

22/03/2002

SS. REC. BY:

REF:

CS/MS/17023487/SVb02

Special Instruction:

Surveyor:

Sencitation

ASSIGNMENT (Office)

From (Person):

Merimen

Catherine Thia

of

MSTH

Date/Time:

11.12.2017 1223pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLK 1085Z

Insured:

GX6935D

at Workshop m/s

World Auto

Tel:

9758 8347

of

No. 1 Kramji Loop

Policy No:

288834 89MRC

Claim No:

540172

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

07122012

CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement:

Date/Time:

11.12.2017 1:12pm

Person Contacted:

Sim

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLK 1085Z - X

GX 6935D - RB / AVLD7007478 / RVZ

D.A. 190907

12/12/17

Send preli revised by merimen

2/1/18

@ 1130am final fig \$ 700 confirmed with Mr Sim

(Red

2631.05, 7879

REF: msl 9

Surveyor

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLK 10852 Yr Regn: 5/1/2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius Hybrid c.c. 1798

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

Sp. Reading: - T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTD KB 3F4 605511906

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15 Achilles

R: 11 Pirelli

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 7/12/2017

Survey held at World Auto

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 11/12/2017

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

o/s Rear

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

Date / Time | Action / Instruction

3/1/18 @ 10:36am Mr Sim said res photos

RECEIVED 3 JAN

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 3/1- typist

Report Format: merimen

Lump Sum / I.B.I: (\$ 700)

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

) S + RS. \$

) Photos

) Others

TOTAL

200

10

210

## Survey Department Check List (Case Handler)

Reference No. : CS MSG 17023487 Sub  
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

**(1) Office Assign Form**

		Y-Date	N-Date	Y-Date	N-Date
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				

**Surveyor (** ): 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	✓			

**(2) System - (Views/Merimen)**

C	Damaged Vehicle Photographs Uploaded	✓			
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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				

**(4) System - (Views/Merimen)**

C	Resurvey photo Uploaded				
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Check By: VERON 3/1/18  
 Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/2014




# 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			
MSG INSURANCE (SINGAPORE) PTE LTD		Ref : CS/MSG17023487/Svb	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 11-12-2017	
		Code : MSG	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GX 6935D	Veh. Inspected	SLK 1085Z
Policy No.	28883489MKC	Coverage (\$)	0.00
Claim No.	540172	Excess (\$)	0.00
Assign From	MERIMEN (CATHERINE THIA)	Assign Date	11/12/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	07/12/2017	Inspection Date	11/12/2017
Survey held at	1 KRANJI LOOP		
Repairer	WORLD AUTO PTE LTD		
<b>5a. Remarks</b>			
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 Auth'd	Status
Main	08 Dec 2017		11 Dec 2017 12:23 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	LUSHWOOD, Co. Reg. No.: 53262037B								
Main Claimant:	LCRF PTE LTD, Co. Reg. No.: 201624597K								
Vehicle Reg. No.:	SLK1085Z	Date of Loss:	07/12/2017 09:00 - :59						
Claim Type:	TP / 540172	Policy/Cover Note No.:	28883489MKC (TP, Fire & Theft) Coverage: 17/02/2017 - 16/02/2018						
Vehicle Reg. No. (Insured):	GX6935D	Policy No. (Claimant):							
Repairer:	World Auto Pte Ltd - Kranji (HQ) No 1 Kranji Loop, 739535 Kranji - Tel: 97588347								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Catherine Thia Shi Yi - 6594 2545]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 12/12/2017]								
Driver/Custodian (Insured):	PALANIAPPAN MURUGAPPAN (), NRIC: G6978923X, Tel: +6598237652								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
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 068807From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn: Catherine Thia Shi Yi

Date: 12 Dec 2017

**Preliminary Advice**

Insured Vehicle No	: GX6935D	Accident Date	: 07/12/2017
TP Vehicle No	: SLK1085Z	Assignment Date	: 11/12/2017
Make	: TOYOTA PRIUS HYBRID	Est. Duration of Repair	: 2.00
Date of Inspection	: 11/12/2017		
Inspection At	: WORLD AUTO PTE LTD - KRANJI (HQ) NO 1 KRANJI LOOP SINGAPORE 739535		

**Point of Impact / General Description of Damages**

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

Repairer's Estimate (Gross)	:S\$	3,331.05
Revised Amount	:S\$	700.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	700.00

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.

TP (M) MSIG

## 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	08/12/2017 14:18
Date Of Accident	07/12/2017 09:45
Exact Location Of Accident	WOODLANDS AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1085Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID-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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

### Driver

Name of Driver	LEE YONG CHANG
NRIC No	S0717210I
Date Of Birth	28/03/1948
Occupation	OUTDOOR
Date Of Driving Pass	17/04/1972
Driving Experience	45 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured PAID DRIVER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE  
 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? YES  
 Remarks/ Reasons: VIDEO OVER-WRITTEN  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GX6935D  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address



## Sketch Plan

### 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 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 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 a/ore/said.
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.

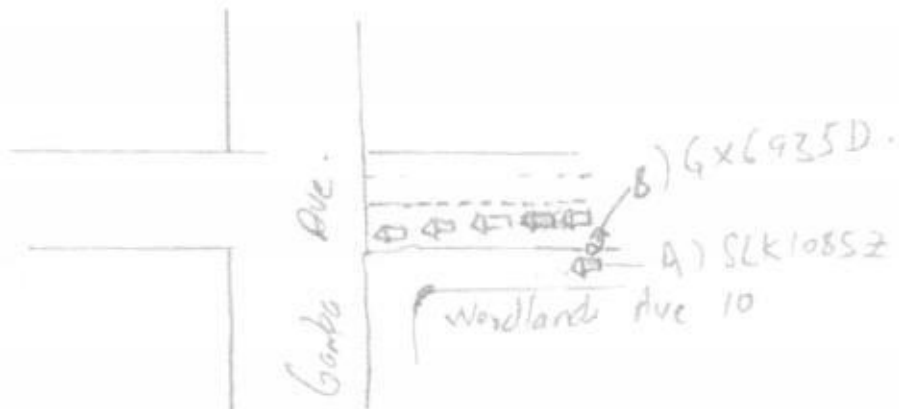


Policyholder's Signature / Date & Time

Sketch Plan

李榮泉 11:15 am 7/12/17  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



### Sketch Plan #2

Describe Circumstances of the Accident

On 7/12/17 around 09:45 Am hrs I travelling along Woodlands Ave 10 I am going straight suddenly a car Gx6935D cut in to my lane and hit my right hand rear side.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

李景泉 11.15 am 7/12/17

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

Witnessed by Reporting Centre  
Personnel

# WORLD AUTO PTE LTD

47 Jalan Pemimpin #01-02/03

Halcyon 2, S'pore 577200

Tel No. : 6451 3933 Fax No. : 6455 7576

E-Mail : worldaut@singnet.com.sg

Website : www.worldauto.com.sg

Tax Reg. No. : 200006765-H Buss. Reg. No. : 200006765H

MSIG INSURANCE (S) PTE LTD

Estimate : ES005627

Date : 08/12/2017

Vehicle Num. : SLK 1085Z (LCR)

Make/Model : TOYOTA PRIUS HYBRID

Chassis/Eng# :

Accident Date : 07/12/2017

Claim No. :

Reference :

Policy No. :

Attention : Motor Claim Department

S/N	Quantity	Particular	Unit Price	Amount S\$
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## LIST ITEMS :

1.		REAR RH FENDER (PIRUS)		817.50
2.		REAR BUMPER (PIRUS)		423.90

List TotalS\$ :

1,241.40

25.00% Discount S\$ :

310.35

931.05

## LABOUR :

To labour charge for removing R/R fender, rear bumper to facilitate repairs and replacement of damaged parts

1,200.00

To respray R/R fender and rear bumper

1,200.00

Labour Total S\$ :

2,400.00

E. & O.E.

Total S\$ :

3,331.05

for WORLD AUTO PTE LTD

Sebastian

11/12/2017

- Part by part repair

- Photo Before Paint

90036121

sebastianyeang@lkkauto.com

12/12/17

2 days

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'ed	Status
Main	08 Dec 2017		11 Dec 2017 12:23 <a href="#">Edit Adj Rpt</a>	<b>S\$700.00</b> <a href="#">Edit Estimates</a>	<b>S\$700.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

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

Insured:	<b>LUSHWOOD</b> , Co. Reg. No.: 53262037B		
Main Claimant:	<b>LCRF PTE LTD</b> , Co. Reg. No.: 201624597K		
Vehicle Reg. No.:	<b>SLK1085Z</b>	Date of Loss:	07/12/2017 09:00 - :59
Claim Type:	<b>TP / 540172</b>	Policy/Cover Note No.:	28883489MKC (TP, Fire & Theft) Coverage: 17/02/2017 - 16/02/2018
Vehicle Reg. No. (Insured):	<b>GX6935D</b>	Policy No. (Claimant):	
		Excess:	
Repairer:	<b>World Auto Pte Ltd - Kranji (HQ)</b> No 1 Kranji Loop, 739535 Kranji - Tel: 97588347		
Handling Insurer:	<b>MSIG Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: +65 6827 7888 ... [Handled by <b>Catherine Thia Shi Yi</b> - 6594 2545]		
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>Sebastian Yeang Wai Keen</b> ] ... [Final Rpt due 10/01/2018]		
Driver/Custodian (Insured):	PALANIAPPAN MURUGAPPAN (), NRIC: G6978923X, Tel: +6598237652		

**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

\*SLK1085Z (540172)  
[GX6935D]  
TP  
LCRF PTE LTD  
Dec 7 2017 9:00AM  
[LUSHWOOD]  
World Auto Pte Ltd - Kranji

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)
[View](#) [View in Browser](#)

### Assessment Reports

No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	1 per page	<input checked="" type="checkbox"/>
1	11/12/17 11:33	<b>Accident Statement</b> From: SC - Reg. No: GX6935D, Claimant: LUSHWOOD	<b>Thumbnail</b>	<b>Print</b>
			1 Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	12/12/17 13:40	<b>Adjuster Immediate Advice</b>	1 Load HTM	

### Photos/Images

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	3 per page	<input checked="" type="checkbox"/>
1	12/12/17 09:44	<b>General View</b>	<b>Thumbnail</b>	<b>Print</b>
2	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
3	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
4	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
5	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
6	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
7	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
8	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
9	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
10	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
11	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
12	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
13	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
14	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
15	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
16	12/12/17 09:44	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>

### Documentation

No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	1 per page	<input checked="" type="checkbox"/>
1	11/12/17 11:33	<b>Request for PRI</b>	<b>Thumbnail</b>	<b>Print</b>
2	11/12/17 11:33	<b>TP GIA Rep -SLK1085Z</b> From: SC - Reg. No: GX6935D, Claimant: LUSHWOOD	1 Load PDF	
3	11/12/17 11:33	<b>Claim Facing Sheet</b> From: SC - Reg. No: GX6935D, Claimant: LUSHWOOD	1 Load PDF	
4	11/12/17 12:23	<b>Agree on SJE</b>	1 Load PDF	

## Documents Checklist

### DOCUMENTS CHECKLIST

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**Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**

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v

**Show Remarks To:** ☐ Handling InsurerNote: 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/MSG17023487/SVBE2  
 Date: 10/01/2018

### REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.	Policy No: 28883489MKC
<b>Claimant Vehicle No :</b> SLK1085Z	<b>Insured Vehicle No :</b> GX6935D
Date of Loss: 07/12/2017	Nature of Claim: TP <span style="float: right;">Claim No: 540172</span>

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	<b>SLK1085Z</b>		
Make & Model:	TOYOTA PRIUS HYBRID, 1.8 CVT (A)	Engine No:	2ZRR983015
Reg. Date:	05/01/2017 (Man. Year: 2016)	Chassis No:	JTDKB3FU603541406
Colour:	White	Odometer:	74097 km
Engine Capacity:	1798 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	<b>Market Value/New Car Price</b>		

### 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:	195/65 R15	Rear Tyre Size:	195/65 R15
Front Left Side:	Achilles 6 mm	Rear Left Side:	Pirelli 6 mm
Front Right Side:	Achilles 6 mm	Rear Right Side:	Pirelli 6 mm

*The above values represent the remaining tyre treads depth*

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	931.05	0.00	931.05	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,400.00	700.00	1,700.00	70.83
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>3,331.05</b>	<b>700.00</b>	<b>2,631.05</b>	<b>78.99</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>233.17</b>	<b>49.00</b>	<b>184.17</b>	<b>78.99</b>
<b>Nett Amount (S\$)</b>	<b>3,564.22</b>	<b>749.00</b>	<b>2,815.22</b>	<b>78.99</b>

### INSPECTION

Date of Assignment:	11/12/2017	
Date Inspected:	11/12/2017	Inspected At: World Auto Pte Ltd - Kranji (HQ) No 1 Kranji Loop Singapore 739535
Estimated Period of Repair:	2.0 days	

**Adjuster:** Sebastian Yeang Wai Keen

**Manager:** VERON CHEN



*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

<b>Part Source:</b> MRM-SG	<b>Version:</b> 1.0 (Last Synchronised: 10 Jan 2018)
<b>Parts:</b> 144	TOYOTA PRIUS HYBRID 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SLK1085Z)
<b>Validity:</b>	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
<b>Further Info:</b> 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 RH FENDER (PRIUS)	Repair	817.50 FL	*- FL
2	1		*REAR BUMPER (PRIUS)	Repair	423.90 FL	*- FL
					<b>Sub Total (S\$)</b>	<b>1,241.40 0.00</b>
					<b>- List Item Discount on L Items 25.00/25.00% (S\$)</b>	<b>310.35 0.00</b>
					<b>Total Parts (S\$)</b>	<b>931.05 0.00</b>

F=Franchise part. L=ListItemDisc.

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	TO LABOUR CHARGE FOR REMOVING R/R FENDER, REAR BUMPER TO FACILITATE REPAIRS AND REPLACEMENT OF DAMAGED PARTS	New	1,200.00	300.00
2	TO RESPRAY R/R FENDER AND REAR BUMPER	New	1,200.00	400.00
Gross Labour Cost (S\$)			2,400.00	700.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >