

ASS. REC. BY:

REF: CS/MSG18011219/KSD3124 Special Instruction:

Survivor:
Munich

Kenneth

ASSIGNMENT (Office)

From (Person):

Jasmine Lok

of

MS19

Date/Time:

21/6/18 @ 11:40am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

8KR 5245C

Insured:

SLS 17947

at Workshop m/s

Motor Image

Tel:

8611 3195

of

19 Lorong 8 Toa Payoh

Policy No:

MSD/vpcp/17-002286-00

Claim No:

MSC/v/18-000784

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

04/06/2018

CA / REV / REP. / REV 24 HRS 'up'

H.O.D. Endorsement:

Date/Time:

11:56am @ 21/6/18

Person Contacted:

Daniel

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

8KR 5245C - X

SLS 17947 - X

22/06/18

@ 15:51 pm. revised IN to Jasmine Lok Kheng Wei via messenger.

6/5

8 3362-48

Cashmed by email

(\$ 1,692.80

Red - 34%)

ASS. REC. BY:

REF: *MSG 1*

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. _____

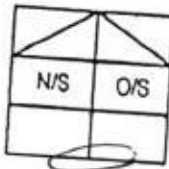
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

0.5 days

Res.: Yes or No

Lum Sum: _____

1.8.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: *SKR 5245C*Yr Regn: *02, 15*Type: *M. Car* / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: *Subaru*c.c. *1600*Colour: *M. Blue*

A/C: Insured / Std / NI / NA

Sp. Reading: *75320*

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *JF1GP3KC5EG14678*Gen. Cond: *Good* / Fair / Poor / BurntSteering: *In order* / Jammed / Leaked / Burnt orBrake: *In order* / Jammed / Leaked / Burnt orModl: *NII* / S/Rim / STD A/Rim orTyre Size: F: *225/55R17*

R: _____

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

Front

R/Bal. *4* mm

Rear

R/Bal. *4* mmL/Bal. *4* mmL/Bal. *4* mmD.O.A. *4/6/18*D.O.I. *21/6/18*

Survey held at _____

Des. of Damages: Frt / *Rear* / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

22/6 File sent to Customer

RECEIVED 7 MAY 2019

Date/Time, File Pass to?

*07/05/19*1) *Type: 4*

Date/Time, File Return to?

2) _____



: Prell. Report



: Final Report

Days Of Repair: *4*Resurvey No. of Trip: *1*Add Fee: ☐

: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

*150**10*

: Fines

: Others

TOTAL

160

Report Format :

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

3,362.48 p/p



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/MSG18011249/Ksd3

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 21-06-2018



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLS 1794T	Veh. Inspected	SKR 5245C
Policy No.	MSD/VPCP/17-002286-00	Coverage (\$)	0.00
Claim No.	MSC/V/18-000784	Excess (\$)	0.00
Assign From	MERIMEN (JASMINE LOK)	Assign Date	21/06/2018

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

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5. General Information

Accident Date	04/06/2018	Inspection Date	21/06/2018
Survey held at	MOTOR IMAGE ENTERPRISES PTE LTD 19 TOA PAYOH LORONG 8 SINGAPORE 319255		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

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: 22 Jun 2018

Preliminary Advice

Insured Vehicle No	: SLS1794T	Accident Date	: 04/06/2018
TP Vehicle No	: SKR5245C	Assignment Date	: 21/06/2018
Make	: SUBARU XV	Est. Duration of Repair	: 3 days
Date of Inspection	: 21/06/2018		
Inspection At	: Motor Image Enterprises Pte Ltd (Toa Payoh) 19 Lorong 8 Toa Payoh Singapore 319255		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	4,524.88
Revised Amount	:S\$	2,134.08
Check Items (Estimated)	:S\$	416.16
Total	:S\$	2,550.24

Lump Sum Repair	:S\$	
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Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

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

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	04 Jun 2018		21 Jun 2018 11:40 Assign				New Assignment Cancel Case

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

Insured:	HITACHI CAPITAL ASIA PACIFIC PTE. LTD., Co. Reg. No.: 199400399N			
Main Claimant:	ANG CHEE YONG, ID: S7210472B			
Vehicle Reg. No.:	SKR5245C	Date of Loss:	04/06/2018 08:00 - :59 [39 Months and 23 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / MSC/V/18-000784	Policy/Cover Note No.:	MSD/VPCP/17-002286-00 (Comprehensive) Coverage: 12/09/2017 - 11/09/2018	
Vehicle Reg. No. (Insured):	SLS1794T	Policy No. (Claimant):		
		Excess:		
Repairer:	Motor Image Enterprises Pte Ltd (Toa Payoh) 19 Lorong 8 Toa Payoh, 319255 Toa Payoh - Tel: 67038104			
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 22/06/2018]			
Driver/Custodian (Insured):	THAM KWOK WAI ALAN (), NRIC: S6945032F, Tel: +6581687681			
Adj Asg. Remarks:	ON WP TP REQUESTED SURVEY TODAY (21/6/2018) AT 1400HRS. PLEASE CONTACT US IF U ARE UNABLE TO ATTEND THIS ASSIGNMENT ASAP, THANK YOU. Liability : 100% against OI			

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.									

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	05/06/2018 11:46
Date Of Accident	04/06/2018 08:15
Exact Location Of Accident	MARINA BOULEVARD AFT JUNCTION WITH BAYFRONT AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5245C
Insured/Policyholder	
Name Of Registered Owner	ANG CHEE YONG
NRIC No	S7210472B
Email Address	ANGCHEEYONG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97770634
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	SUBARU
Model	XV-1.6 I-S AWD CVT (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	ANG CHEE YONG
NRIC No	S7210472B
Date Of Birth	25/03/1972
Occupation	INDOOR
Date Of Driving Pass	15/03/1995
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97770634
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	ANGCHEEYONG@YAHOO.COM

Address	APT BLK 34 UPPER CROSS STREET #09-134
Postcode	050034
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	CLEAR
Road Surface	WET AFTER RAIN

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)	2
Passenger 1	NAME: : ANG EE XUN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED DOCUMENTS

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS1794T
Vehicle Make/Model/Colour	AUDI S3 BLUE
Details Of Properties	FRONT AND REAR PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	THAM KWOK WEI ALAN
NRIC/Passport Number	
Contact Number	81687681
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGH1066D

Vehicle Make/Model/Colour

HONDA CIVIC DARK GREY

Details Of Properties

FRONT PORTION

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

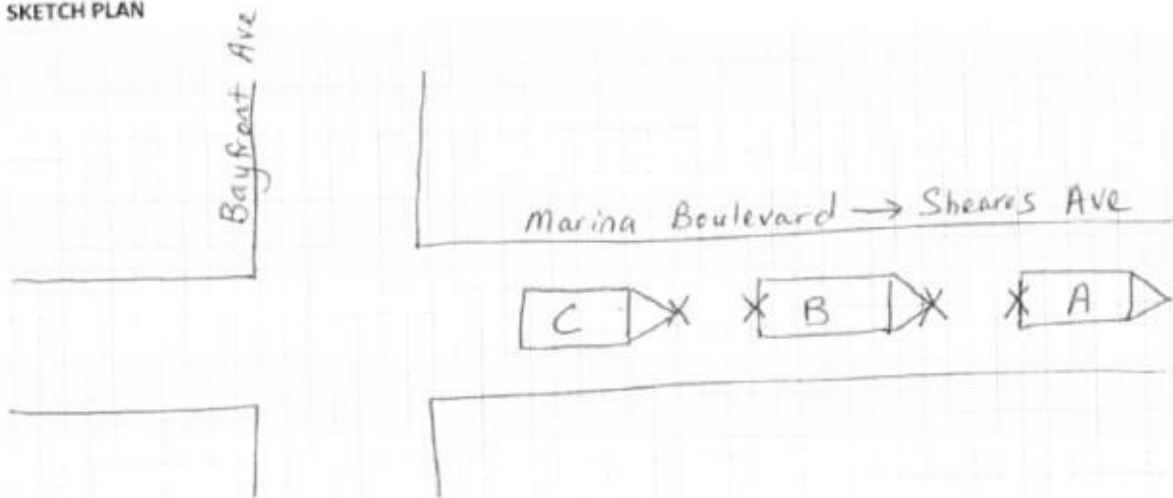
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Marina Boulevard towards Sheares Ave on the second lane from the left. Suddenly, I felt a jerk from the back. I stopped the car and alighted to check. I discovered that vehicle C had hit onto vehicle B, which then caused it to hit onto vehicle A.

Vehicle A : SKR5245C

Vehicle B : SLS1794T

Vehicle C : SGH1066D

DECLARATION

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

Policyholder's Signature

Date & Time:

4/6/2018 1.43p.m.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: DANIEL JOOE

NRIC/FIN No.: 99001518D

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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:

4/6/2018 1:43p.m.

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

Reporting Centre Personnel's Signature
Name: DANIEL JUDGE
NRIC/FIN No.: S9001518-D

MOTORIMAGE ENTERPRISES PTE. LTD.
19 LORONG 8, TOA PAYOH
SINGAPORE 319255

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : TOA PAYOH
CONTACT NO : 64730333
REFERENCE : INS/IC/CHI/0800/2018
DATE : 07-JUN-2018

MSIG INSURANCE (SINGAPORE) PTE LTD
16 RAFFLES QUAY
#24-01 HONG LEONG BUILDING
S(048581)
TEL : 66431335/6827 7880
FAX : 66431349/6827 7809
7313 DAVID

OWNER'S NAME : ANG CHEE YONG (HONG ZHIRONG)
ADDRESS : APT BLK 34 UPPER CROSS STREET
#09-134
S(050034)
TELEPHONE NO : 97770634

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 2100402720-03
VEHICLE NO : SKR5245C
MODEL CODE : GP3RKEC
MODEL/YEAR : SUBARU XV 1.6I AWD CVT
ENGINE NO : FB161527478
CHASSIS NO : JF1GP3KC5EG146791
MILEAGE : 1 KM
DATE IN : 07/06/2018
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : DANIEL A JUDE**
ACCIDENT DATE : 04/06/2018

Print Date : 16/06/2018
Print Time : 12:28:42

MOTORIMAGE ENTERPRISES PTE. LTD.
19 LORONG 8, TOA PAYOH
SINGAPORE 419255

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SKR5245C

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	TPCLAIM	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST SLS1794T - MSIG		
2	ZZ/001	CONDUCT TP CLAIM MSIG LOCATION:MARINA BOULEVARD TO BAYFRONT AVE DATE:04/06/2018 TIME:0815HRS		
3	ZZ/002	REPAIR/REPLACE REAR BUMPER AND PANEL	1680.00	5601
4	ZZ/003	RESPRAY REAR BUMPER AND PANEL	1260.00	8401
5	ZZ/004	TO CONDUCT WATER SEEPAGE TEST	nn 100.00	X
6	ZZ/005	TO CONDUCT REAR LIGHTING TEST	50.00	201
7	ZZ/006	TO SUPPLY/INSTALL REVERSE SENSOR-2 EYES	su 300.00	XX
8	ZZ/007	SUNDRIES NEL	100.00	201
TOTAL LABOUR CHARGES			3490.00	

OTORIMAGE ENTERPRISES PTE. LTD.
 9 LORONG 8, TOA PAYOH
 SINGAPORE 319255

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SKR5245C

S/NO PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			
		NETT	LIST	S/NETT	S/LIST REMARKS
1 REAR END PANEL	52401FJ0009P	252.00	X		
2 BUMPER FACE R XUV	57704FJ041	594.00			
3 BRKT RRH BUMP	57707FJ160	14.40			
4 BRKT RLH BUMP	57707FJ170	14.40	X		
5 BEAM COMPL R EU	57711FJ0229P	259.20			
6 COVER-REAR BUMPER	57731FG010E1	14.40	X		
7 REFLEX AY RH	84281FG000	21.60	X		
8 REFLEX ASSY LH	84281FG010	21.60	X		
9 LENS & BODY-FOG LIGHT, REAR	84913FG420	102.00	X		
SUB TOTAL		1293.60	0.00	0.00	0.00
LESS DISCOUNT (NETT-20 %)		258.72	0.00	0.00	0.00
GRAND TOTAL		1034.88	0.00	0.00	0.00
OVERALL TOTAL		1034.88			

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

MOTORIMAGE ENTERPRISES PTE. LTD.
19 LORONG 8, TOA PAYOH
SINGAPORE 319255

FINALIZED : ACCIDENT/BODY REPAIRS
WORKSHOP : TOA PAYOH
CONTACT NO : 64730333
REFERENCE : INS/IC/CHI/0800/2018
DATE : 07-JUN-2018

MSIG INSURANCE (SINGAPORE) PTE LTD
16 RAFFLES QUAY
#24-01 HONG LEONG BUILDING
S(048581)
TEL : 66431335/6827 7880
FAX : 66431349/6827 7809
7313 DAVID

OWNER'S NAME : ANG CHEE YONG (HONG ZHIRONG)
ADDRESS : APT BLK 34 UPPER CROSS STREET
#09-134
S(050034)
TELEPHONE NO : 97770634

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 2100402720-03
VEHICLE NO : SKR5245C
MODEL CODE : GP3RKEC
MODEL/YEAR : SUBARU XV 1.6I AWD CVT
ENGINE NO : FB161527478
CHASSIS NO : JF1GP3RC5EG146791
MILEAGE : 75326 KM
DATE IN : 07/06/2018
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : KUAN WEI LOONG**
ACCIDENT DATE : 04/06/2018

Print Date : 28/06/2018
Print Time : 09:44:17

MOTORIMAGE ENTERPRISES PTE. LTD.
19 LORONG 8, TOA PAYOH
SINGAPORE 319255

LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SKR5245C

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	TPCLAIM	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST SLS1794T - MSIG		
2	ZZ/001	CONDUCT TP CLAIM MSIG LOCATION:MARINA BOULEVARD TO BAYFRONT AVE DATE:04/06/2018 TIME:0815HRS		
3	ZZ/002	REPAIR/REPLACE REAR BUMPER AND PANEL	1680.00	560.00
4	ZZ/003	RESPRAY REAR BUMPER AND PANEL	1260.00	840.00
5	ZZ/004	TO CONDUCT WATER SEEPAGE TEST	100.00	.00
6	ZZ/005	TO CONDUCT REAR LIGHTING TEST	50.00	20.00
7	ZZ/006	TO SUPPLY/INSTALL REVERSE SENSOR-2 EYES	300.00	.00
8	ZZ/007	SUNDRIES	100.00	20.00
9	ZZ/008	REMOVE AND REFIX EXHAUST (SUPP)	150.00	150.00 A
TOTAL LABOUR CHARGES			3640.00	1590.00

MOTORIMAGE ENTERPRISES PTE. LTD.
19 LORONG 8, TOA PAYOH
SINGAPORE 319255

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SKR5245C

DAMAGED PARTS & PRICES

S/NO PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST	S/NETT	S/LIST REMARKS
1 GASKET A (SUPP)	44011AB010	16.00			<i>Re</i> OK A —
2 EXH PIPE ASSY R (SUPP)	44200FJ110	684.00			<i>B</i> OK A —
3 MUFFLER AY (SUPP)	44300FJ040	576.00			<i>B</i> OK A —
4 REAR END PANEL	52401FJ0009P	252.00			X
5 BUMPER FACE R XUV	57704FJ041	594.00			OK
6 BRKT RRH BUMP	57707FJ160	14.40			OK
7 BRKT RLH BUMP	57707FJ170	14.40			X
8 BEAM COMPL R EU	57711FJ0229P	259.20			OK
9 COVER-REAR BUMPER	57731PG010E1	14.40			X
10 EXHAUST COVER REAR (SUPP)	59024FJ000	72.00			<i>Re</i> OK A —
11 REFLEX AY RH	84281PG000	21.60			X
12 REFLEX ASSY LH	84281PG010	21.60			X
13 LENS & BODY-FOG LIGHT, REAR	84913PG420	102.00			X
SUB TOTAL		2215.60	0.00	0.00	0.00
LESS DISCOUNT (NETT-20 %)		443.12	0.00	0.00	0.00
GRAND TOTAL		1772.48	0.00	0.00	0.00
OVERALL TOTAL		1772.48			

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED

MOTORIMAGE ENTERPRISES PTE. LTD.
19 LORONG 8, TOA PAYOH
SINGAPORE 319255

SUMMARY OF OVERALL CHARGES FOR VEHICLE REGN NO SKR5245C

NETT ITEM	2215.60
LESS 20 %	-443.12
NETT AMOUNT	1772.48
LIST ITEM	0.00
LESS 50 %	0.00
LIST AMOUNT	0.00
SPECIAL NETT AMOUNT	0.00
S/LIST ITEM	0.00
LESS 30 %	0.00
S/LIST AMOUNT	0.00
TOTAL LABOUR CHARGES	1590.00
TOTAL SPARE PARTS CHARGES	1772.48
TOTAL CHARGES	3362.48
ADD 7 % GST	235.37
GRAND TOTAL	3597.85

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/MSG18011249/KSD3N2

Date: 08/05/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VPCP/17-002286-00
Claimant Vehicle No :	SKR5245C	Insured Vehicle No :	SLS1794T
Date of Loss:	04/06/2018	Nature of Claim:	TP
		Claim No:	MSC/V/18-000784

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKR5245C	Engine No:	FB161527478
Make & Model:	SUBARU XV, 1.6 I-S AWD CVT (A)	Chassis No:	JF1GP3KC5EG146791
Reg. Date:	12/02/2015 (Man. Year: 2014)	Odometer:	75320 km
Colour:	Metallic Blue		
Engine Capacity:	1600 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	225/55R17	Rear Tyre Size:	225/55R17
Front Left Side:	Yokohama 4 mm	Rear Left Side:	Yokohama 4 mm
Front Right Side:	Yokohama 4 mm	Rear Right Side:	Yokohama 4 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,513.28	1,792.48	720.80	28.68
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,240.00	1,570.00	1,670.00	51.54
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	5,753.28	3,362.48	2,390.80	41.56
+ GST 7.00/7.00% (\$\$)	402.73	235.37	167.36	41.56
Nett Amount (\$\$)	6,156.01	3,597.85	2,558.16	41.56

INSPECTION

Date of Assignment:	21/06/2018	
Date Inspected:	21/06/2018 Inspected At:	Motor Image Enterprises Pte Ltd (Toa Payoh) 19 Lorong 8 Toa Payoh Singapore 319255
Estimated Period of Repair:	4.0 days	

Adjuster: KENNETH KONG

Manager: Hiew May Fung

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: 08 May 2019)
Parts:	144	SUBARU XV 1.6 I-S AWD CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SKR5245C)	
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		*REAR END PANEL	Repair	252.00 FN	*- FN
2	1		*BUMPER FACE R XUV	Cracked	594.00 FN	*594.00 FN
3	1		*BRKT RRH BUMP	Distorted	14.40 FN	*14.40 FN
4	1		*BRKT RLH BUMP	Serviceable	14.40 FN	*- FN
5	1		*BEAM COMPL R EU	Bent	259.20 FN	*259.20 FN
6	1		*COVER-REAR BUMPER	Serviceable	14.40 FN	*- FN
7	1		*REFLEX AY RH	Serviceable	21.60 FN	*- FN
8	1		*RELFLX ASSY LH	Serviceable	21.60 FN	*- FN
9	1		*LENS & BODY-FOG LIGHT,REAR	Serviceable	102.00 FN	*- FN
10	1		*EXHAUST COVER REAR	Dented	72.00 FN	*72.00 FN
11	1		*SUNDRIES	Necessary	100.00 FS	*20.00 FS
12	1		*REVERSE SENSOR-2 EYES	Serviceable	300.00 FS	*- FS
13	1		*GASKET A	Necessary	16.00 FN	*16.00 FN
14	1		*EXH PIPE ASSY R	Bent	684.00 FN	*684.00 FN
15	1		*MUFFLER AY	Bent	576.00 FN	*576.00 FN

F=Franchise part. S=SpcNett. N=NettItemDisc.

Sub Total (\$\$)	3,041.60	2,235.60
- Nett Item Discount on N Items 20.00/20.00% (\$\$)	528.32	443.12
Total Parts (\$\$)	2,513.28	1,792.48

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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	REPAIR/REPLACE REAR BUMPER AND PANEL	New	1,680.00	560.00
2	RESPRAY REAR BUMPER AND PANEL	New	1,260.00	840.00
3	TO CONDUCT WATER SEEPAGE TEST	New	100.00	0.00
4	TO CONDUCT REAR LIGHTING TEST	New	50.00	20.00
5	REMOVE AND REFIX EXHAUST	New	150.00	150.00
Gross Labour Cost (\$\$)			3,240.00	1,570.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >