

Vehicle: Hwee Jie

REF:

CC3/MSE19003376/Jpd302

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No _____
at Workshop m/s _____
of _____
Insured: SLK 1383M
Policy No: A2906976LMKF
Claims No: 585251
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S
*	

Ball. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 2 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB1724H Yr Regn: 6 Aug 2014
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /
Truck / Trailer or _____
Make: Toyota Prius cc 1797
Colour: maroon A/C: Insured / Std / NI / NA
Sp. Reading: 480243 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTDKN36U X05747419
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/65 R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or chilles
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 15/2/19 D.O.I. 19/2/19
Survey held at Swrt
Des. of Damages: Frt / Rear / O/S / MS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SHB1724H-X</u>
	<u>SLK1383M-X</u>
<u>27/02/19</u>	<u>4.25pm Email GIA to estimate and revised to Katherine & Nabilah.</u>
	<u>Final est \$600, 2 days (led \$4989.94, 89%)</u>
	<u>no lump sum</u>
	<u>RECEIVED 03 MAY 2019</u>
	<u>02/19/2080</u>
	<u>SLK1383M</u>
	<u>SKM</u>
	<u>3/5/2019</u>

Date/Time: File Pass to? ☐ : Preli. Report

03/5/2019 ☐ : Final Report

Date/Time: File Return to?

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

) \$ + PS. \$

) Phone

) Other

TOTAL

Report Format:

Lump Sum / I.B.L. \$

MR-TP

18.1

600

150

10

160

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Friday, 22 February 2019 4:25 PM
To: 'Katherine Wong'; nabilah_rasol@sg.msig-asia.com
Cc: KKLau; SUR; Accounts (LKKAUTO)
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - SMRT AUTOMOTIVE SERVICES PTE LTD, DOA: 15/02/2019, SHB 1724H (TP VEHICLE), SLK 1383M (OI VEHICLE)
Attachments: CC3MSG19003376Jqd3.pdf; SHB1724 EST.pdf; SHB1724 GIA.pdf

Dear Katherine and Nabilah,

Please be informed that we had inspected the vehicle SHB 1724H at M/s: SMRT AUTOMOTIVE SERVICES PTE LTD, 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705 on 19/02/2019.

Enclosed herewith a copy of TP's GIA report and estimated cost of repair .

Meanwhile, kindly provide us the claim reference number for our necessary action.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: Please advise

Date: 22nd February 2019

Our Ref: CC3/MSG19003376/Jqd3

The Motor Claims Department
MSIG Insurance Singapore Pte Ltd

Dear Sirs/Mdm

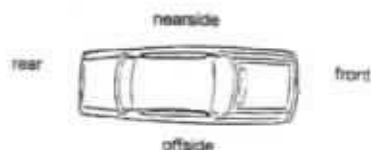
PRELIMINARY ADVICE OF VEHICLE NO. SHB 1724H

Please be informed that we had conducted the inspection of the abovementioned vehicle on 19/02/2019 at the premises of M/s SMRT and have the following to report:-

Workshop Estimate Amount	: S\$ <u>5,649.94</u>
Revised Estimate Amount	: S\$ <u>600.00</u>
"Check" Items Amount	: S\$ <u>637.26</u>
Market Value	: S\$ <u>-</u>
LTA Reimbursement Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:

The vehicle sustained damages at the n/s portion.



Comments/ Present Status:

Damages consistent.

We have not authorized repair.

Yours faithfully

Hwee Jie
Automotive Assessor

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	15/02/2019 14:46
Date Of Accident	15/02/2019 13:45
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1724H
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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-18090213MFSH
Cover Note Number	

Driver

Name of Driver	LEE WEE THAI
NRIC No	S1821299D
Date Of Birth	28/04/1967
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1995
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	15
Postcode	
Was driver an employee of the Insured's Company	NO
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 - MAJOR/MINOR RD
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)	4
Passenger 1	NAME: UNKNOWN GENDER: MALE
Passenger 2	NAME: UNKNOWN GENDER: FEMALE
Passenger 3	NAME: UNKNOWN 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

I WAS TRAVELLING STRAIGHT ALONG BUKIT TIMAH ROAD AT THE LEFT MOST LANE WHEN THE VEHICLE SLK1383M DASHED OUT OF THE MINOR ROAD AND COLLIDED ONTO THE RIGHT REAR PORTION OF MY TAXI.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK1383M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LEE EUGENE

NRIC/Passport Number	S7616291C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :

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.

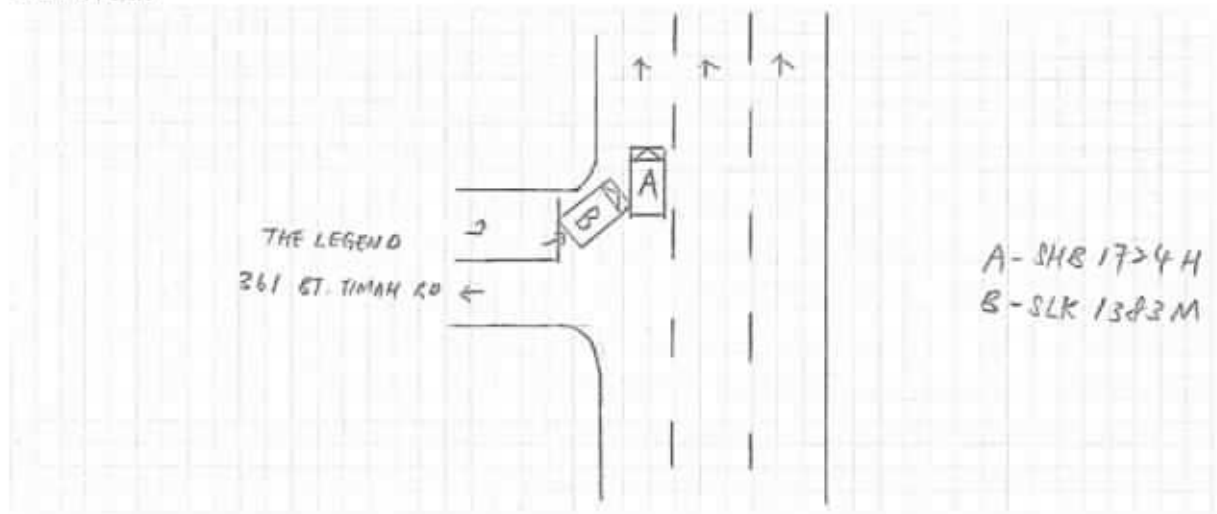


Policyholder's Signature
Date & Time:

[Signature] 12/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 15/11/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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



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.: _____

Case Details

Case Reference Number : TAX/02/19/2080
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHB1724H

Company Type : SMRT Taxis Pte Ltd
 Estimation ID : EST-5764-ID
 Assigned By : Taxi Claims Manager Team

Insurance Company Name : MSIG Insurance (S) Pte Ltd
 Accident Date and Time : 15/02/2019 05:45 AM
 Vehicle Age(In Months) : 54

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

BOM Type	Coating Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval			Remarks
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
One Time Key In	Main			BUMPER REAR	1	458.60	458.60	30.00	343.95	Replace	1	0	Repair	*
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	* NEC
One Time Key In	Main			BUMPER LIP COVER RRLH	1	72.20	72.20	30.00	50.54	Replace	0	0	Not Give	*
One Time Key In	Main			BUMPER SEAL, RRLH	1	66.90	66.90	30.00	46.83	Replace	0	0	Not Give	*
One Time Key In	Main			BUMPER SIDE RETAINER RRLH	1	94.80	94.80	30.00	71.10	Replace	0	0	Check	*
One Time Key In	Main			FENDER RRLH	1	766.80	766.80	30.00	536.76	Replace	0	0	Check	*
One Time Key In	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Check	*
One Time Key In	Main			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	0	0	Check	*
One Time Key In	Main			FENDER LINER RRLH	1	141.30	141.30	30.00	98.91	Replace	0	0	Not Give	*
One Time Key In	Main		6503707	TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	*

Total Spare Part Cost 2,487.22

Surveyor Total 120.00

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 1,989.78

Final Sur Total 96.00

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval			
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			WHEEL DISC	1	1,490.20	1,490.20	30.00	1,043.14	Replace	1	0	Repair	*
									Total Spare Part Cost	2,487.22				
									Lump Sum Discount (%)	20.00				
									Final Spare Part Cost	1,989.78				
											Surveyor Total	120.00		
											Lump Sum Dis (%)	20		
											Final Sur Total	96.00		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH PORTION REAR	845.00	200	
Total:			845.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	
2	Main	TO RESPRAY REAR FENDER LH	378.00	0	
3	Main	TO RESPRAY RIM	180.00	50	
Total:			936.00	250.00	



Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0	
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	
3	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0	
4	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	30	
5	Main	TO WASH AND VACUUM	60.00	0	
Total:			480.00	30.00	

Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	1,989.78	96.00

4159.74
5649.96

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Labour Cost	845.00	200.00
Total Spray Painting	836.00	250.00
Other	480.00	30.00
Overall Total	4,250.78	578.00
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	4,250.00	600.00
Surveyor Approved Amount		600.00
No of Repair Days*	8	2
Remarks		L/S REPAIR PHOTO AFTER PAINT
Surveyor Name		Hwee Jie
Signature		 25/2/19.
Survey Date	19/02/2019	

Save Clear

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

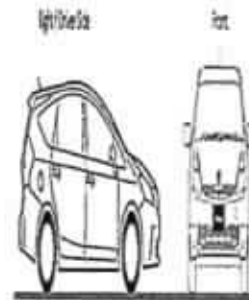
Acknowledged by Repairer

Signature:

Date:

Section A - Accident Details



Registration Number	SHB1724H
Case Reference Number	TAX02/19/2080
Registration Date	6/8/2014
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	LEE WEE THAI
Type of Accident	Head To Side
Accident Date and Time	15/2/2019 1:45 PM
Accident Reported Date and Time	15/2/2019 2:49 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle Is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle Issued?	No
Job Card Number	24100173
Special Instruction to ARC, if any	TP
Prepared Date and Time	19/2/2019 8:32 AM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	



10/15

Section B - Summary of Repair Estimates

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$845.00	\$200.00
Total Spray Cost	\$938.00	\$250.00
Total Spare Part Cost	\$1,989.78	\$96.00
Total Other Cost	\$480.00	\$30.00
TOTAL COST	\$4,250.78	\$576.00
Lump Sum Total	\$4,250.00	\$600.00 (L/S)
Number of Repair Days	6.0	2.0
Prepared / Adjusted By	Tuck Foo Kok	Hwee Jie (LKK) / MSIG
ARC / Surveyor Sign Off Date	19/02/2019 2:54 PM	19/02/2019 2:39 PM
Signature		
Remarks	L/S REPAIR, PHOTO AFTER PAINT.	

L/S \$600 - 2 days

Section C - Quotation and Accident Invoice Details

Quotation Number	QH-1902-0413	Invoice Number	
Quotation Date	28.02.2019	Invoice Date	
Invoice Amount		Prepared Date	

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR LH PORTION REAR	\$845.00	\$200.00
Total Labour	\$845.00	\$200.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY REAR FENDER LH	\$378.00	\$0.00
TO RESPRAY RIM	\$180.00	\$50.00
TO RESPRAY REAR BUMPER	\$378.00	\$200.00
Total Spray Painting & Panel Beating	\$936.00	\$250.00

Part 3 - Other Costs - Accident and Accident Repair Related Expense

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	\$0.00
TO CHECK WIRING AND SYSTEM FUNCTION	\$80.00	\$0.00
TO DO WHEEL ALIGNMENT / TYRE BALANCING	\$120.00	\$0.00
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	\$120.00	\$30.00
TO WASH AND VACUUM	\$60.00	\$0.00
Total Other Costs	\$480.00	\$30.00

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		52576-47020	BUMPER SIDE RETAINER RR/LH	0.00	\$94.80	0.00	\$0.00	Replace	Check
6503707			TYRE	0.00	\$126.74	0.00	\$0.00	Replace	Not Given
		76088-47020	BUMPER LIP COVER RR/LH	0.00	\$72.20	0.00	\$0.00	Replace	Not Given
		61802-47081	FENDER RR/LH	0.00	\$766.80	0.00	\$0.00	Replace	Check
			PIXEL STICKER	2.00	\$60.00	0.00	\$120.00	Replace	Replace
		42611-47140	WHEEL, DISC	1.00	\$1,490.20	100.00	\$0.00	Replace	Repair
		65638-47021	FENDER LINER RR/LH	0.00	\$141.30	0.00	\$0.00	Replace	Not Given
		52159-47905	BUMPER REAR	1.00	\$458.60	100.00	\$0.00	Replace	Repair
			STICKER DECAL 6555 6898	0.00	\$21.60	0.00	\$0.00	Replace	Check
			SMRT LOGO	0.00	\$7.80	0.00	\$0.00	Replace	Check
		52592-47021	BUMPER SEAL RR LH	0.00	\$88.90	0.00	\$0.00	Replace	Not Given
Total					\$3,328.94		\$120.00		

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
Total									

120.00

-207

X 96.00

X +200.00

X +280.00

576.00

X

X

X

X

X

X

X

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	18 Feb 2019		25 Feb 2019 08:48 Edit Adj Rpt	S\$600.00 Edit Estimates	S\$600.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: GRAB RENTALS PTE LTD. Co. Reg. No.: 201617200G									
Main Claimant: SMRT TAXIS PTE LTD. Co. Reg. No.: 198905369K									
Vehicle Reg. No.: SHB1724H		Date of Loss: 15/02/2019 13:00 - :59 [54 Months and 9 Days From LTA Reg Date (Man Yr)]							
Claim Type: TP / 585251		Policy/Cover Note No.: A29069766MKF (Comprehensive) Coverage: 01/02/2019 - 31/01/2020							
Vehicle Reg. No. (Insured): SLK1383M		Policy No. (Claimant):							
		Excess:							
Repairer: - Not Applicable - (-)									
Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Zheng Hanyang - 6594 2547]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by ONG HWEE JIE] ... [Imm.Advice due 26/02/2019]									
Driver/Custodian (Insured): LEE EUGENE () , NRIC: S7616291C, Tel: +6596813525 Email:									
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

*SHB1724H (585251)
[SLK1383M]
TP
SMRT TAXIS PTE LTD
Feb 15 2019 1:00PM
[GRAB RENTALS PTE LTD]

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No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	25/02/19 08:27	SHB1724H E-file report From: SC - Reg. No: SLK1383M, Claimant: GRAB RENTALS PTE LTD	Load PDF	
2	25/02/19 08:39	Direct Survey by LKK	Load PDF	
3	25/02/19 08:39	Preliminary Advice	Load PDF	
4	25/02/19 08:39	Estimate	Load PDF	

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DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div> <div></div> <div></div> </div>			
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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: CC3/MSG19003426/JQD3E2

Date: 08/05/2019

REFERENCE

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

Policy No:

A29069766MKF

Claimant Vehicle No : SHB1724H

Insured Vehicle No : SLK1383M

Date of Loss: 15/02/2019

Nature of Claim: TP

Claim No: 585251

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHB1724H

Make & Model: TOYOTA PRIUS TAXI, 1.8 (A)

Engine No: 2ZR1394000

Reg. Date: 06/08/2014 (Man. Year: 2014)

Chassis No: JTDKN36UX05747419

Colour: Maroon

Odometer: 480243 km

Engine Capacity: 1798 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: 195/65 R15

Rear Tyre Size:

195/65 R15

Front Left Side: Chilles 6 mm

Rear Left Side:

Chilles 6 mm

Front Right Side: Chilles 6 mm

Rear Right Side:

Chilles 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,388.94	120.00	3,268.94	96.46
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,261.00	480.00	1,781.00	78.77
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	5,649.94	600.00	5,049.94	89.38

INSPECTION

Date of Assignment: 25/02/2019

Date Inspected: 19/02/2019 Inspected At:

SMRT AUTOMOTIVE SERVICES PTE LTD

60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705

Estimated Period of Repair: 2.0 days

Adjuster: ONG HWEE JIE

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: 08 May 2019)
Parts:	144	TOYOTA PRIUS TAXI 1.8 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB1724H)	
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	2		*PIXEL STICKER	Necessary	120.00 F	*120.00 F
2	1		*BUMPER SIDE RETAINER RR/LH	Not Necessary	94.80 F	*- F
3	1		*TYRE	Not Necessary	126.74 F	*- F
4	1		*BUMPER LIP COVER RR/LH	Not Necessary	72.20 F	*- F
5	1		*FENDER RR/LH	Not Necessary	766.80 F	*- F
6	1		*FENDER LINER RR/LH	Not Necessary	141.30 F	*- F
7	1		*STICKER DECAL 6555 8888	Not Necessary	21.60 F	*- F
8	1		*SMRT LOGO	Not Necessary	7.80 F	*- F
9	1		*BUMPER SEAL, RR LH	Not Necessary	88.90 F	*- F
10	1		*WHEEL, DISC	Repair	1,490.20 F	*- F
11	1		*BUMPER REAR	Repair	458.60 F	*- F

F=Franchise part.

Total Parts (S\$)	3,388.94	120.00
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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 & BODY WORK	New	845.00	200.00
2	SPRAY PAINT	New	936.00	250.00
3	TO APPLY RUST-PROOFING ON AFFECTED AREA	New	100.00	0.00
4	TO CHECK WIRING AND SYSTEM FUNCTION	New	80.00	0.00
5	TO DO WHEEL ALIGNMENT / TYRE BALANCING	New	120.00	0.00
6	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	New	120.00	30.00
7	TO WASH AND VACUUM	New	60.00	0.00
Gross Labour Cost (S\$)			2,261.00	480.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >