

COMPASS

ASS. REC. BY:

REF: CS3/MSG19015819 / GYF3-1

Special Instruction:

SUVINJOY G&A

ASSIGNMENT (Office)

menmen

From (Person): Onnia Myik Ai of MS26 Date/Time: 8.11.2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: GBD 4324U Insured: FBA 50453

at Workshop n/s My Car Consultant Pte Ltd Tel: _____

of 53 Ubi Ave I #01-33

Policy No: MSD/VMT/19-50601-1177 Claim No: MSC/V/19-001085

Sum Insured: _____ Excess: _____

Make of Vcl: _____ D.O.A. 04/04/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 6.9.19 3.45 p.m Person Contacted: Hui Qin

H.O.D. Endorsement

Vehicle-IN/OUT

Date/Time	Action/Instruction (X) (Stamp)
	FBA 50453 04/04/2019
	GBD 4324U 04/04/2019
	After repair: 10/9/2019
	\$ 850, 3 Days. (Red \$ 2250, 72%)

27/11/19 Typist

27/11/2019

Do Not Finalise

RECEIVED 29 NOV 2019

PRC No 62. MS/G

PRS

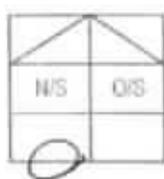
ASSIGNMENT

From: 10/9/19
 Estimated Cost:
 OD TP WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: GBD 43244
 at Workshop no: My car Consultant
 of: 53 ubi Ave #01-33
 insured:
 Policy No:
 Claims No:
 Sum Insured: Excess:
 (Client's Record)
 Make of Veh:

Veh No: GBD43244 vs Regs: Oct 14
 Type: M/Car / M/Cycle / Bus / Van / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Dyna r/c: 2982
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp Reading: 154000 T/Radio: Insured / Std / NI / NA
 Engine:
 C/No: JTFAT35Y80K203631
 Gen Cond: Good / Fair / Poor / Burnt

(Policy Condition)

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



Steering: In/Out / Jammed / Leaked / Burnt or
 Brake: In/Out / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 95R15 (linglong)
 R: 155R12 (Fire n 8a)
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Ball or Market Value:
 IDAC Accident Report: Consistent? Yes or No
 GIA / PR Seen: Consistent? Yes or No
 Est. Repair: 3 days Res: Yes or No
 Lum Seen: % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS up
 Date: Person Contacted: Vehicle IN / OUT

Front: Rear
 R/Bal: 5 mm R/Bal: 5 mm
 L/Bal: 5 mm L/Bal: 5 mm
 D.O.A.: D.O.I. 10-09-19
 Survey held at: IDAC NAC 10:30
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>\$ 500 - \$ 1000</u>

Date/Time of Report: Prel. Report
 Final Report

Days Of Repair: 3
 Resurvey No. of Trip: 1

- Work Fee:
- Site Insp: 05
 - Interview: 05
 - Test: 05
 - Report: 05

Survey Fee:	<u>170</u>
Inspection:	
	<u>11</u>
	<u>171</u>

Report Status: PRC
 Long Time/Date:

Summer Lee (LKK Auto)

From: Chhia Nyuk Pui <NyukPui_Chhia@sg.msig-asia.com>
Sent: Friday, 8 November, 2019 1:14 PM
To: Admin-D (LKKAuto); assignments
Cc: SUR
Subject: Our Ref :MSC/V/19-001085 . Accident involving FBA5045J and GBD4324U Date of Accident: 04 Sep 2019

Dear Sir

Our Ref :MSC/V/19-001085
Accident involving FBA5045J and GBD4324U Date of Accident: 04 Sep 2019

Please do paper survey, documents granted in merimen.

Thank you.

Chhia Nyuk Pui
Senior Executive, Claims Services
Direct line +65 6594 2521 | Direct fax +65 6643 1349 | nyukpui_chhia@sg.msig-asia.com



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | www.msig.com.sg | Follow us on  [@MSIG_SG](https://twitter.com/MSIG_SG)

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

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We do not accept service of Court documents by fax

Our ref: AP/2019/001772/jk

WITHOUT PREJUDICE

REG / CS / PAY / FA

01 NOV 2019

RAFHANAH BINTE RAHIM
Blk 355 Choa Chu Kang Central
#02-385
Singapore 680355

By Certificate of Posting

CNP

MSIG Insurance Singapore Ltd
Insurer of FBA5045J
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807
(your ref: to be advised)

By Hand

Secretary in charge: jean

Secretary's email: jean@apl.com.sg

Date: 23 October 2019

Dear Sirs,

CLAIMANT: CHIN LOR RENOVATION SERVICE
CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 04 SEPTEMBER 2019 AT ABOUT 09:40HRS
INVOLVING MOTOR VEHICLES NO(S). GBD4324U AND FBA5045J ALONG BRADDELL ROAD
TOWARDS BARTLEY ROAD

We refer to the above matter.

We act for **CHIN LOR RENOVATION SERVICE**, the owner of GBD4324U.

We are instructed by our clients to claim damages against you in connection to the above-mentioned road traffic accident involving our clients' vehicle and your vehicle bearing registration number **FBA5045J**.

We are instructed that the above-mentioned road traffic accident was caused by your negligence/negligence of your authorised driver in the driving, management and/or control of your vehicle.

As a result of the abovementioned road traffic accident, our clients' vehicle was damaged and our clients has been put to loss and expense, particular of which are as follows:

Costs of repair	\$ 3,100.00
Loss of use	\$ 1,020.00
- Pre-repair	\$360.00
(02 days including intervening weekend x \$180.00 per day)	
- Loss of Rental During repair works	\$480.00
(04 days including intervening weekend x \$120.00 per day)	
- Loss of use during repair works	\$180.00
(01 day including intervening weekend x \$180.00 per day)	
Our Legal Costs	\$ 1,500.00

23 October 2019

AP/2019/001772/jk

Disbursements (incurred to-date)		\$ 490.00
- Survey report fees	\$ 303.00	
- GIA/LTA search/document fee	\$ 37.00	
- Other incidentals	\$ 150.00	
	Total	<u>\$ 6,110.00</u>

A copy each of the following supporting documents is enclosed:

- (a) Singapore Accident Statement of GBD4324U;
- (b) Motor surveyor's report by WG APPRAISAL SERVICES ;
- (c) Survey report invoice;

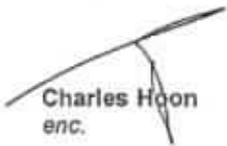
In compliance with the pre-action protocol under the State Courts' Practice Direction 37, we had notified your insurer, MSIG Insurance Singapore Ltd, of the above-mentioned road traffic accident and to the best of our knowledge, your insurer had arranged for the pre-repair inspection of our client's vehicle.

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

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

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

Yours faithfully,



Charles Hoon
enc.



Thank you

Hoon Ang Ping has successfully logged out.

Your last login date and time was 04 Oct 2019, 11:31:03.

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

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

Session Transaction History

Sl No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount (SGD)
1	Vehicle	FBAS0452	-	18.19 Enquire Yeh Owner Info (Others) by Law Firm	7.49

SEARCH RESULTS

Our Ref No: GR-19-163317
Date of Request: 04/10/2019

Your Ref No: AP/2019/001772

A P LAW PRACTICE
151 Chin Swee Road
#10-03/05 Manhattan House
Singapore 169876

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 04/09/2019
Place of Accident: BRADDELL RD TOWARDS BARTLEY RD
Client Vehicle No: G8D4324U

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

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
FBA5045J	BRADDELL ROAD TOWARDS BARTLEY ROAD	04/09/2019 09:40

Thank You.

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

This is a computer generated document and requires no signature.

TAX INVOICE

Our Ref No: GR-19-163317
Date of Request: 04/10/2019

Your Ref No: AP/2019/001772

A P LAW PRACTICE
151 Chin Swee Road
#10-03/05 Manhattan House
Singapore 169876

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 04/09/2019
Place of Accident: BRADDELL RD TWOS BARTLEY RD
Client Vehicle No: GBD4324U

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



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

TAX INVOICE

Our Ref No: GR-19-163358
 Date of Request: 04/10/2019

Your Ref No: AP/2018/001772

A P LAW PRACTICE
 151 Chin Swee Road
 #10-03/05 Manhattan House
 Singapore 169878

Dear Sir/Madam,

Date of Accident: 04/09/2019
 Vehicle No: GBD4324U
 Place of Accident: BRADDELL RD TWDS BARTLEY RD
 Involving Vehicle No: FBA5045J

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)	
FBA5045J	BRADDELL RD TWDS BARTLEY RD		14.00	1	13.08
GST Amount					0.92
Total Amount Due (GST Inclusive)					14.00

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



OPERATING LEASE AGREEMENT

53 Ubi Avenue 1, Paya Ubi Industrial Park #01-33 S408934

Tel: (+6583300060)/(+6598888885)

Email: Admin@mycar.sg (Company Registration No: 201605878Z)

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS		ADDITIONAL HIRER'S PARTICULARS	
Name (As in NRIC): Poh Seng Kit		Name (As in NRIC):	
NRIC/Passport No: S1123389I		NRIC/Passport No:	
Date of birth: 19/03/1955 Age:		Date of birth: Age:	
Address: Blk 408 Tampines St 41 #10J-169		Address:	
Mobile No:		Mobile No:	
Type of driving license: Local / International		Type of driving license: Local / International	

VEHICLE DETAILS

Make & Model: Toyota Dyna	Vehicle No: GBH 2230E
Vehicle Out Date: 09/09/2019	Vehicle Return Date: 13/09/2019
Time Out:	Time Return:

Daily - 4	Day/s	@ S\$ 120	Per Day	\$ 480
Weekly -	Week/s	@ S\$	Per Week	\$
Monthly -	Month/s	@ S\$	Per Month	\$
Deposit:				\$
Delivery Service:				\$
Others:				\$
Total Nett Charges				\$ 480



Poh Seng Kit X
Hirer Signature



1AA

My Car Consultant Pte Ltd

53, Ubi Avenue 1, Paya Ubi Industrial Park
#01-33, Singapore 40934

HP:9688 8885 (Jeremy)

CHIN HOR RENOVATION SERVICE	
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INVOICE

Invoice No.	MYCAR/19/379
Our Ref.	GBD4324U
Your Ref.	
Date	30 September 2019

No.	Description	Qty	Unit Price	Total
1	To supply labour and materials to repair below mentioned vehicle to its pre-accident condition. Vehicle: <u>GBD4324U</u> Make/Model: <u>TOYOTA /TOYOTA DYNA 150 MANUAL</u> Accident Date: <u>04 September 2019</u>			
			Amount Due	\$3,100.00



Authorised Signatory

WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224
Email: Winsongkk@hotmail.com Contact: 9747 0063
Company Register No. 53326249J

Our Ref: WG/TP/2019-379
Invoice No: TP/MCC/2019-379 Date 30 September 2019
Vehicle No: GBD4324U
Attn: CHIN HOR RENOVATION SERVICE
Company: MY CAR CONSULTANT PTE LTD
Address: 53 Ubi Ave 1, #01-33, Paya Ubi Industrial Park . Singapore 408934

Invoice

Surveyor Fee: S\$240
Re-inspection Fee: Na
Transport: S\$50
Photographs: S\$13/- (@ \$1 per photo, total 13 photos)
Total: S\$303

Surveyor: Winson Goh
Signature: 
Date: 30 September 2019

WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224
Email: winsongkk@hotmail.com Contact: 9747 0063
Company Register No. 53326249J

ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S : CHEN HOR RENOVATION SERVICE
C/O MY CAR CONSULTANT PTE LTD
53 Ubi Ave 1, #01-33, Paya Ubi Industrial Park
Singapore 408934

Date : 30 September 2019
Our Ref : WG/TP/2019-379

REFERENCE PARTICULARS

Date of Accident : 04 September 2019
Date of Inspection : 09 September 2019

Type of Inspection : Third Party Claim
Date of Re-Insps : Na

VEHICLE PARTICULARS

Registration No : QBD4324U
Make : TOYOTA
Model : TOYOTA DYNA 150 MANUAL
Year : 2014

Engine No : 1KD2450519
Chassis No : JTFAT35Y80K203631
Odometer : 154000km
Colour : Silver

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Foot Brake : Serviceable
Hand Brake : Serviceable

General Body Work : Good
Steering : Serviceable
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

	Make	Size	Thread Balance
Front Near side	: Green-max	195R15	5 mm
Front Off Side	: Green-max	195R15	5 mm
Rear Near Side	: Falken	155R12	5 mm
Rear off Side	: Falken	155R12	5 mm

GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained damage at the rear portion.
For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was S\$3,100.00 nett at lump sum basis. (Subject to GST if applicable)
Under normal circumstances, estimated period required for repairs : Five (05) working days.

Enclosed Thirteen (13) photographs depicting damage to the vehicle.

Inspection conducted at : MY CAR CONSULTANT PTE LTD
53 Ubi Ave 1, #01-33, Paya Ubi Industrial Park . Singapore 408934

In accordance to your instruction, we have not authorise repairs and inspection
was conducted strictly on a "WITHOUT PREJUDICE BASIS".

VEHICLE NO : GBD4324U
 MODEL : TOYOTA DYNA 150 MANUAL

Our Ref : WG/TP/2019-379

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

SPARE PARTS	QTY PC/SET	ASSESSED CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
1 REAR TAILGATE	1	DENTED	\$ 1,910.80	\$ 1,910.80
2 REAR LH TAILGATE LOWER BRACKET	1	BENT	\$ 304.70	\$ 304.70
3 REAR LH SIDE GATE HINGE	1	BENT	\$ 179.00	\$ 179.00
4 REAR LH SIDE GATE LOCK	1	BENT	\$ 211.00	\$ 211.00
5 TAILGATE LOWER HDNGE	4	BENT	\$ 426.00	\$ 105.00
6 REAR LH TAILLAMP	1	CRACKED	\$ 78.10	\$ 78.10
7 REAR LH TAILLAMP PANEL	1	BENT	\$ 211.00	\$ 211.00
8 TAILGATE LOGO - TOYOTA	1	NECESSARY	\$ 120.00	\$ 120.00
9 TAILGATE LOWER MEMBER STICKER -DYNA	1	NECESSARY	\$ 65.00	\$ 65.00
			\$ 3,505.60	\$ 3,184.60
		Less 25%	\$ 876.40	\$ 796.15
			<u>\$ 2,629.20</u>	<u>\$ 2,388.45</u>
B) <u>SNETT ITEM</u>				
10 REAR NUMBER PLATE	1	NOT NECESSARY	\$ 70.00	\$ -
11 70KM/H STICKER	1	NECESSARY	\$ 60.00	\$ 50.00
			<u>\$ 130.00</u>	<u>\$ 50.00</u>
		Parts Total :	<u>\$ 2,759.20</u>	<u>\$ 2,438.45</u>
C) <u>LABOUR CHARGES & MISC</u>				
12 CHECK REAR WIRING AND LIGHTNING SYSTEM			\$ 60.00	\$ 50.00
13 TRANSFER PARTS, ATTACHMENT FROM OLD TAILGATE TO NEW			\$ 200.00	\$ 180.00
14 PANEL BEATING ON AFFECTED AREAS			\$ 700.00	\$ 600.00
15 SPRAY PAINTING ON AFFECTED AREAS			\$ 600.00	\$ 500.00
16 APPLY ANTI RUST ON AFFECTED AREAS			\$ 100.00	\$ 80.00
		Labour Total :	<u>\$ 1,660.00</u>	<u>\$ 1,410.00</u>
		Total Parts and Labour :	<u>\$ 4,419.20</u>	<u>\$ 3,848.45</u>
 <u>FINAL LUMP SUM ADJUSTMENT</u>				<u>\$ 3,100.00</u>

repair
116
1 PC
165
544.1
408.08

500
15

30
200
80
630

1053.08
20%: 850
3 Days.

POINT OF IMPACT

The impact was confined to the rear portion of the vehicle.
The damages appeared to be consistent as per the accident report statement.
Please refer the attached schedule and photographs for details.

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

CONCLUSION

The repairer has agreed to undertake repair the vehicle at a lump sum basis of **\$3,100.00** nett corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully

WG APPRAISAL SERVICES

Winston Goh
Automotive Appraiser



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 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 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 11:36
Date Of Accident	04/09/2019 09:40
Exact Location Of Accident	BRADDELL RD TWDS BARTLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4324U
Insured/Policyholder	
Name Of Registered Owner	CHIN HOR RENOVATION SERVICE
Co Reg No	53227413W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84283806
Alternative Phone No	OFFICE-84283806

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MSIG INSURANCE (SINGAPORE) PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29097815MKC
Cover Note Number	

Driver

Name of Driver	POH SENG KIT
NRIC No	S1123389I
Date Of Birth	19/05/1955
Occupation	INDOOR
Date Of Driving Pass	26/07/1976
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84283806
Fax Number	
Contact Number	OFFICE-84283806
EMail Address	NOEMAIL

Address	BLK 408 TAMPINES STREET 41 #05-169
Postcode	520408
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190904/2061.

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	FBA5045J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	S8729137E
Contact Number	96738737
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly if a vehicle is involved in an accident as speed is of the essence.
2. The Police will be responsible for the Accident Report and the Accident Order.
3. Information provided must be as **accurate and complete as possible**. Any information withheld or withheld (intentionally or otherwise) may be considered as **materially false**.
4. The Police and the Police of this Part by their acts consider that an extension of policy liability on the part of the insured is **unnecessary**.
5. Any **false statements** may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Person's Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report and for a fee be made available upon application by interested parties.
7. By the signing of this report to the Insurers, you **NOTIFY** consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consents under the Personal Data Protection Act (PDPA)

1. I/we hereby acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 processed 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 making 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 claim as well as on the external control of employment/protection) and/or
 - (v) complying with applications for 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 be 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 also 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 based outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to settle claims, litigate for the purpose of fraud detection, investigation and management of product and all future claims.
- (e) the information referred to under (a) above may be stored / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, assessing or managing fraud, regulated, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) in complying with requirements under any regulations, laws or court orders.



Poh Say Kit
Insured's Signature

Date & Time:

Poh Say Kit
Driver's Signature

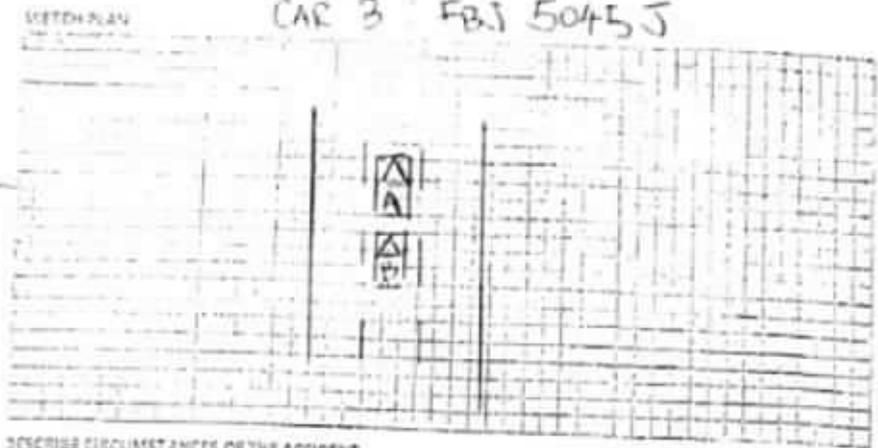
If driver is not the policyholder:
Date & Time:

[Signature]
Reporting Centre Personnel's Signature
Name:
NIC/PR No.:

Accident Sketch Plan

CAR A 32U 1324U
CAR B FB3 5045J

Along BRADDELL ROAD
TO BARTLEY ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT ATTACH

DECLARATION
I hereby declare the above information to be true and correct in every respect.

 Poh Sang Kit × Poh Sang Kit × [Signature]

Reporting Officer's Signature
Name: [Name]
ADIC/AM/100

Driver's Signature
(if driver is not the police officer)
Date & Time: _____

Police Report



**SINGAPORE
POLICE FORCE**



100190904/0051

Police Station Of Origin
Joe Chiat NPT
207 Bras Basah Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 3
Report No: 100190904/0051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 04/09/2019 12:39	Vide Report No F/20190904/0053	Station Diary No 9
---	-----------------------------------	-----------------------

Informant's Particulars

Name of Informant POH SENG KIT			Address APT BLK 408 TAMPINES STREET 41 #05-169 SINGAPORE 520408		
ID Type / ID No NRIC NO / S1123389I			Contact No. Home/Office: Mobile: 84283806		
Nationality SINGAPORE CITIZEN			Email		
Sex Male	Age 64	Date of Birth 19/05/1955	Type of Informant Driver		
Race Chinese			Language:	Institution / School Name	
Occupation RENOVATOR			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/09/2019 09:30	Type of Location: Straight Road
Location: Along Road 1 BRADDELL ROAD towards Bartley Road				
Weather Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA5045J	Motorcycle	YAMAHA	Spark	White		0
GBC4324U	Lorry	TOYOTA	Dyna	Silver	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Scanned by CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



T201909042061

Police Station Of Origin
Joo Chiat N1997
257 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

2 of 3
Report No: T201909042061

CONTINUATION OF REPORT

Driver			
Name	POH SENG KIT	ID No	S1123389I
Related Vehicle	GBD4324U (Lorry)	Contact No.	84283806
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	RAFHANAH BTE RAHIM	ID No	S8729137E
Related Vehicle	NIL	Contact No.	96738737
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was driving along Braddel Road in the middle lane of a 3 lane road towards Bartley Road. I then felt an impact coming from the rear of my lorry. I drove my lorry to the road shoulder and stopped my lorry. I then discovered that a lady rider was laying down on the road and a motorcycle laying flat on the road just slightly behind her. I assisted to carry her motorcycle to the road shoulder while other road users were helping her with her condition. One pedestrian on an overhead bridge approached me and informed that he saw the lady rider colliding into the back of my lorry. My nephew assisted to call for ambulance. The rider was conveyed to hospital conscious. MY vehicle sustained some scratches on the rear left of my vehicle and my rear left tail lamp is damaged.

Scanned by CamScanner

Police Report



SINGAPORE
POLICE FORCE



T/20190904/2061

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

3 of 3

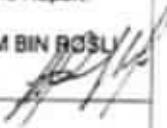
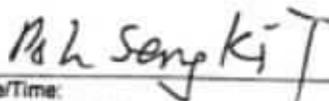
Report No: T/20190904/2061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 MUHAMMAD IRFAN HAKIM BIN ROSLI 	Signature Of Informant: Poh Song Kit 
Signature Of Interpreter: Not applicable	Date/Time: 04/09/2019 12:39
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:
Authentication Stamp NP168 	

Scanned by CamScanner

Accident Photo



Accident Photo



Accident Photo



Accident Photo



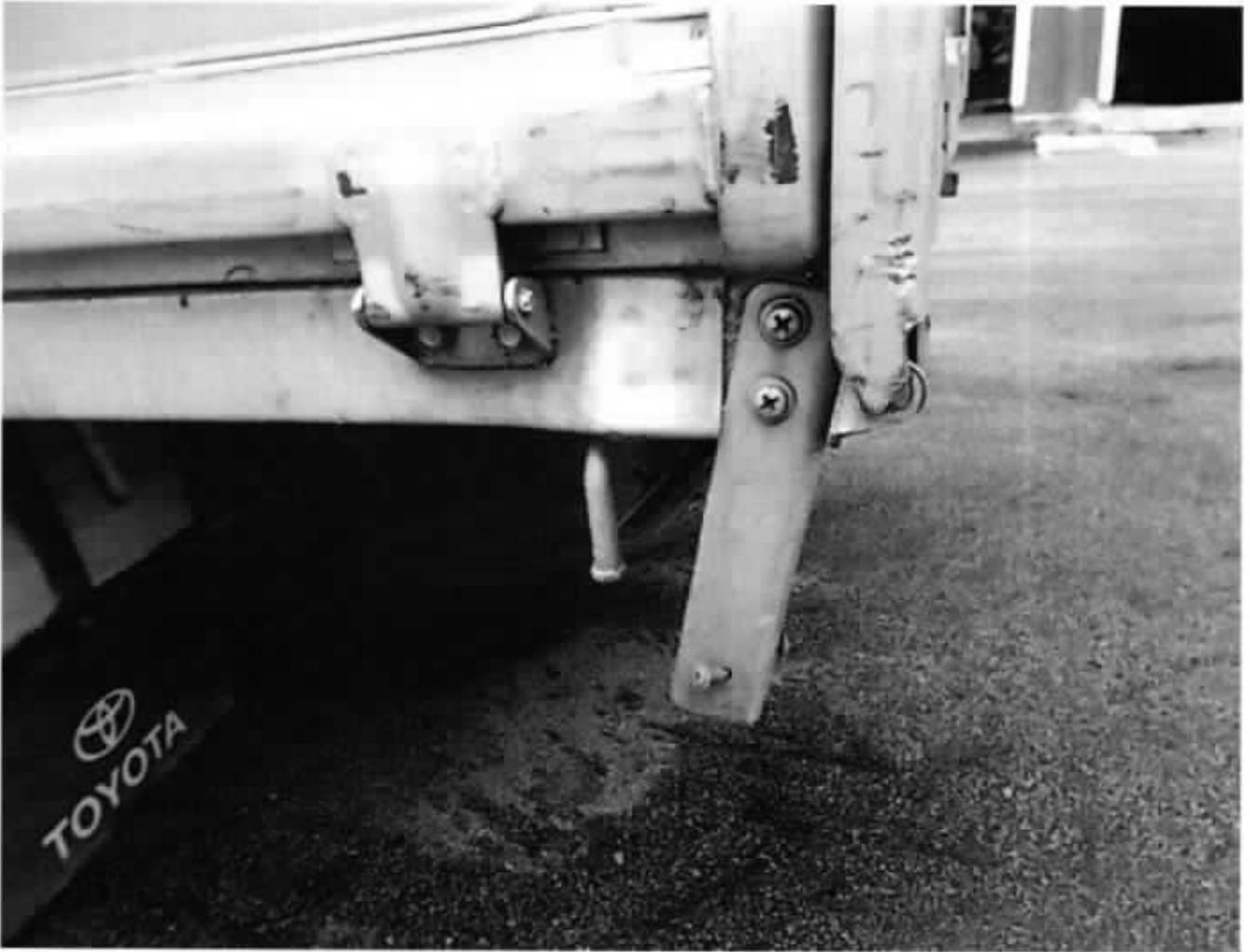
Accident Photo



Accident Photo



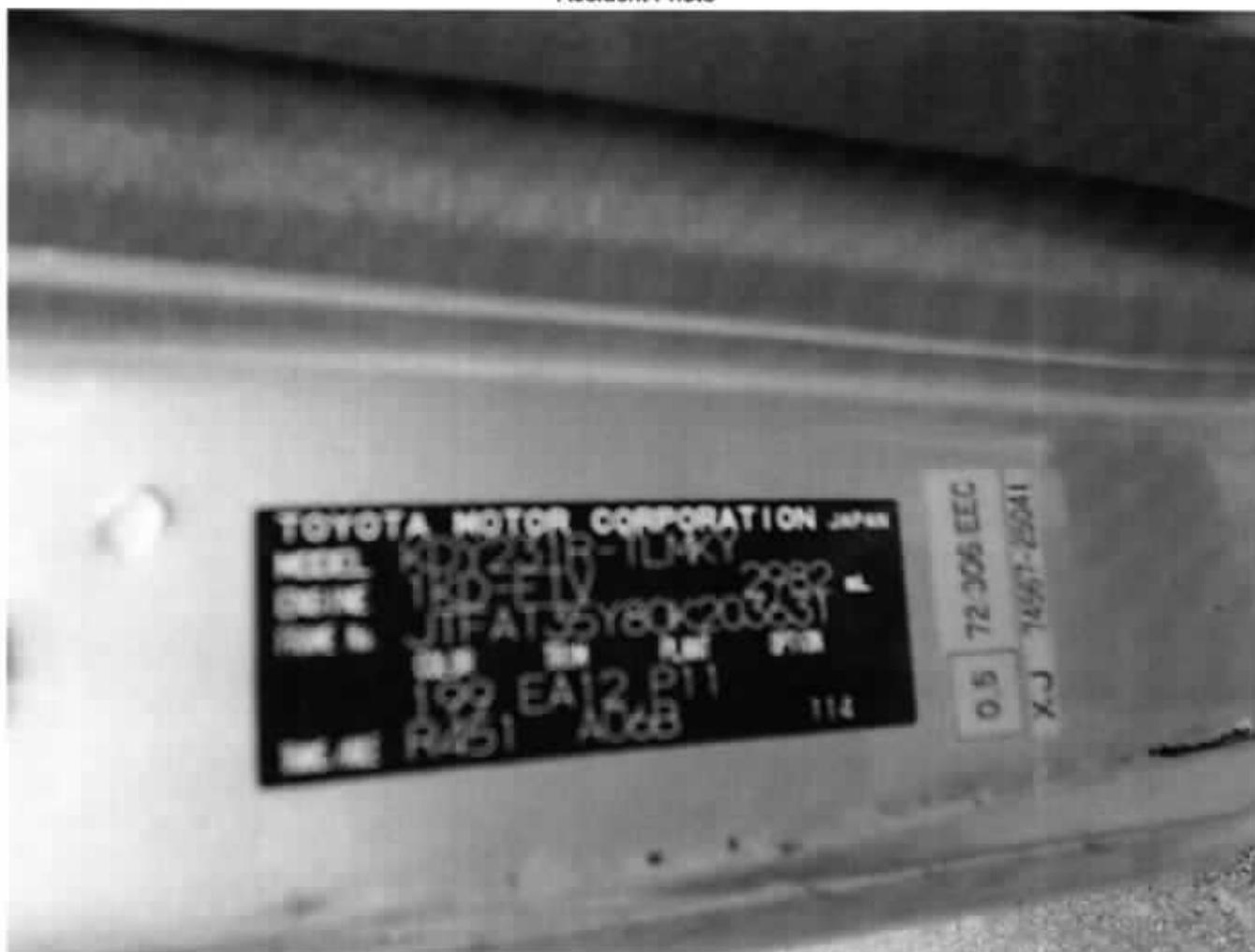
Accident Photo



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	14/09/2019 13:53
Date Of Accident	04/09/2019 09:40
Exact Location Of Accident	BRADDELL ROAD TOWARDS BARTLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA5045J
Insured/Policyholder	
Name Of Registered Owner	RAFHANAH BINTE RAHIM
NRIC No	S8729137E
Email Address	RAF_RR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96738737
Alternative Phone No	OTHERS-96738737

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/19-500601-WTT
Cover Note Number	

Driver

Name of Driver	RAFHANAH BINTE RAHIM
NRIC No	S8729137E
Date Of Birth	23/09/1987
Occupation	INDOOR
Date Of Driving Pass	19/04/2006
Driving Experience	13 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96738737
Fax Number	
Contact Number	OTHERS_96738737

Address	BLK 355 CHOA CHU KANG CENTRAL #02-385 SINGAPORE
Postcode	680355
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG DIVISION HQ
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 18007910000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

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	GBD4324U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	POH SENG KIT
NRIC/Passport Number	S1123389I
Contact Number	84783806
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	RAFHANAH BINTE RAHIM
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	FBA5045J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

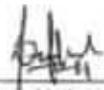
SKETCH PLAN

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 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 (POPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

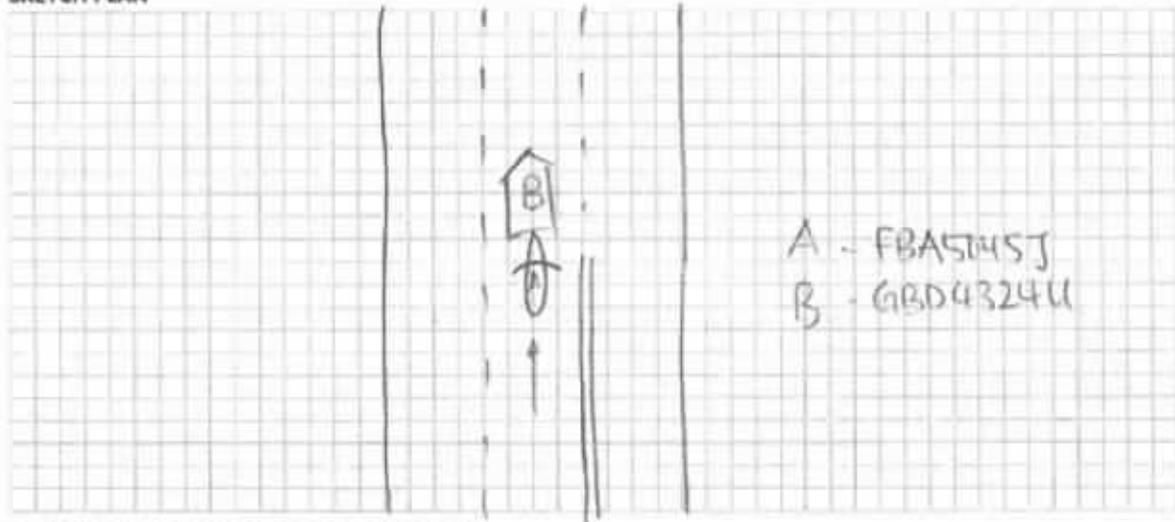


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

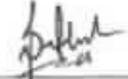


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report

DECLARATION

(We declare the foregoing particulars are true in every respect.)



Policyholder's Signature
Date & Time:

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



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



**SINGAPORE
POLICE FORCE**



J/20190905/7040

1 of 2

POLICE REPORT (NP299)

Report No. J/20190905/7040

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 05/09/2019 15:56	Vide Report No.	Station Diary No.
Name Of Informant RAFHANAH BINTE RAHIM	Address APT BLK 355 CHOA CHU KANG CENTRAL #02-385 SINGAPORE 680355	
ID Type / ID No. NRIC NO / S8729137E	Contact No. Home/Office:	Mobile: 96738737
Nationality SINGAPORE CITIZEN	Email Address raf_rr@hotmail.com	
Occupation Other engineering professionals nec	Sex Female	Age 31
Institution/School Name	Date of Birth 23/09/1987	Race Boyanese
Date/Time Of Incident 04/09/2019 09:40 - 05/09/2019 14:20	Language English	
	Location Of Incident APT BLK 355 CHOA CHU KANG CENTRAL #02-385 SINGAPORE 680355	

Brief details.

On 4/09/2019 at about 0940hrs, I was riding along Braddell Road towards Bartley Road and I was in the middle lane when all of the sudden, a lorry (GBD4324U) from my right side suddenly changed into my lane and due to that, I could not stop my motorcycle in time and therefore colliding onto the rear of the lorry. I then fell off my motorcycle and I manage to move to the side of the road. The traffic police and ambulance came to the scene and I was then conveyed to Tan Tock Seng Hospital where I was warded



**SINGAPORE
POLICE FORCE**



J/20190905/7040

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190905/7040

right eye socket, cuts on my right eye and cheek, top of my lips as well as the inside of the upper lip, abrasions on my arms, hands and feet. I would like to state that my motorcycle sustained serious damage due to the accident and had to be towed away.

Subjects Involved			
Victim			
Person Name	RAFHANAH BINTE RAHIM		
ID Type	NRIC NO	ID No	S6729137E
Gender	Female	Age	31
Race	Boyanesa	Language	English
Occupation	Other engineering professionals nec	Address Type	
Address	APT BLK 355 CHOA CHU KANG CENTRAL #02-385 SINGAPORE 680355	Mobile No	96738737
Is Informant A Victim?	Yes		
Person Name	RAFHANAH BINTE RAHIM (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/09/2019 15:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

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



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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	05 Sep 2019		06 Sep 2019 15:30 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:	RAFHANAH BINTE RAHIM, ID: S8729137E, Tel: +6596738737								
Main Claimant:	CHIN HOR RENOVATION SERVICE, Co. Reg. No.: 53227413W								
Vehicle Reg. No.:	GBD4324U	Date of Loss:	04/09/2019 09:00 - :59 [58 Months and 8 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / MSC/V/19-001085	Policy/Cover Note No.:	MSD/VMT/19-500601-WTT (Third Party Only) Coverage: 26/05/2019 - 25/05/2020						
Vehicle Reg. No. (Insured):	FBA5045J	Policy No. (Claimant):							
		Excess:							
Repairer:	My Car Consultant Pte Ltd (Ubi) 53 Ubi Ave 1, #01-33, Pays Ubi Industrial Park, 408934 Ubi - Tel:								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pui - 6594 2521]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 12/11/2019]								
Driver/Custodian (Insured):	RAFHANAH BINTE RAHIM (31 / Female), NRIC: S8729137E, Tel: +6596738737 Email:								
Adj Asg. Remarks:	on WP. Liab: NR. Disagree on SJE. Contact: Huiqin @ 8866 8832.								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> MSIG_SG (08/11/2019): Report Send Back Alerts - GBD4324U (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

*GBD4324U (MSC/V/19-001085)
[FBA5045J]

TP

CHIN HOR RENOVATION SERVICE

Sep 4 2019 9:00AM

[RAFHANAH BINTE RAHIM]

My Car Consultant Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			View	View in Browser
Photos/Images									3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print					
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2	13/09/19 17:49	General View		Load JPG	<input checked="" type="checkbox"/>					
3	13/09/19 17:49	General View		Load JPG	<input checked="" type="checkbox"/>					
4	13/09/19 17:49	General View		Load JPG	<input checked="" type="checkbox"/>					
5	13/09/19 17:49	General View		Load JPG	<input checked="" type="checkbox"/>					
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8	13/09/19 17:49	General View		Load JPG	<input checked="" type="checkbox"/>					
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25	13/09/19 17:50	Chassis Number		Load JPG	<input checked="" type="checkbox"/>					
26	13/09/19 17:50	After Repair Photo		Load JPG	<input checked="" type="checkbox"/>					
27	13/09/19 17:50	After Repair Photo		Load JPG	<input checked="" type="checkbox"/>					
28	13/09/19 17:50	After Repair Photo		Load JPG	<input checked="" type="checkbox"/>					
29	13/09/19 17:50	After Repair Photo		Load JPG	<input checked="" type="checkbox"/>					
30	13/09/19 17:50	After Repair Photo		Load JPG	<input checked="" type="checkbox"/>					
31	13/09/19 17:50	After Repair Photo		Load JPG	<input checked="" type="checkbox"/>					
32	13/09/19 17:50	After Repair Photo		Load JPG	<input checked="" type="checkbox"/>					
33	13/09/19 17:50	After Repair Photo		Load JPG	<input checked="" type="checkbox"/>					
34	13/09/19 17:50	After Repair Photo		Load JPG	<input checked="" type="checkbox"/>					
35	13/09/19 17:50	After Repair Photo		Load JPG	<input checked="" type="checkbox"/>					
Documentation									1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print					
1	06/09/19 10:10	TPD GBD4324U GIA REPORT		Load PDF						
2	06/09/19 10:10	TPD GBD4324U - PRI		Load PDF						
3	06/09/19 10:27	Disagree on SJE		Load PDF						
4	21/09/19 14:37	OI Accident Report		Load PDF						
5	07/11/19 13:54	LOD with supporting documents - GBD4324U		Load PDF						
6	07/11/19 13:54	TPD GBD4324U - SURVEY RERPORT & COLOUR PHOTO		Load PDF						

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	29/11/19 14:14	Colour Photo		Load PDF
2	29/11/19 14:14	PRS Invoice		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;"></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: CS3/MSG19015819/GYF3E2-1

Date: 29/11/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMT/19-500601-WTT
Claimant Vehicle No :	GBD4324U	Insured Vehicle No :	FBA5045J
Date of Loss:	04/09/2019	Nature of Claim:	TP
		Claim No:	MSCV/19-001085

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GBD4324U	Engine No:	1KD2450519
Make & Model:	TOYOTA DYNA 150, 3.0 D (M)	Chassis No:	JTFAT35Y80K203631
Reg. Date:	27/10/2014 (Man. Year: 2014)	Odometer:	154000 km
Colour:	Silver		
Engine Capacity:	2982 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:	195 R15	Rear Tyre Size:	155 R12
Front Left Side:	Linglong 5 mm	Rear Left Side:	Firenza 5 mm
Front Right Side:	Linglong 5 mm	Rear Right Side:	Firenza 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,759.20	423.07	2,336.13	84.67
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,660.00	830.00	1,030.00	62.05
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,419.20	1,053.07	3,366.13	76.17
Approved Total (Overridden) (S\$)		850.00		
Nett Amount (S\$)	4,419.20	850.00	3,569.20	80.77

INSPECTION

Date of Assignment:	06/09/2019	
Date Inspected:	10/09/2019	Inspected At: My Car Consultant Pte Ltd (Ubi) 53 Ubi Ave 1, #01-33, Paya Ubi Industrial Park Singapore 408934
Estimated Period of Repair:	3.0 days	

Adjuster: XING GUO QIANG

Manager: YVONNE WONG YIN CHENG

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: 29 Nov 2019)	
Parts:	N/A	TOYOTA DYNA 150 3.0 D (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GBD4324U)	
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 TAILGATE	Repair	1,910.80 FL	*- FL
2	1		*REAR LH TAILGATE LOWER BRACKET	Bent	304.70 FL	*116.00 FL
3	1		*REAR LH SIDE GATE HINGE	Repair	179.00 FL	*- FL
4	1		*REAR LH SIDE GATE LOCK	Repair	211.00 FL	*- FL
5	4		*TAILGATE LOWER HINGE	Repair	426.00 FL	*- FL
6	1		*REAR LH TAILLAMP	Cracked	78.10 FL	*78.10 FL
7	1		*REAR LH TAILLAMP PANEL	Bent	211.00 FL	*165.00 FL
8	1		*TAILGATE LOGO - TOYOTA	Necessary	120.00 FL	*120.00 FL
9	1		*TAILGATE LOWER MEMBER STICKER - DYNA	Necessary	65.00 FL	*65.00 FL
10	1		*REAR NUMBER PLATE	Serviceable	70.00 FS	*- FS
11	1		*70KM/H STICKER	Necessary	60.00 FS	*15.00 FS

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

Sub Total (\$\$)	3,635.60	559.10
- List Item Discount on L Items 25.00/25.00% (\$\$)	876.40	136.03
Total Parts (\$\$)	2,759.20	423.07

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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	CHECK REAR WIRING AND LIGHTNING SYSTEM	New	60.00	30.00
2	TRANSFER PARTS, ATTACHMENT FROM OLD TAILGATE TO NEW	New	200.00	0.00
3	PANEL BEATING ON AFFECTED AREAS	New	700.00	200.00
4	SPRAY PAINTING ON AFFECTED AREAS	New	600.00	400.00
5	APPLY ANTI RUST ON AFFECTED AREAS	New	100.00	0.00
Gross Labour Cost (S\$)			1,660.00	630.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >