

ASS. REC. BY:

REF:

CS3/CT117021764/mil/sz

Special Instruction:

range

Surveyor:

Ma.

ASSIGNMENT (Office)

From (Person):

Trine Tay

of

CTI

Date/Time:

14.11.2017

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDN 2431E

Insured:

SJD 2361E

at Workshop m/s

Target Auto

Tel:

64586596

of

160 Sim ming Drive #07-17

Policy No:

DAM/CSN1719271700

Claim No:

SNM17D06584C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

30.10.2017

CA / REV / REP. / REV 24 HRS wpi

16.11.2017 @ 2pm owner waiting

H.O.D. Endorsement:

Date/Time:

14.11.2017 4:41pm

Person Contacted:

Ana

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SDN 2431E - NS/INC17020561/Klybn2

DOA: 26.10.17

SJD 2361E - X

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**.

		Case Handler		Typist	
		Y-Date	N-Date	Y-Date	N-Date
(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				

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

		Case Handler		Typist	
		Y-Date	N-Date	Y-Date	N-Date
(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



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

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CS3/CT117021764/M1b

3 ANSON ROAD #16-00
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 14-11-2017



Code : CTI

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SJD 2361E	Veh. Inspected	SDN 2431E
Policy No.	DMHCSN1719271700	Coverage (\$)	0.00
Claim No.	SNM17D06584C02	Excess (\$)	0.00
Assign From	MERIMEN (IRENE TAY)	Assign Date	14/11/2017

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	30/10/2017	Inspection Date	16/11/2017
Survey held at	TARGET AUTO PTE LTD 160 SIN MING DRIVE #07-17 SIN MING AUTOCITY SINGAPORE 575722		

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.

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	14 Nov 2017		15 Nov 2017 10:34 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS		[Created by insurer]	
Insured:			
Main Claimant:	RC HOLDINGS		
Vehicle Reg. No.:	SDN2431E	Date of Loss:	30/10/2017 18:00 - :59
Claim Type:	TP / SNM17D06584C02	Policy/Cover Note No.:	DMHCSN1719271700
Vehicle Reg. No. (Insured):	SJD2361E	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Target Auto Pte Ltd (Autocity) 160 SIN MING DRIVE, #07-17 SIN MING AUTOCITY, 575722 Sin Ming - Tel:		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 24/11/2017]		
Adj Asg. Remarks:	PLEASE ASSIST TO CONDUCT PRS AND REVERT WITH YOUR RECOMMENDATION		
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.			

Catherine Chong (LKK Auto)

From: Irene Tay <irene.tay@sg.cntaiping.com>
Sent: Tuesday, 14 November, 2017 4:47 PM
To: assignments@lkkauto.com; assignments@lkkauto.com
Cc: Kelly Cheng
Subject: URENT URGENTCTP REF NO. SJD2361E TKS REF NO. TKS/T896-ACC-39227.17/KC - ACCIDENT INVOLVING SJD2361E AND SDN2431E ON 30 OCTOBER 2017

Dear Catherine,

We refer to the above matter and our telephonic conversation a moment ago.

Please appoint your surveyor to liaise with Ann from Target Auto.

Regards,

Irene Tay

Claims Department
China Taiping Insurance (Singapore) Pte. Ltd.
3, Anson Road, #16-00
Springleaf Tower,
Singapore 079909
Co. Reg. No. 200208384E
DID: 6389-6192
Fax: 6224 7175
Email: claimsdept@sg.cntaiping.com
Email: irene.tay@sg.cntaiping.com
Website: www.sg.cntaiping.com

From: Kelly Cheng [mailto:kelly.cheng@ksteoptr.com]
Sent: Tuesday, 14 November, 2017 4:20 PM
To: Irene Tay <irene.tay@sg.cntaiping.com>
Subject: Re: CTP REF NO. SJD2361E TKS REF NO. TKS/T896-ACC-39227.17/KC - ACCIDENT INVOLVING SJD2361E AND SDN2431E ON 30 OCTOBER 2017

WITHOUT PREJUDICE

Dear Irene,

We refer to your email and do not understand what do you mean by you have send us a reminder.

Kindly refer to the attachments, we have replied your PRS reply dated 6 November 2017, and on the 9 November 2017 to inform you, we understand that you have yet arrange for PRS and remind you to contact our client's repairer in an urgent basis.

However, we also notice that you did not arrange for Pre-repair survey to date, therefore, we are writing to you to inform you that our client's repairer will proceed to repair the vehicle without any reference to you.

Hope this clarify,

Thank you.

On Tue, Nov 14, 2017 at 3:49 PM, Irene Tay <irene.tay@sg.cntaiping.com> wrote:

REMINDER was sent to you for PRS.

Regards,

Irene Tay

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3, Anson Road, #16-00

Springleaf Tower,

Singapore 079909

Co. Reg. No. 200208384E

DID: 6389-6192

Fax: 6224 7175

Email: claimsdept@sg.cntaiping.com

Email: irene.tay@sg.cntaiping.com

Website: www.sg.cntaiping.com

From: Kelly Cheng [mailto:kelly.cheng@ksteoptr.com]

Sent: Tuesday, 14 November, 2017 3:46 PM

To: Irene Tay <irene.tay@sg.cntaiping.com>

Subject: Re: FW: CTP REF NO. SJD2361E TKS REF NO. TKS/T896-ACC-39227.17/KC - ACCIDENT INVOLVING SJD2361E AND SDN2431E ON 30 OCTOBER 2017

WITHOUT PREJUDICE

Dear Irene,

We refer to our pre-repair notification dated on 2 November 2017 and our reply to you on 6 November 2017.

We understand that you have not arrange for pre-repair survey with our client's repairer within the stipulated timeline.

Please be informed that our client's repairer will proceed to repair the vehicle without further reference to you.

Thank you.

On Thu, Nov 9, 2017 at 4:01 PM, Kelly Cheng <kelly.cheng@ksteoptr.com> wrote:

WITHOUT PREJUDICE

Dear Irene,

We refer to the above matter.

We understand that you have yet arrange for pre-repair survey with our client's repairer.

Kindly refer to the attachment, we have replied to your email dated 3 November 2017 on the 6 November 2017.

Please contact our client's repairer in an urgent basis to arrange for pre-repair survey.

Thank you.

On Tue, Nov 7, 2017 at 2:34 PM, Irene Tay <irene.tay@sg.cntaiping.com> wrote:

Irene Tay

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3, Anson Road, #16-00

Springleaf Tower,

Singapore 079909

Co. Reg. No. 200208384E

DID: 6389-6192

Fax: 6224 7175

Email: claimsdept@sg.cntaiping.com

Email: irene.tay@sg.cntaiping.com

Website: www.sg.cntaiping.com

From: Irene Tay

Sent: Friday, 3 November, 2017 2:26 PM

To: 'ksteoco@singnet.com.sg' <ksteoco@singnet.com.sg>

Subject: CTP REF NO. SJD2361E TKS REF NO. TKS/T896-ACC-39227.17/KC - ACCIDENT INVOLVING SJD2361E AND SDN2431E ON 30 OCTOBER 2017

Save As To Costs

Dear Sir/Mdm,

We refer to your pre-repair survey request / email.

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop.

Here are the list of surveyors ;

Edward Cho

Cedric Ng

Tay Beng Hee

See Chew Seng

Dereck Oh Siong Wee

Mohd Fadhilah Bin Osman

Kalvin Ang

Steven Foong

Adrian Ling

Henry Ng

We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

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 one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Thank you.

Regards,

Irene Tay

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3, Anson Road, #16-00

Springleaf Tower,

Singapore 079909

Co. Reg. No. 200208384E

DID: 6389-6192

Fax: 6224 7175

Email: claimsdept@sg.cntaiping.com

Email: irene.tay@sg.cntaiping.com

Website: www.sg.cntaiping.com

--

Best Regards,

Kelly Cheng

Tel: 6333 4222 ext 72

Fax: 6333 5675

Teo Keng Siang LLC

111 North Bridge Road

Peninsula Plaza, #29-07/08

Singapore 179098

--

Best Regards,

Kelly Cheng

Tel: 6333 4222 ext 72

Fax: 6333 5675

Teo Keng Siang LLC

111 North Bridge Road

Peninsula Plaza, #29-07/08

Singapore 179098

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

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Best Regards,
Kelly Cheng
Tel: 6333 4222 ext 72
Fax: 6333 5675

Teo Keng Siang LLC
111 North Bridge Road
Peninsula Plaza, #29-07/08
Singapore 179098

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

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	01/11/2017 11:51
Date Of Accident	30/10/2017 18:15
Exact Location Of Accident	T-JUNCTION OF JALAN SULTAN RD & VICTORIA ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN2431E
Insured/Policyholder	
Name Of Registered Owner	RC HOLDINGS
Co Reg No	53318571L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90017086

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5084413904-01
Cover Note Number	

Driver

Name of Driver	CHONG SHI CHANG
NRIC No	S7225085J
Date Of Birth	14/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	22/03/1999
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90017086
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 571 PASIR RIS STREET 53 #13-53
Postcode	510571
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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)	2

Details of Police Action

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

Circumstances of Accident

REFER ATTACHED

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	SJD2361E
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 Pg. 1

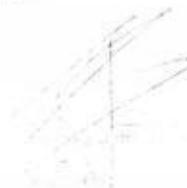
SKETCH PLAN

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)**

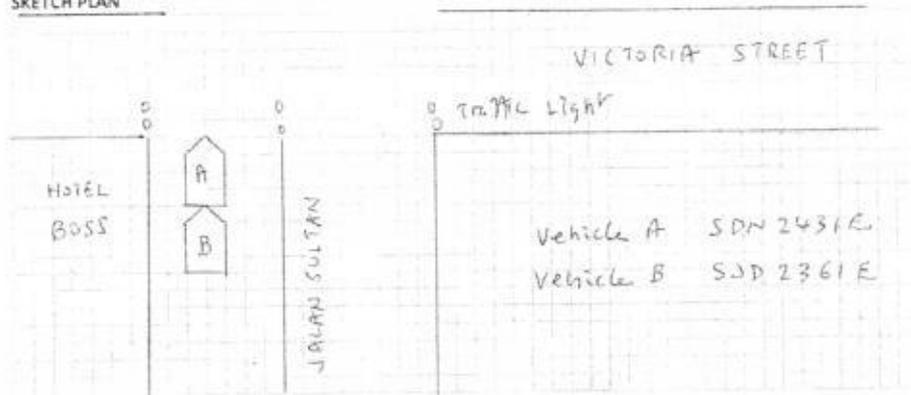
I understand, acknowledge, agree and consent that:

- (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, irregularities, law enforcement and government agencies as reasonably required for the purposes stated, in compliance with requirements under any regulations, laws or court orders.



Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 6:15pm on 30th October 2017, Monday, I stopped at the traffic light on Jalan Sultan Road at the junction of Victoria Street. My ^{stationary} vehicle A was ~~was~~ knocked from behind by vehicle B SJD 2361E. This accident was witnessed by my passenger Mr Irwin Chng Xiong Sheng, I/C No 59317673 B HP: 8348 8278 / Email: irwinjeff3738@gmail.com

DECLARATION
 (We declare the foregoing particulars are true in every respect.)

Police Officer's Signature
 Date & Time

Driver's Signature
 (If involved in the party please)
 Date & Time

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	14 Nov 2017		15 Nov 2017 10:34 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:	-, Co. Reg. No.: -								
Main Claimant:	RC HOLDINGS								
Vehicle Reg. No.:	SDN2431E	Date of Loss:	30/10/2017 18:00 - :59						
Claim Type:	TP / SNM17D06584C02	Policy/Cover Note No.:	DMHCSN1719271700						
Vehicle Reg. No. (Insured):	SJD2361E	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	Target Auto Pte Ltd (Autocity) 160 SIN MING DRIVE, #07-17 SIN MING AUTOCITY, 575722 Sin Ming - Tel:								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MA CHIN FOOK] ... [Final Rpt due 24/11/2017]								
Adj Asg. Remarks:	PLEASE ASSIST TO CONDUCT PRS AND REVERT WITH YOUR RECOMMENDATION								
ASSOCIATED MAIL RECEIVED			View All	Compose Case Mail					
There are no mail for this case.									
<input type="checkbox"/> 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

***SDN2431E (SNM17D06584C02)**
[SJD2361E]
TP
RC HOLDINGS
Oct 30 2017 6:00PM
[-]
Target Auto Pte Ltd

Upload Documents		Upload Photos	Compose New Letter	View Use Viewer ▼
Documentation				1 per page ▼ <input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	05/12/17 18:56	LKKPhotosIn6-1		 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 style="border: 1px solid gray; height: 100px; width: 100%;"></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/CTI17021764/M1BS2
Date: 08/12/2017

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMHCSN1719271700
Claimant Vehicle No :	SDN2431E	Insured Vehicle No :	SJD2361E
Date of Loss:	30/10/2017	Nature of Claim:	TP
		Claim No:	SNM17D06584C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SDN2431E	Engine No:	1NZA144086
Make & Model:	TOYOTA COROLLA, 1.5 (A)	Chassis No:	JTDBT23E103043764
Reg. Date:	11/10/2001 (Man. Year: 2001)	Odometer:	428421 km
Colour:	Blue		
Engine Capacity:	1497 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:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	185/70R14	Rear Tyre Size:	185/70R14
Front Left Side:	Goodyear 8 mm	Rear Left Side:	Goodyear 8 mm
Front Right Side:	Goodyear 8 mm	Rear Right Side:	Goodyear 8 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:	15/11/2017		
Date Inspected:	16/11/2017	Inspected At:	Target Auto Pte Ltd (Autocity) 160 SIN MING DRIVE, #07-17 SIN MING AUTOCITY Singapore 575722

Estimated Period of Repair: 0.0 days

Adjuster: MA CHIN FOOK

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 \$800.00 - \$1,000.00

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 08 Dec 2017)
Parts: 143	TOYOTA COROLLA 1.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SDN2431E)
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 >