

ASS. REC. BY:

REF: CS3/MSG18006282 / G24d3e2

Special Instruction:

Survivor:

Meimen

From (Person):

Gino Chung

ASSIGNMENT (Office)

Jasmine Lok

of

M&LG

Date/Time:

5/4/18 @ 1:47pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YN 2047H

Insured:

YM 9924K

at Workshop m/s

Eng Shing Mechanical

Tel:

64537380

of

160 Sin Ming Drive # 06-21

Policy No:

A28671709MKC

Claim No:

553353

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

20/03/2018

CA / REV / REP. / REV 24 HRS

1up

H.O.D. Endorsement:

Date/Time:

2:01pm @ 5/4/18

Person Contacted:

Vehicle ☒ IN ☐ OUT

| Date/Time | Action/Instruction (x) Estimate |
|-----------|------------------------------------|
| | YN 2047H - CS/FCI 15020302 / Krbu2 |
| | YM 9924K - x |
| | After repair 11/5/2018 |
| | |
| | |
| | |

DOA: 2/01/2015

CHURCH STREET

OCBC Securities MSCP Level 4

| | | | | | |
|---|--|------------------|--|------------------|--|
| Weather: | | Road Surface: | | Road Speed Limit | |
| Clear | | Dry | | | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: | |
| Two Way | | Not Controlled | | No Traffic | |
| Type of Collision: | | | | | |
| Moving Vehicle Against - Parked Vehicle | | | | | |
| Anyone conveyed by ambulance: | | | | | |
| No | | | | | |

| Details of Vehicle Involved | | | | | |
|-----------------------------|------|------|-------|-------|------------------|
| Vehicle No. | Type | Make | Model | Color | Condition |
| SCN809U | Car | BMW | 520i | White | Slightly Damaged |
| | | | | | No of Passenger |
| | | | | | 0 |

| Details of Person Involved | |
|--------------------------------|-----|
| Any Pedestrian Involved: | No |
| No. of Pedestrians Injured: | NIL |
| Use of Pedestrian Crossing: NA | |

PKS
Xhl

REF:

C 3875H

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
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: 4 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: YN2047H Yr Regn: 17 Dec 2010
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or 0411
Make: Mit FE83BEA2 c.c. 2977
Colour: white A/C: Insured / Std / NI / NA
Sp. Reading: 374949 T/Radio: Insured / Std / NI / NA
Eng/No: _____

C/No: FE83BEA 20411
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 700 R16 X10 Kenda
R: 185 R14 X8 Falken.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front Rear
R/Bal. 5 mm R/Bal. 5/5 mm
L/Bal. 5 mm L/Bal. 5/5 mm
D.O.A. _____ D.O.I. 07-05-18
Survey held at W/S 5:30pm

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

N/S rear.

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

| Date / Time | Action / Instruction |
|-------------|-------------------------|
| | Range \$2,800 → \$3,300 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Photos _____

Others _____

Report Format : _____

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


TOTAL

120

10

130



| | | | |
|--|------------------|---|------------|
| FIRST CAPITAL INSURANCE LTD Ref : CS3/FCI18001592/M1d3 36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877 Date : 26-01-2018 Code : FC12  | | | |
| 1. Policy Particulars :- (THIRD PARTY CLAIM) | | | |
| Insured Veh. | SHA 530L | Veh. Inspected | SLL 8610G |
| Policy No. | D18000757MFSH | Coverage (\$) | 0.00 |
| Claim No. | D18000757MFSH | Excess (\$) | 0.00 |
| Assign From | CWS (LURENE JAW) | Assign Date | 26/01/2018 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | c.c | Year of Reg. | 0 |
| Engine No. | HIDDEN | Chassis No. | |
| Odometer | - | Steering | |
| Brakes | | Modification | |
| General | | | |
| 3. Conditions 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 of Damages | | | |
| 5. General Information | | | |
| Accident Date | 24/01/2018 | Inspection Date | 26/01/2018 |
| Survey held at | | C. S. ONG AUTO PTE LTD | |
| | | BLOCK 10 ANG MO KIO IND PK 2A #04-01/#03-11 | |
| | | AMK AUTOPOINT | |
| | | SINGAPORE 568047 | |
| 5a. Remarks | | | |
| 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. | | | |

Affiliated to Federation Internationale Des Experts En Automobile

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

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'd | Status |
|------|-------------|---------------|--|---------|---------------|------------|---|
| Main | 21 Mar 2018 | | 05 Apr 2018 13:47 Edit Adj Rpt | | | | Pending for Survey Report Cancel Case |

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

| | | | |
|-----------------------------|--|------------------------|---|
| Insured: | SUN EVER MARINE PTE. LTD., Co. Reg. No.: 200611279K | | |
| Main Claimant: | MAGNUM PRECISION INDUSTRIES PTE LTD, Co. Reg. No.: 201023874H | | |
| Vehicle Reg. No.: | YN2047H | Date of Loss: | 20/03/2018 14:00 - :59 [87 Months and 3 Days From LTA Reg Date (Man Yr)] |
| Claim Type: | TP / 553353 | Policy/Cover Note No.: | A28671709MKC (Comprehensive) Coverage: 19/02/2018 - 18/02/2019 |
| Vehicle Reg. No. (Insured): | YM9924K | Policy No. (Claimant): | |
| | | Excess: | |
| Repairer: | Eng Shing Mechanical Works (HQ) 160 Sin Ming Drive, #06-21 Sin Ming Autocity, 575722 Sin Ming - Tel: 64537380 | | |
| Handling Insurer: | MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550] | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MA CHIN FOOK] ... [Imm.Advice due 06/04/2018] | | |
| Driver/Custodian (Insured): | NANTHAGOPAL RAJAKUMARAN (), NRIC: G5177994R, Tel: +6582796444 | | |
| Adj Asg. Remarks: | Third Party Pre-Repair Survey | | |

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. | | | | | | | | | |

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

| Vehicle Owner Particulars | |
|-------------------------------------|-------------------------|
| Owner ID Type: | Company |
| Owner ID: | 3875H |
| Vehicle Details | |
| Vehicle No.: | YN2047H |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 16 Jul 2018 |
| Vehicle Make: | MITSUBISHI |
| Vehicle Model: | FE83BEOSRDEA |
| Primary Colour: | White |
| Manufacturing Year: | 2010 |
| Engine No.: | 4M42A78114 |
| Chassis No.: | FE83BEA20411 |
| Maximum Power Output: | - |
| Open Market Value: | \$33,022.00 |
| Original Registration Date: | 17 Dec 2010 |
| First Registration Date: | 17 Dec 2010 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$1,652.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 16 Dec 2020 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| QP Paid: | \$32,001.00 |
| COE Rebate Amount: | \$7,733.00 |
| Total Rebate Amount: | \$7,733.00 |

The information contained herein is correct as at 16 Jul 2018

OK

Our Ref: CT11110430

Date: 24 November 2011



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 12/11/2011 / @ 19:20 hrs
ALONG HAVELOCK RD TWDS CITY INFRONT OF RIVERVIEW
 HOTEL
INVOLVING SFJ1108T

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC8244A** (the "Taxi"). The Taxi was hired to **TOH SONG YAH IC NO S1063884D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$100.58** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Executive, Fleet Safety

This is a computer generated letter. No signature is required.

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 | 21/03/2018 15:57 |
| Date Of Accident | 20/03/2018 14:10 |
| Exact Location Of Accident | 20 TUAS SOUTH AVE 14, S'637312 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--|
| Vehicle Registration Number | YN2047H |
| Insured/Policyholder | |
| Name Of Registered Owner | MAGNUM PRECISION INDUSTRIES PTE LTD |
| Co Reg No | 201023875H |
| Email Address | RAJUSINGAPORE2012@GMAIL.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62802033 |
| Vehicle Particulars | |
| Manufacturer | MITSUBISHI |
| Model | CANTER |
| Exact Purpose for which vehicle was being used at time of accident | WORK PURPOSE |
| 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 | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5096895578 |
| Cover Note Number | |
| Driver | |
| Name of Driver | SEKAR MANIMARAN |
| NRIC No | G7991953K |
| Date Of Birth | 25/05/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/01/2015 |
| Driving Experience | 3 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84972712 |
| Fax Number | |
| Contact Number | |
| Email Address | RAJUSINGAPORE2012@GMAIL.COM |

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 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:
 - (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.

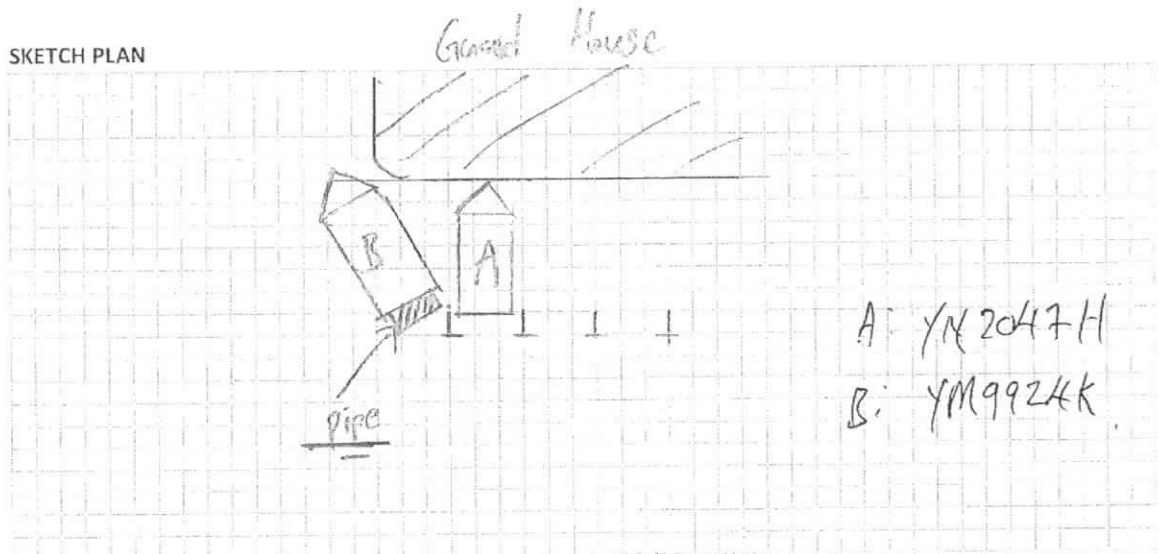


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

we parking at garage House Infront of REC waiting for change Pass to other lorry Park near at my lorry he get Reverse Park behind he lorry have scaffolding pipe Im overell hit pipe to my lorry side view left

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.:

| | |
|---|---|
| Address | BLK 7 TOA PAYOH INDUSTRIAL PARK #01-1261 |
| Postcode | 319059 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|------------------------------|
| Type Of Accident | COLLIDED INTO PARKED VEHICLE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | 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) | 0 |

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 ATTACHED

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 | YM9924K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | NANTHAGOPAL RAJAKUMARAN |
| NRIC/Passport Number | |
| Contact Number | 82796444 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

...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 Mar 2018 | | 05 Apr 2018 13:47 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: | SUN EVER MARINE PTE. LTD., Co. Reg. No.: 200611279K | | |
| Main Claimant: | MAGNUM PRECISION INDUSTRIES PTE LTD, Co. Reg. No.: 201023874H | | |
| Vehicle Reg. No.: | YN2047H | Date of Loss: | 20/03/2018 14:00 - :59 [87 Months and 3 Days From LTA Reg Date (Man Yr)] |
| Claim Type: | TP / 553353 | Policy/Cover Note No.: | A28671709MKC (Comprehensive) Coverage: 19/02/2018 - 18/02/2019 |
| Vehicle Reg. No. (Insured): | YM9924K | Policy No. (Claimant): | |
| | | Excess: | |
| Repairer: | Eng Shing Mechanical Works (HQ) 160 Sin Ming Drive, #06-21 Sin Ming Autocity, 575722 Sin Ming - Tel: 64537380 | | |
| Handling Insurer: | MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550] | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Imm.Advice due 06/04/2018] | | |
| Driver/Custodian (Insured): | NANTHAGOPAL RAJAKUMARAN (), NRIC: G5177994R, Tel: +6582796444 | | |
| Adj Asg. Remarks: | Third Party Pre-Repair Survey | | |

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

*YN2047H (553353)

[YM9924K]

TP

MAGNUM PRECISION INDUSTRIES PTE LTD

Mar 20 2018 2:00PM

[SUN EVER MARINE PTE. LTD.]

Eng Shing Mechanical Works

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

View

| Assessment Reports | | | 1 per page | <input checked="" type="checkbox"/> |
|--------------------|----------------|---|------------|-------------------------------------|
| No | Finalized On | MSIG Insurance (Singapore) Pte. Ltd. (HQ) | Thumbnail | Print |
| 1 | 04/04/18 19:43 | Accident Statement From: SC - Reg. No: YM9924K, Claimant: SUN EVER MARINE PTE. LTD. | Load HTM | |

| Photos/Images | | | 3 per page | <input checked="" type="checkbox"/> |
|---------------|-----------------|-----------------------------------|------------|-------------------------------------|
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | Thumbnail | Print |
| 1 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 2 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 3 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 4 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 5 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 6 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 7 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 8 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 9 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 10 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 11 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 12 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 13 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 14 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 15 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 16 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 17 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 18 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 19 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 20 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 21 | 16/07/18 10:32 | General View | Load JPG | <input checked="" type="checkbox"/> |
| 22 | 16/07/18 10:36 | Photo After Spray | Load JPG | <input checked="" type="checkbox"/> |
| 23 | 16/07/18 10:36 | Photo After Spray | Load JPG | <input checked="" type="checkbox"/> |
| 24 | 16/07/18 10:36 | Photo After Spray | Load JPG | <input checked="" type="checkbox"/> |
| 25 | 16/07/18 10:36 | Photo After Spray | Load JPG | <input checked="" type="checkbox"/> |

| Documentation | | | 1 per page | <input checked="" type="checkbox"/> |
|---------------|----------------|--|------------|-------------------------------------|
| No | Finalized On | MSIG Insurance (Singapore) Pte. Ltd. (HQ) | Thumbnail | Print |
| 1 | 04/04/18 19:42 | TP PRI | Load PDF | |
| 2 | 04/04/18 19:43 | E-FILE REPORT (YN2047H) From: SC - Reg. No: YM9924K, Claimant: SUN EVER MARINE PTE. LTD. | Load PDF | |
| 3 | 05/04/18 13:45 | OUR REJECTION REPLY & NOMINATED LKK TO BE OUR SJE | Load PDF | |

Documents Checklist

| | | | |
|--|-----------------------|----------------------|-----------------------|
| DOCUMENTS CHECKLIST | Reset | Save | Print |
| There are no document checklists configured. | | | |

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer
Note: Remarks are private unless you show it to other parties.

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/MSG18006282/GZ4D3E2

Date: 16/07/2018

REFERENCE

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

Policy No: A28671709MKC

Claimant Vehicle No : YN2047H

Insured Vehicle No : YM9924K

Date of Loss: 20/03/2018

Nature of Claim: TP

Claim No: 553353

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: YN2047H

Make & Model: MITSUBISHI CANTER, 2.5 D FB510B (M)

Engine No: 4M42A78114

Reg. Date: 17/12/2010 (Man. Year: 2010)

Chassis No: FE83BEA20411

Colour: White

Odometer: 374949 km

Engine Capacity: 2977 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: 700 R16X10

Rear Tyre Size: 185 R14X8 (D)

Front Left Side: Kenda 5 mm

Rear Left Side: Falken 5/5 mm

Front Right Side: Kenda 5 mm

Rear Right Side: Falken 5/5 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: 05/04/2018

Date Inspected: 07/05/2018 Inspected At:

Eng Shing Mechanical Works (HQ)
160 Sin Ming Drive, #06-21 Sin Ming
Autocity
Singapore 575722

Estimated Period of Repair: 0.0 days

Adjuster: XING GUO QIANG

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 \$2,800.00 -\$3,300.00

REPAIR DETAILS

Reference

| | | |
|----------------------|--|--|
| Part Source: | (Last Synchronised: 16 Jul 2018) | |
| Parts: | N/A | MITSUBISHI CANTER 2.5 D FB510B (M) (Model not available in database) |
| Labour: | Repairer's | (Price-denominated Standard List) |
| Print Code: | (Unsubmitted, no print-code for YN2047H) | |
| 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 >

