

ASS. REC. BY:

Surveyor

Kenneth

ASSIGNMENT (Office)

Menimen

From (Person):

Jasmine Lok

of

MSIG

Date/Time

18/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGD 4475 H

Insured:

SLF 4024 G

at Workshop m/s

Accord Auto

Tel:

9740 0999

of 10 AMK Ind. Prk 2A #03-11

Policy No: MSD / VPCP / 17-001828-00

Claim No:

MSC / V / 17-001932

Sum Insured:

Excess:

D.O.A. 14/12/2017

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time: 2:09pm @ 18/12/17

Person Contacted:

jessy

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SGD 4475 H-X
	SLF 4024 G-X
27/12/17	Send preli revised by merimen
11/1	11/1pm @ 115d email & confirm (Red 1993.42, 63/1)

REF: MSIG

ASSIGNMENT

From: _____ Date: 22/12/17

Estimated Cost: _____

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

To Inspect Vehicle No: SGD 4475

at Workshop m/s Accord Auto

of 10AMK Ind. Park 2A #03-11

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

After 10am

(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: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 1wp

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SGD 44754 Regn: 02 01

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

Truck / Trailer or

Make: Toy

Rev 4

G.C

2362

Colour: n Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 215896

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTMBD 33VX 05005764

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 A/Rim or

Tyre Size: F: _____

R: 235/55R18

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 8 mm

L/Bal. 6 mm

L/Bal. 8 mm

D.O.A. 14/12/17

D.O.I. 22/12/17

Survey held at _____

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

N/S/S

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

Date / Time Action / Instruction

26/12 file pass to Carline

RECEIVED 11 JAN 2018

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 11/1 - typist

Report Format:

merimen

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

1150/-)

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

S - RS (\$)

Photos

Others

TOTAL

200

10

210

Survey Department Check List (Case Handler)

Reference No.: **CS/MSG 17023941/Kvcb**
 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	✓			
---	--------------------------------------	---	--	--	--

(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: **VERON** **11/1/18**
 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

MSIG INSURANCE (SINGAPORE) PTE LTD

Ref : CS/MSG17023941/Kvd3

16 RAFFLES QUAY
#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 18-12-2017



Code : MSG

Policy Particulars :- THIRD PARTY CLAIM

1.	Insured Veh.	SLF 4024G	Veh. Inspected	SGD 4475H
	Policy No.	MSD/VPCP/17-001828-00	Coverage (\$)	0.00
	Claim No.	MSC/V/17-001932	Excess (\$)	0.00
	Assign From	MERIMEN (JASMINE LOK)	Assign Date	18/12/2017

Vehicle Particulars & Condition

2.	Make & Model	c.c	0
	Engine No.	HIDDEN	Year of Reg.
	Chassis No.		Colour
	Odometer	-	Steering
	Brakes		Modification
	General		

Conditions of Tyres

3.		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm

Description of Damages

4.

General Information

5.

Accident Date	14/12/2017	Inspection Date
Survey held at	ACCORD AUTO SERVICES PTE LTD 10 ANG MO KIO INDUSTRIAL PARK 2A AMK AUTO POINT #03-11 SINGAPORE 568047	

Remarks

5a.

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
Main	14 Dec 2017		18 Dec 2017 11:48 Assign			
						New Assignment Cancel Case

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

CLAIM SUBFOLDER DETAILS

[\[Created by insurer\]](#)

Insured:	HITACHI CAPITAL ASIA PACIFIC PTE LTD, Co. Reg. No.: 199400399N		
Main Claimant:	TAN MUI HUA, ID: S0139815F		
Vehicle Reg. No.:	SGD4475H	Date of Loss:	14/12/2017 11:00 - :59
Claim Type:	TP / MSC/V/17-001932	Policy/Cover Note No.:	MSD/VPCP/17-001828-00 (Comprehensive) Coverage: 25/08/2017 - 24/08/2018
Vehicle Reg. No. (Insured):	SLF4024G	Policy No. (Claimant):	
		Excess:	
Repairer:	Accord Auto Services Pte Ltd (HQ) 10 Ang Mo Kio Ind Park 2A #03-11, AMK Auto Point, 568047 Ang Mo Kio - Tel: 64819517/85715140		
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 19/12/2017]		
Driver/Custodian (Insured):	KHAIRIL ANWAR BIN AHMAD (), NRIC: S1291348F, Tel: +6598243945		
Adj Asg. Remarks:	Third Party Pre-Repair Survey. Please request Mr Kenneth Kong to survey.		

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

ASSOCIATED MAIL RECEIVED

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.									

Margaret Loh

19-1932

From: Woon Choo Kwok
Sent: Friday, 15 December, 2017 4:32 PM
To: Katherine Wong; Margaret Loh
Cc: Christopher Chionh; Foo Ai Ngoh; Jason Sim
Subject: FW: Accident Involving SGD4475H & SLF4024G on 14/12/2017
Attachments: SGD 4475H - GIA Report.PDF

Dear KW & ML,

FYA

Best Regards

Kwok Woon Choo
Senior Administrative Officer, Claims Services
Direct line +65 6643 1330 | Direct fax +65 6225 7402 | woonchoo_kwok@sg.msig-asia.com



MSIG



Insurer Claims
Team of the Year
2016

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



A Member of **MS&AD** INSURANCE GROUP

From: Rena Tay
Sent: Friday, December 15, 2017 4:24 PM
To: Woon Choo Kwok <WoonChoo_Kwok@sg.msig-asia.com>
Subject: FW: Accident Involving SGD4475H & SLF4024G on 14/12/2017

From: Accord Auto(Claims) [<mailto:claims@mycarworkshop.com.sg>]
Sent: Friday, 15 December, 2017 3:36 PM
To: Claims <claims@sg.msig-asia.com>
Cc: Gilbert Ng <gilbert.ng@mycarworkshop.com.sg>
Subject: Accident Involving SGD4475H & SLF4024G on 14/12/2017

Dear Sir/Mdm,

Kindly assist arrange Pre-Repair Survey for SGD4475H, vehicle not in workshop.

Please provide us 10 surveyor name list.

Thank you.

Kind regards,
Jessy Soe

Accord Auto Services Pte Ltd
10 Ang Mo Kio Ind Park 2A
#03-11 Ang Mo Kio Auto Point
Singapore 568047

Mobile : (65) 9740 0999
Tel : (65) 6481 9517
Fax : (65) 6481 9516

This email is confidential and privileged. If you are not the intended recipient, you must not view, disseminate, use or copy this email. Kindly notify the sender immediately, and delete this email from your system. Thank you.

CONFIDENTIALITY NOTICE

This e-mail (including any attachments) may contain information that is privileged or confidential. The sending of this e-mail to any person other than the intended recipient is not a waiver of the privilege or confidentiality that attaches to it. If you are not the intended recipient, please notify the sender immediately, delete the email and do not copy, distribute or disclose its contents.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

To: MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807	From: LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
Attn: Jasmine Lok Kheng Kwei	Date: 27 Dec 2017

Preliminary Advice

Insured Vehicle No	: SLF4024G	Accident Date	: 14/12/2017
TP Vehicle No	: SGD4475H	Assignment Date	: 18/12/2017
Make	: TOYOTA RAV4	Est. Duration of Repair	: 4.00
Date of Inspection	: 22/12/2017		
Inspection At	: ACCORD AUTO SERVICES PTE LTD (HQ) 10 ANG MO KIO IND PARK 2A #03-11, AMK AUTO POINT SINGAPORE 568047		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	3,143.42
Revised Amount	:S\$	1,450.81
Check Items (Estimated)	:S\$	397.41
Total	:S\$	1,848.22
Lump Sum Repair	:S\$	
Total Loss Consideration		
New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

- () The vehicle is economical/not economical for repair.
- (X) The above survey was conducted on a 'without prejudice' basis.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9815F
Vehicle Details	
Vehicle No.:	SGD4475H
Vehicle to be Exported:	No
Intended De-registration Date:	27 Dec 2017
Vehicle Make:	TOYOTA
Vehicle Model:	RAV4 5DR A
Primary Colour:	Silver
Manufacturing Year:	2005
Engine No.:	2AZ2059594
Chassis No.:	JTMBD33VX05005764
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$28,656.00
Original Registration Date:	18 Feb 2006
First Registration Date:	18 Feb 2006
Transfer Count:	3
Actual ARF Paid:	\$31,522.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	

COE Expiry Date:	17 Feb 2026
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$56,436.00
COE Rebate Amount:	\$45,965.00
Total Rebate Amount:	\$45,965.00

The information contained herein is correct as at 27 Dec 2017

OK

Enquire Transfer Fee

Vehicle Details

Vehicle No.	SGD4475H
Vehicle Type	P11 - Passenger Station Wagon/Jeep/Land Rover
Vehicle Attachment 1	No Attachment
Vehicle Scheme	Normal
Vehicle Make	TOYOTA
Vehicle Model	RAV4 5DR A
Chassis No.	JTMBD33VX05005764
Propellant	Petrol
Engine No.	2AZ2059594
Engine Capacity	2362 cc
Maximum Power Output	125.0 kW (167 bhp)
Maximum Laden Weight	-
Unladen Weight	-
Year Of Manufacture	2005
Original Registration Date	18 Feb 2006
Lifespan Expiry Date	-
COE Category	E - Open Category
PQP Paid	\$56,436.00
COE Expiry Date	17 Feb 2026
Road Tax Expiry Date	17 Feb 2018
Inspection Due Date	17 Feb 2018
Intended Transfer Date	15 Dec 2017
CO2 Emission	-

The current road tax expiry is 17 Feb 2018. You may renew the road tax from 18 Nov 2017 with all pre-requisite(s) fulfilled. If the road tax is renewed after 17 Feb 2018, late renewal fee(s) will be imposed. Please use [Enquire Road Tax Payable](#) to check on the late fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable (From 18 Feb 2018 to 17 Aug 2018)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee	11.00	-	11.00
Sub Total			11.00

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 14:05
Date Of Accident	14/12/2017 10:45
Exact Location Of Accident	CROSS STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD4475H
Insured/Policyholder	
Name Of Registered Owner	TAN MUI HUA
NRIC No	S0139815F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81276110
Alternative Phone No	OFFICE-81276110

Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV4-2.4 (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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0004435
Cover Note Number	

Driver

Name of Driver	YEH TOH YEN
NRIC No	S2009091Z
Date Of Birth	17/07/1950
Occupation	INDOOR
Date Of Driving Pass	30/08/1968
Driving Experience	49 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81276110
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	9 JALAN JAMAL
Postcode	457609
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2

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	SLF4024G
Vehicle Make/Model/Colour	TOYOTA VELLFIRE (BLACK)
Details Of Properties	
Name of Driver	MALAY DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

Accident 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 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:

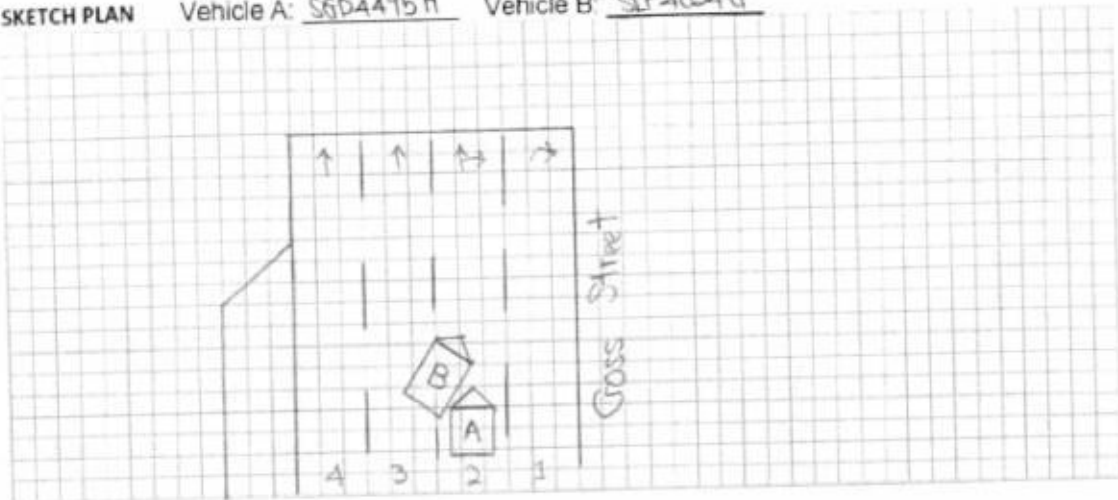

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/10/2017
1.33pm

ACCORD AUTO SERVICES PTE. LTD.
10 Ang Mo Kio Industrial Park 2A,
#03-11 AMK Autopoint
Singapore 568047

Reporting Centre Personnel's Signature
Name: Jessy See
NRIC/FIN No.: 62031093 W

Accident Sketch Plan

SKETCH PLAN Vehicle A: SGD4475 H Vehicle B: SLF4004 B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date of Accident: 14/12/2017

Time of Accident: 10:45am

I was travelling along Cross Street. The traffic light was red, I stationary on second lane. Vehicle B change lane from extreme left lane and cut into my front left portion. While traffic light turned green, all vehicles were moving. Vehicle B moved into my front and scratch onto front left portion of my vehicle.

DECLARATION

(We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/12/2017
1:30pm

ACCORD AUTO SERVICES PTE. LTD.
10 Ang Mo Kio Industrial Park 2A
#03-11, #04 Autopoint
Singapore 568047

Reporting Centre Personnel's Signature
Name: Jessy Soe
NRIC/FIN No.: G2031072W

Interview Form



INTERVIEW FORM

Name (Driver) : Yeh Tsh Yen

Policy No : M 0004435

Vehicle No : SGD 4475 H

Place of Accident : Cross Street

Insured Driver's relationship with Insured : Spouse & Husband

Drink Driving of Insured and/or Insured Driver : N.A

No of passenger(s) in Insured vehicle : 1 Driver & 1 Passenger

Injury to Insured and/or Insured driver, please indicate which hospital:
N.A

Third Party Vehicle No (if any) : SIF 4024 G

No of passenger(s) in Third Party Vehicle : 1 Driver & 1 Passenger

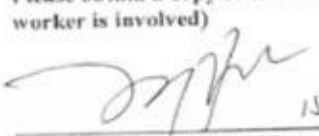
Injury to Third Party driver and/or passenger(s), please indicate which hospital:
N.A

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
TP change lane


Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
N.A

Traffic Police report (enclosed) : Yes / ☒ No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

 15/12/2017
Driver (Name & Signature) / Date

I, affirmed the above information is given to my best knowledge

 15/12/2017
Attended by (Name & Signature) / Date

Workshop Name: Accord Auto Services Pte Ltd

eTiQa Insurance Pte Ltd
One Raffles Quay
#22-01 North Tower
Singapore 048573

T +65 63360477
F +65 63302106

www.etiqa.com.sg
Company Reg. No. 106339901

ACCORD AUTO SERVICES PTE. LTD.
15 Ang Mo Kio Industrial Park 2A,
#03-11/AMK Autopoint
Singapore 568047

Attended by (Name & Signature) / Date

Workshop Name: Accord Auto Services Pte Ltd

a member of  Maybank

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way,

#21-01 SGC Centre 2,

Singapore 068807

Attn: Motor Claims Department

Date:

18/12/2017

Vehicle No:

SGD4475H

Veh Make/Model:

Toyota Rav4 5DR A

YOM:

2005

Chassis No:

JTMBD33VX05005764

Date of Accident:

4/12/2017

No	Qty	Description	Amount \$
List Items:-			
1	1	Front bumper	\$ 627.85
2	1	Front bumper side retainer - LH	\$ 70.60
3	1	Front bumper clips	\$ 4.95
4	1	Front bumper fog lamp - LH	\$ 278.60
5	1	LH headlamp	\$ 496.76
6	1	Front LH fender	\$ 358.60
7	1	Front LH fender splash shield	\$ 148.96
8	1	Front LH fender splash shield clip	\$ 4.90
Total - List Item			\$ 1,991.22
Less 20%			\$ 397.81
Total			\$ 1,493.42
Labour Charges:-			
1		Spray painting on all affected area.	\$ 600.00
2		Labour remove/refix accident damages parts to knock, jack, cut weld and realign accident affected area.	\$ 700.00
3		To apply anti rust treatment.	\$ 150.00
4		To check wiring system & light.	\$ 80.00
5		To check & adjust wheel alignment.	\$ 120.00
Total - L/C			\$ 1,650.00
Sub-Total			\$ 3,143.42
7% GST			\$ 220.04
Total			\$ 3,363.45

LKK Auto Consultants hereby 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:

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/MSG17023941/KVD3N2
Date: 11/01/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/PCP/17-001828-00	Claim No:	MSCN/17-001932
Claimant Vehicle No :	SGD4475H	Insured Vehicle No :	SLF4024G		
Date of Loss:	14/12/2017	Nature of Claim:	TP		

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SGD4475H	Engine No:	2AZ2059594
Make & Model:	TOYOTA RAV4, 2.4 (A)	Chassis No:	JTMBD33VX05005764
Reg. Date:	18/02/2006 (Man. Year: 2005)	Odometer:	215896 km
Colour:	Metallic Silver		
Engine Capacity:	2362 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:	235/55R18	Rear Tyre Size:	235/55R18
Front Left Side:	Dunlop 6 mm	Rear Left Side:	Dunlop 8 mm
Front Right Side:	Dunlop 6 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	1,592.98	685.81	907.17	56.95
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,650.00	765.00	885.00	53.64
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,242.98	1,450.81	1,792.17	55.26
Approved Total (Overridden) (S\$)		1,150.00		
(S\$)	3,242.98	1,150.00	2,092.98	64.54
+ GST 7.00/7.00% (S\$)	227.01	80.50	146.51	64.54
Nett Amount (S\$)	3,469.99	1,230.50	2,239.49	64.54

INSPECTION

Date of Assignment:	18/12/2017	
Date Inspected:	22/12/2017 Inspected At:	Accord Auto Services Pte Ltd (HQ) 10 Ang Mo Kio Ind Park 2A #03-11, AMK Auto Point Singapore 568047
Estimated Period of Repair:	4.0 days	

Adjuster: KENNETH KONG

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

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 11 Jan 2018)
Parts:	M1-SUV	TOYOTA RAV4 2.4 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SGD4475H)	
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		*FRONT BUMPER	Buckled	627.85 FL	*627.85 FL
2	1		*FRONT BUMPER SIDE RETAINER-LH	Distorted	70.60 FL	*70.60 FL
3	1		*FRONT BUMPER CLIPS	Necessary	4.95 FL	*4.95 FL
4	1		*FRONT BUMPER FOG LAMP-LH	No such part	278.60 FL	*- FL
5	1		*LH HEADLAMP	Serviceable	496.76 FL	*- FL
6	1		*FRONT LH FENDER	Repair	358.60 FL	*- FL
7	1		*FRONT LH FENDER SPLASH SHIELD	Cracked	148.96 FL	*148.96 FL
8	1		*FRONT LH FENDER SPLASH SHIELD CLIP	Necessary	4.90 FL	*4.90 FL
					Sub Total (S\$)	1,991.22 857.26
					- List Item Discount on L Items 20.00/20.00% (S\$)	398.24 171.45
					Total Parts (S\$)	1,592.98 685.81

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
Labour Items				
1	SPRAY PAINTING ON ALL AFFECTED AREA	New	600.00	400.00
2	LABOUR REMOVE/REFIX ACCIDENT DAMAGES PARTS TO KNOCK,JACK,CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	New	700.00	350.00
3	TO APPLY ANTI RUST TREATMENT	New	150.00	-
4	TO CHECK WIRING SYSTEM & LIGHT	New	80.00	15.00
5	TO CHECK & ADJUST WHEEL ALIGNMENT	New	120.00	-
Gross Labour Cost (\$\$)			1,650.00	765.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >