

12/04/2019

ASS. REC. BY:

REF: MSG18009402/47d39

and Instruction:

Surveyor
Menmen

Marcus

ASSIGNMENT (Office)

From (Person):

Christina Wong

of

MSG

Date/Time:

11/04/2019

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SLK 3500D

Insured:

SLM 4467A

at Workshop m/s:

Blumel Automotive

Tel:

6745 2088

of 1 Kaki Bukit Ave 6 # 01-28

Policy No:

28929939 ARW

Claim No:

559117

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A.

15/05/2018

CA / REV / REP. / REV 24 HRS

(up)

24/05/2018

H.O.D. Endorsement:

Date/Time:

4:23pm @ 23/5/18

Person Contacted:

Sally

Vehicle:

IN OUT

Date/Time

Action/Instruction (X) Estimate

SLK 3500D - X

SLM 4467A - X

Do Not Finalise

07/18

Dismissed

3/5/19

Sumat 4/5 24.500 334. (Red: 9200: 2710)

RECEIVED 3 MAY 2019

[Signature]
3/5/2019

ASS. REC. BY: MD/CLJ

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To: SLK 35000
 at Workshop n/a 2m
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Est. or Market Value: 82k
 IDAC Accident Report Consistent? : Yes or No
 GIA / PR Seen Consistent? : Yes or No
 Est. Repair: 25 days Res: Yes or No
 Lim Sum % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLK 35000 Yr Regn: 6 / 12
 Type: M.Cycle / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA
 Make: BMW 320i coupe 1995
 Colour: white A/C: Insured / Std / NI / NA
 Sp Reading: 102 052 T/Radio: Insured / Std / NI / NA
 Eng No: _____
 C/Nr: WBADU320906 491881
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Good / Jammed / Leaked / Burnt or
 Brakes: Good / Jammed / Leaked / Burnt or
 Mod: NI / S/Rim / STD A/Rim or
 Tyre Size: F: 225/40R18
 R: 255/35R18
 BS / DUN / EXNOVA / GY / FS / LIZA MP / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal: 6 mm R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm
 D.O.A: 15/5/18 D.O.U: 24/5/18
 Survey held at: 11.30am
 Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or
MS body &
 The UP / Chassis frame / Body Structure affected due to collision

Days / Time Action / Instruction

no contact. LTA 66401 Rep 14k.

15-18k.

24/5/18 Submit PRS Report

Date/Time, File Pass to:

☐ : Prel. Report
☐ : Final Report

Date/Time, File Return to:

1 _____

Report Format: _____

Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ Site Insp (\$ _____)
☐ Interview (\$ _____)
☐ Tech. Invs (\$ _____)
☐ Weekend (\$ _____)

Survey Fee

Transportation

_____ \$ + PG _____

Private

Other

TOTAL

120

50

10

180

Nivitha (LKK Auto)

From: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Sent: Thursday, 11 April 2019 1:36 PM
To: Christina Wong; assignments
Subject: RE: Our ref:M559117-TP SLK3500D-Urgent

Dear Christina,

Thank you for the email.

Dear Assignment Team,

FYNA

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Christina Wong <Christina_Wong@sg.msig-asia.com>
Sent: Thursday, 11 April 2019 12:47 PM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Subject: Our ref:M559117-TP SLK3500D-Urgent

Dear Veron

Please do paper survey asap as we have received TP lawyer's claim





Best Regards

Christina Wong

Senior Executive, Claims Services (Motor)

Direct line +65 6643 1311 | Direct fax +65 6225 7402 | christina_wong@sg.msig-asia.com



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | <http://www.msig.com.sg/> | Follow us on    

A member of  INSURANCE GROUP

Denise Tay (LKKAuto)

From: Chua Kee Sin <chua.kee.sin@simedarby.com.sg>
Sent: Wednesday, 17 April 2019 2:22 PM
To: Denise Tay (LKKAuto)
Subject: RE: HELP CHECK PART PRICE PLEASE

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Tuesday, April 16, 2019 10:16 AM
To: Chua Kee Sin <chua.kee.sin@simedarby.com.sg>
Subject: HELP CHECK PART PRICE PLEASE

Dear Chua,

Can help me check part price

SLK 3500D
MODEL BMW 320I 2012
C/NO: WBADV32090E491881

Front LH door	\$ 1,505.15
Front LH door inner board	\$1,629.30
Front passenger Seat LH	no item only seat frame – no price
Front passenger Seat air bag LH	\$413.60
Centre console box	\$900.75

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

MC-COY

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883
Tel: 6748 6633 Fax: 67471017 Registration No: 200723252D

Billing Name & Address

Pang Zhe Liang
c/o No.1 Kaki Bukit Ave 6
#01-53/55 AutoBay@ Kaki Bukit
Singapore 417883

Invoice No 18038-05/AY

Date 25 Mar 2019

Vehicle No : SLK 3500 D

Model : BMW 320i

Item	Descriptions	Amount S\$
1	Date of inspection : <u>24 May 2018</u> A copy of the inspection / survey report Correspondence, postages and etc.	
2	Photography Services - Develop photographs - Storage of digital photographs - Submission of photographs <u>266</u> copies	
3	Transportation Charges	
4	2nd Inspection & Final Inspection	
	Total	<u>\$ 1866.00</u>
	SDLS : ONE THOUSAND, EIGHT HUNDRED AND SIXTY-SIX ONLY	

Notes :

1. All cheque payment should be "Crossed" and made payable to "Mc-Coy Appraiser Pte. Ltd."
2. All cheque should have our "Invoice No." written on the reverse side of the cheque
3. For further enquiries on this invoice, please feel free to contact us



Official Stamp

E & O. E

MC-COY

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-29 AutoBay @ Kaki Bukit Singapore 417883
Tel: 6748 6653 Fax: 67471017 Registration No: 200725252D

Report Reference : TP / 18038-05/AY / 2018

Date of Report : 19 Dec 2018

Pang Zhe Liang
c/o No.1 Kaki Bukit Ave 6
#01-53/55 AutoBay@ Kaki Bukit
Singapore 417883

THIRD PARTY SURVEY

ACCIDENT HAPPENED ON 15 May 2018

Workshop Address : Bluwel Automotive Service Pte Ltd
No.1 Kaki Bukit Ave 6
#01-53/55 AutoBay@ Kaki Bukit
Singapore 417883

As per your instruction dated 24 May 2018 with regard to the above matter. We have carried out a physical inspection on the said vehicle SLK 3500 D . We enclosed herewith our report and findings as follows:

1. VEHICLE PARTICULARS

Registration No	: SLK 3500 D	Engine No	: A514J230N46B20BD
Model	: BMW 320i	Mileage	: 102052
Year / Capacity	: 2012/1995	Colour	: White
Chassis No	: WBADV32090E491881		

2. TYRES CONDITION

	<u>Size</u>	<u>Made</u>	<u>Balance</u>	<u>Rim</u>
FRONT O/S	: 225/40 R18	Good Year	5.00 mm	Sport
REAR O/S	: 255/35 R18	Michelin	5.00 mm	Sport
FRONT N/S	: 225/40 R18	Good Year	5.00 mm	Sport
REAR N/S	: 255/35 R18	Michelin	5.00 mm	Sport



No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883
Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the n/s portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 33 working days to complete.
5. Enclosed number of photograph : 266 copies.
6. In accordance to your instruction, we have **Not Authorised** repair to the vehicle and the survey was done on a **"Without Prejudice"** basis. We hope that this report will be of assistance to you in dealing with the matter.
7. Should you discover any discrepancy in the report, please kindly notify us **within 2 weeks**, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

Vehicle No: SLK 3500 D
Report No: TP/ 18038-05/AY / 2018

SPARE PARTS

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
<u>List Items</u>				
1	Front fender	Repair	\$ 681.00	\$ 12 X
1	Front n/s door 1526.15	Damage	\$ 1770.00	\$ 703 1770.00 ✓
1	Front n/s door lock	Damage	\$ 285.00	\$ 285 285.00 ✓
1	Front n/s door rubber	Necessary	\$ 148.00	\$ 148 148.00 ✓
1	Front n/s door side mirror	Intact	\$ 840.00	\$ 111 X
1	Front n/s door regulator	Damage	\$ 297.00	\$ 297 297.00 ✓
1	Front n/s door regulator motor	Damage	\$ 315.00	\$ 315 315.00 ✓
1	Front n/s door glass	Damage	\$ 260.00	\$ 260 260.00 ✓
1	Front n/s door channel	Damage	\$ 220.00	\$ 220 220.00 ✓
1	Front door top moulding	Damage	\$ 190.00	\$ 190 190.00 ✓
1	Front n/s door outer handle	Damage	\$ 71.00	\$ 71 71.00 ✓
2	Front n/s door hinges	Damage	\$ 116.00	\$ 116 116.00 ✓
1	Front n/s door pillar	Damage	\$ 490.00	\$ 490 490.00 X
1	Front n/s door inner board 1629.30	Damage	\$ 1920.00	\$ 1920 1920.00 ✓
1	Front n/s door step garnish c/w chrome moulding	Damage	\$ 115.00	\$ 115 115.00 ✓
1	Rear n/s fender	Damage	\$ 1450.00	\$ 1450 1450.00 ✓
1	Rear n/s fender glass	Damage	\$ 310.00	\$ 310 310.00 ✓
1	Rear n/s fender glass pillar	Damage	\$ 190.00	\$ 190 190.00 ✓
1	Rear n/s fender glass regulator	Damage	\$ 357.00	\$ 357 357.00 ✓
1	Rear n/s fender glass regulator motor	Damage	\$ 315.00	\$ 315 315.00 ✓
1	Rear n/s fender inner garnish	Damage	\$ 155.00	\$ 155 155.00 ✓
1	Rear n/s fender inner shield	Damage	\$ 182.00	\$ 182 182.00 ✓
1	Rear n/s fender top moulding	Damage	\$ 270.00	\$ 270 270.00 ✓
1	Rear o/s fender inner panel	Damage	\$ 590.00	\$ 590 590.00 X
1	Rear o/s wheel inner arch panel	Damage	\$ 155.00	\$ 155 155.00 ✓
1	Rear o/s fender inner sponge	Damage	\$ 58.00	\$ 58 58.00 X
1	Rear o/s fender inner vertical panel	Damage	\$ 450.00	\$ 450 450.00 X
1	Rear bumper	Repair	\$ 1340.00	\$ 1340 X
1	Rear bumper side retainer	Necessary	\$ 39.00	\$ 39 39.00 X
1	Rear n/s taillamp	Damage	\$ 380.00	\$ 380 380.00 ✓
1	Boot lid	Repair	\$ 2040.00	\$ 2040 X
1	Boot lid n/s lamp	Damage	\$ 270.00	\$ 270 270.00 ✓
1	Boot lid rubber	Damage	\$ 438.00	\$ 438 438.00 X
1	Boot roof board	Damage	\$ 517.10	\$ 517 517.10 X
1	Front passenger seat 6200.00	Damage	\$ 7200.00	\$ 7200 7200.00 ✓
1	Front passenger seat air bag 413.60	Damage	\$ 1330.00	\$ 1330 1330.00 ✓
1	Front passenger seat belt	Damage	\$ 359.05	\$ 359 359.05 ✓

List Items Sub Total \$ 26113.15 \$ 21212.15

16003.1

Vehicle No: SLK 3500 D
Report No: TP/ 18038-05/AY / 2018

SPARE PARTS

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
List Items Total c/f			\$ 26113.15	\$ 21212.15
<u>List Items</u>				
1	Front air bag sensor	Necessary	\$ 150.00	\$ 150.00
1	Front air bag ECU	Necessary	\$ 920.00	\$ 920.00
1	Rear n/s shock absorber	Damage	\$ 304.00	\$ 304.00
1	Rear n/s lower arm	Damage	\$ 241.00	\$ 241.00
1	Rear n/s stay arm	Damage	\$ 305.00	\$ 305.00
1	Rear n/s trailing arm	Damage	\$ 190.00	\$ 190.00
1	Rear n/s top arm	Damage	\$ 241.00	\$ 241.00
1	Rear n/s control arm	Damage	\$ 245.00	\$ 245.00
1	Rear sub frame	Damage	\$ 733.80	\$ 733.80
1	Rear n/s drive shaft	Intact	\$ 780.00	\$ 780.00
1	Front spray nozzle cover	Damage	\$ 42.00	\$ 42.00
1	Rear n/s knuckle arm	Damage	\$ 1200.00	\$ 1200.00
1	Rear n/s wheel hub	Damage	\$ 180.00	\$ 180.00
1	Rear n/s wheel bearing	Damage	\$ 138.00	\$ 138.00
1	N/s side skirt	Necessary	\$ 370.00	\$ 370.00
1	N/s rocker panel	Damage	\$ 1780.00	\$ 1780.00
1	N/s rocker panel step garnish	Damage	\$ 212.00	\$ 212.00
1	Front hand rest	Damage	\$ 325.00	\$ 325.00
1	Centre console box	Damage	\$ 4500.00	\$ 4500.00
2	Roof convertible arms	Damage	\$ 1560.00	\$ 1560.00
Discount 5.0%			\$ 40529.95	\$ 34848.95
			\$ 2026.50	\$ 1742.45
			\$ 38503.45	\$ 33106.50
<u>Special Nett Items</u>				
1	Rear n/s sport rim	Damage	\$ 600.00	\$ 600.00
1	Rear n/s tyre (depreciation)	Damage	\$ 480.00	\$ 240.00
			\$ 1080.00	\$ 840.00

Spare Parts Total \$ 39583.45 \$ 33946.50

Vehicle No: SLK 3500 D
Report No: TP/ 18038-05/AY / 2018

LABOUR COST

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation
	Spare Parts Total c/f	\$ 39583.45	\$ 33946.50
1	To remove and refit rear electrical wiring, replaced damaged lamps and test for proper functioning.	\$ 300.00	\$ 50 250.00
2	To remove and refit rear cushion seats, radio speaker board, interior upholstery to facilitate the repairs.	\$ 300.00	\$ 220.00
3	To remove and refit rear bumper sensor.	\$ 200.00	\$ 140.00
4	To remove and refit rear undercarriage.	\$ 700.00	\$ 350 550.00
5	To check and re-adjust (Computerized) all wheel alignment.	\$ 180.00	\$ 120.00
6	To remove and refit front windscreen glass.	\$ 200.00	\$ 160.00
7	To remove and refit the door lock mechanism, regulator gear, window glass, handle, inner board, hinges, channel to facilitate the repairs.	\$ 300.00	\$ 80 220.00
8	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and weld body panels. To re-adjust to the original position using power tools.	\$ 4200.00	\$ 2500 3750.00
9	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$ 2800.00	\$ 1500 2250.00
10	To remove and refit convertible, and adjust to original position.	\$ 600.00	\$ 500.00
Total		\$ 49363.45	\$ 42106.50

L - 5320

Vehicle No: **SLK 3500 D**
Report No: **TP/ 18038-05/AY / 2018**

LABOUR COST

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation
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Total c/f \$ 49363.45 \$ 42106.50

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of:

\$ 33700.00

SDLS: THIRTY THREE THOUSAND SEVEN HUNDRED ONLY



Qualified Appraiser

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 ability.
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	21/05/2018 16:17
Date Of Accident	15/05/2018 22:45
Exact Location Of Accident	WOODLANDS AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3500D
Insured/Policyholder	
Name Of Registered Owner	PANG ZHE LIANG
NRIC No	S9013935E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96770781
Alternative Phone No	OFFICE-96770781

Vehicle Particulars

Manufacturer	BMW
Model	320I

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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29068665QMY
Cover Note Number	

Driver

Name of Driver	PANG ZHE LIANG
NRIC No	S9013935E
Date Of Birth	03/05/1990
Occupation	INDOOR
Date Of Driving Pass	15/12/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96770781
Fax Number	
Contact Number	OFFICE-96770781
Email Address	NOEMAIL

Address	BLK 718 WOODLANDS AVE 6 #08-660
Postcode	730718
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20180516/7009.

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	SLM4467A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)

DETAILS OF INJURED PERSON 1

Name PANG ZHE LIANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLK3500D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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: 21/5/18, 2:45 pm

Driver's Signature

(If driver is not the policyholder)

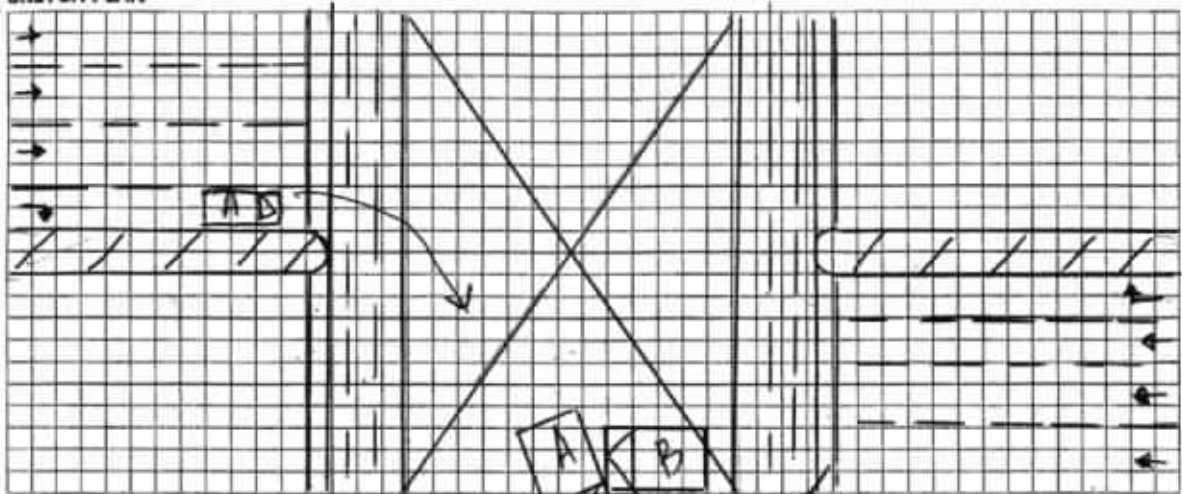
Date & Time: 21/5/18, 2:45 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report to Police Report

I reported late because I was given 7 days MC and I was resting at home.

DECLARATION

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

Policyholder's Signature

Date & Time: 21/5/18, 245pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/5/18, 245pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180516/7009

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No: T/20180516/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2018 16:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PANG ZHE LIANG			Address: APT BLK 718 WOODLANDS AVENUE 6 #08-660 SINGAPORE 730718		
ID Type / ID No.: NRIC NO / S9013935E			Contact No.: Home/Office: Mobile: 96770781		
Nationality: SINGAPORE CITIZEN			Email: emailpzi@gmail.com		
Sex: Male	Age: 28	Date of Birth: 03/05/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: INSURANCE AGENT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/05/2018 22:45	Type of Location: X-Junction
Location: WOODLANDS AVENUE 9 Cross junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK3500D	Car	BMW	320i	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK3500D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	29068665	26/12/2017	25/12/2018



**SINGAPORE
POLICE FORCE**



T/20180516/7009

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180516/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PANG ZHE LIANG	ID No.	S9013935E
Related Vehicle	SLK3500D (Car)	Contact No.	96770781
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/05/2018	Date Discharge	16/05/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

My car, SLK3500D was queuing at stationary at the right turn junction, awaiting for my turn to turn right. After I became the next vehicle to move off, I checked both left and right of my blindspot, as well as for ongoing traffic in the opposite direction. Once cleared, I made the right turn. Suddenly, I felt a huge impact coming from somewhere. The next thing that I was aware of, was that my car got hit from the left. I felt liquid coming off my eye and noticed that I was bleeding. I was in huge discomfort and was in the car. Fortunately, two off duty paramedic came to check on me. Shortly, ambulance came and conveyed me to Khoo Teck Phuat Hospital for treatment.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180516/7009

3 of 3

Report No. T/20180516/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
16/05/2018 16:26

Classification Of Case:

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9013935E



Name

PANG ZHE LIANG

彭哲良

Race

CHINESE

Date of Birth

03-11-1990 M

Country of Birth

SINGAPORE



IDENTITY CARD NO. S9013935E



Date of Issue

18-06-2000

APT BLK 718 WOODLANDS AVENUE 6 #06-880
SINGAPORE 720018

NRIC No. S9013935E

Date. 01/07/2006

No. 4988288

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

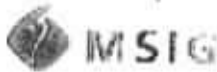
Class 3 Motor Cars - carrying with not passengers, exclusive of the driver, and other motor vehicles - 4 wheels

PASSENGER

15 Dec 2000



INSURANCE



MSIG Insurance (Singapore) Pte. Ltd.
 40, Raffles Quay #21-01, 2101, Raffles Quay #21-01, Raffles Quay
 Tel: 654 6527 7888 Fax: (65) 6527 7889
 Co Reg No 2004120130 OCT Reg No 26-54(29120)

9677891

Certificate of Insurance

ORIGINAL

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1960 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 160) OF THE REVISED EDITION
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form F.R.1
 Includes: Comprehensive

VICTOR MAX PLUS
 Comprehensive

Certificate No. A-29066661-QTY

Excess: 100,000

Windscreen Excess: 12,000.00

1. Motor Mark and Registration Number of Vehicle
 RHE35007

2. Name of Policyholder
 Tang Ewe Liang

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 02/01/2018

4. Date of Expiry of Insurance
 31/12/2018

5. Persons or Classes of Persons entitled to drive*

Tang Ewe Liang

Any other person provided he is driving on the Policyholder's premises with the appropriate permission.

*Provided that the person driving is permitted to transgress with the licensing or other laws or rules or regulations to drive the Motor Vehicle or has been so permitted and is not liable by order of a Court of Law or by reason of any enactment or regulation in that case from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, racing, speed trials, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the motor trade.

*Limitations referred to operative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 160) and Section 20 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

REPAIR WORK ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORIZED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 160).

I HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 160) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.



Signature / Seal

Counter Signature:

Winnor Commercial Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
 Authorized Representative

Atty Lee
 Head, Vice President, Agencies

This is Blanket cover which is signed for & on behalf of the Company and Counter-Signed by a duly authorized representative of the Counter-Signatory.

MSIG 4520 (REPLACES)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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 ability.
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 18/05/2018 10:04
Date Of Accident 15/05/2018 22:30
Exact Location Of Accident JUNCTION OF WOODLAND AVE 9 AND WOODLAND AVE 6
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM4467A
Insured/Policyholder
Name Of Registered Owner CHUA PUAY KEOW
NRIC No S1465881E
Email Address MEIHUAWEIQI@GMAIL.COM
Mobile Phone No (LOCAL) +65-90293253
Alternative Phone No Office-90293253

Vehicle Particulars

Manufacturer VOLKSWAGEN
Model JETTA TSI (DSG) TRENDLINE

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? YES

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 A28929939 AVW
Cover Note Number

Driver

Name of Driver CHUA PUAY KEOW
NRIC No S1465881E
Date Of Birth 26/07/1961
Occupation INDOOR
Date Of Driving Pass 22/05/2006
Driving Experience 11 YEARS AND 11 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-90293253

Fax Number	
Contact Number	OFFICE-90293253
E-Mail Address	MEIHUAWEIQI@GMAIL.COM
Address	327 TAH CHING ROAD,#13-14
Postcode	610327
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	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	Name: : CHENG KENG SHYAN 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 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	SKD3500D
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)

DETAILS OF INJURED PERSON 1

Name
CHUA PUAY KEOW
Approximate Age
57
Injuries Sustain
Injured person in which vehicle?
SLM4467A
Were seat belts worn?
YES
Was this injured conveyed to hospital by
ambulance?
Address
Postcode
730891

DETAILS OF INJURED PERSON 2

Name
CHENG KENG SHYAB
Approximate Age
Injuries Sustain
Injured person in which vehicle?
SLM4467A
Were seat belts worn?
YES
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

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:

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

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

SKETCH PLAN

Refer to Attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Puch Report

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

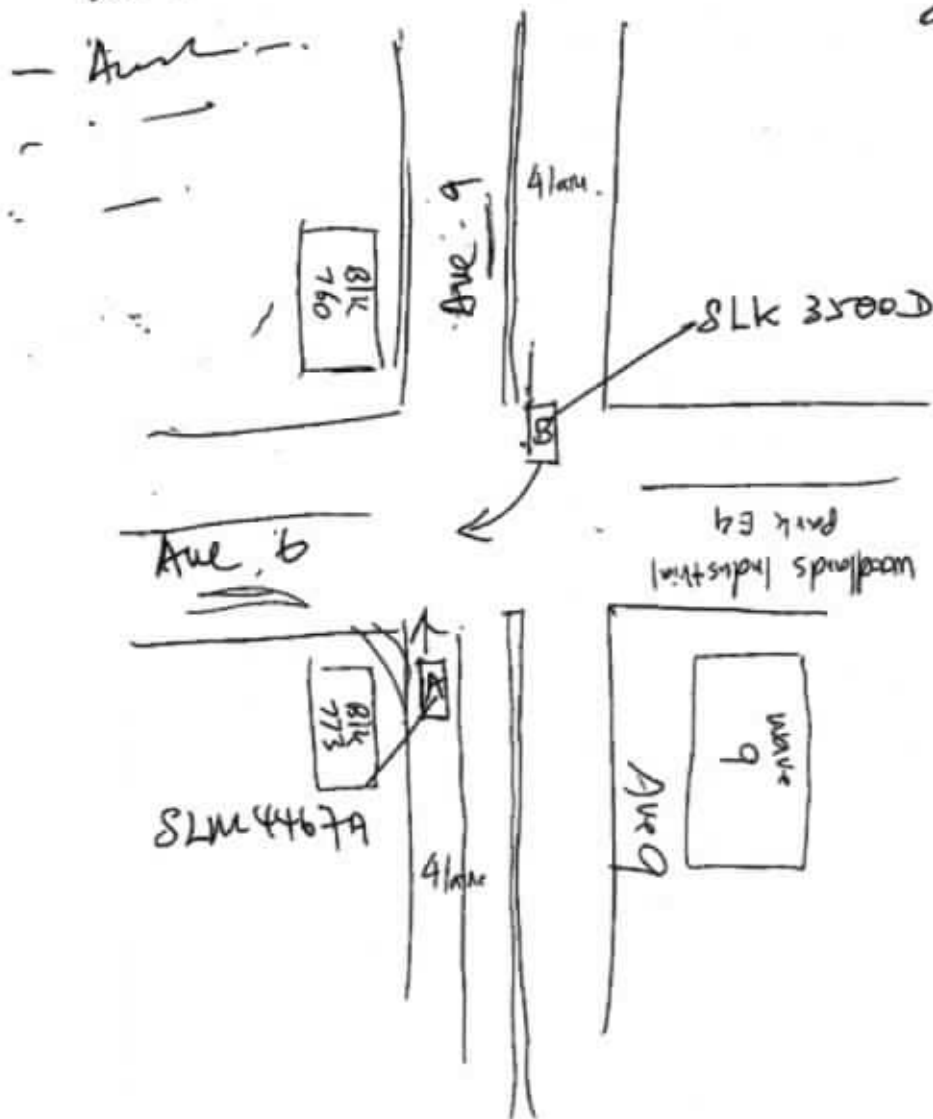
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

* white is the crosses the junction.
 Vehicle B ~~is~~ traveling from ~~door~~
 along Ave 9 towards ~~crosser~~ turning to
 his ~~left~~ ^{right} to Ave 6. I hit his left front
 door.



The accident happen on 15/5/18 at
 at about 10:30 pm. I (Vehicle A) ^{was} traveling
 along Wadden Ave 9 towards ^{Ave 5} ~~city~~
 While I was reaching the junction ^{light}
 Ave 6 & Ave 9. I saw the traffic ^{light}
 green turning to Amber light, I
 accelerate and crossed the junction



SINGAPORE POLICE FORCE



T/20180517/2132

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20180517/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2018 18:45		Vide Report No.:		Station Diary No.: 162
Name of Informant: CHUA PUAY KEOW		Address: APT BLK 891A WOODLANDS DRIVE 50 #08-203 SINGAPORE 730891		
ID Type / ID No.: NRIC NO / S1465881E		Contact No.: Home/Office: Mobile: 96682258		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 58	Date of Birth: 26/07/1961	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SALES ADMIN		Driving Licence Information: Class: 3A Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/05/2018 22:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 9 WOODLANDS AVENUE 8 AT THE TRAFFIC LIGHT JUNCTION OF WOODLANDS AVENUE 9 AND WOODLANDS AVENUE 8				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

SLK3500D	Car	BMW	320i AT ABS D/AB 2WD 2DR GAS/D	White	Slightly Damaged	0
SLM4467A	Car	VOLKSWAGO N	GOLF 1.2 TSI AT 5G12BZ	Black	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180517/2132

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20180517/2132

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	CHUA PUAY KEOW	ID No.	S1465881E
Related Vehicle	SLM4467A (Car)	Contact No.	96682258
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	15/05/2018	Date Discharge	16/05/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the 15/05/2018 at about 2230hours, I was driving my car SLM4467A, at the most left lane along Woodlands Avenue 9 towards the traffic light junction of Woodlands Avenue 6 when the light turned amber as I crossed the white line. I continued to drive straight and at that point of time, a car bearing the registration number SLK3500D from the opposite direction turned right and my car hit onto the front left passenger door of the said car.

My airbags were deployed and it hit directly onto my chest. Subsequently, I came out of the car to make a check and realize that my front side of the car was badly damaged. Passerby at the area called the ambulance and Traffic Police for assistance and they arrived at scene and conveyed me to Khoo Teck Puat hospital for medical attention. I suffered pain at my chest area due to the impact and was given 04 days of MC. My passenger suffered serious injuries.

My car was towed away by the Traffic Police and there is camera installed in my car which recorded the accident.



**SINGAPORE
POLICE FORCE**



T/20180517/2132

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20180517/2132

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J/ Staff Sgt MUHAMMAD ADNAN BIN MORAMED <i>Sgt 2 Adn + 160078</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2018 18:45
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394	Classification Of Case: SN 130
Authentication Stamp NP168	Signature: <i>AA</i> Singapore Police Force

Accident Sketch Plan



Insurance (Singapore) Pte. Ltd.
 21-01, SGX Centre 2, Singapore 068807
 Tel: 6827 7888, Fax: +65 6827 7800
 UEN No. 200412212G GST Reg. No. 20-0412212G

VW DRIVEEASY

RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Place of Issue
A 28929939 AVW	30/03/2018 to 29/03/2019	SINGAPORE
Name and Address of Insured		Date of Issue
Aua Puay Keow #1A Woodlands Drive 50 08-203 Singapore 730891		09/03/2018
		Account Number
		156346
Premium	GST	Total Due
SGD733.02	SGD51.31	SGD784.33

RISK NUMBER	1	VW DRIVEEASY
-------------	---	--------------

OCCUPATION

PA/Sales Admin

FINANCIAL INTEREST

DBS Bank Ltd
as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.	SLM4467A
MAKE/MODEL	Volkswagen Golf 1.2 TSI AT
ENGINE NUMBER	CYV509941
CHASSIS NUMBER	WVWZZZAUZH105268
YEAR OF MFG	2016
CAPACITY	1197 C.C.
SEATING CAPACITY	5 (INCL. DRIVER)
WINDSCREEN	UNLIMITED

SUM INSURED	MARKET VALUE
INCL. COE/PARF	YES
OFF-PEAK CAR	NO
NO CLAIM DISCOUNT	50.00% (OR F/D)
GOOD DRIVER'S DISCOUNT	SGD38.58
NCD PROTECTOR	COVERED
EXCESS	SGD500
ANNUAL PREMIUM	SGD733.02

ACCESSORIES

Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Chua Puay Keow



MEDICAL CERTIFICATE

ORIGINAL

KHANE181354072

NAME : CHUA PUAY KEOW
NRIC : S1465881E

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named attended Examination/Treatment from **15 May 2018 23:32** to **16 May 2018 00:48**

The above named is unfit for duty for a period of **4** day(s), from **15 May 2018** to **18 May 2018** inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks :

16 May 2018
Date

Dr Tay, Woo Chiao (17571D)
Issuing Doctor

A&E
Location


Doctor's Signature

Ref No: 201811764111

Tear Along Here

MEDICAL CERTIFICATE

DUPLICATE

KHANE181354072

NAME : CHUA PUAY KEOW
NRIC : S1465881E

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named attended Examination/Treatment from **15 May 2018 23:32** to **16 May 2018 00:48**

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Remarks :

16 May 2018
Date

Dr Tay, Woo Chiao (17571D)
Issuing Doctor

A&E
Location


Doctor's Signature

Ref No: 201811764111

TAX INVOICE as at 16.05.2018

Admiralty Medical Centre
Khoo Teck Puat Hospital
Yishun Community Hospital

TO: MS. CHUA PUAY KEOW
BLK 891A #08-203
WOODLANDS DRIVE 50
SINGAPORE - 730891

Tax Invoice GST REG NO M90370246G

VISIT DATE : 15.05.2018 23:32
LOCATION : KCANEP3

This Tax Invoice is for charges incurred at **Khoo Teck Puat Hospital** (UEN 200717564H)

Case/Invoice No	Invoice Date	Outstanding Amount
57183089891-00001	16.05.2018	Nil

Patient Name: CHUA PUAY KEOW

Patient ID: S1465881E

Services	Amount(\$)
A&E Facility/Service Fee	240.00
Chest (1 View)	39.00
Wrist Joint	44.00
Less Government Subsidy	-203.00
	120.00
Total Amount Payable	120.00

Total amount payable after GST is \$126.40.

GST at 7% is absorbed by the Singapore Government: \$8.40

Payer	Adjustment	Payment	Amount Due
CHUA PUAY KEOW	0.00	120.00	0.00

(NETS - 16.05.2018 , RECEIPT #: K003036926)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





































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



















































CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	21 May 2018		23 May 2018 16:11 Edit Adj Rpt	S\$24,500.00 Edit Estimates	S\$24,500.00 View Rpt		Pending for Survey Report Cancel Case



















































Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	CHUA PUAY KEOW, ID: S1465881E								
Main Claimant:	PANG ZHE LIANG, ID: S9013935E								
Vehicle Reg. No.:	SLK3500D	Date of Loss:	15/05/2018 22:00 - :59 [70 Months and 17 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 559117	Policy/Cover Note No.:	28929939AVW (Comprehensive) Coverage: 30/03/2018 - 29/03/2019						
Vehicle Reg. No. (Insured):	SLM4467A	Policy No. (Claimant):							
		Excess:	S\$500.00						
Repairer:	Bluwei Automotive Service Pte Ltd (HQ) 1 Kaki Bukit Avenue 6, #01-28/37/53/55/56 Autobay@Kaki Bukit, 417883 Kaki Bukit - Tel: 67452088								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MARCUS CHUA] ... [Final Rpt due 15/04/2019]								
Adj Asg. Remarks:	Liability is not clear. TP disagree with SJE list. Proceed to appoint LKK.								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> MSIG_SG (11/04/2019): Report Send Back Alerts - SLK3500D (TP) 									
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

*SLK3500D (559117)
[SLM4467A]
TP
PANG ZHE LIANG
May 15 2018 10:00PM
[CHUA PUAY KEOW]
Bluwel Automotive Service 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	MSIG Insurance (Singapore) Pte. Ltd. (HQ)					Thumbnail		Print	
1	23/05/18 12:36	Accident Statement From: OD - Reg. No: SLM4467A, Claimant: CHUA PUAY KEOW					 Load HTML			
Photos/Images							3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)					Thumbnail		Print	
1	25/05/18 16:18	Chassis Number					 Load JPG		<input checked="" type="checkbox"/>	
2	25/05/18 16:18	Odometer Reading					 Load JPG		<input checked="" type="checkbox"/>	
3	25/05/18 16:19	General View					 Load JPG		<input checked="" type="checkbox"/>	
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2	23/05/18 09:10	Email correspondence with TP - TP reject SJE list & proceed to appoint LKK as SJE		<input type="checkbox"/>
3	23/05/18 12:36	TP GIA Report <small>From: OD - Reg. No: SLH4457A, Claimant: CHUA PUJAY KEOW</small>		<input type="checkbox"/>
4	09/04/19 16:22	TP Survey Rpt pt 1		<input type="checkbox"/>
5	09/04/19 16:22	TP Survey Rpt pt 2		<input type="checkbox"/>
6	09/04/19 16:22	TP Survey Rpt pt 3		<input type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
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3	03/05/19 14:05	PRS Invoice		<input type="checkbox"/>

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/MSG18009402/UTD3E2-1

Date: 03/05/2019

REFERENCE

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

Policy No: 28929939AVW

Claimant Vehicle No: SLK3500D

Insured Vehicle No: SLM4467A

Date of Loss: 15/05/2018

Nature of Claim: TP

Claim No: 559117

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SLK3500D

Make & Model: BMW 320i, 2.0 ABS D/AB 2WD 2DR GAS/D (A)

Engine No: A514J230N46B20BD

Reg. Date: 28/06/2012 (Man. Year: 2012)

Chassis No: WBADV32090E491881

Colour: White

Odometer: 102052 km

Engine Capacity: 1995 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: 225/40 R18

Rear Tyre Size: 255/35Z R18

Front Left Side: Goodyear 6 mm

Rear Left Side: Michelin 6 mm

Front Right Side: Goodyear 6 mm

Rear Right Side: Michelin 6 mm

The above values represent the remaining tyre tread depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	39,583.45	25,338.62	14,244.83	35.99
Miscellaneous Items	0.00	0.00	0.00	
Labour	9,780.00	5,320.00	4,460.00	45.60
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	49,363.45	30,658.62	18,704.83	37.89
Approved Total (Overridden) (S\$)		24,500.00		
(S\$)	49,363.45	24,500.00	24,863.45	50.37
+ GST 7.00/7.00% (S\$)	3,455.44	1,715.00	1,740.44	50.37
Nett Amount (S\$)	52,818.89	26,215.00	26,603.89	50.37

INSPECTION

Date of Assignment: 23/05/2018

Date Inspected: 24/05/2018 Inspected At:

 Bluwel Automotive Service Pte Ltd (HQ)
 1 Kaki Bukit Avenue 6, #01-28/37/53/55/56
 Autobay@Kaki Bukit
 Singapore 417883

Estimated Period of Repair: 33.0 days

Adjuster: MARCUS CHUA**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.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 03 May 2019)
Parts:	M1-COUPE	BMW 320i 2.0 ABS D/AB 2WD 2DR GAS/D (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLK3500D)	
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	Repair	681.00 FL	*- FL
2	1		*FRONT N/S DOOR	Distorted	1,770.00 FL	*1,505.15 FL
3	1		*FRONT N/S DOOR LOCK	Jammed	285.00 FL	*285.00 FL
4	1		*FRONT N/S DOOR RUBBER	Necessary	148.00 FL	*148.00 FL
5	1		*FRONT N/S DOOR SIDE MIRROR	Not Necessary	840.00 FL	*- FL
6	1		*FRONT N/S DOOR REGULATOR	Distorted	297.00 FL	*297.00 FL
7	1		*FRONT N/S DOOR REGULATOR MOTOR	Distorted	315.00 FL	*315.00 FL
8	1		*FRONT N/S DOOR GLASS	Shattered	260.00 FL	*260.00 FL
9	1		*FRONT N/S DOOR CHANNEL	Distorted	220.00 FL	*220.00 FL
10	1		*FRONT DOOR TOP MOULDING	Distorted	190.00 FL	*190.00 FL
11	1		*FRONT N/S DOOR OUTER HANDLE	Damaged	71.00 FL	*71.00 FL
12	2		*FRONT N/S DOOR HINGES	Bent	116.00 FL	*116.00 FL
13	1		*FRONT N/S DOOR PILLAR	Repair	490.00 FL	*- FL
14	1		*FRONT N/S DOOR INNER BOARD	Distorted / Torn	1,920.00 FL	*1,629.30 FL
15	1		*FRONT N/S DOOR STEP GARNISH C/W CHROME MOULDING	Distorted	115.00 FL	*115.00 FL
16	1		*REAR N/S FENDER	Distorted	1,450.00 FL	*1,450.00 FL
17	1		*REAR N/S FENDER GLASS	Shorted	310.00 FL	*310.00 FL
18	1		*REAR N/S FENDER GLASS PILLAR	Damaged	190.00 FL	*190.00 FL
19	1		*REAR N/S FENDER GLASS REGULATOR	Damaged	357.00 FL	*357.00 FL
20	1		*REAR N/S FENDER GLASS REGULATOR MOTOR	Jammed	315.00 FL	*315.00 FL
21	1		*REAR N/S FENDER INNER GARNISH	Torn	155.00 FL	*155.00 FL
22	1		*REAR N/S FENDER INNER SHIELD	Torn	182.00 FL	*182.00 FL
23	1		*REAR N/S FENDER TOP MOULDING	Bent	270.00 FL	*270.00 FL
24	1		*REAR O/S FENDER INNER PANEL	Repair	590.00 FL	*- FL
25	1		*REAR O/S WHEEL INNER ARCH PANEL	Repair	155.00 FL	*- FL
26	1		*REAR O/S FENDER INNER SPONGE	Not Necessary	58.00 FL	*- FL
27	1		*REAR O/S FENDER INNER VERTICAL PANEL	Repair	450.00 FL	*- FL
28	1		*REAR BUMPER	Repair	1,340.00 FL	*- FL
29	1		*REAR BUMPER SIDE RETAINER	Not Necessary	39.00 FL	*- FL
30	1		*REAR N/S TAILLAMP	Cracked	380.00 FL	*380.00 FL
31	1		*BOOT LID	Repair	2,040.00 FL	*- FL
32	1		*BOOT LID N/S LAMP	Cracked	270.00 FL	*270.00 FL
33	1		*BOOT LID RUBBER	Not Necessary	438.00 FL	*- FL
34	1		*BOOT ROOF BOARD	Not Necessary	517.10 FL	*- FL
35	1		*FRONT PASSENGER SEAT	Damaged / Twisted	7,200.00 FL	*6,200.00 FL
36	1		*FRONT PASSENGER SEAT BELT	Activated	359.05 FL	*359.05 FL
37	1		*FRONT AIR BAG SENSOR	Activated	150.00 FL	*150.00 FL

Report was unsubmitted during this print-out.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
38	1		*FRONT AIR BAG ECU	Activated	920.00 FL	*920.00 FL
39	1		*REAR N/S SHOCK ABSORBER	Bent	304.00 FL	*304.00 FL
40	1		*REAR N/S LOWER ARM	Bent	241.00 FL	*241.00 FL
41	1		*REAR N/S STAY ARM	Bent	305.00 FL	*305.00 FL
42	1		*REAR N/S TRAILING ARM	Bent	190.00 FL	*190.00 FL
43	1		*REAR N/S TOP ARM	Bent	241.00 FL	*241.00 FL
44	1		*REAR N/S CONTROL ARM	Bent	245.00 FL	*245.00 FL
45	1		*REAR SUB FRAME	Twisted	733.80 FL	*733.80 FL
46	1		*REAR N/S DRIVE SHAFT	Serviceable	780.00 FL	*- FL
47	1		*FRONT SPRAY NOZZLE COVER	Missing	42.00 FL	*42.00 FL
48	1		*REAR N/S KNUCKLE ARM	Bent	1,200.00 FL	*1,200.00 FL
49	1		*REAR N/S WHEEL HUB	Bent	180.00 FL	*180.00 FL
50	1		*REAR N/S WHEEL BEARING	Necessary	138.00 FL	*138.00 FL
51	1		*N/S SIDE SKIRT	Distorted	370.00 FL	*370.00 FL
52	1		*N/S ROCKER PANEL	Distorted	1,780.00 FL	*1,780.00 FL
53	1		*N/S ROCKER PANEL STEP GARNISH	Distorted	212.00 FL	*212.00 FL
54	1		*FRONT HAND REST	Damaged	325.00 FL	*325.00 FL
55	1		*CENTRE CONSOLE BOX	Cracked	4,500.00 FL	*900.75 FL
56	2		*ROOF CONVERTABLE ARMS	Bent	1,560.00 FL	*1,560.00 FL
57	1		*REAR N/S SPORT RIM	Bent	600.00 FS	*600.00 FS
58	1		*REAR N/S TYRE	Serviceable	480.00 FS	*- FS
59	1		*FRONT PASSENGER SEAT AIR BAG	Activated	1,330.00 FL	*413.60 FL

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (S\$) **41,609.95** **26,640.65**
 - List Item Discount on L Items 5.00/5.00% (S\$) 2,026.50 1,302.03

Total Parts (S\$) **39,583.45** **25,338.62**

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO REMOVE AND REFIT REAR ELECTRICAL WIRING, REPLACED DAMAGED LAMPS AND TEST FOR PROPER FUNCTIONING	New	300.00	50.00
2	TO REMOVE AND REFIT REAR CUSHION SEATS, RADIO SPEAKER BOARD, INTERIOR UPHOLSTERY TO FACILITATE THE REPAIRS	New	300.00	220.00
3	TO REMOVE AND REFIT REAR BUMPER SENSOR	New	200.00	0.00
4	TO REMOVE AND REFIT REAR UNDERCARRIAGE	New	700.00	350.00
5	TO CHECK AND RE-ADJUST (COMPUTERIZED) ALL WHEEL ALIGNMENT	New	180.00	120.00
6	TO REMOVE AND REFIT FRONT WINDSCREEN GLASS	New	200.00	0.00
7	TO REMOVE AND REFIT THE DOOR LOCK MECHANISM, REGULATOR GEAR, WINDOW GLASS, HANDLE, INNER BOARD, HINGES, CHANNEL TO FACILITATE THE REPAIRS	New	300.00	80.00
8	TO REMOVE AND REPLACE THE ABOVE DAMAGED PARTS, STRAIGHTEN, KNOCK OUT, REALIGN AND REPAIR INCLUDING CUT AND WIELD BODY PANELS. TO RE-ADJUST TO THE ORIGINAL POSITION USING POWER TOOLS	New	4,200.00	2,500.00
9	TO SPRAY PAINT ON THE REPLACED AND REPAIRED PARTS, PREPARE SPRAY SUCH AS MASKING TAPE THE UNAFFECTED AREAS WITH PAPER, CLEANING AND SANDING OF SURFACES, FINAL POLISHING AND WAXING ARE ALSO AVAILABLE	New	2,800.00	1,500.00
10	TO REMOVE AND REFIT CONVERTIBLE, AND ADJUST TO ORIGINAL POSITION	New	600.00	500.00
Gross Labour Cost (S\$)			9,780.00	5,320.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >