

ASS. REC. BY:

REF:

CS/SMD19013486/Kv13n2

Special Instruction:

Survivor: Kenneth

ASSIGNMENT (Office)

From (Person): Angus Chan Shu Hui

of

SMD

Date/Time: 31.7.19 17.18 pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKX 9088G

Insured:

GBJ 698K

at Workshop m/s

Complete vms

Tel:

455 0012

of 176 Sin Ming Drive #03-14

Policy No: D18MTHCV6000268

Claim No: CMD1903663

Sum Insured:

Excess:

Make of Veh:

D.O.A 30.7.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 1.8.2019 @ 10.00am

Person Contacted:

Li Hui

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKX 9088G - X
	GBJ 698K - X
2/8/19	Send preli revised by merimen
15/8	Li Hui @ 3550k email & confirmed (Recd 3394.99, 4910)

Merimen

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: Sompoo Insurance Singapore Pte. Ltd. 50 Raffles Place #05-01/06, Singapore Land Tower Singapore 048623	From: LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
Attn: CHAN SHU HUI AGNES	
Date: 02 Aug 2019	

Preliminary Advice

Insured Vehicle No	: GBJ698K	Accident Date	: 30/07/2019
TP Vehicle No	: SKX9088G	Assignment Date	: 31/07/2019
Make	: HYUNDAI ELANTRA	Est. Duration of Repair	: 4
Date of Inspection	: 1/8/2019		
Inspection At	: COMPLETE VMS PTE LTD		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	6,944.99
Revised Amount	:S\$	4,231.37
Check Items (Estimated)	:S\$	613.70
Total	:S\$	4,845.07

Lump Sum Repair	:S\$	
-----------------	------	--

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 repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- (X) Other comments : 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	30 Jul 2019		31 Jul 2019 17:18 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	ETHOZ GROUP LTD, Co. Reg. No.: 198104531H								
Main Claimant:	LIM KAR HOW, ID: S8852616C								
Vehicle Reg. No.:	SKX9088G	Date of Loss:	30/07/2019 10:00 - :59						
Claim Type:	TP / CMTD1903663	Policy/Cover Note No.:	D18MTHCVE000268 (Third Party Only)						
Vehicle Reg. No. (Insured):	GBJ698K	Policy No. (Claimant):							
		Excess:							
Repairer:	COMPLETE VMS PTE LTD (HQ) 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex, 575721 Sin Ming - Tel: 6455 0012								
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by CHAN SHU HUI AGNES - 6329 5327]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 13/08/2019]								
Driver/Custodian (Insured):	LIN JUNREN (), NRIC: S8135785D, Tel: +6594358548 Email:								
Adj Asg. Remarks:	WS: GOH LI HUI 6455 0012								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
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.									

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	31/07/2019 10:21
Date Of Accident	30/07/2019 10:30
Exact Location Of Accident	JURONG CAMP II - CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9088G
Insured/Policyholder	
Name Of Registered Owner	LIM KAR HOW
NRIC No	S8852616C
Email Address	KARHOW88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91196841
Alternative Phone No	OFFICE-91196841
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106728193
Cover Note Number	
Driver	
Name of Driver	LIM KAR HOW
NRIC No	S8852616C
Date Of Birth	30/12/1988
Occupation	INDOOR
Date Of Driving Pass	11/06/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91196841
Fax Number	
Contact Number	OFFICE-91196841
Email Address	KARHOW88@GMAIL.COM

Address	BLK 450C BUKIT BATOK WEST AVE 6 #08-633
Postcode	653450
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	COLLIDED INTO PARKED VEHICLE
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)	0

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 ATTACHED

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	GBJ698K
Vehicle Make/Model/Colour	NISSAN PANEL VAN - WHITE COLOR
Details Of Properties	REAR PORTION
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIN JUNREN
NRIC/Passport Number	S8135785D
Contact Number	94358548
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

Please report accurately the details of the incident to speed up the claim's processing.

This Form must be completed by the Policyholder and/or the Authorized Driver.

Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may affect and/or compromise us to repeal policy liability.

The issue and acceptance of this Form by us is not a representation or admission of policy liability on the part of the insurance company as

Any false reporting may be referred to the Police for investigation.

The report will be recorded by the Insurance Claims Management Centre established by the General Insurance Association of Singapore (GIA) for the purpose of that copies of this report will for a fee be made available upon application by interested parties.

By the submission of this report to the Company, you hereby consent to the archiving of this report at the centre and to copies of the report being made available thereafter.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 for exclusively the "Personal Information" and disclose and transfer such Personal Information to all insurer(s) who have insured my car(s) involved in this accident (i.e. 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:
 - processing, handling and/or dealing with my claim, including the settlement of the claim and any necessary investigations relating to the claim;
 - investigating the accident and/or my claims;
 - carrying out any/including with my instruct and/or providing to any enquiries by me;
 - administering my claim (including the mailing of correspondence, state claims, 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 in the external cover of email(s)/mail packages); and/or
 - complying with applicable law in administering, processing, handling and/or dealing with my claim(s) collectively the "Purposes".
- all Insurer(s) who have insured my car(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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents, including the Insurers' law firms, which may be used outside of Singapore, for one or more of the above Purposes;
- my Personal Information will also be collected and used to compile claim history for the purpose of fraud detection, investigation and management in present and all future claims;
- the information so collected under (a) above may be shared / disclosed:
 - to all Insurers and/or any other authorities that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
and Stamp

310719
09106 hrs

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

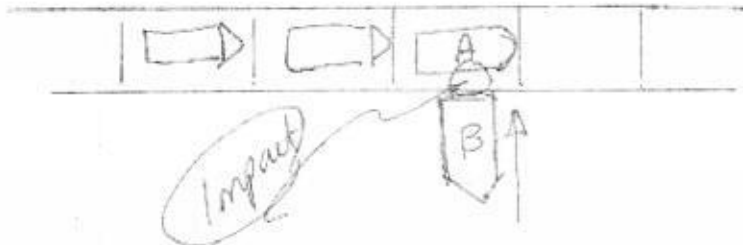
Resolving Centre Personnel's Signature
Date
VR/G/F/H No.

31/7/2019

Rahul

Sketch Plan

SKETCH PLAN



(A) SKX 9088G
(B) GBJ 698K.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

no passengers involved.
my vehicle was parked in parking lot with . At around 30 1030hrs - 1100hrs,
I received a phone call and was told my vehicle was hit by
a contractor van. I went and spoke to Mr. Lin (the driver)
and he told me his handbrake was not fully applied, it rolled
back and hit my car (Driver side of the car)

Only two vehicle were involved and no one was hurt. We
and exchanged our personal particulars

DECLARATION

We declare the foregoing particulars are true in every respect.

Witness's Signature
Date & Time:
31/7/19
5:00pm

Driver's Signature
If driver is not a police officer
Date & Time

Reporting Officer's Signature
Date & Time

31/7/2019
Rund

COMPLETE VMS PTE LTD *The Premier One-Stop Vehicle Accident Claims Centre*
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

LIM KAR HOW
BLK 450C BUKIT BATOK WEST AVE 6 #08-633
SINGAPORE 653450

Attention : THE OWNER
Contact : 91196841

Estimate : ES006758

Date : 31/07/2019
Vehicle Num. : SKX9088G
Make/Model : HYUNDAI ELANTRA 1.6G-2015
Chassis/Eng# : KMHDH41CMGU653612/G4FGFU059:
Accident Date : 30/07/2019
Claim No. :
Reference :
Policy No. :

Not Authored
11 Lyr 8350h
Recovery After Pain

4 days

S/N Quantity Particular Unit Price Amount S\$

1.	1	LIST ITEMS :			
2.	1	FRONT FENDER R/H	#1820.80 F60043X500	R	567.20 X
3.	1	FRONT DOOR R/H	118.00	cm	1,850.80
4.	1	FRONT DOOR OUTER HANDLE R/H		in	190.20
5.	1	FRONT DOOR OUTER HANDLE COVER R/H		0.7	27.10 X
6.	1	FRONT DOOR REGULATOR GEAR R/H		in	250.40
7.	1	FRONT DOOR POWER WINDOW MOTOR R/H		in	281.40
8.	2	FRONT DOOR FRAME BLACK STICKER R/H		26.80	53.60
9.	1	FRONT DOOR LOCK R/H		R	191.50 X
10.	1	REAR DOOR R/H	#1378.90 F700b3X001	R	1,478.90
10.	2	REAR DOOR FRAME BLACK STICKER R/H		26.80	53.60
List Total S\$:					4,944.70
18.00% Discount S\$:					741.71
<i>201</i>					4,202.99
1.	1	SPECIAL NETT ITEMS :			
2.	1	FRONT DOOR SUN VISOR R/H		R	106.00
	1	REAR DOOR SUN VISOR R/H		R	106.00 } 201
Special Nett Total S\$:					212.00
LABOUR :					
TO TRANSFER R/H FRONT DOOR COMPONENT TO NEW DOOR					250.00 601
TO TRANSFER R/H REAR DOOR COMPONENT TO NEW DOOR					250.00 601
RUST PROOFING TREATMENT					100.00 601
SPRAY PAINT DAMAGED AREA AFFECTED					950.00 601
TO KNOCK AND STRAIGHTEN R/H CENTRE DOOR PILLAR, AND					980.00 601
CHANGE ALL NECESSARY PARTS					980.00 601
Labour Total S\$:					2,530.00

SingDollars : Six Thousand Nine Hundred Forty-Four & Cents Ninety-Nine Only

Total S\$: 6,944.99

COMPLETE VMS PTE LTD

This is only an estimate based on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

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/SMO19013486/KVF3N2

Date: 19/08/2019

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D18MTHCVE000268
Claimant Vehicle No :	SKX9088G	Insured Vehicle No :	GBJ698K
Date of Loss:	30/07/2019	Nature of Claim:	TP
		Claim No:	CMTD1903663

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKX9088G	Engine No:	G4FGFU059855
Make & Model:	HYUNDAI ELANTRA, 1.6 (A)	Chassis No:	KMHDH41CMGU653612
Reg. Date:	31/12/2015 (Man. Year: 2015)	Odometer:	44138 km
Colour:	Metallic Grey		
Engine Capacity:	1591 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:	205/55R16	Rear Tyre Size:	205/55R16
Front Left Side:	Michelin 8 mm	Rear Left Side:	Michelin 8 mm
Front Right Side:	Michelin 8 mm	Rear Right Side:	Michelin 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	4,414.99	3,245.36	1,169.63	26.49
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,530.00	1,230.00	1,300.00	51.38
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	6,944.99	4,475.36	2,469.63	35.56
Approved Total (Overridden) (S\$)		3,550.00		
(S\$)	6,944.99	3,550.00	3,394.99	48.88
+ GST 7.00/7.00% (S\$)	486.15	248.50	237.65	48.88
Nett Amount (S\$)	7,431.14	3,798.50	3,632.64	48.88

INSPECTION

Date of Assignment:	31/07/2019	
Date Inspected:	01/08/2019	Inspected At: COMPLETE VMS PTE LTD (HQ) 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex Singapore 575721

Estimated Period of Repair: 4.0 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: 19 Aug 2019)
Parts: 143	HYUNDAI ELANTRA 1.6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SKX9088G)
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 FENDER R/H	Repair	567.20 FL	*- FL
2	1		*FRONT DOOR R/H	Bent	1,850.80 FL	*1,820.80 FL
3	1		*FRONT DOOR OUTER HANDLE R/H	Cracked	190.20 FL	*118.00 FL
4	1		*FRONT DOOR OUTER HANDLE COVER R/H	Serviceable	27.10 FL	*- FL
5	1		*FRONT DOOR REGULATOR GEAR R/H	Distorted	250.40 FL	*250.40 FL
6	1		*FRONT DOOR POWER WINDOW MOTOR R/H	Jammed	281.40 FL	*281.40 FL
7	2		*FRONT DOOR FRAME BLACK STICKER R/H	Necessary	53.60 FL	*53.60 FL
8	1		*FRONT DOOR LOCK R/H	Repair	191.50 FL	*- FL
9	1		*REAR DOOR R/H	Bent	1,478.90 FL	*1,378.90 FL
10	2		*REAR DOOR FRAME BLACK STICKER R/H	Necessary	53.60 FL	*53.60 FL
11	1		*FRONT DOOR SUN VISOR R/H }	Necessary	106.00 FS	*80.00 FS
12	1		*REAR DOOR SUN VISOR R/H }	Necessary	106.00 FS	*- FS

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

Sub Total (\$\$)	5,156.70	4,036.70
- List Item Discount on L Items 15.00/20.00% (\$\$)	741.71	791.34
Total Parts (\$\$)	4,414.99	3,245.36

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	TO TRANSFER R/H FRONT DOOR COMPONENT TO NEW DOOR	New	250.00	60.00
2	TO TRANSFER R/H REAR DOOR COMPONENT TO NEW DOOR	New	250.00	60.00
3	RUST PROOFING TREATMENT	New	100.00	60.00
4	SPRAY PAINT DAMAGED AREA AFFECTED	New	950.00	600.00
5	TO KNOCK AND STRAIGHTEN R/H CENTRE DOOR PILLAR AND CHANGE ALL NECESSARY PARTS	New	980.00	450.00
Gross Labour Cost (\$\$)			2,530.00	1,230.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >