

22/03/2002

ASS. REC. BY:

REF:

CS/MSG19019043/Est302

Special Instruction:

Surveyor: LeveASSIGNMENT (Office)

From (Person):

 Ong Zi Hui

of

MSG

Date/Time:

25.10.19 4.27pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GT 2593D

Insured:

GBE 4351K

at Workshop n/s

Lexbuild Auto & Trading

Tel:

63623393

of

It Sungai Kadut st 1

Policy No:

2865367r

Claim No:

609469

Sum Insured:

Excess:

Make of Veh:

D.O.A.

23.10.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

29.10.19 10.000.m

Person Contacted:

Hui WenVehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>GT 2593D - X</u>
	<u>GBE 4351K - X</u>
<u>30/10/19</u>	<u>@ 15:31 pm revised PA to Jowyn Tay via mimer</u>

ASS. REC. BY: Steve REF: MS19

ASSIGNMENT

From: _____ Date: 29.10.2019
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: GT 2593D
 at Workshop m/s Lexbuild Auto Hai Wan
 of 74 Sungai Kadut st1
 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 Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS imp
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GT 2593D Yr Regn: 17/8/00
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Nissan Urvan C.C. 2663
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 425948 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JN1M1C4E2429605554
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A Rim or
 Tyre Size: F: 185R14C
 R: _____
 BS / SUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 23/10/19 D.O.I. 29/10/19
 Survey held at Lexbuild Auto
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>MV- 15K Steve</u>
	<u>PLS check parts prices.</u>
<u>9/12/19</u>	<u>Finalize Conf \$3k, 9 repair days (Hai Wan)</u> <u>C\$ 8,008.30 Red - 73%</u>
	<u>13/12/2019</u>
	<u>RECEIVED 16 DEC 2019</u>

Date/Time, File Pass to? 16/12/19
 1) Typist ☐ : Preli. Report
☒ : Final Report
 Date/Time, File Return to?

Days Of Repair: 9
 Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$) ☐ : S + RS \$
☐ : Interview (\$) ☐ : Photos
☐ : Tech. Invs (\$) ☐ : Others
☐ : Weekend (\$)

Survey Fee:	<u>200</u>
Transportation:	
	<u>11</u>
TOTAL	<u>211</u>

Rep. Form: _____
 Lump Sum / M.P. C. \$3,000/ US

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	25 Oct 2019		29 Oct 2019 09:57 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS			[Created by insurer]
Insured:	SAMWOH PREMIX PTE LTD, Co. Reg. No.: 199703387Z		
Main Claimant:	TROPICAL RUBBER MANUFACTURER PTE LTD, Co. Reg. No.: 200903793H		
Vehicle Reg. No.:	GT2593D	Date of Loss:	23/10/2019 15:00 - :59 [230 Months and 6 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 609469	Policy/Cover Note No.:	28653672 (Comprehensive) Coverage: 07/12/2018 - 06/12/2019
Vehicle Reg. No. (Insured):	GBE4351K	Policy No. (Claimant):	
		Excess:	
RePAIRer:	Lexbuild Auto & Trading Pte Ltd (HQ) 74 Sungei Kadut Street 1, 729374 Sungei Kadut - Tel: 63623393		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jowyn Tay Mei Ling - 6643 1307]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 30/10/2019]		
Driver/Custodian (Insured):	SELVARAJI ANANDHARAJ (), NRIC: G6624903X, Tel: +6583499416 Email: on WP. Car in. Manual assigned to LKK via email on 25/10/19. (Manual Assign). OI:Samwoh. Liab: NA.		
Adj Asg. Remarks:	Assign: IHS / LKK Auto Consultants Pte Ltd. Contact: Hui Wen @ 6362 3393.		

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.										

Nivitha (LKK Auto)

From: Ong Zi Hui <zihui_ong@sg.msig-asia.com>
Sent: Friday, 25 October 2019 4:27 PM
To: assignments@lkkauto.com; admin-d@lkkauto.com
Cc: Crystal Lee
Subject: Survey Request - Manual Assigned
Attachments: Pre-Repair Inspection.pdf

Request to conduct pre-repair inspection for Accident Involving GT2593D & GBE4351K (MSIG) on 23.10.2019

Manual Assigned

Dear LKK,

Refer to the email below, please survey the vehicle.

We'll assign via Merimen once we receive the assignment from Motor Team.

Please contact us ASAP if you cannot attend this assignment

Thank you.

Ong Zi Hui
Admin Officer, Claims Services
D: +65 6643 1320 | F: +65 6225 7402 | zihui_ong@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



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

From: Helene Phua
Sent: Friday, 25 October, 2019 3:28 PM
To: huiwen.lexbuildauto@gmail.com
Cc: Winnie Chua <pingping_chua@sg.msig-asia.com>
Subject: RE: Request to conduct pre-repair inspection for Accident Involving GT2593D & GBE4351K (MSIG) on 23.10.2019

Hi,

We will proceed to assign **LKK Auto Consultants Pte Ltd** via Merimen at our end and update you upon confirmation.

Please do not contact them directly to prevent confusion. Any arrangement or appointment of surveyor must come from MSIG.

Please be informed that our surveyor will also be conducting a post repair inspection within the stipulated timeline under the protocol.

Have a great week ahead!

Helene Phua

Admin Assistant, Claims Services

D: +65 6594 2493 | F: +65 6225 7402 | helene_phua@sg.msig-asia.com



MSIG

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



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

From: Hui Wen Lim <huiwen.lexbuildauto@gmail.com>

Sent: Friday, 25 October 2019 12:55 PM

To: Motor Survey <motorsurvey@sg.msig-asia.com>

Subject: Request to conduct pre-repair inspection for Accident Involving GT2593D & GBE4351K on 23.10.2019

EXTERNAL EMAIL: Be careful when you click any links or open any attachment(s).

Dear Officer-In-Charges,

Please find the attachment.

Thanks:)

--

Hui Wen

Lexbuild Auto & Trading Pte Ltd

74, Sungei Kadut St 1 S(729374)

Tel : 6362 3393

Fax : 6363 2262

CONFIDENTIALITY NOTICE

This e-mail (including any attachments) may contain information that is privileged or confidential. The sending of this e-mail to any person other than the intended recipient is not a waiver of the privilege or confidentiality that attaches to it. If you are not the intended recipient, please notify the sender immediately, delete the email and do not copy, distribute or disclose its contents.



**LEXBUILD
AUTO & TRADING PTE. LTD.**

74 Sungei Kadut St 1, Singapore 729374 Tel: 63623393 Fax: 63632262 Reg No: 200616456D Email Lexbuildauto@gmail.com

Your Ref : GBE4351K

Our Ref : GT2593D/Tropical Rubber/1910

25 Oct 2019

To : M/S MSIG Insurance (Singapore) Pte Ltd
4 Shenton Way
#21-01 SGX Center 2
Singapore 068807
Attn : Motor Claims Dept

Via Fax : motorsurvey@sg.msig-asia.com

Dear Sir/Mdm,

RE : Request To Conduct Pre-Repair Inspection For Non-Injury Motor Accident Claims

Accident Involving GT2593D & GBE4351K On 23.10.2019 At Junction Of Sungei Kadut Drive & Sungei Kadut St 5

We are instructed by **Tropical Rubber Manufacturer Pte Ltd** to notify your client of a road traffic accident involving our client's vehicle no **GT2593D** and vehicle **GBE4351K** driven by your client at the material time. A copy of the Singapore Accident Statement is enclosed.

As a result of the accident, our client's motor vehicle has been damaged. Before our client proceed to repair the damaged motor vehicle, please let us know within **2 working days** of your receipt of this notice whether you/ your clients would like to conduct a pre-repair survey of the motor vehicle.

If you want to conduct a pre-repair inspection, please let us have your list of appointed surveyors.

If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Venue : Lexbuild Auto & Trading Pte Ltd
74, Sungei Kadut St 1
Singapore 729374

Contact : Hui Wen @ 6362-3393 Email : huiwen.lexbuildauto@gmail.com

Your Faithfully,



HuiWen Lim

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	793H
Vehicle Details	
Vehicle No.:	GT2593D
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Oct 2019
Vehicle Make:	NISSAN
Vehicle Model:	URVAN
Primary Colour:	White
Manufacturing Year:	2000
Engine No.:	TD27660751
Chassis No.:	JN1MC4E24Z0605554
Maximum Power Output:	-
Open Market Value:	\$22,625.00
Original Registration Date:	17 Aug 2000
First Registration Date:	17 Aug 2000
Transfer Count:	1
Actual ARF Paid:	\$1,132.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Mar 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$24,394.00
COE Rebate Amount:	\$11,816.00
Total Rebate Amount:	\$11,816.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 29 Oct 2019

OK

Steve Chen (LKK Auto)

From: Hui Wen Lim <huiwen.lexbuildauto@gmail.com>
Sent: Monday, December 09, 2019 10:03 AM
To: Steve Chen (LKK Auto)
Subject: Re: GT2593W - Repair Cost

Dear Steve,

Confirm with thanks:)
Please advise LOD should send to MSIG or LKK.

Hui Wen

On Mon, Dec 9, 2019 at 9:21 AM Steve Chen (LKK Auto) <SteveChen@lkkauto.com> wrote:

Dear Hui Wen,

Kindly confirm the above vehicle finalize 3k (L/S, before GST). 9 repair days.

Thanks

Best Regards,

Steve Chen | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 6256 3561 | Email: SteveChen@lkkauto.com | fax: 6256-4315

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

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Jowyn Tay Mei Ling

Date: 30 Oct 2019

Preliminary Advice

Insured Vehicle No	: GBE4351K	Accident Date	: 23/10/2019
TP Vehicle No	: GT2593D	Assignment Date	: 29/10/2019
Make	: NISSAN URVAN	Est. Duration of Repair	: 9 days
Date of Inspection	: 29/10/2019		
Inspection At	: Lexbuild Auto & Trading Pte Ltd (HQ) 74 Sungei Kadut Street 1 Singapore 729374		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	11,008.30
Revised Amount	:S\$	8,008.80
Check Items (Estimated)	:S\$	245.00
Total	:S\$	8,253.80

Lump Sum Repair	:S\$
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Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is economical/not economical for repair.
- (X) The above survey was conducted on a 'without prejudice' basis.

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	23/10/2019 16:44
Date Of Accident	23/10/2019 15:30
Exact Location Of Accident	JUNCTION OF SUNGEI KADUT DRIVE & SUNGEI KADUT ST 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT2593D
Insured/Policyholder	
Name Of Registered Owner	TROPICAL RUBBER MANUFACTURER PTE LTD
Co Reg No	200903793H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63623100

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-2.7 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 THIRD PARTY

Vehicle Category GOODS VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI19V11322/VCV/R03
Cover Note Number	

Driver

Name of Driver	ZULKIFLI BIN ABDUL GHANI
NRIC No	S1543404Z
Date Of Birth	15/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97238074
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 172C EDGEDALE PLAINS #08-476
Postcode	823172
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	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

ON 23/10/19 @ 15:30HRS, I WAS DRIVING MY VEHICLE GT2593D ALONG SUNGEI KADUT DRIVE. SUDDENLY THE LORRY GBE4351K CAME FROM BEHIND AND HIT ONTO MY REAR VEHICLE.

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	GBE4351K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 vehicles 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 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) my Personal Information collected under (a) above may be shared with:
 - (i) in all Singapore and for any other part of the world for law enforcement, investigating, detecting or managing fraud (regulatory, law enforcement and government agencies as responsible required for the purposes stated); or
 - (ii) for complying with requirements under any regulations, laws or court orders.

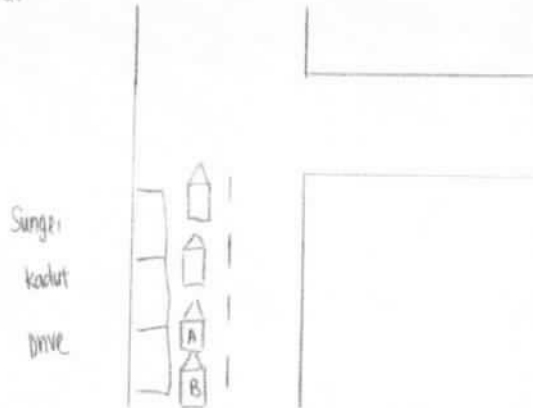

Policyholder's Signature
Date & Time


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


Reporting Centre Personnel's Signature
Name
NRIC/TIN No.

Sketch Plan Pg. 2

SKETCH PLAN



Vehicle A : 6TJ5A3D

Vehicle B : 4BE 4351K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/10/19 @ 15:30hrs, I was driving my vehicle 6TJ5A3D along Surgei Kodut Drive. Suddenly the lorry 4BE 4351K came from behind and hit onto my rear Vehicle.

DECLARATION

I/We declare that the above particulars are true to the best of my/our knowledge.

Policyholder's Signature
Date & Time



Driver's Signature
I/Driver's not the policyholder
Date & Time



Reporting Centre Personnel's Signature
Name
KRIC/TH/19



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	23/10/2019 16:44
Date Of Accident	23/10/2019 15:30
Exact Location Of Accident	JUNCTION OF SUNGEI KADUT DRIVE & SUNGEI KADUT ST 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT2593D
Insured/Policyholder	
Name Of Registered Owner	TROPICAL RUBBER MANUFACTURER PTE LTD
Co Reg No	200903793H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63623100

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-2.7 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	THIRD PARTY
Vehicle Category	GOODS VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI19V11322/VCV/R03
Cover Note Number	

Driver

Name of Driver	ZULKIFLI BIN ABDUL GHANI
NRIC No	S1543404Z
Date Of Birth	15/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97238074
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 172C EDGEDALE PLAINS #08-476
Postcode	823172
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	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

ON 23/10/19 @ 15:30HRS, I WAS DRIVING MY VEHICLE GT2593D ALONG SUNGEI KADUT DRIVE. SUDDENLY THE LORRY GBE4351K COME FROM BEHIND AND HIT ONTO MY REAR VEHICLE.

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	GBE4351K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident as soon as possible after the accident.
2. This form must be completed by the Police Officer and by the Authorising Officer.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies will be 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 copy of this report will also be made available upon application by interested parties.
7. The assignment of this report to the insurers will require the insurers to provide a copy of this report to the centre and to copies of the report being made available to all insured.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, accept and consent that:
 - (a) My insurer, my employer and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data (including but not limited to that set out in the form) and any other personal information provided to them as provided by the insurer (which includes "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicles 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 insurer (any/all firms, the Monetary Authority of Singapore and any relevant government agency/authority) as well as the police, for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims relating to the settlement of the claims and any necessary notification relating to the claims;
 - (ii) handling the accident and/or my claims;
 - (iii) processing and/or dealing with my claims relating to the accident and/or my claims;
 - (iv) considering my claims (including the making of any request for, statements, records, reports or evidence to me, which will involve disclosure of official personal data about me held by any person, or the use or gift of on the external system, of computerised packages, and etc).
 - (v) compliance with applicable law in administering, processing, handling and/or dealing with my claims and/or my claims.
 - (b) Any insurer who have insured vehicle(s) involved in this accident will be insurer's lawyers, law firms, agents, insurers, brokers, etc, disclose and/or use my Personal Information to one or more of the above purposes.
 - (c) My Personal Information may be disclosed to all other insurers and/or GIA for law enforcement, policy service providers or for conducting their business for the whole of Singapore, or for other use of the Personal Information.
 - (d) My Personal Information will not be disclosed to any third parties (including insurers) for any purpose other than for law enforcement and management of my claims and/or my claims.
 - (e) Any of my personal information disclosed may be shared with other insurers.
 - (f) Any of my personal information disclosed may be shared with other insurers.
 - (g) Any of my personal information disclosed may be shared with other insurers.
 - (h) Any of my personal information disclosed may be shared with other insurers.
 - (i) Any of my personal information disclosed may be shared with other insurers.
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 - (s) Any of my personal information disclosed may be shared with other insurers.
 - (t) Any of my personal information disclosed may be shared with other insurers.
 - (u) Any of my personal information disclosed may be shared with other insurers.
 - (v) Any of my personal information disclosed may be shared with other insurers.
 - (w) Any of my personal information disclosed may be shared with other insurers.
 - (x) Any of my personal information disclosed may be shared with other insurers.
 - (y) Any of my personal information disclosed may be shared with other insurers.
 - (z) Any of my personal information disclosed may be shared with other insurers.


Authorising Officer



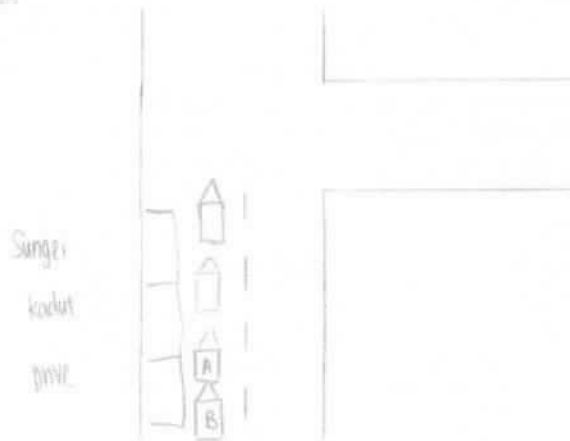

Authorising Officer




Authorising Officer



SKETCH PLAN



Vehicle A = GT 25930

Vehicle B = 4BE 4351K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/10/19 @ 15:30hrs, I was driving my vehicle GT 25930 along Surgei Kadut Drive. Suddenly the lorry 4BE 4351K came from behind and hit onto my rear vehicle.

DECLARATION

I hereby declare that the information provided is true and correct to the best of my knowledge.

Signature of Driver
Date: 25/10/19



Signature of Driver
Date: 25/10/19



Signature of Driver
Date: 25/10/19





LEXBUILD AUTO & TRADING PTE. LTD.

4 Sungei Kadut St 1, S 729374 Tel: 63623393 Fax: 63632262 Reg No: 200616456D Email: lexbuildauto@gmail.com

MSIG Insurance (Singapore) Pte Ltd

4 Shenton Way
#21-01 SGX Center 2
Singapore 068807

Date: 25.10.2019

Our Ref: GT2593D/Tropical Rubber/1910
Your Ref: GBE4351K

Attn : Claim Dept

Dear Sir, Ma'am

RE: Estimate Repair Cost for Vehicle GT2593D

Traffic Accident on 23.10.2019 Involving GT2593D & GBE4351K at Junction of Sungei Kadut Drive & Sungei Kadut St 5

S/N	Qty	Particular	Unit Price	Amount S\$
1	1	Rear Glass / BR	1,150.00	1,150.00
2	1	Rear Glass Moulding / CRV	250.00	250.00
3	1	Rear Tailgate / DD	1,800.00	1,800.00
4	1	Rear Tailgate Inner Trim Board X NA	480.00	480.00
5	1	Rear Tailgate W/Strip ? X NA	350.00	350.00
6	1	Rear Tailgate Outer Handle / GR	84.00	84.00
7	1	Rear Tailgate Inner Lock / DT	95.00	95.00
8	2	Rear Reverse Sensor / DR	50.00	100.00
9	1	Rear Number Plate Light / DR	75.00	150.00
10	1	Rear Bumper / DD	850.00	850.00
11	1	Rear Bumper Step Garnish / NA CUT	350.00	350.00
12	1	Rear Wiper Motor X NA	185.00	185.00
13	1	Rear Wiper Arm X NA	65.00	65.00
14	1	Rear Wiper Blades X NA	35.00	35.00
15	1	Rear Third Brake Lamp X NA	75.00	75.00
16	1	Rear LHS Inner End Panel X R	550.00	550.00
17	1	Rear LHS Corner Panel / DD	550.00	550.00
18	1	Rear Tailamp (LH) / DR	350.00	700.00
19	1	Rear LHS Body Panel / DD	2,200.00	2,200.00

Less : 30% Trade Discount

Special Net Items :-

20	1	Sticker "70KM" / AX	15.00	15.00
21	1	Sticker "5 PAX" / AX	15.00	15.00
22	1	Rear Number Plate / DR	25.00	25.00
23	1	Sealant X NA	40.00	40.00

Labour Charges :-

To remove damaged rear glass and refit new.	300.00
To jack out rear floor panel. To cut off damaged rear lhs body panel, rear lhs end panel etc and weld new. To knock/straighten all necessary parts including repairing & changing of all damaged parts and align same.	2,000.00
To putty & spray painting on Rear LHS Body Panel, Rear LHS Corner Panel, Rear Bumper, Rear Tailgate, Rear LHS Inner End Panel and affected accident parts.	1,600.00

Total S\$: 11,008.30

GST 7% S\$: 770.58

Amount Due S\$ 11,778.88

13/01/20

Note : This estimate is based on visible damage only. Should any hidden parts and/or labour charges required during works in progress.

Yours Sincerely,

P. Lim

Poh Yew Leong
Workshop Supervisor



Steve (LKK)
P- 5893.83
M- 55
L- 2120
7978.83
LIS- 683.06
= 6490

3k limit repair

W/L P. Lim 29/10/19, 11.00am
L/S
Ry AL SM
9 to 10 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

837 /

1742 /

632.70 /

250 /

300 /

208 /

1809 /

10,019.00

(3,005.70)

7,013.30

6448.70

- 10%

5803.83 /

55 /

120

1200

800

2170

30/10/19

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	25 Oct 2019		29 Oct 2019 09:57 Edit Adj Rpt	S\$3,000.00 Edit Estimates	S\$3,000.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	SAMWOH PREMIX PTE LTD, Co. Reg. No.: 199703387Z								
Main Claimant:	TROPICAL RUBBER MANUFACTURER PTE LTD, Co. Reg. No.: 200903793H								
Vehicle Reg. No.:	GT2593D	Date of Loss:	23/10/2019 15:00 - :59 [230 Months and 6 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 609469	Policy/Cover Note No.:	28653672 (Comprehensive) Coverage: 07/12/2018 - 06/12/2019						
Vehicle Reg. No. (Insured):	GBE4351K	Policy No. (Claimant):							
		Excess:							
Repairer:	Lexbuild Auto & Trading Pte Ltd (HQ) 74 Sungei Kadut Street 1, 729374 Sungei Kadut - Tel: 63623393								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jowyn Tay Mei Ling - 6643 1307]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by CHEN TSUE YEE] ... [Final Rpt due 28/11/2019]								
Driver/Customer (Insured):	SELVARAJI ANANDHARAJ (), NRIC: G6624903X, Tel: +6583499416 Email:								
Adj Asg. Remarks:	on WP. Car in. Manual assigned to LKK via email on 25/10/19. (Manual Assign). OI:Samwoh. Liab: NA. Assign: IHS / LKK Auto Consultants Pte Ltd. Contact: Hui Wen @ 6362 3393.								
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

*GT2593D (609469)

[GBE4351K]

TP

TROPICAL RUBBER MANUFACTURER PTE LTD


Oct 23 2019 3:00PM









































[SAMWOH PREMIX PTE LTD]

Lexbuild Auto & Trading Pte Ltd

Upload Documents | Upload Photos | Compose New Letter

View View in Browser v

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	30/10/19 15:31	Adjuster Immediate Advice	 Load HTM	<input type="checkbox"/>

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
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3	29/10/19 17:45	General View	 Load JPG	<input checked="" type="checkbox"/>
4	29/10/19 17:45	General View	 Load JPG	<input checked="" type="checkbox"/>
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37	29/10/19 17:45	General View	 Load JPG	<input checked="" type="checkbox"/>
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39	29/10/19 17:45	Odometer Reading	 Load JPG	<input checked="" type="checkbox"/>
40	29/10/19 17:45	Chassis Number	 Load JPG	<input type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
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47	02/12/19 17:18	After Repair Photo	Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
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1	25/10/19 16:47	PRI	Load PDF	
2	25/10/19 17:16	Acknowledge PRI	Load PDF	
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (Internal Surveyor)	Thumbnail	Print
1	29/10/19 09:55	Survey Request - Manual Assigned	Load PDF	

Documents Checklist

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

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/MSG19019043/ESF3E2

Date: 23/12/2019

REFERENCE

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

Policy No: 28653672

Claimant GT2593D

Insured Vehicle No: GBE4351K

Date of Loss: 23/10/2019

Nature of Claim: TP

Claim No: 609469

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: GT2593D

Make & Model: NISSAN URVAN, 2.7 D (M)

Engine No: TD27660751

Reg. Date: 17/08/2000 (Man. Year: 2000)

Chassis No: JN1MC4E24Z0605554

Colour: Blue

Odometer: 425948 km

Engine Capacity: 2663 cc

Market Value/New Car Price: N/A

Price:

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 R14C

Rear Tyre Size: 185 R14C

Front Left Side: Dunlop 4 mm

Rear Left Side: Dunlop 4 mm

Front Right Side: Dunlop 4 mm

Rear Right Side: Dunlop 4 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	9,112.10	5,791.33	3,320.77	36.44
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,900.00	2,120.00	1,780.00	45.64
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	13,012.10	7,911.33	5,100.77	39.20
Approved Total (Overridden) (S\$)		3,000.00		
(S\$)	13,012.10	3,000.00	10,012.10	76.94
+ GST 7.00/7.00% (S\$)	910.85	210.00	700.85	76.94
Nett Amount (S\$)	13,922.95	3,210.00	10,712.95	76.94

INSPECTION

Date of Assignment: 29/10/2019

Date Inspected: 29/10/2019 Inspected At:

Lexbuild Auto & Trading Pte Ltd (HQ)

74 Sungei Kadut Street 1

Singapore 729374

Estimated Period of Repair: 9.0 days

Adjuster: CHEN TSUE YEE

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: 23 Dec 2019)	
Parts:	N/A	NISSAN URVAN 2.7 D (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GT2593D)	
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 GLASS	Broken	1,150.00 FL	*837.00 FL
2	1		*REAR GLASS MOULDING	Crushed	250.00 FL	*250.00 FL
3	1		*REAR TAILGATE	Dented	1,800.00 FL	*1,742.00 FL
4	1		*REAR TAILGATE INNER TRIM BOARD	Not Necessary	480.00 FL	*- FL
5	1		*REAR TAILGATE W/STRIP	Not Necessary	350.00 FL	*- FL
6	1		*REAR TAILGATE OUTER HANDLE	Broken	84.00 FL	*84.00 FL
7	1		*REAR TAILGATE INNER LOCK	Bent	95.00 FL	*95.00 FL
8	2		*REAR REVERSE SENSOR	Broken	100.00 FL	*100.00 FL
9	1		*REAR NUMBER PLATE LIGHT (2PCS)	Broken (1Pc Only)	150.00 FL	*75.00 FL
10	1		*REAR BUMPER	Dented	850.00 FL	*632.70 FL
11	1		*REAR BUMPER STEP GARNISH	Cut	350.00 FL	*250.00 FL
12	1		*REAR WIPER MOTOR	Not Necessary	185.00 FL	*- FL
13	1		*REAR WIPER ARM	Not Necessary	65.00 FL	*- FL
14	1		*REAR WIPER BLADES	Not Necessary	35.00 FL	*- FL
15	1		*REAR THIRD BRAKE LAMP	Not Necessary	75.00 FL	*- FL
16	1		*REAR LHS INNER END PANEL	Repair	550.00 FL	*- FL
17	1		*REAR LHS CORNER PANEL	Dented	550.00 FL	*300.00 FL
18	1		*REAR TAILLAMP	N/S Broken	700.00 FL	*208.00 FL
19	1		*REAR LHS BODY PANEL	Dented	2,200.00 FL	*1,800.00 FL
20	1		*STICKER 70KM	Necessary	15.00 FS	*15.00 FS
21	1		*STICKER 5 PAX	Necessary	15.00 FS	*15.00 FS
22	1		*REAR NUMBER PLATE	Broken	25.00 FS	*25.00 FS
23	2		*SEALANT	Not Necessary	40.00 FS	*- FS

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

Sub Total (\$\$)	10,114.00	6,428.70
- List Item Discount on L Items 10.00/10.00% (\$\$)	1,001.90	637.37
Total Parts (\$\$)	9,112.10	5,791.33

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO REMOVE DAMAGED REAR GLASS AND REFIT NEW	New	300.00	120.00
2	TO JACK OUT REAR FLOOR PANEL. TO CUT OFF DAMAGED REAR LHS BODY PANEL, REAR LHS END PANEL ETC AND WELD NEW. TO KNOCK / STRAIGHTEN ALL NECESSARY PARTS INCLUDING REPAIRING & CHANGING OF ALL DAMAGED PARTS AND ALIGH SAME	New	2,000.00	1,200.00
3	TO PUTTY & SPRAY PAINTING ON REAR LHS BODY PANEL, REAR LHS CORNER PANEL, REAR BUMPER, REAR TAILGATE, REAR LHS INNER END PANEL AND AFFECTED ACCIDENT PARTS	New	1,600.00	800.00
Gross Labour Cost (\$\$)			3,900.00	2,120.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >