

REF CS3/SM017017666/RI'be2 range & days

By Rasul ASSIGNMENT (Office)

Person Sheny Wong of Smo Date/Time 13/9/17 9:09am

Estimated Cost SLP 8763C Insured SJL 1670C

to Inspect Vehicle No World Auto Tel 97588347

at Workshop m/- No. 1 Kranji Loop, 739535

Policy No CMTD1703161/GPL

Make of Veh Excise D.O.A 10/09/2017

CA / REV / REP. / REV 24 HRS 'wp' H.O.D. Endorsement

Date/Time 13/9/17 9:26am Person Contacted Sim Vehicle IN OUT

Date/Time	Action/Instruction () Estimate
	<u>SLP 8763C - x</u>
	<u>SJL 1670C - CC6/11612000367/Asb1q2 - D.O.A: 5/1/2012</u>

30.11.17 11:55pm Email to Sheny Wong

Paxme

REF SMO

ASSIGNMENT

From: Date 13/9/17

Estimated Cost

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

To inspect Vehicle No SLP 8763C

at Workshop m/s World Auto

No 1, Kranji Loop 739535

Insured

Policy No

Claims No

Sum Insured

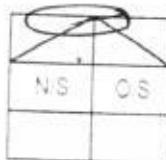
Excess

(Client's Record)

Make of Veh

(Policy Condition)

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



Bal. or Market Value

DAC Accident Report

Consistent? Yes or No

GIA PR Seen

Consistent? Yes or No

Est. Repairs

days Res. Yes or No

Lump Sum

% 3. Val. Yes or No

CA / REV / REP. / 24 HRS 'wp'

Date

Person Contacted

Vehicle: IN / OUT

Date Time Action Instruction

14/9/17 email to sheng - pending est from wksp.

29/11/17 wksp said PRS only.

ESTIMATE COST OF REPAIR - (30K - 35K) - 25 days

Veh No SLP 8763C

Yr Regn 2017 Jun 21

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

Truck / Trailer or

Make TOYOTA ARIS Hybrid 1.8 CVT 1798

Colour GRAY A/C Insured / Std / NI / NA

Sp. Reading 22084 T. Radio Insured / Std / NI / NA

Eng. No

C. No 3TDK 3FU 003560470

Gen. Cond. Good / Fair / Poor / Burnt

Steering In order / Jammed / Leaked / Burnt or

Brake In order / Jammed / Leaked / Burnt or

Mod. Nil / STD / STD A/Rim or

Tyre Size F: 195/65R15 R: 195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R. Bal

mm

R. Bal

mm

L. Bal

mm

L. Bal

mm

D.O.A

10/9/17

D.O.A

13/09/17 @ 4:07pm

Survey held at WORLD AUTO

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

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

Date Time File Pass to?

01.12.2017

Date Time File Return to?



: Preli. Report



: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

1. S + RS

2. Photos

3. Others

TOTAL

100

Report Format :

PRS.

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

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$



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			
SOMPO INSURANCE SINGAPORE PL		Ref : CS3/SMO17017666/R1b	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 13-09-2017	
Code : SMO			
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SJL 1670C	Veh. Inspected	SLP 8763C
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1703161/GPL	Excess (\$)	0.00
Assign From	SHERY WONG	Assign Date	13/09/2017
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	10/09/2017	Inspection Date	13/09/2017
Survey held at	1 KRANJI LOOP		
Repairer	WORLD AUTO PTE LTD		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.			

Ai Phing (LKKAUTO)

From: Ai Phing (LKKAUTO)
Sent: Thursday, 14 September, 2017 3:38 PM
To: 'Wong, Shi Yi Shery'
Cc: 'Gnoh, Pau Loong'; 'Henry, Irene James'; SUR
Subject: RE: 3rd party survey for SLKP 8763C

Dear Shery,

Please be informed that we have inspected the vehicle SLP 8763C on 13-09-2017.
We are pending estimate from repairer.

Best Regards,

Ai Phing | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Wednesday, 13 September, 2017 9:31 AM
To: 'Wong, Shi Yi Shery' <Shery.Wong@sompo.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Gnoh, Pau Loong' <PauLoong.Gnoh@sompo.com.sg>; 'Henry, Irene James' <irene.henry@sompo.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: 3rd party survey for SLKP 8763C

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,

G.Nivitha | 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: Wong, Shi Yi Shery [<mailto:Shery.Wong@sompo.com.sg>]
Sent: Wednesday, 13 September, 2017 9:09 AM
To: assignments@lkkauto.com
Cc: Sim; Rita AB (LKK Auto); Gnoh, Pau Loong; Henry, Irene James
Subject: RE: 3rd party survey for SLKP 8763C

Our Reference: CMTD1703161/GPL

Hi,

Kindly assign your motor surveyor to conduct motor survey of the mentioned (SLP8763C).

Catherine Chong (LKK Auto)

From: Wong, Shi Yi Shery <Shery.Wong@sompo.com.sg>
Sent: Wednesday, 13 September, 2017 9:09 AM
To: assignments@lkkauto.com
Cc: Sim; Rita AB (LKK Auto); Gnoh, Pau Loong; Henry, Irene James
Subject: RE: 3rd party survey for SLKP 8763C

Our Reference: CMTD1703161/GPL

Hi,

Kindly assign your motor surveyor to conduct motor survey of the mentioned (SLP8763C).

Please refer to the email correspondence below and vehicle is in.

Thank you.

Best Regards

Shery Wong

Claims Division

T: 6461 6555 | F: 6221 3147



Innovation for Wellbeing

SOMPO

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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From: Sim [mailto:sim@worldauto.com.sg]
Sent: Tuesday, September 12, 2017 9:00 PM
To: Motor Survey
Subject: Re: 3rd party survey for SLKP 8763C

Dear sir

Please arrange a 3rd party surveyor to survey the following car

Our client: SLP 8763C

Your Insured: SJL 1670C

Date of accident: 10/09/17

Regards

S.T.Sim

Claims Manager

97588347

World Auto Pte Ltd

No 1 Kranji Loop

Singapore 739535

Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

	Y-Date	N-Date	Y-Date	N-Date
C Reference No.	✓			
C Customer Code	✓			
N Assign From	✓			
C Assign Date	✓			
C Veh No (Inspected)	✓			
C Veh No (Insured)	✓			
C D.O.A	✓			
C Policy No				
C Claim No	✓			
C Insurance Authorisation (CA /REV/REP)				
C Report Type	✓			
C Weekend Charges				
N Survey held at/Repairer	✓			
C Excess				

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C Vehicle No	✓			
C Regn Month/Year	✓			
N Vehicle Type	✓			
N Make & Model	✓			
C Engine Capacity. (C.C)	✓			
N Colour	✓			
C Odometer. (Sp.Reading)	✓			
C Chassis No	✓			
N General Condition	✓			
N Steering	✓			
N Brake	✓			
N Modification (Modi)	✓			
C Tyre Size	✓			
N Tyre Make	✓			
C Tyre Balance	✓			
C Date of Inspection	✓			
N Survey held	✓			
N Des.of Damages	✓			

(2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded	✓			
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(3) Workshop Estimate/Assignment Form

N ALL Parts condition				
C Market Value for OD cases				
C Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C Days of repair				
C Finalised Amount				
C Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C Resurvey photo Uploaded				
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Check By:
Case Handler Date

*C: Critical *N: Non-Critical

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 ability.
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 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	12/09/2017 13:51
Date Of Accident	10/09/2017 16:45
Exact Location Of Accident	UPP BUKIT TIMAH & OLD JURONG RD T JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8763C
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

Driver

Name of Driver	KOO KOK HOW
NRIC No	S7476413D
Date Of Birth	20/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1995
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Reported by [Signature] on 12/9/17

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured PAID DRIVER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? YES
 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) 4

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name HONG KAH NORTH NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-5679999 - FAX NO: 65652508
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED SKETCH

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL1670C
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

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 willful 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 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.
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.

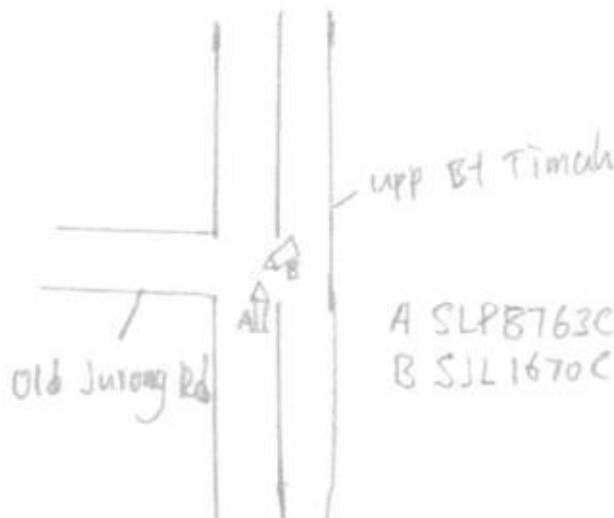


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

Please Refer to Police Report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

8/11/17 spu

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

Witnessed by Reporting Centre Personnel

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20170910/2102

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

1 of 3

Report No: T/20170910/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2017 20:31	Video Report No.:	Station Diary No.: 50
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Informant's Particulars

Name of Informant: KOO KOK HOW	Address:	
ID Type / ID No.: NRIC NO / S7476413D	Contact No.:	Mobile:
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 43	Date of Birth: 20/06/1974
Type of Informant: Driver		
Race: Chinese	Language: Chinese	Institution / School Name:
Occupation: UBER DRIVER	Driving Licence Information: Class. 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/09/2017 16:50	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 UPPER BUKIT TIMAH ROAD OLD JURONG ROAD Junction of Upper Bukit Timah Road and Old Jurong Road				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL1670C	Car	TOYOTA	Vios		Seriously Damaged	1
SLP8763C	Car	TOYOTA	Prius		Seriously Damaged	3

Details of Person Involved

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20170910/2102

2 of 3

Report No. T/20170910/2102

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

Driver			
Name	KOO KOK HOW		ID No. S7476413D
Related Vehicle	SLP8763C (Car)		Contact No.
Hospital/Clinic	NEECARE MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	10/09/2017	Date Discharge	10/09/2017
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

I am an Uber Driver driving vehicle plate number SLP8763C.

On 10/09/2017 at about 1645hrs, I picked up three passengers at Beauty World Shopping Centre. After which, I drove along Upper Bukit Timah Road towards Woodlands Road. At that point of time, I was driving on lane 1 of 3. Subsequently, before coming to a junction of Upper Bukit Timah Road and Old Jurong Road, I saw the traffic light was Green. I then proceeded through. Suddenly, when I was proceeding through, there came a car bearing plate number SJL1670C from the opposite direction was turning right into Old Jurong Road. I immediately applied my brake, however, I could not stop on time and thus collided head on onto vehicle SJL1670C. The other car driver is a male driver. I did not take down his particulars.

Later, SCDF ambulance and traffic police came. My three passengers was conveyed to hospital due to injury. The other car's driver was also conveyed to hospital. The traffic police issued me a note and advised me to lodge a traffic accident report at the police station, with in-charge case, IO Imman. After the accident, I felt pain on my neck and thus I went to seek my own medical treatment at NeeCare Medical Centre and I was given 03 days of MC by the doctor. I have in-car camera in my car.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20170910/2102

Police Station Of Origin
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

3 of 3

Report No: T/20170910/2102

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report
J /
Staff Sgt DANNY ANG JUN XIONG

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
10/09/2017 20:31

Officer In Charge Of Case:
TP / GIT /
SSI TAN CHIN YONG
Contact No: 65476178

Classification Of Case

Authentication Stamp
NP155



SINGAPORE POLICE FORCE

Catherine Chong (LKK Auto)

From: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Sent: Thursday, 30 November, 2017 4:54 PM
To: 'Wong, Shi Yi Shery'; 'assignments@lkkauto.com'
Cc: 'Gnoh, Pau Loong'; 'Henry, Irene James'
Subject: RE: 3rd party survey for SLKP 8763C

Dear Shery,

Refer to your assignment on 13.09.2017 at 9.09AM.

Please be informed that we have inspected the vehicle SLP 8763C on 13.09.2017 at 4.07PM.

At the time of inspection the repairer did not present their estimation to the damaged vehicle.

We will submit our report accordingly.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]

Sent: Wednesday, 13 September, 2017 9:31 AM

To: 'Wong, Shi Yi Shery' <Shery.Wong@sompo.com.sg>; assignments@lkkauto.com

Cc: 'Gnoh, Pau Loong' <PauLoong.Gnoh@sompo.com.sg>; 'Henry, Irene James' <irene.henry@sompo.com.sg>; sur@lkkauto.com

Subject: RE: 3rd party survey for SLKP 8763C

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,

G.Nivitha | 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: Wong, Shi Yi Shery [mailto:Shery.Wong@sompo.com.sg]

Sent: Wednesday, 13 September, 2017 9:09 AM

To: assignments@lkkauto.com

Cc: Sim; Rita AB (LKK Auto); Gnoh, Pau Loong; Henry, Irene James

Subject: RE: 3rd party survey for SLKP 8763C

Our Reference: CMTD1703161/GPL

Hi,

Kindly assign your motor surveyor to conduct motor survey of the mentioned (SLP8763C).

**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

PRE-REPAIR INSPECTION REPORT

SOMPO INSURANCE SINGAPORE PL

Ref: CS3/SMO17017666/R1be2

50 RAFFLES PLACE #05-01/06

Date: 04-12-2017

SINGAPORE LAND TOWERS SINGAPORE 048623



Code: SMO

1.

Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SJL 1670C	Veh. Inspected	SLP 8763C
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1703161/GPL	Excess (\$)	0.00
Assign From	SHERY WONG	Assign Date	13/09/2017

2.

Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU003560470	Colour	GREY
Odometer	22084 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		


3.

Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	YOKOHAMA	6 mm
L/H Front Tyre	195/65 R15	YOKOHAMA	6 mm
R/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm
L/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm

4.

Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.	
---	---

5.

General Information

Accident Date	10/09/2017	Inspect Date / Time	13/09/2017 (04:07 PM)
Survey held at	1 KRANJI LOOP		
Repairer	WORLD AUTO PTE LTD		

5a.

Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$30,000 - \$35,000
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5b.

Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	25 Working Days
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Report Ref No. CS3/SMO17017666/R1be2

Inspected By

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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