

10/09/2019

ASS. REC. BY:

RET CS3/MSG17009063/Asd3-1

cial instruction:

Surveyor

GB

ASSIGNMENT (Office)

From (Person):

Monica chung Do zhen

of

MSIG

Date/Time:

10/09/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBL 90037

Insured:

SKK 43180

at Workshop m/s

QAS Auto

Tel:

6742 9483

of 3013A Ubi Road 1 # 01-23

Policy No:

29087048

Claim No:

593917

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

17.5.19

23.5.19 2 upn 01/march

CA / REV / REP. / REV 24 HRS

"wp"

H.O.D. Endorsement:

Date/Time:

23.5.19 10.43/17

Person Contacted:

Doris

Vehicle IN (OUT)

Date/Time	Action/Instruction (X) Estimate
	GBL 90037 - CS3/INL 190129/1/17
	SKK 43180 - X
	\$850, 4 Days
	(\$4.950/- Red-85%)

3/10/2019

Do Not Finalise

RECEIVED 03 OCT 2019

WRS

REF: msig

C50728

ASSIGNMENT

From: Date: 27.5.2019

Estimated Cost:

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

To inspect Vehicle No: GBC 9003T

at Workshop with: GAS AUTO

or 3013A ub road 1 #01-23

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh: 200pin owner waiting

(Policy Condition)

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

Est. or Market Value:

\$23K

IDAC Accident Report: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 4 days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

GBC9003T

Vt Regn:

(-2023)
13 Aug 2003

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

Truck / Trailer or

Make:

Mit L300

2477

Colour:

white

Insured / Std / NI / NA

Sp Reading:

475867

Insured / Std / NI / NA

Eng/No:

C/No:

JMAJNP15V4A000204

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: S/Rim / STD A/Rim or

Tyre Size:

F:

185R14

R:

17

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

TOYO / YOKO or

MAXEN

Front:

Rear:

R/Bal:

5

mm

R/Bal:

5

mm

L/Bal:

5

mm

L/Bal:

5

mm

D.O.A:

D.O.A:

27-05-19

Survey held at:

W/S

2pm

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

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

Date / Time: Action / Instruction:

\$2000 - \$3000

28/5/2019

Copy/Time, File Pass in?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return in?

2)

Days Of Repair:

4

Resurvey No. of Trip:

-

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

Report Format:

PRE

Lump Sum / I.B.E. (\$

Survey Fee:

120

11

131

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Wednesday, 11 September 2019 9:08 AM
To: Admin-D (LKKAuto)
Cc: Accounts (LKKAuto); SUR
Subject: FW: Report Send Back Alerts - GBC9003T (TP)

Importance: High

CS3/MSG19009063/GCD3E2

Hi assignmen team,

FYNA pls.

Pending for Survey Report				
Claim Type	Branch	Claimant	Adjuster	
TP	HQ	*GBC9003T UKA LEASING PTE LTD [SKK4318U] [WONG WENG YEW]	XING GUO QIANG	

Note:

- Default ordering is by Age Descending

19	10 Sep 2019 13:11	Ins Send Back Adj Rpt
----	-------------------	-----------------------

From: Do-Not-Reply <do-not-reply@merimen.com>
Sent: Tuesday, 10 September 2019 1:20 PM
To: account@lkkauto.com
Subject: Report Send Back Alerts - GBC9003T (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,
The Merimen Team



AVG

This email has been checked for viruses by AVG antivirus software.
www.avg.com



QAS Auto Pte Ltd
3018A Ubi Road 1 #01-23
Singapore 408711
+65 67429983
qasauto2011@gmail.com
GST Registration No. : 201027141K

ADDRESS

UKA Leasing Pte Ltd
3018A Ubi Road 1 #01-23
Singapore 408711

PROFORMA E190501

INVOICE NO.

DATE 22/08/2019

VEHICLE NO.

GBC9003T

MAKE & MODEL

Mitsubishi L300 HR M

NO	DESCRIPTION	QTY	RATE	GST	AMOUNT
1	Lump sum repair (Accident on 18/05/19 / SKK4318U Along Pasir Ris Central)	1	5,800.00	7% SR	5,800.00

SUBTOTAL	5,800.00
GST TOTAL	406.00
TOTAL	S\$6,206.00

Cheque should be made payable to "QAS Auto Pte Ltd".
Please write Invoice Number(s) on the back of the cheque.



SINCERE
APPRAISAL SERVICES PTE LTD

SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

60 Paya Lebar Road #07-41 Paya Lebar Square Singapore 409051

Tel : 6636 4628 Fax : 6636 4638 E-mail : office@sincereappraisal.com.sg

INVOICE

Uka Leasing Pte Ltd
C/O QAS Auto Pte Ltd
Blk 3018A
Ubi Road 1 #01-23
Singapore 408711

Invoice No: 220819-336
Our ref: 336/TP/2019
Date: 22/8/2019

Claim Type: Third Party	Date of Loss: 18/5/2019
Vehicle Reg No: GBC9003T	Claimant: Uka Leasing Pte Ltd
Vehicle Make/Model: Mitsubishi L300 HR M	

Description	Amount (S\$)
1. Professional Fee (including Transport, 20 Photographs and Miscellaneous charges)	500
Total	500

Singapore Dollar: Five hundred dollars only.

Cheques should be crossed A/C PAYEE and made payable to Sincere Appraisal Services Pte Ltd



Sincere Appraisal Services Pte Ltd



SINCERE
APPRAISAL SERVICES PTE LTD

VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 336/TP/2019

Date: 22/8/2019

REFERENCE

Date of loss: 18/5/2019
Claimant: Uka Leasing Pte Ltd

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GBC9003T	Make &	Mitsubishi
Reg date:	13/8/2003	Model	L300 HR M
Colour:	White	Engine No:	4D56KP8040
Type:	Van	Chassis No:	JMAJNP15V4A000204
Type of Claims:	Third Party	Odometer No:	475867km
		Engine Cap:	2477cc

CONDITION OF VEHICLE AT THE TIME OF SURVEY (STATIC ONLY)

General Condition:	Good	Steering:	Good	Engine Modification:	Nil
Paint work:	Good	Handbrake:	Good	Pre-accident	
		Footbrake:	Good	Damage:	Nil

CONDITION OF TYRES

Front Left Size:	Nexen 185/R14 70%	Front Right Size:	Nexen 185/R14 70%
Rear Left Size:	Nexen 185/R14 70%	Rear Right Size:	Nexen 185/R14 70%

The above percentages represent the remaining life of the tyre threads

COST OF REPAIRS

Parts	Repairer S\$	Adjuster S\$
	S 5,254.60	S 5,164.60
Labour	S 2,550.00	S 2,050.00
Calculated Cost (S\$) :	S 7,804.60	S 7,214.60

Recommended Lump Sum Repair Cost (S\$) : \$ 5,800.00

Date of Assignment: 27/5/2019
Date Inspected: 27/5/2019
Est. repair Period: 06 days

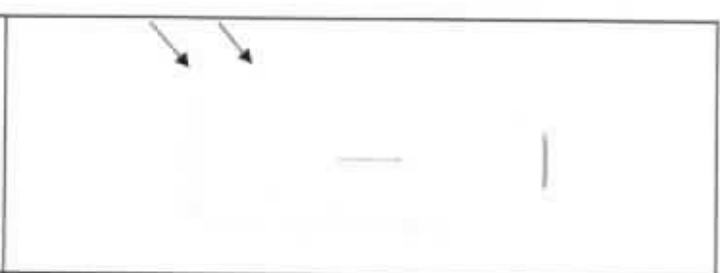
Inspected At: QAS Auto Pte Ltd
Blk 3018A
Ubi Road 1 #01-23
Singapore 408711

SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

60 Paya Lebar Road #07-41 Paya Lebar Square Singapore 409051

Tel 6636 4628 Fax 6636 4638 E-mail : office@sincereappraisal.com.sg

POINT OF IMPACT

Damaged at the left hand rear portion	
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BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle along Pasir Ris Central.

GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the left hand rear portion.

SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$7,804.60. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$5,800.00.

We have not authorised the repair. Under normal circumstances, estimated **06** working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



Dave Chang
Automotive Appraiser
AUTO. ENG, CAE, CGI
MIRTE, MSAAA, MTM

Automotive Appraiser: Dave Chang

Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.

ANNEX A

REPAIR DETAILS

Recommended Parts

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount
1	1	Rear bumper assy <i>X repair</i>	grazed / bent	\$ 660.00	\$ 660.00
2	1	Rear bumper left bracket <i>X</i>	bent/necessary	\$ 53.00	\$ 53.00
3	1	Rear bumper left side cover with reflector <i>X SVC</i>	bent/grazed	\$ 181.00	\$ 181.00
4	1	Rear left fender panel assy <i>X repair</i>	grazed/dented	\$ 3,600.00	\$ 3,600.00
				\$ 4,494.00	\$ 4,494.00
		Less 10%		\$ 449.40	\$ 449.40
				\$ 4,044.60	\$ 4,044.60

Special Nett Items

1	10	Rear bumper clips <i>X SVC</i>	necessary	\$ 30.00	\$ 30.00
2	1	Rear left fender panel sealant <i>X SVC</i>	necessary	\$ 80.00	\$ 80.00
3	1 set	Rear left fender company advertisement sticker	necessary	\$ 350.00	\$ 350.00 <i>25c</i>
4	1	Rear left wheel rim	grazed/cut	\$ 450.00	\$ 450.00 <i>5c</i>
5	1	Rear left tyre <i>X SVC</i>	grazed/cut	\$ 300.00	\$ 210.00
				\$ 1,210.00	\$ 1,120.00
		Total parts <i>300</i>		\$ 5,254.60	\$ 5,164.60

ANNEX B

REPAIR DETAILS

Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount
1	Labour for panel beating, cut, weld, straighten rear left affected area and replace rear left damaged parts.	\$ 1,000.00	\$ 800.00 400
2	To putty and spray painting rear left and rear portion.	\$ 1,000.00	\$ 800.00 300
3	To apply anti rust proofing to rear left affected area.	\$ 140.00	\$ 120.00
4	To remove and install rear inner garnish and trim to facilitate the repair.	\$ 140.00	\$ 120.00 60
5	To balance rear left wheel.	\$ 50.00	\$ 30.00 ✓
6	To conduct wheel alignment.	\$ 120.00	\$ 100.00
7	Towing service.	\$ 100.00	\$ 80.00
Total labour :		\$ 2,550.00	\$ 2,050.00

790

ANNEX C

REPAIR DETAILS

Adjusted Repair Cost

	Repairer's Amount	Adjuster's Amount
Total parts :	\$ 5,254.60	\$ 5,164.60
Total labour :	\$ 2,550.00	\$ 2,050.00
Total repair cost :	\$ 7,804.60	\$ 7,214.60

Adjusted Repair Cost (Lump Sum Repair)

\$ 5,800.00

1090
20%: 850
4 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	21/05/2019 11:23
Date Of Accident	18/05/2019 18:55
Exact Location Of Accident	ALONG PASIR RIS CENTRAL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC9003T
Insured/Policyholder	
Name Of Registered Owner	UKA LEASING PTE LTD
Co Reg No	201105072Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96990539
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	L300 HR M-2.5 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5061870376-05
Cover Note Number	
Driver	
Name of Driver	MOHAMMED FAUZI BIN JOHARI
NRIC No	S8610886J
Date Of Birth	01/05/1986
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96990539
Fax Number	
Contact Number	

Address	BLK 453A FERNVALE ROAD #20-505
Postcode	791453
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG PASIR RIS CENTRAL AT THE LEFT LANE WANTED TO PICK UP MY WIFE. I SAW VEHICLE B PARKED STATIONARY AT MY LANE, THUS I OVERTOOK HIM. SUDDENLY VEHICLE B MOVED AND HIT ONTO MY LEFT REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK4318U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG WENG YEW
NRIC/Passport Number	S1700437I
Contact Number	97814423
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/5

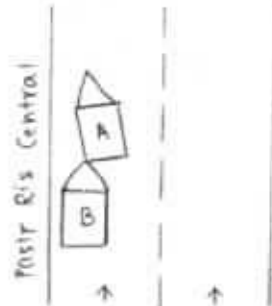
(006)



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

Sketch Plan Pg. 2

SKETCH PLAN



A : GBC90037

B : SKK43184

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Pasir Ris Central at the left lane wanted to pick up my wife. I saw vehicle B parked stationary at my lane, thus I overtook him. Suddenly vehicle B moved and hit onto my left rear portion.

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: 21/5

Reporting Officer's Signature
Name:
NRIC/FIN No.:

Accident Photo



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	18/05/2019 11:24
Date Of Accident	17/05/2019 18:50
Exact Location Of Accident	ALONG PASIR RIS CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK4318U
Insured/Policyholder	
Name Of Registered Owner	WONG WENG YEW
NRIC No	S17004371
Email Address	DRWWENGYEW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97814423
Alternative Phone No	Others-97814423

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 CVT (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 CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29082048 AT2
Cover Note Number	

Driver

Name of Driver	WONG WENG YEW
NRIC No	S17004371
Date Of Birth	03/02/1965
Occupation	INDOOR
Date Of Driving Pass	06/09/1985

Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97814423
Fax Number	
Contact Number	OTHERS-97814423
Email Address	DRWWENGYEW@GMAIL.COM
Address	1 PASIR RIS AVENUE
Postcode	519668
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)	3
Passenger 1	Name: : NOT APPLICABLE Gender: : Male
Passenger 2	Name: : NOT APPLICABLE Gender: : Female

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 17/05/19 AT ABOUT 6:50PM, I ALIGHTED MY SON AT PASIR RIS CENTRAL UNDER THE MRT TRADE TO GO TO PASIR RIS MRT ON THE LEFT. AFTER MY SON ALIGHTED, AS I WAS SLOWLY DRIVING OFF IN THE SAME LANE, I FELT AN IMPACT AND SAW A VAN ON MY RIGHT, CUTTING IN FRONT OF ME AND STOPPING IN FRONT OF MY CAR. I CAME OUT OF MY CAR AND APPROACHED THE DRIVER WHO ADMITTED THAT HE HAD ENCROACHED INTO MY LANE IN ORDER TO ALIGHT HIS PASSENGERS. MY VEHICLE SUSTAINED AT THE FRONT RIGHT PORTION. NO ONE WAS INJURED AND NO POLICE REPORT WAS MADE.

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	GBC9003T
Vehicle Make/Model/Colour	MITSUBISHI / L300 / WHITE
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMED FAUZI BIN JOHARI
NRIC/Passport Number	S8610886J
Contact Number	96990539

Address

Postcode

Insurance Company Name

Nature Of Damage	LEFT SIDE PORTION
------------------	-------------------

No. Of Passenger (Including Driver)	2
-------------------------------------	---

Passenger 1	Name:	:
	Gender:	:

Sketch Plan

SKETCH PLAN

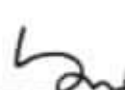
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

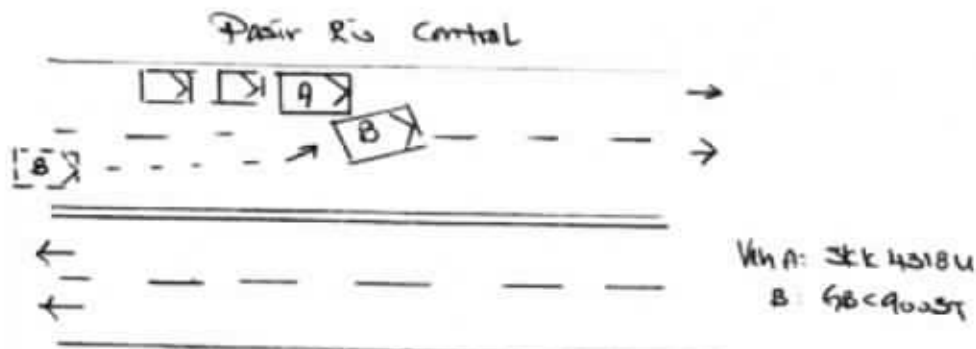

Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

SKK 43184

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/5/19 at about 6:50pm, I alerted my son at Pasir Ris Central under the MET track to go to Pasir Ris MET on the left. ~~After~~ ^{After} my son alerted, as I was already driving off in the same lane, I felt an impact and saw a van on my right, cutting in front of me and stopping in front of my car. I came out of my car & approached the driver who admitted that he had manoeuvred into my lane in order to allow his passengers. My vehicle skidded at the front right corner. No one was injured and no police report was made.

[Handwritten signature]

DECLARATION

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

Policyholder's Signature
Date & Time:

(Signature of Person/Personnel)

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

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

Accident Photo





Accident Photo

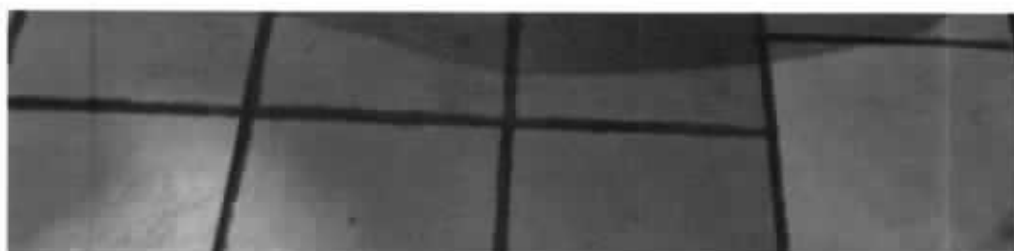


Accident Photo



Accident Photo





Accident Photo



Accident Photo

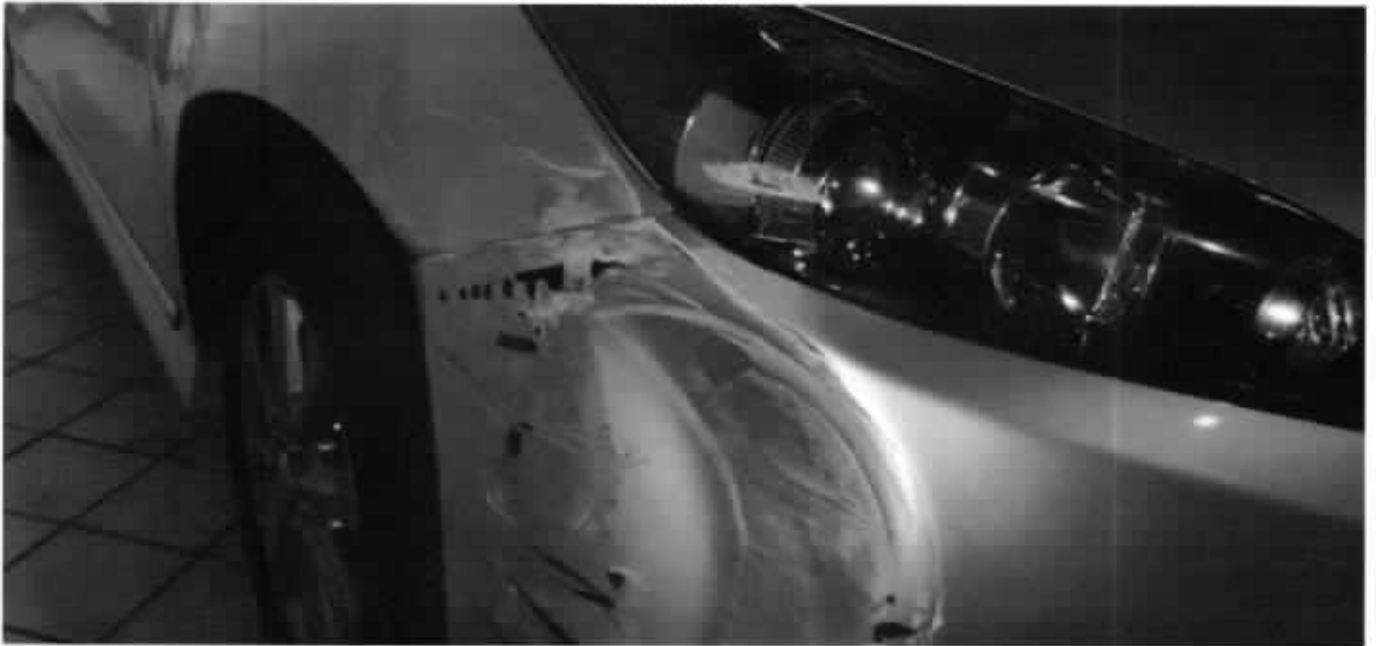


Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S17004371



WONG WENG YEW
王永耀
Race
CHINESE
Date of Birth 03-02-1985 Sex M
Country of Birth
SINGAPORE

2881044



SPIC NO. S17004371



Blood Group A+ Date of issue 11-08-1995

1 PASIR RIS AVENUE
SINGAPORE 310008

SPIC No. S17004371 Expiry 14-07-2002 Sex 61070437

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S17004371

Name WONG WENG YEW

Expiry Date 02 Feb 1999
Valid from 02 Aug 1998




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS 2a Motor cars without check points <= 2000 kg with <= 7 passengers, etc (only if the driver, and motor tricycles without check points <= 250 kg

ISS DATE 01 Nov 1995

S / No. 9000298585



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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	22 May 2019		23 May 2019 09:48 Edit Adj Rpt	S\$850.00 Edit Estimates	S\$850.00 View Rpt		Pending for Survey Report Cancel Case

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

CLAIM SUBFOLDER DETAILS		[Created by insurer]
Insured:	WONG WENG YEW, ID: S17004371, Tel: +6597814423, Email: drwwengyew@gmail.com	
Main Claimant:	UKA LEASING PTE LTD, Co. Reg. No.: 201105072Z	
Vehicle Reg. No.:	GBC9003T	Date of Loss: 17/05/2019 18:00 - :59 [189 Months and 4 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 593917	Policy/Cover Note No.: 29082048 (Comprehensive) Coverage: 16/07/2018 - 15/07/2019
Vehicle Reg. No. (Insured):	SKK4318U	Policy No. (Claimant):
		Excess:
Repairer:	QAS AUTO PTE LTD (HQ) 3018A Ubi Road 1, #01-23, 408711 Ubi - Tel: 98579525	
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Monica Chung Pei Zhen - 6594 2552]	
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 12/09/2019]	
Driver/Custodian (Insured):	WONG WENG YEW (54 / Male) , NRIC: S17004371, Tel: +6597814423 Email: drwwengyew@gmail.com	
Adj Asg. Remarks:	on WP. (manual assigned). Liab: Dispute. TP Disagree on SJE - assign LKK. Contact: Mr Goh @ 9857 9525.	

ASSOCIATED MAIL RECEIVED	View All	Compose Case Mail
<ul style="list-style-type: none"> MSIG_SG (10/09/2019): Report Send Back Alerts - GBC9003T (TP) 		

ALL ASSOCIATED TASKS										View All	Search Tasks	Create New Task	Complete
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?				
No results.													



































Claim Documents











***GBC9003T (593917)
[SKK4318U]**

**TP
UKA LEASING PTE LTD
May 17 2019 6:00PM
[WONG WENG YEW]
QAS AUTO PTE LTD**

Upload Documents | Upload Photos | Compose New Letter

View View in Browser

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print	
1	22/05/19 17:15	Accident Statement From: SC - Reg. No: SKK4318U, Claimant: WONG WENG YEW	 Load HTM		
Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print	
1	13/06/19 11:28	General View	 Load JPG	<input checked="" type="checkbox"/>	
2	13/06/19 11:28	General View	 Load JPG	<input checked="" type="checkbox"/>	
3	13/06/19 11:28	General View	 Load JPG	<input checked="" type="checkbox"/>	
4	13/06/19 11:28	General View	 Load JPG	<input checked="" type="checkbox"/>	
5	13/06/19 11:28	General View	 Load JPG	<input checked="" type="checkbox"/>	
6	13/06/19 11:28	General View	 Load JPG	<input checked="" type="checkbox"/>	
7	13/06/19 11:28	General View	 Load JPG	<input checked="" type="checkbox"/>	
8	13/06/19 11:28	General View	 Load JPG	<input checked="" type="checkbox"/>	
9	13/06/19 11:28	General View	 Load JPG	<input checked="" type="checkbox"/>	
10	13/06/19 11:28	General View	 Load JPG	<input checked="" type="checkbox"/>	
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24	10/09/19 11:37	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>	
25	10/09/19 11:37	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>	
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38	10/09/19 11:37	Photo After Spray	Load JPG	<input checked="" type="checkbox"/>	
39	10/09/19 11:37	Photo After Spray	Load JPG	<input checked="" type="checkbox"/>	

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print	
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41	10/09/19 11:37	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>	
Documentation				1 per page	<input checked="" type="checkbox"/>
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2	22/05/19 17:14	PRI	 Load PDF		
3	23/05/19 09:37	TP disagree on SJE - assign LKK	 Load PDF		
4	06/09/19 08:59	REPAIR BILL & SURVEY REPORT	 Load PDF		
5	06/09/19 08:59	SURVEY PHOTOS	 Load PDF		
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (Internal Surveyor)	Thumbnail	Print	
1	23/05/19 09:45	email - manual assign	 Load PDF		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print	
1	04/10/19 10:02	PRS Invoice	 Load PDF		
2	04/10/19 10:02	Colour Photo	 Load PDF		

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

LKK Auto Consultants Pte Ltd

(Co.Reg.No:199807198R)

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/MSG19009063/GSD3E2-1

Date: 04/10/2019

REFERENCE

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

Policy No: 29082048

Claimant: GBC9003T

Insured Vehicle No: SKK4318U

Vehicle No: GBC9003T

Date of Loss: 17/05/2019

Nature of Claim: TP

Claim No: 593917

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: GBC9003T

Make & Model: MITSUBISHI L300 HR M, 2.5 D (M)

Engine No: 4D56KP8040

Reg. Date: 13/08/2003 (Man. Year: 2003)

Chassis No: JMAJNP15V4A000204

Colour: White

Odometer: 475867 km

Engine Capacity: 2477 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: 185 R14

Rear Tyre Size: 185 R14

Front Left Side: Nexen 5 mm

Rear Left Side: Nexen 5 mm

Front Right Side: Nexen 5 mm

Rear Right Side: Nexen 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	5,254.60	300.00	4,954.60	94.29
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,550.00	790.00	1,760.00	69.02
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	7,804.60	1,090.00	6,714.60	86.03
Approved Total (Overridden) (S\$)		850.00		
(S\$)	7,804.60	850.00	6,954.60	89.11
+ GST 7.00/7.00% (S\$)	546.32	59.50	486.82	89.11
Nett Amount (S\$)	8,350.92	909.50	7,441.42	89.11

INSPECTION

Date of Assignment: 23/05/2019

Date Inspected: 27/05/2019 Inspected At:

QAS AUTO PTE LTD (HQ)

3018A Ubi Road 1, #01-23

Singapore 408711

Estimated Period of Repair: 4.0 days

Adjuster: XING GUO QIANG

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 04 Oct 2019)	
Parts:	N/A	MITSUBISHI L300 HR M 2.5 D (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GBC9003T)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER ASSY	Repair	660.00 FL	*- FL
2	1		*REAR BUMPER LEFT BRACKET	Serviceable	53.00 FL	*- FL
3	1		*REAR BUMPER LEFT SIDE COVER WITH REFLECTOR	Serviceable	181.00 FL	*- FL
4	1		*REAR LEFT FENDER PANEL ASSY	Repair	3,600.00 FL	*- FL
5	10		*REAR BUMPER CLIPS	Serviceable	30.00 FS	*- FS
6	1		*REAR LEFT FENDER PANEL SEALANT	Serviceable	80.00 FS	*- FS
7	1		*SET REAR LEFT FENDER COMPANY ADVERTISEMENT STICKER	Necessary	350.00 FS	*250.00 FS
8	1		*REAR LEFT WHEEL RIM	Grazed / Cut	450.00 FS	*50.00 FS
9	1		*REAR LEFT TYRE	Serviceable	300.00 FS	*- FS
				Sub Total (S\$)	5,704.00	300.00
				- List Item Discount on L Items 10.00/10.00% (S\$)	449.40	0.00
				Total Parts (S\$)	5,254.60	300.00

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

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	LABOUR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN REAR LEFT AFFECTED AREA AND REPLACE REAR LEFT DAMAGED PARTS	New	1,000.00	400.00
2	TO PUTTY AND SPRAY PAINTING REAR LEFT AND REAR PORTION	New	1,000.00	300.00
3	TO APPLY ANTI RUST PROOFING TO REAR LEFT AFFECTED AREA	New	140.00	0.00
4	TO REMOVE AND INSTALL REAR INNER GARNISH AND TRIM TO FACILITATE THE REPAIR	New	140.00	60.00
5	TO BALANCE REAR LEFT WHEEL	New	50.00	30.00
6	TO CONDUCT WHEEL ALIGNMENT	New	120.00	0.00
7	TOWING SERVICE	New	100.00	0.00
Gross Labour Cost (\$\$)			2,550.00	790.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >