

(08/11/13) wef

REF:

ASS. REC. BY: Marcus

CC3/MSQ19022721/utd3n2

MS16

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMY2491X

Yr Regn:

3, 16

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

Truck / Trailer or

CA/

Make:

Subaru Forester

C.C

1998

Colour

white

A/C: Insured / Std / NI / NA

Sp. Reading

82462

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JF15JGK8566068961

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:

R:

225/53-18

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

3

mm

L/Bal.

7

mm

L/Bal.

3

mm

D.O.A.

18/12/19

D.O.I.

26/12/19

Survey held at

Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

LH O/S

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

Date / Time Action / Instruction

quote SLK

LYA 38450

RECEIVED 08 JAN 2020

27/12 @ 11:04am - sent gravia email to ms16

3/1/20 2/5 \$2200 confirmed w. li. Alen. Cred: 5737; 7206

Date/Time, File Pass to?

☐

: Preli. Report

1) 7/1 Typist

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

150

) \$ + RS, SI

) Photos

) Others

TOTAL

161

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format:

TP

Lump Sum / I.B.I: (\$ 2200

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: Elaine Ngu Siau Mei

Date: 07 Jan 2020

Preliminary Advice

Insured Vehicle No	: GBF5129A	Accident Date	: 18/12/2019
TP Vehicle No	: SMJ2491X	Assignment Date	: 30/12/2019
Make	: SUBARU FORESTER	Est. Duration of Repair	: 2.00
Date of Inspection	: 26/12/2019		
Inspection At	: FASTECH AUTO PTE LTD (HQ) 1 KAKI BUKIT AVE 6, #01-46/48/50 AUTOBAY SINGAPORE 417883		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	7,937.00
Revised Amount	:S\$	2,789.60
Check Items (Estimated)	:S\$	0.00
Total	:S\$	2,789.60

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.
- (x) The above survey was conducted on a 'without prejudice' basis.

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Friday, 27 December 2019 11:04 AM
To: 'motorsurvey@sg.msig-asia.com'
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - FASTECH AUTO PTE LTD, DOA: 18/12/2019, SMJ 2491X (TP VEHICLE), GBF 5129A (OI VEHICLE)
Attachments: SMJ 2491X GIA.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SMJ 2491X at M/s: FASTECH AUTO PTE LTD, 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883.

Enclosed herewith a copy of TP's GIA report. The estimated cost of repair will forward to you shortly.

Meanwhile, kindly provide us the claim reference number for our necessary action.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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	19/12/2019 17:29
Date Of Accident	18/12/2019 22:10
Exact Location Of Accident	B/ 439 CP CHO A CHU KANG AVE 04
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ2491X
Insured/Policyholder	
Name Of Registered Owner	TAN KIA JUN, REEVE (CHEN JIAJUN)
NRIC No	S8847004D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98583445
Alternative Phone No	OTHERS-98583445

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER 2.0XT CVT AWD SR
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108478061
Cover Note Number	

Driver

Name of Driver	TAN KIA JUN, REEVE (CHEN JIAJUN)
NRIC No	S8847004D
Date Of Birth	25/11/1988
Occupation	INDOOR
Date Of Driving Pass	10/01/2009
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98583445
Fax Number	
Contact Number	OTHERS-98583445
Email Address	NOEMAIL

Address	BLK 659 CHOA CHU KANG CRESCENT #15-69
Postcode	680659
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 PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

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

REFER ATTACHED;

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER/DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF5129A
Vehicle Make/Model/Colour	MITSUBISHI / CANTER FEA01BR2SDEB (CBU)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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.
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7. By the lodging 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.

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:

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416687 Fax: 67492305
Email: vac@idac.com.sg

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

Accident Sketch Plan

SKETCH PLAN

A: 50A J20011 X

B: 0BF5129A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/12/19 at about 10:10am + was meeting at my vehicle was parked at Choa Chu Kang hse in blk 439 corridor. Suddenly vehicle P reversed later and hit my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time:

APPROVED FOR SIGNATURE

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

RMC KANG BUKIT (VAC)
23 Kuli Bukit Ave 4 #02-02
Singapore 415033
Tel: 67415007 Fax: 67492305
Email: info@rmc.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 004D

Vehicle Details

Vehicle No.: SMJ2491X

Vehicle to be Exported: No

Intended Deregistration Date: 26 Dec 2019

Vehicle Make: SUBARU

Vehicle Model: FORESTER 2.0XT CVT AWD SR

Primary Colour: White

Manufacturing Year: 2016

Engine No.: FA20A886242

Chassis No.: JF1SJGK85GG068961

Maximum Power Output: 177.0 kW (237 bhp)

Open Market Value: \$19,146.00

Original Registration Date: 26 Mar 2016

First Registration Date: 26 Mar 2016

Transfer Count: 1

Actual ARF Paid: \$19,146.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 25 Mar 2026

PARF Rebate Amount: \$14,359.00

Intended COE Rebate Details

COE Expiry Date: 25 Mar 2026

COE Category: B - Car above 1600cc or 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$38,610.00

COE Rebate Amount: \$24,091.00

Total Rebate Amount: \$38,450.00

The information contained herein is correct as at 26 Dec 2019

OK

SINGAPORE 417883

302 K.S
24/9.6
2789-6
2231

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: CC3/MSG19022721/UTD3N2
Date: 10/01/2020

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. Policy No: 29131844
Claimant Vehicle No: SMJ2491X Insured Vehicle No: GBF5129A
Date of Loss: 18/12/2019 Nature of Claim: TP Claim No: 615261

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SMJ2491X
Make & Model: SUBARU FORESTER, 2.0 XT CVT AWD SR (A) Engine No: FA20A886242
Reg. Date: 26/03/2016 (Man. Year: 2016) Chassis No: JF1SJGK85GG068961
Colour: White Odometer: 82462 km
Engine Capacity: 1998 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: 225/55R18 Rear Tyre Size: 225/55R18
Front Left Side: Bridgestone 7 mm Rear Left Side: Bridgestone 7 mm
Front Right Side: Bridgestone 7 mm Rear Right Side: Bridgestone 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	6,757.00	2,419.60	4,337.40	64.19
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,180.00	370.00	810.00	68.64
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	7,937.00	2,789.60	5,147.40	64.85
Approved Total (Overridden) (S\$)		2,200.00		
	7,937.00	2,200.00	5,737.00	72.28
+ GST 7.00/7.00% (S\$)	555.59	154.00	401.59	72.28
Nett Amount (S\$)	8,492.59	2,354.00	6,138.59	72.28

INSPECTION

Date of Assignment: 30/12/2019
Date Inspected: 26/12/2019 Inspected At: Fastech Auto Pte Ltd (HQ)
1 Kaki Bukit Ave 6, #01-46/48/50 Autobay
Singapore 417883
Estimated Period of Repair: 2.0 days

Adjuster: MARCUS CHUA

Manager: DENISE TAY KWEE 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: MRM-SG **Version:** 1.0 (Last Synchronised: 10 Jan 2020)

Parts: M1-SUV SUBARU FORESTER 2.0 XT CVT AWD SR (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SMJ2491X)

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		*FRONT BUMPER	Deep Cut	1,500.00 F	*594.50 FL
2	2		*FRONT BUMPER SIDE RETAINERS	Not Necessary	170.00 F	*- FL
3	1		*SET FRONT BUMPER CLIPS	Necessary	50.00 F	*50.00 FL
4	1		*FRONT BUMPER REINFORCEMENT	Not Necessary	499.00 F	*- FL
5	1		*HEADLAMP ASSY O/S	Deep Cut	3,850.00 F	*2,380.00 FL
6	1		*FRONT FENDER O/S	Not Necessary	688.00 F	*- FL

F=Franchise part, L=ListItemDisc.

Sub Total (\$\$)	6,757.00	3,024.50
- List Item Discount on L Items 0.00/20.00% (\$\$)	0.00	604.90
Total Parts (\$\$)	6,757.00	2,419.60

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 CHECK WIRING	New	50.00	20.00
2	TO SPRAY RUST PROOFING	New	50.00	0.00
3	LABOUR FOR PANEL BEATING & REPLACING PARTS	New	480.00	150.00
4	TO PUTTY & SPRAY PAINTING	New	600.00	200.00
Gross Labour Cost (\$\$)			1,180.00	370.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >