Estimated Cost: OD (TP) WS/TP RES/OD RES/EVA/INV/MV/CS To Inspect Vehicle No: SHC 6332D Insured: SOJ 6500J at Workshop m/s PMMIAY Dultomobil/ of 23 Changi South Ave 2 # 01-02 Policy No: A80410880QMY Claim No: 592505 Sum Insured: Excess: Make of Veh: (Client's Record) CA / REV / REP. / REV 24 HRS Date/Time: 45.49 513P Person Contacted: Vincent Chua. Vehicle IN JOUT Date/Time Action/Instruction Fatimotil (Vincent Chua. Vehicle IN JOUT Date/Time Action/Instruction Fatimotil (Vincent Chua. Vehicle IN JOUT SHC 633+D - (C4 / Asm 18013936/1 t 136392) D-0A - 28/67/2018		1); Pauline Tham of	GNMENT (Office) MS1G Date/Time: 1.5	.19 17.04
To Inspect Vehicle No: SHC 6334D Insured: SOJ 6500J at Workshop m/s PMmixr Automobils Tel: 65446689 of 23 changi South Ave 2 # 01-02 Policy No: A80410880Qmy Claim No: 592505 Sum Insured: Excess: Make of Veh: (Cheart's Record) CA / REV / REP. / REV 24 HRS Date/Time: 15:19 513p. m Person Contacted: Vincent Chua Vehicle Insulation SHC 63340 - (C4 / Asm 18013836/ £ 136342 D-0A - 28/64/ 2018) SDJ 65003 - ×	/ 1 1		Bill to:	
of 23 changi South Ave 2 # 01-02 Policy No: A80410880QMY Claim No: 592505 Sum Insured: Make of Veh: (Chear's Record) CA / REV / REP. / REV 24 HRS Date/Time: 15.19 5 13p. m Person Contacted: Vi/Can/Chua Vehicle Information SH(633+p - (14 / Asm 18013836/ £ 13634) 2 D-0A - 28/64/ 2018	To Inspect V	ehicle No: SHC 6337D	Insured: SDJ 650	00]
Policy No: A80410880RMY Sum Insured: Make of Veh: (Chent's Record) CA / REV / REP. / REV 24 HRS Date/Time: 15:19 513p. m Person Contacted: D.O.A. 4.5.2019 8.5.2019 H.O.D. Eadorsement: Vehicle IN JOUT Date/Time Action/Instruction Fahmots SH(6337) - (14 Asm 80 13836 2 13634 2 2018 SD(16500] - ×	of 23 tha	ngi South Ave 2 # 01-02	- (b) u (b a	59
Sum Insured: Excess:	Policy No: P	80410880Qmy		
Make of Veh: (Client's Record) CA / REV / REP. / REV 24 HRS Date/Time: 15.19 513p. m Person Contacted: Vincent Chua Vehicle INJOUT Date/Time Action/Instruction Fehmoth (SH(6337p - (14 Asm 80 13836 1 13634 2 10-0A - 20 67 20 8.5.2018	Sum Insured			
CA / REV / REP. / REV 24 HRS Date/Time: 15.19 5.13 p. m Person Contacted: Vincent Chua Vehicle IN JOUT Date/Time Action/Instruction Estimate (SH(633+p - (14 Asm 80 13836 1 136342 10-0A - 22 64 2018 SDJ 65001- ×				019
Date/Time Action/Instruction Fahmotil () SH(6337p - (c4 Asm 80 13936 1 13639.2 0-0A - 28 67 20 18 20 18 20 20 20 20 20 20 20 2	CA / REV	REP. / REV 24 HRS "WY"	H.O.D. Fadorsemen	2019
SHC 633+D - (C4 Asm 180 13836 £ 136392 D-0A - 28/67 2018 SDJ 6500J - ×		Person Conta		
SDJ 65001-×		Action/Instruction Folyacely (
SDJ 65001-×		C LA TISTER TO THE TANK NOTE C		
		SHC 6337D - (C4/ASM 18)	013836/ E136392 DOA-28,	107/2018
09/5@09:51- Revised preliaduse via merimen.		SHC 6337D - (C4/ASM 18)	013836/ E136392 D-0A-28	107/2018

m

160

TOTAL

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

Case	Notified	Est Submitted	Adj Assigned	Ad	Rpt	Adj Submitted	Ins Auth	n'ed	Status	
Main	06 May 2019		07 May 2019 17:04 Assign						New Assig	
	Main	Ref	erence		Claim	Details	Doc	umen	ts	Show All
CLAIM S	UBFOLDER DET	AILS		NORTH COLUMN		TABLE CO. P. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST		[Crea	ted by insu	irer]
Insured:		PHUA I	PUAY PHENG V	NCENT	, ID: S1	613603D, Tel: +6	5596732129,	Ema	II: VINPHUA	@GMAIL.COM
Main Clair	mant:	PREMI	ER TAXIS PTE L	TD, C	o. Reg. N	lo.: 200304975H				
Vehicle R	eg. No.:	SHC6	337D		Date of Loss:		04/05/2019 12:00 - :59 [51 Months and 28 Days From LTA Reg Date (Man Yr)]		Days From	
Claim Typ	e:	TP / 5	92505		Polic	cy/Cover Note No.: Cov		Covera	A80410880QMY (Comprehensive) Coverage: 01/09/2016 - 31/08/2019	
Vehicle R	eg. No. (Insured):	Insured): SDJ6500J Policy No. (Claimant):								
					Exce	SS:				
Repairer:						(Changi) 23 Chang			Constant Constant Constant	Control of the Contro
Handling	Insurer:	MSIG I 6594 25		apore)	Pte. Ltd	. (HQ) - Tel: +65 6	827 7888	[Hand	led by Pauli	ne Tham -
Adjuster:		LKK Au	to Consultants	Pte Ltd	(HQ) -	Tel: 6256-3561 [Imm.Adv	ice du	ue 08/05/2	019]
Driver/Cu	stodian (Insured)		JAY PHENG VINC AB@GMAIL.COM		6 / Male)	, NRIC: S161360	3D, Tel: +6	559673	2129 Email:	
Adj Asg. I	Remarks:	SURVEY	AGREE ON SJE	REQ TO	O ASSIGN	LKK. LIABILITY:DI	SPUTE. CON	TACT:	VINCENT CH	UA 6544 6689
ASSOCI	ATED MAIL REC	EIVED					Vie	w All	Compo	se Case Mail
There are	no mail for this o	ase.								
Ξ.										
ALL ASS	OCIATED TASK	S			2	View All Search	Tasks	Creat	e New Task	Complete
Due Da	3313-338	Type Task G	roup Subjec	t Ha	ndler	Assigned By	Complete	d On	Created	On Done?

Note: This document has not been finalised.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

To:

MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way #21-01 SGX Centre 2 Singapore 068807

From: LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933

Attn:

Pauline Tham

Date: 09 May 2019

Preliminary Advice

Insured Vehicle No : SDJ6500J

TP Vehicle No

: SHC6337D

Accident Date

: 04/05/2019

Make

: KIA OPTIMA

Assignment Date

: 07/05/2019

Date of Inspection

Est. Duration of Repair

: 08/05/2019

: PREMIER AUTOMOTIVE SERVICES PTE LTD (CHANGI)

: 3.00

Inspection At

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	2,004.88
Revised Amount	:S\$	990.32
Check Items (Estimated)	:S\$	0.00
Total	:S\$	990.32

:S\$ Lump Sum Repair

Total Loss Consideration

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

Remarks

 The vehicle is economical/r 	not economical t	or repair.
---	------------------	------------

(x) The above survey was conducted on a 'without prejudice' basis.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	06/05/2019 10:24
Date Of Accident	04/05/2019 12:45
Exact Location Of Accident	TPE - CHANGI AIRPORT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC6337D
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880
Vehicle Particulars	
Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAXI
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY

Fleet Policy YES

Policy Number 5107202885

Cover Note Number

Driver

Name of Driver YAP CHIN GUAN

NRIC No S1742332J Date Of Birth 07/01/1966 Occupation OUTDOOR Date Of Driving Pass 19/12/1983

Driving Experience 35 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98070374

Fax Number

Contact Number

EMail Address NOEMAIL Address

BLK 843 #06-83 WOODLANDS ST 82

Postcode

830843

141 1.1

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident NO 2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NIO

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)

5

Passenger 1

NAME:

: PAX IN THE FRONT SEAT - INDIAN

GENDER:

: MALE

Passenger 2

NAME:

: PAX IN THE REAR SEAT - INDIAN

GENDER:

: FEMALE

Passenger 3

NAME:

: PAX IN THE REAR SEAT - INDIAN/CHILD

GENDER:

: MALE

Passenger 4

NAME:

: PAX IN THE REAR SEAT - INDIAN/CHILD

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

WOODLANDS EAST N.P.C

Police Station Name
Police Station Address

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

VEH. A - 4 PAX VEH. B - UNKNOWN PAX *REFER TO ATTACH POLICE REPORT

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

Page 2 of 14

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SDJ6500J

HYUNDAI ELANTRA/RED

VEH. B

PRIVATE CAR

PHUA VINCENT

S1613603D

DETAILS OF INJURED PERSON 1

Name YAP CHIN GUAN - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

SEEK FOR MEDICAL @ CLINIC & HAD 3 DAYS MC

SHC6337D

YES

NO

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

Driver's Signature

(If driver is not the policyholder)

D 5 MAY 2019

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

en une constituent de la

	/B/
	TPE- 11-1
	I A I
	CHANGI
	2 1 1
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT
	or menosities
	1.000 12220
	A: SHC 6737D
	5. SDJ 650QT
10 Da Ca /	Collect Dell's Mand
* Refer -	to attach police report-
* Video	footage captured.
* Video	\ •
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ECLARATION	
ECLARATION	
ECLARATION We declare the foregoing particular	ulars are true in every respect. Solo MAY 2013
ECLARATION We declare the foregoing particular	× 1/01 0 6 MAY 2019
ECLARATION We declare the foregoing particular to the fore	Driver's Signature 0 6 MAY 2013 Reporting Centre Personnel's Signature
ECLARATION We declare the foregoing particular	× 1/01 0 6 MAY 2019





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/20190504/2123

REPORT	OF A TRAFFIC	CACCIDENT				
	ne Report M 019 18:39	Made:	Vide Report No.:	Station Diary No.: 190		
Informa	nt's Partici	ulars				
	f Informant: IIN GUAN		Address: APT BLK 843 WOODLA 730843	ANDS STREET 82 #06-83 SINGAPORE		
ID Type / ID No.: NRIC NO / S1742332J			Contact No.: Home/Office:			
National	lity: PORE CITIZ	ΈN	Email:			
Sex: Male	Age: 53	Date of Birth: 07/01/1966	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupati Taxi driv			Driving Licence Informa Class: 3,4	ation: Date of Expiry:		

Type of	Injury	Drink	Date/Time of	Type of Locatio
Accident:	Others	Drive: No	Accident: 04/05/2019 12:4	Straight Road
	XPRESSWAY Changi Airport			
Weather:	Orlangi Airport	Road Surface:		Road Speed Limit:
Weather:	Changi Airport	Road Surface: Wet		Road Speed Limit:
Weather: Raining	Onangi Airport			Road Speed Limit: Traffic Volume:
Weather:	Onangi Airport	Wet		

DOLUMO CA K	ehicle Invo	IVCU :				THE RESERVE OF THE PARTY OF THE PARTY.
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SDJ6500J	Car					0
SHC6337D	Car				Slightly	4

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Woodlands East N.P.C.

Report No. T/20190504/2123

2 of 3

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

Driver	一点。对于	2015年新世界	是 1000年 1000年			
Name	YAP CHIN GUAN			ID No.		S1742332J
Related Vehicle	SHC6337D (Car)			Conta	ct No.	98070374
Hospital/Clinic	SILVER CROSS FA	SILVER CROSS FAMILY CLINIC			of g ce & y Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	04/05/2019	04/05/2019 Date Dis			04/05	5/2019
No. of Days gran	ted Medical Leave	03	Degree of		Slight	1

Brief Details.

V1) SHC6337D (Premier Taxi)

V2) SDJ6500J (Red Hyundai)

On 04/05/19 at about 1245hrs, I drove V1 on lane 1 along TPE towards Changi Airport near the 7.5km mark at a constant speed and maintained a safe distance with the car in front. At that point in time, V2 overtook me on lane 2. V2 then signaled to the right and without proper watch out for any oncoming vehicles and giving me sufficient time to respond, V2 immediately changed into lane 1.

While changing lane, V2's rear right bumper collided onto the front left bumper of V1. I then applied my brakes and subsequently drove over to stop at the road shoulder. The accident was captured inside the in -vehicle camera of V1. I had 4 passengers at that point in time and they were not injured. I went to Silver Cross Family Clinic at Yishun and was given three days of medical leave from 04/05/19 - 06/05/19. I sustained a sprain on my neck and lower back.





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/20190504/2123

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: L / Staff Sgt MUHAMMAD AZLAN BIN NOORDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/05/2019 18:39
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	ce Force

Page 1 of 2

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:

06 Jan 2015 / 09:58:09

Receipt No .:

AACCK001-AX239-150106-000010

Asset Type:

Vehicle

Transaction Amount:

\$65,460.00

Asset ID:

SHC6337D

Channel:

AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Transaction Type:

Business Transaction

01.02 Register New Vehicle (AA)

Reference No.:

20150106095809344493

Vehicle No.:

SHC6337D

Vehicle Type:

H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1:

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Scheme:

Taxi (Company)

Air-Con (Taxi)

First Registration Date:

06 Jan 2015

Original Registration

Date:

06 Jan 2015

Vehicle Make:

KIA OPTIMA 1.7(A) DIESEL

Vehicle Model:

KNAGM414MF5561452

Chassis No.:

Engine No .:

D4FDEH311934

Motor No.:

Trailer Chassis No .:

Propellant:

Diesel

Passenger Capacity:

4 1685

Engine Capacity:

Power Rating: Unladen Weight:

1584

Maximum Laden

2050

Weight:

Silver

Primary Color:

Secondary Color: Manufacturing Year:

2014

Open Market Value:

\$20,238.00

Minimum PARF Benefit: \$7,700.00

PARF Eligibility:

No. of Transfer:

Effective Ownership Date/Time:

COE No .:

06 Jan 2015 09:58:09 2015010601001419N

COE Expiry Date:

05 Jan 2023

COE Bid Category:

Actual QP/PQP Paid

Lifespan Expiry Date:

\$52,486.00

Amount

486443

Claim Reference:

Assessment number: 004533

Version: 1810

Date calculated: 07/05/2019 5:32 PM

Full Report

Registration: SHC6337D

Printed: 07/05/2019 5:32 PM

Summary Information

Claim

Location:

Singapore (SG)

Work Provider:

MSIG Insurance

(Singapore) Pte Ltd

Printed by:

Claim Reference:

WEEDEK GOH

Currency:

Date of Incident: Hire Car Start:

Hire Car End:

SGD 04/05/19

Estimated Repair Time: Actual Repair Days:

Vehicle Details

Vehicle

Manufacturer:

Model:

Sub Model:

Model Sheet Number:

Registration:

VIN number: Odometer:

KIA

OPTIMA (TF)

2 LUXE

28 36 38

SHC6337D

Premier Automotive Services Pte Ltd

#01-02, 23 Changi Sth Ave 2

486443

Claim Reference:

Assessment number: 004533

Version: 1810

Date calculated: 07/05/2019 5:32 PM

Full Report

Registration: SHC6337D

Printed: 07/05/2019 5:32 PM

Vehicle Condition

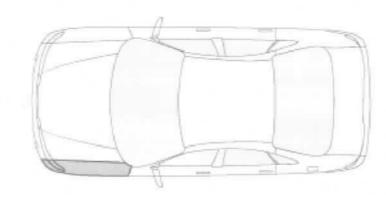
Vehicle Status

Pre-Accident Damage: Date of Inspection:

Damage Areas

All Underbody

П



Labour

	Time Base 10 WU/h	Pric	ce = 50.	00 SGD/h
Code	Description		WU	Price SGD
66300R00)	RENEW L/FRT WING (BUMPER REMOVED) INCLUDE: WHEELHOUSE LINER AND REQUIRED ATTACHED PARTS IN REPAIR AREA R + R		6.0	30.00
86512R00)	RENEW FRONT BUMPER (BUMPER REMOVED) INCLUDES: R + R NECESSARY ATTACHED PARTS		7.0	35.00
92000R00)	R + R LEFT HEADLAMP		1.0	5.00
87755R00	R + R L/SILL TRIM		3.0	15.00
	Labour Cost Panel / Mechanical Labour	Hrs 1.70	WU 17.0	85.00
	Total of Labour			85.00

Premier Automotive Services Pte Ltd .

#01-02, 23 Changi Sth Ave 2 486443

Claim Reference:

Assessment number: 004533

Version: 1810

Date calculated: 07/05/2019 5:32 PM

Full Report

Time Basis 10WU/h

Price SGD

12.90

47.12 18.10

9.00

87.12

Registration: SHC6337D

Printed: 07/05/2019 5:32 PM

Paint Paint Work

Code	Description			wu	Price SGD
	L/F WING NEW PART PAINTING			9.0	
	FRONT BUMPER NEW PART PAINT K1R			11.0	
Paint Mate	rial Per Part				
Code	Description				Price SGD
0741	L/F WING NEW PART PAINTING				12.90
0283	FRONT BUMPER NEW PART PAINT K1R				47.12
	Labour Cost - Paint		Hrs	wu	Price SGD
	Factor	50.00 SGD/h	5		11100 000
	Time Paint			20.0	
	Preparation Main Work Metal		0.70	7.0	35.00
	Preparation Comp. Work Plastic		0.30	3.0	15.00
	Total	10 WU/h	3.00	30.0	150.00

SYSTEM AZT

Spare Parts

opaic i ai	to .			
Code	Description	Part Number	Supplier	prices as at 2015-06-01 Price SGD
0283	FRONT BUMPER	865112T500	x ren	531.00
0295	L/F BUMPER MOULDING	865632T500	x su	51.00
0297	L/F BUMPER COVER	865512T510	XIV	66.00
0431	GRILLE BADGE	863183R500	x a	44.00
0561	LEFT HEADLAMP ASSY	921012T573	hoosed	1,028.00
0741	L/F WING	663112T000	× regar	384.00
0841	L/F WHEELHOUSE COVER	868112T500	xm	120.00

f: OEM Parts

n: Non-OEM Parts

u: Used parts Audatex System Using Manufacturer Times

Material Cost - Paint

Material-constant Metal

Material-constant Plastic

New Part Painting - Plastic K1R

New Part Painting

Total

Premier Automotive Services Pte Ltd

#01-02, 23 Changi Sth Ave 2 486443

Claim Reference:

Full Report

Assessment number: 004533

Registration: SHC6337D

Version: 1810

Date calculated: 07/05/2019 5:32 PM

Printed: 07/05/2019 5:32 PM

Savings	0.00
Subtotal	2,224.00
Subtotal Discount(+35.00%)	-778.40
Total	1,445.60

Extras			
Code	Description		Price SGD
1000	Front bumper clips	× m	48.00*
1001	LH Wing sticker	× nn	30.00*
		4	

	Total Extras		106.00
1002	LH wheelhouse clips	× nn	28.00*
1001	LH Wing sticker	× nn	30.00*
1000	Front bumper clips	× m	48.00*

Final Calculation	
	SGD SGD
Parts Total Discount(+35,00%)	2,224.00 -778.40
Total Discount(+35.00%) Total Parts	1,445.60
Labour Time Base 10 WU/h	
Total 17.0 WU X 50.00 SGD/h Total of Labour	85.00 85.00
Total Of Extras	χ106.00
Paint Work Time Base 10 WU/h	
Labour Cost 30.0 WU X 50.00 SGD/h Material Cost	150.00 45 87.12 53.34
Total Paint Including Material	237.12
Repair Cost Excludes GST	1,873.72
GST (+7.0%)	131.16

Repair Cost Included GST

2,004.88

Claim Reference:

Assessment number: 004533

Version: 1810

Date calculated: 07/05/2019 5:32 PM

Full Report

Registration: SHC6337D

Printed: 07/05/2019 5:32 PM

Comments

* - USER SUPPLIED DATA NN - NO MANUFACTURERS CODE EXISTS) - WU PARTIAL INCL IN OTHER POSITIONS

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Alle Reprophe

Claim Reference: SHC6337D Assessment number: 004533

Version: 1810

Date calculated: 14/05/2019 1:51 PM

Full Report Registration: SHC6337D

Printed: 14/05/2019 1:52 PM

Summary Information

Claim

Location:

Singapore (SG)

Work Provider:

MSIG Insurance

Printed by:

Claim Reference:

WEEDEK GOH

Currency:

(Singapore) Pte Ltd

SHC6337D

Date of Incident:

SGD 04/05/19

Estimated Repair Time: Actual Repair Days:

Hire Car Start: Hire Car End:

Vehicle Details

Vehicle

Manufacturer:

Model:

Sub Model:

Model Sheet Number:

Registration: VIN number: Odometer:

KIA

OPTIMA (TF) 2 LUXE 28 36 38

SHC6337D

Claim Reference: SHC6337D Assessment number: 004533

Version: 1810

Date calculated: 14/05/2019 1:51 PM

Full Report Registration: SHC6337D Printed: 14/05/2019 1:52 PM

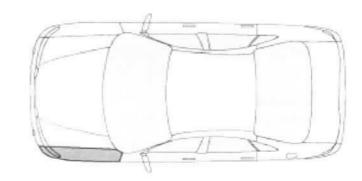
Vehicle Condition

Vehicle Status

Pre-Accident Damage: Date of Inspection:

Damage Areas

All Underbody



Labour

	Time Base 10 WU/h	Price = 5	Price = 50.00 SGD/h		
Code	Description	WU	J Price SGD		
86512R00 ZAX	R + R FRONT BUMPER	3.0	15.00		
92000R00) R	R + R LEFT HEADLAMP	1.0	5.00		
	Labour Cost	Hrs WU	J		
	Panel / Mechanical Labour	0.40 4.0	20.00		
	Total of Labour		20.00		

Paint

Paint Work SYSTEM AZT		Time Basis	Time Basis 10WU/h	
Code	Description	wu	Price SGD	
	FRONT BUMPER SURFACE PAINT PLAST.	9.0		

Claim Reference: SHC6337D Assessment number: 004533

Version: 1810

Date calculated: 14/05/2019 1:51 PM

Full Report

Registration: SHC6337D

Printed: 14/05/2019 1:52 PM

Paint Material Per Part

Code 0283	Description FRONT BUMPER SURFACE PAINT PLAST.				Price SGD 35.24
	Labour Cost - Paint Factor	50.00 SGD/h	Hrs	wu	Price SGD
	Time Paint	30,00 302/11		9.0	
	Preparation Comp. Work Plastic		0.80	8.0	40.00
	Total	10 WU/h	1.70	17.0	85.00
	Martin Indiana Palan	8			n :
	Material Cost - Paint				Price SGD
	Surface Painting Plastic				35.24
	Material-constant Plastic				18.10
	Total				53.34

Spare Parts

Code	Description	Part Number	Supplier	prices as at 2015-06-01 Price SGD
0561	LEFT HEADLAMP ASSY	921012T573		1,028.00
f: OEM Parts n: Non-OEM Parts u: Used parts	Savings Subtotal Subtotal Discount(+35.00%)		0.00 1,028.00 -359.80
	Total			668.20

Claim Reference: SHC6337D Assessment number: 004533

Version: 1810

Date calculated: 14/05/2019 1:51 PM

Full Report Registration: SHC6337D Printed: 14/05/2019 1:52 PM

Final Calculation

	SGD	SGD
Parts	1,028.00	
Total Discount(+35.00%)	-359.80	
Total Parts		668.20
Labour Time Base 10 WU/h		
Total 4.0 WU X 50.00 SGD/h	20.00	
Total of Labour		20.00
Paint Work Time Base 10 WU/h		
Labour Cost 17.0 WU X 50.00 SGD/h	85.00	
Material Cost	53.34	
Total Paint Including Material		138.34
Repair Cost Excludes GST		826.54
GST (+7.0%)		57.86
Repair Cost Included GST		884.40

Comments

* - USER SUPPLIED DATA NN - NO MANUFACTURERS CODE EXISTS) - WU PARTIAL INCL IN OTHER POSITIONS

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

Case N	lotified	Est Submitted	Adj Assigned	Adj Rpt	Adj	Submitted	Ins Auth'ed	Status	
Main 0	06 May 2019		07 May 2019 17:04 Edit Adj Rpt	S\$650.00 Edit Estima		550.00 iew Rpt		Report	g for Survey
м	ain	R	eference	Clair	n Details		Document	ts	Show All
CLAIM SUB	FOLDER DE	TAILS				[Created I	oy insurer]		
Insured:	PHUA PU	AY PHENG VINC	ENT, ID: S161360	3D, Tel: +65	96732129,	Email: VINF	HUAB@GMAIL.C	СОМ	
Main Claimant:	PREMIER	TAXIS PTE LTD	Co. Reg. No.: 200	304975H					
Vehicle Reg. No.:	SHC633	7D		Da	te of Loss:		12:00 - :59 and 28 Days Fr	om LTA Reg I	Date (Man Yr)]
Claim Type:	TP / 592	505			licy/Cover te No.:		QMY (Comprehe 01/09/2016 - 31		
Vehicle Reg. No. (Insured):	SDJ65003				licy No. laimant):				
				1.401	cess:				
Repairer:	Premier A	utomotive Serv	ices Pte Ltd (Chan	gi) 23 Changi	South Ave	2 #01-02, 48	6443 Changi - T	el:	
Handling Insurer:	MSIG Ins	urance (Singapo	ore) Pte. Ltd. (HQ)	- Tel: +65 682	7 7888	[Handled by	Pauline Tham	6594 2545]	
Adjuster:	06/06/20		Ltd (HQ) - Tel: 62	56-3561 [Ha	andled by F	CALVIN ANG	WEI KUN]	[Final Rpt	due
Driver/Custo dian (Insured):		Y PHENG VINCEN	T (56 / Male) , NRI	C: S1613603D	, Tel: +6	596732129 E	email: VINPHUAE	B@GMAIL.COM	м
Adj Asg. Remarks:	SURVEY A	GREE ON SJE - RE	Q TO ASSIGN LKK.	LIABILITY: DIS	PUTE. CONT	TACT: VINCE	NT CHUA 6544 6	689	
ASSOCIATE	ED MAIL RE	CEIVED					Vi	ew All Co	mpose Case Mai
There are no	mail for this	case.							
ALL ASSOC	CIATED TAS	KS⊟				View All S	earch Tasks	Create New Ta	ask Complete
Due Date	Priority	Type Task	Group Subjec	t Handler	Assign	ned By	Completed On	Create	ed On Done

Page 1 of 2

Claim Documents

*SHC6337D (592505)

[SDJ6500J]

TP

PREMIER TAXIS PTE LTD

May 4 2019 12:00PM

[PHUA PUAY PHENG VINCENT]

Premier Automotive Services Pte Ltd

	load Documents U	load Photos Compose New Letter	View		
Ass	essment Reports		1 per p	page 🔻	✓
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	07/05/19 10:08	Accident Statement From:SC - Reg. No: SDJ6500J, Claimant: PHUA PUAY PHENG VINCENT	0	Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	09/05/19 09:51	Adjuster Immediate Advice	0	Load HTM	
Pho	tos/Images		3 per p	page V	V
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Total County	Thumbnail	Print
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18	08/05/19 16:55	General View	0	Load JPG	☑
19	08/05/19 16:55	General View	0	Load JPG	✓
20	15/05/19 08:16	Replacement Part Photo	0	Load JPG	▼
21	15/05/19 08:16	Replacement Part Photo	0	Load JPG	✓
22	15/05/19 08:16	Replacement Part Photo	0	Load JPG	✓
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	Finalized On	MSTG Incurance (Singapore) Pte 114 (HO)	i per j	Thumbnail	-
No 1	07/05/19 10:08	MSIG Insurance (Singapore) Pte. Ltd. (HQ) TP SHC6337D E-REPORT	0	Load PDF	711110
	07/05/19 10:42	From:SC - Reg. No: SD365003, Claimant: PHUA PUAY PHENG VINCENT	0	Load PDF	-

Documents Checklist

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
	^
	~
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.	

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/MSG19008026/K1TD3E2

Date:

21/05/2019

REFERENCE

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

Policy No:

A80410880QMY

Claimant Vehicle SHC6337D No:

Insured Vehicle No:

SDJ6500J

Date of Loss:

04/05/2019

Nature of Claim:

TP

Claim No: 592505

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHC6337D

Make & Model:

KIA OPTIMA, 1.7 D (A)

Engine No:

D4FDEH311934

Reg. Date: Colour:

06/01/2015 (Man. Year: 2014)

Chassis No: Odometer:

KNAGM414MF5561452 464114 km

Engine Capacity:

Silver

1685 cc

Market Value/New Car Price: N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes Engine Modification:

Pre-accident Condition: No

CONDITION OF TYRES

Front Tyre Size:

205/65 R16

Rear Tyre Size:

205/65 R16

Front Left Side: Front Right Side: Maxxis 7 mm Maxxis 7 mm Rear Left Side: Rear Right Side: Maxxis 7 mm Maxxis 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,551.60	668.20	883.40	56.93
Miscellaneous Items	0.00	0.00	0.00	
Labour	322.12	158.34	163.78	50.84
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,873.72	826.54	1,047.18	55.89
Approved Total (Overridden) (S\$)		650.00		
(S\$)	1,873.72	650.00	1,223.72	65.31
+ GST 7.00/7.00% (S\$)	131.16	45.50	85.66	65.31
Nett Amount (S\$)	2,004.88	695.50	1,309.38	65.31

INSPECTION

Date of Assignment:

07/05/2019

Date Inspected:

08/05/2019 Inspected At:

Premier Automotive Services Pte Ltd

(Changi)

23 Changi South Ave 2 #01-02

Singapore 486443

Estimated Period of Repair:

3.0 days

Adjuster:	KALVIN ANG WEI KUN	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: 21 May 2019)

Parts:

143

KIA OPTIMA 1.7 D (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Fillit Col

Print Code: (Unsubmitted, no print-code for SHC6337D)

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	Repair	531.00 FL	*-FL
2	1		*L/F BUMPER MOULDING	Serviceable	51.00 FL	*-FL
3	1		*L/F BUMPER COVER	Serviceable	66.00 FL	*-FL
4	1		*GRILLE BADGE	Serviceable	44.00 FL	*-FL
5	1		*LEFT HEADLAMP ASSY	Grazed	1,028.00 FL	*1,028.00 FL
6	1		*L/F WING	Repair	384.00 FL	*-FL
7	1		*L/F WHEELHOUSE COVER	Repair	120.00 FL	*-FL
8	1		*FRONT BUMPER CLIPS	Not Necessary	48.00 FS	*-FS
9	1		*LH WING STICKER	Not Necessary	30.00 FS	*-FS
10	1		*LH WHEELHOUSE CLIPS	Not Necessary	28.00 FS	*-FS
F=Fra	anchise	part. S=SpcNe	ett. L=ListItemDisc. - List Item Discount on	Sub Total (S\$) L Items 35.00/35.00% (S\$)	2,330.00 778.40	1,028.00 359.80
				Total Parts (S\$)	1,551.60	668.20

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
Lab	our Items			
1	17.0 WU X 50.00 SGD/H	New	85.00	20.00
2	LABOUR COST 30.0 WU X 50.00 SGD/H	New	150.00	85.00
3	MATERIAL COST	New	87.12	53.34
		Gross Labour Cost (S\$)	322.12	158.34
	Departures	unsubmitted during this print-out.		

< END OF ESTIMATES >