

ASS. REC. BY: Survyant: Kalvin
 REF: CS/MSG17023868/ K1td3s2 Special Instruction:
Munmen ASSIGNMENT (Office)
 From (Person): Lionel Tan of MSG Date/Time: 15/12/2017 @ 5:07pm
 Estimated Cost: _____ Bill to: _____
 OD / IP WS / TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No: SHC 6060B Insured: FY5661G
 at Workshop m/s: Premier Taxis Tel: 6544 6676
 of 23 Changi South Ave 2 #03-02
 Policy No: MSD / VMT / 17-372396-CA Claim No: MSC / v / 17-001939
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A. 15/12/2017
 (Client's Record) _____ (15/12/17 Veh In)
 CA / REV / REP. / REV 24 HRS (wp) H.O.D. Endorsement: _____
 Date/Time: 5:25pm @ 15/12/17 Person Contacted: Elizabeth Vehicle IN OUT

| Date/Time | Action/Instruction | |
|-----------|----------------------------|-------------------|
| | (✓) Estimate | |
| | SHC6060B-NA/INC16011870/k4 | D.O.A: 27/06/2016 |
| | FY5661G-x | |
| | | |
| | | |
| | | |
| | | |

128/12/10
Surrey

Kalvin

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: SHC 6060B Yr Regn: 6 Jun 2014
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: KIA optima C.C. 1685
Colour: sch A/C: Insured / Std / NI / NA
Sp. Reading: 298681 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: 1CNAHA414AES46322
Gen. Cond: Good / ~~Fair~~ / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD / Rim or
Tyre Size: F: 205/65R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Azelle
Front 7 mm Rear 7 mm
R/Bal. 7 mm L/Bal. 7 mm
D.O.A. 15/12/12 D.O.I. 18/12/12
Survey held at PRESEN
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear N/S
The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|--|
| 29/12/12 | Continued CP \$1200 / 20% (Red: 2017.30 : 62%) |

RECEIVED 04 JAN 2010

Date/Time, File Pass to? ☐ : Preli. Report

1) 4/1 Typist ☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: 200

Transportation: _____ \$ + RS _____ \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format :

Lump Sum / I.B.I. (\$) 1200

| |
|-----|
| 200 |
| |
| |
| |
| 10 |
| |

**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/MSG17023868/K1td3 | | |
| 16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581 | | Date : 15-12-2017 | |  |
| | | Code : MSG | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | FY 5661G | Veh. Inspected | SHC 6060B | |
| Policy No. | MSD/VMT/17-372396-CA | Coverage (\$) | 0.00 | |
| Claim No. | MSC/V/17-001939 | Excess (\$) | 0.00 | |
| Assign From | MERIMEN (LIONEL TAN) | 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 | 15/12/2017 | Inspection Date | | |
| Survey held at | PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443 | | | |
| 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 Auth'd | Status |
|------|-------------|---------------|--|---------|---------------|------------|--|
| Main | 15 Dec 2017 | | 15 Dec 2017 17:07 Assign | | | | New Assignment Cancel Case |

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

CLAIM SUBFOLDER DETAILS [Created by insurer]

| | | | |
|-----------------------------|---|------------------------|--|
| Insured: | LIM CHIN CHOY, ID: S1477115H, Tel: +6590555986, Email: NOEMAIL | | |
| Main Claimant: | PREMIER TAXIS PTE LTD, Co. Reg. No.: 200304975H | | |
| Vehicle Reg. No.: | SHC6060B | Date of Loss: | 15/12/2017 12:00 - :59 |
| Claim Type: | TP / MSC/V/17-001939 | Policy/Cover Note No.: | MSD/VMT/17-372396-CA(TP) (Third Party Only) Coverage: 03/11/2017 - 02/11/2018 |
| Vehicle Reg. No. (Insured): | FY5661G | Policy No. (Claimant): | |
| | | Excess: | |
| Repairer: | Premier Taxis Pte Ltd - Changi (HQ) 23 Changi South Ave 2 #03-02, 486443 Changi - Tel: | | |
| Handling Insurer: | MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Lionel Tan Tian Pei - 6643 1307] | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 16/12/2017] | | |
| Driver/Custodian (Insured): | LIM CHIN CHOY (65 / Male), NRIC: S1477115H, Tel: +6590555986 | | |

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. | | | | | | | | | |

PREMIER TAXIS PTE LTD

23 CHANGI SOUTH AVE 2 #03-02
SINGAPORE 486443
TEL:65446676, 65446689 FAX:62141511

Our Ref: SHC6060B

WITHOUT PREJUDICE

Date: 15 Dec 2017

Attn: The Motor Claims Department
MSIG Insurance (Singapore) Pte Ltd
4, Shenton Way #21-01
SGX Centre 2
Singapore 068807

(BY FAX ONLY)

**ACCIDENT INVOLVING SHC6060B & FY5661G ALONG UPPER
SERANGOON ROAD ON 15.12.17**

We are the registered owner of vehicle number of SHC6060B which was involved on the
above mentioned accident between FY5661G.

Investigation reveals that the motor vehicle number FY5661G was insured with you at
the material time of the said accident.

As a result of the accident was caused solely and completely by the negligence of your
insured vehicle number FY5661G. Therefore, we are holding you liable for the repair
costs and other consequential loss which was sustained by us.

Kindly arrange your representative to survey our vehicle at at 23 Changi South Ave 2
#01-02 Singapore 486443 within two (2) days from the date hereof as to avoid further
LOR/I incur. We enclosed hereby the GIA report of SHC6060B for your kind attention.

Failing which, we have no alternative but to proceed with the necessary repairs and the
bill will be forward to you for reimbursement.

Yours Faithfully,



PREMIER TAXIS PTE LTD

Dear all,
We prefer "Lkk Auto"
as the SJE to
conduct the pre-repair
inspection.

Thank you.

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 | 15/12/2017 13:56 |
| Date Of Accident | 15/12/2017 12:10 |
| Exact Location Of Accident | UPPER SERANGOON ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SHC6060B |
| Insured/Policyholder | |
| Name Of Registered Owner | PREMIER TAXIS PTE LTD |
| Co Reg No | 200304975H |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62148880 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | KIA |
| Model | OPTIMA-1.7 D (A) |
| Exact Purpose for which vehicle was being used at time of accident | HIRED & REWARDS |
| 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 | TAXI |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | 5095103893 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIM LENG HUI |
| NRIC No | S7319079G |
| Date Of Birth | 10/05/1973 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/05/2004 |
| Driving Experience | 13 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93736999 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 718 #02-4592 BEDOK RESERVOIR ROAD |
| Postcode | 470718 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| 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? | YES |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

VEH. A - NO PAX VEH. B - 1 PILLION (FEMALE CHINESE)

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 | FY5661G |
| Vehicle Make/Model/Colour | M/CYCLE |
| Details Of Properties | VEH. B |
| Name of Driver | LIM CHIN CHOY |
| NRIC/Passport Number | S1477115H |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 2 |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

DETAILS OF INJURED PERSON 1

| | |
|------|---------------------------------|
| Name | LIM CHIN CHOY - RIDER OF VEH. B |
|------|---------------------------------|

Approximate Age
Injuries Sustain INJURY ON LEGS
Injured person in which vehicle? FY5661G
Were seat belts worn?
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name FEMALE CHINESE - PILLION OF VEH. B
Approximate Age
Injuries Sustain KNEES
Injured person in which vehicle? FY5661G
Were seat belts worn?
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

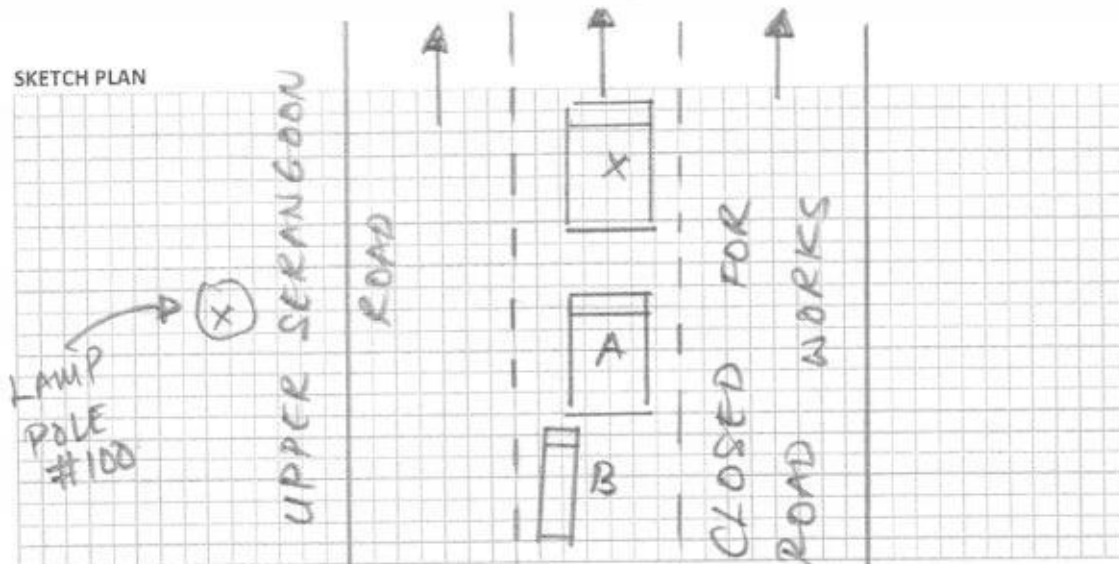


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

D. SHC 6060B

B. FY 56616.

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



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

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

Describe Circumstance of the Accident.

ON 15/12/2017 @ 1210HRS, I WAS DRIVING MY TAXI (SHC 6060 B)
TRAVELLING ALONG UPPER SERANGOON ROAD IN THE MIDDLE LANE.

LANE 1 WAS CLOSED DUE TO SOME ROAD WORKS.
TRAFFIC AHEAD WAS SLOW MOVING AT THE POINT OF TIME.

I SLOWED DOWN MY TAXI TO A STOP AS VEHICLES AHEAD OF ME STOPPED AND
SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (FY 5661 G – M/CYCLE)
WHICH FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO STOP IN TIME, HAD
COLLIDED ONTO THE REAR LEFT PORTION OF MY TAXI.

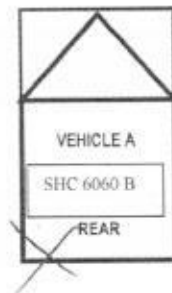
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR LEFT PORTION AND
VEHICLE B HAD SOME DAMAGES AS WELL.

AFTER THE IMPACT, BOTH RIDER & PILLION FELL ON THE GROUND, RIDER
SUFFERED INJURY ON HIS LEGS WHILE THE PILLION SUFFERED INJURY ON HER
KNEES. THEY REFUSED FOR MEDICAL ASSISTANCE WHEN OFFERED.
NO AMBULANCE AT SCENE.

NO PASSENGER ONBOARD MY TAXI.

*VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE



Driver's Signature & NRIC Number
Friday, December 15, 2017 @ 2:06:02 PM

(attended by)

Text size + -

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H
Owner ID Type: Company
Owner Name: PREMIER TAXIS PTE. LTD.
Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: SHC6060B
Previous Vehicle No.: -
Effective Date of Ownership: 06 Jun 2014
Original Regn Date: 06 Jun 2014
Registration Date: 06 Jun 2014
Year of Manufacture: 2013
Vehicle Type: Public Transport Taxi (Motor Car)
Vehicle Scheme: Taxi (Company)
Vehicle Attachment 1: Air-Con (Taxi)
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: KIA
Vehicle Model: OPTIMA 1.7(A) DIESEL
Primary Colour: Silver
Secondary Colour: -
Passenger Capacity: 4
Chassis No.: KNAGM414ME5463212
Engine No.: D4FDDH309733
Engine Capacity/Power Rating: 1685 cc / -
Maximum Power Output: 100.0 kW (134 bhp)
Propellant: Diesel
Max Unladen Weight: 1584 kg
Maximum Laden Weight: 2050 kg
Open Market Value: \$19,996.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 05 Jun 2022
Minimum PARF Benefit: \$7,497.00
No. of Transfers: 0
IU Label No.: 1050536970
COE No.: 2014060601001168H
COE Expiry Date: 05 Jun 2022
COE Category: A - Car (up to 1600cc & 97kW (130bhp))
COE Registration Category: A - Car (up to 1600cc & 97kW (130bhp))

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

18-Dec-17

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6060 B

| | | | |
|----------|---|----|----------|
| 1 pc | Bootlid n/s reflector — <i>grazed</i> | \$ | 350.00 |
| 1 pc | Rear bumper — <i>Rehl</i> | \$ | 696.00 |
| 1 pc | Rear bumper lower cover — <i>cm</i> | \$ | 206.00 |
| 1 pc | Rear bumper n/s side bracket @ \$29.00 <i>X sue</i> | \$ | 29.00 |
| 1 pc | Rear bumper inner sponge <i>X sue</i> | \$ | 114.00 |
| 1 pc | Rear bumper reinforcement <i>X sue</i> | \$ | 607.00 |
| 1 pc | Rear bumper n/s stay @ \$53.00 <i>X sue</i> | \$ | 53.00 |
| 1 pc | Rear bumper n/s reflector <i>X sue</i> | \$ | 46.00 |
| 1 pc | n/s tail lamp @ \$421.00 — <i>cm</i> | \$ | 421.00 |
| | | \$ | 2,522.00 |
| Less 35% | | \$ | 882.70 |
| | | \$ | 1,639.30 |

S/NETT

| | | | |
|--|-------------------------------|--------|-----------------------------|
| 1 set | Rear bumper clips — <i>cm</i> | \$ | 48.00 |
| 1 set | Reverse sensor <i>X cm</i> | \$ | 280.00 |
| Sundry | | nee \$ | 50.00 20 |
| To dismantle / replace/test reverse sensor to new bumper and reset to the same | | \$ | 120.00 20 |
| To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs. | | \$ | 180.00 <i>Xm</i> |
| To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the same | | \$ | 450.00 200 |
| To putty and spray painting on rear bumper | | \$ | 200.00 180 |
| To apply rustproofing on the repaired and replaced panels. | | \$ | 250.00 <i>Xm</i> |
| | | \$ | 3,217.30 |

(ALL THE REPAIR COSTS ARE SUBJECT TO GST)

the Repairer of the following:
THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE
ANY UNFORESEEN DAMAGES.

- 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:

Kah 16/12/17
18/2/2018
2 Days
45
After Repair

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

| CLAIM SUBFOLDER TRACKING | | | | | | | |
|--------------------------|-------------|---------------|--|--|--|-------------|---|
| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'ed | Status |
| Main | 15 Dec 2017 | | 15 Dec 2017 17:07 Edit Adj Rpt | S\$1,200.00 Edit Estimates | S\$1,200.00 View Rpt | | Pending for Survey Report Cancel Case |

| Main | Reference | Claim Details | Documents | Show All | | | | | | | | | | | | | | | | | | | | |
|---|-----------|---------------|------------|----------|----------|-------------|--------------|------------|---------|---------|-------------|--------------|------------|-------|-------------|--|--|--|--|--|--|--|--|--|
| <div> <div>CLAIM SUBFOLDER DETAILS</div> <div> <div> Insured: LIM CHIN CHOY, ID: S1477115H, Tel: +6590555986, Email: NOEMAIL Main Claimant: PREMIER TAXIS PTE LTD, Co. Reg. No.: 200304975H Vehicle Reg. No.: SHC6060B Claim Type: TP / MSC/V/17-001939 Vehicle Reg. No. (Insured): FY5661G Repairer: Premier Taxis Pte Ltd - Changi (HQ) 23 Changi South Ave 2 #03-02, 486443 Changi - Tel: Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Lionel Tan Tian Pei - 6643 1307] Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... Driver/Custodian (Insured): LIM CHIN CHOY (65 / Male), NRIC: S1477115H, Tel: +6590555986 </div> <div> <div>[Created by insurer]</div> <div> Date of Loss: 15/12/2017 12:00 - :59 Policy/Cover Note No.: MSD/VMT/17-372396-CA(TP) (Third Party Only) Coverage: 03/11/2017 - 02/11/2018 Policy No. (Claimant): Excess: </div> </div> </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | |
| <div> <div>ASSOCIATED MAIL RECEIVED</div> <div> <div>View All</div> <div>Compose Case Mail</div> </div> <div>There are no mail for this case.</div> </div> | | | | | | | | | | | | | | | | | | | | | | | | |
| <div> <div>ALL ASSOCIATED TASKS</div> <div> <div>View All</div> <div>Search Tasks</div> <div>Create New Task</div> <div>Complete</div> </div> <table border="1"> <thead> <tr> <th>Due Date</th> <th>Priority</th> <th>Type</th> <th>Task Group</th> <th>Subject</th> <th>Handler</th> <th>Assigned By</th> <th>Completed On</th> <th>Created On</th> <th>Done?</th> </tr> </thead> <tbody> <tr> <td colspan="10">No results.</td> </tr> </tbody> </table> </div> | | | | | Due Date | Priority | Type | Task Group | Subject | Handler | Assigned By | Completed On | Created On | Done? | No results. | | | | | | | | | |
| Due Date | Priority | Type | Task Group | Subject | Handler | Assigned By | Completed On | Created On | Done? | | | | | | | | | | | | | | | |
| No results. | | | | | | | | | | | | | | | | | | | | | | | | |

Claim Documents

***SHC6060B (MSC/V/17-001939)
[FY5661G]**

TP

PREMIER TAXIS PTE LTD

Dec 15 2017 12:00PM

[LIM CHIN CHOY]

Premier Taxis Pte Ltd - Changi

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

View [View in Browser](#)

| Assessment Reports | | | 1 per page | <input checked="" type="checkbox"/> |
|--------------------|----------------|---|------------|-------------------------------------|
| No | Finalized On | MSIG Insurance (Singapore) Pte. Ltd. (HQ) | Thumbnail | Print |
| 1 | 15/12/17 17:05 | Accident Statement From: SC - Reg. No: FY5661G, Claimant: LIM CHIN CHOY | Load HTM | |

| Photos/Images | | | 3 per page | <input checked="" type="checkbox"/> |
|---------------|-----------------|-----------------------------------|------------|-------------------------------------|
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | Thumbnail | Print |
| 1 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 2 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 3 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 4 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 5 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 6 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 7 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 8 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 9 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 10 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 11 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 12 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 13 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 14 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 15 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 16 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 17 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 18 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 19 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 20 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 21 | 19/12/17 08:00 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 22 | 29/12/17 09:45 | Reinspection Photo | Load JPG | <input checked="" type="checkbox"/> |
| 23 | 29/12/17 09:45 | Reinspection Photo | Load JPG | <input checked="" type="checkbox"/> |
| 24 | 29/12/17 09:45 | Reinspection Photo | Load JPG | <input checked="" type="checkbox"/> |
| 25 | 29/12/17 09:45 | Reinspection Photo | Load JPG | <input checked="" type="checkbox"/> |

| Documentation | | | 1 per page | <input checked="" type="checkbox"/> |
|---------------|----------------|--|------------|-------------------------------------|
| No | Finalized On | MSIG Insurance (Singapore) Pte. Ltd. (HQ) | Thumbnail | Print |
| 1 | 15/12/17 17:09 | SHC6060B E-FILE, DL, IC & VL | Load PDF | |
| 2 | 15/12/17 17:09 | PRI from Premier Taxis & agree on SJE | 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></div><div>^</div><div>v</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/MSG17023868/K1TD3S2
Date: 10/01/2018

REFERENCE

| | | | | |
|-----------------------|--------------------------------------|----------------------|--------------------------|---------------------------|
| Handling Insurer: | MSIG Insurance (Singapore) Pte. Ltd. | Policy No: | MSD/MT/17-372396-CA (TP) | |
| Claimant Vehicle No : | SHC6060B | Insured Vehicle No : | FY5661G | |
| Date of Loss: | 15/12/2017 | Nature of Claim: | TP | Claim No: MSC/V/17-001939 |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------------------|------------------------------|-------------|-------------------|
| Reg No: | SHC6060B | Engine No: | D4FDDH309733 |
| Make & Model: | KIA OPTIMA, 1.7 D (A) | Chassis No: | KNAGM414ME5463212 |
| Reg. Date: | 06/06/2014 (Man. Year: 2013) | Odometer: | 298681 km |
| Colour: | Silver | | |
| Engine Capacity: | 1685 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: | Fair | Steering (Serviceable): | Yes | Footbrake (Serviceable): | Yes |
| Handbrake (Serviceable): | Yes | Engine Modification: | No | Pre-accident Condition: | |

CONDITION OF TYRES

| | | | |
|-------------------|---------------|------------------|---------------|
| Front Tyre Size: | 205/65R16 | Rear Tyre Size: | 205/65R16 |
| Front Left Side: | Achilles 7 mm | Rear Left Side: | Achilles 7 mm |
| Front Right Side: | Achilles 7 mm | Rear Right Side: | Achilles 7 mm |

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|--|-----------------|-----------------|-----------------|--------------|
| Parts | 2,017.30 | 1,155.45 | 861.85 | 42.72 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 1,200.00 | 400.00 | 800.00 | 66.67 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Calculated Gross Total (S\$) | 3,217.30 | 1,555.45 | 1,661.85 | 51.65 |
| Approved Total (Overridden) (S\$) | | 1,200.00 | | |
| (S\$) | 3,217.30 | 1,200.00 | 2,017.30 | 62.70 |
| + GST 7.00/7.00% (S\$) | 225.21 | 84.00 | 141.21 | 62.70 |
| Nett Amount (S\$) | 3,442.51 | 1,284.00 | 2,158.51 | 62.70 |

INSPECTION

| | | |
|---------------------|------------|---|
| Date of Assignment: | 15/12/2017 | |
| Date Inspected: | 18/12/2017 | Inspected At: Premier Taxis Pte Ltd - Changi (HQ) 23 Changi South Ave 2 #03-02 Singapore 486443 |

Estimated Period of Repair: 2.0 days

Adjuster: KALVIN ANG WEI KUN**Manager:** DENISE TAY KWEE CHENG

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: 10 Jan 2018) |
| Parts: 143 | KIA OPTIMA 1.7 D (A) (Catalogue:Merimen Singapore 1.0) |
| Labour: Repairer's | (Price-denominated Standard List) |
| Print Code: | (Unsubmitted, no print-code for SHC6060B) |
| 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 | | *BOOTLID N/S REFLECTOR | Grazed | 350.00 FL | *350.00 FL |
| 2 | 1 | | *REAR BUMPER | Deformed | 696.00 FL | *696.00 FL |
| 3 | 1 | | *REAR BUMPER LOWER COVER | Cracked | 206.00 FL | *206.00 FL |
| 4 | 1 | | *REAR BUMPER N/S SIDE BRACKET | Serviceable | 29.00 FL | *- FL |
| 5 | 1 | | *REAR BUMPER INNER SPONGE | Serviceable | 114.00 FL | *- FL |
| 6 | 1 | | *REAR BUMPER REINFORCEMENT | Serviceable | 607.00 FL | *- FL |
| 7 | 1 | | *REAR BUMPER N/S STAY | Serviceable | 53.00 FL | *- FL |
| 8 | 1 | | *REAR BUMPER N/S REFLECTOR | Serviceable | 46.00 FL | *- FL |
| 9 | 1 | | *N/S TAIL LAMP | Cracked | 421.00 FL | *421.00 FL |
| 10 | 1 | | *SET REAR BUMPER CLIPS | Necessary | 48.00 FS | *48.00 FS |
| 11 | 1 | | *SET REVERSE SENSOR | Not Necessary | 280.00 FS | *- FS |
| 12 | 1 | | *SUNDRY | Necessary | 50.00 FS | *20.00 FS |

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

| | | |
|---|-----------------|-----------------|
| Sub Total (S\$) | 2,900.00 | 1,741.00 |
| - List Item Discount on L Items 35.00/35.00% (S\$) | 882.70 | 585.55 |
| Total Parts (S\$) | 2,017.30 | 1,155.45 |

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

| No | Particulars | Lab.Type | Repairer's | Amount |
|---------------------------------|---|----------|-----------------|---------------|
| Labour Items | | | | |
| 1 | TO DISMANTLE / REPLACE / TEST REVERSE SENSOR TO NEW BUMPER AND RESET TO THE SAME. | New | 120.00 | 20.00 |
| 2 | TO DISMANTLE / REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS. | New | 180.00 | 0.00 |
| 3 | TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE SAME. | New | 450.00 | 200.00 |
| 4 | TO PUTTY AND SPRAY PAINTING ON REAR BUMPER. | New | 200.00 | 180.00 |
| 5 | TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS. | New | 250.00 | 0.00 |
| Gross Labour Cost (\$\$) | | | 1,200.00 | 400.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >