Surveyor			GNMENT (Office)		
From (Person	pang xiu sh	of	msig	Date/Time: 9	12.19 16.02p.M
Estimated Co			Bill to:		
	STTP RES / OD R	ES/EVA/INV/I	MV / CS	•	
	hicle No: Si m/s Vin's Au			Insured:	12/
	ming Dove #				,-,
Policy No:	907646mpc	ì	Claim No:	00/613910	
Sum Insured:				ort.	
			Excess:	OF	
Make of Veh			Excess;	D.O.A. 9.1	2. 2019
Make of Veh (Client's Recox	1)		Excess:	D.O.A. 9.1	1. 2019
Make of Veh (Client's Recons	REP. / REV 24	HRS		1100 51	
Make of Veh (Client's Recons	REP. / REV 24	HRS Person Conta			
Make of Veh (Client's Recons	REP. / REV 24	Person Conta	acted:	1100 51	
Make of Veh (Client's Recon CA REV Date/Time;	REP. / REV 24 9-12-19 4-14β. Action/Instruction	Person Contr	noted:	H.O.D. Endors Vehicle IN	ement:
Make of Veh (Client's Recon CA REV Date/Time;	REP. / REV 24 9-12-19 4-14β. Action/Instruction	Person Control (V) Est	noted:	H.O.D. Endors Vehicle IN 10 0 quidant 07	ement:UT IMIQ chain collision
Make of Veh (Client's Recon CA REV Date/Time;	Action/Instruction Mastrapet	Person Contact (Y) Est e of Fine.	invate	H.O.D. Endors Vehicle IN 10	ement:
Make of Veh (Client's Recon CA REV Date/Time;	Action/Instruction Mastrapet	Person Contact (Y) Est e of Fine.	noted:	H.O.D. Endors Vehicle IN 10	ement:UT IMIQ chain collision

, Dele	Veh No: SLX/805U Yr Regn. June 12008
From Date:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Truck / Trailer or
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Make: Audi R8 4.2 R-Tronic c.c 4,163.
To inspect vehicle No: SEX 18 5 5	
To Inspect Vehicle No: SLX 1805U at Workshop m/s Vin's Auto of 160 S/M DiTVe # 03-03 / # 08-09	Sp.Reading 81/245 km T/Radio: Insured /Std / NI / NA
Insured:	Eng/No: BTH007695
Policy No.	C/No: WUAZZZ4268N006237
Claims No.	Gen. Cond: Good / Fair / Poor (Burn)
Sum Insured: Excess: 0 F	Steering: dnorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 245/30 R Z0
(Policy Condition)	R: 295/25 R 20
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA KMIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 43 4 mm R/Bal. 384 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 44 4 mm L/Bal. 3.9.4 mm
Est Popairs: days Res.: Yes or No	D.O.A. 10/12/2019 D.O.I. 09/12/2019
Lum Sum: % 3 Val.: Yes or No	Survey held at Vin's Auto CAUTOCITY) Sin my
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Rear Engine compartment burnt from FIVE
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	Front left headland
Rebute:	and bornet danaged die
NV: \$206x 175K. RECE	IVED 0 2 JAH 2020 to perious coillies indition with another Vehicle.
NL: \$168-610K. 137,610K	WITH CHOTHE VEHICLE
NC . \$1007810K. 137,010K	
Submit Total Loss as ext.	nsive.
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
02/01/20	
Date/Time. File Return to?	Resurvey No. of Trip: Survey Fee: 190
a) Add Fee	
	: Interview (\$ D) Photos
Report Format: Total Loss	Tech Invs (\$) Oner (SCOF) \$ 170.00 9 1111
Lump Sum / LEE C	Weetend (#
Security system (security)	

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

CLAIM SU	BFOLDER TRAC	KING					
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	09 Dec 2019 15:16		09 Dec 2019 16:02 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
CLAIM SUBFOLDER DETAIL	.s	A STATE OF THE STA	[Created by	insurer]
Insured:	BRENDAN-JAMES TIMOT messie@wearejunta.com	THY HENSON, ID: S8025444Z,	Tel: +6594554074, Email	:
Vehicle Reg. No.:	SLX1805U	Date of Loss:	09/12/2019 11 [137 Months a LTA Reg Date	ind 22 Days From
Claim Type:	OD	Policy/Cover Note No.:	29076466MPQ Coverage: 17/ 16/06/2020	(Comprehensive) 06/2019 -
		Excess:	S\$0.00	
Repairer:	Vin's Auto Pte Ltd (Vin's 6453 2121	s Auto) Sin Ming AutoCity,, 160 Sin	Ming Drive #03-03, 57572	2 Sin Ming - Tel:
Handling Insurer:	MSIG Insurance (Singap 2586)	pore) Pte. Ltd. (HQ) - Tel: +65 68	27 7888 [Handled by Pa	ing Xiu Shi - 6594
Adjuster:	LKK Auto Consultants P	te Ltd (HQ) - Tel: 6256-3561 [I	mm.Advice due 10/1	2/20191
Driver/Custodian:		Y HENSON (39 / Male) , NRIC: S80		The state of the s
Adj Asg. Remarks:	1. DOA: 7/12/2019 - Chair	vey by today. To revert. Please note n Collision - 3/3 (last vehicle). 2. DO dent. Please arrange for survey and	A: 9/12/2019- Vehicle cau	ght fire on the way
				the fire.
ASSOCIATED MAIL RECEIV	ED		View All Co	the fire.
ASSOCIATED MAIL RECEIV There are no mail for this case.			View All Co	
		View All Search		ompose Case Mail

Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Territorie	
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	444Z	
Vehicle No.:	SLX1805U	
Vehicle to be Exported:	No	
Intended Deregistration Date:	09 Dec 2019	
Vehicle Make:	AUDI	
Vehicle Model:	R8 4.2 FSI QU R TRONIC	
Primary Colour:	Silver	
Manufacturing Year:	2008	
Engine No.:	BYH007695	
Chassis No.:	WUAZZZ4268N006237	
Maximum Power Output:	309.0 kW (414 bhp)	
Open Market Value:	\$140.563.00	
Original Registration Date:	17 Jun 2008	
First Registration Date:	17 Jun 2008	
Transfer Count:	3	
Actual ARF Paid: Intended PARF Rebate Details	\$140,563.00	
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	-	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	31 Mar 2028	
COE Category:	E - Open Category	
COE Period(Years):	10	
PQP Paid:	\$44,998,00	
COE Rebate Amount:	\$37,389,00	
Total Rebate Amount:	\$37,389,00	
Information and to the second	7-11-11-11	

The information contained herein is correct as at 09 Dec 2019

OK

1) which is rong fluid.
2) what is the conqueses.

00

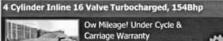
00/613910

You can also help a vulnerable senior change her story



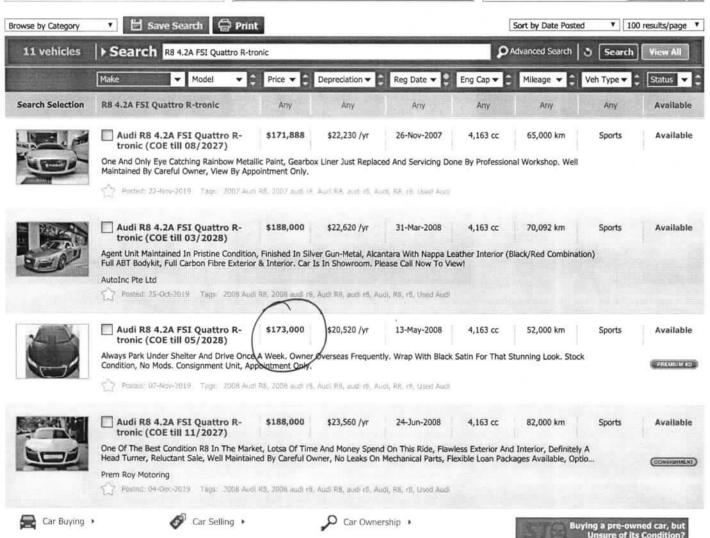
Post an Advertisement Sell it vourself! Advertise it at lust \$58 until it's SOLD!

Post an Ad Advertiser Login Ways of Selling





One Stop Car Hub Finance, Insurance, Workshop New and Used Cars





Car Aftermarket >

Audi R8 4.2A FSI Quattro R-

On The Move >

\$208,800 \$20,860 /yr

Lifestyle >

tronic (New 10-yr COE)

07-Jul-2008 4.163 cc 87,000 km

Sports Available

Eye-Catching Wrapped Up In Chrome R8! Fully Agent Maintained. Certain Parts Still Under Warranty. Well Maintained By Careful Owner. Overall Good Condition, Viewing Strictly On Appointment Basis, Call/Whatsapp Now! Thank You!

Monster Motors Pte Ltd

Posted: 08-Dec-2019 Tags: 2008 Audi R8, 2008 audi r8, Audi R8, audi r8, Audi R8, r8, Used Audi

PREMIUM KD



Audi R8 4.2A FSI Quattro Rtronic (COE till 07/2028)

\$208,000

\$24,110 /yr

24-Jul-2008

4,163 cc

44,000 km

Sports Available

Brand New Reputable Brand Collover Changed 3 Months Ago With Receipts, 3M Matte Red Sticker Wrapped For Only 6 Months, New Michelin PS4S Sport Tyres, Brand New Head Gasket, New Hydraulic Pump, V8 Exhaust, Feels Totally Brand New! Particular Owner. Park.

Posted: 29-Nov-2019 Tags: 2008 And RS, 2008 and rS, And RS, and rS, And RE, rS, Used And

Audi R8 4.2A FSI Quattro Rnic (New 10-yr COE)

\$220,000

21-Aug-2008

4,163 cc 75,000 km Sports

Available PREMIUM AD

DIRECT OWNER

Compare 6

SHORTLESTED

Ive Body Kit, Carbon Fibre Spoiler, & Upgraded Exhaust! All In More Than 20k Of Upgrades To Go With The Car. Definitely Not For nt-Hearted. Well Maintained And Taken With The Utmost Care By Owner, Fully Stock Engine. Always Parked Under Sheltered Wit...



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:

Pang Xiu Shi

10 Dec 2019 Date:

Preliminary Advice

Vehicle No

: SLX1805U

Accident Date

: 09/12/2019

Make

: AUDI R8

Policy No.

: 29076466MPQ

Assignment Date

Excess

: S\$0.00

Date of Inspection

: 09/12/2019

: 09/12/2019

Est. Duration of Repair

Inspection At

: Vin's Auto Pte Ltd (Vin's Auto)

Sin Ming AutoCity,, 160 Sin Ming Drive #03-03

Singapore 575722

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear engine compartment burnt from fire and parts claimed are consistent to the accident. Front left headlamp and bonnet damaged due to previous collision incident with another vehicle.

:S\$	TOTAL LOSS
:S\$	TOTAL LOSS
:S\$	0.00
:S\$	TOTAL LOSS
	:S\$:S\$

Lump Sum Repair

:S\$

Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	175,000.00
COE / PARF Rebate	:S\$	37,389.00
Salvage Value	:S\$	

Salvage Value Margin for Repair

137,611.00 :S\$

Remarks

1	X	\ The	vehicle is	not econo	mical fo	r renair	Vehicle	recommended	total	loss
(^) I He	venicle is	s not econd	JilliGal 10	repair.	vernue	recommended	total	1033

The above survey was conducted on a 'without prejudice' basis.

MFTA19161717 / Formteam Accident Services Taskforce Pte Ltd - HQ ENTRY DATE & TIME: 09/12/2019 12:22 SUBMITTED BY: Wang Sye Yuen

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 <u>truthful and accurate</u> 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report 09/12/2019 12:22

Date Of Accident 09/12/2019 11:20

Exact Location Of Accident ALONG ANG MO KIO AVE 6

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX1805U

Insured/Policyholder

Name Of Registered Owner BRENDAN-JAMES TIMOTHY HENSON

NRIC No \$8025444Z

Email Address MESSIE@WEAREJUNTS.COM

Mobile Phone No (LOCAL) +65-94554074

Alternative Phone No Others-94554074

Vehicle Particulars

Manufacturer AUDI

Model R8-4.2 FSI QU R-TRONIC (A)

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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 29076466

Cover Note Number

Driver

Name of Driver BRENDAN-JAMES TIMOTHY HENSON

 NRIC No
 \$8025444Z

 Date Of Birth
 25/08/1980

 Occupation
 INDOOR

Date Of Driving Pass 29/04/2015

Driving Experience 4 YEARS AND 7 MONTHS

Fax Number

Contact Number

OTHERS-94554074

EMail Address

MESSIE@WEAREJUNTS.COM

Address

33 LUXUS HILL AVE

Postcode

804831

1 0010000

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OWNER

NO

Vehicle Registration Number of Driver's Own

-

Vehicle

-

Insurance Company of Driver's Own Vehicle

....

General Information of the Accident

Type Of Accident

FIRE, EXPLOSION OR LIGHTNING

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

4

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON 09/12/19 AT AROUND 11:22AM, I WAS DRIVING MY CAR SLOWLY ON LANE 3 OF ANG MO KIO AVE 6 TOWARDS BISHAN WHEN THE ENGINE SUDDENLY BUST INTO FLAMES. MY CAR SUSTAINED EXTENSIVE DAMAGES TO THE ENGINE BAY. NO ONE WAS INJURED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.

00/12/2019 U. 550.m.

Policyholder's Signature Date & Time:

genetik Staniskishkero, as

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

den s y

Date & Time:

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

Policyholder's Signature

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

09/12/2019 4.55am

GIARMC StetchPlanForm_V3

112/2019 Sedf. 86923785. Conuld.)
21800hrs.
Scdf no idea. after extinghour
to the loose of after extinghour.
. fire incident. Driver didn't off the ignition.

MVA119161790 / Vin's Motor Pte Ltd - Sin Ming ENTRY DATE & TIME: 09/12/2019 13:36 SUBMITTED BY: Raymond Teo Yun Loong

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report

09/12/2019 13:36

Date Of Accident

09/12/2019 11:10

Exact Location Of Accident

ALONG AMK AVE 6

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLX1805U

Insured/Policyholder

Name Of Registered Owner

BRENDAN-JAMES TIMOTHY HENSON

NRIC No S8025444Z

Email Address

MESSIE@WEAREJUNTA.COM

Mobile Phone No

(LOCAL) +65-94554074

Alternative Phone No.

Office-94554074

Vehicle Particulars

Manufacturer

AUDI

Model

R8 4.2 FSI QU R TRONIC

Exact Purpose for which vehicle was being used

at time of accident

Are you claiming under your own insurance policy YES

for repair to your vehicle?

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

Cover Note Number

Driver

Name of Driver

BRENDAN-JAMES TIMOTHY HENSON

NRIC No

S8025444Z

Date Of Birth

25/08/1980

Occupation

INDOOR

Date Of Driving Pass

29/04/2015

Driving Experience

4 YEARS AND 7 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-94554074

Fax Number

Contact Number

OFFICE-94554074

EMail Address

MESSIE@WEAREJUNTA.COM

Address

33 LUXUS HILL AVE

Postcode

804831

OWNER

Was driver an employee of the Insured's

Company

NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

FIRE, EXPLOSION OR LIGHTNING

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

Same as 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

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.
- 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.
- 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 nereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Resolution Name: NRIC/FIN No :

Signature

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUINSTANCES	OF THE ACCIDENT	
Du Monday ath	Dec 2019 in the morning, ?	I drove the oper down to
auto city sin Mir	y to report an accident	I had on the 7th. It was
raining and I wa	a driving the the cor a	it a very low speed. Halfmany
to my destination	along any mo loso avenuel	. I smelled a little more strong
petro (smell inside	. the carese carriage. I	corried on driving not thinking
much of it. Amount	d three-quar A short	while later, I first heard a
sound like flamo	s cortaining on from my	pack engine bay. I looked at
my rearview mirm	or and som flames. I'll	uncolortely presend my hazard
lights, pulled to	the side of the roady	jumped out of the vehicle,
	turne	2 of the curine.
and ran to the	bug stop near by . I then I'm	occeded to call the fire departmen
They confirmed.	they will be there very so	on. The fire proceeded to grow
bigger and about	it 5 minutes from when -	the Planner started, two individua
from the nearby	petitol startion connecout v	orther two fire extinguishers. They
proceeded to try to	o purt out the Flames from in	y car for about timinites, which
didn't nork and	reemed to make the flan	net gran which ligger. Very
mostly after, the	fre department come de	one with 2 vehicles. And in about
5 minuter jut ou	t the Plaines. The Molice	arrived at the scene and
assisted the situ	ation they gave w'a co	are and with report number
F/20191229/0062	for reference. The oh one	number of fire marrhal 15
		acted by the workshop or insurance
DECLARATION		[OANVIAN
I/We declare the foregoing partic	ulars are true in every respect.	OTOR ON BOX
		12.0
Palicyhalder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnal Signature Name:
V	Date & Time:	NRIC/FIN No.:

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

	Notified	Est Submitted	Adj Assigned	F	Adj Rpt	Adj Si	ubmitted	Status		
Main	9 Dec 2019		09 Dec 2019 16:02 Edit Adj Rpt	2 5	\$\$0.00 Edit Estimates	S\$0.0	Rpt	Pending for	Survey Re	port
м	ain	R	eference		Claim Details		D	ocuments	٦.	Show All
CLAIM SUB	FOLDER DE	TAILS				[Create	ed by insi	urer]		
Insured:	BRENDAN	-JAMES TIMOTH	Y HENSON, ID: S8	025444Z,	Tel: +659455	54074,	Email: me	ssie@wearejunta	.com	
Vehicle Reg. No.:	SLX180	5U			Date of Loss:		019 11:00 onths and	- :59 22 Days From L	TA Reg Date	(Man Yr)
Claim Type:	OD / 613	3910			Policy/Cover Note No.:			mprehensive) 2019 - 16/06/20	20	
					Excess:	S\$0.00				
Repairer:	Vin's Auto	Pte Ltd (Vin's	Auto) Sin Ming AutoC	ity,, 160	Sin Ming Drive #	03-03,	575722 Sir	Ming - Tel: 645	3 2121	
Handling Insurer:	MSIG Ins	urance (Singapo	re) Pte. Ltd. (HQ) -	Tel: +65	6827 7888 [Handled	by Pang X	(iu Shi - 6594 2	586]	
Adjuster:	08/01/20		Ltd (HQ) - Tel: 6256	6-3561	[Handled by Sh	erwin E	Beh Swee	Yang] [Fina	I Rpt due	2
Driver/Custo dian:	BRENDAN-	JAMES TIMOTHY	HENSON (39 / Male) ,	NRIC:	S8025444Z, T	el: +659	4554074 1	Email: messie@v	vearejunta.	com
Adi Asa.	Chain Colli	sion - 3/3 (last ve	y by today. To revert. hicle). 2. DOA: 9/12/2 the cause of the fire.	2019- Vel						
Remarks:	for survey	and to investigate	the couse of the me.							
Remarks:	D MAIL RE		the couse of the me.					View All	Compos	se Case Mai
Remarks:	D MAIL RE	CEIVED	ndate Revoked - SL		- Claim Handle	er: Pang	Xiu Shi	View All	Compos	se Case Ma
ASSOCIATE MSIG_SG	D MAIL RE	CEIVED)): Alert - Adj Ma				er: Pang	Xiu Shi		Compos New Task	se Case Ma

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Claim Documents

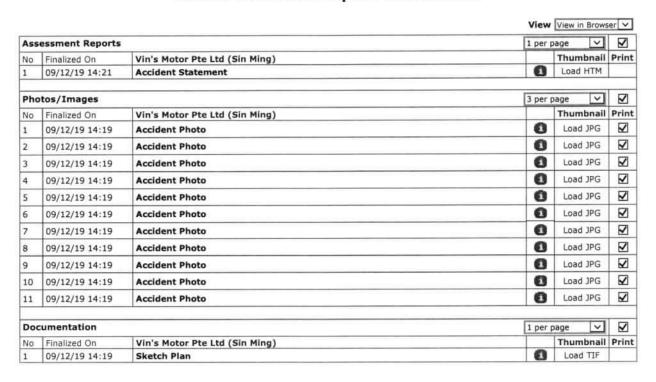
*SLX1805U (613910) OD Dec 9 2019 11:00AM [BRENDAN-JAMES TIMOTHY HENSON] Vin's Auto Pte Ltd

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Linked Accident Report Documents



Documents Checklist

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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/MSG19021666/PSF3E2

Date:

02/01/2020

REFERENCE

Insured/Claimant: Date of Loss:

BRENDAN-JAMES TIMOTHY HENSON

Policy No:

29076466MPQ

Nature of Claim:

OD

Claim No: 613910

DESCRIPTION & IDENTIFICATION OF VEHICLE

09/12/2019

Reg No:

SLX1805U

Make & Model:

AUDI R8, 4.2 FSI QU R-TRONIC (A)

Engine No:

BYH007695

Reg. Date:

17/06/2008 (Man. Year: 2008)

Chassis No: Odometer:

WUAZZZ4268N006237 81245 km

Colour: Engine Capacity: Silver

4163 cc

Market Value/New Car

S\$175,000.00

Price: Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Yes Engine Modification:

Pre-accident Condition:

Front Tyre Size:

245/30 R20

Rear Tyre Size:

295/25 R20

Front Left Side: Front Right Side: Michelin 4 mm Michelin 4 mm Rear Left Side: Rear Right Side: Michelin 4 mm Michelin 4 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

09/12/2019

Date Inspected:

09/12/2019 Inspected At:

Vin's Auto Pte Ltd (Vin's Auto)

Sin Ming AutoCity, 160 Sin Ming Drive

#03-03

Singapore 575722

Estimated Period of Repair:

0.0 days

Adjuster: Sherwin Beh Swee Yang

Manager: Hiew May Fung

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

Adjuster Report Page 2 of 4

TOTAL LOSS ASPECT

Market Value: \$175,000.00 OMV: \$140,563.00 PARF Rebate (1): \$0.00

Quota Premium Paid : \$44,998.00 COE Rebate (2) : \$37,389.00 Total Rebate (1) + (2) = : \$37,389.00

The total amount incurred will be Market Value \$175,000.00 minus Total Rebate \$37,389.00 = \$137,611.00 before excess.

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

Page 3 of 4

REPAIR DETAILS

Referen	ce			
Part Source	: MRM-SG	Version: 1.0 (Last Synchronised: 02 Jan 2020)		
Parts:	M1-COUPE	AUDI R8 4.2 FSI QU R-TRONIC (A) (Catalogue:Merimen Singapore 1.0)		
Labour:	Repairer's	(Price-denominated Standard List)		
Print Code:	(Unsubmitted, no print-code for SLX1805U)			
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 no	ot in reference catalogue are prefixed with an asterisk *.		

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Adjuster Report Page 4 of 4

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 >