ASS. REC. BY:	REF: (S/MS(1)	8009665/Avbez	Special Instruction:
Molimen Catheline	ASSIGNA Thia of	TENT (Office) MSU	Date/Time: 38052018 418pm
Estimated Cost:		Bill to:	
OD / TP / WS / TP RES / OD R To Inspect Vehicle No:	S6Y 5869m	Inst	ured:FBH 3286G
at Workshop m/s	Twincer Automo	til	Tel:
of Policy No:NSO /VINT	/18-382030 - CA	Claim No:	
Sum Insured:		Excess:	
Make of Veh: (Client's Record)			D.O.A. 25052018
CA / REV / REP. / REV 24 Date/Time: 3805 2018		Hui Xin	H.O.D. Endorsement:
Date/Time Action/Instruction	(V) Estimat	le	
31/5/18 Informed	Catherine Thia Confirmacl LS	pending works \$ >650 (Pe	shop est by merimen d 4540.90, 63%
12/10/18 Sand preti	revised via	merimen	,

ASSI	GNM	ENT
1.4004		

Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s of at Workshop m/s of special workshop m/s of	From: Date:	Veh No: SGYS869M Yr Regn:
To Inspect Vehicle No: at Workshop m/s of at Workshop m/s of Sp.Reading Sp.Re	Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
at Workshop m/s of Colour Rod A/C: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Sp.Reading // 1/2 5 3/7, T/Radio: Insured / Std / Ni / NA Std // Ni / Na Std /	OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
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. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sam: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date / Time Action / Instruction Policy No. Colour Red A/C: Insured / Std / Ni / NA Sp. Reading // 12 5 3 7, T/Radio: Insured / Std / Ni / NA Sp. Reading // 12 5 3 7, T/Radio: Insured / Std / Ni / NA Sp. Reading // 12 5 3 7, T/Radio: Insured / Std / Ni / NA Sp. Reading // 12 5 3 7, T/Radio: Insured / Std / Ni / NA Sp. Reading // 12 5 3 7, T/Radio: Insured / Std / Ni / NA Sp. Reading // 12 5 3 7, T/Radio: Insured / Std / Ni / NA Sp. Reading // 12 5 3 7, T/Radio: Insured / Std / Ni / NA Sp. Reading // 12 5 3 7, T/Radio: Insured / Std / Ni / NA Sp. Reading // 12 5 3 7, T/Radio: Insured / Std / Ni / NA Sp. Reading // 12 5 3 7, T/Radio: Insured / Std / Ni / NA Sp. Reading // 12 5 3 7, T/Radio: Insured / Std / Ni / NA Sp. Reading // 12 5 3 7, T/Radio: Insured / Std / Ni / NA Std // Ni / Na Std // Ni / Na Std / Ni / Ni / Ni Std / Ni / Na Std / Ni / Ni Std / Ni / Na Std / Ni / Ni Std / Ni / Ni Ni / Ni Std / Ni / Ni Std / Ni / Ni Ni / Ni Std / Ni / Ni Ni / Ni Std / Ni Std / Ni Ni / Ni Std / Ni Std / Ni Ni / Ni Std / Ni Std / Ni Ni / Ni Std / Ni Std / Ni Std / Ni Ni / Ni Std /	To Inspect Vehicle No:	Make: Mit Lances c.c
Sp.Reading 1/2539, T/Radio: Insured / Std / NI / NA Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: (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: Person Contacted: Date / Time	at Workshop m/s	Colour Red A/C: Insured / Std / NI / NA
Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: (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 Est. Repairs: Cays Res.: Cays Res	-1	Sp.Reading //2539, T/Radio: Insured / Std / NI / NA
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. Bal. or Market Value: IDAC Accident Rport: 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 C(No: Gen. Cond. Good / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Modi : Nil / SRim STD A/Rim or Tyre Size: F: 215 / SOR / 7 R: D15 / SOR / 7 BS / DUN / EXNOVA GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Eront R/Bal.	Insured	Eng/No:
Claims No. Sum Insured: Excess: Steering: Inorder: Jammed / Leaked / Burnt or Brake: Inorder: Jammed / Leaked / Burnt or Brake: Inorder: Jammed / Leaked / Burnt or Modi: Nil / Slikim STD A/Rim or Tyre Size: F: 215 50 R17. (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 Survey held at Do. A. D.O.I. 2805/8 CA / REV / REP. / 24 HRS Date / Time Action / Instruction Gen. Cond. Good / Fair / Poor / Burnt or Jammed / Leaked / Burnt	Policy No.	C/No: *
Steering forder Jammed Leaked Burnt or	Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: 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 Vehicle: IN / OUT Date: Person Contacted: Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 215 SDR17. BS / DUN / EXNOVAT GY/ FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear R/Bal. mm R/Bal. mm L/Bal. D.O.A. D.O.A. D.O.I. Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.		Steering Inorder / Jammed / Leaked / Burnt or
(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 Vehicle: IN / OUT Date: Person Contacted: Tyre Size: F: 215 50 R17 Ris DLV / EXNOVATGY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear R/Bal. mm L/Bal. D.O.A. D.O.I. 28/05/18 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.	(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
(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: Person Contacted: Tyre Size: F: 2/5 DVR / Rev. Fill Size Fill		Modi: Nil / S/Rim / STD A/Rim or
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: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Provided its pr	£°	Tyre Size: F: 215/50R17.
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: Person Contacted: Date / Time Action / Instruction N/S O/S BS / DUN / EXNOVA GY/ FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear R/Bal.	(Policy Condition)	R: 215/50R17.
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: Person Contacted: Date / Time		BS / DUN / EXNOVATGY FS / LIZA / MIC / OHTSU / PIR / SUMI /
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: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction The U/C / Chassis frame / Body Structure affected due to collision.	repair at the time of inspection.	TOYO / YOKO or
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: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Action / Instruction Action / Instruction TP MS 6	Bal. or Market Value:	Front Rear
Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.	IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 06 mm R/Bal. 06 mm
Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.	GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted:	Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 28/05/18
Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Action / Instruction Person Contacted: Description Description Person Contacted: Description Description Person Contacted: Description Description Person Contacted: Description Description Person Contacted: Description Person Contacted:		Survey held at Twincoc.
Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.	CA / DEV / DED / 24 UDS	- 0
Date / Time Action / Instruction TP MS(6)		
TP MSLG.	Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
marilo marilo		
RECEIVED 1 2 00T 2018 12/10/2018	14 11010	alfording
12/10/2018	RECEIVED 12	OCT 2018
12/10/2018	IVE OF I	
		12/10/2018
Date/Time, File Pass to? : Preli. Report Days Of Repair:	Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4
: Final Report Resurvey No. of Trip: 2 Survey Fee: 150		
Date/Time, File Return to?		
2) 12 10 - typist Add Fee: : Site Insp (\$)S+RSSI	Date/Time, File Return to?	
: Interview (\$) Photos	Address	: Site Insp (\$)s+Rs,si
Report Format: merimen : Tech. Invs (\$) Others 10		parameter
NAMES OF STREET	2) 12/10 - typist Add Fee	: Interview (\$) Photos .
TOTAL 160	2) 12/10 - typist Add Fee Report Format: merimen	: Interview (\$) Photos

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

Case Main	Notified 25 May 2018	Est Submitted	Adj Assigned 28 May 2018 16:18	Adj Rpt	Adj Submitted	Ins Auth'ed	Status New Assignment
			Assign				Cancel Case

Main	Reference	Claim Details	Documents	Show All
CLAIM SUBFOLDER DETAILS			[Created by insu	ırerl
Insured:	MUHAMMAD SYUKRI BIN	N REDZWAN, ID: S9626106C	, , , , , , , , , , , , , , , , , , , ,	
Main Claimant:	TAN KHIAM TECK, ID:			
Vehicle Reg. No.:	SGY5869M	Date of Loss:	25/05/2018 11:00 [127 Months and 2 LTA Reg Date (Man	24 Days From
Claim Type:	ТР	Policy/Cover Note No.:	MSD/VMT/18-3820 Coverage: 24/04/2 13/05/2019	
Vehicle Reg. No. (Insured):	FBH3286G	Policy No. (Claimant):		
		Excess:		
Repairer:	Twincar Automotive Pte	Ltd (HQ) 2 KAKI BUKIT AVEUNE 2 #	01-17, 417921 Kaki Bukit - Tel	1;
Handling Insurer:		ore) Pte. Ltd. (HQ) - Tel: +65 6827		
Adjuster:	LKK Auto Consultants Pt	e Ltd (HQ) - Tel: 6256-3561 [Im	m.Advice due 29/05/201	81
Adj Asg. Remarks:	oi non reporting. Liabilty ca Pte Ltd.	innot be established. TP agree with S	E - assign Adrian Ling of LKK A	uto Consultant
ASSOCIATED MAIL RECEIVED			View All Comp	oose Case Mail
There are no mail for this case.				
ALL ASSOCIATED TASKS				
ALL ASSOCIATED TASKS		View All Search	n Tasks Create New Task	Complete

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

From: LKK Auto Consultants Pte Ltd MSIG Insurance (Singapore) Pte. Ltd. To: 51 Ubi Ave 1 #01-25 4 Shenton Way Paya Ubi Industrial Park #21-01 SGX Centre 2 Singapore 408933 Singapore 068807 12 Oct 2018 Date: Attn: Pauline Tham

Preliminary Advice

Insured Vehicle No : FBH3286G : 25/05/2018 Accident Date : SGY5869M TP Vehicle No Assignment Date : 28/05/2018 : MITSUBISHI LANCER Est. Duration of Repair : 4.00 Date of Inspection : 28/05/2018 : TWINCAR AUTOMOTIVE PTE LTD (HQ) Inspection At 2 KAKI BUKIT AVEUNE 2 #01-17 SINGAPORE 417921

Point of Impact / General Description of Damages

The vehicle sustained impact / damages n/s front portion and undercarriage and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	7,190.90
Revised Amount	:S\$	2,650.00 (LUMP SUM)
Check Items (Estimated)	:S\$	0.00
Total	:S\$	2,650.00
Lump Sum Repair	:S\$	
Total Loss Consideration		
New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	

Remarks The vehicle is economical/not economical for repair. (X) The above survey was conducted on a 'without prejudice' basis.

View Sent Message

This mail is associated with:

*SGY5869M (MSC/V/18-000734) [FBH3286G]

TAN KHIAM TECK
May 25 2018 11:00AM
[MUHAMMAD SYUKRI BIN REDZWAN]
Twincar Automotive Pte Ltd

Resend	View Recipients Print Message Delete Message Forward
From	LKK Auto Consultants Pte Ltd (LKK_HQ), sent on 31/05/2018 10:58 AM.
То	MSI_TSY
Subject	TP SURVEY SGY 5869M

Dear Catherine,

Please be informed that we have inspected the vehicle SGY 5869M on 28/5/2018.

We are pending estimate from repairer.

Best Regards, Veron Chen

DOCUMENTS SUMMARY

There are no documents.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	25/05/2018 12:31
Date Of Accident	25/05/2018 11:05
Exact Location Of Accident	PIE TWDS CHANGI AT ERP 37 AFT ADAM RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY5869M
Insured/Policyholder	
Name Of Registered Owner	TAN,KHIAM TECK
NRIC No	S0137698E

Email Address NOEMAIL Mobile Phone No (LOCAL) +65-94773918

Alternative Phone No OTHERS-94773918

Vehicle Particulars

Manufacturer **MITSUBISHI** Model LANCER

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?

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

Insurance Company

Name of Insurance Company DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number MT/00204318/03

Cover Note Number

Driver

Name of Driver TAN, KHIAM TECK

NRIC No S0137698E Date Of Birth 09/06/1946 Occupation **INDOOR** Date Of Driving Pass 17/03/1965

53 YEARS AND 2 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-94773918

Fax Number

OTHERS-94773918 Contact Number

EMail Address NOEMAIL Address

11 CASHEW ROAD

#11-03

Postcode

679672

OWNER

Was driver an employee of the Insured's Company NO

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 - CHANGE/CROSS LANE

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?

NO

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBH3286G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

SYUKRI

NRIC/Passport Number

Contact Number

96372347

Address

Postcode

Insurance Company Name

Nature Of Damage

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.
- 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.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GtA) 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, discipse and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling end/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:

ng Centre Personnel's Signature

NRIC/FIN No.:

Individual Statement

SKETCH PLAN PTE Towards CHA	was After Lorning o	roud Exit A1 EAD 3+ After Adam Row
	-	(F)
A-Say 5869m	→	# -000
B-FBH 3286 G.	→ —	AFTER A
	→	ADRIM
	→	(San

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE towards (Hongs in my voh (A) SGY 5869m on
the center lane of 5-Lones, expressing Just after ERP Gangy 37 After
adam road, veh18) FBH 3286 G from my left in between lare 3 and lane
A suddenly fittered to the right without cheming bladspot and signal encreasing
In eath come with (2) right portion while and on behild left
front portion and fall on the left. Therefore, we alighed and take pictures of
the accident siene.

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:

Reports Centre Personnel's Signature

Report Scritte Personnel's Sign Name:

Name: NRIC/FIN No

TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit AutoHub 2-Kaki Bukit Ave 2

#01-17 / #01-18 /Heavy Vehicle #01-08 / Spray Painting #02-27 Singapore 417921 Tel No. : +65 6842 0051 Fax No. : +65 6741 0510

E-Mail: sales@n51.com.sg Company Reg. No.: 200714616M GST Registration No.: 200714616M

TAN KHIAM TECK 101 CASHEW ROAD #11-03 SINGAPORE 679672

Contact: 94773918

TPMSLG Veron,

ESTIMATE

Repair Code: CLM14088

Date in: 25/05/2018 Vehicle Num.: SGY5869M

Model: MITSUBISHI LANCER 2.0L MIVEC GLS 6-CVT

Chassis/Eng#: JMYSTCY4A8U000848/4B11AN2852

Parts and Labour Assesment

Description of part	Qty	Unit Price	Amount
FRONT BUMPER Delad	1	810.00	810.00
FRONT BUMPER LH FOGLAMP	1	430.00	430.00 +
FRONT BUMPER LH FOGLAMP GARNISH Release Men	1	45.00	45.00 +
FRONT BUMPER LH SIDE BRACKET	1	20.00	20.00 €
FRONT BUMPER LOWER SPOILER TOLA . No m	1	221.00	221.00
FRONT BUMPER SIDE RETAINER L/R LH *	. 1991 2	20.00	49.0020
FRONT LH FENDER RYS	125130 1	496.00	496.00
FRONT LH FENDER INNER SHIELD 20 L	1	105.00	105.00
FRONT LH HEADLAMP Could.	SN: 430.	1891.00	1036.
FRONT LH KNUCKLE ARM Zhe -	1	308.00	308.00
FRONT LH KNUCKLE ARM BEARING	1	137.00	137.00 -
FRONT LH SPORT RIM Cat	ī	1098.00	1,098.00 45
	Subtotal before discount	·	5,601.00 (SN)
Percentage discount 10%			560.10
	Sub-total 1		5,040.90
FRONT 215/50/R17 TYRE M	1	450.00	450.00 🗶
FRONT BUMPER CLIPS - SET	80. 1	50.00	50.00-30
FRONT BUMPER LOWER SPOILER CLIPS - SET M	1	50.00	50.00
			20

TwinCar AUTOMOTIVE PTE LTD

2 Kaki Bukit Ave 2

#01-17 / #01-18 /Heavy Vehicle #01-08 / Spray Painting #02-27 Singapore 417921 Tel No.: +65 6842 0051 Fax No.: +65 6741 0510

E-Mail: sales@n51.com.sg Company Reg. No.: 200714616M GST Registration No.: 200714616M

TAN KHIAM TECK 101 CASHEW ROAD #11-03 SINGAPORE 679672

Signature: Date:

Contact: 94773918

ESTIMATE

Repair Code: CLM14088

Date in: 25/05/2018

Vehicle Num.: SGY5869M

Model: MITSUBISHI LANCER 2.0L MIVEC GLS 6-CVT

FRONT LH FENDER INNER SHIELD CLIPS - SET MC	1	50.00	_{*50.00} 3
	Subtotal before discount		600.00
Percentage discount 0%			0.00
	Sub-total 2		600.00
	Parts-total		5,640.90
ABOUR			
Γο remove, reinstall electrical wiring harness, check lighting and resetting FR)	headlamp focussing. (to		80.00 3
To remove, change front suspension parts, absorber, lower arm, knuckle a nub, drive shaft, anti-roll bar, top-arm and steering rack and pinion.	rm, wheel bearing, bearing		200.00 1
To road test driving, check and resetting wheel alignments system.			100.00
To re-spray painting on the change bodyparts, repair portion, and where co	onsistent to the accident.	1010	600.00 \$
To provide labour, workmanship to change the above damaged bodyparts, align body structure, body alignments and damaged consistent to the accidentation.			450.00
To apply anti-rust chemical on repaired and replaced panel.			120.00
	Labour Total		1,550.00
	Parts & Labour Total		7,190.90
of the following:		***	Adrian Lig
* Time part, spr. 8y is an a "Without Prejudice" basis	ge 2	ure.***	04 Dyp.
Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company	tolul: 3331.)	tolul 2	EK 30
Acknowledged by Repairer Signature:	toled: 3331.9	Ws: 83	sr.

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

AIM SUBF	OLDER TRA	CKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt		Adj Submitted	Ins Auth'ed	Status	
Main	25 May 2018		28 May 2018 16:18 Edit Adj Rpt	S\$3,331 Edit Esti	1	S\$3,331.90 View Rpt		Pending for Survey Report Cancel Case	
1	Main	R	eference	CI	aim Detai	ls	Documents		Show All
CLAIM SU	BFOLDER DE	TAILS				[Created I	by insurer]		
Insured:	MUHAMM	AD SYUKRI BIN	REDZWAN, ID: S	9626106C					
Main Claimant:	TAN KHIA	M TECK, ID: S	0137698E						
Vehicle Reg No.:	SGY586	9М			Date of Lo		3 11:00 - :59 ns and 24 Days Fro	om LTA Reg	Date (Man Yr)]
Claim Type:	TP / MSC	C/V/18-000734			Policy/Cov Note No.:		.8-382030-CA 24/04/2018 - 13/0	5/2019	
Vehicle Reg No. (Insured):	FBH3286	G			Policy No. (Claimant)):			
					Excess:				
Repairer:	Twincar A	Automotive Pte L	.td (HQ) 2 KAKI BU	KIT AVEUNE	2 #01-17	, 417921 Kaki B	ukit - Tel:		
Handling Insurer:	MSIG Ins	urance (Singapo	re) Pte. Ltd. (HQ)	- Tel: +65 (6827 7888	[Handled by	Pauline Tham - 6	5594 2545]	
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561	[Handled b	y MARCUS CHI	JA] [Final Rp	t due 27/	06/2018]
Adj Asg. Remarks:	oi non repo	orting. Liabilty car	not be established.	TP agree wit	th SJE - as	sign Adrian Ling	of LKK Auto Consi	ultants Pte L	td.
ASSOCIAT	ED MAIL RE	CEIVED					Viev	v All Cor	mpose Case Mai
There are n	o mail for this	case.							
ALL ASSO	CIATED TAS	iks⊟				View All S	earch Tasks Cr	eate New Ta	sk Complete
Due Date No results.	Priority	Type Task	Group Subjec	t Handle	er Ass	signed By	Completed On	Create	d On Done

Claim Documents

*SGY5869M (MSC/V/18-000734)

[FBH3286G]

TP

TAN KHIAM TECK

May 25 2018 11:00AM

[MUHAMMAD SYUKRI BIN REDZWAN]

Twincar Automotive Pte Ltd

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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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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/MSG18009665/AVBE2

Date:

15/10/2018

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte.

Policy No:

MSD/VMT/18-382030-

Claimant Vehicle

SGY5869M

Insured Vehicle No:

FBH3286G

No: Date of Loss:

25/05/2018

Nature of Claim:

ΤP

Claim No:

MSC/V/18-000734

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SGY5869M

Make & Model:

MITSUBISHI LANCER, 2.0 L MIVEC GLS6-CVT (A) Engine No: 01/10/2007 (Man. Year: 2007)

Chassis No: Odometer:

4B11AN2852 JMYSTCY4A8U000848

112539 km

Reg. Date: Colour:

Red

Engine Capacity: 1998 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):

Engine Modification:

No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: Front Left Side:

215/55 R17

Rear Tyre Size:

215/55 R17

Goodyear 6 mm

Rear Left Side:

Goodyear 6 mm

Front Right Side:

Goodyear 6 mm

Rear Right Side:

Goodyear 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	5,640.90	2,321.90	3,319.00	58.84
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,550.00	1,010.00	540.00	34.84
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	7,190.90	3,331.90	3,859.00	53.67
+ GST 7.00/7.00% (S\$)	503.36	233.23	270.13	53.67
Nett Amount (S\$)	7,694.26	3,565.13	4,129.13	53.67

INSPECTION

Date of Assignment:

28/05/2018

Date Inspected:

28/05/2018

Twincar Automotive Pte Ltd (HQ) Inspected At:

VERON CHEN

2 KAKI BUKIT AVEUNE 2 #01-17

Singapore 417921

Estimated Period of Repair:

4.0 days

Manager: MARCUS CHUA Adjuster:

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.

Adjuster Report Page 3 of 4

REPAIR DETAILS

Referen	ce	
Part Source:	: MRM-SG	Version: 1.0 (Last Synchronised: 15 Oct 2018)
Parts:	143	MITSUBISHI LANCER 2.0 L MIVEC GLS6-CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitte	d, no print-code for SGY5869M)
Validity:		ates are valid only if they contain the print code (above) on all estimate pages, running page in 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		*FRONT BUMPER	Deformed	810.00 FL	*810.00 FL
2	1		*FRONT BUMPER LH FOGLAMP	Not Necessary	430.00 FL	*-FL
3	1		*FRONT BUMPER LH FOGLAMP GARNISH	Not Necessary	45.00 FL	*- FL
4	1		*FRONT BUMPER LH SIDE BRACKET	Necessary	20.00 FL	*20.00 FL
5	1		*FRONT BUMPER LOWER SPOILER	Not Necessary	221.00 FL	*- FL
6	1		*FRONT BUMPER SIDE RETAINER L/R	N/S Necessary	40.00 FL	*20.00 FL
7	1		*FRONT LH FENDER	Repair	496.00 FL	*-FL
8	1		*FRONT LH FENDER INNER SHIELD	Deformed	105.00 FL	*105.00 FL
9	1		*FRONT LH HEADLAMP	Cracked	1,891.00 FL	*1,036.00 FL
10	1		*FRONT LH KNUCKLE ARM	Not Necessary	308.00 FL	*- FL
11	1		*FRONT LH KNUCKLE ARM BEARING	Not Necessary	137.00 FL	*- FL
12	1		*FRONT LH SPORT RIM	Cut	988.20 FS	*450.00 FS
13	1		*FRONT 215/50/R17 TYRE	Not Necessary	450.00 FS	*- FS
14	1		*SET FRONT BUMPER CLIPS	Necessary	50.00 FS	*30.00 FS
15	1		*SET FRONT BUMPER LOWER SPOILER CLIPS	Necessary	50.00 FS	*20.00 FS
16	1		*SET FRONT LH FENDER INNER SHIELD CLIPS	Necessary	50.00 FS	*30.00 FS
F=Fra	anchise	part. S=Spc	Nett. L=ListItemDisc.			
				Sub Total (S\$)	6,091.20	2,521.00
			- List Item Discount on L Items	s 10.00/10.00% (S\$)	450.30	199.10
				Total Parts (S\$)	5,640.90	2,321.90

Report was unsubmitted during this print-out.

Adjuster Report Page 4 of 4

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	TO REMOVE, REINSTALL ELECTRICAL WIRING HARNESS, CHECK LIGHTING AND RESETTING HEADLAMP FOCUSSING. (TO FR)	New	80.00	30.00
2	TO REMOVE, CHANGE FRONT SUSPENSION PARTS, ABSORBER, LOWER ARM, KNUCKLE ARM, WHEEL BEARING, BEARING HUB, DRIVE SHAFT, ANTI-ROLL BAR, TOP-ARM AND STEERING RACK AND PINION	New	200.00	100.00
3	TO ROAD TEST DRIVING, CHECK AND RESETTING WHEEL ALIGNMENTS SYSTEM	New	100.00	80.00
4	TO RE-SPRAY PAINTING ON THE CHANGE BODYPARTS, REPAIR PORTION, AND WHERE CONSISTENT TO THE ACCIDENT	New	600.00	500.00
5	TO PROVIDE LABOUR, WORKMANSHIP TO CHANGE THE ABOVE DAMAGED BODYPARTS, REPAIR, RE-CONSTRUCT AND RE-ALIGN BODY STRUCTURE, BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT	New)	450.00	300.00
6	TO APPLY ANTI-RUST CHEMICAL ON REPAIRED AND REPLACED PANEL	New	120.00	0.00
	Gross Labou	r Cost (S\$)	1,550.00	1,010.00
	Report was unsubmitted during	this print-out.		

< END OF ESTIMATES >