

ASS. REC. BY:

REF: CS/MSG18001210/Aqd3 n2 Special Instructions:

Survivor
Menmen

Adrian

ASSIGNMENT (Office)

From (Person):

Elaine Ngu

of

MSG

Date/Time: 11/01/2018 @ 10:48am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKK 1172S

Insured:

SLK 5410S

at Workshop m/s

Siang Hui Motor

Tel:

6744605

of 3006 Ubi Road 1 # 01-338

Policy No:

80450383QMX

Claim No:

546592

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

10/01/2018

CA / REV / REP. / REV 24 HRS

wp

H.O.D. Endorsement:

Date/Time:

12:51pm @ 11/1/18

Person Contacted:

Siang Hui

Vehicle IN OUT

Date/Time

Action/Instruction (✓) Estimate

SKK 1172S -X

SLK 5410S -X

22/1/18 @ 4:20pm informed Elaine Ngu, we are pending estimate from repairer.

26/1/18 @ 3:38pm revised to Elaine Ngu via Menmen.

US \$ 1600, 3 days (Red \$ 1311, 45%)

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/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: 3 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: SKK1172S Yr Regn: 2013 JneType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Kia Optima c.o. 1998Colour: Black A/C: Insured / Std / NI / NASp. Reading: 80021 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAGN411MCS203254Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45R18R: 225/45R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 19/01/18Survey held at Siang HuiDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TP MSK

RECEIVED 29 JAN 2018

Date/Time, File Pass to?

1) 21/1/18☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.I. (\$) 1600

Mtr TP

1600

200

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

MSG INSURANCE (SINGAPORE) PTE LTD

Ref : CS/MSG18001210/Aqd3

16 RAFFLES QUAY
#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 19-01-2018



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLK 5410S	Veh. Inspected	SKK 1172S
Policy No.	80450383QMX	Coverage (\$)	0.00
Claim No.	546592	Excess (\$)	0.00
Assign From	MERIMEN (ELAINE NGU)	Assign Date	19/01/2018

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

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5. General Information

Accident Date	10/01/2018	Inspection Date	19/01/2018
Survey held at	SIANG HUI MOTOR WORKS BLK 3006 UBI ROAD 1 #01-338 SINGAPORE 408700		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (*Nivitha*): Case handler to make sure all Information created by the assignment team are ACCURATE.

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Surveyor (*Adrian*): 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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

(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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Check By:

Adrian 26/1/18

Case Handler

Date

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

CLAIM SUBFOLDER TRACKING							
Case	Insured	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	18 Jan 2018		19 Jan 2018 10:48 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	HENGRY LIM KIAN YONG, ID: S7639884D		
Main Claimant:	NATIONAL CAR RENTALS(PRIVATE) LIMITED, Co. Reg. No.: 196100157E		
Vehicle Reg. No.:	SKK1172S	Date of Loss:	10/01/2018 20:00 - :59
Claim Type:	TP / 546592	Policy/Cover Note No.:	80450383QMX (Comprehensive) Coverage: 04/12/2017 - 03/12/2018
Vehicle Reg. No. (Insured):	SLK5410S	Policy No. (Claimant):	
		Excess:	S\$500.00
Repairer:	Siang Hui Motor Works (HQ) 3006 Ubi Road 1, #01-338, 408700 Ubi - Tel: 67444605		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Elaine Ngu Siau Mei - 6594 2540]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 20/01/2018]		
Adj Asg. Remarks:	PLEASE ALIASE W WORKSHOP FOR SURVEY.GIA REPORT ONLY 1 PAGE AS LAWYER NOT ABLE TO GIVE .		

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](#)

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: Elaine Ngu Siau Mei

Date: 26 Jan 2018

Preliminary Advice

Insured Vehicle No	: SLK5410S	Accident Date	: 10/01/2018
TP Vehicle No	: SKK1172S	Assignment Date	: 19/01/2018
Make	: KIA OPTIMA	Est. Duration of Repair	: 3.00
Date of Inspection	: 19/01/2018		
Inspection At	: SIANG HUI MOTOR WORKS (HQ) 3006 UBI ROAD 1, #01-338 SINGAPORE 408700		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	2,911.00
Revised Amount	:S\$	2,091.20
Check Items (Estimated)	:S\$	0.00
Total	:S\$	2,091.20
Lump Sum Repair	:S\$	1,600.00

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.

Shiau Chan (LKKAuto)

From: Do-Not-Reply <do-not-reply@merimen.com>
Sent: Monday, 22 January 2018 4:20 PM
To: do-not-reply@merimen.com
Cc: SUR
Subject: VEHICLE SKK 1172S (YOUR REF: 546592)

This mail is associated with :

***SKK1172S (546592)**

[SLK5410S]

TP

NATIONAL CAR RENTALS(PRIVATE) LIMITED

Jan 10 2018 8:00PM

[HENGRY LIM KIAN YONG]

Siang Hui Motor Works

Dear Elaine,

Please be informed that we have inspected the vehicle SKK 1172S on 19/01/2018.

We are pending for estimate from repairer.

Thanks & Regards,

Shiau Chan (Ms)
LKK Auto Consultants Pte Ltd
Tel: 6256 3561
Fax: 6256 4315

[This mail is sent from a mailer account - do not reply to this email address]

Sent by : SHIAU CHAN (LKK Auto Consultants Pte Ltd)

MKFS18008221 / Kan Fook Sing Motor Workshop - Defu
ENTRY DATE & TIME: 16/01/2018 17:33
SUBMITTED BY: Yen Boo

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 17/01/2018 17:01

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 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	16/01/2018 17:33
Date Of Accident	10/01/2018 20:30
Exact Location Of Accident	AMOY STREET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKK1172S
Insured/Policyholder	
Name Of Registered Owner	NATIONAL CAR RENTALS (PRIVATE) LIMITED
Co Reg No	198100157E
Email Address	JAMES.CHUA@AVIS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63051995
Vehicle Particulars	
Manufacturer	KIA
Model	OPTIMA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5059475530-05
Cover Note Number	01/01/2018 TO 31/12/2018
Driver	
Name of Driver	ALI MD YUSOF
Work Permit No	G2258985M
Date Of Birth	05/01/1993
Occupation	INDOOR
Date Of Driving Pass	22/08/2013
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84109490
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 100A TAMAH MERAH COAST RD (S) 498724
 Postcode
 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 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?
 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) 1

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 with attach.

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 SLK5410S
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number 98465867
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Accident 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.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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



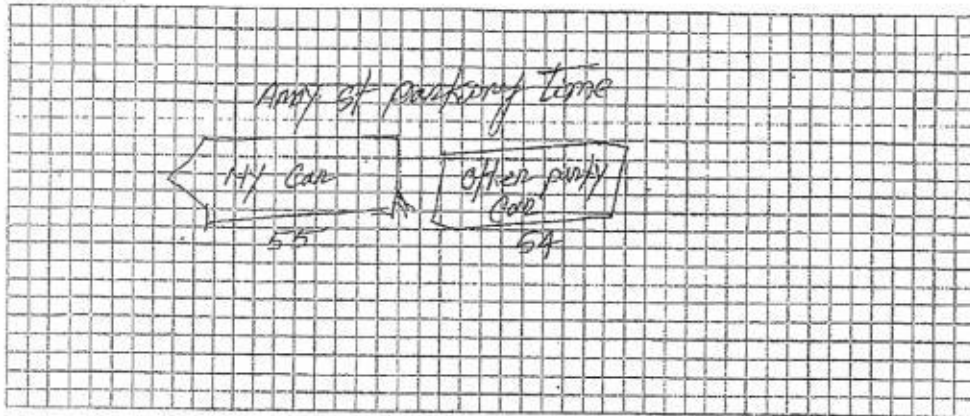
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

16/1/2018

GIA/IMC SketchPlanForm_V9

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When my parking the Car Army of parking lot 55
 Come back parking (54 lot) parking time he hit my Car
 back, bumper.

Insurance Co.	NW
Vehicle No.	9K11325
Date of accident	10.01.2018
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim <input checked="" type="checkbox"/> Other Workshop TBA	

DECLARATION

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

Policyholder's Signature
 Date & Time:

GIARMC SketchPlanForm_V3

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

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

祥輝汽車修理 SIANG HUI MOTOR WORKS

Blk 3006, Ubi Road 1 #01-338, Singapore 408700.
Tel: 67444605 Fax: 67440726
REG. No. 322208/00M

TP MSIG.

Xiao Chen

KNAGN411MCSL03254

Date, 19/01/18

Estimate Cost of Motor Vehicle No: SKK1172 S

1)	1 PC Rear bumper ^{rehd}	\$ 538.00 ✓
2)	1 PC Rear bumper lower ^{mt}	\$ 124.00 +
3)	1 PC Rear bumper Spoiler ^{rehd}	\$ 635.00 ✓
4)	1 PC Rear bumper reinforcement ^{rehd}	\$ 368.00 ✓
5)	2 Pcs Rear Reverse Sansor ^{near} \$ @ 199	\$ 398.00 +
	Rear Bumper Sponge	Total \$ 2063.00
	cauled ✓ 127	Less 20% \$ 412.60
	1668	10% \$ 1650.40
	150120	

Labour charges:-

- 1) To remove & replace rear bumper Sansor \$ 80.00
- 2) To replace, repair, straighten & re-align all damaged parts. ²⁰⁰ \$ 480.00
- 3) To Spray paint on all affected areas \$ 380.00

LKK Auto Consultants notify the Repairer of the damage.

- Part of the car
- Third party
- No illegal work
- Supplemental work is subject to final approval

Acknowledged by Repairer

Signature:

Date:

total: 2091.20

r/s: 1.6K

Grand Total: \$ 2590.40

L/s Admin ()

03 Png

350

2911

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/MSG18001210/AQD3N2

Date: 30/01/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	80450383QMX
Claimant Vehicle No :	SKK1172S	Insured Vehicle No :	SLK5410S
Date of Loss:	10/01/2018	Nature of Claim:	TP
		Claim No:	546592

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKK1172S	Engine No:	G4KDBS174268
Make & Model:	KIA OPTIMA, 2.0 (A)	Chassis No:	KNAGN411MC5203254
Reg. Date:	10/06/2013 (Man. Year: 2011)	Odometer:	80021 km
Colour:	Black		
Engine Capacity:	1998 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:	225/45 R18	Rear Tyre Size:	225/45 R18
Front Left Side:	Dunlop 6 mm	Rear Left Side:	Dunlop 6 mm
Front Right Side:	Dunlop 6 mm	Rear Right Side:	Dunlop 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,971.00	1,501.20	469.80	23.84
Miscellaneous Items	0.00	0.00	0.00	
Labour	940.00	590.00	350.00	37.23
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,911.00	2,091.20	819.80	28.16
Approved Total (Overridden) (S\$)		1,600.00		
Nett Amount (S\$)	2,911.00	1,600.00	1,311.00	45.04

INSPECTION

Date of Assignment:	19/01/2018	Inspected At:	Siang Hui Motor Works (HQ) 3006 Ubi Road 1, #01-338 Singapore 408700
Date Inspected:	19/01/2018		

Estimated Period of Repair: 3.0 days

Adjuster: ADRIAN LING

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: 30 Jan 2018)
Parts: 143	KIA OPTIMA 2.0 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SKK1172S)
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		*REAR BUMPER	Deformed	538.00 FL	*538.00 FL
2	1		*REAR BUMPER LOWER	Not Necessary	124.00 FL	*- FL
3	1		*REAR BUMPER SPOILER	Cracked	635.00 FL	*635.00 FL
4	1		*REAR BUMPER REINFORCEMENT	Deformed	368.00 FL	*368.00 FL
5	2		*REAR REVERSE SENSOR	Not Necessary	398.00 FL	*- FL
6	1		*REAR BUMPER SPONGE	Cracked	127.00 FL	*127.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	2,190.00	1,668.00
- List Item Discount on L Items 10.00/10.00% (S\$)	219.00	166.80
Total Parts (S\$)	1,971.00	1,501.20

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO REMOVE & REPLACE REAR BUMPER SENSOR	New	80.00	40.00
2	TO REPLACE,REPAIR,STRAIGHTEN & RE-ALIGN ALL DAMAGED PARTS	New	480.00	200.00
3	TO SPRAY PAINT ON ALL AFFECTED AREAS	New	380.00	350.00
Gross Labour Cost (S\$)			940.00	590.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >