	Rasu	ASSIGN	917024465/R MENI (Office)		:
		_ of	,	Dat	eTime 26/12/17 @ 2.23
Estimated Cost	TP RES / OD RES / EV	7	Bill to:		
To Inspect Veh	_	CV.445		In suced:	EQ 7788R
at Workshop m	A A 1				6844 1555
•	BK Ave 6				00111332
	180433216 AVU			54 233	5
Sum Insured:_	•		Excess:	•	
Make of Veh:				D.0	DA 19112/17
(Client's Record		AID 2			
CA / REV /	REP. / REV 24 HRS	7	M. Cl.		H.O.D. Endorsement:
Date/Ime; 1	242pm@ 2712117	Person Contac	ted: <u> </u>	clu. Vabi	ole dis]. OUT
Date/Time	Action/Instruction ()	X) Estin	icte		
· · · · · · · · · · · · · · · · · · ·	SCV 4455T-1	INU6	007189/02		DOA: 01/02/2011
	FQ 7785 R-CI	7	· · · · · · · · · · · · · · · · · · ·		D. O.A: 20/02/2
	Dismantle Part:	, , , , , , , , , , , , , , , , , , , ,			
	After Apair: 29				
	THE TOTAL PARTY OF THE PARTY OF	· <u>-</u> - <u>-</u> - <u>-</u> -			

Chronic CASM

ASSIGNMENT

From: Date:	Van No. SCV 4455	1 Yr Regn: 3016	Jan 29
Estimated Cost.	Type: M.Car / M.Cycle / Bus / Van / I	Lorry / Taxi / Prime Mover /	1
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehicle No: SW 4455T	Make: Auol 95 Sp	on AO.C Shadfac	
at Workshop m/s YAP LEE MOTH	Colour Bunk	A/C: Insured / Std	/ NI / NA
of JAKI, KAKI PUKIT pre 6# 01->6A.B	Sp.Reading 17 663	T/Radio: Insured / Std	/ NI / NA
insured: m3lh	Eng/No:		
Policy No.	C/No: WAUZZZ8T	9BA 093417	
Claims No.	Gen. Cond: Good / Fair / Poor / Bur	nt	
Sum Insured: Excess:	Steering: Norder / Jammed / Leake	d/Burnt or	
(Client's Record)	Brake: Morder / Jammed / Leake	d/Burnt or _	
Make of Veh:	Modi: Nil / 8/Rim / STD A/Rim	or	
·	Tyre Size: F: 24	5 402R18	
(Policy Condition)	R:	<i>i</i> •	
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZ	A / (MO), OHTSU / PIR / SU	MI /
repair at the time of inspection.	TOYO/YOKO or		·
Bal. or Market Value:	- Front	<u>Rear</u>	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm	R Bal.	<u>m</u> m
GIA / PR Seen:Consistent? : Yes or No	L/Bal mm	L'Bal.	mm
Est. Repairs: days Res.: Yes or No	D.O.A. 19 17	D.O.I. 28(12/17	7 @ 1123gm
Lum Sum: % 3 Val.: Yes or No		E MOTHR	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/		Cr -
Vehicle: IN / OUT Date: Person Contacted:			
	The U/C / Chassis frame / Bo	and Structure affected due	to conside.
Date / Time Action / Instruction			
ESTIMATE ROULE OF REFINE -			
BOILS Rp~ rape PLSK &	1.2K + 81.5K. OF	- 2 days 7	
rpa			
· 4		·	
Date/Time. File Pass to? : Preli. Report	Days Of Repair:		100
: Final Report Cate/Time, File Return to?	Resurvey No. of Trip:	Survey Fee:	180
Late/rime. File Return to: Add Fe	ee: Site Insc	Transportation	
Addre	cinternew \$	Pharas	
Report Format :	Tech invs \$. Dimera	-
Lump Sum / 1.B.It : 3	Naekena S		
The state of the s			



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	nale Des Experts En Auto	omobile serves a us was serves
MSI	3 INSURANCE (S	INGAPORE) PTE LTD	Ref : CS3/MSG170	024465/R1d3
	AFFLES QUAY 01 HONG LEONG	BLDG SINGAPORE 048581	Date: 27-12-2017 Code: MSG	
197		Policy Particulars	-(THIRD PARTY CL	AIM)
	Insured Veh.	EQ 7788R	Veh. Inspected	SCV 4455T
	Policy No.	A80433216AVW	Coverage (\$)	0.00
	Claim No.	542335	Excess (\$)	0.00
	Assign From	MERIMEN (MONICA CHUNG)	Assign Date	27/12/2017
2		ભારત મુખ્ય κ⇔₃Vehicle Parti	culars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	-	Steering	
	Brakes		Modification	
	General			
3.		Conditi	ons 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.		Descripții	on of Damages was	
5.	rains At	enoteN. See Lee y Genera	linformation	
72.8	Accident Date	19/12/2017	Inspection Date	27/12/2017
	Survey held at	YAP LEE MOTOR	<u> </u>	
		BLK 1 KAKI BUKIT AVE 6 #01-26 AUTOBAY@KAKI BUKIT SINGAPORE 417883	г	
	A Salah Cara Cara Cara Cara Cara Cara Cara Ca	はできょう1つappingを含むなCondRe	emarks fyres > _{mark} s	
5a	3.55 manufacture 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The second of the second secon	erregen in estat Astronomica Afterior in the contract of

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

CLAIM SUB	FOLDER TRAC	KING					
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Authled	Status
Main	22 Dec 2017		26 Dec 2017 14:23				New Assignment
			Assign				, Cancel Case

		Claim Details	Documents	Show All	
CLAIM SUBFOLDER DETA	ILS		[Created by ins	urer]	
Insured:	SITI AISHAH BTE JAFFAR,	, ID; S1806066C			
Main Claimant:	TAY KAY SOCK GERLAD,	ID: S1470106J			
Vehicle Reg. No.:	SCV4455T	Date of Loss:	19/12/2017 18:00	0 - :59	
Claim Type:	TP / 542335	Policy/Cover Note No.:		A80433216AVW (Comprehensive) Coverage: 29/05/2017 - 28/05/201	
Vehicle Reg. No. (Insured):	EQ7788R	Policy No. (Claimant):			
		Excess:			
Repairer:	Yap Lee Motor (HQ) 1 Kaki	Bukit Avenue 6, #01-26 Autobay	@ Kaki Bukit, 417883 Kak	i Bukit - Tel: 684	
Handling Insurer:	MSIG Insurance (Singapore Zhen - 6594 2552]	e) Pte. Ltd. (HQ) - Tel: +65 682	7 7888 [Handled by M o	nica Chung Pei	
Adjuster:	LKK Auto Consultants Pte L	Ltd (HQ) - Tel: 6256-3561 [I n	nm.Advice due 27/12	2/2017]	
Driver/Custodian (Insured):	SYED MOHAMED BIN ZUMRI A	AL-KHAIRID (), NRIC: S1583411	J, Tel: +6597669996		
ASSOCIATED MAIL RECEI	VED		View All	Compose Case Ma	
ASSOCIATED MATE RECEI	2				
There are no mail for this case	••				
****		View All	Search Tasks Create Ne	w Task Comple	
There are no mail for this case	3			w Task Comple	

Survey Department Check List (Case Handler)

	erance cy Ty	No.: pe: OD / TP / TP RES / TL / EVA	Case H	landler	Τγ;	n:ct
Δdε	nin (li Casa bandiar ta maya si na ali lafarmatia				
): Case handler to make sure all Informatio Assign Form				
(+)	C	Reference No.	Y-Date	N-Date	<u>1-Date</u>	N-Date
	C	Customer Code				
	_	Assign From	V /		P	
		_			-	
		Assign Date	_/			
	C	Veh No (Inspected)			i	
	C	Veh No (Insured)	<u></u>	-		
	C	D.O.A		!		<u> </u>
	С	Policy No	V		-	
	C	Claim No	/			
	C	Insurance Authorisation (CA /REV/REP)				
	C	Report Type	/			
	C	Weekend Charges				
	Ν	Survey held at/Repairer				
	С	Excess		!		
Sur	veyo	<u>r</u> (): Case handler to make sure the su	rveryor c	ompleted a	!! required	information.
(1)	Assign	ment Form				
	C	Vehicle No	/			
	С	Regn Month/Year				
	N ,	Vehicle Type				
	N	Make & Model	/			4
	C	Engine Capacity. (C.C)	1			
	N	Colour				
-	C	Odometer. (Sp.Reading)				
	С	Chassis No				
	N	General Condition			-	
-	N	Steering		 		
	N	Brake				
	N	Modification (Modi)	1			
٠	c	Tyre Size	-		-	
	N	Tyre Make	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	C	Tyre Balance			-	
	c	Date of Inspection	/			
	N	Survey held	V /			
	N	Des.of Damages	V			
<i>L</i> 21 :		n - (Views/Merimen)		<u> </u>		<u> </u>
(4)	C	Damaged Vehicle Photographs Uploaded				
(3)	Works	shop 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)		n - (Views/Merimen)	<u> </u>	1		<u></u>
(' / '	C	Resurvey photo Uploaded				
			<u> </u>	 	<u> </u>	<u> </u>
		Check By:				

*C: Critical *N: Non-Critical

Case Handler

Date

View Sent Message

This mail is associated with:

*SCV4455T (542335) [EQ7788R]

TAY KAY SOCK GERLAD Dec 19 2017 6:00PM [SITI AISHAH BTE JAFFAR] Yap Lee Motor

Resend View Recipients Print Message Delete Message Forward

From

LKK Auto Consultants Pte Ltd (LKK_HQ), sent on 26/01/2018 09:54 AM.

MSIG_CPZ

Subject Pre-repair Inspection

Dear Monica,

Refer to your assignment on 26.12.2017 at 2.23PM.

Please be informed that we have inspected the vehicle SCV 4455T on 28.12.2017 at 11.23AM.

At the time of inspection the repairer did not present their estimation to the damaged vehicle.

We will submit our report accordingly.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

DOCUMENTS SUMMARY

There are no documents.

ONG & SHAN LLC

ADVOCATES & SOLICITORS
COMMISSIONERS FOR OATHS
NOTARIES PUBLIC

Our Counter-Signatory's Ernail Notifications:

Lawyer : ongshanllo@gmail.com

Secretary :

Please send all correspondences to:

- 2 Kallang Avenue #08-19 Singapore 339407 Tel: 6444 7845 | Fax: 6444 5847
- ☐ 101 Upper Cross Street #06-15B Singapore 058357 Tel: 6536 7991 | Fax: 6536 7995
- ☑ 184 Toa Payoh Central #02-364 Singapore 310184 Tel: 6224 9847 | Fax: 6254 7261

WE DO NOT ACCEPT SERVICE BY FAX

Our Ref

SRSTP.8073.17.CM

Your Ref

Your insured vehicle EQ 7788R

7 DEC 2017

BY FAX: 6-827-7809/ 6-225-7402

22nd December 2017

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

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES (NIMA) ROAD TRAFFIC ACCIDENT INVOLVING SCV 4455T & EQ 7788R ON 19.12.2017 ALONG CLEMENTI ROAD @ 1640 HRS

We are instructed by our client's repairer workshop M/s Yap Lee Motor to notify you of a road traffic accident on 19.12.2017 at about 1640hrs along Clementi Road involving our client's customer's vehicle registration number SCV 4455T and vehicle registration number EQ 7788R driven by you at the material lime, A copy of the GIA report filed is enclosed.

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

Yours faithfully,

Ong & Shan LLC

cc: M/s Yap Lee Motor (68441311)

ONG & SHAN LLC

A LIMITED LIABILITY CORPORATION | COMPANY REGISTRATION NUMBER 201408968D

MSME377d7514-U1/SME Alvor Pie Lid - Kate Loke ENTRY DATE & 18VC-20V272U17 US 17 SUBMITTED BY: Pei Ving

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Picase 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 intilitat and provide as possible. Any wild interspresentation or witholding of material facts may allow insurance competites to repudiate policy ability.
- 4. The issue and acceptance of this Form by Inclinance comparisor is not an admission of policy liability on the part of the insurance companies.
- b. Any false reporting may be referred to the Police for Investigation.

 5. This report will be forwarded by the insurers of the finances of the GIA Records Management Centre setablished by the General Insurence Association of Singapora (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the todgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to contex of the report being made available elotezaid.

	ACCIDENT STATEMENT
Date Of Report	20/12/2017 16:17
Date Of Accident	19/12/2017 18:40
Exact Location Of Accident	CLEMENTI ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	8CV4455T
Insured/Policyholder (%)	
Name Of Registered Owner	TAY KAY SOCK GERLAD
NRIC No	\$1470106J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96649007
Alternative Phone No	OFFICE-96649007
Vehicle Particulars	· 图 1 图 1 图 1 图 1 图 1 图 1 图 1 图 1 图 1 图
Manufacturer	AUDI
Model	A5
Exact Purpose for which vehicle was being use time of accident	**
Are you claiming under your own insurance pol for repair to your vehicle?	icy NO
If No. Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	THE REPORT OF THE PARTY OF THE
Name of Insurance Company	SOMPO INBURANCE SINGAPORE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700388
Cover Note Number	
the second of th	
Driver	
Driver Name of Oriver	TAY KAY SOCK GERLAD
Name of Oriver	TAY KAY SOCK GERLAD S1470106J
Name of Oriver NRIC No	TAY KAY SOCK GERLAD
Name of Oriver NRIC No Date Of Birth	TAY KAY SOCK GERLAD S1470106J
Name of Oriver NRIC No Date Of Birth Occupation	TAY KAY SOCK GERLAD 81470106J 31/03/1981
Name of Oriver NRIC No Date Of Birth Occupation Date Of Driving Pass	TAY KAY SOCK GERLAD \$1470106J 31/03/1981 INDOOR 22/08/1983
Name of Oriver NRIC No Dale Of Birth Occupation Dale Of Driving Pass Orlving Experience	TAY KAY SOCK GERLAD S1470106J 31/03/1981 INDOOR
Name of Oriver NRIC No Date Of Birth Occupation Date Of Driving Pass Oriving Experience Gender	TAY KAY SOCK GERLAD 81470106J 31/03/1981 INDOOR 22/08/1983 34 YEARS AND 3 MONTHS MALE
Name of Oriver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender Mobile Number	TAY KAY SOCK GERLAD \$1470106J 31/03/1981 INDOOR 22/08/1983 34 YEARS AND 3 MONTHS
	TAY KAY SOCK GERLAD 81470106J 31/03/1961 INDOOR 22/08/1963 34 YEARS AND 3 MONTHS MALE

Page 1 of 15

Address	11 WEST COAST WALK #11-24
Postcode	127161
Was driver an employed of the Insure(I's Company	NO
ll No. Relationship of the Oriver with the insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	•
Insurance Company of Orlver's Own Vehicle	
General Information of the Accident	
Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY
Other Information	
Was eny foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 Orlvar)	3
Details of Police Action	and the state of t
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	THE STATE OF THE STATE OF
VEHICLE IN FRONT SLOW DOWN, I FOLLOW TO IN TIME AND HIT ONTO MY REAR RIGHT PORTIO	SLOW DOWN AND STOP BUT VEHICLE B ANALY DELA CALLED AND
Attachment(s)	
Are accident photos available for attachment?	VES
Was there any video captured by Car Camera?	NO
M(NO .
DETAILS	OF OTHER VEHICLE PROPERTY 1
Valida Bantalania timat	EQ7788R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Level A. C. C.	PRIVATE CAR
Name of Oriver	
NRIC/Paseport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
value of comage	

Sketch Plan Pg. 1

SKETCH PLAN

TANGULANT NO THE

- > Please strong topiccing the negative of the accident to speed up the claims process.
- 7. This form must in completed by the Policyholder unifor the authorised Driver.
- information provided must be st continuiting accounts acquirible, any willing indepresentation or withholding of an attribi facts may allow insurance companies to consulint policy lightly,
- The usua and accompany of this form by insurance companies is not an admission of policy liability on the part of the Insurance companies
- 5. non late repailing near by referred to the Police for investigation,
- The report will be forwarded by the Insurers of the GIA Records Manbecinent Centre established by the General Insurance Association of Singaporn (GIA) for exchining and that copies of this teleost will for a fea be made available upon application by intercisted postiet.
- 7. By the ladgment of this report to the insurars, 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 trennal Data Protection Art (PDPA)

t understand, achievitedge, agree and consent that,

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disciple and/or growns my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by any insurer (collectively size "Parsonal 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 venicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Auditoray of Singapore and any relevant government agency/authority (such as the police), for the purposels)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary phasologica selving to the elalust
 - (ii) investigating the accident and/or my claims:
 - (iii) carrying out aho/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, involves, reports or notices to me, which could involve disclosure of certain personal data about ma 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
- (b) all insurer(s) whin have insured vehicle(s) involved in this accident and the insurers' lawyers/law fittes, may/are permitted to collect, yes, disciple and/or process my Personal Information for one or more of the above purposes; and
- my Personal Information near/can be disclosed by any of the insurers and/or GIA to their third party service providers or agenessincluding their lawyers/row lums), which may be sited outside al Singapore, for one or more of the above Purposes.
- my Personal information will also be collected and used to compile cisims history for the purpose of fraud detection. investigation and inanagement in present and all future claims.
- (c) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties may espise in evaluating, investigating, controlling or managing fraud, regulators, tow enforcement and government agencies as reasonably required for the purposes stated, or

(4) for complying with requirements under any regulations, laws or cours orders.

Poncyholder's Signature

Date & Cine

Driver's Signature

(if driver is not the policyholder)

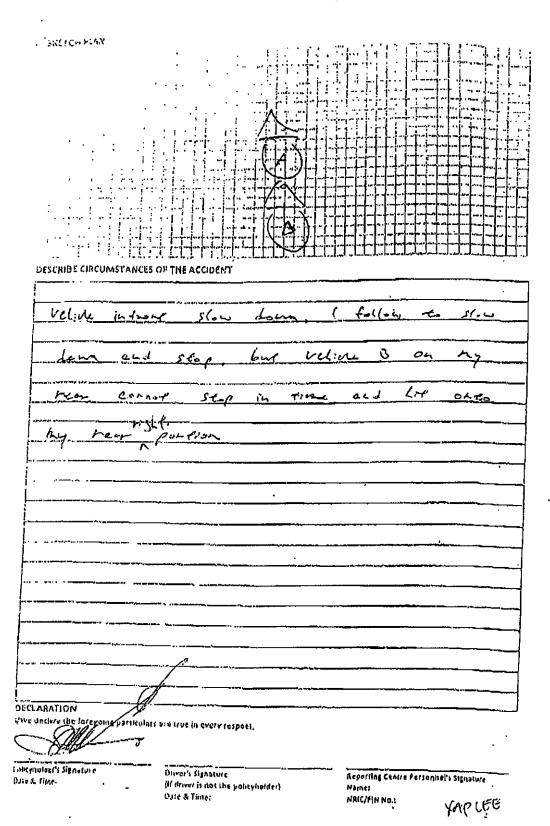
Date & Time;

Reparting Centre Personnel's Signatura Name:

NAIC/FIN NO.:

Page 3 of 15

Sketch Plan #2 Pg. 1



Page 4 of 15

Merimen e-Claims Page 1 of 1

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	22 Dec 2017		26 Dec 2017 14:23 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case
	Main	Refere	ence	Claim Details	0	ocuments	Show All

Main	Reference	Claim	Details	D	ocuments	Show All
CLAIM SUBFOLDER DETAI					[Created by i	insurer]
Insured:	SITI AISHAH BTE JAFFAR	t, ID: S18060	66C			
Main Claimant:	TAY KAY SOCK GERLAD,	ID: S1470106	5)	•		
Vehicle Reg. No.:	SCV4455T	Da	te of Loss:		19/12/2017 18	:00 - :59
Claim Type:	De: TP / 542335 Policy/Cover Note No		No.: A80433216AVW (Compreh Coverage: 29/05/2017 - 20		, ,	
Vehicle Reg. No. (Insured):	EQ7788R	Pol	icy No. (Claimant):		
		Exc	cess:			
Repairer:	Yap Lee Motor (HQ) 1 Kak	ki Bukit Avenue	6, #01-26 Autob	ay @ Kaki E	Bukit, 417883 Ka	aki Bukit - Tel:
Handling Insurer:	MSIG Insurance (Singapo Zhen - 6594 2552]	ore) Pte. Ltd. ((HQ) - Tel: +65 6	827 7888 .	[Handled by F	Honica Chung Pei
Adjuster:	LKK Auto Consultants Pte due 27/12/2017]	Ltd (HQ) - Te	el: 6256-3561 ([Handled by	MOHD RASUL	.] [Imm.Advice
Driver/Custodian (Insured):	SYED MOHAMED BIN ZUMRI	I AL-KHAIRID (), NRIC: S15834	411J, Tel:	+6597669996	
ASSOCIATED MAIL RECEI	VED				View All	Compose Case Mail
There are no mail for this case	2.					
ALL ASSOCIATED TASKS	3		View All	Search Ta	sks Create	New Task Complete
Due Date Priority Ty No results.	rpe Task Group Subjec	ct Handler	Assigned By	Comp	oleted On	Created On Done?
	A STATE OF THE STA					

Page 1 of 3 Merimen e-Claims

Claim Documents

*SCV4455T (542335) [EQ7788R] TP **TAY KAY SOCK GERLAD** Dec 19 2017 6:00PM [SITI AISHAH BTE JAFFAR] Yap Lee Motor

Up	load Documents U	pload Photos Compose New Letter	V	View in Bro	wser 🗸
Ass	essment Reports		1 pe	rpage 🔽	☑
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	26/12/17 14:26	Accident Statement From:SC - Reg. No: EQ7788R, Claimant: SITI AISHAH BTE JAFFAR	0	Load HTM	
Pho	tos/Images		3 pe	r page 🔻	7
No	· 	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	26/01/18 09:49	Odometer Reading	Ø	Load JPG	☑
2	26/01/18 09:49	Chassis Number	0	Load JPG	Ø
3	26/01/18 09:49	General View	0	Load JPG	☑
4	26/01/18 09:49	General View	0	Load JPG	V
5	26/01/18 09:49	General View	0	Load JPG	Ø
6	26/01/18 09:49	General View	0	Load JPG	√
7	26/01/18 09:49	General View	O	Load JPG	☑
8	26/01/18 09:49	General View	0	Load JPG	3
9	26/01/18 09:49	General View	0	Load JPG	\square
10	26/01/18 09:49	General View	0	Load JPG	☑
11	26/01/18 09:49	General View	0	Load JPG	☑
12	26/01/18 09:49	General View	0	Load JPG	✓
13	26/01/18 09:49	General View	0	Load JPG	☑
14	26/01/18 09:49	General View	0	Load JPG	☑
15	26/01/18 09:49	General View	0	Load JPG	☑
16	26/01/18 09:49	General View	0	Load JPG	Y
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Merimen e-Claims Page 2 of 3

		Photographs of Damaged Parts	6	Load JPG	\checkmark
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54	26/01/18 09:50	Photographs of Damaged Parts	0	Load JPG	7
55	26/01/18 09:50	Photographs of Damaged Parts	0	Load JPG	<u> </u>
56	26/01/18 09:50	Photographs of Damaged Parts	0	Load JPG	$\overline{\mathbf{Y}}$
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58	26/01/18 09:50	Photographs of Damaged Parts	0	Load JPG	7
59	26/01/18 09:52	Photo After Spray	0	Load JPG	3
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	umentation	MOTO T (Circums-) Ph- 14-1 (10)	1 pe	r page 🗸	✓
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ) PRE REPAIR SURVEY REQUEST FROM TP LAWYER / TP GIA REPORT	0	Thumbnail Load PDF	Print
2	26/12/17 14:24 26/12/17 14:25	WE REJECT TP SURVEYORS & APPOINT LKK TO BE THE SJE	Ö	Load PDF	

Documents Checklist

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

Merimen e-Claims Page 3 of 3

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
	^
	~
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.	

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/MSG17024465/R1D3E2

Date:

26/01/2018

REFERENCE

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

Policy No:

A80433216AVW

Claimant Vehicle SCV4455T

Insured Vehicle No:

EQ7788R

Date of Loss:

19/12/2017

Nature of Claim:

ΤP

Claim No: 542335

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

No:

SCV4455T

Make & Model:

AUDI A5, 2.0 SPORTBACK (A)

Engine No:

CDN212210

Reg. Date:

29/01/2016 (Man. Year: 2011) Black

Chassis No: Odometer:

WAUZZZ8T9BA093417 17063 km

Colour: **Engine Capacity:**

1984 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):

Engine Modification:

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

245/40Z R18

Rear Tyre Size:

245/40Z R18

Front Left Side: Front Right Side: Michelin 6 mm Michelin 6 mm Rear Left Side: Rear Right Side: Michelin 6 mm Michelin 6 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:

26/12/2017

Date Inspected:

28/12/2017 Inspected At:

Yap Lee Motor (HQ)

1 Kaki Bukit Avenue 6, #01-26 Autobay @

Kaki Bukit

Singapore 417883

Estimated Period of Repair:

0.0 days

Adjuster:

MOHD RASUL

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.

Adjuster Report Page 2 of 4

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 \$1,200.00 -\$1,500.00

Adjuster Report Page 3 of 4

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 26 Jan 2018)

Parts: 143 AUDI A5 2.0 SPORTBACK (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SCV4455T)

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.

Adjuster Report Page 4 of 4

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 >