**
 Survey held at **Lys**
 Des. of Damages: Frt / ☒ Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction
w/b will email estimate & GIA

Date/Time. File Pass to? ☐ : Preli. Report

1) **typist** ☒ : Final Report

Date/Time. File Return to?

2) _____

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee: **200**

Transportation

☐ S + RS **SI**

☐ Photos **10**

☐ Others

Report Format : **TP**

Lump Sum / L.B.I. (\$ **900**)

TOTAL

210



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
MSIG INSURANCE (SINGAPORE) PTE LTD		Ref : CS/MSG17022642/T1rb		
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 28-11-2017		
		Code : MSG		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJE 7642G	Veh. Inspected	GQ 154S	
Policy No.	MSD/PCP/17-000961	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	MERIMEN (IRENE TAN)	Assign Date	28/11/2017	
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	23/11/2017	Inspection Date		
Survey held at	LYS ENGINEERING 27A JURONG PORT RD #01-24/26 SINGAPORE 619101			
5a. 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 Rep	Adj Submitted	Ins. Verified	Status
Main	23 Nov 2017		28 Nov 2017 14:31 Assign				New Assignment Cancel Case

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

Insured:	HITACHI CAPITAL ASIA PACIFIC PTE LTD, Co. Reg. No.: 199400399N		
Main Claimant:	MEGA GAS ENTERPRISE PTE LTD, Co. Reg. No.: 200205814Z		
Vehicle Reg. No.:	GQ154S	Date of Loss:	23/11/2017 11:00 - :59
Claim Type:	TP	Policy/Cover Note No.:	MSD/VPCP/17-000961 (Comprehensive) Coverage: 07/05/2017 - 06/05/2018
Vehicle Reg. No. (Insured):	SJE7642G	Policy No. (Claimant):	
		Excess:	
Repairer:	Lys Engineering (JURONG) 27A JURONG PORT ROAD, 619101 Jurong East - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Irene Tan Gek Ing - 6594 2541]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 29/11/2017]		
Driver/Custodian (Insured):	NAGAMI SHUZO (/ Male), NRIC: G3405153X		
Adj Asg. Remarks:	assign to surveyor taufikh		

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.									

REG/CS/PAY/FA

28 NOV 2017

LYS ENGINEERING

WORKSHOP : 27A JURONG PORT RD #01-24/26 S 619101

MAILING ADDRESS : BLK 138 #11-411 BUKIT BATOK WEST AVE S650138

HP : 97308695 FAX : 68993276

Specialise In Repairing All Kinds Of Motor Vehicles, Spray Painting, Welding
And Agent To Claim Damages From Motor Insurance

Your Vehicle : SJE 7642G (3rd Party Vehicle)

Our Vehicle : GQ 1545

Date : 27/11/17

M/s MSIG Insurance (Singapore) Pte Ltd

16 Raffles Quay + Shenton Way

#24-01 Hong Leong Building #21-01 SGA Centre II

Singapore 048581

Fax : 68277809-660

* By Fax Only *

Dear Sir,

ACCIDENT INVOLVING GQ 1545 & SJE 7642G ON 23/11/17 11.00 am

We refer to the above matter.

I hereby give you 2 days' notice to conduct a pre-repair inspection of vehicle
GQ 1545 at

Pls call Steven Loo @ HP 97308695.

Yours faithfully,



24 Sugei Kadut

St 4

S 729050

Spoke to

Steven,

Agreed on Eric Tan's KH

to survey.

JH

28/11/17

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	24/11/2017 10:18
Date Of Accident	23/11/2017 11:00
Exact Location Of Accident	WOODLANDS CENTRE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ154S
Insured/Policyholder	
Name Of Registered Owner	MEGA GAS ENTERPRISE PTE LTD
Co Reg No	200205814Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96475615
Alternative Phone No	OFFICE-96475615

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER 3.5
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072572970-02
Cover Note Number	

Driver

Name of Driver	LIM HAI TAT
NRIC No	S7804616C
Date Of Birth	14/02/1978
Occupation	OUTDOOR
Date Of Driving Pass	06/07/1995
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96475615
Fax Number	
Contact Number	OFFICE-96475615
Email Address	NOEMAIL

Address	223 JURONG EAST ST 21 #01-923
Postcode	S600223
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I STOPPED MY VEHICLE AT THE JUNCTION OF WOODLANDS ROAD ON THE RIGHT LANE, A VEHICLE CAME FROM BEHIND AND HIT ONTO THE REAR PORTION OF MY VEHICLE. ATTENDED BY : SUSAN

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	SJE7642G
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Name of Driver	KARAHASHI OTSU SHIGA
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	

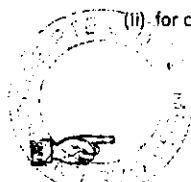
SKETCH PLAN

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.



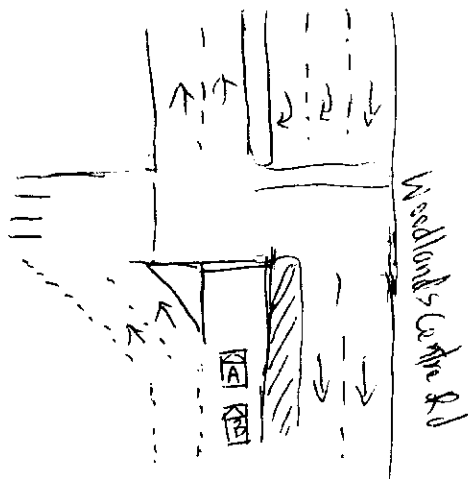
Policyholder's Signature
Date & Time:



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

26 NOV 2017
IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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



(A) 70 1545

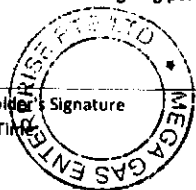
(B) SJE 76426

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A hand-drawn diagram of a triangle on lined paper. The vertices are labeled A, B, and C. The interior angle at vertex A is labeled 77.4.

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

Date & Time



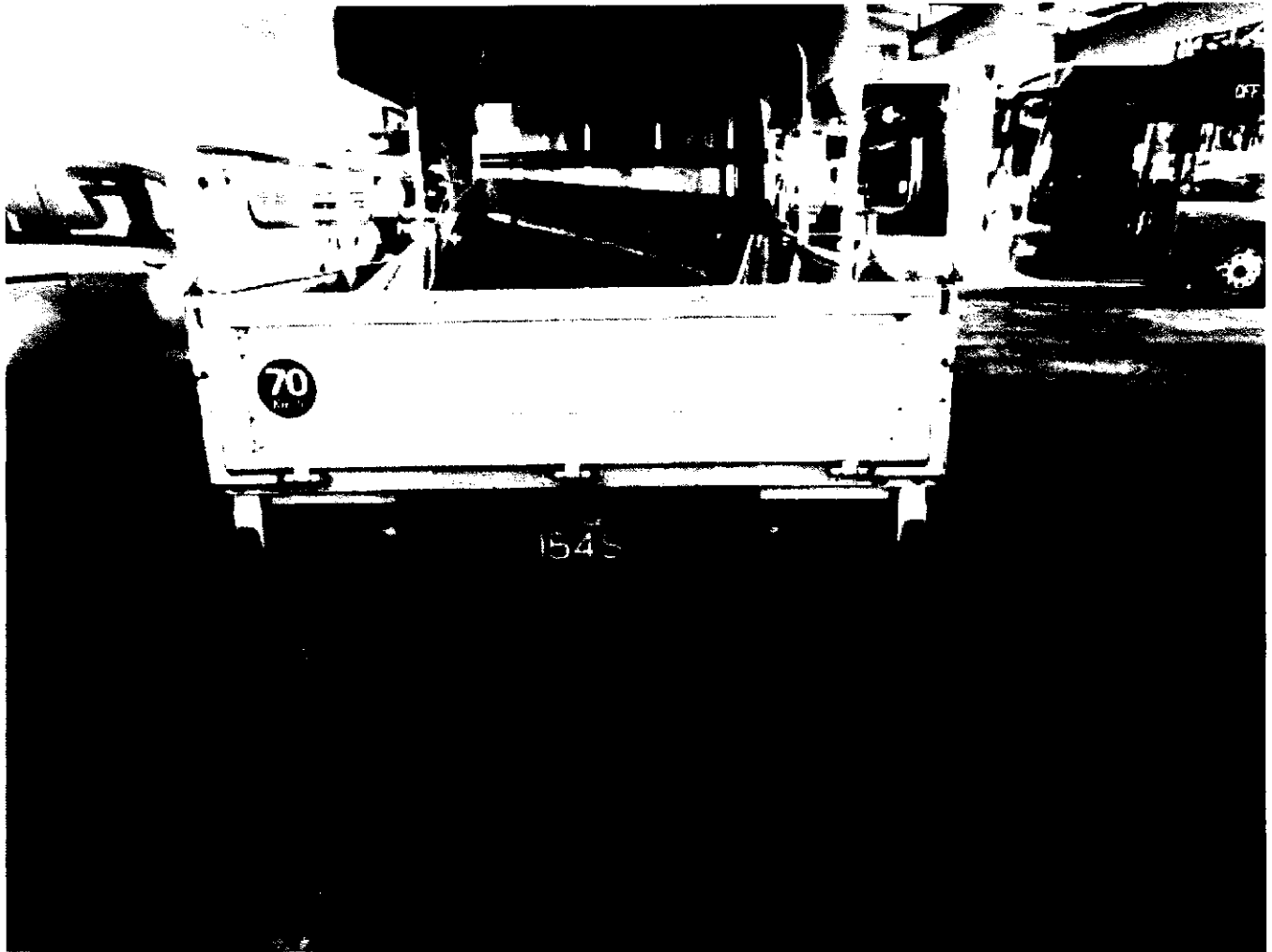
(If driver is not the policyholder)

24 NOV 2017

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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

Accident Photo



Accident Photo



Accident Photo



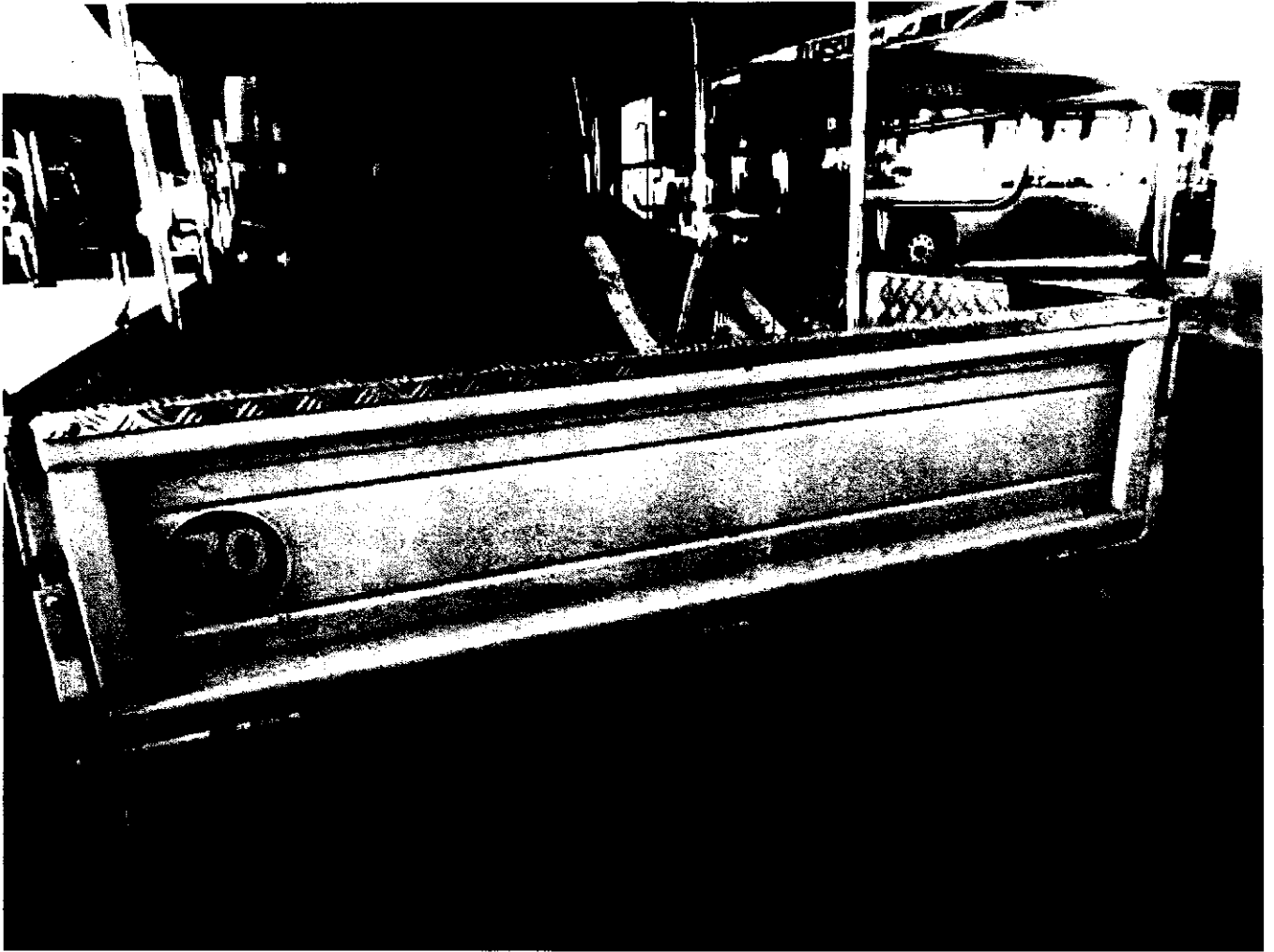
Accident Photo

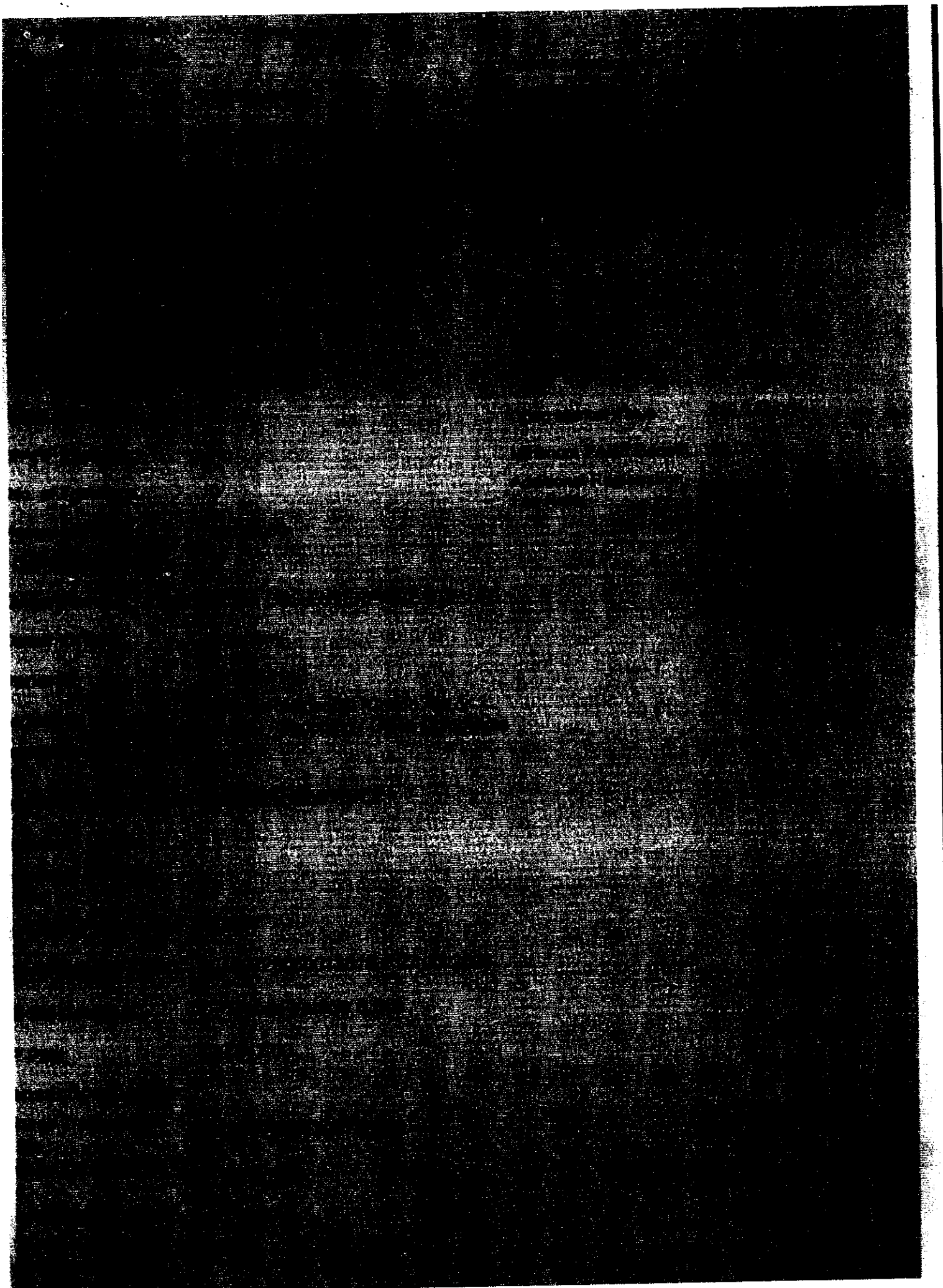


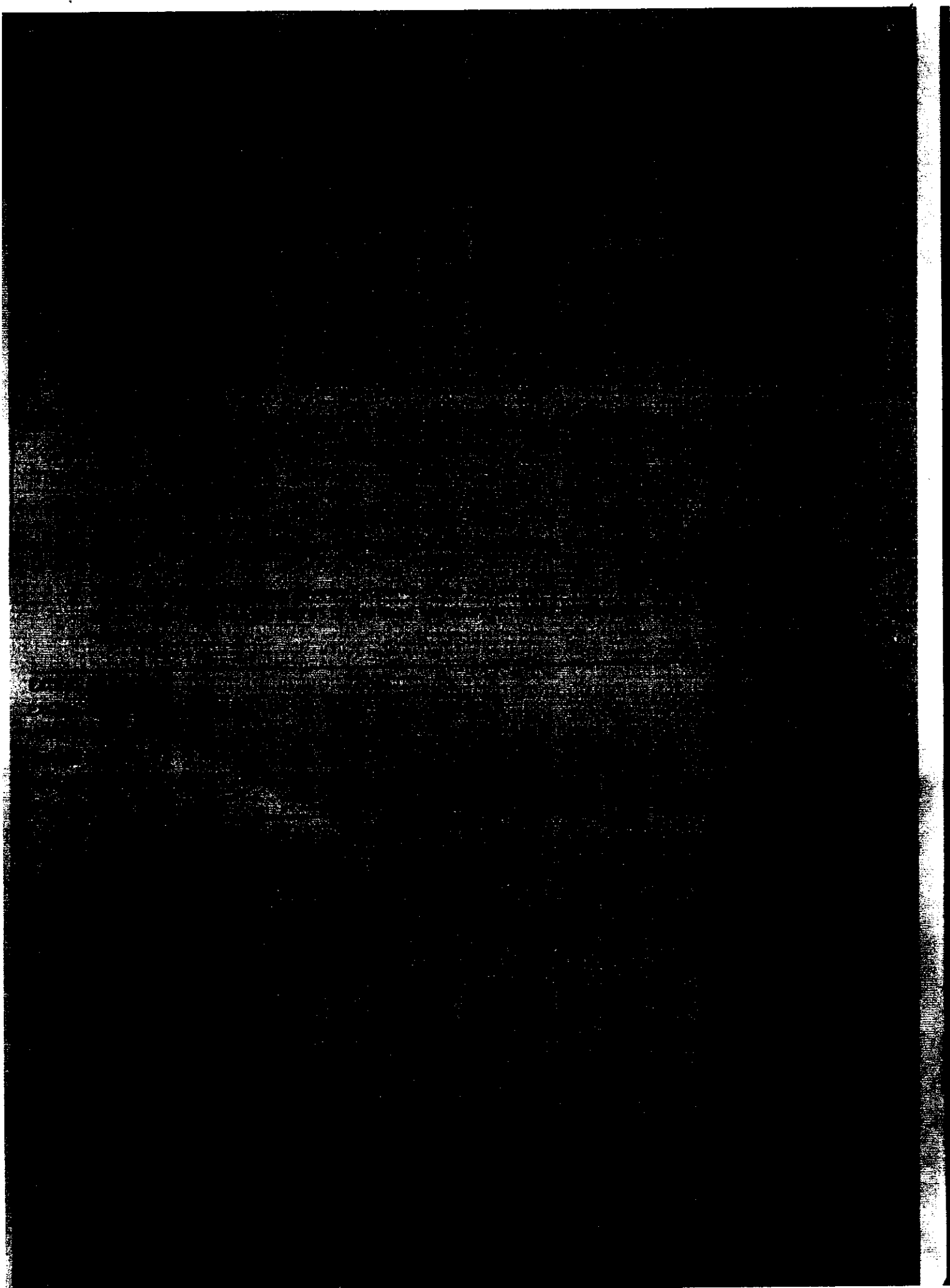
Accident Photo



Accident Photo







LYS ENGINEERING

WORKSHOP : 7 SOON LEE STREET #01-10 REPACES 627608

HP : 97308695 FAX : 66748963

Specialise in Repairing All Kinds of Motor Vehicles, Spray Painting, Welding
And Agent To Claim Damages From Motor Insurance

QUOTATION

Date : 09/12/17

To : LKK Auto Consultants P/L

Attn : Mr Taufik : Fax : 62564315

Insurance Company :

Tel :

Fax :

* Lump Sum Repair *

VEHICLE NO : GQ154S (MEGA GAS ENT P/L)

We are pleased to quote you for the following services/repairs cost for the above mentioned vehicle :

ITEM	QTY	DESCRIPTION	U.PRICE	AMOUNT
			SS	SS
1.	1 Pc	70 km/h Sticker	10.00	10.00 <i>new</i>
2.	2 Pcs	Rear L & R Tail Lamp 10% 268.77	298.63	597.26 <i>LH-cut ✓, RH- XIN</i>
3.	1 Set	Rear Center Std Steel Step	850.00	850.00 <i>300 Bt</i>
4.	1 Pc	Rear Tail Gate Hinge Center	46.24	46.24 <i>Rx</i>
SUBTOTAL				1,503.50
5.		To Respray Painting Rear Tail Gate		450.00 <i>300</i>
9.		Labour Charges :		
		-Dismantle Rear Tail Lamp & Writing	}	
		-To Repair & Beating Rear Tail Gate & Replace Rear	}	950.00 <i>300</i>
		Std Steel Step	}	<i>600</i>
TOTAL				2,903.50

Thank You.

Yours faithfully,



Note :

Repair Work 3 Days

10
268.77
300
578.77
600
1178.77
4/5/900 *
3days
Taufik 97460749.

...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		28 Nov 2017 14:31 Edit Adj Rpt	S\$900.00 Edit Estimates	S\$900.00 View Rpt		Pending for Survey Report Cancel Case


Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	HITACHI CAPITAL ASIA PACIFIC PTE LTD , Co. Reg. No.: 199400399N								
Main Claimant:	MEGA GAS ENTERPRISE PTE LTD , Co. Reg. No.: 200205814Z								
Vehicle Reg. No.:	GQ154S	Date of Loss:	23/11/2017 11:00 - :59						
Claim Type:	TP / MSC/V/17-001847	Policy/Cover Note No.:	MSD/VPCP/17-000961-00 (Comprehensive) Coverage: 07/05/2017 - 06/05/2018						
Vehicle Reg. No. (Insured):	SJE7642G	Policy No. (Claimant):							
		Excess:	S\$750.00						
Repairer:	Lys Engineering (JURONG) 27A JURONG PORT ROAD, 619101 Jurong East - Tel:								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Irene Tan Gek Ing - 6594 2541]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 28/12/2017]								
Driver/Custodian (Insured):	NAGAMI SHUZO (/ Male), NRIC: G3405153X								
Adj Asg. Remarks:	assign to surveyor taufikh								
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

***GQ154S (MSC/V/17-001847)**
[SJE7642G]
TP
MEGA GAS ENTERPRISE PTE LTD
Nov 23 2017 11:00AM
[HITACHI CAPITAL ASIA PACIFIC PTE LTD]
Lys Engineering

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

View [View in Browser](#)

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	31/01/18 15:55	Adjuster Immediate Advice	 Load HTM	<input checked="" type="checkbox"/>

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	31/01/18 15:59	General View	 Load JPG	<input checked="" type="checkbox"/>
2	31/01/18 15:59	General View	 Load JPG	<input checked="" type="checkbox"/>
3	31/01/18 15:59	General View	 Load JPG	<input checked="" type="checkbox"/>
4	31/01/18 15:59	General View	 Load JPG	<input checked="" type="checkbox"/>
5	31/01/18 15:59	General View	 Load JPG	<input checked="" type="checkbox"/>
6	31/01/18 15:59	General View	 Load JPG	<input checked="" type="checkbox"/>
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20	31/01/18 15:59	General View	 Load JPG	<input checked="" type="checkbox"/>
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28	31/01/18 15:59	General View	 Load JPG	<input checked="" type="checkbox"/>
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30	31/01/18 15:59	General View	 Load JPG	<input checked="" type="checkbox"/>
31	31/01/18 15:59	General View	 Load JPG	<input checked="" type="checkbox"/>
32	31/01/18 15:59	General View	 Load JPG	<input checked="" type="checkbox"/>

33	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
34	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
35	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
36	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
37	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
38	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
39	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
40	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
41	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
42	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
43	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
44	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
45	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
46	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
47	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
48	31/01/18 16:00	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	28/11/17 14:34	PRI	1	Load PDF	
2	28/11/17 14:34	OI GIA REPORT	1	Load PDF	
3	28/11/17 14:34	TP GIA REPORT	1	Load PDF	

Documents Checklist

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

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="text-align: right;"> ^ v </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/MSG17022642/T1RBE2

Date: 02/02/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. Policy No: MSD/VPCP/17-000961-00
 Claimant Vehicle No: GQ154S Insured Vehicle No: SJE7642G
 Date of Loss: 23/11/2017 Nature of Claim: TP Claim No: MSCN/17-001847

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **GQ154S**
 Make & Model: MITSUBISHI CANTER, 3.0 D FEA01BR2SDEB (CBU) (M) Engine No: 4P10C21890
 Reg. Date: 28/07/2016 (Man. Year: 2016) Chassis No: FEA01BA20250
 Colour: White Odometer: 24990 km
 Engine Capacity: 2998 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: 185/75R15 Rear Tyre Size: 185/75R15 (D)
 Front Left Side: Bridgestone 6 mm Rear Left Side: Bridgestone 6/6 mm
 Front Right Side: Bridgestone 6 mm Rear Right Side: Bridgestone 6/6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,503.50	578.77	924.73	61.51
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,400.00	600.00	800.00	57.14
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,903.50	1,178.77	1,724.73	59.40
Approved Total (Overridden) (S\$)		900.00		
Nett Amount (S\$)	2,903.50	900.00	2,003.50	69.00

INSPECTION

Date of Assignment: 28/11/2017
 Date Inspected: 07/12/2017 Inspected At: Lys Engineering (JURONG)
 27A JURONG PORT ROAD
 Singapore 619101
 Estimated Period of Repair: 3.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: Janice Lee Si Hua

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: (Last Synchronised: 02 Feb 2018)
Parts: N/A MITSUBISHI CANTER 3.0 D FEA01BR2SDEB (CBU) (M) (Model not available in database)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for GQ154S)
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		*70KM/H STICKER	Necessary	10.00 F	*10.00 F
2	1		*REAR L & R TAIL LAMP	N/s Cut / O/s Not Necessary	597.26 F	*268.77 F
3	1		*REAR TAIL GATE HINGE CENTER	Repair	46.24 F	*- F
4	1		*SET REAR CENTER STD STEEL STEP	Bent	850.00 F	*300.00 F
					Total Parts (S\$)	1,503.50 578.77

F=Franchise part.

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	TO RESPRAY PAINTING REAR TAIL GATE	New	450.00	300.00
2	LABOUR CHARGES-DISMANTLE REAR TAIL LAMP & WIRING.TO REPAIR & BEATING REAR TAIL GATE & REPLACE REAR STD STEEL STEP	New	950.00	300.00
Gross Labour Cost (S\$)			1,400.00	600.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >