

22/03/2002

ASS. REC. BY:

REF: CS/EQI17022719/ A/bet Special Instruction:

Survivor:
Munir

Addm

ASSIGNMENT (Office)

From (Person):

Bazlin Ahmad

of

EQI

Date/Time:

29/11/17 01:42pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YN 6742H

Insured:

at Workshop m/s

Soc Leon Motor

Tel:

6747 7858

of

Ikaki Bukit Ave 6, #01-91, Autobay, 417883

Policy No:

DMCPH017-006162

Claim No:

DM17H002609

Sum Insured:

Excess:

\$750.00

Make of Veh:

(Client's Record)

D.O.A.

20/11/2017

CA / REV / REP. / REV 24 HRS

1/12/2017 @ 5pm owner waiting

H.O.D. Endorsement:

Date/Time:

3:24pm @

Person Contacted:

Irene

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

29/11/17 @ 9.42am confirmed with Irene via \$2700 (Red \$1695/92, 39%)
YN 6742H-CC3/EQI17022395/T1h63-D.O.A: 20/11/2017

REF: EQ1

ASSIGNMENT

From: _____ Date: 01.12.2017

Estimated Cost:

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

To inspect Vehicle No: YN 6742H
at Workshop no: SOC LEON.
of Blk 1 Kaki Bukit Ave 6 #01-91

Insured

Policy No.

Claims No.

Sum Insured: _____ Excess: \$ 750.00

(Client's Record)

Make of Veh.

(Policy Condition)

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

Bal. or Market Value: 48K.

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: YN 6742H. Dr Page: 2014 NOV

Type: M/Car / M/Cycle / Bus / Van / ☒ Taxi / Prime Mover

Truck / Trailer or

Make: Isuzu NHR 2999.

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

Sp. Reading: 15553 T/Paid: Insured / Std / NI / NA

Eng No:

C No: NHR 857015361

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: ☒ S/Rim / STD A/Rim or

Tyre Size F: 195/75R15 BS

R: 165R13C Yokohama

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 01/12/17.

Survey held at: Soc Leon.

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

OD EQ.

RECEIVED 28/12/2017

Date Time File Pass to: ☐ Preli. Report24/12 14:00 ☐ Final Report

Date Time File Return to:

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee

Transportation

_____ \$

Phone

Fax

E-mail

Total

Add Fee: ☐ Site Insp. \$☐ Interview \$☐ Test \$☐ Despatch \$

Report Format: MER-OD

Lump Sum: 2700

160



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

EQ INSURANCE COMPANY LTD

Ref : CS/EQ117022719/Aqb

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEXSINGAPORE 069110

Date : 29-11-2017



Code : EQI

1. Policy Particulars :- OWN DAMAGE

Insured Veh.		Veh. Inspected	YN 6742H
Policy No.	DMCPHQ17-006162	Coverage (\$)	0.00
Claim No.	DM17HO02609	Excess (\$)	750.00
Assign From	MERIMEN (BAZLIN AHMAD)	Assign Date	29/11/2017

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

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5. General Information

Accident Date	20/11/2017	Inspection Date	
Survey held at	SOC LEON MOTOR WORKS 1 KAKI BUKIT AVE 6 BLK D #01-91 AUTOBAY @ KAKI BUKIT SINGAPORE 417883		

5a. Remarks

A)THE MARKET VALUE IS S\$------(EST. AVERAGE)
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.

Survey Department Check List (Case Handler)

Reference No: CS/EX117022719/Arb
 Policy Type: OD/TP/TP RES/TL/EVA

YN 67424

Case Handler

Typist

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

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

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

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

(1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

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

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

<input checked="" type="checkbox"/>			
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(3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

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

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

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

[Signature] 29/12/12
 Case Handler Date

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Authed	Status
Main	27 Nov 2017 10:39 Sendback Est	27 Nov 2017 11:46 \$4,395.92	29 Nov 2017 13:42 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	wyn foods pte ltd, Co. Reg. No.: 201402762K, Tel: +6590100675		
Vehicle Reg. No.:	YN6742H	Date of Loss:	20/11/2017 17:00 - :59
Claim Type:	OD / DM17HO02609	Policy/Cover Note No.:	DMCPHQ17-006162 (Comprehensive) Coverage: 12/11/2017 - 11/11/2018
		Excess:	S\$750.00
Repairer:	Soc Leon Motor Works (Kaki Bukit) 1 Kaki Bukit Ave 6, #01-91, AutoBay@Kaki Bukit, 417883 Kaki Bukit - Tel: 6747 7858		
Handling Insurer:	EQ Insurance Company Ltd (HQ) - Tel: 6223 9433 ... [Handled by Bazlin Ahmad]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 08/12/2017]		
Driver/Custodian:	SATHIAMOORTHY RAKKUMAR (31 / Male), NRIC: G8307067L, Tel: +6591445043		
Adj Asg. Remarks:	OD EXCESS \$750.00		

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.									

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	2762K

Vehicle Details

Vehicle No.	YN6742H
Vehicle to be Exported	No
Intended De-registration Date	04 Dec 2017
Vehicle Make	ISUZU
Vehicle Model	NHR85AUE4A
Primary Colour	White
Manufacturing Year	2014
Engine No.	4JJ11N4120
Chassis No.	NHR857015361
Maximum Power Output	-
Open Market Value	\$29,981.00
Original Registration Date	12 Nov 2014
First Registration Date	12 Nov 2014
Transfer Count	0
Actual ARF Paid	\$1,500.00

Intended PARF Rebate Details

PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00

Intended COE Rebate Details

COE Expiry Date	11 Nov 2024
COE Category	C - Goods Vehicle & Bus
COE Period(Years)	10
QP Paid	\$54,009.00
COE Rebate Amount	\$37,461.00
Total Rebate Amount	\$37,461.00

The information contained herein is correct as at 04 Dec 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	21/11/2017 20:42
Date Of Accident	20/11/2017 17:45
Exact Location Of Accident	ALONG CANTONMENT ROAD NEAR PINNICLES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6742H
Insured/Policyholder	
Name Of Registered Owner	WYN FOODS PTE LTD
Co Reg No	201402762K
Email Address	WYNFOODS@WYNFOODS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91445043

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-006162
Cover Note Number	N.A

Driver

Name of Driver	SATHIAMOORTHY RAJKUMAR
NRIC No	G8307067L
Date Of Birth	28/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2012
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91445043
Fax Number	
Contact Number	
Email Address	WYNFOODS@WYNFOODS.COM.SG

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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
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? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD FOLLOWING VEHICLE B AT A DISTANCE. WHEN VEHICLE B MADE A STOPPED BEFORE REACHING THE TRAFFIC LIGHT, I APPLIED MY BRAKES BUT MY VEHICLE GLIDED FORWARD AND HIT THE REAR OF VEHICLE B. NOBODY WAS INJURED. STATEMENT WAS READ TO ME INFRONT OF MY SUPERVISOR AND I ACKNOWLEDGE IT.

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 SLN819P
Vehicle Make/Model/Colour BMW/ 216D/ SILVER
Details Of Properties NA
Name of Driver PRAVENA KUMAR REDDY YUTUKUR
NRIC/Passport Number S7460850G
Contact Number 97224245
Address NA
Postcode NA
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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the authority of the GSA 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 application by interested parties.
7. By the submission of this report to the Insurer, you hereby consent to the archiving of this report at the centre and to copies of the report being made available as stated.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My Insurer, my association and the General Insurance Association of Singapore (GIA) may be 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 Insurers who have insured vehicles involved in the accident and Insurers who have issued vehicles involved in the accident shall be collectively referred to as the "Insurers"; the Insurers' responsibilities under the Monetary Authority of Singapore and any relevant government agency/authority (such as the Police) for the processing of Personal Information including under section 24 of the Personal Information Protection Act and the necessary measures and taking to protect such data;
(b) Processing the Personal Information for the purposes of:
(i) conducting a claims handling and/or investigation;
(ii) providing a service relating to the processing of Personal Information;
(iii) conducting a service relating to the processing of Personal Information;
(iv) conducting a service relating to the processing of Personal Information;
(v) conducting a service relating to the processing of Personal Information;
(c) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(d) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(e) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(f) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(g) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(h) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(i) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(j) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(k) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(l) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(m) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(n) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(o) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(p) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(q) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(r) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(s) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(t) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(u) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(v) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(w) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(x) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(y) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;
(z) I consent that my Personal Information may be processed, processed, handled, used, stored with my Insurer;

VERIFIED BY JURY MAN
REPORTING OFFICER
INSURANCE COMPANY

ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD FOLLOWING VEHICLE B AT A DISTANCE. WHEN VEHICLE B MADE A STOPPED BEFORE REACHING THE TRAFFIC LIGHT, I APPLIED MY BRAKES BUT MY VEHICLE GLIDED FORWARD AND HIT THE REAR OF VEHICLE B. NOBODY WAS INJURED.

STATEMENT WAS READ TO ME INFRONT OF MY SUPERVISOR AND I ACKNOWLEDGE IT.

Ted Voucher No.:

DECLARATION

We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

21 November 2017 at 11:04 AM

Date/Time:

21 November 2017 at 11:04 AM

Soc Leon Motor Works (Co.Reg.No:20663900K)

1 Kaki Bukit Ave 6, #01-91, AutoBay@Kaki Bukit
Singapore 417883

Tel: 6747 7858 Fax: 6742 0012 Email: slmoi@singnet.com.sg

INSURER: **EQ Insurance Company Ltd (HQ)**

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	DMCPHQ17-006162	Date of Loss:	20/11/2017
Vehicle Reg. No.:	YN6742H ✓	Driveable?	
Driver Age/Info:	31 / MALE	Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	WYN FOODS PTE LTD	Contact No:	+6590100675
Driver:	SATHIAMOORTHY RAKKUMAR		
Make/Model:	ISUZU NHR85AUE4A, 3.0 D (M)	Vehicle Reg. Date:	12/11/2014
Vehicle Colour:	WHITE		
Engine No:	4JJ11N4120	Chassis No:	NHR857015361
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	6		
Present Location:	SOC LEON MOTOR WORKS (KAKI BUKIT)		

COST OF CLAIMS	Amount
Parts	2,168.90
Miscellaneous Items	877.02
Labour	1,350.00
Paintwork Labour	0.00
Towing	0.00
Calculated Gross Total (S\$)	4,395.92
- Excess (S\$)	750.00
Nett Amount (S\$)	3,645.92

This claim is handled by: IRENE LEONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

Parina

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 27 Nov 2017)
Parts: N/A ISUZU NHR85AUE4A 3.0 D (M) (Model not available in database)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for YN6742H)
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 *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount	
1	1		*FRONT PANEL <i>perfect</i>	0.00	0.00	*350.00 F	✓
2	1		*ELF STICKER <i>for</i>	0.00	0.00	*23.00 F	✓
3	1		*ISUZU EMBLEM	0.00	0.00	*105.00 F	✓
4	1		*CORNER PANEL(LH) <i>onlined</i>	0.00	0.00	*160.00 F	✓
5	1		*SIDE MIRROR TOP COVER <i>not in</i>	0.00	0.00	*38.00 F	✗
6	1		*GRILLE <i>onlined</i>	0.00	0.00	*250.00 F	✓
7	1		*HEADLAMP (LH) <i>not</i>	0.00	0.00	*240.00 F	✓
8	1		*SIDE LAMP (LH) <i>onlined</i>	0.00	0.00	*72.00 F	✓
9	1		*FRONT BUMPER <i>perfect</i>	0.00	0.00	*310.00 F	✓
10	1		*BUMPER BRACKET (LH) <i>not in</i>	0.00	0.00	*78.00 F	✗
11	1		*FRONT WINDSCREEN MOULDING (1 SET) (2 PCS) <i>in</i>	0.00	0.00	*260.00 F	✓
						Sub Total (S\$)	1,886.00
						+ Margin on L,N Items 15.00% (S\$)	282.90
						Total Parts (S\$)	2,168.90

F=Franchise part.

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	7% GST FROM SUPPLIERS BILL	132.02 <i>separate submit</i>
2	1	FRONT NO. PLATE <i>but</i>	25.00 ✓
3	1	FRONT WINDSCREEN GUM <i>h</i>	50.00 ✓
4	1	TO REMOVE & FIX AIRCON COOLING COIL & REFILL GAS	150.00 ✓
5	1	TO REMOVE & FIX DASHBOARD	400.00 ✓
6	1	TO REMOVE & FIX FRONT WINDSCREEN GLASS	120.00 ✓
Sub Total (S\$)			877.02

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	TO KNOCK & REPLACE PARTS	New	200.00 <i>600</i>
2	SPRAYPAINTING	New	650.00 <i>600</i>
Gross Labour Cost (S\$)			1,350.00

Report was unsubmitted during this print-out.
Generated using **Merimen e-Claims IEAS**

< END OF ESTIMATES >

*L/S Adrian Liming.
01/12/17.*

*05 Days
Authorised Repairs
Excess \$750.*

- 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:

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 Nov 2017 10:39 Sendback Est	27 Nov 2017 11:46 S\$4,395.92	29 Nov 2017 13:42 Edit Adj Rpt	S\$2,700.00 Edit Estimates	S\$2,700.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	wyn foods pte ltd, Co. Reg. No.: 201402762K, Tel: +6590100675		
Vehicle Reg. No.:	YN6742H	Date of Loss:	20/11/2017 17:00 - :59
Claim Type:	OD / DM17HO02609	Policy/Cover Note No.:	DMCPHQ17-006162 (Comprehensive) Coverage: 12/11/2017 - 11/11/2018
		Excess:	S\$750.00
Repairer:	Soc Leon Motor Works (Kaki Bukit) 1 Kaki Bukit Ave 6, #01-91, AutoBay@Kaki Bukit, 417883 Kaki Bukit - Tel: 6747 7858		
Handling Insurer:	EQ Insurance Company Ltd (HQ) - Tel: 6223 9433 ... [Handled by Bazlin Ahmad]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by ADRIAN LING] ... [Final Rpt due 08/12/2017]		
Driver/Custodian:	SATHIAMOORTHY RAKKUMAR (31 / Male), NRIC: G8307067L, Tel: +6591445043		
Adj Asg. Remarks:	OD EXCESS \$750.00		

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

YN6742H (DM17HO02609)

OD

Nov 20 2017 5:00PM

[wyn foods pte ltd]

Soc Leon Motor Works

Upload Documents		Upload Photos		Compose New Letter		View View in Browser	
Assessment Reports						1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Soc Leon Motor Works (Kaki Bukit)			Thumbnail	Print	
1	27/11/17 11:46	Repairer Estimates			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	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
2	29/12/17 10:16	Odometer Reading			Load JPG	<input checked="" type="checkbox"/>	
3	29/12/17 10:16	Chassis Number			Load JPG	<input checked="" type="checkbox"/>	
4	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
5	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
6	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
7	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
8	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
9	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
10	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
11	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
12	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
13	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
14	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
15	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
16	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
17	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
18	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
19	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
20	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
21	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
22	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
23	29/12/17 10:16	General View			Load JPG	<input checked="" type="checkbox"/>	
Documentation						1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Soc Leon Motor Works (Kaki Bukit)			Thumbnail	Print	
1	27/11/17 11:46	Drivers Driving License			Load JPG	<input checked="" type="checkbox"/>	
2	27/11/17 11:46	Drivers Driving License			Load JPG	<input checked="" type="checkbox"/>	
3	27/11/17 11:46	Singapore Accident Statement			Load JPG	<input checked="" type="checkbox"/>	
4	27/11/17 11:46	Singapore Accident Statement			Load JPG	<input checked="" type="checkbox"/>	
5	27/11/17 11:46	Singapore Accident Statement			Load JPG	<input checked="" type="checkbox"/>	
6	27/11/17 11:46	Singapore Accident Statement			Load JPG	<input checked="" type="checkbox"/>	

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>^ v</div>
Show Remarks To: <input type="checkbox"/> Repairer <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

EQ Insurance Company Ltd
5 Maxwell Road, #17-00 Tower Block, MND Complex
Singapore 069110

Our File No: CS/EQI17022719/AQBE2

Date: 05/01/2018

REFERENCE

Insured/Claimant: wyn foods pte ltd Policy No: DMCPHQ17-006162
Date of Loss: 20/11/2017 Nature of Claim: OD Claim No: DM17HO02609

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **YN6742H**
Make & Model: ISUZU NHR85AUE4A, 3.0 D (M) Engine No: 4JJ11N4120
Reg. Date: 12/11/2014 (Man. Year: 2014) Chassis No: NHR857015361
Colour: White Odometer: 15553 km
Engine Capacity: 2999 cc
Market Value/New Car Price: S\$48,000.00
Sum Insured (\$\$): **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: 195/75 R15 Rear Tyre Size: 165 R13C
Front Left Side: Bridgestone 6 mm Rear Left Side: Yokohama 6 mm
Front Right Side: Bridgestone 6 mm Rear Right Side: Yokohama 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,168.90	2,035.50	133.40	6.15
Miscellaneous Items	877.02	175.00	702.02	80.05
Labour	1,350.00	1,200.00	150.00	11.11
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	4,395.92	3,410.50	985.42	22.42
Approved Total (Overridden) (\$\$)		2,700.00		
- Excess (\$\$)	750.00	750.00	0.00	0.00
Nett Amount (\$\$)	3,645.92	1,950.00	1,695.92	46.52

INSPECTION

Date of Assignment: 29/11/2017 Present Location: Soc Leon Motor Works (Kaki Bukit)
Date Inspected: 01/12/2017 Inspected At: 1 Kaki Bukit Ave 6, #01-91, AutoBay@Kaki Bukit
Singapore 417883
Estimated Period of Repair: 5.0 days

Adjuster: ADRIAN LING

Manager: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 05 Jan 2018)
Parts: N/A ISUZU NHR85AUE4A 3.0 D (M) (Model not available in database)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for YN6742H)
Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT PANEL	Dented	350.00 F	*350.00 F
2	1		*ELF STICKER	Necessary	23.00 F	*23.00 F
3	1		*ISUZU EMBLEM	Necessary	105.00 F	*105.00 F
4	1		*CORNER PANEL(LH)	Cracked	160.00 F	*160.00 F
5	1		*SIDE MIRROR TOP COVER	Not Necessary	38.00 F	*- F
6	1		*GRILLE	Cracked	250.00 F	*250.00 F
7	1		*HEADLAMP (LH)	Cut	240.00 F	*240.00 F
8	1		*SIDE LAMP (LH)	Cracked	72.00 F	*72.00 F
9	1		*FRONT BUMPER	Deformed	310.00 F	*310.00 F
10	1		*BUMPER BRACKET (LH)	Not Necessary	78.00 F	*- F
11	1		*FRONT WINDSCREEN MOULDING (1 SET) (2 PCS)	Necessary	260.00 F	*260.00 F
					Sub Total (\$\$)	1,886.00 1,770.00
					+ Margin on L,N Items 15.00/15.00% (\$\$)	282.90 265.50
					Total Parts (\$\$)	2,168.90 2,035.50

F=Franchise part.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
Miscellaneous Items				
1	1	7% GST FROM SUPPLIERS BILL	132.02	0.00
2	1	FRONT NO. PLATE (BENT)	25.00	25.00
3	1	FRONT WINDSCREEN GUM (NECESSARY)	50.00	50.00
4	1	TO REMOVE & FIX AIRCON COOLING COIL & REFILL GAS	150.00	0.00
5	1	TO REMOVE & FIX DASHBOARD	400.00	0.00
6	1	TO REMOVE & FIX FRONT WINDSCREEN GLASS	120.00	100.00
Sub Total (S\$)			877.02	175.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO KNOCK & REPLACE PARTS	New	700.00	600.00
2	SPRAYPAINTING	New	650.00	600.00
Gross Labour Cost (S\$)			1,350.00	1,200.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >