

ASS. REC. BY:

REF: CS/MSG 1901148/ Kvel372

Special Instructions:

SURVEYOR: Kenneth

ASSIGNMENT (Office)

From (Person): Pauline Tham

of MS29

Date/Time: 27.19 1630p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: 595 8168P

Insured: SLN 6160R

at Workshop no/s RC Auto

Tel: 97619383

of 160 Sin Ming Drive #06-10

Policy No: 2912367MCL

Claim No: 598260

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 24.6.19
4.7.2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 3.7.19 9.56a.m

Person Contacted: Kim

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	595 8168P - AA/ 21P17015926/13
	SLN 6160R - x
4/7	Owner did not turn up.
15/7/19	Informed Pauline pending workshop est by merimen

ASS. REC. BY:

REF: MSG/

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Segn:

Consistent? : Yes or No

Est. Repairs:

01 days

Res.: Yes or No

Lum Sum:

1.31%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted

Vehicle: IN / OUT

Veh No:

SGS 8188P

Yr Regn:

10.10

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

Truck / Trailer or

Make:

Mer S300L

c.c

2997

Colour

M-Black

A/C:

Insured / Std / NI / NA

Sp. Reading

95922

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

W002211542A347790

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD/Rim or

Tyre Size:

F:

R:

255/35 ZR20

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

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

24/6/19

D.O.A.

12/7/19

Survey held at

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

O/S

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

Date / Time

Action / Instruction

File pass to
EA not ready

22/7/19

82501 email confirmed with Mr Tan (Ref 1743.50, 87%)

@1030am

23/7/19

Send preli revised via merimen

RECEIVED 23 JUL 2019

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

23/7 - typst

Report Format:

merimen

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

250/-

Days Of Repair:

1

Resurvey No. of Trip:

-

Survey Fee:

Transportation:

S + RS + SI

J. Fuel

I. Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

150

11

161

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

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

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Pauline Tham

Date: 23 Jul 2019

Preliminary Advice

Insured Vehicle No	: SLN6160R	Accident Date	: 24/06/2019
TP Vehicle No	: SGS8168P	Assignment Date	: 02/07/2019
Make	: MERCEDES-BENZ S300L	Est. Duration of Repair	: 1
Date of Inspection	: 12/7/2019		
Inspection At	: RC AUTO		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	1,993.50
Revised Amount	:S\$	250.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	250.00

Lump Sum Repair	:S\$	
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Total Loss Consideration

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

Remarks

() The vehicle is economical/not economical for repair.

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

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	01 Jul 2019		02 Jul 2019 16:30 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS		[Created by insurer]							
Insured:	PREMIER RENT A CAR PTE LTD, Co. Reg. No.: 200612929E								
Main Claimant:	GOH KOK YONG, ID: S1331159E								
Vehicle Reg. No.:	SGS8168P	Date of Loss:	24/06/2019 00:00 - :59 [103 Months and 26 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 598260	Policy/Cover Note No.:	29123167MCX Coverage: 01/05/2019 - 30/04/2020						
Vehicle Reg. No. (Insured):	SLN6160R	Policy No. (Claimant):							
		Excess:							
Repairer:	Rc Auto-160 Sin Ming (HQ) 160 SIN MING DRIVE, #06-20 SIN MING AUTOCITY, 575722 Sin Ming - Tel:								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... (Handled by Pauline Tham - 6594 2545)								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 03/07/2019]								
Adj Asg. Remarks:	on WP. Liab: dispute (OI NR). TP Agree on SJE - LKK Auto Consultants. Contact: Mr Tan Chuan Kim @ 9761 9383.								
ASSOCIATED MAIL RECEIVED		View All Compose Case Mail							
There are no mail for this case.									
ALL ASSOCIATED TASKS									
<div> <div>View All</div> <div>Search Tasks</div> <div>Create New Task</div> <div>Complete</div> </div>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

View Sent Message

This mail is associated with :

***SGS8168P (598260)**
[SLN6160R]

TP
GOH KOK YONG
Jun 24 2019 12:00AM
[PREMIER RENT A CAR PTE LTD]
Rc Auto-160 Sin Ming

[Resend](#)[View Recipients](#)[Print Message](#)[Delete Message](#)[Forward](#)

From LKK Auto Consultants Pte Ltd (LKK_HQ), sent on 15/07/2019 12:46 PM.
To SGSGPAUT
Subject TP SURVEY SGS 8168P

Dear Pauline,

Please be informed that we have inspected the vehicle SGS 8168P on 12/7/2019.

We are pending estimate from repairer.

Best Regards,
Veron Chen

DOCUMENTS SUMMARY

There are no documents.

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 25/06/2019 16:36
 Date Of Accident 24/06/2019 13:55
 Exact Location Of Accident JALAN BUKIT MERAH (ABC FOOD CENTRE OSCP)
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGS8168P

Insured/Policyholder

Name Of Registered Owner GOH KOK YONG
 NRIC No S1331159E
 Email Address IVANGO@AIA.COM.SG
 Mobile Phone No (LOCAL) +65-96893223
 Alternative Phone No OTHERS-96893223

Vehicle Particulars

Manufacturer MERCEDES-BENZ
 Model S300L
 Exact Purpose for which vehicle was being used at time of accident
 Are you claiming under your own insurance policy for repair to your vehicle? NO
 If No, Please state action to be taken THIRD PARTY
 Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 1700003102-02
 Cover Note Number

Driver

Name of Driver GOH KOK YONG
 NRIC No S1331159E
 Date Of Birth 10/02/1958
 Occupation INDOOR
 Date Of Driving Pass 10/01/1977
 Driving Experience 42 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96893223
 Fax Number
 Contact Number OTHERS-96893223
 Email Address IVANGO@AIA.COM.SG

Address 17 WOLSKEL ROAD
 Postcode 357965
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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?
 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) 0

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name COMMONWEALTH NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4749999 - FAX NO: 64715297
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

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 SLN6160R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

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.:

25.6.2019



**SINGAPORE
POLICE FORCE**



T/20190625/2082

1 of 3

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No. 1800-4749999

Report No. T/20190625/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2019 15:17	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: GOH KOK YONG			Address: 17 WOLSKEL ROAD SINGAPORE 357965	
ID Type / ID No.: NRIC NO / S1331159E			Contact No.: Home/Office:	Mobile: 96893223
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 10/02/1958	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Insurance Director			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive No	Date/Time of Accident: 24/06/2019 13:55	Type of Location: Car Park
Location: Along Road 1 JALAN BUKIT MERAH				
ABC Food Centre, Open Space Carpark, Lot 167				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGS8168P	Car	MERCEDES BENZ	S300L	Black	Seriously Damaged	0
SLN6160R	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGS8168P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700003102-02	29/04/2019	28/04/2020



**SINGAPORE
POLICE FORCE**



T/20190625/2082

2 of 3

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No: T/20190625/2082

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH KOK YONG	ID No.	S1331159E
Related Vehicle	SGS8168P (Car)	Contact No.	96893223
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Other Person Involved			
Name	Unknown	ID No.	NIL
Related Vehicle	SLN6160R (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 24/06/2019 @ 1410hrs. after having my lunch and I came back to the said location to take my vehicle I discovered that an unknown vehicle collided onto the front right side of my bumper. After retrieving the video from the vehicle in build camera and captured the action and also the said vehicle that was involved.



**SINGAPORE
POLICE FORCE**



T/20190625/2082

3 of 3

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20190625/2082

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

D /

Staff Sgt YIP KUM HOONG

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

25/06/2019 15:17

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No: 65476079

Classification Of Case:

Authentication Stamp

NP168

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

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

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/MSG19011748/KVD3N2

Date: 25/07/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	29123167MCX
Claimant Vehicle No :	SGS8168P	Insured Vehicle No :	SLN6160R
Date of Loss:	24/06/2019	Nature of Claim:	TP
		Claim No:	598260

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SGS8168P	Engine No:	27294631578904
Make & Model:	MERCEDES-BENZ S300L, 3.0 (A)	Chassis No:	WDD2211542A347796
Reg. Date:	29/10/2010 (Man. Year: 2010)	Odometer:	95922 km
Colour:	Metallic Black		
Engine Capacity:	2997 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	255/35 ZR20	Rear Tyre Size:	255/35 ZR20
Front Left Side:	Michelin 6 mm	Rear Left Side:	Michelin 7 mm
Front Right Side:	Michelin 6 mm	Rear Right Side:	Michelin 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,543.50	0.00	1,543.50	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	450.00	250.00	200.00	44.44
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (\$\$)	1,993.50	250.00	1,743.50	87.46

INSPECTION

Date of Assignment:	02/07/2019	
Date Inspected:	12/07/2019	Inspected At: Rc Auto-160 Sin Ming (HQ) 160 SIN MING DRIVE, #06-20 SIN MING AUTOCITY Singapore 575722
Estimated Period of Repair:	1.0 days	

Adjuster: KENNETH KONG

Manager: VERON CHEN

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: 25 Jul 2019)
Parts:	143	MERCEDES-BENZ S300L 3.0 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SGS8168P)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER	Repair	1,715.00 FL	*- FL
F=Franchise part. L=ListItemDisc.						
Sub Total (S\$)					1,715.00	0.00
- List Item Discount on L Items 10.00/10.00% (S\$)					171.50	0.00
Total Parts (S\$)					1,543.50	0.00

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
Labour Items				
1	SPRAY PAINTING	New	250.00	250.00
2	LABOUR CHARGES TO RENEW	New	200.00	0.00
Gross Labour Cost (\$\$)			450.00	250.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >