

3/20/2000

ASS. REC. BY:

REF:

CS3/M3618013532/N4457

Special Instruction:

SURVEYOR

metimen

From (Person):

Katherine Wong

ASSIGNMENT (Office)

of MS24

Date/Time: 22/07/2018 4:33pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJS 2496 X

Insured:

SLC 5773L

at Workshop in/s

Kenny Motor.

Tel:

9178 0938

of

Blk 22 Woodlands Link #01-29

Policy No:

A804 57281 QMX

Claim No:

565210

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

20/07/2018

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

27-07-2018 @ 3pm

I.O.D. Endorsement:

Date/Time:

25/07/2018 10am

Person Contacted:

Annie

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SJS 2496 X - X
	SLC 5773L - X
	Dismantle: 31/7/2018

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	23 Jul 2018		24 Jul 2018 16:33 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	PANG YIYIN, ID: S9231142B, Tel: +6591559712		
Main Claimant:	SOLOS) PTE LTD, Co. Reg. No.: 199308690G		
Vehicle Reg. No.:	SJS2496X	Date of Loss:	20/07/2018 10:00 - :59 [107 Months and 15 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 565210	Policy/Cover Note No.:	A80457281QMX (Comprehensive) Coverage: 19/05/2018 - 18/05/2019
Vehicle Reg. No. (Insured):	SLC5773L	Policy No. (Claimant):	
		Excess:	S\$500.00
Repairer:	Kenny Motor Service (HQ) Blk 22 Woodlands Link #01-29 Woodlands East Industrial Est, 738734 Woodlands - Tel: 67588878		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Katherine Wong Chew Shong - 6594 2544]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 25/07/2018]		
Driver/Custodian (Insured):	KUEK SU KIANG (), NRIC: S83266271, Tel: +6593823866		
Adj Asg. Remarks:	on WP. Third Party Pre-Repair Survey. TP nominated LKK Consultants to be SJE. Liability 100% - Head to rear. Contact : Ms Annie Neo @ 6758 8878/9178 0938/H/P 9178 0928)		

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	20/07/2018 14:44
Date Of Accident	20/07/2018 09:55
Exact Location Of Accident	ALONG SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS2496X
Insured/Policyholder	
Name Of Registered Owner	SOLOS (S) PTE LTD
Co Reg No	199308690G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67530070

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA 8 SEATER
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	GA054185/1
Cover Note Number	

Driver

Name of Driver	KEK HOON HAI (GUO FENHAI)
NRIC No	S2501532J
Date Of Birth	30/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	15/06/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93360890
Fax Number	
Contact Number	
Email Address	JAMES@SOLOS.COM.SG

Address BLK 607 CHOA CHU KANG STREET 62 #11-117
 Postcode 680607
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 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 DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 2
 Was any body injured in the Accident? 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: : SOH KENG GUAN
 GENDER: : MALE

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

AS PER 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 SLC5773L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver KUEK SU KIANG
 NRIC/Passport Number S83266271
 Contact Number 93823866
 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 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:

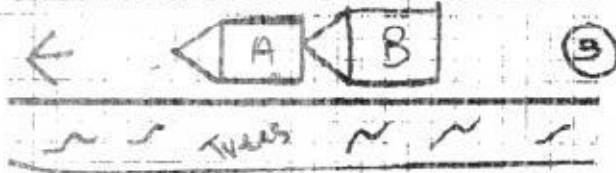

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

A → 838 2496 X

B → SLK 5773 L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 20 July 2018, 9:55 am

Accident Location: Along SLK

I was driving along the mentioned location.
All vehicles was moving slowly as the traffic was very heavy. While stationary due to jam, suddenly I felt an impact from the rear, and I noted that veh B had collided onto my stationary vehicle.

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TP)

DECLARATION

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

* IMPORTANT NOTE:

Standard terms outlined by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a FOURTEEN (14) days claim validity the claim must be made within the stipulated timeframe from the day of

Policyholder's Signature

Date & Time:

GLARIC SUPER RENTALS

Driver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Yvonne Toh

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	8690G
Vehicle Details	
Vehicle No.:	SJS2496X
Vehicle to be Exported:	No
Intended De-registration Date:	27 Aug 2018
Vehicle Make:	TOYOTA
Vehicle Model:	PREVIA 8 SEATER
Primary Colour:	Gold
Manufacturing Year:	2009
Engine No.:	2AZH332940
Chassis No.:	JTEGD52MX0A014221
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$35,039.00
Original Registration Date:	05 Aug 2009
First Registration Date:	05 Aug 2009
Transfer Count:	1
Actual ARF Paid:	\$35,039.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Aug 2019
PARF Rebate Amount:	\$17,519.00
Intended COE Rebate Details	
COE Expiry Date:	04 Aug 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$17,501.00
COE Rebate Amount:	\$1,576.00
Total Rebate Amount:	\$19,095.00

The information contained herein is correct as at 27 Aug 2018

OK

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	23 Jul 2018		24 Jul 2018 16:33 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

[Created by insurer]

Insured:	PANG YIYIN , ID: S9231142B, Tel: +6591559712		
Main Claimant:	SOLOS) PTE LTD , Co. Reg. No.: 199308690G		
Vehicle Reg. No.:	SJS2496X	Date of Loss:	20/07/2018 10:00 - :59 [107 Months and 15 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 565210	Policy/Cover Note No.:	A80457281QMX (Comprehensive) Coverage: 19/05/2018 - 18/05/2019
Vehicle Reg. No. (Insured):	SLC5773L	Policy No. (Claimant):	
		Excess:	S\$500.00
Repairer:	Kenny Motor Service (HQ) Blk 22 Woodlands Link #01-29 Woodlands East Industrial Est, 738734 Woodlands - Tel: 67588878		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Katherine Wong Chew Shong - 6594 2544]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Muhammad Nazril Bin Abdullah] ... [Imm.Advice due 25/07/2018]		
Driver/Custodian (Insured):	KUEK SU KIANG (), NRIC: S8326627I, Tel: +6593823866		
Adj Asg. Remarks:	on WP. Third Party Pre-Repair Survey. TP nominated LKK Consultants to be SJE. Liability 100% - Head to rear. Contact : Ms Annie Neo @ 6758 8878/9178 0938/H/P 9178 0928)		

ASSOCIATED MAIL RECEIVED

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There are no mail for this case.

ALL ASSOCIATED TASKS

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Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SJS2496X (565210)**
[SLC5773L]
TP
SOLOS) PTE LTD
Jul 20 2018 10:00AM
[PANG YIYIN]
Kenny Motor Service

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)
View
[View in Browser](#)

Assessment Reports

1 per page





















No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	24/07/18 11:48	Accident Statement From:OD - Reg. No: SLC5773L, Claimant: PANG YIYIN	Load HTM	

Photos/Images

3 per page



No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	07/08/18 11:33	General View	Load JPG	
2	07/08/18 11:33	General View	Load JPG	
3	07/08/18 11:33	General View	Load JPG	
4	07/08/18 11:33	General View	Load JPG	
5	07/08/18 11:33	General View	Load JPG	
6	07/08/18 11:33	General View	Load JPG	
7	07/08/18 11:33	General View	Load JPG	
8	07/08/18 11:33	General View	Load JPG	
9	07/08/18 11:33	General View	Load JPG	
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29	07/08/18 11:33	General View	Load JPG	
30	07/08/18 11:33	General View	Load JPG	
31	07/08/18 11:33	General View	Load JPG	

Assessment Reports			1 per page ▼	✓
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
32	07/08/18 11:33	General View	 Load JPG	✓
33	07/08/18 11:33	General View	 Load JPG	✓
34	07/08/18 11:33	General View	 Load JPG	✓
35	07/08/18 11:33	General View	 Load JPG	✓
36	07/08/18 11:33	General View	 Load JPG	✓
37	27/08/18 11:35	Photographs of Damaged Parts	 Load JPG	✓
38	27/08/18 11:35	Photographs of Damaged Parts	 Load JPG	✓
39	27/08/18 11:35	Photographs of Damaged Parts	 Load JPG	✓
40	27/08/18 11:35	Photographs of Damaged Parts	 Load JPG	✓
41	27/08/18 11:35	Photographs of Damaged Parts	 Load JPG	✓
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60	27/08/18 11:35	Photographs of Damaged Parts	 Load JPG	✓
61	27/08/18 11:35	Photographs of Damaged Parts	 Load JPG	✓
Documentation			1 per page ▼	✓
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	24/07/18 11:47	TP PRI & ACCDT REPORT	 Load PDF	
2	24/07/18 11:48	TP GIA REPORT From: OD - Reg. No: SLC5773L, Claimant: PANG YIYIN	 Load PDF	
3	24/07/18 13:26	EMAIL TP ON OUR AGREED COMMON SJE - LKK	 Load PDF	
4	24/07/18 13:30	LIABILITY - 100%	 Load PDF	

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/MSG18013532/NZ4BS2

Date: 31/08/2018

REFERENCE

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

Policy No: A80457281QMX

Claimant Vehicle No : SJS2496X

Insured Vehicle No : SLC5773L

Date of Loss: 20/07/2018

Nature of Claim: TP

Claim No: 565210

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SJS2496X

Make & Model: TOYOTA PREVIA, 2.4 8-SEATER (A)

Engine No: 2AZH332940

Reg. Date: 05/08/2009 (Man. Year: 2009)

Chassis No: JTEGD52MX0A014221

Colour: Brown

Odometer: 270140 km

Engine Capacity: 2362 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: Fair 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: Bridgestone 5 mm

Rear Left Side: Bridgestone 5 mm

Front Right Side: Bridgestone 5 mm

Rear Right Side: Bridgestone 5 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: 24/07/2018

Date Inspected: 27/07/2018 Inspected At:

Kenny Motor Service (HQ)

Blk 22 Woodlands Link #01-29 Woodlands East

Industrial Est

Singapore 738734

Estimated Period of Repair: 0.0 days

Adjuster: Muhammad Nazril Bin Abdullah

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 \$7,000.00 - \$8,000.00

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 31 Aug 2018)
Parts:	M1-MPV	TOYOTA PREVIA 2.4 8-SEATER (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SJS2496X)	
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 >