

ASS. REC. BY:

REF:

CS/MS(18016884/KH672)

Special Instruction:

Surveyor

Kenneth

ASSIGNMENT (Office)

From (Person):

Muhammad Ashik

of

MSU1

Date/Time: 17/09/2018 11:27pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SBR 40R

Insured:

GBE 6081B

at Workshop m/s

Ng mitor

Tel:

of

BIR 8 Sin Ming Ind Est #01-70

Policy No:

J8870958MKC

Claim No:

570288

Sum Insured:

Excess:

Make of Veh:

D.O.A.

03/09/2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

17/09/2018 1400pm

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SBR 40R - CS / INC 11022713 / mlytdl

DA: 01-11-11

GBE 6081B - X

18/09/2018 5:05pm revised to Muhammad Ashik via Messenger.

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Ng Motor

of _____

Insured: _____

Policy No. _____

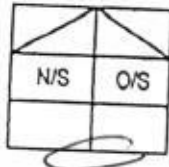
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SBR 40R Yr Regn: 03, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or MPVMake: Toyota Wish c.c. 1798Colour: M. Gold A/C: Insured / Std / NI / NASp. Reading: 48942 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JDGG 20W * 0J003752Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 3/9/18

Survey held at

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 17/9/18Des. 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

18/9 File pass to CatherineLLR 812506 (Red: 2019, 67%)

RECEIVED 26 SEP 2018

Date/Time, File Pass to?

1) 25/9 typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report☒ : Final ReportDays Of Repair: 3

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + P.S. \$

Fees:

Others

TOTAL

15010160

Report Format :

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

TP1250/-

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: Muhd Ashik B Madi

Date: 18 Sep 2018

Preliminary Advice

Insured Vehicle No	: GBE6081B	Accident Date	: 03/09/2018
TP Vehicle No	: SBR40R	Assignment Date	: 17/09/2018
Make	: TOYOTA WISH	Est. Duration of Repair	: 3.00
Date of Inspection	: 17/09/2018		
Inspection At	: NG MOTOR VEHICLE SPRAY PAINTING (HQ) BK 8 SIN MING IND EST #01-70/72 SINGAPORE 575643		

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\$	3,269.00
Revised Amount	:S\$	1,565.55
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,565.55

Lump Sum Repair	:S\$	
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Total Loss Consideration

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

Remarks

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

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	17 Sep 2018		17 Sep 2018 11:27 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:		SUNRAY WOODCRAFT CONSTRUCTION PTE LTD, Co. Reg. No.: 198703016K [Created by insurer]							
Main Claimant:		NG SWEE LIANG, ID: S7320474G							
Vehicle Reg. No.:	SBR40R	Date of Loss:	03/09/2018 00:00 - :59 [29 Months and 12 Days From LTA Reg Date (Mon Yr)]						
Claim Type:	TP / 570288	Policy/Cover Note No.:	28870958MKC (Comprehensive) Coverage: 27/01/2018 - 26/01/2019						
Vehicle Reg. No. (Insured):	GBE6081B	Policy No. (Claimant):							
		Excess:	S\$500.00						
Repairer:	Ng Motor Vehicle Spray Painting (HQ) BK 8 SIN MING IND EST #01-70/72, 575643 Sin Ming - Tel:								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Muhd Ashik B Madi - 6594 2548]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 18/09/2018]								
Adj Asg. Remarks:	LIABILITY - NOT CLEAR (NON-REPORTING) VEHICLE IN TP REQUEST TO SURVEY TODAY Please appoint LKK AUTO to conduct the survey . Kindly contact MR NG BOON CHYE @ 6453 1432 to arrange for survey .								
ASSOCIATED MAIL RECEIVED									
			View All	Compose Case Mail					
There are no mail for this case.									
ALL ASSOCIATED TASKS									
Due Date	Priority	Type	Task Group	Subject	Handler	View All	Search Tasks	Create New Task	Complete
						Assigned By	Completed On	Created On	Done?
No results.									

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	05/09/2018 14:09
Date Of Accident	03/09/2018 10:15
Exact Location Of Accident	WHITLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBR40R
Insured/Policyholder	
Name Of Registered Owner	MR NG SWEE LIANG
NRIC No	S7320474G
Email Address	JAKENGL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97493115
Alternative Phone No	OFFICE-65167395
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 X CVT (A)
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0017264-MVA
Cover Note Number	
Driver	
Name of Driver	MR NG SWEE LIANG
NRIC No	S7320474G
Date Of Birth	08/06/1973
Occupation	INDOOR
Date Of Driving Pass	13/02/1992
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97493115
Fax Number	
Contact Number	OFFICE-65167395
Email Address	JAKENGL@GMAIL.COM

Address	BLK 302C PUNGGOL PLACE #16-203
Postcode	823302
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	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)	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

ON 3RD SEPT 2018 AT ABOUT 1015 HRS I WAS DRIVING ALONG WHITLEY ROAD TOWARDS CITY. WHILST DRIVING ALONG I SAW A CAR INFRONT SLOW DOWN AND STOP AT THE TRAFFIC LIGHT DUE TO RED IN COLOR. I ALSO STOPPED MY CAR. FEW SECONDS LATER I FELT AN IMPACT AT REAR OF MY CAR. AS I GO DOWN I SAW A VAN GBE6081B COLLIDED REAR OF MY STATIONARY CAR. T/PARTY DRIVER SAID SORRY TO ME. NOBODY INJURED.

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	GBE6081B
Vehicle Make/Model/Colour	NISSAN VAN
Details Of Properties	FRONT PORTION
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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:


5/9/2018


 Driver's Signature

(If driver is not the policyholder)

Date & Time:

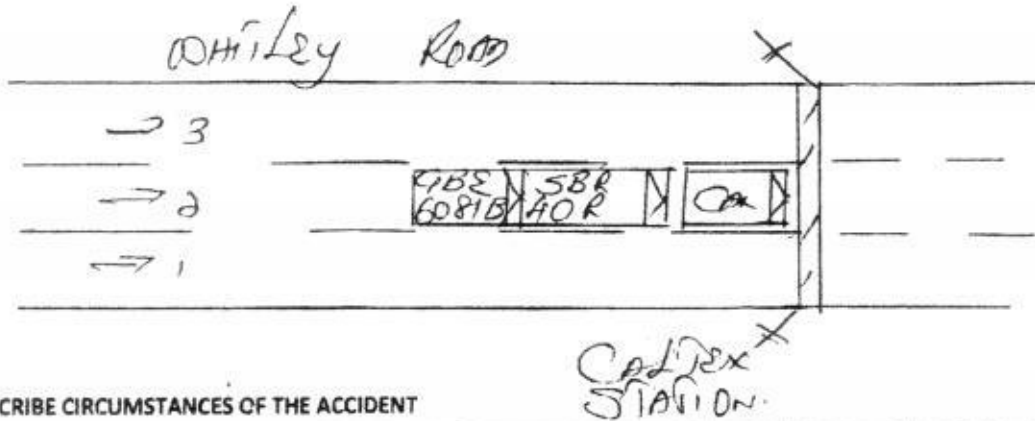
5/9/2018


 Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 3rd Sep 2018 at about 10⁰⁰ hrs, I was driving along Whitley Rd towards my. Approaching the traffic I saw the traffic light was red and I applied brake and stop behind a car.

Few seconds later I felt an impact to rear of my car. As I go down I realized a van GIB601B hit rear of my stationary car.

No body injured. Tiffney driver said sorry to me.

DECLARATION

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

Policyholder's Signature

Date & Time: 5/9/2018

Driver's Signature

(If driver is not the policyholder)

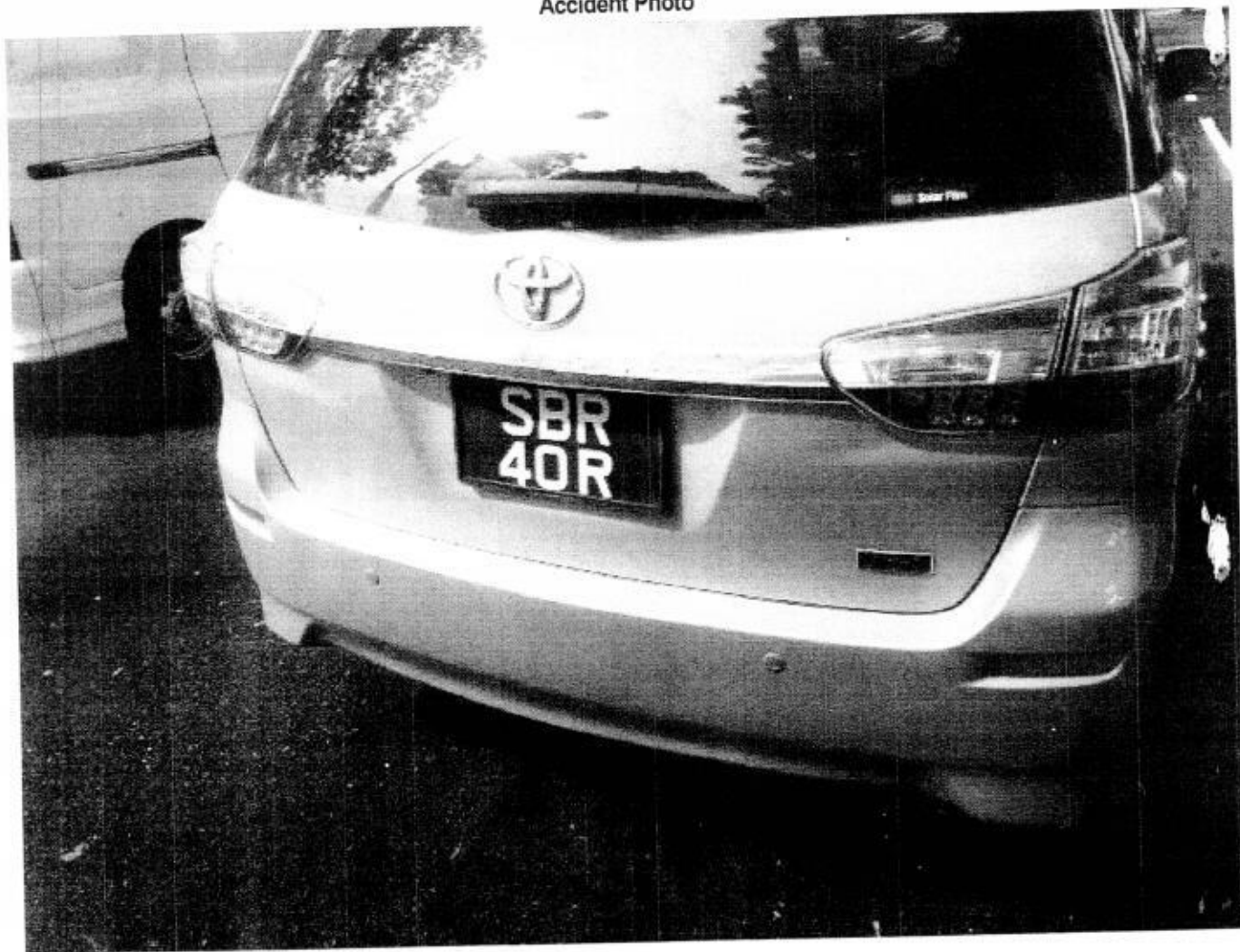
Date & Time: 5/9/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



黃摩哆汽車噴漆 NG MOTOR VEHICLE SPRAY PAINTING

BLK 8, SIN MING INDUSTRIAL ESTATE #01-70/72 S(575643)
Tel: 6453 1432 Fax: 6458 4563 Reg. No. 424320008

Date : 05/09/2018

Mr Ng Swee Liang
C/O Ng Motor Vehicle Spray Painting
Blk 8 Sin Ming Industrial Estate
#01-70/72
Singapore 575643

Re: Estimate Of Damage And Repair Cost -
Vehicle No. SBR40R Toyota Wish 1.8 CVT

*Not Authorized
C/Sing 81250/-
Resurvey After Paint
3 days*

18/9/18

	Amount (\$\$)
1 Rear bumper <i>574.90</i>	<i>Actual</i> 720.00 —
2 Rear bumper reverse sensor x 2	<i>h</i> 395.00 X
3 Rear bumper LH reflector	<i>h</i> 75.00 X
4 Rear bumper side retainer	<i>h</i> 57.00 X
5 Rear bumper corner retainer	<i>h</i> 42.00 X
6 Rear bumper inner side bracket x 2	<i>n</i> 242.00 X
7 Rear bumper clips (1 set)	<i>nn</i> 52.00 ✓
8 Rear tailgate centre "TOYOTA" logo <i>68.50</i>	<i>nn</i> 94.00 —
9 Rear tailgate centre "VALVE"	<i>nn</i> 52.00 ✓
10 To remove, jack out, straighten, panel beating, align and renew replaced parts	600.00 <i>400/-</i>
11 To putty and respray painting on affected areas	800.00 <i>540/-</i>
12 To check wirings and lightings	30.00 <i>15/-</i>
13 To remove, refix reverse sensor	50.00 ✓
14 To apply undersealing	<i>nn</i> 60.00 X
Total Estimate Cost :	<u>3,269.00</u>

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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:

Singapore Dollars : Three Thousand Two Hundred & Sixty Nine Only.

黃摩哆汽車噴漆
NG MOTOR VEHICLE SPRAY PAINTING
Blk 8 Sin Ming Ind. Est #01-70/72 Singapore 575643
Tel: 6453 1432 Fax: 6458 4563 Hp: 9755 8868

[Signature]

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

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/MSG18016884/KTBN2

Date: 27/09/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	28870958MKC
Claimant Vehicle No :	SBR40R	Insured Vehicle No :	GBE6081B
Date of Loss:	03/09/2018	Nature of Claim:	TP
		Claim No:	570288

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SBR40R	Engine No:	2ZR1726107
Make & Model:	TOYOTA WISH, 1.8 CVT (A)	Chassis No:	JTDGG20WX0J003752
Reg. Date:	22/03/2016 (Man. Year: 2016)	Odometer:	48942 km
Colour:	Metallic Gold		
Engine Capacity:	1798 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:	195/65 R15	Rear Tyre Size:	195/65 R15
Front Left Side:	Yokohama 8 mm	Rear Left Side:	Yokohama 8 mm
Front Right Side:	Yokohama 8 mm	Rear Right Side:	Yokohama 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,729.00	560.55	1,168.45	67.58
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,540.00	1,005.00	535.00	34.74
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,269.00	1,565.55	1,703.45	52.11
Approved Total (Overridden) (S\$)		1,250.00		
Nett Amount (S\$)	3,269.00	1,250.00	2,019.00	61.76

INSPECTION

Date of Assignment:	17/09/2018	
Date Inspected:	17/09/2018	Inspected At:
		Ng Motor Vehicle Spray Painting (HQ) BK 8 SIN MING IND EST #01-70/72 Singapore 575643

Estimated Period of Repair: 3.0 days

Adjuster: KENNETH KONG

Manager: DENISE TAY KWEE CHENG

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: 27 Sep 2018)
Parts: M1-MPV	TOYOTA WISH 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SBR40R)	
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	Buckled/Dented	720.00 F	*574.90 FL
2	2		*REAR BUMPER REVERSE SENSOR	Serviceable	395.00 F	*- FL
3	1		*REAR BUMPER LH REFLECTOR	Serviceable	75.00 F	*- FL
4	1		*REAR BUMPER SIDE RETAINER	Serviceable	57.00 F	*- FL
5	1		*REAR BUMPER CORNER RETAINER	Serviceable	42.00 F	*- FL
6	2		*REAR BUMPER INNER SIDE BRACKET	Repair	242.00 F	*- FL
7	1		*SET REAR BUMPER CLIPS	Necessary	52.00 F	*52.00 FL
8	1		*REAR TAILGATE CENTRE TOYOTA LOGO	Necessary	94.00 F	*68.50 FL
9	1		*REAR TAILGATE CENTRE VALVE	Necessary	52.00 F	*52.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	1,729.00	747.40
- List Item Discount on L Items 0.00/25.00% (\$\$)	0.00	186.85
Total Parts (\$\$)	1,729.00	560.55

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
Labour Items				
1	TO REMOVE,JACK OUT,STRAIGHTEN,PANEL BEATING,ALIGN AND RENEW REPLACED PARTS	New	600.00	400.00
2	TO PUTTY AND RESPRAY PAINTING ON AFFECTED AREAS	New	800.00	540.00
3	TO CHECK WIRINGS AND LIGHTINGS	New	30.00	15.00
4	TO REMOVE,REFIX REVERSES ENSOR	New	50.00	50.00
5	TO APPLY UNDERSEALING	New	60.00	-
Gross Labour Cost (\$\$)			1,540.00	1,005.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >