

22/03/2002

ASS. REC. BY:

REF:

CS/MSG/19000344/Dgd30

Special Instruction:

Surveyor:

Menmen

ASSIGNMENT (Office)

From (Person):

Chhia Nyuk Pui

of

MSG

Date/Time:

7/11/19 @ 3:09pm

Estimated Cost:

Bill to:

OD/TP/WS/TP RES / OD RES / EVA / INV / MV7CS

To Inspect Vehicle No:

SHA 276 X

Insured:

EX 555E

at Workshop m/s

Chunni Motor

Tel:

6542 6119

of

Blk 10 #01-05/06

Policy No:

289497830MY

Claim No:

581067

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

04/01/2019

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement:

Date/Time:

3:25pm @ 7/11/19

Person Contacted:

Jym

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 276 X - NS/INC17020019/M1/bn 2 DUA: 16/10/17
	EX 555E - CS/MSG10001639/Rbh DUA: 24/01/2010
17/11/19 @	U.04m revised to Chhia Nyuk Pui via Menmen.

REF:

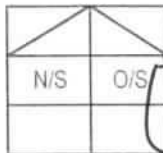
ASSIGNMENT

CDB 06 Oct 2023

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 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.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 12 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA276X Yr Regn: 2015 Oct-h
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai I40 C.C. 1685
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 474735 T/Radio: Insured / Std / NI / NA
 Eng/No: D4FDFU551409
 C/No: KMHLB41UMGU079580
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil S/Rim / STD A/Rim or
 Tyre Size: F: 205/60R16
 R: — 11 —
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front Rear
 R/Bal. S' mm R/Bal. S' mm
 L/Bal. S' mm L/Bal. S' mm
 D.O.A. 04/01/2019 D.O.I. 08/01/2019
 Survey held at Chunni AMK
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
0/3 Body y 0/3 Rev
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
MSIG EX555B

12/02/19 Summit 2/5 10,500/- site 12 days of rev
CRD \$ 8755.76, 44/0

RECEIVED 14 FEB 2019

Date/Time. File Pass to? ☐ : Preli. Report
 1) 14/2 turnover ☐ : Final Report
 Date/Time. File Return to?

Days Of Repair: 12
 Resurvey No. of Trip: 2

Survey Fee:

Transportation

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format: MER-TPLump Sum / I.B.A. (\$) 10500Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

200

10

210

REPAIR ESTIMATE*

DATE : 4.01.2019

TEL : 6542 5119

FAX : 6542 6039

MSIG

10611.72

SHA 276X

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 1,600.00
	Spray Painting Charge			\$ 1,250.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 100.00
	Towing Charge			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Undercarriage (RR)			\$ 200.00
	Rear Wheel Alignment			\$ 120.00
	Transfer of Doors		\$ 120.00	\$ 240.00
	Re-set Rear ABS System			\$ 200.00
	Re-set Frt & Rear Power Window System		\$ 200.00	\$ 400.00
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00
			2410.00	
	TOTAL LABOUR			\$ 5,080.00
	ESTIMATE TOTAL			\$ 18,755.76
	08/01/2019 @ 1130am LH Andru 1/5am 8 12 2 8 9 s. rgm LKK Auto 8		13222.72 1/510500/-	
<div>LKK Auto Consultants hence notify the Repairer of the following:<ul style="list-style-type: none">• To resurvey before/after spray painting• To display damaged part(s) during resurvey• Parts prices are subject to confirmation• Third party survey is on a "Without Prejudice" basis• No illegal modification(s) is allowed• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance CompanyAcknowledged by Repairer Signature: Date:</div>				
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

NAME
ADDRESS

Home Tel.:

VIN:

Registration: SHA 276 X

Technician:

Mileage: 474735

Time Printed 8.1.19 11:41 AM

HYUNDAI I40

Front : Left

Actual	BEFORE	Specified Range
-0°09'		-3°00' 3°00'
4°00'		-0°19' 5°41'
-0°30'		-1°30' 1°30'
18°08'		
17°59'		

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	BEFORE	Specified Range
-0°39'		-3°00' 3°00'
3°56'		-0°19' 5°41'
0°40'		-1°30' 1°30'
15°54'		
15°15'		

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	BEFORE	Specified Range
0°30'		-3°00' 3°00'
0°04'		-3°00' 3°00'
2°14'		-3°00' 3°00'
0°10'		-3°00' 3°00'

Rear : Left

Actual	BEFORE	Specified Range
2°44'		-3°30' 2°30'
0°22'		-1°30' 1°30'

Camber
Toe

Rear : Right

Actual	BEFORE	Specified Range
6°20'		-3°30' 2°30'
4°47'		-1°30' 1°30'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	BEFORE	Specified Range
-3°36'		-3°00' 3°00'
5°09'		-3°00' 3°00'
-2°13'		-3°00' 3°00'

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Jan 2019		07 Jan 2019 15:09 Assign				New Assignment Cancel Case

[Main](#)
[Reference](#)
[Claim Details](#)
[Documents](#)
[Show All](#)

CLAIM SUBFOLDER DETAILS

[\[Created by insurer\]](#)

Insured:	LOW SONG TAKE, ID: S0703880A		
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHA276X	Date of Loss:	04/01/2019 12:00 - :59 [38 Months and 20 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 581067	Policy/Cover Note No.:	28949783QMY Coverage: 26/05/2018 - 25/05/2019
Vehicle Reg. No. (Insured):	EX555E	Policy No. (Claimant):	
		Excess:	S\$1,500.00
Repairer:	Chunni Motor Work Pte Ltd - Amk (HQ) Blk 10 #01-05/06, AMK Autopoint, 568047 Ang Mo Kio - Tel: 64836016		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pui - 6594 2521]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 08/01/2019]		
Adj Asg. Remarks:	SURVEY AGREE ON SJE - REQ TO ASSIGN LKK. OI NOT REPORTED. CONTACT:MS LYNN/ MS IRENE 6542 5119/ 6542 7162		

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.									

Note: This document has not been finalised.**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

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Chhia Nyuk Pui

Date: 17 Jan 2019

Preliminary Advice

Insured Vehicle No	: EX555E	Accident Date	: 04/01/2019
TP Vehicle No	: SHA276X	Assignment Date	: 07/01/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 10.00
Date of Inspection	: 08/01/2019		
Inspection At	: CHUNNI MOTOR WORK PTE LTD - AMK (HQ) BLK 10 #01-05/06, AMK AUTOPOINT SINGAPORE 568047		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s body, o/s rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	18,755.76
Revised Amount	:S\$	13,222.72
Check Items (Estimated)	:S\$	0.00
Total	:S\$	13,222.72

Lump Sum Repair	:S\$	
-----------------	------	--

Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

- () The vehicle is economical/not economical for repair.
- (X) The above survey was conducted on a 'without prejudice' basis.

MCD819001784 / ComfortDelGro Engineering Pte Ltd - Layan
 ENTRY DATE & TIME: 04/01/2019 16:59
 SUBMITTED BY: Huang XiaoYan

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 04/01/2019 16:59
 Date Of Accident 04/01/2019 12:00
 Exact Location Of Accident ALONG VICTORIA ST
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA276X
 Insured/Policyholder
 Name Of Registered Owner CITYCAB PTE LTD
 Co Reg No 199502839G
 Email Address FLEETSAFETY@CDGTAXI.COM.SG
 Mobile Phone No
 Alternative Phone No OFFICE-65508768
 Vehicle Particulars
 Manufacturer HYUNDAI
 Model I40
 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 TAXI
 Insurance Company
 Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy YES
 Policy Number D-18088937MFSH
 Cover Note Number
 Driver
 Name of Driver NEO SE
 NRIC No S0969310F
 Date Of Birth 15/11/1949
 Occupation OUTDOOR
 Date Of Driving Pass 14/06/1969
 Driving Experience 49 YEARS AND 6 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97646385
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	BLK 708 CLEMENTI WEST STREET 2 #08-305
Postcode	120708
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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 (including own vehicle) 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EX555E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY MING KWAN BRYAN
NRIC/Passport Number	S8034459G
Contact Number	
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NEO SE
Approximate Age	70
Injuries Sustain	NECK, SHOULDER AND BACK PAIN. ON 2 DAYS MC.
Injured person in which vehicle?	SHA276X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN**IMPORTANT NOTICE**


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

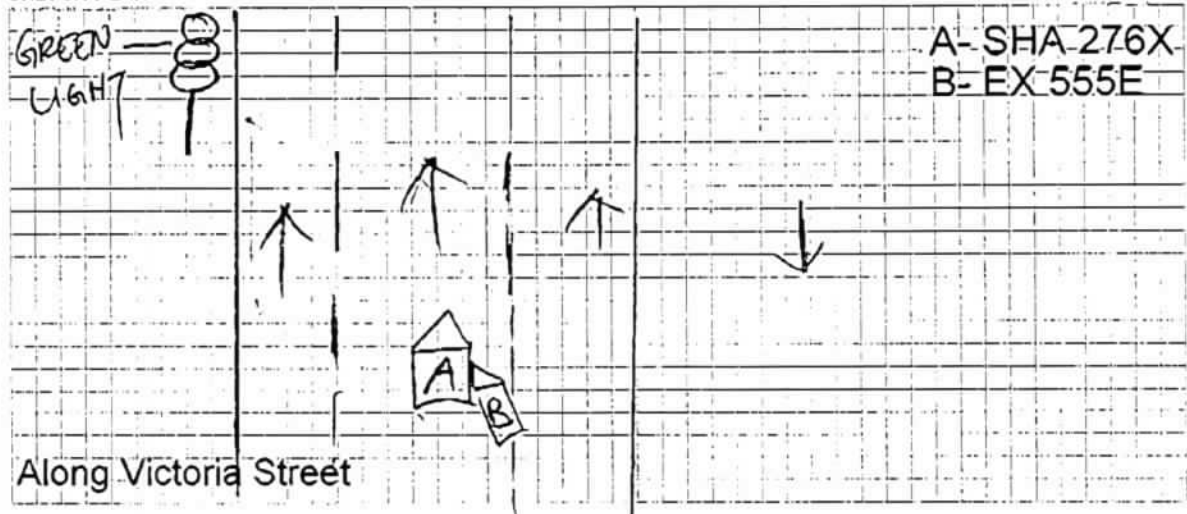
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 04.01.2019@1600HRS


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04 Jan 2019 @ 1200HRS I was travelling along Victoria Street with no passenger onboard.

I proceeded straight as the traffic turns green and suddenly veh (B) EX 555E cut into my lane and hit onto my whole right portion of my vehicle.

I have company photos and video to support my claims

I suffered neck, shoulder and back pain. I went to the doctor and had 2days MC.

Veh (B) EX 555E MR Tay Ming Kwan Bryan S 8034459G

DECLARATION

I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
C CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 04.01.2019@1600HRS

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

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	07 Jan 2019		07 Jan 2019 15:09 Edit Adj Rpt	S\$10,500.00 Edit Estimates	S\$10,500.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: LOW SONG TAKE , ID: S0703880A									
Main Claimant: CITYCAB PTE LTD , Co. Reg. No.: 199502839G									
Vehicle Reg. No.: SHA276X		Date of Loss:	04/01/2019 12:00 - :59 [38 Months and 20 Days From LTA Reg Date (Man Yr)]						
Claim Type: TP / 581067		Policy/Cover Note No.:	28949783QMY Coverage: 26/05/2018 - 25/05/2019						
Vehicle Reg. No. (Insured): EX555E		Policy No. (Claimant):							
		Excess:	S\$1,500.00						
Repairer: Chunni Motor Work Pte Ltd - Amk (HQ) Blk 10 #01-05/06, AMK Autopoint, 568047 Ang Mo Kio - Tel: 64836016									
Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pui - 6594 2521]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by BRYAN TANI] ... [Final Rpt due 06/02/2019]									
Adj Asg. Remarks: SURVEY AGREE ON SJE - REQ TO ASSIGN LKK. OI NOT REPORTED. CONTACT:MS LYNN/ MS IRENE 6542 5119/ 6542 7162									
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

*SHA276X (581067)
[EX555E]
TP
CITYCAB PTE LTD
Jan 4 2019 12:00PM
[LOW SONG TAKE]
Chunni Motor Work Pte Ltd - Amk



















































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View View in Browser


Letters/Correspondences				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	07/01/19 11:40	Acknowledgement Letter to TP		Load HTM	

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
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1	17/01/19 11:03	Adjuster Immediate Advice		Load HTM	

Photos/Images				3 per page	<input checked="" type="checkbox"/>
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2	09/02/19 14:06	Front View Right		Load JPG	<input checked="" type="checkbox"/>
3	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
4	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
5	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
6	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
7	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
8	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
9	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
10	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
11	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
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15	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
16	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
17	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
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19	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
20	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
21	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
22	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
23	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
24	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
25	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
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27	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
28	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
29	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>
30	09/02/19 14:07	General View		Load JPG	<input checked="" type="checkbox"/>

Letters/Correspondences			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
31	09/02/19 14:07	General View	 Load JPG	<input checked="" type="checkbox"/>
32	09/02/19 14:07	General View	 Load JPG	<input checked="" type="checkbox"/>
33	09/02/19 14:07	General View	 Load JPG	<input checked="" type="checkbox"/>
34	09/02/19 14:07	General View	 Load JPG	<input checked="" type="checkbox"/>
35	09/02/19 14:07	General View	 Load JPG	<input checked="" type="checkbox"/>
36	09/02/19 14:07	General View	 Load JPG	<input checked="" type="checkbox"/>
37	09/02/19 14:07	General View	 Load JPG	<input checked="" type="checkbox"/>
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Letters/Correspondences			1 per page	<input checked="" type="checkbox"/>
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Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	07/01/19 11:31	SHA276X E-FILE REPORT	 Load PDF	
2	07/01/19 11:31	ESTIMATE	 Load PDF	
3	07/01/19 11:31	FAX FROM TP REQ FOR SJE LIST	 Load PDF	
4	07/01/19 14:58	SURVEY AGREE ON SJE - REQ TO ASSIGN LKK	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 100px; width: 100%;"></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/MSG19000344/DQD3E2

Date: 15/02/2019

REFERENCE

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

Policy No: 28949783QMY

Claimant Vehicle No : SHA276X

Insured Vehicle No : EX555E

Date of Loss: 04/01/2019

Nature of Claim: TP

Claim No: 581067

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SHA276X**

Make & Model: HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)

Engine No: D4FDFU551409

Reg. Date: 15/10/2015 (Man. Year: 2015)

Chassis No: KMHLB41UMGU079580

Colour: Yellow

Odometer: 474735 km

Engine Capacity: 1685 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: 205/60 R16

Rear Tyre Size: 205/60 R16

Front Left Side: West Lake 5 mm

Rear Left Side: West Lake 5 mm

Front Right Side: West Lake 5 mm

Rear Right Side: West Lake 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	13,675.76	10,812.72	2,863.04	20.94
Miscellaneous Items	0.00	0.00	0.00	
Labour	5,080.00	2,410.00	2,670.00	52.56
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	18,755.76	13,222.72	5,533.04	29.50
Approved Total (Overridden) (S\$)		10,500.00		
(S\$)	18,755.76	10,500.00	8,255.76	44.02
+ GST 7.00/7.00% (S\$)	1,312.90	735.00	577.90	44.02
Nett Amount (S\$)	20,068.66	11,235.00	8,833.66	44.02

INSPECTION

Date of Assignment: 07/01/2019

Date Inspected: 08/01/2019 Inspected At:

Chunni Motor Work Pte Ltd - Amk (HQ)

Blk 10 #01-05/06, AMK Autopoint

Singapore 568047

Estimated Period of Repair: 12.0 days

Adjuster: BRYAN TANI**Manager:** SHIAU CHAN

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: 15 Feb 2019)
Parts:	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA276X)	
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 (RH)	Dented	4,736.80 FL	*2,020.00 FL
2	1	*REAR FENDER INNER LINING (RH)	Not Necessary	169.30 FL	*- FL
3	1	*REAR WINDSCREEN MOULDING	Necessary	28.30 FL	*28.30 FL
4	1	*REAR DOOR (RH)	Dented	2,201.10 FL	*2,201.10 FL
5	1	*REAR DOOR RUBBER (RH)	Necessary	280.50 FL	*280.50 FL
6	1	*FRONT DOOR (RH)	Dented	2,256.40 FL	*2,256.40 FL
7	1	*DOOR CENTRE PILLAR OUTER (RH)	Dented	2,527.80 FL	*2,527.80 FL
8	1	*ROCKER PANEL OUTER GARNISH (RH)	Repair	341.40 FL	*- FL
9	1	*REAR TYRE RIM (RH)	Distorted	325.30 FL	*325.30 FL
10	1	*REAR WHEEL HUP-CAP (RH)	Cut	107.10 FL	*107.10 FL
11	1	*REAR WHEELBEARING ING & HUB	Damaged	362.00 FL	*362.00 FL
12	1	*REAR TRAILING ARM (RH)	Distorted	192.00 FL	*192.00 FL
13	1	*REAR ASSIST (RH)	Distorted	145.70 FL	*145.70 FL
14	1	*REAR SHOCK ABSORBER (RH)	Distorted	276.30 FL	*276.30 FL
15	1	*REAR SHOCK ABSORBER MOUNTING (RH)	Not Necessary	81.30 FL	*- FL
16	1	*REAR CROSSMEMBER	Distorted	1,021.50 FL	*1,021.50 FL
17	1	*STABILIZER BAR	Distorted	199.60 FL	*199.60 FL
18	1	*STABILIZER LINK	Distorted	85.90 FL	*85.90 FL
19	1	*REAR UPPER ARM (RH)	Distorted	335.75 FL	*335.75 FL
20	1	*REAR LOWER ARM (RH)	Distorted	353.80 FL	*353.80 FL
21	1	*REAR KNUCKLE ARM (RH)	Distorted	545.60 FL	*545.60 FL
22	1	*REAR WINDSCREEN SEALANT	Necessary	46.00 FS	*46.00 FS
23	1	*REAR DOOR COMFORTDELGRO & APPS STICKER (RH)	Necessary	80.00 FS	*80.00 FS
24	1	*FRONT DOOR COLOURED COMFORT LOGO (RH)	Necessary	75.00 FS	*75.00 FS
25	1	*REAR TYRE (RH)	Serviceable	216.00 FS	*- FS

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

Sub Total (S\$) **16,990.45** **13,465.65**
 - List Item Discount on L Items 20.00/20.00% (S\$) 3,314.69 2,652.93

Total Parts (S\$) **13,675.76** **10,812.72**

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	PANEL BEATING	New	1,600.00	900.00
2	SPRAY PAINTING CHARGE	New	1,250.00	800.00
3	WIRING CHARGE	New	50.00	0.00
4	TUFF KOTE	New	100.00	40.00
5	TOWING CHARGE	New	50.00	0.00
6	REMOVE / REFIX CUSHION & UPHOLSTERY REAR	New	150.00	80.00
7	REMOVE / REFIX REAR WINDSCREEN GLASS	New	120.00	80.00
8	REMOVE / REFIX REVERSE SENSOR	New	120.00	0.00
9	REMOVE / REFIX UNDERCARRIAGE (RR)	New	200.00	150.00
10	REAR WHEEL ALIGNMENT	New	120.00	60.00
11	TRANSFER OF DOORS	New	240.00	120.00
12	RE-SET REAR ABS SYSTEM }	New	200.00	180.00
13	RE-SET FRT & REAR POWER WINDOW SYSTEM }	New	400.00	0.00
14	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE }	New	480.00	0.00
Gross Labour Cost (\$\$)			5,080.00	2,410.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >