

ASS. REC. BY:

REF: CS/MSG17023088 / Kpb Special Instruction:

Surveyor: Kenneth ASSIGNMENT (Office)

From (Person): Irene Tan of MSIG Date/Time: 5/12/17 @ 2:52pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJT 6296A Insured: WC3052S

at Workshop m/s Yee Auto Tel: 64572625

of 160 Sin Ming Drive # 02-17

Policy No: 28789568MKC Claim No: 539448

Sum Insured: Excess:

Make of Veh: D.O.A. 1/12/17
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp' 6/12/17 H.O.D. Endorsement:

Date/Time: 1:16pm @ 5/12/17 Person Contacted: Ms. Phang Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (✓) Estimate
	SJT 6296A - NA MSG 17023017 / 2A D.O.A. 1/12/17
	WC3052S - NA MSG 17023017 / 2A D.O.A. 1/12/17
07/12/17 @ 5:12pm	revised to Irene Tan via Mervin.
20/3	Call 83284 Cabman by email (Ref \$8887.80, 742)

MSIG

JAN 2018

Form Date 6/12/17

Estimated Cost

QD TP WS TP RES MOD RES EVAL INV MV

To: Insurance No SJT 6296A

From: Yee Auto

160 Sin Ming Drive # 02-17

Insured

Policy No

Claims No

Sum Insured

Excess

Client's Record

Make of Ver

Policy Condition

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

NS	DS

Before/Market Value

DAG Accident Report Consistent? Yes or No

GIA - RP Seen Consistent? Yes or No

Est. Receipts 4-5 days Res: Yes or No

Est. Sum 20 \$ E Val: Yes or No

QA / REV / REP. / 24 HRS 'wop'

Date Person Contacted Vehicle IN/OUT

Date Person Contacted

Date/Time Action/Inspection

7/12 15k pass to Customer

Vehicle

Type Motor (M/Cycle) Bus Van Carry Truck Prime Mover

Truck Trailer or

Name

Driver

St. Reading

Eng No

Ch No

Gen. Cond. Good Fair Poor Burnt

Steering Inboard Jammed Leaked Burnt or

Brake Inboard Jammed Leaked Burnt or

Mod. Nil 1/2 Rim STD AIR Rim or

Tire Size

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

TOYO / YOKO or

Front

R. Ba.

L. Ba.

D.O.A.

Survey needed

Des. of Damages Fr. Rear O/S N/S U/O Rooftop or

The U/O Chassis frame Body Structure affected due to collision

Date/Time File Passed

26/3/2018

Date/Time File Returned

:

Receipt Format

Auto. Sign 17

MER-7p

3700

Days Of Repair 4

Resurvey No. of Trial 1

Add Fee:

Site Fee \$

Travel Fee \$

Test Fee \$

Admin Fee \$

Survey Fee

Insurance

Total Fee

Total Fee

Total Fee

Total Fee

300

10

310

RECEIVED 2-3 MAR 2018

26/3/2018




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/MSG17023088/Kqb	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 05-12-2017	
Code : MSG			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	WC 3052S	Veh. Inspected	SJT 6296A
Policy No.	28789569MKC	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	MERIMEN (IRENE TAN)	Assign Date	05/12/2017
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	01/12/2017	Inspection Date	
Survey held at	BLK 160 SIN MING DRIVE # 02-17		
Repairer	YEE AUTO SERVICE		
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. Subm. Date	Adj. Assigned	Adj. Put	Adj. Submitted	Ins. Assigned	Status
Main	05 Dec 2017		05 Dec 2017 14:52 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured: SAMWOH READY MIX PTE LTD, Co. Reg. No.: 200409069N

Main Claimant: TAY SIONG SENG, ID: S11815971

Vehicle Reg. No.: SJT6296A

Claim Type: TP

Vehicle Reg. No. (Insured): WC3052S

Repaier: Yee Auto Service (HQ) 160 Sin Ming Drive #02-17 Sin Ming Autocity, 575722 Sin Ming - Tel: 64575768

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 06/12/2017]**

Driver/Custodian (Insured): SUBRAMANIAN MANI (/ Male), NRIC: F8417009R

[Created by insurer]

Date of Loss: 01/12/2017 11:00 - :59

Policy/Cover Note No.: 28789568MKC (Comprehensive)
Coverage: 01/09/2017 - 31/08/2018

Policy No. (Claimant):

Excess: S\$2,000.00

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

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

ALL ASSOCIATED TASKS ☐

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

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

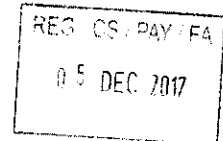
K. KRISHNA & PARTNERS

UEN 53131210X
Advocates & Solicitors
Commissioner for Oaths
& Notary Public

101 Cecil Street #24-03/04 Tong Eng Building, Singapore 069533.
Tel: 6323 3038 Fax: 6323 2120 (Not for service of Court Documents)
Email: kkrishna@singnet.com.sg

K. Krishnamoorthi
LLB (Hons) (London)
Barrister-at-Law (Gray's Inn)
B.Sc(Hons)(Est.Man)(S'pore)

S. Manohar
LLB (Hons) (S'pore)



Vengadesh s/o Kumaravelu
LLB (Hons)

Our Ref : KK.YAS.SJT6296A.2017.wen
Your Ref: WC 3052S

4th December 2017

M/s MSIG Insurance (Singapore) Pte Ltd
4 Shenton Way #21-01
SGX Centre 2
Singapore 068807

by fax only
IMMEDIATE ATTENTION

Dear Sirs

**PRE-REPAIR INSPECTION OF VEHICLE NO. SJT 6296A
ACCIDENT ON 01/12/2017 INVOLVING SJT 6296A & WC 3052S AT THE
JUNCTION OF PASIR PANJANG ROAD & BOON LEAT TERRACE**

We act for Mr Tay Siong Seng, the owner of SJT 6296A which was involved in the abovecaptioned accident.

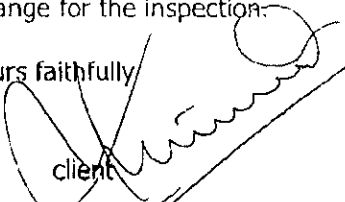
We are instructed that the accident was caused by the negligence of the driver of motor vehicle no. WC 3052S. Our search shows that you are insurers of the motor vehicle no. SH 9282B.

We are requested to inform you that our client's vehicle is available for pre-repair inspection at the following address:

M/s Yee Auto Pte Ltd
Block 160 Sin Ming Drive #02-17
Sin Min Autocity
Singapore 575722
Tel: 64572625 Fax: 64528459

Please request your assessor to contact our **Mr Chan Kai Yee of M/s Yee Auto Services at his mobile no. 96874031 within forty-eight (48) hours** from the receipt of this fax to arrange for the inspection.

Yours faithfully,

cc client 

Note: This document has not been finalised.**LKK Auto Consultants Pte Ltd** (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Irene Tan Gek Ing

Date: 07 Dec 2017

Preliminary Advice

Insured Vehicle No	: WC3052S	Accident Date	: 01/12/2017
TP Vehicle No	: SJT6296A	Assignment Date	: 05/12/2017
Make	: TOYOTA WISH	Est. Duration of Repair	: 5.00
Date of Inspection	: 06/12/2017		
Inspection At	: YEE AUTO SERVICE (HQ) 160 SIN MING DRIVE #02-17 SIN MING AUTOCITY SINGAPORE 575722		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	12,087.80
Revised Amount	:S\$	2,496.10
Check Items (Estimated)	:S\$	5,929.60
Total	:S\$	8,425.70

Lump Sum Repair	:S\$	
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Total Loss Consideration

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

Remarks

() The vehicle is economical/not economical for repair.

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as 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	04/12/2017 15:08
Date Of Accident	01/12/2017 11:10
Exact Location Of Accident	JUNC OF PASIR PANJANG RD & BOON LEAT TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT6296A
Insured/Policyholder	
Name Of Registered Owner	TAY SIONG SENG
NRIC No	S1181597I
Email Address	ALFRED@APPLIEDLOGISTICS.COM.SG
Mobile Phone No	(LOCAL) +65-94595330
Alternative Phone No	OFFICE-68630727

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)

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 PRIVATE CAR

Insurance Company

Name of Insurance Company FWD SINGAPORE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number PNPV2017-00003259

Cover Note Number

Driver

Name of Driver TAY SIONG SENG

NRIC No S1181597I

Date Of Birth 28/11/1956

Occupation INDOOR

Date Of Driving Pass 16/02/2012

Driving Experience 5 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94595330

Fax Number

Contact Number OFFICE-68630727

Email Address ALFRED@APPLIEDLOGISTICS.COM.SG

Address BLK 936 HOUGANG ST 92 #02-61
Postcode 530936
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 SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? YES
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 [OTHER] THOMSON NPP
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE 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 WC3052S
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver SUBRAMANIAM MANI
NRIC/Passport Number F8417009R
Contact Number 83091822
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name TAY SIONG SENG

Approximate Age

Injuries Sustain

LEFT KNEE

Injured person in which vehicle?

SJT6296A

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

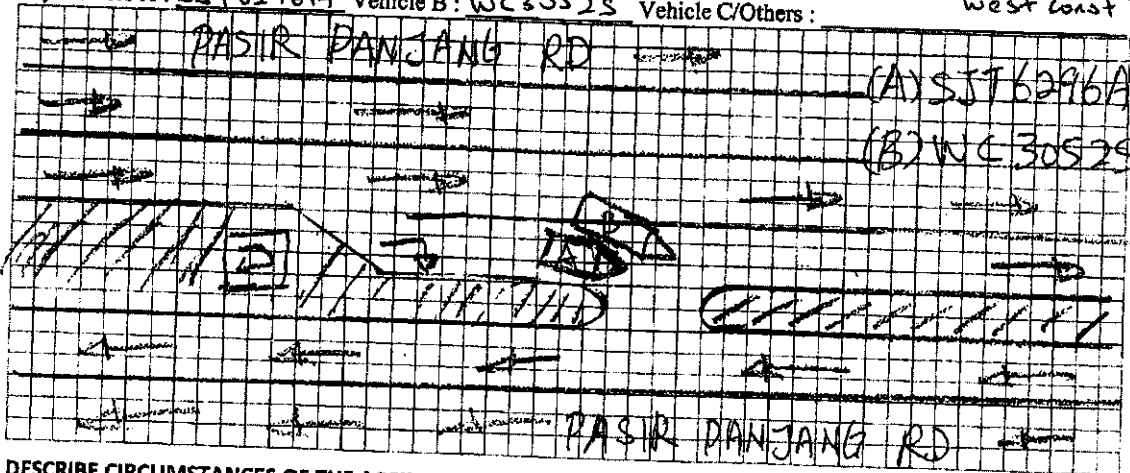


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

Date of Accident: 1/12/17 Time: 11:10 am Location: Pasir Panjang Rd (Under West Coast Highway)
 My Vehicle A: S576296A Vehicle B: WC3052S Vehicle C/Others:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: 2017/1202/2065

() Claim OD/TP at Ah Lim Motor ☒ Claim ~~OD~~/TP at other workshop () Reporting Only


Remarks : Please forward a copy of my efile accident report to:


My workshop : YEE AUTO PTE LTD
 email address : yee-auto-service@gmail.com
 & myself :
 email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

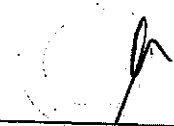
DECLARATION

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


 Policyholder's Signature
 Date & Time:


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

4/12/17
 1333 hrs.


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



**SINGAPORE
POLICE FORCE**



T/20171202/2065

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

1 of 3

Report No. T/20171202/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2017 14:06		Vide Report No.:		Station Diary No.: 10	
Name of Informant: TAY SIONG SENG					
Address: APT BLK 936 HOUGANG STREET 92 #02-61 SINGAPORE 530936					
ID Type / ID No.: NRIC NO / S11815971		Contact No.: Home/Office: Mobile: 94595330			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 61	Date of Birth: 28/11/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DIRECTOR			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2017 11:10	Type of Location:
Location: Along Road 1 PASIR PANJANG ROAD <u>Junction of Pasir panjang road and Boon Leat Terrace</u>				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

SJT6296A	Car	TOYOTA	WISH 1.8X A	Brown	Slightly Damaged	0
WC3052S	Lorry	HINO	FY1ETKM	White	No Damage	0

SJT6296A	FWD Singapore Pte. Ltd	PNPV2017-00003259	23/04/2017	22/04/2018
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**SINGAPORE
POLICE FORCE**



T/20171202/2065

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

2 of 3

Report No. T/20171202/2065

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	TAY SIONG SENG	ID No.	S11815971
Related Vehicle	SJT6296A (Car)	Contact No.	94595330
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/12/2017	Date Discharge	02/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Name	Subramanian Mani	ID No.	F8417009R
Related Vehicle	WC3052S (Lorry)	Contact No.	83091822
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.

01/12/2017 at 1110hrs, I was travelling (SJT6296A) along Pasir panjang road at the junction (of pasir panjang and labrodo park). The weather was clear and traffic was moderate. I was travelling on lane 1 at the junction when the lane split into 2 whereby the right lane is for making a right or U-turn and the left lane is for traveling straight. While moving slowly to make the U-turn, suddenly a lorry (WC3052S) came from my left and went slightly pass my vehicle and make a right turn. The lorry had collided into my vehicle's left front portion. I stopped my vehicle and alighted to make a check. The damages to my vehicle is the left front bumper (portion). There is no damage to the lorry. I took some picture and exchange particulars with the driver. The lorry driver inform that his supervisor will contact me.

On the 02/12/2017, the supervisor called me and we decided on insurance claim. There is no in-car camera installed. As I felt pain on my left knee, I went to see a doctor and received 5 days of medical certificate. I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20171202/2065

3 of 3

Report No. T/20171202/2065

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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: E / Sgt 1 CASSIDY TAN GIA LOK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2017 14:06
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:

Authentication Stamp
NP168

Signature:

Singapore Police Force

Yee Auto Pte Ltd

160 Sin Ming Dr, #02-17 Sin Ming Autocity Singapore 575722.

Mobile: 96874031

Tel: 64575768

Fax: 62528459

Reg. No/ GST No: 201719251W Email: yeeautopteltd@gmail.com

QUOTATION

Annt: MSIG Insurance (Singapore) Pte Ltd

Date: 5/12/2017

4 Shenton Way

#21-01 SGX Centre 2

Singapore 068807

Page 1

Vehicle No.: SJT6296A

Model: Toyota Wish

*Not withstanding
6/12/17 @ 3200h
Resurvey After Repair
4 days*

No	Descriptions	Qty	Amount	
1	Front bumper <i>491.60</i>	<i>Bz</i> 1	\$ 955.80	<i>✓</i>
2	Front bumper side retainer LH	1	\$ <i>171</i> 36.30	<i>✓</i>
3	Front bumper side retainer RH	1	\$ <i>Sm</i> 36.30	<i>x</i>
4	Front bumper clip	8	\$ <i>Mc</i> 40.00	<i>✓</i>
5	Headlamp LH	<i>Mc</i> 1	\$ 725.10	<i>✓</i>
6	Front fender LH	<i>Bz</i> 1	\$ 544.00	<i>✓</i>
7	Front fender splash shield LH	1	\$ <i>Sm</i> 245.30	<i>x</i>
8	Front fender splash shield clip LH	10	\$ <i>mm</i> 40.00	<i>x</i>
9	Front shock absorber LH	1	\$ <i>Bz</i> 435.80	<i>✓</i>
10	Front lower arm LH	1	\$ <i>Bz</i> 531.40	<i>✓</i>
11	Front knuckle arm LH	1	\$ <i>Bz</i> 508.90	<i>✓</i>
12	Front knuckle arm bearing LH	1	\$ <i>mm</i> 262.60	<i>✓</i>
13	Steering rack	1	\$ <i>Mc</i> 2,420.50	<i>x</i>
14	Front driveshaft LH	<i>Mc</i> 1	\$ 1,685.80	<i>x</i>
S/Nett Items				
15	Front wheel rim LH	1	\$ <i>Mc</i> 800.00	<i>x</i>
16	Front tyre LH	<i>Mc</i> 1	\$ <i>380.00</i> <i>280</i>	<i>801.50</i> <i>224.50</i>

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during survey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary item(s) must be confirmed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Yee Auto Pte Ltd

160 Sin Ming Dr, #02-17 Sin Ming Autocity Singapore 575722.

Mobile: 96874031 Tel: 64575768 Fax: 62528459

Reg. No/ GST No: 201719251W Email: yeeautopteltd@gmail.com

QUOTATION

Annt: MSIG Insurance (Singapore) Pte Ltd
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

Date: 5/12/2017

Page 2

Vehicle No.: SJT6296A

Model: Toyota Wish

No	Descriptions	Amount
	<u>Labour Charges & Misc</u>	
17	To dismantle & replace damaged parts, panel beat where necessary.	\$ 850.00
18	To putty, apply primer & spray-paint on the affected portion.	\$ 1,000.00
19	To remove/renew LH front undercarriage.	\$ 380.00
20	To wheel alignment.	\$ 150.00
21	To check wiring functions.	\$ 60.00
Total Amount		\$ 12,087.80

Yours faithfully,

Chan Kai Yee
Yee Auto Pte Ltd

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	05 Dec 2017		05 Dec 2017 14:52 Edit Adj Rpt	\$3,200.00 Edit Estimates	\$3,200.00 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:	SAMWOH READY MIX PTE LTD , Co. Reg. No.: 200409069N		
Main Claimant:	TAY SIONG SENG , ID: S11815971		
Vehicle Reg. No.:	SJT6296A	Date of Loss:	01/12/2017 11:00 - :59
Claim Type:	TP / 539448	Policy/Cover Note No.:	B28789568MKC (Comprehensive) Coverage: 01/09/2017 - 31/08/2018
Vehicle Reg. No. (Insured):	WC3052S	Policy No. (Claimant):	
		Excess:	\$2,000.00
Repairer:	Yee Auto Service (HQ) 160 Sin Ming Drive #02-17 Sin Ming Autocity, 575722 Sin Ming - Tel: 64575768		
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 KENNETH KONG] ... [Final Rpt due 04/01/2018]		
Driver/Custodian (Insured):	SUBRAMANIAN MANI (/ Male), NRIC: F8417009R		

ASSOCIATED MAIL RECEIVED	View All	Compose Case Mail
There are no mail for this case.		

ALL ASSOCIATED TASKS <input type="checkbox"/>	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

***SJT6296A (539448)**
[WC3052S]
TP
TAY SIONG SENG
Dec 1 2017 11:00AM
[SAMWOH READY MIX PTE LTD]
Yee Auto Service

Upload Documents Upload Photos Compose New Letter			View View in Browser <input type="button" value="v"/>	
Assessment Reports			1 per page <input type="button" value="v"/>	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	07/12/17 17:12	Adjuster Immediate Advice	 Load HTM	<input type="checkbox"/>
Photos/Images			3 per page <input type="button" value="v"/>	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
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2	23/03/18 17:35	General View	 Load JPG	<input checked="" type="checkbox"/>
3	23/03/18 17:35	General View	 Load JPG	<input checked="" type="checkbox"/>
4	23/03/18 17:35	General View	 Load JPG	<input checked="" type="checkbox"/>
5	23/03/18 17:35	General View	 Load JPG	<input checked="" type="checkbox"/>
6	23/03/18 17:35	General View	 Load JPG	<input checked="" type="checkbox"/>
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16	23/03/18 17:35	General View	 Load JPG	<input checked="" type="checkbox"/>
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26	23/03/18 17:38	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
27	23/03/18 17:39	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
28	23/03/18 17:39	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page <input type="button" value="v"/>	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
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3	05/12/17 14:52	Email from TP agree SJE	1	Load PDF	
4	05/12/17 14:52	OI 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)

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: CS/MSG17023088/KQBE2

Date: 28/03/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. Policy No: B28789568MKC
 Claimant Vehicle No: SJT6296A Insured Vehicle No: WC3052S
 Date of Loss: 01/12/2017 Nature of Claim: TP Claim No: 539448

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SJT6296A**
 Make & Model: TOYOTA WISH, 1.8 X (A) Engine No: 2ZR0473098
 Reg. Date: 23/10/2009 (Man. Year: 2009) Chassis No: ZGE200025645
 Colour: Metallic Grey Odometer: 220884 km
 Engine Capacity: 1797 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: 225/45 R17 Rear Tyre Size: 225/45 R17
 Front Left Side: Goodyear 9 mm Rear Left Side: Yokohama 9 mm
 Front Right Side: Goodyear 9 mm Rear Right Side: Yokohama 9 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	9,647.80	2,905.77	6,742.03	69.88
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,440.00	1,100.00	1,340.00	54.92
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	12,087.80	4,005.77	8,082.03	66.86
Approved Total (Overridden) (S\$)		3,200.00		
(S\$)	12,087.80	3,200.00	8,887.80	73.53
+ GST 7.00/7.00% (S\$)	846.15	224.00	622.15	73.53
Nett Amount (S\$)	12,933.95	3,424.00	9,509.95	73.53

INSPECTION

Date of Assignment: 05/12/2017
 Date Inspected: 06/12/2017 Inspected At: Yee Auto Service (HQ)
 160 Sin Ming Drive #02-17 Sin Ming
 Autocity
 Singapore 575722
 Estimated Period of Repair: 4.0 days

Adjuster: KENNETH KONG**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: MRM-SG Version: 1.0 (Last Synchronised: 27 Mar 2018)
Parts: M1-MPV TOYOTA WISH 1.8 X (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SJT6296A)
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 BUMPER	Bent	955.80 F	*491.60 FL
2	1		*FRONT BUMPER SIDE RETAINER LH	Distorted	36.30 F	*36.30 FL
3	1		*FRONT BUMPER SIDE RETAINER RH	Serviceable	36.30 F	*- FL
4	8		*FRONT BUMPER CLIP	Necessary	40.00 F	*40.00 FL
5	1		*HEADLAMP LH	MTG Cracked	725.10 F	*725.10 FL
6	1		*FRONT FENDER LH	Buckled	544.00 F	*544.00 FL
7	1		*FRONT FENDER SPLASH SHIELD LH	Serviceable	245.30 F	*- FL
8	10		*FRONT FENDER SPLASH SHIELD CLIP LH	Not Necessary	40.00 F	*- FL
9	1		*FRONT SHOCK ABSORBER LH	Bent	435.80 F	*435.80 FL
10	1		*FRONT LOWER ARM LH	Distorted	531.40 F	*531.40 FL
11	1		*FRONT KNUCKLE ARM LH	Bent	508.90 F	*508.90 FL
12	1		*FRONT KNUCKLE ARM BEARING LH	Necessary	262.60 F	*262.60 FL
13	1		*STEERING RACK	Repair	2,420.50 F	*- FL
14	1		*FRONT DRIVESHAFT LH	Repair	1,685.80 F	*- FL
15	1		*FRONT WHEEL RIM LH	Repair	800.00 FS	*- FS
16	1		*FRONT TYRE LH	Cut	380.00 FS	*224.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (S\$)	9,647.80	3,799.70
- List Item Discount on L Items 0.00/25.00% (S\$)	0.00	893.93
Total Parts (S\$)	9,647.80	2,905.77

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 DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY	New	850.00	400.00
2	TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION	New	1,000.00	440.00
3	TO REMOVE/RENEW LH FRONT UNDERCARRIAGE	New	380.00	180.00
4	TO WHEEL ALIGNMENT	New	150.00	60.00
5	TO CHECK WIRING FUNCTIONS	New	60.00	20.00
Gross Labour Cost (S\$)			2,440.00	1,100.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >