

22/03/2002

ASS. REC. BY:

REF:

08/MSG18069867/K/vd3b

Special Instruction:

Surveyor:

Merimen

From (Person):

Jasmine lok

ASSIGNMENT (Office)

of MSG

Date/Time:

30/5/18 @ 9.26am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB88792

Insured:

8KV5264B

at Workshop m/s

Premier Automotive

Tel:

65446676

of

23 chareji south Ave 2 #03-02

Policy No:

Claim No:

559614

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

27/5/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Gany

Vehicle

☒ IN ☐ OUT

Date/Time

Action/Instruction

(✓)

Estimate

SHB88792-CS/MSG17017634/K/vbq2

D.O.A: 9/9/17

8KV5264B-X

4/6/18

Send preli revised by merimen

(08/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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: _____ 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: SHB 88792 Yr Regn: 27 Mar 2014Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: KIA optima c.c. 1.685Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 558878 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAGM414ME5454785Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim orTyre Size: F: 205/65R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or AchillesFront 7 mm Rear 7 mmR/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 27/5/8 D.O.I. 20/5/8Survey held at Premier

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

o/s Body

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

Date / Time	Action / Instruction
13/6/14	Calculated U/S \$1000/4Hrs. (Red 561.12, 357) <u>MS24</u> <u>U/S</u>

RECEIVED 14 JUN 2014

Date/Time, File Pass to?

☐ : Prell. Report,1) ☐ : Final Report

Date/Time, File Return to?

2) 14/6 - typistReport Format: merimenLump Sum / I.B.I.: (\$ 1000 1/2)Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 150

Transportation: _____

S + RS, SI _____

Photos _____

Others 10TOTAL 160

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	28 May 2018		30 May 2018 09:26 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	CHEW CHEN YONG, ID: S6945130F, Tel: +6598209069, Email: NOEMAIL		
Main Claimant:	PREMIER TAXIS PTE LTD, Co. Reg. No.: 200304975H		
Vehicle Reg. No.:	SHB8879Z	Date of Loss:	27/05/2018 16:00 - :59 [50 Months From LTA Reg Date (Man Yr)]
Claim Type:	TP / 559614	Policy/Cover Note No.:	A28820115QMY (Comprehensive) Coverage: 22/09/2017 - 21/09/2018
Vehicle Reg. No. (Insured):	SKV5264B	Policy No. (Claimant):	
		Excess:	S\$500.00
Repairer:	Premier Taxis Pte Ltd - Changi (HQ) 23 Changi South Ave 2 #03-02, 486443 Changi - Tel:		
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 ... [Imm.Advice due 31/05/2018]		
Driver/Custodian (Insured):	CHEW CHEN YONG (48 / Male), NRIC: S6945130F, Tel: +6598209069		
Adj Asg. Remarks:	ASSIGN LKK. LIABILITY: 50%/50% CONTACT: 65446676		

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.									

Calvin

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

To: MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807	From: LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
Attn: Jasmine Lok Kheng Kwei	Date: 04 Jun 2018
<u>Preliminary Advice</u>	

Insured Vehicle No	: SKV5264B		
TP Vehicle No	: SHB8879Z	Accident Date	: 27/05/2018
Make	: KIA OPTIMA	Assignment Date	: 30/05/2018
Date of Inspection	: 30/05/2018	Est. Duration of Repair	: 3.00
Inspection At	: PREMIER TAXIS PTE LTD - CHANGI (HQ) 23 CHANGI SOUTH AVE 2 #03-02 SINGAPORE 486443		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s body and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	1,561.12
Revised Amount	:S\$	1,464.09
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,464.09
Lump Sum Repair	:S\$	
Total Loss Consideration		
New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

<input type="checkbox"/>	The vehicle is economical/not economical for repair.
<input checked="" type="checkbox"/>	The above survey was conducted on a 'without prejudice' basis.

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	28/05/2018 13:23
Date Of Accident	27/05/2018 16:00
Exact Location Of Accident	SERANGOON AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8879Z
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Insured/Policyholder

Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	CHUA WEE KEONG
NRIC No	S0013254C
Date Of Birth	10/09/1952
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1970
Driving Experience	48 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96170732
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 924 #16-70 HOUGANG AVE 9
Postcode	530924
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SUPER RELIEF - ANG MO KIO
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH CENTRAL
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEHICLES - NO PAX *REFER TO ATTACH POLICE REPORT

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	SKV5264B
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW CHEN YONG
NRIC/Passport Number	S6945130F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT LEFT PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	CHUA WEE KEONG - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	MC 3 DAYS FROM MT ALVERNIA HOSPITAL
Injured person in which vehicle?	SHB8879Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



CHUA WEE KEONG

[Signature]

SHB88792 24 MAY 2018

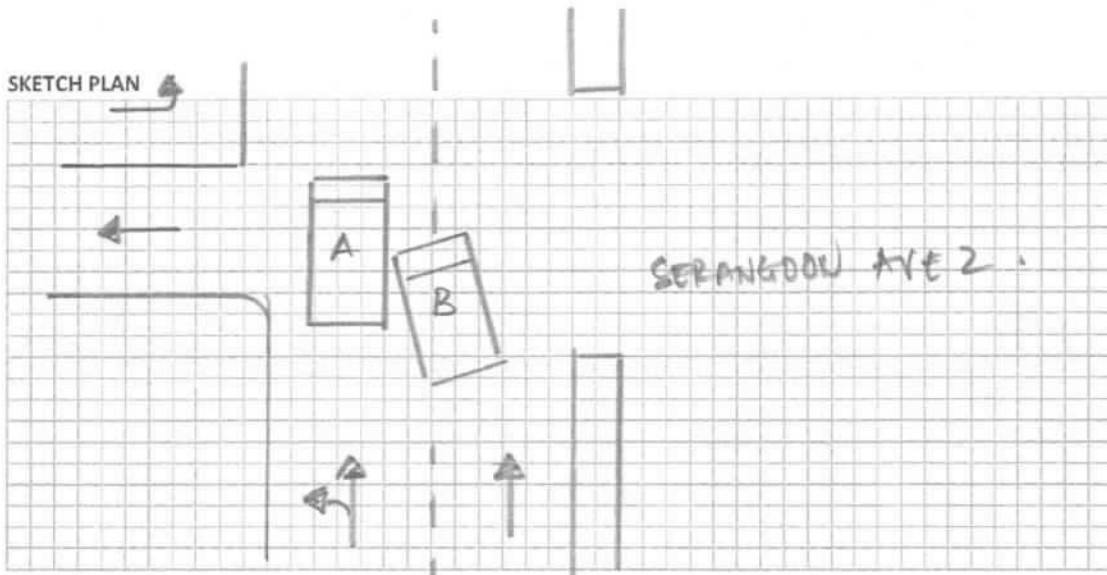
[Signature]

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 Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 88797

B: SKV 5264B

* refer to attach police report.

DECLARATION

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

24 MAY 2018

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.:



**SINGAPORE
POLICE FORCE**



T/20180528/2027

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20180528/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2018 12:08	Vide Report No.:	Station Diary No.: 67
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Informant's Particulars

Name of Informant: CHUA WEE KEONG			Address: APT BLK 924 HOUGANG AVENUE 9 #16-70 SINGAPORE 530924		
ID Type / ID No.: NRIC NO / S0013254C			Contact No.: Home/Office: Mobile: 96170732		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 10/09/1952	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/05/2018 16:00	Type of Location: Straight Road
Location: Along Road 1 SERANGOON AVENUE 2 Near to Blk 322				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB8879Z	Car	KIA		Silver	Slightly Damaged	0
SKV5264B	Car	TOYOTA	COROLLA ALTIS	Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180528/2027

2 of 3

Report No. T/20180528/2027

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	CHUA WEE KEONG		ID No. S0013254C
Related Vehicle	SHB8879Z (Car)		Contact No. 96170732
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	28/05/2018	Date Discharge	28/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHEW CHEN YONG		ID No. S6945130F
Related Vehicle	SKV5264B (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/05/2018 at around 1603hrs, I was travelling slowly along Serangoon Ave 2 near to Blk 322 on the left lane of a 2-lane road. Suddenly, I felt an impact at the right side of my car and realized that another car which was on the right lane had hit onto the right side of my car. As there was a entrance to the carpark just ahead, I believe the said car was trying to cut into my lane in front of me and wanted to enter the said carpark.

Due to the accident, the right side of my taxi sustained scratches and dents. The left front area of the said car was dented as well. I felt some pain on my right shoulder area as such seek medical treatment and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20180528/2027

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3
Report No. T/20180528/2027

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
E /
Sr Staff Sgt JAMADIL BIN DOL MAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /

Sgt 2 YEO KIA HUAT
Contact No: 65476325

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
28/05/2018 12:08

Classification Of Case:

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	27 Mar 2014 / 09:19:53	Receipt No.:	AACCK001-AX239-140327-000006
Asset Type:	Vehicle	Transaction Amount:	\$71,081.00
Asset ID:	SHB8879Z	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140327091953513091		
Vehicle No.:	SHB8879Z		
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-		
Vehicle Attachment 3:	-		
Vehicle Scheme:	Taxi (Company)		
First Registration Date:	27 Mar 2014		
Original Registration Date:	27 Mar 2014		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414ME5454745		
Engine No.:	D4FDDH308918		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2013		
Open Market Value:	\$19,696.00		
Minimum PARF Benefit:	\$7,317.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	27 Mar 2014 09:19:53		
COE No.:	2014032701001164M		
COE Expiry Date:	26 Mar 2022		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$58,745.00		
Lifespan Expiry Date:	26 Mar 2022		
Owner ID Type:	Company		

PREMIER AUTOMOTIVE SERVICES PTE LTD**23 Changi South Ave 2****#01-02, Singapore 486443****Assessment Number: MSIG0015****Version: PREMIERA/1****Assessor Report****Printed: 30/05/2018****Summary Information****Claim**

Claim Reference: SHB8879Z
Policy Number:
Date of Decision: 30/05/2018
Repairer:
Estimated Repair Time (Working Days): 0.0

Insured:
Third Party:
Able to Authorise Repairs: TBA
Repairs Authorised? TBA

Insured's Liability

Excess: TBA
Customer Contribution: \$0.00 (excl GST)

Vehicle Details**Vehicle**

Registration: SHB8879Z
Manufacturer: KIA
Registration Month: March
Odometer: Not Known
Build Date:
Model Specs: FROM 01/2014
WHEEL COVER 16 INCH
PREPARE OFF VEHICLE
BASECOAT CLEAR

VIN/Chassis Number:
Model: Optima
Registration Year: 2014
Colour:

Vehicle Condition**Vehicle Status**

Date of Incident: 27/05/2018
Pre-Accident Condition:
Pre-Accident Damage:
Steering Rim Ply:
Brake Pedal Travel:
Vehicle Status:
Damage Severity:

Market Value: Unknown
Salvage Value: Unknown
Date of Inspection: 30/05/2018
Place of Inspection:

Tyres Condition:

Tread Depth LHF:

Tread Depth LHR:

Tread Depth RHF:

Tread Depth RHR:

Repair Information**LABOUR**

Time Basis 10 WU = 1 HR. Price/CL 1 = \$50.00/HR
Price/Dent = \$50.00/HR

Repair /**Guide Number Repair Details**

		WU	Cost Price (\$)
0742	REPAIR R/F WING	20.0*	100.00
1482	REPAIR RIGHT FRONT DOOR	20.0*	100.00
1738	REPAIR R/DOOR MIRROR	10.0*	50.00
1782	REPAIR R/R DOOR	20.0*	100.00
2583	REPAIR REAR BUMPER	20.0*	100.00
3486	REPAIR R/R OUTER SIDE PANEL	20.0*	100.00

LABOUR COST**Total Work Units****110.0**

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 Changi South Ave 2

#01-02, Singapore 486443

Assessment Number: MSIG0015

Version: PREMIERA/1

Assessor Report

Printed: 30/05/2018

Corrosion Protection External Labour	0.0HRS	0.00
Corrosion Protection Internal Labour	0.0HRS	0.00
Sub Total	11.0HRS	\$550.00
Paint Labour	11.7HRS	\$585.00
Total Labour	22.7HRS	\$1,135.00

PAINT WORK

Guide Number	Description	Time Basis 10 WU = 1 HR. Price = \$50.00/HR	WU	Cost Price (\$)
	- PREPARE OFF VEHICLE			
	- BASECOAT CLEAR			
742	R/F WING REPAIR PAINTING <50%		10.0	
1482	RIGHT FRONT DOOR REPAIR PAINTING <50%		17.0	
1738	R/DOOR MIRROR REPAIR PAINT PLASTIC	X	9.0	
1782	R/R DOOR REPAIR PAINTING <50%		15.0	
2583	REAR BUMPER REPAIR PAINT PLASTIC		17.0	
3486	R/R OUTER SIDE PANEL REPAIR PAINTING <50%		16.0	
LABOUR COST - PAINT				
TIME(PAINT)				
	Preparation Main Work Plastic		84.0	
	Preparation Main Work Metal		8.0	
	Preparation Work Multi Layer Paint		25.0	
	Total Work Units (10WU/HR)		0.0	
	Total Paintwork Labour		117.0	
			11.7HRS	\$585.00
MATERIAL COST - PAINT				
	Repair Painting			Cost Price
	Repair Painting Plastic			\$89.47
	Material-Const Main Work Plastic			\$59.95
	Total Excluding Pearlescent Uplift			\$12.70
	Pearlescent Uplift @ 0.0%			\$190.72
				\$0.00
	Total Paint Material Cost			\$190.72

PARTS

Guide No.	Qty	Description	Part Number	Supplier	Price Valid: 01/06/2015	Bet.	Price (\$)
9560	1	R/R WHEEL COVER	529602T100			0%	116.00*
f: OEM Parts			Sub Total				\$116.00
g: Original			Deduction from RRP (35 %)				-\$40.60
h: Secondhand			Total Parts				\$75.40
p: Parallel							
x: Exchange							

NB - COLOUR CODED ITEMS/TRIM - PART NUMBERS MAY DIFFER

Extras

Description	Betterment	Price
O/S DOOR STICKERS SPECIALIST	0% ✓	\$100.00
REAR FENDER SPECIALIST	✓	\$60.00
STICKER		

Total Extras \$160.00

Final Calculation

Total Parts	
Labour	\$75.40

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 Changi South Ave 2

#01-02, Singapore 486443

Assessment Number: MSIG0015**Assessor Report****Version: PREMIERA/1****Printed: 30/05/2018**

Total Panel/Mechanical	\$550.00	500
Total Paintwork	\$585.00	540
Total Labour		\$1,135.00
Additional Costs		
Corr Prot Materials External	\$0.00	
Corr Prot Materials Internal	\$0.00	
Cost of Specialist	\$160.00	
Total of Additional Costs		\$160.00
Total Paint/Material Costs		\$190.72
Grand Total Excludes GST		\$1,561.12
GST @ 7 %		\$109.28
Grand Total Includes GST		\$1,670.40

Assessment Notes

Kahua 11/11/14
30/5/18 13.05 hrs.
G.P.
L/S
After Repair photo

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer
Signature:
Date:

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

Revert

Claim Reference: SHB8879Z
Assessment Number: MSIG0015
Version: PREMIERA/1
Date Calculated: 04/06/2018 04:43

Full Report - V1
Registration: SHB8879Z
Printed: 04/06/2018 11:44

Summary Information

Claim

Location:	Singapore (SG)	Currency:	SGD
Printed by:	LKK AUTO	Date of Incident:	27/05/2018
Authorisation Status:	Interim	Able to Authorise Repairs:	TBA
Work Provider:	MSIG Insurance (Singapore) Pte SHB8879Z	Repairs Authorised:	TBA
Claim Reference:	SHB8879Z	Estimated Repair Time:	
Policy Number:		Quote Due Date:	
Other Reference:	LKK	Actual Repair Days:	
Third Party:		Parts Ordered Date:	
Insured Amount:		Hire Car Start:	
Under Warranty:		Hire Car End:	
Warranty Expired:		Vehicle Collected:	

Vehicle Details

Vehicle

Manufacturer:	KIA
Model:	Optima
Sub Model:	BASE MODEL
Model Sheet Number:	2836 01
Registration:	SHB8879Z
Registration Month:	March
Registration Year:	2014
VIN Number:	
Odometer:	Not Known
Colour:	
Engine Number:	
Fuel Level:	%

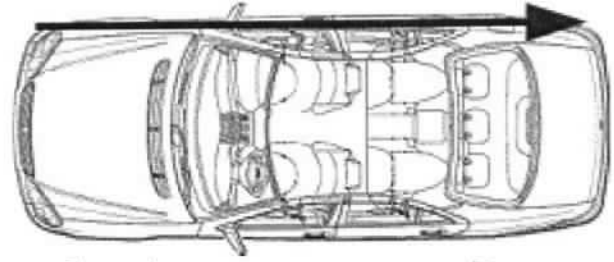
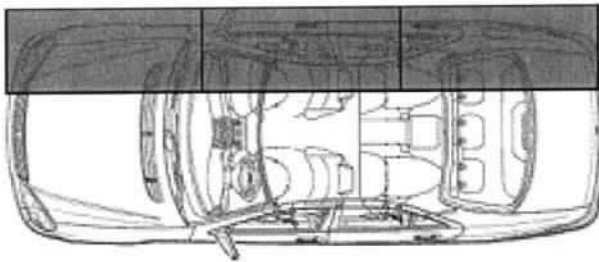
Model Specs

FROM 01/2014	WHEEL COVER 16 INCH
PREPARE OFF VEHICLE	BASECOAT CLEAR

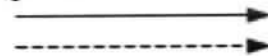
Vehicle Condition

Vehicle Status

Pre-Accident Condition:	Severity of Impact:	
Steering:	Vehicle Status on Inspection:	
Brakes Pedal Travel:	Date of Inspection:	30/05/2018
Place of Inspection:		
Pre-Accident Damage:		
Tyres Condition:		
Tread Depth LHF:	Tread Depth RHF:	
Tread Depth LHR:	Tread Depth RHR:	
Damage Areas:	Direction of Impact:	



Primary Impact
Secondary Impact



Addresses

Cost Summary

Total Labour	\$1,040.00
Total Paint/Material	\$188.69
Total Parts	\$75.40
Total of Additional Costs	\$160.00
Excess:	TBA
Grand Total Exc GST:	\$1,464.09
7 % GST:	\$102.49
Grand Total Inc GST:	\$1,566.58

Repair Information

LABOUR

Time Basis 10 WU = 1 HR. Price/CL 1 = \$50.00/HR
Price/Dent = \$50.00/HR

Repair /

Guide Number Repair Details

		WU	Cost Price (\$)
0742	REPAIR R/F WING	20.0*	100.00
1482	REPAIR RIGHT FRONT DOOR	20.0*	100.00
1782	REPAIR R/R DOOR	20.0*	100.00
2583	REPAIR REAR BUMPER	20.0*	100.00
3486	REPAIR R/R OUTER SIDE PANEL	20.0*	100.00

LABOUR COST

Total Work Units

100.0

Corrosion Protection External Labour

0.0HRS

0.00

Corrosion Protection Internal Labour

0.0HRS

0.00

Sub Total

10.0HRS

\$500.00

Paint Labour

10.8HRS

\$540.00

Total Labour

20.8HRS

\$1,040.00

PAINT WORK

Time Basis 10 WU = 1 HR. Price = \$50.00/HR

Guide Number Description

		WU	Cost Price (\$)
	- PREPARE OFF VEHICLE		
	- BASECOAT CLEAR		
742	R/F WING REPAIR PAINTING <50%	10.0	
1482	RIGHT FRONT DOOR REPAIR PAINTING <50%	17.0	
1782	R/R DOOR REPAIR PAINTING <50%	15.0	
2583	REAR BUMPER REPAIR PAINT PLASTIC	17.0	
3486	R/R OUTER SIDE PANEL REPAIR PAINTING <50%	16.0	

LABOUR COST - PAINT

TIME(PAINT)

75.0

Preparation Main Work Plastic

8.0

Preparation Main Work Metal	25.0	
Preparation Work Multi Layer Paint	0.0	
Total Work Units (10WU/HR)	108.0	
Total Paintwork Labour	10.8HRS	\$540.00
MATERIAL COST - PAINT		Cost Price
Repair Painting		\$89.47
Repair Painting Plastic		\$57.92
Material-Const Main Work Plastic		\$12.70
Total Excluding Pearlescent Uplift		\$188.69
Pearlescent Uplift @ 0.0%		\$0.00
Total Paint Material Cost		\$188.69

PARTS

Guide No.	Qty	Description	Part Number	Supplier	Price Valid: 01/06/2015	Bet.	Price (\$)
9560	1	R/R WHEEL COVER	529602T100			0%	116.00*
f:		OEM Parts		Sub Total			\$116.00
g:		Original		Deduction from RRP (35 %)			-\$40.60
h:		Secondhand		Total Parts			\$75.40
p:		Parallel					
x:		Exchange					

NB - COLOUR CODED ITEMS/TRIM - PART NUMBERS MAY DIFFER

Extras

Description	Betterment	Price
O/S DOOR STICKERS SPECIALIST	0%	\$100.00
REAR FENDER SPECIALIST		\$60.00
STICKER		
Total Extras		\$160.00

Final Calculation

Total Parts		\$75.40
Labour		
Total Panel/Mechanical	\$500.00	
Total Paintwork	\$540.00	
Total Labour		\$1,040.00
Additional Costs		
Corr Prot Materials External	\$0.00	
Corr Prot Materials Internal	\$0.00	
Cost of Specialist	\$160.00	
Total of Additional Costs		\$160.00
Total Paint/Material Costs		\$188.69
Grand Total Excludes GST		\$1,464.09
GST @ 7 %		\$102.49
Grand Total Includes GST		\$1,566.58

Assessment Notes

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 May 2018		30 May 2018 09:26 Edit Adj Rpt	S\$1,000.00 Edit Estimates	S\$1,000.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	----------

CLAIM SUBFOLDER DETAILS		[Created by insurer]
Insured:	CHEW CHEN YONG, ID: S6945130F, Tel: +6598209069, Email: NOEMAIL	
Main Claimant:	PREMIER TAXIS PTE LTD, Co. Reg. No.: 200304975H	
Vehicle Reg. No.:	SHB8879Z	Date of Loss: 27/05/2018 16:00 - :59 [50 Months From LTA Reg Date (Man Yr)]
Claim Type:	TP / 559614	Policy/Cover Note No.: A28820115QMY (Comprehensive) Coverage: 22/09/2017 - 21/09/2018
Vehicle Reg. No. (Insured):	SKV5264B	Policy No. (Claimant):
		Excess: S\$500.00
Repairer:	Premier Taxis Pte Ltd - Changi (HQ) 23 Changi South Ave 2 #03-02, 486443 Changi - Tel:	
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 KALVIN ANG WEI KUN] ... [Final Rpt due 29/06/2018]	
Driver/Custodian (Insured):	CHEW CHEN YONG (48 / Male), NRIC: S6945130F, Tel: +6598209069	
Adj Asg. Remarks:	ASSIGN LKK. LIABILITY: 50%/50% CONTACT: 65446676	




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

***SHB8879Z (559614)**
[SKV5264B]
TP
PREMIER TAXIS PTE LTD
May 27 2018 4:00PM
[CHEW CHEN YONG]
Premier Taxis Pte Ltd - Changi

Upload Documents			Upload Photos			Compose New Letter			View		View in Browser	
Assessment Reports									1 per page		<input checked="" type="checkbox"/>	
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)								Thumbnail	Print	
1	28/05/18 17:10	Accident Statement From:SC - Reg. No: SKV5264B, Claimant: CHEW CHEN YONG								Load HTM		
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)								Thumbnail	Print	
1	04/06/18 11:51	Adjuster Immediate Advice								Load HTM		
Photos/Images									3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)								Thumbnail	Print	
1	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
2	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
3	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
4	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
5	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
6	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
7	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
8	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
9	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
10	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
11	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
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14	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
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16	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
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22	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
23	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
24	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
25	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
26	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
27	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
28	31/05/18 17:33	General View								Load JPG	<input checked="" type="checkbox"/>	
29	13/06/18 17:31	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>	
30	13/06/18 17:31	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>	
31	13/06/18 17:31	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>	
32	13/06/18 17:31	Reinspection Photo								Load JPG		

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
				<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	28/05/18 17:10	SHB8879Z E-FILE REPORT From: SC - Reg. No: SKV5264B, Claimant: CHEW CHEN YONG		Load PDF
2	28/05/18 17:11	PRI - PREMIER TAXIS PTE LTD		Load PDF

Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>				
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>				

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/MSG18009867/K1VD3E2

Date: 18/06/2018

REFERENCE

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

Policy No: A28820115QMY

Claimant Vehicle No : SHB8879Z

Insured Vehicle No : SKV5264B

Date of Loss: 27/05/2018

Nature of Claim: TP

Claim No: 559614

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHB8879Z

Make & Model: KIA OPTIMA, 1.7 D (A)

Engine No: D4FDDH308918

Reg. Date: 27/03/2014 (Man. Year: 2013)

Chassis No: KNAGM414ME5454745

Colour: Silver

Odometer: 558838 km

Engine Capacity: 1685 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: 205/65 R16

Rear Tyre Size: 205/65 R16

Front Left Side: Achilles 7 mm

Rear Left Side: Achilles 7 mm

Front Right Side: Achilles 7 mm

Rear Right Side: Achilles 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	235.40	235.40	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,325.72	1,228.69	97.03	7.32
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,561.12	1,464.09	97.03	6.22
Approved Total (Overridden) (S\$)		1,000.00		
(S\$)	1,561.12	1,000.00	561.12	35.94
+ GST 7.00/7.00% (S\$)	109.28	70.00	39.28	35.94
Nett Amount (S\$)	1,670.40	1,070.00	600.40	35.94

INSPECTION

Date of Assignment: 30/05/2018

Date Inspected: 30/05/2018 Inspected At:

Premier Taxis Pte Ltd - Changi (HQ)
23 Changi South Ave 2 #03-02
Singapore 486443

Estimated Period of Repair: 4.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: VERON CHEN

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:	MRM-SG	Version: 1.0 (Last Synchronised: 18 Jun 2018)
Parts:	143	KIA OPTIMA 1.7 D (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB8879Z)	
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		*R/R WHEEL COVER	Grazed	116.00 FL	*116.00 FL
2	1		*O/S DOOR STICKERS	Necessary	100.00 FS	*100.00 FS
3	1		*REAR FENDER STICKER	Necessary	60.00 FS	*60.00 FS
					Sub Total (\$\$)	276.00
					- List Item Discount on L Items 35.00/35.00% (\$\$)	40.60
					Total Parts (\$\$)	235.40

F=Franchise part. S=SpcNett. L=ListItemDisc.

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
<u>Labour Items</u>				
1	TOTAL PANEL / MECHANICAL	New	550.00	500.00
2	TOTAL PAINTWORK	New	585.00	540.00
3	TOTAL PAINT / MATERIAL COSTS	New	190.72	188.69
Gross Labour Cost (S\$)			1,325.72	1,228.69

Report was unsubmitted during this print-out.

< END OF ESTIMATES >