

(01/01/2019)

ASS. RES. BY:

REP: CS3/MSG190044431/Ecd307

Initial Instruction:

Surveyor:

Meunier

Steve

ASSIGNMENT (Office)

From (Person):

Monica chung

of

MS16

Date/Time: 31/05/2019

Estimated Cost:

Bill to:

OD (TP) WS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No:

SKH33SL

Insured:

FBN 44982

at Workshop no:

MSE MOTOR

Tel:

6454 2203

of

Blk 7 Sin Ming Ind. Est. Sec. C #01-46

Policy No:

MJD/VMS/18-995702-WT

Claim No:

MSC/V/19-000277

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A 06/03/2019

CA / REV / REP / REV 24 HRS

Date/Time:

10:41am @ 12/3/19

Person Contacted:

YY

H.O.D. Endorsement

Vehicle IN/OUT

Date/Time:

Action/Instruction (X) Estimate

SKH 33SL - X

FBN 44982 - X

Diamondville 13/3/2019

Submit L/S \$4,900/- @ 5 days
(\$ 4,850/- Red- 50%)

Do Not Finalise

RECEIVED 04 JUN 2019

ACCIDENT

Steve

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop no:

at

Insured

Policy No

Claims No

Sum Insured

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: (days) Res.: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKH 335L Yt Regn: 29/04/09Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Volkswagen Beetle CC: 1595Colour: Black A/C: Insured / Std / NI / NASp. Reading: 1530/7 T/Radin: Insured / Std / NI / NA

Eng/No: _____

C/No: WVW 222 9C2 9M 557620

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt orBrake: In order / Jammed / Locked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 R15R: 11BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal: 7 mm R/Bal: 7 mmL/Bal: 7 mm L/Bal: 7 mmD.O.A: 6/3/19 D.O.I: 12/3/19Survey held at: MJE MotorDes. of Damages: Front / Rear / O/S / N/S / UIC / Rooftop orFront RH

The UIC / Chassis frame / Body Structure affected due to collision.

Onco / Time: _____ Action / Instruction

MV - 12,000PV - 8862NV - 3138Repair 6k-7k, 6 days

[Signature]
21/3/2019

Date/Time, File Pass to?

☐ : Prel. Report

41

☐ : Final Report

Date/Time, File Return to?

21

Report Format: PRE

Lump Sum / I.B. / O.

Days Of Repair: 6Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation

1. S + RT: \$

2. Phone

3. Fuel

4. Other

Total

120

10

130

Nivitha (LKK Auto)

From: Monica Chung <Monica_Chung@sg.msig-asia.com>
Sent: Friday, 31 May 2019 9:43 AM
To: assignments@lkkauto.com
Subject: FW: TP SKH335L DOA - 06/03/19 Our Ref: LCH.lg/SJEM-90215-19 Your Ref: MSC/V/19-000277
Attachments: 90215 - cp.pdf

Dear all,

Please confirm if our surveyor can attend to the physical re-inspection.

Thanks.

Regards,

Monica Chung
Executive, Claims Services
D: +65 6594 2552 | F: +65 6225 7402 | monica_chung@sg.msig-asia.com



MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



A Member of **MS&AD** INSURANCE GROUP

From: Cheonghoh Law [mailto:mail@cheonghoh.sg]
Sent: Friday, May 31, 2019 9:33 AM
To: Monica Chung <Monica_Chung@sg.msig-asia.com>
Subject: Re: Our Ref: LCH.lg/SJEM-90215-19 Your Ref: MSC/V/19-000277

Dear Sirs,

We enclosed herewith our letter for your needful action.

Thanks & regards
Catherine
CHEONGHOH LAW CORPORATION
Blk 53 Chin Swee Road #03-05
Singapore 160053
T: 6337 8700 | F: 6337 3700 | E: mail@cheonghoh.sg

On 27 May 2019, at 4:37 PM, Monica Chung <Monica_Chung@sg.msig-asia.com> wrote:

WITHOUT PREJUDICE

Dear Sirs,

We acknowledge receipt of your letter dated 23 May 2019 with enclosures.

We would like to conduct a physical re-inspection on your client's vehicle.

Please inform us at least 10 working days in advance for us to make the arrangements.

Thank you.

Regards,

Monica Chung

Executive, Claims Services

D: +65 6594 2552 | F: +65 6225 7402 | monica_chung@sg.msig-asia.com

<image001.png>

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G

| msig.com.sg <image002.png> <image003.png> <image004.png> <image005.png>

<image006.jpg>

CONFIDENTIALITY NOTICE

This e-mail (including any attachments) may contain information that is privileged or confidential. The sending of this e-mail to any person other than the intended recipient is not a waiver of the privilege or confidentiality that attaches to it. If you are not the intended recipient, please notify the sender immediately, delete the email and do not copy, distribute or disclose its contents.

Cheonghoh

Law Corporation

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 . Singapore 160053
Co. Reg No.201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply, please quote our Reference Number

Our Ref: LCH.lg/SJEM-90215.19

Your Ref: FBN 4498 Z

30 May 2019

MSIG Insurance (S) Pte Ltd-Motor Claims
16 Raffles Quay #24-01
Hong Leong Building
Singapore 048581
Attn: Monica Chung

BY EMAIL ONLY
Fax No: 62256371

Dear Sirs

ACCIDENT INVOLVING VEHICLES NO SKH 335 L AND FBN 4498 Z ON 6 MARCH 2019 AT/ALONG LOYANG AVENUE TOWARDS THE TPE (PIE) -

We refer to the above matter and your email dated 27 May 2019.

We write to confirm the re-inspection is scheduled as follows :-

Date	:	12 June 2019 (Wednesday)
Time	:	4:30 pm (client waiting)
Venue	:	MJE Motor Blk 7b Sin Ming Industrial Estate #01-94 Singapore 575642
Person-in-charge	:	Mr YY / Jo
Telephone No.	:	9225 1391 / 6454 2203

Kindly let us have the name of your surveyor attending at the reinspection and to be punctual.

Yours faithfully



Lee Cheong Hoh
CHEONGHOH LAW CORPORATION

cc: client - via fax only (SKH 335 L)

Cheonghoh Law Corporation

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 . Singapore 160053
Co. Reg No.201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply please quote our Reference Number
Our Ref: LCH.lg/SJEM-90215.19

23 May 2019

WITHOUT PREJUDICE

BY HAND

CERTIFICATE OF POSTING



MSIG Insurance (S) Pte Ltd-Motor Claims
16 Raffles Quay #24-01
Hong Leong Building
Singapore 048581

Muhammad Zulqarnain Bin Mohd Azman
Blk 333 Tampines Street 32
#02-526
Singapore 520333

Attn: Motor Claims Dept.
(Vehicle No. FBN 4498 Z)

Dear Sirs

TRAFFIC ACCIDENT INVOLVING YOUR/YOUR INSURED'S VEHICLE FBN 4498 Z AND SKH 335 L ON 6 MARCH 2019 AT 6:30 PM ALONG/AT LOYANG AVENUE TOWARDS THE TPE (PIE)

We act for the claimant Jasmin Koh Xin Ru, the owner of the above said motor vehicle no. SKH 335 L.

We are instructed to claim damages against you/your driver/your insured in connection with the above-captioned accident involving our client's vehicle registration number SKH 335 L and vehicle registration number FBN 4498 Z driven by you/your driver/your insured at the material time.

We are instructed that the accident was caused by you/your driver's/your insured's negligent driving and/or management of motor-vehicle FBN 4498 Z. As a result, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as stated in Part 1 of the Annexure.

A copy each of the supporting documents as stated in Part 2 of the Annexure is enclosed.

We have on 8 March 2019 notified your insurer (abovenamed addressee) of the accident and a pre-repair inspection of our client's vehicle was carried out by your insurer on 12 March 2019.

Please note that:

- (a) if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer;
- (b) you or your insurer should send to us an acknowledgment of receipt of this letter within 14 days of your/your insurer receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer;
- (c) if you have a counterclaim against our client arising out of this accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

For the avoidance of doubt, unless otherwise indicated, this letter of claim is sent to the abovenamed addressees.

Yours faithfully

Lee Cheong Hoh
Cheonghoh Law Corporation

enc :supporting documents in paragraph 4 enclosed in covering letter to insurers only
cc: client (via email /fax only) - SKH 335 L

REG / CS / PAY / FA

27 MAY 2019

see email.

27/5/19

ANNEXURE

Part 1 - particulars of loss and expense

Cost of repairs	\$9,750.00
Loss of use @ 7 days	840.00
Survey Report	698.00
GIA Reports/LTA, RCB searches	53.00
Loss of Use for PRS (4 days x \$120)	480.00
Incidentals	50.00
Costs Contribution	800.00
TOTAL	<u>\$12,671.00</u>

Part 2 - list of supporting documents enclosed in the letter of claim.

LTA search

GIA reports/Police reports & type-written transcripts

repairer's bill and evidence of payment (if any)

surveyor's report

photocopies of photos of damages to client's vehicle

the insurer has been notified of the accident and allowed to carry out a pre-repair inspection of claimant's vehicle

supporting documents for all other expenses claimed (if any)

correspondence with the potential defendant's insurer relating to pre-repair survey and/or post repair inspection of the claimant's vehicle

C

552

Invoice	00402
Date	04 May 2019

Received the serviced vehicle in good condition and tested satisfactory. Any queries or defects relating to the items in this invoice must be notified within 5 days upon testing of the vehicle by MJF Motors, otherwise, claims will not be entertained.

4/11

A sincere commitment to quality service...



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0418 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Invoice

Customer: Jasmin Koh Xin Ru
23 Balam Road #02-183
Singapore 370023

Date: 13.04.2019

Invoice No: NS-2019-100

Description		Amount
Vehicle No:	SKH335L	
Make & Model:	Volkswagen New Beetle (A)	
Our reference:	AAS/2019/100	
Services rendered for appraiser / inspection report		
Survey Fee		
Photographs		
Transport Fees		
Re-inspection Fees		
SGD Dollar : Six hundred ninety eight dollar only	Total:	SGD \$ 698.00

Notes:

All cheques payment should be crossed and made payment to "Absolute Appraisal Services Pte Ltd"

Please indicate our "Invoice No." on the reverse side of the cheque.

Please do not hesitate to contact us should you have any enquires.



Absolute Appraisal Services Pte Ltd



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Vehicle Inspection Report

To: Jasmin Koh Xin Ru
C/o: 23 Balam Road #02-183
Singapore 370023

Date of report: 13.04.2019
Date of request: 08.03.2019
Date of inspection: 08.03.2019
Date of accident: 06.03.2019
Claim type: Third Party Claim

Report No: AAS/2019/100

Particulars of affected vehicle:

Registration no: SKH335L
Make/Model: Volkswagen New Beetle (A)
Year of registration: 2009
Colour: Metallic Black

Odometer: 153017 km
Engine Capacity: 1595 cc
Engine no: BFS074264
Chassis no: WVVZZZ9CZ9M557620

Condition of tires:

Front Left: 6mm
Make: Dunlop
Rear Left: 6mm
Make: Bridgestone

Front Right: 6mm
Make: Dunlop
Rear Right: 6mm
Make: Bridgestone

Type of road wheel: Alloy (The above represent the remaining life of the tire thread)

Pre-accident condition (Static tests only)

General Bodywork	: Good
Paintwork	: Good
Handbrake	: In order
Footbrake	: In order
Steering	: In order
Apparent engine modification	: Nil

The Assignment

The inspection was conducted at M/s. MJE Motor
7 Sin Ming Industrial Estate Sector C #01-94
Singapore 575642

(Subsequent inspection was conducted)

Assessment

Repairer's estimate: \$ 13,764.00

Revised estimate: \$ 12,212.00

Recommended reserve: \$ 9,750.00 (Lump sum)

Estimated normal duration of repairs : 7 Working days



**ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS**

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0418 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Vehicle No: SKH335L

Report No: AAS/2019/100

W/O PREJUDICE

Point of impact

At the RHF portion.

General description of damages

The RHF fender, RHF road wheel, front bumper, headlamps, bonnet, lock carrier, etc.

Other parts were also found damaged. (See schedule for details)

Recommendation

The estimate cost of repair submitted by M/s MJE Motor as per schedule attached have been revise and scrutinize. We list the breakdown of our findings and recommendation as per attached.

Our adjusted amount for the cost of repair is SGD \$12,212.00

Conclusion

The repalrer has agreed to undertake the repair at a lumpsum of SGD \$9,750.00

Under normal circumstances, the repair of the damaged vehicle should be completed within a reasonable period of 7 working days.

We have **Not Authorised** and/or instruction to the repalrer to proceed with the repairs. This inspection was conducted entirely on a 'Without Prejudice' basis.

We are pleased to advise that the inspection was carried out accordingly and hereby submit our appraisal report which includes 78 photographs.

Your Faithfully
Absolute Appraisal Services Pte Ltd



Nicky Seah
Automobile Appraiser
MSAAA / MSMCTA



ABSOLUTE APPRAISAL SERVICES PTE LTD LOSS ADJUSTERS & MOTOR APPRAISERS

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Vehicle No: SKH335L

Report No: AAS/2019/100

Appraisement Schedule

S/N	Parts Description	Qty	Condition		Repairer's Est	Revised Est
1	Front bumper	1	Dented/Torn		\$ 1,240.00 <i>1040</i>	\$ 1,240.00
2	Front bumper grille RH	1	Serviceable		\$ 159.00	-
3	Front bumper lamp RH	1	Cracked		\$ 112.00 <i>85</i>	\$ 112.00
4	Front bumper reinforcement	1	Serviceable		\$ 560.00	-
5	RHF fender	1	Dented/Distorted		\$ 860.00 <i>R</i>	\$ 860.00
6	RHF fender inner shield	1	Torn		\$ 119.00 <i>NAI</i>	\$ 119.00
7	Headlamp LH/RH	2	Broken/Cracked	\$ 885.00	\$ 1,770.00	\$ 1,770.00
8	Headlamp housing LH/RH	2	Cracked	\$ 127.00	\$ 254.00 <i>NAI</i>	\$ 254.00
9	Bonnet	1	Dented/Distorted		\$ 945.00	\$ 945.00
10	Bonnet emblem	1	Necessary		\$ 87.00	\$ 87.00
11	Bonnet seal	1	Necessary		\$ 102.00	\$ 102.00
12	Bonnet latch	1	Serviceable		\$ 89.00	
13	Wiper washer tank	1	Serviceable		\$ 110.00	
14	Lock carrier	1	Distorted		\$ 593.00 <i>NAI</i>	\$ 593.00
15	Lock carrier top plate	1	Cracked		\$ 245.00	\$ 245.00
16	RHF shock absorber	1	Bent		\$ 401.00 <i>NAI</i>	\$ 401.00
17	RHF wheel bearing hub	1	Distorted		\$ 396.00	\$ 396.00
18	RHF wheel bearing housing	1	Distorted	<i>4670</i>	\$ 540.00 <i>NAI</i>	\$ 540.00
19	RH lower arm	1	Bent	<i>- 10%</i>	\$ 355.00 <i>NAI</i>	\$ 355.00
20	RH driveshaft	1	Dislodged	<i>4393</i>	\$ 1,157.00 <i>NAI</i>	\$ 1,157.00
				List total:	\$ 10,094.00	\$ 9,176.00
1	Front bumper clips	1set	Necessary		\$ 50.00 <i>30</i>	\$ 50.00
2	RHF tyre	1	Affected	80%	\$ 220.00	\$ 176.00
3	RHF sport rim	1	Dented/Grazed		\$ 450.00 <i>400</i>	\$ 450.00
4	Radiator coolant	1	Necessary	<i>430</i>	\$ 40.00	\$ 40.00
				Special nett total:	\$ 760.00	\$ 716.00
				Parts Total:	\$ 10,854.00	\$ 9,892.00



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Vehicle No: SKH335L

Report No: AAS/2019/100

S/N Labour Description

Repairer's Est

Revised Est

1 Check lightings & wirings.

\$ 40.00

\$ 30.00/

2 Replace RHF undercarriages.

\$ 280.00

\$ 250.00
✓ 120

3 Replace RHF sport rim & tyre.

\$ 50.00

\$ 20.00/

4 Check wheel alignment.

\$ 100.00

\$ 60.00/

5 Removal & refitting of aircon condenser, radiator, cooling fan, etc.
Depressurize, vacuum & refill a/c gas. Conduct engine cooling checks.

\$ 180.00

\$ 150.00X

6 Towing charge.

\$ 60.00

\$ 60.00/

7 To conduct panel beating, welding, straightening of damaged panels, renew
damaged parts, realign affected area.

\$ 1,000.00

550/ \$ 750.00

8 Spray painting on replacement & affected parts.

1540

\$ 1,200.00

700/ \$ 1,000.00

Labour Total:

\$ 2,910.00

\$ 2,320.00

Grand Total:

\$ 13,764.00

\$ 12,212.00

The final adjusted lump sum amount is \$9,750.00

Under normal circumstances, the repair should be completed
within a reasonable period of 7 working days.

78 Photographs were taken at the time of inspection.

P-4203
AI-430
L-1540
6173
L/S-4938.40
= 4909 ✓

5 days

Disclaimer: This report is intended for the exclusive use of the address solely in relation to the loss occurrence in which the assessed vehicle involved. No
liability or responsibility whatsoever shall be held by Absolute Appraisal Service Pte Ltd for any reliance on this report by any third party.

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Invoice	00402
Date	04 May 2019

[illegible]

Received the serviced vehicle in good condition and tested satisfactory. Any queries or defects relating to the items in this invoice must be notified within 5 days upon testing of the vehicle by MJE Motors, otherwise, claims will not be entertained.

MJE Mator

4/12

A sincere commitment to quality service...



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-054365

Date of Request: 08/04/2019

Your Ref No: SJEM-90215.19/LG

CHEONGHOH LAW CORPORATION
83 Chin Swee Road #03-05
Singapore 160053

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 06/03/2019

Place of Accident: LOYANG AVE/TPE

Client Vehicle No: SKH335L

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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	07/03/2019 16:11
Date Of Accident	06/03/2019 18:30
Exact Location Of Accident	LOYANG AVE TOWARDS TPE(PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH335L
Insured/Policyholder	
Name Of Registered Owner	JASMIN KOH XIN RU
NRIC No	S8947462J
Email Address	JKXR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90076908
Alternative Phone No	Office-90076908

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	BEETLE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S 28843688 SMA
Cover Note Number	

Driver

Name of Driver	JASMIN KOH XIN RU
NRIC No	S8947462J
Date Of Birth	29/12/1989
Occupation	INDOOR
Date Of Driving Pass	20/11/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90076908

Fax Number	
Contact Number	OFFICE-90076908
EMail Address	JKXR@HOTMAIL.COM
Address	BLK 23 BALAM ROAD #02-183
Postcode	370023
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 TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH4498Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHD ZULQARNAIN BIN MOHD AZMAN
NRIC/Passport Number	S9411389Z
Contact Number	97487799
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

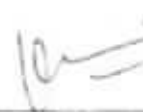
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

I understand, acknowledge, agree and consent that:

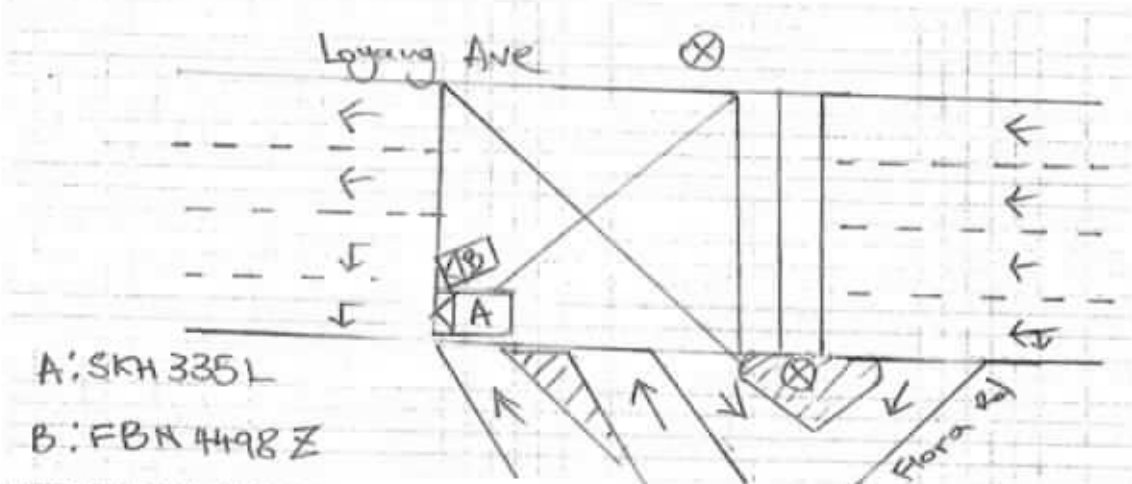
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Loyang Ave towards TPE (PIE) in lane 4. Approaching the above traffic junction, the traffic light was green, my lane ahead was clear and I proceeded straight. Suddenly, vehicle B changed lane in yellow box, cut into my lane and collided into the front of my vehicle.

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



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 07/03/2019 13:18
Date Of Accident 06/03/2019 18:50
Exact Location Of Accident LOYANG AVENUE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN4498Z
Insured/Policyholder
Name Of Registered Owner MUHAMMAD ZULQARNAIN BIN MOHD AZMAN
NRIC No S9411389Z
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-97487799
Alternative Phone No Office-97487799

Vehicle Particulars

Manufacturer APRILIA
Model RX125 ABS MANUAL

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 MOTORCYCLE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number MSD/VMS/18-995702-WTT (TPFT)
Cover Note Number

Driver

Name of Driver MUHAMMAD ZULQARNAIN BIN MOHD AZMAN
NRIC No S9411389Z
Date Of Birth 28/03/1994
Occupation OUTDOOR
Date Of Driving Pass 15/08/2018
Driving Experience 0 YEAR AND 6 MONTH
Gender MALE
Mobile Number (LOCAL) +65-97487799

Fax Number	
Contact Number	OFFICE-97487799
EMail Address	NOEMAIL
Address	BLK 333 TAMPINES STREET 32 #02-526
Postcode	520333
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	NO COLLISION
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance,	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

REFER TO SKETCH PLAN ATTACHED

Attachment(s)

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

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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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.
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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 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 (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:

- 7 MAR 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

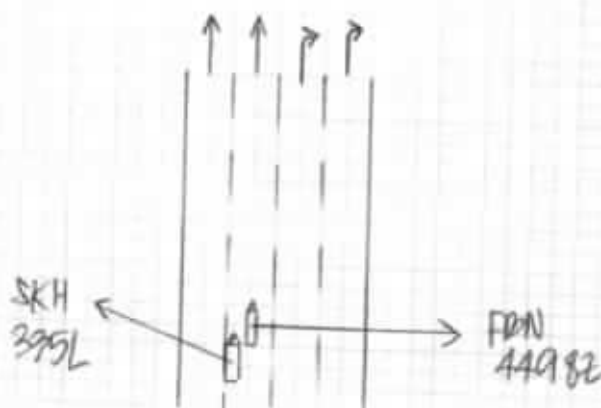
Tel: 67416697 Fax: 67492305

Email: webkb@singnet.com.sg

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Layan Road suddenly the car (SKH 335L) was beside & near to my left leg. It does not hit my bike.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

[Signature]

Policyholder's Signature

Date & Time: 7 MAR 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/ID No:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7462J
Vehicle Details	
Vehicle No.:	SKH335L
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Jun 2019
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	NEW BEETLE 1.6 A 6SPD
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	BFS074264
Chassis No.:	WVWZZZ9CZ9M557620
Maximum Power Output:	75.0 kW (100 bhp)
Open Market Value:	\$17,594.00
Original Registration Date:	29 Apr 2009
First Registration Date:	29 Apr 2009
Transfer Count:	3
Actual ARF Paid:	\$17,594.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Mar 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$12,763.00
COE Rebate Amount:	\$12,316.00
Total Rebate Amount:	\$12,316.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 03 Jun 2019

OK

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

Reinspection

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	08 Mar 2019		11 Mar 2019 16:21 Edit Adj Rpt	S\$4,900.00 Edit Estimates	S\$4,900.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	----------

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	MUHAMMAD ZULQARNAIN BIN MOHD AZMAN, ID: S9411389Z, Tel: +6597487799, Email: NOEMAIL		
Main Claimant:	JASMIN KOH XIN RU, ID: S8947462J		
Vehicle Reg. No.:	SKH335L	Date of Loss:	06/03/2019 18:00 - :59 [118 Months and 6 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / MSC/V/19-000277	Policy/Cover Note No.:	MSD/VMS/18-995702-WTT(TPFT) (TP, Fire & Theft) Coverage: 03/10/2018 - 02/10/2019
Vehicle Reg. No. (Insured):	FBN4498Z	Policy No. (Claimant):	
		Excess:	
Repairer:	Mje Motor (sin Ming, #01-96) (HQ) Block 7 Sin Ming Industrial Estate Sector C, #01-96, 575642 Sin Ming - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Monica Chung Pei Zhen - 6594 2552]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by CHEN TSUE YEE] ... [Final Rpt due 04/06/2019]		
Driver/Custodian (Insured):	MUHAMMAD ZULQARNAIN BIN MOHD AZMAN (24 / Male), NRIC: S9411389Z, Tel: +6597487799 Email: NOEMAIL		
Adj Asg. Remarks:	on WP. Liability not clear TP reject SJE - Assign LKK Auto Consultants Pte Ltd Contact - Y Y / Jo 9225 1391 / 6454 2203		

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

- MSIG_SG (31/05/2019): Report Send Back Alerts - SKH335L (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

*SKH335L (MSC/V/19-000277)
[FBN4498Z]

TP

JASMIN KOH XIN RU

Mar 6 2019 6:00PM

[MUHAMMAD ZULQARNAIN BIN MOHD AZMAN]







































Mje Motor (sin Ming, #01-96)

[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	08/03/19 13:28	Accident Statement <small>From: SC - Reg. No: FBN4498Z, Claimant: MUHAMMAD ZULQARNAIN BIN MOHD AZMAN</small>		Load HTM	

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
2	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
3	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
4	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
5	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
6	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
7	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
8	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
9	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
10	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
11	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
12	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
13	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
14	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
15	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
16	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
17	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
18	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
19	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
20	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
21	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
22	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
23	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
24	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
25	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
26	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
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29	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
30	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
31	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
32	13/03/19 08:08	Front View		Load JPG	<input checked="" type="checkbox"/>
33	13/03/19 08:08	Front View		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	13/03/19 08:08	Odometer Reading	 Load JPG	<input checked="" type="checkbox"/>
35	13/03/19 08:08	Chassis Number	 Load JPG	<input checked="" type="checkbox"/>
36	13/03/19 08:08	Front View	 Load JPG	<input checked="" type="checkbox"/>
37	13/03/19 08:08	Front View	 Load JPG	<input checked="" type="checkbox"/>
38	13/03/19 08:08	Front View	 Load JPG	<input checked="" type="checkbox"/>
39	13/03/19 08:08	Front View	 Load JPG	<input checked="" type="checkbox"/>
40	13/03/19 08:08	Front View	 Load JPG	<input checked="" type="checkbox"/>
41	28/03/19 15:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
42	28/03/19 15:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
43	28/03/19 15:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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46	28/03/19 15:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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54	28/03/19 15:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
55	28/03/19 15:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
56	28/03/19 15:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
57	28/03/19 15:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
58	28/03/19 15:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
59	28/03/19 15:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
60	28/03/19 15:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
61	28/03/19 15:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
62	28/03/19 15:59	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
63	28/03/19 15:59	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	08/03/19 16:36	SKH33SL E-FILE REPORT From: SC - Reg. No: FBN44982, Claimant: MUHAMMAD ZULQARNAIN BIN MOHD AZMAN	 Load PDF	
2	08/03/19 17:20	TP reject SJE - Assign LKK	 Load PDF	
3	27/05/19 16:28	LOD & SUPPORTING DOCUMENTS	 Load PDF	
4	27/05/19 16:28	COLOURED IMAGES PART 1	 Load PDF	
5	27/05/19 16:28	COLOURED IMAGES PART 2	 Load PDF	
6	31/05/19 09:45	RI DETAILS	 Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	04/06/19 14:54	PRS Invoice	 Load PDF	
2	04/06/19 14:54	Colour Photo	 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 InsurerNote: 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: CS3/MSG19004443/ESD3E2-1

Date: 04/06/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMS/18-995702-WTT (TPFT)
Claimant Vehicle No :	SKH335L	Insured Vehicle No :	FBN4498Z
Date of Loss:	06/03/2019	Nature of Claim:	TP
		Claim No:	MSC/V/19-000277

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKH335L	Engine No:	BFS074264
Make & Model:	VOLKSWAGEN NEW BETTLE, 1.6 (A)	Chassis No:	WVWZZZ9CZ9M557620
Reg. Date:	29/04/2009 (Man. Year: 2009)	Odometer:	153017 km
Colour:	Black		
Engine Capacity:	1595 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:	195/65 R15	Rear Tyre Size:	195/65 R15
Front Left Side:	Dunlop 7 mm	Rear Left Side:	Dunlop 7 mm
Front Right Side:	Dunlop 7 mm	Rear Right Side:	Dunlop 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	10,854.00	4,633.00	6,221.00	57.32
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,910.00	1,540.00	1,370.00	47.08
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	13,764.00	6,173.00	7,591.00	55.15
Approved Total (Overridden) (S\$)		4,900.00		
Nett Amount (S\$)	13,764.00	4,900.00	8,864.00	64.40

INSPECTION

Date of Assignment:	11/03/2019	
Date Inspected:	12/03/2019 Inspected At:	Mje Motor (sin Ming, #01-96) (HQ) Block 7 Sin Ming Industrial Estate Sector C, #01-96 Singapore 575642
Estimated Period of Repair:	5.0 days	

Adjuster: CHEN TSUE YEE

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: 04 Jun 2019)
Parts: 144	VOLKSWAGEN NEW BETTLE 1.6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SKH335L)	
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	Dented / Torn	1,240.00 F	*1,040.00 FL
2	1		*FRONT BUMPER GRILLE RH	Serviceable	159.00 F	*- FL
3	1		*FRONT BUMPER LAMP RH	Cracked	112.00 F	*85.00 FL
4	1		*FRONT BUMPER REINFORCEMENT	Serviceable	560.00 F	*- FL
5	1		*RHF FENDER	Repair	860.00 F	*- FL
6	1		*RHF FENDER INNER SHIELD	Not Necessary	119.00 F	*- FL
7	2		*HEADLAMP LH / RH	Broken / Cracked	1,770.00 F	*1,770.00 FL
8	2		*HEADLAMP HOUSING LH / RH	Not Necessary	254.00 F	*- FL
9	1		*BONNET	Dented / Distorted	945.00 F	*945.00 FL
10	1		*BONNET EMBLEM	Necessary	87.00 F	*87.00 FL
11	1		*BONNET SEAL	Necessary	102.00 F	*102.00 FL
12	1		*BONNET LATCH	Serviceable	89.00 F	*- FL
13	1		*WIPER WASHER TANK	Serviceable	110.00 F	*- FL
14	1		*LOCK CARRIER (DISTORTED)	Old Damaged	593.00 F	*- FL
15	1		*LOCK CARRIER TOP PLATE	Cracked	245.00 F	*245.00 FL
16	1		*RHF SHOCK ABSORBER	Not Necessary	401.00 F	*- FL
17	1		*RHF WHEEL BEARING HUB	Distorted	396.00 F	*396.00 FL
18	1		*RHF WHEEL BEARING HOUSING	Not Necessary	540.00 F	*- FL
19	1		*RH LOWER ARM	Not Necessary	355.00 F	*- FL
20	1		*RH DRIVESHAFT	Not Necessary	1,157.00 F	*- FL
21	1		*SET FRONT BUMPER CLIPS	Necessary	50.00 FS	*30.00 FS
22	1		*RHF TYRE	Not Necessary	220.00 FS	*- FS
23	1		*RHF SPORT RIM	Dented / Grazed	450.00 FS	*400.00 FS
24	1		*RADIATOR COOLANT	Not Necessary	40.00 FS	*- FS

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

Sub Total (\$\$)	10,854.00	5,100.00
- List Item Discount on L Items 0.00/10.00% (\$\$)	0.00	467.00
Total Parts (\$\$)	10,854.00	4,633.00

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	CHECK LIGHTINGS & WIRINGS	New	40.00	30.00
2	REPLACE RHF UNDERCARRIAGES	New	280.00	120.00
3	REPLACE RHF SPORT RIM & TYRE	New	50.00	20.00
4	CHECK WHEEL ALIGNMENT	New	100.00	60.00
5	REMOVAL & REFITTING OF AIRCON CONDENSER, RADIATOR, COOLING FAN, ETC. DEPRESSURIZE, VACUUM & REFILL A/C GAS. CONDUCT ENGINE COOLING CHECKS	New	180.00	0.00
6	TOWING CHARGE	New	60.00	60.00
7	TO CONDUCT PANEL BEATING, WELDING, STRAIGHTENING OF DAMAGED PANELS. RENEW DAMAGED PARTS, REALIGN AFFECTED AREA	New	1,000.00	550.00
8	SPRAY PAINTING ON REPLACEMENT & AFFECTED PARTS	New	1,200.00	700.00
Gross Labour Cost (S\$)			2,910.00	1,540.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >