

22/03/2002

ASS. REC. BY:

REF: CS/MSG 2001136/Kf3n2

Special Instruction:

Survivor: Kenneth

ASSIGNMENT (Office)

From (Person): Christina Wong of MSIG Date/Time: 17.1.2020 709p

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKV 62305 Insured: SLV 19074

at Workshop m/s TK Car Repairs Tel: 64532593 / 64539730 / 94463035

of 176 Sun Ming Drive A01-12

Policy No: 2911456 Claim No: 617579

Sum Insured: Excess:

Make of Veh: D.O.A. 15.1.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 17.1.2020 9.00a.m. Person Contacted: Mr Low H.O.D. Endorsement: Vehicle IN/OUT

Date/Time Action/Instruction (✓) Estimate

SKV 62305 - X

SLV 19074 - X

21/1@1136 Revised via preli advise.

27/2 L1 Rep @ 220d Cabman (Red: 2569.20; 53%)

MS19

ASSIGNMENT

From:

Date:

20. Jan. 2020

Veh No:

PKV 62305

Cr Regn:

09 15

Estimated Cost:

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

To Inspect Vehicle No: SKV 62305

at Workshop m/s TK car repairs

of 176 on ring drive 701-12

Insured:

Policy No:

Claims No:

Sum Insured:

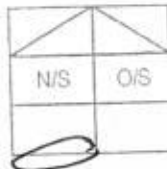
Excess:

(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 Report: Consistent? : Yes or No

GIA / PR. Seen: Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

myr

Vehicle: IN / OUT

Date: Person Contacted:

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

Truck / Trailer or

Make:

M/T Outlander

C.C.

2360

Colour:

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading:

113687

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JMYTG1-3W68 001684

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:

225/55R16

R:

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

TOYO / YOKO or

Palken

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

15/1/20

D.O.I.

20/1/2020

Survey held at

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

Rear N/S

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

Date / Time Action / Instruction

Signature
27/2/2020

RECEIVED 27 FEB 2020

Date/Time, File Pass to?



Preli. Report

1) 12 Typist



Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: -

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Work end (\$)

Survey Fee:

Transportation:

S. + RS. SI

Photo

Video

TOTAL

150

11

161

Report Form:

Long Form:

TP
2200/-

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: 21 Jan 2020

Preliminary Advice

Insured Vehicle No	: SLV1907U	Accident Date	: 15/01/2020
TP Vehicle No	: SKV6230S	Assignment Date	: 17/01/2020
Make	: MITSUBISHI OUTLANDER	Est. Duration of Repair	: 4.00
Date of Inspection	: 20/01/2020		
Inspection At	: TK CAR REPAIRS PTE LTD (HQ) 176 SIN MING DRIVE, #01-12 SIN MING AUTOCARE SINGAPORE 575721		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	4,769.20
Revised Amount	:S\$	2,764.20
Check Items (Estimated)	:S\$	459.00
Total	:S\$	3,223.20
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.

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	16 Jan 2020		17 Jan 2020 17:02 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	GRAB RENTALS PTE.LTD., Co. Reg. No.: 201617200G		
Main Claimant:	WONG MUN CHONG, ID: S1743082C		
Vehicle Reg. No.:	SKV6230S	Date of Loss:	15/01/2020 07:00 - :59 [51 Months and 18 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 617578	Policy/Cover Note No.:	29114756 (Comprehensive) Coverage: 01/02/2019 - 31/01/2020
Vehicle Reg. No. (Insured):	SLV1907U	Policy No. (Claimant):	
		Excess:	S\$2,000.00
Repairer:	Tk Car Repairs Pte Ltd (HQ) 176 SIN MING DRIVE, #01-12 SIN MING AUTOCARE, 575721 Sin Ming - Tel: 6453 2598 / 6453 9730		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 18/01/2020]		
Driver/Custodian (Insured):	LOOK LIAN KIT (47 / Male) , NRIC: S7204718D, Tel: +6590906462 Email:		
Adj Asg. Remarks:	on WP, OI:Grab, Liab: clear, Agree on SJE, Assign: Kenneth Kong from LKK Auto Consultants Pte Ltd. Contact: Mr Low @ 9746 3035.		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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	15/01/2020 17:15
Date Of Accident	15/01/2020 07:00
Exact Location Of Accident	SPRINGLEAF AVE OUTSIDE HOUSE NO.88
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV6230S
Insured/Policyholder	
Name Of Registered Owner	WONG MUN CHONG
NRIC No	SXXXX082C
Email Address	ALVINWMC@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97354767
Alternative Phone No	OFFICE-97354767

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	CAR PARKED OUTSIDE OF MY HOUSE.
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100430793-04
Cover Note Number	

Driver

Name of Driver	WONG MUN CHONG
NRIC No	SXXXX082C
Date Of Birth	24/03/1966
Occupation	INDOOR
Date Of Driving Pass	29/05/1985
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97354767
Fax Number	
Contact Number	
Email Address	ALVINWMC@HOTMAIL.COM

Address	84 SPRINGLEAF AVE
Postcode	788481
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?	NO
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

RECEIVED A NOTE THIS MORNING (15.01.2020) FROM ONE MR. JOHN LOOK OWNER OF VEHICLE NO : SLV1907U THAT HIS CAR HAD HIT THE BACK OF MY VEHICLE SKV6230S AT ABOUT 7AM. CLAIMED HE WAS REVERSING HIS CAR AND ACCIDENTLY HIT ONTO THE BACK OF MY VEHICLE.

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	SLV1907U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	JOHN LOOK
NRIC/Passport Number	
Contact Number	90906462
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: 12/1/2020 5pm


Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/1/2020 5pm

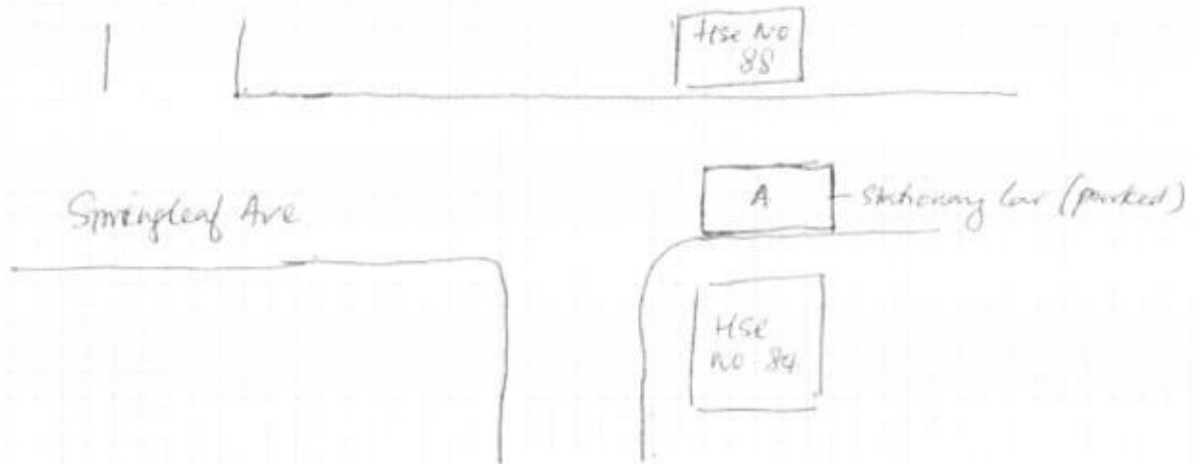

Reporting Centre Personnel's Signature

Name: WZU1AM

NRIC/FIN No: G341499401

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Received a note this morning (15/1/2020) from one Mr John Cook
 Owner of Vehicle No: SV190711 that his car had hit the back
 of my vehicle SKV62305 at about 7am.
 Claimed he was reversing his car and accidentally hit
 onto the back of my vehicle

DECLARATION

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



Policyholder's Signature

Date & Time: 15/1/2020 8pm



Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/1/2020 8pm



Reporting Centre Personnel's Signature

Name: WILLIAM

NRIC/FIN No: 934144940



TK CAR REPAIRS PTE LTD

Business Reg. No. 201202611N

176, SIN MING DRIVE, #01-12 SIN MING AUTOCARE, SINGAPORE 575721 TEL: 6453 2598, 6453 9730
FAX: 6552 0866 Email: tklow50@hotmail.com

WONG MUN CHONG
84, SPRING LEAF AVE
788481

Attention: THE OWNER
Contact: 97354767

Not Authorised
1/1 Day @ 2200/hr
Money After Paint
4 days

Estimate : ES001482

Date : 17/01/2020
Vehicle Num. : SKV 6230 S
Make/Model : MITSUBISHI OUTLANDER 2.4
Chassis/Eng# :
Accident Date : 15/01/2020
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

- | | | | | |
|----|---|---------------------------|--|--|
| 1. | 1 | LIST ITEMS : | | |
| 2. | 1 | REAR BUMPER | | |
| 3. | 1 | TAIL GATE ASSY | | |
| 4. | 1 | REAR BUMPER SIDE RETAINER | | |
| 5. | 1 | REAR BUMPER LAMP LH | | |
| 6. | 1 | TAIL LAMP L/H | | |
| 7. | 1 | REFLECTOR LH | | |

List Total S\$:
10.00% Discount S\$:

B1	873.00	✓
B2	930.00	✓
B11	35.00	✓
B12	100.00	X
B13	590.00	X
B14	410.00	X
	2,938.00	
	293.80	
	2,644.20	

- | | | | | |
|----|---|----------------------|--|--|
| 1. | 1 | SPECIAL NETT ITEMS : | | |
| 2. | 1 | REAR SENSOR | | |
| 3. | 1 | SEALANTS | | |

Special Nett Total S\$:

LABOUR :
TO REPAIRS TAIL GATE & RELACE REAR BUMPER
TO SPRAY PAINTS ON REAR ACCIDENT DAMAGED PARTS
TO REPLACE REAR SENSOR
TO REMOVE & REFIT TAIL GATE INNER PARTS
TO TRANFER TAIL GATE GLASS

Labour Total S\$:

B1	380.00	X
B11	55.00	
	435.00	
	400	
480	650.00	
	580.00	
60	100.00	50
120	180.00	
	1,690.00	

E. & O.E.

Total S\$: 4,769.20

for TK CAR REPAIRS PTE LTD

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis.
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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/MSG20001136/KTF3N2
Date: 02/03/2020

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. Policy No: 29114756
Claimant Vehicle No: SKV6230S Insured Vehicle No: SLV1907U
Date of Loss: 15/01/2020 Nature of Claim: TP Claim No: 617578

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SKV6230S
Make & Model: MITSUBISHI OUTLANDER, 2.4 2.4 CVT AWD S/R FACE (A) Engine No: 4B12QJ3902
Reg. Date: 28/09/2015 (Man. Year: 2015) Chassis No: JMYXTGF3WGW001694
Colour: Metallic Grey Odometer: 113697 km
Engine Capacity: 2360 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: 225/55R16 Rear Tyre Size: 225/55R16
Front Left Side: Falken 6 mm Rear Left Side: Falken 7 mm
Front Right Side: Falken 6 mm Rear Right Side: Falken 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,079.20	1,694.20	1,385.00	44.98
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,690.00	1,110.00	580.00	34.32
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,769.20	2,804.20	1,965.00	41.20
Approved Total (Overridden) (S\$)		2,200.00		
Nett Amount (S\$)	4,769.20	2,200.00	2,569.20	53.87

INSPECTION

Date of Assignment: 17/01/2020
Date Inspected: 20/01/2020 Inspected At: Tk Car Repairs Pte Ltd (HQ)
176 SIN MING DRIVE, #01-12 SIN MING
AUTOCARE
Singapore 575721
Estimated Period of Repair: 4.0 days

Adjuster: KENNETH KONG

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: 02 Mar 2020)

Parts: M1-SUV MITSUBISHI OUTLANDER 2.4 2.4 CVT AWD S/R FACE (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SKV6230S)

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	Bent	873.00 FL	*873.00 FL
2	1		*TAIL GATE ASSY	Bent	930.00 FL	*930.00 FL
3	1		*REAR BUMPER SIDE RETAINER	Distorted	35.00 FL	*35.00 FL
4	1		*REAR BUMPER LAMP LH	Serviceable	100.00 FL	*- FL
5	1		*TAIL LAMP L/H	Serviceable	590.00 FL	*- FL
6	1		*REFLECTOR LH	Serviceable	410.00 FL	*- FL
7	1		*REAR SENSOR	Serviceable	380.00 FS	*- FS
8	1		*SEALANTS	Necessary	55.00 FS	*40.00 FS

F=Franchise part, S=SpcNett, L=ListItemDisc.

Sub Total (\$\$)	3,373.00	1,878.00
- List Item Discount on L Items 10.00/10.00% (\$\$)	293.80	183.80
Total Parts (\$\$)	3,079.20	1,694.20

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 REPAIRS TAIL GATE & REPLACE REAR BUMPER	New	650.00	400.00
2	TO SPRAY PAINTS ON REAR ACCIDENT DAMAGED PARTS	New	580.00	480.00
3	TO REPLACE REAR SENSOR	New	100.00	50.00
4	TO REMOVE & REFIT TAIL GATE INNER PARTS	New	180.00	60.00
5	TO TRANFER TAIL GATE GLASS	New	180.00	120.00
Gross Labour Cost (S\$)			1,690.00	1,110.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >