ASS. REC. BY	7		519602901/flv	1300 Speci	ial Instruction		
menmer	Toutich		GNMENT (Office)				
From (Person	Suyntay	of	MSIG	D	ate/Time:	15/2/190	of som
Estimated Co			Bill to:	,			
OD/TP/W	S/TP RES/OD R						
	chicle No:			Insured: _	Sku	19004	
at Workshop	m/s	Premier	Taxis	Tel:_	6544	6682	100
of		23 cher	yi such Ave 2	- #01	02		
Policy No:	100008061	43	Claim No:				
Sum Insured:			Excess:				
Make of Veh (Client's Recor				D	.O.A.	piosicic	
	REP. / REV 24		tacted: Vivent.	- Vel	H.O.D. Endo		
Date/Time	Action/Instruction	() Est	timate				
	311D1184E		07995/R19431	c3 .	100/	9:015/201	5
	8KW1100U		2111327 111				
20/2/19	Send preli	revised ,	ria Merimen		-	143	
25/2/19	Final fig	\$ 298.70	confirmed by	email	(Rad	48, 1490)

CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted.

Date / Time Action / Instruction

Date

Type: M.Car / M.Cycle / Bus / Van / Lorry / axij / Prime Mover /

Hyundi 130

Insured / Std / NI / NA

T/Radio: Insured / Std / NL/ NA

TMAD28/4V45/2445

Gen Cond Good/Fair/Poor/Burnt

Steering: Inerder / Jammed / Leaked / Burnt or

Inorder) Jammed / Leaked / Burnt or

Nil / \$7Rim / STD A/Rim or

193/65KIS

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

Maxxis

Rear R/Bal

mm

L/Bal.

Survey held at

mm

mm

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

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

RECEIVED 2 5 FEB 2019

Defertine File Fass to?	: Preli. Report		Days	Of Repair:			
1)	: Final Report		Resu	rvey No. of Trip:	(Survey Fee:	150
Oats/Time File Return to?						Transportation	
15/2-typist			Add Fee:	Site Insp 1\$	150	_sers st	
1 31				Interview (\$). Photos	
Report Format	merimen			Tech Invs 1\$		r cities	10
Lump Sum / LB !: (5	298.70	3		Westernal (\$		1	•
_			2			TOTAL	160

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

AIM SUBF	OLDER TRA	CKING								
Case 1	otified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sub	mitted	Ins Auth'ed	Status		
CONTROL 1000	4 Feb 2019 6:41		15 Feb 2019 09:50 Assign					New Assignment Cancel Case		nt
М	ain	R	eference		Claim Details		Docume	nts	1 [Show All
CLAIM SUB	FOLDER DE	TAILS				[Create	ed by insurer]		THE PERSON NAMED IN	
nsured:	TOKYO CE	NTURY LEASIN	G (SINGAPORE) PTE. LTD.	, Co. Reg. No.:	1979015	35G			
Main Claimant:	PREMIER	TAXIS PTE LTD								
/ehicle Reg. No.:	SHD1184E				Date of Loss:	2000	2/02/2019 19:00 - :59 B 9 Months and 22 Days From LTA Reg Date (Man Yr)]			
Claim Type:	TP				Policy/Cover Note No.:	er 1000806143 Coverage: 21/10/2018 - 20/10/2019				
/ehicle Reg. No. (Insured):	SKW1900	u			Policy No. (Claimant):					
					Excess:					
tepairer:	Premier T	axis Pte Ltd - C	hangi South (H	Q) 23 CHAN	IGI SOUTH AVEN	UE 2, #01	-02, 486443 Cha	ngi - Tel:		
landling nsurer:	MSIG Ins	urance (Singap	ore) Pte. Ltd. (H	IQ) - Tel: +	65 6827 7888	[Handled	by Jowyn Tay N	1ei Ling - 6	643 1307	"]
Adjuster:	LKK Auto	Consultants Pt	e Ltd (HQ) - Tel:	6256-3561	[Imm.Adv	ice due	16/02/2019]			
Adj Asg. Remarks:	on WP, liab	ility unclear, TP a	igree SJE - assigr	LKK Auto (Consultants Pte Li	td contact	: 6544 6676 / 65	44 6689		
ASSOCIATE	D MAIL RE	CEIVED						View All	Compos	e Case Ma
There are no	mail for this	case.								
ALL ASSOC	IATED TAS	KS⊟				View A	II Search Tasks	Create N	ew Task	Comple
Due Date	Priority	Type Task	Group Sub	ect Har	ndler Assign	ned By	Completed C	n Cre	ated On	Don

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

From: LKK Auto Consultants Pte Ltd To: MSIG Insurance (Singapore) Pte. Ltd. 51 Ubi Ave 1 #01-25 4 Shenton Way #21-01 SGX Centre 2 Pava Ubi Industrial Park Singapore 068807 Singapore 408933 Attn: Jowyn Tay Mei Ling Date: 20 Feb 2019

Preliminary Advice

Insured Vehicle No : SKW1900U TP Vehicle No : SHD1184E Accident Date : 12/02/2019 Make : NISSAN QASHQAI Assignment Date : 15/02/2019 Est. Duration of Repair Date of Inspection : 15/02/2019 : 2.00 Inspection At : PREMIER TAXIS PTE LTD - CHANGI SOUTH (HQ) 23 CHANGI SOUTH AVENUE 2, #01-02 SINGAPORE 486443

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	346.70	
Revised Amount	:S\$	298.70	
Check Items (Estimated)	:S\$	0.00	
Total	:S\$	298.70	
Lump Sum Repair	:S\$		
Total Loss Consideration			
New for Old Value	:S\$	1	
Pre-Accident Value	:S\$		
COE / PARF Rebate	:S\$		
Salvage Value	:S\$		
Margin for Repair	:S\$		

Remarks

(X)

The vehicle is economical/not economical for repair.

The above survey was conducted on a 'without prejudice' basis.

Text size +

ť

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert

No.:

200304975H

Owner ID Type:

Company

Owner Name:

PREMIER TAXIS PTE. LTD.

Registered Address:

23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.:

SHD1184E

Previous Vehicle No .:

Effective Date of Ownership:

15 Feb 2017

Original Regn Date:

15 Feb 2017

Registration Date:

15 Feb 2017

Year of Manufacture:

2016

Vehicle Type:

Public Transport Taxi (Motor Car)

Vehicle Scheme:

Taxi (Company)

Vehicle Attachment 1:

Air-Con (Taxi)

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Make:

HYUNDAI

Vehicle Model:

130 GDH 1.6 TCI 5DR DCT

Primary Colour:

Silver

Secondary Colour:

Passenger Capacity:

Chassis No.:

D4FBGZ114405

TMAD281UVHJ124405

Engine No.: Engine Capacity/Power

Rating:

1582 cc / -

Maximum Power Output:

100.0 kW (134 bhp)

Propellant:

Diesel

Max Unladen Weight:

1496 kg

Maximum Laden Weight:

1940 kg \$21,088,00

Open Market Value: PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

14 Feb 2025

Minimum PARF Benefit:

\$8,414.00

No. of Transfers:

IU Label No .:

1050703925

COE No .:

2017021501003646M

COE Expiry Date:

14 Feb 2025

COE Category:

A - Car (up to 1600cc & 97kW (130bhp))

COE Registration Category:

A - Car (up to 1600cc & 97kW (130bhp))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> 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 aforeseid.

	ACCIDENT STATEMENT
Date Of Report	13/02/2019 15:26
Date Of Accident	12/02/2019 19:25
Exact Location Of Accident	CANTONMENT ROAD // NEW BRIDGE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD1184E
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I30 (FD)-1.6 DOHC (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	TAXI
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5107202885
Cover Note Number	
Driver	
Name of Driver	MOHAMED SIDIQALI MARICAN S/O NOOR MOHAMED
NRIC No	S1420331A
Date Of Birth	20/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	16/10/1984
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83597518
Fax Number	
Contact Number	

NOEMAIL

· Address

BLK 51 #05-145 MARINE TERRACE

Postcode

440051

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

YES

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: PAX IN THE REAR SEAT - FOREIGNERS/KOREAN

GENDER:

: FEMALE

Passenger 2

NAME:

: PAX IN THE REAR SEAT - FOREIGNERS/KOREAN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

VEH. A - 2 PAX VEH. B - NO PAX

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

SKW1900U

Vehicle Make/Model/Colour

NISSAN QASHQAI

Details Of Properties

VEH. B

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

LUCY

NRIC/Passport Number

90047652

Address

Postcode

. Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
The state of the s	DETAILS OF INJURED PERSON 1
Name	MOHAMED SIDIQALI MARICAN S/O NOOR MOHAMED
Approximate Age	
Injuries Sustain	SEEK FOR MEDICAL TREATMENT @ CHANGI HSPTL & HAD 4 DAYS MC
Injured person in which vehicle?	SHD1184E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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)
 - (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
- (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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

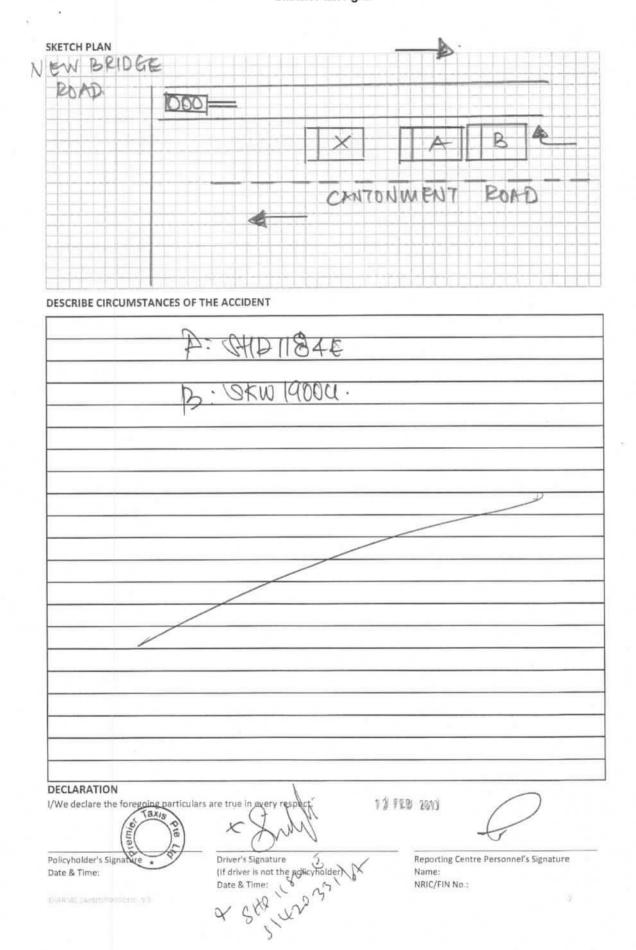
Date & Time: 013'

13 FEB 2013

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

Sketch Plan Pg. 2



Describe Circumstance of the Accident.

ON 12/02/2019 @ 1925HRS, I WAS DRIVING MY TAXI (SHD 1184 E), TRAVELLING ALONG THE TRAFFIC LIGHT JUNCTION OF CANTONMENT ROAD & NEW BRIDGE ROAD IN LANE 1 WITH 2 PASSENGERS ONBOARD.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP – AS VEHICLES AHEAD OF ME STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

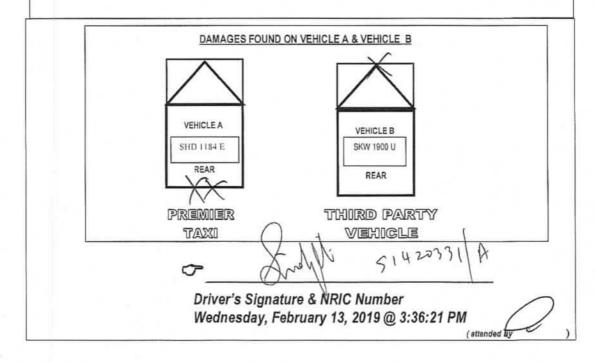
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SKW 1900 U - NISSAN QASHQAI) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

AS A RESULT, I FELT SOME DISCOMFORT, WENT TO CHANGI GENERAL HOSPITAL FOR MEDICAL TREATMENT & HAD 4 DAYS OF MEDICAL LEAVE. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD VEHICLE B.

*VIDEO FOOTAGE CAPTURED.



Premier Automotive Services Pte Ltd

#01-02, 23 Changi Sth Ave 2 486443

Claim Reference:

Assessment number: SHD1184E

Version: 1810

Date calculated: 02/15/2019 11:09 AM

Full Report

Registration: SHD1184E

Printed: 15/02/2019 11:09 AM

Summary Information

Claim

Location:

Singapore (SG)

Work Provider:

MSIG Insurance (Singapore) Pte Ltd

Printed by:

Claim Reference:

Estimated Repair Time:

Actual Repair Days:

WEEDEK GOH

Currency:

Date of Incident:

Hire Car Start: Hire Car End: SGD 2019-02-12

Hire

Vehicle Details

Vehicle

Manufacturer:

Model: Sub Model:

Model Sheet Number:

Registration: VIN number: Odometer:

Model Specs

5-DOOR

HYUNDAI I30 (PD) BASE MOD

BASE MODEL

30 82 01

SHD1184E

LKK 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:

Tayfin 97445744 15/2/196310 pm Resury affer repair 02 days Sure llurantown

Premier Automotive Services Pte Ltd

#01-02, 23 Changi Sth Ave 2 486443

Claim Reference:

Full Report

Assessment number: SHD1184E

Registration: SHD1184E

Printed: 15/02/2019 11:09 AM

Version: 1810

Date calculated: 02/15/2019 11:09 AM

Vehicle Condition

Vehicle Status

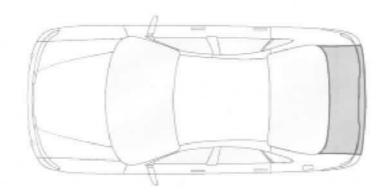
Pre-Accident Damage: Date of Inspection:

2019-02-15

Damage Areas

AII

Underbody



La	b	O	u	r

	Time Base 10 WU/h	Price = 50.00 SGD		
Code	Description		WU	Price SGD
2583	REAR BUMPER REPAIR		20.0*	100.00
	Labour Cost Panel / Mechanical Labour	Hrs 2.00	WU 20.0	100.00
	Total of Labour			100.00

Paint

Paint Work	SYSTEM AZT	Time Basis 10WU/h	
Code	Description	wu	Price SGD
	REAR BUMPER REPAIR PAINT PLASTIC	13.0	

486443

Claim Reference:

Full Report

48.00

Assessment number: SHD1184E

Registration: SHD1184E

Version: 1810

Printed: 15/02/2019 11:09 AM

Date calculated: 02/15/2019 11:09 AM

Total Extras

Paint	Mater	ial Per	Part
railit	Marei	iai rei	rait

Code	Description				Price SGD
2583	REAR BUMPER REPAIR PAINT PLASTIC				30.60
	Labour Cost - Paint		Hrs	WU	Price SGD
	Factor	50.00 SGD/h			
	Time Paint			13.0	
	Preparation Comp. Work Plastic		1.70	17.0	85.00
	Total	10 WU/h	3.00	30.0	150.00
	Material Cost - Paint				Price SGD
	Repair Painting Plastic				30.60
	Material-constant Plastic				18.10
	Total				48.70
Extras					
Code	Description				Price SGD
1000	Rear bumper clips			ny	₹ 48.00*

Final Calculation		
	SGD	SGD
Labour Time Base 10 WU/h		
Total 20.0 WU X 50.00 SGD/h	100.00	
Total of Labour		100.00
Total Of Extras		48.00
Paint Work Time Base 10 WU/h		
Labour Cost 30.0 WU X 50.00 SGD/h	150.00	
Material Cost	48.70	
Total Paint Including Material		198.70
Repair Cost Excludes GST		346.70
GST (+7.0%)		24.27
Repair Cost Included GST		370.97

Claim Reference:

Assessment number: SHD1184E

Version: 1810

Date calculated: 02/15/2019 11:09 AM

Full Report

Registration: SHD1184E

Printed: 15/02/2019 11:09 AM

Comments

* - USER SUPPLIED DATA NN - NO MANUFACTURERS CODE EXISTS) - WU PARTIAL INCL IN OTHER POSITIONS

Claim Reference:

Assessment number: SHD1184E

Version: 1810

Date calculated: 02/23/2019 09:46 AM

Full Report

Registration: SHD1184E

Printed: 23/02/2019 9:47 AM

Summary Information

Claim

Location:

Singapore (SG)

Work Provider:

MSIG Insurance

Printed by:

WEEDEK GOH

Currency:

(Singapore) Pte Ltd SGD

Claim Reference:

Estimated Repair Time:

Date of Incident:

Hire Car Start: Hire Car End:

2019-02-12

Actual Repair Days:

Vehicle Details

Vehicle

Manufacturer:

Model:

Sub Model:

Model Sheet Number:

Registration:

VIN number: Odometer: **Model Specs** HYUNDAI

I30 (PD) BASE MODEL

30 82 01

SHD1184E

5-DOOR

Claim Reference:

Assessment number: SHD1184E

Version: 1810

Date calculated: 02/23/2019 09:46 AM

Full Report

Registration: SHD1184E

Printed: 23/02/2019 9:47 AM

Vehicle Condition

Vehicle Status

Pre-Accident Damage:

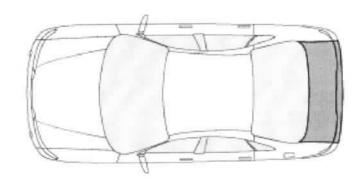
Date of Inspection:

2019-02-15

Damage Areas

All

Underbody



Labour				
	Time Base 10 WU/h	Price	e = 50.	00 SGD/h
Code	Description		wu	Price SGD
2583	REAR BUMPER REPAIR		20.0*	100.00
	Labour Cost	Hrs	wu	
	Panel / Mechanical Labour	2.00	20.0	100.00
	Total of Labour			100.00

Paint		
Paint Work	SYSTEM AZT	Time Basis 10WU/h
Code	Description	WU Price SGD
	REAR BUMPER REPAIR PAINT PLASTIC	13.0

Claim Reference:

Full Report

Assessment number: SHD1184E

Registration: SHD1184E

Version: 1810

Printed: 23/02/2019 9:47 AM

Date calculated: 02/23/2019 09:46 AM

Paint Material Per Part

Code	Description				Price SGD
2583	REAR BUMPER REPAIR PAINT PLASTIC				30.60
	Labour Cost - Paint		Hrs	wu	Price SGD
	Factor	50.00 SGD/h			
	Time Paint		8 12023	13.0	221221
	Preparation Comp. Work Plastic		1.70	17.0	85.00
	Total	10 WU/h	3.00	30.0	150.00
	Material Cost - Paint				Price SGD
	Repair Painting Plastic				30.60
	Material-constant Plastic				18.10
	Total				48.70
Final Ca	Iculation				
i iliai ca	iculation			200	660
				SGD	SGD
Labour T	ime Base 10 WU/h				
✓Total 2	0.0 WU X 50.00 SGD/h		100	0.00	
Total of La	abour				100.00
Paint Wor	k Time Base 10 WU/h				
	Cost 30.0 WU X 50.00 SGD/h		150	0.00	
Material			48	8.70	
Total Pain	t Including Material				198.70
Repair Co	st Excludes GST				298.70
GST (+7	7.0%)				20.91
Repair Co	st Included GST				319.61

Comments

* - USER SUPPLIED DATA NN - NO MANUFACTURERS CODE EXISTS) - WU PARTIAL INCL IN OTHER POSITIONS

Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Monday, 25 February 2019 10:32 AM

To:

'Goh Wee Dek'; Taufikh (LKKAuto)

Cc:

SUR

Subject:

RE: SHD1184E- FINALIZE

Dear Week Dek.

WITHOUT PREJUDICE

Confirm repair \$298.70 before GST @ 2 working days.

Kindly send Final invoice and all supporting documents to MSIG

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Goh Wee Dek <weedek.goh@premiertaxi.com>

Sent: Saturday, 23 February 2019 9:49 AM
To: Taufikh (LKKAuto) < Taufikh@lkkauto.com>

Cc: SUR <sur@lkkauto.com> Subject: SHD1184E- FINALIZE

Dear Taufikh

Please confirm repair \$298.70

Regards

Goh Wee Dek Assistant Claims Manager Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443 Tel: 6214 8880 Ext 068 | DID: 6544 6682 | Fax: 6214 1511

Visit us at: www.premiertaxi.com.Sg

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A Please Consider Your Environmental Responsibility Before Printing This E-mail. SAVE OUR TREES and REDUCE POLLUTION

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

LAIM SUBF	OLDER TRA	The state of the s	Y	Transcourse and a	Testero	-15000000000000000000000000000000000000	Tanana and an and	12		
	Notified 14 Feb 2019	Est Submitted	Adj Assigned 15 Feb 2019 09:50 Edit Adj Rpt	S\$298.70 Edit Estimat	S\$2	Submitted 198.70 ew Rpt	Ins Auth'ed	Repor	ng for S	Survey
N	lain	R	eference	Clain	Details		Documen	ts	S	how All
CLAIM SUE	FOLDER DE	TAILS				[Created	by insurer]			
Insured:	Tokyo Ce	ntury Leasing (S	Singapore) Pte Ltd,	Co. Reg. No.	1979015	35G, Email:	kenkwek@tcls.	com.sg		
Main Claimant:	Premier 1	axis Pte Ltd,	Co. Reg. No.: 200304	1975H						
Vehicle Reg. No.:	SHD118	4E		Dat	e of Loss:		9 19:00 - :59 s and 28 Days Fi	rom LTA Reg	Date (N	fan Yr)]
Claim Type:	TP / 225	174			cy/Cover e No.:	100080614 Coverage:	3 21/10/2018 - 20	/10/2019		
Vehicle Reg. No. (Insured):	SKW1900	U			Policy No. (Claimant):					
				1.550	ess:					
Repairer:	Premier 1	axis Pte Ltd (H	 2) 23 Changi South i 	Avenue 2, #04-	03, 48644	3 Changi - To	el:			
Handling Insurer:	MSIG Ins	urance (Singapo	ore) Pte. Ltd. (HQ)	- Tel: +65 682	7 7888	[Handled by	Jowyn Tay Mei	Ling - 664	3 1307]	
Adjuster:	17/03/20		Ltd (HQ) - Tel: 62	56-3561 [Ha	ndled by N	10HD TAUF	IKH BIN HAMII)] [Fina	I Rpt d	lue
Driver/Custo dian (Insured):		ucy Natalie () ,	NRIC: G5436597M,	Tel: +65900	47652 Ema	ail:				
Adj Asg. Remarks:	on WP. lial	bility unclear. TP a	igree SJE - assign LK	K Auto Consult	ants Pte Lt	td contact: 6	544 6676 / 6544	6689		
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Claim Documents

*SHD1184E (225174) [SKW1900U] TP **Premier Taxis Pte Ltd** Feb 12 2019 7:00PM [Tokyo Century Leasing (Singapore) Pte Ltd] **Premier Taxis Pte Ltd**

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7	20/02/19 15:01	General View	0	Load JPG	~
8	20/02/19 15:01	General View	0	Load JPG	V
9	20/02/19 15:01	General View	0	Load JPG	V
10	25/02/19 10:28	Reinspection Photo	0	Load JPG	V
11	25/02/19 10:28	Reinspection Photo	0	Load JPG	V
12	25/02/19 10:28	Reinspection Photo	0	Load JPG	V
13	25/02/19 10:28	Reinspection Photo	0	Load JPG	☑
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No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
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2	15/02/19 09:27	OI SKW1900U e-file report	0	Load PDF	
3	15/02/19 09:27	SHD1184E e-file report	0	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	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:

CS/MSG19002901/T1VD3E2

Date:

28/02/2019

REFERENCE

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

Policy No:

1000806143

Claimant Vehicle

SHD1184E

Insured Vehicle No:

SKW1900U

No: Date of Loss:

12/02/2019

Nature of Claim:

TP

Claim No: 225174

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHD1184E

Make & Model:

HYUNDAI 130 GDH, 1.6 D TCI 5DR DCT (M)

Engine No:

D4FBGZ114405

124789 km

Reg. Date:

15/02/2017 (Man. Year: 2016)

Chassis No: Odometer:

TMAD281UVHJ124405

Colour: Engine Capacity:

Sum Insured (S\$):

Silver 1582 cc

Market Value/New Car Price: N/A

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Footbrake (Serviceable): Yes

Yes

Handbrake (Serviceable):

Yes Engine Modification:

Pre-accident Condition: No

CONDITION OF TYRES

Front Tyre Size:

195/65 R15

Rear Tyre Size:

195/65 R15

Front Left Side: Front Right Side: Maxxis 6 mm

Rear Left Side: Rear Right Side: Maxxis 6 mm Maxxis 6 mm

Maxxis 6 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS		Repairer's	Adjuster's	Difference	Diff %
Parts		48.00	0.00	48.00	100.00
Miscellaneous Items		0.00	0.00	0.00	
Labour		298.70	298.70	0.00	0.00
Paintwork Labour		0.00	0.00	0.00	
Towing		0.00	0.00	0.00	
	Gross Total (S\$)	346.70	298.70	48.00	13.84
	+ GST 7.00/7.00% (S\$)	24.27	20.91	3.36	13.84
	Nett Amount (S\$)	370.97	319.61	51.36	13.84

INSPECTION

Date of Assignment:

15/02/2019

Date Inspected:

15/02/2019 Inspected At:

Premier Taxis Pte Ltd - Changi South (HQ)

23 CHANGI SOUTH AVENUE 2, #01-02

Singapore 486443

Estimated Period of Repair:

2.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: VERON CHEN

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.

Adjuster Report

Reference

REPAIR DETAILS

Part Source: (Last Synchronised: 27 Feb 2019)

Parts: N/A HYUNDAI I30 GDH 1.6 D TCI 5DR DCT (M) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SHD1184E)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER CLIPS	Not Necessary	48.00 F	*-F
F=Fra	anchise	part.		Total Parts (S\$)	48.00	0.00
			Report was unsu	bmitted during this print-out.		

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	20.0 WU X 50.00 SGD / H	New	100.00	100.00
2	LABOUR COST 30.0 WU X 50.00 SGD / H	New	150.00	150.00
3	MATERIAL COST	New	48.70	48.70
		Gross Labour Cost (S\$)	298.70	298.70
	Report was u	insubmitted during this print-out.		

< END OF ESTIMATES >