

ASS. RFC. BY:

REP: CS3/MSG18019403/RI+d3-1

Instruction:

Surveyor: Rasul
Manner

ASSIGNMENT (Office)

From (Person): Pauline Thom

of MSIG

Date/Time: 10/12/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJQ 9361R

Insured:

SIF 6680Z

at Workshop info:

AMA Autocare

Tel:

8778 3636

of

36 Joh Guerin Rd East #01-36

Policy No:

80456695@MX

Claim No:

573963

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A

20/10/2018

CA / REV / RRP / REV 24 HRS

up

H.O.D. Endorsement:

Date/Time:

11:27am @ 25/10/18

Person Contacted:

Melvin

Vehicle:

IN/OUT

Date/Time	Action/Instruction (x) Estimate
	SJQ 9361R - x
	SIF 6680Z - x
	Dismantle: 25/10/2018
	Received email from accounts on 12/12/18 to conduct paper survey -
	Lump sum \$2850/-, 6 days. (Red: 2650); 48%

19/12 - file pass to typist..

[Signature]
18/12/2018

RECEIVED 10 DEC 2018

QUICK REPORT

Rama

REF:

95769
LOG # PIR 4: 2019/10/18

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: **SJQ 9361R**
at Workshop n/s: **AMA AUTOCARE**
of: **26, Tolt Huron Road East # 01-36**
Insured: **MSIG**

Policy No: _____

Claims No: _____

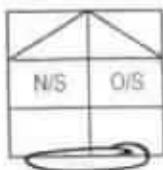
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: **11K**

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: **6** 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: **SJQ 9361R** Yr Regn: **2009 MSN**

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

Make: **HYUNDAI AVANTE 1.6A c.c 1591**

Colour: **WHITE** A/C: Insured / Std / NI / NA

Sp Reading: **185204** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KM PDU 415RQU 757904**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: normal / Jammed / Leaked / Burnt or

Brake: normal / Jammed / Leaked / Burnt or

Modl: Nil / STD A/Rim or

Tyre Size: F: **185/65R15**

R: **-**

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

Front: R/Bal. **6** mm

Rear: R/Bal. **6** mm

L/Bal. **6** mm

L/Bal. **6** mm

D.O.A: **20/10/18**

D.O.I: **28/10/18**

Survey held at: **AMA AUTOCARE**

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

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

Date / Time Action / Instruction

- Estimate repair range \$5,000 - \$6,000 -

[Signature]
29/10/2018

Date/Time, File Pass to?

: Prel. Report
 : Final Report

Days Of Repair: **6**

Resurvey No. of Trip: **1**

Survey Fee:	120
Transportation:	
3 + PR: \$	
Press:	
Other:	10
TOTAL:	130

Date/Time, File Return to?

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

Report Format: **PRC**

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

S K AUTO CONSULTANTS

Invoice

Bill To: TAN KIAN LI JASON
C/o AMA Autocare Pte Ltd
Enterprise Hub #01-36
36 Toh Guan Road East
Singapore 608580

Invoice No:	2018589
Date:	16/11/2018
Our Ref	TP/018/0589SK

Description	Amount (S\$)
PARTICULARS	
Vehicle Registration No : SJQ 9361R	360.00
Date of Accident : 20/10/2018	
Date of Inspection : 22/10/2018	
SERVICES:	
Assessment with report (inclusive of transport charges and photographs etc)	
Total	360.00
Balance Due	360.00

We would appreciate your cheque crossed and made payable to:
S K AUTO CONSULTANTS



Authorized Signature

S K AUTO CONSULTANTS

AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/018/0589SK
Your Reference: TBA

Date: 16/11/2018

TO: TAN KIAN LI JASON
C/o AMA Autocare Pte Ltd
Enterprise Hub #01-36
36 Toh Guan Road East
Singapore 608580

Assessment of Vehicle No : SJQ 9361R
Date of Accident : 20/10/2018
Date of Inspection : 22/10/2018

We have carried out a physical assessment of SJQ 9361R at AMA Autocare Pte Ltd according to your instructions on 22/10/2018 and are pleased to submit our report as follows;

1.VEHICLE PARTICULARS

Registration No.	:	SJQ 9361R
Make & Model	:	HYUNDAI AVANTE
Year of Registration	:	30/5/2019
Engine Capacity (cc)	:	1591
Chassis No.	:	KMH DU41BR9U757904
Engine No.	:	G4FC9U653002
Colour	:	White
Mileage (km)	:	185203

2.VEHICLE CONDITION

Body Paint:	:	Good
Steering	:	Serviceable
Foot Brake	:	Serviceable
Parking Brake	:	Serviceable

3.TYRE PARTICULARS & CONDITION

Front

RH Make/Size	:	Ecopia 185/65R15 - 50%
LH Make/Size	:	Ecopia 185/65R15 - 50%

Rear

RH Make/Size	:	Ecopia 185/65R15 - 50%
LH Make/Size	:	Ecopia 185/65R15 - 50%

Note: % denotes the remaining percentage of the tyre

Our Reference TP/018/0589SK
Vehicle No. SJQ 9361R

Page No. 2

4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the Rear portion

Please see attached schedule for details.



Estimated Amount : S\$7,399.04
Adjusted Amount : S\$5,500/-
Estimated Repair Days : 6 days

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.
The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 Days** from the date hereof, this report shall be treated as correct

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by **S K AUTO CONSULTANTS** for any reliance on this report by any third party.

S K AUTO CONSULTANTS

Our Reference TP/018/0589SK
 Vehicle No. SJQ 9361R

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$\$)	OUR ASSESSMENT(\$\$)
<u>PARTS (LIST ITEMS)</u>				
1	Rear bumper	Deformed	1128.00	450 1128.00
2	Rear bumper side retainers	Necessary	132.00	50 132.00
1	Rear bumper reinforcement	Cracked	682.00	270 682.00
1	Rear end panel	Distorted	785.00	repair 785.00
1	Rear end panel top garnish	Deformed	225.00	45.50 225.00
1	RHS & LHS Tailamp @572.40 <i>281</i>	Damaged	1144.80	562 1144.80
1	Rear bootlid	Dented	952.00	907 952.00
1	Rear bootlid logo (badge)	Necessary	48.00	17 48.00
1	Rear bootlid AVANTE emblem	Necessary	72.00	32.10 72.00
1	Rear bootlid inner lock	Damaged	245.00	108.60 245.00
1	Rear bootlid weatherstrip	Deformed	185.00	92.80 185.00
			5598.80	5598.80
		less 20%	1119.76	1119.76
			4479.04	4479.04
SPECIAL NETT ITEM				
1set	Rear bumper clips	Necessary	40.00	30.00
1set	Rear end panel top garnish clips	Necessary	50.00	40.00
1	Reverse sensor	Damaged	280.00	250.00 <i>200</i>
		Total Parts	4849.04	4799.04 <i>270</i>

S K AUTO CONSULTANTS

Our Reference TP/018/0589SK
 Vehicle No. SJQ 9361R

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	OUR ASSESSMENT (S\$)
1	LABOUR To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas; replace the damaged parts and components.	1200.00	1000.00 500
2	To supply paint materials, expandable items & putty, respray paint on parts replaced and repaired areas	1000.00	800.00 600
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	250.00	180.00 30
4	To remove and replace reverse sensor and check for proper function	100.00	80.00 40
5	To provide anti rust treatment on affected areas	150.00	120.00 60
Labour Total :		2550.00	2060.00
TOTAL (PARTS & LABOUR):		7399.04	6859.04

1230

Note: (For Lump Sum Repair)
 The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements). **The final adjusted Lump Sum contract amount is S\$5,500/-**




S.Kumanan
 Motor Surveyor

2060
 270
 1230

 3560
 206
 2848

 45 = 2,850
 6 days

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	20/10/2018 22:06
Date Of Accident	20/10/2018 13:50
Exact Location Of Accident	PIE TOWARDS CHANGI AT CTE ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9361R
Insured/Policyholder	
Name Of Registered Owner	TAN KIAN LI JASON
NRIC No	S8729976G
Email Address	TKL.JASON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91523880
Alternative Phone No	OFFICE-91523880

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10834823
Cover Note Number	

Driver

Name of Driver	TAN KIAN LI JASON
NRIC No	S8729976G
Date Of Birth	23/09/1987
Occupation	INDOOR
Date Of Driving Pass	06/03/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91523880
Fax Number	
Contact Number	OFFICE-91523880
EMail Address	TKL.JASON@GMAIL.COM

Address	APT BLK 205 BUKIT BATOK STREET 21 #09-60 SINGAPORE 650205
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

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

Other information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

I WAS DRIVING ALONG PIE TOWARDS CHANGI. WHEN THE TRAFFIC IN FRONT SLOWED DOWN, I SLOWED DOWN MY VEHICLE AS WELL. SUDDENLY VEHICLE B COLLIDED ONTO THE REAR OF MY VEHICLE. NO INJURIES INVOLVED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD VIDEO INTO MERIMEN ONCE INSURED SEND
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF6680Z
Vehicle Make/Model/Colour	MITSUBISHI/ASX 2.0 6-CVT (M) ABS D/AIRBAG SR 2WD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SULAIMI THAQIF BIN TAJUDDIN
NRIC/Passport Number	S96164311
Contact Number	98002415
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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 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.

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 purposes 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/tam 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.

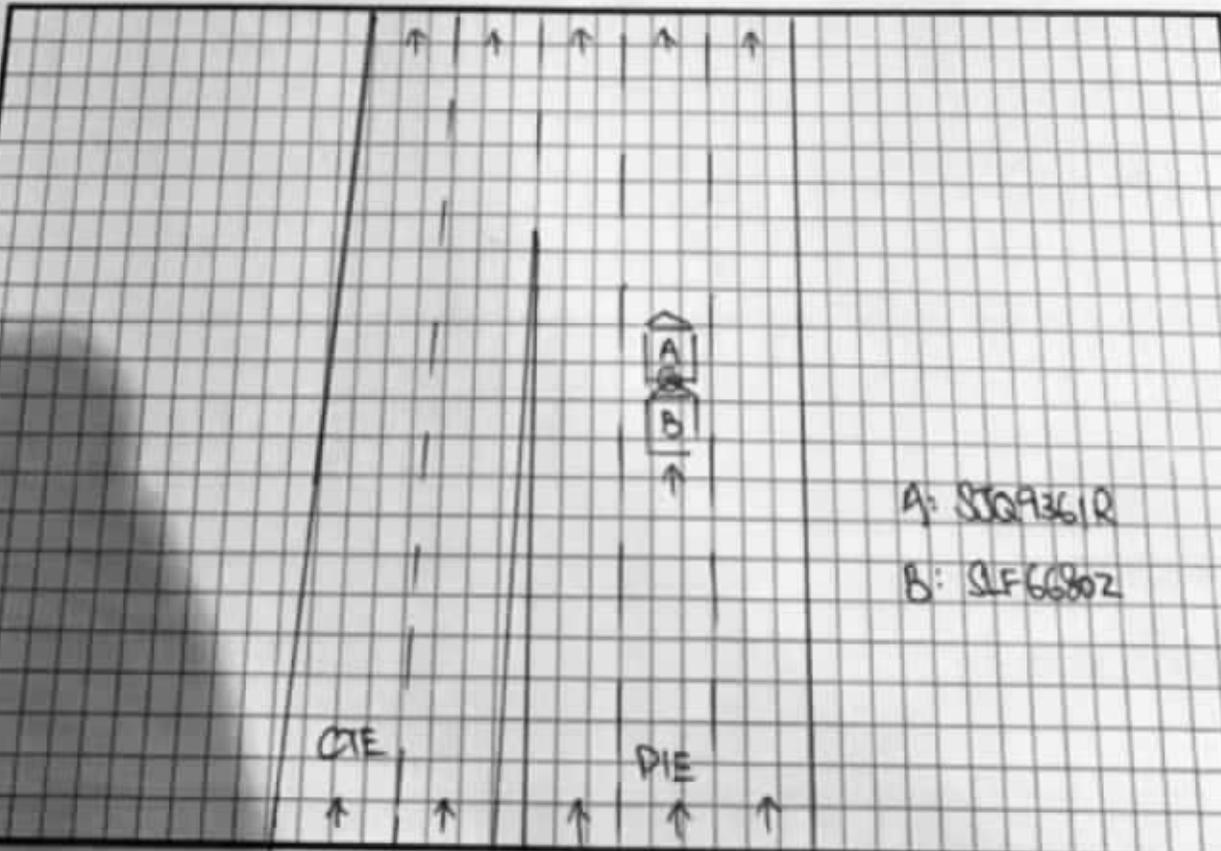
VERIFIED BY AJAX MARS
REPORTING OFFICER
Jun Keat

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personal

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG PIE TOWARDS CHANGI. WHEN THE TRAFFIC IN FRONT SLOWED DOWN, I SLOWED DOWN MY VEHICLE AS WELL. SUDDENLY VEHICLE B COLLIDED ONTO THE REAR OF MY VEHICLE. NO INJURIES INVOLVED.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

20 October 2018 at 5:01 PM

Date/Time:

20 October 2018 at 5:01 PM

Accident Photo



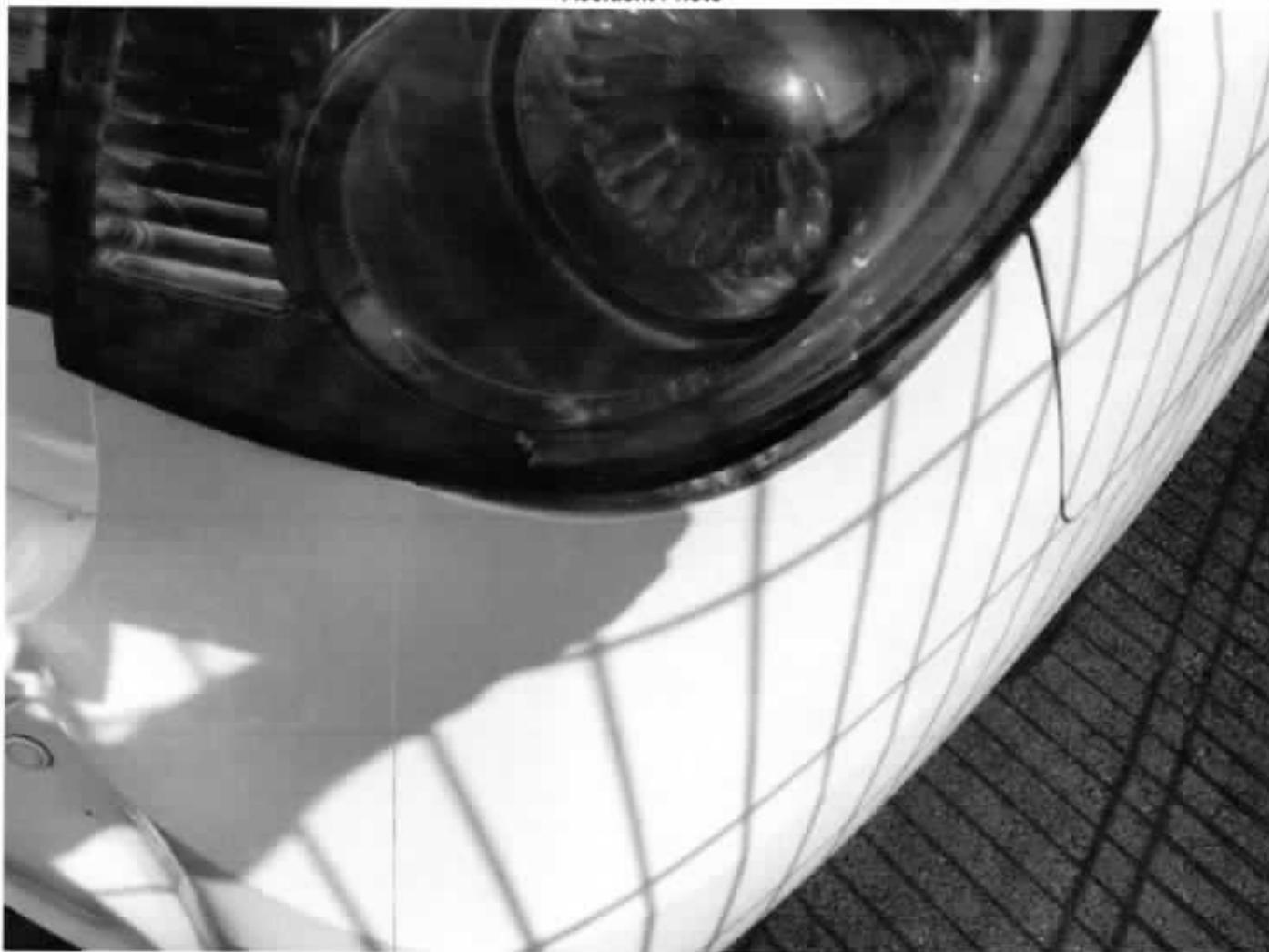
Accident Photo



Accident Photo



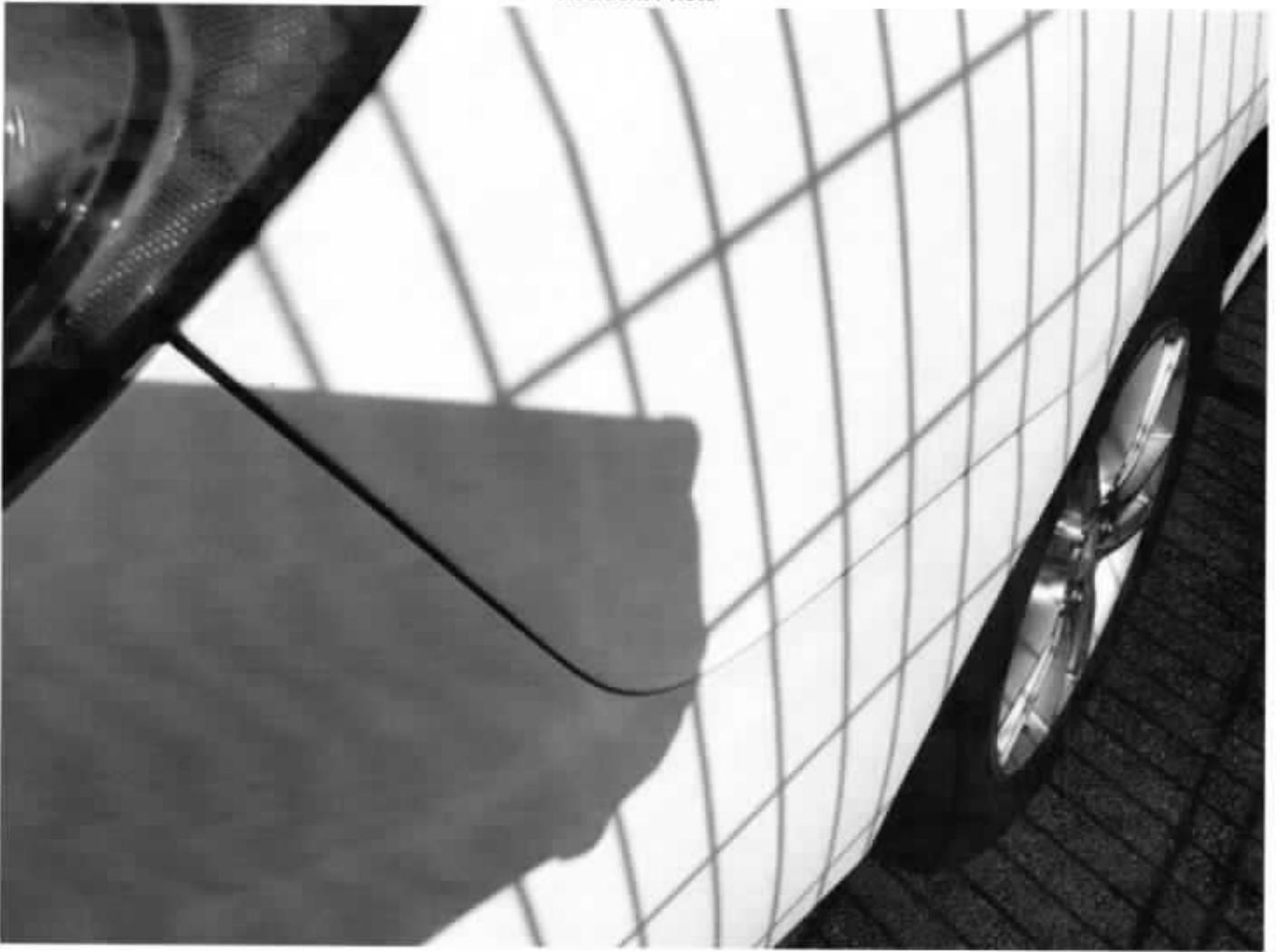
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8729976G**



Name

TAN KIAN LI, JASON
(CHEN JIANLI)

陳 建 利

Race

CHINESE



Date of birth

23-09-1987

Sex

M

S8729976G

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S8729976G

Name

TAN KIAN LI, JASON
CHEN JIANLI

Birth Date: 23 Sep 1987

Issue Date: 16 Oct 2015



002483918K

Identification Card

5914536



NRIC No. **S8729976G**



Date of issue
13-04-2018

Address
**APT BLK 205 BUKIT BATOK STREET 21
#09-60
SINGAPORE 650205**

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

Class	Description	EFFECTIVE DATE
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	06 Mar 2008

NP 42BA

Licence No: **S8729976G**



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 willful 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	12/11/2018 10:30
Date Of Accident	20/10/2018 14:00
Exact Location Of Accident	PIE TOWARDS CHANGI AT CTE ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6680Z
Insured/Policyholder	
Name Of Registered Owner	SUZANA BINTE SARIKON
NRIC No	S7033762B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98002415
Alternative Phone No	Office-98002415
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ASX 2.0 6-CVT (M) ABS D/AIRBAG SR 2WD
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A80456695 QMX
Cover Note Number	
Driver	
Name of Driver	SULAIMI THAQIF BIN TAJUDDIN
NRIC No	S9616431I
Date Of Birth	15/05/1996
Occupation	INDOOR
Date Of Driving Pass	23/10/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98002415

Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 793
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	2
Passenger 1	Name: : — 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

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER.

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	SJQ9361R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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.
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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:

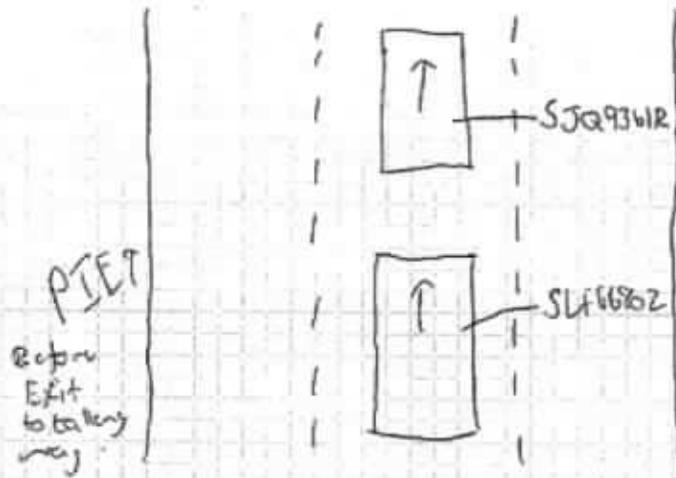


Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/11/2017 @ 10:45

IDAAC BUKIT RATOK (VAC)

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving on the off-ramp way, before the exit of Kallang Way and Sims Ave on the left, I was driving at a moderate speed below 50 km/h when all of a sudden the car in front of me, braked and since I was at a relatively close distance was unable to brake in time as well. A collision occurred where I hit the rear end of the other vehicle, SJQ9361R.

No one was injured, no ambulance was called to the incident. Both drivers exchanged particulars and took note of the damages.

His vehicle suffered a dent on his rear end as well as a bump on his boot. My vehicle only incurred a few scratches on the front portion of the car.

After gathering information, we made and continued our way.

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: 12/11/2018 @ 6:40hrs

IDAC BUKIT PATOK (IVAC)

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	24 Oct 2018		24 Oct 2018 16:00 Edit Adj Rpt	S\$2,850.00 Edit Estimates	S\$2,850.00 View Rpt		Pending for Survey Report Cancel Case

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

CLAIM SUBFOLDER DETAILS				[Created by insurer]
Insured:	SUZANA BINTE SARIKON, ID: S7033762B			
Main Claimant:	TAN KIAN LI JASON, ID: S8729976G			
Vehicle Reg. No.:	SJQ9361R	Date of Loss:	20/10/2018 00:00 - :59 [112 Months and 20 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / 573963	Policy/Cover Note No.:	80456695QMX Coverage: 29/04/2018 - 28/04/2019	
Vehicle Reg. No. (Insured):	SLF6680Z	Policy No. (Claimant):		
		Excess:		
Repairer:	Ama Autocare Pte Ltd (HQ) 36 Toh Guan Road East, #01-36, 608580 Jurong East - Tel:			
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Pauline Tham - 6594 2545]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 12/12/2018]			
Adj Asg. Remarks:	Non Reporting. Liability unclear. Contact Person: Mr Melvin / 8778 3636. TP disagree with our SJE list. Proceed to appoint LKK Auto Consultants.			

ASSOCIATED MAIL RECEIVED	View All	Compose Case Mail
<ul style="list-style-type: none"> • MSIG_SG (10/12/2018): Report Send Back Alerts - SJQ9361R (TP) 		

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

***SJQ9361R (573963)**
[SLF6680Z]
TP
TAN KIAN LI JASON
Oct 20 2018 12:00AM
[SUZANA BINTE SARIKON]
Ama Autocare Pte Ltd

Upload Documents		Upload Photos		Compose New Letter		View View in Browser	
Assessment Reports						1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print		
1	10/12/18 15:31	Accident Statement <small>From: SC - Reg. No: SLF6680Z, Claimant: SUZANA BINTE SARIKON</small>		Load HTM			
Photos/Images						3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print		
1	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
2	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
3	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
4	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
5	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
6	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
7	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
8	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
9	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
10	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
11	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
12	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
13	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
14	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
15	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
16	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
17	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
18	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
19	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
20	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
21	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
22	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
23	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
24	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
25	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
26	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
27	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
28	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
29	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
30	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
31	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
32	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		
33	29/10/18 15:42	General View		Load JPG	<input checked="" type="checkbox"/>		

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
34	29/10/18 15:42	General View		<input checked="" type="checkbox"/>
35	29/10/18 15:42	General View		<input checked="" type="checkbox"/>
36	29/10/18 15:42	General View		<input checked="" type="checkbox"/>
37	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
38	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
39	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
40	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
41	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
42	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
43	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
44	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
45	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
46	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
47	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
48	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
49	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
50	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
51	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
52	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
53	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
54	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
55	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
56	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
57	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
58	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
59	29/10/18 15:43	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	24/10/18 10:47	Email - PRI		<input type="checkbox"/>
2	24/10/18 10:47	Notice of PRI		<input type="checkbox"/>
3	24/10/18 10:47	TP disagree with our SJE list. Proceed to appoint LKK		<input type="checkbox"/>
4	10/12/18 15:26	LOD - TP SURVEY REPORT		<input type="checkbox"/>
5	10/12/18 15:26	LOD - SURVEY PHOTOS		<input type="checkbox"/>
6	10/12/18 15:33	SJQ9361R - TP REPORT		<input type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	20/12/18 10:02	PRS Invoice		<input type="checkbox"/>
2	20/12/18 10:06	PRS Invoice		<input type="checkbox"/>
3	20/12/18 10:06	Colour Photo		<input type="checkbox"/>

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: <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: 199807198R)

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/MSG18019403/R1TD3E2-1
Date: 20/12/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	80456695QMX
Claimant Vehicle No : SJQ9361R	Insured Vehicle No :	SLF6680Z
Date of Loss: 20/10/2018	Nature of Claim:	TP
		Claim No: 573963

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJQ9361R	Engine No:	G4FC9U653002
Make & Model:	HYUNDAI HD AVANTE 1.6 A (BI-FUEL), 1.6 (A)	Chassis No:	KMH DU41BR9U757904
Reg. Date:	30/05/2009 (Man. Year: 2009)	Odometer:	185204 km
Colour:	White		
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:	185/65 R15	Rear Tyre Size:	185/65 R15
Front Left Side:	Bridgestone 6 mm	Rear Left Side:	Bridgestone 6 mm
Front Right Side:	Bridgestone 6 mm	Rear Right Side:	Bridgestone 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,849.04	2,330.00	2,519.04	51.95
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,700.00	1,230.00	1,470.00	54.44
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	7,549.04	3,560.00	3,989.04	52.84
Approved Total (Overridden) (S\$)		2,850.00		
Nett Amount (S\$)	7,549.04	2,850.00	4,699.04	62.25

INSPECTION

Date of Assignment:	24/10/2018		
Date Inspected:	25/10/2018	Inspected At:	Ama Autocare Pte Ltd (HQ) 36 Toh Guan Road East, #01-36 Singapore 608580
Estimated Period of Repair:	6.0 days		

Adjuster: MOHD RASUL

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.

REPAIR DETAILS

Reference	
Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 20 Dec 2018)
Parts: 143	HYUNDAI HD AVANTE 1.6 A (BI-FUEL) 1.6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SJQ9361R)
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	Deformed	1,128.00 FL	*490.00 FL
2	2		*REAR BUMPER SIDE RETAINERS	Necessary	132.00 FL	*50.00 FL
3	1		*REAR BUMPER REINFORCEMENT	Cracked	682.00 FL	*270.00 FL
4	1		*REAR END PANEL	Repair	785.00 FL	*- FL
5	1		*REAR END PANEL TOP GARNISH	Deformed	225.00 FL	*45.50 FL
6	2		*RHS & LHS TAILLAMP	Damaged	1,144.80 FL	*562.00 FL
7	1		*REAR BOOTLID	Dented	952.00 FL	*907.00 FL
8	1		*REAR BOOTLID LOGO (BADGE)	Necessary	48.00 FL	*17.00 FL
9	1		*REAR BOOT AVANTE EMBLEM	Necessary	72.00 FL	*32.10 FL
10	1		*REAR BOOTLID INNER LOCK	Damaged	245.00 FL	*108.60 FL
11	1		*REAR BOOTLID WEATHERSTRIP	Deformed	185.00 FL	*92.80 FL
12	1		*SET REAR BUMPER CLIPS	Necessary	40.00 FS	*30.00 FS
13	1		*SET REAR END PANEL TOP GARNISH CLIPS	Necessary	50.00 FS	*40.00 FS
14	1		*REVERSE SENSOR	Damaged	280.00 FS	*200.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc

Sub Total (S\$)	5,968.80	2,845.00
- List Item Discount on L Items 20.00/20.00% (S\$)	1,119.76	515.00
Total Parts (S\$)	4,849.04	2,330.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS; REPLACE THE DAMAGED PARTS AND COMPONENTS	New	1,200.00	500.00
2	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED AND REPAIRED AREAS	New	1,000.00	600.00
3	TO REMOVE AND RE-FIX WIRING AND CHECK ALL ELECTRICAL COMPONENTS AT DAMAGED AREAS FOR PROPER FUNCTION	New	250.00	30.00
4	TO REMOVE AND REPLACE REVERSE SENSOR AND CHECK FOR PROPER FUNCTION	New	100.00	40.00
5	TO PROVIDE ANTI RUST TREATMENT ON AFFECTED AREAS	New	150.00	60.00
Gross Labour Cost (\$\$)			2,700.00	1,230.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >