

ASS. REC. BY:

REF: CS3/MSG18002578/Wd3ez

Special Instructions:

Surveyor:

Wilson

ASSIGNMENT (Office)

From (Person):

Christine Wong

of

MSG

Date/Time:

7/2/18 @ 4:27pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDD 2897Y

Insured:

SDX697R

at Workshop m/s

Choon Hock Autocare

Tel:

61530778

of

Blk 176 Sin Ming Drive # 05-03

Policy No:

271436838MP

Claim No:

548703

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 03/02/2018

CA / REV / REP. / REV 24 HRS

up

H.O.D. Endorsement:

Date/Time:

1006am @ 8/2/18

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SDD 2897Y - X

SDX697R-CS3/MSG15020403/4/bd/

D.O.A: 21/11/15

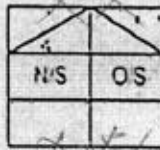
Dismantle Part: 12022018

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD/TP/WS/TP RES/OD RES/EVA/INV/INV-  
 To inspect Vehicle No. SDD28977  
 at Workshop mis choon Hock  
 of 176, Sun May Drive #05  
 Insured \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Veh No. SDD28977 Yr Regn: 8/11/2005  
 Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
 Make Toyota Altis cc 1598  
 Colour Brown AC Insured / Std / NI / NA  
 Sp. Reading: Not Available T. Radio Insured / Std / NI / NA  
 Engine: \_\_\_\_\_  
 C/Nr: MR053ZER107102654  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modr: Nil / S/Rim / STD A/Rim or  
 Tyre Size F: 185/70R14  
 R: 185/70R14  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or CITI (F) Yokohama (R)  
 Front R/Bal: 4 mm R/Bal: 2 mm  
 L/Bal: 4 mm L/Bal: 2 mm  
 D.O.A. 3/2/2018 DOI: 8/2/2018  
 Survey held at: As Above.  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

8/2/18 Mileage: Not Recorded - Battery Flat  
Chain Collision  
Range #12900 - #13900  
12 Days

RECEIVED 16 APR 2018

Date/Time File Pass to: ☐ : Preli. Report  
 06042018 ☐ : Final Report  
 Date/Time File Return to: \_\_\_\_\_

Days Of Repair: 4/4/2018  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ Site Insp /S  
☐ Interview /S  
☐ Tech. Insp /S  
☐ Weekend /S

Report Format: PRS  
 Lump Sum / I.B.I. /S

Survey Fee	
Transporter	
1 - RE - S	
Phone	
Other	
TOTAL	

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	05 Feb 2018		07 Feb 2018 16:27 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

<a href="#">Main</a>	<a href="#">Reference</a>	<a href="#">Claim Details</a>	<a href="#">Documents</a>	<a href="#">Show All</a>
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### CLAIM SUBFOLDER DETAILS

Insured:	GEORGE YORGO FILMERIDIS, ID: S2676027E		[Created by insurer]
Main Claimant:	MAK KUM CHUE, ID: S0030037C		
Vehicle Reg. No.:	SDD2897Y	Date of Loss:	03/02/2018 14:00 - :59
Claim Type:	TP / 548703	Policy/Cover Note No.:	27143683SMP (Comprehensive)
Vehicle Reg. No. (Insured):	SDX697R	Policy No. (Claimant):	Coverage: 15/06/2017 - 14/06/2018
		Excess:	S\$1,250.00
Repairer:	Choon Hock Autocare Pte Ltd (HQ) Blk 176 Sin Ming Drive #05-03, Sin Ming AutoCare Singapore 575721, 575721 Sin Ming - Tel: 64530778		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 08/02/2018]		

### ASSOCIATED MAIL RECEIVED

There are no mail for this case.

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

### 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	05/02/2018 12:48
Date Of Accident	03/02/2018 14:30
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD2897Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAK KUM CHUE
NRIC No	S0030037C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82224833
Alternative Phone No	OTHERS-82224833

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
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	5095586794 (DRIVO CLASSIC)
Cover Note Number	

### Driver

Name of Driver	LEE SIEW PENG
NRIC No	S7227783Z
Date Of Birth	02/08/1972
Occupation	INDOOR
Date Of Driving Pass	15/07/1998
Driving Experience	19 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81380385
Fax Number	
Contact Number	OTHERS-81380385
Email Address	FRANKIEPSL@YAHOO.COM

Address	BLK 512 SERANGOON NORTH AVE 4 #03-424A
Postcode	550512
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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)	2
Passenger 1	NAME: : WIRA
	GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BISHAN NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO. T/20180205/2081 ATTACHED. (ATTENDED BY CHRISTINA)

#### 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	SDX697R
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GEORGE YORGO FILMERIDIS
NRIC/Passport Number	S2676027E
Contact Number	98194562
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJW462K  
Vehicle Make/Model/Colour BMW  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver PHAN CHIEN LEE MRS CHIEN LEE BLACKSHAW  
NRIC/Passport Number S1250271J  
Contact Number 96528228  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver)

2

#### DETAILS OF INJURED PERSON 1

Name LEE SIEW PENG  
Approximate Age  
Injuries Sustain REFER TO POLICE REPORT  
Injured person in which vehicle? SDD2897Y  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
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.
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:

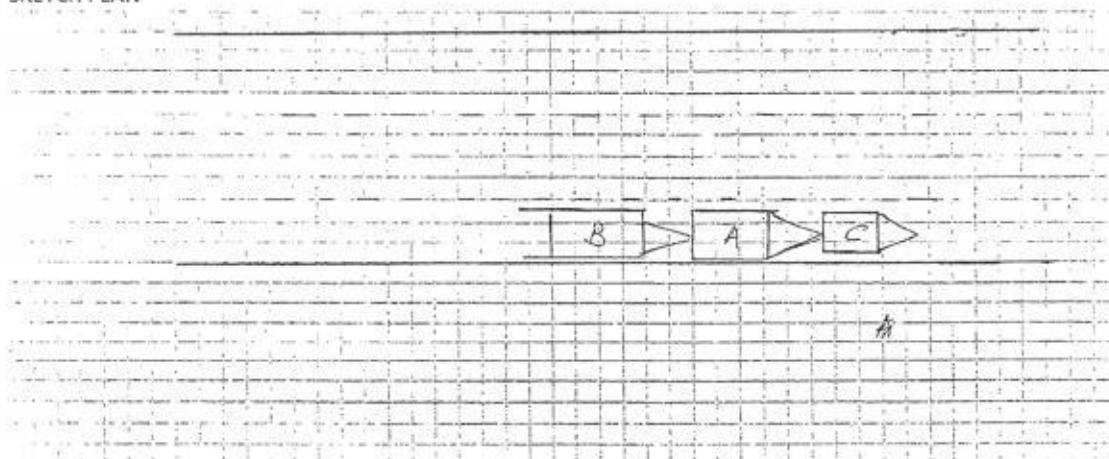
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# Sketch Plan #2 Pg. 1

AYE (TOWARDS TUN)

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A = SDD 2897 Y

B = SDX 697 R

C = SJW 462 K

DOA - 3/2/13

## DECLARATION

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

05 FEB 2013



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.:





**SINGAPORE  
POLICE FORCE**



T/20180205/2081

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 4

Report No. T/20180205/2081

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2018 13:56	Vide Report No.:	Station Diary No.: 97
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Informant's Particulars			
Name of Informant: LEE SIEW PENG		Address: APT BLK 512 SERANGOON NORTH AVENUE 4 #03-424A SINGAPORE 550512	
ID Type / ID No.: NRIC NO / S7227783Z		Contact No.: Home/Office: Mobile: 81380385	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 45	Date of Birth: 02/08/1972	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Sales		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2018 14:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY Towards Tuas, near to the Hendersons flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved					
Vehicle No.	Type	Make	Model	Color	Condition
SDD2897Y	Car				Seriously Damaged
SDX697R	Car				Slightly Damaged
SJW462K	Car				Slightly Damaged



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20180205/2081

2 of 4

Report No. T/20180205/2081

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	LEE SIEW PENG	ID No.	S7227783Z
Related Vehicle	SDD2897Y (Car)	Contact No.	81380385
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/02/2018	Date Discharge	03/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver:			
Name	George Yorgo Filmeridis	ID No.	S2676027E
Related Vehicle	SDX697R (Car)	Contact No.	98194562
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	Phan Chien Lee	ID No.	S1250271J
Related Vehicle	SJW462K (Car)	Contact No.	96528228
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 3/2/2018 at about 1430hrs, I was travelling on Lane 1 along AYE near to the Hendersons' Flyover. As the cars in lane 1 were lining up behind each other, I drove at a slow speed behind the vehicle (SJW462K). Suddenly I felt an impact from the rear of my vehicle which caused my vehicle to jerk forward and collide into the rear of the vehicle in front of mine.

Upon making a check, I realized that my vehicle was involved in a 3-car chain collision. A vehicle (SDX697R) had collided into the rear of my vehicle which caused me to collide into the rear of the vehicle (SJW462K). I then pulled to the side with the other drivers, took photo of the damages and exchanged



**SINGAPORE  
POLICE FORCE**



T/20180205/2081

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

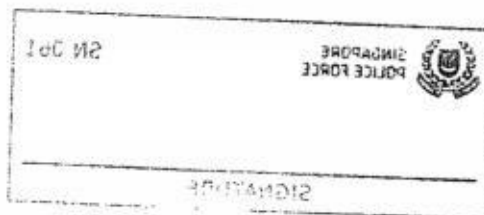
3 of 4

Report No. T/20180205/2081

**CONTINUATION OF REPORT**

particulars. Subsequently I felt pain and soreness on my chest and back of my neck. As such, I went to SGH for a check-up and was given 5 days of medical leave.

I wish to state that when I questioned the driver of the vehicle (SDX697R) as to what happened, the driver informed that he did not managed to stop in time. The driver also informed that he will pay for all of my medical expenses.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20180205/2081

4 of 4

Report No. T/20180205/2081

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 EVE LEE TENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2018 13:56
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI ETIZ SAMAN Contact No.: 654761	Classification Of Case:  SN-061
Authentication Stamp NP168	

SIGNATURE



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20180205/2081

4 of 4

Report No. T/20180205/2081

**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 EVE LEE TENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2018 13:56
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI ETR SAMIAN Contact No.: 654761	Classification Of Case: SN-061
Authentication Stamp NP168	

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	05 Feb 2018		07 Feb 2018 16:27 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>



































  






































Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured: <b>GEORGE YORGO FILMERIDIS</b> , ID: S2676027E									
Main Claimant: <b>MAK KUM CHUE</b> , ID: S0030037C									
Vehicle Reg. No.: <b>SDD2897Y</b>		Date of Loss:	03/02/2018 14:00 - :59 [146 Months and 26 Days From LTA Reg Date (Man Yr)]						
Claim Type: <b>TP / 548703</b>		Policy/Cover Note No.:	27143683SMP (Comprehensive) Coverage: 15/06/2017 - 14/06/2018						
Vehicle Reg. No. (Insured): <b>SDX697R</b>		Policy No. (Claimant):							
		Excess:	S\$1,250.00						
Repairer: <b>Choon Hock Autocare Pte Ltd (HQ)</b> Blk 176 Sin Ming Drive #05-03, Sin Ming AutoCare Singapore 575721, 575721 Sin Ming - Tel: 64530778									
Handling Insurer: <b>MSIG Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: +65 6827 7888 ... [Handled by <b>Christina Wong</b> - 6643 1311]									
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>Teo Cheng Ming Wilson</b> ] ... [Imm.Advice due 08/02/2018]									
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									





















































## Claim Documents

\*SDD2897Y (548703)  
[SDX697R]  
TP  
MAK KUM CHUE  
Feb 3 2018 2:00PM  
[GEORGE YORGO FILMERIDIS]  
Choon Hock Autocare Pte Ltd

Upload Documents			Upload Photos		Compose New Letter		View		View in Browser	
Photos/Images							3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print	
1	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
2	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
3	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
4	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
5	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
6	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
7	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
8	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
9	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
10	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
11	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
12	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
13	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
14	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
15	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
16	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
17	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
18	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
19	05/04/18 18:45	General View						Load JPG	<input checked="" type="checkbox"/>	
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Photos/Images			3 per page	<input checked="" type="checkbox"/>
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Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
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Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
138	06/04/18 15:35	Photographs of Damaged Parts		Load JPG	<input checked="" type="checkbox"/>
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Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	05/02/18 17:13	SDX697R GIA Rpt		Load PDF	
2	05/02/18 17:14	SJW462K GIA Rpt		Load PDF	
3	05/02/18 17:14	SDD2897Y GIA Rpt		Load PDF	
4	05/02/18 17:25	PRI		Load PDF	

## Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>				
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>				

## 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/MSG18002578/WD3E2

Date: 09/04/2018

## REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: 27143683SMP

Claimant Vehicle No : SDD2897Y

Insured Vehicle No : SDX697R

Date of Loss: 03/02/2018

Nature of Claim: TP

Claim No: 548703

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SDD2897Y

Make &amp; Model: TOYOTA COROLLA, 1.6 (A)

Engine No: 3ZZ4519329

Reg. Date: 08/11/2005 (Man. Year: 2005)

Chassis No: MR053ZEC107102654

Colour: Brown

Odometer: 0 km

Engine Capacity: 1598 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: 185/70 R14

Rear Tyre Size: 185/70 R14

Front Left Side: Giti 4 mm

Rear Left Side: Yokohama 2 mm

Front Right Side: Giti 4 mm

Rear Right Side: Yokohama 2 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	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

## INSPECTION

Date of Assignment: 07/02/2018

Date Inspected: 08/02/2018 Inspected At:

Choon Hock Autocare Pte Ltd (HQ)  
Blk 176 Sin Ming Drive #05-03, Sin Ming  
AutoCare Singapore 575721  
Singapore 575721

Estimated Period of Repair: 0.0 days

Adjuster: Teo Cheng Ming Wilson

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.

- 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 \$12,900.00 - \$13,900.00



## REPAIR DETAILS

### Reference

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 09 Apr 2018)
<b>Parts:</b>	143	TOYOTA COROLLA 1.6 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SDD2897Y)	
<b>Validity:</b>	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

### Recommended Parts

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.
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< END OF ESTIMATES >