

Signature: Tanjatin

REF:

MS16

CC3/MS618015743/TIRbe2

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: **SLK 7110U**
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: _____ 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: **TIB 1197S** Yr Regn: **2002 July**
Type: M/Car / M/Cycle / **Bus** / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: **Mercedes Benz 0405G** C.C: **11967**
Colour: **Mult** A/C: Insured / Std / NI / NA
Sp. Reading: **23816** T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: **WEB61232321098995**
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: **275/75R22.5**
R: **u ~ (D)**
BS / DUN / EXNOVA **(G)** / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front: _____ Rear: _____
R/Bal: **8** mm R/Bal: **8/8** mm
L/Bal: **8** mm L/Bal: **8/8** mm
D.O.A.: _____ D.O.I: **27/3/18**
Survey held at: **SMKT WL**
Des. of Damages: Frt / Rear **(O/S)** / N/S / U/C / Rooftop or
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
TIB 1197S - CS/TIB/2023477/Rlyn
SLK 7110U - X

DOA: 29-11-12

30/8/18 Sent GIA Estimate thm email.

Confirm P/P: **8 976.00 @ 2day**
Red: **8 2299, 747.**

RECEIVED 25 SEP 2018

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

1) **typist** ☒ : Final Report

Date/Time: File Return to?

2)

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Days Of Repair: **2**

Resurvey No. of Trip: **-**

Survey Fee:

Transportation

☐ S + RS ☐ SI

☐ Photos

☐ Other

TOTAL

Report Format: **TP**

Lump Sum / I.B.I: (\$ **976.00**)

150

10

160

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: Keny Ong Thiam Beng

Date: 25 Sep 2018

Preliminary Advice

Insured Vehicle No	: SLK7110U		
TP Vehicle No	: TIB1197S	Accident Date	: 14/08/2018
Make	: MERCEDES-BENZ O405G	Assignment Date	: 03/09/2018
Date of Inspection	: 27/09/2018	Est. Duration of Repair	: 2.00
Inspection At	: SMRT AUTOMOTIVE SERVICES PTE LTD (WOODLANDS) 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s body and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	1,323.00
Revised Amount	:S\$	976.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	976.00

Lump Sum Repair	:S\$
-----------------	------

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.

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	14/08/2018 16:41
Date Of Accident	14/08/2018 09:20
Exact Location Of Accident	WOODLANDS CTR RD – AFT 46069 – WOODLANDS TRAIN CHE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	TIB1197S
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BUS
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	BUS

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	DII027592MFBP
Cover Note Number	

Driver

Name of Driver	MUHAMMAD JAMALNASRUDDIN BIN MD YUSOF
NRIC No	S8500331C
Date Of Birth	08/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	28/04/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 6 ANG MO KIO ST 62

Postcode

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 SIDE SWIPE

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) 10

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

I WAS DRIVING SERVICE 178 AND TRAVELLING STRAIGHT ON THE LEFT MOST LANE ALONG WOODLANDS CENTRE ROAD. A PTE CAR, SLK7110U THAT WAS ON THE 1ST LANE FILTERED LEFT TO ENTER WOODLANDS TRAINS CHECKPOINT TAXI STAND. IN THE PROCESS OF FILTERING LEFT, IT'S FRONT LEFT PORTION COLLIDED ONTO MY BUS RIGHT REAR PORTION. NO INJURY REPORTED. THAT'S ALL.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLK7110U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 services providers or agents (including their lawyers/law firms), which may be stated 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, regulations, 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 & not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: BALQISH
NIC/FIN No.: SB3403252

SKETCH PLAN

BS 46049

Taxi Stroud

⑧ T161197C
⑨ SKT1104

Bus stop

WOODLANDS CENTER ROAD

一

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REPORT

DECLARATION

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

Policyholder's Signature
Date & Time:



Driver's signature
(if driver is not the policyholder)
Date & Time:

Date & Time:

Reporting Centre Personnel's Signature
Name: BALQISH
NRIC/FIN No.: S8340325Z

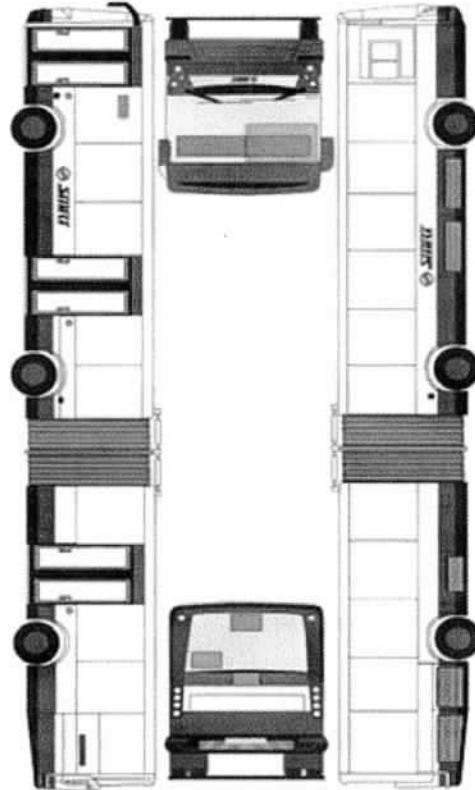
NRIC/INN No.: S8340325Z



SMRT Accident Vehicle Repair Estimates

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : TIB1197S
 Ref. No : BUS/08/18/7030
 Reg. Date : 05/07/2002
 Vehicle Type : BUS -17M
 Make : MB0405G 17M (MERCEDES)
 BENDY
 Model : MERCEDES 0405G
 Name of Driver : Muhammad Jamalnasruddin
 Bin Md Yusof
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 14/08/2018 09:22:00 AM
 Accident Reported Date / Time : 14/08/2018 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : MSIG
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024097703
 Special Instruction to ARC, if any :
 TIB1197S - RIGHT REAR PORTION
 SLK7110U (TP) INSURED WITH MSIG
 Prepared Date : 15/08/2018 08:54:04 AM



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:

Tan Kah 97495749

WP
27/8/18

30/8/18

Resurvey after repair

sur @ LKK Auto con

02 days

Section B - To be Completed by Service Advisor, Accident Repair Centre

Chassis No : WEB61232321098995

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 795.00	530.00
Total Spray Painting Charges	: 528.00	446.00
Total Material Charges	: 0.00	0.00
Other Charges	: 0.00	0.00
TOTAL	: 1,323.00	976.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 2.00	2.00
Prepared / Adjusted By	:	
Arc / Surveyor Sign Off Date	: 27/08/2018 05:00:43 PM	27/08/2018 05:08:14 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 19/08/2018 09:05:40 AM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair

Quotation No :

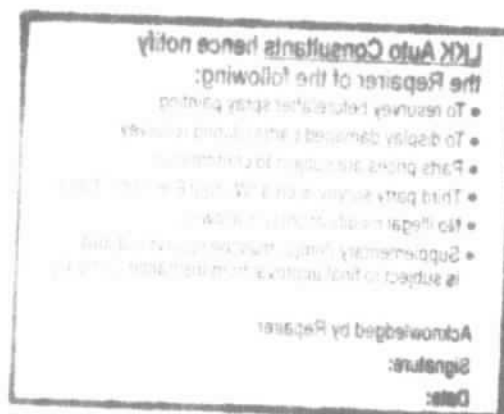
Invoice No :

Quotation Date :

Invoice Date :

Invoice Amount :

Prepared Date :



Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	795.00	530.00
Total Labour	795.00	530.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	528.00	446.00
Total Spray Painting & Panel Beating	528.00	446.00

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		

1323



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Service Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 25/09/2018

User ID : KimBock

Section A - Accident Details

Registration Number	TIB1197S
Case Reference Number	BUS/06/16/7030
Registration Date	7/5/2002
Company Type	SMRT Buses Ltd
Make	MERCEDES
Model	MERCEDES 0405G
Name of Driver	Muhammad Jamalinuddin Bin Md Yusof
Type of Accident	SIDE SWIPE
Accident Date and Time	8/14/2018 9:22 AM
Accident Reported Date and Time	8/14/2018 12:00 AM
Is Surveyor Required?	Yes
Survey by	MSIG
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle Issued?	No
Job Card Number	000024087703
Special Instruction to ARC, if any	TIB1197S - RIGHT REAR PORTION SLK7110U (TP) INSURED WITH MSIG
Prepared Date and Time	15/08/2018 8:54 AM
Chassis Number	WNB01232321088995
Mileage	
Work Shop	
Repair Completion Date and Time	

Section B - Summary of Repair Estimates

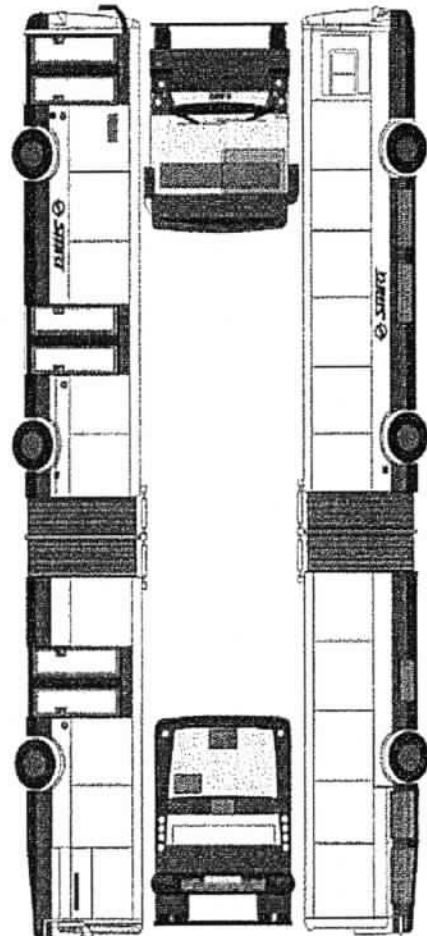
Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$795.00	\$530.00
Total Spray Cost	\$528.00	\$446.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$1,323.00	\$976.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	2.0	2.0
Prepared / Adjusted By	Bus Estimator Team	LKK Taufik
ARC / Surveyor Sign Off Date	27/08/2018 5:00 PM	27/08/2018 5:08 PM
Signature		

Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	

Section D - Details of Repair Estimates

Part 1 - Labour Works		
Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	\$795.00	\$530.00





SMRT Accident Vehicle Repair Estimates

SMRT Automotive Service Pte Ltd
50 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 25/09/2018

User ID : KimBock

Total Labour	\$795.00	\$530.00
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Part 2 - Spray Painting & Panel Beating Related Works		
Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	\$528.00	\$446.00
Total Spray Painting & Panel Beating	\$528.00	\$446.00

Part 3 - Other Costs - Accident and Accident Repair Related Expense		
Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		

Part 4 - Spare Parts / Material Usage									
Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
Total									

Added Spare Parts / Material Usage After Surveyor Signed off									
Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
Total									


































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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	03 Sep 2018		03 Sep 2018 11:29 Edit Adj Rpt	S\$976.00 Edit Estimates	S\$976.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	GRAB RENTALS PTE LTD , Co. Reg. No.: 201617200G								
Main Claimant:	SMRT BUSES LTD , Co. Reg. No.: 198202292D								
Vehicle Reg. No.:	TIB1197S	Date of Loss:	14/08/2018 08:00 - :59 [193 Months and 9 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 568600	Policy/Cover Note No.:	A29069766MKF (Comprehensive) Coverage: 01/02/2018 - 31/01/2019						
Vehicle Reg. No. (Insured):	SLK7110U	Policy No. (Claimant):							
		Excess:							
Repairer:	SMRT Automotive Services Pte Ltd (Woodlands) 60 Woodlands Industrial Park E4, 757705 Woodlands - Tel: 68662628								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Keny Ong Thiam Beng - 6643 1309]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 03/10/2018]								
Driver/Custodian (Insured):	CHAN SIU WAI NELSON (), NRIC: S2666091B, Tel: +6598230748								
Adj Asg. Remarks:	Direct Survey Done								
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.									

Claim Documents

***TIB1197S (568600)**
[SLK7110U]
TP
SMRT BUSES LTD
Aug 14 2018 8:00AM
[GRAB RENTALS PTE LTD]
SMRT Automotive Services Pte Ltd

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	03/09/18 11:29	Accident Statement From: SC - Reg. No: SLK7110U, Claimant: GRAB RENTALS PTE LTD	 Load HTM	<input type="checkbox"/>
2	03/09/18 11:29	Addendum Sheet From: SC - Reg. No: SLK7110U, Claimant: GRAB RENTALS PTE LTD	 Load TIFF	<input type="checkbox"/>
3	03/09/18 11:29	Accident Statement Addm. #1 From: SC - Reg. No: SLK7110U, Claimant: GRAB RENTALS PTE LTD	 Load HTM	<input type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	25/09/18 14:33	Adjuster Immediate Advice	 Load HTM	<input type="checkbox"/>
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
2	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
3	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
4	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
5	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
6	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
7	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
8	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
9	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
10	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
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25	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
26	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
27	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
28	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
29	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
30	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
31	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
32	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
33	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
34	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
35	25/09/18 14:36	General View	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	03/09/18 11:29	TIB1197S GIA Rpt From: SC - Reg. No: SLK7110U, Claimant: GRAB RENTALS PTE LTD	 Load PDF	
2	03/09/18 11:30	ESTIMATE	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
<div></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer			
Note: Remarks are private unless you show it to other parties.			

LKK Auto Consultants Pte Ltd

(Co.Reg.No:199607198R)

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/MSG18015743/T1RBE2

Date: 27/09/2018

REFERENCE

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

Policy No: A29069766MKF

Claimant Vehicle No : TIB1197S

Insured Vehicle No : SLK7110U

Date of Loss: 14/08/2018

Nature of Claim: TP

Claim No: 568600

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: TIB1197S

Make & Model: MERCEDES-BENZ O405G, 12.0 D (A)

Engine No: 44797710083072

Reg. Date: 05/07/2002 (Man. Year: 2000)

Chassis No: WEB61232321098995

Colour: Multi-colour

Odometer: 23816 km

Engine Capacity: 11967 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 275/75 R22.5

Rear Tyre Size: 275/75 R22.5 (D)

Front Left Side: Goodyear 8 mm

Rear Left Side: Goodyear 8/8 mm

Front Right Side: Goodyear 8 mm

Rear Right Side: Goodyear 8/8 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	1,323.00	976.00	347.00	26.23
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	1,323.00	976.00	347.00	26.23

INSPECTION

Date of Assignment: 03/09/2018

Date Inspected: 27/08/2018 Inspected At:

SMRT Automotive Services Pte Ltd
(Woodlands)
60 Woodlands Industrial Park E4
Singapore 757705

Estimated Period of Repair: 2.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: Janice Lee Si Hua

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: (Last Synchronised: 27 Sep 2018)

Parts: N/A MERCEDES-BENZ O405G 12.0 D (A) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for TIB1197S)

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

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS	New	795.00	530.00
2	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	New	528.00	446.00
Gross Labour Cost (S\$)			1,323.00	976.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >