

22/03/2002

ASS. RFC. BY:

REF: CS/C7118002517/Attb52

Special Instruction:

SURVAILOR

ASSIGNMENT (Office)

From (Person): Muhammad Jowyn Tay of CTL Date/Time: 07/02/2018 5:21pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: GBH 8000L Insured: _____at Workshop m/s Sng Ah Tee Tel: 62686183of BK 3 Pioneer Rd North #01-18Policy No: DMCVSN3062551700 Claim No: SNM18D00498C01Sum Insured: _____ Excess: \$350.00Make of Veh: _____ D.O.A. 25-01-2018

(Client's Record)

CA / REP / REP. / REV 24 HRS 09.01.2018 @ 9am - 12pmDate/Time: 07/02/2018 5:24pm Person Contacted: Joye H.O.D. Endorsement: _____Vehicle: IN / OUT

Date/Time Action/Instruction (✓) Estimate

GBH 8000L - X12/2 Revert via merimenh.13/2 @ 12:46pm authorise repair # Susan Teo13/2 @ 1:45pm inform Sng Ah Tee Janice authorise repair excess\$350/-

Form

REF:

8266A

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
☒ TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: **ADG 8000L**
at Workshop mis: **SNH AH TEE**
of: **BLK², FINANCIAL NORTH #01-18**
Insured: **CTI**
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: **350**
(Client's Record)
Make of Veh: _____
(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.
Bal. or Market Value: **80K**
IDAC 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 / ☒ REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **GBH 8000L** Vr Page: **2017 July**
Type: M/Car / M/Cycle / Bus ☒ / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: **TOYOTA HIACE 3.0 M** C.C. **2982**
Colour: **GREY** A/C Insured / Std / NI / NA
Sp. Reading: **14992** T. Radio: Insured / Std / NI / NA
Eng No: _____
C.No: **KD4 2010218526**
Gen. Cond: Good / ☒ Poor / Burnt
Steering: In order / ☒ Jammed / Leaked / Burnt or
Brake: In order / ☒ Jammed / Leaked / Burnt or
Mod: ☒ H / S/Rim / STD A/Rim or
Tyre Size F: **195/80R15**
R: _____
☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front: _____ Rear: _____
R.Bal: **6** mm R.Bal: **6** mm
L.Bal: **6** mm L.Bal: **6** mm
D.O.A: **25/01/18** D.O.L: **02/02/18**
Survey held at: **SNH AH TEE**
Des. of Damages: ☒ Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction
Owner withdraw claim.

Submit prelim report

RECEIVED 10 MAR 2018

Date/Time File Pass to: ☒ Preli. Report

16/3 Typist

Date/Time File Return to:

☐ Final Report

Days Of Repair: **5**

Resurvey No. of Trip: **-**

Survey Fee

Transporter

SP-PS-LS

Fuel

Other

220

Report Format: **OD**

Lump Sum / I.B.I: \$

Add Fee: ☐ Site Insp \$

☐ Interview \$

☐ Tech In/ls \$

☐ Weekend \$

TOTAL



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

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CS/CTI18002517/R1tb

3 ANSON ROAD #16-00
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 07-02-2018



Code : CTI

1. Policy Particulars :- OWN DAMAGE

Insured Veh.		Veh. Inspected	GBG 8000L
Policy No.	DMCVSN3062551700	Coverage (\$)	0.00
Claim No.	SNM18D00498C01	Excess (\$)	350.00
Assign From	MERIMEN (JOWYN TAY)	Assign Date	07/02/2018

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	25/01/2018	Inspection Date	09/02/2018
Survey held at	SNG AH TEE MOTOR & PANEL SERVICE PTE LTD BLK 3, PIONEER ROAD NORTH, #01-18 SINGAPORE 628457.		

5a. Remarks

A) THE MARKET VALUE IS S\$----- (EST. AVERAGE)
B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	06 Feb 2018 Sendback Est	06 Feb 2018 15:58 S\$2,648.40	07 Feb 2018 17:21 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	BEST DEAL HOME, Co. Reg. No.: 53268266A		
Vehicle Reg. No.:	GBG8000L	Date of Loss:	25/01/2018 12:00 - :59
Claim Type:	OD / SNM18D00498C01	Policy/Cover Note No.:	DMCVSN3062551700 (Comprehensive)
		Excess:	S\$350.00
Repairer:	Sng Ah Tee Motor & Panel Service Pte Ltd (Pioneer) Blk 3 Pioneer Road North, #01-18, 628457 Pioneer - Tel: 6268 6183		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 19/02/2018]		
Driver/Custodian:	MOHAMED MUSLIMIN BIN MAHPOEL (45 / Male), NRIC: S7229201D, Tel: +6591147401		
Adj Asg. Remarks:	PLEASE PROCEED TO SURVEY & REVERT. EXCESS OF \$350.00 APPLIES.		

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.

Denise Tay (LKKAUTO)

From: ADMIN SAT <admin@sngahtee.com>
Sent: Thursday, 15 March 2018 11:42 AM
To: Denise Tay (LKKAUTO)
Cc: SUR
Subject: CANCEL CLAIM FOR GBG800L /OD/ CHINATAIPING
Attachments: img-315110325.tif

Dear Sir,

Insured wish to cancel this claim .

Thanks

Best Regards

Joyce Tan | admin@sngahtee.com

SNG AH TEE MOTOR & PANEL SERVICE PTE LTD | BLK 3 PIONEER ROAD NORTH #01-18 SINGAPORE 628457
TEL: 62686183 (4LINES) | FAX: 62681429 | Find us at <http://www.sngahtee.com>



Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Tuesday, 13 February 2018 1:45 PM
To: 'janice@sngahtee.com'; Asher Sng (LKKAuto)
Cc: SUR; 'sam@sngahtee.com'; 'sharon@sngahtee.com'
Subject: GBG 8000L / OD / CHINATAIPING

Dear Sir,

As instructed by our client, please proceed to repair the insured vehicle **GBG 8000L (Excess \$350/-)**.

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

*Our client reserve their right not to pay if there is no valid approval obtained before repair.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

View Received Message

This mail is associated with :

GBG8000L (SNM18D00498C01)

OD

Jan 25 2018 12:00PM

[BEST DEAL HOME]

Sng Ah Tee Motor & Panel Service Pte Ltd

[Reply](#) [Reply All](#) [Mark as Unread](#) [Print Message](#) [Delete Message](#) [Forward](#)

From China Taiping Insurance (Singapore) Pte. Ltd. (HQ) (CHINA_TAIPING), sent on 13/02/2018 12:46 PM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$1375.90) - GBG8000L - Claim Handler: Jowyn Tay

Approved:1375.90.

DOCUMENTS SUMMARY

There are no documents.

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Tuesday, 13 February 2018 1:45 PM
To: 'janice@sngahtee.com'; Asher Sng (LKKAuto)
Cc: SUR; 'sam@sngahtee.com'; 'sharon@sngahtee.com'
Subject: GBG 8000L / OD / CHINATAIPING

Dear Sir,

As instructed by our client, please proceed to repair the insured vehicle **GBG 8000L (Excess \$350/-)**.

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

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Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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	26/01/2018 09:43
Date Of Accident	25/01/2018 12:30
Exact Location Of Accident	2, LAKEPOINT DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8000L
Insured/Policyholder	
Name Of Registered Owner	BEST DEAL HOME
Co Reg No	53268266A
Email Address	RUTH_FAITH@YAHOO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91500088

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 (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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3062551700
Cover Note Number	

Driver

Name of Driver	MOHAMED MUSLIMIN BIN MAHPOEL
NRIC No	S7229201D
Date Of Birth	25/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91147401
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	2, LAKEPOINT DRIVE, #12-14, LAKEPOINT CONDOMINIUM
Postcode	648923
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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

ON 25/01/2018 AT ABOUT 1230 HRS. WHILE I FINISH DROP OFF MY PASSENGER AT 2, LAKEPOINT DRIVE. THAT ONLY A WAY TO GOING AND OUT. AND THERE WAS A NARROW ROAD. WHEN I GO OUT FROM THE ROAD MY VEHICLE LEFT SIDE PORTION ACCIDENTALLY TOUCH ONTO VEHICLE B, THAT PARK AT THE SIDE.

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	SFM9778R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the 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.
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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.



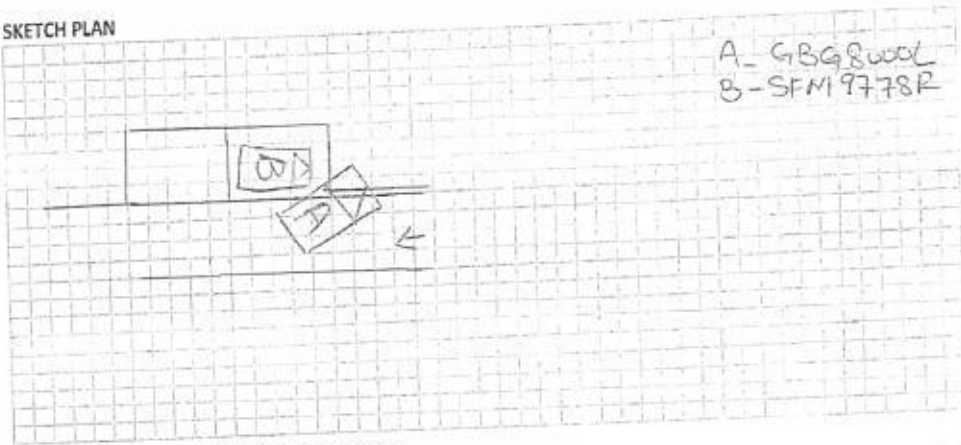
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/1/2018 - 1000 hrs

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

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to circumstances

☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other works hop
☒ For record purpose
 Policy No. DM/CVN/306255/700
 Insurer China Veh.No. GBG8WOL

DECLARATION

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



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/1/2016
1000 hrs.

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

QIAPIAC SketchPlanForm_V2

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business

Owner ID: 8266A

Vehicle Details

Vehicle No.: GBG8000L

Vehicle to be Exported: No

Intended De-registration Date: 24 Feb 2018

Vehicle Make: TOYOTA

Vehicle Model: HIACE DX 3.0 MANUAL

Primary Colour: Silver

Manufacturing Year: 2017

Engine No.: 1KD2694078

Chassis No.: KDH2010218526

Maximum Power Output: -

Open Market Value: \$31,591.00

Original Registration Date: 31 Jul 2017

First Registration Date: 31 Jul 2017

Transfer Count: 1

Actual ARF Paid: \$1,580.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 30 Jul 2027

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

PQP Paid: \$38,864.00

COE Rebate Amount: \$36,659.00

Total Rebate Amount: \$36,659.00

The information contained herein is correct as at 05 Feb 2018

OK

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON / THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: GB68WOL
Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 25/01/2018 Time of Accident : 1230
Place of Accident : 2 Lakeland Drive
Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the mentioned accident and would like to include additional information or make the following amendment:

- Change own policy to reporting only


Policyholder / Driver's Signature:
Date: _____



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

Sng Ah Tee Motor & Panel Service Pte Ltd (Co.Reg.No:200810440N)

Blk 3 Pioneer Road North, #01-18

Singapore 628457

Tel: 6268 6183 Fax: 6268 1429 Email: sngahtee@singnet.com.sg; darren@sngahtee.com; janice@sngahtee.com

INSURER: **China Taiping Insurance (Singapore) Pte. Ltd. (HQ)****PARTICULARS OF CLAIM**

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	DMCVSN3062551700	Date of Loss:	25/01/2018
Vehicle Reg. No.:	GBG8000L	Driveable?	
Driver Age/Info:	45 / MALE	Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	BEST DEAL HOME		
Driver:	MOHAMED MUSLIMIN BIN MAHPOEL		
Make/Model:	TOYOTA HIACE, 3.0 (A)	Vehicle Reg. Date:	31/07/2017
Vehicle Colour:	SILVER	Chassis No:	KDH2010218526
Engine No:	1KD2694078		
Odometer:	5 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	7		

Description of Accident/Loss: ON 25/01/2018 AT ABOUT 1230 HRS. WHILE I FINISH DROP OFF MY PASSENGER AT 2, LAKEPOINT DRIVE. THAT ONLY A WAY TO GOING AND OUT. AND THERE WAS A NARROW ROAD. WHEN I GO OUT FROM THE ROAD MY VEHICLE LEFT SIDE PORTION ACCIDENTALLY TOUCH ONTO VEHICLE B, THAT PARK AT THE SIDE.

Present Location: SNG AH TEE MOTOR & PANEL SERVICE PTE LTD (PIONEER)

COST OF CLAIMS	Amount
Parts	1,098.40
Miscellaneous Items	0.00
Labour	1,550.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	2,648.40
+ GST 7.00% (\$\$)	185.39
Nett Amount (\$\$)	2,833.79

This claim is handled by: JANICE CHANG SIEW YIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 06 Feb 2018)
 Parts: N/A TOYOTA HIACE 3.0 (A) (Model not available in database)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: (Unsubmitted, no print-code for GBG8000L)
 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 *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*SLIDING DOOR(LH)	0.00	0.00	R *650.00 F
2	1		*SLIDING DOOR ROLLER(LH) LOWER	0.00	0.00	? *55.00 F
3	1		*SLIDING DOOR SEALANT TYPO:SLIDING DOOR GLASS SEALANT	0	0.00	AnX *40.00 FS
4	1		*REAR TYRE HUP CAP(LH)	0.00	0.00	Sub *70.00 F
5	1		*REAR MUDFLAP(LH)	0.00	0.00	cut *70.00 F
6	1		*REAR BUMPER	0.00	0.00	Sub *145.00 F
7	1		*REAR BUMPER RETAINER(LH)	0.00	0.00	? *18.00 F
Sub Total (\$\$)						1,048.00
+ Margin on L,N Items 5.00% (\$\$)						50.40
Total Parts (\$\$)						1,098.40

F=Franchise part. S=SpcNett.

Report was unsubmitted during this print-out.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	TO KNOCK REAR FENDER(LH), WELD, REMOVE & FIX ABOVE PARTS	New	500 200.00
2	TO PUTTY & RESPRAY PAINTING ON AFFECTED AREA	New	500 700.00
3	TO REMOVE & REFIT SLIDING DOOR GLASS	New	X 150.00
Gross Labour Cost (S\$)			1,550.00

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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:

Rasul

Ap 90010068

5 days

P/P

09/02/18 @ 1115

EXCESS: 350

REPAIR

Resurvey after repair

(Signature)
3/2/18

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	06 Feb 2018 Sendback Est	06 Feb 2018 15:58 S\$2,648.40	07 Feb 2018 17:21 Edit Adj Rpt	S\$1,299.25 Edit Estimates	S\$1,299.25 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	BEST DEAL HOME , Co. Reg. No.: 53268266A		
Vehicle Reg. No.:	GBG8000L	Date of Loss:	25/01/2018 12:00 - :59
Claim Type:	OD / SNM18D00498C01	Policy/Cover Note No.:	DMCVSN3062551700 (Comprehensive)
		Excess:	S\$350.00
Repairer:	Sng Ah Tee Motor & Panel Service Pte Ltd (Pioneer) Blk 3 Pioneer Road North, #01-18, 628457 Pioneer - Tel: 6268 6183		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 19/02/2018]		
Driver/Custodian:	MOHAMED MUSLIMIN BIN MAHPOEL (45 / Male), NRIC: S7229201D, Tel: +6591147401		
Adj Asg. Remarks:	PLEASE PROCEED TO SURVEY & REVERT. EXCESS OF \$350.00 APPLIES.		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

- CHINA_TAIPIING (13/02/2018): **Alert - Adj Mandate Approved (S\$1375.90) - GBG8000L - Claim Handler: Jowyn Tay**

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

GBG8000L (SNM18D00498C01)

OD

Jan 25 2018 12:00PM

[BEST DEAL HOME]

Sng Ah Tee Motor & Panel Service Pte Ltd

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Assessment Reports			1 per page ▼	<input checked="" type="checkbox"/>
No	Finalized On	Sng Ah Tee Motor & Panel Service Pte Ltd (Pioneer)	Thumbnail	Print
1	06/02/18 15:58	Repairer Estimates	Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	12/02/18 16:39	Adjuster Immediate Advice	Load HTM	

Photos/Images			3 per page ▼	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	12/02/18 16:36	General View	Load JPG	<input checked="" type="checkbox"/>
2	12/02/18 16:36	General View	Load JPG	<input checked="" type="checkbox"/>
3	12/02/18 16:36	General View	Load JPG	<input checked="" type="checkbox"/>
4	12/02/18 16:36	General View	Load JPG	<input checked="" type="checkbox"/>
5	12/02/18 16:36	General View	Load JPG	<input checked="" type="checkbox"/>
6	12/02/18 16:36	General View	Load JPG	<input checked="" type="checkbox"/>
7	12/02/18 16:36	General View	Load JPG	<input checked="" type="checkbox"/>
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13	12/02/18 16:36	General View	Load JPG	<input checked="" type="checkbox"/>
14	12/02/18 16:36	General View	Load JPG	<input checked="" type="checkbox"/>
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30	12/02/18 16:36	General View	Load JPG	<input checked="" type="checkbox"/>

31	12/02/18 16:36	General View	1	Load JPG	<input checked="" type="checkbox"/>
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33	12/02/18 16:36	General View	1	Load JPG	<input checked="" type="checkbox"/>
34	12/02/18 16:36	General View	1	Load JPG	<input checked="" type="checkbox"/>
35	12/02/18 16:36	General View	1	Load JPG	<input checked="" type="checkbox"/>
				1 per page	<input checked="" type="checkbox"/>
Documentation				Thumbnail	Print
No	Finalized On	Sng Ah Tee Motor & Panel Service Pte Ltd (Pioneer)			
1	06/02/18 15:59	E-filed GIA report	1	Load PDF	
2	06/02/18 15:59	IC,DL,CI	1	Load TIF	
3	15/03/18 11:07	CANCEL FORM	1	Load TIF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	12/02/18 16:36	ESTIMATE	1	Load PDF	

Linked Accident Report Documents

				View	View in Browser
				1 per page	<input checked="" type="checkbox"/>
Assessment Reports				Thumbnail	Print
No	Finalized On	Sng Ah Tee Motor & Panel Service Pte Ltd (Pioneer)			
1	26/01/18 10:38	Accident Statement	1	Load HTM	
2	06/02/18 10:24	Addendum Sheet	1	Load TIF	
3	06/02/18 10:24	Accident Statement Addm. #1	1	Load HTM	
4	15/03/18 11:04	Addendum Sheet	1	Load TIF	
5	15/03/18 11:05	Accident Statement Addm. #2	1	Load HTM	
				3 per page	<input checked="" type="checkbox"/>
Photos/Images				Thumbnail	Print
No	Finalized On	Sng Ah Tee Motor & Panel Service Pte Ltd (Pioneer)			
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2	26/01/18 10:35	Accident Photo	1	Load JPG	<input checked="" type="checkbox"/>
3	26/01/18 10:35	Accident Photo	1	Load JPG	<input checked="" type="checkbox"/>
4	26/01/18 10:35	Accident Photo	1	Load JPG	<input checked="" type="checkbox"/>
5	26/01/18 10:35	Accident Photo	1	Load JPG	<input checked="" type="checkbox"/>
6	26/01/18 10:35	Accident Photo	1	Load JPG	<input checked="" type="checkbox"/>
				1 per page	<input checked="" type="checkbox"/>
Documentation				Thumbnail	Print
No	Finalized On	Sng Ah Tee Motor & Panel Service Pte Ltd (Pioneer)			
1	26/01/18 10:34	Sketch Plan	1	Load TIF	
2	26/01/18 10:35	IC,CI,DL	1	Load TIF	

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: <input type="checkbox"/> Repairer <input type="checkbox"/> 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

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road, #16-00 Springleaf Tower
Singapore 079909

Our File No: CS/CT118002517/R1TBS2

Date: 20/03/2018

REFERENCE

Insured/Claimant: BEST DEAL HOME Policy No: DMCVSN3062551700
Date of Loss: 25/01/2018 Nature of Claim: OD Claim No: SNM18D00498C01

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **GBG8000L** Engine No: 1KD2694078
Make & Model: TOYOTA HIACE, 3.0 (A) Chassis No: KDH2010218526
Reg. Date: 31/07/2017 (Man. Year: 2017) Odometer: 14992 km
Colour: Grey
Engine Capacity: 2982 cc
Market Value/New Car Price: S\$80,000.00
Sum Insured (S\$): **Market Value/New Car Price**

CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

CONDITION OF TYRES

Front Tyre Size: 195/80R15 Rear Tyre Size: 195/80R15
Front Left Side: Bridgestone 6 mm Rear Left Side: Bridgestone 6 mm
Front Right Side: Bridgestone 6 mm Rear Right Side: Bridgestone 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,098.40	299.25	799.15	72.76
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,550.00	1,000.00	550.00	35.48
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,648.40	1,299.25	1,349.15	50.94
- Excess (S\$)	0.00	350.00	-350.00	
(S\$)	2,648.40	949.25	1,699.15	64.16
+ GST 7.00/7.00% (S\$)	185.39	66.45	118.94	64.16
Nett Amount (S\$)	2,833.79	1,015.70	1,818.09	64.16

INSPECTION

Date of Assignment: 07/02/2018 Present Location:

Date Inspected: 09/02/2018 Inspected At:

Estimated Period of Repair: 5.0 days

Sng Ah Tee Motor & Panel Service Pte Ltd (Pioneer)
Sng Ah Tee Motor & Panel Service Pte Ltd (Pioneer)
Blk 3 Pioneer Road North, #01-18
Singapore 628457

Adjuster: MOHD TAUFIKH BIN HAMID

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.

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen_printprt&caseid=681810&extid=264070&CFID=30603885&CFTOKEN=

3/20/2018

Adjuster Report

(REPAIR COST NOT CONCLUDE)
(EXCLUDE CHECK ITEMS S\$73.00 NETT)

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 20 Mar 2018)
Parts:	N/A TOYOTA HIACE 3.0 (A) (Model not available in database)
Labour:	Repairer's (Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GBG8000L)
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		*SLIDING DOOR(LH) (WCP)	Repair	650.00 F	*- F
2	1		*SLIDING DOOR ROLLER(LH) LOWER (WCP)	*Check	55.00 F	*- F
3	1		*SLIDING DOOR SEALANT TYPO:SLIDING DOOR GLASS SEALANT (WCP)	Not Necessary	40.00 FS	*- FS
4	1		*REAR TYRE HUP CAP(LH) (WCP)	Scratched	70.00 F	*70.00 F
5	1		*REAR MUDFLAP(LH) (WCP)	Cut	70.00 F	*70.00 F
6	1		*REAR BUMPER (WCP)	Scratched	145.00 F	*145.00 F
7	1		*REAR BUMPER RETAINER(LH) (WCP)	*Check	18.00 F	*- F
F=Franchise part. S=SpcNett.						
Sub Total (\$\$)					1,048.00	285.00
+ Margin on L,N Items 5.00/5.00% (\$\$)					50.40	14.25
Total Parts (\$\$)					1,098.40	299.25

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 KNOCK REAR FENDER(LH), WELD,REMOVE & FIX ABOVE PARTS	New	700.00	500.00
2	TO PUTTY & RESPRAY PAINTING ON AFFECTED AREA	New	700.00	500.00
3	TO REMOVE & REFIT SLIDING DOOR GLASS	New	150.00	0.00
Gross Labour Cost (\$\$)			1,550.00	1,000.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >