

ASS. REC. BY:

REF: CS/MSG18000172/Klvbz

Special Instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

merimen

From (Person): Christina Way

of

MSH

Date/Time: 03012018 4pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJW 3299X

Insured:

GIBB 7617D

at Workshop m/s

EthicarZ

Tel:

6384 4404

of

56 Lyang Way #04-04

Policy No:

27471908TMV

Claim No:

543758

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

30-12-07

CA / REV / REP. / REV 24 HRS w/p

04-01-2018

H.O.D. Endorsement:

Date/Time:

03012018 4:29pm

Person Contacted:

John

Vehicle ~~IN~~ / OUT

Date/Time	Action/Instruction (✓) Estimate
	SJW 3299X - X
	GIBB 7617D X
5/1/18	Send preli revised by merimen, some of the parts pending for parts prices

REF: mscb

57A5A

menmen

ASSIGNMENT

From: Date: 04/01/2018

Estimated Cost:

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

To inspect vehicle No:

SJW 3299X

at Workshop/mile

Ethicarz

of

56 Luyang Way #04-04

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 Report: Consistent? : Yes or No

GIA / FR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJW 3299X Reg: 18 Mar 2010

Type: M/CB / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer or

Make

Hyundai Avanto

cc 1591

Colour

Grey

A/C Insured / Std / Nil / NA

Se Reading

15/712

T-Racer Insured / Std / Nil / NA

Eng No:

C No:

KMH141BMAU988187

Gen. Cond. Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

R:

185 / 65 R15

R:

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

TOYO / YOKO or

Lingby

Front

Rear

R.Bal:

7

mm

R.Bal:

2

mm

L.Bal:

7

mm

L.Bal:

7

mm

D.O.A:

30/11/18

D.O.I:

4/1/18

Survey held at:

Ethicarz

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

Frt.

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

Date/Time Action/Instruction

26/1/18 Check up \$4850 / 5 days. (Red 8856.90, 6419)

Kalin

Pls check parts prices

30/1/2018

Date/Time File Pass to:

☐

: Preli. Report

☐

: Final Report

Date/Time File Return to:

31/1 typet

Days Of Repair: 5

Resurvey No. of Trial: 1

Survey Fee

Transport

B-RP /

Photo

Other

Add Fee:

☐

Steered \$

☐

Tire \$

☐

Test \$

☐

Clean \$

Report Format:

menmen

Lump Sum: L.B. / S

4850 / 2

300

10

310

Survey Department Check List (Case Handler)

Reference No.: CS MSG18000 17> Klvb

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

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 (): 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

✓			
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Check By: Veron 31/1/18
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/MSG18000172/K1vb		
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 03-01-2018		
		Code : MSG		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBB 7647D	Veh. Inspected	SJW 3299X	
Policy No.	27471908TMV	Coverage (\$)	0.00	
Claim No.	543758	Excess (\$)	0.00	
Assign From	MERIMEN (CHRISTINA WONG)	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	30/12/2017	Inspection Date	04/01/2018	
Survey held at	ETHICARZ PTE LTD 56 LOYANG WAY #04-04 LOYANG ENTERPRISE BUILDING SINGAPORE 508775			
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	03 Jan 2018		03 Jan 2018 16:00 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	MASTSCAPE LANDSCAPING, Co. Reg. No.: 39781900E		
Main Claimant:	LIM KUN SIONG (LIN KUNXIANG), ID: S8845795A		
Vehicle Reg. No.:	SJW3299X	Date of Loss:	30/12/2017 00:00 - :59
Claim Type:	TP / 543758	Policy/Cover Note No.:	27471908TMV Coverage: 18/03/2017 - 17/03/2018
Vehicle Reg. No. (Insured):	GBB7647D	Policy No. (Claimant):	
	Excess:		
Repairer:	Ethicarz Pte Ltd (HQ) 56 LOYANG WAY #04-04 LOYANG ENTERPRISE BUILDING, 508775 Loyang - Tel: 63844404		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 04/01/2018]		

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.									

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: Christina Wong

Date: 05 Jan 2018

Preliminary Advice

Insured Vehicle No	: GBB7647D	Accident Date	: 30/12/2017
TP Vehicle No	: SJW3299X	Assignment Date	: 03/01/2018
Make	: HYUNDAI AVANTE	Est. Duration of Repair	: 4.00
Date of Inspection	: 04/01/2018		
Inspection At	ETHICARZ PTE LTD (HQ) 56 LOYANG WAY #04-04 LOYANG ENTERPRISE BUILDING SINGAPORE 508775		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	11,209.90
Revised Amount	:S\$	6,453.50
Check Items (Estimated)	:S\$	0.00
Total	:S\$	6,453.50
Lump Sum Repair	:S\$	

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.
SOME OF THE PARTS,PENDING FOR PARTS PRICES.

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	02/01/2018 14:51
Date Of Accident	30/12/2017 15:10
Exact Location Of Accident	CTE TOWARDS SLE (BEFORE JALAN BAHAGIA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW3299X
Insured/Policyholder	
Name Of Registered Owner	LIM KUN SIONG (LIN KUNXIANG)
NRIC No	S8845795A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83820021
Alternative Phone No	OTHERS-83820021

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE 1.6 AT ABS D/AB 2WD 4DR

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28913799 QMX (COMP)
Cover Note Number	

Driver

Name of Driver	LIM KUN SIONG (LIN KUNXIANG)
NRIC No	S8845795A
Date Of Birth	10/11/1988
Occupation	INDOOR
Date Of Driving Pass	10/05/2011
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83820021
Fax Number	
Contact Number	OTHERS-83820021
EMail Address	NOEMAIL

Address	BLK 523A TAMPINES CENTRAL 7 #13-81
Postcode	521523
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : KOH YUAN FANG
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REORT ATTACHED.

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	GBB7647D
Vehicle Make/Model/Colour	MITSUBISHI FB511B0JRDEB
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)

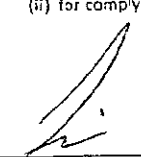
SKETCH PLAN

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.



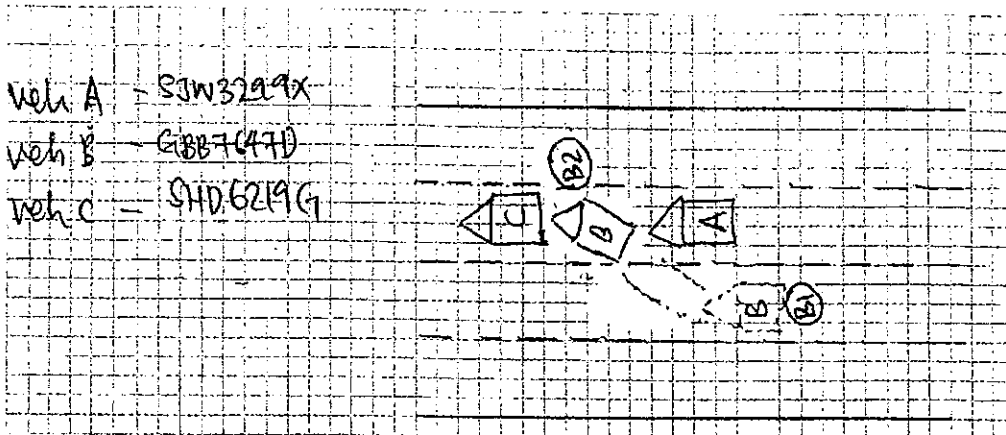
Policyholder's Signature
Date & Time

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling along stated venue. As I was travelling straight on my lane vehicle B suddenly swerved into my lane from the left hitting onto my front portion causing damages. The impact resulted the lorry to surge forward and hit onto vehicle C.

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:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackh@singnet.com.sg

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



**SINGAPORE
POLICE FORCE**



G/20180102/7012

1 of 2

POLICE REPORT (NP299)

Report No. G/20180102/7012

Police Station Of Origin
Bedok Police Divisional HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 02/01/2018 12:55	Vide Report No.	Station Diary No.
Name Of Informant LIM KUN SIONG	Address APT BLK 523A TAMPINES CENTRAL 7 #13-81 SINGAPORE 521523	
ID Type / ID No. NRIC NO / S8845795A	Contact No. Home/Office: Mobile: 83820021	
Nationality SINGAPORE CITIZEN	Email Address pokster88@hotmail.com	
Occupation IT	Sex Male	Age 29
Institution/School Name	Date of Birth 10/11/1988	Race Chinese
Date/Time Of Incident 30/12/2017 15:10 - 30/12/2017 15:30	Language English	
	Location Of Incident 40 CENTRAL EXPRESSWAY WHAMPOA GARDENS SINGAPORE 320040	

Brief details.

On the stated time and date, i (SJW3299X) was travelling on the 2nd lane along CTE(SLE), before Jalan Bahagia exit. Traffic was smooth and road condition was drizzling and wet. Suddenly, vehicle (GDD7647D) swerved abruptly into my lane and collided onto my vehicle, causing damages. After the accident, me and my wife (Koh Yuan Fang S8913377G) both suffered injuries and we went to Thomson Medical for a check up and was both given a total of 4days of MC each.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2018 12:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20180102/7012

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180102/7012

Subjects Involved			
Victim			
Person Name	LIM KUN SIONG		
ID Type	NRIC NO	ID No	S8845795A
Gender	Male	Age	29
Race	Chinese	Language	English
Occupation	IT	Address Type	
Address	APT BLK 523A TAMPINES CENTRAL 7 #13-81 SINGAPORE 521523		Mobile No 83820021
Is Informant A Victim?	Yes		
Person Name LIM KUN SIONG (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

02/01/2018 12:55

Classification Of Case:

QTY	DESCRIPTION - SPECIAL NETT	LEFT	RIGHT	PRICE
1	FRONT CAR PLATE X			80
1	WINDSCREEN SEALANT X			80

QTY	DESCRIPTION - LABOUR	LEFT	RIGHT	PRICE
1	TO RNR ACCIDENT AFFECTED FRONT			1800
1	TO PUTTY AND RESPRAY ACCIDENT AFFECTED FRONT			1200
1	TO RNR FRONT WINDSCREEN			120
1	TO CHECK WIRING LAYOUT AND HEADLAMP FOCUS	1	1	240
1	TO RNR A/C, RADIATOR, AIR CON FAN AND FILL GAS			180
				11,209.90

802
402
X
30
88

Kate Miller

4/1/8 0940 hrs

4 Days.

Lump Sum Repair

After Repair photo

- LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
 - To display damaged parts during resurvey
 - Parts prices are subject to confirmation
 - Third party survey is on a written and verbal basis
 - No legal implications is attached
 - Supplemental claims must be resurveyed and is subject to the acceptance of insurance company

Acknowledged by Repairer

Signature:

Date:



Ethicarz Pte. Ltd. 56 Loyang Way, Singapore (508775) #04-04

Loyang Enterprise Building, Email: johnong@ethicarz.sg

Tel: 63844404, FAX: 63840444

VEHICLE NUM: SJW3299X

MAKE & MODEL: HYUNDAI AVANTE

MILEAGE: 156722

TYRE:

CHASSIS NUM: KMHDU 41BMAL 988187

QTY	DESCRIPTION - PARTS	LEFT	RIGHT	PRICE
1	FRONT WINDSCREEN MOULDING			150
1	FRONT BONNET			1200
1	FRONT BONNET INNER RUBBER			1302
1	FRONT BONNET INNER TRIM			230
12	FRONT BONNET INNER TRIM CLIP			12X10PCS 120
2X	FRONT BONNET HINGE			45.5X2PCS (3)
1	FRONT BONNET CATCH			
1	FRONT BONNET LOCK			
2	HEADLAMP			490x2pc 980
10	HEADLAMP CLIP	5	5	10X10PCS 100
1	FRONT GRILLE ASSY			
10	FRONT GRILLE ASSY CLIP	5	5	10X10PCS 100
1	FRONT GRILLE LOGO (HYUNDAI)			
1	FRONT BUMPER			
10	FRONT BUMPER CLIP			10X10PCS 100
2	FRONT BUMPER RETAINER	1	1	42X2PCS 84
2	FRONT BUMPER BRACKET	1	1	50X2PCS 110
1	FRONT BUMPER REINFORCEMENT BAR			291
1	FRONT BUMPER SPONGE			445
2	FRONT BUMPER FOG LAMP	1	1	182X2PCS X 364
1	FRONT BUMPER LOWER GRILLE			75
10	FRONT BUMPER LOWER GRILLE CLIP			10X10PCS 100
2	FRONT FENDER	1	1	447X2PCS 894
2	FRONT FENDER COWLING	1	1	86.70X2PCS 173.40
10	FRONT FENDER COWLING CLIP	5	5	10X10PCS 100
1	FRONT SUPPORT PANEL			201.3
2	FRONT SUPPORT PANEL SIDE GARNISH	1	1	43X2PCS 86
1	FRONT AIR DUCT			86
1	AIR CON CONDENSER			850
1	RADIATOR			755
1	AIR CON FAN GARNISH ASSY			745

10,006.90

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	03 Jan 2018		03 Jan 2018 16:00 Edit Adj Rpt	S\$4,850.00 Edit Estimates	S\$4,850.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS				[Created by insurer]		
Insured:	MASTSCAPE LANDSCAPING, Co. Reg. No.: 39781900E					
Main Claimant:	LIM KUN SIONG (LIN KUNXIANG), ID: S8845795A					
Vehicle Reg. No.:	SJW3299X	Date of Loss:	30/12/2017 00:00 - :59			
Claim Type:	TP / 543758	Policy/Cover Note No.:	27471908TMV Coverage: 18/03/2017 - 17/03/2018			
Vehicle Reg. No. (Insured):	GBB7647D	Policy No. (Claimant):				
		Excess:				
Repairer:	Ethicarz Pte Ltd (HQ) 56 LOYANG WAY #04-04 LOYANG ENTERPRISE BUILDING, 508775 Loyang - Tel: 63844404					
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]					
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 02/02/2018]					

ASSOCIATED MAIL RECEIVED		View All	Compose Case Mail
There are no mail for this case.			

ALL ASSOCIATED TASKS <input type="checkbox"/>										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

*SJW3299X (543758)
[GBB7647D]
TP
LIM KUN SIONG (LIN KUNXIANG)
Dec 30 2017 12:00AM
[MASTSCAPE LANDSCAPING]
Ethicarz Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			View <div>View in Browser</div>		
Assessment Reports								1 per page		<input checked="" type="checkbox"/>	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print		
1	05/01/18 11:09	Adjuster Immediate Advice							Load HTM		
Photos/Images								3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print		
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Documentation				1 per page <input type="button" value="v"/>	<input checked="" type="checkbox"/>
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2	03/01/18 15:30	PRI Memo	1	Load PDF	
3	03/01/18 16:02	SJW3299X GIA Rpt	1	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="text-align: right; margin-top: 5px;"> ^ v </div>				
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>				

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/MSG18000172/K1VBE2

Date: 07/02/2018

REFERENCE

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

Policy No: 27471908TMV

Claimant Vehicle No : SJW3299X

Insured Vehicle No : GBB7647D

Date of Loss: 30/12/2017

Nature of Claim: TP

Claim No: 543758

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SJW3299X**

Make & Model: HYUNDAI AVANTE, 1.6 (A)

Engine No: G4FCAU824281

Reg. Date: 18/03/2010 (Man. Year: 2010)

Chassis No: KMH DU41BMAU988187

Colour: Grey

Odometer: 156722 km

Engine Capacity: 1591 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): **Market Value/New Car Price**

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification:

No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 185/65 R15

Rear Tyre Size: 185/65 R15

Front Left Side: Linglong 7 mm

Rear Left Side: Linglong 7 mm

Front Right Side: Linglong 7 mm

Rear Right Side: Linglong 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	10,166.90	4,604.40	5,562.50	54.71
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,540.00	1,440.00	2,100.00	59.32
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	13,706.90	6,044.40	7,662.50	55.90
Approved Total (Overridden) (S\$)		4,850.00		
Nett Amount (S\$)	13,706.90	4,850.00	8,856.90	64.62

INSPECTION

Date of Assignment: 03/01/2018

Date Inspected: 04/01/2018 Inspected At:

Ethicarz Pte Ltd (HQ)
56 LOYANG WAY #04-04 LOYANG
ENTERPRISE BUILDING
Singapore 508775

Estimated Period of Repair: 5.0 days

Adjuster: KALVIN ANG WEI KUN

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: 07 Feb 2018)
Parts: 143 HYUNDAI AVANTE 1.6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SJW3299X)
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	*FRONT WINDSCREEN MOULDING	Not Necessary	150.00 F	*- FL
2	1	*FRONT BONNET	Dented	1,302.00 F	*1,200.00 FL
3	1	*FRONT BONNET INNER RUBBER	Torn	42.00 F	*42.00 FL
4	1	*FRONT BONNET INNER TRIM	Serviceable	230.00 F	*- FL
5	12	*FRONT BONNET INNER TRIM CLIP	Not Necessary	120.00 F	*- FL
6	2	*FRONT BONNET HINGE	Bent	131.00 F	*131.00 FL
7	1	*FRONT BONNET CATCH (NPA)	Serviceable	0.00 F	*- FL
8	1	*FRONT BONNET LOCK	Bent	64.20 F	*64.20 FL
9	1	*HEADLAMP	N/S Cracked / O/S Serviceable	980.00 F	*490.00 FL
10	1	*HEADLAMP CLIP (10 pcs)	Necessary-5pcs only	100.00 F	*50.00 FL
11	1	*FRONT GRILLE ASSY	Cracked	389.00 F	*389.00 FL
12	10	*FRONT GRILLE ASSY CLIP	Necessary	100.00 F	*100.00 FL
13	1	*FRONT GRILLE LOGO (HYUNDAI)	Necessary	55.00 F	*55.00 FL
14	1	*FRONT BUMPER	Deformed	486.00 F	*486.00 FL
15	10	*FRONT BUMPER CLIP	Necessary	100.00 F	*100.00 FL
16	2	*FRONT BUMPER RETAINER	Necessary	84.00 F	*84.00 FL
17	1	*FRONT BUMPER BRACKET	N/S Bent / O/S Serviceable	110.00 F	*55.00 FL
18	1	*FRONT BUMPER REINFORCEMENT BAR	Serviceable	291.00 F	*- FL
19	1	*FRONT BUMPER SPONGE	Torn	113.00 F	*113.00 FL
20	2	*FRONT BUMPER FOG LAMP	Serviceable	364.00 F	*- FL
21	1	*FRONT BUMPER LOWER GRILLE	Serviceable	75.00 F	*- FL
22	10	*FRONT BUMPER LOWER GRILLE CLIP	Not Necessary	100.00 F	*- FL
23	2	*FRONT FENDER	Serviceable	894.00 F	*- FL
24	2	*FRONT FENDER COWLING	Serviceable	173.40 F	*- FL
25	10	*FRONT FENDER COWLING CLIP	Not Necessary	100.00 F	*- FL
26	1	*FRONT SUPPORT PANEL	Cracked	791.30 F	*791.30 FL
27	2	*FRONT SUPPORT PANEL SIDE GARNISH	Serviceable	86.00 F	*- FL
28	1	*FRONT AIR DUCT	Serviceable	86.00 F	*- FL
29	1	*AIR CON CONDENSER	Bent	990.00 F	*850.00 FL
30	1	*RADIATOR	Bent	755.00 F	*755.00 FL
31	1	*AIR CON FAN GARNISH ASSY	Serviceable	745.00 F	*- FL
32	1	*FRONT CAR PLATE	Serviceable	80.00 FS	*- FS
33	1	*WINDSCREEN SEALANT	Serviceable	80.00 FS	*- FS

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

Sub Total (S\$)	10,166.90	5,755.50
- List Item Discount on L Items 0.00/20.00% (S\$)	0.00	1,151.10

Total Parts (S\$)	10,166.90	4,604.40
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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 RNR ACCIDENT AFFECTED FRONT	New	1,800.00	800.00
2	TO PUTTY AND RESPRAY ACCIDENT AFFECTED FRONT	New	1,200.00	500.00
3	TO RNR FRONT WINDSCREEN	New	120.00	0.00
4	TO CHECK WIRING LAYOUT AND HEADLAMP FOCUS	New	240.00	40.00
5	TO RNR A/C, RADIATOR, AIR CON FAN AND FILL GAS	New	180.00	100.00
Gross Labour Cost (\$\$)			3,540.00	1,440.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >