

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

	A STATE OF THE STA	Affiliated to Federation Internation				
MSIC	3 INSURANCE (SI	NGAPORE) PTE LTD	Ref : CC3/MSG17024	4575/Uqb		
16 R #24-	AFFLES QUAY 01 HONG LEONG	BLDG SINGAPORE 048581	Date: 28-12-2017 Code: MSG			
1.		Policy Particulars	:- THIRD PARTY CLAI	M		
	Insured Veh.	GBF 8601H	Veh. Inspected	SJJ 5306P		
	Policy No.		Coverage (\$)	0.00		
	Claim No.		Excess (\$)	0.00		
	Assign From		Assign Date	28/12/2017		
2.	AND DATE OF	Vehicle Parti	culars & Condition	thellowers a segment		
	Make & Model		c.c	0		
	Engine No.	HIDDEN	Year of Reg.			
	Chassis No.		Colour			
	Odometer -		Steering			
	Brakes		Modification			
	General					
3.	ALTER STEEL STEEL	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			
-		Gener	al Information			
5.	Accident Date	27/12/2017	Inspection Date	28/12/2017		
	Survey held at	FASTECH AUTO PTE LTD	moposition butto			
	Survey neid at	1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883				
5a.	MARKET WILL	and the second second	Remarks			
	A)THE INSPECTION	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS,	ITHOUT PREJUDICE" BAS WE HAVE NOT AUTHORI	SIS. SED REPAIRS.		

Note: This document has not been finalised.

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

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

Singapore 408933

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

To:

MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way #21-01 SGX Centre 2 Singapore 068807

From: LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933

Attn:

Lionel Tan Tian Pei

Date: 08 Jan 2018

Preliminary Advice

Insured Vehicle No : GBF8601H

TP Vehicle No

Make

: SJJ5306P

: GEELY CK

Date of Inspection : 28/12/2017

Accident Date

: 27/12/2017

Assignment Date

: 02/01/2018

Est. Duration of Repair

: 7

Inspection At

: FASTECH AUTO PTE LTD

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	16,182.00
Revised Amount	:S\$	6,733.60
Check Items (Estimated)	:S\$	0.00
Total	:S\$	6,733.60

5,000.00 :S\$ Lump Sum Repair

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

20		The vehicle i	s economical/not	economical	for	repair.
1	- 1	The vehicle i	s economical/no	6001101111001	,0,	

(X) The above survey was conducted on a 'without prejudice' basis.

eferenc	e No. : C3 MSG1 7074575 Ugb ype: OD (TP) TP RES / TL / EVA		SJJ 5301
olicy I	ype: OD (IP) IP RES / IE / EVA	Case Handler	Typist
doolo	(Catha): Case handler to make sure all Inform	nation created by the ass	ignment team are ACCUR
dmin	Assign Form	Y-Date N-Date	Y-Date N-Date
C	Reference No.		
C	Customer Code		
N	Assign From		
С	Assign Date		
С	Veh No (Inspected)		
С	Veh No (Insured)	19	
С	D.O.A	9	
C	Policy No		
C	Claim No		
C	Insurance Authorisation (CA /REV/REP)	7/	-
C	Report Type		
C	Weekend Charges	1	
N	Survey held at/Repairer		
C	Excess		
urvey	or (Mawa): Case handler to make sure	the surveryor completed	all required information.
	gnment Form		
C	Vehicle No	0,	
C	Regn Month/Year		
N			
N	Make & Model		
C	Engine Capacity. (C.C)	1//	
N	Colour		
C	Odometer. (Sp.Reading)		
C	Chassis No		
N	General Condition	0.	
N	Steering		
N	Brake		
N	Modification (Modi)	7	
C	Tyre Size	4	
	Tyre Make		
N	Tyre Balance		
C	Date of Inspection		
	11/7/2000 to 1000 11/10/10 to 1000 11/10		
N	Survey held	9	
Ν	Des.of Damages		
(2) Sys	tem - (Views/Merimen)		1
С	Damaged Vehicle Photographs Uploaded		
(3) Wo	rkshop Estimate/Assignment Form		
N	ALL Parts condition		
С	Market Value for OD cases		4.6
С	Estimate Repair Cost for PRI (RSI, TMI, MSIG)		
C	Days of repair		
C	Finalised Amount		
C	Re-inspection Cases to Finalize within 5 Days		
	stem - (Views/Merimen)		
661 751			

Shiau Chan (LKKAuto)

From:

Shiau Chan (LKKAuto)

Sent:

Friday, 29 December, 2017 3:18 PM

To:

'Lionel Tan'; 'Iryani Amin'

Cc:

Christopher Chionh; KKLau; SUR; Accounts (LKKAuto)

Subject:

DIRECT SURVEY INSPECTION ON WORKSHOP - FASTECH AUTO PTE LTD, DOA:

27/12/2017, SJJ 5306P (TP VEHICLE), GBF 8601H (OI VEHICLE)

Attachments:

SJJ5306P GIA.pdf

Dear Lionel and Iryani,

Please be informed that we had inspected the vehicle SJJ 5306P at M/s: FASTECH AUTO PTE LTD, 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883 on 28/12/2017.

Enclosed herewith a copy of TP's GIA report. The estimated cost of repair will forward to you shortly.

Meanwhile, kindly provide us the claim reference number for our necessary action.

Wishes you a Happy New Year 2018

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>siewsc@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Compare

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particular	
Owner ID Type:	Singapore NRIC
Owner ID:	4458E
Vehicle Details	
Vehicle No.:	SJJ5306P
Vehicle to be Exported:	No
Intended De-registration Date:	28 Dec 2017
Vehicle Make:	GEELY
Vehicle Model:	GEELY CK 1.5 MANUAL
Primary Colour:	Yellow
Manufacturing Year:	2007
Engine No.:	MR479QA705241743
Chassis No.:	L6T7524S27N028551
Maximum Power Output:	69.0 kW (92 bhp)
Open Market Value:	\$6,987.00
Original Registration Date:	17 Sep 2008
First Registration Date:	17 Sep 2008
Transfer Count:	0
Actual ARF Paid:	\$6,987.00
Intended PARF Rebate D	etails
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Sep 2018
PARF Rebate Amount:	\$3,493.00
Intended COE Rebate De	etails
COE Expiry Date:	16 Sep 2018
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$9,501.00
COE Rebate Amount:	\$683.00
Total Rebate Amount:	\$4,176.00

The information contained herein is correct as at 28 Dec 2017

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- 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.

5. 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.
- chiving of this report at the centre and to copies of the report being made available

By the lodgement of this report to the insurers, you hereby consistoresaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	28/12/2017 13:30
Date Of Accident	27/12/2017 16:50
Exact Location Of Accident	BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ5306P
Insured/Policyholder	
Name Of Registered Owner	LIM HENG KIAT
NRIC No	S1454458E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96601317
Alternative Phone No	OFFICE-96601317
Vehicle Particulars	
Manufacturer	GEELY
Model	GEELY CK 1.5 MANUAL
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00098757/05
Cover Note Number	
Driver	
Name of Driver	LIM HENG KIAT
NRIC No	S1454458E
Date Of Birth	28/03/1960
Occupation	INDOOR
Date Of Driving Pass	19/01/1978
Driving Experience	39 YEARS AND 11 MONTHS

MALE

NOEMAIL

(LOCAL) +65-96601317

OFFICE-96601317

Address

BLK 367A TAMPINES ST 34 #10-103

Postcode

521367

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

Ī

-

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

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

GBF8601H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM HENG KIAT

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJJ5306P

YES

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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

Lunderstand, 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
- 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.
- 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.

Accident Sketch Plan

TCH PLAN		A-SJJ5306P
	111	B- GBF 8601H
]	7 1 4
	6	2
	<	u
ESCRIBE CIRCUMSTANCES OF	E THE ACCIDENT	
on 27/12/17 et 1	+. sopm. I was de	riving my vehicle along
Belok Reservoir	Road Sudderly	vehicle & driving out
from the maj	or Road and hit	t on my RH side ports
	44-210	
	51153069 - nop	nusacy.
DECLARATION I/We declare the foregoing part	ciculars are true in every respect.	2. Internal

Date of Accident: 27/12/17	Accident Time: 4 500m	
Vehicle (A) No: 511 5306 P	Make Model: Geely CK	15
Location: Bedok Reservel	Accident Time: 4.50 pm Make Model: Gely CK Road	15
Owner Name: L'in Henn Kint		
Owner Address: BIK 367A Tampine	4	
Owner NRIC: 51454458E Email:		
HP: 9660 1317 Home:	Office:	
Insurance Company: Direct asig	Insurance Policy No:	
(Comprehensive / Third Party / Third Party Fire & T	heft) MT/00098	157
Driver Name:		
Driver NRIC: Cas above	Date of Birth: 28/3/1960	
Driver Contact No:	11100	
Driving License Pass Date: 19/1 1978	Occupation: iv dur	
Claiming Under: (Own Damage Claim / Third Party Weather Condition: (Clear / Raining / Drizzling / A: Road Surface: (Wet / Dry) Damage Portion of Vehicle(A): Rear / Front / Right	fter Rained)	
Weather Condition: (Clear / Raining / Drizzling / Ar Road Surface: (Wet / Dry) Damage Portion of Vehicle(A): Rear / Front / Right	fter Rained) Side / Left Side / Chain Collision	
Weather Condition: (Clear / Raining / Drizzling / A. Road Surface: (Wet / Dry) Damage Portion of Vehicle(A): Rear / Front / Right Anyone Injured: YES/NO	fter Rained) Side / Left Side / Chain Collision Name:	
Weather Condition: (Clear / Raining / Drizzling / A. Road Surface: (Wet / Dry) Damage Portion of Vehicle(A): Rear / Front / Right Anyone Injured: YES / NO Police Report: YES (NO	fter Rained) Side / Left Side / Chain Collision	
Weather Condition: (Clear / Raining / Drizzling / A. Road Surface: (Wet / Dry) Damage Portion of Vehicle(A): Rear / Front / Right Anyone Injured: VES / NO Police Report: YES (NO Passenger In Vehicle (A):	Side / Left Side / Chain Collision Name: If YES, Where:	
Weather Condition: (Clear / Raining / Drizzling / Ar Road Surface: (Wet / Dry) Damage Portion of Vehicle(A): Rear / Front / Right Anyone Injured: (FES / NO Police Report: YES (NO Passenger In Vehicle (A):	fter Rained) Side / Left Side / Chain Collision Name:	
Weather Condition: (Clear / Raining / Drizzling / A. Road Surface: (Wet / Dry) Damage Portion of Vehicle(A): Rear / Front / Right Anyone Injured: YES / NO Police Report: YES (NO Passenger In Vehicle (A): Witness Name:	Side / Left Side / Chain Collision Name: If YES, Where:	
Weather Condition: (Clear / Raining / Drizzling / A: Road Surface: (Wet / Dry) Damage Portion of Vehicle(A): Rear / Front / Right Anyone Injured: YES / NO Police Report: YES (NO Passenger In Vehicle (A): Witness Name: Vehicle (B) No: GRF 8601 H	Side / Left Side / Chain Collision Name: If YES, Where: HP:	
Weather Condition: (Clear / Raining / Drizzling / Al Road Surface: (Wet / Dry) Damage Portion of Vehicle(A): Rear / Front / Right Anyone Injured: YES / NO Police Report: YES (NO Passenger In Vehicle (A): Witness Name: Vehicle (B) No: GRF 8601 H Driver Name:	Side / Left Side / Chain Collision Name: If YES, Where: NRIC: HP:	
Weather Condition: (Clear / Raining / Drizzling / A. Road Surface: (Wet / Dry) Damage Portion of Vehicle(A): Rear / Front / Right Anyone Injured: YES / NO Police Report: YES (NO Passenger In Vehicle (A): Witness Name: Vehicle (B) No: GBF 8601 H Driver Name: Driver NRIC:	fter Rained) Side / Left Side / Chain Collision Name: If YES, Where: NRIC: HP: Vehicle (C) No: Driver Name:	
Weather Condition: (Clear / Raining / Drizzling / A. Road Surface: (Wet / Dry) Damage Portion of Vehicle(A): Rear / Front / Right Anyone Injured: YES / NO Police Report: YES (NO Passenger In Vehicle (A): Witness Name: Vehicle (B) No: GBF 8601 H Driver Name: Driver NRIC:	fter Rained) Side / Left Side / Chain Collision Name: If YES, Where: NRIC: HP: Vehicle (C) No: Driver Name: Driver NRIC:	
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Weather Condition: (Clear / Raining / Drizzling / Al Road Surface: (Wet / Dry) Damage Portion of Vehicle(A): Rear / Front / Right Anyone Injured: YES / NO Police Report: YES (NO Passenger In Vehicle (A): Witness Name: Vehicle (B) No: GBF 8601 H Driver Name: Driver NRIC: Contact No: Insurance: MSIG Damage portion of vehicle(B): Vehicle (D) No: Driver Marne:	Side / Left Side / Chain Collision Name: If YES, Where: NRIC: HP: Vehicle (C) No: Driver Name: Driver NRIC: Contact No: Insurance: Damage portion of vehicle(C): Vehicle (E) No: Driver Name:	
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SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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

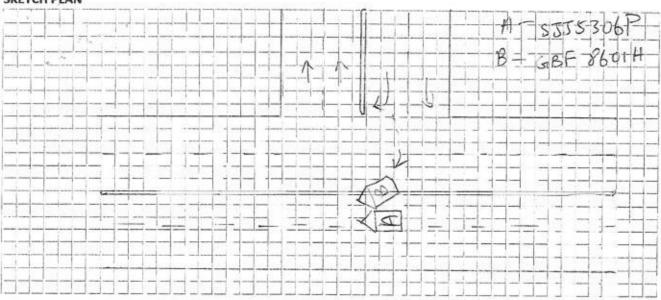
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 27,	112/17	et 4.	50pm.	1 was	driv	ing	my	vehic	le alu	ong
Bedok	Res.	ervoir	Road,	Sudden	ly vel	hicle	- В	dr	iving	out
from	the	Major	Road	and	hit	เท	my	RH	side	portion
			51153	06P-	no pais	eraje	٠,			
				-						
							HB Say			

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.:

Not Alborians

L/S \$15000

72/1.

FASTECH AUTO PTE LTD

VEHICLE NO: SJJ5306P

QTY	PARTICULAR	AMOUNT S\$
LIST ITEMS :		
1PCS	BONNET BUC 620	\$900.00
2PCS	BONNET HINGES @\$105	\$210.00 X
1PCS	FRONT GRILLE 1/1	\$230.00 /
1PCS	FRONT BUMPER DIS 120	\$750.00
1PCS	FRONT BUMPER SPONGE 7051	\$105.00
1PCS	FRONT BUMPER REINFORCEMENT 364	\$225.00
1PCS	FRONT BUMPER SIDE RETAINERS O/S 54	\$35.00
1SET	FRONT BUMPER CLIPS W	\$38.00
1PCS	FRONT BUMPER FOG LAMP O/S CAR 185	\$380.00
1PCS	FRONT SUPPORT PANEL 3ent/tw/	\$395.00
2PCS	HEADLAMPS @\$825 0/5 c/e 130	\$1,650.00 (2) C
1PCS	FRONT FENDER O/S Buc	\$420.00
1PCS	FRONT FENDER INNER SHEILD O/S 70/1	\$112.00
1SET	FRONT FENDER INNER SHEILD CLIPS O/S MA	\$38.00
1PCS	FRONT WHEEL HOUSING PANEL O/S Sols 8 20	\$945.00
1PCS	AIR CLEANER BOX ASSY	\$211.00
1PCS	FRONT HORN UNIT	\$105.00
1PCS	FRONT SUPPORT PANEL TOP GARNISH 7000	\$145.00
1PCS	FRONT SHOCK ABSORBER O/S 🗸 🖪	\$220.00 🗶
1PCS	FRONT LOWER ARM O/S	\$215.00
1PCS	FRONT KNUCKLE ARM O/S	\$288.00 /
1PCS	FRONT DRIVESHAFT A 1	\$950.00 ×
1PCS	AIR CON CONDENSER 44	\$680.00 ×
1PCS	RADIATOR	\$750.00 ×
1PCS	FRONT DOOR O/S	\$725.00 🗡
1PCS	FRONT SPORTS RIM O/S (4.7) TOTAL:	\$800.00 3005.~\J

LABOUR CHARGES:

TO CHECK WIRING	\$80.00 20
TO SPRAY RUST PROOFING	\$150.00 /00
TO REFILL AIR CON GAS	\$150.00 /0,2
TO CONDUCT WHEEL ALIGNMENT	\$100.00 6.0
LABOUR FOR PNAEL BEATING, CUT, WEILD, STRAIGHTEN & REPLACING PARTS	\$2,000.00 /000
TO PUTTY & SPRAY PAINTING	\$1,800.00 //00
TO MOUNT VEHICLE ON CAR O-LINER	4 1 \$380.00 ×
	TOTAL: \$16,182.00

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 illegal modification(s) is allowed

Acknowledged by Repairer

Signature: Date:

Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

P-4504 102 4053.60 6753.6

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:

CC3/MSG17024575/UQBN2

Date:

10/01/2018

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

29004183MKF

Claimant

SJJ5306P

Insured Vehicle No:

GBF8601H

Vehicle No: Date of Loss:

27/12/2017

Nature of Claim:

TP

Claim No: 543314

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SJJ5306P

Make & Model:

GEELY CK, 1.5 (M)

17/09/2008 (Man. Year: 2007)

Engine No: Chassis No: Odometer:

MR479QA705241743 L6T7524S27N028551

Reg. Date: Colour:

Gold

Engine Capacity:

1498 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):

Pre-accident Condition:

Yes

69.10

11,964.74

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

195/50 R15

Goodride 6 mm

Yes Engine Modification:

Rear Tyre Size:

195/50 R15

241311 km

Front Left Side: Front Right Side:

Goodride 6 mm

Rear Left Side: Rear Right Side:

17,314.74

Goodride 6 mm Goodride 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts	Repairer's 11,522.00	Adjuster's 4,353.60	Difference 7,168.40	Diff % 62.21
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,660.00	2,380.00	2,280.00	48.93
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	16,182.00	6,733.60	9,448.40	58.39
Approved Total (Overridden) (S\$)		5,000.00		
(S\$)	16,182.00	5,000.00	11,182.00	69.10
+ GST 7.00/7.00% (S\$)	1,132.74	350.00	782.74	69.10

INSPECTION

Date of Assignment:

02/01/2018

Date Inspected:

28/12/2017 Inspected At:

Nett Amount (S\$)

Fastech Auto Pte Ltd (HQ) 1 Kaki Bukit Ave 6, #01-46/48/50

Autobay

5,350.00

Singapore 417883

Estimated Period of Repair:

7.0 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.

4,353.60

Total Parts (S\$) 11,522.00

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 10 Jan 2018)

Parts:

143

GEELY CK 1.5 (M) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SJJ5306P)

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 *.

Recom	mended	Parts
I (CCCIII	IIIOIIGOG	I GILO

No.			Particulars	Condition	Repairer's	Amount
1	1		*BONNET	Buckled	900.00 F	*620.00 FL
2	2		*BONNET HINGES	Repair	210.00 F	*-FL
3	1		*FRONT GRILLE	Not Necessary	230.00 F	*-FL
4	1		*FRONT BUMPER	Distorted	750.00 F	*520.00 FL
5	1		*FRONT BUMPER SPONGE	Torn	105.00 F	*105.00 FL
6	1		*FRONT BUMPER REINFORCEMENT	Bent	225.00 F	*225.00 FL
7	1		*FRONT BUMPER SIDE RETAINERS O/S	Bent	35.00 F	*35.00 FL
8	1		*SET FRONT BUMPER CLIPS	Necessary	38.00 F	*38.00 FL
9	1		*FRONT BUMPER FOG LAMP O/S	Cracked	380.00 F	*185.00 FL
10	1		*FRONT SUPPORT PANEL	Bent/Twisted	395.00 F	*395.00 FL
11	1		*HEADLAMPS	O/s Cracked	1,650.00 F	*530.00 FL
12	1		*FRONT FENDER O/S	Buckled	420.00 F	*420.00 FL
13	1		*FRONT FENDER INNER SHIELD O/S	Torn	112.00 F	*112.00 FL
14	1		*SET FRONT FENDER INNER SHIELD CLIPS O/S	Necessary	38.00 F	*38.00 FL
15	1		*FRONT WHEEL HOUSING PANEL O/S	Badly Dented	945.00 F	*820.00 FL
16	1		*AIR CLEANER BOX ASSY	Cracked	211.00 F	*211.00 FL
17	1		*FRONT HORN UNIT	Cracked	105.00 F	*105.00 FL
18	1		*FRONT SUPPORT PANEL TOP GARNISH	Torn	145.00 F	*145.00 FL
19	1		*FRONT SHOCK ABSORBER O/S	Not Necessary	220.00 F	*-FL
20	1		*FRONT LOWER ARM O/S	Not Necessary	Necessary 215.00 F	
21	1		*FRONT KNUCKLE ARM O/S	Not Necessary	Not Necessary 288.00 F	
22	1		*FRONT DRIVESHAFT	Not Necessary	cessary 950.00 F	
23	1		*AIR CON CONDENSER	Not Necessary	Not Necessary 680.00 F	
24	1		*RADIATOR	Not Necessary	ecessary 750.00 F	
25	1		*FRONT DOOR O/S	Repair	725.00 F	*-FL
26	1		*FRONT SPORTS RIM O/S	Cut	800.00 FS	*300.00 FS
F=Fr	anchise	part. S=Spo	Nett. L=ListItemDisc.			000000000000000000000000000000000000000
				Sub Total (S\$)		4,804.00
			- List Item Discount on L Items	0.00/10.00% (S\$)	0.00	450.40

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items		22122	
1	TO CHECK WIRING	New	80.00	20.00
2	TO SPRAY RUST PROOFING	New	150.00	100.00
3	TO REFILL AIR CON GAS	New	150.00	100.00
4	TO CONDUCT WHEEL ALIGNMENT	New	100.00	60.00
5	LABOUR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN & REPLACING PARTS	New	2,000.00	1,000.00
6	TO PUTTY & SPRAY PAINTING	New	1,800.00	1,100.00
7	TO MOUNT VEHICLE ON CAR O-LINER	New	380.00	
	Gross Labour Cost (S\$)		4,660.00	2,380.00
	Report was unsubmitted during	g this print-out.		

< END OF ESTIMATES >