

Steve

REF:

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: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Veh No: SJA39304 Vi Regn: Dec 07
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Vios C: 1296
 Colour: White A/C: Insured / Std / NI
 Sp. Reading: 196889 T/R: Insured / Std / NI
 Eng/No: _____
 C/No: SCP921028133
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rlm / STD A/Rlm or
 Tyre Size: F: 195/55R15
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Ling Long
 Front R/Bal. 6 mm Rear R/Bal. 6
 L/Bal. 6 mm L/Bal. 6
 D.O.A. _____ D.O.I. 28/2/19
 Survey held at Heng Motor
 Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or
Front RH
 The UIC / Chassis frame / Body Structure affected due to c

Date / Time Action / Instruction
Repair Range - 3k - 4k
Days - 6

4/6/2019

Date/Time, File Pass to? : Prel. Report
 : Final Report

Days Of Repair: 6
 Resurvey No. of Trip: 2

Date/Time, File Return to?
 Report Format: PRE
 Lump Sum / I.B k: ()

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)

Survey Fee: 120
 Transportation
 S + R: \$
 Photos
 Fuel
10
130

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	22 Feb 2019		26 Feb 2019 15:45 <input type="button" value="Assign"/>				New Assignment <input type="button" value="Cancel Case"/>

Main	Reference	Claim Details	Documents	<input type="button" value="Show All"/>					
CLAIM SUBFOLDER DETAILS		<input type="button" value="[Created by insurer]"/>							
Insured:	SITI HAJAR BINTE SAINI , ID: S7640011C, Tel: +6597871964								
Main Claimant:	ABINTA BTE HUSSAIN , ID: S1386009B								
Vehicle Reg. No.:	SJA3930Y	Date of Loss:	21/02/2019 07:00 - :59 [134 Months and 15 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 585864	Policy/Cover Note No.:	A29107680AVW (Comprehensive) Coverage: 16/11/2018 - 15/11/2019						
Vehicle Reg. No. (Insured):	SMF5821D	Policy No. (Claimant):							
		Excess:	S\$1,000.00						
Repairer:	Heng Motor Services (Defu) Blk 5 Defu Lane 10, #01-582, 539186 Defu Lane - Tel:								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jowyn Tay Mei Ling - 6643 1307]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 27/02/2019]								
Driver/Custodian (Insured):	SITI HAJAR BINTE SAINI (42 / Female), NRIC: S7640011C, Tel: +6597871964 Email:								
Adj Asg. Remarks:	on WP. SJE : DISAGREED / LIABILITY UNCLEAR Please appoint LKK AUTO to conduct the survey . Kindly contact the workshop directly @ 8112 3936 to arrange for survey .								
ASSOCIATED MAIL RECEIVED			<input type="button" value="View All"/>	<input type="button" value="Compose Case Mail"/>					
There are no mail for this case.									
ALL ASSOCIATED TASKS <input type="button" value=""/>			<input type="button" value="View All"/>	<input type="button" value="Search Tasks"/>					
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

> [Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SJA3930Y		
Vehicle Type :	P10 - Passenger Motor Car		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	TOYOTA		
Vehicle Model :	BELTA 1.3 A		
Chassis No. :	SCP921028133		
Propellant :	Petrol		
Engine No. :	2SZ1799558		
Engine Capacity :	1296 cc		
Maximum Power Output :	64.0 kW (85 bhp)		
Maximum Laden Weight :	1305 kg		
Unladen Weight :	1030 kg		
Year Of Manufacture :	2007		
Original Registration Date :	06 Dec 2007		
Lifespan Expiry Date :	-		
COE Category :	A - Car (1600cc & below)		
PQP Paid :	\$20,997.00		
COE Expiry Date :	30 Nov 2022		
Road Tax Expiry Date :	05 Dec 2019		
Inspection Due Date :	05 Dec 2019		
Intended Transfer Date :	04 Jun 2019		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST	GST Amount	Amount After GST
	(\$)	(\$)	(\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00
Message			
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.			

You may print this page for reference.

OK

Print

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6009B
Vehicle Details	
Vehicle No.:	SJA3930Y
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	BELTA 1.3 A
Primary Colour:	Green
Secondary Colour:	White
Manufacturing Year:	2007
Engine No.:	2SZ1799558
Chassis No.:	SCP921028133
Maximum Power Output:	64.0 kW (85 bhp)
Open Market Value:	\$13,398.00
Original Registration Date:	06 Dec 2007
First Registration Date:	06 Dec 2007
Transfer Count:	4
Actual ARF Paid:	\$14,738.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Nov 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$20,997.00
COE Rebate Amount:	\$14,651.00
Total Rebate Amount:	\$14,651.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 04 Jun 2019

OK

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	21/02/2019 16:12
Date Of Accident	21/02/2019 07:00
Exact Location Of Accident	HOUANG AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA3930Y
Insured/Policyholder	
Name Of Registered Owner	ABINTA BTE HUSSAIN
NRIC No	S1386009B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93639332
Alternative Phone No	OTHERS-93639332

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA423356
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HISYAM B MUSTAFA
NRIC No	S9424280J
Date Of Birth	27/06/1994
Occupation	INDOOR
Date Of Driving Pass	13/03/2013
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93639332
Fax Number	
Contact Number	
EEmail Address	MUHD.HISYAM.MUSTAFA@GMAIL.COM

Address	BLK 317 HOUGANG AVENUE 7 #02-47
Postcode	530317
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SMF5821D
Vehicle Make/Model/Colour	
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

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 Authorized 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 revoke 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 cost 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 insurer's lawyer/law firm, the Regulatory 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 relevant 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 in mail which could involve disclosure of certain personal data about me to bring about delivery of the mail as such as on the external cover of envelope/postal 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 insurer's lawyer/law firm and/or the permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes;
- (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 lawyer/law firm), which may be based outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile a claim history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in assessing, investigating, controlling or managing fraud, regulator, 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:

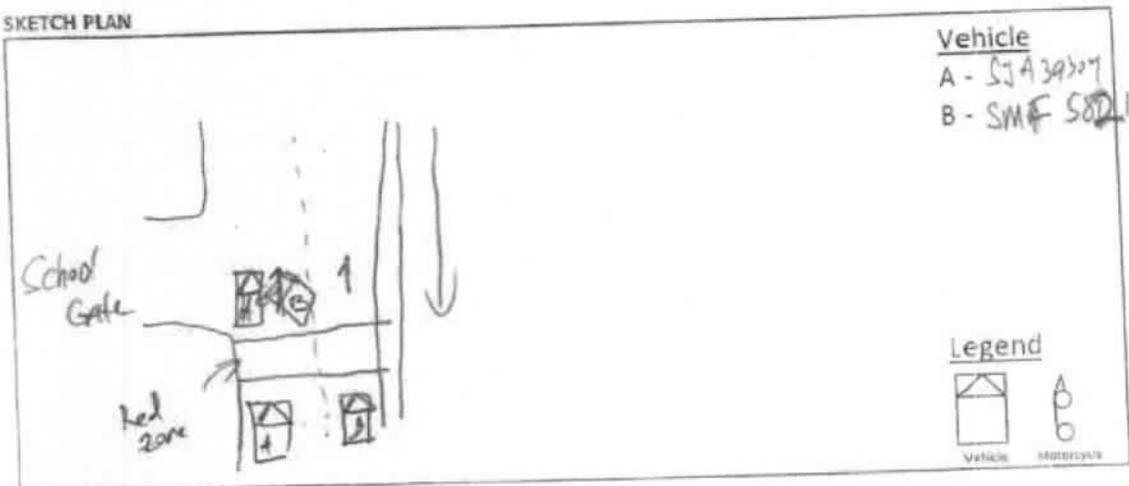
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

21/7/19.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped before the red zone to alight my passenger.
 My hazard light was on.

After my passenger alighted, I checked my blindspot and moved
 off only to hear and feel the impact on my right.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:

21/7/19

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1) Date of accident: 21/7/19. 0700. Time: 0700. 2) Exact location of accident: Hougang Ave 1. 3) Injured even if slight: No Yes . To be signed by BOTH drivers.

4) Material damage to vehicles other than vehicles A and B: No Yes . To objects other than vehicles: No Yes . 5) Witness' name, address and tel no. (to be undrafted if he/she is passenger in vehicle A or vehicle B): _____ Vehicle Video Camera available: No Yes

Registration No. (VEHICLE A): SJ3930Y. 6) Insured / policyholder (see insurance cert.): Name: A Binta Bte Hussain. Address: _____. NRIC / Passport no.: SJ326009B. Tel no. (from 8am till 5pm): _____. 7) Vehicle: Make, type: Toyota Belta 1.3. 8) Insurance company: AXA. C TPFT TPD. Does the policy cover damage to vehicle A? No Yes . Policy No.: GA423376. 9) Driver: Name: Muhammad Hisyam. Capital letters: B Mustafa. NRIC / Passport no.: 99424280J. Class of license: 92639332. Gender: Male Female

12) CIRCUMSTANCES: Put a cross (X) in each of the relevant boxes applicable to your vehicle.

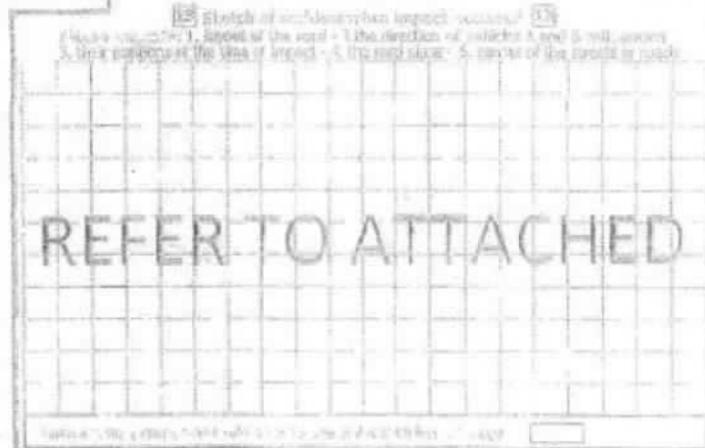
- Other Collision
- Collision into Object
- Collision into Motorist
- Collision into Pedestrian
- Collision into Property
- Collision - Charge/Driver Error
- Collision - Driver Inattention
- Collision - Head on Collision
- Collision - Head to Tail
- Collision - Side Impact for
- Collision - Opening Door of Vehicle
- Collision - Reversing
- Collision - Wrong Turn / Wrong / Wrong Direction
- Collision - Wrong Lane / Wrong / Wrong
- Collision - Wrong Signal
- Collision - Wrong Light
- Collision - Wrong

13) State TOTAL number of boxes marked with a cross: _____

Registration No. (VEHICLE B): UMF 5821 D. 6) Insured / policyholder (see insurance cert.): Name: _____. Address: _____. NRIC / Passport no.: _____. Tel no. (from 8am till 5pm): _____. 7) Vehicle: Make, type: _____. 8) Insurance company: C TPFT TPD. Does the policy cover damage to vehicle B? No Yes . Policy No. / Endorsement: _____. 9) Driver (See driving license): Name: _____. Capital letters: _____. NRIC / Passport no.: _____. Class of license: _____. Gender: Male Female

14) Vehicle damage to vehicle A: _____

15) Driver's name: _____



16) Vehicle damage to vehicle B: _____

17) Driver's name: _____

18) Signature of Driver A: *[Signature]*

19) Signature of Driver B: _____

In the event of injury or in the event of damage to property other than to vehicles A and B, give information advised. Do not alter anything in this statement after signing. Subsequently, each driver should file one copy. For Insured's / Individual Statement (Part II) see overleaf.

Individual Statement

INDIVIDUAL STATEMENT (Part II) <small>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</small>		<small>Own Workshop/Trial / Fax (if any)</small>																															
Insured	1. Occupation (if more than one, state all) _____ 2. Vehicle registration no. <u>CC</u> <small>If commercial vehicle, state permissible carrying capacity</small>	Email: _____																															
Of which vehicle are you the driver? <input type="checkbox"/> A <input type="checkbox"/> B	3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>If No, State Relationship of Driver with owner <u>Child</u></small> 4. Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____	5. Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <small>If no, state where it is at present _____ Tel no. _____</small> 6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)																															
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of Birth <u>21/6/94</u> Occupation <u>Indoor</u> Date of license pass <u>Outdoor</u> <u>13/3/13</u> 8. Give details of any pre-existing impairment of sight or hearing and of any other disability _____ 9. Full details of all driving convictions including pending prosecutions in the last 36 months:	Was vehicle driven with the Insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Was driver an employee of the Insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 20%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Offence	Penalty																											
Date	Offence	Penalty																															
Injured persons	10. Name(s), address(es) and approximate age(s) <u>Muhammad. Hisyam B. Mustafa.</u> 11. Name(s) and address(es) of owner(s) _____ 12. Name(s) and address(es) of insurer (if known) _____	Injuries sustained _____ Vehicle registration no. or details of property _____ Nature of damage _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">If vehicle occupant, state in which vehicle</th> <th colspan="2">Were seat belts being worn?</th> <th colspan="2">Was injured conveyed to hospital by ambulance?</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	If vehicle occupant, state in which vehicle		Were seat belts being worn?		Was injured conveyed to hospital by ambulance?		Yes	No	Yes	No	Yes	No																		
If vehicle occupant, state in which vehicle		Were seat belts being worn?		Was injured conveyed to hospital by ambulance?																													
Yes	No	Yes	No	Yes	No																												
Police action	12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station _____ 13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, specify whom? _____	14. Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Others _____ 15. Road surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others _____ 16. Speed of vehicles: A _____ km/hr B _____ km/hr 17. What warnings were given by driver or other party? _____ 18. Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 19. What lights were displayed on your vehicle/the other vehicle(s)? _____ 20. If your vehicle is commercial, state weight of load carried at time of accident _____ 21. State how accident happened, width of roads, speed limits, etc. (Notes attached) _____ 22. State number of passengers (including Driver) <u>1</u>																															
Declaration	I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____																																

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	22 Feb 2019		26 Feb 2019 15:45 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS		[Created by insurer]							
Insured:	SITI HAJAR BINTE SAINI , ID: S7640011C, Tel: +6597871964								
Main Claimant:	ABINTA BTE HUSSAIN , ID: S1386009B								
Vehicle Reg. No.:	SJA3930Y	Date of Loss:	21/02/2019 07:00 - :59 [134 Months and 15 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 585864	Policy/Cover Note No.:	A29107680AVW (Comprehensive) Coverage: 16/11/2018 - 15/11/2019						
Vehicle Reg. No. (Insured):	SMF5821D	Policy No. (Claimant):							
		Excess:	S\$1,000.00						
Repairer:	Heng Motor Services (Defu) Blk 5 Defu Lane 10, #01-582, 539186 Defu Lane - Tel:								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jowyn Tay Mei Ling - 6643 1307]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by CHEN TSUE YEE] ... [Imm.Advice due 27/02/2019]								
Driver/Custodian (Insured):	SITI HAJAR BINTE SAINI (42 / Female), NRIC: S7640011C, Tel: +6597871964 Email:								
Adj Asg. Remarks:	on WP. SJE : DISAGREED / LIABILITY UNCLEAR Please appoint LKK AUTO to conduct the survey . Kindly contact the workshop directly @ 8112 3936 to arrange for survey .								
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

***SJA3930Y (585864)**
[SMF5821D]
TP
ABINTA BTE HUSSAIN
Feb 21 2019 7:00AM
[SITI HAJAR BINTE SAINI]
Heng Motor Services

Upload Documents Upload Photos Compose New Letter			View	View in Browser <input type="button" value="v"/>	
Video			1 per page <input type="button" value="v"/>	<input checked="" type="checkbox"/>	
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	04/06/19 14:47	Video - Accident <small>From:OD - Reg. No: SMF5821D, Claimant: SITI HAJAR BINTE SAINI</small>		Load MP4	<input type="checkbox"/>
Photos/Images			3 per page <input type="button" value="v"/>	<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
2	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
3	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
4	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
5	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
6	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
7	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
8	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
9	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
10	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
11	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
12	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
13	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
14	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
15	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
16	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
17	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
18	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
19	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
20	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
21	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
22	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
23	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
24	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
25	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
26	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
27	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
28	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
29	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
30	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
31	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
32	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>
33	04/06/19 16:58	General View		Load JPG	<input checked="" type="checkbox"/>

Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
34	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
35	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
36	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
37	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
38	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
39	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
40	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
41	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
42	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
43	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
44	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
45	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
46	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
47	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
48	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
49	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
50	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
51	04/06/19 16:58	General View	 Load JPG	<input checked="" type="checkbox"/>
52	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
53	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
54	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
55	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
56	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
57	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
58	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
59	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
60	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
61	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
62	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
63	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
64	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
65	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
66	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
67	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
68	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
69	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
70	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
71	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
72	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
73	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
74	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
75	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
76	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
77	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
78	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
79	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
80	04/06/19 16:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
81	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
82	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
83	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>

Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
84	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
85	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
86	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
87	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
88	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
89	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
90	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
91	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
92	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
93	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
94	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
95	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
96	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
97	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
98	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
99	04/06/19 16:59	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>

Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	22/02/19 16:32	TPD SJA3930Y GIA REPORT	 Load PDF	
2	22/02/19 16:32	OI SMF5821D GIA REPORT	 Load PDF	
3	22/02/19 16:36	TPD SJA3930Y - PRI	 Load PDF	
4	26/02/19 08:13	Reject email to TP Lawyer & appoint LKK AUTO	 Load PDF	
5	24/04/19 10:22	Letter of Demand from Third Party from Bonnie Kwok LLC	 Load PDF	
6	24/04/19 10:22	Letter of Demand from Third Party - Survey Photographs 1	 Load PDF	
7	24/04/19 10:22	Letter of Demand from Third Party - Survey Photographs 2	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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: CS3/MSG19003702/ECD3E2

Date: 06/06/2019

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	A29107680AVW
Claimant Vehicle No : SJA3930Y	Insured Vehicle No :	SMF5821D
Date of Loss: 21/02/2019	Nature of Claim:	TP
		Claim No: 585864

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJA3930Y	Engine No:	2SZ1799558
Make & Model:	TOYOTA BELTA, 1.3 (A)	Chassis No:	SCP921028133
Reg. Date:	06/12/2007 (Man. Year: 2007)	Odometer:	196889 km
Colour:	White		
Engine Capacity:	1296 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:	195/55 R15	Rear Tyre Size:	195/55 R15
Front Left Side:	Linglong 6 mm	Rear Left Side:	Linglong 6 mm
Front Right Side:	Linglong 6 mm	Rear Right Side:	Linglong 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:	26/02/2019	Inspected At:	Heng Motor Services (Defu)
Date Inspected:	28/02/2019		Blk 5 Defu Lane 10, #01-582
			Singapore 539186
Estimated Period of Repair:	6.0 days		

Adjuster: CHEN TSUE YEE

Manager: DENISE TAY KWEE CHENG

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.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000.00 -\$4,000.00

REPAIR DETAILS

Reference		
Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 06 Jun 2019)	
Parts: 143	TOYOTA BELTA 1.3 (A) (Catalogue:Merimen Singapore 1.0)	
Labour: Repairer's	(Price-denominated Standard List)	
Print Code:	(Unsubmitted, no print-code for SJA3930Y)	
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

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >