

merimen

ASS. REC. BY:

REF: CS/MSG 190 207481 kvf3n2

Special Instruction:

SURVEYOR: Janah

ASSIGNMENT (Office)

From (Person): Christina Wong

of MSIG

Date/Time: 22.11.19 16:31 PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLH 6484

Insured: SLI 7057K

at Workshop m/s Rc Auto

Tel: 97619383

of 160 sin ng Drive #06-20

Policy No: 29088463MCF

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 20.11.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

rup

H.O.D. Endorsement:

Date/Time: 25.11.19 9:44 a.m

Person Contacted: Kim

Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLH 6484 - X
	SLI 7057K - X
<u>26/11/19</u>	Send preli revised via merimen
<u>9/12</u>	<u>85852.87 email & confirm (Recd 1305.42, 18/10)</u>

REF: MS169

Kenneth

ASSIGNMENT

From: _____ Date: 25.11.2019

Estimated Cost: _____

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLH 6484

at Workshop this: Rf Auto

of: 160 8th Ming Drive #06-20

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Veh No: SLH 6484 yr Regn: 10 / 16

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

Truck / Trailer or: MPV

Make: Toy wish^a, c.c. 1798

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 58790 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDGG20W40J005934

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195 / 65R15
R: _____

(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. Repair: 07 days Res: Yes or No

Lum Sum: 1.3-1 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS ^{mpv}

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal: 8 mm R/Bal: 8 mm

L/Bal: 8 mm L/Bal: 8 mm

D.O.A: 20/11/19 D.O.I: 25/11/19

Survey held at: _____ ✓

Dist. 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

RECEIVED 10 DEC 2019

[Signature]
10/12/2019

Days/Weeks For Prel. Report: Prel. Report

Final Report: Final Report

Days Of Repair: 7

Resurvey No. of Trip: 2

Add Fee: Site Insp \$5

Interview \$5

Tech. Insp \$10

Med. Insp \$5

Survey Fee:	
Transportation:	
Site Insp:	150
Med. Insp:	11
Total:	161

10/12 - typist

Merimen

p/p \$5852.87

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: Christina Wong	
Date: 26 Nov 2019	
<h3><u>Preliminary Advice</u></h3>	

Insured Vehicle No	: SLL7057K		
TP Vehicle No	: SLH648Y	Accident Date	: 20/11/2019
Make	: TOYOTA WISH	Assignment Date	: 22/11/2019
Date of Inspection	: 25/11/2019	Est. Duration of Repair	: 7.00
Inspection At	: RC AUTO-160 SIN MING (HQ) 160 SIN MING DRIVE, #06-20 SIN MING AUTOCITY SINGAPORE 575722		

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\$	6,873.29
Revised Amount	:S\$	5,166.70
Check Items (Estimated)	:S\$	1,081.66
Total	:S\$	6,248.36

Lump Sum Repair :S\$

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.

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	21/11/2019 16:32
Date Of Accident	20/11/2019 18:05
Exact Location Of Accident	CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH648Y
Insured/Policyholder	
Name Of Registered Owner	FOO VEN KOR
NRIC No	S0096207D
Email Address	VKF0313@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96485816
Alternative Phone No	OTHERS-96558118
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE UE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100487301-03
Cover Note Number	
Driver	
Name of Driver	MICHAEL HU YOUREN
NRIC No	S9246093B
Date Of Birth	20/11/1992
Occupation	INDOOR
Date Of Driving Pass	07/02/2017
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96558118
Fax Number	
Contact Number	
EEmail Address	MICHAELHUYOUREN@GMAIL.COM

Address 580 YIO CHU KANG ROAD
#01-04
Postcode 787068
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured CHILDREN
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident CHAIN COLLISION
Weather Conditions CLEAR
Road Surface DRY

Other Information

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

Details of Police Action

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

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLL7057K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver AQIL BIN TAHIR
NRIC/Passport Number S9718926I
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No..Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLF4674E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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. 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.
- B. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

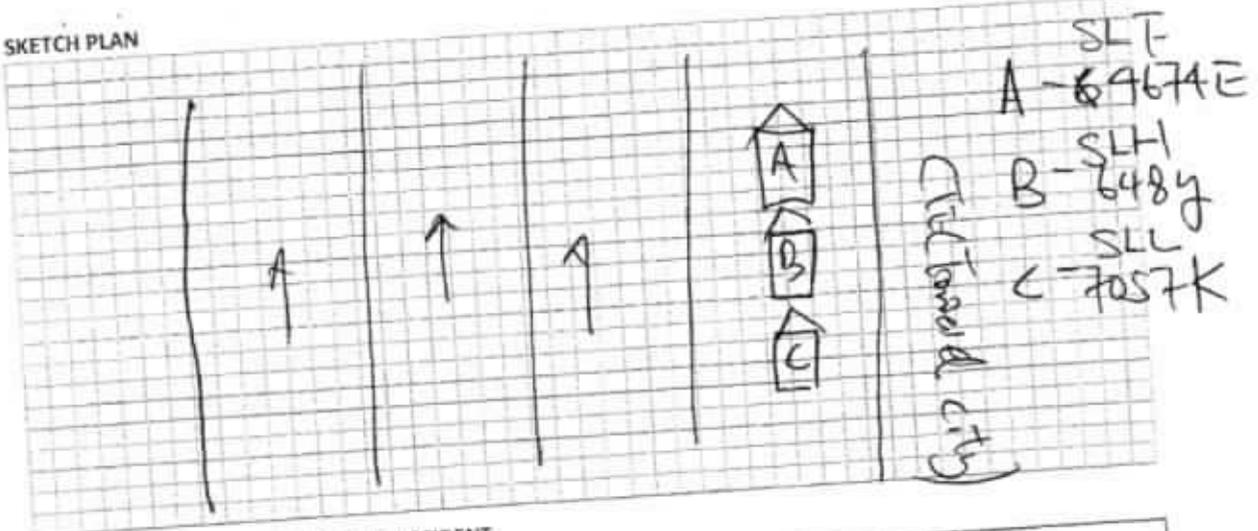
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


 Policyholder's Signature
 Date & Time: 21 NOV 2019

 211119
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time: 21 NOV 2019


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The traffic was slow moving. As I stopped behind vehicle A, suddenly vehicle C came from behind and hit me on my rear, pushing my car forward and touch vehicle A. No one was injured during this incident.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 21 NOV 2019

[Signature] 21/11/19
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 21 NOV 2019

[Signature]
 Reporting Centre Personnel's Signature
 Name: Poh Kwee Choo
 NRIC/IN No.:

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/MSG19020748/KVF3N2
Date: 26/12/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	29088463
Claimant Vehicle No :	SLH648Y	Insured Vehicle No :	SLL7057K
Date of Loss:	20/11/2019	Nature of Claim:	TP
		Claim No:	612329

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLH648Y	Engine No:	2ZR1855799
Make & Model:	TOYOTA WISH, 1.8 CVT (A)	Chassis No:	JTDGG20W40J005934
Reg. Date:	21/10/2016 (Man. Year: 2016)	Odometer:	58790 km
Colour:	Metallic Pearl White		
Engine Capacity:	1798 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:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Yokohama 8 mm	Rear Left Side:	Yokohama 8 mm
Front Right Side:	Yokohama 8 mm	Rear Right Side:	Yokohama 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	6,831.47	3,792.87	3,038.60	44.48
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,510.00	2,060.00	450.00	17.93
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	9,341.47	5,852.87	3,488.60	37.35

INSPECTION

Date of Assignment:	22/11/2019	
Date Inspected:	25/11/2019	Inspected At: Rc Auto-160 Sin Ming (HQ) 160 SIN MING DRIVE, #06-20 SIN MING AUTOCITY Singapore 575722
Estimated Period of Repair:	7.0 days	

Adjuster: KENNETH KONG

Manager: VERON CHEN

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: MRM-SG	Version: 1.0 (Last Synchronised: 26 Dec 2019)
Parts: M1-MPV	TOYOTA WISH 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLH648Y)
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	Bent	1,515.50 F	*1,515.50 FL
2	1		*REAR BUMPER	Bent	588.70 F	*588.70 FL
3	1		*REAR BOOTLID EMBLEM	Necessary	57.00 F	*57.00 FL
4	1		*REAR BUMPER RETAINER	N/s Distorted	84.00 F	*42.00 FL
5	1		*REAR BUMPER BRACKET	N/s Bent	110.00 F	*55.00 FL
6	1		*REAR PANEL	Bent	566.00 F	*566.00 FL
7	1		*REAR VALVEMATIC EMBLEM	Necessary	32.00 F	*32.00 FL
8	1		*REAR BOOTLID LOCK	Dented	322.00 F	*322.00 FL
9	1		*FRONT BUMPER	Buckled	674.90 F	*674.90 FL
10	1		*FRONT BONNET	Repair	840.00 F	*- FL
11	1		*FRONT GRILLE	Serviceable	446.31 F	*- FL
12	1		*FRONT SPONGE	Cracked	91.06 F	*91.06 FL
13	1		*FRONT REINFORCEMENT	Repair	211.00 F	*- FL
14	1		*REAR WINDSCREEN MOULDING	Necessary	240.00 F	*240.00 FL
15	1		*REAR PANEL GARNISH	Buckled	248.00 F	*248.00 FL
16	1		*REAR INNER PANEL	Bent	185.00 F	*185.00 FL
17	1		*FRONT NUMBER PLATE AND HOLDER	Dented	50.00 FS	*45.00 FS
18	1		*SET REVERSE SENSOR	Shorted	400.00 FS	*200.00 FS
19	1		*REAR BOOTLID RUBBER (50%)	Distorted/Dented	170.00 FS	*85.00 FS

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

Sub Total (S\$)	6,831.47	4,947.16
- List Item Discount on L Items 0.00/25.00% (S\$)	0.00	1,154.29
Total Parts (S\$)	6,831.47	3,792.87

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
Labour Items				
1	TO REMOVE WINDSCREEN	New	150.00	120.00
2	TO REMOVE UPHOLSTERY	New	80.00	60.00
3	TO REPLACE FRONT AND REAR PORTION	New	1,000.00	800.00
4	TO RESPRAY FRONT AND REAR PORTION	New	1,100.00	1,000.00
5	ANTI RUST	New	50.00	50.00
6	TO CHECK WIRING	New	30.00	30.00
7	LABOUR CHARGES TO REMOVE UPHOLSTERY TO FACILITATE REPAIR	New	100.00	0.00
Gross Labour Cost (S\$)			2,510.00	2,060.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >