

ASS. REC. BY:

REF: CS3/III18010574/TI24d302 Instruction: ✓

Survivor:

ASSIGNMENT (Office)

From (Person):

Mummen

Gabriel Wee

of

III

Date/Time: 11/6/18 @ 11:33am

Estimated Cost:

Bill to:

OD (TP) WS/TP RES / OD RES / EVA / INV / MV ? CS

To Inspect Vehicle No:

SKP 3018R

Insured:

SHA 4722Z

at Workshop m/s

Khek Joo Motor

Tel:

9616 6658

of

9004, Tampines Street 93 #01-94

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 26/05/2018

CA / REV / REP. / REV 24 HRS ^{1up}

H.O.D. Endorsement:

Date/Time:

1:42pm @ 11/6/18

Person Contacted:

Mr. Ng

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SKP 3018R - X

SHA 4722Z - NS/INC 18003684/K/1bn2

DOA: 16/02/2018

26/6/18

Disassembled

28/6/18

After Repair

Cheng

Tan

REF:

III

ASSIGNMENT

From:

Date:

25/06/2018

Veh No:

SKP3018R

Yr Regn:

2009 / Jul

Estimated Cost:

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

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

Truck / Trailer or

To Inspect Vehicle No:

SKP 3018 R

Make:

BMW 530i

CC 1995

at Workshop n/s

Khok Jhoo Motor

Colour:

Black

A/C: Insured / Std / NI / NA

of Blk 9004, Tampines Ind. Park 1 #01-94

Sp. Reading

130174

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

WBANT12050CX30157

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size:

F: 225/30R19

R:

~ ~

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

D.O.I.

25/6/18 4:15 pm

Lum Sum:

%

3 Val.: Yes or No

Survey held at

Khok Jhoo

CA / REV / REP. / 24 HRS

Wp

PKS

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

Rear n/s

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

No G/LA

26/6/18

Submit PKS Report.

RECEIVED 6 JUL 2018

Date/Time: File Pass to?

☐

: Preli. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time: File Return to?

2)

Add Fee:

☐

Site Insp (\$

Survey Fee:

80

Transportation

80

) 3 + RS. \$

80

) Photos

) Others

10

Report Format :

Lump Sum / I.B.I. (\$

☐

Interview (\$

☐

Tech. Inv (\$

☐

Weekend (\$

TOTAL

250

Nivitha (LKK Auto)

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Monday, 11 June 2018 11:33 AM
To: Mdm Ling; 'sur@lkkauto.com'; Catherine Chong (LKK Auto)
Cc: Ling Leong Hui; Sherini Pillai
Subject: RE: PRE-REPAIR INSPECTION FOR VEHICLE NO. SKP3018R (Accident involving SKP3018R and SHA4722Z on 26.05.2018)
Attachments: sha4722z_20180605093158.pdf; LIST OF INDEPENDENT SURVEYORS.DOCX

Dear Sir / Mdm

This Pre-Repair Survey is on Without Prejudice Basis.

THIRD PARTY VEHICLE NO. : SKP3018R
III INSURED VEHICLE NO. : SHA4722Z
DATE OF LOSS : 26.05.18

We acknowledge receipt of your email.

In compliance to Pre-Action Protocol for NIMA cases, we note that

We disagree to the list of motor surveyors that you have proposed.

Therefore, we have appointed our surveyor LKK AUTO CONSULTANTS to conduct the pre-repair survey.

This claim is handled by **Sherini**.

Please let us have your client's **accident report and repair estimate** for our appointed surveyor to conclude his report.

****We would like to conduct a re-survey after spray painting. Please contact our surveyor to arrange.**

****Surveyor kindly upload this assignment to Merimen.**

Thank You.

Best Regards,

Gabriel Wee

Motor Claims Dept.

India International Insurance Pte Ltd

64 Cecil Street | #05 IOB Building | Singapore 049711

Tel: 6347 6100, Ext - 248

From: Mdm Ling [mailto:mdmling@tcmg.com.sg]

Sent: 11 June, 2018 11:17 AM

To: Motor Claim - III <motorclaim@iii.com.sg>

Cc: Ling Leong Hui <lhling@tcmg.com.sg>

Subject: RE: PRE-REPAIR INSPECTION FOR VEHICLE NO. SKP3018R (Accident involving SKP3018R and SHA4722Z on 26.05.2018)

WITHOUT PREJUDICE

Dear Sirs,

We refer to the above matter .

Our client is not agreeable to any of your appointed panel of surveyors as the Single Joint Expert.

Our client's panel of surveyors nominated as the Single Joint Expert is as attached.

Yours faithfully,

Mdm Ling
Tommy Choo Mark Go LLC

From: Motor Claim - III [<mailto:motorclaim@iii.com.sg>]

Sent: Tuesday, June 05, 2018 9:52 AM

To: 'lhling@tcmg.com.sg' <lhling@tcmg.com.sg>; 'MDM Ling' <mdmling@tcmg.com.sg>

Subject: PRE-REPAIR INSPECTION FOR VEHICLE NO. SKP3018R (Accident involving SKP3018R and SHA4722Z on 26.05.2018)

Dear Sir / Mdm,

We acknowledge receipt of your letter.

We propose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

Best Regards,

Gabriel Wee

Motor Claims Dept.

India International Insurance Pte Ltd

64 Cecil Street | #05 IOB Building | Singapore 049711

Tel: 6347 6100, Ext - 248

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

DISCLAIMER:

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It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful.

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Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

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India International Insurance Pte Ltd.
Registration No. 198703792-K

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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Print this email only if it is absolutely necessary and help in preservation of environment.
India International Insurance Pte Ltd.
Registration No. 198703792-K

TOMMY CHOO, MARK GO LLC

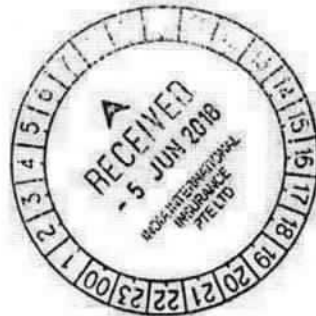
Advocates & Solicitors Commissioner For Oaths Notary Public
UEN NO : 201523418E
(a law corporation with limited liability)

151 CHIN SWEE ROAD #14-15/16
MANHATTAN HOUSE
SINGAPORE 169876
TEL : (65) 6532 2456
FAX : (65) 6538 9850 (Services of Court Documents By Fax Not Accepted)

EMAIL: lhling@tcmg.com.sg;mdmling@tcmg.com.sg

Our Ref: TCMG/SKP3018R/0618/KJM

Your Ref: SHA 4722 Z



4 June 2018

M/s India International Insurance Pte Ltd
64 Cecil Street#04-00
IOB Building
Singapore 049711

BY FAX NO. 6224-4174 ONLY

Attn: Motor Claims Department

Dear Sirs,

PRE-REPAIR INSPECTION NOTICE

We act for **Jeyamohan s/o Ramasami**, the owner and/or driver of motor vehicle no. **SKP 3018 R**, which was involved in an accident along U-Turn between Sungei Road and Rochor Road on 26 May 2018 at 21:15 hrs.

We hereby give you **NOTICE** that we are claiming against your Insured motor vehicle no. **SHA 4722 Z** for damages and/or injuries, costs and disbursements as a result of your Insured's negligence.

Kindly let us know if you wish to conduct a pre-repair inspection on our client's motor vehicle at M/s Khek Joo Motor, (9004, Tampines Street 93 #01-94, Singapore 528838 - Mr Ng Wee Kiang @ 9616 6658).

If we do not hear from you within the next **two (2) working days**, we shall deem that you have waived the requirement for the pre-repair inspection.

Yours faithfully,

MR LING LEONG HUI

cc. M/s Khek Joo Motor
(Yref :SKP3018R)

BY FAX NO. 6785 4258 ONLY

DIRECTORS : LING LEONG HUI

CONSULTANTS : TOMMY CHOO TUCK SOON
FOOTS LAURENCE JAMES

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 18:40
Date Of Accident	26/05/2018 21:15
Exact Location Of Accident	U-TURN BETWEEN SUNGEI RD & ROCHOR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP3018R
Insured/Policyholder	
Name Of Registered Owner	JEYAMOHAN S/O RAMASAMI
NRIC No	S1736297F
Email Address	JEYAMOHAN30@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91852570
Alternative Phone No	OFFICE-91852570

Vehicle Particulars

Manufacturer	BMW
Model	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP
Exact Purpose for which vehicle was being used at time of accident	
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA049416/1
Cover Note Number	

Driver

Name of Driver	JEYAMOHAN S/O RAMASAMI
NRIC No	S1736297F
Date Of Birth	30/08/1966
Occupation	INDOOR
Date Of Driving Pass	28/11/1990
Driving Experience	27 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91852570
Fax Number	
Contact Number	OFFICE-91852570
EEmail Address	JEYAMOHAN30@GMAIL.COM

Address	BLK 502 PASIR RIS STREET 52
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	SLIGHT DRIZZLE
Road Surface	WET

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)	3
Passenger 1	NAME: : CAMILLUS D/O V JUSTINE GENDER: : FEMALE
Passenger 2	NAME: : ISABELLA SHREYA JEYAMOCHAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	SHA4722Z
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

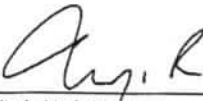
SKETCH PLAN

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 mv instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time: 28 May '18
6:00 pm

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


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

GIA/GIA Records Management Centre

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sungei Road (BMW SKP3018R). I needed to make a U-turn to get onto Rochor Road. Noticing that the traffic along Rochor Road was rather heavy, I had to come to a complete stop. As I was looking out for an appropriate and safe opportunity to get into Rochor Road, my car was hit on the back left side by Comfort Delgro Taxi (SHA 4722Z). The taxi driver, my wife and I got out of our vehicles to take photographs of the damage sustained to our vehicles. After we had done so, I requested we exchange particulars. The taxi driver refused to let me have any information about him. He refused to let me take a snap of his IC / drivers licence. I also noticed that he did not have his details displayed inside his cab. He bragged that he has been involved in many accidents and he never exchanges personal information. He also commented that we can do a private settlement as the damage to my car, in his opinion, is minimal. He was also rude and aggressive, ordering us to "Go" in a threatening voice. I replied in a calm voice that there is no need to be rude. He once again raised his voice and said "Go". Fearing for the safety of my family, I drove off immediately as he was still sounding aggressive.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input checked="" type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

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

Policyholder's Signature

Date & Time: 28 May '18
6.00pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Sketch Plan Pg. 3



redefining / insurance

Date: 28/05/18

To: Owner of Vehicle Number: SKP3018R

The following has been advised to you via your workshop, Jonathan through their staff, Jonathan





Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☒ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☒ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☒ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- ☐ For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others _____

Signed and acknowledge by:

JEYAMOHAN RAMASAMI 
Name and signature of policyholder/authorised driver

 
Name and signature of workshop personnel including company stamp

[> Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details

Vehicle No. :	SKP3018R
Vehicle Type :	P10 - Passenger Motor Car
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	B.M.W.
Vehicle Model :	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP
Chassis No. :	WBANT12050CX30157
Propellant :	Petrol
Engine No. :	B462I471N46B20BE
Engine Capacity :	1995 cc
Maximum Power Output :	115.0 kW (154 bhp)
Maximum Laden Weight :	2030 kg
Unladen Weight :	1490 kg
Year Of Manufacture :	2009
Original Registration Date :	03 Jul 2009
Lifespan Expiry Date :	-
COE Category :	E - Open Category
Quota Premium :	\$15,100.00
COE Expiry Date :	02 Jul 2019
Road Tax Expiry Date :	02 Jan 2019
PARF Eligibility Expiry Date :	02 Jul 2019
Inspection Due Date :	02 Jul 2020
Intended Transfer Date :	02 Jul 2018
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

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

PRI

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	27 Jun 2018 Edit Reg		11 Jun 2018 00:00 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

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

CLAIM SUBFOLDER DETAILS

Insured:

- , Co. Reg. No.: -

Main Claimant:

-

Vehicle Reg. No.:

SKP3018R

Claim Type:

TP / MCT18050815

Vehicle Reg. No. (Insured):

SHA4722Z

Repairer:

Khek Joo Motor Workshop (HQ) BLK 9004 TAMPINES STREET 93 #01-94, 528838 Tampines - Tel: 67854258

Handling Insurer:

India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by **Sherini Pillai**]

Adjuster:

LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by **MOHD TAUFIKH BIN HAMID**] ... **[Final Rpt due 05/07/2018]**

Date of Loss:

26/05/2018 00:00 - :59
[106 Months and 23 Days From LTA Reg Date (Man Yr)]

Policy/Cover Note No.:

MCOM0015

Policy No. (Claimant):

Excess:

[Created by adjuster]

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](#)

Claim Documents

***SKP3018R (MCT18050815)**
[SHA4722Z]

TP

-

May 26 2018 12:00AM

[-]

Khek Joo Motor Workshop

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Documentation			1 per page	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	26/06/18 13:58	LKKPhotosIn6-1.pdf	Load PDF	
2	02/07/18 09:37	LKKPhotosIn6-2.pdf	Load PDF	
3	02/07/18 09:37	LKKPhotosIn6-3.pdf	Load PDF	
No	Finalized On	India International Insurance Pte Ltd (HQ)	Thumbnail	Print
1	27/06/18 09:10	Singapore Accident Statement	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></div>			
Show Remarks To: <input type="checkbox"/> 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

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VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/III18010574/T1Z4D3E2

Date: 04/07/2018

REFERENCE

Handling Insurer: India International Insurance Pte Ltd Policy No: MCOM0015
 Claimant Vehicle No: SKP3018R Insured Vehicle No: SHA4722Z
 Date of Loss: 26/05/2018 Nature of Claim: TP Claim No: MCT18050815

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SKP3018R
 Make & Model: BMW 530i, 3.0 (A) Engine No: B462I471N46B20BE
 Reg. Date: 03/07/2009 (Man. Year: 2009) Chassis No: WBANT12050CX30157
 Colour: Black Odometer: 138174 km
 Engine Capacity: 1995 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: 275/30 R19 Rear Tyre Size: 275/30 R19
 Front Left Side: 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	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 11/06/2018
 Date Inspected: 25/06/2018 Inspected At: Khok Joo Motor Workshop (HQ)
 BLK 9004 TAMPINES STREET 93 #01-94
 Singapore 528838
 Estimated Period of Repair: 0.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: Ho Zhao Tian

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

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 04 Jul 2018)
Parts: 143	BMW 530I 3.0 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SKP3018R)
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >