

ASS. REC. BY:

REF:

REF: CS3 /ms618020384 /Jcbcz

**Special Instruction:**

Surveyor :  
Merimen

From (Person):

From (Person): Mund Ashik

of

MSU

Date/Time: 09.11.2018 3:39pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLD 5331Z

Insured: SLR 8549U

at Workshop m/s

MJE motor

Tel: 6454 2203

of

Bllk 7 Sin Ming Ind Est #01-96

Policy No:

1000773992

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 08/12/88

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

12/1-2018 @ morning

H.O.D. Endorsement:

Date/Time: 10.11.2018 11.49am

Person Contacted:

30

Vehicle IN OUT

Date/Time	Action/Instruction ( <del>x</del> ) Estimate.
	SLD 5331Z - <del>x</del>
	SLR 8549W - <del>x</del>

PAS  
Signature: Hwee He  
Mehimen

REF: MSLH

### ASSIGNMENT

From: Date: 12.11.2018

Estimated Cost:

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

To Inspect Vehicle No: SLD 5331Z

at Workshop m/s: MJE motor

of: Blk 7 Sin Ming

Insured:

Policy No.

Claims No.

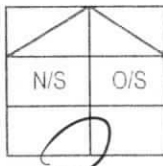
Sum Insured: Excess:

(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: 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: SLD 5331Z Yr Regn: 21 Jun 2016

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

Truck / Trailer or

Make: Honda Shuttle C.C. 1496

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 73891 T/Radio: Insured / Std / NI / NA

Eng/No: L15B3536174

C/No: GK81005269

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/60 R15

R: -

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 8/11/18 D.O.I. 12/11/18

Survey held at MJE motor @ 1055

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

Rear

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

Date / Time Action / Instruction

Range: \$7,000 - \$8,000  
- 8 days

15/11/2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 8

Resurvey No. of Trip: -

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$)

) \$ + RS \$

☐ : Interview (\$)

) Photos

☐ : Tech Invs (\$)

) Others

☐ : Weekend (\$)

)

Report Format: PRS.

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

TOTAL

120

10

130

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	09 Nov 2018		09 Nov 2018 15:39 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All
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**CLAIM SUBFOLDER DETAILS** [Created by insurer]

Insured:	SU ZHIXIANG, ID: S8501956B		
Main Claimant:	SITI DIYANAH BINTE MOHAMED SALIM, ID: S8541286H		
Vehicle Reg. No.:	SLD5331Z	Date of Loss:	08/11/2018 06:00 - :59 [28 Months and 18 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP	Policy/Cover Note No.:	1000773992 (Comprehensive) Coverage: 30/08/2018 - 29/08/2019
Vehicle Reg. No. (Insured):	SLR8549U	Policy No. (Claimant):	MT103613
		Excess:	
Repairer:	Mje Motor (sin Ming, #01-96) (HQ) Block 7 Sin Ming Industrial Estate Sector C, #01-96, 575642 Sin Ming - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Muhd Ashik B Madi - 6594 2548]		
Claimant's Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 10/11/2018]		
Driver/Custodian (Insured):	SU ZHIXIANG (), NRIC: S8501956B		
Adj Asg. Remarks:	Liability 100%, SJE disagree - assign LKK, Contact : Y Y / Jo at 9225 1391 / 6454 2203		

**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.									

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	1286H
<b>Vehicle Details</b>	
Vehicle No.:	SLD5331Z
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Nov 2018
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE 1.5G A
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	L15B3536174
Chassis No.:	GK81005269
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$18,848.00
Original Registration Date:	21 Jun 2016
First Registration Date:	21 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$8,848.00
<b>OPC Cash Rebate Details</b>	
OPC Cash Rebate Eligibility:	No
OPC Cash Rebate Eligibility Expiry Date:	-
OPC Cash Rebate Amount:	-
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Jun 2026
PARF Rebate Amount:	\$6,636.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	20 Jun 2026
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$32,000.00
COE Rebate Amount:	\$23,492.00
<b>Total Rebate Amount:</b>	<b>\$30,128.00</b>

The information contained herein is correct as at 12 Nov 2018

OK

## 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 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. 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	08/11/2018 17:39
Date Of Accident	08/11/2018 06:00
Exact Location Of Accident	CLEMENTI AVE 6 TOWARDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5331Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SITI DIYANAH BINTE MOHAMED SALIM
NRIC No	S8541286H
Email Address	DEANNA85_83@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92264906
Alternative Phone No	OFFICE-92264906

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 (A)

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 PRIVATE CAR

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT103613
Cover Note Number	

### Driver

Name of Driver	SHAH AZHAR BIN SABAR
NRIC No	S8332582H
Date Of Birth	12/10/1983
Occupation	INDOOR
Date Of Driving Pass	10/06/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96901806
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 133 BUKIT BATOK WEST AVE 6 #01-471
Postcode	650133
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	WET

#### 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?	YES
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)	4
Passenger 1	NAME: : SITI DIYANAH BINTE MOHAMED SALIM GENDER: : FEMALE
Passenger 2	NAME: : SABRINA SHAH AZHAR GENDER: : FEMALE
Passenger 3	NAME: : SOFEA SHAH AZHAR 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

PLEASE REFER TO SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR8549U
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SU ZHI XIANG
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SHAH AZHAR BIN SABAR

Approximate Age

Injuries Sustain HEAD INJURY

Injured person in which vehicle? SLD5331Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name SABRINA SHAH AZHAR

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLD5331Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name SITI DIYANAH BINTE MOHAMED SALIM

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLD5331Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. The 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 late 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:

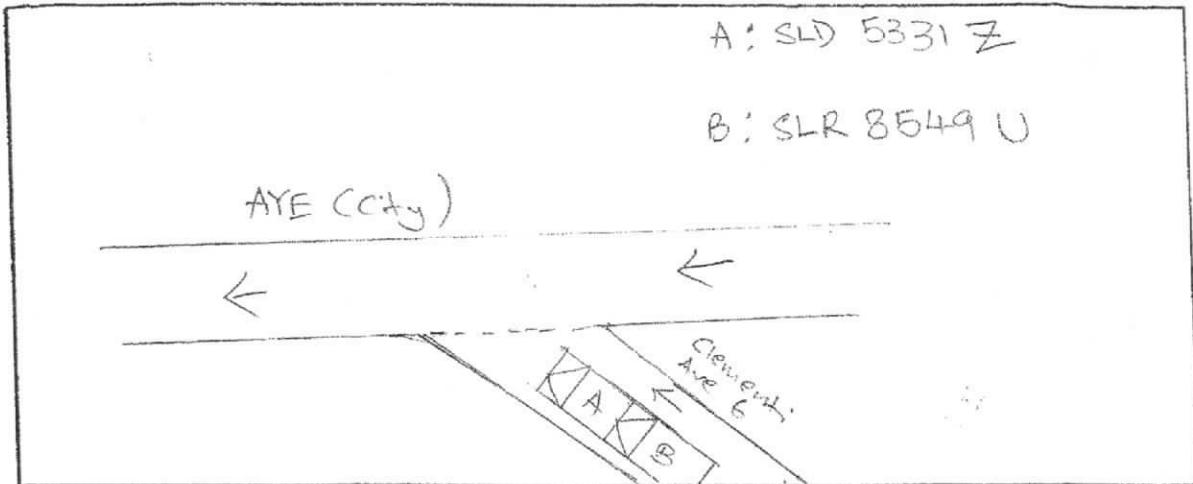
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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





SKETCH PLAN



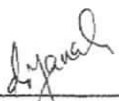
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 08/11/2018 at about 0600hrs I was driving along Cementi Ave 6 towards AYE (City). I entered the filter lane and stopped before the give-way line as there was vehicle approaching on the main traffic. After a few seconds, I felt a heavy impact of the rear of my vehicle. Vehicle B collided into the rear of my vehicle.

Repair at other workshop.

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)

  
 Reporting Centre Personnel's Signature  
 Name: 8/11/18 @ 10.45A

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	09 Nov 2018		09 Nov 2018 15:39 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured: <b>Su Zhixiang</b> , ID: S8501956B, Tel: +6593804760, Email: zhixiangsu@gmail.com									
Main Claimant: <b>SITI DIYANAH BINTE MOHAMED SALIM</b> , ID: S8541286H									
Vehicle Reg. No.: <b>SLD5331Z</b>		Date of Loss: 08/11/2018 06:00 - :59 [28 Months and 18 Days From LTA Reg Date (Man Yr)]							
Claim Type: <b>TP / 222247</b>		Policy/Cover Note No.: 1000773992 (Comprehensive) Coverage: 30/08/2018 - 29/08/2019							
Vehicle Reg. No. (Insured): <b>SLR8549U</b>		Policy No. (Claimant): MT103613							
		Excess:							
Repairer: <b>Mje Motor (sin Ming, #01-96) (HQ)</b> Block 7 Sin Ming Industrial Estate Sector C, #01-96, 575642 Sin Ming - Tel:									
Handling Insurer: <b>MSIG Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: +65 6827 7888 ... [Handled by <b>Muhd Ashik B Madi</b> - 6594 2548]									
Claimant's Insurer: <b>Tokio Marine Insurance Singapore Ltd (HQ)</b> - Tel: 6221 6111									
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>ONG HWEE JIE</b> ] ... [Imm.Advice due 10/11/2018]									
Driver/Custodian (Insured): Su Zhixiang (33), NRIC: S8501956B, Tel: +6593804760									
Adj Asg. Remarks: Liability 100%, SJE disagree - assign LKK, Contact : Y Y / Jo at 9225 1391 / 6454 2203									
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

**\*SLD5331Z (222247)**  
**[SLR8549U]**  
**TP**  
**SITI DIYANAH BINTE MOHAMED SALIM**  
**Nov 8 2018 6:00AM**  
**[Su Zhixiang]**  
**Mje Motor (sin Ming, #01-96)**

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

**View** View in Browser












Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	K Kim Hin Auto Pte Ltd (HQ)		Thumbnail	Print
1	08/11/18 18:45	<b>Accident Statement</b>	1	Load HTM	

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
2	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
3	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
4	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
5	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
6	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
7	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
8	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
9	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
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12	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
13	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
14	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
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17	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
18	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
19	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
20	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
21	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
22	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
23	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
24	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
25	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
26	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
27	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
28	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
29	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
30	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
31	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
32	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
33	13/11/18 15:50	<b>General View</b>	1	Load JPG	<input checked="" type="checkbox"/>
34	13/11/18 15:50	<b>General View</b>	1	Load JPG	

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	K Kim Hin Auto Pte Ltd (HQ)	Thumbnail	Print
				<input checked="" type="checkbox"/>
35	13/11/18 15:50	General View	 Load JPG	<input checked="" type="checkbox"/>
36	13/11/18 15:50	General View	 Load JPG	<input checked="" type="checkbox"/>
37	13/11/18 15:50	General View	 Load JPG	<input checked="" type="checkbox"/>
38	13/11/18 15:50	General View	 Load JPG	<input checked="" type="checkbox"/>
39	13/11/18 15:50	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	09/11/18 13:20	OI GIA REPORT	 Load PDF	
2	09/11/18 13:23	PRI from Cheonghoh Law Corporation	 Load PDF	
3	09/11/18 13:23	Survey Disagree on SJE - LKK Auto	 Load PDF	

## Linked Accident Report Documents

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	K Kim Hin Auto Pte Ltd (HQ)	Thumbnail	Print
1	08/11/18 18:45	Accident Statement	 Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	K Kim Hin Auto Pte Ltd (HQ)	Thumbnail	Print
1	08/11/18 18:42	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
2	08/11/18 18:42	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
3	08/11/18 18:42	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
4	08/11/18 18:42	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
5	08/11/18 18:42	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
6	08/11/18 18:42	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
7	08/11/18 18:42	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
8	08/11/18 18:42	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
9	08/11/18 18:42	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	K Kim Hin Auto Pte Ltd (HQ)	Thumbnail	Print
1	08/11/18 18:42	Sketch Plan	 Load TIF	

## Documents Checklist

<b>DOCUMENTS CHECKLIST</b> <span>Reset</span> <span>Save</span> <span>Print</span>
There are no document checklists configured.
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
<b>Show Remarks To:</b> <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: CS3/MSG18020384/JCBE2

Date: 23/11/2018

## REFERENCE

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

Policy No: 1000773992

Claimant Vehicle No : SLD5331Z

Insured Vehicle No : SLR8549U

Date of Loss: 08/11/2018

Nature of Claim: TP

Claim No: 222247

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SLD5331Z

Make &amp; Model: HONDA SHUTTLE, 1.5 (A)

Engine No: L15B3536174

Reg. Date: 21/06/2016 (Man. Year: 2016)

Chassis No: GK81005269

Colour: Red

Odometer: 73891 km

Engine Capacity: 1496 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: 185/60 R15

Rear Tyre Size: 185/60 R15

Front Left Side: Hankook 6 mm

Rear Left Side: Hankook 6 mm

Front Right Side: Hankook 6 mm

Rear Right Side: Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

## INSPECTION

Date of Assignment: 09/11/2018

Date Inspected: 12/11/2018 Inspected At:

Mje Motor (sin Ming, #01-96) (HQ)  
Block 7 Sin Ming Industrial Estate Sector  
C, #01-96  
Singapore 575642

Estimated Period of Repair: 8.0 days

Adjuster: ONG HWEE JIE

Manager: CELINE FONG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.  
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$7,000.00 -\$8,000.00

## REPAIR DETAILS

### Reference

**Part Source:** (Last Synchronised: 23 Nov 2018)

**Parts:** N/A HONDA SHUTTLE 1.5 (A) (Model not available in database)

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

**Print Code:** (Unsubmitted, no print-code for SLD5331Z)

**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk \*.

### Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.
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< END OF ESTIMATES >