ASS, REC. BY	REF: CS3 MSG18003003D	Mel
Surveyor:	ASSIGNMENT (Office)	
From (Person	Katherine Wong of MSIG	Date/Time: 11.04 2018
Programmer CO.	Reliator	Date/Time: 11.09 L016
To Inspect Ve at Workshop :	stip RES / OD RES / EVA / INV / MV / CS thicle No: GBD 8618 X	Insured: EW 313S Tel: 6747 2580
Policy No:	A271717170MX Claim No:	548704
Sum Insured.	Excess:	9 10 10 1
Make of Veh: (Client's Record		D.O.A. 05/02/2018
CA / REV /	REP. / REV 24 HRS wp) 9:28am@ 14 2 18 Person Contacted:	H.O.D. Endossement: Vehicle IN LOUT
Date/Time	Action/Instruction (X) Estimate called a	5 times no answer since morning.
	Dismantle Part: 23022018 After Apair: 2022018	D 0 4: 5/2/18
9/05/18	To submit L/s 3700/- Will	1 4 days of labour
(B	bd 1750, 3>/s OOR seen	The first mulitie
		109/15/18

RECEIVED 0 8 MAY 2018

Preli. Report Days Of Repair:

ON 042018 : Final Report Resurvey No. of Trip: Surie, Fee 120 50

Add Fee: Site Insc S 125-83 5

Intervel S 120 100

Report Format PRS Tagn Inva S 100

Lump Sum / I.B.I. S 180

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

Paper Survey

Case	Notified	Est Sub	mitted	Adj Assigned	Adj R	ot	Adt Submitted	Ins Auth'ed	Status	
Main	06 Feb 2018			13 Feb 2018 16:29 Edit Adj Rpt	5\$0.0 Edit Estin	4	S\$0.00 View Rpt		200010000000	for Survey Repor
	Main		Re	eference		Claim	Details	Docu	ments	Show All
CLAIM S	UBFOLDER DET	TAILS				and the second	THE RESERVE OF THE PARTY OF	10	reated by in	nsurerl
Insured:			THAM	LAI PING WIN	NIE, ID: S1	4675488	Tel: +6596936			
Main Clair	mant:		Ann H	uat Plumbing S	ervices, C	. Reg. f	No.: 52819569K			
Vehicle Ro	eg. No.:		GBD8	618X		Date o	f Loss:	[3	/02/2018 09: 1 Months and g Date (Man	25 Days From LTA
Claim Type:			TP / 548704			Policy/Cover Note No.:			A27171717QMX (Comprehensive) Coverage: 12/09/2017 - 11/09/2018	
Vehicle Re	eg. No. (Insured)		EW313S			Policy	Policy No. (Claimant):			
						1 4000 4000	Excess: S\$1			
Repairer:			Hallan Tel: 67	d Motor Service 472580	s (HQ) NO	KAKI B	UKIT AVE 6, #02-2	4 Autobay @ K	aki Bukit, 41	7883 Kaki Bukit -
Handling !	Insurer:		MSIG : Shong	Insurance (Sing - 6594 2544]	gapore) Pte.	Ltd. (H	IQ) - Tel: +65 6827	7 7888 [Han	dled by Kath	erine Wong Chew
Adjuster:			Rpt d	uto Consultants ue 13/04/201	Pte Ltd (HCB)	() - Tel:	6256-3561 [Har	ndled by Teo C	heng Ming V	Vilson] [Final
Driver/Cu	stodian (Insured)	1	LIM EE	ANN (), NRIC:	S1278611E,	Tel: +	6596791491			
ASSOCIA	ATED MAIL REC	EIVED						Vie	w All I Co	ompose Case Mail
 MSIG_ 	SG (11/04/2018)	: Report	Send Ba	ck Alerts - GBD	8618X (TP)					-
E										
ALL ASS	OCIATED TASK	S					View All Searc	h Tasks	Create New To	ask Complete
Due Da		Туре	Task (Group Subj	ect Hand	ler	Assigned By	Completed (On Crea	ited On Done?

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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
- 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

	ACCIDENT STATEMENT
Date Of Report	07/02/2018 11:44
Date Of Accident	05/02/2018 09:30
Exact Location Of Accident	ALONG JALAN MASJID
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD8618X
Insured/Policyholder	
Name Of Registered Owner	ANN HUAT PLUMBING SERVICES
Co Reg No	-
Email Address	ANNHUAT@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98301408
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2017-V0101059-VCV
Cover Note Number	
Driver	
Name of Driver	LAI WEN HSIAN
Passport No/FIN	G7104006U
Date Of Birth	09/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98301408
Fax Number	\$0000000f
Contact Number	

NOEMAIL

Address

BLK 51 NEW UPPER CHANGI RD #05-1526

Postcode

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 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)

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

PLEASE SEE 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 EW313S Vehicle Make/Model/Colour NA Details Of Properties NA

Vehicle Category PRIVATE CAR

Name of Driver NA

NRIC/Passport Number

Contact Number 96791491

NA Address NA Postcode NA

Insurance Company Name

Nature Of Damage NA

No. Of Passenger (Including Driver)

Accident Sketch Plan

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.
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- 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 insurers) 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 malling 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.

7-2-2012 1140

- (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

NRIK/FIN NO.

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 - 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: 2 7-2-2010 1140

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN NO.

Accident Sketch Plan

SKEICH PLAN	traffic ist	1	
	80 1	A _	GBD 8618 X
		B -	EW 3135
	B-III in	P	600 3133
	8-14		
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	2		
	\$		
	등		
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
I was train	velline alone Jalan	Masi	id towards Chari Ry
1	proched the traffic	light.	light turned red
-1		F 15 14	
1	1 65		and a bary
behind 11 m		Vehicle	e behind one had
hit my	vehide at the	u llar	*
1			
DOCLARAZION		1	
L, WERENY DEC			
1. The reporting statement 6 sta	centre personnel has explained the above etch plan to me.		
2. I fully underst	and and agree with the above statement.		
	ion given is true and correct to best of my/our		
knowledge and	PEUST.		
	8 7-2-2018 11:40	1	
	Hume, Signature & Company	Itsurance Co.	
-	Stamp (if applicable)	Vehicle No.	Date of Accident
			Reporting Only
			Com Damage Clarm (a) Halland
		- W	The Party Class
COADATION			Moth Se
ECLARATION We declare the foregoing parti	lculars are true in every respect.		1
SO SERVICE	and the state of t		/ _
	S 7-2-2018 114		/ Carrier
olicyholder Signature			18()*)
oncynology > Seneture ate & Time:	Oriver's Signature (If driver is not the policyholder)		porting Centre Personnel's Signature
	Date & Time:		IC/FIN No.:
			1

PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/Adjusters Cargo Surveyors & Licensed Appraisers 227 Simei St 4 #06-42 Singapore 520227 Fax: 64444886 Company Registration No. 53139926E

AUTOMOBILE INSPECTION REPORT

To:

Ann Huat Plumbing Services 269 Changi Road Singapore 419752

INSURANCE DETAILS

Insured

Policy No. / Claim No. : -

Sum Insured

Excess Clause

Windscreen Coverage : -

Type of Claims

Third Party Insurer

: Third Party Claims

Third Party Policy No. : .

REFERENCE

Assigned By As above

Accident Date

Assignment Date

Inspection Date

: 13 February 2018

Our Reference No.

: 13 February 2018

PAS/HMS/180326/TP

Inspection Report Date: 19 March 2018

Workshop Name:

Halland Motor Service

Inspection Address:

No.1 Kaki Bukit Avenue 6 Autobay

#02-24 Singapore 417883

PARTICULARS OF VEHICLE

Registration No.

: GBD 8618 X

Make/Model

: Nissan NV350 Panel Van 2.5 5MT 5DR Euro V

Yr of Manuf/Regn : 2014 / 2015

Carrying Capacity : -

Chassis No.

: JN1MC2E26Z0004112

Engine No.

: YD25362121A

Colour Class

: Metallic Silver : Goods (Van)

Mileage

: 52996

Km/h

: Fitted

CD Disc Player : Fitted

Air Conditioner

Radio/Casette

: Fitted

Clock

Market Value

: Fitted : Fitted

Seat Belt

Wing Mirror Other : Fitted

Accessories

: Fitted

PRE-ACCIDENT CONDITION (Static Check Only) VEHICLE VALUE

Body Work

: Good

Paint Work

: Good

Handbrake

Serviceable

Footbrake

: Serviceable

Steering

Make

Make

: Serviceable

Any Apparent Eng: None Modifications

Wreck Value (Parf)

TYRE SIZE & CONDITION

Front N/s Size

195R15C

80 %

Rear N/s size

Michelin

195R15C 80 %

Dunlop

Make Spare Size

195R15C

80 %

Dunlop

Rear O/s

Michelin

195R15C

80 %

80 %

195R15C

Dunlop

Size Make Spare Size

Front O/s

Size Make

Make Jack & Tools

: Intact/Missing

Type of Wheel Rims: Standard

Note: The above percentage % represent the estimated remaining tyre threads.

PRECISION APPRAISAL SERVICES

Insurance Loss Assessors / Adjusters Cargo Surveyors & Licensed Appraisers

VEHICLE REGISTRATION NO. : GBD 8618 X

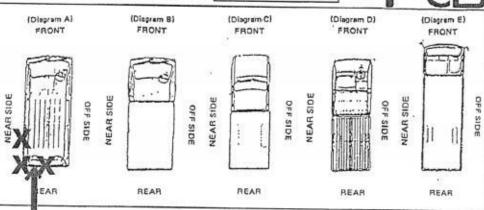
APPENDIX A



POINT OF IMPACT

Direction of impact/damage marked (→)(X)

The vehicle sustained impact on its Rear N/s Portion. (see Diagram A)



GENERAL DESCRIPTION OF DAMAGES

Parts damaged were :

The bootlid, rear bumper and panel, rear n/s fender were dented.

ADJUSTMENTS & RECOMMENDATIONS

A static inspection was carried out on 13/02/2018 & our report is here with enclosed for your perusal. The Repairs Estimate submitted by M/s Halland Motor Services as per attached Appraisement Schedule have been revised and scrutinised thoroughly by us & in our opinion, we consider it to be fair and reasonable. The repairer has agreed to effect repairs to the owners satisfaction & to roadworthy condition on an agreed Lump Sum Repair Basis of \$ 5,450.00 after deducting the Policy Excess Clause of \$ NA.

As instructed, we have not authorised any of the repairs on your behalf.

		Repaire	r's		Our		
	Es	timate	Amount	-	Revised	Amount	
Spares Parts	1	6506	00		3418	64	
Towing Charges	:			Deres	345		
Labour Charges		2400	00	V27/1	1600	00	
Others Misc Charges	:	500	00		370	00	
Paintwork	:	1800	00	AFFE SECON	1400	00	
Total	: \$	11206	00	\$	6788	64	
				_			

Under normal circumstances, the duration of repairs should not exceed Five (05) days excluding

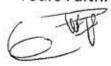
Pre - Repair Inspection (PRI) / Pre - Repair Survey (PRS) waiting time frame.

Attached photographs taken during inspection Forty - Three (43) Photographs.

SPECIAL REMARKS

- 1. The inspection was conducted on a 'without prejudice' basis
- On 21/02/2018, we examined the extent of damages
- 3. On 26/02/2018, we examined the repaired vehicle.

Yours FaithFully





T F NG PHILIP FOO
A C I C A E, A M I M I
A I A M E, A M S A E-A
Licensed Appraiser/Adjuster

Inspection Report Date: 19 March 2018

VEHICLE REGN NO :

GBD 8618 X

OUR REFERENCE :

PAS/HMS/180326/TP

INSPECTION REPORT DATE:

19-Mar-18

APPRAISEMENT SCHEDULE

i

S/No	0.	C PROPERTY OF THE PROPERTY OF		T-:	
5/140	Qty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount	Recommendation Revised Amou
		PARTS SUPPLY - LIST ITEMS		\$ cts	\$ cl
1	1pc	Bootlid	Badly dented	2101.40	2101.40
2	1pc	Rear lower panel	Badly dented	461.60	Repair
3	1pc	Rear bumper	Badly dented	632.70	632.70
4	1pc	Rear bumper side retainer n/s	Bent	42.00	42.00
5	1pc	Rear n/s Fender	Badly dented	2025.80	
			2734.10	5263.50	Repair
		Less: 30% discount	0573411	3203.30	2776.10 971.31
			1913.87	5263.50	2266.39
.		NETT ITEMS			4,200.33
1	1pc	Boot rubber	Torn	189.30	189.30
2	1pc	Bootlid centre logo	Necessary	125.90	125.90
3	1pc	Bootlid 'NV350' emblem	Necessary	89.00	89.00
4	1pc	Bootlid 'Urvan' logo	Necessary	52.50	
5	1pc	Rear windscreen mldg	Necessary	109.30	52.50
6	1pc	N/s Taillamp	Cracked		109.36
7	1pc	Bootlid side catch n/s	Bent	197.50	197.50
8	1pc	Bootlid stopper n/s	Bent	82.00	82.00
9	1set	Rear bumper clips	27.7	42.00	42.00
2.57		near pamper clips	Necessary	15.00	15.00
		Less: 10% discount	378.2.	902.50	902.50
-		LC33. 10/6 discoull	700 15		90/25
.		SPECIAL NETT ITEMS	700.65	902.50	812.25.
1	1pc	Rear windscreen sealant	Necessary	50.00	50.00
2	1set	Rear bumper sensor	Dented/Jammed	280.00	280.00
3	1pc	Bootlid '70km/h' sticker	Necessary	10.00	
				6506.00	10.00
		LABOUR & MISC. CHARGES		0500.00	<u>3418.64</u>
		Remove and refit rear windscre	en	150.00	120.00
2		Remove the necessary affected	parts.	130.00	120.00
		straighten rear lower panel, rea	r n/s		
		fender and wheel arch, rear n/s	,, .	2400.00	800.
		chassis and replace parts		2400.00	1600.00
		Putty and spraypaint	4		
		(include rear bumper)		1000 00	700-00
		Check electrical	N .	1800.00	1400.00
		Tuff Kote		50.00	40.00
		Remove and refit rear bumper s	oncore	150.00	120.00
		Rewire rear portion	GUZOLZ	100.00	50.00
		Note: Recommended lump sum		50.00	30.00
		repair at \$5,450.00nett			
		repair at \$5,450.00nett	1000000		4684,52
		Andrew Company and Company	XXX	11206.00	5788.64

L/S 3700/-With 4 days of labour

(2 two

Page 1 of 1 Merimen e-Claims

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

LAIM SUBF	OLDER TRA	CKING									
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt		Adj 9	Submitted	Ins Auth'ed	SI	tatus	
Main	06 Feb 2018		13 Feb 2018 16:29 Edit Adj Rpt	S\$3,70 Edit Es	0.00 stimates	100	,700.00 ew Rpt		100	Pending for Report Cancel Case	
	1ain	R	eference	<u> </u>	Claim Det	ails		Docume	ents	1	Show All
CLAIM SU	BFOLDER DE	TAILS					[Created	by insurer]			
Insured:	THAM LA	PING WINNIE	ID: S1467548E,	Tel: +659	6936436		2.770	100			
Main Claimant:	Ann Huat	Plumbing Serv	ices, Co. Reg. No.	52819569	9K						
Vehicle Reg. No.:	GBD861	.8X			Date of	Loss:		8 09:00 - :59 s and 25 Days	From LTA	Reg Date	(Man Yr)]
Claim Type: TP / 54870		704	04		Policy/C Note No		er A27171717QMX (Comprehensive) Coverage: 12/09/2017 - 11/09/2018				2 0000
Vehicle Reg. No. (Insured):	EW3135				Policy N (Claima				10 1000		
					Excess:	¥	S\$1,000.00)			
Repairer:	Halland M	lotor Services (HQ) NO 1 KAKI BUK	IT AVE 6,	#02-24 Au	itobay	@ Kaki Buk	it, 417883 Ka	ki Bukit - '	Tel: 67472	580
Handling Insurer:			ore) Pte. Ltd. (HQ)								
Adjuster:	13/04/20		e Ltd (HQ) - Tel: 62	56-3561	[Handled	d by T	eo Cheng N	ling Wilson]	[Fina	I Rpt due	
Driver/Custo dian (Insured):	LIM EE AN	N (), NRIC: S1	278611E, Tel: +65	96791491							
ASSOCIAT	ED MAIL RE	CEIVED							View All	Compos	se Case Mai
MSIG_SC	6 (11/04/2018): Report Send	Back Alerts - GBD	8618X (T	P)						
ALL ASSO	CIATED TAS	sks⊟				, v	/iew All	Search Tasks	Create	New Task	Complete
Due Date No results.	Priority	Type Tas	k Group Subjec	t Hand	dler A	ssign	ed By	Completed	On (Created Or	Done

Claim Documents

*GBD8618X (548704) [EW313S] TP **Ann Huat Plumbing Services** Feb 5 2018 9:00AM [THAM LAI PING WINNIE] Halland Motor Services

Ass	essment Reports		1 per p	age 🗸	~
Vo	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
i	13/02/18 15:48	Accident Statement From: OD - Reg. No: EW313S, Claimant: THAM LAI PING WINNIE	0	Load HTM	
Pho	tos/Images		3 per p	age 🔻	V
No:	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	09/04/18 16:05	General View	0	Load JPG	V
2	09/04/18 16:05	General View	0	Load JPG	V
3	09/04/18 16:05	General View	0	Load JPG	4
4	09/04/18 16:05	General View	0	Load JPG	V
5	09/04/18 16:05	General View	0	Load JPG	✓
6	09/04/18 16:05	General View	0	Load JPG	✓
7	09/04/18 16:05	General View	0	Load JPG	V
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Documents Checklist

DOCUMENTS CHECKLIST	Reset Save	Print
There are no document checklists configured.		
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)		
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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/MSG18003003/DVBE2-1

10/05/2018

REFERENCE

Date of Loss:

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

Policy No:

A27171717QMX

Claimant Vehicle GBD8618X

Insured Vehicle No:

EW313S

No:

05/02/2018

Nature of Claim:

TP

Claim No: 548704

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

GBD8618X

Make & Model:

NISSAN NV350, 2.5 D Panel Van (M)

Engine No:

YD25362121A

53009 km

Reg. Date:

11/06/2015 (Man. Year: 2014)

Chassis No: Odometer:

JN1MC2E26Z0004112

Colour:

Silver

Engine Capacity: Market Value/New Car Price: N/A

2488 cc

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

195 R15C

Rear Tyre Size:

195 R15C

Front Left Side:

Michelin 3 mm

Rear Left Side:

Dunlop 3 mm

Front Right Side:

Michelin 3 mm

Rear Right Side:

Dunlop 3 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	6,506.00	2,954.52	3,551.48	54.59
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,700.00	1,730.00	2,970.00	63.19
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	11,206.00	4,684.52	6,521.48	58.20
Approved Total (Overridden) (S\$)		3,700.00	3,551.48 0.00 2,970.00 0.00 0.00	66.98
Nett Amount (S\$)	11,206.00	3,700.00		

INSPECTION

Date of Assignment:

13/02/2018

Date Inspected:

21/02/2018 Inspected At:

Halland Motor Services (HQ)

NO 1 KAKI BUKIT AVE 6, #02-24 Autobay

@ Kaki Bukit Singapore 417883

Estimated Period of Repair:

4.0 days

Adjuster:

Teo Cheng Ming Wilson

Manager:

Nivitha Govindasamy

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen_... 10/5/2018

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

REPAIR DETAILS

Reference

Part Source:

(Last Synchronised: 10 May 2018)

Parts:

N/A

NISSAN NV350 2.5 D Panel Van (M) (Model not available in database)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for GBD8618X)

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

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*BOOTLID	Badly Dented	2,101.40 F	*2,101.40 FL
2	1		*REAR LOWER PANEL	Repair	461.60 F	*-FL
3	1		*REAR BUMPER	Badly Dented	632.70 F	*632.70 FL
4	1		*REAR BUMPER SIDE RETAINER N/S	Repair	42.00 F	*-FL
5	1		*REAR N/S FENDER	Repair	2,025.80 F	*- FL
6	1		*BOOT RUBBER	Torn	189.30 F	*189.30 FN
7	1		*BOOTLID CENTRE LOGO	Necessary	125.90 F	*125.90 FN
8	1		*BOOTLID NV350 EMBLEM	Necessary	89.00 F	*89.00 FN
9	1		*BOOTLID URVAN LOGO	Necessary	52.50 F	*52.50 FN
10	1		*REAR WINDSCREEN MLDG	Necessary	109.30 F	*109.30 FN
11	1		*N/S TAILLAMP	Cracked	197.50 F	*197.50 FN
12	1		*BOOTLID SIDE CATCH N/S	Not Necessary	82.00 F	*- FN
13	1		*BOOTLID STOPPER N/S	Not Necessary	42.00 F	*- FN
14	1		*SET REAR BUMPER CLIPS	Necessary	15.00 F	*15.00 FN
15	1		*REAR WINDSCREEN SEALANT	Necessary	50.00 FS	*50.00 FS
16	1		*SET REAR BUMPER SENSOR	Dented / Jammed	280.00 FS	*280.00 FS
17 F=Fra	1 nchise	part. S=SpcN	*BOOTLID 70KM/H STICKER lett. L=ListItemDisc. N=NetIttemDisc.	Necessary	10.00 FS	*10.00 FS
				Sub Total (S\$)	6,506.00	3,852.60
			- List Item Discount on	L Items 0.00/30.00% (S\$)	0.00	820.23
			- Nett Item Discount on	N Items 0.00/10.00% (S\$)	0.00	77.85
				Total Parts (S\$)	6,506.00	2,954.52

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

	Repairer's	Amount
		1751491781791
New	150.00	120.00
SHTEN New	2,400.00	800.00
New	1,800.00	700.00
New	50.00	30.00
New	150.00	40.00
New	100.00	40.00
New	50.00	0.00
Labour Cost (S\$)	4,700.00	1,730.00
	Labour Cost (S\$)	

< END OF ESTIMATES >