

23/09/2019

ASS. REC. BY: \_\_\_\_\_ REF: CS3/MSG19002502/T19037 Asst Instruction: \_\_\_\_\_

Survivor: nenmen ASSIGNMENT (Office)

From (Person): Monica chung of MSG Date/Time: 29/5/2019

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SGN 3432K Insured: CBD 69187

at Workshop m/s: Eng Soon painting Tel: 6760 6271

of Blk 4, Yew Tee Ind. Est 3935

Policy No: B28684805MKC Claim No: 58 4574

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 08/02/2019

(Client's Record) \_\_\_\_\_ H.O.D. Endorsement: 13/2/19 @ 230pm (ow)

CA / REV / REP. / REV 24 HRS lup

Date/Time: 2/9pm @ 12/2/19 Person Contacted: Mr. Teo Vehicle IN/OUT: IN

Date/Time	Action/Instruction (X) Estimate
	SGN 3432K - N/A / INC 10004754 / R / K1 DWA: 10/3/2010
	CBD 69187 - X
	Dismantle: 18/2/2019
	After repair: 25/2/2019
06/6/19	Submit LS \$7300, 5 days (Red \$7750, 50%)

**Do Not Finalise**

*Signature*  
3/6/2019

2/5/4/00, 6 days

RECEIVED 06 JUN 2019

PRS

Tanph

MSIG

SGN 3432K

SGN 3432K

Nov 06

13/2/19.

Vehicle: **SGN 3432K**  
 Type: **Car**  
 Make: **Eng Soon painting**  
 Color: **BLK 4-Yew Tee Ind Est 3935**  
 Year: **1598**  
 Mileage: **21685**  
 Engine: **1.8L**  
 Transmission: **MT**  
 Condition: **Good**  
 Location: **2.30 pm @ owner**  
 Date: **13/2/19**  
 Time: **2.30 pm**  
 Person Contacted: **owner**  
 Vehicle: **IN / OUT**

Vehicle: **SGN 3432K**  
 Type: **Car**  
 Make: **Toyota**  
 Color: **Silver**  
 Year: **1598**  
 Mileage: **21685**  
 Engine: **1.8L**  
 Transmission: **MT**  
 Condition: **Good**  
 Location: **2.30 pm @ owner**  
 Date: **13/2/19**  
 Time: **2.30 pm**  
 Person Contacted: **owner**  
 Vehicle: **IN / OUT**

W/S	O/S

5

days

Res:

Yes or No

%

3 Val:

Yes or No

1 up

Front: **6** mm  
 Rear: **6** mm  
 L/Bal: **6** mm  
 R/Bal: **6** mm  
 D.O.A.: **13/2/19 245pm**  
 Survey held at: **Eng Soon Painting**

Des. of Damages: **Frt / Rear / O/S / N/S / UIC / Rooflop or**  
**Frt N/S**  
 The UIC / Chassis frame / Body Structure affected due to collision

Estimated repair range \$4,000 - \$5,000

27/2/2019

Vehicle Type: **Car**

☐ : Prelim. Report  
☐ : Final Report

Days Of Repair: **5**  
 Resurvey No. of Trip: **2**

Survey Fee:  
 Transport Fee:

Add Fee:  
☐ Site Insp: \$  
☐ Interview: \$  
☐ Truck Insp: \$  
☐ Other: \$

Report Format: **PRE**  
 Lump Sum / L/H / L/S

120
10
130

## Nivitha (LKK Auto)

**From:** Accounts (LKKAuto) <account@lkkauto.com>  
**Sent:** Wednesday, 29 May 2019 6:12 PM  
**To:** Admin-D (LKKAuto)  
**Cc:** Accounts (LKKAuto)  
**Subject:** Report Send Back Alerts - SGN3432K (TP)

Dear Nivitha/ Summer,

FYNA Please..

### Pending for Survey Report-CS3/MSG19002502/T1CD3E2

18/29 May 2019 16:36	<b>Ins Send Back Adj Rpt</b>	Paper adjustment	[I] Monica Chung Pei Zhen
19/29 May 2019 16:36	<b>Adj Next Rpt Changed</b>	Next Rpt:Final Rpt.Due Date:2019/05/31	[I] Merimen Administrator
20/29 May 2019 16:36	<b>Adj Mandate Set</b>	Maintained.	[I] Merimen Administrator

Thank You

Best Regards,



SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6841 1891 | email: [account@lkkauto.com](mailto: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:** Wednesday, 29 May 2019 4:40 PM  
**To:** account@lkkauto.com  
**Subject:** Report Send Back Alerts - SGN3432K (TP)

Dear Sir / Madam,

Please login to Merimen Online at [www.merimen.com.sg](http://www.merimen.com.sg) for more information.

Thanks,  
The Merimen Team



**AVG**

This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)

# AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110  
Mobile : 9855 6879 Email : automaxsurvey@gmail.com  
Registration No. 53110062J

Billing To: ELBC  
c/o Eng Soon Painting SVC  
Blk 4 Yew Tee Ind Est 393 - J  
Woodlands Road  
Singapore 677969

Invoice no.: TP18020029

Date: 30 APR 2019

Vehicle no: SGN3432K

Model : TOYOTA COROLLA ALTIS 1.6

ITEM	DESCRIPTION	AMOUNT
1	Date of Inspection : 13 FEB 2019 Copies of the inspection / survey report Correspondence, postages and etc.	\$ 650.00
2	Photography Services Develop photographs Storage of digital photographs	
3.	To submit report by hand.	
4.	Charges on photocopies, posting, faxes and others incidental works entrusted.	
5	Transportation Charges	
6	Reinspection Charges	
TOTAL :		\$ 650.00

Notes :

1. All cheque payment should be "crossed" and made payable to "Automax Survey".
2. Please contact us if there are further enquiries on the invoice.

Official Stamp

# AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road, #07-280, Singapore 470110  
Mobile : 9855 8879 Email : automaxsurvey@gmail.com  
Registration No. 53110062J

Report Ref: TP18020029

Date: 30 APR 2019

ELBC

c/o Eng Soon Painting SVC  
Blk 4 Yew Tee Ind Est 393 - J  
Woodlands Road  
Singapore 677969

THIRD PARTY SURVEY  
ACCIDENT OCCURED ON 08 FEB 2019

Workshop Name and Address

Eng Soon Painting SVC  
Blk 4 Yew Tee Ind Est 393 - J  
Woodlands Road  
Singapore 677969

As per your instruction dated 13 FEB 2019  
We have carried out a physical inspection on the said  
We enclosed herewith our report and findings as follows:

with regard to the above matter,  
SGN3432K

## 1. VEHICLE PARTICULARS

Registration No : SGN3432K  
Model : TOYOTA COROLLA ALTIS 1.6  
Year / Capacity : Nov 2006 / 1598 cc  
Chassis No : MR053ZEC107136437

Engine No : 3ZZ4617849  
Mileage : n.a km  
Colour : Metallic Grey

## 2. TYRES CONDITION

	<u>Size</u>	<u>Made</u>	<u>Balance</u>	<u>Rim</u>
FRONT O/S :	195/50/R15	Bridgestone	9.00 mm	Sport
REAR O/S :	195/50/R15	Bridgestone	9.00 mm	Sport
FRONT N/S :	195/50/R15	Bridgestone	9.00 mm	Sport
REAR N/S :	195/50/R15	Bridgestone	9.00 mm	Sport

# AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110

Mobile : 9855 6879

Email : automaxsurvey@gmail.com

Registration No. 53110082J

## 3. DESCRIPTION OF DAMAGES

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

4. Estimated normal period of repair : 07 working days to complete
5. In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter.
6. Should you discover any discrepancy in the report, please kindly notify us within 1 week, 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 Number : SGN3432K

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (S\$)	Our Revised Estimation (S\$)
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List Items

1 pc	Front bumper	bent/distorted	\$ 521.90	\$ 521.90
2 pcs	Front bumper side retainer	bent	\$ 87.80	\$ 87.80
2 pcs	Front bumper side attachment	distorted	\$ 246.70	\$ 246.70
1 pc	Front bumper tow cover	deformed	\$ 43.50	\$ 43.50
1 pc	Front bumper reinforcement	dent/distorted	\$ 378.85	\$ 378.85
1 pc	Front bumper sponge	deformed	\$ 186.60	\$ 186.60
10 pcs	Front bumper clips	necessary	\$ 129.00	\$ 129.00
1 pc	Front bumper air grille garnish	deformed	\$ 174.40	\$ 174.40
2 pcs	Fog lamp assy	electronically shocked	\$ 148.80	\$ 148.80
1 pc	Front grille	cracked	\$ 281.50	\$ 281.50
4 pcs	Front grille clips	necessary	\$ 51.60	\$ 51.60
2 pcs	Headlamp assembly	electronically shocked	\$ 946.50	\$ 946.50
2 pcs	Headlamp clips	necessary	\$ 25.80	\$ 25.80
1 pc	Front support panel	dent/distorted	\$ 1,174.45	\$ 1,174.45
1 pc	Bonnet	bent	\$ 981.80	\$ 981.80
1 pc	Bonnet lock	distorted	\$ 182.10	\$ 182.10
1 pc	Bonnet lock brace Panel	bent/distorted	\$ 177.40	\$ 177.40

Parts Sub-Total	\$ 5,738.70	\$ 5,738.70
Discount 25.00%	\$ 1,434.68	\$ 1,434.68
	\$ 4,304.03	\$ 4,304.03

Vehicle Number : SGN3432K

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (S\$)	Our Revised Estimation (S\$)
-----	-------------------	-----------	---------------------------	------------------------------

Special Nett Items

1 pc	Front number plate	distorted	\$ 65.00	\$ 65.00
1 pc	Front number plate casing	deformed	\$ 45.00	\$ 45.00
Special Nett Sub-Total			\$ 110.00	\$ 110.00
Spare Parts Total			\$ 4,414.03	\$ 4,414.03

# LABOUR COST

S/No	JOB DESCRIPTIONS	Workshop Estimation (S\$)	Our Revised Estimation (S\$)
	Spare Parts Total c/f	\$ 4,414.03	\$ 4,414.03
1	To tuff coat affected areas	\$ 180.00	\$ 150.00 <sup>40</sup>
2	To remove and refix interior upholstery	\$ 180.00	\$ 150.00 <sup>X</sup>
3	To remove and refix radiator and top up coolant	\$ 180.00	\$ 150.00 <sup>100 X</sup>
4	To remove and refix air con condenser, piping, vacuum & top up gas	\$ 180.00	\$ 150.00 <sup>130 X</sup>
5	To respray affected areas	\$ 1,600.00	\$ 1,400.00 <sup>100</sup>
6	To renew damaged parts, straighten & repair front fender inner, front chassis member and aligned all parts	\$ 1,800.00	\$ 1,600.00 <sup>200</sup>
7	To check & repair snap wiring	\$ 180.00	\$ 150.00 <sup>30</sup>
	Total	\$ 8,714.03	\$ 8,164.03 <sup>2070</sup>
		\$ 6,550.00	\$ 5,153.60

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

  
Fong Kok Heng  
Qualified Appraiser

5154100  
5 days



# ENG SOON PAINTING SERVICES

Blk 4 Yew Tee Ind Est 393 - J  
Woodlands Road  
Singapore 677978  
Tel: 6760 6271

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M/s ELBC

c/o M/s Eng Soon Painting Services  
Block 4 Yew Tee Ind Est 393-  
Woodlands Road  
Singapore 677969

Date: 30 April 2019

Dear Sir,

Date of accident : 08/02/2019  
Final repair bill to SGN 3432 K

To Supply,

Repairs recommended

By the surveyor ..... \$6,550.00

Total \$6,550.00

Dollars : SIX THOUSAND FIVE HUNDRED AND FIFTY ONLY

## 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	11/02/2019 16:20
Date Of Accident	08/02/2019 17:30
Exact Location Of Accident	ALONG EU TONG SEN STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN3432K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ELBC
Co Reg No	53367249W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96629439

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092932123-01
Cover Note Number	

### Driver

Name of Driver	LEE KIN YIN
NRIC No	S0028453Z
Date Of Birth	03/05/1951
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1970
Driving Experience	48 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96629439
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 332 TAN CHING ROAD #04-179
Postcode	610332
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

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

#### Details of Police Action

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

#### Circumstances of Accident

REFER SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD6918T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

**IMPORTANT NOTICE**

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

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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

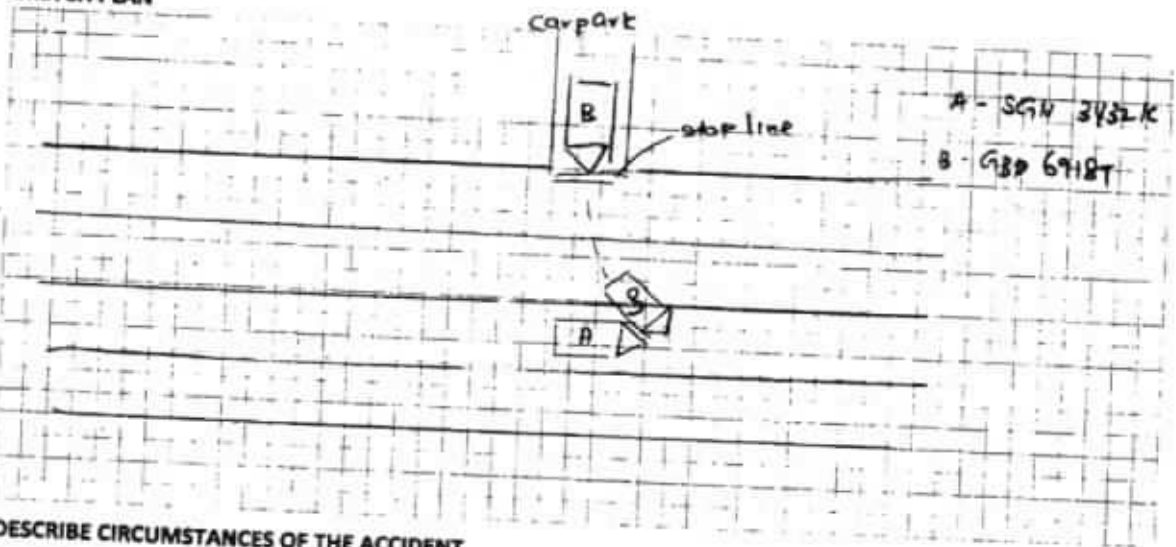
ELBC

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 8/2/2019 1730

Accident Location: Eu Tong Sen St

I was driving along the mentioned location, after making a U-turn from new bridge road.

Suddenly I felt an impact on my front LH portion. I noted that vehicle B had exited from the carpark without stopping and collided onto my vehicle.

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TR)

DECLARATION

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

**ELBC**

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.:

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 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	11/02/2019 18:20
Date Of Accident	08/02/2019 17:20
Exact Location Of Accident	CLARKE QUAY CENTRAL EU TONG SEN STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6918T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM TRADERS PTE LTD
Co Reg No	200305123D
Email Address	JIM@LIMTRADERS.COM
Mobile Phone No	
Alternative Phone No	Office-62686826

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)

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	GOODS VEHICLE
------------------	---------------

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B28684805MKC
Cover Note Number	

### Driver

Name of Driver	TIAN HU
Passport No/FIN	G2627628X
Date Of Birth	24/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	17/11/2015
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84976817

Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	NIL
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

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

#### Details of Police Action

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

#### Circumstances of Accident

PLEASE REFER TO ATTACHMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGN3432K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KIN YIN
NRIC/Passport Number	S0028453Z
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan



## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the 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**.
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7. By the lodging 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)**

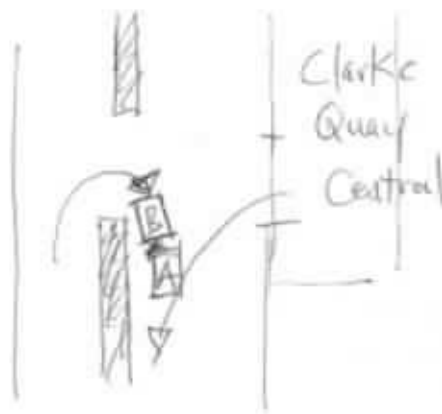
I understand, acknowledge, agree and consent that:

- (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.: \_\_\_\_\_



(A) - GBD 6918T

(B) - SGN 3432K

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/2/19, I was exiting car park of Clarke Quay Central, and filtered right.

Unknown to me, Veh B had made a U-turn from the opposite direction and knocked into the rear of my vehicle.

No body was injured and this is just for reporting purpose.

#### 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.:



Accident Photo



Accident Photo



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	11 Feb 2019		12 Feb 2019 15:10 <a href="#">Edit Adj Rpt</a>	<b>S\$3,300.00</b> <a href="#">Edit Estimates</a>	<b>S\$3,300.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	<b>LIM TRADERS PTE LTD.</b> Co. Reg. No.: 200305123D								
Main Claimant:	<b>ELBC</b> , Co. Reg. No.: 53367249W								
Vehicle Reg. No.:	<b>SGN3432K</b>	Date of Loss:	08/02/2019 17:00 - :59 [146 Months and 24 Days From LTA Reg Date (Man Yr)]						
Claim Type:	<b>TP / 584574</b>	Policy/Cover Note No.:	B28684805MKC (Comprehensive) Coverage: 23/03/2016 - 22/03/2019						
Vehicle Reg. No. (Insured):	<b>GBD6918T</b>	Policy No. (Claimant):							
		Excess:							
Repairer:	<b>Eng Soon Painting Svc (HQ)</b> BLK 4 YEW TEE IND EST 393J WOODLANDS ROAD, 677969 Woodlands - Tel:								
Handling Insurer:	<b>MSIG Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: +65 6827 7888 ... [Handled by <b>Monica Chung Pei Zhen</b> - 6594 2552]								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>MOHD TAUFIKH BIN HAMID</b> ] ... [Final Rpt due 31/05/2019]								
Driver/Custodian (Insured):	TIAN HU (32 / Male) , NRIC: G2627628X, Tel: +6584976817 Email:								
Adj Asg. Remarks:	LIAB 0% SJE DISAGREE APPOINT LKK PLS CONTACT AND CONTACT 6760 6271								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
• MSIG_SG (29/05/2019): Report Send Back Alerts - SGN3432K (TP)									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SGN3432K (584574)  
[GBD6918T]  
TP  
ELBC  
Feb 8 2019 5:00PM  
[LIM TRADERS PTE LTD]  
Eng Soon Painting Svc

Upload Documents			Upload Photos		Compose New Letter		View		View in Browser		
Video								1 per page		<input type="button" value="v"/>	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)							Thumbnail	Print	
1	29/05/19 16:38	Video - AccidentTP							Load MP4		
Assessment Reports								1 per page		<input type="button" value="v"/>	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)							Thumbnail	Print	
1	12/02/19 09:55	Accident Statement From: SC - Reg. No: GBD6918T, Claimant: LIM TRADERS PTE LTD							Load HTM		
Photos/Images								3 per page		<input type="button" value="v"/>	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)							Thumbnail	Print	
1	23/02/19 13:58	General View							Load JPG	<input checked="" type="checkbox"/>	
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4	23/02/19 13:58	General View							Load JPG	<input checked="" type="checkbox"/>	
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7	23/02/19 13:58	General View							Load JPG	<input checked="" type="checkbox"/>	
8	23/02/19 13:58	General View							Load JPG	<input checked="" type="checkbox"/>	
9	23/02/19 13:58	General View							Load JPG	<input checked="" type="checkbox"/>	
10	23/02/19 13:58	General View							Load JPG	<input checked="" type="checkbox"/>	
11	23/02/19 13:58	General View							Load JPG	<input checked="" type="checkbox"/>	
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27	23/02/19 13:58	General View							Load JPG	<input checked="" type="checkbox"/>	
28	23/02/19 13:58	General View							Load JPG	<input checked="" type="checkbox"/>	
29	23/02/19 14:05	Photographs of Damaged Parts							Load JPG	<input checked="" type="checkbox"/>	
30	23/02/19 14:05	Photographs of Damaged Parts							Load JPG	<input checked="" type="checkbox"/>	

Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
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50	23/02/19 14:05	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
51	28/02/19 12:52	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
52	28/02/19 12:52	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
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77	28/02/19 12:52	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
78	28/02/19 12:52	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
79	28/02/19 12:52	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
80	28/02/19 12:52	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>

Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
81	28/02/19 12:52	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
82	28/02/19 12:52	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	12/02/19 09:55	TP SGN3432K E-REPORT From: SC - Reg. No: GBD6918T, Claimant: LIM TRADERS PTE LTD	 Load PDF	
2	12/02/19 09:55	PRI From: SC - Reg. No: GBD6918T, Claimant: LIM TRADERS PTE LTD	 Load PDF	
3	12/02/19 10:27	SJE DISAGREE APPOINT LKK	 Load PDF	
4	29/05/19 16:35	survey report	 Load PDF	
5	29/05/19 16:35	REPAIR BILL	 Load PDF	
6	29/05/19 16:35	SURVEY PHOTOS1	 Load PDF	
7	29/05/19 16:35	SURVEY PHOTOS2	 Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	06/06/19 16:03	PRS Invoice	 Load PDF	
2	06/06/19 16:03	Colour Photo	 Load PDF	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
<b>Show Remarks To:</b> <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: 199607196R)

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/MSG19002502/T1QD3E2-1

Date: 06/06/2019

## REFERENCE

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

Policy No: B28684805MKC

Claimant Vehicle No: SGN3432K

Insured Vehicle No: GBD6918T

Date of Loss: 08/02/2019

Nature of Claim: TP

Claim No: 584574

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SGN3432K

Make &amp; Model: TOYOTA COROLLA ALTIS, 1.6 (A)

Engine No: 3ZZ4617849

Reg. Date: 15/11/2006 (Man. Year: 2006)

Chassis No: MR053ZEC107136437

Colour: Silver

Odometer: 216853 km

Engine Capacity: 1598 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: 185/70 R14

Rear Tyre Size: 185/70 R14

Front Left Side: Michelin 6 mm

Rear Left Side: Michelin 6 mm

Front Right Side: Michelin 6 mm

Rear Right Side: Michelin 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,414.02	2,993.14	1,420.88	32.19
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,300.00	1,170.00	3,130.00	72.79
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>8,714.02</b>	<b>4,163.14</b>	<b>4,550.88</b>	<b>52.22</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>3,300.00</b>		
<b>Nett Amount (S\$)</b>	<b>8,714.02</b>	<b>3,300.00</b>	<b>5,414.02</b>	<b>62.13</b>

## INSPECTION

Date of Assignment: 12/02/2019

Date Inspected: 13/02/2019 Inspected At:

Eng Soon Painting Svc (HQ)  
BLK 4 YEW TEE IND EST 393J  
WOODLANDS ROAD  
Singapore 677969

Estimated Period of Repair: 5.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: SHIAU CHAN

*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

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 06 Jun 2019)
<b>Parts:</b>	143	TOYOTA COROLLA ALTIS 1.6 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SGN3432K)	
<b>Validity:</b>	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	
<b>Further Info:</b>	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	Bent / Distorted	521.90 FL	*521.90 FL
2	2		*FRONT BUMPER SIDE RETAINER	Bent	87.80 FL	*87.80 FL
3	2		*FRONT BUMPER SIDE ATTACHMENT	Distorted	246.70 FL	*246.70 FL
4	1		*FRONT BUMPER TOW COVER	Deformed	43.50 FL	*43.50 FL
5	1		*FRONT BUMPER REINFORCEMENT	Dented / Distorted	378.85 FL	*378.85 FL
6	1		*FRONT BUMPER SPONGE	Not Necessary	186.60 FL	*- FL
7	10		*FRONT BUMPER CLIPS	Necessary	96.75 FS	*30.00 FS
8	1		*FRONT BUMPER AIR GRILLE GARNISH	Deformed	174.40 FL	*174.40 FL
9	2		*FOG LAMP ASSY	Not Necessary	148.80 FL	*- FL
10	1		*FRONT GRILLE	Cracked	281.50 FL	*281.50 FL
11	4		*FRONT GRILLE CLIPS	Necessary	38.70 FS	*15.00 FS
12	2		*HEADLAMP ASSEMBLY	Cut	946.50 FL	*946.50 FL
13	2		*HEADLAMP CLIPS	Necessary	25.80 FL	*25.80 FL
14	1		*FRONT SUPPORT PANEL	Repair	1,174.45 FL	*- FL
15	1		*BONNET	Bent	981.80 FL	*981.80 FL
16	1		*BONNET LOCK	Distorted	182.10 FL	*182.10 FL
17	1		*BONNET LOCK BRACE PANEL	Repair	177.40 FL	*- FL
18	1		*FRONT NUMBER PLATE }	Distorted	65.00 FS	*45.00 FS
19	1		*FRONT NUMBER PLATE CASING }	Deformed	45.00 FS	*- FS

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

<b>Sub Total (S\$)</b>	<b>5,803.55</b>	<b>3,960.85</b>
<b>- List Item Discount on L Items 25.00/25.00% (S\$)</b>	<b>1,389.53</b>	<b>967.71</b>
<b>Total Parts (S\$)</b>	<b>4,414.02</b>	<b>2,993.14</b>

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 TUFF COAT AFFECTED AREAS	New	180.00	40.00
2	TO REMOVE AND REFIX INTERIOR UPHOLSTERY	New	180.00	0.00
3	TO REMOVE AND REFIX READIATOR AND TOP UP COOLANT	New	180.00	0.00
4	TO REMOVE AND REFIX AIR CON CONDENSER, PIPING, VACUUM & TOP UP GAS	New	180.00	0.00
5	TO RESPRAY AFFECTED AREAS	New	1,600.00	600.00
6	TO RENEW DAMAGED PARTS, STRAIGHTEN & REPAIR FRONT FENDER INNER, FRONT CHASSIS MEMBER AND ALIGNED ALL PARTS	New	1,800.00	500.00
7	TO CHECK & REPAIR SNAP WIRING	New	180.00	30.00
Gross Labour Cost (\$\$)			4,300.00	1,170.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >