

ASS. REC. BY:

REF: CS/mch18018229/Ktb42

Special Instruction:

Survivor

Kenneth

ASSIGNMENT (Office)

From (Person):

Christina Wong

of

msch

Date/Time:

08/10/2018 4:36pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMC 170Y

Insured:

SMD 73 BID

at Workshop m/s

New Gooen

Tel:

6484 1626

of

Blk 10 AMK Ind Park 2A #01-15

Policy No:

29097787QMX

Claim No:

572399

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

01-10-2018

CA / REV / REP. / REV 24 HRS WPI

H.O.D. Endorsement:

Date/Time:

09/10/2018 11:04am

Person Contacted:

Grace

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (☒) Estimate

SMC 170Y - X

SMD 73 BID - X

11/10 -

Revised via menmen

6/12

8 3170-10 email & confirm (Red: 1540', 32%)

ASS. REC. BY:

REF: MS61

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: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

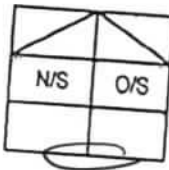
Excess: _____

(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 Report: _____

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: SMC 1704Yr Regn: 05, 08Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi TTc.c. 1984Colour: N. Black

A/C: Insured / Std / NI / NA

Sp. Reading: 106826

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TRUZZZ8J181020753Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / SRM / STD A/Rim orTyre Size: F: 235/408R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 1/10/18D.O.I. 9/10/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

10/10 File pass to Catherine

RECEIVED 12 DEC 2018

Date/Time, File Pass to?



: Prell. Report

1) 12/12 Typist

: Final Report

Date/Time, File Return to?

Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee: 150

Transportation:

S - R/S. \$

Photos

Others

TOTAL

10160Report Format: TPLump Sum / I.B.I. (\$ 370.10)

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	05 Oct 2018		08 Oct 2018 16:36 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	CHOW SIEW SENG(ZHOU ZHAOCHENG), ID: S8015770C, Tel: +6590902564		
Main Claimant:	WONG VE MEND EDMUND, ID: S7106784Z		
Vehicle Reg. No.:	SMC170Y	Date of Loss:	01/10/2018 08:00 - :59 [124 Months and 9 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 572399	Policy/Cover Note No.:	29097787QMX (Comprehensive) Coverage: 22/09/2018 - 21/09/2019
Vehicle Reg. No. (Insured):	SMD7381D	Policy No. (Claimant):	
		Excess:	S\$500.00
Repairer:	Chew Goon Motor (AMK) Blk 10 Ang Mo Kio Industrial Park 2A, #01-15/16 & 17, AMK Autopoint, 568047 Ang Mo Kio - Tel: 64841626		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 09/10/2018]		
Driver/Custodian (Insured):	CHOW SIEW SENG(ZHOU ZHAOCHENG) (38 / Male), NRIC: S8015770C, Tel: +6590902564		
Adj Asg. Remarks:	LIABILITY 100% CHEW GOON MOTOR request LKK AUTO CONSULTANTS to conduct the survey . Kindly contact MS GRACE @ 6484 1626 to arrange for survey .		

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.									

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: Christina Wong

Date: 11 Oct 2018

Preliminary Advice

Insured Vehicle No	: SMD7381D	Accident Date	: 01/10/2018
TP Vehicle No	: SMC170Y	Assignment Date	: 08/10/2018
Make	: AUDI TTC	Est. Duration of Repair	: 2.00
Date of Inspection	: 09/10/2018		
Inspection At	: CHEW GOON MOTOR (AMK) BLK 10 ANG MO KIO INDUSTRIAL PARK 2A, #01-15/16 & 17, AMK AUTOPOINT SINGAPORE 568047		

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\$	4,719.10
Revised Amount	:S\$	3,110.10
Check Items (Estimated)	:S\$	1,048.00
Total	:S\$	4,158.10

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.

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	02/10/2018 12:27
Date Of Accident	01/10/2018 07:50
Exact Location Of Accident	ALONG ECP TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC170Y
Insured/Policyholder	
Name Of Registered Owner	WONG VE MEND EDMUND
NRIC No	S7106784Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90025516
Alternative Phone No	OTHERS-90025516

Vehicle Particulars

Manufacturer	AUDI
Model	TTC 2.0 TFSI S-TRONIC
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101210927
Cover Note Number	

Driver

Name of Driver	WONG VE MEND EDMUND
NRIC No	S7106784Z
Date Of Birth	24/02/1971
Occupation	INDOOR
Date Of Driving Pass	07/03/1994
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90025516
Fax Number	
Contact Number	OTHERS-90025516
Email Address	NOEMAIL

Address	5 ELIAS GREEN #13-06
Postcode	519961
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	
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: : TAY WAN RUI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 1 OCT 2018 AT 0750HRS, WHILE TRAVELLY ALONG ECP TOWARDS CITY, VEHICILE B (SMD7381D) BANG INTO MY CAR PORTION BEHIND, MY CAR WAS STATIONARY WHILE THIS HAPPENED, THAT'S ALL.

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	SMD7381D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAWN CHOW
NRIC/Passport Number	
Contact Number	97587608
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

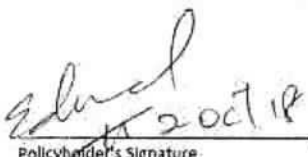
IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the 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.

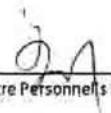
8. Consent under the Personal Data Protection Act (PDPA)

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.

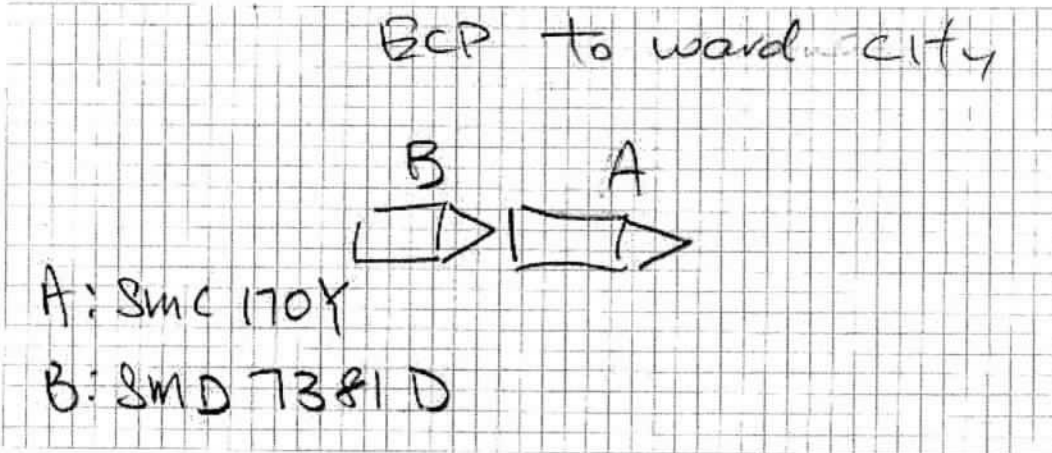

Policyholder's Signature
Date & Time:

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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1 Oct 2018 @ 0750am while travelling along BCP toward city, vehicle SMD 7381D bang into my car from behind. My car was stationary while this happened. That's all

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:

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

WAPAC Sketch Form v.1

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7106784Z**

Name: **EDMUND WONG VE MEND**

Birth Date: **24 Feb 1971**

Issue Date: **06 Nov 2014**

002362868H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7106784Z



Name: **EDMUND WONG VE MEND**

Race: **CHINESE**

Date of birth: **24-02-1971**

Sex: **M**

Country/Place of birth: **SINGAPORE**

S7106784Z

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 07 Mar 1994

NP 428A

Licence No: S7106784Z

5199332

NRIC No. **S7106784Z**

Date of issue: **11-07-2013**

Address: **5 ELIAS GREEN
#13-06
SINGAPORE 519961**




eBaoTech**GeneralClaim**

Hello, CHEW_GOON_800085

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101210927		WONG VE MEND EDMUND	S7106784Z	GPC	drivo CLASSIC	SMC170Y	SMC170Y	11/06/2018	10/06/2019

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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6784Z
Vehicle Details	
Vehicle No.:	SMC170Y
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Oct 2018
Vehicle Make:	AUDI
Vehicle Model:	TTC 2.0 TFSI S-TRONIC
Primary Colour:	Black
Manufacturing Year:	2007
Engine No.:	BWA184613
Chassis No.:	TRUZZZ8J181020753
Maximum Power Output:	147.0 kW (197 bhp)
Open Market Value:	\$51,148.00
Original Registration Date:	22 May 2008
First Registration Date:	22 May 2008
Transfer Count:	2
Actual ARF Paid:	\$51,148.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	21 May 2028
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$38,712.00
COE Rebate Amount:	\$37,296.00
Total Rebate Amount:	\$37,296.00

The information contained herein is correct as at 02 Oct 2018

OK

趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

To: MSIG Insurance (S) Pte Ltd

Accident Date : 01.10.2018

Not Notarised
till 31.10.10
Running After Paint
2 days

[Signature]

Policy No: _____

Third Party

03.10.2018

Date: _____

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
Estimate Cost of Repair to "Audi TTC" Reg. No. SMC170Y Claiming Against Your Insured Veh. No. SMD7381D			
1pc	Rear Bumper	7.11	1,960.00 ✓
10pcs	Rear Bumper Clips		71.10 ✓
1pc	Rear Bumper Reinforcement		769.00 X
1pc	Rear Bumper 3rd Brake lamp		220.00 ✓
1pc	Rear Bumper Lower Diffuser Cover		329.00 ✓
1pc	Rear Bumper Reverse Sensor	15.00	231.00 X
1pc	Rear Bumper Reverse Sensor		60.00 ✓
4pcs	Rear Bumper Reverse Sensor Holders		219.00 X
1pc	Rear Bumper Inner Boot Sensor		3,859.10
	To Dismantle / Replace Rear Sensors and Reprogram PDC System		180.00 601
	Labour Charge - Panel Beating, Repairing Of End Panel and Parts Replacement		300.00 2201
	To Respray Affected Areas		380.00 2501
	Total :		4,719.10

LKK Auto Consultants hereby 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: _____

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	05 Oct 2018		08 Oct 2018 16:36 Edit Adj Rpt	S\$3,170.10 Edit Estimates	S\$3,170.10 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: CHOW SIEW SENG(ZHOU ZHAOCHENG) , ID: S8015770C, Tel: +6590902564									
Main Claimant: WONG VE MEND EDMUND , ID: S7106784Z									
Vehicle Reg. No.: SMC170Y		Date of Loss: 01/10/2018 08:00 - :59 [124 Months and 9 Days From LTA Reg Date (Man Yr)]							
Claim Type: TP / 572399		Policy/Cover Note No.: 29097787QMX (Comprehensive) Coverage: 22/09/2018 - 21/09/2019							
Vehicle Reg. No. (Insured): SMD7381D		Policy No. (Claimant): Excess: S\$500.00							
Repairer: Chew Goon Motor (AMK) Blk 10 Ang Mo Kio Industrial Park 2A, #01-15/16 & 17, AMK Autopoint, 568047 Ang Mo Kio - Tel: 64841626									
Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 07/11/2018]									
Driver/Custodian (Insured): CHOW SIEW SENG(ZHOU ZHAOCHENG) (38 / Male), NRIC: S8015770C, Tel: +6590902564									
Adj Asg. Remarks: LIABILITY 100% CHEW GOON MOTOR request LKK AUTO CONSULTANTS to conduct the survey . Kindly contact MS GRACE @ 6484 1626 to arrange for survey .									
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

***SMC170Y (572399)**
[SMD7381D]
TP
WONG VE MEND EDMUND
Oct 1 2018 8:00AM
[CHOW SIEW SENG(ZHOU ZHAOCHENG)]
Chew Goon Motor

Upload Documents		Upload Photos	Compose New Letter	View View in Browser
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Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print	
MSIG Insurance (Singapore) Pte. Ltd. (HQ)					
1	08/10/18 13:45	Accident Statement <small>From: SC - Reg. No: SMD7381D, Claimant: CHOW SIEW SENG(ZHOU ZHAOCHENG)</small>	Load HTM		
LKK Auto Consultants Pte Ltd (HQ)					
1	11/10/18 09:11	Adjuster Immediate Advice	Load HTM		

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder		Thumbnail	Print	
LKK Auto Consultants Pte Ltd (HQ)					
1	11/12/18 15:16	General View	Load JPG	<input checked="" type="checkbox"/>	
2	11/12/18 15:16	General View	Load JPG	<input checked="" type="checkbox"/>	
3	11/12/18 15:16	General View	Load JPG	<input checked="" type="checkbox"/>	
4	11/12/18 15:16	General View	Load JPG	<input checked="" type="checkbox"/>	
5	11/12/18 15:16	General View	Load JPG	<input checked="" type="checkbox"/>	
6	11/12/18 15:16	General View	Load JPG	<input checked="" type="checkbox"/>	
7	11/12/18 15:16	General View	Load JPG	<input checked="" type="checkbox"/>	
8	11/12/18 15:16	General View	Load JPG	<input checked="" type="checkbox"/>	
9	11/12/18 15:16	General View	Load JPG	<input checked="" type="checkbox"/>	
10	11/12/18 15:16	General View	Load JPG	<input checked="" type="checkbox"/>	
11	11/12/18 15:19	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>	
12	11/12/18 15:19	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>	
13	11/12/18 15:19	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>	
14	11/12/18 15:19	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>	
15	11/12/18 15:19	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>	

Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print	
MSIG Insurance (Singapore) Pte. Ltd. (HQ)					
1	08/10/18 13:45	TPD SMC170Y GIA REPORT <small>From: SC - Reg. No: SMD7381D, Claimant: CHOW SIEW SENG(ZHOU ZHAOCHENG)</small>	Load PDF		
2	08/10/18 13:46	TPD SMC170Y - PRI	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 style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>

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/MSG180018229/KTBE2

Date: 12/12/2018

REFERENCE

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

Policy No: 29097787QMX

Claimant Vehicle
No: SMC170Y

Insured Vehicle No: SMD7381D

Date of Loss: 01/10/2018

Nature of Claim: TP

Claim No: 572399

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SMC170Y

Make & Model: AUDI TTC, 2.0 TFSI S-TRONIC (A)

Engine No: BWA184613

Reg. Date: 22/05/2008 (Man. Year: 2007)

Chassis No: TRUZZZ8J181020753

Colour: Metallic Black

Odometer: 106826 km

Engine Capacity: 1984 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: 235/40Z R18

Rear Tyre Size: 235/40Z R18

Front Left Side: Michelin 7 mm

Rear Left Side: Michelin 7 mm

Front Right Side: Michelin 7 mm

Rear Right Side: Michelin 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,859.10	2,640.10	1,219.00	31.59
Miscellaneous Items	0.00	0.00	0.00	
Labour	860.00	530.00	330.00	38.37
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	4,719.10	3,170.10	1,549.00	32.82
+ GST 7.00/7.00% (S\$)	330.34	221.91	108.43	32.82
Nett Amount (S\$)	5,049.44	3,392.01	1,657.43	32.82

INSPECTION

Date of Assignment: 08/10/2018

Date Inspected: 09/10/2018 Inspected At:

Chew Goon Motor (AMK)
Blk 10 Ang Mo Kio Industrial Park 2A, #01-15/16 & 17, AMK Autopoint
Singapore 568047

Estimated Period of Repair: 2.0 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: 12 Dec 2018)
Parts:	M1-COUPE	AUDI TTC 2.0 TFSI S-TRONIC (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SMC170Y)	
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	Dented / Cracked	1,960.00 F	*1,960.00 F
2	10		*REAR BUMPER CLIPS	Necessary	71.10 F	*71.10 F
3	1		*REAR BUMPER REINFORCEMENT	Repair	769.00 F	*- F
4	1		*REAR BUMPER 3RD BRAKE LAMP	Scratched	220.00 F	*220.00 F
5	1		*REAR BUMPER LOWER DIFFUSER COVER	Cut	329.00 F	*329.00 F
6	1		*REAR BUMPER REVERSE SENSOR	Serviceable	231.00 F	*- F
7	4		*REAR BUMPER REVERSE SENSOR HOLDERS	Necessary	60.00 F	*60.00 F
8	1		*REAR BUMPER INNER BOOT SENSOR	Serviceable	219.00 F	*- F
					Total Parts (S\$)	3,859.10 2,640.10

F=Franchise part.

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 DISMANTLE / REPLACE REAR SENSORS AND REPROGRAM PDC SYSTEM	New	180.00	60.00
2	LABOUR CHARGE - PANEL BEATING, REPAIRING OF END PANEL AND PARTS REPLACEMENT	New	300.00	220.00
3	TO RESPRAY AFFECTED AREAS	New	380.00	250.00
Gross Labour Cost (\$\$)			860.00	530.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >