

ASS. REC. BY:

REF: CS/MSG 20000120/41332

Special Instruction:

Surveyor: Marcus**ASSIGNMENT (Office)**From (Person): Vinimala D/O Raja Sengam of MS19Date/Time: 3 Jan. 2009 10am

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

**OD/TP/WS/TP RES / OD RES / EVA / INV / MV / CS**To Inspect Vehicle No: SJS 6480P

Insured: \_\_\_\_\_

at Workshop m/s MP 4 AutoTel: 67840663of BK 905 Tampine Street 93 # 01-246/254Policy No: A288 00420 Qmx

Claim No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_

Excess: \$ 700.00Make of Veh:  
(Client's Record)D.O.A. 28.12.2019CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 3.1.2020 9.00amPerson Contacted: PeggieVehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	Remarks: Check on the market value & rebate if the vehicle is economical to repair SJS 6480P-X
6/1/2020	- revert via memmen
6/1/2020	- 16:17 authorise repair by Kenny
6/1/2020	- 4:39pm email to MPH auto authorise not exceeding \$3,500 whichever lower.

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: 555 6480  
at Workshop m/s NPM

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: 700

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: 34

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 12 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 8087

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: 555 6480 Yr Regn: 27/809

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

Truck / Trailer or CA

Make: Toyota picnic c.c. 1998

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 227878 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTEAH23B800026891

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or ok

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16  
R: \_\_\_\_\_

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

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. S mm R/Bal. S mm

L/Bal. S mm L/Bal. S mm

D.O.A. \_\_\_\_\_ D.O.I. 3/1/20

Survey held at \_\_\_\_\_

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

o/s Frt & o/s Rear

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

N/S	O/S

Date / Time Action / Instruction  
100 26-8-2024 LTA 18530 next 15450

cost and labour = 4/s.

lump sum \$134701 (Red: 609652! 31%)

Date/Time, File Pass to?

☐ : Preli. Report  
☒ : Final Report

Days Of Repair: 12Resurvey No. of Trip: 2Survey Fee: 200

Transportation: \_\_\_\_\_

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) ☐ : S + RS, SI  
☐ : Interview (\$ \_\_\_\_\_) ☐ : Photos  
☐ : Tech. Invs (\$ \_\_\_\_\_) ☐ : Others  
☐ : Weekend (\$ \_\_\_\_\_)

Report Format :

Lump Sum / I.B.I. (\$) 134701

TOTAL

200
11

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 Jan 2020 17:40 <a href="#">Sendback Est</a>	02 Jan 2020 17:59 <b>S\$19,566.52</b>	03 Jan 2020 09:30 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>					
<b>CLAIM SUBFOLDER DETAILS</b>									
Insured: <b>ABDUL RANI BIN ALI</b> , ID: S1274808F, Tel: +6597551949									
Vehicle Reg. No.: <b>SJS6480P</b>		Date of Loss: 28/12/2019 03:00 - :59 [124 Months and 1 Days From LTA Reg Date (Man Yr)]							
Claim Type: <b>OD</b>		Policy/Cover Note No.: A28800420QMX (Comprehensive) Coverage: 27/08/2019 - 26/08/2020							
		Excess: S\$700.00							
Repairer: <b>NPH Auto Service (HQ)</b> Blk 9005 Tampines Steet 93, #01-246/254, 528839 Tampines - Tel: 6784 0663									
Handling Insurer: <b>MSIG Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: +65 6827 7888 ... [Handled by <b>Vimmala D/O Raja Singam</b> - 65942471]									
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Imm.Advice due 04/01/2020]									
Driver/Custodian: HASLINA BINTE PARDON (58 / Female), NRIC: S1499820I, Tel: +6590239390 Email:									
Adj Asg. Remarks: Survey & revert. Please contact us ASAP if you cannot attend this assignment. Registration year:2009. Please revert. Surveyor to check on the market value & rebate if the vehicle is econmical to repair.									
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
<b>Due Date</b>	<b>Priority</b>	<b>Type</b>	<b>Task Group</b>	<b>Subject</b>	<b>Handler</b>	<b>Assigned By</b>	<b>Completed On</b>	<b>Created On</b>	<b>Done?</b>
No results.									

## Denise Tay (LKKAUTO)

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**From:** Vimmala D/O Raja Singam <[vimmala\\_rajasingam@sg.msig-asia.com](mailto:vimmala_rajasingam@sg.msig-asia.com)>  
**Sent:** Monday, 6 January 2020 4:02 PM  
**To:** [nphauto@gmail.com](mailto:nphauto@gmail.com)  
**Cc:** Rajah Kumar; Denise Tay (LKKAUTO)  
**Subject:** SJS6480P - DOA-28/12/2019

**Importance:** High

Hi Roy,

As spoken with our Joseph Rajah, we can only offer not exceeding \$13,500.00 (all in, including all check and supplementary items and including excess \$700.00)

Kindly let us know your acceptance before we update our insured on the status of the claim.

Thank you.

Regards,

Mala (Ms)

Senior Admin Officer, Claims Services (Motor)

Direct line +65 6594 2471 | Direct fax +65 6225 7402 | [vimmala\\_rajasingam@sg.msig-asia.com](mailto:vimmala_rajasingam@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](http://msig.com.sg)



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

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### CONFIDENTIALITY NOTICE

This e-mail (including any attachments) may contain information that is privileged or confidential. The sending of this e-mail to any person other than the intended recipient is not a waiver of the privilege or confidentiality that attaches to it. If you are not the intended recipient, please notify the sender immediately, delete the email and do not copy, distribute or disclose its contents.

## View Received Message

This mail is associated with :

**SJS6480P (616295)**

OD

Dec 28 2019 3:00AM

[ABDUL RANI BIN ALI]

NPH Auto Service

Reply

Reply All

Mark as Unread

Print Message

Delete Message

Forward

**From** MSIG Insurance (Singapore) Pte. Ltd. (MSIG\_SG), sent on 06/01/2020 16:17 PM.

**To** LKK\_HQ

**Subject** Alert - Adj Mandate Approved (S\$13500.00) - SJS6480P - Claim Handler: Vimmala D/O Raja Singam

Approved:13500.00:lumpsum repair at \$13.5k including supp parts, check items and before excess and GST.

### DOCUMENTS SUMMARY

There are no documents.

## Denise Tay (LKKAuto)

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**From:** Denise Tay (LKKAuto)  
**Sent:** Monday, 6 January 2020 4:39 PM  
**To:** nphauto@gmail.com  
**Cc:** SUR  
**Subject:** SJS 6480P / OD / MSIG

Dear Sir,

As instructed by our client, please proceed to repair the insured vehicle **SJS 6480P (Excess \$700/-)**.  
**Repair on lump sum not exceeding \$13,500/- whichever lower basing on the surveyor's marking(including supplementary, check item and before excess/GST)**

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

\*Our client reserve their rights **not to pay** if there is no valid approval obtained before repair.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: [denisetay@lkkauto.com](mailto:denisetay@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	31/12/2019 10:03
Date Of Accident	28/12/2019 03:05
Exact Location Of Accident	EUNOS CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6480P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL RANI BIN ALI
NRIC No	SXXXX808F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97551949
Alternative Phone No	OFFICE-97551949

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC-2.0 (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	27/08/2019
Cover Note Number	26/08/2020

### Driver

Name of Driver	HASLINA BINTE PARDON
NRIC No	SXXXX820I
Date Of Birth	03/10/1961
Occupation	INDOOR
Date Of Driving Pass	21/07/1980
Driving Experience	39 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90239390
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 128 SIMEI STREET 1 #01-261
Postcode	520124
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 ON 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	1
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)	2
Passenger 1	NAME: : ABDUL RANI BIN ALI GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE ATTACHED REPORT

#### Attachment(s)

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



## 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.:

On 27/12/2019 at 3

SEE ATTACHED POLICE REPORT

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

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



**SINGAPORE  
POLICE FORCE**

T/20191228/2007

1 of 3

Report No. T/20191228/2007

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/12/2019 04:54	Vide Report No.: G/20191228/0064	Station Diary No.: 8
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**Informant's Particulars**

Name of Informant: HASLINA BINTE PARDON		Address: APT BLK 128 SIMEI STREET 1 #01-262 SINGAPORE 520128	
ID Type / ID No.: NRIC NO / S14998201		Contact No.: Home/Office:	Mobile: 90239390
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 58	Date of Birth: 03/10/1961	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: SALES ASSOCIATE		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 28/12/2019 03:30	Type of Location: Straight Road
Location: Along Road 1 EUNOS CRESCENT			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS6480P	Car				Seriously Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	