

22/03/2002

ASS. REC. BY:

REF:

CS/MSG19002252/Dsd30

Special Instruction:

Surveyor
Merimen

Bryan

ASSIGNMENT (Office)

From (Person):

Fievel Foo

of

MSG

Date/Time:

8/2/19 @ 9:58am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 8523P

Insured:

SFN 1989X

at Workshop m/s

Chunni Motor

Tel:

6542 5119

of

Blk 10 AMK Autopoint # 01-05/06

Policy No:

27 878005QMY

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

2/2/19

CA / REV / REP. / REV 24 HRS lps

H.O.D. Endorsement:

Date/Time:

10:26am @ 8/2/19

Person Contacted:

Lynn

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

SHD 8523P - NS/INC1707/68V/H1gh3e2

DOA: 14/6/2017

SFN 1989X - X

14/2/19

Send preli revised via merimen

REF:

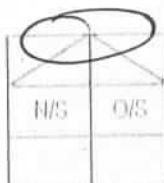
INVOICE / SALES TAX

CDB May 2024

Plan: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / LVA / INV / MY: _____
 Technical / Vehicle No: _____
 at Workshop No: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claim No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vch: _____

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen

Consistent? : Yes or No

Est. Repairs:

7 1/2

days

Res:

Yes or No

Lump Sum:

20

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle IN / OUT

Vch No: **SHD 8523 P** V Regn: **2016 May**
 Type: **M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**
Truck / Trailer or
 Make: **Hyundai I40** CC: **1685**
 Colour: **Yellow** AP: **Insured / Std / NI / NA**
 Sp Reading: **423001** T/Trade: **Insured / Std / NI / NA**
 Eng/No: **D4FDGU621040**
 C/Ho: **KMHLB41UMGU088877**
 Gen. Cond: **Good** Fair / Poor / Burnt
 Steering: **Insured** / Jammed / Leaked / Burnt or
 Brake: **Insured** / Jammed / Leaked / Burnt or
 Mod: **Nil** / G/Rim / STD A/Rim or
 Tyre Size: F: **205/60R16**
 R: **— 1 —**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Flanbook**
 Front: _____ Rear: _____
 R/Bal: **S** mm R/Bal: **S** mm
 L/Bal: **S** mm L/Bal: **S** mm
 D.O.A. **02/02/2019** D.O.I. **11/02/2019**
 Survey held at **Chunni TMC**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MSIG SPN 1989 X

20/03/2019 Jmnp 4/S 9350/- with 7 days of rev
 (\$11,424.76 Red - 55%)

RECEIVED 20 MAR 2019

Date/Time: File Pass 1021

D:

20/03/19
Typ-4

Date/Time: Return to?

D:

Report Format

Lump Sum / LB 1: 13

9.350/- H/S



: Profi. Report



: Final Report

Days Of Repair:

7

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

F. 1: 1000.00

F. 2: 1000.00

F. 3: 1000.00

F. 4: 1000.00

Total:

Add Fee:



Site Insp: 1\$



Interview: 1\$



Tech. Inv: 1\$



Work and: 1\$

200

10

210

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Feb 2019 15:23		08 Feb 2019 09:58 Assign				New Assignment Cancel Case

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

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	VEERAPPAN ALAGAPPAN, ID: S2613863I		
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHD8523P	Date of Loss:	02/02/2019 22:00 - :59 [32 Months and 21 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP	Policy/Cover Note No.:	27878005QMY (Comprehensive) Coverage: 12/05/2018 - 11/05/2019
Vehicle Reg. No. (Insured):	SFN1989X	Policy No. (Claimant):	
		Excess:	
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 Fievel Foo Wen Yao - 6643 1316]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 09/02/2019]		
Driver/Custodian (Insured):	VEERAPPAN ALAGAPPAN (), NRIC: S2613863I		
Adj Asg. Remarks:	Liability 50%. SJE agree - IHS. Contact : Lynn or Irene at 6542 5119 or 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.									

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: Fievel Foo Wen Yao	Date: 14 Feb 2019
<u>Preliminary Advice</u>	

Insured Vehicle No	: SFN1989X		
TP Vehicle No	: SHD8523P	Accident Date	: 02/02/2019
Make	: HYUNDAI I40	Assignment Date	: 08/02/2019
Date of Inspection	: 11/02/2019	Est. Duration of Repair	: 6.00
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 front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	20,774.76
Revised Amount	:S\$	11,742.72
Check Items (Estimated)	:S\$	0.00
Total	:S\$	11,742.72
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.

MCD819016638 / ComfortDelGro Engineering Pte Ltd - Loyal
 ENTRY DATE & TIME: 07/02/2019 09:55
 SUBMITTED BY: Janet Lim Siang Gek

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 07/02/2019 10:08

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	07/02/2019 09:55
Date Of Accident	02/02/2019 22:45
Exact Location Of Accident	RANGOON RD X SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8523P
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	LEOW KIAN SENG
NRIC No	S1522986A
Date Of Birth	09/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	08/03/1983
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90814818
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 138 BEDOK NORTH STREET 2 #06-189
Postcode	460138
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	COLLISION - HEAD TO REAR
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?	NO
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190203/2004 - TYPE OF ACCIDENT :- HEAD TO SIDE

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	SFN1989X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VEESAPPAN ALAGAPPAN
NRIC/Passport Number	S2613863I
Contact Number	98576817
Address	
Postcode	

Insurance Company Name

Nature Of Damage

LH FRONT

No. Of Passenger (Including Driver)

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)

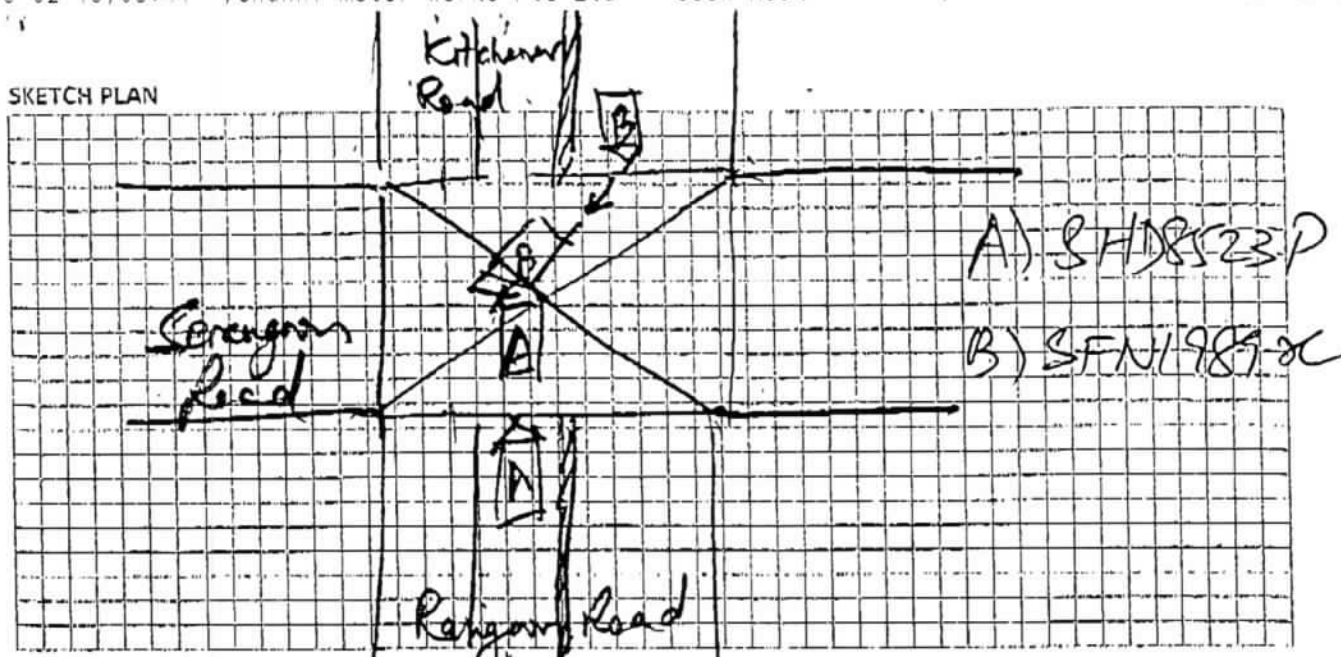
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20190203/2004

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 190502839G

Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20190203/2004

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20190203/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2019 01:26		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: LEOW KIAN SENG			Address: APT BLK 138 BEDOK NORTH STREET 2 #06-189 SINGAPORE 460138		
ID Type / ID No.: NRIC NO / S1522986A			Contact No.: Home/Office: Mobile: 90814818		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 09/07/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/02/2019 22:45	Type of Location:
Location: Junction of Road 1 and Road 2 RANGOON ROAD SERANGOON ROAD CROSS JUNCTION OF RANGOON ROAD AND SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFN1989X	Car				Seriously Damaged	4
SHD8523P	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190203/2004

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20190203/2004

CONTINUATION OF REPORT

Driver			
Name	VEESAPPAN ALAGAPPAN		ID No. S2613863I
Related Vehicle	SFN1989X (Car)		Contact No. 98576817
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEOW KIAN SENG		ID No. S1522986A
Related Vehicle	SHD8523P (Car)		Contact No. 90814818
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 2nd of February 2019 at about 2245 hours, I was driving my yellow coloured ^{City Cab.} Comfort Delgro taxi bearing the plate number SHD8523P along Rangoon Road towards Kitchener Road. As I approached the cross junction towards Kitchener Road, another car bearing the plate number SFN1989X from the opposite road, which is Kitchener Road, turned right heading towards Serangoon Road. I stepped on my brakes to avoid a collision however the head of my taxi hit the left side of the said car. I wish to state that when I was at the cross junction, the traffic light was green. Both me and the other driver got out of our vehicles and exchange particulars. The other driver had 4 passengers inside his car. There were no visible injuries on all of them. Subsequently, a police car, QX774Y, drove past and attended to us. I was also not injured due to the accident. The police officers then advised us to lodge a traffic accident report in regards to the accident.

I wish to state that the front portion of the taxi is dented inwards and both the bonnet and bumper are seriously damaged. The left side of the other car is dented inwards. I have an in car camera inside my taxi and the other driver also has an in car camera inside his car. I have no passengers inside my taxi.

**SINGAPORE
POLICE FORCE**

T/20190203/2004

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20190203/2004

CONTINUATION OF REPORT**Sketch Plan**

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 report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 MUHAMMAD NABIL AMSYAR BIN
ABDUL HAFED

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

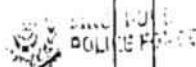
03/02/2019 01:26

Officer In Charge Of Case:

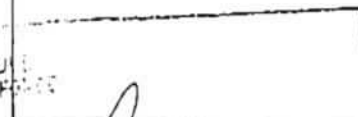
TP / GIT /

Sgt 2 LEE MING CAI

Contact No.: 65476960



Classification Of Case:






Authentication Stamp

NP168

SIGNATURE

[illegible]

SHD 8523P

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 1,000.00 600/-
	Spray Painting Charge			\$ 750.00 500/-
	Wiring Charge			\$ 50.00 30/-
	Tuff Kote			\$ 100.00 40/-
	Towing Charge			\$ 50.00 44
	Remove/Refix Aircon & Refill Gas			\$ 150.00 80/-
	Remove/Refix Dashboard			\$ 450.00 44
	Remove/Refix Fusebox			\$ 180.00 44
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00 44
			1250.00	
	 TOTAL LABOUR			\$ 3,210.00
	 ESTIMATE TOTAL			\$ 20,774.76
	11/02/2019 @ 0945 hrs			
	HLA Antenna			
	L/Sun 7			
	2 rgar			
	2KK Antenna			
				
			11742.72	
			459350/-	
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.				



































...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 Feb 2019 15:23		08 Feb 2019 09:58 Edit Adj Rpt	S\$9,350.00 Edit Estimates	S\$9,350.00 View Rpt		Pending for Survey Report Cancel Case






































Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: VEERAPPAN ALAGAPPAN , ID: S2613863I									
Main Claimant: CITYCAB PTE LTD , Co. Reg. No.: 199502839G									
Vehicle Reg. No.: SHD8523P		Date of Loss: 02/02/2019 22:00 - :59 [32 Months and 21 Days From LTA Reg Date (Man Yr)]							
Claim Type: TP / 584310		Policy/Cover Note No.: 27878005QMY (Comprehensive) Coverage: 12/05/2018 - 11/05/2019							
Vehicle Reg. No. (Insured): SFN1989X		Policy No. (Claimant):							
		Excess:							
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 Fievel Foo Wenyao - 6643 1316]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by BRYAN TANI] ... [Final Rpt due 10/03/2019]									
Driver/Custodian (Insured): VEERAPPAN ALAGAPPAN (), NRIC: S2613863I Email:									
Adj Asg. Remarks: Liability 50%. SJE agree - IHS. Contact : Lynn or Irene at 6542 5119 or 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

***SHD8523P (584310)**
[SFN1989X]
TP
CITYCAB PTE LTD
Feb 2 2019 10:00PM
[VEERAPPAN ALAGAPPAN]
Chunni Motor Work Pte Ltd - Amk

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print
1	08/02/19 11:46	MSIG Insurance (Singapore) Pte. Ltd. (HQ) Accident Statement <small>From: SC - Reg. No: SFN1989X, Claimant: VEERAPPAN ALAGAPPAN</small>	 Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	14/02/19 12:50	Adjuster Immediate Advice	 Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	16/03/19 14:02	Front View Left	 Load JPG	<input checked="" type="checkbox"/>
2	16/03/19 14:02	Front View Right	 Load JPG	<input checked="" type="checkbox"/>
3	16/03/19 14:03	General View	 Load JPG	<input checked="" type="checkbox"/>
4	16/03/19 14:03	General View	 Load JPG	<input checked="" type="checkbox"/>
5	16/03/19 14:03	General View	 Load JPG	<input checked="" type="checkbox"/>
6	16/03/19 14:03	General View	 Load JPG	<input checked="" type="checkbox"/>
7	16/03/19 14:03	General View	 Load JPG	<input checked="" type="checkbox"/>
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Assessment Reports			1 per page	<input checked="" type="checkbox"/>
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2	07/02/19 15:26	Estimate	 Load PDF	
3	07/02/19 16:00	Survey Agree on SJE - IHS	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			

Show Remarks To:

☐ 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: CS/MSG19002252/DSD3E2

Date: 25/03/2019

REFERENCE

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

Policy No: 27878005QMY

Claimant Vehicle No : SHD8523P

Insured Vehicle No : SFN1989X

Date of Loss: 02/02/2019

Nature of Claim: TP

Claim No: 584310

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHD8523P

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

Engine No: D4FDGU621040

Reg. Date: 12/05/2016 (Man. Year: 2016)

Chassis No: KMHLB41UMGU088877

Colour: Yellow

Odometer: 423001 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: Hankook 5 mm

Rear Left Side: Hankook 5 mm

Front Right Side: Hankook 5 mm

Rear Right Side: Hankook 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	17,564.76	10,492.72	7,072.04	40.26
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,210.00	1,250.00	1,960.00	61.06
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	20,774.76	11,742.72	9,032.04	43.48
Approved Total (Overridden) (S\$)		9,350.00		
(S\$)	20,774.76	9,350.00	11,424.76	54.99
+ GST 7.00/7.00% (S\$)	1,454.23	654.50	799.73	54.99
Nett Amount (S\$)	22,228.99	10,004.50	12,224.49	54.99

INSPECTION

Date of Assignment: 08/02/2019

Date Inspected: 11/02/2019 Inspected At:

Chunni Motor Work Pte Ltd - Amk (HQ)
Blk 10 #01-05/06, AMK Autopoint
Singapore 568047

Estimated Period of Repair: 7.0 days

Adjuster: BRYAN TANI**Manager:** Hiew May Fung

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: 25 Mar 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 SHD8523P)	
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		*BONNET	Dented	2,265.90 FL	*2,265.90 FL
2	2		*BONNET HINGE (LH/RH)	Not Necessary	82.00 FL	*- FL
3	1		*BONNET MOULDING	Not Necessary	126.25 FL	*- FL
4	2		*BONNET ABSORBER	Not Necessary	116.20 FL	*- FL
5	1		*BONNET INSULATOR	Not Necessary	196.50 FL	*- FL
6	1		*BONNET INSULATOR CLIPS	Not Necessary	8.40 FL	*- FL
7	1		*RADIATOR GRILLE	Broken	1,110.10 FL	*1,110.10 FL
8	1		*RADIATOR GRILLE H EMBLEM	Necessary	120.30 FL	*120.30 FL
9	1		*FRONT BUMPER COVER	Dented	1,052.20 FL	*1,052.20 FL
10	1		*FRONT BUMPER SPONGE	Torn	99.20 FL	*99.20 FL
11	1		*FRONT BUMPER REINFORCEMENT	Bent	402.10 FL	*402.10 FL
12	1		*FRONT BUMPER LIP	Not Necessary	54.90 FL	*- FL
13	2		*FRONT BUMPER BRACKET TOP (LH/RH)	Not Necessary	44.80 FL	*- FL
14	2		*FRONT BUMPER BRACKET (LH/RH)	Not Necessary	49.20 FL	*- FL
15	1		*HEADLAMP SUPPORT TOP COVER	Broken	222.60 FL	*222.60 FL
16	1		*HEADLAMP SUPPORT PANEL ASSY	Bent	907.40 FL	*907.40 FL
17	2		*HEADLAMP (LH/RH)	Broken	2,776.00 FL	*2,776.00 FL
18	1		*RADIATOR	Bent / Punctured	698.30 FL	*698.30 FL
19	1		*RADIATOR FAN BLADE, COWLING, MOTOR ASSY	Broken	792.95 FL	*792.95 FL
20	2		*RADIATOR BRACKET (RH/LH)	Not Necessary	13.00 FL	*- FL
21	2		*RADIATOR GUARD	Serviceable	40.00 FL	*- FL
22	1		*HORN UNIT (LH/RH)	N/S Broken / O/S Not Necessary	147.60 FL	*73.80 FL
23	1		*FRONT FENDER (LH/RH)	N/S Bent / O/S Not Necessary	1,132.60 FL	*566.30 FL
24	2		*FRONT FENDER SHIELD (LH/RH)	Not Necessary	349.80 FL	*- FL
25	1		*AIR CLEANER ASSY	Not Necessary	118.60 FL	*- FL
26	1		*AIR DUCT	Not Necessary	134.60 FL	*- FL
27	1		*AIRCON CONDENSER	Punctured	927.50 FL	*927.50 FL
28	1		*AIRCON COMPRESSOR	Not Necessary	2,578.00 FL	*- FL
29	1		*INTER COOLER	Bent	1,032.50 FL	*1,032.50 FL
30	2		*INTER COOLER MOUNTING	Not Necessary	25.90 FL	*- FL
31	1		*HOSE B TO INTER COOLER	Not Necessary	229.70 FL	*- FL
32	1		*HOSE C TO INTER COOLER INLET	Not Necessary	294.50 FL	*- FL
33	1		*PIPE TO INTER COOLER	Not Necessary	167.05 FL	*- FL
34	1		*PIPE TO INTER COOLER OUTLET	Not Necessary	244.55 FL	*- FL
35	1		*WIRING-ENGINE	Not Necessary	3,326.00 FL	*- FL
36	1		*FRONT NUMBER PLATE	Broken	25.00 FS	*25.00 FS

Report was unsubmitted during this print-out.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
37	1		*FRONT NO PLATE TRIM COVER	Distorted	30.00 FS	*30.00 FS
F=Franchise part. S=SpcNett. L=ListItemDisc.						
Sub Total (\$\$)					21,942.20	13,102.15
- List Item Discount on L Items 20.00/20.00% (\$\$)					4,377.44	2,609.43
Total Parts (\$\$)					17,564.76	10,492.72

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
<u>Labour Items</u>				
1	PANEL BEATING	New	1,000.00	600.00
2	SPRAY PAINTING CHARGE	New	750.00	500.00
3	WIRING CHARGE	New	50.00	30.00
4	TUFF KOTE	New	100.00	40.00
5	TOWING CHARGE	New	50.00	0.00
6	REMOVE / REFIX AIRCON & REFILL GAS	New	150.00	80.00
7	REMOVE / REFIX DASHBOARD	New	450.00	0.00
8	REMOVE / REFIX FUSEBOX	New	180.00	0.00
9	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE	New	480.00	0.00
Gross Labour Cost (S\$)			3,210.00	1,250.00

Report was unsubmitted during this print-out.

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