

22/03/2002

ASS. REC. BY:

REF: CS/III18021034/Ktbez

Special Instruction:

Survivor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Joel Nah

of

II

Date/Time: 20112018 3:44pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMC 8211K

Insured:

GR 7757B

at Workshop m/s

RC Auto

Tel:

9761 9383

of

1605 in Ming Drm #06-20

Policy No:

M407561

Claim No:

MC2017/2937

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

17-11-2018

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

H.O.D. Endorsement:

Date/Time:

21/11/18 1058am

Person Contacted:

Mr. Tan

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SMC 8211K - X
	GR 7757B - X
18/12	11 Pm 811501 email & confirm CRed: 2315-43! @60%

ASS. REC. BY:

REF: 71 /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s RC

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 15 HB.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: Smc 8211k Yr Regn: 07.18Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Traller or AMake: Hyundai Elantra c.c. 1591Colour: M. Blue A/C: Insured / Std / NI / NASp. Reading: 5804 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH0841CMJU686301Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Nexen

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 17/11/18 D.O.I. 21/11/18Survey held at ✓Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

22/11 File pass to Catherine

RECEIVED 10 DEC 2018

Date/Time, File Pass to?

1) 18/12 Typist ☐ : Prell. Report☒ : Final Report

Date/Time, File Return to?

2) _____

Report Format :

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

TP
1150+Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S - RS. \$

Fixturs

Others

TOTAL

25010260

Nivitha (LKK Auto)

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Tuesday, 20 November 2018 3:44 PM
To: Catherine Chong (LKK Auto)
Cc: Tiffany Ling; Pinky Wong; lyna@legaloptions.biz; Mekavathanan Sarangapani; Lalitha Krishnan - III
Subject: RE: PRI NOTICE - SMC 8211K
Attachments: PRI SMC 8211K.pdf

Dear Sir / Mdm,

Please conduct a survey on TP vehicle SMC 8211K and let us have your report urgently.

This claim will be handled by Ms LALITHA

*Kindly upload this survey request email to merimen.

Thank You.

Joel Nah

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04-02 IOB Building

Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

From: Lyna [mailto:lyna@legaloptions.biz]
Sent: Tuesday, 20 November, 2018 3:05 PM
To: Motor Claim - III <motorclaim@iii.com.sg>
Cc: Tiffany Ling <natalie@legaloptions.biz>; Pinky Wong <pinky@legaloptions.biz>
Subject: Re: PRI NOTICE - SMC 8211K

Dear Gabriel,

We agree to one of the following motor surveyor:

LKK Auto Consultants Pte Ltd

Thanks n regards,

Lyna

Junior Secretary

LEGAL OPTIONS LLC

(GST Registration/UEN No. 201203825R)

Tel (65) 6513-2800 DID (65) 6513-2803 Fax (65) 6438-8275

Information in this message is confidential and may be legally privileged. It is intended solely for the person(s) to whom it is addressed. If you are not the intended recipient, please delete the message and any other record of it from your system, and notify the sender immediately.

On Tue, Nov 20, 2018 at 2:11 PM Motor Claim - III <motorclaim@iii.com.sg> wrote:

Dear Sir / Mdm,

We acknowledge receipt of your email.

We propose using one of the following motor surveyors:

- Automobile Inspection Services Pte Ltd
- Autoprobe Consultants
- VP Appraisal
- Form Team Adjusters Pte Ltd
- Infiniti Appraisal Service
- JP Knights Adjusters
- LBS Auto Consultants Pte Ltd
- Priority Services
- RT Appraisal
- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

Best Regards,

Gabriel Wee

Motor Claims Dept.

India International Insurance Pte Ltd

64 Cecil Street | #05 IOB Building | Singapore 049711

Tel: 6347 6100, Ext - 248

From: Lyna [<mailto:lyna@legaloptions.biz>]

Sent: 20 November, 2018 12:13 PM

To: Motor Claim - III <motorclaim@iii.com.sg>

Cc: Natalie Ling <natalie@legaloptions.biz>; Pinky Wong <pinky@legaloptions.biz>

Subject: PRI NOTICE - SMC 8211K

Dear Sirs,

PRI Notice for your attention.

Thanks n regards,

Lyna

Junior Secretary

LEGAL OPTIONS LLC

(GST Registration/UEN No. 201203825R)

Tel (65) 6513-2800 DID (65) 6513-2803 Fax (65) 6438-8275

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Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

DISCLAIMER:

This email is intended solely for the person to whom it has been addressed.

It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.

Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.
Registration No. 198703792-K

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.
Registration No. 198703792-K

Nivitha (LKK Auto)

From: Pinky Wong <pinky@legaloptions.biz>
Sent: Tuesday, 20 November 2018 5:12 PM
To: Admin-D
Cc: Motor Claim - III; Tiffany; Mekavathanan Sarangapani; assignments
Subject: Re: PRI NOTICE - SMC 8211K

Dear Sirs,

The said surveyor
may contact Mr Tan at 9761 9383,
M/s RC Auto at
160 Sin Ming Drive
#0
6-20
, Sin Ming Autocity, Singapore
575722.

*

If we do not hear from you within 2 days of this email, our clients shall deem that you have agreed that the surveyor appointed by our clients shall be our single joint expert for this matter.

Thanks n regards,

Pinky

Legal Executive

LEGAL OPTIONS LLC

(GST Registration/UEN No. 201203825R)

Tel (65) 6513-2800 DID (65) 6513-2803 Fax (65) 6438-8275

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On Tue, Nov 20, 2018 at 4:12 PM Admin-D (LKKAuto) <admin-d@lkkauto.com> wrote:

Dear Sir/Mdm,

Thank you for the email.

Kindly assist to provide the workshop details.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

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 09:10
Date Of Accident	17/11/2018 12:40
Exact Location Of Accident	BOONLAY DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC8211K
Insured/Policyholder	
Name Of Registered Owner	KOAY KIM LENG
NRIC No	S1736345Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97405732
Alternative Phone No	OFFICE-97405732
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2157904
Cover Note Number	
Driver	
Name of Driver	KOAY KIM LENG
NRIC No	S1736345Z
Date Of Birth	24/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97405732
Fax Number	
Contact Number	OFFICE-97405732
Email Address	NOEMAIL

Address	BLK 673A JURONG WEST STREET 65 #07-18
Postcode	641673
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	SIDE SWIPE
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 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	GR7757B
Vehicle Make/Model/Colour	
Details Of Properties	
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)	

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.
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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:

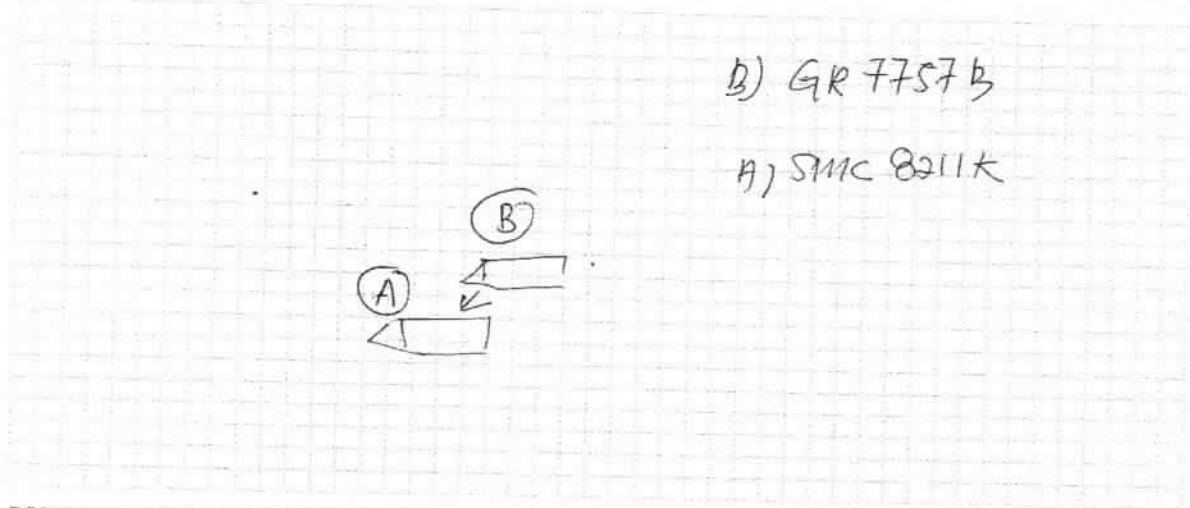
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

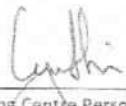
my car go straight, B car is a lorry bang to my side

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 Pg. 1



redefining / insurance

Date: 19/11/18

To: Owner of Vehicle Number: SNC 8211K

The following has been advised to you via your workshop, S2 H Motor Pte Ltd through their staff, Cynthia

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☒ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.

For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others _____

Signed and acknowledge by:

[Signature]
Name and signature of policyholder/authorised driver

[Signature]
Name and signature of workshop personnel including company stamp

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1736345Z



Name
KOAY KIM LENG

Race
CHINESE

Date of birth
24-09-1966

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S1736345Z

Name
KOAY KIM LENG

Birth Date 24 Sep 1966

Valid Until 10 Oct 2013

002213557A

4516651



NRIC No. S1736345Z



Date of issue
27-01-2010

Address
APT BLK 673A JURONG WEST STREET 65
#07-18
SINGAPORE 641673


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE 04 Jan 2011

Class 3 Motor Cars < 3000kg with < 4 passengers, excluding of the driver; and other motor vehicles < 3000kg

NP 428A

Licence No. S1736345Z



INVOICE

RC AUTO

Blk 18, Sin Ming Industrial Estate Sector A #01-43, Singapore 575676

Tel : 6458 8878 Fax : 6458 2246

Reg. No. 53199168K

Date : 20/11/2018

SMC 8211 K

Quantity	Description/Particular	Unit Price	Amount	
	REAR FENDER	\$	~ 1768	30
	REAR BUMPER	Buil/m \$	459	40
	REAR BUMPER RETAINER	\$	~ 45	00
		TOTAL \$	2272	70
		LESS 10%	2045	43
		20%		
	SPRAY PAINTING	\$	550	00
	LABOUR CHARGES TO REPLACE ABOVE PARTS	\$	600	00
	TO REMOVE UPHOLSTERY	\$	120	00
	TO REMOVE WINDSCREEN	\$	~ 150	00
		\$	3465	43

Received the above goods in good order and condition

for **RC AUTO**

Received by

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To displace damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- Insurance company info is allowed

Acknowledged by Repairer

Signature: _____

Date:

Authorised Signature	
----------------------	--

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

WP

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	26 Nov 2018 Edit Reg		20 Nov 2018 00:00 Edit Adj Rpt	S\$1,150.00 Edit Estimates	S\$1,150.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
-------------	------------------	----------------------	------------------	-----------------

CLAIM SUBFOLDER DETAILS

[Created by adjuster]

Insured:

IMPETUOUS CONTRACTOR PTE LTD, Co. Reg. No.: -

Main Claimant:

KOAY KIM LENG, ID: S1736345Z

Vehicle Reg. No.:

SMC8211K

Date of Loss:

17/11/2018 12:00 - :59
[3 Months and 23 Days From LTA Reg Date (Man Yr)]

Claim Type:

TP / MC2018/2937

Policy/Cover Note No.:

M497561

Vehicle Reg. No. (Insured):

GR7757B

Policy No. (Claimant):

Excess:

Repairer:

R C Auto (HQ) Blk 18 Sin Ming Industrial Estate Sector A #01-43, 575676 Sin Ming - Tel: 64588878

Handling Insurer:

India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Lalitha Krishnan - 6347 6139]

Adjuster:

LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 03/12/2018]

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

*SMC8211K (MC2018/2937)
[GR7757B]
TP
KOAY KIM LENG
Nov 17 2018 12:00PM
[IMPETUOUS CONTRACTOR PTE LTD]
R C Auto

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	18/12/18 11:35	General View		Load JPG	
2	18/12/18 11:35	General View		Load JPG	
3	18/12/18 11:35	General View		Load JPG	
4	18/12/18 11:35	General View		Load JPG	
5	18/12/18 11:35	General View		Load JPG	
6	18/12/18 11:35	General View		Load JPG	
7	18/12/18 11:35	General View		Load JPG	
8	18/12/18 11:35	General View		Load JPG	
9	18/12/18 11:35	General View		Load JPG	
10	18/12/18 11:35	General View		Load JPG	
11	18/12/18 11:35	General View		Load JPG	
12	18/12/18 11:35	General View		Load JPG	
13	18/12/18 11:35	General View		Load JPG	
14	18/12/18 11:37	Reinspection Photo		Load JPG	
15	18/12/18 11:37	Reinspection Photo		Load JPG	

Documentation

1 per page

No	Finalized On	India International Insurance Pte Ltd (HQ)		Thumbnail	Print
1	18/12/18 09:11	ID SAS report		Load PDF	
2	18/12/18 14:45	Letter of Demand from Third Party LEGAL OPTIONS LLC		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: 40px; 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/III18021034/KTBE2

Date: 27/12/2018

REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No: M497561

Claimant Vehicle No: SMC8211K

Insured Vehicle No: GR7757B

Date of Loss: 17/11/2018

Nature of Claim: TP

Claim No: MC2018/2937

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SMC8211K

Make & Model: HYUNDAI ELANTRA, 1.6 (A)

Engine No: G4FGJU186287

Reg. Date: 25/07/2018 (Man. Year: 2018)

Chassis No: KMHD841CMJU686301

Colour: Metallic Blue

Odometer: 5804 km

Engine Capacity: 1591 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: Nexen 9 mm

Rear Left Side: Nexen 9 mm

Front Right Side: Nexen 9 mm

Rear Right Side: Nexen 9 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,045.43	403.52	1,641.91	80.27
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,420.00	1,020.00	400.00	28.17
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,465.43	1,423.52	2,041.91	58.92
Approved Total (Overridden) (S\$)		1,150.00		
Nett Amount (S\$)	3,465.43	1,150.00	2,315.43	66.82

INSPECTION

Date of Assignment: 20/11/2018

Date Inspected: 21/11/2018 Inspected At: 160 SIN MING DRIVE #06-20
Repairer : R C Auto (HQ)

Estimated Period of Repair: 4.0 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 Dec 2018)
Parts: 143	HYUNDAI ELANTRA 1.6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SMC8211K)
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 FENDER	Repair	1,768.30 FL	*- FL
2	1		*REAR BUMPER	Buckled / Dented	459.40 FL	*459.40 FL
3	1		*REAR BUMPER RETAINER	Necessary	45.00 FL	*45.00 FL
					Sub Total (\$\$)	504.40
					- List Item Discount on L Items 10.00/20.00% (\$\$)	100.88
					Total Parts (\$\$)	403.52

F=Franchise part. L=ListItemDisc.

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
<u>Labour Items</u>				
1	SPRAY PAINTING	New	550.00	440.00
2	LABOUR CHARGES TO REPLACE ABOVE PARTS	New	600.00	500.00
3	TO REMOVE UPHOLSTERY	New	120.00	80.00
4	TO REMOVE WINDSCREEN	New	150.00	0.00
Gross Labour Cost (S\$)			1,420.00	1,020.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >