

REF: CSB/MSG9006640/ESC13-17
 ASS. REC. BY: merim n
 Assignment: ASSIGNMENT (Office)
 From (Person): Imre Tan Gek Ing of MS19 Date/Time: 12.6.19
 Estimated Cost: _____ Bill to: _____
 OD/TP/WS/TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No: SBA 555 L Insured: SKV 7672T
 at Workshop m/s Wai Hong Carroz Tel: 97882224
 of Bik 1001 Bukit Merah Lane 3, # 01-61
 Policy No: 80442288 & my Claim No: 590368
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A. 8.4.2019
 (Client's Record) 16/4/19 @ Afternoon
 CA / REV / REP. / REV 24 HRS "WP" H.O.D. Endorsement: _____
 Date/Time: 9.43am @ 15/4/19 Person Contacted: Sharon Vehicle IN/OUT: OUT

| Date/Time | Action/Instruction | Estimated (X) |
|-----------|-------------------------------|---------------|
| | SBA 555 L - PART/INC/MILEAGE | |
| | SKV 7672T - NAA / NEW/OLD | |
| | Dismantle: 17/4/2019 | |
| | After repair: 18/4/2019 | |
| 14/06/19 | Submit HS \$ 1,050/- @ 2 days | |
| | (A 1,650/- Rd - 61%) | |


 14/6/2019

RECEIVED 14 JUN 2019

ASSIGNMENT

From: Date: Vch No: SBA55SL
 Estimated Cost: Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 QD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: 1499

at Workshop with:

of:

Insured:

Policy No:

Claims No:

Sum Insured:

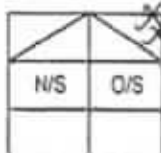
Excess:

(Client's Report)

Make of Vch:

(Policy Condition)

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



Ball 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

Vch No: SBA55SL To Page: 26/2/10

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 318i

G.C. 1499

Colour: Silver

AC Insured / Std / NI / NA

Sp. Reading: 170604

T/Rwin: Insured / Std / NI / NA

Eng/No:

C/No: WBA PF7 2000 A 793570

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

205/55R16

R:

"

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Falken

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 8/4/19

D.O.A. 16/4/19

Survey held at

Wai Leong

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

Front RH

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

Date / Time Action / Instruction

Repair range - 3K - 4K
 Days - 3 days
 MV - 22,999
 PV - 17,295
 NV - 4,705

17/4/2019

Date/Time: File Pass to?

☐

Prel. Report

4)

☐

Final Report

Date/Time: File Return to?

2)

Add Fee:

Site Insp (\$

Interview (\$

Tech Insp (\$

Week-end (\$

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

1. 2 + RT. 2

2. Premium

3. Follow-up

4. Other

2019/4

Report Format

Lump Sum / I.B.F. (\$

120

10

130

Nivitha (LKK Auto)

From: Irene Tan <irene_tan@sg.msig-asia.com>
Sent: Wednesday, 12 June 2019 6:52 PM
To: Veron Chen (LKKAuto); Shiao Chan (LKKAuto); Shirley Hiew (LKK Auto); Denise Tay (LKKAuto)
Cc: Olivia Lau (LKKAuto); Admin-D (LKKAuto)
Subject: Please prepare your paper survey report on SBA555L; Our claim no.: 590368/IT
Importance: High

Good evening Veron,

We refer to your PRI report dated 8.5.19.

Please upload your paper survey report in the Merimen asap.

Irene Tan
Senior Executive, Motor Claims Services
D: +65 6594 2541 | F: +65 6225 7402 | irene_tan@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

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EAST ASIA LAW CORPORATION

Advocates & Solicitors

133 New Bridge Road #10-02
Chinatown Point Singapore 059413
Tel: 65 6323 2565 Fax: 65 6323 2373
E-mail: law@ealc.com.sg
Website: www.ealc.com.sg

Kasturibai Manickam
Jocirida Wong Jia Heng

1T

7PD

ACRA Reg. No.
200309625D

(Service of Court documents by way of fax is not accepted)
GST Reg. No. 200309625D

REG / CS / PAY / FA

12 JUN 2019

Our Ref. : 2019.6268.EA.MK.ya
Your Ref. : SKV7672T

WITHOUT PREJUDICE

10 June 2019

By PDX #8173
MSIG Insurance Singapore Pte Ltd
No. 4 Shenton Way,
#21-01 SGX Centre 2
Singapore 068807
Attn: Motor Claims Department

Certificate of Posting
Karamjeet Kaur D/o Teja Singh (no enclosure)
27 Jalan Waringin
Singapore 418030

PDX Intercompany Exchange Pte Ltd



010808726869

FROM EAST ASIA LAW CORP.
PDX Box No. 8060

Dear Sirs,

**CLAIMANT: Q LEASING
ACCIDENT INVOLVING SBA555L & SKV7672T ON 08 APRIL 2019 ALONG SINGAPORE PAYA LEBAR CARPARK AT ABOUT 1400 HOURS**

We act for Q LEASING, the owner of vehicle no. SBA555L, whose vehicle was damaged as a result of the abovementioned accident by vehicle no. SKV7672T and our search reveals that you were the insurer of motor vehicle no. SKV7672T at the time of the accident.

We are instructed that the accident was caused by your insured's negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

| | | |
|----|-------------------------|-------------------|
| 1. | Costs of repair | \$2,700.00 |
| 2. | Rental fee | \$ 120.00 |
| 3. | Survey report fee | \$ 509.00 |
| 4. | LTA search fee | \$ 8.00 |
| 5. | GIA search / report fee | \$ 29.00 |
| 6. | Incidentals incl. GST | \$ 107.00 |
| 7. | Costs incl. GST | \$ 963.00 |
| | | <u>\$4,436.00</u> |

We enclose herewith copies of the following documents supporting our client's claim for your attention:

1. GIA report for vehicle no. SBA555L;
2. LTA search fee for SKV7672T;
3. Final Repair Bill;
4. Survey report (enclosing original photographs) depicting damage to SBA555L;

Please note that if you are insured and you wish to claim your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days from the 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.

Please also note that if you have a counterclaim against our client arising out of the 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.

Yours faithfully,


Kasturibai Manickam
East Asia Law Corporation

Enc.

Quality Leasing Private Limited

317 Outram Road #02-39 Concorde Shopping Centre Singapore 169075

TEL: 6473 8668 Fax: 6473 3005

Date : 27 April 2019
Name : Q LEASING
Address : c/o 317 Outram Road #02-39
Concorde Shopping Centre
Singapore 169075
Vehicle No. : SBA555L
Model : BMW 318i
Accident date : 8 April 2019

Final Repair Bill for Vehicle no. SBA555L

To supply labour and replaced parts, labour charges for
repairing, knocking-panel beating, welding and respray
(Lump Sum Repair)

\$ 2,700.00

Singapore Dollars: TWO THOUSAND AND SEVEN HUNDRED ONLY

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Invoice No 04-19020/DY

Billing Name & Address

Q Leasing

c/o 317 Outram Road

#02-39 Concorde Shopping Centre

Singapore 169075

Date 25 Apr 2019

Vehicle No : SBA 555 L

Model : BMW 318i

| Item | Descriptions | Amount S\$ |
|------|--|------------------|
| 1 | Date of inspection : <u>16 Apr 2019</u> A copy of the inspection / survey report Correspondence, postages and etc. | |
| 2 | Photography Services - Purchase of films, develop negatives - Storage of negatives - Submission of photographs <u>29</u> copies | |
| 3 | Transportation Charges | |
| 4 | 2nd Inspection & Final Inspection | |
| | Total | <u>\$ 509.00</u> |
| | SDLS : FIVE HUNDRED AND NINE ONLY | |

Notes :

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



Official Stamp

E & O. E

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883

Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Report Reference : TP / 04-19020/DY / 2019

Date of Report : 25 Apr 2019

Q Leasing
c/o 317 Outram Road
#02-39 Concorde Shopping Centre
Singapore 169075

THIRD PARTY SURVEY

ACCIDENT HAPPENED ON 8 Apr 2019

As per your instruction dated 16 Apr 2019 with regard to the above matter. We have carried out a physical inspection on the said vehicle SBA 555 L. We enclosed herewith our report and findings as follows:

1. VEHICLE PARTICULARS

Registration No : SBA 555 L
Model : BMW 318i
Year / Capacity : 2010/1995
Chassis No : WBAPF72000A793570
Engine No : A9551623N46B20BZ
Mileage : 170604
Colour : Silver

2. TYRES CONDITION

| | | <u>Size</u> | <u>Made</u> | <u>Balance</u> | | <u>Rim</u> |
|-------|-----|--------------|-------------|----------------|----|------------|
| FRONT | O/S | : 205/55 R16 | Hifly | 6.00 | mm | Sport |
| REAR | O/S | : 205/55 R16 | Hifly | 6.00 | mm | Sport |
| FRONT | N/S | : 205/55 R16 | Falken | 6.00 | mm | Sport |
| REAR | N/S | : 205/55 R16 | Falken | 6.00 | mm | Sport |

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000265D

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. Workshop Address : Quality Leasing Pte Ltd
317 Outram Road
#02-39 Concorde Shopping Centre
Singapore 169075

5. Estimated normal period of repair : 2 working days to complete.

6. Enclosed number of photograph : 29 copies.

7. In accordance to your instruction, we have **Not Authorised** repair to the vehicle and the survey was done on a **"Without Prejudice"** basis. We hope that this report will be of assistance to you in dealing with the matter.

8. Should you discover any discrepancy in the report, please kindly notify us **within 2 weeks**, or the report will be treated as correct.

Disclaimer

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

Vehicle No: SBA 555 L
 Report No: TP/ 04-19020/DY / 2019

SPARE PARTS

| Qty | Parts Description | Condition | Workshop's Estimation | Our Revised Estimation |
|-------------------|-------------------|-----------|-----------------------|------------------------|
| <u>List Items</u> | | | | |
| 1 | Front headlamp | Damage | \$ 1997.80 | \$ 1997.80 X |
| 1 | Front bumper | Damage | \$ 987.50 | \$ 987.50 ✓ |
| | | | <u>\$ 2985.30</u> | <u>\$ 2985.30</u> |
| | Discount | 5.0% | \$ 149.27 | \$ 149.27 |
| | | | <u>\$ 2836.03</u> | <u>\$ 2836.03</u> |

987.50
 - 10%
 888.75

Spare Parts Total \$ 2836.03 \$ 2836.03

Vehicle No: **SBA 555 L**
 Report No: **TP/ 04-19020/DY / 2019**


LABOUR COST

| S/No | Job Descriptions | Workshop's Estimation | Our Revised Estimation |
|--------------|---|-----------------------|------------------------|
| | Spare Parts Total c/f | \$ 2836.03 | \$ 2836.03 |
| 1 | To remove and refit damage parts, test for proper functioning and focus of headlamps. | \$ 60.00 | \$ 40.00 <i>30/</i> |
| 2 | To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and weld body panels. To re-adjust to the original position using power tools. | \$ 500.00 | \$ 250.00 <i>200/</i> |
| 3 | To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available. | \$ 500.00 | \$ 250.00 <i>200/</i> |
| Total | | <u>\$ 3896.03</u> | <u>\$ 3376.03</u> |

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

\$ 2700.00

SDLS: TWO THOUSAND SEVEN HUNDRED ONLY


 Qualified Appraiser

P - 888-75

L - 430

1318-75

LIS - 1055

= 1050

2 days repair

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 | 09/04/2019 17:20 |
| Date Of Accident | 08/04/2019 14:00 |
| Exact Location Of Accident | SINGAPORE PAYA LEABR CARPARK |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SBA555L |
| Insured/Policyholder | |
| Name Of Registered Owner | QUALITY LEASING PRIVATE LIMITED |
| Co Reg No | - |
| Email Address | SHARONSOON5404@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96562162 |
| Alternative Phone No | OFFICE-97882224 |
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | 318i |
| 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 | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 18-MJ000980-R00 |
| Cover Note Number | |
| Driver | |
| Name of Driver | KAMARUL ZAMAN BIN CHEMAN |
| NRIC No | S1643590B |
| Date Of Birth | 28/10/1964 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/08/1992 |
| Driving Experience | 26 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96562162 |
| Fax Number | |
| Contact Number | OTHERS-97882224 |
| Email Address | SHARONSOON5404@GMAIL.COM |

| | |
|---|------------------------------------|
| Address | BLK 201 YISHUN STREET 21 #03-49 |
| Postcode | 760201 |
| 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 | SIDE SWIPE |
| 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) | 3 |
| Passenger 1 | NAME: : PASSENGER GENDER: : MALE |
| Passenger 2 | NAME: : PASSENGER GENDER: : MALE |

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 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 | SKV7672T |
| Vehicle Make/Model/Colour | BMW |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | KARAMJEET KAUR D/O TEJA SINGH |
| NRIC/Passport Number | S1600874E |
| Contact Number | 96158827 |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Accident 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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 as collected under (a) 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):

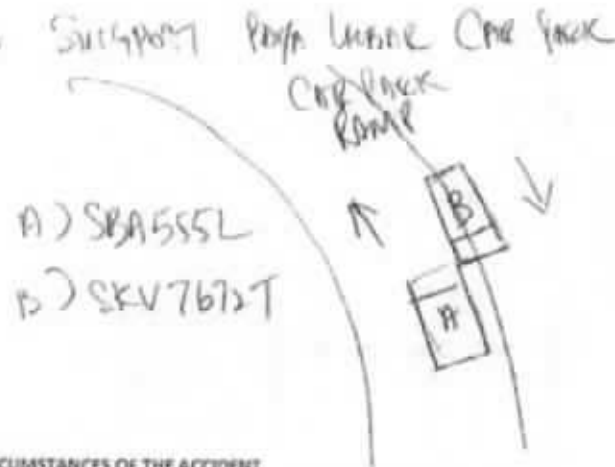


Driver's Signature
(If driver is not the policyholder)
Date & Time: 09/04/19

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/VIN No.: [Signature]

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 5 of April about 2-02pm. I was doing out of a car park at King Post Page Centre. While I was carrying at the car park RAMP suddenly a car BMW SKV76727 drove into my lane and hit my right front bumper.

DECLARATION

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

Signature
Date & Time:



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

Reporting Centre Personnel Signature
Name:
NRC/TH No.:

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 | 06/05/2019 17:03 |
| Date Of Accident | 08/04/2019 14:00 |
| Exact Location Of Accident | SINGPOST CENTRE CARPARK ENTRY |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SKV7672T |
| Insured/Policyholder | |
| Name Of Registered Owner | KARAMJEET KAUR |
| NRIC No | S1600874E |
| Email Address | KIRAN_@HOTMAIL.SG |
| Mobile Phone No | (LOCAL) +65-96158827 |
| Alternative Phone No | OTHERS-96158827 |
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | 420i |
| Exact Purpose for which vehicle was being used at time of accident | NORMAL USAGE |
| 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 | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | UNAVAILABLE |
| Cover Note Number | |
| Driver | |
| Name of Driver | KARAMJEET KAUR |
| NRIC No | S1600874E |
| Date Of Birth | 02/02/1963 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/11/1987 |
| Driving Experience | 31 YEARS AND 4 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96158827 |
| Fax Number | |
| Contact Number | OTHERS-96158827 |
| EEmail Address | KIRAN_@HOTMAIL.SG |

| | |
|---|-------------------|
| Address | 27 JALAN WARINGIN |
| Postcode | 418030 |
| 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 | SIDE SWIPE |
| 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 ATTACH.

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 | SBA555L |
| Vehicle Make/Model/Colour | BMW GREY |
| Details Of Properties | |
| Vehicle Category | PRIVATE HIRE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRONT |
| 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.

Policyholder's Signature
Date & Time:

6/5/19.

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

As I was entering the carpark at airport, Andrew
 amount 1400 hrs, on the oncoming side, exiting my car park
 against me. There was scratches on
 my car and the other.

DECLARATION

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

Policyholder's Signature

Date & Time:

6/5/19

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








































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

| CLAIM SUBFOLDER TRACKING | | | | | | | |
|--------------------------|-------------|---------------|--|--|--|-------------|---|
| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'ed | Status |
| Main | 12 Apr 2019 | | 12 Apr 2019 16:44 Edit Adj Rpt | S\$1,050.00 Edit Estimates | S\$1,050.00 View Rpt | | Pending for Survey Report Cancel Case |

| Main | Reference | Claim Details | Documents | Show All | | | | | |
|---|-----------|--|------------|----------|---------|-------------|--------------|------------|-------|
| CLAIM SUBFOLDER DETAILS [Created by insurer] | | | | | | | | | |
| Insured: Karamjeet Kaur d/o Teja Singh , ID: S1600874E | | | | | | | | | |
| Main Claimant: Q LEASING , Co. Reg. No.: S3384683L | | | | | | | | | |
| Vehicle Reg. No.: SBA555L | | Date of Loss: 08/04/2019 14:00 - :59 [109 Months and 13 Days From LTA Reg Date (Man Yr)] | | | | | | | |
| Claim Type: TP / 590368 | | Policy/Cover Note No.: 80442288QMY Coverage: 30/09/2018 - 29/09/2019 | | | | | | | |
| Vehicle Reg. No. (Insured): SKV7672T | | Policy No. (Claimant): | | | | | | | |
| | | Excess: | | | | | | | |
| Repairer: Wai Leong Carcare Centre (HQ) BLK 1001 BUKIT MERAH LANE 3, #01-61, 159718 Bukit Merah - Tel: | | | | | | | | | |
| Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Irene Tan Gek Ing - 6594 2541] | | | | | | | | | |
| Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by CHEN TSUE YEE] ... [Final Rpt due 14/06/2019] | | | | | | | | | |
| Adj Asg. Remarks: SURVEY DISAGREE ON SJE - ASSIGN LKK. LIABILITY: 100% (BASED ON TP ACC REPORT) CONTACT: SHARON 9788 2224. ON WP. | | | | | | | | | |
| ASSOCIATED MAIL RECEIVED View All Compose Case Mail | | | | | | | | | |
| <ul style="list-style-type: none"> MSIG_SG (12/06/2019): Report Send Back Alerts - SBA555L (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

*SBA555L (590368)
[SKV7672T]
TP
Q LEASING
Apr 8 2019 2:00PM
[Karamjeet Kaur d/o Teja Singh]
Wai Leong Carcare Centre

| Upload Documents | | | Upload Photos | | Compose New Letter | | View View in Browser | |
|------------------|-----------------|-----------------------------------|---------------|---|--------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| Photos/Images | | | | | | | 3 per page | <input checked="" type="checkbox"/> |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | | Thumbnail | Print | | | |
| 1 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 2 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 3 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 4 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 5 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 6 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 7 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 8 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 9 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 10 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 11 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 12 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 13 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 14 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 15 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 16 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 17 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 18 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 19 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 20 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 21 | 16/04/19 19:49 | Chassis Number | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 22 | 16/04/19 19:49 | Odometer Reading | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 23 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 24 | 16/04/19 19:49 | General View | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 25 | 18/04/19 10:05 | Photographs of Damaged Parts | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 26 | 18/04/19 10:05 | Photographs of Damaged Parts | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 27 | 18/04/19 10:05 | Photographs of Damaged Parts | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 28 | 18/04/19 10:05 | Photographs of Damaged Parts | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 29 | 18/04/19 10:05 | Photographs of Damaged Parts | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 30 | 18/04/19 10:05 | Photographs of Damaged Parts | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 31 | 18/04/19 10:05 | Photographs of Damaged Parts | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 32 | 24/04/19 18:24 | Photo After Spray | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 33 | 24/04/19 18:24 | Photo After Spray | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 34 | 24/04/19 18:24 | Photo After Spray | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 35 | 24/04/19 18:24 | Photo After Spray | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 36 | 24/04/19 18:24 | Photo After Spray | |  | Load JPG | <input checked="" type="checkbox"/> | | |
| 37 | 24/04/19 18:24 | Photo After Spray | |  | Load JPG | <input checked="" type="checkbox"/> | | |

| Photos/Images | | | 3 per page | <input checked="" type="checkbox"/> |
|---------------|-----------------|--|--|-------------------------------------|
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | Thumbnail | Print |
| 38 | 24/04/19 18:24 | 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 | 12/04/19 11:05 | SBASSSL GIA REPORT |  Load PDF | |
| 2 | 12/06/19 18:40 | LOD with survey report, pictures and final repair bill |  Load PDF | |
| 3 | 12/06/19 18:52 | Instruction to LKK to prepare paper survey report |  Load PDF | |
| 4 | 12/06/19 18:54 | Our insured's GIA report |  Load PDF | |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | Thumbnail | Print |
| 1 | 17/06/19 16:00 | Colour Photo |  Load PDF | |
| 2 | 17/06/19 16:00 | PRS Invoice |  Load PDF | |

Documents Checklist

| DOCUMENTS CHECKLIST | Reset | Save | Print |
|--|-------|------|-------|
| There are no document checklists configured. | | | |
| Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> | | | |
| Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small> | | | |

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

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933Tel: 6256-3561 Fax: 6844-8805 Email: sun@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG19006640/ESD3E2-1

Date: 17/06/2019

REFERENCE

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

Policy No: 80442288QMY

Claimant Vehicle No : SBA555L

Insured Vehicle No : SKV7672T

Date of Loss: 08/04/2019

Nature of Claim: TP

Claim No: 590368

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SBA555L

Make & Model: BMW 318i, 2.0 L (A)

Reg. Date: 26/02/2010 (Man. Year: 2009)

Colour: Silver

Engine Capacity: 1995 cc

Market Value/New Car Price: N/A

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

Engine No: A9551623N46B20BZ

Chassis No: WBAPF72000A793570

Odometer: 170604 km

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification:

No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 205/55 R16

Rear Tyre Size: 205/55 R16

Front Left Side: Falken 6 mm

Rear Left Side: Falken 6 mm

Front Right Side: Falken 6 mm

Rear Right Side: Falken 6 mm

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|--|-----------------|-----------------|-----------------|--------------|
| Parts | 2,836.03 | 888.75 | 1,947.28 | 68.66 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 1,060.00 | 430.00 | 630.00 | 59.43 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Calculated Gross Total (S\$) | 3,896.03 | 1,318.75 | 2,577.28 | 66.15 |
| Approved Total (Overridden) (S\$) | | 1,050.00 | | |
| Nett Amount (S\$) | 3,896.03 | 1,050.00 | 2,846.03 | 73.05 |

INSPECTION

Date of Assignment: 12/04/2019

Date Inspected: 16/04/2019 Inspected At:

Wai Leong Carcare Centre (HQ)
BLK 1001 BUKIT MERAH LANE 3, #01-61
Singapore 159718

Estimated Period of Repair: 2.0 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: 17 Jun 2019) |
| Parts: 143 | BMW 318i 2.0 L (A) (Catalogue:Merimen Singapore 1.0) |
| Labour: Repairer's | (Price-denominated Standard List) |
| Print Code: (Unsubmitted, no print-code for SBA555L) | |
| 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 HEADLAMP | Not Necessary | 1,997.80 FL | *- FL |
| 2 | 1 | | *FRONT BUMPER | Damaged | 987.50 FL | *987.50 FL |
| | | | | | Sub Total (S\$) | 987.50 |
| | | | | | - List Item Discount on L Items 5.00/10.00% (S\$) | 98.75 |
| | | | | | Total Parts (S\$) | 888.75 |

F=Franchise part. L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

| No | Particulars | Lab.Type | Repairer's | Amount |
|-------------------------|--|----------|------------|--------|
| <u>Labour Items</u> | | | | |
| 1 | TO REMOVE AND REFIT DAMAGE PARTS,TEST FOR PROPER FUNCTIONING AND FOCUS OF HEADLAMPS | New | 60.00 | 30.00 |
| 2 | TO REMOVE AND REPLACE THE ABOVE DAMAGED PARTS, STRAIGHTEN, KNOCK OUT, REALIGN AND REPAIR INCLUDING CUT AND WELD BODY PANELS. TO RE-ADJUST TO THE ORIGINAL POSITION USING POWER TOOLS | New | 500.00 | 200.00 |
| 3 | TO SPRAY PAINT ON THE REPLACED AND REPAIRED PARTS, PREPARE SPRAY SUCH AS MASKING TAPE THE UNAFFECTED AREAS WITH PAPER, CLEANING AND SANDING OF SURFACES, FINAL POLISHING AND WAXING ARE ALSO AVAILABLE | New | 500.00 | 200.00 |
| Gross Labour Cost (S\$) | | | 1,060.00 | 430.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >