Munnen From (Person Estimated Co	Christina Wong of		Date/Time: _	3/4/18/89-13am
	s/TP RES / OD RES / EVA / INV / MY / O chicle No: SkZ 531 S		Insured: FBG	9857A
at Workshop	No.5 Ubi close	S P	Tel: 9127	7928
Policy No:_	1SD VMT 18-376686-CA	Claim No:	MSC V 18-	000463
Sum Insured		Excess:		
Make of Veh (Client's Recor CA / REV	/ REP. / REV 24 HRS 'wp'	0	5/1/18 @ 1PM H.O.D. Endo	
- Date/Time:	25am 3/4/18 Person Contacted:	Ponalo	Vehicle IN	5ut)
Date/Time	Action/Instruction (Estimate SKZ 5318 - NA MSG 1878	7		D .o A: 20/3/18
	FBG 9857A - NA IMSG 18			D.O.A. 22/3/18
	Submit preli Report	L		

REF: MSIG		
Sweener XIX.	GNMENT	
From Date 5/4/18 Estimated Cost.	Ven No. SKZ 53/5 Type: MCar / M.Gycle / Bus / Van / Lorry /	Yr Regn: 14 Dec 2015 Taxi / Prime Mover /
on (TP) WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: SKZ 53 / S at Workshop m/s Trans Euro Kars of No 5 Ubi close Insured: Policy No.	Spiritary (979)	C Insured / Std / NI / NA Radio: Insured / Std / NI / NA A 86 0 3 2 86 43
Sum Insured: Excess: -(Client's Record) Make of Veh: Apr Source waiting Rorald	Steering: Inorder / Jammed / Leaked / Bur Brake: Inorder / Jammed / Leaked / Bur Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 205/	
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: 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 / Time Action / Instruction Date / Time Action / Instruction	R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC TOYO / YOKO or Front R/Bal.	Rear R/Bal. 6 mm L/Bal. 6 mm D.O.I. 05-04-18 D.O.I. 05-04-18 D.O.I. 05-04-18
RECEIVED 1 1 SEP 2018 Date/Time File Pass to? Prelli, Report	Days Of Repair: 3	
Date/Time File Pass to? Preli. Report Date/Time File Return to? Add Fe	Resurvey No. of Trip: e: Site Insp (\$	Survey Fee: Transportation 150 1
Report Format: TP-PRI Lump Sum / I.B.I; (S	Tech fovs (\$ Weskend (\$) MOthers
		[h]



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

	AND INTERPORTED AND ASSESSED.	Affiliated to Federation Internatio	nale Des Experts En Auto	mobile
MSI	G INSURANCE (S	INGAPORE) PTE LTD	Ref : CS/MSG1800	06042/Gtd3
	RAFFLES QUAY -01 HONG LEONG	BLDG SINGAPORE 048581	Date: 03-04-2018 Code: MSG	
1.		Policy Particulars	:- THIRD PARTY CLA	AIM
	Insured Veh.	FBG 9857A	Veh. Inspected	SKZ 531S
	Policy No.	MSD/VMT/18-376686-CA	Coverage (\$)	0.00
	Claim No.	MSC/V/18-000463	Excess (\$)	0.00
	Assign From	MERIMEN (CHRISTINA WONG)	Assign Date	03/04/2018
2.		Vehicle Partic	culars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	ā.	Steering	
	Brakes		Modification	
	General			
3.		Condition	ons 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.		Description	on of Damages	
5.		General	Information	and the state of t
0.41	Accident Date	22/03/2018	Inspection Date	
	Survey held at	TRANS EUROKARS PTE LTD	spootion bate	
		NO 5 UBI CLOSE SINGAPORE 408605		
5a.		Re	emarks	
	A)THE INSPECTION	ON WAS CONDUCTED ON A"WITH CE TO YOUR INSTRUCTIONS, WI	HOUT PREJUDICE" BA	SIS. SED REPAIRS.

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

Case 1	lotified	Est Submitted	Adj Assigned	Adj Rpt	Adj	Submitted	In	s Auth'ed	Status		
	3 Mar 2018		03 Apr 2018 09:13 Assign						New As	signmen Case	t
М	ain	Re	ference		Claim Detai	ls	10000	Document	ts	s	how All
CLAIM SUB	FOLDER DE	TAILS	ALCOHOLOGY DES			[Creat	ted b	y insurer]			
Insured:	монамм	AD SOFIAN BIN	SAHLAN, ID:	S9331247C	, Tel: +659	6544930, E	Email	: NOEMAIL			
Main Claimant:	ZHU, YUA	N, ID: S857943	вов				vol-incide ricentos				
Vehicle Reg. No.:	SKZ531	s			Date of L	oss: 22/03/ [27 Mc	2018 onths	19:00 - :59 and 8 Days Fro	om LTA Re	g Date (Ma	an Yr)]
Claim Type:	TP / MS	C/V/18-000463			Policy/Co Note No.:			8-376686-CA (30/01/2018 - 29			
Vehicle Reg. No. (Insured):	FBG9857	A			Policy No (Claimani	50/52					
					Excess:						
Repairer:		rokars Pte Ltd ()							n rame at la	San Maria	
Handling Insurer:		urance (Singapo							ng - 6643	1311]	
Adjuster:	LKK Auto	Consultants Pto	Ltd (HQ) - Tel	6256-3561	1 [Imm./	Advice du	e 04	/04/2018]			
Driver/Custo dian (Insured):	монамм	AD SOFIAN BIN SA	AHLAN (24 / Male	e), NRIC:	S9331247C,	Tel: +659	6544	930			
Adj Asg. Remarks:	Pls survey	on Thurs 05 April	@4PM, owner w	vaiting.							
ASSOCIAT	ED MAIL RE	CEIVED							View All	Compose	Case Mail
There are n	mail for this	case.									
ALL ASSO	CIATED TAS	sks⊟				View	All	Search Tasks	Create N	lew Task	Complete
Due Date No results.	Priority	Type Task	Group Sub	oject Ha	ndler As	signed By		Completed O	n Cre	ated On	Done

Hasrianah Binte Hassan

From:

Ho Pei Fang

Sent:

Monday, 2 April, 2018 4:02 PM

To:

Hasrianah Binte Hassan

Subject:

FW: ARRANGE FOR SURVEY-TP / YOUR REF: FGB9857A / OUR REF: SKZ531S

Attachments:

2003 180331090843_001.pdf

Best Regards,

Ho Pei Fang

Administrative Officer, Claims Services (In-House Survey) Direct line +65 6643 1346 | Direct fax +65 6225 7402 | peifang_ho@sg.msig-asia.com





Insurer Claims Team of the Year

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220

9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg





A Member of MS&AD INSURANCE GROUP

From: ronald.yap@eurokars.com.sg [mailto:ronald.yap@eurokars.com.sg]

Sent: Saturday, 31 March, 2018 9:06 AM

To: Pauline Soh <pauline_soh@sg.msig-asia.com>; Ho Pei Fang <PeiFang_Ho@sg.msig-asia.com> Cc: eric.pau@eurokars.com.sg; jess.francis@eurokars.com.sg; catherinechua@eurokars.com.sg;

vion.lim@eurokars.com.sg

Subject: ARRANGE FOR SURVEY-TP / YOUR REF: FGB9857A / OUR REF: SKZ531S

Dear Pauline / Pei fang,

Please arrange on 04 APRIL @ 4PM, owner waiting.

Kindly confirm.

Thank You.

Ronald Yap Insurance Claims

Trans Eurokars Pte Ltd

5 Ubi Close, Singapore 408605 T: 6395 8899 D: 6395 7875 H: 9127 7928 F:6746 0660 ronald.vap@eurokars.com.sg

This email, including any attachment, is intended for the sole use of the recipient(s) named above and may contain information that is confidential and/or proprietary to the Eurokars Group. If you have received it in error, please notify us immediately by reply email and then delete this message from your system. Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.

From: mazdacanon@mazda.com.sg [mailto:transeurokars@eurokars.com.sg]

Sent: Saturday, March 31, 2018 09:09

To: Ronald Yap < ronald.yap@eurokars.com.sg>

Subject: Attached Image

CONFIDENTIALITY NOTICE

This e-mail (including any attachments) may contain information that is privileged or confidential. The sending of this e-mail to any person other than the intended recipient is not a waiver of the privilege or confidentiality that attaches to it. If you are not the intended recipient, please notify the sender immediately, delete the email and do not copy, distribute or disclose its contents.

Denise Tay (LKKAuto)

From:

ronald.yap@eurokars.com.sg

Sent:

Tuesday, 11 September 2018 11:02 AM

To:

Denise Tay (LKKAuto)

Subject:

RE: SKZ 531S / TP / MSIG / DOA: 22/3/2018

Hi Denise,

I just checked with the owner now, he is not pursuing the claims already.

No repair has been done.

FYA.

Thank You,

Ronald Yap Insurance Claims

Trans Eurokars Pte Ltd

5 Ubi Close, Singapore 408605
T: 6395 8899 H: 9127 7928
ronald.yap@eurokars.com.sg

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From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]

Sent: 11 September 2018 10:50

To: Ronald Yap <ronald.yap@eurokars.com.sg> Subject: SKZ 531S / TP / MSIG / DOA: 22/3/2018

Dear Ronald,

Can check for me if this vehicle has sent in for repair? If yes, any finalization?

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 ladgement 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.	
and the same of the same of the same of	ACCIDENT STATEMENT
Date Of Report	23/03/2018 10:27
Date Of Accident	22/03/2018 19:15
Exact Location Of Accident	KPE INTO BUANGKOK EAST DRIVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ531S
Insured/Policyholder	
Name Of Registered Owner	ZHU YUAN
NRIC No	S8579430B
Email Address	ZHUYUAN6174@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-85189997
Alternative Phone No	OTHERS-85189997
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00425112
Cover Note Number	
Driver	
Name of Driver	ZHU YUAN
NRIC No	S8579430B
Date Of Birth	04/03/1985
Occupation	INDOOR
Date Of Driving Pass	16/04/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85189997
Fac Number	

OTHERS-85189997

ZHUYUAN6174@HOTMAIL.COM

Address

84 EDGEDALE PLAINS

#12-10

Postcode

828737

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER SKETCH PLAN & STATEMENT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FGB9857A

Vehicle Make/Model/Colour

YAMAHA FZ16

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

S9331247C

Contact Number

96544930

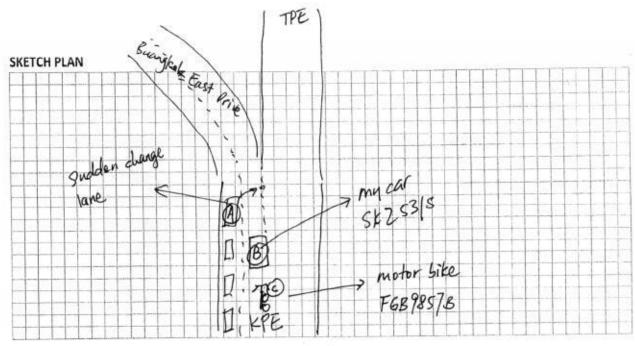
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SESCRIBE CIRCUMSTANCES OF THE PRODUCT
At 7.15 pm, B my car (B) was existing kPE to Brungkok Road. A black carlo Suddenly change to my lane. my car (B) braked. bike (C) Lit my back.
A black carl Buddenly change to my lane. my our B braked.
hike (C) bit my back
office of the state of the stat

DECLARATION

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

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.:

GIARMC SketchPlanForm_V3

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 5. 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: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	9430B
Venicle Details	的现在分词 1995年
Vehicle No.:	SKZ531S
Vehicle to be Exported:	No
Intended De-registration Date:	05 Apr 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	P520337574
Chassis No.:	JM6BM42A8G0328643
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$15,104.00
Original Registration Date:	14 Dec 2015
First Registration Date:	14 Dec 2015
Transfer Count:	0
Actual ARF Paid:	\$10,104.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Dec 2025
PARF Rebate Amount:	\$7,578.00
Intended COE Rebate Details	
COE Expiry Date:	13 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,989.00
COE Rebate Amount:	\$43,814.00
Total Rebate Amount:	\$51,392.00

The information contained herein is correct as at 05 Apr 2018

ОК



TRANS EUROKARS PTE LTD NO:5 UBI CLOSE, SINGAPORE 408605 ESTIMATE COST OF REPAIRS



14767 WIP: Mr Zhu Yuan NAME: MSIG INSURANCE SINGAPORE P/L EXCESS: Blk 313B Anchorvale Road ADDRESS: 4 SHENTON WAY #21-01 23-Mar-18 DATE: #09-112 SGX CENTRE 2 Singapore 542313 SINGAPORE 068807 85189997Alex TEL: MOTOR CLAIMS ATTN.: FAX: RONALD 9127 7928 CONTACT PERSON: **SKZ531S** DATE IN: VEH NO: THIR PARTY CLAIM TYPE OF CLAIM: MILEAGE: JM6BM42A8G0328643 CHASSIS NO: 14-Dec-15 POLICY NO. : DATE REG.: MAZDA3 1.5L SDN MODEL: NATURE OF WORKS Parts Description **PRICES** REVISED QTY NO \$ 1.074.80 MBHN1-50-221ABB 1 REAR BUMPER 1 S 10.00 MBHN1-50-0Z1A 4 1-C 2 GROMMETS S 5.10 MKD53-50-251 1 BRACKET CENTRE 3 \$ 36.10 1 MBHN1-50-2H1A RETAINER RHR 4 \$ 36.10 MBHN1-50-2J1A 1 RETAINER LHR 5 S 16.20 1 MBHN1-50-EK1 BB COVER.TOWING RH 6 15.70 \$ MBHN1-50-EL1 BB 1 COVER, TOWING LH 7 \$ 50.40 1 MD350-51-5M0E REFLECTOR LHR 8 NA \$ 50.40 MD350-51-5L0E 1 REFLECTOR RHR 9 45.60 S 1 MBHN9-51-077B BRACKET REAR BUMPER LH 10 \$ 45.60 1 MBHN9-51-067B BRACKET REAR BUMPER RH 11 \$ 537.30 MB45A-50-260 1 REINFORMENT REAR 12 S 11.20 4 MB45A-56-146A **FASTENERS** 13 \$ 5.60 2 MUH71-68-615 14 CLIPS MSC \$ 3.20 M9989-10-600 1 CLIP 15 S 1.40 M9986-50-516B 1 GROMMET / 16 \$ 2.80 1 M9991-00-501 GROMMET 17 71.10 \$ MBHN1-50-340B 1 SHIELD SHIELD RH 18 79.20 S 1 MBHN1-50-350B SHIELD SHIELD LH 19 \$ 14.00 MC274-50-133 4 CLIPS 20 \$ 16.80 M6(-4 MBBM4-50-355 RIVETS 21 S 2,128.60 TOTAL PARTS \$ 212.86 **LESS 10%** S 1,915.74 TOTAL PARTS COST Labour Description

			GRAND TOTAL	\$		\$	
			GST 7%	\$		\$	
			TOTAL AFTER EXCESS	\$			
			LESS EXCESS	\$		\$	
			TOTAL	\$		\$	5,855.7
			TOTAL PARTS	\$		\$	1,915.7
_			TOTAL LABOUR	\$		\$	3,940.0
7	MZ-BR-SUNDRI	SUNDRIES.	20.	N	ETT	s	100.00
6	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		10.0	180	s	350.00
5	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		1	50	\$	250.00
4	MZ-BR-REVSEN	TO TRANSFER REVERSE SENSORS.			30	s	660.00
2	MZ-SP-SREAR1	TO RESPRAY REAR BUMPER.			30	S	1,260.00
1	MZ-BR-REAR01	TO REPLACE REAR BUMPER. REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.		6	60	\$	1,320.00

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT, TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400 WILL BE APPLIED ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

TRANS EUROKARS PTE LTD

Authorised Signature

3 Rays.

before part photos.

Guo Giap.

05/4/18.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- · Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer Signature:

Date:

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:

CS/MSG18006042/GTD3N2

Date:

11/09/2018

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore)

Pte. Ltd.

Policy No:

MSD/VMT/18-376686-

Claimant

SKZ531S

Insured Vehicle No:

FBG9857A

CA

Vehicle No: Date of Loss:

22/03/2018

Nature of Claim: TP

Claim No:

MSC/V/18-000463

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SKZ531S

Make & Model:

MAZDA 3, 1.5 4 DOOR SEDAN SP (A) 14/12/2015 (Man. Year: 2015)

Engine No:

P520337574

44449 km

Reg. Date:

Chassis No: Odometer:

JM6BM42A8G0328643

Colour: **Engine Capacity:** Silver 1496 cc

Market Value/New Car

N/A

Price:

Market Value/New Car Price Sum Insured (S\$):

Yes

CONDITION OF VEHICLE AT THE TIME OF SURVEY General Condition:

Steering (Serviceable): Yes Engine Modification:

Yes Footbrake (Serviceable): **Pre-accident Condition:**

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

205/60R16

Rear Tyre Size: Rear Left Side:

205/60R16

Front Left Side:

Michelin 6 mm

Rear Right Side:

Michelin 6 mm

Front Right Side:

Michelin 6 mm

Michelin 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts	Repairer's 2,015.74 0.00	Adjuster's 1,060.40 0.00	Difference 955.34 0.00	Diff % 47.39
Miscellaneous Items Labour Paintwork Labour	3,840.00 0.00	1,950.00 0.00	1,890.00 0.00	49.22
Towing	0.00	0.00	0.00	
Gross Total (S\$) + GST 7.00/7.00% (S\$)	5,855.74 409.90	3,010.40 210.73	2,845.34 199.17	48.59 48.59
Nett Amount (S\$)	6,265.64	3,221.13	3,044.51	48.59

INSPECTION

Date of Assignment:

Date Inspected:

03/04/2018

05/04/2018 Inspected At:

Trans Eurokars Pte Ltd

NO. 5 UBI CLOSE, SINGAPORE

Singapore 408605

Estimated Period of Repair:

3.0 days

Adjuster: XING GUO QIANG

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 COST NOT CONCLUDE)
(EXCLUDE CHECK ITEMS \$\$529.20 NETT)

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 11 Sep 2018)

Parts:

143

MAZDA 3 1.5 4 DOOR SEDAN SP (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SKZ531S)

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 *.

10.	Qty P		d Parts Particulars	Condition	Repairer's	Amount
	45		*REAR BUMPER	Cut	1,074.80 FL	*1,074.80 FL
	1		*GROMMETS	Necessary	10.00 FL	*10.00 FL
2	4		*BRACKET CENTRE	*Check	5.10 FL	*-FL
3	1		*RETAINER RHR	Not Necessary	36.10 FL	*-FL
1	1		*RETAINER LHR	Not Necessary	36.10 FL	*-FL
5	1		*COVER,TOWING RH	Cut	16.20 FL	*16.20 FL
3	1			Not Necessary	15.70 FL	*-FL
7	1		*COVER,TOWING LH *REFLECTOR LHR	Not Necessary	50.40 FL	*-FL
3	1		*REFLECTOR RHR	Not Necessary	50.40 FL	*- FL
9	1		*BRACKET REAR BUMPER LH	Not Necessary	45.60 FL	*-FL
10	1		*BRACKET REAR BUMPER RH	*Check	45.60 FL	*- FL
11	1		*REINFORCEMENT REAR	*Check	537.30 FL	*-FL
12	1		*FASTENERS	Necessary	11.20 FL	*11.20 FL
13	4		*CLIPS	Necessary	5.60 FL	*5.60 FL
14	2		*CLIP	Necessary	3.20 FL	*3.20 FL
15	1		*GROMMET	Necessary	1.40 FL	*1.40 FL
16	1			Necessary	2.80 FL	*2.80 FL
17	1		*GROMMET *SHIELD SHIELD RH	Not Necessary	71.10 FL	*- FL
18	1		*SHIELD SHIELD LH	Not Necessary	79.20 FL	*- FL
19	1			Necessary	14.00 FL	*14.00 FL
20	4		*CLIPS	Necessary	16.80 FL	*16.80 FL
21	4		*RIVETS *SUNDRIES	Necessary	100.00 FS	*20.00 F
22	1	- C-Cook		-		
F=F	anchise pi	ап. 5=5рсг	Nett. L=ListItemDisc List Item Discount on L	Sub Total (S\$)	2,228.60 212.86	1,176.00 115.60
			- List item Discount on L	Total Parts (S\$)	2,015.74	1,060.40

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labo	our Items			000.00
1	TO REPLACE REAR BUMPER.REPAIR ALL AREAS AFFECTED BY THE ACCIDENT	New	1,320.00	660.00
2	TO RESPRAY REAR BUMPER	New	1,260.00	630.00
3	TO TRANSFER REVERSE SENSOR	New	660.00	330.00
4	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING	New	250.00	150.00
5	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS	New	350.00	180.00
	Gross Labo	our Cost (S\$)	3,840.00	1,950.00
	Report was unsubmitted du	ring this print-out.		

< END OF ESTIMATES >