

ASS. REC. BY:

REF: CS3/MSG17023810/M1b

TOTAL

Surveyor:

MA

ASSIGNMENT (Office)

Merimen

From (Person): Monica Chung

of

MSIG

Date/Time

14/12/17 @ 4:48pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGA 890J

Insured:

GBA 5698A

at Workshop m/s

Guan Auto Services

Tel:

9388 4210

of Blk 7 Sin Ming hnd Est. Sect. C # 01-82

Policy No:

29006385MKC

Claim No:

540745

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

11/12/2017

CA / REV / REP. / REV 24 HRS (wp)

H.O.D. Endorsement:

Date/Time:

9.19am 015/12/17

Person Contacted:

jaeky

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (X) Estimate

SGA 890J - CS3 / CTI 16022296 / Uua3n2

D.O.A : 21/11/2016

GBA 5698A - X

100218 1237pm Email to Monica Chung thru merimen.

REF:

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 Rpt: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: _____

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

Truck / Trailer or

Make: _____

Colour: _____

Sp. Reading: _____

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

R: _____

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

TOYO / YOKO or

Front

R/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

Survey held at _____

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

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

Date / Time Action / Instruction

No estimate upon survey

RECEIVED 2 FEB 2018

Date/Time. File Pass to?

☐

Preli. Report

☐

Final Report

1) 10-02-2018

Date/Time. File Return to?

2) _____

Days Of Repair:

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Report Format: _____

Lump Sum / I.B.I. (\$) _____

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Insp (\$ _____)

☐

Weekend (\$ _____)

) \$ + RS. \$ _____

) Photos _____

) Others _____

TOTAL



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/MSG17023810/M1b	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581			Date : 15-12-2017	
			Code : MSG	
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	GBA 5698A	Veh. Inspected	SGA 890J	
Policy No.	29006385MKC	Coverage (\$)	0.00	
Claim No.	540745	Excess (\$)	0.00	
Assign From	MERIMEN (MONICA CHUNG)	Assign Date	15/12/2017	
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	11/12/2017	Inspection Date	15/12/2017	
Survey held at	BLK 7 SIN MING IND. EST. SEC C # 01/82			
Repairer	GUAN AUTO SERVICE			
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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	13 Dec 2017		14 Dec 2017 16:48 Assign				New Assignment Cancel Case

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

CLAIM SUBFOLDER DETAILS

Insured:	SPEARS PTE LTD, Co. Reg. No.: NA		[Created by insurer]	
Main Claimant:	FREDERICK CHIA YONG HWA, ID: S7736691A			
Vehicle Reg. No.:	SGA890J	Date of Loss:		11/12/2017 00:00 - :59
Claim Type:	TP / 540745	Policy/Cover Note No.:		29006385MKC (Comprehensive)
Vehicle Reg. No. (Insured):	GBA5698A	Policy No. (Claimant):		Coverage: 16/08/2017 - 15/08/2018
		Excess:		
Repairer:	Guan Auto Service (Sin Ming) Block 7 Sin Ming Industrial Estate Sector C, #01-80/ # 01-82, 575642 Sin Ming - Tel: 93884210			
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Monica Chung Pei Zhen - 6594 2552]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 15/12/2017]			
Driver/Custodian (Insured):	ONG ENG HUN (), NRIC: S1686050F, Tel: +6583224364			
Adj Asg. Remarks:	Third Party Pre-Repair Survey[

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

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

ALL ASSOCIATED TASKS

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

No results.

CYOGARAJAH LLC

ADVOCATES & SOLICITORS

883 North Bridge Road
#19-05 Southbank
Singapore 198785
T: 6292 5838
F: 6292 5938
(UEN No. 201333127N)
(GST Reg No. 201333127N)

Our Ref : CY.SGA890J.17.GA(HW).wp(Lh)

Your Ref : Your insured vehicle GBA 5698A

13 December 2017

REG / CS / PAY / FA
14 DEC 2017

Spears Pte Ltd
c/o Motor Claims Department
MSIG Insurance (Singapore) Pte Ltd
4 Shenton Way #21-01
SGX Centre 2
Singapore 068807

By Fax : 68277809 / 6643 1349

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES SGA 890J & GBA 5698A ON 11.12.2017 @ 09:30Hrs AT NO. 11 WOODLANDS CLOSE

We are instructed by Federick Chia to notify you of a road traffic accident on 11.12.2017 at about 09:30Hrs at No. 11 Woodlands Close involving our client's vehicle registration number SGA 890J and vehicle registration number GBA 5698A driven by you at the material time. A copy of the Singapore accident statement report is enclosed.

As the result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

C. Yogarajah LLC
Enc

Cc: M/s. Guan Auto Service
Block 7 Sin Ming Industrial Estate Sector C
#01-82 Singapore 575642
Mr. Jacky Fong (9388 4210) → request workshop to
Fax no : 6451 1706

email doc.

13/12/17

China Taipei

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 Assign Form

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

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

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

✓			
---	--	--	--

(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

--	--	--	--

Check By:

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014

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	12/12/2017 17:20
Date Of Accident	11/12/2017 09:30
Exact Location Of Accident	NO.11 WOODLANDS CLOSE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA890J
Insured/Policyholder	
Name Of Registered Owner	FREDERICK CHIA YONG HWA
NRIC No	S7736691A
Email Address	MRFREDCHIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98563554
Alternative Phone No	OFFICE-98563554

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3108971701

Cover Note Number

Driver

Name of Driver	FREDERICK CHIA YONG HWA
NRIC No	S7736691A
Date Of Birth	10/12/1977
Occupation	INDOOR
Date Of Driving Pass	07/11/1998
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98563554
Fax Number	
Contact Number	OFFICE-98563554
Email Address	MRFREDCHIA@GMAIL.COM

Address	BLK 35 MARSILING DRIVE #17-401
Postcode	730035
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 - MAJOR/MINOR RD
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

PLEASE 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	GBA5698A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ONG ENG HUN
NRIC/Passport Number	S1686050F
Contact Number	83224364
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the 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)**

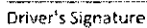
I understand, acknowledge, agree and consent that:

- (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: 12/12/17

(company chop if applicable)


Driver's Signature

(If driver is not the policyholder)

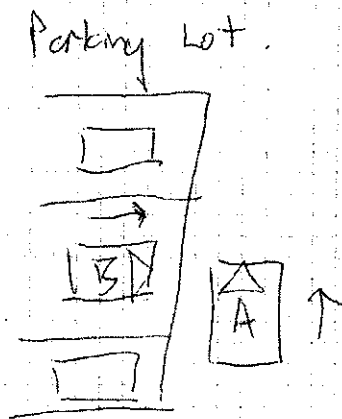
Date & Time: 5/2/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A-56A 890 J

F - GBA 5698A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling straight in the open car park of NO 11 woodland close where a vehicle GBA 569A in a parking lot so I nearly hit my car on the left.

Report was done late because the owner wanted a private settlement
however backed out because the repairs was too expensive and
suggested insurance claim.

* Repair at other workshop *

DECLARATION

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

Policyholder's Signature

Date & Time:

(company check if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

View Sent Message

This mail is associated with :

***SGA890J (540745)**
[GBA5698A]

TP

FREDERICK CHIA YONG HWA
Dec 11 2017 12:00AM
[SPEARS PTE LTD]
Guan Auto Service

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

From LKK Auto Consultants Pte Ltd (LKK_HQ), sent on 10/02/2018 12:37 PM.
To MSIG_CPZ
Subject Pre-repair Inspection

Dear Monica,

Refer to your assignment on 14.12.2017 at 4.48PM.

Please be informed that we have inspected the vehicle SGA 890J on 15.12.2017 at 10AM.

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	13 Dec 2017		14 Dec 2017 16:48 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:	SPEARS PTE LTD, Co. Reg. No.: NA	
Main Claimant:	FREDERICK CHIA YONG HWA, ID: S7736691A	
Vehicle Reg. No.:	SGA890J	Date of Loss: 11/12/2017 00:00 - :59
Claim Type:	TP / 540745	Policy/Cover Note No.: 29006385MKC (Comprehensive) Coverage: 16/08/2017 - 15/08/2018
Vehicle Reg. No. (Insured):	GBA5698A	Policy No. (Claimant):
		Excess:
Repairer:	Guan Auto Service (Sin Ming) Block 7 Sin Ming Industrial Estate Sector C, #01-80/ # 01-82, 575642 Sin Ming - Tel: 93884210	
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Monica Chung Pei Zhen - 6594 2552]	
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MA CHIN FOOK] ... [Imm.Advice due 15/12/2017]	
Driver/Custodian (Insured):	ONG ENG HUN (), NRIC: S1686050F, Tel: +6583224364	
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

***SGA890J (540745)**
[GBA5698A]
TP
FREDERICK CHIA YONG HWA
Dec 11 2017 12:00AM
[SPEARS PTE LTD]
Guan Auto Service

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)	Thumbnail	Print
1	15/12/17 11:03	Accident Statement <small>From: SC - Reg. No: GBA5698A, Claimant: SPEARS PTE LTD</small>	Load HTM	<input type="checkbox"/>
Photos/Images		3 per page <input type="checkbox"/>		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
2	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
3	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
4	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
5	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
6	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
7	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
8	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
9	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
10	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
11	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
12	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
13	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
14	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
15	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
16	15/12/17 18:21	General View	Load JPG	<input checked="" type="checkbox"/>
Documentation		1 per page <input type="checkbox"/>		
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	13/12/17 19:22	TP PRI	Load PDF	<input type="checkbox"/>
2	13/12/17 19:22	TP ACCDT REPORT	Load PDF	<input type="checkbox"/>
3	14/12/17 16:51	TP LIST OF SJE & OUR REJECTION REPLY & NOMINATED LKK TO BE OUR SJE	Load PDF	<input type="checkbox"/>
4	15/12/17 11:03	E-FILE REPORT (SGA890J) <small>From: SC - Reg. No: GBA5698A, Claimant: SPEARS PTE LTD</small>	Load PDF	<input type="checkbox"/>

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

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

^
v

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: CS3/MSG17023810/M1BE2

Date: 12/02/2018

REFERENCE

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

Policy No: 29006385MKC

Claimant Vehicle No : SGA890J

Insured Vehicle No : GBA5698A

Date of Loss: 11/12/2017

Nature of Claim: TP

Claim No: 540745

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SGA890J

Make & Model: TOYOTA CAMRY, 2.0 (A)

Engine No: 1AZ3212524

Reg. Date: 08/11/2005 (Man. Year: 2005)

Chassis No: MR053BK3106013051

Colour: Black

Odometer: 233895 km

Engine Capacity: 1998 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: 215/60 R16

Rear Tyre Size: 215/60 R16

Front Left Side: Dunlop 8 mm

Rear Left Side: Dunlop 8 mm

Front Right Side: Dunlop 8 mm

Rear Right Side: Dunlop 8 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 (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 14/12/2017

Date Inspected: 15/12/2017 Inspected At:

Guan Auto Service (Sin Ming)
Block 7 Sin Ming Industrial Estate Sector
C, #01-80/ # 01-82
Singapore 575642

Estimated Period of Repair: 0.0 days

Adjuster: MA CHIN FOOK

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 \$500.00 - \$800.00

REPAIR DETAILS

Reference

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 12 Feb 2018)
Parts: 143 TOYOTA CAMRY 2.0 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SGA890J)
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 >