

22/03/2019

ASS. REC. BY:

REF:

CS3/MSG19015781/R1CF3

Special Instruction:

Survivor: RASU

ASSIGNMENT (Office)

From (Person): Irena Tan Ger Ing of MS19 Date/Time: 6.9.19 9.33a.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLC 4048D Insured: SMG 97425

at Workshop m/s TJ Car Care Tel: 9757 5155

of 4K1010 #01-116 Bukit Merah Lane 3

Policy No: 2911 32400amy Claim No: 604935

Sum Insured: Excess:

Make of Veh: D.O.A. 1.9.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 6.9.19 10.01a.m Person Contacted: Mr Lim

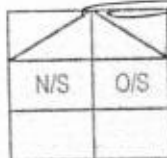
H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SMG 97425 : NGA/AIG19015781/Y D.O.A. 01/09/2019
	SLC 4048D NGA/AIG19015781/Y D.O.A. 01/09/2019
	Dismantle: 9/9/2019
	After repair: 12/9/2019

ASSIGNMENT

From: **6.9.2019**
 Estimated Cost:
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **SLC 4048D**
 at Workshop m/s **TJ Car care**
 of **BK 10 10 # 01-115 Bukit Merah lane 3**
 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.**
 Bal. or Market Value:
 IDAC Accident Report: Consistent? : Yes or No
 GIA / PR See: Consistent? : Yes or No
 Est. Repairs: **3** 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: **SLC 4048D** Yr Regn: **2016 MAY**
 Type: **M. Car** / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **NISSAN SYLPHY 1.6 CVT** c.c. **1598**
 Colour: **GRY** A/C: Insured / Std / NI / NA
 Sp. Reading: **4023** T/Radio: Insured / Std / NI / NA
 Eng/No:
 C/No: **MNTBBAB1720027006**
 Gen. Cond: Good / **Fair** / Poor / Burnt
 Steering: **Order** / Jammed / Leaked / Burnt or
 Brake: **Order** / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **205/55R16**
 R:
 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. **01/09/15** D.O.I. **06/09/15**
 Survey held at **TJ CAR**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
FRS. O/S
 The U/C / Chassis frame / Body Structure affected due to collision:

Date / Time	Action / Instruction
	- 2k - 2.5k
	19/9/2019

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report
 1) Date/Time, File Return to?
 2)
 Report Format: **PRE.**
 Lump Sum / I.B.I.: (\$)
 Days Of Repair: **3**
 Resurvey No. of Trip: **2**
 Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)
 Survey Fee:
 Transportation: \$ + RS. \$
 Photos
 Others
 TOTAL

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	05 Sep 2019		06 Sep 2019 09:33 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[\[Created by insurer\]](#)

Insured:	NG SWEE KIAT@HUANG RUIJIE, ID: S7934721C		
Main Claimant:	GOLDBELL CAR RENTAL PTE LTD, Co. Reg. No.: 200710651D		
Vehicle Reg. No.:	SLC4048D	Date of Loss:	01/09/2019 00:00 - :59 [39 Months and 19 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 604935	Policy/Cover Note No.:	29113240QMY (Comprehensive) Coverage: 07/01/2019 - 06/01/2020
Vehicle Reg. No. (Insured):	SMG9742S	Policy No. (Claimant):	
		Excess:	
Repairer:	TJ Car Care Services (HQ) Blk 1010, #01-115, Bukit Merah Lane 3, 159724 Bukit Merah - Tel: 62768567		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Irene Tan Gek Ing - 6594 2541]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 07/09/2019]		
Adj Asg. Remarks:	on WP. Liab: NR. Disagree on SJE. Contact: Mr Lim Boon Leong @ 9757 5155.		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	05/09/2019 10:39
Date Of Accident	01/09/2019 11:50
Exact Location Of Accident	PLAZA SINGAPURA CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4048D
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	
Mobile Phone No	(LOCAL) +65-
Alternative Phone No	OFFICE-

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	SAKAI KOHEI
Passport No/FIN	
Date Of Birth	
Occupation	INDOOR
Date Of Driving Pass	
Driving Experience	YEARS AND MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-
Fax Number	
Contact Number	OTHERS-
Email Address	

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? 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

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 SMG9742S

Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NG SWEE XIAT

NRIC/Passport Number S7934721C

Contact Number 91125880

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

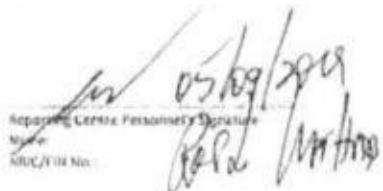
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 GAA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report 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 store 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 my enquiries by me;
 - (iv) administering my claim (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 located 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, regulatory, 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:

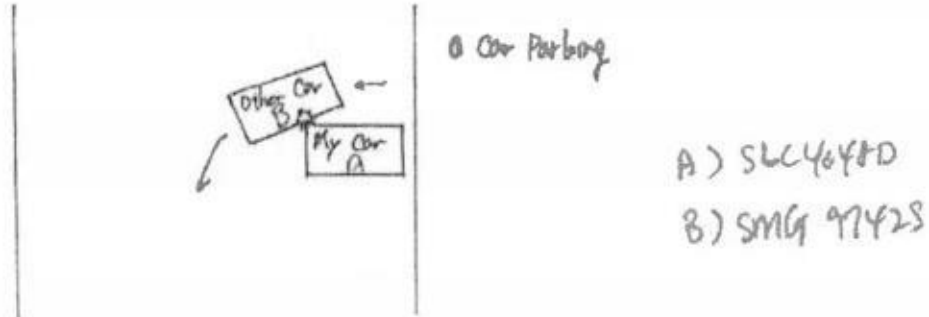

Driver's Signature
(if driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NIC/VIN No.:

Sketch Plan #2

PLAZA SINGAPURA CARPARK

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I parked my car at Plaza Singapura car parking,
other car scraped my car.
My car was stopped completely.

DECLARATION

(We declare the foregoing particulars are true to every respect)

Policyholder's Signature
Date & Time

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

Reporting Centre Representative's Signature
Name
NRIC/ID No.

05/08/2009
Rishi Kumar

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	651D
Vehicle Details	
Vehicle No.:	SLC4048D
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Sep 2019
Vehicle Make:	NISSAN
Vehicle Model:	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Primary Colour:	Brown
Manufacturing Year:	2016
Engine No.:	HR16987041B
Chassis No.:	MNTBBAB17Z0027006
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$16,807.00
Original Registration Date:	13 May 2016
First Registration Date:	13 May 2016
Transfer Count:	0
Actual ARF Paid:	\$16,807.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 May 2026
PARF Rebate Amount:	\$12,605.00
Intended COE Rebate Details	
COE Expiry Date:	12 May 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,001.00
COE Rebate Amount:	\$37,219.00
Total Rebate Amount:	\$49,824.00

The information contained herein is correct as at 19 Sep 2019

OK

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	05 Sep 2019		06 Sep 2019 09:33 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 insurer]

Insured:	NG SWEE KIAT@HUANG RUIJIE, ID: S7934721C		
Main Claimant:	GOLDBELL CAR RENTAL PTE LTD, Co. Reg. No.: 200710651D		
Vehicle Reg. No.:	SLC4048D	Date of Loss:	01/09/2019 00:00 - :59 [39 Months and 19 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 604935	Policy/Cover Note No.:	29113240QMY (Comprehensive) Coverage: 07/01/2019 - 06/01/2020
Vehicle Reg. No. (Insured):	SMG9742S	Policy No. (Claimant):	
		Excess:	
Repairer:	TJ Car Care Services (HQ) Blk 1010, #01-115, Bukit Merah Lane 3, 159724 Bukit Merah - Tel: 62768567		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Irene Tan Gek Ing - 6594 2541]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Imm.Advice due 07/09/2019]		
Adj Asg. Remarks:	on WP. Liab: NR. Disagree on SJE. Contact: Mr Lim Boon Leong @ 9757 5155.		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

















*SLC4048D (604935)
[SMG9742S]
TP
GOLDBELL CAR RENTAL PTE LTD
Sep 1 2019 12:00AM
[NG SWEE KIAT@HUANG RUIJIE]
TJ Car Care Services








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[View](#)
[View in Browser](#)

Photos/Images

3 per page
 ☒

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
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40	19/09/19 12:52	Photo After Spray	Load JPG	<input checked="" type="checkbox"/>

Photos/Images			3 per page ▾	✓
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
41	19/09/19 12:52	Photo After Spray	 Load JPG	✓
42	19/09/19 12:52	Photo After Spray	 Load JPG	✓
43	19/09/19 12:52	Photo After Spray	 Load JPG	✓
44	19/09/19 12:52	Photo After Spray	 Load JPG	✓
Documentation			1 per page ▾	✓
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	05/09/19 17:23	PRI	 Load PDF	
2	05/09/19 17:33	Workshop Details	 Load PDF	
3	05/09/19 17:33	Disagree on SJE	 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/MSG19015781/R1CF3S2
Date: 20/09/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	29113240QMY
Claimant Vehicle No :	SLC4048D	Insured Vehicle No :	SMG9742S
Date of Loss:	01/09/2019	Nature of Claim:	TP
		Claim No:	604935

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLC4048D		
Make & Model:	NISSAN SYLPHY, 1.6 CVT ABS D/AIRBAG 2WD 4DR (A)	Engine No:	HR16987041B
Reg. Date:	13/05/2016 (Man. Year: 2016)	Chassis No:	MNTBBAB17Z0027006
Colour:	Grey	Odometer:	40213 km
Engine Capacity:	1598 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:	Fair	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	205/55 R16	Rear Tyre Size:	205/55 R16
Front Left Side:	Yokohama 6 mm	Rear Left Side:	Yokohama 6 mm
Front Right Side:	Yokohama 6 mm	Rear Right Side:	Yokohama 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:	06/09/2019		
Date Inspected:	06/09/2019	Inspected At:	TJ Car Care Services (HQ) Blk 1010, #01-115, Bukit Merah Lane 3 Singapore 159724
Estimated Period of Repair:	3.0 days		

Adjuster: MOHD RASUL

Manager: CELINE FONG

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.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$2,000.00 - \$2,500.00

REPAIR DETAILS

Reference

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 20 Sep 2019)

Parts: 143 NISSAN SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SLC4048D)

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 >