

ASS. REC. BY:

REF:

CS3/MSG18003454/T162

Special Instruction:

SURVAYOR:

**ASSIGNMENT (Office)**From (Person): Jasmine Lok of MOIG Date/Time: 22/2/2018

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SL8 8043G Insured: STR 9894Pat Workshop m/s Z-One Automotive Tel: 97552115 Yvonneof 7 Soon Lee Street #01-27/47Policy No: A80407672QMX Claim No: 549182

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 7/2/2018  
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 23/2 Person Contacted: Yvonne Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	<u>SL8 8043G-X</u>
	<u>STR 9894P-X.</u>

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SL5 8043 G  
 at Workshop m/s Z-one  
 of 7 Soon Lee Street  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ 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: SL5 8043 G Yr Regn: 217 out  
 Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Toyota Sienta Hybrid cc 1496  
 Colour: Silver A/C Insured / Std / NI / NA  
 Sp. Reading: \_\_\_\_\_ T. Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: NHP 170 706 5283  
 Gen. Cond: ☒ Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Mod: ☒ W / S / Rim / STD A/Rim fr  
 Tyre Size: F: 185/60R15  
 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. \_\_\_\_\_ D.O.I. 23/2/18 05pm  
 Survey held at Z-one  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Frt O/S, U/C.  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction 1st day work.  
\$6,500 - \$7,500

[Signature]  
6/4/2018

RECEIVED 05 APR 2018

Date/Time File Pass to? ☐ : Preli. Report  
☐ : Final Report  
 1) \_\_\_\_\_  
 Date/Time File Return to? \_\_\_\_\_  
 2) \_\_\_\_\_  
 Report Format: PR2  
 Lump Sum / I.B.I: (\$ \_\_\_\_\_)

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee: ☐ Site Insp (\$ \_\_\_\_\_)  
☐ Interview (\$ \_\_\_\_\_)  
☐ Tech. Invs (\$ \_\_\_\_\_)  
☐ Weekend (\$ \_\_\_\_\_)

Survey Fee: 120  
 Transportation: \_\_\_\_\_  
 \$ = \$6 \_\_\_\_\_  
 Photos: \_\_\_\_\_  
 Others: \_\_\_\_\_

120
10
130

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	08 Feb 2018		22 Feb 2018 17:22 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All																																												
<b>CLAIM SUBFOLDER DETAILS</b> <div style="text-align: right;">[Created by insurer]</div> <table border="1"> <tr> <td><b>Insured:</b></td> <td colspan="3">CHEW SHEAU KANG (ZHOU XIAOKANG), ID: S8130367C, Tel: +6590299303, Email: XIAOKANG81@YAHOO.COM.SG</td> </tr> <tr> <td><b>Main Claimant:</b></td> <td colspan="3">ASIA CARZ LEASING PTE LTD, Co. Reg. No.: 201606152D</td> </tr> <tr> <td><b>Vehicle Reg. No.:</b></td> <td>SLS8043G</td> <td><b>Date of Loss:</b></td> <td>07/02/2018 18:00 - :59</td> </tr> <tr> <td><b>Claim Type:</b></td> <td>TP / 549182</td> <td><b>Policy/Cover Note No.:</b></td> <td>A80407672QMX (Comprehensive) Coverage: 27/07/2017 - 26/07/2018</td> </tr> <tr> <td><b>Vehicle Reg. No. (Insured):</b></td> <td>SJR9894P</td> <td><b>Policy No. (Claimant):</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>Excess:</b></td> <td>S\$500.00</td> </tr> <tr> <td><b>Repairer:</b></td> <td colspan="3">Z-one Automotive Pte Ltd - Soon Lee ( ) 7 Soon Lee Street, iSpace #01-27/47, 627608 Jurong West - Tel:</td> </tr> <tr> <td><b>Handling Insurer:</b></td> <td colspan="3">MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]</td> </tr> <tr> <td><b>Adjuster:</b></td> <td colspan="3">LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 23/02/2018]</td> </tr> <tr> <td><b>Driver/Custodian (Insured):</b></td> <td colspan="3">CHEW SHEAU KANG (ZHOU XIAOKANG) (36 / Male), NRIC: S8130367C, Tel: +6590299303</td> </tr> <tr> <td><b>Adj Asg. Remarks:</b></td> <td colspan="3">Third Party Pre-Repair Survey</td> </tr> </table>					<b>Insured:</b>	CHEW SHEAU KANG (ZHOU XIAOKANG), ID: S8130367C, Tel: +6590299303, Email: XIAOKANG81@YAHOO.COM.SG			<b>Main Claimant:</b>	ASIA CARZ LEASING PTE LTD, Co. Reg. No.: 201606152D			<b>Vehicle Reg. No.:</b>	SLS8043G	<b>Date of Loss:</b>	07/02/2018 18:00 - :59	<b>Claim Type:</b>	TP / 549182	<b>Policy/Cover Note No.:</b>	A80407672QMX (Comprehensive) Coverage: 27/07/2017 - 26/07/2018	<b>Vehicle Reg. No. (Insured):</b>	SJR9894P	<b>Policy No. (Claimant):</b>				<b>Excess:</b>	S\$500.00	<b>Repairer:</b>	Z-one Automotive Pte Ltd - Soon Lee ( ) 7 Soon Lee Street, iSpace #01-27/47, 627608 Jurong West - Tel:			<b>Handling Insurer:</b>	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]			<b>Adjuster:</b>	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 23/02/2018]			<b>Driver/Custodian (Insured):</b>	CHEW SHEAU KANG (ZHOU XIAOKANG) (36 / Male), NRIC: S8130367C, Tel: +6590299303			<b>Adj Asg. Remarks:</b>	Third Party Pre-Repair Survey		
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## 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	22/02/2018 13:46
Date Of Accident	07/02/2018 17:55
Exact Location Of Accident	BEDOK NORTH STREET 2 TURNING TO BLK 129 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8043G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA CARZ LEASING PTE LTD
Co Reg No	201606152D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62624666
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089505774-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	ANTHONY HALIM
NRIC No	S7478597B
Date Of Birth	07/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2006
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87292183
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	68 TOH TUCK ROAD #03-05
Postcode	596733
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT : T/20180207/2206.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR9894P
Vehicle Make/Model/Colour	NISSAN / LATIO / WHITE
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)

**DETAILS OF INJURED PERSON 1**




Name	ANTHONY HALIM
Approximate Age	43
Injuries Sustain	FELT PAIN AT CHEST AND NECK AREA
Injured person in which vehicle?	SLS8043G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	68 TOH TUCK ROAD #03-05
Postcode	596733

## Sketch Plan

### SKETCH PLAN

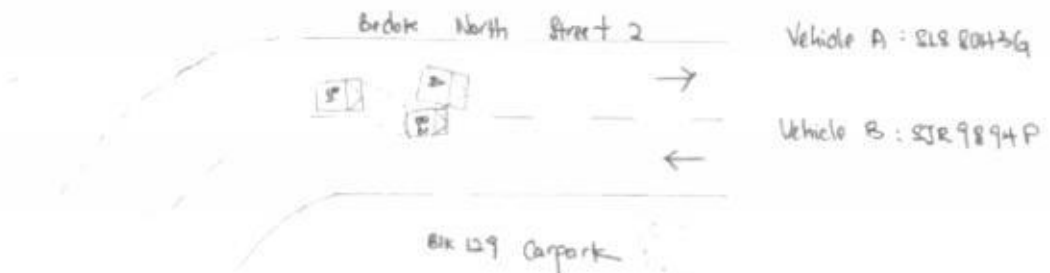
#### IMPORTANT NOTICE

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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  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' law firms/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 making 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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time      Driver's Signature (If driver is not the policyholder) / Date & Time      Witnessed by Reporting Centre Personnel

Sketch Plan



## Sketch Plan #2

Describe Circumstances of the Accident:

2 Refer to Police Report T/20180307/0206 2

### Declaration

We declare the foregoing particulars are true in every respect.

*Nikolaus*  


*Amg*

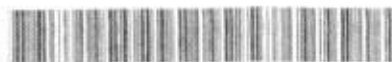
Signature of the person who has signed the declaration on behalf of the company  
Signature of the person who has signed the declaration on behalf of the company



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180207/2206

1 of 3

Police Station Of Origin  
Bedok South N P C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

Report No: T/20180207/2206

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2018 23:30		Vide Report No.		Station Diary No. 71	
<b>Informant's Particulars</b>					
Name of Informant: ANTHONY HALIM			Address: 68 TOH TUCK ROAD #03-05 SINGAPORE 596733		
ID Type / ID No.: NRIC NO / S7478597B			Contact No.: Home/Office:		Mobile: 87292183
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 07/06/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury: Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/02/2018 17:55	Type of Location: Straight Road
Location: Along Road 1 BEDOK NORTH STREET 2  TURNING TOWARDS BLK 129 CARPARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR9894P	Car	NISSAN	LATIO	White	Slightly Damaged	0
SLS8043G	Car	TOYOTA	SIENTA	Silver	Totally Damaged	0

## Details of Person Involved

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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180207/2206

Police Station Of Origin:  
Bedok South N.P.C.  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

2 of 3

Report No: T/20180207/2206

### CONTINUATION OF REPORT

Driver			
Name	ANTHONY HALIM	ID No.	S7478597B
Related Vehicle	SLS8043G (Car)	Contact No.	87292183
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/02/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

#### Brief Details.

On 07/02/2018 at 1755 hrs, I was driving my vehicle - SLS 8043 G at Bedok North Street 2 and was about to turn right into the carpark of Blk 129 Bedok North Street 2. I signalled right and wait for the traffic on the opposite direction to be cleared. At that point of time, I was still within my own lane.

Suddenly, I felt a strong impact from my right side of my vehicle. I then came down and confronted the other vehicle - SJR 9894 P. I realised that his vehicle came from right side at a very fast speed, against the flow of traffic and then collided onto the front right side of my vehicle (near the front wheel area).

The driver mentioned that he was rushing to fetch his son.

I was then conveyed by ambulance to Changi General Hospital. There was a traffic police at scene as well.

My vehicle was not able to drive. I am currently unsure of the damages on the other party's vehicle.

My vehicle was then towed by traffic Police to their compound.

I wish to add that there is an in-car camera in vehicle, however, I have not verified the existence of the footage(s).

I felt pain at my chest and neck area. I was then given 05 days MC by the hospital from 07/02/2018 till 11/02/2018.

Police Report



SINGAPORE  
POLICE FORCE



T/20180207/2206

3 of 3

Police Station Of Origin  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

Report No: T/20180207/2206

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:

G /

Sgt 2 CHONG WENG KIAT, TERENCE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/02/2018 23:30

Officer In Charge Of Case:

TP / GiT /

Sr Staff Sgt YUS MANSUR KHAZALI

Contact No: 65476214

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	08 Feb 2018		22 Feb 2018 17:22 <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>									
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Main Claimant:	<b>ASIA CARZ LEASING PTE LTD</b> , Co. Reg. No.: 201606152D								
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Claim Type:	<b>TP / 549182</b>	Policy/Cover Note No.:	A80407672QMX (Comprehensive) Coverage: 27/07/2017 - 26/07/2018						
Vehicle Reg. No. (Insured):	<b>SJR9894P</b>	Policy No. (Claimant):							
		Excess:	S\$500.00						
Reparer:	<b>Z-one Automotive Pte Ltd - Soon Lee ( )</b> 7 Soon Lee Street, iSpace #01-27/47, 627608 Jurong West - Tel:								
Handling Insurer:	<b>MSIG Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: +65 6827 7888 ... [Handled by <b>Jasmine Lok Kheng Kwei</b> - 6594 2550]								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>MOHD TAUFIKH BIN HAMID</b> ] ... [Imm.Advice due 23/02/2018]								
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Adj Asg. Remarks:	Third Party Pre-Repair Survey								
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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

**\*SLS8043G (549182)**  
**[SJR9894P]**  
**TP**  
**ASIA CARZ LEASING PTE LTD**  
**Feb 7 2018 6:00PM**  
**[CHEW SHEAU KANG (ZHOU XIAOKANG)]**  
**Z-one Automotive Pte Ltd - Soon Lee**

[Upload Documents](#)
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**View** [View in Browser](#)

<b>Assessment Reports</b>				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	<b>Thumbnail</b>	<b>Print</b>	
1	22/02/18 16:43	<b>Accident Statement</b> <small>From: OD - Reg. No: SJR9894P, Claimant: CHEW SHEAU KANG (ZHOU XIAOKANG)</small>	 Load HTM		

<b>Photos/Images</b>				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	<b>Thumbnail</b>	<b>Print</b>	
1	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
2	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
3	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
4	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
5	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
6	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
7	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
8	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
9	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
10	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
11	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
12	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
13	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
14	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
15	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
16	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
17	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
18	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
19	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
20	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
21	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
22	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
23	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
24	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
25	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
26	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
27	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
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29	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
30	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
31	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
32	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	
33	06/04/18 08:58	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>	

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail Print
34	06/04/18 08:58	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	22/02/18 16:43	<b>E-FILE REPORT (S;S8043G)</b> <small>From: OD - Reg. No: SJR9894P, Claimant: CHEW SHEAU KANG (ZHOU XIAOKANG)</small>		Load PDF
2	22/02/18 16:51	<b>TP PRI</b>		Load PDF
3	22/02/18 17:16	<b>TP REPLY INFORMING LOCATION OF WORKSHOP</b>		Load PDF
4	22/02/18 17:22	<b>TP LIST OF SJE &amp; OUR REJECTION REPLY &amp; NOMINATED LKK TO BE OUR COMMON SJE</b>		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:199607196R)

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/MSG18003454/T1BE2

Date: 09/04/2018

REFERENCE

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

Policy No: A80407672QMX

Claimant Vehicle No: SLS8043G

Insured Vehicle No: SJR9894P

Date of Loss: 07/02/2018

Nature of Claim: TP

Claim No: 549182

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SLS8043G

Make &amp; Model: TOYOTA SIENTA HYBRID, 1.5 X CVT (A)

Engine No: 1NZR454009

Reg. Date: 05/10/2017 (Man. Year: 2016)

Chassis No: NHP1707065283

Colour: Silver

Odometer: 0 km

Engine Capacity: 1496 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: 185/60 R15

Rear Tyre Size:

185/60 R15

Front Left Side: Toyo 6 mm

Rear Left Side:

Toyo 6 mm

Front Right Side: Toyo 6 mm

Rear Right Side:

Toyo 6 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: 22/02/2018

Date Inspected: 23/02/2018 Inspected At:

Z-one Automotive Pte Ltd - Soon Lee

7 Soon Lee Street, iSpace #01-27/47

Singapore 627608

Estimated Period of Repair: 0.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: CATHERINE CHONG KAI LING

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 \$6,500.00 -\$7,800.00



## REPAIR DETAILS

### Reference

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 09 Apr 2018)
<b>Parts:</b>	M1-MPV	TOYOTA SIENTA HYBRID 1.5 X CVT (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SLS8043G)	
<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.

< END OF ESTIMATES >