

22/03/2011

ASS. REC. BY:

REF:

CS/MSGP022889/Kqd3n2

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Crystal Lee

of

MSIG

Date/Time: 30/12/19 @ 4pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PA 7606L

Insured:

YP 74504

at Workshop in/s

C.M. Solution

Tel:

6456 0226

of

160 Sin Ming Drive # 03-18/19

Policy No:

29094240MKE

Claim No:

612173

Cover Insured:

Excess:

Make of Veh:

D.O.A. 20/11/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

4:45pm @ 30/12/19

Person Contacted:

Bernard

Vehicle IN/OUT

Date/Time

Action/Instruction

Eshimoyi ✓

YP 74504 CY2/VAL19021113/BTL DOA: 20/11/2019

PA 7606L CS/LAW/5005461/T2043K3 DOA: 06/11/2013

09/1/20 @ 2:02pm refused to Christina Wong via messenger.

9/1 6:15pm 853501 email & Confirmed (Red 84568.43, 46%).

ASS. REC. BY:

REF: MSG-1

Kenneth

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: _____

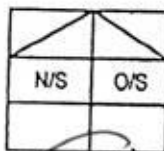
Excess: _____

(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: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: PA 76062Yr Regn: 05, 08.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: NISc.c. 2986Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 150190

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNITG 48 25 80772185Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 195 R15 X8

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 20/11/19D.O.I. 6/1/2020

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

/ File pass to

RECEIVED 13 JAN 2020

[Signature]
10/1/2020

Date/Time, File Pass to?

☐

Prel. Report

1) 12/1/2020

☐

Final Report

Date/Time, File Return to?

Days Of Repair: 6Resurvey No. of Trip: 2

Survey Fee:

Transportation: 150

Fees:

Others:

TOTAL

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

Report Format:

Lump Sum / I.B.I. (\$)

MED TP

5350

150
11
161

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

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Christina Wong

Date: 07 Jan 2020

Preliminary Advice

Insured Vehicle No	: YP7450H	Accident Date	: 20/11/2019
TP Vehicle No	: PA7606L	Assignment Date	: 31/12/2019
Make	: NISSAN URVAN	Est. Duration of Repair	: 6.00
Date of Inspection	: 06/01/2020		
Inspection At	: EM SOLUTION PTE LTD (160 SIN MING) (HQ) 160 SIN MING DRIVE, #03-19 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\$	9,918.43
Revised Amount	:S\$	5,846.98
Check Items (Estimated)	:S\$	1,240.49
Total	:S\$	7,087.47

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.

Nivitha (LKK Auto)

From: Crystal Lee <crystal_lee@sg.msig-asia.com>
Sent: Monday, 30 December 2019 4:00 PM
To: Admin-D (LKKAuto); assignments
Cc: Ong Zi Hui
Subject: Survey Request - Manual Assigned

OUR REF.: E21-112506.19 (PA7606L @ 20.11.2019) MSIG REF NO
: YP7450H (MSIG)

Manual Assigned

Dear LKK,

Refer to the email below, please arrange survey the vehicle.

We'll assign via Merimen once we receive the assignment from Motor Team.

Please contact us ASAP if you cannot attend this assignment.

Thank you & Best regards,
Crystal Lee
Admin Officer, Claims Services (In-House Survey)
D: +65 6594 2535 | F: +65 6643 1349 | crystal_lee@sg.msig-asia.com



MSIG

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220

9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



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

From: Winnie Chua
Sent: Monday, 30 December, 2019 2:25 PM
To: Sally Chong <sallychong@visionlawllc.com>; judysoh@visionlawllc.com
Cc: Helene Phua <helene_phua@sg.msig-asia.com>; emautosolution@singnet.com.sg;
derekkeh@singnet.com.sg; Tanvin13@yahoo.com.sg; Crystal Lee <crystal_lee@sg.msig-asia.com>; Ong
Zi Hui <zihui_ong@sg.msig-asia.com>
Subject: RE: OUR REF.: E21-112506.19 (PA7606L @ 20.11.2019) MSIG REF NO : YP7450H (MSIG)

Hi,

Thank you for your selection.

We will proceed to appoint/assign KENNETH KONG- LKK Auto Consultants Pte Ltd via Merimen at our end and update you upon confirmation.

Please do not contact them directly to prevent confusion. Any arrangement or appointment of surveyor must come from MSIG.

Please be informed that our surveyor will also be conducting a post repair inspection within the stipulated timeline under the protocol.

Best Regards

Winnie Chua

Senior Admin Officer, Claims Services (In-House Survey)

Direct line +65 6594 2556 | Direct fax +65 6225 7402 | pingping_chua@sg.msig-asia.com



MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



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

From: Sally Chong [<mailto:sallychong@visionlawllc.com>]

Sent: Monday, 30 December 2019 2:21 PM

To: Winnie Chua <pingping_chua@sg.msig-asia.com>; judysoh@visionlawllc.com

Cc: Helene Phua <helene_phua@sg.msig-asia.com>; emautosolution@singnet.com.sg; derekkeh@singnet.com.sg; Tanvin13@yahoo.com.sg

Subject: RE: OUR REF.: E21-112506.19 (PA7606L @ 20.11.2019) MSIG REF NO : YP7450H (MSIG)

Importance: High

EXTERNAL EMAIL: Be careful when you click any links or open any attachment(s).

URGENT

Dear Winnie,

NOTICE TO INSURERS TO CONDUCT PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2 OF PRE-ACTION PROTOCOL FOR NIMA CASES
CLAIMANT: ST. JOHN SINGAPORE
ACCIDENT INVOLVING PA 7606L & YP 7450H ON 20 NOV 2019 ALONG GUILLEMARD ROAD AT ABOUT 13:10 HRS

We refer to your email of even date below and your list of surveyors therein.

Our client now confirms the appointment of **KENNETH KONG- LKK Auto Consultants Pte Ltd** as the Single Joint Expert for this matter.

Please be informed that the said vehicle can be inspected at :

Venue	:	E M SOLUTION PTE LTD 160, Sin Ming Drive, #03-18/19, Sin Ming Autocity, Singapore 575722
Contact	:	Mr. Bernard (Tel.: 6456-0226 / 9101-8302)

If you fail to conduct the pre-repair survey within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Thank you.

Sally Chong

(Secretary)

VISION LAW LLC

133 NEW BRIDGE ROAD,

#18-01/02, CHINATOWN POINT,

SINGAPORE 059413

TEL.: 6534-2811 (ext 115)

FAX : 6535-6802

From: Winnie Chua [mailto:pingping_chua@sg.msig-asia.com]

Sent: Monday, 30 December, 2019 10:35 AM

To: judysoh@visionlawllc.com

Cc: Helene Phua

Subject: FW: OUR REF.: E21-MISC.19 (PA7606L @ 20.11.2019) MSIG REF NO : YP7450H (MSIG)

Importance: High

Hi,

We refer to your email/faxed dated 27/12/2019.

Please choose one surveyor from the list that you wish for us to appoint to conduct the pre-repair inspection:

- 1) LKK Auto Consultants Pte Ltd
- 2) Formteam Consultancy Pte Ltd
- 3) A-Pac Adjusters & Surveyors Pte Ltd
- 4) STA Inspection Pte Ltd
- 5) Appraisal VP Pte Ltd
- 6) AutoProbe Consultants
- 7) **MSIG In-House Surveyors**

This Fast-Lane settlement option is for clear-cut liability which MSIG will expedite offer @ 100% with express payment. Priority will be given to those opted for our in-house surveyor

To facilitate an expeditious claim settlement, we hope you are agreeable for the above surveyor to be the SJE (Single Joint Expert).

If not, you may wish to nominate any of the 10 surveyors listed below as the SJE, depending on their availability:

1) Xing Guo Qiang	6) Chow Bo Xiong
2) Kenneth Kong	7) Siew Meng Hui
3) Marcus Chua	8) Daniel Chan
4) Ng You Han	9) Victor Png
5) Gary Soon	10) Samuel Phun

In your response, please also provide us a list of 10 surveyors as your nominated SJE, regardless of whether you agree or disagree to our above nominated SJE. We may consider appointing one of your nominated SJE in case of any of our nominated SJE is not available.

NB:

(a) ***Fast lane settlement is not applicable for cases that liability is in dispute***

(b) If both of us could not agree with each other's list of nominated SJE, we may still proceed to appoint a motor surveyor to conduct a pre repair survey & post repair inspection within the timeline stipulated under the NIMA protocol.

We have created a dedicated motor survey mailbox for your motor survey request and pre-repair inspection. Please contact us (MSIG) by clicking this link: motorsurvey@sg.msig-asia.com

Best Regards

Winnie Chua

Senior Admin Officer, Claims Services (In-House Survey)

Direct line +65 6594 2556 | Direct fax +65 6225 7402 | pingping_chua@sg.msig-asia.com



MSIG

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220

9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



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

From: Judy Soh [<mailto:judysoh@visionlawllc.com>]

Sent: Friday, 27 December 2019 3:46 PM

To: Pauline Tham <pauline_tham@sg.msig-asia.com>; Motor Survey <motorsurvey@sg.msig-asia.com>;

Elaine Ngu <elaine_ngu@sg.msig-asia.com>

Cc: 'EM Solution Pte Ltd' <emautosolution@singnet.com.sg>; sallychong@visionlawllc.com;

derekkeh@singnet.com.sg; Tanvin13@yahoo.com.sg

Subject: OUR REF.: E21-MISC.19 (PA 7606L @ 20.11.2019) MSIG REF NO : YP 7450H

Importance: High

EXTERNAL EMAIL: Be careful when you click any links or open any attachment(s).

VERY URGENT

Dear Sir,

NOTICE TO INSURERS TO CONDUCT PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

CLAIMANT: ST. JOHN SINGAPORE

ACCIDENT INVOLVING PA 7606L & YP 7450H ON 20 NOV 2019 ALONG GUILLEMARD ROAD AT ABOUT 13:10 HRS

We are instructed by **ST. JOHN SINGAPORE** to notify you of a road traffic accident **ON 20 NOV 2019 ALONG GUILLEMARD ROAD AT ABOUT 13:10 HRS** involving our client's vehicle registration number **PA 7606 L** and vehicle registration number **YP 7450 H** driven by you/your insured at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurers would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without reference to you.

Thank you.

Judy Soh

VISION LAW LLC

133 NEW BRIDGE ROAD,

#18-01/02, CHINATOWN POINT,

SINGAPORE 059413

TEL: 6534-2811 (ext 147)

FAX : 6535-6802

C.c.: VEHICLE OWNER OF YP 7450H

AVANT E-COMMERCE SERVICE PTE. LTD.

51 Tai Seng Avenue

#05-02 Pixel Red

Singapore 533941

VISION LAW LLC

Advocates & Solicitors

(Incorporated with limited liability)

Unique Entity No. 200721148H

Address : 133 New Bridge Road #18-01/02 Chinatown Point, Singapore 059413

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VISION LAW LLC

Advocates & Solicitors

(Incorporated with limited liability)

Unique Entity No. 200721148H

Address : 133 New Bridge Road #18-01/02 Chinatown Point, Singapore 059413

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Club/Association/Organisation
Owner ID:	009L
Vehicle Details	
Vehicle No.:	PA7606L
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Jan 2020
Vehicle Make:	NISSAN
Vehicle Model:	URVAN MICROBUS 3.0 4DR 5M/T ABS AIRBAG
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	ZD30160310K
Chassis No.:	JN1TG4E25Z0772185
Maximum Power Output:	-
Open Market Value:	\$26,822.00
Original Registration Date:	26 May 2008
First Registration Date:	26 May 2008
Transfer Count:	0
Actual ARF Paid:	\$1,342.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	25 May 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$35,729.00
COE Rebate Amount:	\$29,879.00
Total Rebate Amount:	\$29,879.00

The information contained herein is correct as at 14 Jan 2020

OK

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	20/11/2019 16:27
Date Of Accident	20/11/2019 13:10
Exact Location Of Accident	GUILLEMARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7606L
Insured/Policyholder	
Name Of Registered Owner	ST.JOHN SINGAPORE
Co Reg No	S70SS0009L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62980300
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN-3.0 D MICROBUS 4DR 5MT ABS AIRBAG (M)
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN066644
Cover Note Number	
Driver	
Name of Driver	TEH CHU YAW
NRIC No	S7178029E
Date Of Birth	25/12/1971
Occupation	INDOOR
Date Of Driving Pass	07/05/2002
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90588329
Fax Number	
Contact Number	
Email Address	GIRLRDA@GMAIL.COM

Address	BLK 502 ANG MO KIO AVE 5 #08-3732 SINGAPORE
Postcode	560502
Was driver an employee of the Insured's Company	YES
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	2

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 TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	YP7450H
Vehicle Make/Model/Colour	
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)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (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:

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

The block contains a handwritten signature of the reporting centre personnel, followed by the handwritten name 'Pawan' and the handwritten NRIC/FIN number 'S10402112'.

Sketch Plan #2

SKETCH PLAN

Lorong 22
Guilemard

← →

A B

Guilemard rd

Vehicle
A-PA7606L
B-YP7450H

Legend

Vehicle

8
6

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

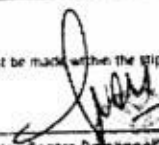

Accident Happen at Guilemard rd Traffic Junction.
 Vehicle YP7450H Hit Vehicle PA7606L from
 the back.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe
 from the day of the accident. Kindly check your policy for more details.

Policyholder's Signature
 Date & Time: 
St John
Singapore

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

Reporting Centre Personnel's Signature
 Name: 
 NRIC/FIN No.: 
 21040902

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

1 Date of accident Time 1310		2 Exact location of accident Guillemard Road		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel. no. (to be underlined if he/she is passenger in vehicle A or vehicle B) _____	
				Vehicle Video Camera Available: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **PA 7606 L**

6 Insured / policyholder (see insurance cert.)
ST. John Singapore
 Name (capital letters)
 Address **400 Beach Rd**
ST. John Headquarters
 NRIC / Passport no. **C005628K**
 Tel no. (from Siam 118 5pm)
 HP **62980300**

7 Vehicle
 Make, type **Nissan urvan**

8 Insurance company
AYA ☒ C ☐ TPFT ☐ TPO
 Does the policy cover damage to vehicle A?
 No ☐ Yes ☒
 Policy No. **CN066614**

9 Driver ☐ Spouse as Owner
 Name **Teh Chu Yaw**
 (capital letters)
 NRIC / Passport no. **S7178039E**
 Class of licence **3**
 HP **9558 0229**
 Gender Male ☒ Female ☐

12 CIRCUMSTANCES
 Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Object
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Force Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Minor/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lighting
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Hit

State TOTAL number of boxes marked with a cross → **30**

Registration No. (VEHICLE B) **YP 7450 H**

6 Insured / policyholder (see insurance cert.)
 Name _____
 (capital letters)
 Address _____
 NRIC / Passport no. _____
 Tel no. (from Siam till 5pm) _____
 HP _____

7 Vehicle
 Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ TPO
 Does the policy cover damage to vehicle B?
 No ☐ Yes ☐
 Policy No. (if available) _____

9 Driver (See driving licence)
 (if different from insured if above)
 Name _____
 (capital letters)
 NRIC / Passport no. _____
 Class of licence _____
 HP _____
 Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A _____

B _____

14 My remarks

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

For insured's individual statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop (Email / Fax (if any))	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1. Occupation (If more than one, state all)		2. Vehicle registration no. <u>CC</u>
	3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state relationship of driver with owner		4. If commercial vehicle, state permissible carrying capacity
	5. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire		6. State the vehicle number and name of insurer of driver's own vehicle (where applicable)
	7. Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present		8. Tel no. <u> </u>
Of which vehicle are you the owner?	9. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		10. If no, state action to be taken <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)
	11. Date of birth		12. Occupation
	13. Date of license pass		14. Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	15. Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Driver or person in charge of vehicle at the time of accident (including insured)	16. Give details of any pre-existing impairment of sight or hearing and of any other disability		
	17. Full details of all driving convictions including pending prosecutions in the last 36 months		
	18. Date		19. Offence
	20. Penalty		
Injured persons	21. Name(s), address(es) and approximate age(s)	22. Injuries sustained	23. If vehicle occupants, state in which vehicle
Damage to property & vehicles (other than vehicles A and B)	24. Name(s) and address(es) of owner(s)	25. Vehicle registration no. or details of property	26. Nature of damage
Police action	27. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		28. If yes, please state which Police station
	29. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		30. If yes, against whom?
	31. Weather conditions <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Others <input type="checkbox"/>		32. Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/>
	33. Speed of vehicles A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr		
Accident details	34. What warnings were given by driver or other party?		
	35. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	36. What lights were displayed on your vehicle/the other vehicle(s)?		
	37. If your vehicle is commercial, state weight of load carried at time of accident		
Declaration	38. State how accident happened, width of roads, speed limits, etc. (Refer to attached)		
	39. State number of Passengers (including Driver)		
	40. I/We declare the foregoing particulars are true in every respect		
	41. Policyholder's signature <u> </u> Date <u> </u>		
42. Driver's signature (if driver is not the policyholder) <u> </u> Date <u> </u>			

160, Sin Ming Drive, #03-18/19, Sin Ming Autocity, Singapore 575722

Fax:

Registration No: 201016308 K

St. John Singapore

06.01.20
Not Notified
LI Supp @ 5350h
Presurvey After Paint

6 days

QTY	DESCRIPTION	UNIT PRICE	TOTAL PRICE	REMARKS
1 pc	rear bumper	632.70	632.70	
1 pc	rear bumper step panel			
1 pc	rear bumper step panel garnish			
2 pcs	tail lamps	015cm (MC) X 115cm	260.80	
1 pc	tail gate			
1 pc	tail gate outer garnish	380.40	380.40	
2 pcs	tail gate number plate lamps		88.40	
1 pc	tail gate emblem			
1 pc	tail gate lock	270.80	270.80	
1 pc	tail gate rubber			
1 pc	tail gate inner trim			
2 pcs	tailgate hinges		81.80	
2 pcs	tailgate dampers		287.10	
			5,688.70	
			568.87	
			5,119.83	
1 pc	tailgate wiper motor			
1 pc	rear end panel			
1 pc	spare tyre fastening bracket			
1 pc	rear exhaust silencer			
2 pcs	rear exhaust mounting			
1 pc	rear number plate			
1 pc	rear windscreen sealant			
1 set	rear bumper clips			
1 pc	tail gate "70km/h" sticker			
1 set	reverse sensors			
			568.10	
			252.40	
			185.20	
			830.10	
			76.80	
			70.00	
			80.00	
			30.00	
			26.00	
			270.00	
			60.00	
			150.00	
			980.00	
			980.00	
			80.00	
			80.00	
			80.00	
			9,918.43	

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/MSG19022889/KQD3N2
Date: 14/01/2020

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: 29094240MKF

Claimant Vehicle No : PA7606L

Insured Vehicle No : YP7450H

Date of Loss: 20/11/2019

Nature of Claim: TP Claim No: 612173

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **PA7606L**
Make & Model: NISSAN URVAN, 3.0 D MICROBUS 4DR 5MT ABS
Reg. Date: 26/05/2008 (Man. Year: 2008)
Colour: White
Engine Capacity: 2986 cc
Market Value/New Car Price: N/A
Sum Insured (S\$): **Market Value/New Car Price**

Engine No: ZD30160310K
Chassis No: JN1TG4E25Z0772185
Odometer: 150190 km

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes
Handbrake (Serviceable): Yes Engine Modification: No Footbrake (Serviceable): Yes
Pre-accident Condition: Yes

CONDITION OF TYRES

Front Tyre Size: 195 R15X8
Front Left Side: Bridgestone 8 mm
Front Right Side: Bridgestone 8 mm
Rear Tyre Size: 195 R15X8
Rear Left Side: Bridgestone 8 mm
Rear Right Side: Bridgestone 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	7,508.43	4,859.40	2,649.03	35.28
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,410.00	1,850.00	560.00	23.24
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	9,918.43	6,709.40	3,209.03	32.35
Approved Total (Overridden) (S\$)		5,350.00		
	9,918.43	5,350.00	4,568.43	46.06
+ GST 7.00/7.00% (S\$)	694.29	374.50	319.79	46.06
Nett Amount (S\$)	10,612.72	5,724.50	4,888.22	46.06

INSPECTION

Date of Assignment: 31/12/2019

Date Inspected: 06/01/2020 Inspected At:

Em Solution Pte Ltd (160 Sin Ming) (HQ)
160 Sin Ming Drive, #03-19 Sin Ming Autocity
Singapore 575722

Estimated Period of Repair: 6.0 days

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

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

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 14 Jan 2020)
Parts:	N/A NISSAN URVAN 3.0 D MICROBUS 4DR 5MT ABS AIRBAG (M) (Model not available in database)
Labour:	Repairer's (Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for PA7606L)
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 BUMPER	Buckled	690.60 FN	*632.70 FN
2	1		*REAR BUMPER STEP PANEL	Bent	196.00 FN	*196.00 FN
3	1		*REAR BUMPER STEP PANEL GARNISH	Dented	73.50 FN	*73.50 FN
4	1		*TAIL LAMP O/S (CRACKED)	Not Consistent With The Impact	260.80 FN	*- FN
5	1		*TAIL LAMP N/S	Cracked	260.80 FN	*260.80 FN
6	1		*TAIL GATE	Bent	1,998.30 FN	*1,998.30 FN
7	1		*TAIL GATE OUTER GARNISH	Warped	486.30 FN	*380.40 FN
8	2		*TAIL GATE NUMBER PLATE LAMPS	Serviceable	176.80 FN	*- FN
9	1		*TAIL GATE EMBLEM	Necessary	69.70 FN	*69.70 FN
10	1		*TAIL GATE LOCK	Jammed	364.50 FN	*270.80 FN
11	1		*TAIL GATE INNER TRIM	Cracked	182.80 FN	*182.80 FN
12	2		*TAILGATE HINGES	Repair	163.60 FN	*- FN
13	2		*TAILGATE DAMPERS	Serviceable	574.20 FN	*- FN
14	1		*TAIL GATE RUBBER (50%)	Cut	171.72 FS	*95.40 FS
15	1		*TAILGATE WIPER MOTOR	Jammed	568.10 FS	*568.10 FS
16	1		*REAR END PANEL	Bent	252.40 FS	*252.40 FS
17	1		*SPARE TYRE FASTENING BRACKET	Repair	185.20 FS	*- FS
18	1		*REAR EXHAUST SILENCER	Repair	830.10 FS	*- FS
19	2		*REAR EXHAUST MOUNTING	Serviceable	76.80 FS	*- FS
20	1		*REAR NUMBER PLATE	Serviceable	70.00 FS	*- FS
21	1		*REAR WINDSCREEN SEALANT	Necessary	80.00 FS	*40.00 FS
22	1		*SET REAR BUMPER CLIPS	Necessary	30.00 FS	*30.00 FS
23	1		*TAIL GATE 70KM/H STICKER	Necessary	26.00 FS	*15.00 FS
24	1		*SET REVERSE SENSORS	Shorted	270.00 FS	*200.00 FS

F=Franchise part. S=SpcNett. N=NettItemDisc.

Sub Total (\$\$)	8,058.22	5,265.90
- Nett Item Discount on N Items 10.00/10.00% (\$\$)	549.79	406.50
Total Parts (\$\$)	7,508.43	4,859.40

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	CHECK ELECTRICAL WIRINGS	New	60.00	20.00
2	REMOVE OUT AND REFIT REAR WINDSCREEN GLASS	New	150.00	120.00
3	REPAIR ACCIDENT DAMAGES AND RENEW ABOVE PARTS	New	980.00	800.00
4	SPRAY PAINT ON ACCIDENT AFFECTED PORTIONS	New	980.00	800.00
5	RENEW REAR EXHAUST SILENCER	New	80.00	0.00
6	RENEW REVERSE SENSOR	New	80.00	50.00
7	RUST PROOFING ON ACCIDENT AFFECTED PORTIONS	New	80.00	60.00
Gross Labour Cost (S\$)			2,410.00	1,850.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >