

23/03/2002

ASS. REC. BY:

REF: CS3/MSG18003110/R1d307 ^{Range} Special Instruction:

Surveyor:

Mehimen

ASSIGNMENT (Office)

From (Person):

Elaine Ngu

of

MSG

Date/Time: 14/2/18 @ 3:07pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PC3426E

Insured:

SJK 3630K

at Workshop m/s

Westpoint Transit

Tel:

68611187

of

No. 5 Tuas Ave 11, 639071

Policy No:

1000046961

Claim No:

215713

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

11/02/2018

CA / REV / REP. / REV 24 HRS ^{wp}

H.O.D. Endorsement:

Date/Time:

11am @ 15/2/18

Person Contacted:

Ms. Loh

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	PC3426E-x
	SJK 3630K-NS/INC/0023701/Fn
	D.O.A: 20/11/2010

James

5153R

ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
 OD / TP / WS / TP RES / CD RES / EVA / INV / MV _____
 To inspect Vehicle No: **PC 3426**
 at Workshop / Bus: **WEST POINT TRANSIT**
 of: **5, TURS MK 11**
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 Client's Report: _____
 Make of Veh: _____

NS	OS

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? (Yes or No)
 GIA / PR Seen: _____ Consistent? (Yes or No)
 Est. Repairs: _____ days Res: Yes or No
 Lm Sum: _____ % S Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle IN / OUT

Ver No: **PC 3426E** Reg: **2015 APR**
 Type: Motor / Motorcycle / Bus / Van / Lorry / Taxi / Prime Mover
 Truck / Trailer: **MINIBUS**
 Make: **TOYOTA COASTER** CC: **4009**
 Colour: **MULTI** Insured: Std / NI / NA
 St. Reading: **218346** T. Reading: Insured / Std / NI / NA
 Eng No: _____
 C No: **JTGE P538806001123**
 Gen. Cond: Good (R) / Poor / Burnt
 Steering: (R) / Jammed / Leaked / Burnt
 Brake: (R) / Jammed / Leaked / Burnt
 Mod: **NO** S / R / STD A / Rim
 Tyre Size: **215/75R17.5**
 ES / DUN / EXNOVA / GY / FS / LZA / MIO / QHTSL / PIR / SUM
 TOYO / YOKO
 Front: _____ Rear: _____
 R/Bal: **7** mm R/Bal: **7/7** mm
 L/Bal: **7** mm L/Bal: **7/7** mm
 D/OA: **11/02/18** D/O: **26/02/18**
 Survey held at: **WEST POINT**
 Des. of Damages: Frt / Rear / O/S / NS / U/O / Roof top on
O/S FR
 The U/O / Chassis frame / Body Structure affected due to collision

Date / Time / Action / Instruction
Estimate repair range \$1,800 - \$2,300

James
22/5/2018.

RECEIVED 23 MAY 2018

Date/Time File Pass to:	<input type="checkbox"/> : Preli. Report	Days Of Repair:	<table border="1"> <tr><td>120</td></tr> <tr><td>10</td></tr> <tr><td>130</td></tr> </table>	120	10	130
120						
10						
130						
Date/Time File Return to:	<input type="checkbox"/> : Final Report	Resurvey No. of Trip:				
Add Fee:	<input type="checkbox"/> Site Insp <input type="checkbox"/> Traffic <input type="checkbox"/> Test <input type="checkbox"/> Release	Survey Fee Transport Other				
Report Format: PRS						

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	13 Feb 2018		14 Feb 2018 15:07 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	FOO MENG SENG, ID: S6946159Z, Tel: +6597911219		
Main Claimant:	WESTPOINT TRANSIT PTE LTD, Co. Reg. No.: 199005153R		
Vehicle Reg. No.:	PC3426E	Date of Loss:	11/02/2018 13:00 - :59
Claim Type:	TP	Policy/Cover Note No.:	1000046961 (Comprehensive) Coverage: 16/10/2017 - 15/10/2018
Vehicle Reg. No. (Insured):	SJK3630K	Policy No. (Claimant):	
		Excess:	S\$300.00
Repairer:	Westpoint Transit Pte Ltd (HQ) No. 5 Tuas Avenue 11, 639071 Tuas - Tel: 68611187		
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 15/02/2018]		
Driver/Custodian (Insured):	FOO MENG SENG (), NRIC: S6946159Z, Tel: +6597911219		

ASSOCIATED MAIL RECEIVED

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

- MSIG_SG (14/02/2018): Cancellation of Assignment: PC3426E

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	12/02/2018 17:23
Date Of Accident	11/02/2018 13:50
Exact Location Of Accident	WEST COAST PLAZA DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3426E
Insured/Policyholder	
Name Of Registered Owner	WESTPOINT TRANSIT PTE LTD
Co Reg No	199005153R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68619731

Vehicle Particulars

Manufacturer	TOYOTA
Model	COASTER 23 SEATER ABS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ17/000194
Cover Note Number	

Driver

Name of Driver	VALLIAPPAN KUMARESAN
Passport No/FIN	G7299076K
Date Of Birth	18/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2003
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83157679
Fax Number	
Contact Number	
EMail Address	CUSTOMERSVC@WESTPOINTBUS.COM.SG

Address	NIL
Postcode	
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	COLLISION - CHANGE/CROSS LANE
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

WHEN I WAS TRAVELLING ALONG THE MENTIONED LOCATION, OUT OFF A SUDDEN VEHICLE B TRYING TO OVER TAKE MY VEHICLE AND WHEN HE TRYING TO CUT INTO MY LANE, HIS VEHICLE ACCIDENTALLY GRAZED AGAINST MY VEHICLE FRONT RIGHT SIDE PORTION. AFTER THE IMPACT, WE ALIGHTED TO EXCHANGE DETAILS AND TOOK SOME PHOTOS BEFORE WE MOVE OFF FROM THE LOCATION. THERE IS NO INJURIES INVOLVED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK3630K
Vehicle Make/Model/Colour	TOYOTA/ALLION 1.5 A
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THOMAS FOO
NRIC/Passport Number	
Contact Number	97911219
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful 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 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.
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.



12.2.18. 3.05 v. j. j. j.

VERIFIED BY AJAX MARS
REPORTING OFFICER
EUGENE KOH

Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Sketch Plan



WEST COAST PLAZA DRIVE WAY.

A) PC 3426E

B) SJK 3630K.

ACCIDENT STATEMENT (2000 characters)

WHEN I WAS TRAVELLING ALONG THE MENTIONED LOCATION, OUT OFF A SUDDEN VEHICLE B TRYING TO OVER TAKE MY VEHICLE AND WHEN HE TRYING TO CUT INTO MY LANE, HIS VEHICLE ACCIDENTALLY GRAZED AGAINST MY VEHICLE FRONT RIGHT SIDE PORTION. AFTER THE IMPACT, WE ALIGHTED TO EXCHANGE DETAILS AND TOOK SOME PHOTOS BEFORE WE MOVE OFF FROM THE LOCATION. THERE IS NO INJURIES INVOLVED.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
EUGENE KOH YEW KIAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:
























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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	13 Feb 2018		14 Feb 2018 15:07 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: Foo Meng Seng , ID: S6946159Z, Tel: +6597911219, Email: thomastoo@yahoo.com									
Main Claimant: WESTPOINT TRANSIT PTE LTD , Co. Reg. No.: 199005153R									
Vehicle Reg. No.: PC3426E		Date of Loss: 11/02/2018 13:00 - :59 [33 Months and 19 Days From LTA Reg Date (Man Yr)]							
Claim Type: TP / 215713		Policy/Cover Note No.: 1000046961 (Comprehensive) Coverage: 16/10/2016 - 15/10/2018							
Vehicle Reg. No. (Insured): SJK3630K		Policy No. (Claimant):							
		Excess: S\$300.00							
Repairer: Westpoint Transit Pte Ltd (HQ) No. 5 Tuas Avenue 11, 639071 Tuas - Tel: 68611187									
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 ... [Handled by MOHD RASUL] ... [Imm.Advice due 15/02/2018]									
Driver/Custodian (Insured): Foo Meng Seng (48), NRIC: S6946159Z, Tel: +6597911219									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> MSIG_SG (14/02/2018): Cancellation of Assignment: PC3426E 									
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

*PC3426E (215713)
[SJK3630K]
TP
WESTPOINT TRANSIT PTE LTD
Feb 11 2018 1:00PM
[Foo Meng Seng]
Westpoint Transit 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	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
2	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
3	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
4	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
5	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
6	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
7	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
8	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
9	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
10	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
11	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
12	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
13	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
14	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
15	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
16	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
17	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
18	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
19	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
20	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
21	30/04/18 11:38	General View						Load JPG	<input checked="" type="checkbox"/>	
Documentation							1 per page		<input checked="" type="checkbox"/>	
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)					Thumbnail	Print		
1	14/02/18 11:12	TPD PC3426E GIA REPORT.						Load PDF		
2	14/02/18 13:57	WORKSHOP DETAIL- PC3426E.						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/MSG18003110/R1D3E2

Date: 24/05/2018

REFERENCE

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

Policy No: 1000046961

Claimant Vehicle No: PC3426E

Insured Vehicle No: SJK3630K

Date of Loss: 11/02/2018

Nature of Claim: TP Claim No: 215713

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: PC3426E

Make & Model: TOYOTA COASTER, 4.0 D 23 Seater ABS (M)

Engine No: N04CUH18777

Reg. Date: 23/04/2015 (Man. Year: 2015)

Chassis No: JTGEF538806001123

Colour: Multi-colour

Odometer: 218340 km

Engine Capacity: 4009 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: 215/75 R17.5

Rear Tyre Size: 215/75 R17.5 (D)

Front Left Side: Bridgestone 7 mm

Rear Left Side: Bridgestone 7/7 mm

Front Right Side: Bridgestone 7 mm

Rear Right Side: Bridgestone 7/7 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 (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 14/02/2018

Date Inspected: 26/02/2018 Inspected At:

Westpoint Transit Pte Ltd (HQ)

No. 5 Tuas Avenue 11

Singapore 639071

Estimated Period of Repair: 0.0 days

Adjuster: MOHD RASUL

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 \$1,800.00 - \$2,300.00

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 24 May 2018)	
Parts:	N/A	TOYOTA COASTER 4.0 D 23 Seater ABS (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for PC3426E)	
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 >