

22/03/2002

ASS. REC. BY:

REF:

CS / III 17024500 / Uqbel

Special Instruction:

Survivor: Marcus

ASSIGNMENT (Office)

Mesman

From (Person): Adefire Tham

of

III

Date/Time:

27/22017 12.13pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDY 9116L

Insured:

SHD 3682X

at Workshop m/s

Imperium Automotive

Tel:

9748 9940

of

25 Kaka Bukit Rd 4 #01-49

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

23.12.2017

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate	
	SDY 9116L - MA / ALH 17024328 / 14	217- 231217
	SHD 3682X - CS / III 12055018 / Uqn	217- 11 08:12

Gordon Morris

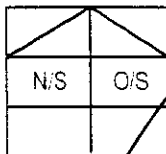
REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: SD49916L
 at Workshop m/s Imprium
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.



Bal. or Market Value: 24
 IDAC Accident Rpt: 2 Consistent? : Yes or No
 GM / PR Seen: 2 Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

26/4/2017

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SD49116L Vn Page: 406
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA
 Make: Toyota wish cc 1794
 Colour: Grey A/C Insured / Std / NI / NA
 Sp. Reading: 246168 T-Radio Insured / Std / NI / NA
 Eng/No: _____
 C/No: 2NE10 0295105
 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: 195/65R15
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM /
 TOYO / YOKO or

Front 6 Rear 6
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 23/1/17 D.O.I. 27/12/17
 Survey held at _____

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

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

Date / Time Action / Instruction

27/1/17

3.15.40. Dep 2

27/1/17 conf. and L/S 2400 with shown.
 (Red by 7399.65, 761/)

Date/Time, File Pass to?



Preli. Report

28/12/17



Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee

Transportation

Lump Sum - PS _____

Photos

Other

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech Insps (\$☐ Weekend (\$

Report Format :

Lump Sum / L/S: (\$

71

2400

350

10

360




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			
INDIA INTERNATIONAL INSURANCE PL		Ref : CS/III17024500/Uqb	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 27-12-2017	
		Code : III2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 3682X	Veh. Inspected	SDY 9116L
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	ADELINE THAM	Assign Date	27/12/2017
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	23/12/2017	Inspection Date	27/12/2017
Survey held at	IMPERIUM AUTOMOTIVE 25 KAKI BUKIT ROAD 4 #01-49 SYNERGY @ KB SINGAPORE 417800		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Survey Department Check List (Case Handler)

Reference No.: CS/17024500/Ugb
 Policy Type: OD/TP/TP RES/TL/EVA

SDY 916L

Admin (Catlin): Case handler to make sure all information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

- 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (Murphy): 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

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Check By: [Signature] 28/04/17
 Case Handler Date

Catherine Chong (LKK Auto)

From: Adeline Tham <adelinetham@iii.com.sg>
Sent: Wednesday, 27 December, 2017 12:13 PM
To: Alfred Ng
Cc: 'LKK - Assignments'; 'SUR'; admin-a@lkkauto.com
Subject: RE: Acc invl SHD3682X & SDY9116L ON 23.12.2017 - PRS
Attachments: 20171226171911.pdf

Dear Sir,

This Pre-Repair Survey is on Without Prejudice Basis.

THIRD PARTY VEHICLE NO : SDY9116L

III INSURED VEHICLE NO. : SHD3682X

DATE OF LOSS : 23.12.2017

We acknowledge receipt of your letter dated 27.12.2017.

Our insured has reported the above accident to us.

In compliance to Pre-Action Protocol for NIMA cases, we note that

You have agreed to the appointment of our surveyor.

Therefore, we have appointed our surveyor **LKK Auto Consultants Pte Ltd** to conduct the pre-repair survey.

This claim is handled by **Sherini**

Please let us have your client's **accident report and repair estimate** for our appointed surveyor to conclude his report.

****We would like to conduct a re-survey after spray painting. Please contact our surveyor to arrange.**

****Surveyor kindly upload this assignment to Merimen.**

Thank You.

Best Regards,

Adeline Tham
Motor Claims Department
India International Insurance Pte Ltd
64 Cecil Street #05 IOB Building
Singapore 049711

From: Alfred Ng [mailto:alfred_ng@juseq.com.sg]
Sent: Wednesday, 27 December, 2017 12:01 PM
To: Adeline Tham
Subject: Re: Acc invl SHD3682X & SDY9116L ON 23.12.2017 - PRS

Your ref: SHD3682X

Our ref: JEQ/170985/1217/IMP

Dear Adeline,

We refer to your email dated 26 December 2017.

Our client is agreeable to appoint the following surveyor as our single joint expert.

LKK Auto Consultants Pte Ltd

Please be informed that our client's vehicle is available for inspection at the understated workshop:-

IMPERIUM AUTOMOTIVE

25 Kaki Bukit Road 4 #01-49,
Synergy@KB
Singapore 417800
Tel: 9748 9940 Fax: 6346 7213

With Regards

Alfred Ng
Executive
On behalf of Mr Michael Yap
M/s JusEquity Law Corporation
No. 171 Chin Swee Road
#02-01/02/06 Singapore 169877
Tel : 6536 9339
Fax: 6536 5368

IMPORTANT NOTICE:

This message is intended only for the attention of the addressee and may contain legally privileged and/or confidential information. Its unauthorised use, disclosure, storage or copying is not permitted. If you are not the intended recipient, please permanently delete the original, destroy all copies and inform the sender.

----- Original Message -----

From: JUSEQ
To: alfred_ng@juseq.com.sg
Sent: Wednesday, December 27, 2017 11:33 AM
Subject: FW: Acc invl SHD3682X & SDY9116L ON 23.12.2017 - PRS

From: Adeline Tham [<mailto:adelinetham@iii.com.sg>]
Sent: Tuesday, December 26, 2017 5:32 PM
To: tan <juseq@singnet.com.sg>
Subject: Acc invl SHD3682X & SDY9116L ON 23.12.2017 - PRS

Dear Sir,

We acknowledge receipt of your letter dated [26.12.2017] and the enclosures on [26.12.2017].

We propose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

Best Regards,

Adeline Tham
Motor Claims Department
India International Insurance Pte Ltd
64 Cecil Street #05 IOB Building
Singapore 049711

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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It may contain confidential and/or legally privileged information.

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Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	5550C

Vehicle Details

Vehicle No.:	SDY9116L
Vehicle to be Exported:	No
Intended De-registration Date:	29 Dec 2017
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 A
Primary Colour:	Grey
Manufacturing Year:	2006
Engine No.:	1ZZ2511816
Chassis No.:	ZNE100295105
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$20,097.00
Original Registration Date:	27 Apr 2006
First Registration Date:	27 Apr 2006
Transfer Count:	1
Actual ARF Paid:	\$22,107.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	26 Apr 2021
COE Category:	B - Car (1601cc & above)

COE Period(Years):	5
PQP Paid:	\$23,725.00
COE Rebate Amount:	\$15,789.00
Total Rebate Amount:	\$15,789.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 27 Dec 2017

OK

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 23/12/2017 14:06
 Date Of Accident 23/12/2017 11:10
 Exact Location Of Accident LORNIE RD TWDS ADAM RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDY9116L
 Insured/Policyholder
 Name Of Registered Owner ONG TECK HUNG
 NRIC No S6825550C
 Email Address FRANCIS.ONG@WESTING.BIZ
 Mobile Phone No (LOCAL) +65-97972697
 Alternative Phone No OFFICE-97972697

Vehicle Particulars

Manufacturer TOYOTA
 Model WISH
 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? NO
 If No, Please state action to be taken THIRD PARTY
 Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 2100277393-06
 Cover Note Number -

Driver

Name of Driver ONG LEE HONG (WANG LIFENG)
 NRIC No S7206507G
 Date Of Birth 16/02/1972
 Occupation INDOOR
 Date Of Driving Pass 21/07/1994
 Driving Experience 23 YEARS AND 5 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-97972697
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address BLK 26D JALAN MEMBINA #15-164
 Postcode 167026
 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
 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 Driver) 2
 Passenger 1 NAME: : ONG TECK HUNG
 GENDER: : MALE

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

I WAS TRAVELLING ALONG LORNIE RD TWDS ADAM RD ON THE SECOND LANE, ALL OF A SUDDEN, A TAXI (BEARING NO SHD3682X) FROM THE FIRST LANE CUT INTO MY LANE AND HT ONTO MY VEH RIGHT REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH DRIVER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD3682X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver GOH CHING CHUAN
 NRIC/Passport Number S0291245G
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A = SDY 9116L
B = SHD 3682X

Lorne Rd towards Adam Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

I/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:

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

IMPERIUM AUTOMOTIVE

25 Kaki Bukit Road 4 #01-49 Synergy @ KB Singapore 417800
Tel: 9748 9940 Fax: 6346 7213

Vehicle No: SDY 9116L

Model: Toyota Wish

not Affiliated
make
2/5 @ 2400
Hday.
Whisper Affe up-

QTY	List Price:	Prices \$
1	Rear tailgate	1248.95 X
1	Rear tailgate emblem "SCION"	85.50 /
1	Rear tailgate emblem "X"	58.50 /
1	Rear tailgate rubber	285.53 X
1	Rear tailgate lock	497.27 X
1	Rear tailgate inner trim	485.51 X
1	Rear taillamp RH 408.10	484.65 /
4	Rear tailgate side holder clip @ 7.80	31.20 X
1	Rear taillamp panel housing - RH	195.00 X
1	Rear bumper	535.10 /
4	Rear bumper clip @ 4.50	18.00 /
2	Rear bumper reflector - LH/RH @ 72.55	145.10 /
2	Rear bumper bracket - LH/RH @ 68.50	137.10 /
2	Rear bumper side reflector - LH/RH @ 64.43	128.86 X
1	Rear exhaust box	822.60 X
2	Rear exhaust moulding @ 42.60	85.20 X
1	Rear end panel	475.10 X
1	Rear end panel lower member	380.20 X
1	Rear end panel garnish	218.97 X
1	Rear floor cardboard holder garnish	216.50 X
1	Rear floor panel cardboard	265.70 X
2	Rear floor panel side board - LH/RH @ 155.10	310.10 X
1	Rear fender - RH	955.00 X
1	Rear fender air vent - RH	148.50 X
1	Rear fender lower shield - RH	124.10 /

LKK Auto Consultants hence 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 fair modifications is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Vehicle No: SDY 9116L

Model: Toyota Wish

QTY

List Price:

Prices \$

6 Rear fender lower shield clip @ 4.50

1 Rear Sport rim Riv

Less 20%

Net 27.00
 807.62
 9172.86
 (2293.21)

Subtotal 6879.65

Special Nett Items

1 set Rear bumper reverse sensor

280.00
 280.00

Labour Charges:

Panel beating, remove and replacing above parts

To respray painting and etc

To checking rear wiring

To remove, refix cushion and inner trim

To remove, refix reverse sensor

To remove, refix rear exhaust box

To conduct wheel alignment

1000.00
 1000.00
 80.00
 180.00
 80.00
 150.00
 150.00

Subtotal 2640.00

ESTIMATE PARTS AND LABOUR GRAND TOTAL

\$ 9799.65

7-1469.9
 110242
 301242
 2409.94

0298.288

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

WP

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 Jan 2018 Edit Reg		27 Dec 2017 00:00 Edit Adj Rpt	S\$2,400.00 Edit Estimates	S\$2,400.00 View Rpt		Pending for Survey Report Cancel Case

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

CLAIM SUBFOLDER DETAILS		[Created by adjuster]
Insured:	-, Co. Reg. No.: -	
Main Claimant:	ONG TECK HUNG , ID: S6825550C	
Vehicle Reg. No.:	SDY9116L	Date of Loss: 23/12/2017 11:00 - :59
Claim Type:	TP	Policy/Cover Note No.:
Vehicle Reg. No. (Insured):	SHD3682X	Policy No. (Claimant):
	Excess:	
Repairer:	Imperium Automotive (HQ) 424, ANG MO KIO AVENUE 3, 10-2418, 560424 Ang Mo Kio - Tel: 97489940-SHAWN TAN	
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Sherini Pillai]	
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MARCUS CHUA] ... [Final Rpt due 09/01/2018]	

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

***SDY9116L**
[SHD3682X]
TP
ONG TECK HUNG
Dec 23 2017 11:00AM
[-]
Imperium Automotive

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No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	28/12/17 14:47	INSPECTION PHOTO	1	Load PDF
No	Finalized On	India International Insurance Pte Ltd (HQ)		Thumbnail Print
1	02/01/18 08:51	Singapore Accident Statement	1	Load PDF

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Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

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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: CS/III17024500/UQBE2

Date: 04/01/2018

REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No:

Claimant Vehicle No : SDY9116L

Insured Vehicle No : SHD3682X

Date of Loss: 23/12/2017

Nature of Claim:

TP

Claim No: N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SDY9116L

Make & Model: TOYOTA WISH, 1.8 (A)

Engine No: 1ZZ2511816

Reg. Date: 27/04/2006 (Man. Year: 2006)

Chassis No: ZNE100295105

Colour: Grey

Odometer: 246168 km

Engine Capacity: 1794 cc

Market Value/New Car Price: N/A

Sum Insured (\$\$): 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: 195/65 R15

Rear Tyre Size: 195/65 R15

Front Left Side: Sumitomo 6 mm

Rear Left Side: Sumitomo 6 mm

Front Right Side: Sumitomo 6 mm

Rear Right Side: Sumitomo 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	7,618.29	1,775.92	5,842.37	76.69
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,640.00	1,310.00	1,330.00	50.38
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	10,258.29	3,085.92	7,172.37	69.92
Approved Total (Overridden) (\$\$)		2,400.00		
Nett Amount (\$\$)	10,258.29	2,400.00	7,858.29	76.60

INSPECTION

Date of Assignment: 27/12/2017

Date Inspected: 27/12/2017

Inspected At:

Imperium Automotive (HQ)
25 KAKI BUKIT ROAD 4
#01-49 SYNERGY @ KB
SINGAPORE 417800

Estimated Period of Repair: 4.0 days

Adjuster: MARCUS CHUA

Manager: SHIAU CHAN

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: 04 Jan 2018)
Parts: M1-MPV TOYOTA WISH 1.8 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SDY9116L)
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		*REAR TAILGATE	Repair	1,248.95 FL	*- FL
2	1		*REAR TAILGATE EMBLEM SCION	Necessary	85.50 FL	*85.50 FL
3	1		*REAR TAILGATE EMBLEM X	Necessary	58.50 FL	*58.50 FL
4	1		*REAR TAILGATE RUBBER	Not Necessary	285.53 FL	*- FL
5	1		*REAR TAILGATE LOCK	Not Necessary	497.27 FL	*- FL
6	1		*REAR TAILGATE INNER TRIM	Not Necessary	485.51 FL	*- FL
7	1		*REAR TAILLAMP RH	Scratched	484.65 FL	*408.10 FL
8	4		*REAR TAILGATE SIDE HOLDER CLIP	Not Necessary	31.20 FL	*- FL
9	1		*REAR TAILLAMP PANEL HOUSING - RH	Repair	195.00 FL	*- FL
10	1		*REAR BUMPER	Distorted / Missing	535.10 FL	*535.10 FL
11	4		*REAR BUMPER CLIP	Necessary	18.00 FL	*18.00 FL
12	2		*REAR BUMPER REFLECTOR - LH/RH	Missing	145.10 FL	*145.10 FL
13	1		*REAR BUMPER BRACKET LH/RH	O/S Bent	137.10 FL	*68.50 FL
14	2		*REAR BUMPER SIDE REFLECTOR - LH/RH	Repeated	128.86 FL	*- FL
15	1		*REAR EXHAUST BOX	Not Necessary	822.60 FL	*- FL
16	2		*REAR EXHAUST MOULDING	Not Necessary	85.20 FL	*- FL
17	1		*REAR END PANEL	Repair	475.10 FL	*- FL
18	1		*REAR END PANEL LOWER MEMBER	Not Necessary	380.20 FL	*- FL
19	1		*REAR END PANEL GARNISH	Not Necessary	218.97 FL	*- FL
20	1		*REAR FLOOR CARDBOARD HOLDER GARNISH	Not Necessary	216.50 FL	*- FL
21	1		*REAR FLOOR PANEL CARDBOARD	Not Necessary	265.70 FL	*- FL
22	2		*REAR FLOOR PANEL SIDE BOARD - LH / RH	Not Necessary	310.10 FL	*- FL
23	1		*REAR FENDER - RH	Repair	955.00 FL	*- FL
24	1		*REAR FENDER AIR VENT- RH	Not Necessary	148.50 FL	*- FL
25	1		*REAR FENDER LOWER SHIELD - RH	Torn	124.10 FL	*124.10 FL
26	6		*REAR FENDER LOWER SHIELD CLIP	Necessary	27.00 FL	*27.00 FL
27	1		*REAR SPORT RIM RH	Cut	646.10 FS	*400.00 FS
28	1		*SET REAR BUMPER REVERSE SENSOR	Torn / Missing	280.00 FS	*200.00 FS

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

Sub Total (S\$)	9,291.34	2,069.90
- List Item Discount on L Items 20.00/20.00% (S\$)	1,673.05	293.98
Total Parts (S\$)	7,618.29	1,775.92

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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING, REMOVE AND REPLACING ABOVE PARTS	New	1,000.00	450.00
2	TO RESPRAY PAINTING AND ETC	New	1,000.00	700.00
3	TO CHECKING REAR WIRING	New	80.00	30.00
4	TO REMOVE,REFIX CUSHION AND INNER TRIM	New	180.00	0.00
5	TO REMOVE, REFIX REVERSE SENSOR	New	80.00	50.00
6	TO REMOVE, REFIX REAR EXHAUST BOX	New	150.00	0.00
7	TO CONDUCT WHEEL ALIGNMENT	New	150.00	80.00
Gross Labour Cost (\$\$)			2,640.00	1,310.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >