

Surveyor:

XGK

DOI:

ASSIGNMENT

13/1/19

Date / Time:

12/1/19

Registered in Merimen:

12/1/19

Pre-assign / CCU / FTE

GAT 2029A



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : S5

D.O.A : 20/01/19

Place of Accident :

Is driver the owner? ( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SKG 57120

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

my car

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

SKG 57120 X ; GAT 2029A X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

OI, REVERSING  
TP & MOVING OUT 50:50

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: S\$ ( days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL

Repair Cost: S\$ -

Loss of Rental (LOR): S\$ - ( days)

Loss of Use (LOU): S\$ - (\$ x days)

Loss of Income (LOI): S\$ - (\$ x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ -

Medical S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent )

Legal Cost S\$ -

Total: S\$ Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ - Name 1:

Payee 2: (Strike if N.A.) S\$ - Name 2:

Payee 3: (Strike if N.A.) S\$ - Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$250

15/1/19

Xhd.

III

5916B

POLICY NUMBER

Form Date 13/2/19

Estimated Cost

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

Insured Vehicle No

SKG 5712 D

At what stop was

My Car Consultant

at

53 ubi Ave 1 #01-33

Insured

Policy No.

Claim No.

Sum Insured

Excess

(Claim's Record)

Make of Veh.

(Policy Condition)

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



Bal. or Market Value

IDAC Accident Rpt.

Consistent? Yes or No

GIA / PH Seen

Consistent? Yes or No

Est. Repairs

2

days

Res.: Yes or No

Lump Sum

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

(up)

Date

Person Contacted

Vehicle: IN / OUT

Date / Time

Action / Instruction

Vehicle

SKG 5712 D

at Regd

30 Nov 2010

Type: ☒ Car / ☐ Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make

BMW 523i

CC

2996

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

104247

T/Cable: Insured / Std / NI / NA

Eng/No

C/Nr

WBAFS12040C438541

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: Nil / ☒ S/Rim / ☐ STD A/Rim or

Tyre Size

F:

285/30ZR20

R:

17

BS / DUN / EXNOVA / GY / FS / LZA / ☒ MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal

6 mm

R/Bal

6 mm

L/Bal

6 mm

L/Bal

6 mm

D.O.A.

D.O.I

13-02-19

Survey held at

w/s

4:30 pm

Des. of Damages: Frt / Rear / O/S / ☒ MS / ☐ UC / Rooftop or

The UC / Chassis frame / Body Structure affected due to collision

1B1 \$ 460 LAB. ONLY

R (\$ 3,525.99 / 88%)

Date/Time: File Pass to:

☐

: Prelim. Report

B:

☐

: Final Report

Date/Time: File Return to:

Y:

Report Format

Lump Sum (L.B.C.)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

1. 5 + R. 24

1. Hotel

1. Other

1. ...

Total

Add Fee:

☐

Site Insp. (\$)

☐

Interview (\$)

☐

Tech. Insp. (\$)

☐

Workshop (\$)

## 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 30/01/2019 13:54  
 Date Of Accident 30/01/2019 08:45  
 Exact Location Of Accident JURONG WEST AVE 1 COMMUNITY CENTRE OPEN CARPARK  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKG5712D  
**Insured/Policyholder**  
 Name Of Registered Owner LEE EWE LIN  
 NRIC No S7675916B  
 Email Address JANICELEL@HOTMAIL.COM  
 Mobile Phone No (LOCAL) +65-91739868  
 Alternative Phone No OTHERS-91739868

### Vehicle Particulars

Manufacturer BMW  
 Model 523I A  
 Exact Purpose for which vehicle was being used at time of accident  
 Are you claiming under your own insurance policy for repair to your vehicle? NO  
 If No, Please state action to be taken THIRD PARTY  
 Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 2100462914  
 Cover Note Number

### Driver

Name of Driver LEE EWE LIN  
 NRIC No S7675916B  
 Date Of Birth 09/09/1976  
 Occupation INDOOR  
 Date Of Driving Pass 16/07/2001  
 Driving Experience 17 YEARS AND 6 MONTHS  
 Gender FEMALE  
 Mobile Number (LOCAL) +65-91739868  
 Fax Number  
 Contact Number OTHERS-91739868  
 Email Address JANICELEL@HOTMAIL.COM

Address	45 LAKESIDE DRIVE #01-17
Postcode	648324
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

KINDLY REFER TO SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF2029A
Vehicle Make/Model/Colour	NISSAN NV 200
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAABAN
NRIC/Passport Number	
Contact Number	90603563
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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.

Policyholder's Signature

Date & Time:

30/1/2019

1226 HRS

Driver's Signature

(if driver is not the policyholder)

Date & Time:

30/1/2019

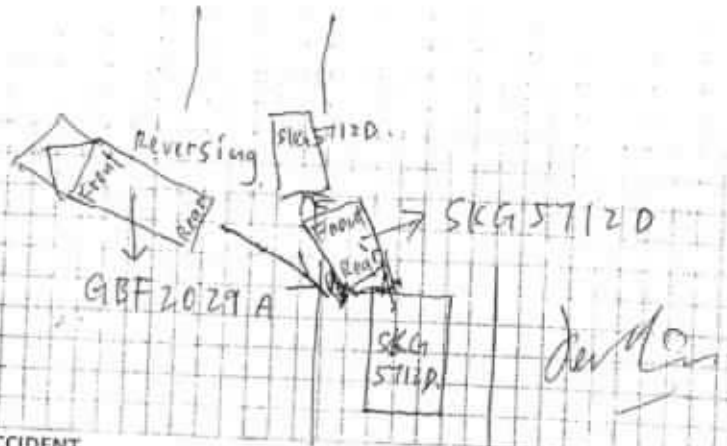
1226 HRS

Reporting Centre Person's Signature

Name:

NRIC/IN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~Any car parked at Juro~~

On 30/1/2019, 0848 Hrs at Jurong West Avenue 1 Community Centre Open Carpark, when I was driving out from the parking lot. ~~There~~ This vehicle with Regn. No. GBF 2029A reversing his vehicle towards my car. I did ~~warn~~ <sup>warned</sup> him but the car is still reversing. ~~There~~ Resulted damaged on my rear ~~door~~ left door. NO injury involved.

*J. Lee*

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

<input type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input checked="" type="checkbox"/>	- Claim OD/ TP at other workshop

DECLARATION

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

*J. Lee*

Policyholder's signature  
Date & Time

30/1/2019 1226 HRS

*J. Lee*

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

30/1/2019 1217 HRS

*[Signature]*

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5916B
Vehicle Details	
Vehicle No.:	SKG5712D
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Feb 2019
Vehicle Make:	B.M.W.
Vehicle Model:	523i A
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	05957355N53B30A
Chassis No.:	WBAFS12040C438541
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	\$47,668.00
Original Registration Date:	30 Nov 2010
First Registration Date:	30 Nov 2010
Transfer Count:	3
Actual ARF Paid:	\$47,668.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Nov 2020
PARF Rebate Amount:	\$26,217.00
Intended COE Rebate Details	
COE Expiry Date:	29 Nov 2020
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$44,001.00
COE Rebate Amount:	\$7,895.00
<b>Total Rebate Amount:</b>	<b>\$34,112.00</b>

The information contained herein is correct as at 13 Feb 2019

OK



# MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park Singapore 408934  
HP: 98888885

## Proforma Invoice

Date: 12 February 2019  
Vehicle: SKG5712D  
Make / Model: BMW/523i  
Chassis: WBAF512040C438541

No.	Description	Unit	Unit Price	Amount
<b>Parts Replacement:</b>				
1	REAR LH DOOR PANEL <i>x repair</i>	1		\$ 1,590.00
2	REAR LH DOOR RUBBER <i>x</i>	1		\$ 135.00
3	REAR LH DOOR LOCK ASSY <i>x</i>	1		\$ 659.40
4	REAR LH WINDOW REGULATOR ASSY <i>x</i>	1		\$ 590.32
				\$ 2,974.72
			Less 5%	\$ 148.73
				<b>\$ 2,825.99</b>
			Parts Total:	<b>\$ 2,825.99</b>
<b>Labour to:</b>				
5	CHECK WIRING AND LIGHTNING SYSTEM			\$ 60.00 <i>x NN</i>
6	TRANSFER PARTS, ATTACHMENT FROM OLD DOOR TO NEW			\$ 200.00 <i>60</i>
7	PANEL BEATING ON AFFECTED AREAS			\$ 400.00 <i>200</i>
8	SPRAY PAINTING ON AFFECTED AREAS			\$ 400.00 <i>200</i>
9	APPLY ANTI RUST ON AFFECTED AREAS			\$ 100.00 <i>x NN</i>
				<b>\$ 1,160.00</b> <i>460</i>
			Grand total:	<b>\$ 3,985.99</b>

*2 Days*

*part by part. \$460.*

*After repair photos.*

*Eno Ricap - 82880282*

*13/2/19.*

MY Auto Consultants hence notify the Repairer of the following:

- 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 Company

Acknowledged by Repairer

Signature:

Date:



## Nivitha (LKK Auto)

**From:** Motor Claim - III <motorclaim@iii.com.sg>  
**Sent:** Tuesday, 12 February 2019 11:26 AM  
**To:** admin@mycar.sg; 'sur@lkkauto.com'; Admin-D (LKKAuto)  
**Cc:** Lalitha Krishnan - III  
**Subject:** RE: OUR REF: SKG5712D YOUR REF: GBF2029A PRE-REPAIR INSPECTION FORSKG5712D  
**Attachments:** GIA Report.pdf

Dear Sir / Mdm,

Please conduct a survey on TP vehicle SKG5712D and let us have your report urgently.

This claim will be handled by Ms Lalitha.

\*Kindly upload this survey request email to merimen.

Thank You.

Best Regards,  
**Gabriel Wee**



64 Cecil Street; #05 - IOB Building  
Singapore 049711  
Tel: 6347 6100, Ext - 248

**From:** MCC Admin [mailto:admin@mycar.sg]  
**Sent:** 12 February, 2019 10:15 AM  
**To:** Motor Claim - III <motorclaim@iii.com.sg>  
**Subject:** RE: OUR REF: SKG5712D YOUR REF: GBF2029A PRE-REPAIR INSPECTION FORSKG5712D

WITHOUT PREJUDICE

OUR REF: SKG5712D  
YOUR REF: GBF2029A

We agree to your list of surveyor.  
We propose to use LKK Auto Consultants Pte Ltd

Thanks & Regards,

**Huiqin**

My Car Consultant  
53 Paya Ubi Industrial Park #01-33 S(408934)  
Tel: 88668832

Thanks & Regards,

12.36pm @ 12/2/19  
repairer @ Huiqin  
vehicle in  
agreed survey on 13/2/19

**Huiqin**

My Car Consultant

53 Paya Ubi Industrial Park #01-33 S(408934)

Tel: 88668832

---

**From:** "Motor Claim - III" <motorclaim@iii.com.sg>

**Sent:** Tuesday, February 12, 2019 9:39 AM

**To:** "admin@mycar.sg" <admin@mycar.sg>

**Subject:** RE: OUR REF: SKG5712D YOUR REF: GBF2029A PRE-REPAIR INSPECTION FOR SKG5712D

Dear Sir / Mdm,

We acknowledge receipt of your email.

We propose using one of the following motor surveyors:

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

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

*Best Regards,*

**Gabriel Wee**



64 Cecil Street; #05 - IOB Building

Singapore 049711

Tel: 6347 6100, Ext - 248

**From:** MCC Admin [mailto:admin@mycar.sg]

**Sent:** 11 February, 2019 7:15 PM

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

**Subject:** OUR REF: SKG5712D YOUR REF: GBF2029A PRE-REPAIR INSPECTION FOR SKG5712D

WITHOUT PREJUDICE

OUR REF: SKG5712D

YOUR REF: GBF2029A

Dear Sir/Madam,

**PRE-REPAIR INSPECTION FOR SKG5712D  
ACCIDENT INVOLVING SKG5712D AND GBF2029A**

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction – Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention

Thanks & Regards,

**Huiqin**

My Car Consultant  
53 Paya Ubi Industrial Park #01-33 S(408934)  
Tel: 88668832

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

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India International Insurance Pte Ltd.

Registration No. 198703792-K

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

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

Direct Settlement

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est. Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	18 Feb 2019 09:15 <a href="#">Edit Reg</a>		12 Feb 2019 00:00 <a href="#">Edit Adj Rpt</a>	<b>S\$460.00</b> <a href="#">Edit Estimates</a>	<b>S\$460.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by adjuster]</span>									
Insured:	STARHUB CABLE VISION LTD, Co. Reg. No.: 99103398C								
Main Claimant:	LEE EWE LIN, ID: S76759168								
Vehicle Reg. No.:	SKG5712D	Date of Loss:	30/01/2019 08:00 - :59 [98 Months From LTA Reg Date (Man Yr)]						
Claim Type:	TP	Policy/Cover Note No.:	D19MFL0000082						
Vehicle Reg. No. (Insured):	GBF2029A	Policy No. (Claimant):	2100462914						
		Excess:							
Repairer:	My Car Consultant Pte Ltd (Ubi) 53 Ubi Ave 1, #01-24, Paya Ubi Industrial Park, 408934 Ubi - Tel:								
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Lalitha Krishnan - 6347 6139]								
Claimant's Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (SG) - Tel: 65-6419-3000								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 21/02/2019]								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SKG5712D  
[GBF2029A]  
TP  
LEE EWE LIN  
Jan 30 2019 8:00AM  
[STARHUB CABLE VISION LTD]  
My Car Consultant Pte Ltd

Upload Documents			Upload Photos		Compose New Letter		View <div>View in Browser</div>	
Photos/Images							3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print			
1	15/02/19 11:06	General View		Load JPG	<input checked="" type="checkbox"/>			
2	15/02/19 11:06	General View		Load JPG	<input checked="" type="checkbox"/>			
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13	15/02/19 11:06	General View		Load JPG	<input checked="" type="checkbox"/>			
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18	15/02/19 11:06	General View		Load JPG	<input checked="" type="checkbox"/>			
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20	15/02/19 11:06	General View		Load JPG	<input checked="" type="checkbox"/>			
21	15/02/19 11:06	General View		Load JPG	<input checked="" type="checkbox"/>			
22	15/02/19 11:06	General View		Load JPG	<input checked="" type="checkbox"/>			
Documentation							1 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print			
1	12/02/19 18:54	TP GIA REPORT		Load PDF				
2	12/02/19 18:54	ACKNOWLEDGEMENT EMAIL TO III DD 12.02.2019		Load PDF				
No	Finalized On	India International Insurance Pte Ltd (HQ)		Thumbnail	Print			
1	13/02/19 09:19	Singapore Accident Statement		Load PDF				

## Documents Checklist

<b>DOCUMENTS CHECKLIST</b>	Reset	Save	Print
There are no document checklists configured.			

**Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**

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**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: CC4/III19002560/GJA3Q2

Date: 18/02/2019

## REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No: D19MFL0000082

Claimant Vehicle No : SKG5712D

Insured Vehicle No : GBF2029A

Date of Loss: 30/01/2019

Nature of Claim: TP

Claim No: N/A

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SKG5712D

Make &amp; Model: BMW 523i, 3.0 F10 (A)

Engine No: 05957355N53B30A

Reg. Date: 30/11/2010 (Man. Year: 2010)

Chassis No: WBAFS12040C438541

Colour: Black

Odometer: 104247 km

Engine Capacity: 2996 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: 285/30Z R20

Rear Tyre Size: 285/30Z R20

Front Left Side: Michelin 6 mm

Rear Left Side: Michelin 6 mm

Front Right Side: Michelin 6 mm

Rear Right Side: Michelin 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,825.98	0.00	2,825.98	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,160.00	460.00	700.00	60.34
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Nett Amount (S\$)</b>	<b>3,985.98</b>	<b>460.00</b>	<b>3,525.98</b>	<b>88.46</b>
<b>Global Sum Settlement (S\$)</b>		<b>0.00</b>		

## INSPECTION

Date of Assignment: 12/02/2019

Date Inspected: 13/02/2019 Inspected At:

My Car Consultant Pte Ltd (Ubi)  
53 Ubi Ave 1, #01-24, Paya Ubi Industrial  
Park  
Singapore 408934

Estimated Period of Repair: 2.0 days

Adjuster: XING GUO QIANG

Manager: Joy Irene Bascao



*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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 18 Feb 2019)
<b>Parts:</b> 143	BMW 523i 3.0 F10 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SKG5712D)	
<b>Validity:</b>	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
<b>Further Info:</b> 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 LH DOOR PANEL	Repair	1,590.00 FL	*- FL
2	1		*REAR LH DOOR RUBBER	Not Necessary	135.00 FL	*- FL
3	1		*REAR LH DOOR LOCK ASSY	Not Necessary	659.40 FL	*- FL
4	1		*REAR LH WINDOW REGULATOR ASSY	Not Necessary	590.32 FL	*- FL

F=Franchise part, L=ListItemDisc.

<b>Sub Total (S\$)</b>	<b>2,974.72</b>	<b>0.00</b>
<b>- List Item Discount on L Items 5.00/5.00% (S\$)</b>	<b>148.74</b>	<b>0.00</b>
<b>Total Parts (S\$)</b>	<b>2,825.98</b>	<b>0.00</b>

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
<b>Labour Items</b>				
1	CHECK WIRING AND LIGHTING SYSTEM	New	60.00	0.00
2	TRANSFER PARTS ,ATTACHMENT FROM OLD DOOR TO NEW	New	200.00	60.00
3	PANEL BEATING ON AFFECTED AREAS	New	400.00	200.00
4	SPRAY PAINTING ON AFFECTED AREAS	New	400.00	200.00
5	APPLY ANTI RUST ON AFFECTED AREAS	New	100.00	0.00
Gross Labour Cost (S\$)			<b>1,160.00</b>	<b>460.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >