

10/07/2018

ASS. REC. BY:

REF/CS/MSG/M008385/EQ.d3-07

Special Instruction:

Surveyor: Steve **ASSIGNMENT (Office)**

From (Person): Catherine Wong of MSG Date/Time: 17 6 2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJT 6712R Insured: SML 8333U

at Workshop n/s 28 Auto workz Tel: 936 28159

of 100-1 Bukit Merah Lane 3 #01-33

Policy No: B28946576MCT Claim No: 593148

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 24 4 2019

(Client's Record) _____ After 1.00p.m

CA / REV / REP. / REV 24 HRS "up" H.O.D. Endorsement: _____

Date/Time: 13.5.19 9.26a.m Person Contacted: Roger Vehicle-IN/OUT: (OUT)

Date/Time	Action/Instruction (X) Estimate
	SJT 6712R - ARA / INV / 19007813/4 D.O.A. - 24/04/2019
	SML 8333U - ARA / INV / 19007813/4 D.O.A. - 24/04/2019
	Dismantle: 14/5/2019
	After repair: 16/5/2019
21/6/19	Submit LS \$1400, 3 days (Red \$1600, 27/6/19)

Do Not Finalise

RECEIVED 21 JUN 2019

[Signature]
21/6/2019

Steve

REF: MSIG

PRS

ASSIGNMENT

Date: 13.5.2019

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

To Report Vehicle No: SJT 6712K

at What Dept: 28 Auto wertz

of IDU: Bilit muniti Lhr 3 #01-83

Released:

Policy No:

Claim No:

Date Insured: Excess:

(Claims Forward)

Make of VEH: After 1.00p.m

(Policy Condition)

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

Date of Market Value:

IDAC Accident Report: Consistent? Yes or No

GIA / PR: Same: Consistent? Yes or No

Est. Repair: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS: *map*

Date: Person Contacted: Vehicle: IN / OUT

NIS	OIS

Veh No: SJT 6712K

Vc Regn: 26/10/09

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

Make: Toyota Altis cc: 1598

Colour: Beige AC: Insured / Std / NI / NA

Sp/Heading: 108621 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR0532EE106157734

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Normal / Jammed / Leaked / Burnt or

Brake: Normal / Jammed / Leaked / Burnt or

Mod: Nil / SRim / STD AIRim or

Tyre Size: F: 195/65R15
R:

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front	Rear
R/Bal: 6 mm	R/Bal: 6 mm
L/Bal: 6 mm	L/Bal: 6 mm
D.O.A: 34/4/19	D.O.I: 13/5/19

Survey held at: Auto wertz

Des. of Damages: Fit / Rear / O/S / N/S / U/C / Rooftop or: Rear LH

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time: Action / Instruction

MY - 17, 989

paper work - 2K - 3K

Days - 4 days

[Signature]

14/5/2019

Date/Time: File Pass to: Prol. Report Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee: 120

Transportation: 11

Site Insp (\$)

Interview (\$)

Tech Insp (\$)

Weekend (\$)

Report Format: PRS

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

TOTAL: 131

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Monday, 17 June 2019 4:47 PM
To: Admin-D (LKKAuto)
Cc: Accounts (LKKAuto)
Subject: Report Send Back Alerts - SJT6712R (TP)

Dear Nivitha / Summer,

FYNA Please...

Pending for Survey Report-CS3/MSG19008385/ECD3E2

17 Jun 2019 15:07	Ins Send Back Adj Rpt	For a paper survey	[1] Katherine Wong
17 Jun 2019 15:07	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2019/06/19	[1] Merimen Administrator
17 Jun 2019 15:07	Adj Mandate Set	Maintained.	[1] Merimen Administrator

Thank You

Best Regards,

SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6841 1891 | email: account@lkkauto.com | fax: 6844-8805

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

From: Do-Not-Reply [mailto:do-not-reply@merimen.com]

Sent: Monday, 17 June 2019 3:20 PM

To: account@lkkauto.com

Subject: Report Send Back Alerts - SJT6712R (TP)

Dear Sir / Madam,

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

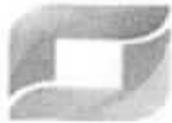
Thanks,

The Merimen Team



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

www.avg.com



SINCERE
APPRAISAL SERVICES PTE LTD

SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R
60 Paya Lebar Road #07-41 Paya Lebar Square Singapore 409051
Tel: 6636 4638 Fax: 6636 4638 E-mail: office@sincereappraisal.com.sg

INVOICE

RIAZ LLC
ADVOCATES AND SOLICITORS
133 New Bridge Road
#09-09 Chinatown Point
Singapore 059413

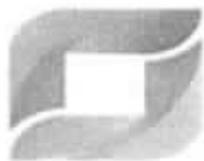
Invoice No: 170519-309
Our ref: 309/TP/2019
Date: 17/5/2019

Claim Type: Third Party	Date of Loss: 24/4/2019
Vehicle Reg No: SJT6712R	Claimant: SRS Auto Holdings Pte Ltd
Vehicle Make/Model: Toyota Corolla Altis 1.6 Auto	
Description	Amount (S\$)
1. Professional Fee (including Transport, 32 Photographs and Miscellaneous charges)	552
Total	552
Singapore Dollar: Five hundred and fifty two dollars only.	

Cheques should be crossed A/C PAYEE and made payable to Sincere Appraisal Services Pte Ltd



Sincere Appraisal Services Pte Ltd



SINCERE
APPRAISAL SERVICES PTE LTD

VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 309/TP/2019

Date: 17/5/2019

REFERENCE

Date of loss: 24/4/2019
Claimant: SRS Auto Holdings Pte Ltd

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJT6712R	Make &	Toyota
Reg date:	26/10/2009	Model	Corolla Altis 1.6 Auto
Colour:	Beige	Engine No:	3ZZ4940786
Type:	Motor Car	Chassis No:	MR053ZEE106157734
Type of Claims:	Third Party	Odometer No:	108621km
		Engine Cap:	1598cc

**CONDITION OF VEHICLE AT THE TIME OF SURVEY
(STATIC ONLY)**

General Condition:	Good	Steering:	Good	Engine Modification:	Nil
Paint work:	Good	Handbrake:	Good	Pre-accident	
		Footbrake:	Good	Damage:	Nil

CONDITION OF TYRES

Front Left Size:	Bridgestone 195/65R15 70%	Front Right Size:	Bridgestone 195/65R15 70%
Rear Left Size:	Yokohama 195/65R15 70%	Rear Right Size:	Yokohama 195/65R15 70%

The above percentages represent the remaining life of the tyre threads

COST OF REPAIRS

	Repairer S\$	Adjuster S\$
Parts	S 3,736.18	S 1,848.58
Labour	S 1,970.00	S 1,790.00
Calculated Cost (S\$):	<u>S 5,706.18</u>	<u>S 3,638.58</u>

Recommended Lump Sum Repair Cost (S\$): S 3,000.00

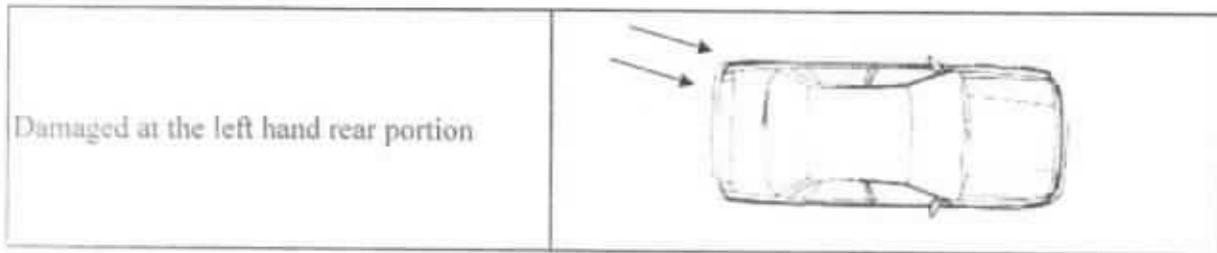
Date of Assignment:	14/5/2019	Inspected At:	28 Auto Werkz Pte Ltd
Date Inspected:	14/5/2019		1002 Bukit Merah Lane 3
Est. repair Period:	04 days		#01-83
			Singapore 159719

SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

60 Paya Lebar Road #07-41 Paya Lebar Square Singapore 409051

Tel: 6636-4625 Fax: 6636-4638 E-mail: office@sincereappraisal.com.sg

POINT OF IMPACT



BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle along Sherwood Road before Minden Road.

GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the left hand rear portion.

SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$5,706.18. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$3,000.00.

We have not authorised the repair. Under normal circumstances, estimated **04** working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



Dave Chang
Automotive Appraiser
AUTO. ENG, CAE, CGI
MIRTE, MSAAA, MTM

Automotive Appraiser: Dave Chang

Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.

ANNEX A

REPAIR DETAILS

Recommended Parts

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount
1	1	Rear bumper assy	grazed/warped	\$ 589.30	\$ 589.30 ✓
2	1	Rear bumper left bracket	bent/necessary	\$ 44.90	\$ 44.90 ✓
3	1	Rear bumper left retainer - long	bent/necessary	\$ 44.40	\$ 44.40 ✓
4	1	Rear bumper inner sponge	warped	\$ 177.20	\$ 177.20 X MN
5	2	Rear bumper reflector	necessary	\$ 102.30	\$ 102.30 X MN
6	1	Rear bootlid assy	repair	\$ 797.60	\$ -
7	1	Rear left fender assy	repair	\$ 1,288.30	\$ -
8	1	Rear end lower panel	repair	\$ 430.90	\$ -
			678.60	\$ 3,474.90	\$ 958.10
		Less 25%	- 35%	\$ 868.73	\$ 239.53
			508.95	\$ 2,606.18	\$ 718.58
<u>Special Nett Items</u>					
1	10	Rear bumper clips	necessary	\$ 50.00	\$ 50.00 30 ✓
2	2	Rear bumper reverse sensor	malfunction	\$ 250.00	\$ 250.00 X MN
3	1	Rear left wheel rim	grazed/cut	\$ 750.00	\$ 750.00 300 ✓
4	1	Rear no plate with garnish	necessary	\$ 80.00	\$ 80.00 X MN
				\$ 1,130.00	\$ 1,130.00
Total parts				\$ 3,736.18	\$ 1,848.58

330

ANNEX B

REPAIR DETAILS

Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount
1	Labour for panel beating, cut, weld, straighten rear, rear left affected area and replace rear and rear left damaged parts.	\$ 800.00	\$ 750.00 400/
2	To putty and spray painting rear left and rear portion.	\$ 800.00	\$ 750.00 400/
3	To apply anti rust proofing to rear left affected area.	\$ 120.00	\$ 100.00 30/
4	To remove and install rear bumper reverse sensor.	\$ 80.00	\$ 60.00 X
5	To balance rear left wheel.	\$ 50.00	\$ 30.00 20/
6	To conduct wheel alignment.	\$ 120.00	\$ 100.00 60/
Total labour :		\$ 1,970.00	\$ 1,790.00 910

ANNEX C

REPAIR DETAILS

Adjusted Repair Cost

	Repairer's Amount	Adjuster's Amount
Total parts :	\$ 3,736.18	\$ 1,848.58
Total labour :	\$ 1,970.00	\$ 1,790.00
Total repair cost :	\$ 5,706.18	\$ 3,638.58

Adjusted Repair Cost (Lump Sum Repair)

\$ 3,000.00

P- 508.95
 M- 330
 L- 910
 1748.95
 L15- 1,399.16
 = 1400
 3 repair days

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	25/04/2019 15:04
Date Of Accident	24/04/2019 16:25
Exact Location Of Accident	ALONG SHERWOOD ROAD BEFORE MINDEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT6712R
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	ROGERKTM525@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94598848
Alternative Phone No	OFFICE-94598848

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108471704
Cover Note Number	

Driver

Name of Driver	SEOW CHIEW SANG
NRIC No	S1484719G
Date Of Birth	09/09/1949
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1972
Driving Experience	47 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94598848
Fax Number	
Contact Number	OTHERS-94598848
EMail Address	ROGERKTM525@YAHOO.COM.SG

Address BLK 650 ANG MO KIO STREET 61
 #16-01
 Postcode 560650
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident 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) 2
 Passenger 1 NAME: : VICKY
 GENDER: : FEMALE

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 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SML8333U
 Vehicle Make/Model/Colour TOYOTA
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver UNKNOWN
 NRIC/Passport Number
 Contact Number 91073414
 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 willful 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: 1140am
20/04/19

Reporting Centre Person's Signature
Name:
NIC/FIN No:

ROSLI HARTINI

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24 OF APRIL 2019 AT ABOUT 1620PM WHILE I WAS TRAVELLING ALONG SHERWOOD ROAD BEFORE MINDEN ROAD. A CAR DROVE OUT FROM CARPARK ON THE LEFT CAR NUMBER SML 8333U SPUN OUT TO THE RIGHT LEFT OF MY CAR & MY KIM THAT ALL.

DECLARATION

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



Policyholder's Signature
Date & Time

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time
24/04/19 1140

[Signature]
Reporting Centre Personnel's Signature
Name
NRIC/IN No. *[Signature]*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



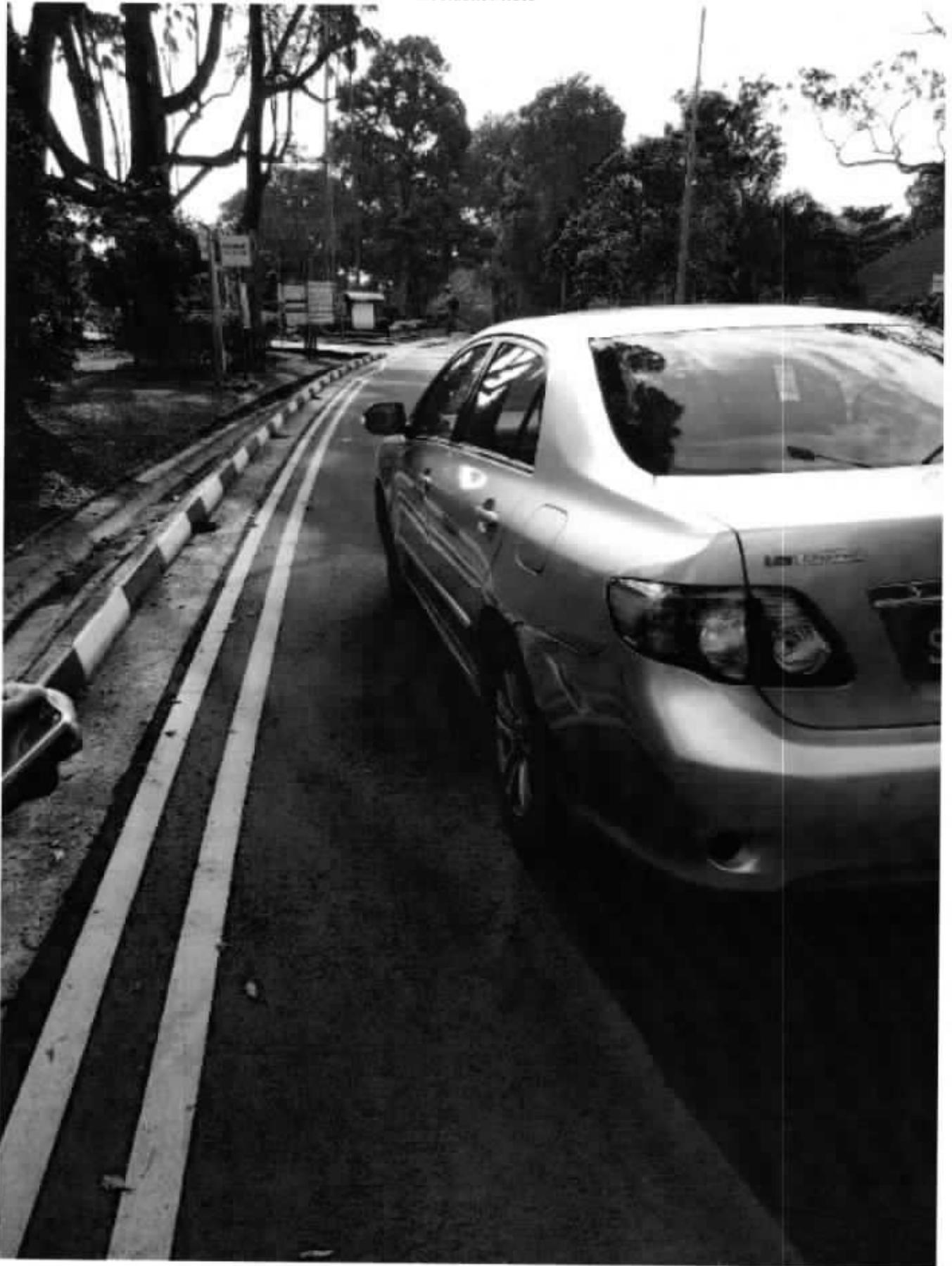
Accident Photo



Accident Photo



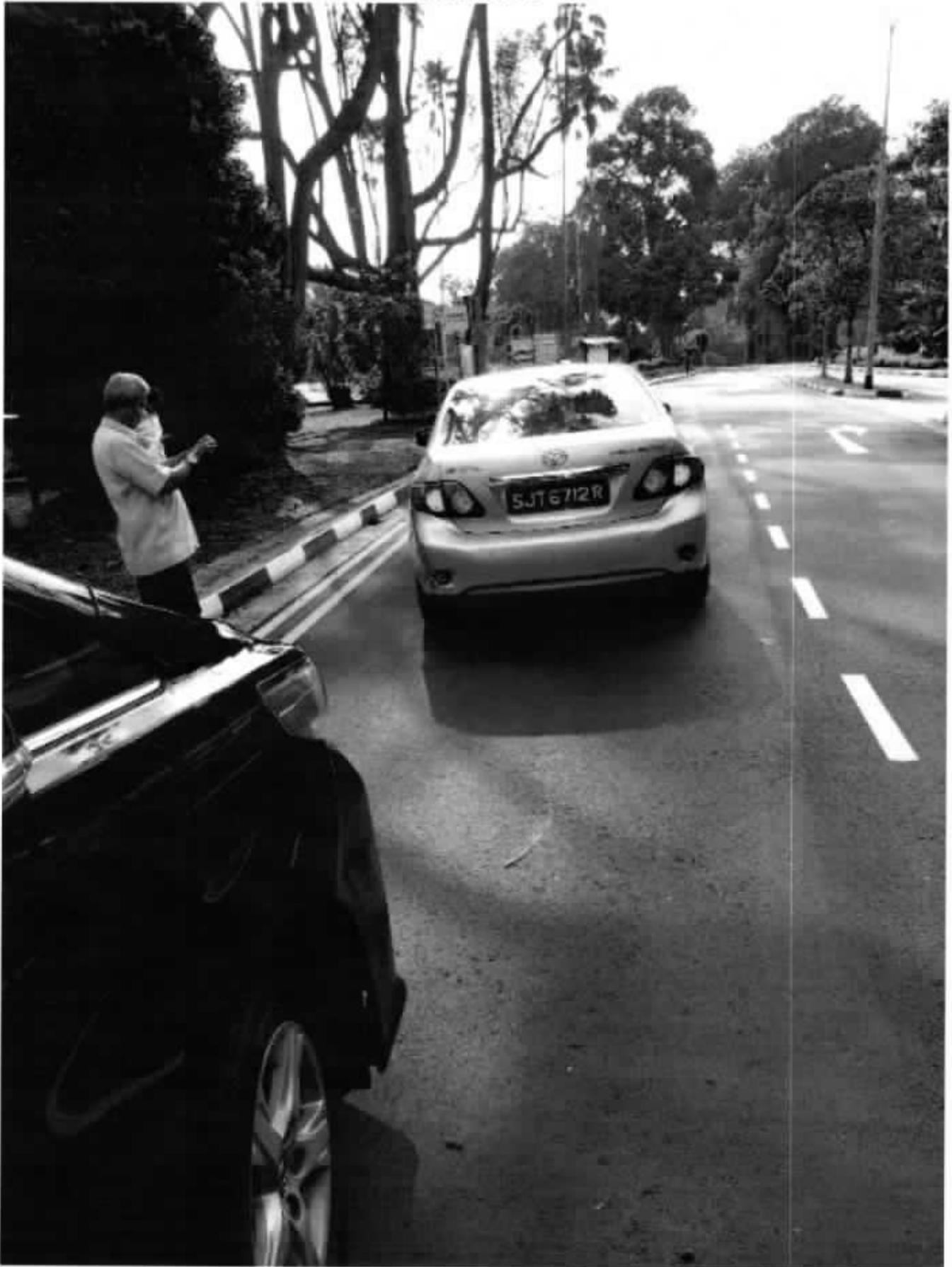
Accident Photo



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	30/04/2019 14:31
Date Of Accident	24/04/2019 16:15
Exact Location Of Accident	FROM PTE CAR PARK ENTERING INTO HARDING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML8333U
Insured/Policyholder	
Name Of Registered Owner	SINARMAS LAND LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65900819

Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken:	
Vehicle Category	PRIVATE CAR

Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 28946576 MCY
Cover Note Number	

Driver	
Name of Driver	ZAINI BIN ZIANAL
NRIC No	S1572003D
Date Of Birth	29/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91073414
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 8 BEDOK SOUTH AVE 2 #06-314
Postcode	460008
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	SLD2626T
	-
	-
Insurance Company of Driver's Own Vehicle	NTUC INCOME INSURANCE CO-OPERATIVE LTD
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT6712R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR SEOW
NRIC/Passport Number	
Contact Number	94598848
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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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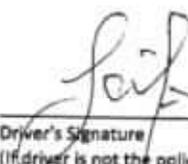
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:



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



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

SKETCH PLAN

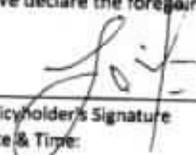
Refer to attachment :

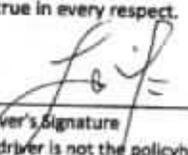
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was coming out from a private parking area to enter into Harding road.
I was driving out slowly, when vehicle (531 612R) collided into the right front side of my car causing damages.

DECLARATION

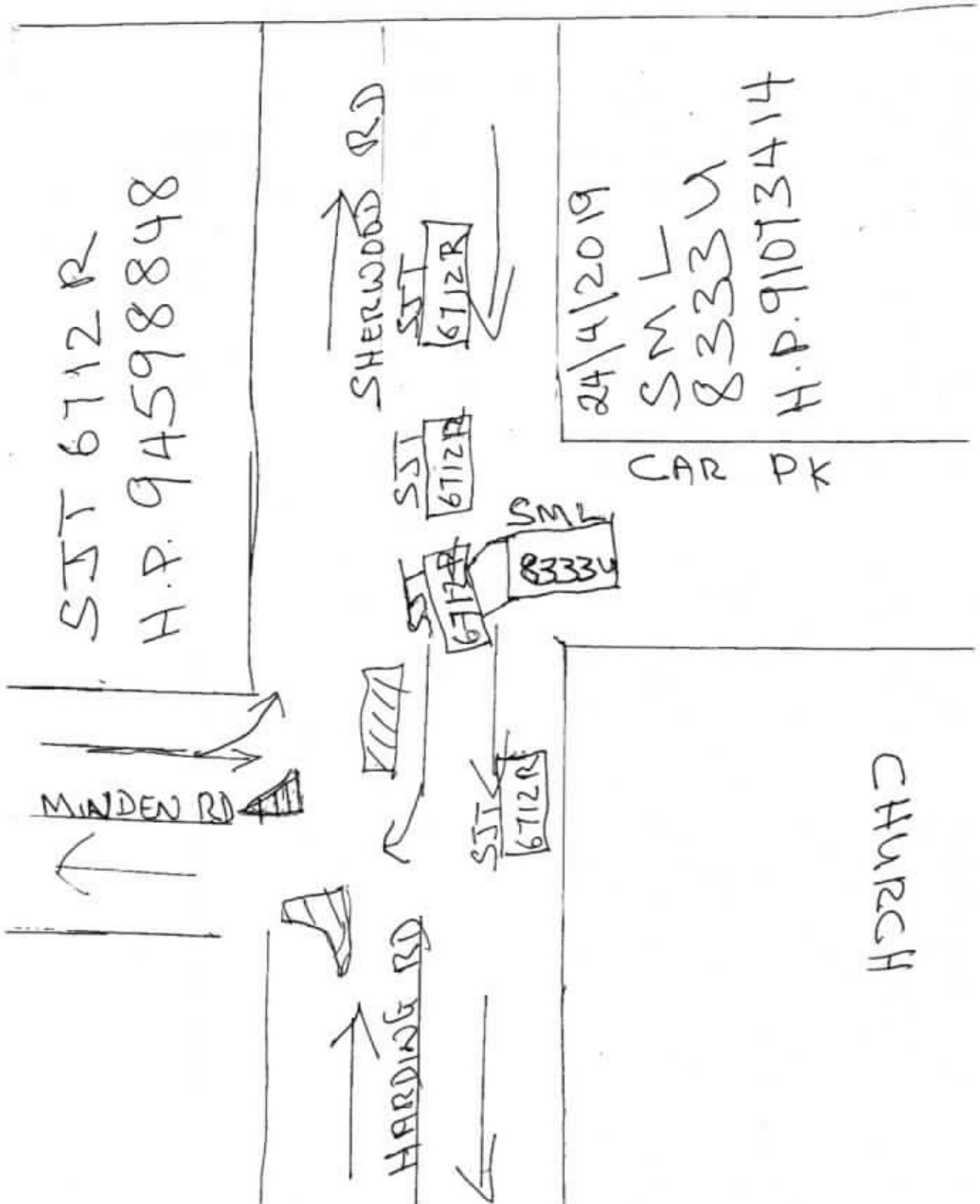
I/We declare the foregoing particulars are true in every respect.


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.:

MINISTRY FOREIGN AFFAIRS



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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

Paper Survey

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	13 May 2019 11:30		13 May 2019 14:12 Edit Adj Rpt	S\$1,400.00 Edit Estimates	S\$1,400.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	SINARMAS LAND LIMITED , Co. Reg. No.: 199400619R								
Main Claimant:	SRS AUTO HOLDINGS PTE. LTD. , Co. Reg. No.: 201709236H								
Vehicle Reg. No.:	SJT6712R	Date of Loss:	24/04/2019 16:00 - :59 [113 Months and 29 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 593148	Policy/Cover Note No.:	B28946576MCY (Comprehensive) Coverage: 15/06/2018 - 14/06/2019						
Vehicle Reg. No. (Insured):	SML8333U	Policy No. (Claimant):							
		Excess:	S\$1,000.00						
Repairer:	28 Auto Werkz Pte Ltd (HQ) Blk 1002 Bukit Merah Lane 3, #01-83, 159719 Bukit Merah - Tel:								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Katherine Wong - 6594 2544]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by CHEN TSUE YEE] ... [Final Rpt due 19/06/2019]								
Driver/Custodian (Insured):	ZAINI BIN ZIANAL (), NRJC: S1572003D Email:								
Adj Asg. Remarks:	in WP. (MANUAL ASSIGNED) SURVEY DISAGREE ON SJE - ASSIGN LKK. LIABILITY: 100% CONTACT: ROGER 6265 5929 / 9362 8159								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
• MSIG_SG (17/06/2019): Report Send Back Alerts - SJT6712R (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

*SJT6712R (593148)
[SML8333U]
TP
SRS AUTO HOLDINGS PTE. LTD.
Apr 24 2019 4:00PM
[SINARMAS LAND LIMITED]
28 Auto Werkz Pte Ltd

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	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
2	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
3	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
4	13/05/19 20:12	Odometer Reading	1	Load JPG	<input checked="" type="checkbox"/>					
5	13/05/19 20:12	Chassis Number	1	Load JPG	<input checked="" type="checkbox"/>					
6	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
7	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
8	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
9	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
10	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
11	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
12	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
13	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
14	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
15	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
16	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
17	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
18	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
19	13/05/19 20:12	General View	1	Load JPG	<input checked="" type="checkbox"/>					
20	14/05/19 19:55	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>					
21	14/05/19 19:55	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>					
22	14/05/19 19:55	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>					
23	14/05/19 19:55	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>					
24	14/05/19 19:55	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>					
25	14/05/19 19:55	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>					
26	14/05/19 19:55	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>					
27	14/05/19 19:55	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>					
28	14/05/19 19:55	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>					
29	14/05/19 19:55	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>					
30	14/05/19 19:55	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>					
31	04/06/19 20:01	Photo After Spray	1	Load JPG	<input checked="" type="checkbox"/>					
32	04/06/19 20:01	Photo After Spray	1	Load JPG	<input checked="" type="checkbox"/>					
33	04/06/19 20:01	Photo After Spray	1	Load JPG	<input checked="" type="checkbox"/>					
34	04/06/19 20:01	Photo After Spray	1	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					

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	13/05/19 11:39	SJT6712R GIA Rpt		Load PDF
2	13/05/19 11:40	SML8333U GIA Rpt		Load PDF
3	13/05/19 13:29	SURVEY DISAGREE ON SJE - ASSIGN LKK		Load PDF
4	17/06/19 15:05	survey report		Load PDF
5	17/06/19 15:06	Survey photo		Load PDF
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (Internal Surveyor)		Thumbnail Print
1	13/05/19 14:10	email - manual assign		Load PDF
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	24/06/19 11:48	Colour Photo		Load PDF
2	24/06/19 11:48	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 #ccc; padding: 5px;"> <!-- Empty text area for remarks --> </div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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

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

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

VEHICLE DAMAGE INSPECTION REPORT
Our File No: CS3/MSG19008385/EQD3E2-1

Date: 24/06/2019

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	B28946576MCY
Claimant Vehicle No : SJT6712R	Insured Vehicle No :	SML8333U
Date of Loss: 24/04/2019	Nature of Claim:	TP
		Claim No: 593148

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJT6712R	Engine No:	3ZZ4940786
Make & Model:	TOYOTA COROLLA ALTIS, 1.6 (A)	Chassis No:	MR053ZEE106157734
Reg. Date:	26/10/2009 (Man. Year: 2009)	Odometer:	108621 km
Colour:	Beige		
Engine Capacity:	1598 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	195/65 R15	Rear Tyre Size:	195/65 R15
Front Left Side:	Yokohama 6 mm	Rear Left Side:	Yokohama 6 mm
Front Right Side:	Yokohama 6 mm	Rear Right Side:	Yokohama 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,736.17	838.95	2,897.22	77.55
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,970.00	910.00	1,060.00	53.81
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	5,706.17	1,748.95	3,957.22	69.35
Approved Total (Overridden) (S\$)		1,400.00		
Nett Amount (S\$)	5,706.17	1,400.00	4,306.17	75.47

INSPECTION

Date of Assignment:	13/05/2019	
Date Inspected:	13/05/2019	Inspected At: 28 Auto Werkz Pte Ltd (HQ) Blk 1002 Bukit Merah Lane 3, #01-83 Singapore 159719
Estimated Period of Repair:	3.0 days	

Adjuster: CHEN TSUE YEE

Manager: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference	
Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 24 Jun 2019)
Parts: 143	TOYOTA COROLLA ALTIS 1.6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SJT6712R)
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		*REAR BUMPER ASSY	Grazed / Warped	589.30 FL	*589.30 FL
2	1		*REAR BUMPER LEFT BRACKET	Bent / Necessary	44.90 FL	*44.90 FL
3	1		*REAR BUMPER LEFT RETAINER - LONG	Bent / Necessary	44.40 FL	*44.40 FL
4	1		*REAR BUMPER INNER SPONGE	Not Necessary	177.20 FL	*- FL
5	2		*REAR BUMPER REFLECTOR	Not Necessary	102.30 FL	*- FL
6	1		*REAR BOOTLID ASSY	Repair	797.60 FL	*- FL
7	1		*REAR LEFT FENDER ASSY	Repair	1,288.30 FL	*- FL
8	1		*REAR END LOWER PANEL	Repair	430.90 FL	*- FL
9	10		*REAR BUMPER CLIPS	Necessary	50.00 FS	*30.00 FS
10	2		*REAR BUMPER REVERSE SENSOR	Not Necessary	250.00 FS	*- FS
11	1		*REAR LEFT WHEEL RIM	Grazed / Cut	750.00 FS	*300.00 FS
12	1		*REAR NO PLATE WITH GARNISH	Not Necessary	80.00 FS	*- FS

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

Sub Total (\$)	4,604.90	1,008.60
- List Item Discount on L Items 25.00/25.00% (\$)	868.73	169.65
Total Parts (\$)	3,736.17	838.95

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
Labour Items				
1	LABOUR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN REAR, REAR LEFT AFFECTED AREA AND REPLACE REAR AND REAR LEFT DAMAGED PARTS	New	800.00	400.00
2	TO PUTTY AND SPRAY PAINTING REAR LEFT AND REAR PORTION	New	800.00	400.00
3	TO APPLY ANTI RUST PROOFING TO REAR LEFT AFFECTED AREA	New	120.00	30.00
4	TO REMOVE AND INSTALL REAR BUMPER REVERSE SENSOR	New	80.00	0.00
5	TO BALANCE REAR LEFT WHEEL	New	50.00	20.00
6	TO CONDUCT WHEEL ALIGNMENT	New	120.00	60.00
Gross Labour Cost (S\$)			1,970.00	910.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >