ASS, REC. BY:	REF. (S/CTU8	DO 6886 / TTG	bez Special	Instruction		
Surveyor Taurily	ASSIGNM	ENT (Office)				
From (Person): Irong Tay	of	a	Dat	e/Time:	810x418E	253 pm
Estimated Cost:		Bill to:				
OD /TP WS/TP RES/OD	RES/EVA/INV/MV/	CS				
To Inspect Vehicle No:	SDF 16263		Insured:	C	8 7516L	
nt Workshop m/s	Volkswagen		Tel:			
of	1 Kompong Am	put off mac	phyrison Rd	1.		
Policy No. DMSI St	V1503981803		Symp80 (		Ω	
Sum Insured:	The state of the s	Excess:				
Make of Veh.			D.C	).A.	11-04-2018	
(Client's Record)		7.04.7018 @				
CA / REV / REP. / REV	et rings with		1	LO.D. Ends	deshiopt:	
Date/Time 13041018 14-13	Person Contacted:	Shushi	Velu	cle_IN L	(UI)	
Date/Time Action/Justruct	ion ( 🗸 ) Estimat	ř			-	
SOF 16167						
	- 03/CN 5000	IS/Klinges		D	f: ItoE	
	Puli supors -					
	1,000					7 .

eliveris Tangth	EF: CTL			
Mrimen	The second secon	ASSIGNMENT		
From Date:	8 TO CHAFI	Veh No SDF1621	J Yr Regn: 20/	6 Jun
stimated Cost:		Type: M.Cof / M.Cycle / Bus / V		
DI PI WS / TP RES / OD RES / EVA / II	WV / MV	Truck / Trailer or		
200	1626]	Make Vollowagen	Golf 1.4 00	1395
	- W	Golour Silver		/ ≥ / ⊃ Std / NI / NA
	swagen norten		T/Radio, Insured /	
Kampung Ampat	OST PROPRIESO	ij - Si Optropolity	THESE MARKET	old / Hill Hes
sured		EnglNo:	ZZA42GW178	142A
olicy No.				757
faims No.		Gen. Cond. Good Fair / Poor		
um Insured: Exce	58	Steering Inbrde / Jammed / L		
(Client's Record)		Brake: Inorder Jammed / L		
Make of Veh:		Modi: Nii / SRim / STD A/	Rim of	
10am		Tyre Size F: 2	25/45 RI7	
(Policy Condition)		R:	2 "	
Remark: The veh had commenced its	N/S	O/S BS/DUN/EXNOVA/GY/FS	I LIZA I MIC I OHTSU PRI	SUMI/
repair at the time of inspection.		TOYO / YOKO ar	0	
ial, or Market Value		Front	Rear	
	nt? : Yes or No	R/Ball. 6 mm	R/Bal 6	mm
	nt? : Yes or No	L/Bal. 6 mm	L/Bal. 6	- mm
201 7 7 11 00000	s.: Yes or No	D.O.A.	D.O.L 19/4/	100 100
	al. Yes or No	Survey held at VW	ky Ampet.	
um sum.		Des. of Damages   Frt   Real	0	on or
CA / REV / REP. / 24 HRS	Vehicle IN		1 010 1 110 1 010 1 11011	ap -
Date: Person Contacted:	Venice: .ire	The U/C / Chassis frame	/ Body Structure affected (	tue to collision.
Date / Time   Action / Instruction				
			•	
	_			
RE	CEIVED 14	2018		
UseTime File Pass 107 L: Prell. Re	eport	Days Of Repair: 3		9
1146 hung : Final Re	port	Resurvey No. of Trip:	Survey Fee:	220
Color/Time, File Return to?	111		Transportation.	
	Ade	d Fee: Site Insp (\$	)3 -855	
		Interview (\$	) Photos	
Report Format :		Tech. Invs (\$	) Others	
.ump Sum / I.B.I: (\$	1	Weekeng (\$		
TO THE OWNER WHAT THE PARTY OF		-		



# 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

CH	INA TAIPING INS	URANCE (S) PTE LTD	nationale Des Experts En Auto Ref : CS/CTI18006			
3 A SP	ANSON ROAD #16 PRINGLEAF TOWE	-00 RSINGAPORE 079909	Date: 13-04-2018 Code: CTI			
1.	THE REAL PROPERTY.	Policy Particula	ars :- THIRD PARTY CLA	AIM .		
	Insured Veh.	CB 7516L	Veh. Inspected	SDF 1626J		
	Policy No.	DMB1SN1503981803	Coverage (\$)	0.00		
	Claim No.	SNM18D01916C02	Excess (\$)	0.00		
	Assign From	MERIMEN (IRENE TAY)	Assign Date	13/04/2018		
2.		Vehicle Pa	articulars & Condition			
	Make & Model		c.c	0		
	Engine No.	HIDDEN	Year of Reg.			
	Chassis No.		Colour			
	Odometer - Steering					
	Brakes		Modification			
	General					
		Conc	litions of Tyres	Out of the last of the last of		
		Size	Make	Balance		
_	R/H Front Tyre			mm		
	L/H Front Tyre			mm		
	R/H Rear Tyre			mm		
_	L/H Rear Tyre			mm		
		Descrip	tion of Damages			
	FEARING MODERN	Gene	ral information			
	Accident Date		Inspection Date	17/04/2018		
	Survey held at	VOLKSWAGEN CENTRE SIN		1770472010		
		1 KAMPONG AMPAT OFF MA SINGAPORE 368314				
1.			Remarks			
	A)THE INSPECTIO	N WAS CONDUCTED ON A"W E TO YOUR INSTRUCTIONS,	THOUT BRE ILIDICES BACK	6		

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

Cirpe	Notified	Est Si	dmitted	Adj Assigned	Adj Rpt	Ad) Submitted	fine & the o			
Main	13 Apr 2018			13 Apr 2018 14:53 Assign	/say right	Au) submitted	Ins Authred	New Assigni Cancel Case		
	Main	7	R	eference		laim Details	Doc	uments	Show All	
CLAIM S Insured:	UBFOLDER DET	AILS						Created by ins	1	
Main Clain	nant:		LAM K	IT YING						
Vehicle Re	g. No.:		SDF1		[4	Date of Loss:				
Claim Typ			TP / SNM18D01916C02			Policy/Cover Note No.:		11/04/2018 00:00 - :59		
Vehicle Re	g. No. (Insured):		CB7516L			Policy No. (Claimant):		DMB1SN1503981803		
Excession and the						xcess:		5\$0.00		
Repairer:			Volksw	ragen Centre Sir	ngapore - Tui	IS (HO) 17 THAS AVE	0 5201027	7.1.		
Handling I	nsurer;		China 1 638986	Taiping Insuran 192]	ce (Singapore	Pte. Ltd. (HQ) - Te	d: 6389 6111	[Handled by Ire	ne Tay Hui Ping	
Adjuster: Adj Asg. R	emarks:		EST 42	to Consultants 197 , CASE WITH	Pte Ltd (HQ)	- Tel: 6256-3561 [I	Final Rpt due	24/04/2018]		
ASSOCIA	TED MAIL RECE		16-01-07-0	ST LOADE WITH	5/E.					
							Wi	ew All   Com	pose Case Mail	
inere are r	no mail for this ca	ise.							processing right	
ALL ASSO	CIATED TASKS	Type	THE COLUMN	NAMES SELECTION		View All Sea	erch Tasks	Create New Task	Complete	
No results.	criotity	-уре	Task G	roup Subjec	t Handier	Assigned By	Completed (	On Create	d On Done?	

## Shiau Chan (LKKAuto)

From:

Admin-D (LKKAuto)

Sent:

Wednesday, 13 June 2018 3:44 PM

To:

'Claims Dept of CTI'; SUR

Cc:

'Irene Tay'; 'Alfred Toh'; 'Chee So Chow'; 'Hwang Shiang Yi'; assignments

Subject:

RE: REQUEST FOR DIRECT SETTLEMENT VEHICLE INVOLVING SDF1626J & CB7816L

ON 11/04/2018 ALONG YIO CHU KANG (SNM18D01916C02/6)

Dear Mr Alfred,

Thank you for your email.

Dear Shiau Chan,

FYNA. Our Ref: CS/CTI18006886/T1qb

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Pava Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claims Dept of CTI [mailto:claimsdept@sg.cntaiping.com]

Sent: Wednesday, 13 June, 2018 3:24 PM

To: Tang, Shu Shi (VWG Singapore) <shushi.tang@vw.com.sg>; 'assignments' <assignments@lkkauto.com>; 'SUR'

<sur@lkkauto.com>

Cc: Irene Tay <irene.tay@sg.cntaiping.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>; Hwang Shiang Yi <shiangyi.hwang@sg.cntaiping.com>; Jess Kong

<Jess@oddsneven.com.sg>; 'Janice Yeoh' <janice@oddsneven.com.sg>

Subject: RE: REQUEST FOR DIRECT SETTLEMENT VEHICLE INVOLVING SDF1626J & CB7816L ON 11/04/2018 ALONG

YIO CHU KANG (SNM18D01916C02/6)

Your Ref: SDF1626J

Our Ref: SNM18D01916C02/6 (CB7516L)

Dear Mr Tang

We refer to your emails pertaining to the above matter.

Please be advised that we have repudiated liability on 25 May 2018 due to non-reporting of accident by our Insured.

In view of the above, we regret unable to discuss liability on your client's claim and you may want to seek redress directly from the owner of CB7516L.

Aside to Ms Catherine Chong of M/s LKK Auto Consultants Pte Ltd., please proceed to close the file at your end.

**Best Regards** 

Alfred Toh Senior Executive Claims Department China Taiping Insurance (Singapore) Pte. Ltd. 3 Anson Road #16-00 Springleaf Tower Singapore 079909

TEL: +65 6389 6116

FAX: +65 6224 7478/6224 7175

Email: claimsdept@sg.cntaiping.com alfred.toh@sg.cntaiping.com www.sg.cntaiping.com



Disclaimer:

This message is confidential; its contents do not constitute a commitment by China Taiping Insurance (Singapore) Pte. Ltd. except where provided for in a written agreement between you and China Taiping Insurance (Singapore) Pte. Ltd. Any unauthorized disclosure, use or dissemination, either in whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.

From: Tang, Shu Shi (VWG Singapore) [mailto:shushi.tang@vw.com.sg]

Sent: Wednesday, June 13, 2018 8:38 AM

To: Irene Tay < irene.tay@sg.cntaiping.com >; Claims Dept of CTI < claimsdept@sg.cntaiping.com >

Subject: RE: REQUEST FOR DIRECT SETTLEMENT VEHICLE INVOLVING SDF1626J & CB7816L ON 11/04/2018 ALONG

YIO CHU KANG

Dear Irene

Please assist to reply

Best Regards,

Tang Shu Shi Insurance Service Advisor Aftersales

Volkswagen Centre Singapore (Macpherson) 1 Kampong Ampat Singapore 368314

DID: +65 6922-3502 Mobile: +65 9386-7833 Main Line: +65 6305-7299 Main Fax: +65 6285-8620 shushi.tang@vw.com.sg http://www.vw.com.sg

## 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.
- 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	an interest of the anti-time of the separate o
	ACCIDENT STATEMENT
Date Of Report	11/04/2018 17:09
Date Of Accident	11/04/2018 10:00
Exact Location Of Accident	YIO CHU KANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDF1626J
Insured/Policyholder	
Name Of Registered Owner	LAM KIT YING
NRIC No	S0350061F

Email Address NOEMAIL

Mobile Phone No. (LOCAL) +65-96370566 Alternative Phone No OFFICE-96370566

Vehicle Particulars

Manufacturer VOLKSWAGEN Model GOLF-1.4 A7 TSI (A)

Exact Purpose for which vehicle was being used at PRIVATE USED time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number A28773000AVW

Cover Note Number

Driver

TEO HUI SIN Name of Driver NRIC No S8405126H Date Of Birth 20/02/1984 Occupation INDOOR Date Of Driving Pass 02/07/2003

Driving Experience 14 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-94359336

Fax Number

OFFICE-96370566 Contact Number

EMail Address NOEMAIL

73 WOO MON CHEW ROAD Address

455149 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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 NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Vehicle Registration Number

DETAILS OF OTHER VEHICLE PROPERTY 1 CB7516L

NO

1

NO

NO

YES

NO

NO

Vehicle Make/Model/Colour NISSAN URVAN

**Details Of Properties** FRONT

Vehicle Category COMMERCIAL VEHICLE

Name of Driver NG KOK HUA NRIC/Passport Number S1624535F Contact Number +65 86912855

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

#### 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.
- 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.
- 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:
  - (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:

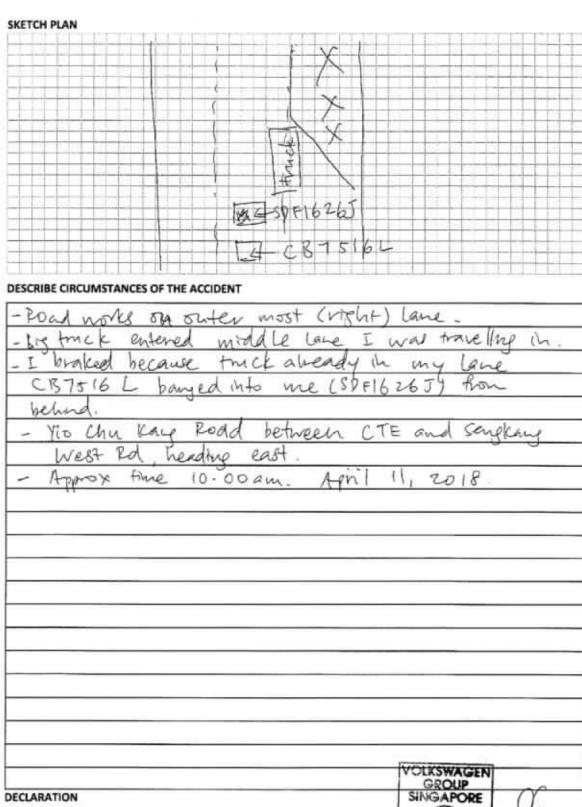
81030002

OLKSWAGEN

GROUP

Reporting Centre Personnel's Signatur Name: Che Tiow Chun

NRIC/FIN No.:



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:

81030002

Reporting Centre Personnel's Signature Name: Chek 'Usw Chusa

NRIC/FIN No.:



MSIG insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

# Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1 Individual Ownership VW DRIVEEASY Comprehensive

Certificate No. A 28773000 AVW

Excess: SGD500

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SDF1626.T

2. Name of Policyholder

Lam Kit Ying

Effective Date of the Commencement of Insurance for the purposes of the Act

17/06/2017

4. Date of Expiry of Insurance

16/06/2018

Persons or Classes of Persons entitled to drive\*

Lam Kit Ying

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

- \* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT VOLKSWAGEN CENTRE SINGAPORE.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that affect must be made. Fallure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

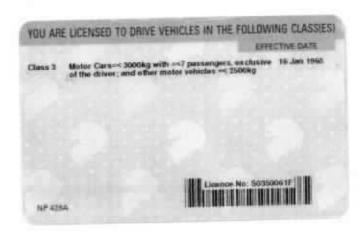
MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

for Chief Executive Officer











# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) FASS DATE Class 3 Motor Cars=< 2000kg with <<7 passengers, exclusive 02 Jul 2003 of the driver, and other motor vahilities << 2500kg

#### **PDI TUAS**

Phone No. Fax No. E-Mail

VAT Registration No. M20098505-2 199101494Z

# Service Quote

Customer No.

CV003474

Quote No.

SER/QUO/1800631

QuoteDate Salesperson

12/04/18 Jan Yeo

Page

1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make Volkswagen Passeng

**PDITUAS** 

LAM KIT YING

110 GERALD DRIVE

799036 Singapore

#03-43 SELETAR SPRINGS

Model Description

GOLF A7 1.4 CL 92 (DSG)

License No. SDF1626J

WVWZZZAUZGW178437

Engine Code

Labor Type

Mileage 28,686

Initial Registration

17/06/16 Engine No. CZC 123718 Service Advisor Ong Germaine

Sales Advisor

Jan Yeo Model Code

5G13HZ

No. Description Qty. UoM **Unit Price** Amount 2,520.00 P B&P MACP LABOUR LABOUR 3 UNIT P B&P MACP PAINT SPRAY PAINT 3 UNIT 2,400.00 P B&P NUMBER PLATE B&P NUMBER PLATE -NETT 80.00 1 pcs P B&P DIAG PROGRAMMING & CALIBRATION 1 Time Un 480.00 COMPULSORY TO DO AFTER AC P B&P MECH CHECK WIRE HARNESS, ECU. S 1 Time Un 280.00 Nett Sum Labor 5,760.00 31.59 P 5G6807393 REAR LHS BUMPER BRACKET 1 Pieces 7 31.59 P 5G6807394 REAR RHS BUMPER BRACKET 1 Pieces P 5G6807417APGRU REAR BUMPER COVER 1 Pieces de - 996.45

Predecessor 5G6807417ARGRU

LICK 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 Explanations P = Proportionately Ghargeded by Repairer Signature: Date: No Credit Payment Terms

Sum Item

Sum Labor 5,760.00 Sum Item 1,059.63 Total SGD 6,819.63 7% GST 6,819.63 477.37 Total SGD Incl. GST 7,297.00

1,059.63

Payments to:

- BBN: - Acc.-No..:

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

LAIM SUBF	OLDER TRA	CKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj	Submitted	Ins Auth'ed	Status	
Main	13 Apr 2018		13 Apr 2018 14:53 Edit Adj Rpt	5\$3,476.45 Edit Estimate		,476.45 ew Rpt		Pending for Report Cancel Case	100
,	tain	R	eference	Claim	Details		Documents		Show All
CLAIM SUI	SFOLDER DE	TAILS				[Created	by insurer]		
Insured:	-, Co. Re	g. No.: -							
Main Claimant:	LAM KIT	YING							
Vehicle Reg. No.:	SDF162	SDF1626J				11/04/2018 00:00 - :59 [21 Months and 25 Days From LTA Reg Date (Man Yr)]			(Man Yr)]
Claim Type:	TP / SNM18D01916C02				y/Cover No.:	DMB15N1503981803			
Vehicle Reg. No. (Insured):	CRITERS				y No. mant):				
				Exce	557	5\$0.00			
Repairer:	Volkswag	en Centre Singa	pore - Tuas (HQ)	17 TUAS AVE 9,	39197 T	uas - Tel:			
Handling Insurer:			(Singapore) Pte. I			4 10 11 0 42 10 21 10 11 11 11 11	The Artist Court of the Court o		
Adjuster:	LKK Auto	<b>Consultants Pte</b>	Ltd (HQ) - Tel: 62	56-3561 [Han	dled by 3	CING GUO Q	IANG] [Final	Rpt due 24/	)4/2018]
Adj Asg. Remarks:	EST \$729	, CASE WITH 538	5.						
ASSOCIAT	ED MAIL RE	CEIVED					View	All Compo	se Case Mail
There are no	mail for this	case.							
ALL ASSO	CIATED TAS	iks⊟				View All S	Search Tasks Cr	eate New Task	Complete
Due Date	Priority	Type Task	Group Subject	ct Handler	Assign	ned By	Completed On	Created 0	n Done

## Claim Documents

\*SDF1626J (SNM18D01916C02) [CB7516L] LAM KIT YING Apr 11 2018 12:00AM [-] Volkswagen Centre Singapore - Tuas

Dhe	tos/Images		3 per	page V	Z
900		LVV Auto Countrate Dis Ltd (UO)	a per	Thumbnail	_
No 1	Relabel/Reorder 13/06/18 16:12	LKK Auto Consultants Pte Ltd (HQ) Odometer Reading	0	Load JPG	<b>V</b>
2	13/06/18 16:12	Chassis Number	0	Load JPG	V
3	13/06/18 16:12	General View	0	Load JPG	₩.
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## **Documents Checklist**

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Merimen e-Claims Page 2 of 2

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

CS/CTI18006886/GQBE2

Date:

22/06/2018

REFERENCE

China Taiping Insurance (Singapore) Policy No: Handling Insurer:

Pte. Ltd.

DMB1SN1503981803

Claimant Vehicle SDF1626J

Insured Vehicle No:

CB7516L

No:

Date of Loss:

11/04/2018

Nature of Claim: TP

Claim No:

SNM18D01916C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SDF1626J

Make & Model:

VOLKSWAGEN GOLF, 1.4 A7 TSI (A)

Engine No:

CZC123718

29833 km

Reg. Date:

17/06/2016 (Man. Year: 2015)

Chassis No: Odometer:

WWZZZAUZGW178437

Colour.

Engine Capacity: Market Value/New Car 1395 cc

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):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

225/45 R17

Rear Tyre Size:

225/45 R17

Front Left Side:

No

Pirelli 6 mm

Front Right Side:

Pirelli 6 mm

Rear Left Side: Rear Right Side:

Pirelli 6 mm

Pirelli 6 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,139.63	1,076.45	63.18	5.54
Miscellaneous Items	0.00	0.00	0.00	
Labour	5,680.00	2,400.00	3,280.00	57.75
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	6,819.63	3,476.45	3,343.18	49.02
+ GST 7.00/7.00% (S\$)	477.37	243.35	234.02	49.02
Nett Amount (S\$)	7,297.00	3,719.80	3,577.20	49.02

INSPECTION

Date of Assignment:

13/04/2018

Date Inspected:

17/04/2018 Inspected At:

Volkswagen Centre Singapore - Tuas (HQ)

1 KAMPONG AMPAT OFF MACPHERSON ROAD

SINGAPORE 368314

Estimated Period of Repair:

3.0 days

Adjuster Report Page 2 of 5

Adjuster: XING GUO QIANG Manager: SHIAU CHAN

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 \$\$63.18 NETT)

# REPAIR DETAILS

Referen	ce			
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 22 Jun 2018)		
Parts:	143	VOLKSWAGEN GOLF 1.4 A7 TSI (A) (Catalogue:Merimen Singapore 1.0)		
Labour:	Repairer's	(Price-denominated Standard List)		
Print Code:	(Unsubmitted	, no print-code for SDF1626J)		
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

Qty Pa	art No.	Particulars	Condition	Repairer's	Amount
1		*NUMBER PLATE	Bent	80.00 FS	*80.00FS
1		*REAR LHS BUMPER BRACKET	* Check	31.59FS	*-FS
1		*REAR RHS BUMPER BRACKET	* Check	31.59FS	*-FS
1		*REAR BUMPER COVER	Deformed	996.45FS	*996.45 FS
anchise part	t. S=SpcNe	ett.	Total Parts (S\$)	1,139.63	1,076.45
	1 1 1 1	1 1 1 1	1 *NUMBER PLATE 1 *REAR LHS BUMPER BRACKET 1 *REAR RHS BUMPER BRACKET	1 *NUMBER PLATE Bent 1 *REAR LHS BUMPER BRACKET *Check 1 *REAR RHS BUMPER BRACKET *Check 1 *REAR BUMPER COVER Deformed senchise part. S=SpcNett.	1         *NUMBER PLATE         Bent         80.00 FS           1         *REAR LHS BUMPER BRACKET         * Check         31.59 FS           1         *REAR RHS BUMPER BRACKET         * Check         31.59 FS           1         *REAR BUMPER COVER         Deformed         996.45 FS           senchise part. S=SpcNett.         996.45 FS

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	LABOUR	New	2,520.00	840.00
2	SPRAY PAINT	New	2,400.00	800.00
3	PROGRAMMING & CALIBRATION COMPULSORY TO DO AFTER AC	New	480.00	480.00
4	CHECK WIRE HARNESS, ECU, S	New	280.00	280.00
	Gross Labour Cost (S\$)		5,680.00	2,400.00
	Report was unsubmitted durin	a this print-out		

< END OF ESTIMATES >