

Surveyor

REF: CS / MSG 20002925 / 67832

Special Instruction:

ASSIGNMENT (Office)

4sum = \$ 16,500.00

From (Person): Chhio Myuk Rui of MSIG Date/Time: 19.2.2020 15.45pm

Third Parties:

Estimated Cost: Bill to:

Claimant:

OD/TP Re-inspection Evaluation

Surveyor: Automax survey

To Inspect Vehicle No: SGT 6336D

Workshop: D's Graffiti Concepts Pte Ltd

at Workshop m/s D's Graffiti Concepts

Insured: SLN 4124J

of 10 AMK Ind Bank 2A AMK Autopoint #0312

Tel:

Policy No: 29114756

Claim No: 603838

Sum Insured:

Excess:

Make of Vch:

D.O.A. 24/08/2019

(Client's Record)

9. mar.ch 2020 @ 1pm

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig days (Red \$ / %; Original 12 days)

Date/Time: 09/3 Submit Final Fig 6600 6 days (Red \$ 9900 / 60 %; Original 12 days)

Date/Time	Action/Instruction
	SGT 6336D - CF/ATG 07004514/GW DCA - 07/07/2017
	SLN 4124J - CS/GAI 17020028/CHHIS DCA - 15/10/2017
	Spoken to ms chhio.
7/3/2020	Change to physical survey as kenneth says. See no damage at outer, base on independent survey report.
	Inspection: 50 Strongman NVAH Arix # 02-18
	Mr. Dave @ 8608 3456

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 11 MAR 2020

Do Not Finalise

Para(3) : Nett Value

Market Value :	Inspected/ Evaluated by:	Fee Charged:	Date:
Salvage Value :		Basic & Add	200
Nett Value :		Transport	
		Photos	
		Others	11
		Total	211
1) Date/Time <u>10/3/20</u> File Pass to <u>hupar</u>	2) Date/Time	File Return to	
3) Date/Time	4) Date/Time	File Return to	
5) Date/Time	6) Date/Time	File Return to	

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.

N/S	O/S

Est. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: _____

SGT63360 Regn: 20 Feb 2017

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

Truck / Trailer or

Make: _____

Volkswagen Golf 1.4 1395

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

67412

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WVWZZBAU3H W 119369

Gen. Cond: ☒ Good / Fair / Poor / Burnt

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

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ STD A/Rim or

Tyre Size:

F: 225/45 R17

R: _____

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

09/03/2020

Survey held at

So at Serangoon North Ave 4

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

N/S Rear

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Fuel and (\$

Survey Fee:

Transportation:

\$ + RS \$

Phone

Other:

Report Format:

Long Form / Short Form

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner Details	
Owner ID Type:	Singapore NRIC
Owner ID:	301J
Vehicle Details	
Vehicle No.:	SGT6336D
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Mar 2020
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	GOLF 1.4 TSI AT 5G13HZ
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	CZC161754
Chassis No.:	WVWZZZAUZHW119369
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	\$20,460.00
Original Registration Date:	20 Feb 2017
First Registration Date:	20 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$10,644.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Feb 2027
PARF Rebate Amount:	\$7,983.00
Intended COE Rebate Details	
COE Expiry Date:	19 Feb 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,401.00
COE Rebate Amount:	\$33,621.00
Total Rebate Amount:	\$41,604.00

The information contained herein is correct as at 09 Mar 2020

OK

[> Back to OneMotoring](#)

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OK

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 Aug 2019		19 Feb 2020 15:45 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:	HIN YUET YIN, ID: S6876301J		
Vehicle Reg. No.:	SGT6336D	Date of Loss:	24/08/2019 11:00 - :59 [30 Months and 4 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 603838	Policy/Cover Note No.:	29114756 (Comprehensive) Coverage: 01/02/2019 - 31/01/2020
Vehicle Reg. No. (Insured):	SLN4124J	Policy No. (Claimant):	
		Excess:	
Repairer:	- Not Applicable - (-)		
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 20/02/2020]		
Driver/Custodian (Insured):	LIM HOCK SENG ANTHONY (), NRIC: S1582892G, Tel: +6584826618 Email:		

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.									

Denise Tay (LKKAuto)

From: Chhia Nyuk Pui <NyukPui_Chhia@sg.msig-asia.com>
Sent: Monday, 2 March 2020 10:32 AM
To: Dorothy Dylegal
Cc: SUR; Denise Tay (LKKAuto)
Subject: RE: Your ref: DY.08.0089.2019.dc. Our ref: 603838 (OI: SLN4124J)

Dear Dorothy

Without Prejudice
Save as to Costs

We would like to conduct a physical survey of your client's vehicle. Please make arrangement with our surveyor (copied) for a mutual suitable appointment.

Meanwhile, we note there is breach of nima protocol as your client's vehicle was repaired before we conduct pre-repair survey.

Aside to Denise, we just discussed this case. Thanks

Chhia Nyuk Pui
Senior Executive, Claims Services
Direct line +65 6594 2521 | Direct fax +65 6643 1349 | nyukpui_chhia@sg.msig-asia.com

From: Chhia Nyuk Pui
Sent: Wednesday, 19 February 2020 3:51 PM
To: Dorothy Dylegal <admin@dylegal.asia>
Cc: SUR <sur@lkkauto.com>
Subject: RE: Your ref: DY.08.0089.2019.dc. Our ref: 603838 (OI: SLN4124J)

Dear Dorothy

Without Prejudice
Save as to Costs

Thanks for taking our call. We are looking into the claim and shall come back to you soon

Aside to LKK,
Please do paper survey. Thank you.

Please note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data for the purpose of assessing your claim. This may include disclosing and sharing your personal data with our service providers and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore, for the proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws (collectively, "the Purpose"). We may also need to disclose or share your personal data with service providers who are sited outside Singapore for the Purpose.

Chhia Nyuk Pui
Senior Executive, Claims Services
Direct line +65 6594 2521 | Direct fax +65 6643 1349 | nyukpui_chhia@sg.msig-asia.com

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110

Mobile : 9855 6879

Email : automaxsurvey@gmail.com

Registration No. 53110062J

Billing To: Hin Yuet Yin
c/o D's Graffiti Concepts Pte Ltd
10 ang mo kio ind park 2A
Amk autopoint #03-13
Singapore 568047

Invoice no.: TP19080078

Date: 13 Dec 2019

Vehicle no: SGT6336D

Model : VOLKSWAGEN GOLF 1.4 TSI

ITEM	DESCRIPTION	AMOUNT
1	Date of Inspection : 26 AUG 2019 copies of the inspection / survey report Correspondence, postages and etc.	\$ 900.00
2	Photography Services Develop photographs Storage of digital photographs	
3.	To submit report by hand.	
4.	Charges on photocopies, posting, faxes and others incidental works entrusted.	
5	Transportation Charges	
6	Reinspection Charges	
TOTAL :		\$ 900.00

Notes :

1. All cheque payment should be "crossed" and made payable to "Automax Survey".
2. Please contact us if there are further enquiries on the invoice.

Official Stamp

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110
Mobile : 9855 6879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

Report Ref : TP19080078

Date: 13 Dec 2019

*Hin Yuet Yin
c/o D's Graffiti Concepts Pte Ltd
10 ang mo kio ind park 2A
Amk autopoint #03-13
Singapore 568047*

THIRD PARTY SURVEY ACCIDENT OCCURED ON 24 AUG 2019

Workshop Name and Address

D's Graffiti Concepts Pte Ltd
10 ang mo kio ind park 2A
Amk autopoint #03-13
Singapore 568047

As per your instruction dated 26 AUG 2019
We have carried out a physical inspection on the said
We enclosed herewith our report and findings as follows:

with regard to the above matter.
SGT6336D

1. VEHICLE PARTICULARS

Registration No : SGT6336D
Model : VOLKSWAGEN GOLF 1.4 TSI
Year / Capacity : Feb 2017 / 1398 cc
Chassis No : WVVZZZA0ZHW119369

Engine No : CZC161754
Mileage : 56 708 km
Colour : Metallic Blue

1395

2. TYRES CONDITION

	<u>Size</u>	<u>Made</u>	<u>Balance</u>	<u>Rim</u>
FRONT O/S :	215/45/R17	Firestone	9.00 mm	Sport
REAR O/S :	215/45/R17	Firestone	9.00 mm	Sport
FRONT N/S :	215/45/R17	Firestone	9.00 mm	Sport
REAR N/S :	215/45/R17	Firestone	9.00 mm	Sport

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110

Mobile : 9855 6879

Email : automaxsurvey@gmail.com

Registration No. 53110062J

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the rear side portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 12 working days to complete

5. In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter.

6. Should you discover any discrepancy in the report, please kindly notify us within 1 week, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

Vehicle Number : SGT6336D

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
<u>List Items</u>				
1 pc	Rear fender	bend/distorted	\$ 1,652.00	\$ 1,652.00 X
1 pc	Rear knuckle arm	bent/distorted	\$ 750.00	\$ 750.00 ✓
1 pc	Rear lower arm	distorted	\$ 350.00	\$ 350.00 ✓
1 pc	Rear upper arm	distorted	\$ 285.00	\$ 285.00 X
1 pc	Rear control arm	bent/distorted	\$ 200.00	\$ 200.00 X
1 pc	Rear wheel bearing hup	bent/distorted	\$ 525.00	\$ 525.00 ✓
1 pc	Rear absorber	distorted	\$ 368.00	\$ 368.00 ✓
1 pc	Rear absorber mounting	wraped/deformed	\$ 150.00	\$ 150.00 ✓
1 pc	Rear track rod		\$ 145.00	\$ 145.00 ✓
1 pc	Rear axle guide with bracket		\$ 168.00	\$ 168.00 ✓
1 pc	Rear wish bone		\$ 200.00	\$ 200.00 X
1 pc	Rear bumper	bent	\$ 680.00	\$ 680.00 X
1 pc	Rear bumper side retainer	bent	\$ 64.00	\$ 64.00 X
1 pc	Rear bumper side bracket - top	bent	\$ 65.60	\$ 65.60 X
10 pcs	Rear bumper clips	necessary	\$ 65.00	\$ 65.00 X
Parts Sub-Total			\$ 5,667.60	\$ 5,667.60
Discount 10.00%			\$ 566.76	\$ 566.76
			\$ 5,100.84	\$ 5,100.84

Vehicle Number : SGT6336D

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
<u>Special Nett Items</u>				
1 pc	Rim assembly (sport)	grazed/distorted	\$ 680.00	\$ 680.00 ✓
1 pc	Tyre assembly	grazed/deformed	\$ 380.00	\$ 350.00 X
2 pcs	Front seat belt with tensioner — 1812.86 (-10%)	deployed	\$ 2,200.00	\$ 2,200.00 ✓
2 pcs	Front seat belt catch with sensor	deployed	\$ 800.00	\$ 800.00 ✓
1 pc	Head roof side air bag — 1325.83 (-10%)	deployed	\$ 2,200.00	\$ 2,200.00 ✓
1 pc	Seat air bg with trim — 1354.17 (-10%)	deployed	\$ 1,970.00	\$ 1,970.00 ✓
Special Nett Sub-Total			\$ 8,230.00	\$ 8,200.00
Spare Parts Total			\$ 13,330.84	\$ 13,300.84

6525.73

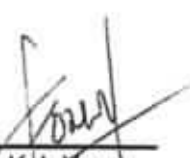
10% = 5873.15

LABOUR COST

S/No	JOB DESCRIPTIONS	Workshop Estimation (S\$)	Our Revised Estimation (S\$)
	Spare PartsTotal c/f	\$ 13,330.84	\$ 13,300.84
1	Towing	\$ 120.00	\$ 50 120.00
2	To remove and refix interior upholstery	\$ 200.00	\$ 60 180.00
3	To remove and replace undercarriage	\$ 380.00	\$ 200 350.00
4	To check and adjust computer wheel alignment	\$ 240.00	\$ 60 220.00
5	To remove and replace seat belt tensioner	\$ 300.00	\$ 100 280.00
6	To remove and replace side air bag	\$ 280.00	\$ 100 260.00
7	To remove and replace head roof air bag	\$ 800.00	\$ 200 700.00
8	To reprogramme and cabiliation on airbag system incl reset	\$ 1,000.00	\$ 150 800.00
9	To respray affected areas	\$ 1,400.00	\$ 400 1,200.00
10	To renew damaged parts, straighten and repair rear chassis member, bootlid and aligned all parts	\$ 1,600.00	\$ 400 1,400.00
11	To tuff coat affected areas	\$ 180.00	\$ X 150.00
	1720 Total	\$ 19,830.84	\$ 18,960.84

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair of :

\$ 16,500.00


Fong Kok Heng
Qualified Appraiser

6 Days
8273.15
29% 6600

Enquire Vehicle & Owner Information (Vehicle No. SLN4124J As At 24 Aug 2019 / 11:40:00)

Search Results by Insurance

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: DY.08.0089.2019.DC

Registered Address Details

Owner ID Type: Company
Owner ID: 201617200G
Owner Name: GRAB RENTALS PTE. LTD.
Registered Address Type: Private Residential (non-Condo Apt / non-House)
Registered Block/House No.: 6
Registered Street Name: SHENTON WAY
Registered Unit No.: # 38 - 01
Registered Building Name: OUE DOWNTOWN
Registered Postal Code: 068809

Registered Vehicle Details

Vehicle No.: SLN4124J
Make Description/Model: TOYOTA / PRIUS HYBRID 1.8 CVT
Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD

CASH SALE

No: 16




Messrs: VOLKSWAGEN GOLF 1.4 TSI

Sgt 6336 D

DATE:

13/Dec/2019

ITEM	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
				\$16,500
			SUB TOTAL :	
			:	
			TOTAL :	\$16,500

ISSUE BY:  E. & O. E.

U-GRADZ



DY & Associates

Advocates & Solicitors

Our Ref: DY.08.0089.2019.dc

Your Ref: Please advise

20 December 2019

WITHOUT PREJUDICE



1. **MSIG INSURANCE (SINGAPORE) PTE. LTD.**

16 Raffles Quay
#24-01 Hong Leong Building
Singapore 048581

BY HAND
(with enclosures)

Attention: Motor Claims Department

2. **GRAB RENTALS PTE. LTD.**

6 Shenton Way
#38-01 OUE Downtown
Singapore 068809

VIA CERTIFICATE OF POSTING
(without enclosures)

Dear Sirs

CLAIMANT: HIN YUET YIN

ACCIDENT INVOLVING SGT 6336D AND SLN 4124J ALONG MOULMEIN ROAD / MOULMEIN RISE ON 24.08.2019

1. We act for Mdm Hin Yuet Yin, owner of vehicle registration no. SGT 6336D.
2. We are instructed to claim damages against you/your servant and/or agent/your insured in connection with the above-captioned accident involving our client(s) vehicle no. SLN 4124J owned and/or insured by you at the material time.
3. We are instructed that the accident was caused by your servant and/or agent/your insured's negligent driving and/or management of your/your insured's vehicle. As a result of the accident, our client(s) vehicle was damaged and our clients' had been put to loss and expense, particulars of which are as follows:

(a)	Costs of Repairs	S\$16,500/-
(b)	Loss of use (12 days x S\$80.00 per day)	S\$960/-
(c)	Survey Report Fee	S\$900/-
(d)	LTA/GIA Search/Reports	S\$39/-
(e)	Costs	S\$900/-
(f)	Incidentals	S\$60/-
	TOTAL	S\$19,359/-

Cont'd...2

$$2500 / 12 = \cancel{708} \times 90$$

$$= 63750$$

MW: 68K.

NO PIRATING
BE AWARE

TO,

REPORTED BY
O (the back end)

are

✓

27.02.19.

DY
DY & Associates
Advocates & Solicitors

- 2 -

A copy of each of the following supporting documents is enclosed:-

- (a) Our client's Singapore Accident Statement;
 - (b) LTA Search on SLN 4124J;
 - (c) Singapore Accident Statement on SLN 4124J;
 - (d) Repairs tax invoice no. 16 from D's Graffiti Concepts Pte Ltd; and
 - (e) Survey report, tax invoice and sixty-one (61) coloured photos of damages to our client(s) vehicle from M/s Automax Survey.
4. The demand herein is in respect of our client(s) claim for damages pertaining to their motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client(s) claim in respect of damages and consequential loss in relation to his personal injuries.
5. Please note that:
- (a) if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer;
 - (b) you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which, our client(s) will have no alternative but to commence proceedings against you without further notice to you or your insurer;
 - (c) if you have a counterclaim against our client(s) arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully



DY & ASSOCIATES

Encls.

Cc MSIG Insurance (Singapore) Pte. Ltd. (insurers of SGT 6336D)
Please keep us informed should you receive any third party claim.

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	26/08/2019 11:37
Date Of Accident	24/08/2019 11:40
Exact Location Of Accident	MOULMEIN ROAD / MOULMEIN RISE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT6336D
Insured/Policyholder	
Name Of Registered Owner	HIN YUET YIN
NRIC No	S6876301J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92392028
Alternative Phone No	OFFICE-92392028

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF 1.4 TSI AT 5G13HZ
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28897822 AVW (COMP)
Cover Note Number	

Driver

Name of Driver	LIM WEI CONG
NRIC No	S9909278E
Date Of Birth	26/03/1999
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2018
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90886339
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	50 YUNNAN CRESCENT
Postcode	638349
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
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 TO SKETCH PLAN ATTACHED

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	SLN4124J
Vehicle Make/Model/Colour	TOYOTA / PRIUS HYBRID 1.8 CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM WEI CONG
------	--------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGT6336D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 lodging 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 lawyer/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 (a) 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:

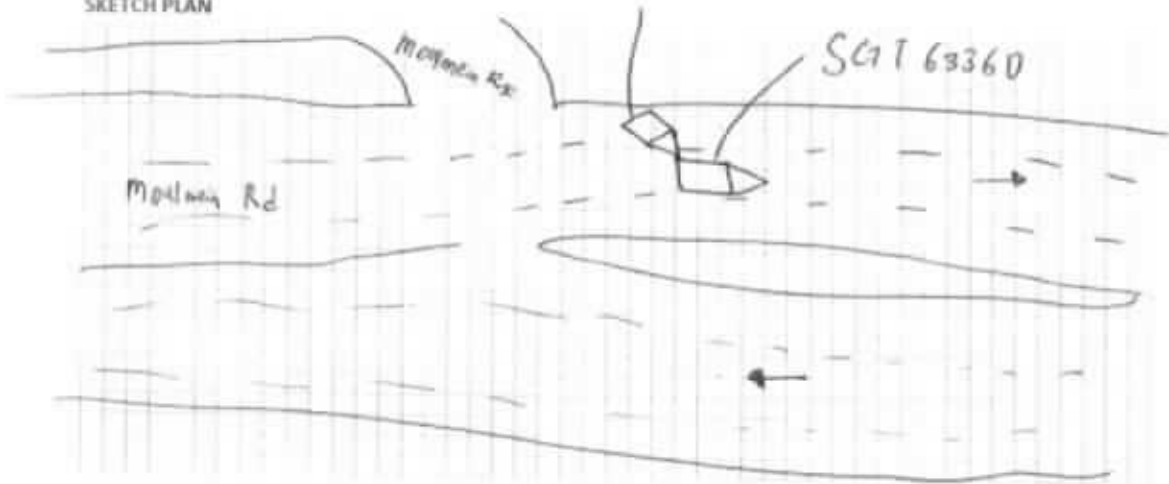
26 AUG 2019

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416497 Fax: 67492305
Email: feedback@singnet.com.sg
Name:
NRIC/ID No:

Sketch Plan #2

SLN 4129 J

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After making a U-turn I straighten my vehicle on the second lane the other vehicle enter Moulmein Rd from Moulmein Rise and hit me on the left back wheel area.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

26 AUG 2019

IDAC KAKE BUKET (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vockb@singnet.com.sg

Reporting Centre Personnel's Signature
Name:
NRIC/ID No:

CENTRAL 24-HR CLINIC (PIONEER NORTH)
 100 JERONG WEST STREET 92
 SINGAPORE 640959

GST Reg No : 200900676M

Co Reg No : 200900676M

TAX INVOICE

LIM WEI CONG
 50 YUNNAN CRESCENT
 #
 S(638349)

Patient : LIM WEI CONG (S99092781)

Invoice No. : 9273
 Our Reference : 05078
 Date : 24 Aug 2019

Doctor : LOCUM

DESCRIPTION	QTY	FEE (\$S)
SODEN(SYFLEX/NAPRONEN) 275MG	10.00 tabs	6.00
CONSULTATION		55.00
Sub-Total		61.00
Add GST 7.0%		4.27
Rounding Adjustment		-0.07
Total Amount Payable		65.20
Receipt No. 15791 - NETS Payment Received		65.20
Outstanding Balance		0.00

All cheques should be crossed and made payable to :

CENTRAL 24-HR CLINIC (PIONEER NORTH)

This is a computer generated invoice which does not require a signature
E. & O.E.For Health News and Updates : <http://news.centralclinic.com.sg>**24-Hour Clinics**

HOUANG	88a 481 Hougang Ave 4 #01-431 Singapore 530481	Tel: 6767 6985
BEDOK	89a 210 Bedok Central #01-124 Singapore 460219	Tel: 6267 6122
PASIR RIS	106 440 Pasir Ris Drive 6 #01-122 Singapore 510446	Tel: 6762 2840
TAMPINES	186 2017 Tampines Street 21 #01-1101 Singapore 520211	Tel: 6762 7981
CLEMENTI	186 410 Clementi Ave 5 #01-381 Singapore 120410	Tel: 6773 2025
YONGIN	186 791A Yishin Ave 5 #01-04 Singapore 761701	Tel: 6764 7685
JERONG WEST	186 490 Jerong West Street 41 #01-04 Singapore 640492	Tel: 6264 7484
PIONEER NORTH	186 100 Jerong West Street 92 #01-100 Singapore 640959	Tel: 6254 2774
WOODLANDS	186 303 Woodlands Street 31 #01-105 Singapore 730303	Tel: 6765 4085
MARSHING	186 303 Woodlands Street 31 #01-105 Singapore 730303	Tel: 6765 4085

Page 1 of 1

CENTRAL 24-HR CLINIC (PIONEER NORTH)

BLK 959 JURONG WEST STREET 92

#01-160 SINGAPORE 640959

**SINGAPORE
Medical Certificate**

Date : 24 Aug 2019

MC No. : 0000016365

This is to certify that :

Name : LIM WEI CONG

NRIC : S9909278E

is Unfit for Duty for 2 days

from 25/08/2019 to 26/08/2019 inclusive.

LOCUM

For Health News and Updates : <http://news.centralclinic.com.sg>**24-Hour Clinics**

HOUGANG	Blk 547 Hougang Ave 5, #01-121 Singapore 530451	Tel: 6367 6665
BEDOK	Blk 279 Bedok Central Ave 1, #01-124 Singapore 460210	Tel: 6347 4122
TAMPINES	Blk 2010 Tampines Street 21, #01-101 Singapore 520071	Tel: 6784 4001
CLEMENTI	Blk 400 Clementi Ave 1, #01-104 Singapore 120400	Tel: 6773 2401
YISHUN	Blk 2016 Yishun Ave 5, #01-104 Singapore 761701	Tel: 6758 7985
JURONG WEST	Blk 400 Jurong West Street 41, #01-101 Singapore 640001	Tel: 6365 7464
PIONEER NORTH	Blk 959 Jurong West Street 92, #01-160 Singapore 640959	Tel: 6251 2775
WOODLANDS	Blk 700 Woodlands Ave 4, #01-100 Woodlands Mart Singapore 730700	Tel: 6363 4005
MARSA SIG	Blk 303 Woodlands Street 31, #01-105 Singapore 730303	Tel: 6363 2888

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Accident Photo



Accident Photo



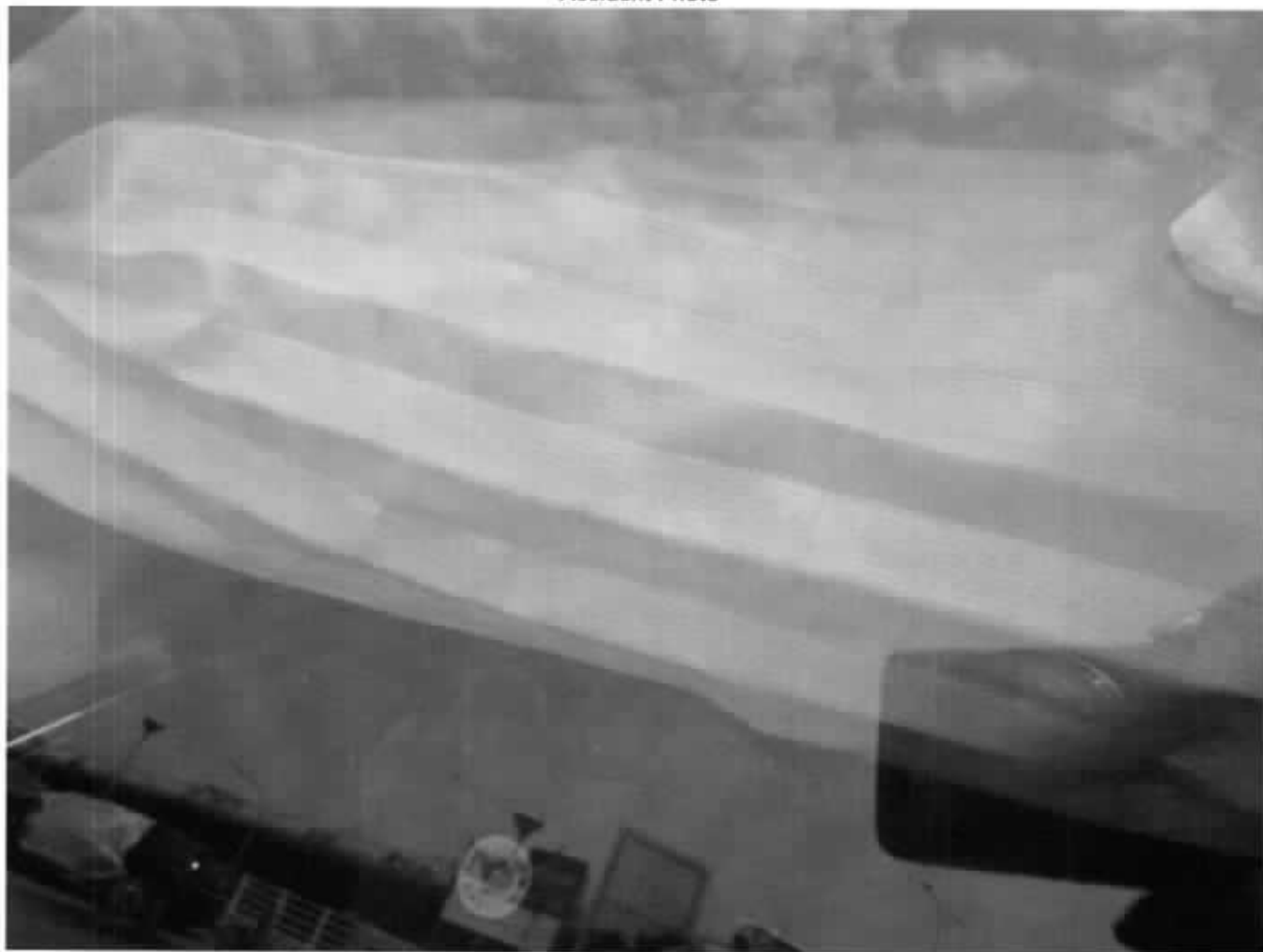
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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.
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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 24/08/2019 15:05
 Date Of Accident 24/08/2019 11:45
 Exact Location Of Accident SINARAN DR TOWARDS MOULMEIN RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN4124J

Insured/Policyholder

Name Of Registered Owner GRAB RENTALS PTE LTD
 Co Reg No 2XXXXX200G
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No Office-66550005

Vehicle Particulars

Manufacturer TOYOTA
 Model PRIUS HYBRID 1.8 CVT
 Exact Purpose for which vehicle was being used at time of accident HIRE AND REWARD
 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 MSIG INSURANCE (SINGAPORE) PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy YES
 Policy Number A29114756MKF
 Cover Note Number

Driver

Name of Driver LIM HOCK SENG ANTHONY
 NRIC No SXXXX892G
 Date Of Birth 15/07/1963
 Occupation OUTDOOR
 Date Of Driving Pass 13/05/1987
 Driving Experience 32 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-84826618

Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	NA
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	SIDE SWIPE
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)	3
Passenger 1	Name: : P1 Gender: : Female
Passenger 2	Name: : P2 Gender: : Female

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

I SLN4124J was driving along Sinaran drive making a left turn to Moulmein rd. As I was making a left turn towards the main road, suddenly I saw the 3rd party SGT6336D was make a u-turn from the on coming direction and there was no time for me to react as both parties was making a turn on a same timing and collided with the 3rd party left side of his vehicle. I manage to take some photos and exchange particulars with the 3rd party, no injuries was involved at the scene.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NA
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT6336D
Vehicle Make/Model/Colour	VOLKSWAGEN GOLF
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	LIM EI CONG
NRIC/Passport Number	SXXXX278E
Contact Number	90886339
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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind policy liability.
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7. By the submission 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 elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) My insurer, my employer and the General Insurance Association of Singapore ("GIAS") may be 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 processed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in this accident (all insurers) who have insured vehicles 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 purposes 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/packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims;
 - (ii) collectively the "Purposes";
 - (b) all insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be 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 be disclosed by any of the insurers and/or Gik 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.

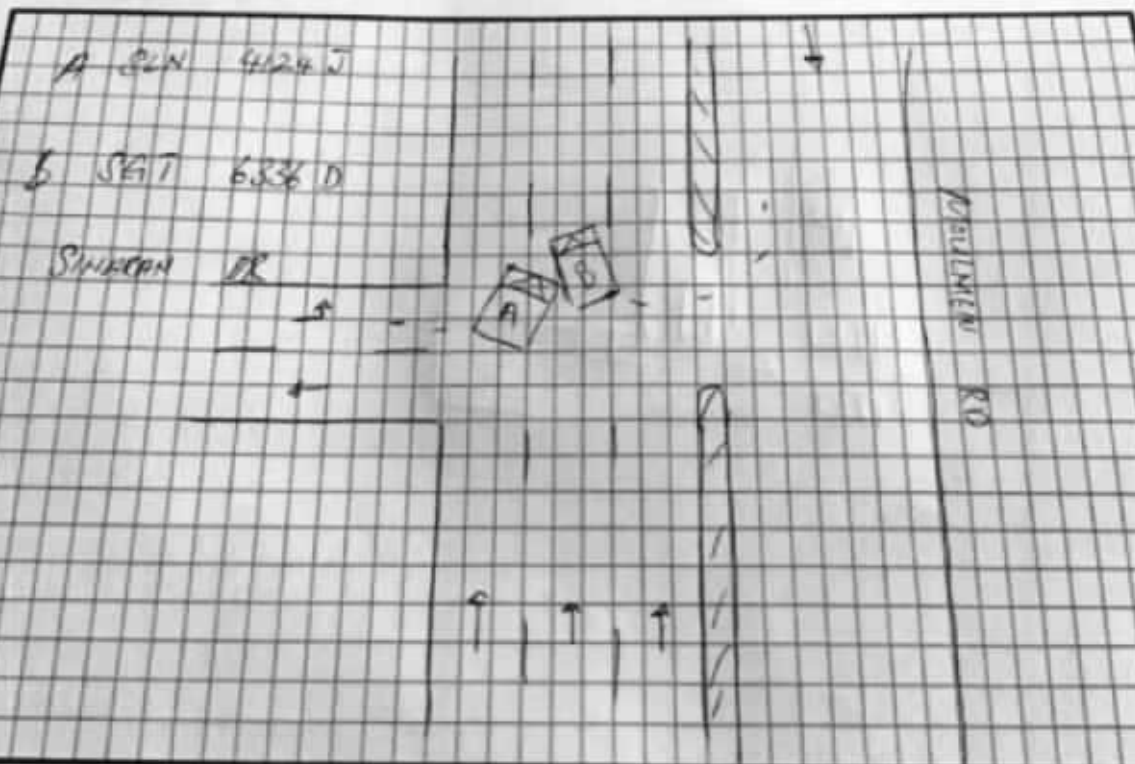
VERIFIED BY AJAX MARS
REPORTING OFFICER
MUHAMMAD SUMARDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I SLN4124J was driving along Sinaran drive making a left turn to Moulmein rd. As I was making a left turn towards the main road, suddenly I saw the 3rd party SGT6336D was make a u-turn from the on coming direction and there was no time for me to react as both parties was making a turn on a same timing and collided with the 3rd party left side of his vehicle. I manage to take some photos and exchange particulars with the 3rd party, no injuries was involved at the scene.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

24 August 2019 at 1:34 PM

Date/Time:

24 August 2019 at 1:34 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



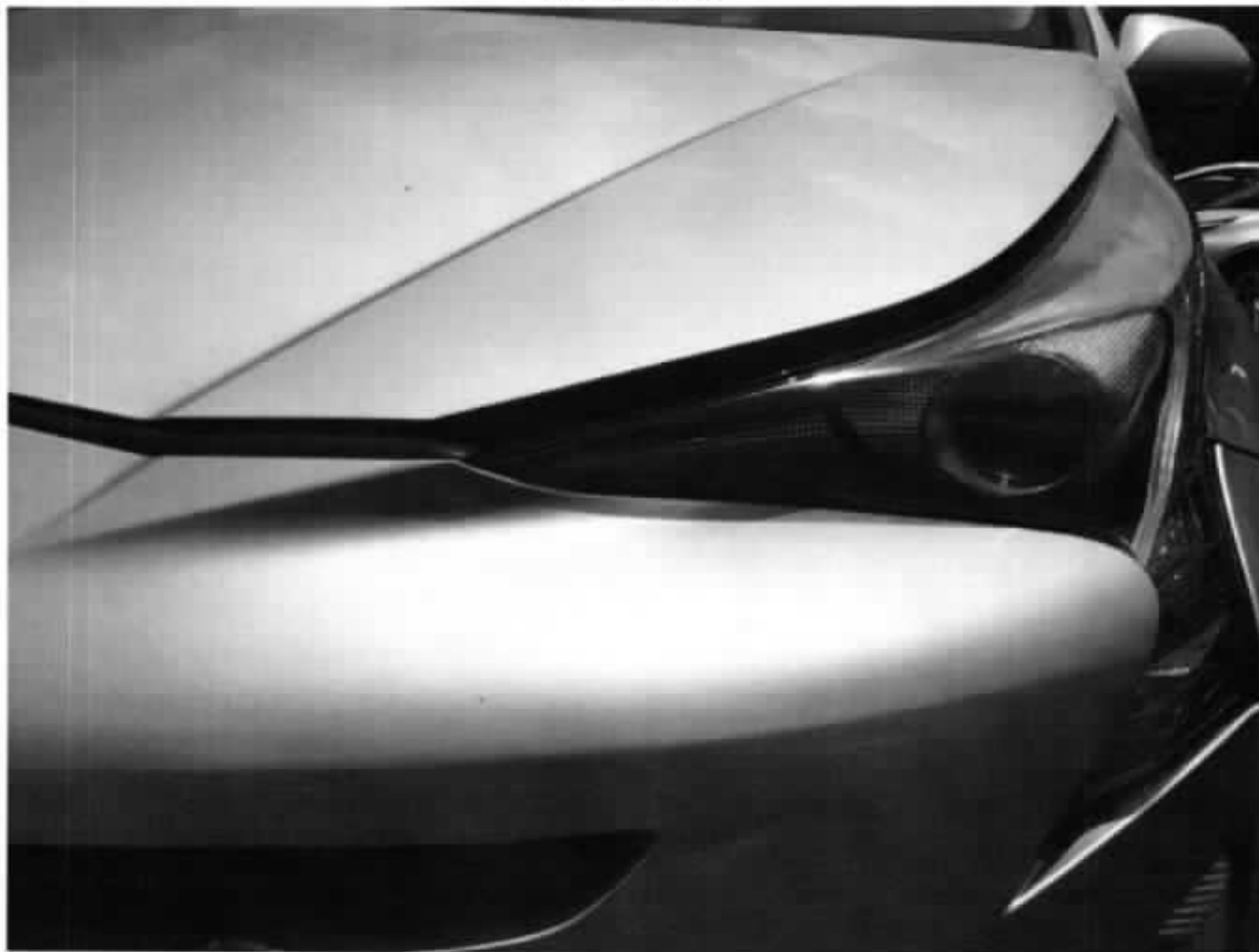
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Accident Photo



Accident Photo



Accident Photo




































...CLAIM SUBFOLDER...(Pending for Survey Report)






































CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 Aug 2019		19 Feb 2020 15:45 Edit Adj Rpt	\$56,600.00 Edit Estimates	\$56,600.00 View Rpt		Pending for Survey Report 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:	HIN YUET YIN, ID: S68763013								
Vehicle Reg. No.:	SGT6336D	Date of Loss:	24/08/2019 11:00 - :59 [30 Months and 4 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 603838	Policy/Cover Note No.:	29114756 (Comprehensive) Coverage: 01/02/2019 - 31/01/2020						
Vehicle Reg. No. (Insured):	SLN41243	Policy No. (Claimant):							
		Excess:							
Repairer:	- Not Applicable - (-)								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pui - 6594 2521]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Imm.Advice due 20/02/2020]								
Driver/Custodian (Insured):	LIM HOCK SENG ANTHONY (), NRIC: S1582892G, Tel: +6584826618 Email:								
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.									

Claim Documents

***SGT6336D (603838)**
[SLN4124J]
TP
HIN YUET YIN
Aug 24 2019 11:00AM
[GRAB RENTALS PTE LTD]

Upload Documents		Upload Photos		Compose New Letter		View		View in Browser	
Assessment Reports						1 per page		<input checked="" type="checkbox"/>	
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)				Thumbnail		Print	
1	27/08/19 17:15	Accident Statement From: SC - Reg. No: SLN4124J, Claimant: GRAB RENTALS PTE LTD						Load HTML	
Photos/Images						3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)				Thumbnail		Print	
1	10/03/20 13:26	General View						Load JPG	
2	10/03/20 13:26	General View						Load JPG	
3	10/03/20 13:26	General View						Load JPG	
4	10/03/20 13:26	General View						Load JPG	
5	10/03/20 13:26	General View						Load JPG	
6	10/03/20 13:26	General View						Load JPG	
7	10/03/20 13:26	General View						Load JPG	
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33	10/03/20 13:26	General View						Load JPG	
34	10/03/20 13:26	General View						Load JPG	

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
35	10/03/20 13:26	General View	 Load JPG	<input checked="" type="checkbox"/>
36	10/03/20 13:26	General View	 Load JPG	<input checked="" type="checkbox"/>
37	10/03/20 13:26	General View	 Load JPG	<input checked="" type="checkbox"/>
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63	10/03/20 13:26	Odometer Reading	 Load JPG	<input checked="" type="checkbox"/>
64	10/03/20 13:26	Chassis Number	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	27/08/19 17:15	TP SGT6336D E-REPORT From: SC - Reg. No: SLN41241, Claimant: GRAB RENTALS PTE LTD	 Load PDF	
2	27/12/19 13:49	AK TP lawyer	 Load HTM	
3	17/02/20 10:42	LOD from DY & Associates	 Load PDF	
4	17/02/20 10:43	Cost of repair	 Load PDF	
5	17/02/20 10:44	Survey fees, reports and photos	 Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	11/03/20 16:49	Colour Photo1	 Load PDF	
2	11/03/20 16:49	Colour Photo2	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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/MSG20002925/GQF3E2

Date: 11/03/2020

REFERENCE

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

Policy No: 29114756

Claimant Vehicle No : SGT6336D

Insured Vehicle No : SLN4124J

Date of Loss: 24/08/2019

Nature of Claim: TP

Claim No: 603838

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SGT6336D**

Make & Model: VOLKSWAGEN GOLF, 1.4 A7 TSI AT BMT 5G14JZ
SR HID (A)

Engine No: CZC161754

Reg. Date: 20/02/2017 (Man. Year: 2016)

Chassis No: WWZZZAUZHW119369

Colour: Blue

Odometer: 67412 km

Engine Capacity: 1395 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: 225/45 R17

Rear Tyre Size: 225/45 R17

Front Left Side: Pirelli 5 mm

Rear Left Side: Pirelli 5 mm

Front Right Side: Pirelli 5 mm

Rear Right Side: Pirelli 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	13,330.84	6,553.16	6,777.68	50.84
Miscellaneous Items	0.00	0.00	0.00	
Labour	6,500.00	1,720.00	4,780.00	73.54
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	19,830.84	8,273.16	11,557.68	58.28
Approved Total (Overridden) (S\$)		6,600.00		
Nett Amount (S\$)	19,830.84	6,600.00	13,230.84	66.72

INSPECTION

Date of Assignment: 19/02/2020

Date Inspected: 09/03/2020 Inspected At:

50 Serangoon North Ave4 #02-18

Repairer : D'S GRAFFITI CONCEPTS PTE LTD

Estimated Period of Repair: 6.0 days

Adjuster: XING GUO QIANG

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:	MRM-SG	Version: 1.0 (Last Synchronised: 11 Mar 2020)
Parts:	144	VOLKSWAGEN GOLF 1.4 A7 TSI AT BMT 5G14JZ SR HID (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SGT6336D)	
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 FENDER	Repaired	1,652.00 FL	*- FL
2	1		*REAR KNUCKLE ARM	Replaced	750.00 FL	*750.00 FL
3	1		*REAR LOWER ARM	Replaced	350.00 FL	*350.00 FL
4	1		*REAR UPPER ARM	Serviceable	285.00 FL	*- FL
5	1		*REAR CONTROL ARM	Serviceable	200.00 FL	*- FL
6	1		*REAR WHEEL BEARING HUP	Replaced	525.00 FL	*525.00 FL
7	1		*REAR ABSORBER	Replaced	368.00 FL	*316.32 FL
8	1		*REAR ABSORBER MOUNTING	Replaced	150.00 FL	*91.61 FL
9	1		*REAR TRACK ROD	Serviceable	145.00 FL	*- FL
10	1		*REAR AXLE GUIDE WITH BRACKET	Serviceable	168.00 FL	*- FL
11	1		*REAR WISH BONE	Serviceable	200.00 FL	*- FL
12	1		*REAR BUMPER	Serviceable	680.00 FL	*- FL
13	1		*REAR BUMPER SIDE RETAINER	Serviceable	64.00 FL	*- FL
14	1		*REAR BUMPER SIDE BRACKET - TOP	Serviceable	65.60 FL	*- FL
15	10		*REAR BUMPER CLIPS	Serviceable	65.00 FL	*- FL
16	1		*RIM ASSEMBLY (SPORT)	Replaced	680.00 FS	*680.00 FS
17	1		*TYRE ASSEMBLY	Serviceable	380.00 FS	*- FS
18	2		*FRONT SEAT BELT WITH TENSIONER	Replaced	2,200.00 F	*1,812.80 FN
19	2		*FRONT SEAT BELT CATCH WITH SENSOR	Replaced	800.00 F	*- FN
20	1		*HEAD ROOF SIDE AIR BAG	Replaced	2,200.00 F	*1,325.83 FN
21	1		*SEAT AIR BG WITH TRIM	Replaced	1,970.00 F	*1,354.17 FN

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

Sub Total (\$\$)	13,897.60	7,205.73
- List Item Discount on L Items 10.00/10.00% (\$\$)	566.76	203.29
- Nett Item Discount on N Items 0.00/10.00% (\$\$)	0.00	449.28

Total Parts (\$\$)	13,330.84	6,553.16
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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TOWING	New	120.00	50.00
2	TO REMOVE AND REFIX INTERIOR UPHOLSTERY	New	200.00	60.00
3	TO REMOVE AND REPLACE UNDERCARRIAGE	New	380.00	200.00
4	TO CHECK AND ADJUST COMPUTER WHEEL ALIGNMENT	New	240.00	60.00
5	TO REMOVE AND REPLACE SEAT BELT TENSIONER	New	300.00	100.00
6	TO REMOVE AND REPLACE SIDE AIR BAG	New	280.00	100.00
7	TO REMOVE AND REPLACE HEAD ROOF AIR BAG	New	800.00	200.00
8	TO REPROGRAMME AND CABILIATION ON AIRBAG SYSTEM INCL RESET	New	1,000.00	150.00
9	TO RESPRAY AFFECTED AREAS	New	1,400.00	400.00
10	TO RENEW DAMAGED PARTS, STRAIGHTEN AND REPAIR REAR CHASSIS MEMBER, BOOTLID AND ALIGNED ALL PARTS	New	1,600.00	400.00
11	TO TUFF COAT AFFECTED AREAS	New	180.00	0.00
Gross Labour Cost (\$\$)			6,500.00	1,720.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >