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## Nivitha (LKK Auto)

From:

Jowyn Tay <jowyn\_tay@sg.msig-asia.com>

Sent:

Monday, 25 February 2019 11:59 AM

To:

SUR; assignments

Subject:

CONDUCT PAPER RE-SURVEY FOR SKH6229X (REF: 580492/JT)

Importance:

High

Dear Sirs / Madam,

Refer to the said matter.

Please conduct the paper re-survey of TP vehicle, SKH6229X and let us have your report in due course.

We have grant rights for your side to assess the documents in merimen.

Thank you.

Best Regards,

Jowyn Tay

Executive, Claims Services (Motor) D: +65 6643 1307 | F: +65 6225 7402 | jowyn\_tay@sg.msig-asia.com



# MSIG

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220

9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg







A Member of MS&AD INSURANCE GROUP

# HIN TAT AUGUSTINE & PARTNERS LEEN NO. 371130863D

20 UPPER CIRCULAR ROAD #02-10/12 THE RIVERWALK SINGAPORE 058416 TEL (65) 6533 0212

WEBSITE www.htapartners.com.sg EMAIL: ruby@htapartners.com.sg

In Association with: Strukal Legal Group Pte Ltd. International Legal Consultants

REG/CS/PAY/FA

FEB 7019

FAX: (65) 6533 0313 (65) 6338 3536 (Direct) Service By Fax Not Accented

Our Ref:

TCL.GCN.ro.50525.18.at

Your Ref:

SJY 8381Y

(Ref: 5804012)

31 January 2018

Sandra Kumar S/O Batumalai

Block 629 Woodlands Ring Road #05-240

Singapore 730629

By Certificate of Posting (w/o encl)

(for your information only)

MSIG Insurance (Singapore) Pte Ltd

16 Raffles Quay #24-01 Hong Leong Building Singapore 048581

Attn: Motor Claims Department

By Hand & By Fax (w/o encl)

Dear Sirs.

## ACCIDENT INVOLVING SKH 6229X & SJY 8381Y ALONG SELETAR MALL CARPARK ON 25 DECEMBER 2018 @ 2225HRS

We act for Ho Kwok Woh, the owner of motor vehicle no. SKH 6229X, in relation to the abovecaptioned road traffic accident.

We are instructed that you were the owner and/or the insurer of motor vehicle no. SJY 8381Y at the material time. We are further instructed that the accident was caused your / your authorized driver's and/or your insured driver's negligence in the driving, control and/or management of your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1,	Cost of Repairs		S	5,300.00
2.	Loss of Use (7 days x \$150.00 per day)			1,050.00
3.	Survey Report Fees		5	533.00
4.	LTA Search Fee		S	7.49
5.	Costs (inclusive of GST)		S	856.00
6.	Incidentals		S	50.00
		Total	5	7,796.49

.../Page 2





#### HIN TAT AUGUSTINE & PARTNERS

Page No. 2

Our Ref. TCL.GCN.ro.50525.18.nt

Your Ref. SJY 8381Y Date: 31 January 2019

The following supporting documents are enclosed herewith: -

- Copy of Singapore Accident Statement by SKH 6229X;
- 2. Copy of Final Repair Bill from A T Performance;
- 3. Copy of Survey Invoice & Survey Report from KM Auto Assessors Pte. Ltd.;
- 4. Copy of LTA search result of SJY 8381Y; and
- 5. 33 pes of original photographs of motor vehicle no. SKH 6229X.

Please note that you / your authorized driver and/or your insured driver should send to us an acknowledgement of receipt of this letter within fourteen (14) days of receipt of this letter, failing which our client will have no alternative but to commence proceedings against you / your authorized driver and/or your insured driver without further notice to you / your authorized driver and/or your insured driver.

Please note that if you / your authorized driver and/or insured driver have a counterclaim against our client arising out of the accident, you / your authorized driver and/or your insured driver are also required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter.

Please note that our client's claim is in respect of his property damage claim and is strictly without prejudice to the uninsured losses and/or injury claim (if any).

Yours faithfully,

cc: client

By fax

## Enquire Vehicle & Owner Information (Vehicle No. SJY8381Y As At 25 Dec 2018 / 22:25:00)

Law Firm Search Details

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

TCL.GCN.50525.218.

Current Owner Details

Owner ID Type:

Singapore NRIC

Owner ID:

57603905D

Owner Name:

SANDRA KUMAR S/O BATUMALAI

Registered Address Type: HDB / HUDC

Registered Block/House No.:629

Registered Street Name: WOODLANDS RING ROAD

Registered Unit No.:

#05 - 240

Registered Building Name: -

Registered Postal Code: 730629

Current Vehicle Details

Vehicle No.:

5JY8381Y

Make Description/Model: TOYOTA / VIOS E AUTO

Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD

#### 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 truthful and accurate 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	26/12/2018 15:52
Date Of Accident	25/12/2018 22:25
Exact Location Of Accident	SELETAR MALL CARPARK
Country/State of Loss	SINGAPORE -
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH6229X
Insured/Policyholder	
Name Of Registered Owner	но кwок woн
NRIC No	S7033158F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96806338
Alternative Phone No	OTHERS-96806338
Vehicle Particulars	
Manufacturer	BMW -
Model	Z4 2.3I A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104614329
Cover Note Number	
Driver	
Name of Driver	KELVAN HO JIAN WEI
NRIC No	S9529617C
Date Of Birth	21/08/1995
Occupation	INDOOR
Date Of Driving Pass	21/06/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92720688
Fax Number	
Contact Number	

NOEMAIL

Address

BLK 686 #02-186 HOUGANG STREET 61

Postcode

530686

Was driver an employee of the Insured's Company NO

CHILDREN

Vehicle Registration Number of Driver's Own

If No. Relationship of the Driver with the Insured

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?

Number of vehicles (including own vehicle)

2

involved in the accident

NO

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: TOH WEN HUI

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

REFER TO BELOW STATEMENT/SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER CAPTURED

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJY8381Y

Vehicle Make/Model/Colour

TOYOTA VIOS E AUTO

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

. No. Of Passenger (Including Driver)

#### **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.
- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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.

2 6 DEC 2018

Policyholder's Signature
Date & Time:

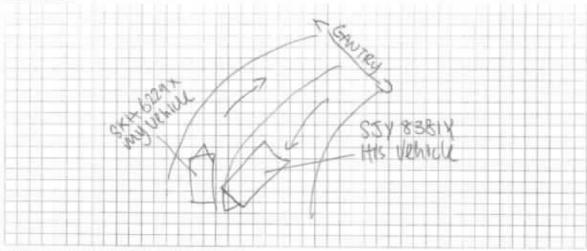
AND REAL PROPERTY.

TATA IL TOSSE.

Oriver's Signiture (If driver is not the policyholder) Date & Time: Reporting 23. Koki. Bukit Ave. A.
Name: Singapore 415933

NITTER 416697 Fax: 67492305 Email: vackb@singnet.com.sq





#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

23 Kulti digiti hari 3 partie on sugaric

Policyholder's Signature 5 1 1 Date & Time:

Driver's Signature

(if driver is not the policyholder) Date & Time:

2 6 DEC 2018

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centsingapore 415933

Name Call 67416697 Fax: 67492305

Email: vackb@singnet.com.\$3





















## 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 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.
- 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	26/12/2018 14:02	
Date Of Accident	25/12/2018 22:20	
Exact Location Of Accident	SELETAR MALL CARPARK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Manager Company of the Company of th		

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY8381Y	
Insured/Policyholder		
Name Of Registered Owner	SANDRA KUMAR S/O BATUMALAI	
NRIC No	S7603905D	
Email Address	CHANRUKZ@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-96221846	
Alternative Phone No	OTHERS-96221846	
Vehicle Particulars		

Tomore I di tiounui o	
Manufacturer	TOYOTA
Model	VIOS E AUTO

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?

If No. Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company

MSIG INSURANCE (SINGAPORE) PTE, LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number A80452646QMX

Cover Note Number

Driver
Name of Driver
SANDRA KUMAR S/O BATUMALAI
NRIC No. S7603905D

 NRIC No
 \$7603905D

 Date Of Birth
 02/02/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 07/05/1997

Driving Experience 21 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96221846

Fax Number

Contact Number OTHERS-96221846

EMail Address CHANRUKZ@GMAIL.COM

Address

BLK 629 WOODLANDS RING ROAD #05-240

Postcode

730629

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)

2

involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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

REFER TO SKETCH PLAN

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

SKH6229X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

KELVAN HO JIAN WEI

NRIC/Passport Number

S9529617C

Contact Number

92720688

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### 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
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- 7. By the foligment 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.
- Consent under the Personal Data Protection Act (PDPA)

l imderstand, acknowledge, agree and consent that

- 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 "Imsurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) mf.
  - (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;
  - [w] attractioning my claims Encluding the mailing of correspondence, statements, invoices, reports or notices to me, which could involve doctoure 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 mouner(s) who have insured vehicle(s) moulved 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 agentsfinckulung 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 sollected and used to compile staims history for the purpose of fraud detection, ministryation and management in present and all future claims.
- (e) the information to 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 flaust, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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

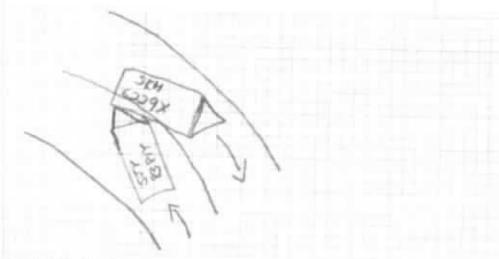
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Diver's Signature (if private is test the policyholder) Date & Tene

Reporting Centre Personnel's Signature

NRICZEN No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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## DECLARATION

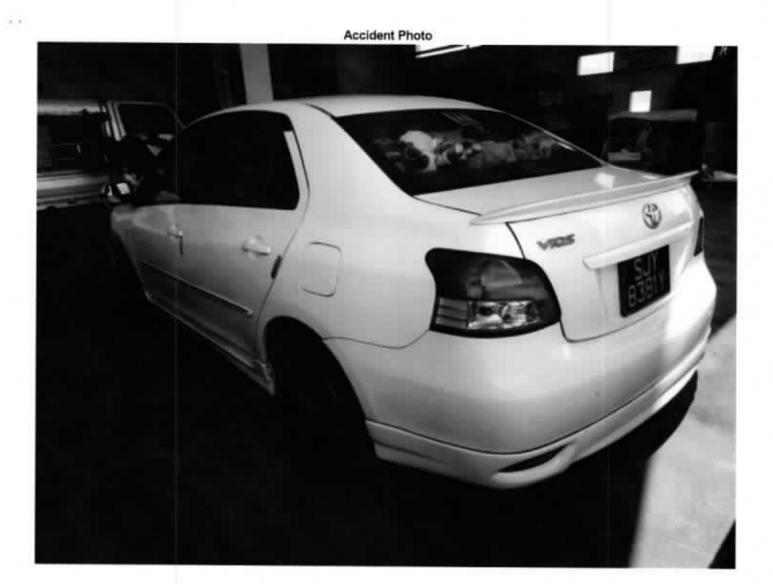
I/We declare the foregoing particulars are true in every respect.

Potryholder's Signature Oute & Time: 1 July Cl 26 1215

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name
NAMEC/FIN No.



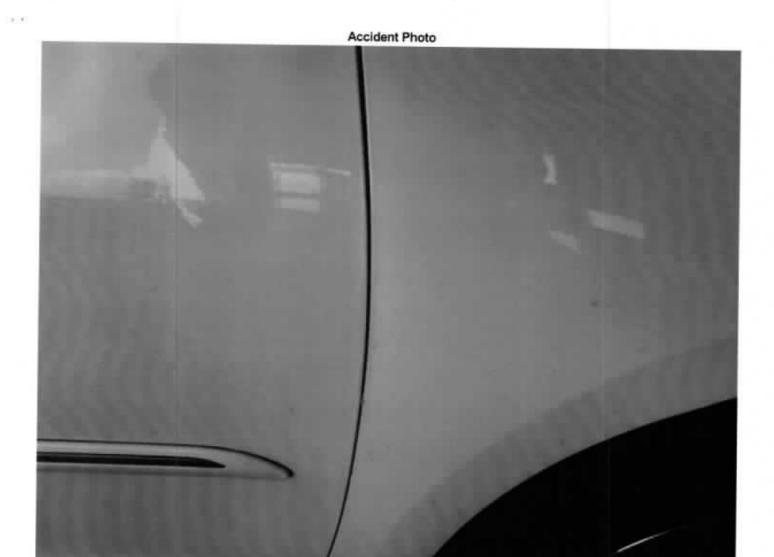












## **Accident Photo**













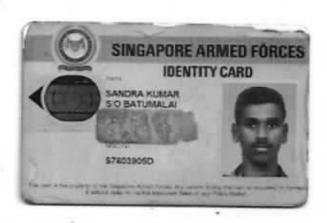














#### Identification Card





FINAL REPAIR BILL REF: TP/140077/000016229

# **AT PERFORMANCE**

160 SIN MING DRIVE #07-19 SIN MING **AUTOCITY SINGAPORE 575722** 

TEL: 6453 5112 FAX: 6552 2061

Regn. No. 52983289E

Messrs.

Ho Kwok Who

Date

21/01/19

Blk 686 Hougang Street 61 #02-186 Singapore 530686

Vehicle No.

SKH6229X BMW Z4 2.31 Auto

Quantity	Items/Descriptions		Prices
	Lump sum repair basis as recommended.		5300.00
	SGD.: Five Thousand Three Hundred Only.		
		Total:	\$5,300.00

Page 1 of 1

for AT PERFORMANCE

KM

#### KM AUTO ASSESSORS PTE. LTD.

Insurance Loss Assessors / Adjusters

47 Jalan Pernimpin #02-07 Halcyon 2 Singapore 577200

T 6448 8208

F 6442 9690

E kmautoassessors@gmail.com

Regn. No. 2009073402

NO.

INVOICE

9/TP1001/R

Messrs.

HO KWOK WOH

BLK 686 HOUGANG STREET 61 #02-186 S'PORE 530686

Date 11-Jan-19

9/1/TP001/C	Particulars		Amount
	RE: SKH 6229 X - BMW Z4 2.3I AUTO	_	
	SURVEY FEE (INCL. PHOTOS & TRANSPORT CHARGES)		\$533.00
SGD:	( FIVE HUNDRED AND THIRTY-THREE ONLY )	TOTAL:	\$533.00





#### KM AUTO ASSESSORS PTE. LTD.

Insurance Loss Assessors / Adjusters

47 Jalan Pemimpin #02-07 Halcyon 2 Singapore 577200

T 6448 8208 F 6442 9690

E kmautoassessors@gmail.com Regn.No. 2009073402

# AUTOMOBILE INSPECTION REPORT NO. 9/1/TP001/C

To:	HO KWOK WOH							
	BLK 686 HOUGANG S	TREET 61	#02-186 S'I	ORE 53	0686			
General Condition	: Peer/Fair/Good/Excellent							
Reg. No.	SKH 6229 X	Make/Model	BMW Z4 2	2.31 AUT	0	Year	2009	
Engine No.	75094520N52B25AF	Chassis No.	WBALM32	2090E15	5243	Colour	Metallic S	Silve
Condition of Tyres				Speedome	ter Reading - Km		136009	
Front N/S	KUMHO 265/30ZR19	worn	10 %	Front O/S	KUMHO 265/30ZR19	wom	10	%
Rear N/S	KUMHO 265/30ZR19	worn	10 %	Rear O/S	KUMHO 265/30ZR19	worn	10	%
: Requested By	YOUR	SELF		On	4-Jan-19		The Above \	Vehicle

And The Undermentioned Damage Was Noted:-

Rear bumper grazed, sliced, bent and deformed, o/s rear fender grazed and bent, wheel housing bent, o/s rear wheel assy. grazed, sliced, bent and out of alignment, tyre wall grazed.

Photographs:-	33 Copies	were taken at time of inspection and are attached.		
The Repairers estimate was for a	total amount of	\$	8,563.05	
After adjustment the estimate was	revised and agreed at	\$	6,676.90	

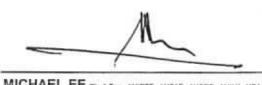
SPECIAL REMARKS

The Repairers were NOT AUTHORISED to proceed with the repairs.

Survey was carried out without prejudice.

The above were due to impact to the o/s rear portion of the vehicle.

Alternatively, we recommend that repairs be carried out on a Lump Sum basis instead, @\$5,300/- Nett.



APPENDIX 'A' TO REPORT NO: REGN. NO:

9/1/TP001/C SKH 6229 X



# KM AUTO ASSESSORS PTE. LTD. Insurance Loss Assessors / Adjusters

47 Jalan Pemimpin #02-07 Halcyon 2 Singapore 577200

T 6448 8208 F 6442 9690

E kmautoassessors@gmail.com

Regn. No. 2009073407

Nature of Work and Materials	Repairers Estimate \$	Remarks	Amount Revised \$
1 pce rear bumper fascia	1,143.70	grazed, sliced, bent, fastener torn	1,143.70
1 pce o/s rear wheel hub	128.00	warped	/ 128.00
1 pce o/s rear control arm	1,123.80	bent	X 1,123.80 AV
1 pce o/s rear lower arm	387.85	bent	/ 387.85
1 pce o/s rear shock absorber	339.70	bent & stiffened	/ 339.70
		1999 20	3,123.05
	3,123.05	less 5% 1999.25	156.15
	3,123.05	89. (877.2)	2,966.90
S.NETT		2/- (61/20)	
1 pce o/s rear wheel rim	1,300.00	grazed, sliced, bent	1,300.00 800
1 pce o/s rear tyre	550.00	not necessary	1,300.00 80
Remove necessary interior upholsterys and fittings to enable necessary repairs, check and refit same.	200.00		×120.00 M
Remove lamps, necessary wirings and electrical fittings to enable necessary repairs, check, refit same, test electrical-circuit.	60.00		× 30:60 M
Transfer reverse sensors to new rear bumper assy., refit, scan, program and test system.	150.00		80:00 40
Dismantle and remove o/s rear suspensions ssy. to enable necessary, repairs, check, replace damaged parts, reassemble, refit same, bleed brakes.	400.00		288.00 200
Renew o/s rear wheel rim and balance wheel assy.	80.00		50.00 30
Check and realign wheels (computerised).	200.00		120.00 60
Remove damaged parts, jack out, straighten up damaged body panels, repair body parts and fittings, whichever possible and necessary, replace necessary damaged parts, refit and align whichever parts necessary.	900.00		600.60 3 00
	0.000.00		
Total Amount Revised	6,963.05		5,546.90
Lump Sum Repairs Amount	\$ \$		
It is estimated that the repairs will take		days to complete.	

APPENDIX 'A'

TO REPORT NO: REGN. NO:

9/1/TP001/C SKH 6229 X



#### KM AUTO ASSESSORS PTE. LTD. Insurance Loss Assessors / Adjusters

47 Jalan Pemimpin #02-07 Halcyon 2 Singapore 577200

T 6448 8208 F 6442 9690

E kmautoassessors@gmail.com

Regn. No. 200907340Z

Nature of Work and Materials	Repairers Estimate \$	Remarks	Amount Revised
b/f	6,963.05		5,546.90
Paint replacement parts and repaint damaged sections in and outside.	1,100.00		800:60 ( X 50:60 (
Rustproof damaged section.	100.00		X 50:60 (
Conduct diagnostic programming and calibration.	400.00		289.00
		1830	
TOTAL	8,563.05		6,676.90
		2728.28	
		2950	
		Ngo, 2700	
	(4)		
Total Amount Revised	\$	6,676.90	
Lump Sum Repairs Amount	\$	5,300.00	

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

Case N	intified	Est Submitted	Adi Assigned	Adi Rpt	Adt	Submitted	Ins Auth'ed	Status	
	6 Dec 2018	3000	31 Dec 2018 09:16 Edit Adj Rpt	5\$2,950.00 Edit Estimates	5\$2	,950.00 ew Rpt		Pending for Survey Report Cancel Case	
м	ain	R	eference	Claim D	etails		Documents		Show All
CLAIM SUB	FOLDER DE	TAILS				[Created	by insurer]		
Insured:	SANDRA	KUMAR S/O BAT	UMALAI, ID: 576	03905D, Tel: +6	596221	846, Email:	CHANRUKZ@GM/	AIL.COM	
Main Claimant:	но кwок	WOH, ID: S70	33158F						
Vehicle Reg. No.:	SKH622	9X		Date o	f Loss:		3 00:00 - :59 ns and 12 Days Fr	om LTA Reg	Date (Man Yr)
Claim Type:	<b>TP</b> / 580	492		Policy, Note N	Cover lo.:		QMX (Comprehen 02/01/2018 - 01/0		
Vehicle Reg. No. (Insured):	SJY83811	•		Policy (Claim					
Toronous and Armer				Excess	ii.	5\$500.00			
Repairer:	At Perfor	mance (160 Sin	Ming) (HQ) Blk 16	O Sin Ming Drive, #	07-18/	19, 575722 5	Sin Ming - Tel:		
Handling Insurer:	MSIG Ins	urance (Singapo	ore) Pte. Ltd. (HQ)	- Tel: +65 6827 7	888	Handled by	Jowyn Tay Mei I	ing - 5643	1307]
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561 [Hand	ed by X	ING GUO Q	IANG] [Final	Rpt due 2	7/02/2019]
Driver/Custo dian (Insured):			MALAT (42 / Female)	10000 000000					
Ad) Asg. Remarks:	SJE : DIS/ arrange fo		Y UNCLEAR Please	appoint LKK AUTO	to cond	uct the surve	y . Kindly contact	MR ALVIN ©	9686 6219 to
ASSOCIATE	D MAIL RE	CEIVED					Vie	w All   Cor	mpose Case Ma
<ul> <li>MSIG_SG</li> </ul>	(25/02/2019	): Report Send	Back Alerts - SKH	5229X (TP)					
ALL ASSOC	IATED TAS	iks∃			4	View All 5	search Tasks C	reate New Ta	sk Complet
Due Date	Priority	Type Task	Group Subject	t Handler	Assign	ned By	Completed On	Create	d On Don

#### Claim Documents

\*SKH6229X (580492)
[SJY8381Y]
TP
HO KWOK WOH
Dec 25 2018 12:00AM
[SANDRA KUMAR S/O BATUMALAI]
At Performance (160 Sin Ming)

_		load Photos Compose New Letter	( 540527)	View in Brown	-
Pho	tos/Images		3 per s	age 🔻	V
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	
1	03/01/19 16:41	General View	0	Load JPG	V
2	03/01/19 16:41	General View	0	Load JPG	<b>√</b>
3	03/01/19 16:41	General View	0	Load JPG	N.
4	03/01/19 16:41	General View	0	Load JPG	V
5	03/01/19 16:41	General View	0	Load JPG	N.
6	03/01/19 16:41	General View	0	Load JPG	3
7	03/01/19 16:41	General View	0	Load JPG	V
8	03/01/19 16:41	General View	0	Load JPG	V
9	03/01/19 16:41	General View	0	Load JPG	<b>V</b>
10	03/01/19 16:41	General View	0	Load JPG	Ø
11	03/01/19 15:41	General View	0	Load JPG	V
12	03/01/19 16:41	General View	0	Load JPG	V
13	03/01/19 16:41	General View	0	Load JPG	W
14	03/01/19 16:41	General View	0	Load JPG	V
15	03/01/19 16:41	General View	0	Load IPG	V
16	03/01/19 16:41	General View	0	Load JPG	3
17	03/01/19 16:41	General View	0	Load JPG	N
18	03/01/19 16:41	General View	0	Load JPG	V
19	03/01/19 16:41	General View	0	Load JPG	N
Doc	umentation		1 per g	age V	V
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	-
1	28/12/18 15:07	TPD 5KH6229X GIA REPORT	0	Load PDF	
2	28/12/18 15:07	OI SJY8381Y GIA REPORT	Õ	Load PDF	
3	28/12/18 15:07	SKH6229X - PRI	0	Load PDF	
4	28/12/18 15:38	TPD 5KH6229X - PRI	0	Load PDF	
5	28/12/18 16:28	Reject email to TP lawyer & appoint LKK AUTO	0	Load PDF	
6	04/02/19 10:36	LOD with supporting documents - SKH6229X	0	Load PDF	
7	04/02/19 10:36	TPD SKH6229X - COLOUR PHOTO	0	Load PDF	
No.	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnall	Print
1	10/04/19 16:32	PRS Invoice	0	Load PDF	
2	10/04/19 16:32	Colour Photo	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)	
	^
	~
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, Pava 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:

CS3/MSG18023323/GVD3E2-1

Date:

10/04/2019

REFERENCE

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

Policy No:

A80452646QMX

Claimant Vehicle SKH6229X

Insured Vehicle No:

SJY8381Y

No: Date of Loss:

25/12/2018

Nature of Claim:

TP

Claim No: 580492

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SKH6229X

Make & Model:

BMW Z4, 2.5 (A)

Engine No:

75094520N52B25AF

Reg. Date: Colour.

13/10/2009 (Man. Year: 2009)

Chassis No: Odometer:

WBALM32090E155243 136009 km

Engine Capacity:

Grev 2497 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:

Pre-accident Condition: No

CONDITION OF TYRES

Front Tyre Size: Front Left Side:

265/30Z R19

Rear Tyre Size:

265/30Z R19

Front Right Side:

Kumho 6 mm

Rear Left Side: Rear Right Side: Kumho 6 mm Kumho 6 mm

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

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,973.05	2,699.29	2,273.76	45.72
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,590.00	1,030.00	2,560.00	71.31
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	8,563.05	3,729.29	4,833.76	56.45
Approved Total (Overridden) (S\$)		2,950.00		
Nett Amount (S\$)	8,563.05	2,950.00	5,613.05	65.55

INSPECTION

Date of Assignment:

31/12/2018

Date Inspected:

03/01/2019 Inspected At:

At Performance (160 Sin Ming) (HQ)

Blk 160 Sin Ming Drive, #07-18/19

Singapore 575722

Estimated Period of Repair:

4.0 days

Adjuster: XING GUO QIANG

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.

Reference

#### REPAIR DETAILS

Version: 1.0 (Last Synchronised: 10 Apr 2019) Part Source: MRM-SG

BMW Z4 2.5 (A) (Catalogue:Merimen Singapore 1.0) Parts: M1-COUPE

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

Print Code: (Unsubmitted, no print-code for SKH6229X) These estimates are valid only if they contain the print code (above) on all estimate pages, running page Validity:

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 FASCIA (Fastener Tom)	Grazed/Sliced/Bent	1,143.70 F	*1,143.70 FL
2	1		*O/S REAR WHEEL HUB	Warped	128.00 F	*128.00 FL
3	1		*O/S REAR CONTROL ARM	Not Necessary	1,123.80 F	*-FL
4	1		*O/S REAR LOWER ARM	Bent	387.85 F	*387.85 FL
5	1		*O/S REAR SHOCK ABSORBER	Bent / Stiffened	339.70 F	*339.70 FL
6	1		*O/S REAR WHEEL RIM	Grazed/Sliced/Bent	1,300.00 FS	*800.00 FS
7	1		*O/S REAR TYRE	Not Necessary	550.00 FS	*-FS
F=Fn	inchise	part. S=SpcN	lett. L=ListNemDisc.	Sub Total (S\$) t on L Items 0.00/5.00% (S\$)	4,973.05 0.00	2,799.25 99.96
			List italii bioodii			
				Total Parts (S\$)	4,973.05	2,699.29
			Report was unsubmi	tted 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	REMOVE NECESSARY INTERIOR UPHOLSTERYS AND FITTINGS TO ENABLE NECESSARY REPAIRS, CHECK AND REFIT SAME	New	200.00	0.00
2	REMOVE LAMPS, NECESSARY WIRINGS AND ELECTRICAL FITTINGS TO ENABLE NECESSARY REPAIRS, CHECK, REFIT SAME, TEST ELECTRICAL-CIRCUIT	New	60.00	0.00
3	TRANSFER REVERSE SENSORS TO NEW REAR BUMPER ASSY, REFIT, SCAN PROGRAM AND TEST SYSTEM	New	150.00	40.00
4	DISMANTLE AND REMOVE O/S REAR SUSPENSIONS ASSY. TO ENABLE NECESSARY, REPAIRS, CHECK, REPLACE DAMAGED PARTS, REASSEMBLE, REFIT SAME, BLEED BRAKES	New	400.00	200.00
5	RENEW O/S REAR WHEEL RIM AND BALANCE WHEEL ASSY	New	80.00	30.00
6	CHECK AND REALIGN WHEELS (COMPUTERISED)	New	200.00	60.00
7	REMOVE DAMAGED PARTS, JACK OUT, STRAIGHTEN UP DAMAGED BODY PANELS, REPAIR BODY PARTS AND FITTINGS, WHICHEVER POSSIBLE AND NECESSARY, REPLACE NECESSARY DAMAGED PARTS, REFIT AND ALIGN WHICHEVER PARTS NECESSARY	New	900.00	300.00
8	PAINT REPLACEMENT PARTS AND REPAINT DAMAGED SECTIONS IN AND OUTSIDE	New	1,100.00	400.00
9	RUSTPROOF DAMAGED SECTION	New	100.00	0.00
10	CONDUCT DIAGNOSTIC PROGRAMMING AND CALIBRATION	New	400.00	0.00
	Gross Labour Cost (S\$)		3,590.00	1,030.00

< END OF ESTIMATES >

Report was unsubmitted during this print-out.