

10/0000000

ASS. REC. BY:

REF: CS3/MS2G19011396/R6d37

cial instruction:

Surveyor

Rasul

ASSIGNMENT (Office)

From (Person):

Irre Tan Gel Ing

of

MSG

Date/Time:

16/8/2019

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SKC 2702 Z

Insured:

YN 38527

at Workshop m/s

Empire Image

Tel:

9742 5441

of

40 4 Pardon Loop (Bik 1 / Bik E)

Policy No:

B27045132MRF

Claim No:

597556

Sum Insured:

Excess:

Make of Veh:

D.O.A.

24619

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time:

27/6/19 1.06pm

Person Contacted:

Zenny

H.O.D. Endorsement

Vehicle IN/OUT

Date/Time

Action/Instruction ( X ) Estimate

YN 38527 X

SKC 2702 Z X

After repair: 5/9/2019

Dismantle: 2/7/2019

Submit LS \$3200, 5 days.

CRed \$150, 40%.

Do Not Finalise

RECEIVED 04 SEP 2019

3/9/2019

## ASSIGNMENT

From: Date: 1.1.2019

Estimated Cost

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

To Inspect Vehicle No: SKC 2702 Z

at Workshop m/s: Empire Image

at NO 4 Pandan Loop (B1K / B1K 1)

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.

Est. or Market Value:

26K

IDAC Accident Report:

Consistent? Yes or No

GIA / PR Som:

Consistent? Yes or No

Est. Repairs:

days

Res: Yes or No

Lump Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

rup

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SKC 2702 Z Yr Regn: Aug / 11

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

Truck / Trailer or

Make: Hyundai Elantra cc 1591

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

Sp. Reading: 147241 T/Acc: Insured / Std / NI / NA

EngNo:

C/N: KM H5410M CM 217564

Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tire Size: F: 215/45 R17

R:

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

TOYO / YOKO or

Kum Ho

Front:

Rear:

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A: 24/06/19 D.O.I: 01/07/19

Survey held at

EMPIRE IMAGE

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

o/s Frt

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

Date / Time

Action / Instruction

ESTIMATE RANGE OF REPAIR - (4K - 5K) / 5 days

*[Signature]*

24/7/2019

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Foo: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Report Format: PRQ

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

Survey Fee:

Transportation:

1 + RS, 14

Photos

Others

TOTAL:

120

11

131

## Nivitha (LKK Auto)

---

**From:** Veron Chen (LKKAuto) <veronchen@lkkauto.com>  
**Sent:** Monday, 19 August 2019 7:54 AM  
**To:** assignments  
**Subject:** FW: Please prepare paper survey report on SKC2702Z; Our claim no.: 597556/IT  
**Importance:** High

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

---

**From:** Irene Tan <irene\_tan@sg.msig-asia.com>  
**Sent:** Friday, 16 August 2019 7:14 PM  
**To:** Veron Chen (LKKAuto) <veronchen@lkkauto.com>; Olivia Lau (LKKAuto) <olivialau@lkkauto.com>; Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>; Shiau Chan (LKKAuto) <siewsc@lkkauto.com>; Denise Tay (LKKAuto) <denisetay@lkkauto.com>  
**Cc:** Admin-D (LKKAuto) <admin-d@lkkauto.com>  
**Subject:** Please prepare paper survey report on SKC2702Z; Our claim no.: 597556/IT  
**Importance:** High

Dear Veron,

We refer to your PRI report dated 1.8.19.

Please upload your paper survey report into the Merimen.

Irene Tan  
Senior Executive, Motor Claims Services  
D: +65 6594 2541 | F: +65 6225 7402 | [irene\\_tan@sg.msig-asia.com](mailto:irene_tan@sg.msig-asia.com)



MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | [msig.com.sg](http://msig.com.sg)



A Member of **MS&AD** INSURANCE GROUP

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# SL LAW CHAMBERS

ADVOCATES & SOLICITORS (Reg. No 53388805X)  
91 Rowell Road, Singapore 208019  
Tel : 62924667 / Fax : 62924668  
E-mail : doreen@slawch.com

597556

SEETHA LKSHMI P.S. KKRISHNAN  
Notary Public  
Commissioner for Oaths

Our Ref: SL.RTA.0210.19.EI.DT

Your Ref: YN3852T

6 August 2019

M/s YHS (Singapore) Pte Ltd  
3 Senoko Way  
Singapore 758057

Certificate of Posting  
(Without Enclosures)

Motor Claims Department  
MSIG Insurance (Singapore) Pte Ltd  
16 Raffles Quay  
#24-01 Hong Leong Building  
Singapore 048581

AR REGISTERED

LBZ,  
1. Upload  
2. MLI

here  
15/8/19

Dear Sirs

**CLAIMANT – MR CHAN PENG**  
**ACCIDENT INVOLVING SKC 2702Z & YN 3852T ON 24/06/2019**

We refer to the above matter and write to inform you that we have taken over conduct of the matter from M/s C Ramesh Law Practice.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 24<sup>th</sup> June 2019 at about 10:05am at No. 9 Kaki Bukit Road 1 (Eunos Technolink) involving our client's vehicle registration number SKC 2702Z and vehicle registration number YN 3852T driven by you/your driver at the material time.

We are instructed that the accident was caused by the negligence of the driver of your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:

1.	Costs of repairs	\$3,350.00
2.	Loss of use (6 days x \$80/day)	\$ 480.00
3.	Survey fees	\$ 402.00
4.	LTA / GIA fees	\$ 36.49
5.	Other incidentals	\$ 100.00
6.	Costs	\$ 900.00
		<b>\$5,268.49</b>
		=====

A copy each of the following supporting documents is enclosed:-

- 1) Accident reports – SKC 2702Z & YN 3852T;
- 2) LTA search for vehicle YN 3852T together with receipt;

... / 2



- 3) GIA search and report invoices;
- 4) Final Repair Bill dated 01.08.2019 – M/s Empire Image Pte Ltd;
- 5) Bill No. DN/TP/19/0109/EMP dated 10.07.2019 – M/s Priority Services together with survey report and colored photographs;
- 6) Copy of our client's NRIC and driving licence.

Your insurer, M/s MSIG Insurance (Singapore) Pte Ltd was notified of the accident and a pre-repair survey of our client's vehicle was carried out by your insurer on or about 1<sup>st</sup> July 2019.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer. You may wish to inspect the enclosed documents which are sent to your insurer.

Please note that you or your insurer should send to us an acknowledgment of receipt of this letter within **fourteen (14) days** of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully,

SL LAW CHAMBERS  
Encl.

**Enquire Vehicle & Owner Information ( Vehicle No. YN3852T As At 24 Jun 2019 / 10:05:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: CR.MISC.EI.DT

**Current Owner Details**

Owner ID Type: Company  
Owner ID: 199401863Z  
Owner Name: YHS (SINGAPORE) PTE LTD  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.:3  
Registered Street Name: SENOKO WAY  
Registered Unit No.: -  
Registered Building Name: -  
Registered Postal Code: 758057

**Current Vehicle Details**

Vehicle No.: YN3852T  
Make Description/Model: MITSUBISHI / FM65FM1RDEA  
Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD



# Thank you

Ram Chandra Thangavelu Ramesh has successfully logged out.

Your last login date and time was 25 6? 2019, 15:25:42.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

## Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount (\$\$)	Log Date/Time
1	Vehicle	YN3852T	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	25 6? 2019 / 15:26:35



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**SEARCH RESULTS**

Our Ref No: GR-19-102778  
Date of Request: 27/06/2019

Your Ref No: SL.MISC.EI.DT

S L LAW CHAMBERS  
91 Rowell Road  
Singapore 208019

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 24/06/2019  
Place of Accident: 9 KAKI BUKIT RD 1  
Client Vehicle No: SKC2702Z

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
YN3852T	3 KAKI BUKIT ROAD 1, EUNOS TECHNOLINK CAR PARK	24/06/2019 10:05

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.





RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

## TAX INVOICE

Our Ref No: GR-19-102778  
Date of Request: 27/06/2019

Your Ref No: SL.MISC.EI.DT

S L LAW CHAMBERS  
91 Rowell Road  
Singapore 208019

Dear Sir/Madam,

Your Search Criteria:Date of Accident: 24/06/2019  
Place of Accident: 9 KAKI BUKIT RD 1  
Client Vehicle No: SKC2702Z

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

Invoice



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00, Singapore 048580  
 Phone: +65 6224 0010 Fax: +65 6224 0030  
 Operating Hours: Monday to Friday 9am to 5pm  
 GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-19-102831  
 Date of Request: 27/06/2019

Your Ref No: SL.MISC.EI.DT

S L LAW CHAMBERS  
 91 Rowell Road  
 Singapore 208019

Dear Sir/Madam,

Date of Accident: 24/06/2019  
 Vehicle No: SKC2702Z  
 Place of Accident: NO. 9 KAKI BUKIT RD 1 EUNOS TECHNOLINK  
 Involving Vehicle No: YN3852T

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
YN3852T	NO. 9 KAKI BUKIT RD 1 EUNOS TECHNOLINK	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

## 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	24/06/2019 12:58
Date Of Accident	24/06/2019 10:05
Exact Location Of Accident	NO. 9 KAKI BUKIT RD 1 EUNOS TECHNOLINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2702Z
Insured/Policyholder	
Name Of Registered Owner	CHAN PENG
NRIC No	S7021492Z
Email Address	MARKCHAN73@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94876233
Alternative Phone No	OFFICE-94876233
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA-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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105718899
Cover Note Number	
Driver	
Name of Driver	CHAN PENG
NRIC No	S7021492Z
Date Of Birth	15/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1988
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94876233
Fax Number	
Contact Number	OFFICE-94876233
Email Address	MARKCHAN73@HOTMAIL.COM

Address	BLK 89 DAWSON RD #35-04
Postcode	142089
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	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : PASSENGER
	GENDER: : MALE

#### 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 SKETCH PLANS

#### 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	YN3852T
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)	

Address	BLK 89 DAWSON RD #35-04
Postcode	142089
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	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	
	NAME: : PASSENGER
	GENDER: : MALE

#### 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 SKETCH PLANS

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

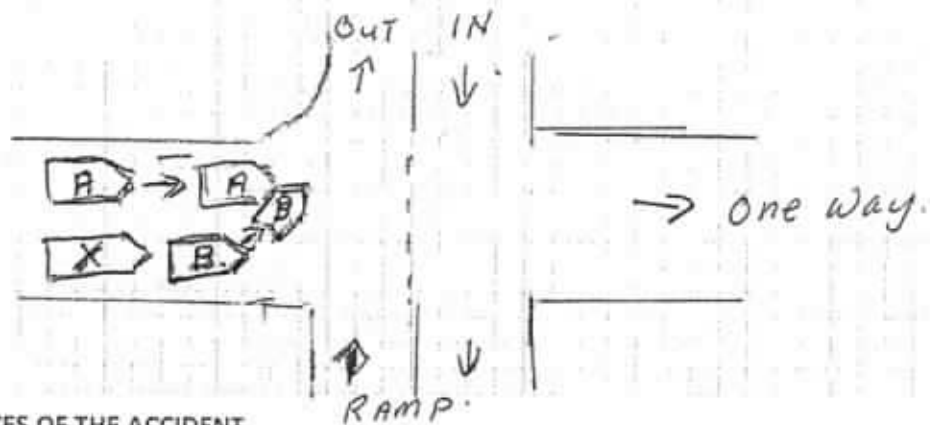
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3852T
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

EUNOS TECHNOPARK  
9 Kaki Bukit Rd 1.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the left lane at Eunost Technopark  
No 9 Kaki Bukit Rd 1 toward the exit of the  
car park. Vehicle 'B' YN3852T was stationary on the  
right lane. As I drove near toward the exit and  
about to pass Vehicle YN3852T, Vehicle YN3852T  
made a sudden left turn and cut in to my lane  
hitting the right front <sup>side</sup> portion of my vehicle

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



## 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.:





## 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	24/06/2019 13:00
Date Of Accident	24/06/2019 10:05
Exact Location Of Accident	3 KAKI BUKIT ROAD 1, EUNOS TECHNOLINK CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3852T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YHS (SINGAPORE) PTE LTD
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	FM65FM1RDEA-7.5 D (M)
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	B29095132MKF
Cover Note Number	

### Driver

Name of Driver	ZHANG DONGYAN
Passport No/FIN	G6620693P
Address	3 SENOKO WAY

### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR

### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

### Circumstances of Accident

STATEMENT, PLEASE REFER TO SKETCH PLAN

### 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	SKC2702Z
-----------------------------	----------

Vehicle Make/Model/Colour

Name of Driver

CHAN PENG

Insurance Company Name

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.

**YHS (SINGAPORE) PTE LTD**  
 CO. REG. NO: 199401863Z  
 3 Senoko Way  
 Singapore 758057  
 Tel : 6752 2122  
 Fax : 6752 3122

Policyholder's Signature  
 Date & Time:

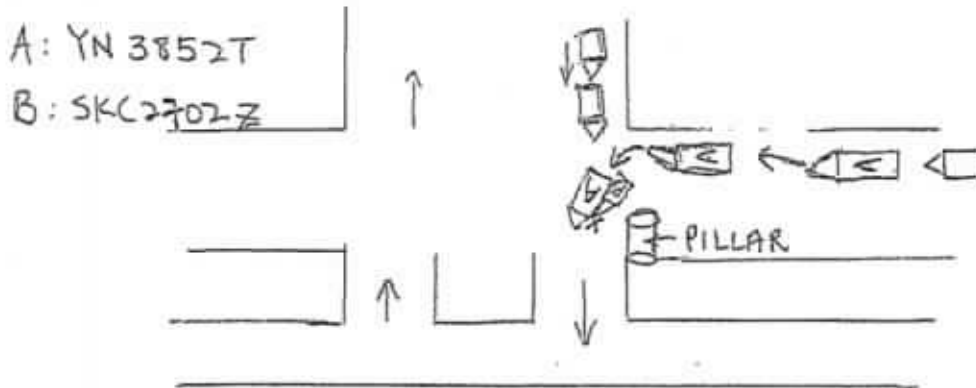
Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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

*[Signature]*  
 24.06.2019  
 12-25 PM.

*[Signature]*  
 Name: *Tea Hong Eng*  
 NRIC/FIN No.: *5110607212*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/06/2019 at 10.05 am, I was driving my vehicle YN3852T and wanted to exit.

At the exit point, I waited for my turn to move forward. Due to my vehicle is big, I need a wider space to turn out and I do on my signal lamp. I don't know when the vehicle SKC2702Z was beside me.

When I heard a bang sound, I came down to check and saw vehicle SKC2702Z side swipe into my left side of my lorry.

DECLARATION

YHONG SINGAPORE PTE LTD  
CO. REG. NO: 199401863Z  
3 Senoko Way  
Singapore 758057  
Tel : 6752 2122  
Fax 6752 8122  
Signature  
Date & Time:

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

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



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1998 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.S.300  
Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE - FLEET  
Comprehensive

Certificate No. B 29095132 MKF

Excess: SGD2,000

1. Index Mark and Registration Number of Vehicle  
YMF3852T

2. Name of Policyholder  
YHS (Singapore) Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
01/09/2018

4. Date of Expiry of Insurance  
31/07/2019

5. Persons or Classes of Persons entitled to drive\*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use\*

Use in connection with the Policyholder's business.  
Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.  
Use for social domestic and pleasure purposes.  
The Policy does not cover

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

for Chief Executive Officer

JLGS201809101837

Accident Photo



Accident Photo



Accident Photo

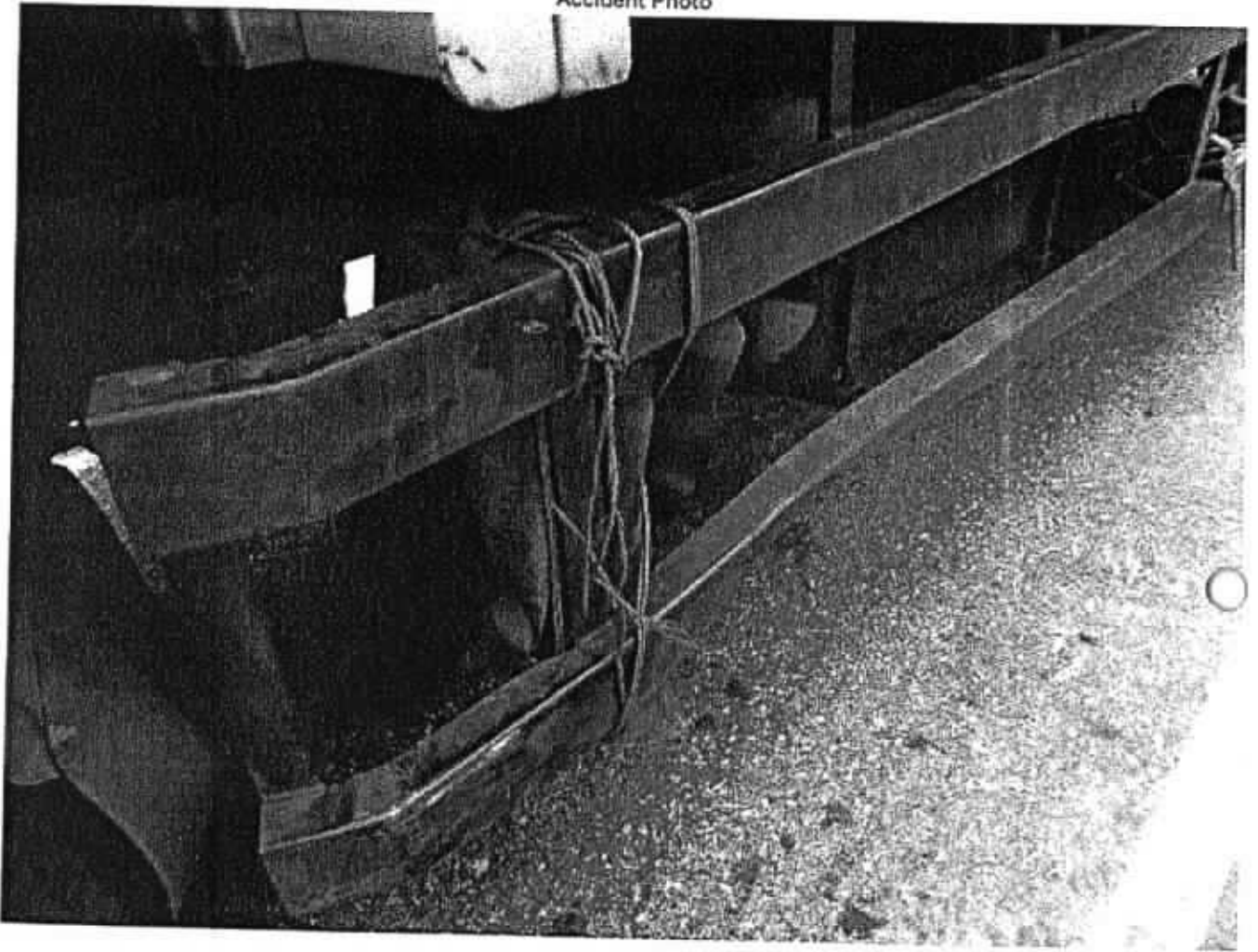




Accident Photo



Accident Photo

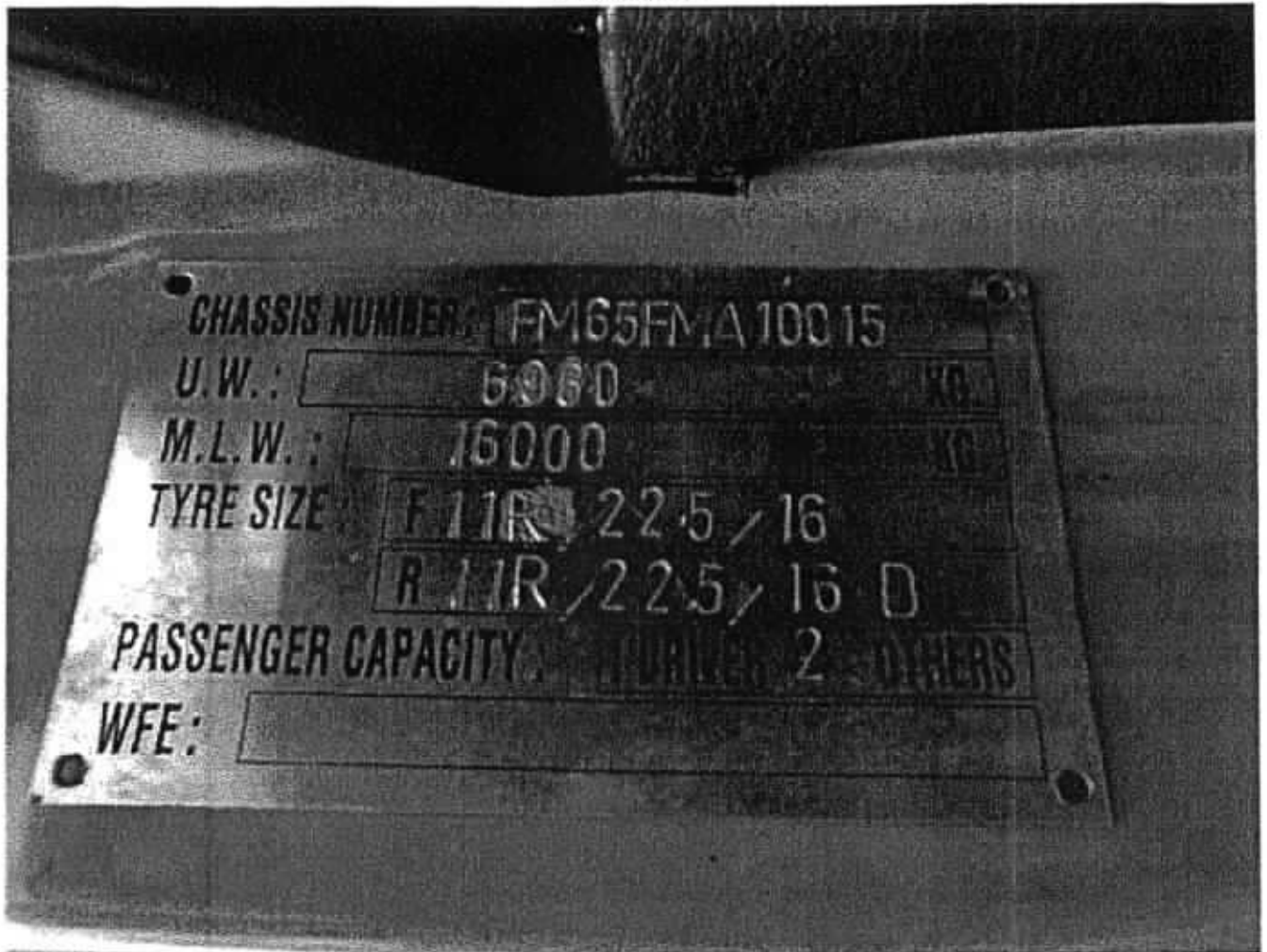


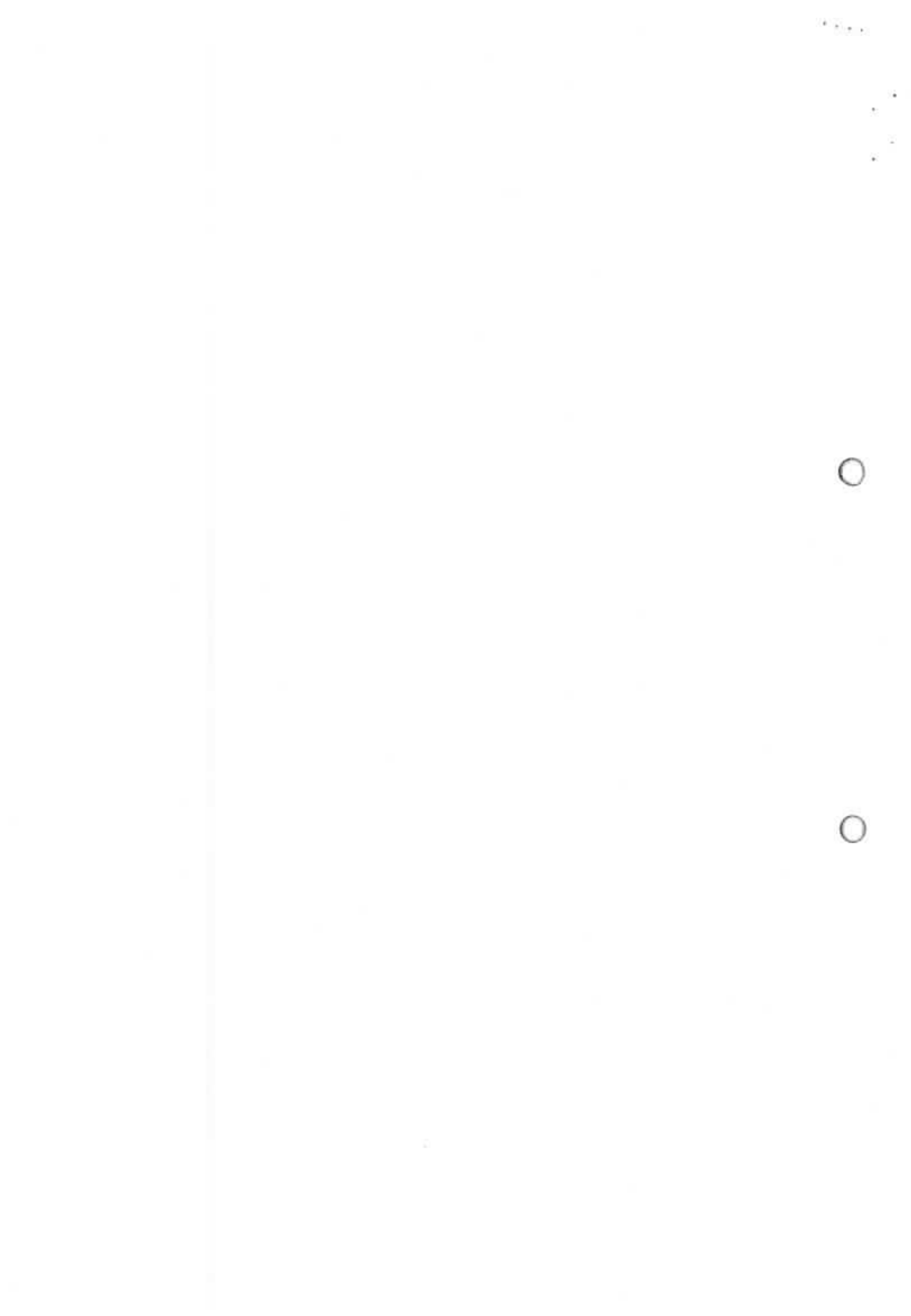
Accident Photo



Accident Photo







# EMPIRE IMAGE PTE LTD

No: 4 Pandan Loop (Blk 1/Blk K), Singapore 128222  
Tel: 67771941 Fax: 67778126 H/P: 97425441 (Kenny)  
Reg. No: 53093961D

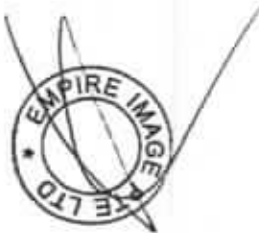
1 August 2019

**Mr Chan Peng**  
Blk 89 Dawson Road  
#35-04  
Singapore 142089

**Final Repair Bill**  
**Vehicle No:** SKC 2702Z  
**Vehicle Model:** Hyundai Elantra (A)  
**Date of Accident:** 24/06/2019

To cost of repair lump sum as recommended by surveyor ..... S3,350.00 NETT

***SINGAPORE DOLLARS: THREE THOUSAND, THREE HUNDRED AND FIFTY ONLY***





## PRIORITY SERVICES

Insurance Loss Adjusters And Motor Appraisers  
Block 779 Yishun Avenue 2 #01-1545 Singapore 760779  
Tel : 62934822 Fax : 62963283

Messrs. Chan Peng  
Block 89, Dawson Road  
#35-04  
Singapore 142089

Bill No. DN/TP/19/0109/EMP  
10/7/2019

Dr.

To

Survey Fee (S \$) :  
Photographs (S \$) :  
Transport (S \$) :  
Resurvey (S \$) :  
Site-Survey (S \$) :

Services rendered including photographs and transport charges

(S \$) 402.00

Our reference : TP/0082/19

Insured :

Policy / Cert. No. :

Your Claim No. : Third Party Claim

Vehicle : Hyundai Elantra (A) - SKC 2702 Z

Dollars : Four Hundred Two Only

Checked by

for PRIORITY SERVICES

E. & O. E.

Only our official receipt will be recognised for payment made on this account





## PRIORITY SERVICES

Insurance Loss Adjusters And Motor Appraisers  
Block 779 Yishun Avenue 2 #01-1545 Singapore 760779  
Tel : 62934822 Fax : 62963283

### VEHICLE INSPECTION REPORT

Report No. TP/0082/19	Date of Report	: 11 July 19
To : Chan Peng	Date of Request	: 1 July 19
Block 89, Dawson Road	Report requested by	: Chan Peng
#35-04	Date of Accident	: 24 June 19
Singapore 142089	Date of Inspection	: 1 July 19
	Claim No.	: Third Party Claim

### PARTICULARS OF DAMAGED VEHICLE

Registration Plate No	: SKC 2702 Z	Odometer Reading	: 147,241 km
Make	: Hyundai	Carrying Capacity	: 4
Model	: Elantra (A)	Radio / Cassette / CD	: Yes
Year of Manufacture	: 2011	Air-Conditioner	: Yes
Colour	: Metallic Blue	Wing Mirror	: Yes
Engine Capacity	: 1,591 cc	Clock	: Yes
Engine No	: -	Seat Belts	: Yes
Chassis / Frame No	: KMHDH41CMCU217564	Others	: Nil

### TYRE CONDITION

Front Left	: 6mm	Front Right	: 6mm
Make	: Kumho	Make	: Kumho
Rear Left	: 6mm	Rear Right	: 6mm
Make	: Kumho	Make	: Kumho
Spare	:	Road Wheels Type	: Alloy

(The above represents the approximate remaining life of tyre treads)

Jack & Tools	: Intact	Spare Tyre	: Intact
--------------	----------	------------	----------

### PRE-ACCIDENT CONDITION OF DAMAGED VEHICLE (Static tests only)

General Body Work	: Good
Paint Work	: Good
Handbrake	: Serviceable
Footbrake	: Serviceable
Steering	: Serviceable
Apparent engine modification	: Nil

*This report is confidential and is given for the use of clients and their agents and any disclosure or publication of it or parts thereof shall be the responsibility of such person and no liability shall be attached to us therefore.*

## ASSESSMENT

	<u>Repairer's Estimate (S \$)</u>	<u>Our Recommendation (S \$)</u>
Spare Parts :	3,893.30	2,902.16
Labour Charges :	1,500.00	1,050.00
Paint Work :	850.00	500.00
Towing Charges :	0.00	0.00
Others :	0.00	0.00
Totals :	6,243.30	4,452.16

Reduction (S \$) : 2,893.30

Recommended Reserve (S \$) : 3,350.00 (Lump Sum)

Estimated Normal Period of Repairs : 6 working days

## CONTRIBUTIONS BY INSURED

Excess (S \$) : N/A

Others : --

## GENERAL REMARKS

WITHOUT PREJUDICE

Continuation Sheet

### The Assignment

The survey was conducted at Empire Image, No. 4, Pandan Loop, (Block 1 / Block K), Singapore 128222.  
Follow-up inspection has been conducted.

### Point of Impact

At the RH front portion.

### Damages

The front bumper, front bumper inner sponge, front grille, front bumper lower grille, RH front fender, RH headlamp assembly, support panel, etc.

Other parts were also found damaged. (see schedule for details)

### Adjustment / Recommendation

We have inspected thoroughly each and every item on the repairer's estimate against the actual damages found on the vehicle and we list the breakdown of our findings and our recommendation as per schedule attached.

Our adjusted amount for the cost of repairs is \$4,452.16

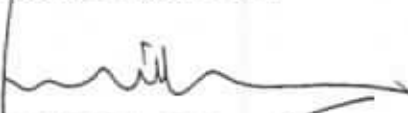
### Conclusion

The repairer has agreed to undertake repairs at a lump sum of \$3,350.00

We now revert to you for your decision on repairs.

Very truly yours

**PRIORITY SERVICES**

  
**JIMMY S. T. LEE** AMSOE, AMIRTE, AMSAE-AUS, MSAAA  
Motor Appraiser

  
**LAWRENCE NG**  
Motor Appraiser

Encl. Photographs of the damaged vehicle taken by us during inspection.

Vehicle No : SKC 2702 Z Hyundai Elantra (A)

TP/0082/19

Workshop : Empire Image

Replacement of Parts	Condition	Repairer's Estimate (S \$)	Dist. %	Our Recommendation (S \$)	Dist. %
To Supply :					
1pc. Front bumper	Dented	443.40		443.40	20
1set. Front bumper clips	Necessary	30.00		30.00	20
1pc. Front bumper lower grille <i>XSLC</i>	Cracked	146.10		146.10	20
1pc. Front bumper RH fog lamp	Broken	233.00		233.00	20
1pc. Front bumper RH side retainer	Cracked	21.60		21.60	20
1pc. Front bumper LH side retainer <i>XSLC</i>	Refit	21.60		--	20
1pc. Front bumper inner sponge	Cracked	86.70		86.70	20
1pc. Front bumper reinforcement <i>XSLC</i>	Refit	254.00		--	20
1pc. RH headlamp	Defaced / Cracked	763.60		763.60	20
1pc. Front grille	Cracked	157.50		157.50	20
1pc. Front grille emblem	Necessary	28.20		28.20	20
1pc. Front RH fender	Dented	456.10		456.10	20
1pc. Front RH fender splash shield	Cracked	85.50		85.50	20
1set. Front RH fender splash shield clips	Necessary	30.00		30.00	20
1pc. Support panel	Cracked	949.30		949.30	20
1p. Wiper tank	Dented	146.70		146.70	20
Sub-Total :-	<i>3431.60</i>	3,853.30		3,577.70	
Total Discount :-	<i>20%</i>	--		715.54	
	<i>2745.28</i>	3,853.30		2,862.16	
Special Nett Items :-					
1btl. Radiator coolant	Necessary	40.00		40.00	20
Total For Parts :-		3,893.30		2,902.16	
Labour Charges :					
To remove & replace the above listed parts, knock, straighten & reshape, cut & weld body panel parts where necessary, re-position & re-align, replacement of parts to the original position including adjustment.		1,000.00		<i>700</i> <del>800.00</del>	
Spray rust coating on the replaced & repaired panels.		70.00		40.00	
Check wiring & lighting system for proper function.		70.00		30.00	
Remove & re-install A/C condenser & pipes to assist repairs. To vacuum & re-fill A/C gas.		180.00		100.00	

Vehicle No : SKC 2702 Z Hyundai Elantra (A)  
Workshop : Empire Image

TP/0082/19

Replacement of Parts	Condition	Repairer's Estimate (S \$)	Dist. %	Our Recommendation (S \$)	Dist. %
Remove & re-install radiator, hoses & fan assembly to assist repairs. To check leaking & re-fill coolant.		180.00		nd X 80.00	
Spray Painting :					
To putty & spray repaired & replaced body panels.		850.00		400 <del>500.00</del>	
Grand Total :-		6,243.30		4,452.16	

Seen By : Lawrence Ng

2745.28  
40.00  
1270.00  

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4055.28  
202  
3244.22  

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~~415.3,250~~  
5 days

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	24/06/2019 12:58
Date Of Accident	24/06/2019 10:05
Exact Location Of Accident	NO. 9 KAKI BUKIT RD 1 EUNOS TECHNOLINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2702Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN PENG
NRIC No	S7021492Z
Email Address	MARKCHAN73@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94876233
Alternative Phone No	OFFICE-94876233

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105718899
Cover Note Number	

### Driver

Name of Driver	CHAN PENG
NRIC No	S7021492Z
Date Of Birth	15/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1988
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94876233
Fax Number	
Contact Number	OFFICE-94876233

Address	BLK 89 DAWSON RD #35-04
Postcode	142089
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	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : PASSENGER
	GENDER: : MALE

#### 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 SKETCH PLANS

#### Attachment(s)

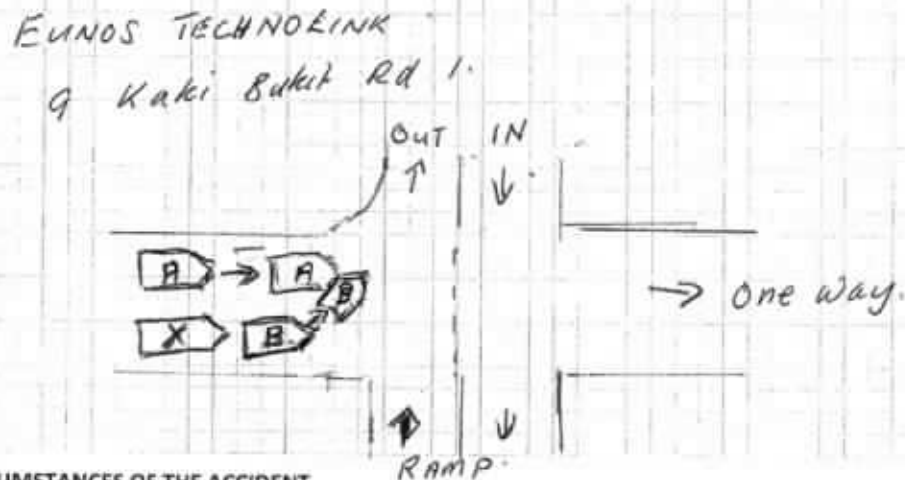
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3852T
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	

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the left lane at Eunost Technopark  
No 9 Kaki Bukit Rd 1 toward the exit of the  
car park. Vehicle 'B' YN3852T was stationary on the  
right lane. As I drove near toward the exit and  
about to pass Vehicle YN3852T, Vehicle YN3852T  
made a sudden left turn and cut in to my lane  
hitting the right front <sup>side</sup> portion of my vehicle

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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





## Sketch Plan Pg. 2

### 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:

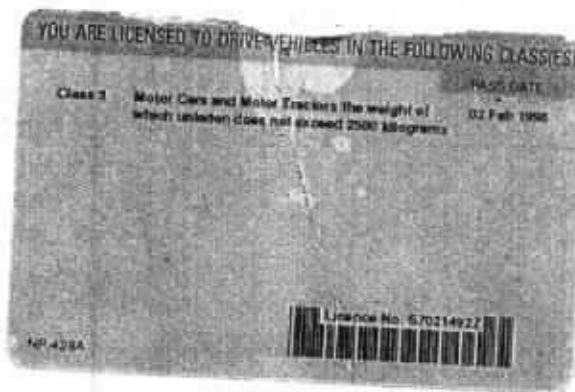
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

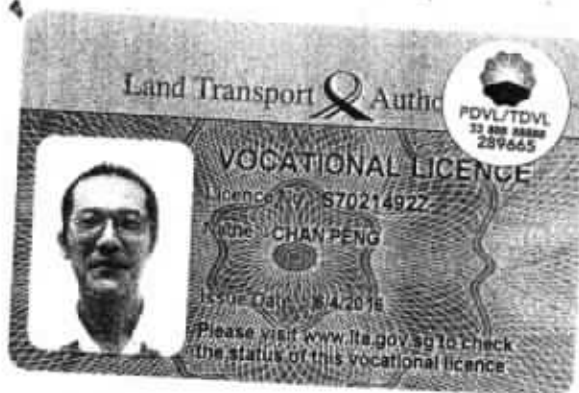
Policyholder's Signature  
Date & Time:

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

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







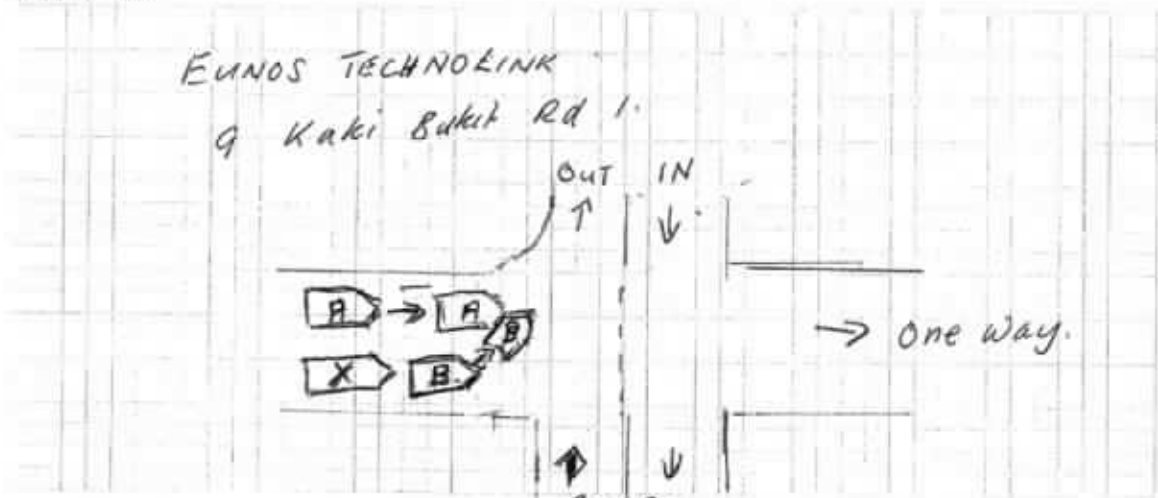
This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	31/01/2013



# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the left lane at Eunios Technolink  
 No 9 Kaki Bukit Rd 1 toward the exit of the  
 car park. Vehicle 'B' YN3852T was stationary on the  
 right lane. As I drove near toward the exit and  
 about to pass Vehicle YN3852T, vehicle YN3852T  
 made a sudden left turn and cut in to my lane  
 hitting the right front <sup>side</sup> portion of my vehicle

## DECLARATION

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

Policyholder's Signature  
 Date & Time:

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

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



## Sketch Plan Pg. 2

### 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:

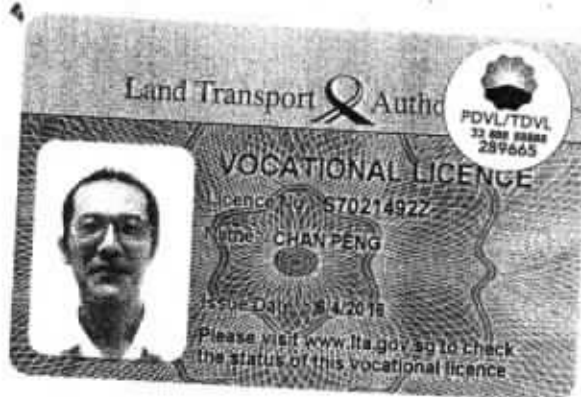
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



Sketch Plan #2 Pg. 1





This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sln Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	31/01/2013



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	24/06/2019 13:00
Date Of Accident	24/06/2019 10:05
Exact Location Of Accident	3 KAKI BUKIT ROAD 1, EUNOS TECHNOLINK CAR PARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN3852T
Insured/Policyholder	
Name Of Registered Owner	YHS (SINGAPORE) PTE LTD
Co Reg No	199401863Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98715202
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FM65FM1RDEA-7.5 D (M)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	B29095132MKF
Cover Note Number	
Driver	
Name of Driver	ZHANG DONGYAN
Passport No/FIN	G6620693P
Date Of Birth	02/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2018
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83726106
Fax Number	
Contact Number	

Address	3 SENOKO WAY
Postcode	758057
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (Including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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

STATEMENT, PLEASE REFER TO SKETCH PLAN

#### 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	SKC2702Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN PENG
NRIC/Passport Number	S7021492Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## Accident Sketch Plan Pg. 1

### 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.

**YHS (SINGAPORE) PTE LTD**  
CO. REG. NO: 199401863Z  
3 Senoko Way  
Singapore 758057  
Tel : 6752 2122  
Fax : 6752 3122

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Teo Hong Eng  
NRIC/FIN No.: 5110607212

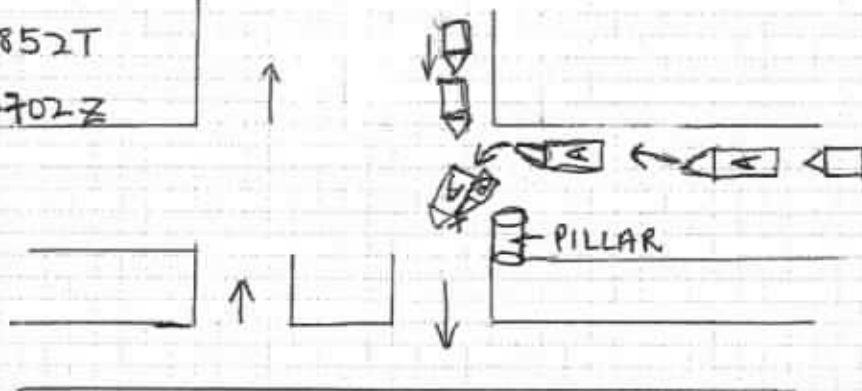
*Jan.*  
24.06.2019  
12.25pm.

# Accident Sketch Plan Pg. 1

## SKETCH PLAN

A: YN 3852T

B: SKC2702Z



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/06/2019 at 10.05 am, I was driving my vehicle YN3852T and wanted to exit.  
 At the exit point, I waited for my turn to move forward.  
 Due to my vehicle is big, I need a wider space to turn out and I do on my signal lamp. I don't know when the vehicle SKC2702Z was beside me.  
 When I heard a bang sound, I came down to check and saw vehicle SKC2702Z side swipe into my left side of my lorry.

## DECLARATION

I hereby declare that the information provided is true in every respect.

CO. REG. NO: 1994018632

3 Senoko Way

Singapore 758057

Tel : 6752 2122

Fax 6752 3422

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

24.06.2019  
12.28 P.M.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Josephine

Teo Hong Eng

S1100072/Z

Accident Sketch Plan Pg. 1



MSIG

MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068907  
Tel +65 6827 7888, Fax +65 6827 7800  
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.2.300  
Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE - FLEET  
Comprehensive

Certificate No. B 29095132 MKF

Excess : SGD2,000

1. Index Mark and Registration Number of Vehicle  
YN3852T
2. Name of Policyholder  
YHS (Singapore) Pte Ltd
3. Effective Date of the Commencement of Insurance for the purposes of the Act  
01/09/2018
4. Date of Expiry of Insurance  
31/07/2019
5. Persons or Classes of Persons entitled to drive\*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use\*

Use in connection with the Policyholder's business.  
Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.  
Use for social domestic and pleasure purposes.  
The Policy does not cover  
(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.  
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





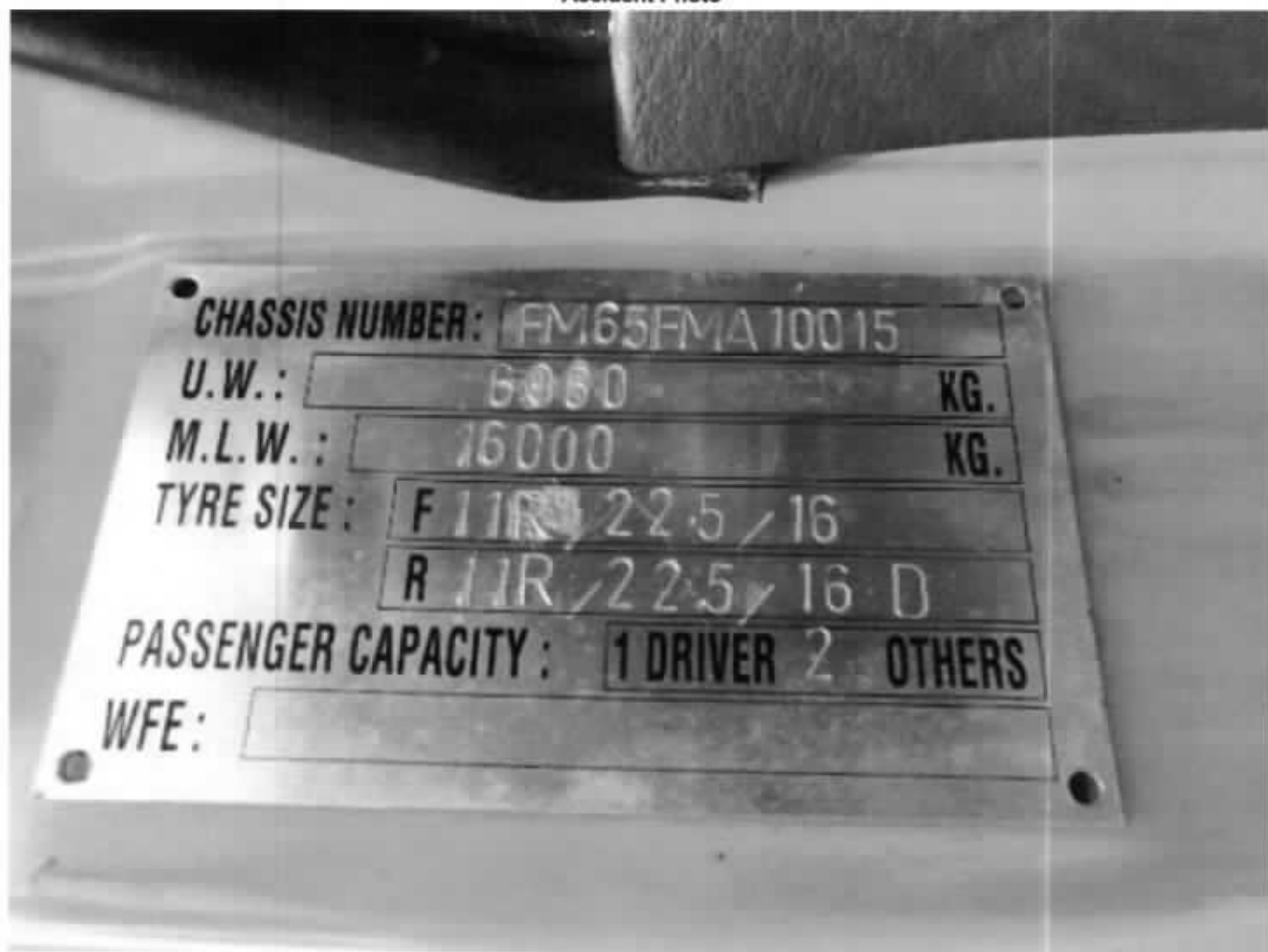
Accident Photo



Accident Photo



Accident Photo



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






































CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	25 Jun 2019 16:01		27 Jun 2019 11:44 <a href="#">Edit Adj Rpt</a>	<b>S\$3,200.00</b> <a href="#">Edit Estimates</a>	<b>S\$3,200.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>






































  

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	<b>YHS (SINGAPORE) PTE LTD</b> , Co. Reg. No.: 199401863Z								
Main Claimant:	<b>CHAN PENG</b> , ID: S7021492Z								
Vehicle Reg. No.:	<b>SKC2702Z</b>	Date of Loss:	24/06/2019 10:00 - :59 [94 Months and 16 Days From LTA Reg Date (Man Yr)]						
Claim Type:	<b>TP / 597556</b>	Policy/Cover Note No.:	B29095132MKF (Comprehensive) Coverage: 01/09/2018 - 31/07/2019						
Vehicle Reg. No. (Insured):	<b>YN3852T</b>	Policy No. (Claimant):							
		Excess:							
Repairer:	<b>Empire Image (HQ)</b> NO 4 PANDAN LOOP (BLK 1/ BLK K), 128222 West Coast - Tel:								
Handling Insurer:	<b>MSIG Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: +65 6827 7888 ... [Handled by <b>Irene Tan Gek Ing</b> - 6594 2541]								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>MOHD RASUL</b> ] ... [Final Rpt due 20/08/2019]								
Driver/Custodian (Insured):	ZHANG DONGYAN ( / Male) , NRIC: G6620693P Email:								
Adj Asp. Remarks:	on WP. Liab: dispute. TP disagree on SJE - assign LKK. Contact: Mr Kenny Lim @ 9742 5441 / 6777 5453								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
<ul style="list-style-type: none"> <li>MSIG_SG (16/08/2019): Report Send Back Alerts - SKC2702Z (TP)</li> </ul>									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SKC2702Z (597556)  
[YN3852T]  
TP  
CHAN PENG  
Jun 24 2019 10:00AM  
[YHS (SINGAPORE) PTE LTD]  
Empire Image

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	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
2	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
3	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
4	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
5	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
6	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
7	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
8	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
9	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
10	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
11	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
12	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
13	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
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21	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
22	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
23	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
24	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
25	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
26	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
27	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
28	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
29	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
30	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
31	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
32	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
33	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
34	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
35	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
36	08/07/19 15:51	General View								Load JPG	<input checked="" type="checkbox"/>	
37	09/07/19 17:27	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	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
39	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
40	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
41	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
42	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
43	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
44	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
45	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
46	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
47	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
48	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
49	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
50	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
51	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
52	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
53	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
54	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
55	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
56	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
57	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
58	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
59	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
60	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
61	09/07/19 17:27	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
62	09/07/19 17:28	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
63	09/07/19 17:28	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
64	09/07/19 17:28	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
65	09/07/19 17:28	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
66	09/07/19 17:28	Photo After Spray	 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	25/06/19 16:02	OI YN3852T E-FILE REPORT	 Load PDF	
2	25/06/19 16:02	TP SKC2702Z E-FILE REPORT	 Load PDF	
3	27/06/19 11:05	Disagree on SJE & workshop details	 Load PDF	
4	16/08/19 14:59	LOD	 Load PDF	
5	16/08/19 14:59	SURVEY REPORT	 Load PDF	
6	16/08/19 19:15	our instruction to LKK to prepare paper survey report	 Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	04/09/19 17:56	Colour Photo	 Load PDF	
2	04/09/19 17:57	PRS Invoice	 Load PDF	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			

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)

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## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG19011396/R1QD3E2-1

Date: 05/09/2019

## REFERENCE

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

Policy No: B29095132MKF

Claimant Vehicle No: SKC2702Z

Insured Vehicle No: YN3852T

Date of Loss: 24/06/2019

Nature of Claim: TP

Claim No: 597558

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SKC2702Z

Make &amp; Model: HYUNDAI ELANTRA, 1.6 (A)

Engine No: G4FGBU281095

Reg. Date: 08/08/2011 (Man. Year: 2011)

Chassis No: KMHDH41CMCU217564

Colour: Blue

Odometer: 147241 km

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: 215/45 R17

Rear Tyre Size: 215/45 R17

Front Left Side: Kumho 6 mm

Rear Left Side: Kumho 6 mm

Front Right Side: Kumho 6 mm

Rear Right Side: Kumho 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,893.30	2,745.28	1,148.02	29.49
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,350.00	1,270.00	1,080.00	45.96
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>6,243.30</b>	<b>4,015.28</b>	<b>2,228.02</b>	<b>35.69</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>3,200.00</b>		
<b>Nett Amount (S\$)</b>	<b>6,243.30</b>	<b>3,200.00</b>	<b>3,043.30</b>	<b>48.75</b>

## INSPECTION

Date of Assignment: 27/06/2019

Date Inspected: 01/07/2019 Inspected At:

Empire Image (HQ)  
NO 4 PANDAN LOOP (BLK 1/ BLK K)  
Singapore 128222

Estimated Period of Repair: 5.0 days

Adjuster: MOHD RASUL

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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 05 Sep 2019)
<b>Parts:</b> 143	HYUNDAI ELANTRA 1.6 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SKC2702Z)
<b>Validity:</b>	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
<b>Further Info:</b>	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	Dented	443.40 F	*443.40 FL
2	1		*SET FRONT BUMPER CLIPS	Necessary	30.00 F	*30.00 FL
3	1		*FRONT BUMPER LOWER GRILLE	Serviceable	146.10 F	*- FL
4	1		*FRONT BUMPER RH FOG LAMP	Broken	233.00 F	*233.00 FL
5	1		*FRONT BUMPER RH SIDE RETAINER	Cracked	21.60 F	*21.60 FL
6	1		*FRONT BUMPER LH SIDE RETAINER	Serviceable	21.60 F	*- FL
7	1		*FRONT BUMPER INNER SPONGE	Cracked	86.70 F	*86.70 FL
8	1		*FRONT BUMPER REINFORCEMENT	Serviceable	254.00 F	*- FL
9	1		*RH HEADLAMP	Defaced / Cracked	763.60 F	*763.60 FL
10	1		*FRONT GRILLE	Cracked	157.50 F	*157.50 FL
11	1		*FRONT GRILLE EMBLEM	Necessary	28.20 F	*28.20 FL
12	1		*FRONT RH FENDER	Dented	456.10 F	*456.10 FL
13	1		*FRONT RH FENDER SPLASH SHIELD	Cracked	85.50 F	*85.50 FL
14	1		*SET FRONT RH FENDER SPLASH SHIELD CLIPS	Necessary	30.00 F	*30.00 FL
15	1		*SUPPORT PANEL	Cracked	949.30 F	*949.30 FL
16	1		*WIPER TANK	Dented	146.70 F	*146.70 FL
17	1		*BTL RADIATOR COOLANT	Not Necessary	40.00 FS	*- FS

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

Sub Total (\$\$) **3,893.30** **3,431.60**  
 - List Item Discount on L Items 0.00/20.00% (\$\$) **0.00** **686.32**

Total Parts (\$\$) **3,893.30** **2,745.28**

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## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	TO REMOVE & REPLACE THE ABOVE LISTED PARTS, KNOCK, STRAIGHTEN & RESHAPE, CUT & WELD BODY PANEL PARTS WHERE NECESSARY, RE-POSITION & RE-ALIGN, REPLACEMENT OF PARTS TO THE ORIGINAL POSITION INCLUDING ADJUSTMENT	New	1,000.00	700.00
2	SPRAY RUST COATING ON THE REPLACED & REPAIRED PANELS	New	70.00	40.00
3	CHECK WIRING & LIGHTING SYSTEM FOR PROPER FUNCTION	New	70.00	30.00
4	REMOVE & RE-INSTALL A/C CONDENSER & PIPES TO ASSIST REPAIRS. TO VACUUM & RE-FILL A/C GAS	New	180.00	100.00
5	REMOVE & RE-INSTALL RADIATOR, HOSES & FAN ASSEMBLY TO ASSIST REPAIRS. TO CHECK LEAKING & RE-FILL COOLANT	New	180.00	0.00
6	TO PUTTY & SPRAY REPAIRED & REPLACED BODY PANELS	New	850.00	400.00
Gross Labour Cost (\$\$)			2,350.00	1,270.00

Report was unsubmitted during this print-out.

&lt; END OF ESTIMATES &gt;