Aurrigio XM	Q. REF. MSIG		2547	12 /
PRS (Meni		ASSIGNMENT		(-2022
From: Estimated Cost:	Date: 13/12/2	Veh No. F. G. Type: M.Car / M. Cycle / B	NGE Yr Regn: 2 us / Van / Lorry / Taxi / Prime M	(-2022 S Jun 198 Jover 1
OD (TP) WS / TP RES / O	DRES/EVA/INV/MV	Truck / Trailer or		
To Inspect Vehicle No:	FC9176E	Make: Ves p	A PX 20 c.c	
at Workshop m/s	Sin Cheng Motors oi Rd 1 # 01-241.	Colour Gre	M A/C Insured	/Std/NI/NA
1 BIK 3007, U	oi Rd 1 # 01-241.	25 Sp.Reading 581	31 T/Radio: Insured	I/Std/NI/NA
Insured 1		Eng/No:		
Policy No.		ČŽNo: US	X173000 881	
Claims No.		Gen. Cond: God / Fair / I	Poor / Burnt	
Sum Insured:	Excess:	Steering: Inorder / Jamme	ed / Leaked / Burnt or	
(Client's Record)		Brake: In Ger / Jamme	od / Leaked / Burnt or	
Make of Veh:		Modi: Vii S/Rim / ST	TD A/Rim or	
(Policy Condition)  Remark: The veh had com repair at the time	The state of the s	R:  O/S  BS / DUN / EXNOVA / GY  TOYO / YOKO or	3.50 -10  /FS/LIZA/MD/OHTSU/PIP	R/ŞUMI/
Bal. or Market Value:		Front	Rear	-
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal.	mm R/Bal.	5 mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal.	mm L/Bal.	1- 10
Est. Repairs:	days Res.: Yes or No	D.O.A.	w/c 0,0.1. [3-	12-18
Lum Sum:	% 3 Val.: Yes or No	Survey held at	0.0	3245pm
CA / REV / REP. /			(ear) 1 (6/5) N/S / U/C / Roo	itop or
Date: Per:	Vehicle: son Contacted:	The U/C / Chassis fr.	ame / Body Structure affected	I due to collision.
Date / Time Action /	Instruction  One - \$5000			•
	RECE	IVED 1 7 DEC 2018.		
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:	5	
1)	: Final Report	Resurvey No. of Trip:	Survey Fee:	120
Date/Time, File Return to?			Transportation:	
2)	A	dd Fee: Site Insp (\$	)S+RSSI	
		: Interview (\$	) Photos	10
	PRE.	Tech Invs (\$	), Others	10
_ump Sum / I.B.I: (\$	)	:Weekend (\$	( ) ··	
			TOTAL	130

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

CLAIM SUB	FOLDER TRA	CKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	14470				
Main	07 Dec 2018		12 Dec 2018 15:39	Adj Kpt	Adj S	ubmitted	Ins Auth'ed	Statu	
			Assign						Assignment cel Case
	Main	Ref	erence		Claim Details		Docume	ents	Show Al
CLAIM SU	BFOLDER DE	TAILS		THE RESERVE OF THE PARTY.	A STREET, ST. OF ST. OF STREET, ST. OF ST. OF ST. OF STREET, ST. OF ST. OF ST. OF				_ SHOW AI
Insured:	LYE FOON	G YEE, ID: S179	3376J. Tel: +6	5508168110	Empli th	Create	ed by insurer]		
Main Claimant:	HENNING	HAGEMANN, ID		3330108118	, Email: ther	esalye@yah	oo.com.sg		
Vehicle Reg No.:	FC91/6E			Date of Loss	06/12/20 (413 Mo	018 09:00 - :59	From ITA	S - S - 4-	
Claim Type:	<b>TP</b> / 5784	409		Policy/Cover	[413 Months and 8 Days From LTA Reg Date (Man Yr) A29025537AVW (Comprehensive)				
/ehicle Reg. No. Insured):	SLS3669J				Note No.: Policy No. (Claimant):	Coverage	e: 20/09/2018 -	19/09/201	9
Repairer:	Vohisla CI				Evene	S\$500.00	)		
landling	MSIG Insu	rance (Singapore	te Ltd (HQ) BLK	< 3018A UBI	ROAD 1, #01	-24/25/26,	408711 Ubi - Tel	:	
nsurer: djuster:	LIVIVALIA	rance (Singapore	e) Pte. Lta. (HC	2) - Tel: +6	5 6827 7888	. [Handled	by Fievel Foo W	<mark>enyao -</mark> 6	643 1316]
river/Custo	LKK Auto C	Consultants Pte L	td (HQ) - Tel: 6	256-3561	. [Imm.Adv	vice due 1	3/12/20181		
ian Insured):		YEE (51 / Female),			+6598168118		,,,		
Adj Asg. Remarks:	Liability 100	%, SJE disagree -	assign LKK						
SSOCIATE	ED MAIL REC	EIVED							
nere are no	mail for this ca	ase.						View All	Compose Case Ma
LL ASSOC	TATED TASK	s⊟				Post	1		
Due Date	Priority	Type Task Gr	oun Cut-			View All			ew Task   Comple
o results.	a perental	1038 01	oup Subjec	t Handl	er Assigr	ned By	Completed Or	Cre	ated On Done

# VEHICLE CLAIMS SPECIALIST PTELTD

UEN 201802773H

Date: 12th December 2018

Your ref: SLS 3669J

BY EMAIL ONLY

Our ref: VCS/FC 9176E/JC/PDPI

To: MSIG INSURANCE (S) PTE LTD

Attn: Motor Claims Dept

Dear Sirs,

# CORRESPONDANCE PURSUANT TO PARAGRAPH 2.9 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES.

We refer to your email dated 12th December 2018.

Please note that the said vehicle can be inspected at:

JIN CHENG MOTOR & TRADING

BLK 3007 UBI ROAD 1 #01-456 SINGAPORE 408701

Contact No: 9477 8811

Please call for to arrange for an appointment before conducting the pre-repair inspection.

Please note that the vehicle will be available for pre-repair inspection within the next 2 days excluding any intervening Saturday, Sunday and/or Public Holiday, the said workshop will commence repairs thereafter without further notice or reference to you. All our client's right are expressly reserved.

# PLEASE REPLY BY EMAIL ONLY : <u>VCSSG01@GMAIL.COM</u> DO NOT REPLY BY FAX

Yours faithfully

VCS

Vehicle Claims Specialist Pte Ltd

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	2943Z	
Vehicle Details	是共產黨的政治學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學	
Vehicle No.:	FC9176E	
Vehicle to be Exported:	No	
ntended Deregistration Date:	14 Dec 2018	
Vehicle Make:	VESPA	
Vehicle Model:	PX20	
Primary Colour:	Grey	
Manufacturing Year:	1984	
Engine No.:	VSEIM0221528	
Chassis No.:	VSXIT3000881	
Maximum Power Output:	-	
Open Market Value:	\$0.00	
Original Registration Date:	28 Jun 1984	
First Registration Date:	28 Jun 1984	
Transfer Count:	3	
Actual ARF Paid:	\$0.00	
ntended PARF Rebate Details		
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	-	
PARF Rebate Amount:	\$0.00	
ntended COE Rebate Details	A NA - 2022	
COE Expiry Date:	31 May 2022	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
PQP Paid:	\$1,854.00	
COE Rebate Amount:  Total Rebate Amount:	\$744.00 <b>\$744.00</b>	

Please note that the National Environment Agency (NEA) is offering an incentive for the owner of this motorcycle to deregister the motorcycle on or before 5 April 2023.

This motorcycle is currently eligible for an incentive of \$3,500 from NEA. If the COE is renewed from now till its deregistration on or before 5 April 2023, the incentive will be reduced to \$2,000. The last registered owner of this motorcycle will receive the incentive from NEA.

#### 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 witholding 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	06/12/2018 15:45
Date Of Accident	06/12/2018 09:15
Exact Location Of Accident	CLEMENTI AVE 2 OPP CALTEX STATION
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FC9176E
Insured/Policyholder	
Name Of Registered Owner	HENNING HAGEMANN
Passport No/FIN	S8462943Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91554122
Alternative Phone No	OFFICE-91554122
Vehicle Particulars	
Manufacturer	VESPA
Model	PX20
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5057633098-05
Cover Note Number	
Driver	
Name of Driver	HENNING HAGEMANN

Passport No/FIN S8462943Z Date Of Birth 31/01/1984 INDOOR Occupation 26/01/2013 **Date Of Driving Pass** 

**Driving Experience** 5 YEARS AND 10 MONTHS

Gender MALE

(LOCAL) +65-91554122 Mobile Number

Fax Number

Contact Number OFFICE-91554122

NOEMAIL **EMail Address** 

Address

13 LEEDON HEIGHTS

#14-48

Postcode

266224

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?

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)

1

#### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes.Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181206/2101.

#### 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

SLS3669J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category Name of Driver

PRIVATE CAR THERESA LYE

NRIC/Passport Number

Contact Number

98168118

Address

Postcode

Insurance Company Name

Nature Of Damage

## **DETAILS OF INJURED PERSON 1**

Name

HENNING HAGEMANN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FC9176E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

l 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
  - 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.

Rolicycolder's Signature

Mula

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

## Accident Sketch Plan

KETCH PLAN				
À				
		A. FC	11265	
Ave	Q			
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Clement				
100	18			
~				
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
The state of the second of the second	AND THE PROPERTY OF			
keller to potice	neport - 1/2018 1206	2101.		
	30. 17: Bh			
		-		
ECLARATION				
We declare the foregoing par	ticulars are true in every respi	ect.		
00 0			1	
Kaalman			U	1
okcynolder A Signature	Driver's Signature	D.	eporting Centre Fersionnel	's Signature
atd & fime:	(If driver is not the po	olicyholder) N	ame:	- Character
0	Date & Time:		RIC/FIN No.:	

NRIC/FIN No.:

#### Police Report





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20181206/2101

REPORT	OF A TRAFFIC	CACCIDENT		
	Date/Time Report Made: 06/12/2018 15:21		Vide Report No.:	Station Diary No.:
Informa	nt's Partice	ulars	三角 中国 经超过数据 海	
	f Informant: IG HAGEM		Address: 13 LEEDON HEIGHTS #14-4 266224	48 D'LEEDON SINGAPORE
ID Type / ID No.: NRIC NO / S8462943Z		43Z	Contact No.: Home/Office:	Mobile: 91554122
National GERMA	(C) (C)		Email:	
Sex: Male	Age: 34	Date of Birth: 31/01/1984	Type of Informant: Rider	
Race: Caucasian			Language: English	Institution / School Name:
Occupation: OPERATIONS DIRECTOR		ECTOR	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2018 09:15	Type of Location	
Location: Along Road 1 CLEMENTI A	VENUE 2	TE CALTEX STATION			
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow: Traff		Traffic Control:		Traffic Volume:	
Type of Collis	ion:			Anyone conveyed by	

Details of V	ehicle Involve	d	<b>秋</b> 到 / 新星 · 图 / 2		100000000000000000000000000000000000000	A TANK MENT
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FC9176E	Motorcycle					0
SLS3669J	Car					0

#### Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181206/2101

CONTINUATION OF REPORT

#### Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG THE RIGHT LANE OF THE 2-LANE CLEMENTI AVE 2. I WAS TRAVELLING BEHIND TWO CARS. AS I SAW THAT THERE THE TWO CARS INFRONT HAD STOPPED WITH THE INTENTION TO TURN RIGHT, I SLOWED DOWN. I WAS SLOWING DOWN WHEN I GOT HIT FROM BEHIND BY A CAR(SLS3669J). MY SCOOTER WENT TO THE FRONT AND I FELL ON MY BACK AND MY RIGHT HAND. THE CAR DRIVER AND I EXCHANGED PARTICULARS. AFTER THAT BOTH OF US WENT SEPERATE WAYS, I THEN WENT TO RAFFLES HOSPITAL FOR MY INJURIES AND RECIEVED 3-DAYS MC.

#### Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20181206/2101

CONTINUATION OF REPORT

-		110/201	-	497.00
SI	(0)	tch	P	an

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

Signature Of Officer Recording The Report: TP / MUHAMMAD SYUKRI BIN ABU BAKAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2018 15:21
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	

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

	lotified	Est Submitted	Adj Assigned	Adj Rpt	А	dj Submitted	Ins Auth'ed	Sta	tus	
Main	15:39		c 2018   S\$0.00   S\$0.00   View Prot				Re	nding for port ancel Case	, .	
м	ain	R	eference	C	laim Detail	s	Docume	ents	<u> </u>	Show All
CLAIM SUB	FOLDER DE	TAILS				Created	by insurer]			
insured:	LYE FOON	IG YEE, ID: S17	93376J, Tel: +659	98168118,	Email: ther	esalye@yahoo	-			
Main Claimant:	HENNING	HAGEMANN,	D: S8462943Z				8			
/ehicle Reg. No.:	FC91761	E			Date of Los		8 09:00 - :59 ths and <b>8</b> Days	From LTA F	Reg Date (	Man Yr)]
Claim Type:	<b>TP</b> / 578	<b>TP</b> / 578409					7AVW (Compre 20/09/2018 -		)	
Vehicle Reg. No. (Insured):	SLS36693				Policy No. (Claimant)					
					Excess:	S\$500.00				
Repairer:	Vehicle Cl	aims Specialist	Pte Ltd (HQ) BLK	3018A UBI F	ROAD 1, #0:	1-24/25/26, 40	8711 Ubi - Tel:			
Handling Insurer:		2 5/5	re) Pte. Ltd. (HQ)							
	LKK Auto	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Handled by XING GUO QIANG] [Imm.Advice due 13/12/2018]								
Adjuster:		)18]								
Adjuster: Driver/Custo dian (Insured):	13/12/20	018] G YEE (51 / Femal	e), NRIC: S17933	76J, Tel:	+65981681	18				
Driver/Custo dian (Insured): Adj Asg.	13/12/20	•		76J, Tel:	+65981681	18				
Driver/Custo dian (Insured): Adj Asg. Remarks:	13/12/20	G YEE (51 / Femal		76J, Tel:	+65981681	18		View All	Compos	e Case Ma
Driver/Custo dian (Insured): Adj Asg. Remarks:	LYE FOONG	S YEE (51 / Femal 0%, SJE disagree		76J, Tel:	+65981681	18		View All	Compose	e Case Ma
Driver/Custo dian Insured): Adj Asg. Remarks: ASSOCIATE	LYE FOONG Liability 10	S YEE (51 / Femal 0%, SJE disagree CEIVED case.		76J, Tel:	+65981681			View All		e Case Ma Complet

#### Claim Documents

\*FC9176E (578409)

[SLS3669J]

TP

HENNING HAGEMANN

Dec 6 2018 9:00AM

[LYE FOONG YEE]

Vehicle Claims Specialist Pte Ltd

Ass	essment Reports		1 per page	<b>✓</b>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnai	Print
1	12/12/18 13:25	Accident Statement From:OD - Reg. No: SLS3669J, Claimant: LYE FOONG YEE	1 Load HTM	
Pho	otos/Images		3 per page	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnai	l Print
1	17/12/18 14:05	General View	1 Load JPG	~
2	17/12/18 14:05	General View	Load JPG	<b>✓</b>
3	17/12/18 14:05	General View	1 Load JPG	<b>✓</b>
4	17/12/18 14:05	General View	1 Load JPG	<b>✓</b>
5	17/12/18 14:05	General View	1 Load JPG	~
6	17/12/18 14:05	General View	■ Load JPG	<b>✓</b>
7	17/12/18 14:05	General View	1 Load JPG	<b>✓</b>
8	17/12/18 14:05	General View	Load JPG	<b>✓</b>
9	17/12/18 14:05	General View	1 Load JPG	V
10	17/12/18 14:05	General View	1 Load JPG	~
11	17/12/18 14:05	General View	1 Load JPG	<b>✓</b>
12	17/12/18 14:05	General View	1 Load JPG	~
13	17/12/18 14:05	General View	Load JPG	~
14	17/12/18 14:05	General View	1 Load JPG	V
15	17/12/18 14:05	General View	1 Load JPG	~
16	17/12/18 14:05	General View	1 Load JPG	V
17	17/12/18 14:05	General View	1 Load JPG	~
18	17/12/18 14:05	General View	1 Load JPG	<b>V</b>
19	17/12/18 14:05	General View	1 Load JPG	<b>V</b>
20	17/12/18 14:05	General View	■ Load JPG	~
21	17/12/18 14:05	General View	1 Load JPG	<b>V</b>
22	17/12/18 14:05	General View	Load JPG	~
23	17/12/18 14:05	General View	1 Load JPG	<b>✓</b>
24	17/12/18 14:05	General View	Load JPG	~
25	17/12/18 14:05	General View	1 Load JPG	~
26	17/12/18 14:05	General View	■ Load JPG	<b>V</b>
27	17/12/18 14:05	General View	1 Load JPG	~
28	17/12/18 14:05	General View	1 Load JPG	<b>V</b>
29	17/12/18 14:05	General View	Load JPG	~
30	17/12/18 14:05	General View	Load JPG	<b>V</b>
31	17/12/18 14:05	General View	Load JPG	~
32	17/12/18 14:05	General View	Load JPG	~
33	17/12/18 14:05	General View	Load JPG	V

Merimen e-Claims Page 2 of 2

Assessment Reports				age 🔻	<b>~</b>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
34	17/12/18 14:05	General View	0	Load JPG	<b>✓</b>
35	17/12/18 14:05	General View	6	Load JPG	V
36	17/12/18 14:05	General View	0	Load JPG	<b>V</b>
37	17/12/18 14:05	General View	Ð	Load JPG	<b>✓</b>
38	17/12/18 14:05	General View	0	Load JPG	<b>✓</b>
39	17/12/18 14:05	General View	0	Load JPG	<b>✓</b>
40	17/12/18 14:05	General View	0	Load JPG	<b>V</b>
41	17/12/18 14:05	General View	0	Load JPG	<b>V</b>
42	17/12/18 14:05	General View	0	Load JPG	V
43	17/12/18 14:05	General View	0	Load JPG	✓
44	17/12/18 14:05	General View	Ð	Load JPG	~
45	17/12/18 14:05	General View	0	Load JPG	<b>V</b>
46	17/12/18 14:05	General View	0	Load JPG	<b>V</b>
47	17/12/18 14:05	General View	0	Load JPG	<b>V</b>
48	17/12/18 14:05	General View	0	Load JPG	<b>V</b>
49	17/12/18 14:05	General View	0	Load JPG	~
50	17/12/18 14:05	General View	0	Load JPG	<b>V</b>
51	17/12/18 14:05	General View	0	Load JPG	<b>✓</b>
Do	cumentation		1 per p	age 🔻	<b>V</b>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	
1	12/12/18 13:27	FC9176E E-file report	0	Load PDF	
2	12/12/18 13:27	PRI from Vehicle Claims Specialist	0	Load PDF	
3	12/12/18 13:28	Survey Disagree on SJE - assign LKK	0	Load PDF	
4	12/12/18 16:47	Workshop details	0	Load PDF	

# **Documents Checklist**

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.	dist Remarks - LKK Auto Consultants Pte Ltd (HQ)  harks To: Handling Insurer		
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/MSG18022408/GCD3E2

Date:

17/12/2018

REFERENCE

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

Policy No:

A29025537AVW

Claimant Vehicle FC9176E

Insured Vehicle No:

SLS3669J

Date of Loss:

No:

06/12/2018

Nature of Claim:

TP

Claim No: 578409

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

FC9176E

Make & Model:

VESPA PX20, 200cc 28/06/1984 (Man. Year: 1984) Engine No:

VSEIM0221528 VSXIT3000881

Reg. Date: Colour:

Grey

Chassis No: Odometer:

58131 km

**Engine Capacity:** 

200 cc N/A

Market Value/New Car Price: Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable): Engine Modification:

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

CONDITION OF TYRES Front Tyre Size:

3.50-10

Rear Tyre Size:

3.50-10

Pre-accident Condition:

Front Left Side:

Michelin 5 mm

Rear Left Side:

Michelin 5 mm

Front Right Side:

0 mm

Rear Right Side:

0 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:

12/12/2018

Date Inspected:

13/12/2018 Inspected At:

Vehicle Claims Specialist Pte Ltd (HQ)

BLK 3018A UBI ROAD 1, #01-24/25/26

Singapore 408711

Estimated Period of Repair:

5.0 days

Adjuster: XING GUO QIANG

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 \$4,000.00 -\$5,000.00

Adjuster Report

# REPAIR DETAILS

Reference

Part Source:

(Last Synchronised: 17 Dec 2018)

Parts:

N/A

VESPA PX20 200cc (Model not available in database)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code:

(Unsubmitted, no print-code for FC9176E)

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.

Adjuster Report

Page 4 of 4

# 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 >