

ASS. REP BY: Resul menimen Muhd Ashik MSIG 9/11/17 @ 2:50pm
ASSIGNMENT (Office)
OD (TP) WS / TP RES / OD RES / EVA / INV / MV / CS
To Inspect Vehicle No: PC3391X Insured: SJS659G
at Workshop no: One Zone Autocare Tel: G2520118
of 7 Soon Lee Street # 01-05 Ispree Building, 627608
Policy No: 28994710 SMF Claim No:
Sum Insured: Excess:
Make of Veh: L.O.A. 8/11/2017
(Client's Record)
CA / REV / REP. / REV 24 HRS 'wp'
Date/Time: 3:06pm @ 9/11/17 Person Contacted: ERIC H.O.D. Endorsement:
Vehicle IN/OUT: OUT

Date/Time	Action/Instructions
	(+) Estimate
	PC3391X - X
	SJS659G - X

28/11/17 7:26pm Email to Muhd Ashik thru menimen




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			
MSIG INSURANCE (SINGAPORE) PTE LTD		Ref : CS3/MSG17021441/R1b	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 09-11-2017	
		Code : MSG	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SJS 659G	Veh. Inspected	PC 3391X
Policy No.	28994710SMF	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	MERIMEN (MUHD ASHIK)	Assign Date	09/11/2017
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	08/11/2017	Inspection Date	13/11/2017
Survey held at	7 SOON LEE STRET # 01-05,627608		
Repairer	ONE ZONE AUTOMOTIVE LLP		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est. Submitter	Act. Assigned	Act. Date	Notified Date	Notified Time	Status
Main	09 Nov 2017		09 Nov 2017 14:50 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
----------------------	---------------------------	-------------------------------	---------------------------	--------------------------

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	HO LI YEE, ID: S7687768H		
Main Claimant:	KRIS LIMOUSINE SERVICES, Co. Reg. No.: 53176494W		
Vehicle Reg. No.:	PC3391X	Date of Loss:	08/11/2017 18:00 - :59
Claim Type:	TP	Policy/Cover Note No.:	28994710SMF (Comprehensive) Coverage: 28/07/2017 - 27/07/2018
Vehicle Reg. No. (Insured):	SJS659G	Policy No. (Claimant):	
		Excess:	
Repairer:	One Zone Autocare LLP (HQ) 7 Soon Lee Street #01-05 ISpace Building, 627608 Pioneer - Tel: 62520118		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Muhd Ashik B Madi - 6594 2548]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 10/11/2017]		
Driver/Custodian (Insured):	HO LI YEE (), NRIC: S7687768H		

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.									

8/11/2017 14:50

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	09/11/2017 10:26
Date Of Accident	08/11/2017 18:15
Exact Location Of Accident	ALONG PIE TOWARDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3391X
Insured/Policyholder	
Name Of Registered Owner	KRIS LIMOUSINE SERVICES
Co Reg No	53176494W
Email Address	KRIS8247SG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97859471
Alternative Phone No	OFFICE-97875354

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1781705
Cover Note Number	24/12/2016 - 23/12/2017

Driver

Name of Driver	LIM CHIN KHOON
NRIC No	S0806484I
Date Of Birth	05/09/1951
Occupation	OUTDOOR
Date Of Driving Pass	21/05/1974
Driving Experience	43 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97875354
Fax Number	
Contact Number	
Email Address	KRIS8247SG@GMAIL.COM

Address

Postcode

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

COLLISION - HEAD TO REAR

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) 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 THE ATTACHED SKETCH PLAN BY DRIVER.

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 SJS659G

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver HO LI YEE

NRIC/Passport Number S7687768H

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 LIM CHIN KHOON

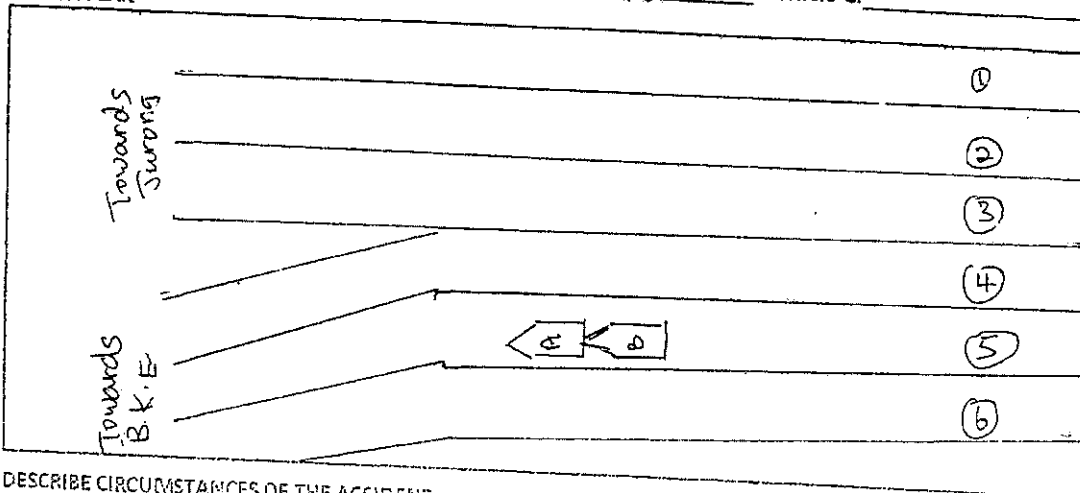
Approximate Age

Injuries Sustain BACK PAIN,RIGHT LEG PAIN
Injured person in which vehicle? PC3391X
Were seat belts worn?
Was injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan Pg. 1

Date of accident: 08/11/17 Time: 1815 Location: P.I.E towards B.K.E.
 My Vehicle A: PC3391X Vehicle B: SJS659K Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/11/17 at about 1815 hrs. I was driving vehicle No. PC3391X along P.I.E. towards B.K.E. There was no rain, the traffic was very heavy. When I approach the B.K.E. exit I stop my vehicle, because the vehicle in front had stop. About 3 to 5 seconds later I felt a very strong jolt and I heard a loud bang coming from behind. I alighted from my vehicle and went to check. I saw that vehicle No. SJS659K had rammed into the back of my vehicle. We proceed to take some photos and exchange particulars of the drivers and leave the place.

Veh B: Ho Li Yee / S268 7768 H

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address : kris82475g@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY

Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 3

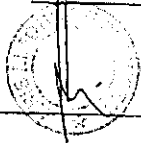
To Whom It May Concern,

Accident involving my vehicle no. PC 3391X on 08/11/2017 (date) with
SJS659G (other vehicle no) along PTE towards BKE.

I, Kris Limousine Services ROC NO. 53176494W
Nric No.

Owner of vehicle no. PC 3391X am aware of the accident of my vehicle on
08/11/2017 (Date) while car was driven by Lim Chin Khoo

Nric No. S0806484T. I hereby, authorise him / her to make the report.



Name

Date:

.....
To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident

Name

Date:

View Sent Message

This mail is associated with :

***PC3391X (536157)**
[SJS659G]

TP
KRIS LIMOUSINE SERVICES
Nov 8 2017 6:00PM
[HO LI YEE]
One Zone Autocare LLP

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

From LKK Auto Consultants Pte Ltd (LKK_HQ), sent on 28/11/2017 19:26 PM.
To MSI_ASHIK
Subject Pre-repair Inspection

Dear Muhd Ashik,

Refer to your assignment on 09.11.2017 at 2.50PM.

Please be informed that we have inspected the vehicle PC 3391X on 13.11.2017 at 10.46AM.

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)

DOCUMENTS SUMMARY

There are no documents.

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	09 Nov 2017		09 Nov 2017 14:50 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
-------------	------------------	----------------------	------------------	-----------------

CLAIM SUBFOLDER DETAILS			[Created by insurer]
Insured:	HO LI YEE, ID: S7687768H		
Main Claimant:	KRIS LIMOUSINE SERVICES, Co. Reg. No.: 53176494W		
Vehicle Reg. No.:	PC3391X	Date of Loss:	08/11/2017 18:00 - :59
Claim Type:	TP / 536157	Policy/Cover Note No.:	S28994710SMF (Comprehensive) Coverage: 28/07/2017 - 27/07/2018
Vehicle Reg. No. (Insured):	SJS659G	Policy No. (Claimant):	
		Excess:	
Repairer:	One Zone Autocare LLP (HQ) 7 Soon Lee Street #01-05 ISpace Building, 627608 Pioneer - Tel: 62520118		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Muhd Ashik B Madi - 6594 2548]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Imm.Advice due 10/11/2017]		
Driver/Custodian (Insured):	HO LI YEE (), NRIC: S7687768H		

ASSOCIATED MAIL RECEIVED	View All	Compose Case Mail
There are no mail for this case.		

ALL ASSOCIATED TASKS <input type="checkbox"/>										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

***PC3391X (536157)**
[SJS659G]
TP
KRIS LIMOUSINE SERVICES
Nov 8 2017 6:00PM
[HO LI YEE]
One Zone Autocare LLP

Upload Documents		Upload Photos	Compose New Letter	View View in Browser	
------------------	--	---------------	--------------------	--	--

Video				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	12/01/18 08:22	Video - Accident Third party video		Load MP4	

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	09/11/17 16:58	Accident Statement From: SC - Reg. No: SJS659G, Claimant: HO LI YEE		Load HTM	

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	12/01/18 15:32	Odometer Reading		Load JPG	<input checked="" type="checkbox"/>
2	12/01/18 15:32	Chassis Number		Load JPG	<input checked="" type="checkbox"/>
3	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
4	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
5	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
6	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
7	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
8	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
9	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
10	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
11	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
12	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
13	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
14	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
15	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
16	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
17	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
18	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
19	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
20	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
21	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
22	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
23	12/01/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
24	12/01/18 15:32	General View		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	09/11/17 13:55	PRI from RIAZ LLC		Load PDF	

2	09/11/17 14:51	Survey Disagree on SJE	1	Load PDF	
3	09/11/17 15:34	PC3391X E-file, Cert Of Ins, DL & IC	1	Load PDF	
4	10/11/17 11:22	Third party damage photo (1)	1	Load PDF	
5	10/11/17 11:22	Third party damage photo (2)	1	Load PDF	
6	10/11/17 11:22	OI damage photo	1	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><div></div><div>^</div><div>v</div></div>
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>

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: CS3/MSG17021441/R1BE2

Date: 12/01/2018

REFERENCE

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

Policy No:

S28994710SMF

Claimant Vehicle
No : PC3391X

Insured Vehicle No :

SJS659G

Date of Loss: 08/11/2017

Nature of Claim:

TP

Claim No: 536157

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: PC3391X

Make & Model: TOYOTA HIACE, 3.0 COMMUTER GL (A)

Engine No: 1KD2447175

Reg. Date: 24/12/2014 (Man. Year: 2014)

Chassis No: KDH2230021519

Colour: Grey

Odometer: 248594 km

Engine Capacity: 2982 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: 195 R15C

Rear Tyre Size:

195 R15C

Front Left Side: Michelin 6 mm

Rear Left Side:

Michelin 6 mm

Front Right Side: Michelin 6 mm

Rear Right Side:

Michelin 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 09/11/2017

Date Inspected: 13/11/2017 Inspected At:

One Zone Autocare LLP (HQ)

7 Soon Lee Street #01-05 ISpace Building

Singapore 627608

Estimated Period of Repair: 0.0 days

Adjuster: MOHD RASUL

Manager: CATHERINE CHONG KAI LING

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.

- 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 \$3,000.00 - \$4,000.00

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 09 Nov 2017)

Parts: N/A TOYOTA HIACE 3.0 COMMUTER GL (A) (Catalogue:Merimen Singapore 1.0) (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for PC3391X)

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

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >