

ASS: REC BY

ASS: REC BY

REF: CS3/SMO17026609/Wb02

range & days

Special Instructions

Surveyor: Wilson

ASSIGNMENT (Office)

From (Person): Irene Henry

of SMO

Date/Time 27/10/17 @ 12.48pm

Estimated Cost

Bill to

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

To Inspect Vehicle No:

YM 8287Y

Insured:

PC6250A

at Workshop m/s

Twin Car Automotive

Tel:

68420051

of

2 Kaki Bkt Ave 2 # 01-17, 417921

Policy No:

Claim No:

CMTD1703793/AGC

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 26/10/2017

CA / REV / REP. / REV 24 HRS

'wp'

R.O.D. Endorsement

Date/Time

27/10/17 @ 246pm

Person Contacted

Melody

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

YM 8287Y - NA / INCI7026549 / K4-D.O.A. 26/10/2017

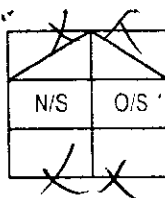
PC 6250A - NA / INCI7026549 / K4-D.O.A. 26/10/2017

Dismantle Part: 09.11.2017

25/11/17 5.13pm Email to Irene

ASSIGNMENT

From: _____ Date: 06-11-2017
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: Ym 8287Y
 at Workshop mis: Twincar
 of: 2 Kaki Bukit Ave 2 #01-17
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: Ym 8287Y Yr Regn: 2008 Feb 18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mitsubishi CC 7545
 Colour: Red A.C: Insured / Std / NI / NA
 Sp. Reading: 358011. T: Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: FM 65 FMB 00010
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 11 R 22-5
 R: 11 R 22-5

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or LEAD (F) B/S (R)

Front	Rear
R/Bal. S mm	R/Bal. 4 mm
L/Bal. S mm	L/Bal. 4 mm
D.O.A. 26/10/2017	D.O.I. 6/11/2017
Survey held at At Above	1233pm
Des. of Damages: <u>Frt / Rear</u> / O/S / N/S / U/C / Rooftop or	

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

Date / Time Action / Instruction

Chain Collision.

Range \$8900 - \$9900

7 days repair

3/4/2018

RECEIVED 03 MAR 2018

Date/Time File Pass to?

1) 03042018

Date/Time File Return to?

2)

Report Format: PRS

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$
☐ Interview (\$
☐ Tech Invs (\$
☐ Weekend (\$

Survey Fee:

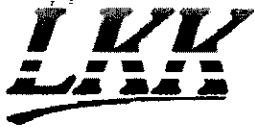
Transportation:

\$ - RS \$

Photos

Others

TOTAL




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 Fédération Internationale Des Experts En Automobile				
SOMPO INSURANCE SINGAPORE PL		Ref : CS3/SMO17020609/Wb		
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERS SINGAPORE 048623		Date : 27-10-2017		
		Code : SMO		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	PC 6250A	Veh. Inspected	YM 8287Y	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1703793/AGC	Excess (\$)	0.00	
Assign From	IRENE HENRY	Assign Date	27/10/2017	
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	26/10/2017	Inspection Date	06/11/2017	
Survey held at	TWINCAR AUTOMOTIVE PTE LTD 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921			
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.				

Catherine Chong (LKK Auto)

From: Henry, Irene James <irene.henry@sompo.com.sg>
Sent: Friday, 27 October, 2017 12:48 PM
To: Chin Hui Xin
Cc: assignments; Admin-D (LKKAuto)
Subject: RE: YM8287Y & PC6250A - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Our Reference: CMTD1703793/AGC

Your Reference: YM 8287Y

Date: 27TH October 2017

Without Prejudice

BY EMAIL ONLY

Attention:

M/S TWINCAR AUTOMOTIVE PTE LTD

Accident involving YM 8287Y and PC 6250A on 26/10/2017

Dear Sirs,

We refer to your email reply dated 27/10/2017.

We do not agree to your list of surveyors.

As such, we will be appointing our motor surveyor, **LKK AUTO CONSULTANTS PTE LTD** to conduct the pre-repair survey of your client's vehicle.

The pre-repair survey will include a survey of the vehicle when its damaged parts are being dismantled prior to the commencement of repairs.

We would like our motor surveyor to conduct a post repair inspection once your client's vehicle has been repaired.

The survey is conducted on a without Prejudice basis and without any admission of liability.

Best Regards

Irene Henry

Claims Division

D: 6322 4618 | T: 6461 6555 | F: 6221 3147



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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: Chin Hui Xin [mailto:huixin@n51.com.sg]

Sent: Friday, 27 October, 2017 11:18 AM

To: Henry, Irene James <irene.henry@sompo.com.sg>

Cc: Chan, Shu Hui Agnes <agnes.chan@sompo.com.sg>

Subject: Re: YM8287Y & PC6250A - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Madam,

We refer to your list of motor surveyors proposed.

We do not agree to your list of motor surveyors.

Please see attached.

Thank you

Regards,

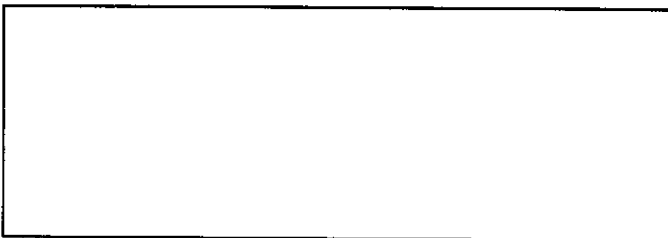
Melody Chin

TWINCAR Automotive Pte Ltd

Office : 6842 0051

Fax : 6741 0510

www.n51.com.sg



On Fri, Oct 27, 2017 at 10:45 AM, Henry, Irene James <irene.henry@sompo.com.sg> wrote:

Our Reference: CMTD1703793/AGC

Your Reference: YM 8287Y

Date: 27TH October 2017

Without Prejudice

BY EMAIL ONLY

Attention:

M/S TWINCAR AUTOMOTIVE PTE LTD

Accident involving YM 8287Y and PC 6250A on 26/10/2017

Dear Sir

We refer to your Notice of Accident dated 26/10/2017.

Please be informed that Agnes Chan is the handler of this case.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

Pre-Repair Survey

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Ma Chin Fook (North area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	

3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffery Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	
5	In House surveyor	Teo See Ling	

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards

Irene Henry

Claims Division

D: 6322 4618 | T: 6461 6555 | F: 6221 3147



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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: Chin Hui Xin [mailto:huixin@n51.com.sg]

Sent: Thursday, 26 October, 2017 4:35 PM

To: Motor Survey <MotorSurvey@sompo.com.sg>

Subject: YM8287Y & PC6250A - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Madam,

As per above subject,

Please refer attachment and:-

Kindly propose / provide your 10 surveyors.

Thank you...

Regards,

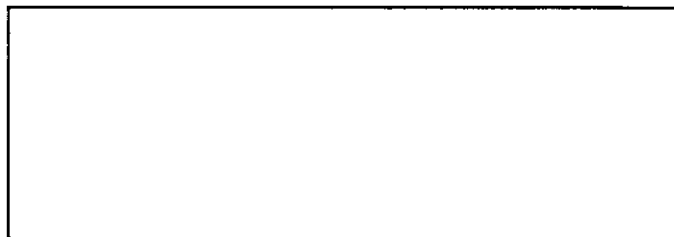
Melody Chin

TWINCAR Automotive Pte Ltd

Office : 6842 0051

Fax : 6741 0510

www.n51.com.sg



TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit Autohub

2 Kaki Bukit Ave 2, #01-17

Singapore 417921

Tel No. : +65 6744 0510 / 6842 0051 Fax No. : +65 6741 0510

Company Reg. No. : 200714616M

GST Registration No. : 200714616M

Our Ref: YM 8287 Y

Your ref: PC 6250 A

27 October 2017

TENET SOMPO INSURANCE PTE. LTD.

BY EMAIL irene.henry@sompo.com.sg ONLY

50 RAFFLES PLACE #05-01/06

SINGAPORE LAND TOWER

SINGAPORE 048623

Attn: Motor Claims Department

Dear Sir/Madam,

NAME OF CLAIMANT : HUK SENG TRANSPORT PTE LTD

VEHICLE NUMBER : YM 8287 Y

YOUR INSURED VEHICLE NUMBER : PC 6250 A

**ACCIDENT ON 26 Oct 2017 ALONG WOODLANDS AVE 3 TWD WOODLANDS SQUARE
B4 MARSILING MRT STATION AT ABOUT 09:30 HOURS**

We refer to your email / fax dated 27 Oct 2017 wherein there is no agreement to the appointment to the appointment of Single Joint Expert for this matter.

Please be informed that the said vehicle can be inspected at:

TWINCAR AUTOMOTIVE PTE LTD

Kaki Bukit Autohub

2 Kaki Bukit Avenue 2

#01-17

Singapore 417921

Contact Person:

6842 0051 / 6744 0510 (Melody)

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Yours faithfully,



Twincar Automotive Pte Ltd

FOR SURVEYOR:

Please initial here after completion of pre-repair inspection. Thank you!

Appointed surveyor :

(Name & Signature) :

Date & Time of Inspection:

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

- 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

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

✓			
---	--	--	--

(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

--	--	--	--

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	26/10/2017 16:57
Date Of Accident	26/10/2017 09:30
Exact Location Of Accident	W'LANDS AVE3 TWDS W'LANDS SQUARE B4MARSILINGMRTSTN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM8287Y
Insured/Policyholder	
Name Of Registered Owner	HUK SENG TRANSPORT PTE LTD
Co Reg No	200605732C 513C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98506121
Alternative Phone No	OFFICE-63245412

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORK USE

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5052291018-05
Cover Note Number	

Driver

Name of Driver	SIM LEE MENG
NRIC No	S1069941Z
Date Of Birth	20/10/1951
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1969
Driving Experience	48 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98506121
Fax Number	
Contact Number	OTHERS-98506121
Email Address	NOEMAIL

Address	BLK 516 HOUGANG AVE 10 #12-209
Postcode	530516
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

PLS REFER TO THE ATTACHED STATEMENT.

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	PC6250A
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP3706B
-----------------------------	----------

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

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 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/mad 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/are 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 claim 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

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

Reporting Centre Person's Signature
Name
NRIC/IN No

26/10/2017

Sketch Plan #2

SKETCH PLAN

Handwritten notes and a diagram of a vehicle accident scene. The diagram shows a car labeled "KISS" and another vehicle labeled "KISS". There are also handwritten notes about the accident, including "KISS" and "KISS".

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten description of the accident circumstances. The text describes a collision between two vehicles, one of which was a "KISS" vehicle. The accident occurred on a road with a curve. The driver of the "KISS" vehicle was not wearing a seatbelt. The accident resulted in injuries to the driver of the "KISS" vehicle. The driver of the other vehicle was not injured. The accident was caused by the driver of the "KISS" vehicle failing to maintain a safe distance from the vehicle in front of them.

DECLARATION

I, the undersigned, declare that the information provided is true and correct in every respect.



Date & Time

Signature of the declarant
Name
Date & Time

Signature of the declarant
Name
Date & Time

26/10/2017

Catherine Chong (LKK Auto)

From: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Sent: Saturday, 25 November, 2017 5:13 PM
To: 'Henry, Irene James'
Cc: 'assignments@lkkauto.com'
Subject: RE: YM8287Y & PC6250A - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Irene,

Refer to your assignment on 27.10.2017 at 12.48PM.

Please be informed that we have inspected the vehicle YM 8287Y on 06.11.2017 at 12.33PM.

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: Friday, 27 October, 2017 2:49 PM
To: 'Henry, Irene James' <irene.henry@sompo.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: 'SUR' <sur@lkkauto.com>
Subject: RE: YM8287Y & PC6250A - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer will arrange.

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: Henry, Irene James [mailto:irene.henry@sompo.com.sg]
Sent: Friday, 27 October, 2017 12:48 PM
To: Chin Hui Xin
Cc: assignments; Admin-D (LKKAuto)
Subject: RE: YM8287Y & PC6250A - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Our Reference: CMTD1703793/AGC

Your Reference: YM 8287Y


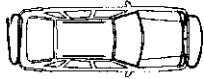
**LKK Auto Consultants Pte Ltd**

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

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PRE-REPAIR INSPECTION REPORT				
SOMPO INSURANCE SINGAPORE PL		Ref: CS3/SMO17020609/Wbe2		
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date: 03-04-2018		
Code: SMO				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	PC 6250A	Veh. Inspected	YM 8287Y	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1703793/AGC	Excess (\$)	0.00	
Assign From	IRENE HENRY	Assign Date	27/10/2017	
2. Vehicle Particulars & Condition				
Make & Model	mitsubishi FM65FM1RDEA	c.c	7545	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	FM65FMB00010	Colour	RED	
Odometer	358011 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	11 R22.5	LEAD	5 mm	
L/H Front Tyre	11 R22.5	LEAD	5 mm	
R/H Rear Tyre	11 R22.5	BRIDGESTONE	4 mm	
L/H Rear Tyre	11 R22.5	BRIDGESTONE	4 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.				
5. General Information				
Accident Date	26/10/2017	Inspect Date / Time	06/11/2017 (12:33 PM)	
Survey held at	TWINCAR AUTOMOTIVE PTE LTD 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921			
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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$8,900-\$9,900				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:			7 Working Days	

Report Ref No. CS3/SMO17020609/Wbe2

Inspected By



WILSON TEO CHENG MING

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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