

12/03/2002

ASS. REC. BY:

REF: CS/MSG18000304/Dqd3n2 Special Instructions:

SURVEYOR: Bryan ASSIGNMENT (Office)

From (Person): Catherine Thia of MSIG Date/Time: 04/01/2018 @ 4:34pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLG 5243D Insured: SJG 6076L

at Workshop n/s Teamwork Garage Tel: 6844 2475

of 53 Ubi Ave 1 #01-24

Policy No: 28927339 MCK Claim No: 543575

Sum Insured: Excess:

Make of Veh: D.O.A. 01/01/2018
(Client's Record)

CA / REV / REP. / REV 24HRS 'wp' H.O.D. Endorsement:

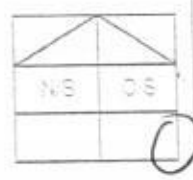
Date/Time: 8:51am @ 05/01/18 Person Contacted: Darren Vehicle: IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SLG 5243D - NA/MSG18000206/r3 D.O.A: 01/01/2018
	SJG 6076L - NA/MSG18000206/r3 D.O.A: 01/01/2018
09/11/18 @	11:43am VERIFIED to Catherine Thia via Meimen.

ASSIGNMENT

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

(Policy Condition)
 Remark: The ven had commenced its repair at the time of inspection.



Bal. of Market Value _____
 DAO Accident Report _____ Consistent? Yes or No _____
 DIA / PR. Seen _____ Consistent? Yes or No _____
 Est. Repair: 3 days Res: Yes or No _____
 Lum Sum: 20 % 3 Val: Yes or No _____
 OA / REV / REP. / 24 HRS _____
 Date _____ Person Contacted _____
 Vehicle IN / OUT _____

Veh No SLG 5243D Reg 2016 Oct
 Type 0 M/Cycle Bus/Van Lorry/Taxi/Prime Mover
 Truck/Trailer _____
 Make Toyota Corolla Altis DO 1598
 Colour Grey A/C Insured / Std / NI / NA
 Sp Reading 102481 T-Pad: Insured / Std / NI / NA
 Eng No 12RX588662
 S.No MR053REH104555617
 Gen. Cond 6 Good / Fair / Poor / Burnt
 Steering 6 Inter / Jammed / Leaked / Burnt / or
 Brakes 6 Inter / Jammed / Leaked / Burnt / or
 Mod: 0 Nil / STD / STD A/Rim / or
 Tyre Size R: 205/55R15
 R: — " —
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front _____ Rear _____
 R.Bal. 5 mm R.Bal. 5 mm
 L.Bal. 5 mm L.Bal. 5 mm
 D.O.A. 01/01/2018 D.O. 04/01/2018
 Survey held at Transmatic Page 4bi
 Des. of Damages: Fr / Rear / O/S / N/S / U/O / Rooftop / or
012 Rm
 The U/O / Chassis/frame / Body Structure affected due to collision

Date Time Action Instruction
12/04/18 M91G ASG 6076L
Inspector 2/5 17501 - with 3 days & 2
(Red 5655.36, 76%).
22/4/18

RECEIVED 2-3 APR 2018

Date Time File Pass ID ☐ Preli. Report
23/4/18 Final Report
 Date Time File Report ID _____
 Report Format: MERTP
 Lump Sum / B.B. 1750
 Days Of Repair: 3
 Resurvey No. of Trip: 2
 Add Fee: ☐ Stained 0
☐ Interfered 0
☐ Repaired 0
☐ Washed 0
 Survey Fee: 200
 Transactor: 10
210



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/MSG18000304/Dqd3		
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 05-01-2018		
		Code : MSG		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJG 6076L	Veh. Inspected	SLG 5243D	
Policy No.		Coverage (\$)	0.00	
Claim No.	543575	Excess (\$)	0.00	
Assign From	MERIMEN (CATHERINE THIA)	Assign Date	05/01/2018	
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	01/01/2018	Inspection Date	05/01/2018	
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.			
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	02 Jan 2018		04 Jan 2018 16:34 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	E-KARZ RENTAL PTE LTD , Co. Reg. No.: 201608381M		
Main Claimant:	ROSET LIMOUSINE SERVICES PTE LTD , Co. Reg. No.: 200406722Z		
Vehicle Reg. No.:	SLG5243D	Date of Loss:	01/01/2018 14:00 - :59
Claim Type:	TP / 543575	Policy/Cover Note No.:	28927339MKF (Third Party Only) Coverage: 04/04/2017 - 03/04/2018
Vehicle Reg. No. (Insured):	SJG6076L	Policy No. (Claimant):	
		Excess:	
Repairer:	Teamwork Garage Pte Ltd (HQ) 53 Ubi Ave 1 #01-24, Paya Ubi Industrial Park, 408934 Ubi - Tel: 6844 2475		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Catherine Thia Shi Yi - 6594 2545]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 05/01/2018]		

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

[View All](#)[Compose Case Mail](#)

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.									

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: Catherine Thia Shi Yi

Date: 09 Jan 2018

Preliminary Advice

Insured Vehicle No : SJG6076L
TP Vehicle No : SLG5243D
Make : TOYOTA COROLLA ALTIS
Date of Inspection : 04/01/2018
Inspection At : TEAMWORK GARAGE

Accident Date : 01/01/2018
Assignment Date : 04/01/2018
Est. Duration of Repair : 3

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	7,405.36
Revised Amount	:S\$	2,180.60
Check Items (Estimated)	:S\$	0.00
Total	:S\$	2,180.60

Lump Sum Repair	:S\$
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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.

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 17:31
Date Of Accident	01/01/2018 04:30
Exact Location Of Accident	AYE TWDS CTE BEFORE ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5243D
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ17-000185
Cover Note Number	

Driver

Name of Driver	ZAINI BIN ABDULLAH
NRIC No	S1799892G
Date Of Birth	26/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1989
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88230374
Fax Number	
Contact Number	OFFICE-88230374
EMail Address	NOEMAIL

Address BLK 206 PASIR RIS STREET 21
#04-372
Postcode 510206
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
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 RAINING
Road Surface WET

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?
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) 4
Passenger 1 NAME: : -
GENDER: : MALE
Passenger 2 NAME: : -
GENDER: : MALE
Passenger 3 NAME: : -
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180101/2033.

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 SJG6076L
Vehicle Make/Model/Colour
Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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 lodging 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.

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.



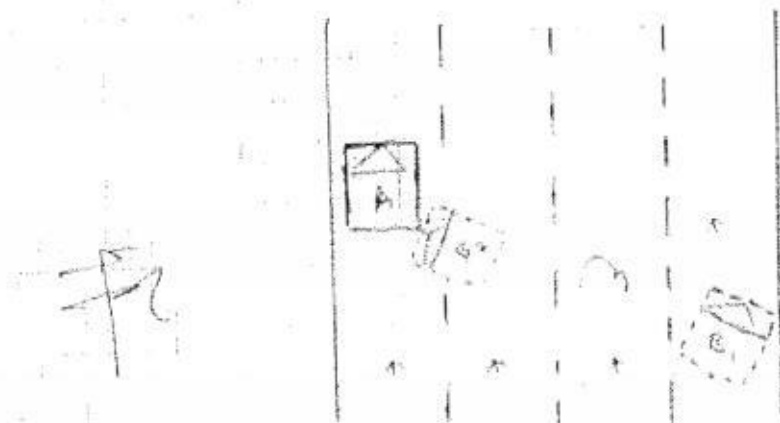
Policyholder's Signature
(Date & Time):

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



Vehicle A $\rightarrow$ SLG 5243D
Vehicle B $\rightarrow$ SLG 6576L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref NO: T/20180101/2033

DECLARATION

DECLARATION:
I/We declare the foregoing particulars are true in every respect.

 Publisher's Signature

Date & Time:

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

Reporting Center Personnel's Signature _____

Marie.

NRC/IN No.

Police Report



SINGAPORE
POLICE FORCE



201801010003

01

Police Station Of Origin
Pasir Ris N.P.O.
1 Pasir Ris Drive 4 #01-01 SINGAPORE
019407
Tel No: 1800-5557886

Report No: 18100010003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
11/01/2018 12:53

With Report No:

Station Diary No:
32

Informant's Particulars

Name of Informant:
ZAKI BIN ABDULLAH

Address:
APT DL4 205 PASIR RIS STREET 21 #04-81 SINGAPORE
510205

ID No / NRIC No:
NRIC NO: 9017698920

Contact No:

Mobile: 98280775

Nationality:
SINGAPORE CITIZEN

E-mail:

Sex: Male Age: 50 Date of Birth: 20/12/1967

Type of Informant:
Witness

Race:

Language:

Institution / School Name:

Marital Status:

English

Occupation:

Driving License Information:

Date of Expiry:

CAR DRIVER

Cover: 3

General Information of the Accident

Type of Accident:
Injury
Others

Driver:
Drive:
No

Date/Time of Accident:
11/01/2018 04:30

Type of Location:
Expressway

Location:
Along Road 1
AYER RAJAH EXPRESSWAY

Towards Direction/Expressway before Alexandra Road exit

Road Condition:
Wet
Traffic Condition

Road Speed Limit

Weather:

Rainy

Time: 5:00

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Head On

Anyone conveyed by ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLO57430	Car	TOYOTA	ALTIS	Grey	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLO57430	CO INSURANCE COMPANY LTD	010011217-000123	01/01/2017	31/10/2018

Police Report



SINGAPORE
POLICE FORCE



702140 012000

2 of 3

Police Station: 17 Origin
Rashid Rish M R C
1 Pagar Road Drive 4 #01 01 SINGAPORE
619407
Tel No: 1800-6852838

Report No: T201807000000

CONTINUATION OF REPORT

Brief Details:

On 01/07/2018 at 07:46hrs, I picked up three passengers from 17 Dover Crescent who directed me to 77 Lor L man - then took AYE and drove towards CTE. Just before Alexandra Road exit while I was travelling on the left lane of the four lanes road, a vehicle S100078N which was travelling on the right lane suddenly collided into the right side of my car. I did not see what happened prior to that but only heard the loud collision sound which could probably be the sound of the seat car hitting onto the tailings on the right.

I then came to a stop and checked on my three passengers to ensure that they are alright. I then got out of my car to check on the other driver who is a female in her 30s. She was able to talk to me however informed that she felt pain in her right shoulder but will be fine. There was another passenger who was with her. They made some calls and then told me to just I could go off first seeing that I had passengers with me.

We then exchanged contact details and took pictures of the accident before I left. As I got in touch with her in the afternoon, I was informed that she was at the hospital seeking treatment. My car suffered some scratches, dents and scratches on the right side however could still be driven. The three passengers and myself are not injured.

Police Report



SINGAPORE
POLICE FORCE



REPORT NO: 01/0000

2013

Report No: 01/0000000000

Police Station Of Origin
Pasar Ris N.P.C.
1 Pasar Ris Drive #01-01 SINGAPORE
518457
Tel No: 680 5852999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you, please fax a copy to 68474025 stating the report number as reference.

Signature Of Officer Recording This Report:

OT

Sgt MUHAMMAD SHAHMEER BIN ABDUL
REHMAN

Signature Of Interpreter:
Not applicable

Signature Of Informant

Date/Time:
01/01/2016 12:53

Officer In Charge Of Case:

TP / AFIT /

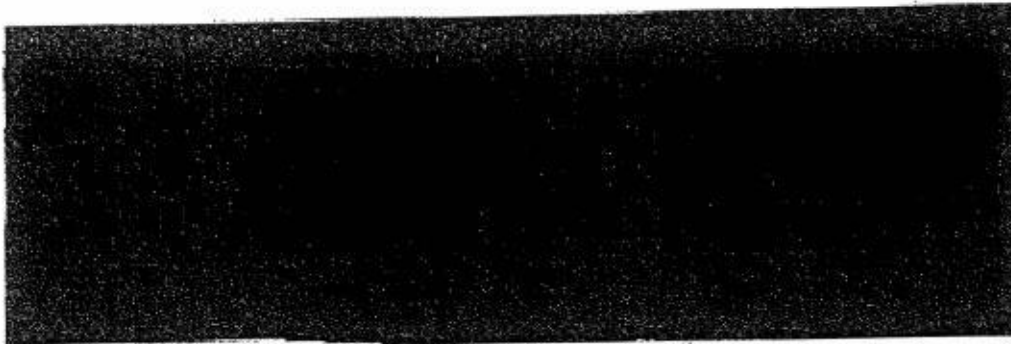
Sgt YEO KUA HUAT
Control No: 88475325

Classification Of Case

Authentication Stamp:
RP167



Others



Continuation of CSF

Brief Facts.

Amendments to the vide report mentioned above, the vehicle registration number "SJG6076L" instead of "SJG6076N".

MSIG Insurance (Singapore) Pte Ltd
4 Shenton Way #21-01
SGX Centre 2
Singapore 068807

Vehicle number	SLG5243D
Make / Model	TOYOTA/ALTIS
Chassis number	MR053REH104555617
Accident date	01 January 2017
Reference	1801-01

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	BOOTLID HH	858.00 X
1	BOOTLID EMBLEM LOGO HH	72.00 X
1	BOOTLID EMBLEM COROLLA HH	48.00 X
1	BOOTLID EMBLEM ALTIS HH	52.80 X
1	REAR RH BOOTLID LAMP HH	398.28 X
1	REAR RH TAILLAMP crack mounting	470.40 ✓
1	REAR RH TAILLAMP SEAL HH	40.00 X
1	END PANEL HH	702.00 X
1	REAR BUMPER crack	582.00 ✓
1	REAR RH BUMPER REFLECTOR crack mounting	68.40 ✓
2	REAR BUMPER BRACKET HH	156.00 X
2	REAR BUMPER RETAINER SVL	249.60 X
1	REAR BUMPER REINFORCEMENT HH	474.00 X
4	REAR PDC SENSOR HH	628.00 X
1	PDC WIRE HARNESS WIRE HH	381.00 X
		1120.80
		840.60
		5180.48
	Less 25%	1295.12
	Subtotal	3885.36
	Balance C/F	3885.36
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
	Balance B/F	3885.36
1	REAR BUMPER CLIP HH	60.00 30/-
1	JOINT SEALANT HH	150.00 X
		30/-
	Subtotal	210.00
	Balance C/F	4095.36
S/No	<u>LABOUR AND MISCELLANEOUS CHARGES</u>	
	Balance B/F	4095.36
1	CHECK REAR WIRING AND LIGHTING SYSTEM	60.00 30/-
2	REMOVE AND REFIT REAR LINING, TRIM AND GARNISH	200.00 HH
3	REMOVE AND RENEW REAR REVERSE SENSOR	150.00 40/-
4	REMOVE AND STRAIGHTEN EXHAUST ASSY	150.00 HH
5	TRANSFER PARTS, ATTACHMENT FROM OLD BOOTLID TO NEW	200.00 HH
6	PANEL BEATING ON AFFECTED AREAS	1200.00 600/-
7	SPRAY PAINTING ON AFFECTED AREAS	1200.00 600/-
8	APPLY ANTI RUST ON AFFECTED AREAS	150.00 40/-
		1310/-
	Subtotal	3310.00
	Grand total	7405.36

2180.60
151750/-

3 days
2 KIC Auto

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/MSG18000304/DQD3N2

Date: 24/04/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	28927339MKF
Claimant Vehicle No :	SLG5243D	Insured Vehicle No :	SJG6076L
Date of Loss:	01/01/2018	Nature of Claim:	TP
		Claim No:	543575

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLG5243D	Engine No:	1ZRX588662
Make & Model:	TOYOTA COROLLA ALTIS, 1.6 CVT (A)	Chassis No:	MR053REH104555617
Reg. Date:	04/10/2016 (Man. Year: 2016)	Odometer:	102481 km
Colour:	Grey		
Engine Capacity:	1598 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:	205/55R15	Rear Tyre Size:	205/55R15
Front Left Side:	West Lake 5 mm	Rear Left Side:	West Lake 5 mm
Front Right Side:	West Lake 5 mm	Rear Right Side:	West Lake 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	4,095.36	870.60	3,224.76	78.74
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,310.00	1,310.00	2,000.00	60.42
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	7,405.36	2,180.60	5,224.76	70.55
Approved Total (Overridden) (S\$)		1,750.00		
(S\$)	7,405.36	1,750.00	5,655.36	76.37
+ GST 7.00/7.00% (S\$)	518.38	122.50	395.88	76.37
Nett Amount (S\$)	7,923.74	1,872.50	6,051.24	76.37

INSPECTION

Date of Assignment:	04/01/2018
Date Inspected:	04/01/2018 Inspected At:

Teamwork Garage Pte Ltd (HQ)
53 Ubi Ave 1 #01-24, Paya Ubi
Industrial Park
Singapore 408934

Estimated Period of Repair: 3.0 days

Adjuster: BRYAN TANI

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: 24 Apr 2018)
Parts: 143	TOYOTA COROLLA ALTIS 1.6 CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SLG5243D)	
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		*BOOTLID	Not Necessary	858.00 FL	*- FL
2	1		*BOOTLID EMBLEM COROLLA	Not Necessary	48.00 FL	*- FL
3	1		*BOOTLID EMBLEM ALTIS	Not Necessary	52.80 FL	*- FL
4	1		*BOOTLID EMBLEM LOGO	Not Necessary	72.00 FL	*- FL
5	1		*REAR RH BOOTLID LAMP	Not Necessary	398.28 FL	*- FL
6	1		*REAR RH TAILLAMP	Mounting Cracked	470.40 FL	*470.40 FL
7	1		*REAR RH TAILLAMP SEAL	Not Necessary	40.00 FL	*- FL
8	1		*END PANEL	Repair	702.00 FL	*- FL
9	1		*REAR BUMPER	Cracked	582.00 FL	*582.00 FL
10	1		*REAR RH BUMPER REFLECTOR	Mounting Cracked	68.40 FL	*68.40 FL
11	2		*REAR BUMPER BRACKET	Not Necessary	156.00 FL	*- FL
12	2		*REAR BUMPER RETAINER	Serviceable	249.60 FL	*- FL
13	1		*REAR BUMPER REINFORCEMENT	Not Necessary	474.00 FL	*- FL
14	4		*REAR PDC SENSOR	Not Necessary	628.00 FL	*- FL
15	1		*PDC WIRE HARNESS WIRE	Not Necessary	381.00 FL	*- FL
16	1		*REAR BUMPER CLIP	Necessary	60.00 FS	*30.00 FS
17	1		*JOINT SEALANT	Not Necessary	150.00 FS	*- FS

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

Sub Total (\$\$)	5,390.48	1,150.80
- List Item Discount on L Items 25.00/25.00% (\$\$)	1,295.12	280.20
Total Parts (\$\$)	4,095.36	870.60

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	CHECK REAR WIRING AND LIGHTING SYSTEM	New	60.00	30.00
2	REMOVE AND REFIT REAR LINING,TRIM AND GARNISH	New	200.00	-
3	REMOVE AND RENEW REAR REVERSE SENSOR	New	150.00	40.00
4	REMOVE AND STRAIGHTEN EXHAUST ASSY	New	150.00	-
5	TRANSFER PARTS,ATTACHMENT FROM OLD BOOTLID TO NEW	New	200.00	-
6	PANEL BEATING ON AFFECTED AREAS	New	1,200.00	600.00
7	SPRAY PAINTING ON AFFECTED AREAS	New	1,200.00	600.00
8	APPLY ANTI RUST ON AFFECTED AREAS	New	150.00	40.00
Gross Labour Cost (\$\$)			3,310.00	1,310.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >