

Surveyor:

Ma

ASSIGNMENT (Office)

From (Person):

jasmine lok

of

MSIG

Date/Time:

2/2/18 @ 1.24pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJE 6899P

Insured:

FV 6464T

at Workshop m/s:

Thiam Heng Huat

Tel:

82636295

of

176 Sin Ming Drive # 05-14

Policy No:

MSD/VM7/18-376785-CA

Claim No:

MSC/v/18-000189

Sum Insured:

Excess:

Make of Veh:

D.O.A.

29/01/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

'up'

H.O.D. Endorsement:

Date/Time:

2.30pm @ 2/2/18

Person Contacted:

stefren

Vehicle IN / OUT

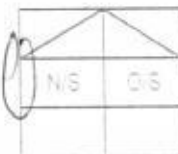
Date/Time	Action/Instruction (X) Estimate
	SJE 6899P-X
	FV 6464T-X

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.



Sal. or Market Value: _____
 IAD Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days: _____ Res: Yes or No
 Lump Sum: _____ %: _____ 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Ref No: **SJEGRP.** Vt Page: **08**
 Type: ☒ Motor / ☐ Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
 Truck / Trailer or
 Make: **TOYOTA VIOS.** CC: **1497**
 Colour: **GREEN.** A.C. Insured / Std / NI / NA
 Sp Reading: **226124** T-Radio Insured / Std / NI / NA
 Eng No: _____
 O No: **MR053HY9305061052.**
 Gen Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
 Steering: ☒ Order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Brake: ☒ Order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Mod: Nil ☒ S/Rim / ☐ STD A/Rim or
 Tyre Size F: **195/55R15**
 R: **195/55R15**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **B.S**
 Front: _____ Rear: _____
 R.Bal: **8** mm R.Bal: **8** mm
 L.Bal: **8** mm L.Bal: **8** mm
 D.O.A. _____ D.O.I. **Sp/Board**
 Survey held at: **Thiam Heng Huet**
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
X/S Body.
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action Instruction

NO DOCUMENT UPON SURVEY

* Repair Estimate: S\$ 3000 - 4000

* 3 days

RECEIVED 27 APR 2010

Date/Time File Pass to?

☐

: Prel. Report

Days Of Repair: **3**☐

: Final Report

Resurvey No. of Trip: **1**

Survey Fee

Transportation

S-Add

Photo

Tape

Other

Total

Date/Time File Returned?

By

Add Fee:

☐

Site Insp: \$

☐

Inter. Insp: \$

☐

Tech Insp: \$

☐

Total: \$

Report Format:

PRR

Lump Sum (A.B.R.):

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	01 Feb 2018		02 Feb 2018 13:24 Assign				New Assignment Cancel Case

[Main](#)[Reference](#)[Claim Details](#)[Documents](#)[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	HASANI BIN OMAR, ID: S1183588J, Tel: +6597370749, Email: NOEMAIL		
Main Claimant:	AIS MOTORING, Co. Reg. No.: 53341947J		
Vehicle Reg. No.:	SJE6899P	Date of Loss:	29/01/2018 08:00 - :59
Claim Type:	TP / MSC/V/18-000189	Policy/Cover Note No.:	MSD/VMT/18-376785-CA (Third Party Only) Coverage: 08/01/2018 - 07/01/2019
Vehicle Reg. No. (Insured):	FV6464T	Policy No. (Claimant):	
		Excess:	
Repairer:	Thiam Heng Huat Pte Ltd (SIN MING) 176 SIN MING DRIVE, #05-14, 575721 Sin Ming - Tel: 82636295		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 03/02/2018]		
Driver/Custodian (Insured):	HASANI BIN OMAR (61 / Male), NRIC: S1183588J, Tel: +6597370749		
Adj Asg. Remarks:	Third Party Pre-Repair Survey. Please arrange Mr Kenneth Kong to survey.		

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.									

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	31/01/2018 09:15
Date Of Accident	29/01/2018 08:40
Exact Location Of Accident	BUKIT BATOK CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE6899P
Insured/Policyholder	
Name Of Registered Owner	AIS MOTORING
Co Reg No	53341947J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85098196
Alternative Phone No	OFFICE-85098196

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1729081700
Cover Note Number	

Driver

Name of Driver	LIM JIAN RONG
NRIC No	S8022269F
Date Of Birth	02/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2004
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98275462
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 5 JALAN MINYAK #12-340
Postcode	161005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PRIVATE HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO T/20180129/2073

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	FV6464T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN2826B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM JIAN RONG
Approximate Age 38
Injuries Sustain
Injured person in which vehicle? SJE6899P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Please refer to the attached.

[Faint, mostly illegible text covering the middle section of the page, likely bleed-through from the reverse side.]

APPROVED FOR

Lee

Aug

Chy

IMPORTANT NOTICE

The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, regarding the land owned by the United States in the State of California:

The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, regarding the land owned by the United States in the State of California:

The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, regarding the land owned by the United States in the State of California:

any false reporting may be referred to the Police for investigation

7. The report will be forwarded by the members of the JIA Day 2008 Management Committee to the Secretary of the Singapore Olympic Committee and the Government.

[illegible]

“大德者，得也”“得”即“德”，“大德者，得也”即“大德者，得也”。

4. Carrying out and/or dealing with my instructions or responding to any enquiries

• Administering medications (including the mailing of correspondence, statements, invoices, notices or notices to pay) to disclose certain personal data about one or more persons, in the name of, and on the external cover of, a letter to the

1. Simplifying with the distributive property: $2(3x + 4) = 6x + 8$

$\frac{d}{dt} \left(\frac{1}{2} m v^2 + \frac{1}{2} I \omega^2 \right) = \sum \vec{r}_i \cdot \vec{F}_i$

Lee

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group and the experimental group. The control group was divided into two subgroups: the control group and the experimental group. The experimental group was divided into two subgroups: the control group and the experimental group. The control group was divided into two subgroups: the control group and the experimental group. The experimental group was divided into two subgroups: the control group and the experimental group.

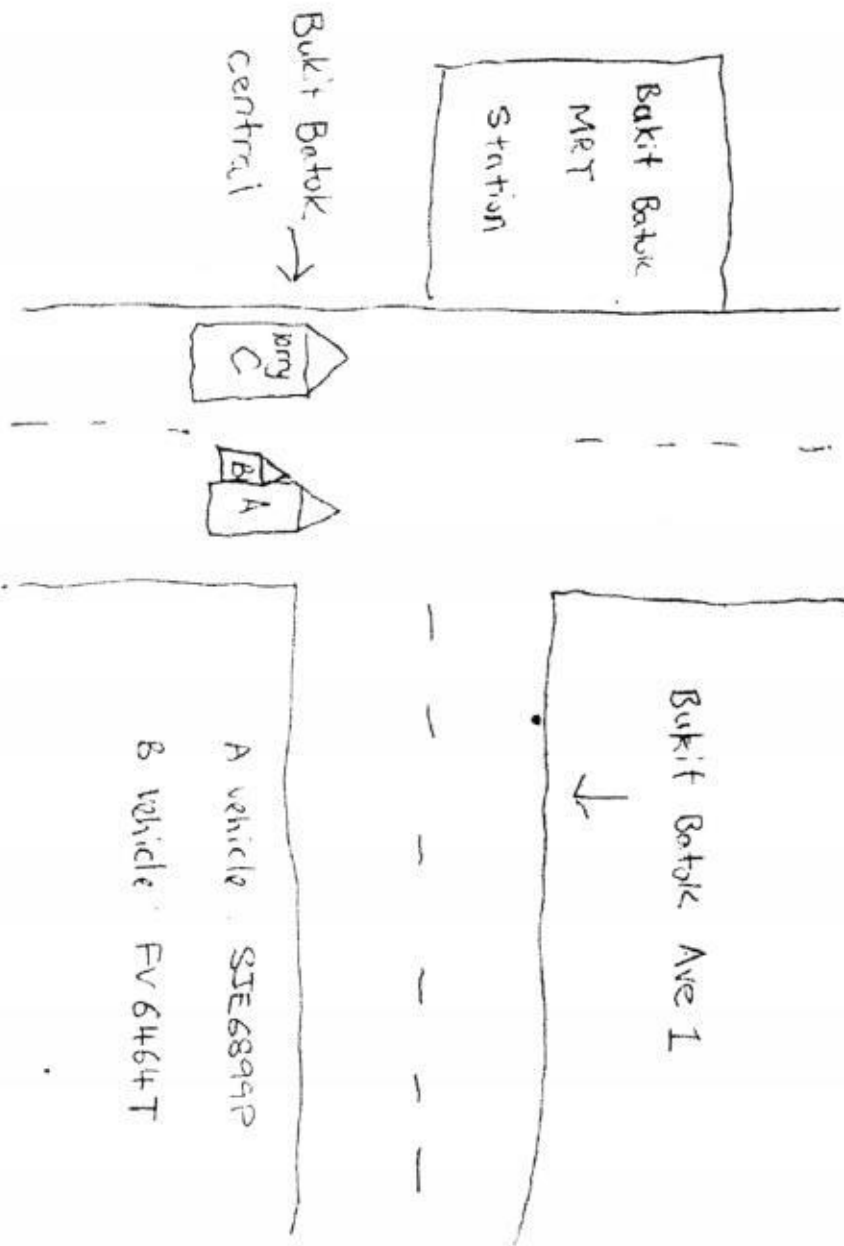
1. The first part of the document is a letter from the President of the United States to the Secretary of the Navy, dated 18th March 1899. The letter is signed by William McKinley and is addressed to John D. Long. The letter discusses the appointment of a new Secretary of the Navy and the importance of the position.


[Signature]

Starch Plan

Figure 1

please kindly refer to the attached.




 Ang Kim Jian RONG
 55022269F
 29/01/2018

Also see
 Lee



**SINGAPORE
POLICE FORCE**



T/20180129/2073

1 of 4

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20180129/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2018 14:02	Vide Report No.:	Station Diary No. 24
--	------------------	-------------------------

Informant's Particulars

Name of Informant: LIM JIAN RONG			Address: APT BLK 5 JALAN MINYAK #12-340 SINGAPORE 161005	
ID Type / ID No.: NRIC NO / S8022269F			Contact No.: Home/Office: Mobile: 98275462	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 02/08/1980	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/01/2018 08:40	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 BUKIT BATOK CENTRAL BUKIT BATOK AVENUE 1 T-Junction of Bukit Batok Central and Bukit Batok Avenue 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV6464T	Motorcycle	HONDA		Blue	Slightly Damaged	0
SJE6899P	Car	TOYOTA	Vios	Silver	Slightly Damaged	0
YN2826B	Lorry	MITSUBISHI		White	No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20180129/2073

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No. 1800-4529999

2 of 4

Report No. T/20180129/2073

CONTINUATION OF REPORT

Rider			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FV6464T (Motorcycle)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM JIAN RONG		ID No. S8022269F
Related Vehicle	SJE6899P (Car)		Contact No. 98275462
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	29/01/2018	Date Discharge	29/01/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	YN2826B (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/01/2018 at about 0840hrs. I was driving my vehicle (SJE6899P) along Bukit Batok Central towards Bukit Batok Avenue 1. While, I was at the T-junction of Bukit Batok Central and Bukit Batok Avenue 1, on the extreme right lane waiting to turn right.

Suddenly, I heard a loud bang sound on my left side of my vehicle (SJE6899P) and I alighted and made a check. I discovered the motorcycle (FV6464T) had collided onto my front passenger door and the motorcycle (FV6464T) was seen leaning against my vehicle (SJE6899P).

At the point of time, there was another lorry (YN2826B) on the extreme left side and the driver had alighted and was arguing with the rider. I then enquired with the rider and he informed he does not require any medical attention. I then took photo of the accident and assisted the rider to lift his motorcycle.



**SINGAPORE
POLICE FORCE**



T/20180129/2073

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 4

Report No. T/20180129/2073

CONTINUATION OF REPORT

I informed the rider to park his vehicle onto the extreme left side to prevent obstruction to others road user. After, I shifted my vehicle, I discovered both Lorry and the motorcycle did not stop and left the vicinity

After the accident, I went to Mount Alvernia hospital to consult medical attention and was issued 5 days medical leave from 29/01/18 - 02/02/18.

There was in-built car camera inside my vehicle.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999



T/20180129/2073

4 of 4

Report No. T/20180129/2073

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:

E /
Sgt 2 SIM JUN XIONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time
29/01/2018 14:02

Officer In Charge Of Case:

TP / AEIT /
Staff Sergeant CHOW CHIEU LUI
Contact No.: 65476423

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	01 Feb 2018		02 Feb 2018 13:24 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	HASANI BIN OMAR, ID: S1183588J, Tel: +6597370749, Email: NOEMAIL		
Main Claimant:	AIS MOTORING, Co. Reg. No.: 53341947J		
Vehicle Reg. No.:	SJE6899P	Date of Loss:	29/01/2018 08:00 - :59 [116 Months and 24 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / MSC/V/18-000189	Policy/Cover Note No.:	MSD/VMT/18-376785-CA (Third Party Only) Coverage: 08/01/2018 - 07/01/2019
Vehicle Reg. No. (Insured):	FV6464T	Policy No. (Claimant):	
		Excess:	
Repairer:	Thiam Heng Huat Pte Ltd (SIN MING) 176 SIN MING DRIVE, #05-14, 575721 Sin Ming - Tel: 82636295		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MA CHIN FOOK] ... [Imm.Advice due 03/02/2018]		
Driver/Custodian (Insured):	HASANI BIN OMAR (61 / Male), NRIC: S1183588J, Tel: +6597370749		
Adj Asg. Remarks:	Third Party Pre-Repair Survey. Please arrange Mr Kenneth Kong to survey.		

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.

Claim Documents

***SJE6899P (MSC/V/18-000189)**
[FV6464T]

TP

AIS MOTORING

Jan 29 2018 8:00AM

[HASANI BIN OMAR]

Thiam Heng Huat Pte Ltd

Upload Documents Upload Photos Compose New Letter

View View in Browser ▼

Assessment Reports

1 per page ▼

No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	02/02/18 11:51	Accident Statement Addm. #1 From: SC - Reg. No: FV6464T, Claimant: HASANI BIN OMAR	Load HTM	

Photos/Images

3 per page ▼

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
2	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
3	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
4	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
5	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
6	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
7	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
8	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
9	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
10	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
11	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
12	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
13	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
14	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
15	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>
16	20/04/18 16:01	General View	Load JPG	<input checked="" type="checkbox"/>

Documentation

1 per page ▼

No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	02/02/18 11:47	TP PRI	Load PDF	
2	02/02/18 11:51	E-FILE REPORT (SJE6899P) From: SC - Reg. No: FV6464T, Claimant: HASANI BIN OMAR	Load PDF	
3	02/02/18 13:23	TP REPLY & NOMINATED OUR AGREED LKK TO BE SJE	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: CS3/MSG18002124/M1D3S2
 Date: 03/05/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. Policy No: MSD/VMT/18-376785-CA
 Claimant Vehicle No: SJE6899P Insured Vehicle No: FV6464T
 Date of Loss: 29/01/2018 Nature of Claim: TP Claim No: MSC/V/18-000189

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SJE6899P
 Make & Model: TOYOTA VIOS, 1.5 E (A) Engine No: 1NZX740646
 Reg. Date: 05/05/2008 (Man. Year: 2008) Chassis No: MR053HY9305061052
 Colour: Grey Odometer: 236124 km
 Engine Capacity: 1497 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: Good Steering (Serviceable): Yes Footbrake (Serviceable): Yes
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 195/55R15 Rear Tyre Size: 195/55R15
 Front Left Side: Bridgestone 8 mm Rear Left Side: Bridgestone 8 mm
 Front Right Side: Bridgestone 8 mm Rear Right Side: Bridgestone 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (\$\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 02/02/2018
 Date Inspected: 05/02/2018 Inspected At: Thiam Heng Huat Pte Ltd (SIN MING)
 176 SIN MING DRIVE, #05-14
 Singapore 575721
 Estimated Period of Repair: 0.0 days

Adjuster: MA CHIN FOOK

Manager: Nivitha Govindasamy

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.

5/3/2018

Adjuster Report

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000.00 - \$4,000.00

REPAIR DETAILS

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 03 May 2018)
Parts:	143	TOYOTA VIOS 1.5 E (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SJE6899P)	
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

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >