

ASS. REC. BY:

REF: CS/MSG17023469/R1rb/v

Special Instruction:

SURVIVOR
Minimum

Rasul

ASSIGNMENT (Office)

From (Person): Christina Wong of MSU Date/Time: 08/23/17 2:48pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJX 215467 Insured: SJG 4997S

at Workshop m/s Tetnoz Tel: 6654 7520 / 8822 8391

of 30 Bukit Batok Crescent

Policy No: 28964021 SMF Claim No: 539994

Sum Insured: Excess:

Make of Veh: D.O.A. 07.12.2017
(Client's Record)

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

Date/Time: 08/22/17 2:57pm Person Contacted: Lee Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SJX 215467 - X
	SJG 4997S - X
	Report preli him merimen

Frame

11769

From: _____ Date: _____

Business Loc: _____

QU/TA/WS/TP/RES/CO/RES/EVA/IN/OUT

TO/INSPECTION NO: **SJX 2154G**

at/Workshop: **ET402**

Insured: **MSH / up**

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

Claims Record: _____

Make of Van: _____

Policy Condition: **shokh**

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

Est. or/Market value: _____

QAC Accident Report: _____ Consistent? Yes or No

Q14 RR Seen: _____ Consistent? Yes or No

Est. Repairs: _____ days Rep: Yes or No

U/L Sum: _____ Yes or No

Q4 REV REP 24 HRS

Date: _____ Person Contacted: _____

Vehicle IN/OUT

Model: **SJX 2154G** Year: **2010 May**

Color: **WHITE**

CC/Passing: **126504**

Eng No: _____

Q16: **JSAC ZC21500560723**

Gen Cond Good: ☒ Poor: ☐ Blunt: ☐

Steering: ☒ Jammed: ☐ Leaked: ☐ Blunt: ☐

Brake: ☒ Jammed: ☐ Leaked: ☐ Blunt: ☐

MOB: ☒ NI: ☐ STD: ☐ AD: ☐

Tire Size: **205/50R15**

BS: ☒ EXNOVA: ☐ BY: ☐ FS: ☐ LIZA: ☐ MID: ☐ QHTSU: ☐ PR: ☐ SUM: ☐

TOYO/YOKO: ☐

Front	Pass
RSS: 5	RSS: 5
LSS: 5	LSS: 5
DIOA: 07/12/17	DIO: 11/12/17

Survey Date: **ET402**

Det of Damages: ☒ Pn: ☐ Dis: ☐ NS: ☐ UO: ☐ Roof: ☐

The UO: Chassis/Frame Body Structure affected client to sign



Confirm L/S \$1100, 3 days
Red \$1527.16, 58%

RECEIVED 25 APR 2017

On/Time PA Part: ☐ Prel. Report ☒ Final Report

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Est. Fee: _____

Add Fee: ☐ On: ☐ Pn: ☐ Dis: ☐ NS: ☐ UO: ☐ Roof: ☐

Report Form: **7P**

U/L Sum: **1100**





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/MSG17023469/R1rb

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 11-12-2017



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJG 4997S	Veh. Inspected	SJX 2154G
Policy No.	28964021SMF	Coverage (\$)	0.00
Claim No.	539994	Excess (\$)	0.00
Assign From	MERIMEN (CHRISTINA WONG)	Assign Date	08/12/2017

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	07/12/2017	Inspection Date	11/12/2017
Survey held at	ETHOZ GROUP LTD 30 BUKIT BATOK CRESCENT SINGAPORE 658075		

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 Rpt	Adj Submitted	Ins Approval
Main	08 Dec 2017		08 Dec 2017 14:48 Assign			
						New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by Insurer]									
Insured: KALIAPPAN MURUGAN, ID: S7261689H, Tel: +6591829599									
Main Claimant: NG SIEW KUAN, ID: S1471176G									
Vehicle Reg. No.: SJX2154G		Date of Loss: 07/12/2017 00:00 - :59							
Claim Type: TP / 539994		Policy/Cover Note No.: 28964021SMF (Comprehensive) Coverage: 03/07/2017 - 02/07/2018							
Vehicle Reg. No. (Insured): SJG49975		Policy No. (Claimant):							
Excess:									
Repairer: Ethoz Protect Pte Ltd (HQ) 30 Bukit Batok Crescent, 658075 Bukit Batok - Tel: 96248556									
Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd, (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 09/12/2017]									
Adj Asg. Remarks: ON WP									
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.									

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: Christina Wong

Date: 25 Apr 2018

Preliminary Advice

Insured Vehicle : SJG4997S
No

TP Vehicle No : SJX2154G

Make : SUZUKI SWIFT

Date of : 11/12/2017
Inspection

Inspection At : ETHOZ PROTECT PTE LTD (HQ)
30 BUKIT BATOK CRESCENT
SINGAPORE 658075

Accident Date : 07/12/2017

Assignment Date : 08/12/2017

Est. Duration of : 3.00
Repair

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	2,627.16
Revised Amount	:S\$	1,384.20
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,384.20

Lump Sum Repair :S\$

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	07/12/2017 11:14
Date Of Accident	07/12/2017 08:00
Exact Location Of Accident	AFTER TUNNEL BELOW GUL CIRCLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX2154G
Insured/Policyholder	
Name Of Registered Owner	NG SIEW KUAN
NRIC No	S1471176G
Email Address	CHERLYN@SCHOTTEL.COM.SG
Mobile Phone No	(LOCAL) +65-92712813
Alternative Phone No	OFFICE-92712813

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT-1.5 GL (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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00274627/02
Cover Note Number	

Driver

Name of Driver	NG SIEW KUAN
NRIC No	S1471176G
Date Of Birth	13/12/1961
Occupation	INDOOR
Date Of Driving Pass	28/05/1994
Driving Experience	23 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92712813
Fax Number	
Contact Number	OFFICE-92712813
Email Address	CHERLYN@SCHOTTEL.COM.SG

Address
 Postcode
 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 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

REFER TO SKETCH PLAN.

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 SJG4997S
 Vehicle Make/Model/Colour HYUNDAI
 Details Of Properties
 Name of Driver KALIAPPAN MURUGAN
 NRIC/Passport Number S7261689H
 Contact Number 91829599
 Address
 Postcode
 Insurance Company Name MSIG INSURANCE (SINGAPORE) PTE. LTD.
 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.

E. 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:

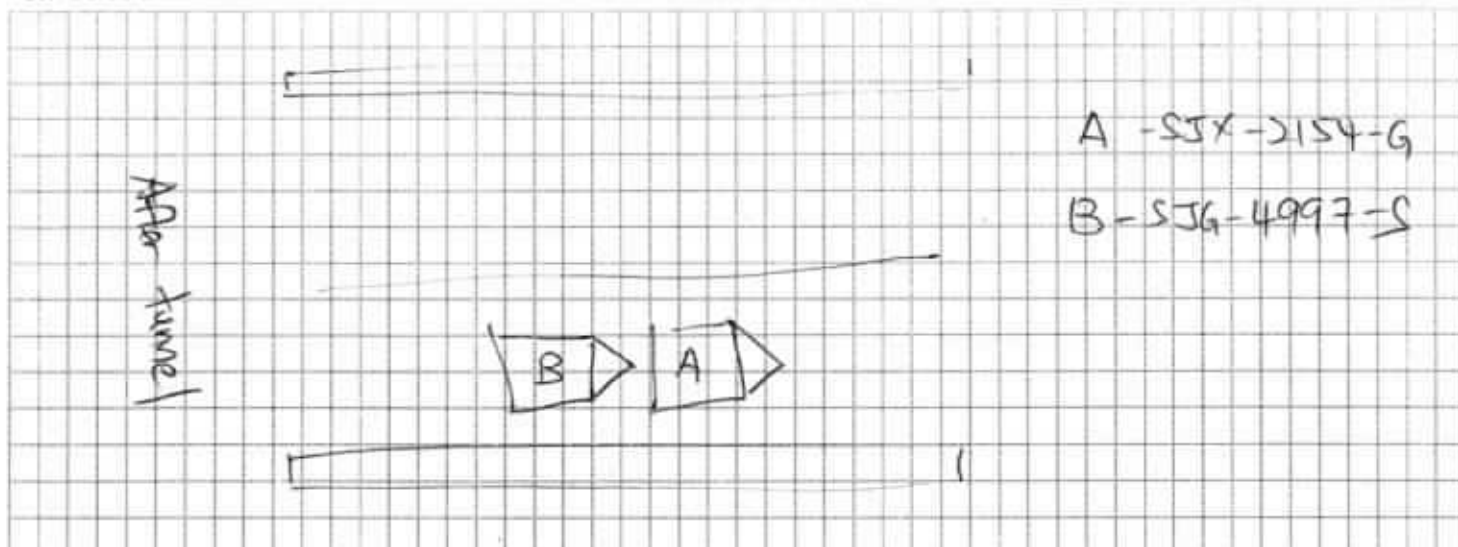
7/12/2017
8.00AM

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

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

Toh Khar Kian

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TO TUAJ
 AFTER I CAME OUT OF THE TUNNEL I ~~WAS~~ SLOWED
 DOWN ~~THE~~ MY VEHICLE BECAUSE OF HEAVY TRAFFIC IN FRONT
 OUT OF SUDDEN ~~MY~~ I FELT MY VEHICLE MOVED FORWARD AND
 HEARD A LOUD BANG, THIS WAS DUE TO VEHICLE, SJH 4971 S
 HIT THE BACK OF MY CAR.


Important:


You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

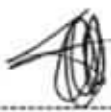
- | | |
|---|----------------------------------|
| | - Reporting Only |
| | - Claim OD |
| ✓ | - Claim TP |
| | - Claim OD/ TP at other workshop |

DECLARATION

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


 Policyholder's signature
 Date & Time 11/12/17
 11.05 AM


 Driver's Signature
 (if driver not the policyholder)
 Date & Time


 Reporting Centre Personnel's Signature
 Name:
 Nric/Fin No. Toh Khar Kian

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Lee Chen Sin
CLAIM DEPARTMENT
DID : 66547520
FAX :

Date : 07/12/2017

To : MSIG INSURANCE (SINGAPORE) PTE.LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : NG SIEW KUAN

: DIRECT ASIA INSURANCE(SINGAPORE) PTE LTD

Certificate No : MT/00274627/02

Accident Date : 07/12/2017

Vehicle No : SJX-2154-G

Make & Model : SUZUKI SWIFT 1.5GL 5DOOR AT

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

List Item

1	REAR BUMPER	549.65	DE /
10	REAR BUMPER CLIPS	35.00	re /
1	REAR BUMPER SIDE RETAINER LH	17.00	rel /
1	REAR BUMPER SIDE RETAINER RH	17.00	ra /
1	REAR BUMPER INNER BRACKET LH	25.50	re /
1	REAR BUMPER INNER BRACKET RH	25.50	re /
2	REAR NUMBER PLATE LAMP	40.00	? p.m
1	REAR END PANEL	274.85	R
1	REAR END PANEL TOP GARNISH	82.75	? X SUC

Date : 07/12/2017

To : MSIG INSURANCE (SINGAPORE) PTE.LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : NG SIEW KUAN

: DIRECT ASIA INSURANCE(SINGAPORE) PTE LTD

Certificate No : MT/00274627/02

Accident Date : 07/12/2017

Vehicle No : SJX-2154-G

Make & Model : SUZUKI SWIFT 1.5GL 5DOOR AT

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	1067.25	
	Discount 15% On Parts	(160.09)	
	<u>Special Nett Item</u>		
1	END PANEL SEALANT	50.00	XAN
1	REAR NUMBER PLATE	35.00	De /
1	REVERSE SENSOR	200.00	7-XSUC
	Sub Total	285.00	
	<u>Labour & Misc</u>		
	LABOUR TO CARRY OUT REAR REPAIR	800.00	300
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	XAN

Date : 07/12/2017

To : MSIG INSURANCE (SINGAPORE) PTE.LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : NG SIEW KUAN

: DIRECT ASIA INSURANCE(SINGAPORE) PTE LTD

Certificate No : MT/00274627/02

Accident Date : 07/12/2017

Vehicle No : SJX-2154-G

Make & Model : SUZUKI SWIFT 1.5GL 5DOOR AT

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO SPRAY PAINTING ON REAR AFFECTED AREA	500.00	for
	SPRAY RUST PROOF ON AFFECTED AREA	40.00	20
	TO DETACH & RENEW REVERSE SENSOR	60.00	
	Sub Total	1435.00	
<div style="border: 1px solid black; padding: 5px;"> <p><u>LKK Auto Consultants</u> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: Date:</p> </div>		2,627.16	

Remarks:

3 days - Lumpsum

SUB TOTAL

GST 7.0 % 183.90

TOTAL 2,811.06

Surveyor's name: Rosue - H990010068

Principal's name: NG SIEW KUAN

Survey Date & Time: 11/12/17 @ 1650

Resurvey after repair

PAGE : 3

Janice
Lump Sum
@ \$1100 3 days

ETHOZ

Date : 18/01/2018
To : MSIG INSURANCE (SINGAPORE) PTE.LTD
Attn : Motor Claim Department

FAX :

Owner : NG SIEW KUAN
Insured By : DIRECT ASIA INSURANCE(SINGAPORE) PTE LTD
Certificate No : MT/00274627/02 Accident Date : 07/12/2017
Vehicle No : SJX-2154-G Make & Model : SUZUKI SWIFT 1.5GL 5DOOR AT

FINAL ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
<u>List Item</u>			
1	REAR BUMPER	549.65	549.65
10	REAR BUMPER CLIPS	35.00	35.00
1	REAR BUMPER SIDE RETAINER LH	17.00	17.00
1	REAR BUMPER SIDE RETAINER RH	17.00	17.00
1	REAR BUMPER INNER BRACKET LH	25.50	25.50
1	REAR BUMPER INNER BRACKET RH	25.50	25.50
2	REAR NUMBER PLATE LAMP	40.00	0.00
1	REAR END PANEL RESTORE	274.85	0.00
1	REAR END PANEL TOP GARNISH	82.75	0.00
Sub Total		792.40	669.65
Discount 15% On Parts		(0.00)	(100.45)
Total		792.40	569.20
<u>Special Net Item</u>			
1	END PANEL SEALANT	50.00	0.00

PAGE : 1

Date : 18/01/2018
 To : MSIG INSURANCE (SINGAPORE) PTE.LTD
 Attn : Motor Claim Department FAX :

Owner : NG SIEW KUAN
 Insured By : DIRECT ASIA INSURANCE(SINGAPORE) PTE LTD
 Certificate No : MT/00274627/02 Accident Date : 07/12/2017
 Vehicle No : SJX-2154-G Make & Model : SUZUKI SWIFT 1.5GL 5DOOR AT

FINAL ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
1	REAR NUMBER PLATE	35.00	35.00
1	REVERSE SENSOR	200.00	0.00
	Sub Total	285.00	35.00
Labour & Misc			
	LABOUR TO CARRY OUT REAR REPAIR	800.00	300.00
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	0.00
	TO SPRAY PAINTING ON REAR AFFECTED AREA	500.00	400.00
	SPRAY RUST PROOF ON AFFECTED AREA	40.00	20.00
	TO DETACH & RENEW REVERSE SENSOR	60.00	60.00



Date : 18/01/2018
To : MSIG INSURANCE (SINGAPORE) PTE.LTD

Attn : Motor Claim Department FAX :

Owner : NG SIEW KUAN
Insured By : DIRECT ASIA INSURANCE(SINGAPORE) PTE LTD
Certificate No : MT/00274627/02 Accident Date : 07/12/2017
Vehicle No : SJX-2154-G Make & Model : SUZUKI SWIFT 1.5GL 5DOOR AT

FINAL ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
	Sub Total	1435.00	780.00
	Sub Total	2,627.16	1,384.20
	GST 7.0 %	183.90	96.89
	Total	2,811.06	1,481.10

Surveyor Name : RASUL - LKK
Date & Time : 11/12/2017 4:50:00 PM
Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

PAGE: 3

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


CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	08 Dec 2017		08 Dec 2017 14:48 Edit Adj Rpt	S\$1,100.00 Edit Estimates	S\$1,100.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by Insurer]									
Insured: KALIAPPAN MURUGAN , ID: S7261689H, Tel: +6591829599									
Main Claimant: NG SIEW KUAN , ID: S1471176G									
Vehicle Reg. No.:	SJX2154G	Date of Loss:	07/12/2017 00:00 - :59 [90 Months and 12 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 539994	Policy/Cover Note No.:	28964021SMF (Comprehensive) Coverage: 03/07/2017 - 02/07/2018						
Vehicle Reg. No. (Insured):	SJG49975	Policy No. (Claimant):							
		Excess:							
Repairer: Ethoz Protect Pte Ltd (HQ) 30 Bukit Batok Crescent, 658075 Bukit Batok - Tel: 96248656									
Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 07/01/2018]									
Adj Asg. Remarks: ON WP									
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

*SJX2154G (539994)
[SJG4997S]
TP
NG SIEW KUAN
Dec 7 2017 12:00AM
[KALIAPPAN MURUGAN]
Ethoz Protect 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	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail		Print					
1	25/04/18 11:39	Adjuster Immediate Advice	1 Load HTM							
Photos/Images							3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail		Print					
1	25/04/18 11:40	General View	1 Load JPG		<input checked="" type="checkbox"/>					
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31	25/04/18 11:40	General View	1 Load JPG		<input checked="" type="checkbox"/>					
32	25/04/18 11:41	Reinspection Photo	1 Load JPG		<input checked="" type="checkbox"/>					
33	25/04/18 11:41	Reinspection Photo	1 Load JPG		<input checked="" type="checkbox"/>					
34	25/04/18 11:41	Reinspection Photo	1 Load JPG		<input checked="" type="checkbox"/>					

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
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		LKK Auto Consultants Pte Ltd (HQ)		<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print
1	08/12/17 09:13	MSIG Insurance (Singapore) Pte. Ltd. (HQ) TP EST BILL & ACCDT REPORT	 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></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/MSG17023469R1RBQ2

Date: 25/04/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: 28964021SMF

Claimant Vehicle No : SJX2154G

Insured Vehicle No : SJG4997S

Date of Loss: 07/12/2017

Nature of Claim: TP

Claim No: 539994

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SJX2154G

Make & Model: SUZUKI SWIFT, 1.5 GL (A)

Engine No: M15A1396072

Reg. Date: 25/05/2010 (Man. Year: 2009)

Chassis No: JSAEZC21S00560723

Colour: White

Odometer: 126504 km

Engine Capacity: 1490 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: 205/50 R15

Rear Tyre Size: 205/50 R15

Front Left Side: Dunlop 5 mm

Rear Left Side: Dunlop 5 mm

Front Right Side: Dunlop 5 mm

Rear Right Side: Dunlop 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,192.16	604.20	587.96	49.32
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,435.00	780.00	655.00	45.64
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,627.16	1,384.20	1,242.96	47.31
Approved Total (Overridden) (S\$)		1,100.00		
(S\$)	2,627.16	1,100.00	1,527.16	58.13
+ GST 7.00/7.00% (S\$)	183.90	77.00	106.90	58.13
Nett Amount (S\$)	2,811.06	1,177.00	1,634.06	58.13

INSPECTION

Date of Assignment: 08/12/2017

Date Inspected: 11/12/2017

Inspected At:

Ethoz Protect Pte Ltd (HQ)

30 Bukit Batok Crescent

Singapore 658075

Estimated Period of Repair: 3.0 days

Adjuster: MOHD RASUL

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: MRM-SG	Version: 1.0 (Last Synchronised: 25 Apr 2018)
Parts: 144	SUZUKI SWIFT 1.5 GL (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SJX2154G)	
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 BUMPER	Deformed	549.65 FL	*549.65 FL
2	10		*REAR BUMPER CLIPS	Necessary	35.00 FL	*35.00 FL
3	1		*REAR BUMPER SIDE RETAINER LH	Necessary	17.00 FL	*17.00 FL
4	1		*REAR BUMPER SIDE RETAINER RH	Necessary	17.00 FL	*17.00 FL
5	1		*REAR BUMPER INNER BRACKET LH	Necessary	25.50 FL	*25.50 FL
6	1		*REAR BUMPER INNER BRACKET RH	Necessary	25.50 FL	*25.50 FL
7	2		*REAR NUMBER PLATE LAMP	Serviceable	40.00 FL	*- FL
8	1		*REAR END PANEL	Repair	274.85 FL	*- FL
9	1		*REAR END PANEL TOP GARNISH	Serviceable	82.75 FL	*- FL
10	1		*END PANEL SEALANT	Not Necessary	50.00 FS	*- FS
11	1		*REAR NUMBER PLATE	Broken	35.00 FS	*35.00 FS
12	1		*REVERSE SENSOR	Serviceable	200.00 FS	*- FS

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

Sub Total (\$\$)	1,352.25	704.65
- List Item Discount on L Items 15.00/15.00% (\$\$)	160.09	100.45
Total Parts (\$\$)	1,192.16	604.20

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
<u>Labour Items</u>				
1	LABOUR TO CARRY OUT REAR REPAIR	New	800.00	300.00
2	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	New	35.00	0.00
3	TO SPRAY PAINTING ON REAR AFFECTED AREA	New	500.00	400.00
4	SPRAY RUST PROOF ON AFFECTED AREA	New	40.00	20.00
5	TO DETACH & RENEW REVERSE SENSOR	New	60.00	60.00
Gross Labour Cost (S\$)			1,435.00	780.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >