

22/03/2002

ASS. REC. BY:

REF: CS3/MSG17023545 / Wbdr ^{range}

Special Instruction:

Signature:

Wilson

ASSIGNMENT (Office)

Mention

From (Person):

Jasmine Lok

of

MS/G

Date/Time:

12/12/2017 01:09 AM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJC 7200J

Insured:

SLH 5234A

at Workshop m/s

Choon Hock Autofcare

Tel:

64530778

of BIK176 Sin Ming Drive #05-03, 575721

Policy No:

A29050590QMX

Claim No:

540009

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

6/12/2017

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

11:32am 012/12/17

Person Contacted:

Kali

Vehicle IN/OUT

Date/Time	Action/Instruction	
	(X) E-Note	
	SJC 7200J - NBA/MSG17023318/Y	D.O.A: 6/12/2017
	SLH 5234A - NBA/MSG17023318/Y	D.O.A: 6/12/2017
	Dismantle Part: 13.12.2017	
	After repair: 18.12.2017	

200118 11Bam Email to Jasmine Lok thru Maimeen.

REF: MSLH

ASSIGNMENT

Approx. Date

Estimated Cost

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

To inspect Vehicle No. SJC 7200 J

at Workshop no. Choon Hse

176, Sun Min Dr # 3

Insured

Policy No.

Claims No.

Sum Insured

Excess

(Client's Record)

Make of Ven.

(Policy Condition)

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

N/S	O/S

Bar or Market Value

ODAS Accident Report Consistent? : Yes or No

ODAS PR Seen Consistent? : Yes or No

Est. Repairs. 4 days Res: Yes or No

Est. Sum 1/2 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle IN / OUT

Veh No SJC 7200J Regn 1/12/2016
 Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make Bmw : 1496
 Colour Dark Blue AC Insured / Std / NI / NA
 So Reading 22755 T Radio Insured / Std / NI / NA
 Eng No
 C No WBA 2B320X01259841
 Gen Cond Good / Fair / Poor / Burnt
 Steering Inorder / Jammed / Leaked / Burnt or
 Brake Inorder / Jammed / Leaked / Burnt or
 Model Nil / S/Rim / STD A/Rim or
 Tyre Size F: 205/60 R16
 R: 205/60 R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI
 TOYO / YOKO or Efficient (R)
Goodyear (R)
 Front Ref
 R/Bal 3 mm R/Bal 4 mm
 L/Bal 3 mm L/Bal 4 mm
 DOA 6/12/2017 DOA 12/12/2017
 Survey held at: As Above @ 1222pm
 Des of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
RHR Side
 The U/C / Chassis frame / Body Structure affected due to collision

Date	Time	Action / Instruction
------	------	----------------------

LS \$4,000 - \$5,000 (G)

SENT

17-744 FBI File 100-361101

03.02.2018

Final Remarks:

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Reg

"אֲנִי מְבַרְכֵם בְּשֵׁם אֱלֹהֵינוּ"

1000

2.11.3

Add Fee:	<input type="checkbox"/>	Site Insp	\$
	<input type="checkbox"/>	Interview	\$
	<input type="checkbox"/>	Technician	\$
	<input type="checkbox"/>	Delivery	\$

Report Format : PRS

Lump Sum / 1,811,8

18

**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 : CS3/MSG17023545/Wb

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 12-12-2017



Code : MSG

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SLH 5234A	Veh. Inspected	SJC 7200J
Policy No.	A29050590QMX	Coverage (\$)	0.00
Claim No.	540009	Excess (\$)	0.00
Assign From	MERIMEN (JASMINE LOK)	Assign Date	12/12/2017

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	06/12/2017	Inspection Date	12/12/2017
Survey held at	CHOON HOCK AUTOCARE PTE LTD BLK 176 SIN MING DRIVE #05-03 SIN MING AUTOCARE SINGAPORE 575721		

5a. Remarks

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

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

CLAIM SUBFOLDER TRACKING

	Created On	App. Submitted	App. Assigned	App. Rejected	App. Submitted	App. Rejected	Status
Main	07 Dec 2017		12 Dec 2017 11:09 Assign				New Assignment Cancel Case

Filter	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	PAN CHOOK CHIN , ID: S1193623G, Tel: +6597220268, Email: NOEMAIL								
Main Claimant:	TAN HEOK MENG , ID: S1737237H								
Vehicle Reg. No.:	SJC7200J	Date of Loss:	06/12/2017 19:00 - :59						
Claim Type:	TP / 540009	Policy/Cover Note No.:	A29050590QMX (Comprehensive) Coverage: 08/11/2017 - 07/11/2018						
Vehicle Reg. No. (Insured):	SLH5234A	Policy No. (Claimant):	Excess:						
Repairer:	Choon Hock Autocare Pte Ltd (HQ) Blk 176 Sin Ming Drive #05-03, Sin Ming AutoCare Singapore 575721, 575721 Sin Ming - Tel: 64530778								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 13/12/2017]								
Driver/Custodian (Insured):	PAN CHOOK CHIN (61 / Female) , NRIC: S1193623G, Tel: +6597220268								
Adj. Asg. Remarks:	Third Party Pre-Repair Survey								
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									
Date	Order No.	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Survey Department Check List (Case Handler)

Reference No. :

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 Assignment 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/Repaire
- C Excess

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

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:

Case Handler

Date

*C: Critical *N: Non-Critical

MALM17161248 / AN Lim Motor Company - AMK
ENTRY DATE & TIME: 07/12/2017 13:29

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 13:29
Date Of Accident 06/12/2017 19:05
Exact Location Of Accident OPHIR RD / QUEEN ST
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC7200J
Insured/Policyholder
Name Of Registered Owner TAN HEOK MENG
NRIC No S1737237H
Email Address HMTANS@YAHOO.COM
Mobile Phone No (LOCAL) +65-96781115
Alternative Phone No OTHERS-NOPHONE
Vehicle Particulars
Manufacturer BMW
Model 216D-1.5 D ACTIVE TOURER (F45) D/AB LED (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 AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number P1716663
Cover Note Number
Driver
Name of Driver TAN HEOK MENG
NRIC No S1737237H
Date Of Birth 30/01/1966
Occupation INDOOR
Date Of Driving Pass 14/06/1989
Driving Experience 28 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96781115
Fax Number
Contact Number OTHERS-NOPHONE
Email Address HMTANS@YAHOO.COM

Address BLK 13 DOVER CLOSE EAST #08-212
 Postcode 130013
 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 - CROSS JUNCTION
 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 ATTACHED

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 SLH5234A
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver PAN CHOOK CHIN
 NRIC/Passport Number S1193823G
 Contact Number 97220268
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)
Details of Witness
 Name
 Phone Number
 Email Address

Sketch Plan Pg. 1


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: 7 Dec 2017
10.45 am.

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

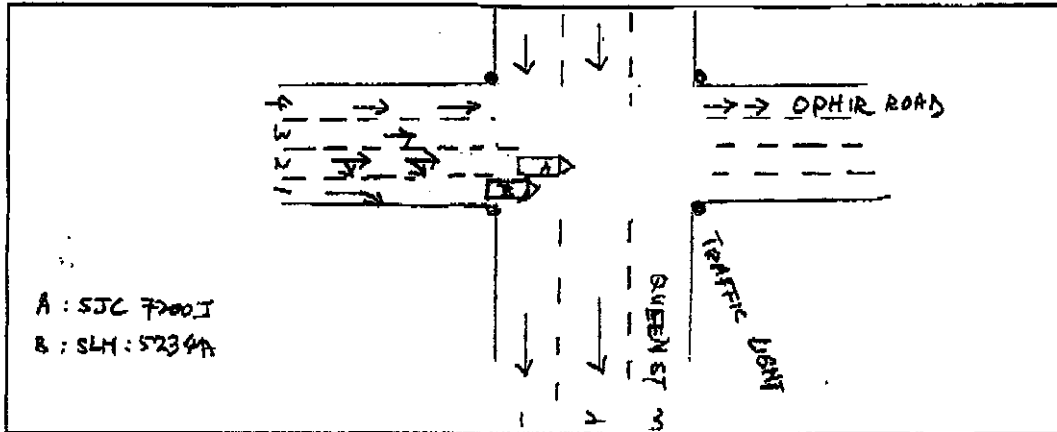

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CONFIDENTIAL

Sketch Plan Pg. 2

SKETCH PLAN

Accident Date: 6 Dec 2017 Time: 7:05 pm Location: Ophir Road / Queen Street
My Vehicle A: SJC 7200 J Vehicle B: SLH 5234 A Vehicle C/Others: —



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6 Dec 2017 at about 7:05 pm I was driving along Ophir Road and intended to make a right turn into Queen Street. I was on second right lane (which allows for a right turn) and put on my indicator to signal a right turn. ~~A car with vehicle number SLH 5234 A driving at lane 1 on my right~~ *Before I could make the turn, a vehicle with vehicle number SLH 5234 A driving at lane 1 on my right came straight from behind and "crashed" onto my right rear side of my vehicle.* The damages to my vehicle are taken on photo attached. *only* lane 1 is supposed to turn right into lane Queen Street, but the driver proceeded straight.

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

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

My workshop : Choon Hock Motor

Email Address :

& Myself :

Email Address : hntans@yahoo.com.

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.

[Signature]
Policyholder's Signature
Date & Time: 7 Dec 2017
10:45 am

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

[Stamp]
Witnessed by Reporting Centre
Personnel

View Sent Message

This mail is associated with :

***SJC7200J (540009)**
[SLH5234A]

TP
TAN HEOK MENG
Dec 6 2017 7:00PM
[PAN CHOOK CHIN]
Choon Hock Autocare Pte Ltd

[Resend](#)[View Recipients](#)[Print Message](#)[Delete Message](#)[Forward](#)

From LKK Auto Consultants Pte Ltd (LKK_HQ), sent on 20/01/2018 11:13 AM.
To MSIG_JLKK
Subject Pre-repair Inspection

Dear Jasmine,

Refer to your assignment on 12.12.2017 at 11.09AM.

Please be informed that we have inspected the vehicle SJC 7200J on 12.12.2017 at 12.22PM.

At the time of inspection the repairer did not present their estimation to the damaged vehicle.

We will submit our report accordingly.

Best Regards,
Catherine Chong | Admin
LKK Auto Consultants Pte Ltd
Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

DOCUMENTS SUMMARY

There are no documents.

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	07 Dec 2017		12 Dec 2017 11:09 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
-------------	------------------	----------------------	------------------	--------------------------

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	PAN CHOOK CHIN, ID: S1193623G, Tel: +6597220268, Email: NOEMAIL		
Main Claimant:	TAN HEOK MENG, ID: S1737237H		
Vehicle Reg. No.:	SJC7200J	Date of Loss:	06/12/2017 19:00 - :59
Claim Type:	TP / 540009	Policy/Cover Note No.:	A29050590QMX (Comprehensive) Coverage: 08/11/2017 - 07/11/2018
Vehicle Reg. No. (Insured):	SLH5234A	Policy No. (Claimant):	
		Excess:	
Repairer:	Choon Hock Autocare Pte Ltd (HQ) Blk 176 Sin Ming Drive #05-03, Sin Ming AutoCare Singapore 575721, 575721 Sin Ming - Tel: 64530778		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Teo Cheng Ming Wilson] ... [Imm.Advice due 13/12/2017]		
Driver/Custodian (Insured):	PAN CHOOK CHIN (61 / Female), NRIC: S1193623G, Tel: +6597220268		
Adj Asg. Remarks:	Third Party Pre-Repair Survey		

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

*SJC7200J (540009)

[SLH5234A]

TP

TAN HEOK MENG

Dec 6 2017 7:00PM

[PAN CHOOK CHIN]

Choon Hock Autocare Pte Ltd

Upload Documents Upload Photos Compose New Letter		View View in Browser
Assessment Reports		1 per page <input type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)
1	12/12/17 08:52	Accident Statement Addm. #2 From: SC - Reg. No: SLH5234A, Claimant: PAN CHOOK CHIN
		1 Load HTM <input type="checkbox"/>
Photos/Images		3 per page <input type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)
1	20/01/18 11:12	Odometer Reading
2	20/01/18 11:12	General View
3	20/01/18 11:12	General View
4	20/01/18 11:12	Chassis Number
5	20/01/18 11:12	General View
6	20/01/18 11:12	General View
7	20/01/18 11:12	General View
8	20/01/18 11:12	General View
9	20/01/18 11:12	General View
10	20/01/18 11:12	General View
11	20/01/18 11:12	General View
12	20/01/18 11:12	General View
13	20/01/18 11:12	General View
14	20/01/18 11:12	General View
15	20/01/18 11:12	General View
16	20/01/18 11:12	General View
17	20/01/18 11:12	Photographs of Damaged Parts
18	20/01/18 11:12	Photographs of Damaged Parts
19	20/01/18 11:12	Photographs of Damaged Parts
20	20/01/18 11:12	Photographs of Damaged Parts
21	20/01/18 11:12	Photographs of Damaged Parts
22	20/01/18 11:12	Photographs of Damaged Parts
23	20/01/18 11:12	Photographs of Damaged Parts
24	20/01/18 11:12	Photographs of Damaged Parts
25	20/01/18 11:12	Photographs of Damaged Parts
26	20/01/18 11:12	Photographs of Damaged Parts
27	20/01/18 11:12	Photographs of Damaged Parts
28	20/01/18 11:12	Photographs of Damaged Parts
29	20/01/18 11:12	Photographs of Damaged Parts
30	20/01/18 11:12	Photographs of Damaged Parts
31	20/01/18 11:12	Photographs of Damaged Parts

32	20/01/18 11:12	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
33	20/01/18 11:12	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
34	20/01/18 11:12	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
35	20/01/18 11:12	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
36	20/01/18 11:12	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
37	20/01/18 11:12	Photo After Spray	1	Load JPG	<input checked="" type="checkbox"/>
38	20/01/18 11:12	Photo After Spray	1	Load JPG	<input checked="" type="checkbox"/>
39	20/01/18 11:12	Photo After Spray	1	Load JPG	<input checked="" type="checkbox"/>
40	20/01/18 11:12	Photo After Spray	1	Load JPG	<input checked="" type="checkbox"/>
41	20/01/18 11:12	Photo After Spray	1	Load JPG	<input checked="" type="checkbox"/>
42	20/01/18 11:12	Photo After Spray	1	Load JPG	<input checked="" type="checkbox"/>
43	20/01/18 11:12	Photo After Spray	1	Load JPG	<input checked="" type="checkbox"/>
44	20/01/18 11:12	Photo After Spray	1	Load JPG	<input checked="" type="checkbox"/>
45	20/01/18 11:12	Photo After Spray	1	Load JPG	<input checked="" type="checkbox"/>
46	20/01/18 11:12	Photo After Spray	1	Load JPG	<input checked="" type="checkbox"/>
Documentation					
			1 per page	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	12/12/17 08:47	TP PRI & ACCDT REPORT	1	Load PDF	
2	12/12/17 08:52	E-FILE REPORT (SJC72003) From: SC - Reg. No: SLH5234A, Claimant: PAN CHOOK CHIN	1	Load PDF	
3	12/12/17 11:08	TP LIST OF SJE & OUR REPLY & NOMINATED LKK TO BE OUR SJE	1	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				
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: CS3/MSG17023545/WBE2

Date: 07/02/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. Policy No: A29050590QMX
 Claimant Vehicle No: SJC7200J Insured Vehicle No: SLH5234A
 Date of Loss: 06/12/2017 Nature of Claim: TP Claim No: 540009

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SJC7200J
 Make & Model: BMW 216D, 1.5 D Active Tourer (F45) (A) Engine No: 39549386B37C15A
 Reg. Date: 01/02/2016 (Man. Year: 2015) Chassis No: WBA2B320X0V259841
 Colour: Dark Blue Odometer: 22755 km
 Engine Capacity: 1496 cc
 Market Value/New Car Price: N/A
 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: 205/60 R16 Rear Tyre Size: 205/60 R16
 Front Left Side: Goodyear 3 mm Rear Left Side: Efficient 4 mm
 Front Right Side: Goodyear 3 mm Rear Right Side: Efficient 4 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (\$\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 12/12/2017
 Date Inspected: 12/12/2017 Inspected At: Choon Hock Autocare Pte Ltd (HQ)
 Blk 176 Sin Ming Drive #05-03, Sin Ming
 AutoCare
 Singapore 575721
 Estimated Period of Repair: 0.0 days

Adjuster: Teo Cheng Ming Wilson

Manager: CATHERINE CHONG KAI LING

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.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,000.00 -\$5,000.00

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 05 Feb 2018)
Parts: M1-MPV BMW 216D 1.5 D Active Tourer (F45) (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SJC7200J)
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

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >