

ASSIGNMENT (Office)

Meimien

Kalvin

Person: Lionel Tan

of MSIG

Date/Time: 17/01/2018 @ 09.05am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 6770K

Insured: FBA 2471G

at Workshop no: Premier Taxis

Tel: 6214 8300

of 23 Changi South Ave 2 # 03-02

Policy No: MSD/VMT/17-360944-CA

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A: 13/01/2018

(Client's Record)

CA / REV / REP: / REV 24 HRS 'wp'

Q.O.D. Requirements

Date/Time: 9.23pm @ 17/1/2018

Person Contacted:

Vincent

Vehicle IN/OUT

Date/Time:

Action/Description

✓

SHC 6770K - cc3/CTI17016960/klhd3n2

D.O.A: 24/08/2017

FBA 2471G-X

NAME: Kalvin

# ASSIGNMENT

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

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  
 Lum Susp: \_\_\_\_\_ % 3 Val: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Job No: SHC6770K Reg: 30 Apr 2018  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Tr / Prime Mover  
 Truck / Trailer or  
 Make: KIA optima No: 168  
 Colour: silver A/C: Ins Std: NI/NA  
 Sp. Reading: 296675 T/Pack: Ins Std: NI/NA  
 Eng No: \_\_\_\_\_  
 C/No: KNA6M414 MF55978 62  
 Gen. Cond: Good / Ins / Poor / Burnt  
 Steering: Inorder / Ins / Jammed / Leaked / Burnt or  
 Brake: Inorder / Ins / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / Ins / A/Rim or  
 Tyre Size: F: 205 / 65 R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / FIR / SUMI /  
 TOYO / YOKO or Achilles  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R.Bal: 7 mm R.Bal: 7 mm  
 L.Bal: 7 mm L.Bal: 7 mm  
 D.O.A: 12/1/8 D.O.A: 16/1/8  
 Survey held at: Prater  
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Roof top or  
Rear N/S  
 The U/C / Chassis frame / Body Structure affected due to collision:

Date / Time Action / Instruction  
19/1/8 Contract up \$950 / 20/1/8 (Red 1244.30 : 56%) MSZK

Date/Time File Pass to: \_\_\_\_\_  
19/1 Typist  
 Date/Time File Return to: \_\_\_\_\_

☐ : Preli. Report  
☒ : Final Report

Days Of Repair: 2  
 Resurvey No. of Trip: 1 Survey Fee

Add Fee: ☐ Site Insp: \$ \_\_\_\_\_  
☐ Interview: \$ \_\_\_\_\_  
☐ Tech: \$ \_\_\_\_\_  
☐ Legend: \$ \_\_\_\_\_

200
10
210

Report Format: TP  
950

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	15 Jan 2018		17 Jan 2018 09:05 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	FIDRISHAH BIN ALIAS, ID: S0064335A, Tel: +6581883404		
Main Claimant:	PREMIER TAXIS PTE LTD, Co. Reg. No.: 200304975H		
Vehicle Reg. No.:	SHC6770K	Date of Loss:	13/01/2018 21:00 - :59
Claim Type:	TP	Policy/Cover Note No.:	MSD/VMT/17-360944-CA (Third Party Only) Coverage: 13/03/2017 - 12/03/2018
Vehicle Reg. No. (Insured):	FBA2471G	Policy No. (Claimant):	
		Excess:	
Repairer:	Premier Taxis Pte Ltd - Changi (HQ) 23 Changi South Ave 2 #03-02, 486443 Changi - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Lionel Tan Tian Pei - 6643 1307]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 18/01/2018]		
Driver/Custodian (Insured):	FIDRISHAH BIN ALIAS (63 / Male), NRIC: S0064335A, Tel: +6581883404		

### 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

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/MSG18001009/K1td3	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581			Date : 17-01-2018	
			Code : MSG	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	FBA 2471G	Veh. Inspected	SHC 6770K	
Policy No.	MSD/VMT/17-360944-CA	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	MERIMEN (LIONEL TAN)	Assign Date	17/01/2018	
<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	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443			
<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.				



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18000006MFSH

Our Ref: CS/FCI17024679/K1rb

The Motor Claims Department  
First Capital Insurance Ltd

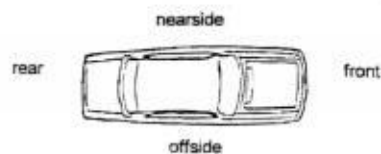
Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SJH 3607U .**

Please be informed that we had conducted the inspection of the above mentioned vehicle on 03/01/2018 at the premises of M/s ETHICARZ PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ 2,220.00(Labour only).
Revised Estimate Amount	: S\$ 600.00(Labour only).
"Check" Items Amount	: S\$ .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:  
The vehicle sustained damages  
at front n/s portion.



Yours faithfully  
KALVIN  
Automotive Assessor

## 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 09:04
Date Of Accident	13/01/2018 21:15
Exact Location Of Accident	CTE - SLE (BEFORE JALAN BAHAGIA EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6770K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

### Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAXI

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

### Driver

Name of Driver	YAP YEIK WEI DAVID
NRIC No	S7020528I
Date Of Birth	01/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1991
Driving Experience	26 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96192640
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 2 #13-328 GHIM MOH ROAD
Postcode	270002
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 - HEAD TO REAR
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?	YES
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)	6
Passenger 1	NAME: : FOREIGNER GENDER: : MALE
Passenger 2	NAME: : FOREIGNER GENDER: : FEMALE
Passenger 3	NAME: : FOREIGNER - CHILD GENDER: : FEMALE
Passenger 4	NAME: : FOREIGNER - CHILD GENDER: : FEMALE
Passenger 5	NAME: : FOREIGNER - INFANT 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

VEH. A - 5 PAX (FOREIGNER COUPLES WITH 3 CHILDREN) VEH. B - NO PILLION

#### 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	FBA2471G
-----------------------------	----------

Vehicle Make/Model/Colour	M/CYCLE
Details Of Properties	VEH. B
Vehicle Category	MOTORCYCLE
Name of Driver	MALE MALAY
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	MALE MALAY - RIDER OF VEH. B
Approximate Age	
Injuries Sustain	ABRASSION ON ARM & LEGS, ATTENDED BY PARAMEDICS BUT REFUSED TO HSPTL
Injured person in which vehicle?	FBA2471G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



**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:

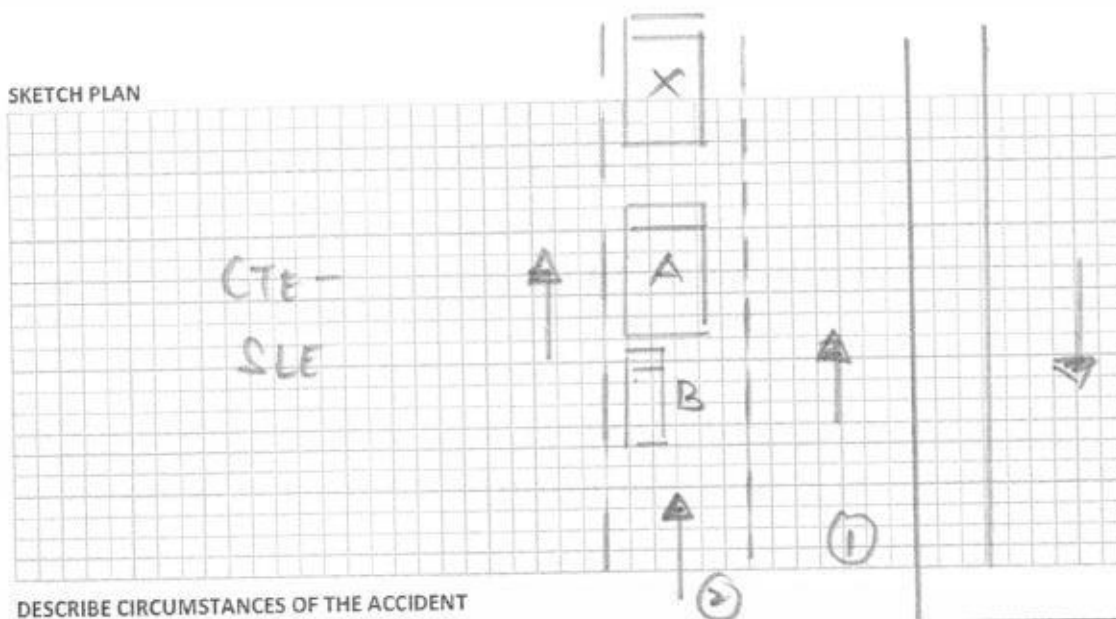
SHC 670R 570205281  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

15 JAN 2019

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

## Sketch Plan Pg. 2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6770K

Dr. FBA 24716

## DECLARATION

I/We declare that foregoing particulars are true in every respect.

15 JAN 2013



Policyholder's Signature  
Date & Time:

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

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

Describe Circumstance of the Accident.

ON 13/01/2018 @ 2115HRS, I WAS DRIVING MY TAXI (SHC 6770 K) TRAVELLING ALONG CTE - SLE (BEFORE JALAN BAHAGIA EXIT) WITH 5 PASSENGERS ONBOARD (FOREIGNER COUPLES WITH 2 CHILDREN & AN INFANT), IN LANE 2.

I SLOWED DOWN TO A COMPLETE STOP AS VEHICLES AHEAD OF ME STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

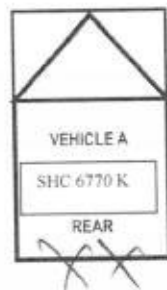
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (FBA 2471 G - M/CYCLE) WHICH WAS APPROACHING FROM THE BACK - FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO STOP IN TIME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

RIDER FALL OFF FROM HIS M/CYCLE INTO LANE 3, SUFFERED ABRASSION ON HIS LEGS & ARMS. HE WAS ATTENDED BY PARAMEDICS AT SCENE BUT REFUSED TO CONVEY TO THE HOSPITAL BY AMBULANCE.

NO PILLION ONBOARD VEHICLE B.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



FBA 2471 G

THIRD PARTY VEHICLE



Driver's Signature & NRIC Number  
Monday, January 15, 2018 @ 9:18:32 AM

57020528/1

(attended by)

Text size + -

**Enquire Transaction History****Transaction History Details**

Log Date/Time:	30 Apr 2015 / 09:22:50	Receipt No.:	AACCK001-AX239-150430-000006
Asset Type:	Vehicle	Transaction Amount:	\$64,849.00
Asset ID:	SHC6770K	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150430092250029620		
Vehicle No.:	SHC6770K		
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-		
Vehicle Attachment 3:	-		
Vehicle Scheme:	Taxi (Company)		
First Registration Date:	30 Apr 2015		
Original Registration Date:	30 Apr 2015		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5593467		
Engine No.:	D4FDEH313373		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2014		
Open Market Value:	\$21,451.00		
Minimum PARF Benefit:	\$8,719.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	30 Apr 2015 09:22:50		
COE No.:	2015043001002318C		
COE Expiry Date:	29 Apr 2023		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$50,177.00		
Lifespan Expiry Date:	29 Apr 2023		

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02  
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511  
CO. REG:200707743D GST REG:200707743D

16-Jan-18

## ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6770 K

1 pc	Rear bumper	<i>Refund</i>	\$	696.00
1 pc	Rear bumper lower cover	<i>or</i>	\$	206.00
			\$	902.00
		Less 35%	\$	315.70
			\$	586.30

### S/NETT

1 set	Rear bumper clips	<i>ne still</i>	\$	48.00
1 set	Reverse sensor		\$	<del>280.00</del> 200
1 pc	Rear bumper top protector	<i>X</i>	\$	80.00
	Sundry		\$	<del>50.00</del> <i>X</i>
	To dismantle / replace/ test reverse sensor to new bumper and reset to the same		\$	<del>120.00</del> 20
	To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.		\$	<del>180.00</del> <i>X</i>
	To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the same		\$	<del>450.00</del> 200
	To putty and spray painting on rear bumper		\$	<del>200.00</del> 180
	To apply rustproofing on the repaired and replaced panels.		\$	<del>200.00</del> <i>X</i>
			\$	2,194.30

( ALL THE REPAIR COSTS ARE SUBJECTED TO GST )

**THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.**

- 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:

*Kalvin LKK*  
*16/1/18 13:15 hrs*  
*2 Dnt.*  
*PIP*  
*Before Part photo*

## 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/MSG18001009/K1TD3N2

Date: 22/01/2018

## REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMT/17-360944-CA
Claimant Vehicle No :	SHC6770K	Insured Vehicle No :	FBA2471G
Date of Loss:	13/01/2018	Nature of Claim:	TP
		Claim No:	MSC/V/18-000091

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHC6770K	Engine No:	D4FDEH313373
Make & Model:	KIA OPTIMA, 1.7 D CRDi (A)	Chassis No:	KNAGM414MF5593467
Reg. Date:	30/04/2015 (Man. Year: 2014)	Odometer:	296635 km
Colour:	Silver		
Engine Capacity:	1685 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:	205/65R16	Rear Tyre Size:	205/65R16
Front Left Side:	Achilles 7 mm	Rear Left Side:	Achilles 7 mm
Front Right Side:	Achilles 7 mm	Rear Right Side:	Achilles 7 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,044.30	834.30	210.00	20.11
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,150.00	400.00	750.00	65.22
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>2,194.30</b>	<b>1,234.30</b>	<b>960.00</b>	<b>43.75</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>950.00</b>		
<b>(S\$)</b>	<b>2,194.30</b>	<b>950.00</b>	<b>1,244.30</b>	<b>56.71</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>153.60</b>	<b>66.50</b>	<b>87.10</b>	<b>56.71</b>
<b>Nett Amount (S\$)</b>	<b>2,347.90</b>	<b>1,016.50</b>	<b>1,331.40</b>	<b>56.71</b>

## INSPECTION

Date of Assignment:	17/01/2018	
Date Inspected:	16/01/2018	Inspected At: Premier Taxis Pte Ltd - Changi (HQ) 23 Changi South Ave 2 #03-02 Singapore 486443

Estimated Period of Repair: 2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 22 Jan 2018)
<b>Parts:</b> 143	KIA OPTIMA 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHC6770K)
<b>Validity:</b>	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
<b>Further Info:</b>	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	696.00 FL	*696.00 FL
2	1		*REAR BUMPER LOWER COVER	Cracked	206.00 FL	*206.00 FL
3	1		*SET REAR BUMPER CLIPS	Necessary	48.00 FS	*48.00 FS
4	1		*SET REVERSE SENSOR	Shorted	280.00 FS	*200.00 FS
5	1		*REAR BUMPER TOP PROTECTOR	Not Necessary	80.00 FS	*- FS
6	1		*SUNDRY	Not Necessary	50.00 FS	*- FS
F=Franchise part. S=SpcNett. L=ListItemDisc.						
Sub Total (S\$)					1,360.00	1,150.00
- List Item Discount on L Items 35.00/35.00% (S\$)					315.70	315.70
Total Parts (S\$)					1,044.30	834.30

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
<u>Labour Items</u>				
1	TO DISMANTLE/REPLACE/TEST REVERSE SENSOR TO NEW BUMPER AND RESET TO THE SAME	New	120.00	20.00
2	TO DISMANTLE/REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS	New	180.00	-
3	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE SAME	New	450.00	200.00
4	TO PUTTY AND SPRAY PAINTING ON REAR BUMPER	New	200.00	180.00
5	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS	New	200.00	-
Gross Labour Cost (S\$)			1,150.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >