ASS. REC. BY: Mores REF: CC	3/ MS/Gy 1	12662008	lvd3 n2	
	ASSIGNMENT			
From: Date:	Veh No:	SKV 31	7 Fry Yr Regn:	6113
Estimated Cost:			an / Lorry / Taxi / Prim	
OD TEP WS / TP RES / OD RES / EVA / INV / MV		Trailer or (A)	an reony reach renn	e wover/
To Inspect Vehicle No: SKK 3 178	Make:	Citroen	DSY	c.c 15-60
at Workshop m/s	Colour	white		red / Std / NI / NA
of	Sp.Reading	,		red / Std / NI / NA
Insured: 52D 40561	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14541	6 Tricadio. Ilisu	red / Std / NI / NA
Policy No. A 287 82015 AVW	C/No:	1/17/	11 V9 VD.	201/5053/9
Claims No. 553069		ed LFair / Poor / I	V / / / / / / / 4	0/2022
Sum Insured: Excess:		er / Jammed / Lea		
(Client's Record)		er / Jammed / Lea		
Make of Veh:		/Rim / STD A/Ri		
	Tyre Size:	F:	-	
(Policy Condition)	7)/10 0/28.		228/4	+ 2 DI 0
Remark: The veh had commenced its N/S	O/S BS/DUN/EXA	NOVA I GY I ES I I	LIZA / MIC / OHTSU / F	1 Erel
repair at the time of inspection.	TOYO YORG		JIZA / MIC / OH I SO / F	TR / SUMI /
Bal. or Market Value:	Front	_	Poor	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal.	mm	Rear R/Bal.	6
GIA / PR Seen: Consistent? : Yes or No	L/Bal.	5 mm	L/Bal.	6 mm
Est. Repairs: 4 days Res.: Yes or No	D.O.A. / 7/	3/18	D.O.I. /	8/2/0
Lum Sum: 26 % 3 Val.: Yes or No	Survey held at	-1.0		1-5/10
CA / REV / REP. / 24 HRS 3/574	N 1 2 8	es: Frt / Rear / (DIS / N/S / U/C / Ro	onfton or
Vehicle: IN /			lear	ortop or
Date:Person Contacted:	The U/C / C	V	Body Structure affect	ed due to collision.
Date / Time Action / Instruction & 1 A ST	9820			
21/3/18 Email GIA to Catherine T	r. File.			
213 18 EMCII EIA TO CHAPPINE 1	hiq Eileen			
28/2/18 confirms M/C 51	4800 word	a A	Cur. (Red	QUALILY 61180
1(3)	(00 00		Joe, Gen	040441, 040
29/3/18 Send preli revised by r	merimen			
BEALIVER	0 2 4PR 2019			
KECEIVEL	0 - 11 - 1200			
Date/Time, File Pass to? : Preli. Report	Days Of Repair	r: 4		
1) : Final Report	Resurvey No. o	of Trip:	Survey Fee:	300
Date/Time, File Return to?		W Ballet III	Transportation:	10
2) 29/3 - typist Add	Fee: Site Insp	0 (\$)S + RS,SI	
	: Interview	v (\$) Photos	
Report Format: merimen	: Tech. In	vs (\$) Others	
Lump Sum / I.B.I: (\$ 4800 /2	: Weeken	nd (\$)	
			TOTAL	310



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 (SI	NGAPORE) PTE LTD	Ref : CC3/MSG1800	5225/Uvd3	
	RAFFLES QUAY -01 HONG LEONG	BLDG SINGAPORE 048581	Date: 21-03-2018 Code: MSG		
1.	211	Policy Particulars	:- THIRD PARTY CLA	M	
	Insured Veh.	SLD 4056A	Veh. Inspected	SKK 3178M	
	Policy No.		Coverage (\$)	0.00	
	Claim No.		Excess (\$)	0.00	
	Assign From		Assign Date	19/03/2018	
2.		Vehicle Parti	culars & Condition		
	Make & Model		c.c	0	
	Engine No.	HIDDEN	Year of Reg.		
	Chassis No.		Colour		
	Odometer		Steering		
	Brakes		Modification		
	General				
3.		Condit	ions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre			mm	
	L/H Front Tyre			mm	
	R/H Rear Tyre			mm	
	L/H Rear Tyre			mm	
4.		Descripti	on of Damages		
5.		Genera	I Information		
	Accident Date	17/03/2018	Inspection Date	19/03/2018	
	Survey held at	FASTECH AUTO PTE LTD	120		
		1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883			
5a.		R	lemarks		

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	19 Mar 2018		22 Mar 2018 14:12	1			Pending for Survey Report Cancel Case
			Edit Adj Rpt				Cancel Case
	Main	Refere	nce	Claim Details		Documents	Show All
CLAIM SI	JBFOLDER DET	AILS				[Created by in	nsurer]
Insured:		and provide particular transfer from the contract of	U, ID: S8670740		.,		240
Main Clain Vehicle Re		SKK3178M		eg. No.: 53363153V Date of Los		17/03/2018 12:	00 - :59
Claim Type		TP / 55306	103		Policy/Cover Note No.: A28782015AVW (Comprehens Coverage: 16/06/2017 - 15/0		(Comprehensive)
Vehicle Re	g. No. (Insured):	SLD4056A		Policy No. (Claimant):			
			Excess:		S\$500.00		
Repairer:							Bukit - Tel: 67465405
Handling I	nsurer:	- 6594 2545]	ince (Singapore)	Pte. Ltd. (HQ) -	Tel: +65 6827 788	8 [Handled by C	Catherine Thia Shi
Adjuster:		LKK Auto Co	ice due 23/03/	d (HQ) - Tel: 6256- 2018]	-3561 [Handled	by MARCUS CHU	A]
Driver/Cus	stodian (Insured)	HO JIAN YOU	(), NRIC: S8670	0740C			
ASSOCIA	TED MAIL REC	EIVED				View All	Compose Case Mail
There are	no mail for this c	ase.					
ALL ASS	OCIATED TASK	S⊟			View All Sear	ch Tasks Create	New Task Complete
			up Subject	Handler Assid	aned By Com	pleted On C	reated On Done

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

From: LKK Auto Consultants Pte Ltd MSIG Insurance (Singapore) Pte. Ltd. To: 51 Ubi Ave 1 #01-25 4 Shenton Way Paya Ubi Industrial Park #21-01 SGX Centre 2 Singapore 408933 Singapore 068807 29 Mar 2018 Date: Catherine Thia Shi Yi Attn: Preliminary Advice Insured Vehicle No : SLD4056A : 17/03/2018 TP Vehicle No : SKK3178M Accident Date : 22/03/2018 Make : CITROEN DS4 Assignment Date Date of Inspection : 19/03/2018 : 4.00 Est. Duration of Repair : FASTECH AUTO PTE LTD (HQ) Inspection At 1 KAKI BUKIT AVE 6, #01-46/48/50 AUTOBAY SINGAPORE 417883 Point of Impact / General Description of Damages The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident. :S\$ 13,204.41 Repairer's Estimate (Gross) :\$\$ 6,059.60 Revised Amount 0.00 Check Items (Estimated) :S\$ 0.00 Total :S\$:S\$ 4,800.00 Lump Sum Repair (EST) **Total Loss Consideration** :S\$ New for Old Value :S\$ Pre-Accident Value COE / PARF Rebate :S\$:S\$ Salvage Value :S\$ Margin for Repair Remarks The vehicle is economical/not economical for repair. (x) The above survey was conducted on a 'without prejudice' basis.

Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Wednesday, 21 March 2018 2:56 PM

To:

'Catherine Thia'; Eileen Ang

Cc:

SUR; KKLau; Accounts (LKKAuto); 'Christopher Chionh'

Subject:

DIRECT SURVEY INSPECTION ON WORKSHOP - FASTECH AUTO PTE LTD, DOA:

17/3/2018, SKK 3178M (TP VEHICLE), SLD 4056A (OI VEHICLE)

Attachments:

SKK 3178M (GIA).pdf

Dear Catherine/Eileen,

Please be informed that we had inspected the vehicle SKK 3178M at M/s: FASTECH AUTO PTE LTD, 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883 on 19/3/2018

Enclosed herewith a copy of TP's GIA report. The estimated cost of repair will forward to you shortly.

Meanwhile, kindly provide us the claim reference number for our necessary action.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

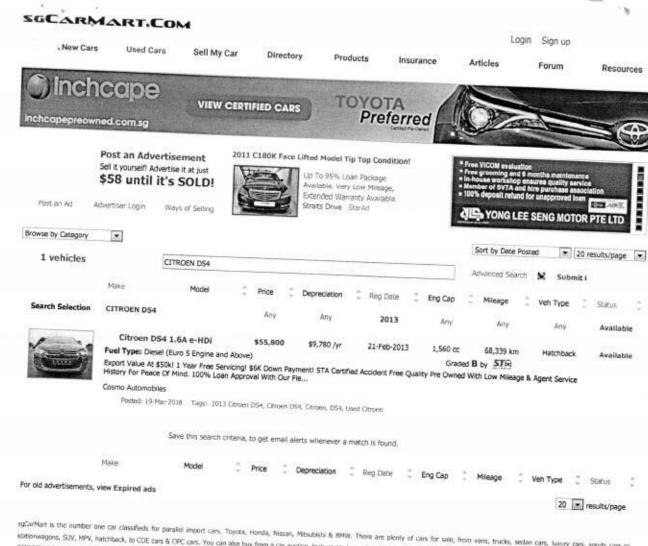
Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	3153W
Vehicle Details	
Vehicle No.:	SKK3178M
Vehicle to be Exported:	Yes
Intended De-registration Date:	19 Mar 2018
Vehicle Make:	CITROEN
Vehicle Model:	DS4 1.6I EHDI EGS
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	10JBFU3002661
Chassis No.:	VF7NX9HD8DY505319
Maximum Power Output:	84.0 kW (112 bhp)
Open Market Value:	\$29,516.00
Original Registration Date:	28 Jun 2013
First Registration Date:	28 Jun 2013
Transfer Count:	1
Actual ARF Paid:	\$18,323.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jun 2023
PARF Rebate Amount:	\$13,742.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jun 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$69,903.00
COE Rebate Amount:	\$36,854.00
Total Rebate Amount:	\$50,596.00

The information contained herein is correct as at 19 Mar 2018



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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 witholding 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	19/03/2018 14:43
Date Of Accident	17/03/2018 12:55
Exact Location Of Accident	ALONG AYE > MCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK3178M
Insured/Policyholder	
Name Of Registered Owner	HER168 UNIVERSAL
Co Reg No	53363153W
Email Address	NOEMAIL

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer CITROEN

Model DS4 1.6I EHDI EGS

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

OFFICE-90000000

Vehicle Category

PRIVATE HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5091277356

Cover Note Number

Driver

 Name of Driver
 ER KAY HENG

 NRIC No
 \$1801977I

 Date Of Birth
 26/04/1967

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/12/1990

Driving Experience 27 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90481028

Fax Number

Contact Number

EMail Address HER168@GMAIL.COM

Address

BLK 643 #02-59 CHOA CHU KANG STREET 64

Postcode

680643

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - SOLE-PROPIETOR

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

4

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

YES

Was any other material or property damaged?

110

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: ER TANG WANG NICHOLAS

GENDER:

: MALE

Passenger 2

NAME:

: ER TENG SHENG ELGIN

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 BELOW STATEMENT/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

SLD4056A

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Page 2 of 14

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLC312S

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJG1487S

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)

Accident 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
- 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)
 - (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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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.

Policyhglder's Signature

Date & Time HER 168 UNIVERSAL

UEN 53363153W

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT(VAC)

Reporting Centre Personnel's Signature

NRIC/FIN No.: Fax: 67492305

Email: vackb@singnet.com.se

Accident Sketch Plan Pg. 1

KETCH PLAN	
A CB CL CP	A-SKF3178N B-SLD4056 C-SLC3125 D-S361487
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
in 17/3/18 at 12:55 her. I was all	ing my vehicle (A)
along ASE towards MCE. In frunt of I Sellow suit. Suddinly vehicle (B)	the vehicle stop
portion. There were H cars involved	l in as audent.
ECLARATION We declare the foregoing particulars are true in every respect.	IDAC KAKI BUKIT (VAC) 23 KAKI BUKIT AVE 4
officyholder's Signature SAL Driver's Signature (#-driver is not the policyholder) UEN 53363153W Date & Time:	Reporting Centre Personnel's Signature Name: Fax: 67492305 NRIC/FIN No.: vac. b/acsingnet.com.sg

Date of Accident	: 17/3/17 Accident Time: 1.2.55 (24-HR-Format)
Accident Place	: Along AYE toward MCE
Vehicle. No. (Car Plate No.)	: SKK-3178M Make/Model: Citroen DS4
Insurace Company	: NTUC Policy No: 5091277 356
Owner or Company Name /IC No.	: Her 168 universal/53363157W
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Er Kay Herry / 51801977 I
DRIVER'S Date Of Birth	: 26/4/1967 DRIVER'S License Pass Date 13/12/1990
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: B1K643 Chua chu Knng St64#02-59
DRIVER'S Contact No./ Alt No.	:1) 9048 1028 2) S 68064s
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: her 168@gmail.com
Weather & Road Surface	: CLEAR & DRY \RAINING & WET \AFTER RAIN & WET
	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dri	
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accidents Policy
Other Pa	rty Driver's Particular (if any)
Vehicle. No: SLD4056A	(MSIG) Vehicle. No: 5 L C 3 12 S
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IG No. Driver/Contact:
* NEW - Passenger's name & g	5.76.14875
and the state of t	t toke 0 with first co
Er Teng Wang Nichola Er Teng Sheng Elgi	n-male.

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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:

HER168 UNIVERSAL UEN 53363153W Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN				
			A-SKK	3178M
			B-3LI	40861
		A		23125
		X		
		8	D- 53	G1481
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	برلالات.	111111		
on 17/3/18 at 12:55 hr.	d was	diving	my vehicl	e (A)
			59	
along AME towards MCE. In	1 thing	9 11	e vehicle	stop
& Sellow suit, suddenly	Velorio	(R) hit	120 10.	
			_	
portion. Whene were H c	ers invo	lued in	as all	dent.
/A				
ECLARATION We declare the foregoing particulars are true in every respec				
>				
HER168				

Policyholder's SenatureRSAL Date & Time: UEN 53363153W

Driver's Signature (4f-driver is not the policyholder)

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

Date & Time:

FASTECH AUTO PTE LTD

1 KAKI BUKIT AUENUE 6 #01-46/48/50,AUTOBAY, SINGAPORE 417883

VEHCILE NO:SKK 3178M

LKK Auto Consultants hence notify the Reparer of the following:

- To resulves betweenter spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" base
- No illegal modification(s) is allowed.
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Compa

Acknowledged by Repairer

Signature:

Date:

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	TO CHECK WIRING TO DISMENTLE & REFIX PARKING SENSOR TO DISMENTLE & REFIX SEAT REAR WINDSCREEN TO DISMENTLE & REFIX SEAT, CUSHION UPHOLSTERY TO DISMENTLE & REFIX TAILGATE MECHANISM		\$50.00 30 \$80.00 50 \$150.00 120 \$120.00 60 \$120.00 60

TO DISMENTLE & REFIX TAILGATE MECHANISM \$100.00 🗶 TO DISMENTLE & REFIX REAR EXHAUST TP SPRAY RUST PROOFING \$980.00 LVO \$1,500.00 600 LABOUR FOR PANEL BEATING & REPACING PARTS TO PUTTY & SPRAY PAINTING

\$13,204.41 7.79L

\$100.00 30

6018.6

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:

CC3/MSG18005225/UVD3N2

Date:

04/04/2018

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

A28782015AVW

Claimant

SKK3178M

Insured Vehicle No: SLD4056A

Vehicle No: Date of Loss:

17/03/2018

Nature of Claim:

TP

Claim No: 553069

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SKK3178M

Make & Model:

CITROEN DS4, 1.6 (A)

Engine No: Chassis No: Odometer:

10JBFU3002661

145546 km

VF7NX9HD8DY505319

Reg. Date:

28/06/2013 (Man. Year: 2013)

White

Engine Capacity:

1560 cc

Market Value/New Car

Colour:

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:

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

225/45ZR18

Rear Tyre Size:

225/45ZR18

Front Left Side:

Yokohama 6 mm Yokohama 6 mm Rear Left Side: Rear Right Side: Yokohama 6 mm Yokohama 6 mm

Front Right Side: The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	10,004.41	4,609.60	5,394.81	53.92
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,200.00	1,450.00	1,750.00	54.69
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	13,204.41	6,059.60	7,144.81	54.11
Approved Total (Overridden) (S\$)		4,800.00	500	
(S\$)	13,204.41	4,800.00	8,404.41	63.65
+ GST 7.00/7.00% (S\$)	924.31	336.00	588.31	63.65
Nett Amount (S\$)	14,128,72	5,136.00	8,992.72	63.65

INSPECTION

Date of Assignment:

22/03/2018

Date Inspected:

19/03/2018 Inspected At:

Fastech Auto Pte Ltd (HQ)

1 Kaki Bukit Ave 6, #01-46/48/50

Autobay

Singapore 417883

Estimated Period of Repair:

4.0 days

Adjuster: MARCUS CHUA

Manager: VERON CHEN

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

Version: 1.0 (Last Synchronised: 04 Apr 2018) Part Source: MRM-SG

CITROEN DS4 1.6 (A) (Catalogue:Merimen Singapore 1.0) 143 Parts:

(Price-denominated Standard List) Labour: Repairer's

Print Code: (Unsubmitted, no print-code for SKK3178M)

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

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

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*TAILGATE	Dented/Buckled		*1,276.00 FL
2	1		*TAILGATE CITROEN EMBLEM	Necessary	66.80 F	*60.00 FL
3	1		*TAILGATE DS EMBLEM	Necessary	65.00 F	*62.00 FL
4	1		*TAILGATE C&C LOGO	Necessary	45.00 F	*45.00 FL
5	1		*TAILGATE INNER LOCK	Twisted	269.00 F	*145.00 FL
6	2		*TAILGATE REFLECTORS	Not Necessary	840.00 F	*-FL
7	1		*TAILGATE WEATHERSTRIP	Twisted	311.00 F	*178.00 FL
8	1		*REAR WINDSCREEN MOULDING	Necessary	115.00 F	*85.00 FL
9	1		*REAR BUMPER	Dented/Deformed	1,415.00 F	*826.00 FL
10	1		*REAR BUMPER LOWER GARNISH	Warped/Torn	698.30 F	*531.00 FL
11	1		*REAR BUMPER LOWER CHROME	Cracked	488.01 F	*466.00 FL
12	2		*REAR BUMPER REFLECTORS	Not Necessary	124.00 F	*-FL
13	2		*REAR BUMPER SIDE HOLDERS	Necessary	130.00 F	*130.00 FL
14	1		*SET REAR BUMPER CLIPS	Necessary	50.00 F	*50.00 FL
15	1		*REAR BUMPER REINFORCEMENT	Bent	682.00 F	*595.00 FL
16	1		*REAR BUMPER CENTRE TOP RETAINER	Cracked	225.00 F	*205.00 FL
17	1		*REAR BUMPER CENTRE TOP RETAINER RIVETS	Necessary	30.00 F	*30.00 FL
18	1		*REAR BUMPER PARKING SENSORS 4 Pcs	Shorted (2 Pcs only)	820.00 F	*360.00 FL
19	2		*TAILLAMPS	Not Necessary	900.00 F	*-FL
20	1		*REAR END PANEL	Repair	652.00 F	*-FL
21	1		*REAR END PANEL TOP GARNISH	Not Necessary	233.00 F	*- FL
22	1		*REAR WINDSCREEN SEALANT	Necessary	50.00 FS	*40.00 FS
23	1		*REAR WINDSCREEN INNER SEAL	Necessary	50.00 FS	*30.00 FS
24	1		*REAR LICENCE PLATE W/HOLDER	Not Necessary	50.00 FS	*-FS
25 F=Fr	1 anchise	part. S=S	*REAR END PANEL SEALANT spcNett. L=ListItemDisc.	Not Necessary	50.00 FS	*-FS
Sub Total (S\$ - List Item Discount on L Items 0.00/10.00% (S\$					5,114.00 504.40	
				Total Parts (S\$)	10,004.41	4,609.60

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

lo	Particulars	Lab.Type	Repairer's	Amount
abou	ur Items			
	TO CHECK WIRING	New	50.00	30.00
2	TO DISMENTLE & REFIX PARKING SENSOR	New	80.00	50.00
3	TO DISMENTLE & REFIX SEAT REAR WINDSCREEN	New	150.00	120.00
	TO DISMENTLE & REFIX SEAT, CUSHION UPHOLSTERY	New	120.00	60.00
,	TO DISMENTLE & REFIX TAILGATE MECHANISM	New	120.00	60.00
3	TO DISMENTLE & REFIX REAR EXHAUST	New	100.00	-
,	TO SPRAY RUST PROOFING	New	100.00	30.00
3	LABOUR FOR PANEL BEATING & REPLACING PARTS	New	980.00	500.00
,	TO PUTTY & SPRAY PAINTING	New	1,500.00	600.00
	Gross Labou	ır Cost (S\$)	3,200.00	1,450.00

< END OF ESTIMATES >