

27/03/2002

A. REC. BY:

REF:

CS/msh18010894/Nghez

Special Instruction:

SC

Surveyor:

Naz.

ASSIGNMENT (Office)

From (Person):

Angie Tiang

of

msh

Date/Time:

14062018 1231pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SIX 6646R

Insured:

Public Liability

at Workshop m/s

Ethuz

Tel:

8822 8339

of

30 Bukit Butok Crescent

Policy No:

Claim No:

559700 Ply

Sum Insured:

Excess:

Make of Veh:

D.O.A.

24062018

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

18062018

H.O.D. Endorsement:

Date/Time:

14062018 3.00pm

Person Contacted:

Lee

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SIX 6646R - x

Public Liability - x

n/b/18@3.04pm revised to Angie Tiang by email.

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect 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: 3 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: SKX 6646 R Page: 22 DEC 2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: MAZDA 5 1998
 Colour: WHITE Insured / Std / NI / NA
 Sp. Reading: 37,745 Insured / Std / NI / NA

Eng No: _____
 C No: JM6CW1071G0122927

Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205 / 55 R16
 R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. <u>24/5/18</u>	D.O.I. <u>18/6/18</u>

Survey held at ETHOZ BUKIT BARUK

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

FRONT O/C, O/S FRONT

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

Date / Time Action / Instruction

13/8/18 FINALIZED PART BY PART REPAIR \$2,944.24 / 3 DAYS
Used \$1482.04, 33%

RECEIVED 20 AUG 2018

Date/Time File Pass to: ☐ : Preli. Report

13/8/18 Final ☐ : Final Report

Date/Time File Return to:

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp : \$

☐ : Inter. S : \$

☐ : Tech. S : \$

☐ : Mech. S : \$

Survey Fee

Transportation

Food

Drinks

Other

Total

Report Format: TP

Lump Sum / L.B. : \$

2944.24

150

150

Catherine Chong (LKK Auto)

From: Angie Tiong <angie_tiong@sg.msig-asia.com>
Sent: Thursday, 14 June, 2018 12:51 PM
To: Catherine Chong (LKK Auto); assignments@lkkauto.com
Cc: sur@lkkauto.com
Subject: RE: New assignment - Survey of third party vehicle SLX6646R - Public liability claim
Date of accident: 24/5/18

Our ref: 559700 Ply

Dear Catherine

Please arrange survey of TP vehicle SLX6646R on Without Prejudice basis.

Please contact the third party at 62800110 Ext 117 for survey. Understand that his vehicle available for survey next Tuesday.

Thanks & Regards

Angie Tiong
Executive, Claims Services
D: +65 6594 2526 | F: +65 66431 349 | angie_tiong@sg.msig-asia.com



MSIG



Insurer Claims
Team of the Year
2016

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



A Member of **MS&AD** INSURANCE GROUP

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Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Thursday, 21 June 2018 3:04 PM
To: 'Angie Tiong'; assignments
Cc: 'Jessie Sim'; SUR
Subject: RE: New assignment - Survey of third party vehicle SLX6646R - Public liability claim
Date of accident: 24/5/18
Attachments: CSMSG18010894Nqb.pdf

Dear Angie,

Enclosed herewith preliminary advice of SLX 6646R.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Thursday, 14 June 2018 3:49 PM
To: 'Angie Tiong' <angie_tiong@sg.msig-asia.com>; assignments <assignments@lkkauto.com>
Cc: 'Jessie Sim' <jessie_sim@sg.msig-asia.com>; SUR <sur@lkkauto.com>
Subject: RE: New assignment - Survey of third party vehicle SLX6646R - Public liability claim Date of accident: 24/5/18

Dear Angie,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Angie Tiong [mailto:angie_tiong@sg.msig-asia.com]
Sent: Thursday, 14 June, 2018 12:51 PM
To: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>; assignments@lkkauto.com
Cc: sur@lkkauto.com
Subject: RE: New assignment - Survey of third party vehicle SLX6646R - Public liability claim Date of accident: 24/5/18

Our ref: 559700 Ply

Dear Catherine

Please arrange survey of TP vehicle SLX6646R on Without Prejudice basis.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: 559700PLY

Date: 21st June 2018

Our Ref: CS/MSG18010894/Nqb

The Motor Claims Department
MSIG Insurance

Attn: Angie

Dear Sirs/Mdm

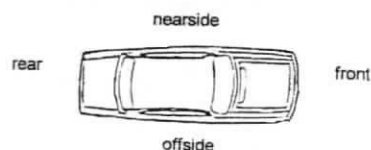
PRELIMINARY ADVICE OF VEHICLE NO. SLX 6646R .

We thank you for the instruction on 14/06/2018.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 18/06/2018 at the premises of M/s ETHOZ and have the following to report:-

Workshop Estimate Amount	: S\$ 4,426.28 .
Revised Estimate Amount	: S\$ 1,519.36 .
"Check" Items Amount	: S\$ 2,691.92 .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:
The vehicle sustained damages at the front o/s & o/s front portion.



Comments/ Present Status:
Damages consistent.
We have not authorized repair.

Yours faithfully

Naz
Automotive Assessor

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	25/05/2018 10:03
Date Of Accident	24/05/2018 17:00
Exact Location Of Accident	47A JALAN BUROH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX6646R
Insured/Policyholder	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	198104531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777

Vehicle Particulars

Manufacturer	MAZDA
Model	5-2.0 SP.6EAT SUNROOF (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D17MTRENT000120
Cover Note Number	

Driver

Name of Driver	TANAKA YASUSHI
Passport No/FIN	F2386729W
Date Of Birth	16/11/1957
Occupation	INDOOR
Date Of Driving Pass	20/11/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87528180
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	47A JALAN BUROH M6 619492
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 ON COLLISION
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

REFER TO SKETCH PLAN.

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	
Vehicle Make/Model/Colour	FORKLIFT
Details Of Properties	FORKLIFT (BHAVNA PTE LTD)
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	96665861 /62800110
Address	3 UPPER ALJUNIED LINK, #02-06, SINGAPORE 367902
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 my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

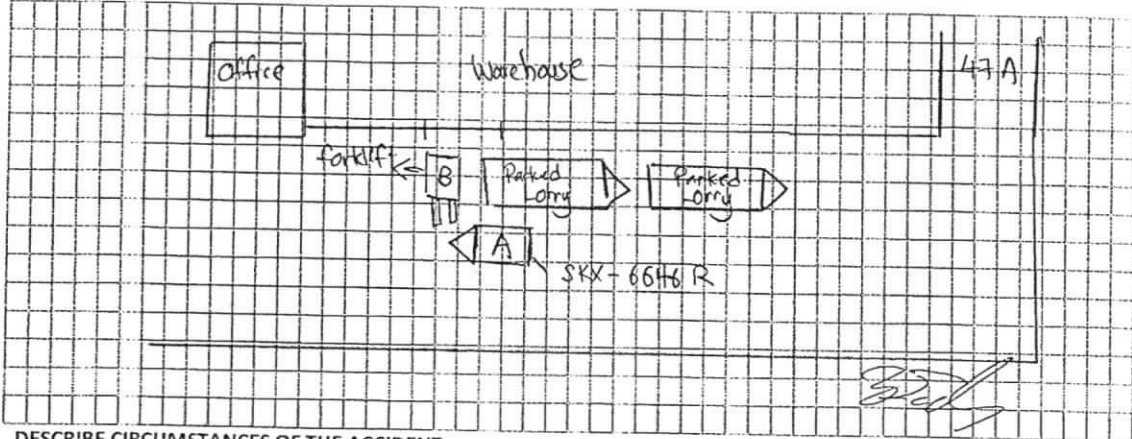


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on 47A Jalan Buroh going back to office.
 Suddenly a forklift came out from warehouse hit again my
 vehicle SKR 6646 R. front hits portion.

352

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

✓	- Reporting Only
	- Claim OD
	- Claim TP
	- Claim OD/ TP at other workshop

DECLARATION

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



Policyholder's signature
 Date & Time

352

Driver's Signature
 (if driver not the policyholder)
 Date & Time

352

Reporting Centre Personnel's Signature
 Name:
 Nric/Fin No.

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Lee Chen Sin
CLAIM DEPARTMENT
DID : 66547520
FAX :

Date : 14/06/2018

To : MSIG INSURANCE (SINGAPORE) PTE.LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000120

Accident Date : 24/05/2018

Vehicle No : SKX-6646-R

Make & Model : MAZDA 5 2.0 (A) MPV SKYACTIVE

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<u>List Item</u>			
	RESTORE		
1	FRONT FENDER RH		
1	FRONT FENDER INNER SHIELD RH	245.60	✓ TN (torn) 78 200.4
10	FRONT FENDER INNER SHIELD CLIP	40.00	✓ nec
1	HEADLAMP RH	2,540.30	✓ CRA (cracked) 480
1	HEADLAMP LOWER BRACKET RH	75.50	✓ crack 1,411.40
1	FRONT BUMPER	690.30	✓ crack
10	FRONT BUMPER CLIP	40.00	✓ nec
1	FRONT BUMPER SIDE RETAINER LH	18.80	X SVC
1	FRONT BUMPER SIDE RETAINER RH	18.80	✓ nec/crack

Date : 14/06/2018

To : MSIG INSURANCE (SINGAPORE) PTE.LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000120

Accident Date : 24/05/2018

Vehicle No : SKX-6646-R

Make & Model : MAZDA 5 2.0 (A) MPV SKYACTIVE

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FOG LAMP RH	277.60	X SVL
1	FOG LAMP COVER RH	49.60	/ erect
1	WIPER TANK	242.60	/ BUC (bucked) 129.30
	Sub Total	4239.10	
	Discount 20% On Parts	(847.82)	
	<u>Labour & Misc</u>		
	LABOUR TO CARRY OUT FRONT REPAIR	500.00	400
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	20
	TO SPRAY PAINTING ON AFFECTED AREAS	500.00	400

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
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

NA2

LKK

18/6/18 1715

P/P.

Before paint photo

3 days.

Muhd Nazri @ gmail.to

Na2@lkkauto.com.

PAGE: 2

67418434/6841 2157.

PARTS - \$2,655.30 - 20%
- \$2,124.24

LABOUR - \$ 820

\$2,944.24

Date : 14/06/2018

To : MSIG INSURANCE (SINGAPORE) PTE.LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000120

Accident Date : 24/05/2018

Vehicle No : SKX-6646-R

Make & Model : MAZDA 5 2.0 (A) MPV SKYACTIVE

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	1035.00	

4,426.28

Remarks:

SUB TOTAL

GST 7.0 % 309.84

TOTAL 4,736.12

Surveyor's name: _____

Principal's name: ETHOZ Group Ltd

Survey Date & Time: _____



Date : 10/07/2018
To : MSIG INSURANCE (SINGAPORE) PTE.LTD

Attn : Motor Claim Department

FAX :

62935722

Owner : ETHOZ Group Ltd

Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000120 Accident Date : 24/05/2018

Vehicle No : SKX-6646-R Make & Model : MAZDA 5 2.0 (A) MPV SKYACTIVE

FINAL ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
List Item			
1	FRONT FENDER RH RESTORE	0.00	0.00
1	FRONT FENDER INNER SHIELD RH	245.60	245.60
10	FRONT FENDER INNER SHIELD CLIP	40.00	40.00
1	HEADLAMP RH	2540.30	2540.30
1	HEADLAMP LOWER BRACKET RH	75.50	75.50
1	FRONT BUMPER	690.30	690.30
10	FRONT BUMPER CLIP	45.00	40.00
1	FRONT BUMPER SIDE RETAINER LH	18.80	0.00
1	FRONT BUMPER SIDE RETAINER RH	18.80	18.80
1	FOG LAMP RH	277.60	0.00
1	FOG LAMP COVER RH	49.60	49.60
1	WIPER TANK - CHECK ITEM	242.60	242.60

PAGE : 1



Date : 10/07/2018

To : MSIG INSURANCE (SINGAPORE) PTE.LTD

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000120 Accident Date : 24/05/2018

Vehicle No : SKX-6646-R Make & Model : MAZDA 5 2.0 (A) MPV SKYACTIVE

FINAL ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
	Sub Total	4244.10	3942.70
	Discount 20% On Parts	(0.00)	(788.54)
	Labour & Misc		
	LABOUR TO CARRY OUT FRONT REPAIR	500.00	400.00
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	20.00
	TO SPRAY PAINTING ON AFFECTED AREAS	500.00	400.00
	Sub Total	1035.00	820.00

PAGE : 2



Date : 10/07/2018
To : MSIG INSURANCE (SINGAPORE) PTE.LTD
Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd
Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : D17MTRENT000120 Accident Date : 24/05/2018
Vehicle No : SKX-6646-R Make & Model : MAZDA 5 2.0 (A) MPV SKYACTIVE

FINAL ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
	Sub Total	4,430.28	3,974.16
	GST 7.0 %	310.12	278.19
	Total	4,740.40	4,252.35

COR : \$ 3,974.16 (PART BY PART)

3 DAYS REPAIR

Surveyor Name : TAUFIK - LKK
Date & Time : 18/06/2018 5:15:00 PM
Lee Chen Sin
CLAIM DEPARTMENT
DID : 66547520
FAX :

PARTS - \$ 3,974.16 - 20%
- \$ 3,154.16
LABOUR - \$ 820.00
\$ 3,974.16

PAGE : 3



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
MSIG INSURANCE (SINGAPORE) PTE LTD			Ref : CS/MSG18010894/Nqbe2	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581			Date : 24-08-2018	
			Code : MSG	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	PUBLIC LIABILITY	Veh. Inspected	SKX 6646R
	Policy No.		Coverage (\$)	0.00
	Claim No.	559700 PLY	Excess (\$)	0.00
	Assign From	ANGIE TIONG	Assign Date	14/06/2018
2. Vehicle Particulars & Condition				
	Make & Model	MAZDA 5	c.c	1998
	Engine No.	HIDDEN	Year of Reg.	2015
	Chassis No.	JM6CW1071G0122927	Colour	WHITE
	Odometer	37745	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	FAIR		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	205/55 R16	TOYO	6 mm
	L/H Front Tyre	205/55 R16	TOYO	6 mm
	R/H Rear Tyre	205/55 R16	TOYO	6 mm
	L/H Rear Tyre	205/55 R16	TOYO	6 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S AND O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	24/05/2018	Inspection Date	18/06/2018
	Survey held at	ETHOZ GROUP LTD 30 BUKIT BATOK CRESCENT SINGAPORE 658075		
5a. Remarks				
	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair				
	ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKX 6646R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT FENDER RH (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT FENDER INNER SHIELD RH	TORN	245.60	200.40
10	FRONT FENDER INNER SHIELD CLIP	NECESSARY	40.00	40.00
1	HEADLAMP RH	CRACKED	2,540.30	1,411.40
1	HEADLAMP LOWER BRACKET RH	CRACKED	75.50	75.50
1	FRONT BUMPER	CRACKED	690.30	690.30
10	FRONT BUMPER CLIP	NECESSARY	40.00	40.00
1	FRONT BUMPER SIDE RETAINER LH	SERVICEABLE	18.80	-
1	FRONT BUMPER SIDE RETAINER RH	NECESSARY / CRACKED	18.80	18.80
1	FOG LAMP RH	SERVICEABLE	277.60	-
1	FOG LAMP COVER RH	CRACKED	49.60	49.60
1	WIPER TANK	BUCKLED	242.60	129.30
	LESS 20% DISCOUNT		-847.82	-531.06
			3,391.28	2,124.24
	<u>LABOUR</u>			
	LABOUR TO CARRY OUT FRONT REPAIR. INCLUSIVE OF THE REPAIR OF FRONT FENDER RH.		500.00	400.00
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS.		35.00	20.00
	TO SPRAY PAINTING ON AFFECTED AREAS.		500.00	400.00
			1,035.00	820.00
	GRAND TOTAL		4,426.28	2,944.24
	RECOMMENDED COST OF REPAIRS			2,944.24

Report Ref No. CS/MSG18010894/Nqbe2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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