

urimen

Surveyor Kenneth ASSIGNMENT (Office)

From (Person) Chia Nyuk Pui of MSG Date/Time: 4.2.2020 9.52A.M

Estimated Cost Bill to

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

Contract Vehicle No: SKU 8239K Insured: GBB 79451

at Workshop with Hung YAP Seng Repair - PERD GARAGE Tel: 9183 3008

of B1C160 Sin ming Drive #08-13

Policy No: B29116906TMV Claim No: 618855

Sum Insured Excess

Make of Veh: D.O.A. 18.1.2020

(Client's Record)

CA / REV / REP. / REV 24 HRS ^{sup} H.O.D. Endorsement:

Date/Time: 4.2.2020 10.15am Person Contacted: Mr Chong Vehicle IN/OUT

| Date/Time | Action/Instruction (✓) Estimate |
|-----------|---|
| | SKU 8239K - NA / MSG 2000/150/14 ROB - 13/01/2020 |
| | GBB 79451 - NA / MSG 2000/150/14 D.O.A - 13/01/2020 |

5/3/20 Informed Nyuk Pui pending est from repairer
 3/3/20 @ 2.30pm Mr Chong said est not ready
 17/3/20 Send preli revised via merimen

ASS. REC. BY:

REF: MJ-1

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Hy Top Leg

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 Soon: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKU 823PK Yr Regn: 08, 15

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

Truck / Traller or Wagen

Make: Volkswagen Touran ^{A1} 1598

Colour: M.D. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 84.944 T/Radio: Insured / Std / NI / NA

Eng No: _____

C/No: WVG 888IT 2FW 046588

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD/Rim or

Tyre Size: F: 225/45R17

R: _____

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

TOYO / YOKO or

Front R/Bal: 7 mm

L/Bal: 7 mm

D.O.A. 18/1/20

Survey held at _____

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

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

| Date / Time | Action / Instruction |
|-------------|----------------------|
| <u>1</u> | <u>Est not ready</u> |

13/3 @ 4:18pm / 1 Rpt @ 3200 email confirmed with Mr Chong (Red 8937, 749)

RECEIVED 17 MAR 2020

Date/Time, File Pass to? : Prel. Report : Final Report

Date/Time, File Return to? 17/3 - typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Report Format: MRimen
Lump Sum / I.B.I: (\$) 3200/2

- Add Fee:
- : Site Insp (\$ _____)
 - : Interview (\$ _____)
 - : Tech Invs (\$ _____)
 - : Weekend (\$ _____)

| | |
|-----------------|--|
| Survey Fee: | |
| Transportation: | |
| S - RS - SI | |
| Fuel | |
| Others | |
| TOTAL | |

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

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Ret | Adj Submitted | Est Active | Status |
|------|-------------|---------------|--------------------------------|---------|---------------|------------|--------------------------------------|
| Main | 03 Feb 2020 | | 04 Feb 2020 09:52 Assign | | | | New Assignment Cancel Case |

Main

Reference

Claim Details

Documents

Show All

CLAIM SUBFOLDER DETAILS

| | | | | |
|-----------------------------|---|------------------------|--|----------------------|
| Insured: | JONG FRESH SUPPLIES PTE LTD , Co. Reg. No.: 200107204H | | | [Created by insurer] |
| Main Claimant: | NIENTRADE PTE LTD , Co. Reg. No.: 201910533W | | | |
| Vehicle Reg. No.: | SKU8239K | Date of Loss: | 18/01/2020 07:00 - :59 [53 Months From LTA Reg Date (Man Yr)] | |
| Claim Type: | TP / 618855 | Policy/Cover Note No.: | B29116806TMV (Third Party Only) Coverage: 08/03/2019 - 07/03/2020 | |
| Vehicle Reg. No. (Insured): | GBB7945T | Policy No. (Claimant): | | |
| Repairer: | Heng Yap Seng Auto Services - (sin Ming Drive) (HQ) BLK 160 SIN MING DRIVE, #08-13 SIN MING AUTOCITY, 575722 Sin Ming - Tel: | | | |
| Handling Insurer: | MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pul - 6594 2521] | | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 05/02/2020] | | | |
| Driver/Custodian (Insured): | CHUA CHEOW MENG (52 / Male), NRIC: S1821202A, Tel: +6596218467 Email: | | | |
| Adj Asp. Remarks: | on WP. Liab: clear. Agree on SJE. Assign: Kenneth Kong from LKK Auto Consultants Pte Ltd. Contact: Mr Chong Han Meng @ 9183 3008. | | | |

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

View All

Compose Case Mail

ALL ASSOCIATED TASKS

| Due Date | Priority | Type | Task Group | Subject | Handler | Assigned By | Completed On | Created On | Complete |
|-------------|----------|------|------------|---------|---------|-------------|--------------|------------|----------|
| No results. | | | | | | | | | |

View All

Search Tasks

Create New Task

Complete

KURUP & BOO

UEN 53130914B
ADVOCATE & SOLICITOR
COMMISSIONER FOR OATHS
NOTARY PUBLIC

111 North Bridge Road
#15-03 Peninsula Plaza
Singapore 179098
Tel. No. 6223 3343
6221 8623
Fax. No. 6225 7248
Writer's e-mail :
boo@kurupnboo.com.sg

Our Ref : BMC.3462.20.wh
Your Ref : Insured vehicle no. GBB 7945T

3 February 2020

MSIG Insurance (Singapore) Pte Ltd
16 Raffles Quay #24-01
Hong Leong Building
Singapore 048581

URGENT

Via email
motorsurvey@sg.msig-asia.com
and BY HAND

Dear Sirs

**ACCIDENT INVOLVING VEHICLE NOS. SKU 8239K AND GBB 7945T
AT UPPER SERANGOON ROAD ON 18 JANUARY 2020**

We act for Ninetrade Pte Ltd, the owner of the vehicle no. SKU 8239K which was involved in the above accident.

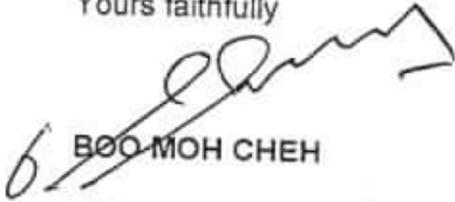
For your immediate attention, we attach a copy of the Singapore Accident Statement lodged by or on behalf of our client.

By way of notice, we inform you that our client damaged vehicle is now in the workshop named below:

Heng Yap Seng Auto Services
Block 160, Sin Ming Drive
#08-13 Sin Ming AutoCity
Singapore 575722
Contact : Mr Chong Han Meng
HP No. : 9183 3008 Fax : 6873 2017

We hereby give you **two days'** notice for your representative to go the above workshop to inspect our client's damaged vehicle. Kindly contact Mr Chong Han Meng prior to going to the workshop for the survey.

Yours faithfully


BOO MOH CHEH

enc
cc Heng Yap Seng Auto Service

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: Chhia Nyuk Pui | |
| Date: 17 Mar 2020 | |
| <u>Preliminary Advice</u> | |

| | |
|---|------------------------------|
| Insured Vehicle No : GBB7945T | |
| TP Vehicle No : SKU8239K | Accident Date : 18/01/2020 |
| Make : VOLKSWAGEN TOURAN | Assignment Date : 04/02/2020 |
| Date of Inspection : 04/02/2020 | Est. Duration of Repair : 4 |
| Inspection At : HENG YAP SENG AUTO SERVICES - (SIN MING DRIVE) (HQ) BLK 160 SIN MING DRIVE, #08-13 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\$ | 12,137.00 |
| Revised Amount | :S\$ | 4,110.76 |
| Check Items (Estimated) | :S\$ | 0.00 |
| Total | :S\$ | 4,110.76 |
| | | |
| Lump Sum Repair (est) | :S\$ | 3,200.00 |

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. |

View Sent Message

This mail is associated with :

***SKU8239K (618855)
[GBB7945T]**

TP
NIENTRADE PTE LTD
Jan 18 2020 7:00AM
[JONG FRESH SUPPLIES PTE LTD]
Heng Yap Seng Auto Services - (sin Ming Drive)

[Resend](#) [View Recipients](#) [Print Message](#) [Delete Message](#) [Forward](#)

From LKK Auto Consultants Pte Ltd (LKK_HQ), sent on **05/02/2020 11:56 AM**.
To SGSGCNP
Subject TP SURVEY SKU 8239K

Dear Nyuk Pui,

Please be informed that we have inspected the vehicle SKU 8239K on 4/2/2020.

We are pending estimate from repairer.

Best Regards,
Veron Chen

DOCUMENTS SUMMARY

There are no documents.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------|--------------------------------------|
| Owner ID Type: | Company |
| Owner ID: | 533W |
| Vehicle Details | |
| Vehicle No.: | SKU8239K |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 05 Feb 2020 |
| Vehicle Make: | VOLKSWAGEN |
| Vehicle Model: | TOURAN 1.6 TDI AT 1T33ZZ |
| Primary Colour: | Blue |
| Manufacturing Year: | 2014 |
| Engine No.: | CAYAU0581 |
| Chassis No.: | WVGZZZ1TZFW046588 |
| Maximum Power Output: | 77.0 kW (103 bhp) |
| Open Market Value: | \$25,120.00 |
| Original Registration Date: | 18 Aug 2015 |
| First Registration Date: | 18 Aug 2015 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$22,168.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 17 Aug 2025 |
| PARF Rebate Amount: | \$16,626.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 17 Aug 2025 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$56,209.00 |
| COE Rebate Amount: | \$31,096.00 |
| Total Rebate Amount: | \$47,722.00 |

The information contained herein is correct as at 05 Feb 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 | 21/01/2020 17:18 |
| Date Of Accident | 18/01/2020 08:00 |
| Exact Location Of Accident | UPPER SERANGOON RD (ALONG LIM TUA TOW RD) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKU8239K |
| Insured/Policyholder | |
| Name Of Registered Owner | NIENTRADE PTE LTD |
| Co Reg No | 2XXXXX533W |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-82988086 |
| Alternative Phone No | OFFICE-82988086 |

Vehicle Particulars

| | |
|--------------|------------|
| Manufacturer | VOLKSWAGEN |
| Model | - |

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 PRIVATE HIRE

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5110836411-000020 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | QUEK JUN HAN HARRY |
| NRIC No | SXXXX866E |
| Date Of Birth | 24/03/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/11/2006 |
| Driving Experience | 13 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82988086 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 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 CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

refer attached 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB7945T
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver CHUA CHEOW MENG
 NRIC/Passport Number SXXXX202A
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

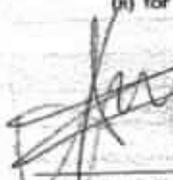
SKETCH PLAN

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.

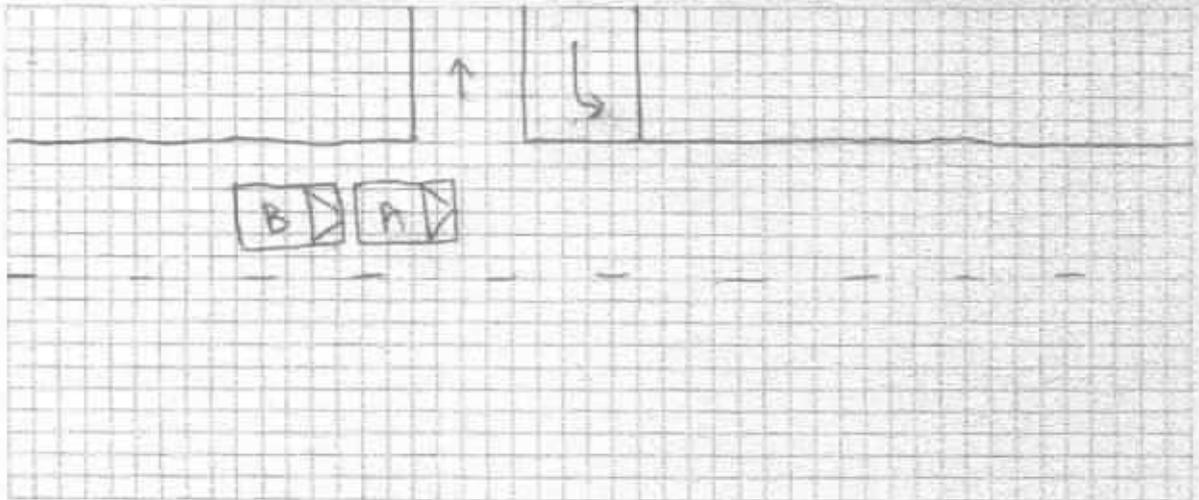

 Policyholder's Signature
 Date & Time: 21/01/2020
 21/01/2020 1600HRS 1255



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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While Travelling along Lim Tuu Tow Road, Towards Upp
Serangoon Road a heavy Car B (ABB7945T) hit my rear.
(car A (SKU8239K))

DECLARATION

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

Policyholder's Signature
Date & Time: 20/01/2020

21/01/2020 12:55
1A004R.c



Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/01

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

AERO GARAGE PTE LTD

Blk 160, Sin Ming Drive, #08-07 Sin Ming AutoCity, Singapore 575722

Tel : 6266 9511 Fax : 6266 9512

Not Notified
L1 Day @ 3200-
Review After Paint

Vehicle No : SKU8239K
Vehicle Model : Volkswagen Touran

Estimate Repair Cost

| No. | Qty | Parts List Items | Price | Remarks |
|------------|-------|---------------------------------|--------------|---------|
| 1 | 1 | Rear bumper | \$ 971.50 | ✓ |
| 2 | 2 | Rear bumper retainers | \$ 88.90 | ✓ |
| 3 | 1 set | Rear bumper clips | \$ 40.00 | ✓ |
| 4 | 2 | Rear bumper brackets | \$ 128.10 | ✓ |
| 5 | 1 | Rear bumper reflectors | \$ 118.40 | ✓ |
| 6 | 1 | Rear tailgate | \$ 1,723.90 | ✓ |
| 7 | 1 | Rear tailgate centre logo | \$ 87.00 | ✓ |
| 8 | 2 | Rear tailgate "TOURAN" emblem | \$ 80.00 | ✓ |
| 9 | 1 | Rear tailgate "TSI" emblem | \$ 54.00 | ✓ |
| 10 | 2 | Rear tailgate number plate lamp | \$ 62.30 | ✓ |
| 11 | 2 | Rear tailgate hinges | \$ 244.80 | ✓ |
| 12 | 1 | Rear tailgate lock | \$ 167.10 | ✓ |
| 13 | 1 | Rear tailgate weatherstrip | \$ 359.10 | ✓ |
| 14 | 1 | Rear tailgate inner trim board | \$ 301.90 | ✓ |
| 15 | 1 | Rear tailgate inner trim clips | \$ 40.00 | ✓ |
| 16 | 2 | Taillamps (inner & outer) | \$ 801.20 | ✓ |
| 17 | 1 | Rear end panel | \$ 411.70 | ✓ |
| 18 | 1 | Rear end panel top garnish | \$ 183.40 | ✓ |
| 19 | 1 | Rear spare tyre top board | \$ 350.80 | ✓ |
| 20 | 1 | Rear floor panel | \$ 841.50 | ✓ |
| 21 | 1 | Rear exhaust silencer | \$ 899.30 | ✓ |
| 22 | 1 | Rear exhaust silencer mounting | \$ 92.10 | ✓ |
| <i>108</i> | | | Total | |
| | | | \$ 8,047.00 | |

Parts Special Nett Items

| | | | | |
|----|-------|-------------------|--------------|---|
| 23 | 1 | Rear number plate | \$ 60.00 | ✓ |
| 24 | 1 | Reverse camera | \$ 250.00 | ✓ |
| 25 | 1 set | Reverse sensor | \$ 250.00 | ✓ |
| | | | Total | |
| | | | \$ 560.00 | |

Total Parts \$ 8,607.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before 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:

