lumen -	Kenneth	ASSIGNMENT (Offi	ice)
om (Person):	trunc lan	of MSIG	Date/Time 18/12/17 @ 2.06pm
scattletica Cost		Bill to: B/EVA/INV/MV/CS	
o Inspect Vel	ricle No.	SKUGGOOK	Sky 119211
Workshop n	Dogo	LI ALTO COURD	Insured Sky 44824 Tel: 64816364
RIK In.	AMIL Ind Del	2A #03-06	04810504
olicy No. D	28616364	OMV -Claim	No: 540404
	000000	QTTY CIABLE	540707
sum insured		Evce	eper .
		Exce	
Make of Veh: Client's Record			D.G.A. 08/12/2017
Make of Veh: Client's Record	REP. / REV 24 HD	rs (wp)	D.O.A08 2 20 7
Aske of Veh: Dient's Record	REP. / REV 24 HD	rs (wp)	D.O.A08 2 20 7
Make of Veh: Client's Record CA / REV / Date/Time:	REP. / REV 24 HI 3.34pm 18/12/13	RS (wp) Person Contacted: SOO	D.O.A. 08/12/2017 H.O.D. Endorsement
Make of Veh: Client's Record CA / REV / Date/Time:	REP. / REV 24 HI 3.34pm 8 2 1:	RS (wp) Person Contacted: SOO Estimate	D.O.A08 2 20 7
Make of Veh: Client's Record CA / REV / Date/Time:	REP. / REV 24 HD 3.34pm 8/12/13 Action/Instruction SKU 66 20 6	RS (wp) Person Contacted: S00 Stimate X	D.O.A08 2 20 7
Sum Insured _ Make of Veh: Client's Record CA / REV / Date/Time:	REP. / REV 24 HI 3.34pm 8 2 1:	RS (wp) Person Contacted: S00 Stimate X	D.O.A08 2 20 7
Make of Veh: Client's Record CA / REV / Date/Time:	REP. / REV 24 HD 3.34pm 8 9 15 15 Action/Instruction SKU 66 20 6 SKV4482 U -	RS (wp) Person Contacted: S00 (Stimate E-X	D.O.A08 2 20 7

Lump Sum / I.B.I: (S

Others

SOTAL

210

Weekend (\$

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

ase Notified	Notified Est Submitted Adj) Assigned Adj Rpt	Adj Submitt	ted Ins Auth'ed	Status
og Dec	09 Dec 2017 18 14:	Dec 2017 1:06 Assign			New Assignment Cancel Case
Main	Main Reference	Cla	im Details	Documents	Show All
IM SUBFOLDE	SUBFOLDER DETAILS	The same of the sa	CANE PARENTAGE CREEKING HAND	[Created by	insurer]
red:	The same tree tree	NG LUN, ID: S6801	797A, Tel: +658876	1931, Email: NOEMAIL	
Claimant:	almant: CHEONG BOON H				
	Reg. No.: SKU6620E		Date of Loss:	08/12/2017 18	8:00 - :59
Claimant:	almant: CHEONG BOON H	WEE, ID: S178695	6F	08/12/2017 18	8:00 - :59

Insured:	VINCENT YIP KING LUN, ID:	S6801797A, Tel: +6588761931	, Email: NOEMAIL
Main Claimant:	CHEONG BOON HWEE, ID: SI	1786956F	I MANAGE I M
Vehicle Reg. No.:	SKU6620E	Date of Loss:	08/12/2017 18:00 - :59
Claim Type:	TP / 540404	Policy/Cover Note No.:	D28616304QMY (Comprehensive) Coverage: 18/09/2017 - 17/09/2018
Vehicle Reg. No. (Insured):	SKV4482U	Policy No. (Claimant):	
		Excess:	
Repairer:	Mo Kio - Tel: 64810304		k 2A, #03-06, AMK Auto Point, 568047 Ang
Handling Insurer:	6594 25411		888 [Handled by Irene Tan Gek Ing -
Adjuster:	LKK Auto Consultants Pte Ltd	(HQ) - Tel: 6256-3561 [Imn	n.Advice due 19/12/2017]
Driver/Custodian (Insured):	VINCENT YIP KING LUN (49 / Ma		6588761931
ASSOCIATED MAIL RECEI	VED		View All Compose Case Mail
There are no mail for this cas	e,		

ALL ASSOC	IATED TAS	SKS				View All	Search Tasks	Create New Task	Complete
Due Date	Priority	Туре	Task Group	Subject	Handler	Assigned By	Completed Or	Created On	Done?



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 Internation	ALCOHOLOGICAL DESCRIPTION OF THE PROPERTY OF T	
MSI	G INSURANCE (SI	NGAPORE) PTE LTD	Ref : CS/MSG17023	960/Ktd3
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date: 18-12-2017 Code: MSG		
1.	III SECTION OF THE	Policy Particulars	:- THIRD PARTY CLAI	M
PRINCE I	Insured Veh.	SKV 4482U	Veh. Inspected	SKU 6620E
	Policy No.	D28616304QMY	Coverage (\$)	0.00
	Claim No.	540404	Excess (\$)	0.00
	Assign From	MERIMEN (IRENE TAN)	Assign Date	18/12/2017
2.		Vehicle Parti	culars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	15	Steering	
	Brakes		Modification	
	General			
3.		Condit	ions 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.		Descript	ion of Damages	in the same of the
5.	w France No. 19	Gener	al Information	
	Accident Date	08/12/2017	Inspection Date	18/12/2017
	Survey held at	READY AUTO CARE PL		
		BLK 10 #03-06, AMK AUTOPO SINGAPORE 568047	INT, ANG MO KIO AVE 5,	INDUSTRIAL PARK 2A,
5a.			Remarks	NOT A PARTY OF THE
	A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS, V	THOUT PREJUDICE" BAS WE HAVE NOT AUTHORI	SIS. SED REPAIRS.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
 Any false reporting may be referred to the Police for investigation.
 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.

ACC	DEM.	г стат	11 S (A)	HENT
ACCI	DEN		71	

Date Of Report

09/12/2017 14:16

Date Of Accident

08/12/2017 18:35

Exact Location Of Accident

JURONG GATEWAY RD BEFORE JURONG EAST MRT

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKU6620E

Insured/Policyholder

Name Of Registered Owner

CHEONG BOON HWEE

NRIC No

S1786956F

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-91767883

Alternative Phone No

OFFICE-91767883

Vehicle Particulars

Manufacturer

MITSUBISHI

Model

ATTRAGE

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

AVIVA LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

10765537

Cover Note Number

Driver

KOW WAI YEE

NRIC No

S7070439J

Date Of Birth

Name of Driver

09/11/1970

Occupation

INDOOR

Date Of Driving Pass

08/05/2001

Driving Experience

16 YEARS AND 7 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-91767883

Fax Number

Contact Number

EMail Address

CHEONGBH@SINGNET.COM.SG

Address

Postcode

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

0

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?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

...

Number of Passengers (Including Driver)

NO 1

Details of Police Action

39

Was the accident reported to the police?

If Yes, Please state which Police Station

NO

II 163,1 Icaac state milet i once classes

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

My car SKU6620E was stationary position queuing along GATEWAY RD for turning left into JURONG EAST(pick up point) when suddenly a car SKV4482U hit onto rear of my car SKU6620E. No injuries involved.

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

SKV4482U

Vehicle Make/Model/Colour

TOYOTA/HARRIER 2.0/WHITE

Details Of Properties

Name of Driver

VINCENT

NRIC/Passport Number

Contact Number

88761931

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Details of Witness

Name

Phone Number

Email Address



IMPORTANT NOTICE

- 1. Please report correctly the debals of the accident to speed up the claims process.
- 2 This Form must be completed by the Policyholder and/or the Authroised Driver.
 3 Information provides must be as truthful and accurate as possible. Any wiful 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 insurance companies.

- In a sace and acceptance of this form by insurance comparies is not an admission of policy liability on the part of insurance companies.

 5. Any false reporting may be referred to the Police for investigation.

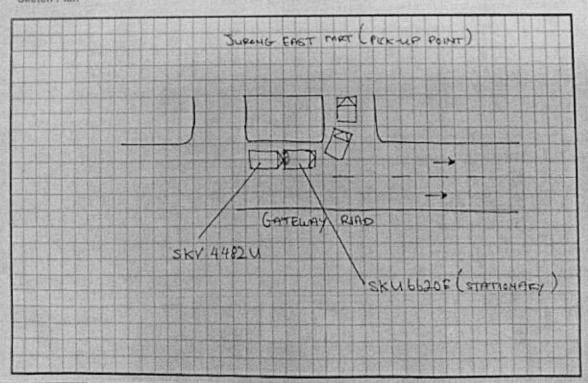
 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singaphie (GIA) for archiving and that copies of this report will for a fee be made available application by interested parties.

 7. By the longement of this report to the insurans, you hareby consent to the archiving of this report at the centre and to copies of the report builty made available aforested.
- 8 Consent under the Personal Data Protection Act (PDPA)
- Lunderstand, acknowledge, agree and consent that

 (a) My insurer, my workshop and the General Insurance Association of Singapore ("G(A") may/are permitted to collect, use, disclose and/or phoces my personal detailpersonal information set out in this [form] and any other personal information provided by me or possessed by phocess my personal detailpersonal information set out in this [form] and any other personal information to all insurens) who have insured my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurens) who have insured vehicle(s) involved in this accident shall be pollectively referred to as the vehicle(s) involved in this accident (all insurens) who have insured vehicle(s) involved in this accident shall be pollectively referred to as the Insurers'), the insurers (awyers/law firms the Monetary Authority of Singapore and any relevant government agency/authority (such as
- the police): for the purpose(s) of
 (i) processing, handing and/or dealing with my craims including the settlement of the claims and any necessary investigations relating to
- (ii) Investigating the accident and/or my claims.
- (ii) carrying out and/or dealing with my instructions or responding to any enquines by me.
 (iv) administering my clasms (including the making of correspondence, statements, invoices, reports or notices to me, which could involve declosure 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
- by complying with applicable law in administering, processing, handling and/or dealing with my claims
- (collectively the "Purposes")
 (b) all insurers (awyers/law firms, may/are permitted to collect, use, (b) all insurers (awyers/law firms, may/are permitted to collect, use,
- disclose and/or process my Personal Information for one or more of the above Purposes, and community may be disclosed by any of the Insurers and/or GIA to their third party service providers or agents. Uncluding their lawyers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS REPORTING OFFICER MOHD FADZLY BIN ISMAIL

Sketch Plan



Sketch Plan #2 Pg. 1

ACCIDENT STATEMENT (2000 characters)	
My car SKU6620E was stationary positinto JURONG EAST(pick up point) whe car SKU6620E. No injuries involved.	tion queuing along GATEWAY RD for turning left en suddenly a car SKV4482U hit onto rear of my
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information prov	ided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHD FADZLY BIN ISMAIL	(vi
	C.F.
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
9 December 2017 12:27 pm	9 December 2017 12:27 pm

Ready Auto Care Pte Ltd - We care for All Your Car Needs

Blk 10 #03-06 AMK Auto Point. Ang Mo Kio Ave 5, Ind Park 2A, Singapore 568047

Tel: 64810304

Fax: 64815587

ROC & GST No: 96606551

MSIG Insurance (Singapore) Pte Ltd

Motor Claim Department

Pring B4 gains 8 1465-20

Estimate Repair

Date

18/12/2017

Accident Involving SKU6620E & SKV4482U On 8/9/2017 Along Jurong Gateway Road

CITEOCOC

Niccan Latio

		SJT5868G	Nissan Latio				
_		Descriptions				NETT	
	1	Rear Bumper			\$	The 708.00	
	2	Rear Left Bumper Retainer		105	\$	27.00 ·	
	3	Rear Left Tail Lamp		7 1	S	276.00	4
	4	Rear End Panel	REPAIR	54	\$	2	
	5	Boot Lid	REPAIR				
	5	Boot Eld		Total For Parts (NETT)	S	1,011.00	
	1	Special Nett Item (s) Front Bumper Clips - 1 Set		Total For Sepecial Nett Items	\$ \$	128.00 28.00	
	1	Labour & Misc To Remove All Damaged Part Panel, Adjsut, Replace, Resha Spray Painting For New & Re	pe, Cut, Weld & Refi	x Body Structure	\$	500.00 500.00	
	2	Spray Painting For New & Re	paneu rants including	Supply of Familia Materials	-	4 - 50.00	- 6

Total For Labour \$

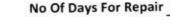
1,889.00 Total For Parts & Labour \$

Reay Auto Care Pte Ltd

Cavity Preservation On All Affected Area

Sulynn - 64810304

3



NN 50.00 X

1,050.00



- . To resurvey before/after spray painting To display damaged part(s) during resurvey
- Paris prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No lifegal modification(s) is allowed.
- · Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company



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/MSG17023960/KTD3N2

Date:

12/01/2018

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

D28616304QMY

Claimant

SKU6620E

Insured Vehicle No:

SKV4482U

Vehicle No: Date of Loss:

Nature of Claim:

TP

Claim No: 540404

DESCRIPTION & IDENTIFICATION OF VEHICLE

08/12/2017

Reg No:

SKU6620E

Make & Model:

MITSUBISHI ATTRAGE, 1.2 CVT (A)

Engine No:

3A92UCK5835

Reg. Date:

11/08/2015 (Man. Year: 2015)

Metallic Red

Chassis No: Odometer:

MMBSTA13AFH010774 5700 km

Colour: **Engine Capacity:**

1193 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): No Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Yes Engine Modification:

195/55R15

Front Tyre Size: Front Left Side:

West Lake 9 mm

195/55R15

Rear Tyre Size: Rear Left Side:

West Lake 9 mm

Front Right Side:

West Lake 9 mm

Rear Right Side:

West Lake 9 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts Miscellaneous Items	Repairer's 1,039.00 0.00	Adjuster's 665.20 0.00	373.80 0.00	Diff % 35.98
Labour	1,050.00	800.00	250.00	23.81
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,089.00	1,465.20	623.80	29.86
+ GST 7.00/7.00% (S\$)	146.23	102.56	43.67	29.86
Nett Amount (S\$)	2,235.23	1,567.76	667.47	29.86

INSPECTION

Date of Assignment:

18/12/2017

Date Inspected:

19/12/2017 Inspected At:

Ready Auto Care Pte Ltd (HQ)

Blk 10 Ang Mo Kio Industrial Park 2A, #03-06, AMK Auto Point

Singapore 568047

Estimated Period of Repair:

3.0 days

Adjuster: KENNETH KONG

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:		(Last Synchronised: 12 Jan 2018)		
Parts:	N/A	MITSUBISHI ATTRAGE 1.2 CVT (A) (Model not available in database)		
Labour:	Repairer's	(Price-denominated Standard List)		
Print Code:	(Unsubmitted	, no print-code for SKU6620E)		
Validity: These estimate		es are valid only if they contain the print code (above) on all estimate pages, running page he END OF ESTIMATES marker on the last estimate page		
858	numbers with the END OF ESTIMATES marker on the last estimate page b: Items/values not in reference catalogue are prefixed with an asterisk *.			

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Buckled	708.00 F	*708.00 FL
2	1		*REAR LEFT BUMPER RETAINER	Serviceable	27.00 F	*-FL
3	1		*REAR LEFT TAIL LAMP	Serviceable	276.00 F	*- FL
4	1		*REAR END PANEL (NPA)	Repair	0.00 F	*-FL
5	1		*BOOT LID (NPA)	Repair	0.00 F	*- FL
6	1		*SET FRONT BUMPER CLIPS	Necessary	28.00 FS	*28.00 FS
F=Fra	anchise	part. S=SpcNe	ett. L=ListItemDisc.	-		
				Sub Total (S\$)	1,039.00	736.00
			- List Item Discount on L I	하는 살아서 얼마나 하는 이 이번 때문에서 하루는 다 살았다.	0.00	70.80
				Total Parts (S\$)	1,039.00	665.20

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labo	our Items			
1	TO REMOVE ALL DAMAGED PARTS,KNOCK OUT DENTS,JACK OUT DAMAGED PANEL,ADJUST,REPLACE,RESHAPE,CUT,WELD & REFIX BODY STRUCTURE	New	500.00	400.00
2	SPRAY PAINTING FOR NEW & REPAIRED PARTS INCLUDING SUPPLY OF PAINT MATERIALS	New	500.00	400.00
3	CAVITY PRESERVATION ON ALL AFFECTED AREA	New	50.00	
	Gross Lab	our Cost (S\$)	1,050.00	800.00
	Report was unsubmitted du	uring this print-out.		

< END OF ESTIMATES >