

INS. CASE OWNER:

CS3 / III19014305/GA3

LKK:
IDAC:

ASSIGNMENT

Surveyor: GUO QIANG

DOI: 16/08/2019

Date / Time: 16/08/2019

Registered in Merimen: 16/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8801S
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : HP: _____
 Excess Sec II : S\$ _____ D.O.A : 12/08/2019
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : m20m0015
 Make / Model : _____
 Place of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SGA 6546P



INSRS: _____
 WSP: 20m0015
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SGA 6546P - NA/QBE19014049/z4 ; DOA:12/8/19	
	SHC 8801S - CC4/ASM18018039/K1jb3q2 ; DOA : 03/10/18	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐Call ☐

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

Signature

PRS
Gul.

REF:

III

ASSIGNMENT

(2025)

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

Team Work

of

Insured:

Policy No.

Claims No. 1

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

\$105k

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SGA 6546P

Yr Regn:

24 Nov 2005

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

Truck / Trailer or

Make:

Mit 6V09

C.C.

1997

Colour:

yellow

A/C:

Insured / Std / NI / NA

Sp. Reading

2129 09

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

CT 9A 040 4850

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

245/40 R17

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / 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.

D.O.I.

16-08-19

Survey held at

w/s

4:30pm

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

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

Date / Time

Action / Instruction

COT: 37742

\$4000 - \$5000

Dismantle -> 19/8/2019 11:54am

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) S + RS SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

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	13/08/2019 18:33
Date Of Accident	12/08/2019 19:30
Exact Location Of Accident	JUNC WOODLANDS AVE 5 & WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA6546P
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHAH JAHAN BHANU
NRIC No	S1639212Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93889724
Alternative Phone No	OFFICE-93889724

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	EVO 9 GSR
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0022658-MVA
Cover Note Number	

Driver

Name of Driver	ZAFRAN BIN MUHAMMAD SHAH JAHAN
NRIC No	S9728877A
Date Of Birth	31/08/1997
Occupation	INDOOR
Date Of Driving Pass	29/06/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93889724
Fax Number	
Contact Number	OFFICE-93889724
Email Address	NOEMAIL

Address	BLK 292 BSHAN STREET 22 #09-77
Postcode	570292
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
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)	5
Passenger 1	NAME: : NURUL FATIN GENDER: : FEMALE
Passenger 2	NAME: : RA FIQIN GENDER: : MALE
Passenger 3	NAME: : KHAIRUL AIMAN GENDER: : MALE
Passenger 4	NAME: : NUR FATHANAH 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

REFER TO STATEMENT.

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	SHC8801S
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ZAFRAN BIN MUHAMMAD SHAH JAHAN
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SGA6546P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NURUL FATIN
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SGA6546P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name KHAIRUL AIMAN
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SGA6546P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name NUR FATHANAH
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SGA6546P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA)**

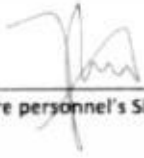
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:



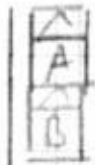
Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



A: SGA 6546P

B: SHC 88015


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Woodlark Ave S ~~at~~ on the left lane. As the traffic light was red, my vehicle was completely stationary. After the traffic light turned green, as I was ~~about~~ about to move vehicle hit my rear portion.


DECLARATION

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

Policy holder's signature
Date & time:



Driver's signature
(if driver is not policy holder)
Date & time:



reporting centre personnel's Signature
NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	212Z
Vehicle Details	
Vehicle No.:	SGA6546P
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Aug 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	EVO 9 GSR
Primary Colour:	Yellow
Manufacturing Year:	2005
Engine No.:	4G63LP3157
Chassis No.:	CT9A0404850
Maximum Power Output:	206.0 kW (276 bhp)
Open Market Value:	\$40,880.00
Original Registration Date:	24 Nov 2005
First Registration Date:	24 Nov 2005
Transfer Count:	4
Actual ARF Paid:	\$44,968.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	23 Nov 2025
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$60,519.00
COE Rebate Amount:	\$37,942.00
Total Rebate Amount:	\$37,942.00

The information contained herein is correct as at 16 Aug 2019

OK

► Mitsubishi Evolution Used Vehicle List (20 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Availabi
Mitsubishi Evolution 9 GSR (COE till 11/2025)	\$105,000	\$16,880 /yr	04-Nov-2005	1,997 cc	189,000 km		Availabl
Tuned For Daily Driving And Reliability. Torquey Drive. Good Condition. New Road Tax Included. Office No. - - Daniel Lim - 93890996							
Mitsubishi Evolution 9 GSR (COE till 02/2026)	\$80,800	\$12,430 /yr	14-Feb-2006	1,997 cc	170,000 km	Platinum Car Consign Pte Ltd	Availabl
One Of The Last Few Registered E9. Daily Driven. Good Condition. Fully Legal. Fully Done Up By 833 Motorsports With Receipts To Prove. Ju Change Clutch, Turbo, LSD. Capable Of Achieving Higher Horse... Office No. - 69717880 Matthew - 91186851 Kelvin Chua - 97593539 Lester - 96192666							
Mitsubishi Evolution 9 GT (COE till 05/2026)	\$98,800	\$14,540 /yr	01-Sep-2006	1,997 cc	263,000 km	GS Automobiles Pte Ltd	Availabl
Owner Consignment Unit, Viewing By Appointment Only! The Only GT Unit In The Market, Very Well Maintained By Both Current And Previo Owner! All Receipts Well Kept. Equipped With R.Logic Coilovers, A... Office No. - 64598083 Lucas Ang - 0							
Mitsubishi Evolution 9 MR GSR (COE till 12/2026)	\$108,222	\$14,760 /yr	15-Dec-2006	1,997 cc	1,000 km		Availabl
The Car Is Driven Twice Weekly, Owner's Second Car. The Car Describes Itself. Slightly Negotiable, Dealers Will Not Be Replied. Owner Relocating Overseas. Office No. - - Dan - 97377190							
Mitsubishi Evolution 9 GSR (COE till 01/2027)	\$100,000	\$13,530 /yr	05-Jan-2007	1,997 cc	98,655 km	Prem Roy Motoring	Availabl
We Maintained Evo 9! Consignment Unit! Trade In Welcome! Loan And Insurance Available! Call Now For Viewing Appointment! Office No. - 66028046 Zin - 90025579 Kana - 96435365 PRM Admin - 98896985							
Mitsubishi Evolution 9 MR RS (COE till 01/2027)	\$128,888	\$17,410 /yr	09-Jan-2007	1,997 cc	20,000 km	Monster Motors Pte Ltd	Availabl
Using Only The Best Parts, It Has Been Maintained And Built By 1 Of The Best Evo 9 Builder/tuner, Ptune. Despite It's Capability On The Rac Track, It Is A Very Daily Drivable Car That Is Legal On The... Office No. - - Enzo - 97598881 Ryan - 92325669							
Mitsubishi Evolution 9 MR RS (COE till 01/2027)	\$99,888	\$13,420 /yr	23-Jan-2007	1,997 cc	160,000 km	QIFei Auto Pte Ltd	Availabl
3 Owner! Fully Stock Condition! View To Believe! Not Dekitted Ride! Only One With Least Owners! Office No. - 69083777 Haikel - 92235722 Zheng - 98890309							
Mitsubishi Evolution 9 MR RS (COE till 01/2027)	\$110,000	\$14,760 /yr	27-Jan-2007	1,997 cc	85,000 km	Axle Motors Pte Ltd	Availabl
Stunning Mitsubishi Evo 9, Extensively Done Up With Loads And Loads Of Premium Parts. Owner Has Spent Loads Of Money On This Ride, Neither Handling, Power, Looks Or Reliability Compromised. Do Contact... Office No. - - Jaspal - 97207707 Harold - 92700406							
Mitsubishi Evolution 9 MR GSR (COE till 03/2027)	\$105,000	\$13,790 /yr	28-Mar-2007	1,997 cc	194,000 km	360 VR Cars	Availabl

Newly Replaced Parts, BC BR Suspension And Rear Wheel Hubs. Car Kept In Very Good Condition. Evaluation Welcomed. Trade In And Flexil

Nivitha (LKK Auto)

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Friday, 16 August 2019 10:36 AM
To: Darren; sur@lkkauto.com; Admin-D (LKKAuto)
Cc: Zuhaidah Samsuri
Subject: RE: OUR REF : 1908-24 // YOUR REF : SHC8801S ACCIDENT INVOLVINGSHC8801S(III) AND SGA6546P on 12/08/2019
Attachments: 2019_08_14_14_48_03.pdf

12.03pm @ 16/8/19
vehicle in
person @ Darren
sur@lkk

Dear Sir / Mdm,

Please conduct a survey on TP vehicle SGA6546P and let us have your report urgently.

This claim will be handled by Aida.

*Kindly upload this survey request email to merimen.

Thank You.

Daniel Pooi

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04-02 IOB Building

Singapore 049711

Tel: 6347 6100 Ext 202 Fax: 6224 4174

S&P 'A-' rated Company



From: Darren [mailto:claims@teamworkgarage.com]

Sent: Thursday, 15 August, 2019 5:49 PM

To: Motor Claim - III <motorclaim@iii.com.sg>

Subject: RE: OUR REF : 1908-24 // YOUR REF : SHC8801S ACCIDENT INVOLVINGSHC8801S(III) AND SGA6546P on 12/08/2019

Dear Sir,

Please appoint LKK

Darren

Teamwork Garage Pte Ltd

53 Ubi Avenue 1

#01-24 Paya Ubi Industrial Park

Singapore 408934

Tel: 68442475

Fax: 68442474

From: Motor Claim - III

Sent: Wednesday, 14 August 2019 3:09 PM

To: TEAMWORK

Subject: RE: OUR REF : 1908-24 // YOUR REF : SHC8801S ACCIDENT INVOLVING SHC8801S(III) AND SGA6546P on 12/08/2019

Dear Sir / Mdm,

We acknowledge receipt of your email.

We propose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

Daniel Pooi
Motor Claims Department
India International Insurance Pte Ltd
64 Cecil Street #04-02 IOB Building
Singapore 049711
Tel: 6347 6100 Ext 202 Fax: 6224 4174
S&P 'A-' rated Company



From: TEAMWORK [<mailto:claims@teamworkgarage.com>]
Sent: Wednesday, 14 August, 2019 2:49 PM
To: Motor Claim - III <motorclaim@iii.com.sg>
Cc: TEAMWORK <claims@teamworkgarage.com>
Subject: OUR REF : 1908-24 // YOUR REF : SHC8801S ACCIDENT INVOLVING SHC8801S AND SGA6546P

WITHOUT PREJUDICE

OUR REF : 1908-24
YOUR REF : SHC8801S

Dear Sir / Madam,
PRE-REPAIR INSPECTION FOR SGA6546P
ACCIDENT INVOLVING SHC8801S AND SGA6546P ON 12.08.2019.

We refer to the above matter and enclosed herewith our client's GIA report and notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction-Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention.

Thank you and have a nice day.

Regards,

Shu Shan

Teamwork Garage Pte Ltd
Blk 53 Ubi Avenue 1
#01-24
Paya Ubi Industrial Park
Singapore 408934
Tel: 6844 2475
Fax: 6844 2474

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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India International Insurance Pte Ltd.

Registration No. 198703792-K

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Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

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India International Insurance Pte Ltd.
Registration No. 198703792-K

Report Remarks Entry - CC4/III19014305/Gpa3

Remarks

Remarks

	Remarks 1	By	On
<input type="checkbox"/>	SGA 6546P ; SHC 8801S	HMK	16/8/2019 4:12:57 PM
<input type="checkbox"/>	EST : \$ --- SUR : XGQ --- WKSP : TEAMWORK GARAGE PTE LTD	HMK	16/8/2019 4:13:06 PM
<input type="checkbox"/>	Please be informed that workshop didn't want to DS, and proceed with PRS.	NVT	19/8/2019 12:17:59 PM

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

PRI

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	23 Aug 2019 09:40 Edit Reg		16 Aug 2019 00:00 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by adjuster]

Insured:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Main Claimant:	MUHAMMAD SHAH JAHAN BHANU, ID: S1639212Z		
Vehicle Reg. No.:	SGA6546P	Date of Loss:	12/08/2019 19:00 - :59 [164 Months and 19 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP	Policy/Cover Note No.:	MCOM0015
Vehicle Reg. No. (Insured):	SHC8801S	Policy No. (Claimant):	8-V0022658-MVA
		Excess:	
Repairer:	Teamwork Garage Pte Ltd (HQ) 53 Ubi Ave 1 #01-24, Paya Ubi Industrial Park, 408934 Ubi - Tel: 6844 2475		
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Zuhaidah Bte Samsuri - 6347 6070]		
Claimant's Insurer:	QBE Insurance (Singapore) Pte Ltd (HQ) - Tel: 62246633		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 27/08/2019]		

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?
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No results.

Claim Documents

*SGA6546P
[SHC8801S]
TP
MUHAMMAD SHAH JAHAN BHANU
Aug 12 2019 7:00PM
[COMFORT TRANSPORTATION PTE LTD]
Teamwork Garage 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	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
2	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
3	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
4	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
5	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
6	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
7	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
8	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
9	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
10	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
11	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
12	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
13	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
14	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
15	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
16	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
17	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
18	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
19	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
20	19/08/19 09:45	General View	 Load JPG	<input checked="" type="checkbox"/>
21	19/08/19 09:45	Odometer Reading	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	16/08/19 16:28	TP GIA REPORT	 Load PDF	
2	16/08/19 16:28	ACKNOWLEDGEMENT EMAIL TO III DD 16.8.09	 Load PDF	
No	Finalized On	India International Insurance Pte Ltd (HQ)	Thumbnail	Print
1	16/08/19 17:19	Singapore Accident Statement IV SHC8801S	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**Show Remarks To:** ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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/III19014305/GA3S2

Date: 23/08/2019

REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No: MCOM0015

Claimant Vehicle No : SGA6546P

Insured Vehicle No : SHC8801S

Date of Loss: 12/08/2019

Nature of Claim: TP Claim No: N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SGA6546P

Make & Model: MITSUBISHI EVO 9, 2.0 GSR (M)

Engine No: 4G63LP3157

Reg. Date: 24/11/2005 (Man. Year: 2005)

Chassis No: CT9A0404850

Colour: Yellow

Odometer: 212909 km

Engine Capacity: 1997 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:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size: 245/40 R17

Rear Tyre Size: 245/40 R17

Front Left Side: Bridgestone 6 mm

Rear Left Side: Bridgestone 6 mm

Front Right Side: Bridgestone 6 mm

Rear Right Side: Bridgestone 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 16/08/2019

Date Inspected: 16/08/2019 Inspected At:

Teamwork Garage Pte Ltd (HQ)
53 Ubi Ave 1 #01-24, Paya Ubi Industrial Park
Singapore 408934

Estimated Period of Repair: 0.0 days

Adjuster: XING GUO QIANG

Manager: HOW MEI KWAN

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.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 23 Aug 2019)
Parts:	143	MITSUBISHI EVO 9 2.0 GSR (M) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SGA6546P)	
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

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >