ASSUEED BY	REF: COMSG180	001124/Wad3	PP in soli increso i in
Marinen Wilson			
Katten	ne Wong M		17/01/16@5
Estimate i Costi		El t	
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To Expect Vehicle No:	SLB 2366 D		article FBE 7423S
to Windship to 3	Kumchew Mot	for	6456 3715
160 8in 191	ng Drive #05-	08	
Folio 130 MSD/VI	17/17-373994-CA	074 111 1777	MSC/V/18-000098
Sum Equation		Erese (c.	
Missis of Veh: - Clens's Record			15/01/2018
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* Abol	<u>annen</u>
From Date [8 0] 2018	SLB 2366 Dress 31(3/2016
Estimated Cost.	Type (LiCar) M.Cyple : Bus : Van / Lorry : Tax: - Prime Mover -
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To unscient Vehicle No: SLB 2366D	Varie Subc=4 :: 1600
at Workshop mis Kum Chew Motor	Sp.Reading 5103 3 TRack Insured / Std / NI / NA
6 160 SinMing Drive #05-08	Eng No
insured:	ONO: 3F1GP3EC-5CG167355
Policy No.	Gen. Cond. Good/Fair / Poor / Burnt
Staims No.	Steering: (norder Dammed / Leaked / Burnt 31
Sum insured: Excess:	1
(Client's Record)	Brake: Inorder Dammed / Leaked / Burnt @
Make of Veh:	Medi: NiV S/Rim / STD A/Rim or
	Tyre Size. F: 225 55 R17
(Policy Condition)	R: 225155R17
Remark: The veh had commenced its NS OS	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	точо / (бко 3)
Ball or Market Value:	Front Rear
iDAC Accident Rport: Consistent? : Yes or No	R.Bai. H mm R.Bai mm
GIA / PR Seen: Consistent? : Yes or No	L'Balmm LBalmm
Est. Repairs: 3 days Res.: Yes or No	BOA 15/1/2018. BOIL 18/1/2018
Lum Sum: % 3 Val.: Yes or No	Survey held at Ms ASUC.
CA / REV / REP. / 24 HRS WP?	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected alse to collision
Date Time Action Instruction	
	<u></u>
RECEIVED : 7 HAY 201	<u> </u>
	1
<i>i</i> , 	Days Of Repair:
Cata Time Fine Return to The T	Resurvey No. of Trip: Sunley Fee 200
a Add Fee	9: Site inscri ^{\$}
	nten, en 3 grant (0
Report Formatic MER-78	Team is \$ \$ contact to the contact t
Lump Sum 18 is 100	142 311 8
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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

FLES QUAY HONG LEONG Insured Veh. Policy No. Claim No. Assign From	NGAPORE) PTE LTD BLDG SINGAPORE 048581 Policy Particulars FBE 7423S MSD/VMT/17-373994-CA MSC/V/18-000098 MERIMEN (KATHERINE WONG) Vehicle Particulars	Veh. In Covera Excess Assign	PARTY CLAIM spected age (\$) s (\$)	
HONG LEONG Insured Veh. Policy No. Claim No. Issign From	Policy Particulars FBE 7423S MSD/VMT/17-373994-CA MSC/V/18-000098 MERIMEN (KATHERINE WONG)	Code: THIRE Veh. In Covera Excess Assign	MSG PARTY CLAIM spected age (\$) s (\$)	SLB 2366D 0.00 0.00
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claim No. Assign From Make & Model	MSC/V/18-000098 MERIMEN (KATHERINE WONG)	Excess	s (\$)	0.00
assign From	MERIMEN (KATHERINE WONG)	Assign		
lake & Model	WONG)		Date	18/01/2018
	Vehicle Parti	· (2)		
		cuiars &	Condition	
naina Na		c.c		0
	HIDDEN	Year of	f Reg.	
hassis No.		Colour		
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byline No.	¹ឥ৶∉N ∌া ু ু ুGenera	Informa	ition*	
ccident Date	15/01/2018	Inspect		18/01/2018
urvey held at	KUM CHEW MOTOR WORKSH	OP OP		
	160 SIN MING DRIVE #05-08 SIN MING AUTOCITY SINGAPORE 575722			
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THE INSPECTION THE REPAIR ES	ON WAS CONDUCTED ON A "WI TIMATE WAS NOT PRESENTED AS TOLD TO PREPARE THE ES	THOUT P O AT THE TIMATE.	REJUDICE" BASIS TIME OF INSPEC	S. TION.
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...CLAIM SUBFOLDER...(New Assignment)

IMAL S/O PAVADAY,	Claim Details	Documents [Created by	New Assignment Cancel Case Show All
IMAL S/O PAVADAY,			Show All
IMAL S/O PAVADAY,		[Created by	
· · · · · · · · · · · · · · · · ·	ID. C1434F3411	[insurer]
	ID: \$14/45/1H		
G KEE, ID: \$170115 5D	Date of Loss:	15/01/2018 00	0:00 - :59
C/V/18-000098	Policy/Cover Note No.:	MSD/VMT/17- Coverage: 06/	373994-CA 12/2017 - 05/12/2018
	Policy No. (Claimant): Excess:		
	160 Sin Ming) (HQ) 160 Sin M	ling Drive, #05-08 Sin	Ming Autocity, 575722
	Pte. Ltd. (HQ) - Tel: +65 6827	7888 [Handled by	Katherine Wong
Consultants Pte Ltd	(HQ) - Tel: 6256-3561 [Im	m.Advice due 18,	/01/2018]
		View All	I Compose Case Mail
	View All	Search Tasks Create	e New Task Complete
eregi Selyest i	ाक्षतंत्रः अस्त्रा _व वस्य छ ष		dreama Un - pone?
	Tel: 6456 3715 urance (Singapore) I ing - 6594 2544] Consultants Pte Ltd	Policy No. (Claimant): Excess: w Motor Workshop (160 Sin Ming) (HQ) 160 Sin M Tel: 6456 3715 urance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 ing - 6594 2544] Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Im	Policy/Cover Note No.: Coverage: 06/ Policy No. (Claimant): Excess: W Motor Workshop (160 Sin Ming) (HQ) 160 Sin Ming Drive, #05-08 Sin Tel: 6456 3715 Urance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 [Handled by long - 6594 2544] Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Imm.Advice due 18, View All Search Tasks Create

KUM CHEW MOTOR WORKSHOP

REG/CS/PAY/FA 17 JAN 2018

Your Ref. No: FBE 7423 S

Our Ref. No: KC/TP2366/1801-07

Date: 17/01/2018

To: MSIG INSURANCE (S) PTE LTD

FAX No. 62257402

Dear Sirs

RE: ACCIDENT INVOLVING SLB 2366 D & FBE 7423 S ALONG TPE TOWARDS JALAN KAYU FROM PASIR RIS.

We act for Mr TING Ping Kee, the owner of vehicle no. SLB 2366 D was involved in the said accident with your insured's vehicle no. FBE 7423 S.

Please be informed that the said vehicle can be inspected at the following venue:

KUM CHEW MOTOR WORKSHOP 160, SIN MING DRIVE #05-08 SIN MING AUTOCITY, SINGAPORE 575722.

TEL NO: 6453 6256/6456 3715

FAX NO: 6455 7754

Please note that if you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Your faithfully,

MSI118008238 / STA INSPECTION PTE LTD - Sin Ming ENTRY DATE & TIME: 16/01/2018 17:51 SUBMITTED BY: Vong Lip Yong

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 witholding 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/01/2018 17:51
Date Of Accident	15/01/2018 08:20
Exact Location Of Accident	ALONG TPE TOWARDS JALAN KAYU FROM PASIR RIS
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB2366D
Insured/Policyholder	
Name Of Registered Owner	TING PING KEE
NRIC No	\$1701154E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82333158
Alternative Phone No	OTHERS-82333158
Vehicle Particulars	
Manufacturer	SUBARU
Model	XV
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5089263897

Cover Note Number

Driver

Name of Driver TING PING KEE NRIC No S1701154E Date Of Birth 22/04/1965 Occupation **INDOOR**

Date Of Driving Pass 23/12/1982

35 YEARS AND 0 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-82333158

Fax Number

Contact Number OTHERS-82333158

EMail Address NOEMAIL

BLK 739 PASIR RIS DRIVE 10 Address

#09-13

510739 Postcode

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 **CLEAR**

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

PASIR RIS NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-5852999 - FAX NO: 65855261 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

FBE7423S Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

ELIAPERUMAL S/O PAVADAY Name of Driver

NRIC/Passport Number S1474571H 98294063 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 16

DETAILS OF INJURED PERSON 1

Name

ELIAPERUMAL S/O PAVADAY

Approximate Age

Injuries Sustain

REFER POLICE REPORT

Injured person in which vehicle?

FBE7423S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1

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.
- 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.
- 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 aforesald.
- 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
 - 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:
 - 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 Signeture Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Namé:

NRIC/FIN No.:

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SKETCH PLAN	
	
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	11/8) 48/474233
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
REFER TO POL T/20180115/	ICE REPORT
1/20180115/	2109
1,001,007,707	
•	
_	
DECLARATION	4.
i/We declare the foregoing particulars are true in every respect.	
4/10	and the second second

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Policyholder's Signature

Date & Time:

Page 5 of 16

Reporting Centre Personnel's Signature

Name.

NRIC/FIN No.:

Common Statement Pg. 1





1 of 3

Report No. T/20180115/2109

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

Date/Time Report Made: 15/01/2018 15:24			Vide Report No.: M/20180115/0009	Station Diary No. 35	
Informar	ıt's Particu	lars			
Name of TING PIN	Informant: NG KEE		Address: APT BLK 739 PASIR RIS DRI 510739	VE 10 #09-13 SINGAPORE	
ID Type / ID No.: NRIC NO / S1701154E			Contact No.: Home/Office: Mobile: 82333158		
Nationali SINGAP	ty: ORE CITIZ	EN	Email:		
Sex: Male	Age: 52	Date of Birth: 22/04/1965	Type of Informant: Driver		
Race: Chinese			Language: Institution / School for English		
Occupation: Sales Manager			Driving Licence Information: Class: 2B,3 Date of Expiry:		

Seneral Inform	nation of the Accid	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2018 08:20	Type of Location Straight Road	
	vards Jalan Kayu fi	om Pasir Ris			
<u>Lamp Post Nu</u> Weather: Clear	iniuer, 546	Road Surface: Wet		Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collis	ion: ing Vehicles - Side	Swipe - Same Direction		Anyone conveyed by ambulance: Yes	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE7423S	Motorcycle				Slightly Damaged	0
SLB2366D	Car	SUBARU	SUBARU XV 1.6I-S AWD CVT	Grey	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Common Statement Pg. 1





2 of 3

Report No. T/20180115/2109

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Details of Ve	ehicle insurance	Visit and the second		
	Insurance Company	Insurance No	Effective	Expiry Date
SLB2366D	NTUC Income Insurance Co-Operative	5089263897	31/03/2017	30/03/2018
	Limited			

Details of Person	n Involved			- H.A.	J 1.	
Any Pedestrian Ir						
No. of Pedestrian	s Injured: NIL		Use of Ped			
Rider						
Name	ELIAPERUMAL S/O		ID No.		S1474571H	
Related Vehicle	FBE7423S (Motorcycl		Contact No.		98294063	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment NIL			Date Discl	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver					1 - 2 - 2	
Name	TING PING KEE			ID No.		S1701154E
Related Vehicle	SLB2366D (Car)			Contact No.		82333158
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

Brief Details.

On 15/01/2018 at about 0820hrs, I was driving along TPE towards SLE between lamp post 548 to 550 when a car in front of me slowed down to a stop. I then proceed to slow down to a stop. Suddenly I heard a loud bang coming from the left side of my vehicle. I then discovered that a motorcycle had skidded and hit onto the front left side of my vehicle. The motorcycle rider was conscious after the accident and was able to get up on his own. I assisted him to move to the side of the road for his safety. The motorcycle rider felt pain on the right side of his arm. I then assisted him to call for the ambulance. He was conveyed thereafter. I did not suffer any injuries. There is a dent and scratch on the front passenger door of my car due to the accident.

Common Statement Pg. 1





Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

3 of 3 Report No. T/20180115/2109

Tel No: 1800-5852999

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 now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Staff Sg! MOHAMED HAZWAN BIN MOHAMED YASIN SEY WALL CO. THE	- Minister
Signature Of Interpreter: Not applicable	Date/Time: 15/01/2018 15:24
Officer In Charge Of Case: TP / AEIT / SSI GOH GEOK LYE Contact No.: 65476148	Classification Of Case:
Authentication Stamp NP168 SIGNA	TURE?

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08

SIN MING AUTOCITY, SINGAPORE 575722.

Tel No.: 64536256/64563715 Fax No.: 64557754

E-Mail: kumchew1@singnet.com.sg

GST Reg.No.: M90367665T Buss. Reg. No.: 52865130K

MSIG INSURANCE (SINGAPORE) PTE LTD 16, RAFFLES QUAY #24-01 HONG LEONG BUILDING SINGAPORE 048581

Attention: Motor Claim Department

Contact: 68277888 Fax No.: 66431349

Estimate: ES004286

Date: 25/01/2018

Vehicle Num. : SLB 2366 D Make/Model : SUBARU-2015

Chassis/Eng#: JF1GP3KC5GG167385/FB16Y172919

Accident Date: 15/01/2018

Claim No.:

Reference: KC/TP2366/1801-07

		Policy No.	Policy No. :				
(N	Quantity Particular		Unit Price	Amount S\$			
1. 2.	1 PC KLIST ITEMS: 1 PC RUNNINGBOARD PA	SKIRT (LH) NEL - LH)		417.40 894.70			
	List TotalS\$: 20.00% Discount S\$			1,312.10 262.42			
	LABOUR :			1,049.68			
	TO PULL, KNOCK OI	N ACCIDENT PORTION & CHANGE ABOVE PART.		180.00			
	TO SPRAY & PAINT O	ON FRTUH FENDER & FRT L/H DOOR.		680.00			
	TO ANTI-RUST AFFE	CTED AREAS.	ds.	150.00			
_	Labour Total S\$:	6		1,010.00			
SingD	ollars: Two Thousand Fifty-Nine & Cents Si	who actually to	Lus Lus	sole at			
	CHEW MOTOR WORKSHOP	Completed + 1 (1814/2018)	Total S\$:	2:059:68			

KUM CHEW MOTOR WORKSHOP

160. SIN MING DRIVE #05-08

SIN MING AUTOCITY, SINGAPORE 575722.

Tel No.: 64536256/64563715 Fax No.: 64557754

E-Mail: kumchew1@singnet.com.sg

GST Reg.No.: M903676651 Buss. Reg. No.: 52865130K

MSIGANSURANCE (SINGAPORE) PTELTO

16, FAFELES QUAY #24-01 HONG LEONG BUILDING SINGAPORE 048581

Attention: Motor Claim Department

Contact: 68277888 Fax No : 66431349

Estimate: ES004286

Date: 25/01/2018

Vehicle Num.: SLB 2366 D

Make/Model: SUBARU-2015

Chassis/Eng#: JF1GP3KC5GG167385/FB16Y172919

Accident Date: 15/01/2018

Claim No.:

Reference: KC/TP2366/1801-07

Policy No.:

Quantity ticular Unit Price

Amount S\$

1 PC 1 PC LIST ITEMS:

FRT LIH FENDER WHEEL ARG

ROCKER PANEL GARNISI

List TotalS\$:

20.00% Discount S\$

417.40 L 894.70

1,312.10 262.42

1,049.68

LABOUR:

TO PULL, KNOCK ON ACCIDENT PORTION & CHANGE ABOVE PART.

TO SPRAY & PAINT ON FRT LIH FENDER & FRT L/H DOOR.

TO ANTI-RUST AFFECTED AREAS.

Labour Total S\$:

150.00

1,010.00

SingDollars: Two Thousand Fifty-Nine & Cents Sixty-Eight Only

Total S\$

KUM CHEW MOTOR WØRKSHOP

LKK Auto Consultants hence notice

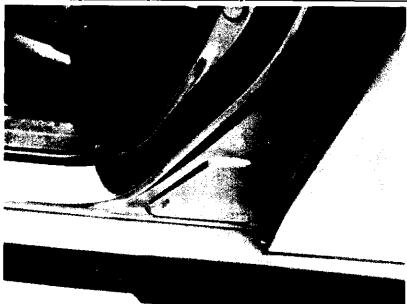
- the Repairer of the following:
- To resurvey before/after spray painting.
- . To display damaged part(s) during resurvey
- · Parts prices are subject to confirmation
- . Third party survey is on a "Without Prejudice" basis
- . No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

SKW4434D [FBB9801L] - Submitted by: LKK Auto Consultants Pte Ltd (HQ)



70/92: Reinspection Photo



71/92: Reinspection Photo



72/92: Reinspection Photo

Page 1 of 1

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	t Adj Subr		Submitted	Ins Auth'ed		Status	
Main	17 Jan 2018		17 Jan 2018 17:19 Edit Adj Rpt	S\$1,400 Edit Est	4		400.00 ew Rpt			Pending for Surve Report Cancel Case	
	Main	Re	eference	C	laim Deta	ails		Docume	ents		Show All
CLAIM SU	JBFOLDER DI	TAILS					[Created	by insurer]			
Insured:	ELIAPER	JMAL S/O PAVAL	DAY, ID: S147457	1H							
Main Claimant:	TING PIN	IG KEE, ID: S17	01154E								
Vehicle Re	9. SLB236	6D			Date of L	.oss:		3 00:00 - :59 and 15 Days	From L1	A Reg Date (Man Yr)]
Claim Type	TP / MS	C/V/18-000098			Policy/Co Note No.		MSD/VMT/1	17-373994-CA 06/12/2017 -			
Vehicle Red No. (Insured):	FBE7423	s			Policy No (Claiman						
					Excess:						
Repairer:	Kum Che 3715	w Motor Worksh	op (160 Sin Ming)	(HQ) 160	Sin Ming (Orive,	#05-08 Sin	Ming Autocity	, 57572	2 Sin Ming - 1	el: 6456
Handling Insurer:	MSIG Ins	urance (Singapo	re) Pte. Ltd. (HQ)	- Tel: +65	6827 788	8 [Handled by	Katherine W	ong Che	w Shong - 6	594 2544
Adjuster:	LKK Auto 18/01/20		Ltd (HQ) - Tel: 62	56-3561	[Handled	by To	eo Cheng M	ling Wilson]	[Imr	n.Advice	lue
ASSOCIA	TED MAIL RE	CEIVED							View Al	Compose	Case Mail
There are	no mail for this	case.									
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No results.	· · · · · · · · · · ·	type lask	Group Subjec	. Hallul	. A:	a a i A i i	ca by	Compicted (w - 1	J. 22100 OII	

Claim Documents

*SLB2366D (MSC/V/18-000098)

[FBE7423S]

TP

TING PING KEE

Jan 15 2018 12:00AM

[ELIAPERUMAL S/O PAVADAY]

Kum Chew Motor Workshop (160 Sin Ming)

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Doc	umentation		1 per page			
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail Print			
1	17/01/18 12:00	TP request PRI	1 Load PDF			
2	17/01/18 17:18	TP agree on common surveyor - assign LKK	■ Load PDF			

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
			^
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.			

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/MSG18001124/WQD3E2

Date:

09/05/2018

REFERENCE

Handling Insurer: 141

MSIG Insurance (Singapore) Pte.

Policy No:

MSD/VMT/17-373994-

CA

Claimant Vehicle

SLB2366D

Insured Vehicle No :

FBE7423S

Date of Loss:

15/01/2018

Nature of Claim:

TP

Claim No: MSC/V/18-000098

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

No:

SLB2366D

Make & Model:

SUBARU XV, 1.6 I-S AWD CVT (A)

Engine No:

FB16Y172919

Reg. Date: Colour: 31/03/2016 (Man. Year: 2015) Dark Grey Chassis No: Odometer: JF1GP3KC5GG167385 51033 km

Engine Capacity:

1600 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):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Yes Engine Modification:

Rear Tyre Size:

225/55 R17

Front Tyre Size: Front Left Side:

225/55 R17 Yokohama 4 mm

Rear Left Side:

Yokohama 4 mm

Front Right Side:

Yokohama 4 mm

Rear Right Side:

Yokohama 4 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,049.68	1,049.68	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,010.00	710.00	300.00	29.70
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,059.68	1,759.68	300.00	14.57
Approved Total (Overridden) (S\$)		1,400.00		
(S\$)	2,059.68	1,400.00	659.68	32.03
+ GST 7.00/7.00% (S\$)	1 44 .18	98.00	46.18	32.03
Nett Amount (S\$)	2,203.86	1,498.00	705.86	32.03

INSPECTION

Date of Assignment:

17/01/2018

Date Inspected:

18/01/2018 Inspected At:

Kum Chew Motor Workshop (160 Sin

Ming) (HQ)

160 Sin Ming Drive, #05-08 Sin Ming

Autocity

Singapore 575722

Adjuster Report Page 2 of 4

Estimated Period of Repair:

3.0 days

Adjuster: Teo Cheng Ming Wilson

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.

Page 3 of 4 Adjuster Report

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 09 May 2018)

Parts:

144

SUBARU XV 1.6 I-S AWD CVT (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SLB2366D)

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	Repairers	Amount
1	1		*FRT L/H FENDER WHEEL ARCH	Cut	417.40 FL	*417.40 FL
2	1		*ROCKER PANEL GARNISH - LH	MTG Cracked	894.70 FL	*894.70 FL
F=Fr	anchise	part. L=ListIte	mDisc.	_		
				Sub Total (S\$)	1,312.10	1,312.10
			- List Item Discount on L Ite	ms 20.00/20.00% (S\$) _	262.42	262.42
				Total Parts (S\$)	1,049.68	1,049.68

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
Lab	our Items			
1	TO PULL, KNOCK ON ACCIDENT PORTION & CHANGE ABOVE PART	New	180.00	180.00
2	TO SPRAY & PAINT ON FRT L/H FENDER & FRT L/H DOOR	New	680.00	500.00
3	TO ANTI-RUST AFFECTED AREAS	New	150.00	30.00
	Gross Labor	ur Cost (S\$)	1,010.00	710.00
l	Report was unsubmitted during	this print-out.		

< END OF ESTIMATES >