Survasor	A	SSIGNME	NT (Office)		
Melimun From (Person): In	ne Tan of		msily	Date/I	ime: 03092018 3.57pm
Estimated Cost:			Bill to:	**************************************	
To Inspect Vehicle No	es/od res/eva/ii SKH	NV/MV/CS DULL	Ü	Insured:	56m 8542Z
at Workshop m/s	Complete	Vms.		Tel:	
of		sin Ming	DNC #03	-14	
Policy No: 80	0446853QMX	J	Claim No:	56918	2
Sum Insured:			Excess:		
Make of Veh: (Client's Record)				D.O.A	0308080
CA / REV / REP.	/ DEN 24 HDC . N	01	810C-PU-1		
Date/Time: 0318	1018 4357mPerson	Contacted:	H Hui		D. Endorsement:
Date/Time Action	/Instruction ( ✓ )	Estimate.			
SKH	12410 - X				
Shm	8547Z - (S3 /10	\$1701800	9 / Wate2		DUN: 13092017
18/1/18/20 2/12/20	revised to in	one Ter	va ma	amen.	

.

Action May 01	ASSIGNMENT
Estimated Cost.  Or (TP) WS / TP RES / OD RES / EVA / INV / MV  To Inspect Vehicle No. 3KH 12 46 D	Veh No: SKI4 1246D Yr Regn: 11, 12  Type: M.Car PM.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or (A)  Make: Lynda: Veloste c.c 1591
at Workshop m/s Complete VMS of BIK 176 Sin Ming Dr. Ve # 03-14 theoret Policy No. Claims No.	Sp.Roading 6636P T/Radio: Insured / Std / NI / NA  Eng/No:  C/No: HMITTC61DVD U / 13815  Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess: (Client's Record) Make of Veh:	Steering: Inorder/ Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Modi: Nil / S/Rim / STO A/Blim or  Turo Size: F: 2/5/40R19
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: 2/3 days Res.: Yes or No  Lum Sum: /-B.1 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted:  Date / Time Action / Instruction  5 / File person Contacted:  RECE	R:  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  TOYO / YOKO or  Front  Rear  R/Bal.  R/Bal.  R/Bal.  R/Bal.  R/Bal.  R/Bal.  R/Bal.  R/Bal.  R/Bal.  D.O.A.  Z / P / I P  Survey held at  Des. of Damages: Frt   Rear / O/S / N/S / U/C / Rooftop or
Dute/Time, File Pass to? : Preli. Report	Days Of Repair: 3
1) offu turn 107  Date/Time, File Return 107  2)  Report Format: MER-P	Resurvey No. of Trip:   Survey Fee:
Lump Sum / L.B.T.: (\$ 2550 )	: Weekend (\$

160

TOTAL

## Note: This document has not been finalised.

## 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:

Irene Tan Gek Ing

Date: 05 Sep 2018

## Preliminary Advice

Insured Vehicle No : SGM8542Z

TP Vehicle No : SKH1246D

Accident Date

: 02/09/2018

Make

: HYUNDAI VELOSTER

Assignment Date

: 03/09/2018

Date of Inspection : 04/09/2018

Est. Duration of Repair

: 3.00

Inspection At

: COMPLETE VMS PTE LTD (HQ)

176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX

SINGAPORE 575721

#### 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\$	6,313.84
Revised Amount	:S\$	1,497.40
Check Items (Estimated)	:S\$	2,692.80
Total	:S\$	4,190.20

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.

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

LAIM SUI	BFOLDER TRAC	KING									
Case	Notified	Est Subr	mitted	Adj Assigned	Adj Rpt	Adj Subm	itted	Ins Auth'ed	Status		
03 Sep 2018 Main				03 Sep 2018 15:57 Assign					100000000000000000000000000000000000000	ssignment ei Case	
	Main		R	eference	V	Claim Details		Doc	uments		Show All
CLAIM S Insured: Main Clair	UBFOLDER DE	TAILS	- British protection at	YVONNE, ID: SI	CONTRACTOR OF THE PARTY OF			Į.	Created	by insure	r]
Vehicle Re	212010		LOW CHER JIN, ID: \$1681867D SKH1246D		Date of Loss:		1	03/09/2018 09:00 - :59 [69 Months and 28 Days From LTA Reg Date (Man Yr)]			
Claim Type:			TP			Policy/Cover Note No.:		: 0	80446853QMX (Comprehensive) Coverage: 30/10/2017 - 29/10/2018		
Vehicle Reg. No. (Insured):			SGM8542Z		Policy No. (Claimant):						
						Excess:					41.711
Repairer:				455 0012	TD (HQ) 1	76 Sin Ming Drive	#03-14	4 Sin Ming Autoc	are Compl	lex, 575721	Sin Ming -
Handling	Insurer:		6594	2541]	95 H	e. Ltd. (HQ) - Te					
Adjuster:						IQ) - Tel: 6256-3	561	[Imm.Advice	due 04,	/09/2018]	
Adj Asg. I	Remarks:		on WP	OI not reported	, SJE agree	LKK					
ASSOCI	ATED MAIL REC	CEIVED						V	ew All	Compos	e Case Mail
There are	no mail for this	case.									
Ε	OCTATED TAG	ve				920000	2010 32	1	2007.000		1 2 3 3 4
	SOCIATED TASE		SEMM		000 2000	View Al	-	earch Tasks		New Task	Complete
Due Da No result		Туре	Task	Group Subj	ect Han	dler Assigne	ed By	Completed	On	Created C	on Done

03092818 @ 4:5pm 11441 vanin 04092018

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars	Circonoro NDIC
Owner ID Type:	Singapore NRIC
Owner ID:	1867D
Vehicle Details	SKH1246D
Vehicle No.:	0.71 N 9 C O M
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Sep 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	VELOSTER FS 1.6 GDI DCT ABS D/AB SR 4DR
Primary Colour:	Green
Manufacturing Year:	2012
Engine No.:	G4FDCU991697
Chassis No.:	KMHTC61DVDU113815
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$16,443.00
Original Registration Date:	06 Nov 2012
First Registration Date:	06 Nov 2012
Transfer Count:	1
Actual ARF Paid:	\$16,443.00
OPC Cash Rebate Details	
OPC Cash Rebate Eligibility:	No
OPC Cash Rebate Eligibility Expiry Date:	-
OPC Cash Rebate Amount: Intended PARF Rebate Details	•
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Nov 2022
PARF Rebate Amount: Intended COE Rebate Details	\$11,510.00
COE Expiry Date:	05 Nov 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$46,000.00
COE Rebate Amount:	\$19,166.00
Total Rebate Amount:	\$30,676.00

The information contained herein is correct as at 05 Sep 2018

MSI118113630 / STA INSPECTION PTE LTD - Sin Ming ENTRY DATE & TIME: 03/09/2018 09:29 SUBMITTED BY: Wong Lip Yong

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

moresaid.	ACCIDENT STATEMENT
Date Of Report	03/09/2018 09:29
Date Of Accident	02/09/2018 13:15
Exact Location Of Accident	BUKIT PANJANG RING ROAD TOWARDS BUKIT PANJANG ROAD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH1246D
Insured/Policyholder	
Name Of Registered Owner	LOW CHER JIN
NRIC No	S1681867D
Email Address	CJLOW913@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96392039
Alternative Phone No	OTHERS-96392039
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	VELOSTER
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5066965147-03
Cover Note Number	
ACRES ESTATEMENT OF STREET	

#### Driver

LOW CHER JIN Name of Driver S1681867D NRIC No 23/01/1965 Date Of Birth INDOOR Occupation 30/01/1990 Date Of Driving Pass 28 YEARS AND 7 MONTHS Driving Experience MALE Gender

(LOCAL) +65-96392039 Mobile Number

Fax Number

OTHERS-96392039 Contact Number

CJLOW913@YAHOO.COM.SG EMail Address

Address

BLK 625 SENJA ROAD #14-146

SINGAPORE

Postcode

670625

Was driver an employee of the Insured's Company NO

OWNER

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

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

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

SGM8542Z

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category

CHUA JUN JIE

Name of Driver

Contact Number

S8602247H

NRIC/Passport Number

90037428

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 the purpose of the contraction of the purpose of the contraction of the purpose of the contraction of the purpose of the purpose of the contraction of the purpose of the p
  - 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:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

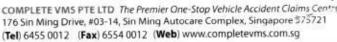
NRIC/FIN No.:

## Sketch Plan #2 Pg. 1

ETCH PLAN	
ATTACLE	
A - 3×4124	
/1 - SCH124	
B - SGM85	,u27
ESCRIBE CIRCUMSTANCES O	OF THE ACCIDENT
ESCRIBE CIRCUMSTANCES C	or the Accident
I was travelling	g along Bukit Panjang King Rol towards Bukit Panjan
- ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ed I was on	the left large of two lones I stapped before the
ed I was on	THE TOTAL PARTY OF THE PARTY OF
	(1) (-1) 021 7 111 021
Stop line and Che	eck for clear traffic, sucketly I felt as impact
tion behind. U	chiele is collidate into my rear.
( Astro	
Contraction of the Contraction o	
DECLARATION.	
	culars are true in every respect.
DECLARATION  I/We declare the foregoing partic	culars are true in every respect.
	culars are true in every respect.
	Driver's Signature (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:

GIORDAC SketchistonEmm\_v3

Page 4 of 18





Email: darren@completevms.com.sg ( lily@completevms.com.sg ( lihui@completevms.com.sg (

LOW CHER JIN BLK 625 SENJA ROAD #14-146 SINGAPORE 670625

Attention: THE OWNER Contact: 96392039

Mor Northerita Estimate

Merry Bapaine Vehicle Num
Make/Mod
Chassis/Eng
Accident Dat
Claim N
Reference
Policy N

CILy 82050L

Estimate: ES006439

Date: 03/09/2018 Vehicle Num.: SKH1246D

Make/Model: HYUNDAI VELOSTER FS 1.6-2012 Chassis/Eng#: KMHTC61DVDU113815/G4FDCU9916

Accident Date: 02/09/2018

Claim No.: Reference: Policy No.:

S/N Quantity

Particular

Unit Price Amount S\$

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11,	1 1 8 2 1 2 1 1 2	LIST ITEMS: REAR BUMPER REAR BUMPER REINFORCEMENT REAR BUMPER CLIP REAR BUMPER BRACKET REAR BUMPER LOWER LIP REAR BUMPER SIDE LOWER LIP REAR EXHAUST SILENCER BOX REAR EXHAUST CHROME PIPE REAR NUMBER PLATE LAMP REAR NUMBER PLATE HOLDER MOULDING REAR END PANEL	648.50 662.60 96.80 193.60 182.00
		List TotalS\$ : 20.00% Discount S\$ :	4,132.30 826.46
1.	42	SPECIAL NETT ITEMS : REVERSE SENSOR	3,305.84 Shar 220.00 40 880.00 247

REAR NUMBER PLATE (OPC)

REAR NUMBER PLATE HOLDER

Special Nett Total S\$:

LABOUR:

RUST PROOFING TREATMENT

OPC E-DAY LICENCE

BREAK & RESEAL OPC NUMBER PLATE SPRAY PAINT DAMAGED AREA AFFECTED

25.00 33.00 938.00

100.00 20.00 250.00 J 800.00

LKK Auto Consultante hance notify the Repairer of the following:

- To resurvey beforelatter agray painting
- To display damaged part(s) during recurvey
- · 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:

CONTINUE / ...





Email: darren@completevms.com.sg (	)
lily@completevms.com.sg (	)
lihui@completevms.com.sa (	1

LOW CHER JIN BLK 625 SENJA ROAD #14-146 SINGAPORE 670625

Attention: THE OWNER Contact: 96392039

Estimate: ES006439

Date: 03/09/2018 Vehicle Num. : SKH1246D

Make/Model: HYUNDAI VELOSTER FS 1.6-2012 Chassis/Eng#: KMHTC61DVDU113815/G4FDCU9916

Accident Date: 02/09/2018

Claim No.: Reference: Policy No.:

S/N Quantity

Particular

Unit Price

Amount S\$

TO CUT OFF REAR END PANEL, KNOCK AND STRAIGHTEN REAR CHASSIS FRAME AND CHANGE ALL NECESSARY PARTS

900.00

2501

Labour Total S\$:

2,070.00

SingDollars: Six Thousand Three Hundred Thirteen & Cents Eighty-Four Only

Total S\$:

6,313.84

========

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre 176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721 (Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

> Email: darren@completevms.com.sg ( lily@completevms.com.sg ( lihui@completevms.com.sg ( )

LOW CHER JIN BLK 625 SENJA ROAD #14-146 SINGAPORE 670625

Particular

Attention: THE OWNER Contact: 96392039

S/N Quantity

Date: 03/09/2018

Parry Bepairs

Date: 03/09/2018

Vehicle Num.: SKH1246D

Make/Model: HYUNDAI VELOSTER FS 1.6-2012

Chassis/Eng#: KMHTC61DVDU113815/G4FDCU9916

Accident Date: 02/09/2018

Claim No.:

Reference:
Policy No.:

Unit Price Amount S\$

		71			
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	1 1 8 2 1 2 1 1 1 2 1	LIST ITEMS: REAR BUMPER REAR BUMPER REINFORCEMENT REAR BUMPER CLIP REAR BUMPER BRACKET REAR BUMPER LOWER LIP REAR BUMPER SIDE LOWER LIP REAR EXHAUST SILENCER BOX REAR EXHAUST CHROME PIPE REAR NUMBER PLATE LAMP REAR NUMBER PLATE HOLDER MOULDING REAR END PANEL LIST TOTALS\$:	1- 20000 Herrot 2N - 485-W Lateur - 630-04	82.10 M 164.20 82.10 M 164.20 499.30	× x2agn
1. 2. 3.	4 Z	20.00% Discount S\$:  SPECIAL NETT ITEMS: REVERSE SENSOR REAR NUMBER PLATE (OPC) REAR NUMBER PLATE HOLDER  Special Nett Total S\$:	02 NOV 2018	3,305.84 440 880.00 25.00 100 33.00 938.00	247
		LABOUR: RUST PROOFING TREATMENT OPC E-DAY LICENCE BREAK & RESEAL OPC NUMBER PLATE		300/ 800.00	

LKK Auto Consultants hance notify

- · 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 ompany

Acknowledged by Repairer

Signature:

Date:

SPRAY PAINT DAMAGED AREA AFFECTED

CONTINUE / ...

800.00

3001



COMPLETE VMS PTE LTD. The Premier One-Stop Vehicle Accident Claims Centre 176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721 (Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.ag

Email: darren@completevms.com.sg (	)
lily@completevms.com.sg (	)
lihui@completevms.com.sg (	)

LOW CHER JIN BLK 625 SENJA ROAD #14-146 SINGAPORE 670625

Attention : THE OWNER Contact : 96392039 Estimate: ES006439

Date : 03/09/2018 Vehicle Num. : SKH1246D

Make/Model: HYUNDAI VELOSTER FS 1.6-2012 Chassis/Eng#: KMHTC61DVDU113815/G4FDCU9916

Accident Date: 02/09/2018

Claim No. : Reference : Policy No. :

S/N Quantity

Particular

Unit Price

Amount S\$

2501

TO CUT OFF REAR END PANEL, KNOCK AND STRAIGHTEN REAR CHASSIS FRAME AND CHANGE ALL NECESSARY PARTS

900.00

Labour Total S\$:

2,070.00

SingDollars Six Thousand Three Hundred Phirteen & Cents Eighty-Four Only

Total S\$:

6,313.84

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

## I KK 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/MSG18016076/KQBN2

Date:

09/11/2018

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

A80446853QMX

Claimant

SKH1246D

Insured Vehicle No: SGM8542Z

Vehicle No: Date of Loss:

02/09/2018

Nature of Claim: TP Claim No: 569182

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

SKH1246D

Make & Model:

HYUNDAI VELOSTER, 1.6 FS (A)

Engine No:

G4FDCU991697

Reg. Date:

06/11/2012 (Man. Year: 2012)

Chassis No:

KMHTC61DVDU113815

Colour:

Metallic Green

Odometer:

66369 km

**Engine Capacity:** 

Market Value/New Car Price:

1591 cc

N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable): No Pre-accident Condition:

Yes

Handbrake (Serviceable):

CONDITION OF TYRES Front Tyre Size:

215/40 R18

Rear Tyre Size:

215/40 R18

Front Left Side:

Falken 7 mm

Rear Left Side:

Falken 7 mm

Front Right Side:

Falken 7 mm

Rear Right Side:

Falken 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,243.84	2,533.72	1,710.12	40.30
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,070.00	650.00	1,420.00	68.60
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	6,313.84	3,183.72	3,130.12	49.58
Approved Total (Overridden) (S\$)		2,550.00		
(\$\$)	6,313.84	2,550.00	3,763.84	59.61
+ GST 7.00/7.00% (S\$)	441.97	178.50	263.47	59.61
Nett Amount (S\$)	6.755.81	2,728.50	4,027.31	59.61

INSPECTION

Date of Assignment:

03/09/2018

Date Inspected:

04/09/2018 Inspected At:

COMPLETE VMS PTE LTD (HQ) 176 Sin Ming Drive #03-14 Sin Ming

Autocare Complex Singapore 575721

Estimated Period of Repair:

3.0 days

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

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: 09 Nov 2018)

Parts:

M1-SUV

HYUNDAI VELOSTER 1.6 FS (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SKH1246D)

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 BUMPER	Cracked	648.50 FL	*648.50 FL
2	1		*REAR BUMPER REINFORCEMENT	Cracked	662.60 FL	
3	8		*REAR BUMPER CLIP	Necessary	48.00 FL	*48.00 FL
4	2		*REAR BUMPER BRACKET	Cracked	193.60 FL	
5	1		*REAR BUMPER LOWER LIP	Dented/Cut	306.50 FL	
6	2		*REAR BUMPER SIDE LOWER LIP	Serviceable	364.00 FL	*-FL
7	1		*REAR EXHAUST CHROME PIPE	Dented		*287.50 FL
8	2		*REAR NUMBER PLATE LAMP	Cracked	164.20 FL	*164.20 FL
9	1		*REAR NUMBER PLATE HOLDER MOULDING	Serviceable	61.50 FL	
10	1		*REAR END PANEL	Repair	499.30 FL	*-FL
11	1		*REAR EXHUAST SILENCER BOX (LOCAL REPAIR)	Dented		*200.00 FS
12	1		*REVERSE SENSOR	Shorted (2 Pcs only)	880.00 FS	*440.00 FS
13	1		*REAR NUMBER PLATE HOLDER }	Dented	33.00 FS	*45.00 FS
14	1		*REAR NUMBER PLATE (OPC) }	Dented	25.00 FS	*-FS
	anchise	part, S=S	SpcNett. L=ListItemDisc List Item Discount on L Ite	Sub Total (S\$) ems 20.00/20.00% (S\$)		<b>2,995.90</b> 462.18
				Total Parts (S\$)	4,243.84	2,533.72

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended	l a	hour
Recommended	La	Dou

Re No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	RUST PROOFING TREATMENT	New	100.00	
2	OPC E-DAY LICENCE	New	20.00	20.00
3	BREAK & RESEAL OPC NUMBER PLATE	New	250.00	80.00
(B)	SPRAY PAINT FAMAGED AREA AFFECTED	New	800.00	300.00
5	TO CUT OFF REAR END PANEL, KNOCK AND STRAIGHTEN REAR CHASSIS FRAME AND CHANGE NECESSARY PARTS	New E ALL	900.00	250.00
	Gross L	abour Cost (S\$)	2,070.00	650.00
	Report was unsubmitted	during this print-out.		

< END OF ESTIMATES >