

ASS. REC. BY:

REF:

CS/msh18000136 / Avb n2

Special Instruction:

Survivor:

Adrian

ASSIGNMENT (Office)

From (Person):

Irene Tan

of

msh

Date/Time: 03012018 114pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKL 3429J

Insured:

XB 8842P.

at Workshop m/s

JEC Auto

Tel:

9232 7457

of

Blk 1 Kaki Bukit Ave 6 # 02-11

Policy No:

B27105753 TMV

Claim No:

543236

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 27.12.2017

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

H.O.D. Endorsement:

Date/Time:

03012018 228pm

Person Contacted:

Ah Xian

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SKL 3429J - NBA / TML17024713 / Y

DA: 27122017

XB 8842P - NJA / AVLO8014190 / Y1

DA: 07052008

31/1/18

Informed Irene pending est from repairer by merimen

17/1/18

Adrian confirmed LS \$ 1956 (Red 11, 703-22, 859)

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 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.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No SKL3429J. Yr Regn. 2009 Dec
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Lexus LS250 cc 2500
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 177144. T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTHBK2626020S6114
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 245/43R17.
 R: 245/45R17.
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front Rear
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 03/01/18
 Survey held at JEC
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear N/S.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP M816

18/1/18 Send preli revised by merimen

RECEIVED 18 JAN 2018

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 18/1-tylist

Report Format : merimen

Lump Sum / I.B.I: (\$) 1950/2

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

8 - RS \$

Phone:

Others:

TOTAL

200
10
210

Survey Department Check List (Case Handler)

Reference No.: CS/MSG/18/000136/Arb
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

(1) Office Assign Form

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

Surveyor (): 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	✓			
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(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	✓			
---	-------------------------	---	--	--	--

Check By: VERON 18/1/18
Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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			
MSIG INSURANCE (SINGAPORE) PTE LTD		Ref : CS/MSG18000136/Avb	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 03-01-2018	
		Code : MSG	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	XB 8842P	Veh. Inspected	SKL 3429J
Policy No.	B27105753TMV	Coverage (\$)	0.00
Claim No.	543236	Excess (\$)	0.00
Assign From	MERIMEN (IRENE TAN)	Assign Date	03/01/2018
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	27/12/2017	Inspection Date	03/01/2018
Survey held at	JEC AUTOMOTIVE 1 KAKI BUKIT AVENUE 6 #02-11 AUTOBAY SINGAPORE 417883		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 Dec 2017		03 Jan 2018 13:14 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	SAMWOH CORPORATION PTE LTD, Co. Reg. No.: 198502202Z		
Main Claimant:	YEO JEE POON, ID: S1438919I		
Vehicle Reg. No.:	SKL3429J	Date of Loss:	27/12/2017 15:00 - :59
Claim Type:	TP / 543236	Policy/Cover Note No.:	B27105753TMV (Third Party Only) Coverage: 10/06/2017 - 09/06/2018
Vehicle Reg. No. (Insured):	XB8842P	Policy No. (Claimant):	
	Excess:		
Repairer:	Jec Auto Service (HQ) 1 KAKI BUKIT AVENUE 6 #02-11, Autobay @ Kaki Bukit, 417883 Kaki Bukit - Tel: 6509 6585 / 9435 4491		
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 04/01/2018]		
Driver/Custodian (Insured):	ARUMUGAM SUNDAR (/ Male), NRIC: G7719184X		
Adj Asg. Remarks:	Please assign to Adrian Ling		

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.									

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: Irene Tan Gek Ing

Date: 18 Jan 2018

Preliminary Advice

Insured Vehicle No	: XB8842P	Accident Date	: 27/12/2017
TP Vehicle No	: SKL3429J	Assignment Date	: 03/01/2018
Make	: LEXUS IS	Est. Duration of Repair	: 3.00
Date of Inspection	: 03/01/2018		
Inspection At	: JEC AUTO SERVICE (HQ) 1 KAKI BUKIT AVENUE 6 #02-11, AUTOBAY @ KAKI BUKIT SINGAPORE 417883		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	13,653.22
Revised Amount	:S\$	1,950.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	0.00

Lump Sum Repair	:S\$	1,950.00
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Total Loss Consideration

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

Remarks

() The vehicle is economical/not economical for repair.

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

View Sent Message

This mail is associated with :

***SKL3429J (543236)**

[XB8842P]

TP

YEO JEE POON

Dec 27 2017 3:00PM

[SAMWOH CORPORATION PTE LTD]

Jec Auto Service

[Resend](#)[View Recipients](#)[Print Message](#)[Delete Message](#)[Forward](#)

From LKK Auto Consultants Pte Ltd (LKK_HQ), sent on **04/01/2018 09:46 AM.**

To MSI_ITAN

Subject TP SURVEY SKL 3429J

Dear Irene,

Please be informed that we have inspected the vehicle SKL 3429J on 3/1/2018.

We are pending estimate from repairer.

Best Regards,
Veron Chen

DOCUMENTS SUMMARY

There are no documents.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8919I
Vehicle Details	
Vehicle No.:	SKL3429J
Vehicle to be Exported:	No
Intended De-registration Date:	04 Jan 2018
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS IS250 AUTO STD FL
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	4GR0610029
Chassis No.:	JTHBK262602096114
Maximum Power Output:	153.0 kW (205 bhp)
Open Market Value:	\$38,495.00
Original Registration Date:	02 Dec 2009
First Registration Date:	02 Dec 2009
Transfer Count:	2
Actual ARF Paid:	\$38,495.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Dec 2019
PARF Rebate Amount:	\$21,172.00
Intended COE Rebate Details	

COE Expiry Date:	01 Dec 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$19,830.00
COE Rebate Amount:	\$3,680.00
Total Rebate Amount:	\$24,852.00

The information contained herein is correct as at 04 Jan 2018

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	29/12/2017 16:02
Date Of Accident	27/12/2017 15:00
Exact Location Of Accident	ALONG JALAN AHMAD IBRAHIM TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL3429J
Insured/Policyholder	
Name Of Registered Owner	YEO JEE POON
NRIC No	S1438919I
Email Address	JUDY@KERRYCONSULTING.COM
Mobile Phone No	(LOCAL) +65-90742486
Alternative Phone No	OTHERS-90742486

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS-2.5 IS250 (A)
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MV010641-R01
Cover Note Number	

Driver

Name of Driver	HIROBE HISAMI
Passport No/FIN	F0394774L
Date Of Birth	07/03/1953
Occupation	INDOOR
Date Of Driving Pass	02/04/1996
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90742486
Fax Number	
Contact Number	OTHERS-90742486
Email Address	KOKOSHAS@SINGNET.COM.SG

Address	989 BUKIT TIMAH ROAD #02-15 MAPLEWOODS
Postcode	589629
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	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 SKETCH PLAN

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	XB8842P
Vehicle Make/Model/Colour	MITSUBISHI LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ARUMUGAM SUNDAR
NRIC/Passport Number	G7719184X
Contact Number	63652639
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

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.:

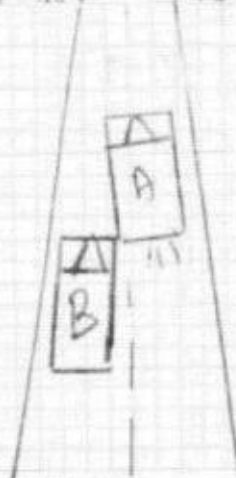
Accident Sketch Plan

SKETCH PLAN

ALONG JALAN AHMAD IBRAHIM TOWARDS CITY

A) SKL3479J

B) XB8842P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27/12/2017 AT ABOUT 15:00 HRS, I WAS TRAVELLING ALONG JALAN AHMAD IBRAHIM FROM YUAN CHING ROAD. I WAS AT THE 1ST LANE OF 2 LANE ROAD BEFORE ENTERING AYE. I DRIVE WITH A MODERATE SPEED BEFORE REACHING THE MERGING ROAD I FELT A BUMP & I MOVE MY HEAD TO THE LEFT & SAW A LORRY XB8842P BANG ON TO THE REAR LEFT OF MY CAR SKL3479J. WE STOP AT THE ROAD SIDE & WANTED TO EXCHANGE PARTICULARS BUT THE DRIVER COULD NOT SPEAK ENGLISH & I AM WAITING FOR THE DRIVER COMPANY TO REPLY ME THE ANSWER THAT WHY I WAS LATE TO REPORT THE ACCIDENT. THE LORRY DRIVER ADMITTED HIS FAULT THAT ALL.

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.:

JEC AUTO SERVICE

1 Kaki Bukit Avenue 6 #02-11 Autobay, Singapore 417883

H/P : 9232 7457

Fax : 6509 6584

Email : jecautoservice@yahoo.com.sg

TPMS/G

Voron

Vehicle No. : SKL 3429J

Model: Lexus IS 250

Qty	List Price	Price
1	Rear Bumper <i>red</i>	\$ 930.60 ✓
1	Rear Bumper Cover LH <i>missing</i>	\$ 45.00 ✓
1	Rear Fender Lamp LH <i>new</i>	\$ 540.84 +
1	Rear Fender LH <i>Repair</i>	\$ 1,144.51 +
1	Rear Bumper Reflector (LH) <i>new</i>	\$ 68.55 +
1	Rear Bumper Sponge <i>new</i>	\$ 181.60 +
10	Rear Bumper Clip @\$4.50 <i>new</i>	\$ 45.00 ✓
2	Rear Bumper PDC Sensor @\$355.20 <i>new</i>	\$ 710.40 +
1	Rear Bumper Side Retainer <i>new</i>	\$ 95.50 -
1	Left Rear Asborber	\$ 667.08 +
1	Left Low Am	\$ 254.94 +
1	Left Hup Bearing	\$ 410.75 +
1	Left Raer Knuckle Am	\$ 682.25 +
1	Left Rear Drive Shaft <i>new</i>	\$ 1,285.20 +
1	Rear Upper Link	\$ 357.85 +
1	Lower Trust Rod	\$ 371.66 +
1	Rear Upper Arm	\$ 388.19 +
1	Rear Lower Link Am	\$ 123.66 +
		\$ 8,303.58
	Less 10%	(830.36)
	Subtotal	\$ 7,473.22

Special Nett Items:

1	Rear Rim <i>cut</i>	\$ 500.00 ✓
1	Rear Tyre <i>new</i>	\$ 300.00 +
	Subtotal	\$ 800.00

Labour Charges:

To Checking Rear Electrical Wiring	\$	180.00	30
To Remove, Replace And Reset Bumper PDC Sensor	\$	220.00	60
To Remove, Refix R/interior Trims To Assit Repair	\$	250.00	50
To Remove and Replace Exhaust	\$	250.00	x.
To Respray Undercoating	\$	250.00	x
To Diagnose, Erase Fault Memory After Repair	\$	450.00	100
To Respray Painting and etc	\$	1,800.00	400
Panel Beating, Cut, Weld, Remove and Replacing Above Parts	\$	1,800.00	250
4 Wheel Alignment	\$	180.00	80
	\$	5,380.00	
	Subtotal	\$	5,380.00

ESTIMATE PARTS AND LABOUR GRAND TOTAL

Acknowledged by:

Signature:

Date:

Adrian Lim
4/5 03/01/18 03 days...

LKK Auto Com. parts from LKK Auto Com. the Repairer of the following:

- To resurvey be
- To display th
- Parts prices
- Third party sur
- No illegal mod
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

total: 2474.49
L/S: 1950

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/MSG18000136/AVBN2

Date: 22/01/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	B27105753TMV
Claimant Vehicle No :	SKL3429J	Insured Vehicle No :	XB8842P
Date of Loss:	27/12/2017	Nature of Claim:	TP
		Claim No:	543236

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKL3429J	Engine No:	4GR0610029
Make & Model:	LEXUS IS, 2.5 250 STD FL (A)	Chassis No:	JTHBK262602096114
Reg. Date:	02/12/2009 (Man. Year: 2009)	Odometer:	177144 km
Colour:	Silver		
Engine Capacity:	2500 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:	245/45R17	Rear Tyre Size:	245/45R17
Front Left Side:	Continental 6 mm	Rear Left Side:	Continental 6 mm
Front Right Side:	Continental 6 mm	Rear Right Side:	Continental 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	8,273.22	1,504.49	6,768.73	81.81
Miscellaneous Items	0.00	0.00	0.00	
Labour	5,380.00	970.00	4,410.00	81.97
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	13,653.22	2,474.49	11,178.73	81.88
Approved Total (Overridden) (\$\$)		1,950.00		
Nett Amount (\$\$)	13,653.22	1,950.00	11,703.22	85.72

INSPECTION

Date of Assignment:	03/01/2018	
Date Inspected:	03/01/2018 Inspected At:	Jec Auto Service (HQ) 1 KAKI BUKIT AVENUE 6 #02-11, Autobay @ Kaki Bukit Singapore 417883

Estimated Period of Repair: 3.0 days

Adjuster: ADRIAN LING

Manager: VERON CHEN

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: 22 Jan 2018)
Parts: 143	LEXUS IS 2.5 250 STD FL (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SKL3429J)	
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 BUMPER	Deformed	930.60 FL	*930.60 FL
2	1		*REAR BUMPER COVER LH	Missing	45.00 FL	*45.00 FL
3	1		*REAR BUMPER LAMP LH	Not Necessary	540.84 FL	*- FL
4	1		*REAR FENDER LH	Repair	1,144.51 FL	*- FL
5	1		*REAR BUMPER REFLECTOR (LH)	Not Necessary	68.55 FL	*- FL
6	1		*REAR BUMPER SPONGE	Not Necessary	181.60 FL	*- FL
7	10		*REAR BUMPER CLIP	Necessary	45.00 FL	*45.00 FL
8	2		*REAR BUMPER PDC SENSOR	Not Necessary	710.40 FL	*- FL
9	1		*REAR BUMPER SIDE RETAINER	Necessary	95.50 FL	*95.50 FL
10	1		*LEFT REAR ABSORBER	Not Necessary	667.08 FL	*- FL
11	1		*LEFT LOW AM	Not Necessary	254.94 FL	*- FL
12	1		*LEFT HUB BEARING	Not Necessary	410.75 FL	*- FL
13	1		*LEFT REAR KNUCKLE AM	Not Necessary	682.25 FL	*- FL
14	1		*LEFT REAR DRIVE SHAFT	Not Necessary	1,285.20 FL	*- FL
15	1		*REAR UPPER LINK	Not Necessary	357.85 FL	*- FL
16	1		*LOWER TRUST ROD	Not Necessary	371.66 FL	*- FL
17	1		*REAR UOOER ARM	Not Necessary	388.19 FL	*- FL
18	1		*REAR LOWER LINK AM	Not Necessary	123.66 FL	*- FL
19	1		*REAR RIM	Cut	500.00 FS	*500.00 FS
20	1		*REAR TYRE	Not Necessary	300.00 FS	*- FS

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

Sub Total (\$\$)	9,103.58	1,616.10
- List Item Discount on L Items 10.00/10.00% (\$\$)	830.36	111.61
Total Parts (\$\$)	8,273.22	1,504.49

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
Labour Items				
1	TO CHECKING REAR ELECTRICAL WIRING	New	180.00	30.00
2	TO REMOVE,REPLACE AND RESET BUMPER PDC SENSOR	New	220.00	60.00
3	TO REMOVE,REFIX R/INTERIOR TRIMS TO ASSIST REPAIR	New	250.00	50.00
4	TO REMOVE AND REPLACE EXHAUST	New	250.00	-
5	TO RESPRAY UNDERCOATING	New	250.00	-
6	TO DIAGNOSE,ERASE FAULT MEMORY AFTER REPAIR	New	450.00	100.00
7	TO RESPRAY PAINTING AND ETC	New	1,800.00	400.00
8	PANEL BEATING,CUT,WELD,REMOVE AND REPLACING ABOVE PARTS	New	1,800.00	250.00
9	4 WHEEL ALIGNMENT	New	180.00	80.00
Gross Labour Cost (S\$)			5,380.00	970.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >