

INS. CASE OWNER: MERINA CHIA

CC4/FCI20000121/Dea3

LKK:

IDAC:

ASSIGNMENT

Surveyor: BRYAN

DOI: 03/01/2020

Date / Time: 02/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No.: SHC 962M

Claim No.: D20000078MFSH

Name of Insured: CITYCAB PTE LTD

Policy No.: D-19092579MFSH

Insured Tel No.: _____ HP: _____

Make / Model: _____

Excess Sec II :S\$

D.O.A: 28/12/2019 19:40

Place of Accident: _____

Is driver the owner? (YES / ☒ NO)

Nature of Accident: _____

If NO, Driver Name / Age: _____

OI GIA REPORT: YES / NO : TP GIA REPORT: ☒ YES / NO

Driver Tel No.: _____

(V/L) YES / NO)

Insured Liability: _____ %

Final ? Yes / No

SH 6383M

INSRS:
WSP: CHUNNI
Tel: _____
Liability: _____
RMKS: _____INSRS:
WSP: _____
Tel: _____
Liability: _____
RMKS: _____INSRS:
WSP: _____
Tel: _____
Liability: _____
RMKS: _____INSRS:
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date / Time		STAGE	DATE / PIC
	SH 6383M - CC6/III19005464/Kga3; DOA: 21.03.2019	Non-Reporting ltr (1st):	
	- CC4/AXA18010296/Dpb3s2; DOA: 04.06.18	Non-Reporting ltr (2nd):	
	- CS3/III18011908/Gpb3q2-2; DOA: 04.06.18	Non-Reporting ltr (Final):	
	SHC 962M - CC3/CAI14018159/H1kdm3q2; DOA: 22.9.14	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/>
		LTA / GIA:	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD:	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time: _____	Sent By: _____
FINALIZATION		Date/Time: _____	Confirm with: _____
Repair Cost:	45	S\$8,000	(6 days) Reduction: 55 %
FINAL SETTLEMENT		Date/Time: _____	Confirm with: _____
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. : _____	
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$	(days)	
Loss of Use (LOU):	S\$	(5 x days)	
Loss of Income (LOI):	S\$	(5 x days)	
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> (Tick only one)
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time: _____	Confirm with: _____
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

COPY SENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: W/P

ASS. REC. BY:

REP:

ASSIGNMENT

CDE 2021 Sept.

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:

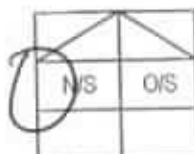
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Est. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

64

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

SHC 962M

PCI

24/02/2020

Jump 45 8000 - with 6 days of rep

(SED - 8,932.90 53%)

Veh No:

SH 6383 M

Yr Regn:

2013, Sept

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

Truck / Trailer or

Make:

Mercedes Benz E220

c.c

2143

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

1037825

T/Radio:

Insured / Std / NI / NA

Eng/No:

65192431495533

C/No:

WDD2120022A758798

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Modl:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60 R16

R:

— 11 —

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

28/12/2019

D.O.I.

03/01/2020

Survey held at

Chunni AMK

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

N/S Body

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

Date/Time, File Pass in?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return in?

2)

Rep. Form:

Lump Sum / U.P. / :

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. GI

Plat

9/2/20

7/11

440.00	260
50.00	
44	
554.00	
404.00	



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D20000078MFSH
Our ref: CC4/FCI20000121/Dea3

Date: 09/01/2020

The Motor Claims Department
MS FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SH 6383M

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 03/01/2020 at the premises of M/s Chunni Motor Work Pte Ltd - Ang Mo Kio and have the following to report:-

Workshop Estimate Amount	: S\$	16,953.90
Revised Estimate Amount	: S\$	10,188.09
"Check" Items Amount	: S\$	-
Total (Including Check Items)	: S\$	10,188.09
Market Value	: S\$	- (est.)
LTA Reimbursement Value	: S\$	- (est.)
Nett Value	: S\$	- (est.)

Description of Damage:

The vehicle sustained damages at the
N/S Body



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 4.0 day

Yours faithfully,

ANG BRYAN TANI
Licensed Appraiser

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

MOTOR SURVEY ASSIGNMENT

Date	30-12-2019	Our Ref No. D20000078MFSH
Accident Date	28-12-2019	Claim Type. Third Party
Insured Vehicle	SHC0962M	Third Party Vehicle. SH6383M
Survey Location	AMK AUTOPOINT, SOON HOCK MOTOR, #01-05/06	
Contact Person.	LYNN OR IRENE - 65421726	
Contact No.	65427162/ 0	Fax No. 65426039
Survey Type	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

2/1/2020 @ 4:05pm
 p: lym
 re: IN
 S: Bryan

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	CHUNNI MOTOR WORK PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MERINA CHIA SAN SAN	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
 This is a computer generated letter, no signature required.

Mei Kwan (LKKAUTO)

From: Merina Chia <MerinaChia@msfirstcapital.com.sg>
Sent: Tuesday, 14 January, 2020 9:47 AM
To: Mei Kwan (LKKAUTO); Asher Sng (LKKAUTO)
Cc: Admin A
Subject: RE: SURVEY ASSESSMENT - D20000078MFSH/1
Attachments: SHC0962M SAS1.pdf

Categories: HMK

Dear Mei Kwan,

Please refer to the attached SAS report for your perusal

Thank you.

Best Regards,
Merina Chia (Ms)
Motor Claims Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Tel: 6507 3848 | DID : 6507 3856
| Fax No. : 6507 3849 | Email: merinachia@msfirstcapital.com.sg | Company Regn. No. 195000106C
A Member of **MS&AD** Insurance Group

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

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From: Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>
Sent: Tuesday, 14 January 2020 9:37 AM
To: Merina Chia <MerinaChia@msfirstcapital.com.sg>; Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>
Cc: Admin A <admin-a@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D20000078MFSH/1

YOUR REF: D20000078MFSH
LKK REF: CC4/FCI20000121/Dea3

Dear Sir / Madam,

We refer to the above matter.

Kindly advise whether insured has reported. If so, kindly let us have a copy of insured's accident report for our necessary action.

„Wishing you a Happy and Prosperous Lunar New Year“



Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Thursday, 2 January 2020 3:56 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Merina Chia <MerinaChia@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D20000078MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



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www.avg.com

Asher Sng (LKKAUTO)

From: Merina Chia <MerinaChia@msfirstcapital.com.sg>
Sent: Tuesday, 3 March 2020 9:44 AM
To: Asher Sng (LKKAUTO)
Cc: Admin A
Subject: RE: SURVEY ASSESSMENT - D20000078MFSH/1

Follow Up Flag: Follow up
Flag Status: Completed

Dear Asher,

Liability unclear for this case.

Please proceed on WP basis and let us have your invoice.

Thank you.

Best Regards,
Merina Chia (Ms)
Motor Claims Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Tel: 6507 3848 | DID : 6507 3856 | Fax No. : 6507 3849 | Email: merinachia@msfirstcapital.com.sg | Company Regn. No. 195000106C
A Member of **MS&AD** Insurance Group

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From: Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>
Sent: Monday, 2 March 2020 9:42 AM
To: Merina Chia <MerinaChia@msfirstcapital.com.sg>
Cc: Admin A <admin-a@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D20000078MFSH/1

Hi Merina,

We refer to the email below.

Based on both party GIA report the liability is unclear, we are pending for both video to review the liability.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: ashersng@lkkauto.com | fax: 6741-4108

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

From: Merina Chia <MerinaChia@msfirstcapital.com.sg>

Sent: Friday, 28 February 2020 2:29 PM

To: Asher Sng (LKKAuto) <AsherSng@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D20000078MFSH/1

Dear Asher,

Please take note that we had received LOD for the above mentioned case.

Please do update status for this case.

Thank you.

Best Regards,

Merina Chia (Ms)

Motor Claims Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Tel: 6507 3848 | DID : 6507 3856 | Fax No. : 6507 3849 | Email: merinachia@msfirstcapital.com.sg | Company Regn. No. 195000106C

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From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>

Sent: Friday, 10 January 2020 1:44 PM

To: Merina Chia <MerinaChia@msfirstcapital.com.sg>; Asher Sng (LKKAuto) <AsherSng@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D20000078MFSH/1

YOUR REF: D20000078MFSH

LKK REF: CC4/FCI20000121/Dea3

Dear Sir / Madam,

We refer to the above matter.

- We had inspected TP vehicle SH 6383Mat M/s Chunni Motor Work Pte Ltd - Ang Mo Kio on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:

- TP estimated cost of repair
- Preliminary advice

Kindly advise whether insured has reported. If so, kindly let us have a copy of insured's accident report for our necessary action.

Please take note that the case handler in-charge is Asher and she can be contacted at DID: 6841 6051.

To check availability of the case handler, you may contact the undersigned.

« Wishing you a Happy and Prosperous Lunar New Year »



Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

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

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>

Sent: Thursday, 2 January, 2020 4:07 PM

To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: 'Merina Chia' <MerinaChia@msfirstcapital.com.sg>; Admin A <admin-a@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D20000078MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]

Sent: Thursday, 2 January 2020 3:56 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Merina Chia <MerinaChia@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D20000078MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,

Admin Team

Claim Workflow System

Motor Claims Department

MS First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

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www.avg.com

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

MS FIRST CAPITAL INSURANCE LTD

Ref : CC4/FCI20000121/Dea3q2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 12-03-2020



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 962M	Veh. Inspected	SH 6383M
Policy No.	D-19092579MFSH	Coverage (\$)	0.00
Claim No.	D20000078MFSH	Excess (\$)	0.00
Assign From	MERINA CHIA	Assign Date	02/01/2020

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A758798	Colour	WHITE
Odometer	1037825	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	5 mm
L/H Front Tyre	205/60 R16	WEST LAKE	5 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	5 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	28/12/2019	Inspection Date	03/01/2020
Survey held at	CHUNNI MOTOR WORK PTE LTD BLK 10 ANG MO KIO IND. PARK 2A, #03-19 AMK AUTOPOINT SINGAPORE 568047.		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	6 Working Days
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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6383M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	DOOR SHELL ,FRT/LH	DENTED	2,970.00	2,970.00
1	DOOR SHELL ,REAR/LH	DENTED	2,870.00	2,870.00
1	MIRROR GLASS ,FRT/LH	NOT NECESSARY	380.00	-
1	MIRROR COVER FRT/LH	NOT NECESSARY	350.00	-
1	MIRROR HOUSING W/SIGNAL LAMP ,FRT/LH	NOT NECESSARY	890.00	-
1	MIRROR MOTOR ASSY ,FRT /LH	NOT NECESSARY	920.00	-
1	DOOR WINDOW REGULATOR ,FRT/LH	NOT NECESSARY	620.00	-
1	DOOR WINDOW MOTOR ,FRT/LH	NOT NECESSARY	860.00	-
1	DOOR CENTRE PILLAR OUTER (LH)	DENTED	3,980.10	3,980.10
1	SIDE PANEL OUTER/LH	TO REPAIR SEE LABOUR	730.90	-
	LESS 10% DISCOUNT		-1,457.10	-982.01
			13,113.90	8,838.09
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF SIDE PANEL OUTER/LH.		1,600.00	600.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TOWING CHARGES.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	30.00
	TRANSFER OF DOOR .		240.00	120.00
	RE-SET FRT & REAR POWER WINDOW SYSTEM.	NOT NECESSARY	400.00	-
	RE-SET AND DIAGNOSIS.	NOT NECESSARY	550.00	-
			3,840.00	1,350.00
GRAND TOTAL			16,953.90	10,188.09

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			8,000.00
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Report Ref No. CC4/FCI20000121/Dea3q2

ANG BRYAN TANI

Automotive Assessor / Investigator

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