

ASS. REC. BY:

REF: 03/ms618000929 /Avb n2 Special Instruction:

Surveyor:

Adrian

ASSIGNMENT (Office)

Merimen

From (Person): Fievel Foo

of

MSLh

Date/Time: 16/01/2018 10:11am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YP 2339E

Insured:

SLR 559T

at Workshop m/s

MG Solution

Tel:

6243 1373

of

23 Kaki Bukit Ave 4 #02-18B

Policy No:

28946874max

Claim No:

546017

Sum Insured:

Excess:

Make of Veh:

D.O.A.

13/01/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 1wp

H.O.D. Endorsement:

Date/Time:

16/01/2018 11:46am

Person Contacted:

Jaim

Vehicle

IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	YP 2339E - NA / ENC 17024379 / 13
	SLR 559T - X
17/1/18	Informed Fievel pending workshop est by merimen
16/3/18	Adrian confirmed LS \$950 (Red 1461.50, 8910)
19/3/18	Send preli revised by merimen

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop n/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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: YP2339E Yr Regn: 2016 April  
 Type: M.Car / M.Cycle / Bus / Van / (Lorry) Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Isuzu NNR c.o. 2999  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 93641 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JAANNR85H67100033  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Mod: NI / S/Rim / STD A/Rim or  
 Tyre Size: F: 195/85R16 BS  
 R: 195R15 Condo.  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or  
 Front Rear  
 R/Bal. 06 mm R/Bal. 06 mm  
 L/Bal. 06 mm L/Bal. 06 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 16/01/18  
 Survey held at M6 solution  
 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

TPMS16.

RECEIVED 19 MAR 2018

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 3

1)

☐ : Final ReportResurvey No. of Trip: -

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

19/3 - typistAdd Fee: ☐ : Site Insp (\$)

) \$ - RS \$

☐ : Interview (\$)

) Photos

☐ : Tech. Insp (\$)

) Others

☐ : Weekend (\$)

TOTAL

Report Format: MerimenLump Sum / I.B.I: (\$ 950/2)

200

10

210

# Survey Department Check List (Case Handler)

Reference No. : CS/MSG/18000 929/ Avb  
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				
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Check By: VERON 19/3/18  
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/MSG18000929/Avb		
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 16-01-2018		
		Code : MSG		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLR 559T	Veh. Inspected	YP 2339E	
Policy No.	28946874MCX	Coverage (\$)	0.00	
Claim No.	546017	Excess (\$)	0.00	
Assign From	MERIMEN (FIEVEL FOO)	Assign Date	16/01/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	c.c		0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.	Colour			
Odometer	Steering			
Brakes	Modification			
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	13/01/2018	Inspection Date	16/01/2018	
Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933			
<b>5a. Remarks</b>				
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	16 Jan 2018		16 Jan 2018 10:11 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

<a href="#">Main</a>	<a href="#">Reference</a>	<a href="#">Claim Details</a>	<a href="#">Documents</a>	<a href="#">Show All</a>
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## CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	PREMIER RENT A CAR PTE LTD, Co. Reg. No.: 200612929E		
Main Claimant:	ANFALD SERVICES, Co. Reg. No.: 53316842B		
Vehicle Reg. No.:	YP2339E	Date of Loss:	13/01/2018 10:00 - :59
Claim Type:	TP / 546017	Policy/Cover Note No.:	28946874MCX (TP, Fire & Theft) Coverage: 01/05/2017 - 30/04/2018
Vehicle Reg. No. (Insured):	SLR559T	Policy No. (Claimant):	
		Excess:	
Repairer:	MG Solution Pte Ltd (HQ) 23 Kaki Bukit Avenue 4 #02-03B, VICOM Inspection Centre, 415933 Kaki Bukit - Tel: 91886931		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Fievel Foo Wenyao - 6643 1316]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 17/01/2018]		

## 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: Fievel Foo Wen Yao	Date: 19 Mar 2018

**Preliminary Advice**

Insured Vehicle No	: SLR559T	Accident Date	: 13/01/2018
TP Vehicle No	: YP2339E	Assignment Date	: 16/01/2018
Make	: ISUZU NNR85U4AA	Est. Duration of Repair	: 3.00
Date of Inspection	: 16/01/2018		
Inspection At	: MG SOLUTION PTE LTD (HQ) 23 KAKI BUKIT AVENUE 4 #02-03B, VICOM INSPECTION CENTRE SINGAPORE 415933		

**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\$	8,411.50
Revised Amount	:S\$	1,231.50
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,231.50

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.

## View Sent Message

This mail is associated with :

**\*YP2339E (546017)**  
**[SLR559T]**

TP

ANFALD SERVICES  
Jan 13 2018 10:00AM  
[PREMIER RENT A CAR PTE LTD]  
MG Solution Pte Ltd

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

**From** LKK Auto Consultants Pte Ltd (LKK\_HQ), sent on 17/01/2018 15:24 PM.  
**To** MSIG\_FFWY1  
**Subject** TP SURVEY YP 2339E

Dear Fievel,

Please be informed that we have inspected the vehicle YP 2339E on 16/1/2018.

We are pending estimate from repairer.

Best Regards,  
Veron Chen

### DOCUMENTS SUMMARY

There are no documents.



## 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	15/01/2018 16:49
Date Of Accident	13/01/2018 10:30
Exact Location Of Accident	SLIP RD FROM QUEENSWAY > ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2339E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANFALD SERVICES
Co Reg No	53316842B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000

### Vehicle Particulars

Manufacturer	ISUZU
Model	NNR85UH4A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079466895-01
Cover Note Number	

### Driver

Name of Driver	HONG GUORONG
NRIC No	S8510481J
Date Of Birth	25/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2004
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90297031
Fax Number	
Contact Number	
Email Address	ANFALDSERVICES@GMAIL.COM



Address BLK 115 #09-894 POTONG PASIR AVENUE 1  
Postcode 350115  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
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  
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) 7

Passenger 1  
NAME: : -  
GENDER: : MALE  
Passenger 2  
NAME: : -  
GENDER: : MALE  
Passenger 3  
NAME: : -  
GENDER: : MALE  
Passenger 4  
NAME: : -  
GENDER: : MALE  
Passenger 5  
NAME: : -  
GENDER: : MALE  
Passenger 6  
NAME: : -  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? NO  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO BELOW STATEMENT/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	SLR559T
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)	

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 Authorized 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 reassess 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/are 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:

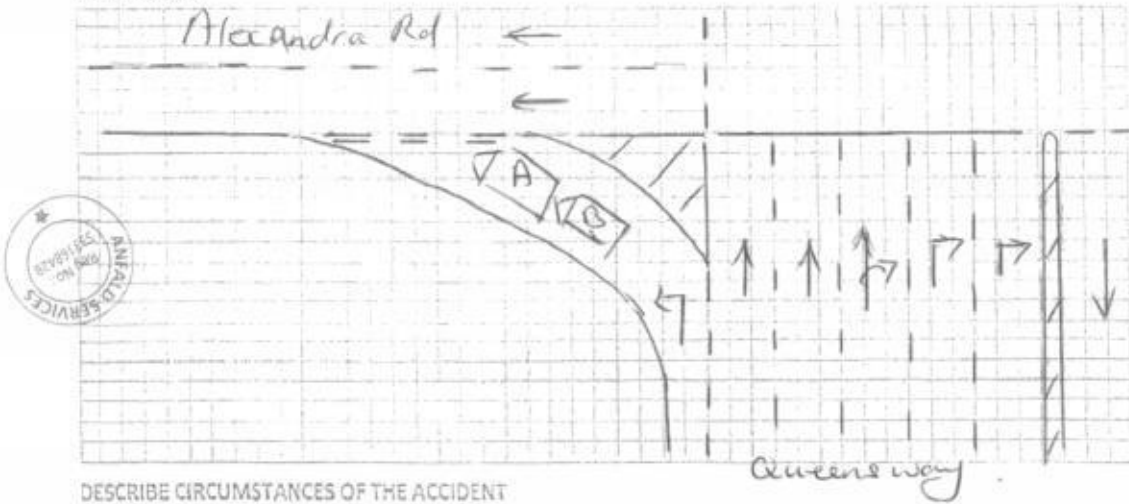
*[Handwritten Signature]*

15 JAN 2010

IDAC KAKI BUKIT(VAC)  
23 KAKI BUKIT AVE 4

Singapore 415933  
Reporting Centre  
Name: *[Signature]*  
NRIC/IN No: *[Signature]*  
Fax: 67492305  
Email: vackb@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/01/2018 at about 1030 hrs at Slip Road from Queensway towards Alexandra Road. I was travelling on the above mentioned slip road and came to a stop while giving way to the main traffic along Alexandra Road. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. I have 6 passengers inside my vehicle.

(A) YP 2339 E  
(B) SLR 559 T

DECLARATION

I declare that the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

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

15 JAN 2018

IDAC KAKI BUKIT (VAC)  
23 KAKI BUKIT AVE 4

Reporting Officer's Signature  
Name: Tel: 67416697  
NRIC/FIN No: Fax: 67492305  
Email: vackb@singnet.com.sg

# MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

Email : mg3solution@gmail.com

TO	: MSIG INSURANCE	DATE	: 16/01/2018
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
ESTIMATE REPORT	:		
<b>VEHICLE DETAILS</b>			
VEHICLE NO	: YP2339E		
MODEL	: ISUZU NNR85		
CHASSIS NO			
<b>ACCIDENT DETAILS</b>		DATE	: 13-Jan-18
		TIME	: 10:30HRS
THIRD PARTY REQUESTOR / CONTACT		:	JACK LI

## CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	TAILLAMP LH <i>cracked</i>	1	\$ 190.00	\$ 190.00
TOTAL PRICE				\$ 190.00
LESS 15%				\$ 28.50
SUB TOTAL PRICE				\$ 161.50

## SPECIAL NETT ITEMS

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR STEP PANEL <i>new Pyri</i>	1	\$ 1,900.00	\$ 1,900.00
2	REAR STEP PANEL BRACKET <i>new</i>	2	\$ 210.00	\$ 420.00
3	REAR STEP PANEL BRACKET SCREW <i>new</i>	1	\$ 60.00	\$ 60.00
4	REAR WOODEN SUPPORT <i>2</i>	1	\$ 420.00	\$ 420.00
5	REAR WOODEN SUPPORT BRACKET <i>new</i>	2	\$ 130.00	\$ 260.00
6	REAR WOODEN SUPPORT SCREW(SET)	1	\$ 60.00	\$ 60.00
7	REAR WOODEN PANEL <i>cracked</i>	1	\$ 2,150.00	\$ 2,150.00
8	REAR WOODEN PANEL SCREW <i>new</i>	1	\$ 60.00	\$ 60.00

TOTAL \$ 5,330.00

## CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

1	TO PANEL BEAT, WELD , CUT, ADJUST, KNOCK	\$ 1,600.00	300.
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2	TO PUTTY, SPRAY PAINT, POLISH WAX	\$ 1,000.00	200.	
3	REMOVE AND REPLACE WOODEN SUPPORT	\$ 320.00	x	

**TOTAL**

**\$2,920.00**

500.00

TOTAL PARTS COST : \$ 5,491.50  
TOTAL LABOUR COST : \$ 2,920.00  
TOTAL REPAIR COST : \$ 8,411.50

**APPROVED DETAILS**

EXCESS :  
NO. OF WORKING DAYS :  
RE-SURVEY :

Adrian Ling.  
L/S 16/01/18.  
03 days.

total: 1231.50  
H/S: 950.

PART BY PART OR LUMP SUM :  
DATE & TIME OF SURVEY :  
SURVEYED BY :  
CONTACT NUMBER :  
FAX NUMBER :

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

Acknowledged by Repairer  
Signature:  
Date:

161.50  
570.00  
500.00  
1231.50  
- 90%  
\$985.2

L/S: \$950.00/-

## 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/MSG18000929/AVBN2

Date: 20/03/2018

## REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	28946874MCX
Claimant Vehicle No :	YP2339E	Insured Vehicle No :	SLR559T
Date of Loss:	13/01/2018	Nature of Claim:	TP
		Claim No:	546017

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	YP2339E	Engine No:	4JJ12K8112
Make & Model:	ISUZU NNR85U4AA, 3.0 D (A)	Chassis No:	JAANNR85HG7100033
Reg. Date:	27/04/2016 (Man. Year: 2016)	Odometer:	93641 km
Colour:	White		
Engine Capacity:	2999 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size:	195/85 R16	Rear Tyre Size:	195 R15
Front Left Side:	Bridgestone 6 mm	Rear Left Side:	Condor 6 mm
Front Right Side:	Bridgestone 6 mm	Rear Right Side:	Condor 6 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	5,491.50	731.50	4,760.00	86.68
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,920.00	500.00	2,420.00	82.88
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (\$\$)</b>	<b>8,411.50</b>	<b>1,231.50</b>	<b>7,180.00</b>	<b>85.36</b>
<b>Approved Total (Overridden) (\$\$)</b>		<b>950.00</b>		
<b>(\$\$)</b>	<b>8,411.50</b>	<b>950.00</b>	<b>7,461.50</b>	<b>88.71</b>
<b>+ GST 7.00/7.00% (\$\$)</b>	<b>588.81</b>	<b>66.50</b>	<b>522.31</b>	<b>88.71</b>
<b>Nett Amount (\$\$)</b>	<b>9,000.31</b>	<b>1,016.50</b>	<b>7,983.81</b>	<b>88.71</b>

## INSPECTION

Date of Assignment: 16/01/2018

Date Inspected: 16/01/2018 Inspected At:

MG Solution Pte Ltd (HQ)  
23 Kaki Bukit Avenue 4 #02-03B,  
VICOM Inspection Centre  
Singapore 415933

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:	(Last Synchronised: 20 Mar 2018)
Parts:	N/A ISUZU NNR85U4AA 3.0 D (A) (Model not available in database)
Labour:	Repairer's (Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for YP2339E)
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		*TAILLAMP LH	Cracked	190.00 FL	*190.00 FL
2	1		*REAR STEP PANEL	Repair	1,900.00 FS	*- FS
3	2		*REAR STEP PANEL BRACKET	Not Necessary	420.00 FS	*- FS
4	1		*REAR STEP PANEL BRACKET SCREW	Not Necessary	60.00 FS	*- FS
5	1		*REAR WOODEN SUPPORT	Not Necessary	420.00 FS	*- FS
6	2		*REAR WOODEN SUPPORT BRACKET	Not Necessary	260.00 FS	*- FS
7	1		*SET REAR WOODEN SUPPORT SCREW	Not Necessary	60.00 FS	*- FS
8	1		*REAR WOODEN PANEL	Cracked	2,150.00 FS	*550.00 FS
9	1		*REAR WOODEN PANEL SCREW	Necessary	60.00 FS	*20.00 FS
F=Franchise part. S=SpcNett. L=ListItemDisc.						
Sub Total (\$\$)					5,520.00	760.00
- List Item Discount on L Items 15.00/15.00% (\$\$)					28.50	28.50
Total Parts (\$\$)					5,491.50	731.50

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
<b>Labour Items</b>				
1	TO PANEL BEAT,WELD,CUT,ADJUST,KNOCK	New	1,600.00	300.00
2	TO PUTTY,SPRAY PAINT,POLISH WAX	New	1,000.00	200.00
3	REMOVE AND REPLACE WOODEN SUPPORT	New	320.00	-
<b>Gross Labour Cost (S\$)</b>			<b>2,920.00</b>	<b>500.00</b>

Report was unsubmitted during this print-out.

&lt; END OF ESTIMATES &gt;