

ASS. REC. BY:

REF

CS3/MSG18004074/Yd342

Special Instructions

range

Surveyor:

Roshi

ASSIGNMENT (Office)

Mentimen

From (Person):

Monica Chung

of

MSG

Date/Time:

2/3/18 @ 10:52am

Estimated Cost:

Bill to:

OD (TP) WS/TP RES / OD RES / EVA / INV / MV7CS

To Inspect Vehicle No:

SDZ 8822H

Insured:

SGJ 898R

at Workshop m/s:

Ah Koon Motor

Tel:

6270 7113

of

Blk 1001, Bkt Merah Lane 3 # 01-69

Policy No:

B27203632 QMX

Claim No:

550648

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 19/02/2018

CA / REV / REP. / REV 24 HRS

lwp

5/3/18 @ 9:30am-12:30pm

H.O.D. Endorsement:

Date/Time:

2:30pm @ 2/3/18

Person Contacted:

Anthony

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SDZ 8822H - CC3/AIG15015353/H/yg392 D.O.A. 15/9/15
	SGJ 898R - X

ASS. REC. BY:

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: 802 88224
 at Workshop m/s AA KOON BIK 1001 B7
 of MURAH WALK 3 #01-69

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 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: 802 88224 Yr Regn: JAN, 2012Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA WALKER c.c. 1798Colour: GRAY A/C: Insured / Std / NI / NASp. Reading: 87609 T/Radio: Insured / Std / NI / NAEng/No: 2ZR0912431C/No: 37DGG20WX05002447Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: NI / S/Rim / STD A/Rim orTyre Size: F: 195/65/R18R: 195/65/R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 05/03/2018

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

05/03/2018 10:55 PALHAK GIA REPORT

Repair Estimate : S\$ 3000-4000

RECEIVED 23 APR 2018

Date/Time, File Pass to?

1) 21/04/2018

Date/Time, File Return to?

2) _____

☐ : Preli. Report☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 120Transportation: 50S + RS: SI

Photos

Others 10

TOTAL

180Report Format : PRS

Lump Sum / I.B.I. (\$) _____

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	21 Feb 2018		02 Mar 2018 10:52 Assign				New Assignment Cancel Case

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

CLAIM SUBFOLDER DETAILS

[\[Created by insurer\]](#)

Insured:	MOK LIP YANG, ID: S7435763F		
Main Claimant:	CHAN YEW MENG, ID: S7105134Z		
Vehicle Reg. No.:	SDZ8822H	Date of Loss:	19/02/2018 17:00 - :59
Claim Type:	TP / 550648	Policy/Cover Note No.:	B27203632QMX (Comprehensive) Coverage: 26/11/2017 - 25/11/2018
Vehicle Reg. No. (Insured):	SGJ898R	Policy No. (Claimant):	
		Excess:	
Repairer:	Ah Koon Motor (1960) Pte Ltd (HQ) BLK 1001 BUKIT MERAH LANE 3, #01-69, 159718 Bukit Merah - Tel: 62707113		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Monica Chung Pei Zhen - 6594 2552]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 03/03/2018]		
Driver/Custodian (Insured):	GOH YEN NEE (), NRIC: S7612114A, Tel: +6591160062		

ASSOCIATED MAIL RECEIVED

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

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	20/02/2018 17:04
Date Of Accident	19/02/2018 16:40
Exact Location Of Accident	DELTA RD TOWARDS RIVER VALLEY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDZ8822H
Insured/Policyholder	
Name Of Registered Owner	CHAN YEW MENG
NRIC No	S7105134Z
Email Address	SCE1313@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90219309
Alternative Phone No	OFFICE-90219309
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100284517
Cover Note Number	
Driver	
Name of Driver	CHAN YEW MENG
NRIC No	S7105134Z
Date Of Birth	13/02/1971
Occupation	INDOOR
Date Of Driving Pass	15/12/1997
Driving Experience	20 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90219309
Fax Number	
Contact Number	OFFICE-90219309
E-Mail Address	SCE1313@HOTMAIL.COM

Address BLK 133 POTONG PASIR AVE 1
#03-167
Postcode 350133
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
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
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) 4
Passenger 1

NAME: : KELVIN NG
GENDER: : MALE

Passenger 2

NAME: : JASPER NG
GENDER: : MALE

Passenger 3

NAME: : JEREMY HUANG
GENDER: : MALE

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

REFER TO SKETCH PLAN

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 SGJ898R
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.
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 sforesaid.
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.

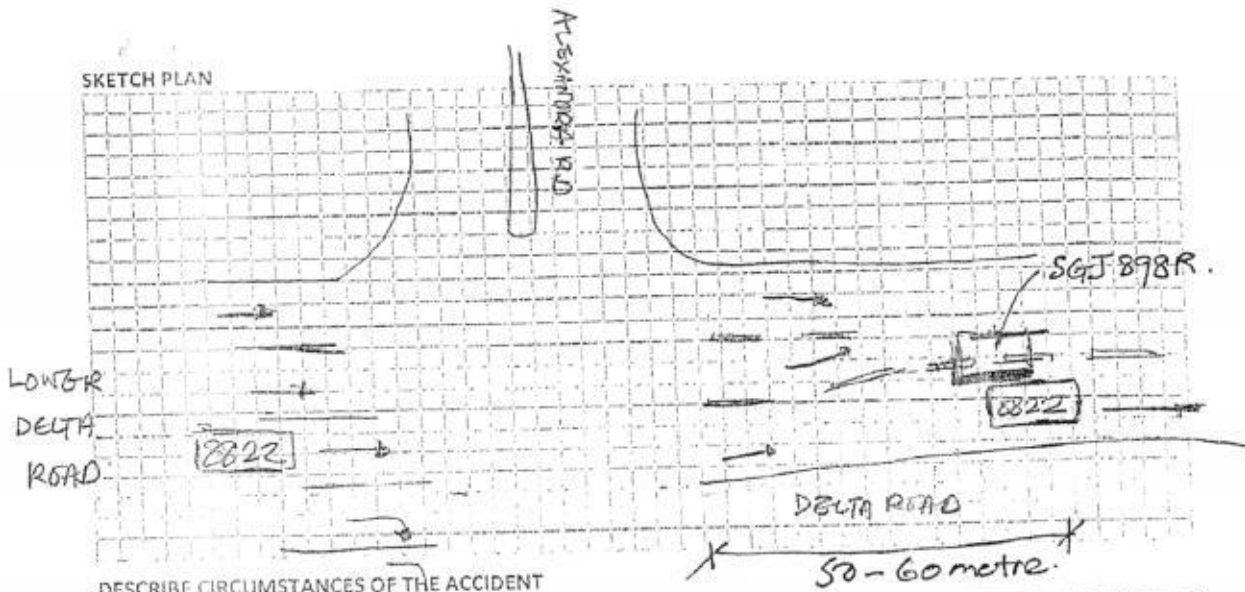
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SD2 8822H	ACCIDENT DATE & TIME: 19-2-18 1642 hrs
CONTACT NUMBER: 90219309	E-MAIL ADDRESS: sce1313@hotmail.com
LOCATION: DELTA ROAD TOWARDS RIVER VALLEY ROAD	
<p>I was driving along Lower Delta Road and pass junction of Alexandra Road. my car SD2 8822H was travelling on the extreme right lane and head towards Delta Road towards River Valley Road.</p> <p>Suddenly a car SGJ 898R hit my car on my left passenger door. I stopped my car immediately and alight to check my car condition.</p> <p>I found SGJ 898R has come into my lane. my door is dented and the side mirror damaged.</p> <p>There are 3 passengers in my car at the time of accident.</p> <p>They are</p> <ol style="list-style-type: none"> 1) Kelvin Ng 2) Jasper Ng 3) Jeremy Huang. 	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
<p>Please state:</p> <p>() Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party () Claim OD/TP at other workshop () Reporting Only</p>	

DECLARATION

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

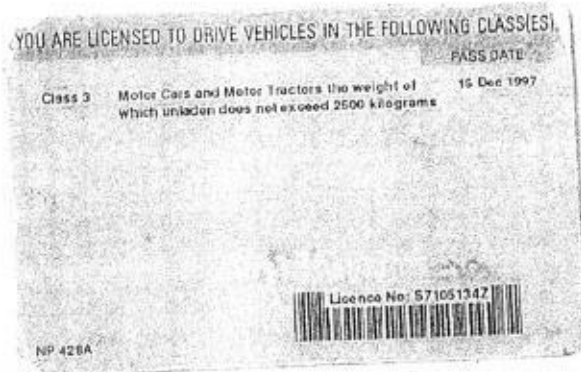
[Signature]

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.:

GPMVIC Sketch Plan Form 1/18



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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	21 Feb 2018		02 Mar 2018 10:52 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:	MOK LIP YANG , ID: S7435763F								
Main Claimant:	CHAN YEW MENG , ID: S7105134Z								
Vehicle Reg. No.:	SDZ8822H	Date of Loss:	19/02/2018 17:00 - :59 [73 Months and 14 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 550648	Policy/Cover Note No.:	B27203632QMX (Comprehensive) Coverage: 26/11/2017 - 25/11/2018						
Vehicle Reg. No. (Insured):	SGJ898R	Policy No. (Claimant):							
		Excess:							
Repairer:	Ah Koon Motor (1960) Pte Ltd (HQ) BLK 1001 BUKIT MERAH LANE 3, #01-69, 159718 Bukit Merah - Tel: 62707113								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Monica Chung Pei Zhen - 6594 2552]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by ROSLI BIN ABDUL WAHAB] ... [Imm.Advice due 03/03/2018]								
Driver/Custodian (Insured):	GOH YEN NEE (), NRIC: S7612114A, Tel: +6591160062								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SDZ8822H (550648)**
[SGJ898R]
TP
CHAN YEW MENG
Feb 19 2018 5:00PM
[MOK LIP YANG]
Ah Koon Motor (1960) Pte Ltd

Upload Documents Upload Photos Compose New Letter

View View in Browser

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	02/03/18 10:51	Accident Statement From: SC - Reg. No: SGJ898R, Claimant: MOK LIP YANG	1	Load HTM	
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	02/03/18 10:51	TPD SDZ8822H GIA REPORT	1	Load PDF	
2	02/03/18 10:51	Notice to MSIG to conduct PRI (AKM)SDZ8822H	1	Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	21/04/18 11:22	LKKPhotosIn6-1	1	Load PDF	
2	21/04/18 11:22	LKKPhotosIn6-2	1	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <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/MSG18004074/YD3E2

Date: 23/04/2018

REFERENCE

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

Policy No: B27203632QMX

Claimant Vehicle
No : SDZ8822H

Insured Vehicle No : SGJ898R

Date of Loss: 19/02/2018

Nature of Claim: TP

Claim No: 550648

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SDZ8822H

Make & Model: TOYOTA WISH, 1.8 CVT (A)

Engine No: 2ZR0912431

Reg. Date: 05/01/2012 (Man. Year: 2011)

Chassis No: JTDGG20WX05002447

Colour: Grey

Odometer: 87609 km

Engine Capacity: 1798 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: 195/65 R15

Rear Tyre Size: 195/65 R15

Front Left Side: Falken 6 mm

Rear Left Side: Falken 6 mm

Front Right Side: Falken 6 mm

Rear Right Side: Falken 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	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 02/03/2018

Date Inspected: 05/03/2018 Inspected At:

Ah Koon Motor (1960) Pte Ltd (HQ)
BLK 1001 BUKIT MERAH LANE 3, #01-69
Singapore 159718

Estimated Period of Repair: 0.0 days

Adjuster: ROSLI BIN ABDUL WAHAB

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 \$3,000.00 - \$4,000.00

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 23 Apr 2018)
Parts:	M1-MPV	TOYOTA WISH 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SDZ8822H)	
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 >