MONNY From (Person)	1 1 1 1 1 1	MENT (Office)	Date/Time: 16 3	11801117
		MSIG	Date/Time: _16/3	110010.040
Estimated Cos		Bill to:		
	STTP RES / OD RES / EVA / INV / MV		sured: FBE 7	(10
To Inspect Ve		In Model	-	
at Workshop	a Aut Did	g motor	Tel: 6481415	12
	82, AMK Park I # 01-	293		
Policy No:	MSD [VMT 17-374012-CA	Claim No:		
Sum Insured:		Excess:		
				Switches &
Make of Veh			DOA 14/03/	2018
(Client's Recor	1)		D.O.A. <u>14</u> [03]	2018
(Client's Record	/ REP. / REV 24 HRS		D.O.A. <u>[4]03</u> H.O.D. Endorsement:	
(Client's Record	1)	tragela.	(0.70)	
(Client's Record	1) REP. REV 24 HRS (WP) 0.56000 16 3 18 Person Contacted	0	H.O.D. Endorsement;	
(Client's Record CA / REV Date/Time:	/ REP. / REV 24 HRS	0	H.O.D. Endorsement;	
(Client's Record CA / REV Date/Time:	Action/Instruction () Estima	0	H.O.D. Endorsement;	
(Client's Record CA / REV Date/Time:	1) REP. REV 24 HRS (WP) 0.56000 16 3 18 Person Contacted	0	H.O.D. Endorsement;	
Client's Record CA / REV Date/Time:	Action/Instruction () Estima	0	H.O.D. Endorsement;	
(Client's Record CA / REV Date/Time:	Action/Instruction () Estima	0	H.O.D. Endorsement;	

	,		
ASS. REC. BY:	REF: MSG/		
Kenneth		- 440 100	
From: Date:	A	SSIGNMENT Ven No: SKT 7	22/6/15 4004 Yr Regn: 06, 13
OD TP WS / TP RES / OD RES / EVA / IN		_ ", rounder / M. Cycle / Bus / \	/an / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No:	Y/MY	Truck / Trailer or	a mpy
		Make: Toy	wish co 1790
of	ean Chean	Colour M-P.Whi	
Insured:		_ Sp.Reading 54/4	
Policy No.		Eng/No:	, and the state of
Claims No.		CNO: JTDG	420W 80 J 0025
Sum Incured:		_ Joog/ Pair / Poor / I	Burnt
(Client's Record)	-	Steering: Inorder 7 Jammed / Lea	iked/Burnt or
Make of Veh:		Brake: Inorder / Jammed / Lea	ked/Burnt or
		Modi: NII / S/Rim / STP A/Rin	m or
(Policy Condition)		Tyre Size: F:	195/65R15
Remark: The veh had commenced its		R:	
repair at the time of inspection.	N/S O/S	BS/DUN/EXNOVA/GY/FS/LL	ZA I NIC (OUTCULEU)
Bal. or Market Value:		TOYO / YOKO or	EX / MIC / OH I SU / PIR / SUMI /
10.10		Front	Pass
Cit i co		R/Bal. Z mm	Rear R/Bal. Z
	'es or No	L/Bal. 7 mm	L/Bal. Z mm
Lum C.		D.O.A. 14/3/18	D.O.I. ///3 / 1.0
	es or No	Survey held at	16/3/18
CA / REV / REP. / 24 HRS		Des. of Damages : Frt / Rear / O/S	1 110 1 110
Date:Person Contacted:	Vehicle: IN / OUT	_ Rec_ NI	P ROOftop or
Date / Time Action / Instruction		The U/C / Chassis frame / Boo	by Structure affected due to collision.
-1813 File DESITE CO	Phin		
81746.61 enoil	(Red. 227)	18 ,1170)	
			
		Col sen	
		C/ 08/05	18
DECEMBED.			
RELEIVED	/ 3 PM1 Z010		
Data/Time, File Pass Io?			
FireII. Report	Day	s Of Repair: 3	
Cate/Time, File Return to?		urvey No. of Trip:	
		7 or trip:	Survey Fee:
7	Add Fee:	: Site Insp (\$	Transportation:
D	F	: Interview (\$)_s-Rs_si
Report Format :	-	Tech Invs (\$) Photos
Lump Sum / I.B.I: (\$ 1746.6)		Weekend (\$	Others
	_		
			10TAL 210

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt		Adj Submitted	d Ins Auth	ed Statu	5	
Main	15 Mar 2018		16 Mar 2018 10:27 Assign					Total Control	Assignment cel Case	
	Main	Refere	nce	Clair	n Details		Documer	nts	Show All	
CLAIM SU	BFOLDER DETA	AILS					[Crea	ted by insure]	
Insured:		CHNG YEOW	ALCOHOLOGICA CONTRACTOR CONTRACTO	286771I						
Main Claim		WONG THIN		836573C	ate of Los	26/1				
Vehicle Re	g. No.:	SKT7400Y	SKT7400Y			is:		2018 15:00 - :5		
Claim Type	ı:	TP	TP		Policy/Cover Note No.:		(C. C. C. T. T. S. M. C.	MSD/VMT/17-374012-CA Coverage: 19/11/2017 - 18/11		
Vehicle Reg. No. (Insured):		FBE769R	FBE769R			(Claimant):		***		
- Andrews - Andr			100000000000000000000000000000000000000		xcess:					
Repairer:		Cheong Che Kio - Tel: 648	ong Motor Serv 1 4152	rice Pte Ltd	d (HQ) BI	lock 5032, An	g Mo Kio, Park	2, #01-293, 56	9535 Ang Mo	
Handling I	nsurer:	MSIG Insura 6594 2548]	ance (Singapor	e) Pte. Ltd	I. (HQ) -	Tel: +65 6827	7 7888 [Har	dled by Muhd A	Ashik B Madi	
Adjuster:		LKK Auto Co	nsultants Pte I	td (HQ) -	Tel: 6256	-3561 [In	nm.Advice	due 17/03/20	18]	
Driver/Cus	todian (Insured):	CHNG YEOW	KOON (), NRIC	C: S128677	1I					
ASSOCIA	TED MAIL RECE	IVED						View All Com	pose Case Mail	
There are	no mail for this ca	se.								
ALL ASS	OCIATED TASKS	s=				View All	Search Tasks	Create New Ta	sk Complete	
Due Dat	e Priority T	ype Task Gro	up Subject	Handler	Assi	gned By	Completed (On Created	On Done	
	DOLLAR DESCRIPTION OF THE PROPERTY OF THE PROP	M. Market M. A. GOODSON C. S. P. S. P. C.	onthin symmetry for							



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

		Affiliated to Federation Internation	onale Des Experts En Auton	nobile		
MSI	G INSURANCE (S	INGAPORE) PTE LTD	Ref: CS/MSG18004	994/Ktd3		
	RAFFLES QUAY -01 HONG LEONG	BLDG SINGAPORE 048581	Date: 16-03-2018 Code: MSG			
1.		Policy Particulars	:- THIRD PARTY CLA	IM		
	Insured Veh.	FBE 769R	Veh. Inspected	SKT 7400Y		
	Policy No.	MSD/VMT/17-374012-CA	Coverage (\$)	0.00		
	Claim No.		Excess (\$)	0.00		
	Assign From	MERIMEN (MUHD ASHIK)	Assign Date	16/03/2018		
2.		Vehicle Parti	culars & Condition	The law half of		
	Make & Model		c.c	0		
	Engine No.	HIDDEN	Year of Reg.			
	Chassis No.		Colour			
	Odometer	2	Steering			
	Brakes		Modification			
	General					
3.	Control of the same	Condit	ions of Tyres			
		Size	Make	Balance		
	R/H Front Tyre			mm		
	L/H Front Tyre			mm		
	R/H Rear Tyre	4		mm		
	L/H Rear Tyre			mm		
4.		Descripti	on of Damages			
5.	- Engine No. 5	Genera	I Information			
	Accident Date	14/03/2018	Inspection Date	16/03/2018		
	Survey held at	CHEONG CHEONG MOTOR SI	18 (3.6)-0320000000000-042000000	reconstruction at 10000		
		BLK 5032 ANG MO KIO INDUS #01-293 SINGAPORE 569535	TRIAL PARK 2			
5a.		R	emarks			
	A)THE INSPECTION B)IN ACCORDANCE	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT PREJUDICE" BAS E HAVE NOT AUTHORIS	IS. ED REPAIRS.		

YPE OF CLAIM: □OD □OD/UL ☑6S		MCA: (am_
MOI	OR ACCIDENT REPORT	Time: 3-00 CM
ate Of Report: 15 MAR 18 Time: 1-12 g	Date Of Accident: 14 M AR 18	
xact Location Of Accident: TPE EXIT ATO SENGEN	NG EAST WAY ROAD	aka 🗆 / Pahang 🖂 / Johor
- C C C C C C C C C C C C C C C C C C C	Planeor Darui Citadii C. / Itabaii	aka 🖂 / Fallang 🖂 / John
I / Dorak □ / Kedah □ / Kelantan □ / Terengganu □ / Pu	ETAILS (INSURED/POLICY HOLDER)	
ehicle Registration Number: SKT 7400 Y	Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No:	50936573C
lame Of Registered Owner: WONG THIN CHE	ε	via Lam Consa S.C.
Aphile Number: 9(1601/9 Alternative No:	Email Address: Trancol Co	Janes Com S
/shicle Particulars	Model: Wish	
Manufacturer: Toyota√Z Lexus □ Suzuki □ Hino □ Exact Purpose for which vehicle was being used at time of accident:	Normal Usage√ Other □ (please specify):	
Are you claiming under your own insurance policy for repair to your	vehicle? Yes □ Reporting Only □ Third Pa	rty _y 🗵
Vehicle Category: Private Car√ Commercial Vehicle □	Others 🗆	THE STREET STREET, STR
nsurance Company		
Name of Insurance Company: AXA Insurance Pta.		
Type Of Coverage: Comprehensive ☐ Third Party ☐ Ti	hird Party Fire and/or Thert	419
Fleet Policy: Yes No. 2	Policy / Cover Note No: VPA/P19284 ETAILS AT POINT OF ACCIDENT	
	NRIC/ Passport / FIN No: 57 H 17 9 25	i h-1
Name of Driver: TAN BOOM HWA BENJAMIN	Occupation: Indoor 🖫 Outdoor 🗆	
Date Of Birth: 10 ゴレハ フサ	Gender: Male ☑ Female □	
Date Of Driving Pass: 29 JAN 2003	Alternative No:	
Mobile Number: 83186577 Fax No:		Code: 54 (316
Address: BLK 316A, ANCHORVALE LINK. #1	Z-183 / SINGAPORE	3 (12 10
Email Address: ben 2 tanj Z @ g mail - com	State relationship of the driver with the insured:	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable):	NFORMATION OF THE ACCIDENT	
Type Of Accident:		
Number of Passengers in the above vehicle (Including Driver):	/ If more than 2 Pax Please fill AN	NEX B
Trainer of Casterigues and Castering	PASSENGER 1	
Name:	Gender: Male □ Female □	
Weather Conditions: Clear Raining Others (If others	please state condition):	
Road Surface: Wet □ Dry □ Others □ (If others,please stat		
Was any body injured in the Accident? No₽ Yes □		
Was any injured conveyed to hospital by ambulance? No-	Yes 🗆	
Was any foreign vehicle involved in this accident? Nor Yes		ype:
Number of vehicles involved in the accident:		
Was there any witness? No- Yes		
	es 🗆	
Was there any video captured by Car Camera? No ☐ Yes E		ment? No 🗆 Yes-
	yes,please state which Police Station):	
Was notice of intended Prosecution given? No ☐ Yes ☐ (If	The state of the s	
I have been approached by unknown person(s) soliciting/offering	accident claims assistance. No 🗆 Yes 🗀	
DETAILS OF OTHER VEHICLE PR	OPERTY 1 (Please fill Annex A if more vehicles involve	d)
Vehicle Registration Number: FBE 769 R	Vehicle Make/Model/Colour: Honda n	iotorcycle
Details Of Properties Damage in Accident:		
Vehicle Category:		
Name of Driver: CHNG+ YEOW KHOOM		
NRIC/Passport/FIN Number: 51286771 I	Contact Number: 9 489 5574	
Address: BLK 2618, SENGRANG EAST		al Code: 542261
Insurance Company Name:		
Nature Of Damage:	No. Of Passenger (Including Driver):	

Nature Of Damage:

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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 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)

l understand, acknow ledge, 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 yers/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
- (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' law yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Sketch Plan

								700		0.1	+100	exit
I	Was	wa	iting	at	+took	to	401	n	1014	04	INE	CKII
of	TPE	+0	sei	ngkan	9 €	ast	Rond.					exit
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_						W. S.						
								711 200				
-												

Declaration

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

Policyholder's Signature / Date & Time

15/3/18

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

1

Witnessed by Reporting Centre Personnel

CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 ANG MO KIO IND. PARK 2 #01-293 SINGAPORE 569535

TEL: 6481 4152 FAX: 6481 4157 e-mail: c2msvc@singnet.com.sg

Our Ref : 0578/03/2018

Page: 1

Date : 16/03/2018

M/S

: MSIG INSURANCE SINGAPORE PTE LTD

4 SHENTON WAY #21-01

SGX CENTRE 2 SINGAPORE 068807

Not Moharke Bushing Bupaing SH 3days

ACCIDENT REPAIR ON

: SKT 7400 Y -TOYOTA WISH

SS

CHASSIS NO DATE OF ACCIDENT

: 14/03/2018

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED : -

REPLACEMENT OF PARTS

TAILLAMP LEFT

2 TAILLAMP REFLECTOR LEFT

574.90 3 REAR BUMPER

4 BUMPER RETAINER LEFT

S\$ CRA 397.45 Scn 260.40 Buind 697.80 69.40 1,425.05 356.26

1,068.79

LABOUR CHARGES :

5 KNOCKING PUSH OUT REAR ACCIDENT PARTS STRIP / REFIT ABOVE ACCESSORIES

6 SPRAY PAINT ON REAR ACCIDENT AFFECTED AREAS

400.00 500.00 1,968.79



. To resurvey before/alter spray painting

LESS: 25%

- . To display damaged part(s) during resurvey.
- . Parts prices are subject to confirmation.
- . Third party survey is on a "Victiouf Prejudice" basis
- . No illegal modification(s) is allowed
- . Supplementary item(s) must be returneyed and

LKK Auto Consultants Pte Ltd (Co.Reg. No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park Singapore 408933

Email: sur@lkkauto.com;assignments@lkkauto.com Tel: 6256-3561 Fax: 6844-8805

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/MSG18004994/KTD3N2

Date:

08/05/2018

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore)

Pte. Ltd.

Claimant Vehicle No:

SKT7400Y

Insured Vehicle

No:

Policy No:

Date of Loss: 14/03/2018 MSD/VMT/17-374012-

CA

FBE769R

Nature of Claim: TP

No:

Claim

HIDDEN

54144 km

MSC/V/18-000398

JTDGG20W80J002583

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SKT7400Y

Make & Model:

TOYOTA WISH, 1.8 CVT (A) 22/06/2015 (Man. Year: 2015)

Reg. Date: Colour:

Metallic Pearl White

1798 cc

Engine Capacity: 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 Engine Modification:

Yes Footbrake (Serviceable): No Pre-accident Condition:

Engine No:

Odometer:

Chassis No:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

195/65R15

Yokohama 7 mm

Rear Tyre Size: Rear Left Side:

195/65R15

Front Left Side: Front Right Side:

Yokohama 7 mm

Rear Right Side:

Yokohama 7 mm Yokohama 7 mm

The above values represent the remaining tyre treads depth

Paintwork Labour Towing	0.00	0.00	0.00	
Labour	900.00	770.00	130.00	14.44
Miscellaneous Items	0.00	0.00	0.00	
COST OF CLAIMS Parts	Repairer's 1,068.79	Adjuster's 976.61	Difference 92.18	Diff % 8.62

INSPECTION

Date of Assignment:

16/03/2018

Date Inspected:

16/03/2018 Inspected At:

Cheong Cheong Motor Service Pte Ltd

Block 5032, Ang Mo Kio, Park 2, #01-

293

Singapore 569535

Estimated Period of Repair:

3.0 days

Adjuster: KENNETH KONG

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference
Part Source: MRM-SG Version: 1.0 (Last Synchronised: 08 May 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 SKT7400Y)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

numbers with the END OF ESTIMATES marker on the last estimate page

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*TAILLAMP LEFT	Cracked	397.45 FL	*397.45 FL
2	1		*TAILLAMP REFLECTOR LEFT	Scratched	260.40 FL	*260.40 FL
3	1		*REAR BUMPER	Buckled/Dented	697.80 FL	*574.90 FL
4	1		*BUMPER RETAINER LEFT	Distorted	69.40 FL	*69.40 FL
F=Fra	nchise	part. L=ListIte	mDisc.	-		
				Sub Total (S\$)	1,425.05	1,302.15
			- List Item Discount on L	. Items 25.00/25.00% (S\$)	356.26	325.54
				Total Parts (S\$)	1,068.79	976.61
			Report was unsubmitted	during this print-out.		

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	KNOCKING PUSH OUT REAR ACCIDENT PARTS STRIP/REFIT ABOVE ACCESSORIES	New	400.00	320.00
2	SPRAY PAINT ON REAR ACCIDENT AFFECTED AREAS	New	500.00	450.00
	Gross Labou	r Cost (S\$)	900.00	770.00
	Report was unsubmitted during	ng this print-out.		

< END OF ESTIMATES >