

485275

ASS. REC. BY: Tau Kiah REF: CS3/MSG19007086/Tlqd3-1 ¹²
Surveyor: Tau Kiah ASSIGNMENT (Office)
From (Person): Kathrine Wong of MSG Date/Time: 7/08/2019
Estimated Cost: _____ Bill to: _____
OD: TP / WS / TP RES / OD RES / EVA / INV / MV / CS
To Inspect Vehicle No: XD 7662M Insured: SFC 8823 C
at Workshop n/s Koh Koo Leong Tel: 68978787
of NO 24 TUAS AVE 2
Policy No: 227072 Claim No: 1000893136
Sum Insured: _____ Excess: _____
Make of Veh: _____ D.O.A. 2.5.2019
(Client's Record) 7.5.19 (After 12.00pm)
CA / REV / REP. / REV 24 HRS "up" H.O.D. Endorsement: _____
Date/Time: 6.5.19 10.58am Person Contacted: Connie Vehicle IN OUT

Date/Time	Action/Instruction
	Estimate (✓)
	XD 7662M-X
	SFC 8823C - NBR/MSG 15000 464/21 D.O.A - 08/01/2016
04/5/19 @ 9.35am	Checked with Kathy, they will not provide us the estimate.
	Dismantle: 10/5/2019

Submit us \$4950, 5 days.
(Red \$600, 11%).

RECEIVED 02 SEP 2019

Do Not Finalise

2/5/4950
5 days
30/8/2019

Signature: *Tan Jhe*

REF: MS19

ASSIGNMENT

From: Date: 1.5.2019

Estimated Cost

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

To inspect Vehicle No: XD 7662M

at Workshop n/s Koh Kock Leong

of NO 24 TUNAS AVE 2

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh: After 12.00 p.m

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS mp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: XD 7662M Vi Regn: 2013 / Aug

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

Truck / Trailer or Tipper truck

Maker: Volvo FMX 370 cc 10837

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 184458 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV2JIE1D9D4746436

Gen. Cont: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil BS/Rim / STD A/Rim or

Tyre Size F: 315/80R15 R: (P)

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

TOYO / YOKO or E88ip/45

Front Rear

R/Bal: 8 mm R/Bal: 8/8 mm

L/Bal: 8 mm L/Bal: 8/8 mm

D.O.A: D.O.I 7/5/19.

Survey held at KKL 24 Tunas Ave.

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

Frt r/s

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

Date / Time Action / Instruction

Estimated repair range \$5,000 - \$6,000

Signature: *[Signature]*
4/7/2019

Date/Time, File Pass to:

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to:

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

5 - RM

Photos:

Others:

TOTAL

Report Format: PRS

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

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

120

11

131

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Thursday, 8 August 2019 5:35 PM
To: assignments; Celine Fong (LKKAuto)
Cc: SUR; Accounts (LKKAuto)
Subject: FW: Report Send Back Alerts - XD7662M (TP)

Hi all
FYNA pls.

Pending for Survey Report : CS3/MSG19007886/T1CD3E2

21	07 Aug 2019 19:16	Ins Send Back Adj Rpt	For paper survey
22	07 Aug 2019 19:16	Adj Next Rpt Changed	Next Rpt: Final Rpt. Due [
23	07 Aug 2019 19:16	Adj Mandate Set	Maintained.

Thanks & regards,
SweePeng

From: Do-Not-Reply <do-not-reply@merimen.com>
Sent: Wednesday, 7 August 2019 7:20 PM
To: account@lkkauto.com
Subject: Report Send Back Alerts - XD7662M (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

Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Tel/Fax: 6886 1106 Mobile: 9007 5234

Email: constant_as@yahoo.com.sg

RCB No. 53138015K

RECEIVED

21 JUN 2019

KKL

KOH KOCK LEONG ENTERPRISE PT.

INVOICE

To: Koh Kock Leong Enterprise Pte Ltd
24/26 Tuas Avenue 2
Singapore 639455

Date : 03/06/2019

Invoice No : IV19-06003/CAS

Particulars	Amount
Fee For Services Rendered In Respect Of: Surveying, Adjusting, and Re-inspection Of Accident Damaged Vehicle XD 7662M (Inclusive Of Photographs And Transport Charges) Our reference : CAS/19-06/003	\$589.00
Total	\$589.00

E. & O.E

Constant Appraiser Services



Cheque Should Be Crossed And Made Payment To 'Constant Appraiser Services'

Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Tel/Fax: 6886 1106 Mobile: 9007 5234

Email: constant_as@yahoo.com.sg

RCB No. 53138015K

Automobile Inspection Report

To: Koh Kock Leong Enterprise Pte Ltd
24/26 Tuas Avenue 2
Singapore 639455

Date : 03/06/2019

Reference No : CAS/19-06/003

General Information

Registration No. : XD 7662M
Accident Date : 02/05/2019

Particulars of Damaged Vehicle

Colour	: White	Make & Model	: Volvo FMX370 64R day cab
Engine Capacity	: 10837 cc	Pre-Accident Condition	: Good
Mileage (KM)	: 484458	Engine No.	: D11291433
Chassis No.	: YV2J1E1D9DA746436	Steering	: In Order
Registration Date	: 30/08/2013	Brake	: In Order

Tyre Condition

	Size	Make	Balance
R/H Front Tyre	315/80R22.5	EFFIPLUS	80%
L/H Front Tyre	315/80R22.5	EFFIPLUS	80%
R/H Rear Tyre	295/80R22.5 X 4	TRIANGLE	90%
L/H Rear Tyre	295/80R22.5 X 4	TRIANGLE	90%

Inspection

Repairer : Koh Kock Leong Construction Pte Ltd
24/26 Tuas Avenue 2, Singapore 639455

Adjustment And Recommendation Cost Of Repair

Repairer's Estimate : \$9,018.32
Revised Amount : \$5,550.00
Less Excess : -
Nett Total : \$5,550.00

Remarks

- (A) Survey was done on 08/05/2019
- (B) Re-survey was done on 09/05/2019
- (C) The survey was conducted entirely on WITHOUT PREJUDICE basis.
- (D) We have NOT given any instruction to authorize the repair of the vehicle.

NOTE: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage/item in this survey, kindly notified the company within 7 (seven) days from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

Constant Appraiser Services

Vehicle No : XD 7662M

Our ref : CAS/19-06/003

Adjustment On Repair Costs And Replacement Of Parts:

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
<u>PARTS REPLACEMENT – LIST ITEMS</u>					
1	1pc	Front bumper center	Grazed/Deformed	458.35	Rp 458.35
2	1pc	Front bumper carrier rail	Repair	1,046.00	-
3	1pc	Front bumper top grille	Broken	423.00	423.00
4	1pc	Front bumper center guard	Dented/Deformed	738.00	738.00
5	1pc	Front bumper center plate	Dented/Grazed	418.20	418.20
6	1pc	Front bumper under cover	Grazed	262.50	262.50
7	1pc	Front bumper corner LH	Dented/Twisted	574.10	574.10
8	1pc	Front bumper corner end piece LH	Missing	89.62	89.62
9	1pc	Front bumper end piece cover LH	Missing	71.20	71.20
10	1pc	Front bumper side bracket LH	Bent	255.60	255.60
11	1pc	Front bumper fog lamp LH	Broken	774.00	774.00
12	1pc	Front bumper fog lamp cover LH	Broken	45.00	45.00
13	1pc	Front bumper fog lamp cover rim LH	Broken	25.20	25.20
14	1pc	Front boarding step structure lower LH	Grazed/Deformed	585.40	585.40
15	1pc	Front boarding step structure plate lower LH	Grazed	141.00	141.00
16	1pc	Front step bracket lower LH	Dented/Bent	465.50	465.50
17	1pc	Front headlamp LH	Serviceable	715.00	-
18	1pc	Front headlamp housing LH	Broken	246.04	246.04
19	1pc	Front headlamp housing bracket LH	Broken	249.00	249.00
20	1pc	Front headlamp housing protector LH	Serviceable	231.00	-
21	1pc	Front headlamp housing cover plate LH	Broken	47.00	47.00
22	1pc	Front headlamp housing signal LH	Grazed	92.97	92.97
			5503.33	7,953.68	5,961.68
		Less 10%	4952.99	(795.36)	(596.16)
		Sub total		7,158.32	5,365.52
<u>PARTS REPLACEMENT – SPECIAL NETT ITEMS</u>					
1	1pc	Front no plate	Bent	40.00	30 40.00
		Sub total		7,198.32	5,405.52
<u>LABOUR & MISC. CHARGES</u>					
1		To check front electrical wiring		40.00	30.00

Constant Appraiser Services

Vehicle No : XD 7662M

Our ref : CAS/19-06/003

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
		<u>LABOUR & MISC. CHARGES (CONT'D)</u>			
2		To spray painting & etc		800.00	500 600.00
3		Panel beating, remove & replacing above parts		900.00	700 800.00
4		Spray anti rust on affected area		80.00	60.00 ^x
		Grand total		9,018.32	6,895.52
Recommended cost of lump sum repair (To its pre-accident condition)					5,550.00

6212.99

L/S \$4950

Adjustment/Recommendations

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a lump sum of \$5,550.00 on a contractual basis. Under normal circumstances, the repair period would be about 6 (Six) working days.

Yours faithfully,

Constant Appraiser Services

Lim Yong Tian (Sebastian)

Licensed Appraiser

Adv. Dip. In Mechanical Engineering (AUS)

MSAAA

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 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. 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	02/05/2018 11:08
Date Of Accident	02/05/2019 07:30
Exact Location Of Accident	ALONG AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD7662M
Insured/Policyholder	
Name Of Registered Owner	KOH KOCK LEONG ENTERPRISE PTE LTD
Co Reg No	199104084W
Email Address	ADMIN@KKLE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68978787
Vehicle Particulars	
Manufacturer	VOLVO
Model	TIPPER TRUCK
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102388226
Cover Note Number	
Driver	
Name of Driver	VELLAICHAMY PREMKUMAR
Passport No/FIN	G7287090K
Date Of Birth	16/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	04/04/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87067159
Fax Number	
Contact Number	OFFICE-68978787
Email Address	NOEMAIL

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 contest policy liability.
4. The report 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 lodging of this report to the insurers, you hereby consent to the archiving of this report in the Center and to copies of the report being made available aforesaid.

B. 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 insurers (who have insured vehicle(s) involved in this accident (all insurers) 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) protecting, handling and/or dealing with my claims including the settlement of the claims and any heretofore investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying on and/or dealing with my instructions or responding to my request as may
 - (iv) involving my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me in being about delivery of the same as well as the external cover of envelopes/and packages; and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all driver(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/are 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 third parties 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) the complying with requirements under any regulations, laws or court order.


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.

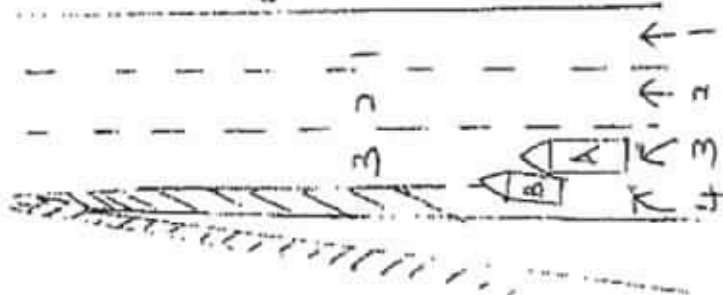
Sketch Plan #2

SKETCH PLAN

A: XD7662M

B: 9FC8823C

Along AYE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time 2 May 2019 @ 7:30 AM

Accident Location Along AYE

On 2 May 2019 at about 7:30 am, I was driving a vehicle XD7662M at along AYE on the lane 3. I was on my track, suddenly the third party vehicle 9FC8823C on my left side merge lane cut into my lane and hit into my front left bumper. No one is injured. I have video recorded for your reference.

☐ Reporting Only ☐ Own Damage ☒ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

I/We declare that the information provided is true and correct in every respect.

IMPORTANT NOTE:

For the best service, please ensure that you have the correct documents and information ready when you contact us. If you do not have the correct documents and information, we will be unable to process your claim.

[Signature]



Policyholder's Signature
Date & Time

[Signature]

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

[Signature]

Reporting Centre Personnel's Signature
Name
KIC/PH 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	02/05/2019 14:29
Date Of Accident	02/05/2019 07:40
Exact Location Of Accident	ALONG CLEMENTI ROAD MEARGING LANE TWDS AYE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC8823C
Insured/Policyholder	
Name Of Registered Owner	LANG WOON KHIM
NRIC No	S1610438H
Email Address	LANGWK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97859245
Alternative Phone No	Home-96713498

Vehicle Particulars

Manufacturer	BMW
Model	116I-1.6 (A)

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? 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	D71406804QMX
Cover Note Number	

Driver

Name of Driver	LEOW CHEW ENG
NRIC No	S1744267H
Date Of Birth	16/08/1966
Occupation	INDOOR
Date Of Driving Pass	13/09/2006

Driving Experience	12 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96713498
Fax Number	
Contact Number	
Email Address	LEOW_CHEW_ENG@HOTMAIL.COM
Address	17 FLORA ROAD #03-06
Postcode	509735
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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

AS PER SKETCH PLAN 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	XD7662M
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

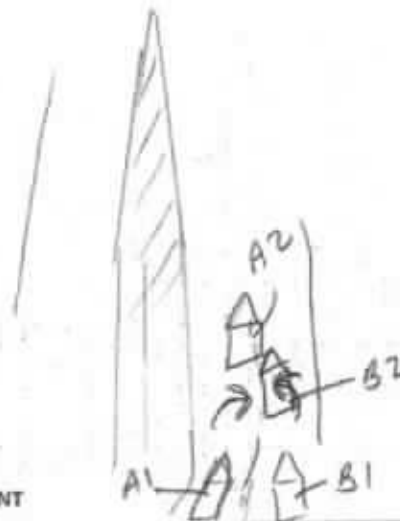
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



A - SFC 8823C

B - XD7662M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Clementi Road exiting out to to
I have already on my signal
AYE (Zuas). Just at the merging lane suddenly I
heard a sound from the rear. After the impact we shifted
our vehicle into the chevron so that we won't block the
traffic. There was an in-car camera on the vehicle (B)

☒ Claim OD / TP at Falcon-Air ☐ Claim OD / TP Own W/shop ☐ Reporting Only

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:
NIC/PR No: 2/5/19

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: **S1744267H**

LEOW CHEW ENG

Birth Date: **16 Aug 1966**
Valid Date: **13 Sep 2006**

S1744267H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1744267H**

LEOW CHEW ENG

Race: **CHINESE**
Date of Birth: **16-08-1966** Sex: **F**
Issued at: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

	PASS DATE
Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg	13 Sep 2006

NP 428A



S1744267H

Identity Number: **S1744267H**

LEOW CHEW ENG

Race: **CHINESE**
Date of Birth: **16-08-1966** Sex: **F**
Issued at: **SINGAPORE**

17 FLORA ROAD #03-08 SINGAPORE 909735
NRIC No: **S1744267H** Date: **17/01/2010 (R)**

Accident Photo



Accident Photo



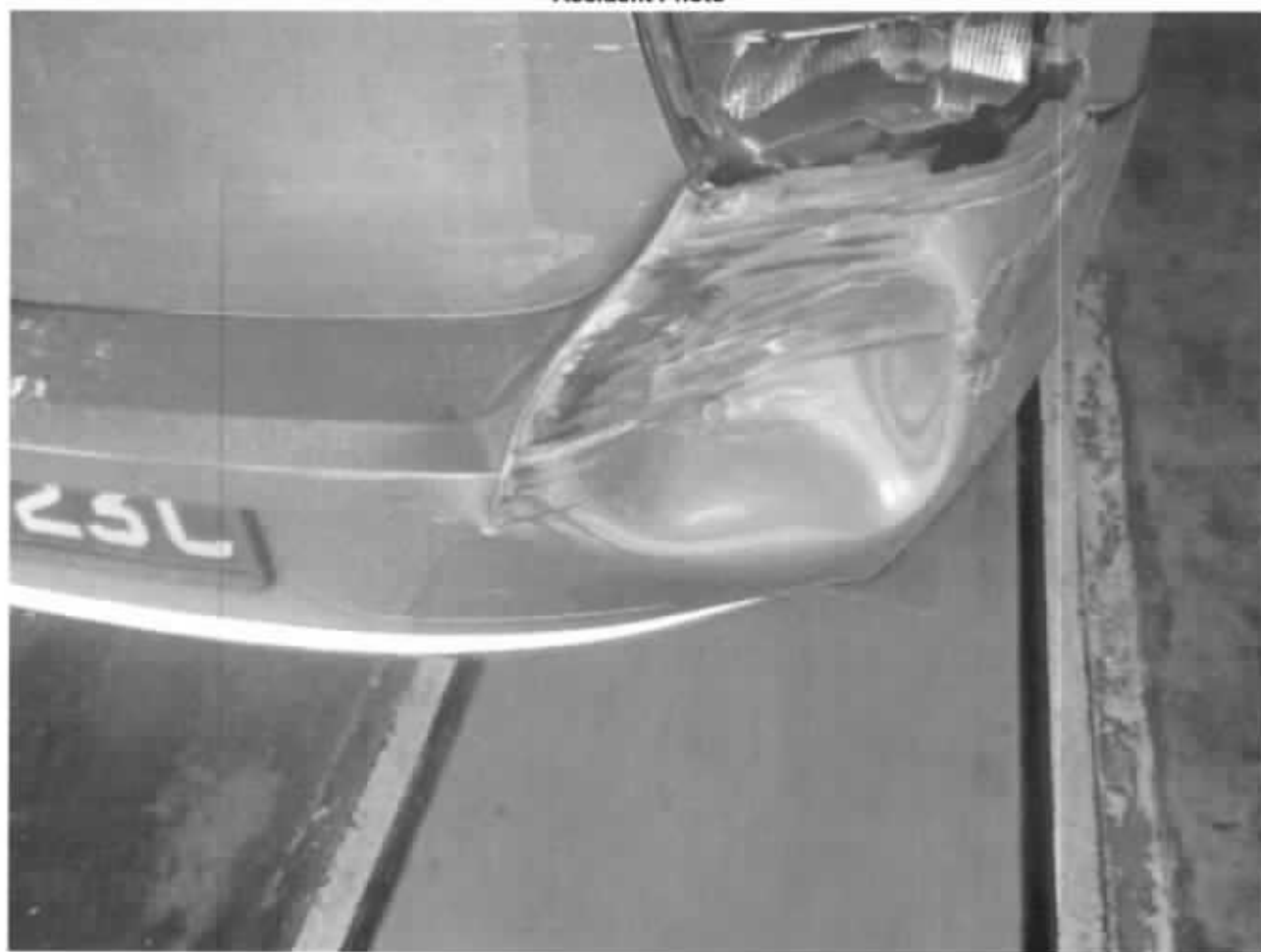
Accident Photo



Accident Photo



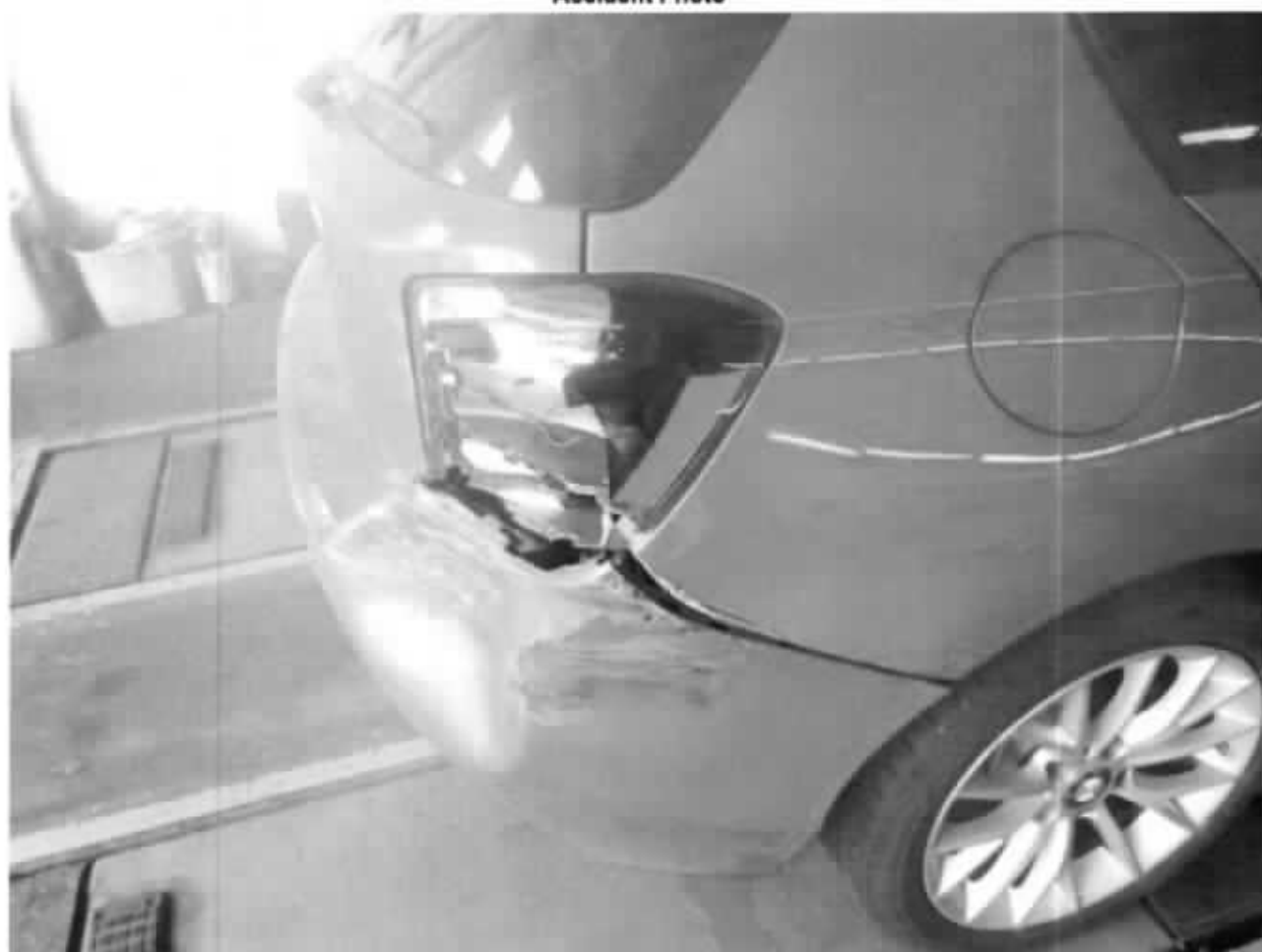
Accident Photo



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'd	Status
Main	03 May 2019 15:47		06 May 2019 09:57 Edit Adj Rpt	S\$4,950.00 Edit Estimates	S\$4,950.00 View Rpt		Pending for Survey Report Cancel Case

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

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	LANG WOON KHIM, ID: S1610438H		
Main Claimant:	KOH KOCK LEONG ENTERPRISE PTE LTD, Co. Reg. No.: 199104084W		
Vehicle Reg. No.:	XD7662M	Date of Loss:	02/05/2019 07:00 - :59 [68 Months and 2 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 227072	Policy/Cover Note No.:	1000893136 (Comprehensive) Coverage: 24/01/2019 - 24/01/2020
Vehicle Reg. No. (Insured):	SFC8823C	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Koh Kock Leong Construction Pte Ltd (HQ) NO 24 TUAS AVENUE 2, 639455 Tuas - 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 MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 13/08/2019]		
Driver/Custodian (Insured):	LEOW CHEW ENG (), NRIC: S1744267H Email:		
Adj Asg. Remarks:	on WP. SURVEY DISAGREE ON SJE - ASSIGN LKK. LIABILITY:DISPUTE. CONTACT: 6897 8787		

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





































- MSIG_SG (07/08/2019): Report Send Back Alerts - XD7662M (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

*XD7662M (227072)
 [SFC8823C]
 TP
 KOH KOCK LEONG ENTERPRISE PTE LTD
 May 2 2019 7:00AM
 [LANG WOON KHIM]
 Koh Kock Leong Construction 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	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
2	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
3	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
4	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
5	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
6	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
7	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
8	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
9	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
10	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
11	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
12	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
13	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
14	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
15	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
16	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
17	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
18	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
19	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
20	14/05/19 12:55	General View	 Load JPG	<input checked="" type="checkbox"/>
21	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
22	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
23	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
24	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
25	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
26	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
27	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
28	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
29	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
30	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
31	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
32	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
33	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
34	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
35	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
36	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
37	14/05/19 12:55	Photographs of Damaged Parts	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	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
39	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
40	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
41	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
42	14/05/19 12:55	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	07/08/19 19:17	Policy Schedule <small>From: OD - Reg. No: SFC8823C, Claimant: Lang Woon Khim</small>	 Load PDF	
2	07/08/19 19:17	Driving licence validity status <small>From: OD - Reg. No: SFC8823C, Claimant: Lang Woon Khim</small>	 Load PDF	
3	03/05/19 15:49	NOTICE OF PRI & TP E-FILE REPORT	 Load PDF	
4	03/05/19 16:32	SURVEY DISAGREE ON SJE - ASSIGN LKK	 Load PDF	
5	07/08/19 18:57	Survey report	 Load PDF	
6	07/08/19 19:13	Survey Photos	 Load PDF	
7	07/08/19 19:14	Survey Photos	 Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	02/09/19 17:21	Colour Photo	 Load PDF	
2	02/09/19 17:21	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 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG19007886/T1QD3E2-1

Date: 02/09/2019

REFERENCE

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

Policy No: 1000893136

Claimant Vehicle No : XD7662M

Insured Vehicle No : SFC8823C

Date of Loss: 02/05/2019

Nature of Claim: TP

Claim No: 227072

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: XD7662M

Make & Model: VOLVO FMX370, 10.8 D 64R DAYCAB (M)

Engine No: D11291433

Reg. Date: 30/08/2013 (Man. Year: 2013)

Chassis No: YV2J1E1D9DA746436

Colour: White

Odometer: 484458 km

Engine Capacity: 10837 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: 315/80 R22.5

Rear Tyre Size: 315/80 R22.5 (D)

Front Left Side: EFFI PLUS 8 mm

Rear Left Side: EFFI PLUS 8/8 mm

Front Right Side: EFFI PLUS 8 mm

Rear Right Side: EFFI PLUS 8/8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	7,198.31	4,983.00	2,215.31	30.78
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,820.00	1,230.00	590.00	32.42
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	9,018.31	6,213.00	2,805.31	31.11
Approved Total (Overridden) (S\$)		4,950.00		
(S\$)	9,018.31	4,950.00	4,068.31	45.11
+ GST 7.00/7.00% (S\$)	631.28	346.50	284.78	45.11
Nett Amount (S\$)	9,649.59	5,296.50	4,353.09	45.11

INSPECTION

Date of Assignment: 06/05/2019

Date Inspected: 07/05/2019 Inspected At:

Koh Kock Leong Construction Pte Ltd (HQ)
NO 24 TUAS AVENUE 2
Singapore 639455

Estimated Period of Repair: 5.0 days

Adjuster: MOHD TAUFIKH BIN HAMID**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:	(Last Synchronised: 02 Sep 2019)	
Parts:	N/A	VOLVO FMX370 10.8 D 64R DAYCAB (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for XD7662M)	
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 CENTER	Repair	458.35 FL	*- FL
2	1		*FRONT BUMPER CARRIER RAIL	Repair	1,046.00 FL	*- FL
3	1		*FRONT BUMPER TOP GRILLE	Broken	423.00 FL	*423.00 FL
4	1		*FRONT BUMPER CENTER GUARD	Dented / Deformed	738.00 FL	*738.00 FL
5	1		*FRONT BUMPER CENTER PLATE	Dented / Grazed	418.20 FL	*418.20 FL
6	1		*FRONT BUMPER UNDER COVER	Grazed	262.50 FL	*262.50 FL
7	1		*FRONT BUMPER CORNER LH	Dented / Twisted	574.10 FL	*574.10 FL
8	1		*FRONT BUMPER CORNER END PIECE LH	Missing	89.62 FL	*89.62 FL
9	1		*FRONT BUMPER END PIECE COVER LH	Missing	71.20 FL	*71.20 FL
10	1		*FRONT BUMPER SIDE BRACKET LH	Bent	255.60 FL	*255.60 FL
11	1		*FRONT BUMPER FOG LAMP LH	Broken	774.00 FL	*774.00 FL
12	1		*FRONT BUMPER FOG LAMP COVER LH	Broken	45.00 FL	*45.00 FL
13	1		*FRONT BUMPER FOG LAMP COVER RIM LH	Broken	25.20 FL	*25.20 FL
14	1		*FRONT BOARDING STEP STRUCTURE LOWER LH	Grazed / Deformed	585.40 FL	*585.40 FL
15	1		*FRONT BOARDING STEP STRUCTURE PLATE LOWER LH	Grazed	141.00 FL	*141.00 FL
16	1		*FRONT STEP BRACKET LOWER LH	Dented / Bent	465.50 FL	*465.50 FL
17	1		*FRONT HEADLAMP LH	Serviceable	715.00 FL	*- FL
18	1		*FRONT HEADLAMP HOUSING LH	Broken	246.04 FL	*246.04 FL
19	1		*FRONT HEADLAMP HOUSING BRACKET LH	Broken	249.00 FL	*249.00 FL
20	1		*FRONT HEADLAMP HOUSING PROTECTOR LH	Serviceable	231.00 FL	*- FL
21	1		*FRONT HEADLAMP HOUSING COVER PLATE LH	Broken	47.00 FL	*47.00 FL
22	1		*FRONT HEADLAMP HOUSING SIGNAL LH	Grazed	92.97 FL	*92.97 FL
23	1		*FRONT NO PLATE	Bent	40.00 FS	*30.00 FS

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

Sub Total (S\$)	7,993.68	5,533.33
- List Item Discount on L Items 10.00/10.00% (S\$)	795.37	550.33
Total Parts (S\$)	7,198.31	4,983.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO CHECK FRONT ELECTRICAL WIRING	New	40.00	30.00
2	TO SPRAY PAINTING & ETC	New	800.00	500.00
3	PANEL BEATING, REMOVE & REPLACING ABOVE PARTS	New	900.00	700.00
4	SPRAY ANTI RUST ON AFFECTED AREA	New	80.00	0.00
Gross Labour Cost (S\$)			1,820.00	1,230.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >