

ASS. REC. BY:

REF: CS/MSG 19004710/KSD3LV

Special Instruction:

SURVEYOR
menmen

Kenneth

ASSIGNMENT (Office)

From (Person): Elaine Ngu

of

MSG

Date/Time: 15/3/19 @ 10:18am

Estimated Cost:

Bill to:

OD / TP WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SGJ 1243X

Insured:

FBN 95607

at Workshop m/s

Optima Workz

Tel:

64811522

of

9A Serangoon North Ave 5

Policy No:

MSD/VMS/19-998183

Claim No:

MSC/Y/19-000293

Sum Insured:

Excess:

Make of Veh:

D.O.A. 7/3/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

11:31am 015/3/19

Person Contacted:

Lily

Vehicle

IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SGJ 1243X - (C3/AIG 09016241/RN1)
	FBN 95607 - X
19/03/19 @ 16:33 pm	received PA to Elaine Ngu via message
07/11/19 @ 17:34 pm	checked with Lily (repairer), Owner Convert to OD claim. Vehicle has not repair.

ASS. REC. BY:

REF: *MS61**Kenneth*

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

1.8.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PCJ1243X

Yr Regn:

*06.11*Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make:

*Bmw**523i*

c.c

24.97

Colour:

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

110005

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

*WBA1P32010288810*Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ Nil / ☐ S/Rlm / ☐ STD A/Rlm or

Tyre Size:

F:

245/45R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / ☒ PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

7/13/19

D.O.I.

15/3/19

Survey held at

Des. of Damages: ☐ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or*N/S Frt body*

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

Date / Time

Action / Instruction

1 File pass to

RECEIVED 8 NOV 2019

Date/Time, File Pass to?

*08/11/19*1) *Typist*

Date/Time, File Return to?

2)



Prell. Report



Final Report

Days Of Repair: *3*Resurvey No. of Trip: *1*

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

Prell.

Lump Sum / I.B.I. (\$

<i>160</i>
<i>11</i>
<i>161</i>

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	08 Mar 2019		15 Mar 2019 10:18 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	FALIQ SHAZWIN BIN ALWI, ID: S9705831H, Tel: +6593886894, Email: NOEMAIL		
Main Claimant:	SENAKA VIJITHA TIRANAGAMA, ID: S2628732D		
Vehicle Reg. No.:	SCJ1243X	Date of Loss:	07/03/2019 12:00 - :59 [92 Months and 13 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / MSC/V/19-000293	Policy/Cover Note No.:	MSD/VMS/19-998183 (TP, Fire & Theft) Coverage: 10/01/2019 - 09/01/2020
Vehicle Reg. No. (Insured):	FBN9560T	Policy No. (Claimant):	
		Excess:	
Repairer:	Optima Werkz Pte Ltd (HQ) 9A Serangoon North Ave 5, 554500 Serangoon - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Elaine Ngu Siau Mei - 6594 2540]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 16/03/2019]		
Driver*/Custodian (Insured):	FALIQ SHAZWIN BIN ALWI (22 / Male) , NRIC: S9705831H, Tel: +6593886894 Email: NOEMAIL		
Adj Asg. Remarks:	Please arrange on 15/03/2019, 3pm. on WP. SJE AGREE LKK. LIAB UNCLEAR. pls contact Lily Loi @ 6481 1522		

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.									

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

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Elaine Ngu Siau Mei

Date: 19 Mar 2019

Preliminary Advice

Insured Vehicle No	: FBN9560T	Accident Date	: 07/03/2019
TP Vehicle No	: SCJ1243X	Assignment Date	: 15/03/2019
Make	: BMW 523I	Est. Duration of Repair	: 3 days
Date of Inspection	: 15/03/2019		
Inspection At	: Optima Werkz Pte Ltd (HQ) 9A Serangoon North Ave 5 Singapore 554500		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages n/s front body and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	1,105.86
Revised Amount	:S\$	1,091.71
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,091.71
Lump Sum Repair	:S\$	

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is economical/not economical for repair.
- (X) The above survey was conducted on a 'without prejudice' basis.

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	08/03/2019 16:35
Date Of Accident	07/03/2019 12:30
Exact Location Of Accident	GREENWITCH DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ1243X
Insured/Policyholder	
Name Of Registered Owner	SENAKA VIJITHA TIRANAGAMA
NRIC No	S2628732D
Email Address	SENAKAVT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98556388
Alternative Phone No	OFFICE-98556388

Vehicle Particulars

Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV
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	AGA210908/1
Cover Note Number	22/06/2018-21/06/2019

Driver

Name of Driver	SENAKA VIJITHA TIRANAGAMA
NRIC No	S2628732D
Date Of Birth	21/12/1960
Occupation	INDOOR
Date Of Driving Pass	19/06/1992
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98556388
Fax Number	
Contact Number	OFFICE-98556388
Email Address	SENAKAVT@GMAIL.COM

Address	59 HYTHE ROAD
Postcode	557540
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 ATTACHMENT

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	FBN9560T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	FALIQ SHAZWIN BIN ALWI
NRIC/Passport Number	S9705831H
Contact Number	93886894
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 8/3/19

@ 4:00 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 8/3/19

@ 4:00 pm

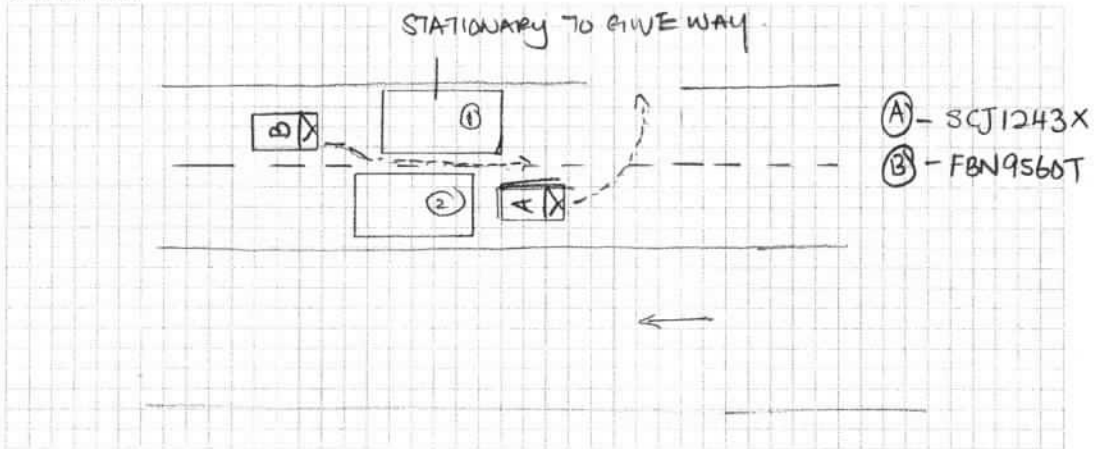
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was changing lanes as the other vehicles gave me way to change lane. (Truck 1). Truck 2 was stopped behind me.

A Motor cycle over took the Truck 1 and sliced my car.

After the accident the rider didn't fall or had any injuries.

Motor cycle was lane splitting.

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	Reporting Only
	Claim OD
	Claim TP
	<input checked="" type="checkbox"/> Claim OD / TP at other workshop

DECLARATION

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

SWAN
 Policyholder's Signature
 Date & Time: 8/3/19

Swan
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 8/3/19

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

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8732D
Vehicle Details	
Vehicle No.:	SCJ1243X
Vehicle to be Exported:	Yes
Intended Deregistration Date:	14 Mar 2019
Vehicle Make:	B.M.W.
Vehicle Model:	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV
Primary Colour:	Black
Manufacturing Year:	2011
Engine No.:	03587788N52B25AF
Chassis No.:	WBAFP32010C866810
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	\$50,153.00
Original Registration Date:	22 Jun 2011
First Registration Date:	22 Jun 2011
Transfer Count:	0
Actual ARF Paid:	\$50,153.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Jun 2021
PARF Rebate Amount:	\$30,091.00
Intended COE Rebate Details	
COE Expiry Date:	21 Jun 2021
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$56,889.00
COE Rebate Amount:	\$12,776.00
Total Rebate Amount:	\$42,867.00

The information contained herein is correct as at 14 Mar 2019

OK

Date: 14.03.2019
 Vehicle No: SCJ1243X
 Model: BMW 523i 2.5 AT
 Chassis: WBAFP32010C866810 - 2011
 M/Year: 2011

Third Party Insurer: MSIG INSURANCE
 (S) PTE LTD
 Third Party Veh No: FBN9560T
 Date of Accident: 07.03.2019

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT FENDER INNER SHIELD LOWER LH	1		CM \$191.71
2	FRONT FENDER LH	1		REPAIR
3	FRONT DOOR LH	1		REPAIR
4	FRONT SPORT RIM LH	1		REPAIR
SUB TOTAL				\$191.71
LESS 5%				-\$95.86
PARTS TOTAL				\$95.86

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE/REFIX & REPAIR FRONT ACCIDENT PORTION & ETC \$300.00 ✓

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS \$650.00 600

TO TUFF KOTE / ANTI-RUST \$60.00 X

LABOUR TOTAL \$1,010.00

PEI TING

TOTAL \$1,105.86

Not Notarised
 Resurvey After Paint
 3 days

1192.1245

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:

Head office

6 Kung Chong Road Singapore 159143
 Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
 Tel: (+65) 6484 9919 | Fax: (+65) 6481 1011

Branch

551 Upper Thomson Road Singapore 574415
 Tel: (+65) 6452 6868 | Fax: (+65) 6452 9223



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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	08 Mar 2019		15 Mar 2019 10:18 Edit Adj Rpt	S\$1,082.12 Edit Estimates	S\$1,082.12 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	FALIQ SHAZWIN BIN ALWI, ID: S9705831H, Tel: +6593886894, Email: NOEMAIL								
Main Claimant:	SENAKA VIJITHA TIRANAGAMA, ID: S2628732D								
Vehicle Reg. No.:	SCJ1243X	Date of Loss:	07/03/2019 12:00 - :59 [92 Months and 13 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / MSC/V/19-000293	Policy/Cover Note No.:	MSD/VMS/19-998183 (TP, Fire & Theft) Coverage: 10/01/2019 - 09/01/2020						
Vehicle Reg. No. (Insured):	FBN9560T	Policy No. (Claimant):							
		Excess:							
Repairer:	Optima Werkz Pte Ltd (HQ) 9A Serangoon North Ave 5, 554500 Serangoon - Tel:								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Elaine Ngu Siau Mei - 6594 2540]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 14/04/2019]								
Driver/Custodian (Insured):	FALIQ SHAZWIN BIN ALWI (22 / Male), NRIC: S9705831H, Tel: +6593886894 Email: NOEMAIL								
Adj Asg. Remarks:	Please arrange on 15/03/2019, 3pm. on WP, SJE AGREE LKK, LIAB UNCLEAR. pls contact Lily Loi @ 6481 1522								
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

*SCJ1243X (MSC/V/19-000293)
[FBN9560T]
TP
SENAKA VIJITHA TIRANAGAMA
Mar 7 2019 12:00PM
[FALIQ SHAZWIN BIN ALWI]
Optima Werkz Pte Ltd

[Upload Documents](#) | [Upload Photos](#) | [Compose New Letter](#)

View [View in Browser](#)

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On			Thumbnail	Print
1	14/03/19 14:42	MSIG Insurance (Singapore) Pte. Ltd. (HQ) Accident Statement <small>From: SC - Reg. No: FBN9560T, Claimant: FALIQ SHAZWIN BIN ALWI</small>		Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	19/03/19 16:33	Adjuster Immediate Advice		Load HTM	

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder			Thumbnail	Print
1	08/11/19 10:06	LKK Auto Consultants Pte Ltd (HQ) General View		Load JPG	<input checked="" type="checkbox"/>
2	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
3	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
4	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
5	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
6	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
7	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
8	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
9	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
10	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
11	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
12	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
13	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
14	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
15	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
16	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>
17	08/11/19 10:06	General View		Load JPG	<input checked="" type="checkbox"/>

Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On			Thumbnail	Print
1	14/03/19 14:43	MSIG Insurance (Singapore) Pte. Ltd. (HQ) TP SCJ1243X E-REPORT		Load PDF	
2	14/03/19 14:43	Please arrange PRI on 15/03/2019, 3pm.		Load PDF	
3	14/03/19 15:11	SJE AGREE LKK		Load PDF	
4	08/04/19 08:34	NRIC and Driving Licence of Faliq Shazwin Bin Alwi		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: CS/MSG19004710/KSD3E2

Date: 12/11/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/MS/19-998183
Claimant Vehicle No :	SCJ1243X	Insured Vehicle No :	FBN9560T
Date of Loss:	07/03/2019	Nature of Claim:	TP
		Claim No:	MSC/V/19-000293

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SCJ1243X		
Make & Model:	BMW 523i, 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV (A)	Engine No:	03587788N52B25AF
Reg. Date:	22/06/2011 (Man. Year: 2011)	Chassis No:	WBAFP32010C866810
Colour:	Metallic Black	Odometer:	110005 km
Engine Capacity:	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:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	245/45 R18	Rear Tyre Size:	245/45 R18
Front Left Side:	Pirelli 7 mm	Rear Left Side:	Pirelli 7 mm
Front Right Side:	Pirelli 7 mm	Rear Right Side:	Pirelli 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	182.12	182.12	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,010.00	900.00	110.00	10.89
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,192.12	1,082.12	110.00	9.23
+ GST 7.00/7.00% (S\$)	83.45	75.75	7.70	9.23
Nett Amount (S\$)	1,275.57	1,157.87	117.70	9.23

INSPECTION

Date of Assignment:	15/03/2019	
Date Inspected:	15/03/2019	Inspected At: Optima Werkz Pte Ltd (HQ) 9A Serangoon North Ave 5 Singapore 554500
Estimated Period of Repair:	3.0 days	

Adjuster: KENNETH KONG

Manager: Hiew May Fung

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.

THE VEHICLE HAS NOT SEND IN FOR REPAIRS.

(REPAIR COST NOT CONCLUDE)

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 12 Nov 2019)
Parts:	143	BMW 523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SCJ1243X)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT FENDER INNER SHIELD LOWER LH	Cracked	191.71 FL	*191.71 FL
2	1		*FRONT FENDER LH (NPA)	Repair	0.00 FL	*- FL
3	1		*FRONT DOOR LH (NPA)	Repair	0.00 FL	*- FL
4	1		*FRONT SPORT RIM LH (NPA)	Repair	0.00 FL	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	191.71	191.71
- List Item Discount on L Items 5.00/5.00% (S\$)	9.59	9.59
Total Parts (S\$)	182.12	182.12

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
Labour Items				
1	LABOUR CHARGES TO REMOVE / REFIX & REPAIR FRONT ACCIDENT PORTION & ETC	New	300.00	300.00
2	LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS	New	650.00	600.00
3	TO TUFF KOTE & ANTI-RUST	New	60.00	0.00
Gross Labour Cost (S\$)			1,010.00	900.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >