

ASS REQ BY: _____ REP: CS3/MSG17024241/Wd3ez Range

Surveyor: Wilson ASSIGNMENT (Office): _____

From (Person): Irene Tan of MSIG Date/Time: 21/12/17 @ 1:44pm

Estimated Cost: _____ Bill to: _____

OD: WS / IP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SFW 4381G Insured: SKG 6802X

at Workshop no: Em - I Auto Tel: 6452 3298

of Blk 8 Sin Ming Ind. Est Sec C # 01-68

Policy No: A80426602AMX Claim No: 541560

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A: 18/12/2017

(Client's Record) _____

CA / REV / REP. / REV 24 HRS (wp) R.O.D. Endorsement: _____

Date/Time: 1:12pm @ 21/12/17 Person Contacted: Nicole Vehicle: IN OUT

Date/Time	Action/Instruction (X) Estimate
	SFW 4381G-X
	SKG 6802X - CS/MSG17011722 / R1vbe2 D.O.A: 06/06/2017

PRS
L. Wilson

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: **SFW 4381G**

at Workshop in/s: **EM-1**

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.**

Est. of Market Value: _____

IDAC Accident Report: _____ Consistent? Yes or No

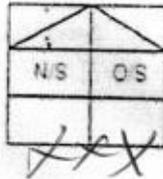
Q14 PR Seen: _____ Consistent? Yes or No

Est. Repairs: _____ days Res: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT



Veh No: **SFW 4381G** Yr Regn: **5/7/2005**

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

Truck / Trailer or _____

Make: **Nissan** cc: **1597**

Colour: **Silver** A/C: Insured / Std / NI / NA

Sp Reading: **293558** T Radio: Insured / Std / NI / NA

Eng No: _____

C No: **JN1GFAN1620512224**

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size F: **185/65 R15**

R: **185/65 R15**

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

TOYO / YOKO or **LINGLONG (F)**
Michellin (R)

Front R. Bal: **4** mm R. Bal: **2** mm

L. Bal: **4** mm L. Bal: **2** mm

D.O.A. DOI: **21/12/2017**

Survey held at: **As Above**

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

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

Range → \$3900 - \$4900

5 Days Repair

RECEIVED 06 APR 2018

Signature
APR 2018

Date/Time File Pass to: **06/04/2018**

: Preli. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: Site Insp. (\$)

Interview (\$)

Tech. Invs. (\$)

Weekend (\$)

Survey Fee	120
Transportation	50
Photos	10
Total	180

Report Format: **PRS**

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

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	19 Dec 2017		21 Dec 2017 13:44 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	CHNG CHEE TIONG , ID: S6938196J		
Main Claimant:	LIM BAN CHOON , ID: S0453652E		
Vehicle Reg. No.:	SFW4381G	Date of Loss:	18/12/2017 18:00 - :59
Claim Type:	TP / 541560	Policy/Cover Note No.:	A80426602QMX (Comprehensive) Coverage: 24/02/2017 - 26/02/2018
Vehicle Reg. No. (Insured):	SKG6802X	Policy No. (Claimant):	
		Excess:	S\$1,000.00
Repairer:	Em-1 Auto Pte Ltd (HQ) Blk 8 Sin Ming Industrial Estate Sector C, #01-68, 575643 Sin Ming - Tel: 64523298		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Irene Tan Gek Ing - 6594 2541]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 22/12/2017]		
Driver/Custodian (Insured):	CHNG CHEE TIONG (/ Male), NRIC: S6938196J		

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.									

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	19/12/2017 11:33
Date Of Accident	18/12/2017 18:15
Exact Location Of Accident	CTE (CITY) BEFORE BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW4381G
Insured/Policyholder	
Name Of Registered Owner	LIM BAN CHOON
NRIC No	S0453652E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91129363
Alternative Phone No	OFFICE-91129363

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA049374/1
Cover Note Number	

Driver

Name of Driver	LIM BAN CHOON
NRIC No	S0453652E
Date Of Birth	22/06/1946
Occupation	INDOOR
Date Of Driving Pass	09/03/1964
Driving Experience	53 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91129363
Fax Number	
Contact Number	OFFICE-91129363
Email Address	NOEMAIL

Address
 Postcode
 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 - 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. 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

refer attached report.

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 SKG6802X
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 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.

林可春

Policyholder's Signature
Date & Time:

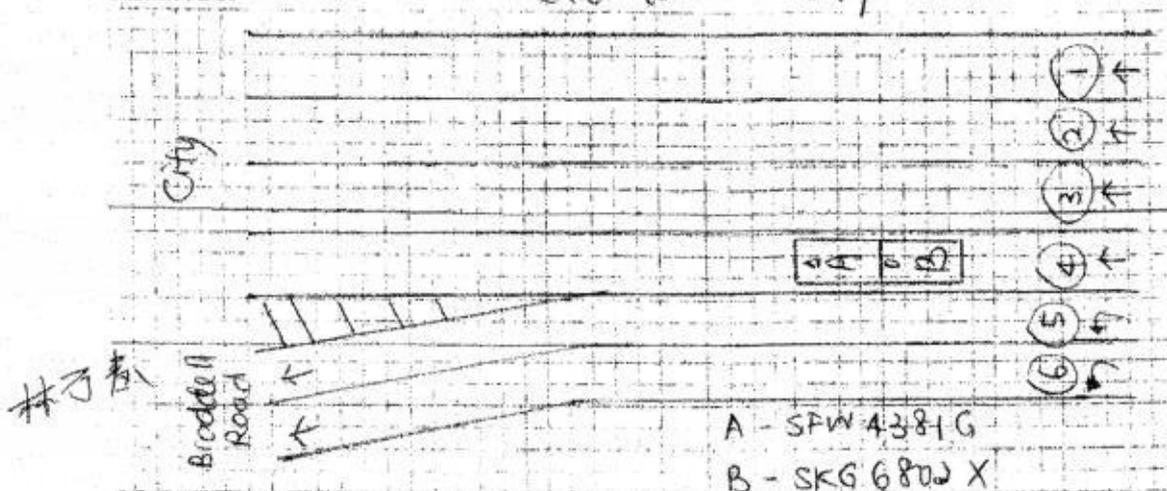
林可春

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

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

SKETCH PLAN

CTE towards City



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTE towards City before
 Braddell Road exit on lane 4. Due to the heavy
 traffic, front vehicle slowed down to stopped. I follow
 suit (stationary) Suddenly vehicle B hit my vehicle
 rear portion. 林子春

DECLARATION

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

林子春

Policyholder's Signature
 Date & Time:

林子春

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

[Signature]

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

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	19 Dec 2017		21 Dec 2017 13:44 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:	CHNG CHEE TIONG , ID: S6938196J								
Main Claimant:	LIM BAN CHOON , ID: S0453652E								
Vehicle Reg. No.:	SFW4381G	Date of Loss:	18/12/2017 18:00 - :59 [149 Months and 13 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 541560	Policy/Cover Note No.:	A80426602QMX (Comprehensive) Coverage: 24/02/2017 - 26/02/2018						
Vehicle Reg. No. (Insured):	SKG6802X	Policy No. (Claimant):							
		Excess:	S\$1,000.00						
Repairer:	Em-1 Auto Pte Ltd (HQ) Blk 8 Sin Ming Industrial Estate Sector C, #01-68, 575643 Sin Ming - Tel: 64523298								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Irene Tan Gek Ing - 6594 2541]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Teo Cheng Ming Wilson] ... [Imm.Advice due 22/12/2017]								
Driver/Custodian (Insured):	CHNG CHEE TIONG (/ Male), NRIC: S6938196J								
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

*SFW4381G (541560)
[SKG6802X]
TP
LIM BAN CHOON
Dec 18 2017 6:00PM
[CHNG CHEE TIONG]
Em-1 Auto Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			View <input type="button" value="View in Browser"/>	
Assessment Reports									1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)					Thumbnail	Print		
1	20/12/17 10:57	Accident Statement From: SC - Reg. No: SKG6802X, Claimant: CHNG CHEE TIONG					Load HTM			
Photos/Images									3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)					Thumbnail	Print		
1	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
2	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
3	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
4	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
5	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
6	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
7	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
8	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
9	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
10	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
11	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
12	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
13	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
14	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
15	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
16	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
17	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
18	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
19	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
20	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
21	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
22	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
23	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
24	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
25	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
26	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
27	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
28	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
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30	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
31	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
32	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		
33	06/04/18 10:59	General View					Load JPG	<input checked="" type="checkbox"/>		

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
34	06/04/18 10:59	General View	 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	20/12/17 10:56	TP GIA REPORT	 Load PDF	
2	21/12/17 13:44	EMAIL to TP reject their list of surveyor	 Load PDF	
3	21/12/17 13:44	TP workshop contact	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG17024241/WD3E2

Date: 09/04/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.	Policy No: A80426602QMX
Claimant Vehicle No : SFW4381G	Insured Vehicle No : SKG6802X
Date of Loss: 18/12/2017	Nature of Claim: TP Claim No: 541560

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SFW4381G	Engine No: QG16378117
Make & Model: NISSAN SUNNY, 1.6 EX (A)	Chassis No: JN1CFAN16Z0512224
Reg. Date: 05/07/2005 (Man. Year: 2005)	Odometer: 293058 km
Colour: Silver	
Engine Capacity: 1597 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:	185/65 R15	Rear Tyre Size:	185/65 R15
Front Left Side:	Linglong 4 mm	Rear Left Side:	Michelin 2 mm
Front Right Side:	Linglong 4 mm	Rear Right Side:	Michelin 2 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:	21/12/2017	
Date Inspected:	21/12/2017 Inspected At:	Em-1 Auto Pte Ltd (HQ) Blk 8 Sin Ming Industrial Estate Sector C, #01-68 Singapore 575643

Estimated Period of Repair: 0.0 days

Adjuster: Teo Cheng Ming Wilson

Manager: Nivitha Govindasamy

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 \$3,900.00 -\$4,900.00

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 09 Apr 2018)
Parts: 143	NISSAN SUNNY 1.6 EX (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SFW4381G)	
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 >