

ASS. REC. BY:

REF:

CS3/MSG18021001/Scd3ST

Special Instruction:

Surveyor:
Heimen

Hwee Se

ASSIGNMENT (Office)

From (Person):

Irene Tan

of

MSG

Date/Time:

20/11/18 @ 4:10pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBF 4171H

Insured:

SKR 3392Z

at Workshop m/s

A-1 Performance

Tel:

9686 6219

of

160 Sin Ming Drive # 07-19

Policy No:

MSC/V/18-001507

Claim No:

MSD/vpcp/18-000111

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 16/10/2018

CA / REV / REP. / REV 24 HRS

(up)

21/11/2018

H.O.D. Endorsement:

Date/Time:

4:56pm @ 20/11/18

Person Contacted:

Alvin

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	GBF 4171H-X
	SKR 3392Z-X
	Dismantle: 23/11/2018

PRS
Surveillance Hwee Jie
Marmen

REF: MSLH

ASSIGNMENT

From: Date: 21-11-2018

Estimated Cost:

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

To Inspect Vehicle No: GBF 4171H
at Workshop m/s AT Performana
of 160 Sin Ming Drive #07-19

Insured:

Policy No:

Claims No:

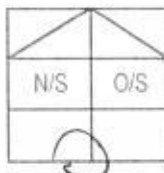
Sum Insured: Excess:

(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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBF 4171 H Yr Regn: 10 Oct 2016

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

Truck / Trailer or

Make: Mercedes Vito C.C 21483

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

Sp. Reading: 66367 T/Radio: Insured / Std / NI / NA

Eng/No:

C/N: WDF44760323192980

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ STD A/Rim or

Tyre Size: F: 205/65 R16

R:

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

TOYO / ☒ OKO or

Front

Rear

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A. 16/10/18 D.O.I. 21/11/18

Survey held at - @ 1505

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: \$5,000 - \$6,000
5 days
28/11/2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format : PRS

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

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	19 Nov 2018		20 Nov 2018 16:10 Assign				New Assignment Cancel Case

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

Insured:	HITACHI CAPITAL ASIA PACIFIC PTE. LTD., Co. Reg. No.: 199400399N		
Main Claimant:	CUSTOMERS' RIGHT CHOICE PTE. LTD., Co. Reg. No.: 200804419C		
Vehicle Reg. No.:	GBF4171H	Date of Loss:	16/10/2018 09:00 - :59 [24 Months and 6 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / MSC/V/18-001507	Policy/Cover Note No.:	MSD/VPCP/18-000111 (Comprehensive) Coverage: 30/01/2018 - 29/01/2019
Vehicle Reg. No. (Insured):	SKR3392Z	Policy No. (Claimant):	
		Excess:	S\$1,500.00
Repairer:	A T Performance (SIN MING) 160 SIN MING DRIVE, #07-18/19 SIN MING AUTOCITY, 575722 Sin Ming - Tel: 96866219		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Irene Tan Gek Ing - 6594 2541]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 21/11/2018]		
Adj Asg. Remarks:	SURVEY DISAGREE ON SJE - ASSIGN LKK. OI NOT REPORTED. CONTACT:MR ALVIN TNG 9686 6219		

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.									

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	19/11/2018 09:53
Date Of Accident	16/10/2018 09:30
Exact Location Of Accident	BENDEMER RD BEFORE BOON KENG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4171H
Insured/Policyholder	
Name Of Registered Owner	CUSTOMERS' RGHT CHOICE PTE LTD
Co Reg No	- 200604419C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90096104
Alternative Phone No	OFFICE-90096104

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-006276
Cover Note Number	

Driver

Name of Driver	NAY ZAR KYAW WIN
NRIC No	S7760898B
Date Of Birth	09/04/1977
Occupation	INDOOR
Date Of Driving Pass	26/01/2006
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90096104
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 202 TOA PAYOH NORTH #07-1087
Postcode	310202
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?	
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

AS PER ACCIDENT REPORT.

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	SKR3392Z
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUGANTHI
NRIC/Passport Number	
Contact Number	910505010
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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.:

Accident Sketch Plan Pg. 1

SKETCH PLAN

ROAD KENY RD

BEND MEER ROAD

(A) GBF4171H

(B) SKR3392Z

→ [A] [A]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I STOP MY VAN STATIONARY DUE TO TRAFFIC AHEAD.
 MOMENTS LATER, A CAR SKR3392Z CAME FROM
 BEHIND & HIT INTO MY VAN REAR SECTION.

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.:

Accident Sketch Plan Form 9/3

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	4419C
Vehicle Details	
Vehicle No.:	GBF4171H
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Dec 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	VITO 114 CDI PANEL VAN LONG AT ABS 5DR
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	65195033572881
Chassis No.:	WDF44760323192980
Maximum Power Output:	-
Open Market Value:	\$38,181.00
Original Registration Date:	10 Oct 2016
First Registration Date:	10 Oct 2016
Transfer Count:	0
Actual ARF Paid:	\$1,910.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	09 Oct 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$22,186.00
COE Rebate Amount:	\$17,402.00
Total Rebate Amount:	\$17,402.00

The information contained herein is correct as at 05 Dec 2018

OK

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	19 Nov 2018		20 Nov 2018 16:10 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	HITACHI CAPITAL ASIA PACIFIC PTE. LTD., Co. Reg. No.: 199400399N		
Main Claimant:	CUSTOMERS' RIGHT CHOICE PTE. LTD., Co. Reg. No.: 200804419C		
Vehicle Reg. No.:	GBF4171H	Date of Loss:	16/10/2018 09:00 - :59 [24 Months and 6 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / MSC/V/18-001507	Policy/Cover Note No.:	MSD/VPCP/18-000111 (Comprehensive) Coverage: 30/01/2018 - 29/01/2019
Vehicle Reg. No. (Insured):	SKR3392Z	Policy No. (Claimant):	
		Excess:	S\$1,500.00
Repairer:	A T Performance (SIN MING) 160 SIN MING DRIVE, #07-18/19 SIN MING AUTOCITY, 575722 Sin Ming - Tel: 96866219		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Irene Tan Gek Ing - 6594 2541]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by ONG HWEE JIE] ... [Imm.Advice due 21/11/2018]		
Adj Asg. Remarks:	SURVEY DISAGREE ON SJE - ASSIGN LKK. OI NOT REPORTED. CONTACT:MR ALVIN TNG 9686 6219		

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

***GBF4171H (MSC/V/18-001507)**
[SKR3392Z]
TP
CUSTOMERS' RIGHT CHOICE PTE. LTD.
Oct 16 2018 9:00AM
[HITACHI CAPITAL ASIA PACIFIC PTE. LTD.]
A T Performance

Upload Documents Upload Photos Compose New Letter

View View in Browser ▼

Photos/Images			3 per page ▼	✓
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	05/12/18 12:04	General View	Load JPG	✓
2	05/12/18 12:04	General View	Load JPG	✓
3	05/12/18 12:04	General View	Load JPG	✓
4	05/12/18 12:04	General View	Load JPG	✓
5	05/12/18 12:04	General View	Load JPG	✓
6	05/12/18 12:04	General View	Load JPG	✓
7	05/12/18 12:04	General View	Load JPG	✓
8	05/12/18 12:04	General View	Load JPG	✓
9	05/12/18 12:04	General View	Load JPG	✓
10	05/12/18 12:04	General View	Load JPG	✓
11	05/12/18 12:04	General View	Load JPG	✓
12	05/12/18 12:04	General View	Load JPG	✓
13	05/12/18 12:04	General View	Load JPG	✓
14	05/12/18 12:04	General View	Load JPG	✓
15	05/12/18 12:04	General View	Load JPG	✓
16	05/12/18 12:04	Photographs of Damaged Parts	Load JPG	✓
17	05/12/18 12:04	Photographs of Damaged Parts	Load JPG	✓
18	05/12/18 12:04	Photographs of Damaged Parts	Load JPG	✓
19	05/12/18 12:04	Photographs of Damaged Parts	Load JPG	✓
20	05/12/18 12:04	Photographs of Damaged Parts	Load JPG	✓
21	05/12/18 12:04	Photographs of Damaged Parts	Load JPG	✓
22	05/12/18 12:04	Photographs of Damaged Parts	Load JPG	✓
23	05/12/18 12:04	Photographs of Damaged Parts	Load JPG	✓
24	05/12/18 12:04	Photographs of Damaged Parts	Load JPG	✓
Documentation			1 per page ▼	✓
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	20/11/18 11:39	GBF4171H TP E-FILE REPORT.	Load PDF	
2	20/11/18 11:39	PRI (EMAIL) - HIN TAT AUGUSTINE & PARTNERS	Load PDF	
3	20/11/18 11:39	SURVEY DISAGREE ON SJE - ASSIGN LKK	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST

Reset Save Print

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**Show Remarks To:** ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG18021001/JCD3S2

Date: 06/12/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. Policy No: MSD/VPCP/18-000111
 Claimant Vehicle No: GBF4171H Insured Vehicle No: SKR3392Z
 Date of Loss: 16/10/2018 Nature of Claim: TP Claim No: MSC/V/18-001507

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **GBF4171H**
 Make & Model: MERCEDES-BENZ VITO 114, 2.1 CDI (A) Engine No: 65195033572881
 Reg. Date: 10/10/2016 (Man. Year: 2016) Chassis No: WDF44760323192980
 Colour: Black Odometer: 66367 km
 Engine Capacity: 2143 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: Good Steering (Serviceable): Yes Footbrake (Serviceable): Yes
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 205/65R16 Rear Tyre Size: 205/65R16
 Front Left Side: Yokohama 7 mm Rear Left Side: Yokohama 7 mm
 Front Right Side: Yokohama 7 mm Rear Right Side: Yokohama 7 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	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 20/11/2018
 Date Inspected: 21/11/2018 Inspected At: A T Performance (SIN MING)
 160 SIN MING DRIVE, #07-18/19 SIN MING
 AUTOCITY
 Singapore 575722
 Estimated Period of Repair: 5.0 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 \$5,000.00 - \$6,000.00.

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 06 Dec 2018)

Parts: N/A MERCEDES-BENZ VITO 114 2.1 CDI (A) (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for GBF4171H)

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.

< END OF ESTIMATES >