ASSIGNATION ASSIGN	ENT Office	A 311 Special Instruction	
From (Person); Kwok woonchoo of	Mela	Date/Time:	20/11/10 @ 10.02en
stranted Cost:	Bill to:		
OD FF /WS/TP RES / OD RES / EVA / INV / MV /-	CS		
To Inspect Vehicle No: SLB 97	154X	Insured:	
it Workshop in/s Motor Image		Tel: 861	13195
19 loving 8 toa pago	h		
Policy No: 80455447	Claim No: _	611398	
Sum Insured:	Excess:		
Make of Veh: Client's Record)		D.O.A.	24/10/2019
CA / REV REP. / REV 24 HRS			dorsement
Date/Time: 10:44cme 20/11/19erson Contacted:	Damel	Vehicle_IN	LOUT
Date/Time Action/Instruction Polymold			
SLB9754X-X			
		-	
21/11/9 Sent Revert Via Meri	men (To	tal loss)	.0
7101 101		1000	

BILLIANUE OF	evl REF:	·
	Designation of the second	ASSIGNMENT
From:	Date:	Veh No: SLB 9754X Yr Regn: 28/4/16
Estimated Cost:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD/TP/WS/TP RES	OD RES / EVA / INV / MV	Truck / Traller or
To Inspect Vehicle No:	· · · · · · · · · · · · · · · · · · ·	Mako: St. bary Forester 1998
at Workshop m/s		Colour Gry AC: Insured/Std/NI
10		Sp.Reading // / T/Radio: Insured / Std / NI
Insured. ,		Eng/No:
Policy No.		CTNO: JF1STSKC66970452
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured:	Excess: \$ 700	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	I is 53	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: NII / S/Rim / STD A/Rim or
		Tyre Size: F: 225/55 R 18
(Policy Condition)		R:
Remark: The veh had co	The state of the s	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the tin	no of Inspection.	TOYOTYOKO or Confinital .
Bal. or Market Value:		Front Rear
IDAC Accident Rport;	Consistent? : Yes or No	R/Bal. S mm R/Bal. S
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. 5 mm L/Bal. 5
Est. Repairs:	days Res.: Yes or No	D.O.A. 24/10/19 D.O.I. 20/11/19
Lum Sum:	% 3 Val.: Yes or No	Survey held at Mohr Image
CA / REV / REP. /	24 HRS	Dos. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Per	Vehicle: I rson Contacted:	
	Instruction	The U/C / Chassis frame / Body Structure affected due to collis
MV- PV-	- 70 K / '30,	111/19 Not eromove to repair (Total 1055)
NV-	VU1270	ECEIVED 0 DEC 2010
29/11. Sent	Revolved ( Exte	ensive Total loss)
	* ** *	MV = \$70000-00 LTA = \$41760-00
1	- F	Nett = \$28240-00
i and the		NOT 3 4
Date/Time, File Pass to?	: Prell. Report	Days Of Repair:
Date/Time, File Return to?	: Final Report	Resurvey No. of Trip:  Survey Fee: 190
	Mist Ad	d Fee: : Site Insp (\$ )s+Rs si
11	Add	——————————————————————————————————————
Réport Format :	•	
The second secon		lech Invs-(3 ) Othors

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

AIM SUB	FOLDER TRA	CKING								
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sub	mitted	Ins Auth'ed	Status		
Main	14 Nov 2019		20 Nov 2019 10:02 Assign					New Assig		
	Main	Re	ference	С	laim Details		Documer	nts	Show All	
CLAIM SU	BFOLDER DE	TAILS	Name and Parks			[Creat	ed by insurer]			
nsured:	EMMANU	EL BERNARD VAI	N DE GEER, ID	: S7656218J,	Tel: +65968	26152,	Email: emmanuel.	vandegeer@gr	nail.com	
Vehicle Reg No.:	SLB975				Date of Loss:		24/10/2019 09:00 - :59 [ <b>45</b> Months and <b>23</b> Days From LTA Reg Date (Man Yr)]			
Claim Type	OD / 61	1398			Policy/Cover Note No.:		47 (Comprehensiv ge: 28/04/2019 - 2			
					Excess:	S\$700.0	00			
Repairer:	Motor Im	age Enterprises	Pte Ltd (HQ) 1	9 LORONG 8 T	OA PAYOH, 319	9255 Toa	Payoh - Tel:			
Handling Insurer:	MSIG Ins	urance (Singapo	re) Pte, Ltd. (H	IQ) - Tel: +65	6827 7888	[Handled	by Kwok Woon	Choo - 6643 1	.330]	
Adjuster:	LKK Auto	<b>Consultants Pte</b>	Ltd (HQ) - Tel:	6256-3561	. [Imm.Adv	ice due	21/11/2019]			
Driver/Cus dian:		L BERNARD VAN D .vandegeer@gmai		ale), NRIC:	S7656218J,	Tel: +659	96826152 Email:			
Adj Asg. Remarks:	Car in. Su	rvey & revert. Plea	se contact us AS	SAP if you can	not attend this	assignme	ent. TOTAL LOSS -	TO REVERT		
ASSOCIA	TED MAIL RE	CEIVED						View All Co	ompose Case Mail	
There are r	no mail for this	case.								
ALL ASS	OCIATED TAS	iks⊡				View /	All   Search Tasks	Create New	Task   Complete	
Due Dat	e Priority	Type Task	Group Sub	ject Hand	ler Assign	ed By	Completed O	n Create	ed On Done?	
	- CONTROL (1924)	CARROTTINE DESCRIPTION	United 10							

### Note: This document has not been finalised.

### 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

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Pava Ubi Industrial Park Singapore 408933

Attn:

Kwok Woon Choo

Date:

21 Nov 2019

#### **Preliminary Advice**

Vehicle No

: SLB9754X

Accident Date

: 24/10/2019

Make

: SUBARU FORESTER

Policy No.

: 80455447

Assignment Date

: 20/11/2019

Excess

: S\$700.00

Date of Inspection

: 20/11/2019

Est. Duration of Repair

: 0.00

Inspection At

: MOTOR IMAGE ENTERPRISES PTE LTD (HQ)

19 LORONG 8 TOA PAYOH

SINGAPORE 319255

Point of Impact / General Description of Damages

The vehicle sustained impact / damages front o/s & n/s portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	TOTAL LOSS
Revised Amount	:S\$	0.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	0.00
	.00	

Lump Sum Repair :55

#### **Total Loss Consideration**

New for Old Value	:S\$	
Pre-Accident Value	:S\$	70,000.00
COE / PARF Rebate	:S\$	41,760.00
Salvage Value	:S\$	
Margin for Repair	:S\$	28,240.00

#### Remarks

(	X	)	The	vehicle	is	not	economical	for	repair.
---	---	---	-----	---------	----	-----	------------	-----	---------

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 witholding 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

<ol> <li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li> </ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/11/2019 14:37
Date Of Accident	24/10/2019 09:30
Exact Location Of Accident	ECP EXIT 14
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB9754X
Insured/Policyholder	
Name Of Registered Owner	EMMANUEL BERNARD VAN DE GEER
NRIC No	S7656218J
Email Address	EMMANUEL.VANDEGEER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96876152
Alternative Phone No	OTHERS-96876152
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORRESTER
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80455447 QMY
Cover Note Number	
Driver	

Name of Driver EMMANUEL BERNARD VAN DE GEER

NRIC No S7656218J Date Of Birth 04/02/1976 Occupation INDOOR Date Of Driving Pass 13/10/2011

**Driving Experience** 8 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96876152

Fax Number

Contact Number OTHERS-96876152

**EMail Address** EMMANUEL.VANDEGEER@GMAIL.COM Address

8 MARINA BOULEVARD

Postcode

018981

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

COLLIDED INTO PROPERTY

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

1

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

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)

1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

10 UBI AVENUE 3

Police Station Name Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED POLICE REPORT

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

Vehicle Make/Model/Colour

**Details Of Properties** 

ROAD BARRIERS

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

#### **DETAILS OF INJURED PERSON 1**

Name

EMMANUEL BERNARD VAN DE GEER

Approximate Age

Injuries Sustain

REFER REPORT

Injured person in which vehicle?

SLB9754X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudlate policy liability</u>.
- 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.
- 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.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal Information set out in this [form] and any other personal Information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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: 7 ///

while the state of

Driver's Signature

(If driver is not the policyholder)

Date & Time: 7

1:57 mm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### Sketch Plan #2 Pg. 1

SKETCH PLAN	٥	n 1.		
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ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT			
- A-				
As por pol	in regent	-	4.000	
, ,	/			
			*****	
ECLARATION				
We declare the foregoing particu	ulars are true in every re	spect.		
1	and the second s			
1.	1 -			1 100
X				Opri
licyholder's Signature	Driver's Signature	***************************************	Reporting Centre	Personnel's Signature
ate & Time:	(If driver is not the		Name:	
7/11/2019	Date & Time:		NRIC/FIN No.:	- 1
111/202	9:	57am		U ,
4. ) 1am	,			

#### Common Statement Pg. 1



REPORT OF A TRAFFIC ACCIDENT



T/20191030/2054

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20191030/2054

Date/Time F 30/10/2019				Vide Report No.: Station Diary No.			Station Diary No.:				
Informant's	Part	culars			rotal Marie	QA,					
Name of Info EMMANUEL GEER			N DE	Addre	ess:		8				
ID Type / ID				Conta							
NRIC NO / S7656218J				e/Office:		N	1obile: 9687	76152			
Nationality: AUSTRALIA				Email							
Sex: Male	Age:		of Birth: 2/1976	Type	Type of Informant:						
Race: Australian	ace:			Langi			lr	stitution / S	School Name:		
Occupation: OTHERS				Drivin Class	ng Licence In	for		ate of Expi	ry:		
General Info	rmati	on of the	Accident	W. Char		3.3	42224724				
Type of Accident:		Injury Conveye	d By Ambu	ılance	Drink Date/Time of Accident: No 24/10/2019 09				Type of Location:		
Location: Along Road EAST COAS	STEX	PRESSW	AY								
Weather: Clear				Road					Road Speed Limit:		
Traffic Flow:	1		20	Traffic Control:					Traffic Volume: Moderate		
Type of Coll	ision:		****						one conveyed by ulance:		
Details of V	ehicl	e Involved	1.97 (A. A. A. 4.29)	Territor.	1 (1931) 11 (1941)	Ză:	(#](#V1007.00	er Verse			
Vehicle No.	_		Make	Anda"	Model	1	Color	Condition	No of Passenger		
SLB9754X	Car								0		
Details of P	ersor	n Involved	A Ligar	i general				4 4 600			
Any Pedestr	ian In	volved: No	)								
No. of Pede	strian	s Injured: I	VIL		Use	of I	Pedestrian C	rossing: NA	4		

#### Common Statement Pg. 1





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20191030/2054 \*

#### CONTINUATION OF REPORT

Name	EMMANUEL BERN	ARD VAN	DE GEER	ID No		S7656218J
Related Vehicle	SLB9754X (Car)	*****	*0	Conta	ict No.	96876152
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licen Expire	g .	Class: NIL Date of Expiry: NIL
Date Treatment	24/10/2019		Date Disc	charge	25/10	/2019
No. of Days gran	ted Medical Leave	08	Degree o		Serio	us

On the above mentioned date time and location,

I was travelling along the along ECP, on the left lane. I was focusing on the road, and out of a sudden, I had a coughing fit. As I was coughing, I closed my eyes, and I lost control of my vehicle, collided into the barriers on the left. I was then conveyed to the nearest hospital. That is all.

#### Common Statement Pg. 1





Police Station Of Origin: Traffic Police

Report No. T/20191030/2054

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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: TP / MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	30/10/2019 11:49
Officer In Charge Of Case:	Classification Of Case:
Insp TAN CHIN YONG	
Contact No.: 65476178	
Authentication Stamp	The state of the s









## > Back to OneMotoring

'Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	218J
Vehicle No.:	SLB9754X
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Nov 2019
Vehicle Make:	SUBARU
Vehicle Model:	FORESTER 2.0I-L CVT AWD SR
Primary Colour:	Brown
Manufacturing Year:	2016
Engine No.:	FB20Y251336
Chassis No.:	JF1SJ5KC5GG070452
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$15,349.00
Original Registration Date:	28 Apr 2016
First Registration Date:	28 Apr 2016
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$15,349.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Apr 2026
PARF Rebate Amount: Intended COE Rebate Details	\$11,511.00
COE Expiry Date:	27 Apr 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,000.00
COE Rebate Amount:	\$30,249.00
Total Rebate Amount:	\$41,760.00

The information contained herein is correct as at 20 Nov 2019

ОК





#### Motor Image Enterprises Pte Ltd

19 Lorong 8 Toa Payoh Singapore 319255 Tel: (65) 6417 0333 Fax: (65) 6252 5655 BRN 198702032R

19 - NOV - 2019

MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way **SGX Centre** Singapore 068807

Attn: Claims Department

**VEHICLE NO** 

**SLB 9754 X** 

**CHASSIS NO** 

JF1SJ5KC5GG070452

MODEL

FORESTER 2.01-L AWD CVT

**ENGINE NO** 

FB20Y251336

**REG DATE** 

28 - APR - 2016

Based on our assessment, we found damages to the front left side of the chassis which leads to the safety of the vehicle being compromised and the entire left portion of vehicle being severely damaged and leading it to be beyond the economic cost of repair. We seek your assistance and endorsement to declare the above mentioned a constructive total loss vehicle.

Daniel A Jude

Service Executive

Motor Image Enterprises Pte Ltd

19 Lorong 8 Toa Payoh Singapore (319255)

Tel

: 6703 8107

Hp

: 8611 3195

Fax

: 6235 5535

Email: danieljude@motimage.net

20 /11/19, 2.90 pm

se.net 00 - Not Authorise (Revent)
Steve (LKK) Excess - \$700



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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Status
Main	14 Nov 2019		20 Nov 2019 10:02 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt	Pending for Survey Report

CLAIM SUB	FOLDER DETAILS		[Created by insurer]				
Insured:	EMMANUEL BERNARD VAN DE GEER, ID: S7656218J, Tel: +6596826152, Email: emmanuel.vandegeer@gmail.com						
Vehicle Reg. No.:	SLB9754X	Date of Loss:	24/10/2019 09:00 - :59 [ <b>41</b> Months and <b>26</b> Days From LTA	Reg Date (Man Yr)]			
Claim Type:	<b>OD</b> / 611398	Policy/Cover Note No.:	80455447 (Comprehensive) Coverage: 28/04/2019 - 27/04/2020				
		Excess:	S\$700.00				
Repairer:	Motor Image Enterprises Pte Ltd (HQ) 19 LORONG 8 7	TOA PAYOH, 319	255 Toa Payoh - Tel:				
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +6	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 [Handled by Kwok Woon Choo - 6643 1330]					
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561	[Handled by CI	HEN TSUE YEE] [Final Rpt du	ie 20/12/2019]			
Driver/Custo dian:							
Adj Asg. Remarks:	Car in. Survey & revert. Please contact us ASAP if you can	not attend this a	ssignment. TOTAL LOSS - TO REVER	RT .			
ASSOCIATE	D MAIL RECEIVED		View All	Compose Case Ma			
<ul> <li>MSIG_SG</li> </ul>	(29/11/2019): Alert - Adj Mandate Revoked - SLB9754X	C - Claim Handle	er: Kwok Woon Choo				
ALL ASSOC	CIATED TASKS	1	/iew All   Search Tasks   Create	New Task   Complet			
	Priority Type Task Group Subject Hand	dler Assign	ed By Completed On C	reated On Done			
Due Date							

#### **Claim Documents**

#### \*SLB9754X (611398) OD Oct 24 2019 9:00AM [EMMANUEL BERNARD VAN DE GEER] Motor Image Enterprises Pte Ltd

Acc	essment Reports		1 per page	~	V
		STA INSPECTION PTE LTD (Boon Lay)		mbnail	_
No 1	Finalized On 12/11/19 14:56	Accident Statement		d HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		mbnail	Print
1	21/11/19 16:48	Adjuster Immediate Advice	1 Loa	d HTM	
Pho	otos/Images		3 per page	V	V
No	Finalized On	STA INSPECTION PTE LTD (Boon Lay)	Thu	mbnail	Print
1	12/11/19 14:53	Accident Photo [Linked Accident Report Documents]	■ Los	ad JPG	V
2	12/11/19 14:53	Accident Photo [Linked Accident Report Documents]	1 Los	ad JPG	V
3	12/11/19 14:53	Accident Photo [Linked Accident Report Documents]	1 Loa	ad JPG	V
4	12/11/19 14:53	Accident Photo	€ Loz	ad JPG	Ø
5	12/11/19 14:53	[Linked Accident Report Documents] Accident Photo	(I) Loa	ad JPG	V
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Merimen e-Claims Page 4 of 4

### **Linked Accident Report Documents**

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Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
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Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.	

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

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

Singapore 408933

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

#### VEHICLE DAMAGE INSPECTION REPORT

MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way, #21-01 SGX Centre 2

Singapore 068807

Our File No:

CS/MSG19020557/EYD3E2

Date:

17/12/2019

REFERENCE

Insured/Claimant: Date of Loss: EMMANUEL BERNARD VAN DE GEER

Policy No:

Nature of Claim:

No

80455447

OD

44/

Claim No: 611398

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

24/10/2019

Reg No:

SLB9754X

Make & Model:

SUBARU FORESTER, 2.0 (A)

Engine No:

FB20Y251336

0 km

Reg. Date:

28/04/2016 (Man. Year: 2016)

Chassis No: Odometer: JF1SJ5KC5GG070452

Colour:

Grey

1995 cc

Engine Capacity: Market Value/New Car

A I / A

Price:

N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

225/55 R18

Rear Tyre Size:

225/55 R18

Front Left Side:

Continental 5 mm

Rear Left Side:

Continental 5 mm

Front Right Side:

Continental 5 mm

Rear Right Side:

Continental 5 mm

The above values represent the remaining tyre treads depth

COST OF CL	LAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts		0.00	0.00	0.00	
Miscellaneous	s Items	0.00	0.00	0.00	
Labour		0.00	0.00	0.00	
Paintwork Lab	oour	0.00	0.00	0.00	
Towing		0.00	0.00	0.00	
	Calculated Gross Total (S\$)	0.00	0.00	0.00	
	- Excess (S\$)	700.00	700.00	0.00	0.00
	Nett Amount (S\$)	-700.00	-700.00	0.00	0.00

INSPECTION

Date of Assignment:

20/11/2019

Date Inspected:

20/11/2019 Inspected At:

Motor Image Enterprises Pte Ltd (HQ)

19 LORONG 8 TOA PAYOH

Singapore 319255

Estimated Period of Repair:

0.0 days

Adjuster: CHEN TSUE YEE

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.

Adjuster Report Page 2 of 4

#### TOTAL LOSS ASPECT

Market Value: \$70,000.00

OMV: \$15,349.00

PARF Rebate (1): \$11,511.00

Quota Premium Paid: \$47,000.00

COE Rebate (2): \$30,249.00

Total Rebate (1) + (2) =: \$41,760.00

The total amount incurred will be Market Value \$70,000.00 minus Total Rebate \$41,760.00 = \$28,240.00 before excess.

In view of the above, the vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

### REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 16 Dec 2019)

Parts:

M1-SUV

SUBARU FORESTER 2.0 (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's

(B.: 1 ... : 1 10: 1 11:-1)

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SLB9754X)

Validity:

These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

#### Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

### Recommended Miscellaneous Items

There are no new miscellaneous items selected.

#### Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >