

ASS. REC. BY:

REF: CS3/MSG18012266/Grad36

Special Instruction:

Surveyor  
Menmen

GUO Qiang

ASSIGNMENT (Office)

From (Person):

Katherine Wong

of

MSG

Date/Time:

4/7/15 @ 3:38pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJH 5172T

Insured:

GU 44732

at Workshop m/s

Team Auto pro

Tel:

8269 9999 / 9674 6635

of

No. 38 Woodlands Ind. Park E1 #05-16

Policy No:

A29 006739 TMV

Claim No:

563215

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 01/07/2018

CA / REV / REP. / REV 24 HRS

lup

Ins: No. 8 Koki Bkt Avo 4 #01-07 premier

H.O.D. Endorsement:

Date/Time:

5/7/15 @

Person Contacted:

Cedric

Vehicle

IN/OUT

Date/Time	Action/Instruction (x) Estimate	
	SJH 5172T-NA/AIG 18012113/24	DOA: 1/7/2018
	GU 44732-NA/AIG 18012113/24	DOA: 1/7/2018

(00-1/13) wef

ASS. REC. BY:

REF: MSIG

7933F

## ASSIGNMENT

From: \_\_\_\_\_ Date: 5/7/18

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SJH 5172 T

at Workshop m/s Team Auto pro

of No. 8 Kaki Bkt Ave 4 # 01-07 Premier

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

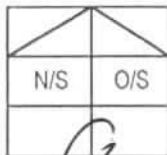
Claims No. \_\_\_\_\_

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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS <sup>1up</sup>

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SJH 5172 T Yr Regn: 17 May 2018

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

Truck / Trailer or

Make: Mazda 3 c.c. 1496

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 2674 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JM 6BN 22A 8J0220918

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: C1

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. D.O.I. 05-07-18

Survey held at w/s 4:30pm

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

\$4000 - \$5000.

7/7/18 Submit PRS report.

RECEIVED 09 JUL 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Photos

Others

TOTAL

Report Format : \_\_\_\_\_

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

120
50
10
180

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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj To	Adj Submitted	Ins Auth'd	Status
Main	02 Jul 2018		04 Jul 2018 15:28 Assign				<b>New Assignment</b> Cancel Case

Main	Reference	Details	Documents	Show All
<b>CLAIM SUBFOLDER DETAILS</b>				
Insured:	FIRST CHOICE PEST SPECIALIST PT		[Created by insurer]	
Main Claimant:	CHEW QIU HAN GLORY / M/S		9909094M	
Vehicle Reg. No.:	SJH5172T		7933F	
Claim Type:	TP / 563215		Date of Loss: 01/07/2018 20:00 - :59 Cover No.: A29006739TMV (Third Party Only) Coverage: 28/09/2017 - 27/09/2018	
Vehicle Reg. No. (Insured):	GU4473Z		No. [blank] [blank]	
Repairer:	Team Auto Group Pte Ltd (HQ) NO 38		[blank] PARK E1 #05-16, 757700 Woodlands - Tel:	
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.		[blank] ... [Handled by Katherine Wong Chew Shong - 6594 2544]	
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) -		[blank] (vice due 05/07/2018)	
Driver/Custodian (Insured):	ABDUL RAZAK MUHAMED (), NRIC: 77260		[blank] 9339	
Adj Asg. Remarks:	Third Party Repair Survey. TP phoned as SJE, we rejected & nominated LKK to be our SJE. Liability : 100% Cont'd by Mr Eric Lee/Fredrick			
<b>ASSOCIATED MAIL RECEIVED</b>				
There are no mail for this				
<b>ALL ASSOCIATED TASKS</b>				
Due Date	Priority	Task Name	View All	Search Tasks
No results.			Create New Task	Complete
			Assigned By	Completed On
			Created On	Done?



# 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				
MSG INSURANCE (SINGAPORE) PTE LTD		Ref : CS3/MSG18012266/Gz4d3		
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 05-07-2018		
		Code : MSG		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	GU 4473Z	Veh. Inspected	SJH 5172T	
Policy No.	A29006739TMV	Coverage (\$)	0.00	
Claim No.	563215	Excess (\$)	0.00	
Assign From	MERIMEN (KATHERINE WONG)	Assign Date	05/07/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	01/07/2018	Inspection Date	05/07/2018	
Survey held at	NO.8 KAKI BUKIT AVE A #01-07 PREMIER			
Repairer	-			
<b>5a. Remarks</b>				
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.				

## 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	03/07/2018 10:25
Date Of Accident	01/07/2018 20:55
Exact Location Of Accident	BKE (SLE) BEFORE SLE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH5172T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW QIU HAN GLORY
NRIC No	S8507933F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98578756
Alternative Phone No	OFFICE-98578756

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	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	1800066676
Cover Note Number	

### Driver

Name of Driver	CHEW QIU HAN, GLORY
NRIC No	S8507933F
Date Of Birth	12/03/1985
Occupation	INDOOR
Date Of Driving Pass	28/03/2005
Driving Experience	13 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98578756
Fax Number	
Contact Number	OFFICE-98578756
EMail Address	NOEMAIL

Address	503 SEMBAWANG ROAD #03-26
Postcode	757707
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	RAINING
Road Surface	WET

#### 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?	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)	2
Passenger 1	NAME: : - 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 STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GU4473Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDUL RAZAK BIN MUHAMED
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

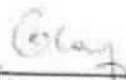
#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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 insurer(s) 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 cited 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:

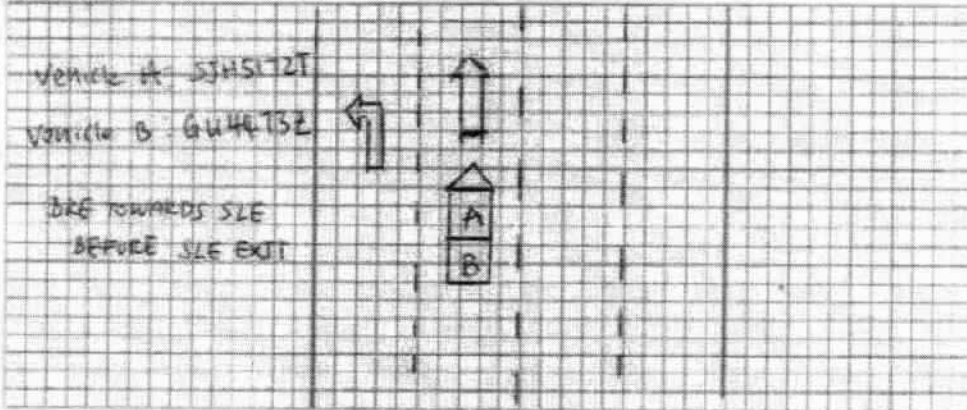
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was

travelling straight in my rightful lane. vehicle in front of me stop. I follow suit.

Suddenly I felt a huge impact on my vehicle rear portion. I stopped and realise vehicle B has hit onto my vehicle rear portion

Passenger: female.

## DECLARATION

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

lobay  
Policyholder's Signature  
Date & Time:

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

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

FORM 107 (5-2018) (Rev. 1/18)

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7933F
Vehicle Details	
Vehicle No.:	SJH5172T
Vehicle to be Exported:	No
Intended De-registration Date:	06 Jul 2019
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 SEDAN 1.5 AT EU6
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	P520512030
Chassis No.:	JM6BN22A8J0220918
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,843.00
Original Registration Date:	17 May 2018
First Registration Date:	17 May 2018
Transfer Count:	0
Actual ARF Paid:	\$14,843.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 May 2028
PARF Rebate Amount:	\$11,132.00
Intended COE Rebate Details	
COE Expiry Date:	16 May 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,941.00
COE Rebate Amount:	\$34,502.00
<b>Total Rebate Amount:</b>	<b>\$45,634.00</b>

The information contained herein is correct as at 06 Jul 2018

OK

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	02 Jul 2018		04 Jul 2018 15:38 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	<b>FIRST CHOICE PEST SPECIALIST PTE LTD</b> , Co. Reg. No.: 200809094M								
Main Claimant:	<b>CHEW QIU HAN GLORY / M/S ROY &amp; PARTNERS</b> , ID: S8507933F								
Vehicle Reg. No.:	<b>SJH5172T</b>	Date of Loss:	01/07/2018 20:00 - :59 [1 Months and 14 Days From LTA Reg Date (Man Yr)]						
Claim Type:	<b>TP / 563215</b>	Policy/Cover Note No.:	A29006739TMV (Third Party Only) Coverage: 28/09/2017 - 27/09/2018						
Vehicle Reg. No. (Insured):	<b>GU4473Z</b>	Policy No. (Claimant):							
		Excess:							
Repairer:	<b>Team Autoprop Pte Ltd (HQ)</b> NO 38 WOODLANDS INDUSTRIAL PARK E1 #05-16, 757700 Woodlands - Tel:								
Handling Insurer:	<b>MSIG Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: +65 6827 7888 ... [Handled by <b>Katherine Wong Chew Shong</b> - 6594 2544]								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>XING GUO QIANG</b> ] ... [Imm.Advice due 05/07/2018]								
Driver/Custodian (Insured):	ABDUL RAZAK B MUHAMED (), NRIC: S6942705G, Tel: +6581978339								
Adj Asg. Remarks:	Third Party Pre-Repair Survey. TP propose Sincere Appraisal (Mr Dave) as SJE, we rejected & nominated LKK to be our SJE. Liability : 100% Contact : Mr Eric Lee/Frederick Lim @ 8269 9999/9674 6635								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

**\*SJH5172T (563215)**

**[GU4473Z]**

**TP**

**CHEW QIU HAN GLORY / M/S ROY & PARTNERS**

**Jul 1 2018 8:00PM**

**[FIRST CHOICE PEST SPECIALIST PTE LTD]**

**Team Autoprop Pte Ltd**

Upload Documents		Upload Photos		Compose New Letter		View <input type="button" value="View In Browser"/>	
<b>Assessment Reports</b>						1 per page <input type="button" value="1"/> <input checked="" type="checkbox"/>	
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)				Thumbnail	Print
1	03/07/18 18:18	<b>Accident Statement</b> From: SC - Reg. No: GU4473Z, Claimant: FIRST CHOICE PEST SPECIALIST PTE LTD				Load HTM	<input type="checkbox"/>
<b>Photos/Images</b>						3 per page <input type="button" value="3"/> <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)				Thumbnail	Print
1	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
2	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
3	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
4	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
5	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
6	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
7	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
8	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
9	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
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13	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
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15	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
16	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
17	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
18	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
19	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
20	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
21	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
22	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
23	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
24	07/07/18 10:54	General View				Load JPG	<input checked="" type="checkbox"/>
<b>Documentation</b>						1 per page <input type="button" value="1"/> <input checked="" type="checkbox"/>	
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)				Thumbnail	Print
1	03/07/18 18:18	<b>E-FILE REPORT (SJH5172T)</b> From: SC - Reg. No: GU4473Z, Claimant: FIRST CHOICE PEST SPECIALIST PTE LTD				Load PDF	<input type="checkbox"/>
2	03/07/18 18:20	<b>TP PRI</b>				Load PDF	<input type="checkbox"/>
3	04/07/18 10:46	<b>EMAIL TP OUR REJECTION &amp; WE NOMINATED LKK TO BE OUR SJE</b>				Load PDF	<input type="checkbox"/>

## Documents Checklist

DOCUMENTS CHECKLIST

Reset Save Print

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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

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

Singapore 408933

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

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG18012266/GZ4D3E2

Date: 09/07/2018

## REFERENCE

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

Policy No: A29006739TMV

Claimant Vehicle No : SJH5172T

Insured Vehicle No : GU4473Z

Date of Loss: 01/07/2018

Nature of Claim: TP

Claim No: 563215

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SJH5172T

Make &amp; Model: MAZDA 3, 1.5 SEDAN EU6 (A)

Engine No: P520512030

Reg. Date: 17/05/2018 (Man. Year: 2018)

Chassis No: JM6BN22A8J0220918

Colour: Red

Odometer: 2674 km

Engine Capacity: 1496 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: 205/60 R16

Rear Tyre Size: 205/60 R16

Front Left Side: Toyo 9 mm

Rear Left Side: Toyo 9 mm

Front Right Side: Toyo 9 mm

Rear Right Side: Toyo 9 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	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

## INSPECTION

Date of Assignment: 04/07/2018

Date Inspected: 05/07/2018 Inspected At:

Team Autoprop Pte Ltd (HQ)  
NO 38 WOODLANDS INDUSTRIAL PARK  
E1 #05-16  
Singapore 757700

Estimated Period of Repair: 5.0 days

Adjuster: XING GUO QIANG

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.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,000.00 -\$5,000.00

## REPAIR DETAILS

### Reference

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 09 Jul 2018)
<b>Parts:</b> 143	MAZDA 3 1.5 SEDAN EU6 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SJH5172T)
<b>Validity:</b>	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
<b>Further Info:</b>	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.
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< END OF ESTIMATES >