

ASS. DEC BY

REF: CS3/MSG18022314/GSD3-1

of Institutionalization

Survivor: Guo Dong
 Member: Pauline them
 From (Person):

ASSIGNMENT (Office)

From (Person) Pauline Chen of MING

Date/Time: 12/04/2016

Estimated Cost _____ Bill to _____

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

To inspect Vehicle No. SLM 4565A

Insured: GBD 3616

at Workshop n/s Team Autopro

Tel: 90927279

Stucki Stet Ave 1 # 06-21 premier

Policy No: B2909 6489MKF

Claim No: 548283

Sum Insured

Process

Make of Vehicle

D.O.A. 5/12/18

(Clerk's Record)

CA / REV / REP. / REV 24 HRS ^{1up?}

12/12/18
H.O.D. Endorsement:

Date/Time: 5:02pm @ 11/12/18 Person Contacted: Alan

Vehicle ~~IN~~OUT

Date/Time	Action/Instruction (X) Estimate
-----------	---------------------------------

SIM 4565A-01/01180150/Ard2

Finanz = 50 | 100 | 200 M

ORD 561A - X

Elemente: 13/12/2018

\$2600, 4 Days.

Do Not Finalize

(\$ 3,000/- Red - 54%)

RECEIVED 19 JUN 2019

24/5/2019

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Monday, 15 April 2019 11:09 AM
To: Admin-D (LKKAuto)
Cc: assignments
Subject: Report Send Back Alerts - SLM4565A (TP)

Dear Nivitha,

FYNA Please...

Pending for Survey Report:CS3/MSG18022314/GCD3E2

12 Apr 2019 17:18	Ins Send Back Adj Rpt	please conduct paper survey.	[I] Pauline Tham
12 Apr 2019 17:18	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2019/04/16	[I] Merimen Administrator

Thank You

Best Regards,

SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6742 9588 | email: account@lkkauto.com | fax: 6844-8805

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

From: Do-Not-Reply [mailto:do-not-reply@merimen.com]
Sent: Friday, 12 April 2019 5:20 PM
To: account@lkkauto.com
Subject: Report Send Back Alerts - SLM4565A (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,
The Merimen Team



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Yhel.
Hekmen (PRS)

MSIG

Date: 12/12/18

Time: 12:12/18

Vehicle: WS / TP RES / OD RES / EVA / INV / MV

Insured / Vehicle / Ins

SLM 1565A

Insured / Vehicle / Ins

tecim Autopro

8 kaki Bkt Ave 4 # 06-21 premier

Insured

Insured

Insured

Insured

Excess

Insured / Vehicle / Ins

Insured / Vehicle / Ins

Insured / Vehicle / Ins

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

Insured / Vehicle / Ins

Insured / Vehicle / Ins

Consistent? Yes or No

Insured / Vehicle / Ins

Consistent? Yes or No

Insured / Vehicle / Ins

4

days

Res.

Yes or No

Insured / Vehicle / Ins

%

3 Val.

Yes or No

CA / REV / REP. / 24 HRS up

Vehicle: IN / OUT

Date:

Person Contacted

Date / Time

Action / Instruction

\$2000 - \$3000

Insured / Vehicle / Ins

☐

Prof. Report

Insured / Vehicle / Ins

☐

Final Report

Insured / Vehicle / Ins

Report Format

PRG

Jump Sum / LB / US

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Resurvey Fee:

Insured / Vehicle / Ins

Insured / Vehicle / Ins

Insured / Vehicle / Ins

Insured / Vehicle / Ins

Insured / Vehicle / Ins

Add Fee:

☐

Date Insp. \$

☐

Hydro. \$

☐

Exch. \$

☐

Wheel. \$

120
10
130

Our reference: 18-12-1285

Date: 19/12/2018

INVOICE NO. 1285

Kiraly Automobile Pte Ltd
c/o Team Autopro Pte Ltd
385 Sin Ming Drive
#01-02 Vciom Inspection Centre
Singapore 575718

Registration No. **SLM4565A**

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

S/No.	Description of Services Provided	Qty	Amount
1	Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous.	1	\$ 539.00
Total amount			<u>\$ 539.00</u>

Please kindly cross all cheques made payable to "Impact Analysis Consultant".

We thank you in anticipation for your prompt payment.



L. L. Tan (Ms)
Principal Consultant

Our reference: 18-12-1285

Date: 19/12/2018

c/o Team Autopro Pte Ltd
385 Sin Ming Drive
#01-02 Vciom Inspection Centre
Singapore 575718

Dear Sirs

**RE: Road Traffic Accident on 5/12/2018
Kiralay Automobile Pte Ltd**

In accordance with your instructions received in this office on **12/12/2018**, we made arrangements to examine the vehicle on **12/12/2018** at above-mentioned address. The following data was recorded:

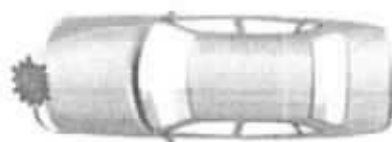
Vehicle details

Make	Honda	Registration	SLM4565A
Model	Vezel Hybrid	Chassis	RU31218589
Colour	Brown	Gearbox	Auto
Odometer	158274km	Paintwork	Good
Steering	In order	Brakes	In order
Condition	Good		

Tyre Depths

Front left	215/60R16	80% Dunlop
Front right	215/60R16	80% Dunlop
Rear left	215/60R16	80% Dunlop
Rear right	215/60R16	80% Dunlop

Impact Direction & Area of Damage:



Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of \$5,600.00 and 6 working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

Our reference 18-12-1285

Date 19/12/2018

Page 2

Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As Inspected	Repairer's Estimate	Our Adjustment
<u>List Items:</u>				
Front bumper	1	deformed	887.50	887.50 / 485
Front bumper lower grille	1	deformed	528.30	528.30 / 118
Front bumper reinforcement	1	bent	412.50	412.50 - 321
Front bumper reinforcement moulding	1	necessary	245.00	245.00 X NV
Front bumper side retainer @\$50.40	2	necessary	100.80	100.80 50.4
Front bumper fog lamp rh	1	damaged	354.90	354.90 /
Front bumper fog lamp cover rh	1	deformed	85.00	85.00 / 45
Headlamp assy rh	1	holder torn	1749.40	1749.40 / 1580
Headlamp bracket rh	1	bent	59.60	59.60 X
Centre grille	1	deformed	328.30	328.30 X
Centre grille cover	1	deformed	157.20	157.20 X
Centre grille logo	1	necessary	51.20	51.20 X
Front engine lower cover	1	deformed	344.00	344.00 X
Front bumper tow cover	1	grazed	42.00	42.00 X
Front bumper side outer garnish rh	1	holder torn	134.50	134.50 X
Sub- Total costs			5480.20	5480.20
Percentage discount : 20%			1096.04	1096.04
Sub-Total costs for parts			4384.16	4384.16
<u>Special Nett Items:</u>				
Front bumper clips	1 set	necessary	50.00	50.00 30
Front number plate	1	grazed/cut	50.00	50.00 40
Sub-Total costs for parts			100.00	100.00
Parts Repair				
Front support panel	1	repair	742.10	0.00
Sub- Total costs			742.10	0.00
Total costs for parts			5226.26	4484.16

Our reference 18-12-1285
Date 19/12/2018
Page 3

Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 50.00	22	\$ 1,100.00 400
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 900.00 400
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 30.00 X NA
Wiring and bulb checking	\$ 50.00	0.5	\$ 25.00 ✓
*		*	\$ -
Total labour cost			\$ 2,055.00

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

825

3266.44

20% 2600

3281.76

Our reference 18-12-1285

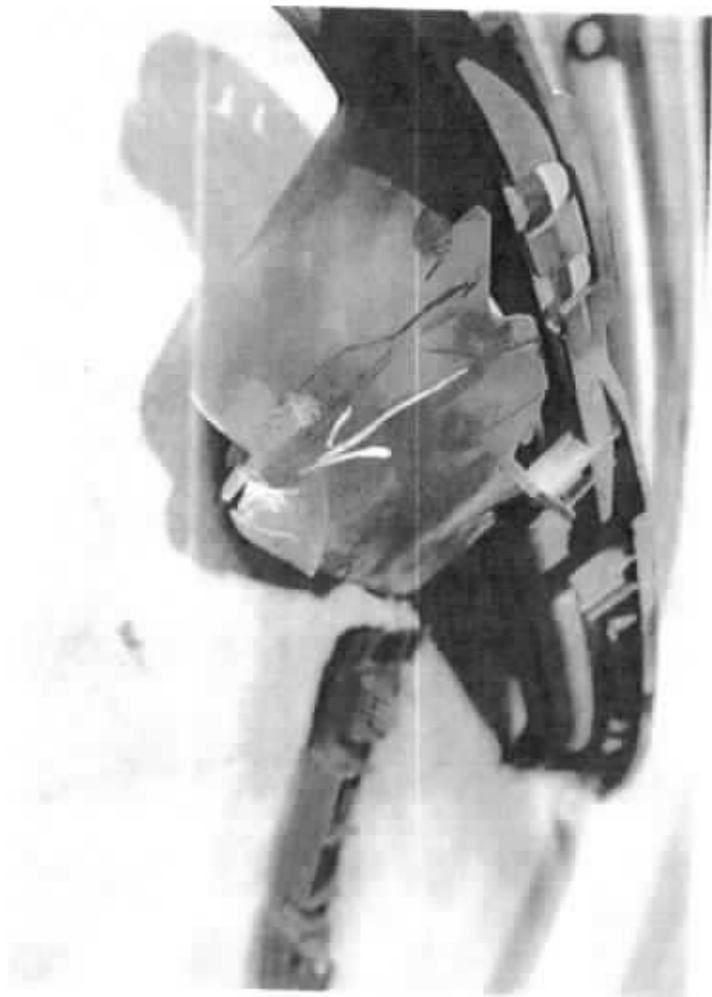
Date 19/12/2018

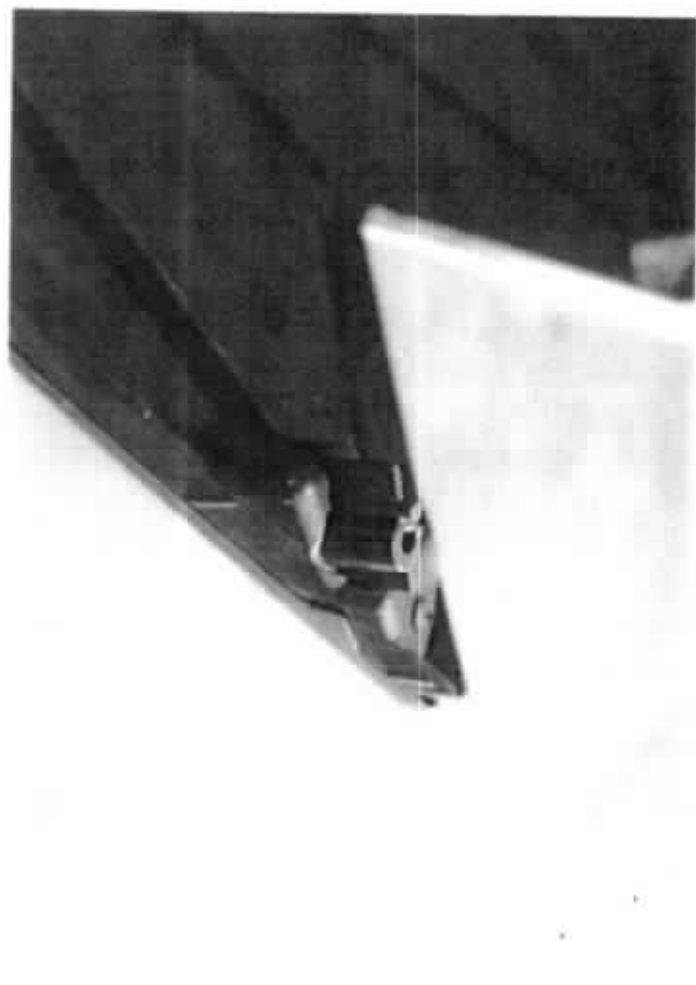
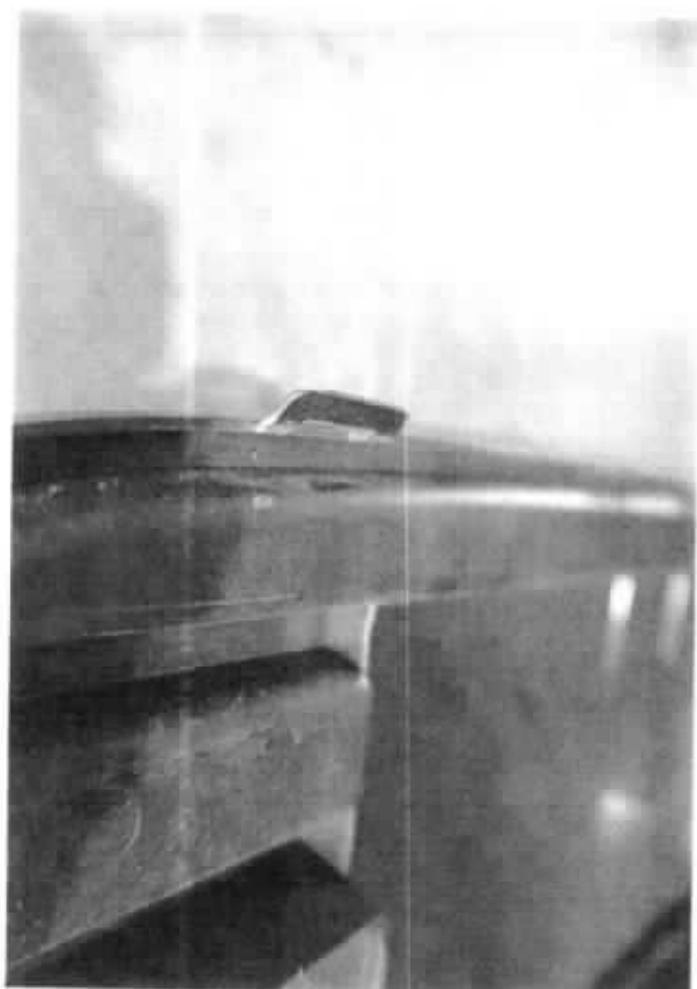
Section C: Summary Table of Total Repair Cost

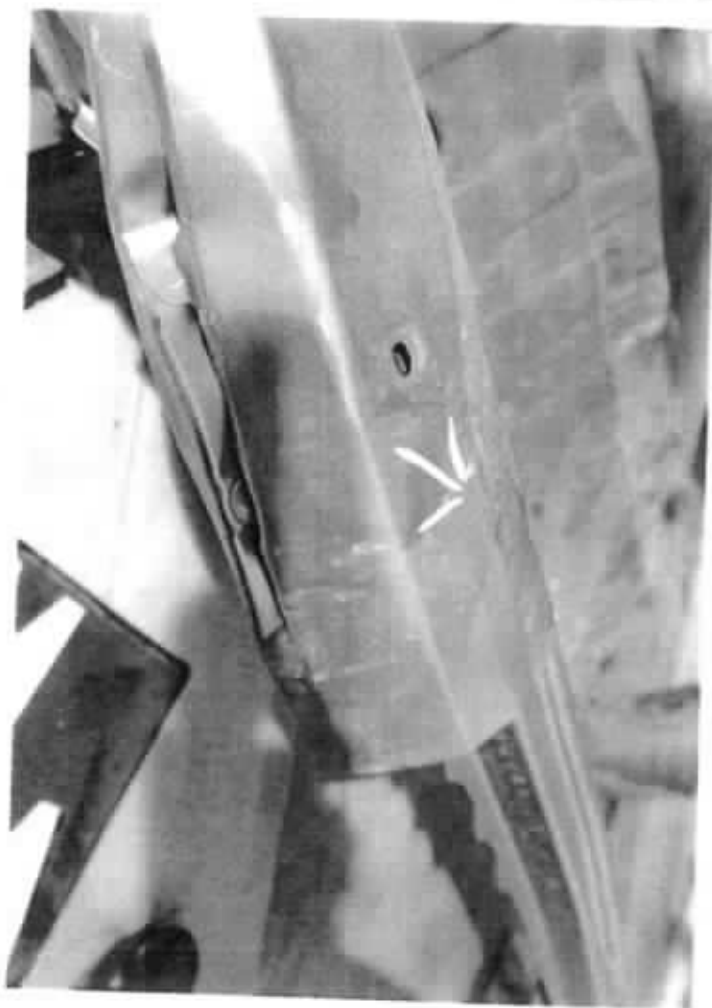
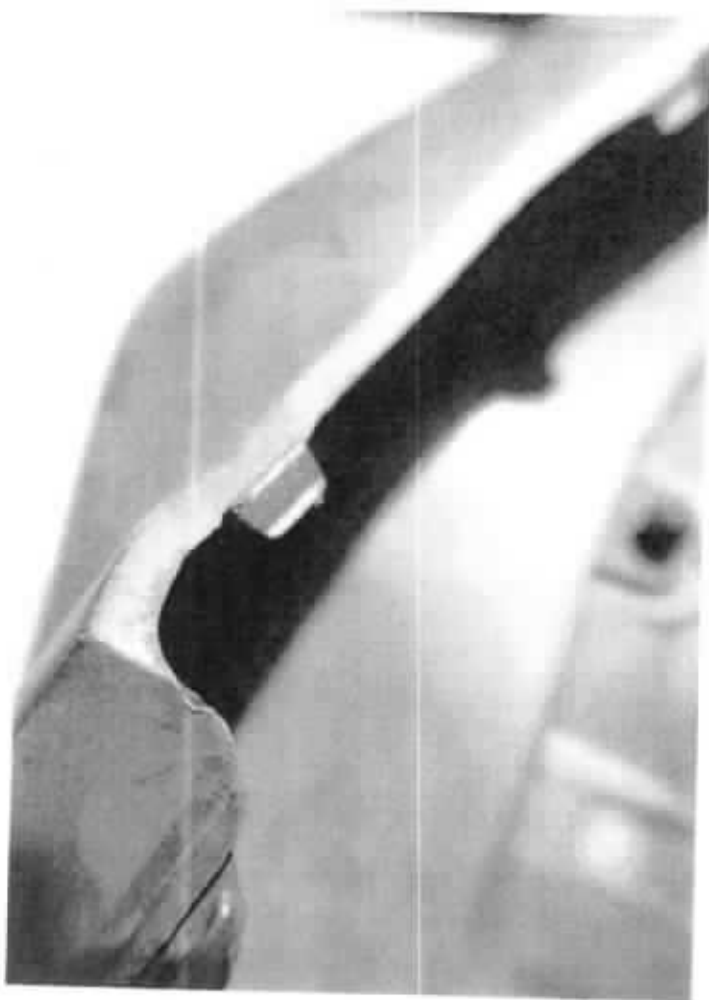
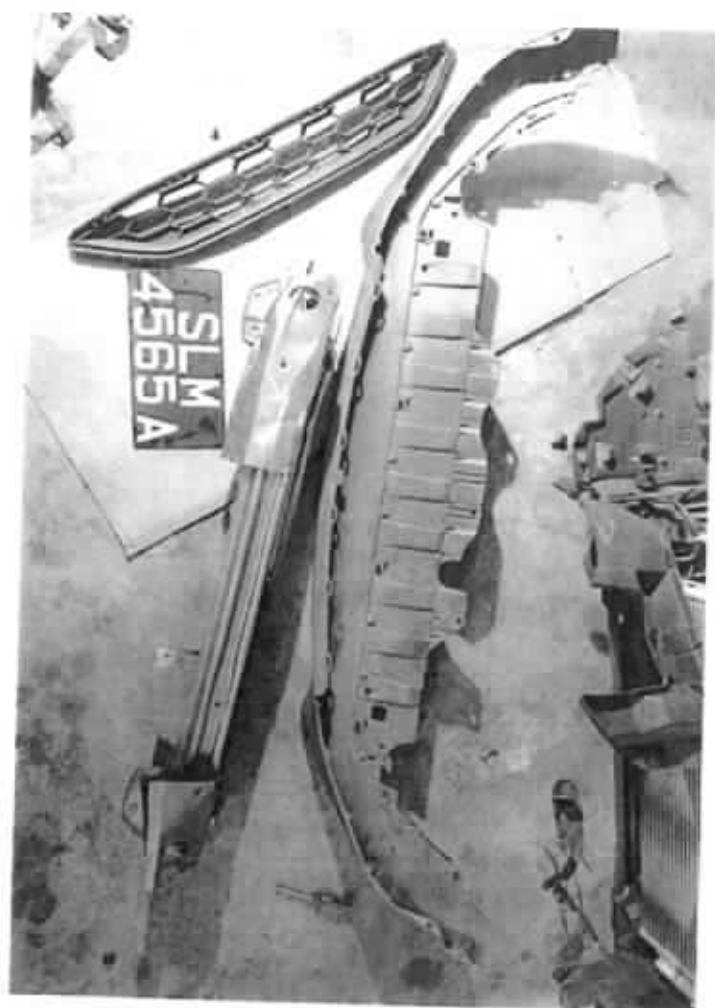
Description		Cost	
Damaged Parts Assessment (See section A)		\$4,484.16	
Replace parts		\$896.83	
Further discount	20%		
Recommended cost of parts replacement		\$3,587.33	(1)
Labour Cost Calculation (See section B)		\$2,055.00	(2)
Total Repair Cost (Round off to hundred)		\$5,600.00	(1) + (2)

We would recommend a sum of \$5,600.00 and 6 working days for repair.
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.


Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)
B.Eng. (Hons, NUS)
Diploma.Mechanical Engineering
NTC-2 Automovite Technology
Sr.MIES, Institution of Engineers, Singapore (#20100091)
MATAI, Maryland Association of Traffic Accident Investigators
IAARS, International Association of Accident Reconstruction Specialists
PMC of Singapore Business Advisors & Consultants Council

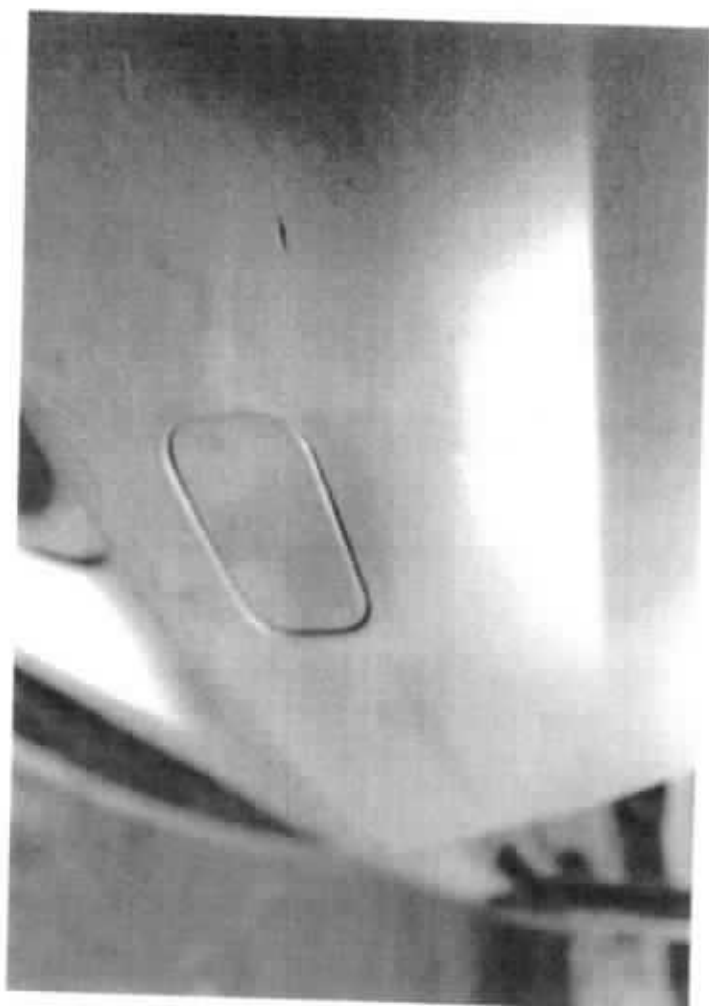












SINGAPORE ACCIDENT STATEMENT

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	05/12/2018 15:45
Date Of Accident	05/12/2018 08:30
Exact Location Of Accident	TUAS AVENUE 7 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4565A
Insured/Policyholder	
Name Of Registered Owner	KIRALY AUTOMOBILE PRIVATE LIMITED
Co Reg No	201436970K
Email Address	NKF.BEN@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64921785

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5A HYBRID
Exact Purpose for which vehicle was being used at time of accident	PTE
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 HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	LOOK JUN HONG
NRIC No	S8384401I
Date Of Birth	19/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87428028
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 817 JURONG WEST STREET 81#06-40
Postcode	690817
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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)	0

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

MY CAR SLM4565A WAS PARKED IN A PARKING LOT . UPON COLLECTION OF MY CAR , THE DRIVER'S OF GBD3616J HAD APPROACHED ME AND INFORMED ME THAT HIS VAN HAD COLLIDED ONTO THE FRONT PORTION (RH) OF MY CAR WHILE HE WAS REVERSING.

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	GBD3616J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANPALAGAN A/L PATCHYMUTHU
NRIC/Passport Number	F1412856P
Contact Number	98004382
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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4. The issue and acceptance of this Form by insurance companies must be 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 to the Risk Function Management Centre established by the General Insurance Association of Singapore (GIAC) 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 at the said.
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 ("GIAC") 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 (hereinafter the "Personal Information") and disclose and transfer such Personal Information to all insurers (i) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident and/or collectively referred to as the "Insurers", the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authorities (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 inquiries by me;
 - (iv) administering the claims (including the making 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/are be disclosed by any of the insurers and/or GIAC to their third party service providers or agents/subsidiaries (their lawyers/law firms), which may be used 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 (b) above may be stored / disclosed:
 - (i) to all insurers and/or any other third parties that are involved in investigating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated in;
 - (ii) for complying with requirements under any regulatory laws or court orders.

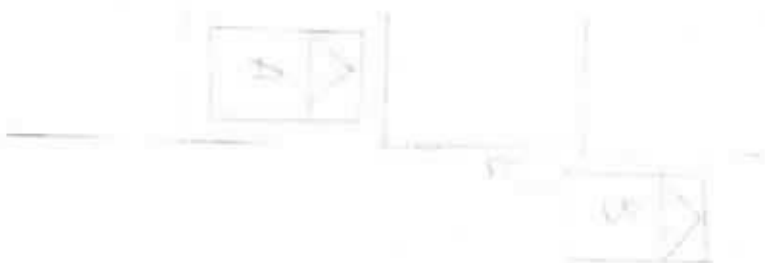

Policyholder's Signature
Date & Time


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


Reporting Centre Personnel's Signature
Name
NR-C/HR No.

Accident Sketch Plan

SKETCH PLAN



DOA: 05/12/18

A: SLM4565A

B: GBD3616J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/12/18 @ 0830 hr, my car SLM4565A was parked in a parking lot. Upon collection of my car, the driver's of GBD3616J had approached me and informed me that his van had collided onto the front portion (RH) of my car while he was reversing.

DECLARATION

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

Police Officer's Signature
Date & Time



Driver's Signature
(If driver is not present, provide name & time)

Joe

Reporting Person's Signature
Name
NIC/ID No.

Andy

Identification Card



Driving Licence

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	17 Dec 2009
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	17 Dec 2008

NRP-429A



Vocational Licence





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



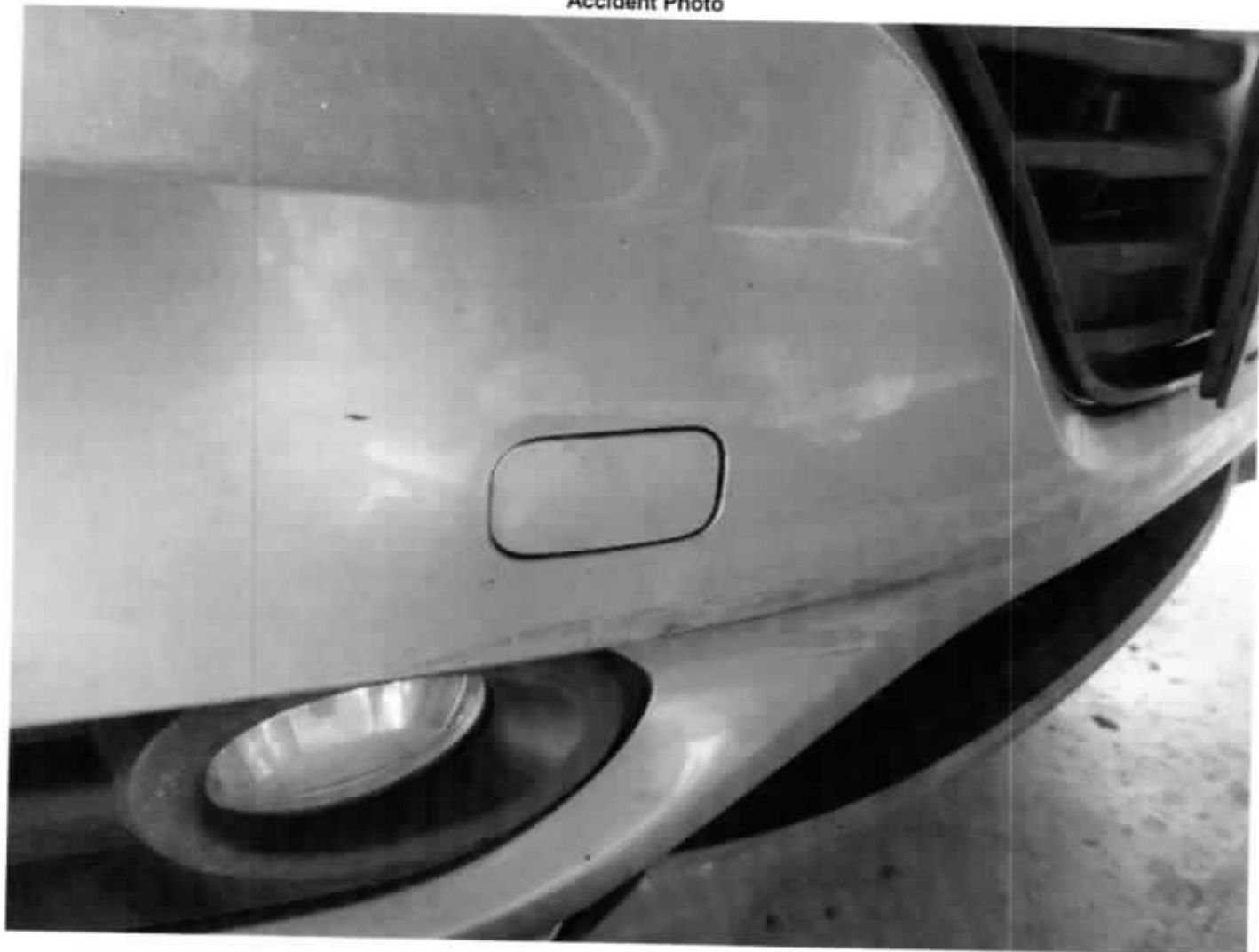
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report 05/12/2018 14:51
Date Of Accident 05/12/2018 08:30
Exact Location Of Accident INSIDE WORKERS DORMITORY TUAS AVE 7
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD3616J
Insured/Policyholder
Name Of Registered Owner CROWN EQUIPMENT (SINGAPORE) PTE. LTD.
Co Reg No 197800704G
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No Office-66901925

Vehicle Particulars

Manufacturer HYUNDAI
Model H-1 STAREX-2.5 D CRDI (A)

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 REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number B29096489MKF
Cover Note Number

Driver

Name of Driver ANPALAGAN A/L PATCHYMUTHU
NRIC No F1412856P
Date Of Birth 21/10/1970
Occupation OUTDOOR
Date Of Driving Pass 25/07/2017
Driving Experience 1 YEAR AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98004382

Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	15, TUAS AVENUE 8, SINGAPORE 639230
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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

ON 05/12/2018 AT ABOUT 0830 HRS. WHILE I WAS REVERSE OUT FROM THE PARKING LOT. MY VEHICLE ACCIDENTALLY TOUCH ONTO FRT PORTION OF THE VEHICLE B.

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	SLM4565A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOOK JUN HONG
NRIC/Passport Number	S8384401I
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

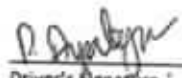
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I understand, acknowledge, agree and consent that:

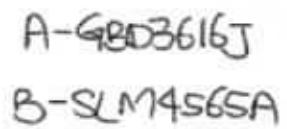
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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

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

Policy No. B29696489 MKF
Insurer MSIG Veh. No. GBD-36163

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

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'd	Status
Main	05 Dec 2018		11 Dec 2018 16:16 Edit Adj Rpt	S\$2,600.00 Edit Estimates	S\$2,600.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	CROWN EQUIPMENT (SINGAPORE) PTE. LTD. , Co. Reg. No.: 197800704G								
Main Claimant:	KIRALY AUTOMOBILE PRIVATE LIMITED , Co. Reg. No.: 201436970K								
Vehicle Reg. No.:	SLM4565A	Date of Loss:	05/12/2018 08:00 - :59 [20 Months and 5 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 578283	Policy/Cover Note No.:	B29096489MKF (Comprehensive) Coverage: 01/10/2018 - 30/09/2019						
Vehicle Reg. No. (Insured):	G8D3616J	Policy No. (Claimant):							
		Excess:							
Repairer:	Team Autopro Pte Ltd (KAKI BUKIT) No.8 Kaki Bukit Avenue 4, #06-21 Premier@ Kaki Bukit (Gate 2), 415875 Kaki Bukit - Tel: 90927279								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Pauline Tham - 6594 2545]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 16/04/2019]								
Driver/Custodian (Insured):	ANPALAGAN A/L PATCHYMUTHU (), NRIC: F1412856P, Tel: +6598004382 Email:								
Adj Asg. Remarks:	SJE DISAGREE APPOINT LKK. LIAB IS CLEAR. PLS CONTACT Mr. Alan Koh/Frederick Lim at 9092 7279/9674 6635								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> MSIG_SG (12/04/2019): Report Send Back Alerts - SLM4565A (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

*SLM4565A (578283)
[GBD36163]
TP
KIRALY AUTOMOBILE PRIVATE LIMITED
Dec 5 2018 8:00AM
[CROWN EQUIPMENT (SINGAPORE) PTE. LTD.]
Team Autopro 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	10/12/18 11:34	Accident Statement From: SC - Reg. No: GBD36163, Claimant: CROWN EQUIPMENT (SINGAPORE) PTE. LTD.	 Load HTM	<input type="checkbox"/>
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
2	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
3	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
4	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
5	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
6	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
7	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
8	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
9	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
10	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
11	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
12	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
13	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
14	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
15	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
16	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
17	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
18	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
19	17/12/18 13:37	General View	 Load JPG	<input checked="" type="checkbox"/>
20	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
21	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
22	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
23	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
24	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
25	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
26	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
27	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
28	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
29	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
30	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
31	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
32	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
33	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
34	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
35	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
36	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
37	17/12/18 13:38	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
38	17/12/18 13:38	Photographs of Damaged Parts	 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	10/12/18 11:34	TP SLM4565A E-REPORT <small>From: SC - Reg. No: GBD36163, Claimant: CROWN EQUIPMENT (SINGAPORE) PTE. LTD.</small>	 Load PDF	
2	04/02/19 09:29	survey photos	 Load PDF	
3	04/02/19 09:29	survey report	 Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	20/06/19 14:53	Colour Photo	 Load PDF	
2	20/06/19 14:53	PRS Invoice	 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/MSG18022314/GSD3E2-1

Date: 20/06/2019

REFERENCE

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

Policy No: B29096489MKF

Claimant Vehicle No: SLM4565A

Insured Vehicle No: GBD3616J

Date of Loss: 05/12/2018

Nature of Claim: TP

Claim No: 578283

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SLM4565A

Make & Model: HONDA VEZEL, 1.5 HYBRID (A)

Reg. Date: 30/03/2017 (Man. Year: 2016)

Colour: Brown

Engine Capacity: 1496 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

Engine No: LEB5918599

Chassis No: RU31218589

Odometer: 158274 km

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: 215/60 R16

Rear Tyre Size:

215/60 R16

Front Left Side: Dunlop 6 mm

Rear Left Side:

Dunlop 6 mm

Front Right Side: Dunlop 6 mm

Rear Right Side:

Dunlop 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	5,226.26	2,441.44	2,784.82	53.29
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,055.00	825.00	1,230.00	59.85
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	7,281.26	3,266.44	4,014.82	55.14
Approved Total (Overridden) (S\$)		2,600.00		
Nett Amount (S\$)	7,281.26	2,600.00	4,681.26	64.29

INSPECTION

Date of Assignment: 11/12/2018

Date Inspected: 12/12/2018 Inspected At:

Team Autopro Pte Ltd (KAKI BUKIT)

No.8 Kaki Bukit Avenue 4, #06-21

Premier@ Kaki Bukit (Gate 2)

Singapore 415875

Estimated Period of Repair: 4.0 days

Adjuster: XING GUO QIANG

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.

REPAIR DETAILS

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 20 Jun 2019)
Parts:	M1-SUV	HONDA VEZEL 1.5 HYBRID (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLM4565A)	
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 BUMPER	Deformed	887.50 FL	*495.00 FL
2	1		*FRONT BUMPER LOWER GRILLE	Deformed	528.30 FL	*118.00 FL
3	1		*FRONT BUMPER REINFORCEMENT	Bent	412.50 FL	*321.00 FL
4	1		*FRONT BUMPER REINFORCEMENT MOULDING	Not Necessary	245.00 FL	*- FL
5	1		*FRONT BUMPER FOG LAMP RH	Damaged	354.90 FL	*354.90 FL
6	1		*FRONT BUMPER FOG LAMP COVER RH	Deformed	85.00 FL	*45.00 FL
7	1		*HEADLAMP ASSY RH	Holder Torn	1,749.40 FL	*1,580.00 FL
8	1		*HEADLAMP BRACKET RH	Not Necessary	59.60 FL	*- FL
9	1		*CENTRE GRILLE	Not Necessary	328.30 FL	*- FL
10	1		*CENTRE GRILLE COVER	Not Necessary	157.20 FL	*- FL
11	1		*CENTRE GRILLE LOGO	Not Necessary	51.20 FL	*- FL
12	1		*FRONT ENGINE LOWER COVER	Not Necessary	344.00 FL	*- FL
13	1		*FRONT BUMPER TOW COVER	Not Necessary	42.00 FL	*- FL
14	1		*FRONT BUMPER SIDE OUTER GARNISH RH	Not Necessary	134.50 FL	*- FL
15	1		*SET FRONT BUMPER CLIPS	Necessary	50.00 FS	*30.00 FS
16	1		*FRONT NUMBER PLATE	Grazed / Cut	50.00 FS	*40.00 FS
17	1		*FRONT SUPPORT PANEL	Repair	742.10 FS	*- FS
18	1		*FRONT BUMPER SIDE RETAINER	N/S Not Necessary/O/SNecessary	100.80 FL	*50.40 FL

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

Sub Total (\$\$)	6,322.30	3,034.30
- List Item Discount on L Items 20.00/20.00% (\$\$)	1,096.04	592.86
Total Parts (\$\$)	5,226.26	2,441.44

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 DISMANTLE, REPLACE, CUT, WELD, KNOCK OUT DENTS TO STRAIGHTEN ACCIDENT PARTS AS-MENTIONED ON THE PARTS REPAIR COLUMN INCLUSIVE OF REPLACEMENT PARTS	New	1,100.00	400.00
2	PUTTY & SPRAY PAINTING TO ADJACENT PANELS. JOB ALLOWANCE. PAINT / MATERIAL	New	900.00	400.00
3	APPLY RUST PROOFING ON THE ADJACENT PANELS	New	30.00	0.00
4	WIRING AND BULB CHECKING	New	25.00	25.00
Gross Labour Cost (\$\$)			2,055.00	825.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >