

22/03/2002

ASS. REC. BY:

REF:

CS3 / AL717002257 / R1697

Special Instruction:

DAR: 8 days

Signature:  
mesima

Rasul

**ASSIGNMENT (Office)**

From (Person):

Chin He Ying

of

Alli

Date/Time:

22.11.2017 1107am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SAS 7496Z

Insured:

SLP 7645S

at Workshop m/s

One Zone

Tel:

of

5 Yishun Ind St 1 #01-20

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

17.11.2017

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

after 1pm

H.O.D. Endorsement:

Date/Time:

22.11.2017 12.15pm

Person Contacted:

Boe

Vehicle IN / OUT

Date/Time	Action/Instruction ( X ) Estimate
	SAS 7496Z - CS / INC 1802 11578 / Uhg1
	SLP 7645S - X
	Disassemble Part: 23.11.2017
	After repair: 28.11.2017

DCA: 200508



## 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)**

✓			
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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: 

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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

AIG ASIA PACIFIC INSURANCE PTE LTD

Ref : CS3/AIG17022257/R1b

78 SHENTON WAY #08-16  
CHARTIS BUILDING  
SINGAPORE 079120

Date : 22-11-2017



Code : AIG

## 1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SLP 7645S	Veh. Inspected	SGS 7496Z
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	CHIN LEE YING	Assign Date	22/11/2017

## 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	17/11/2017	Inspection Date	22/11/2017
Survey held at	ONE ZONE AUTOMOTIVE LLP 5 YISHUN INDUSTRIAL ST 1 #01-20 NORTH SPRING BIZHUB SINGAPORE 768161		

## 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.
--

**- FW: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED  
VEHICLE SLP7645S AND SGS7496Z ON 17/11/2017**

From: Chin, Lee-Ying  
To: 'assignments', 'Admin A'  
Cc: Fong, Andy-SY  
Sent: Wednesday, 22 November, 2017 11:07:09 AM  
Attachments:  SLP7645S - PRI.TIF

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Hi LKK,

Please assist to survey, owner will leave vehicle around 1pm today.

Thanks.

Best Regards

Lee Ying, Chin

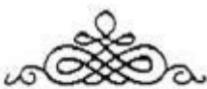
AIG

Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1947 | Fax +(65) 6835 7416

[Lee-Ying.Chin@aig.com](mailto:Lee-Ying.Chin@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

  
**RIA Z**  
 L.L.C  
**ADVOCATES AND SOLICITORS**  
 COMMISSIONER FOR OATHS

ACRA NUMBER : 200911678H

GST REGISTRATION NUMBER : 200911678H

21/11/2017

Our Ref: SGS 7496Z (H)

Your Ref: SLP 7645S

 RIAZ QAYYUM (LLB HONS) NUS  
 (DIRECTOR)

 TAN KOK SIANG (LLB HONS) LON  
 (ASSOCIATE)

 ABDUL HALIM BIN ROSALAN (LLB HONS) UTAS  
 (ASSOCIATE)

 TO: **AIG Asia Pacific Insurance Pte. Ltd.**  
 78 Shenton Way  
 Tower 2 #07-16  
 Singapore 079120  
 Attn: Motor Claims Department

BY FAX (6415 3727) ONLY

**NOTICE OF ACCIDENT**

Dear Sir

We are instructed by our client to *notify* you of a road traffic accident on 17 November 2017 at about 2220 hours along PIE EXIT TO CTE TOWARDS WOODLANDS involving our client's vehicle registration number SGS 7496Z and vehicle registration number SLP 7645S driven by you or your authorized driver at the material time.

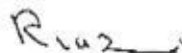
As a result of the accident, our client's vehicle has been damaged. Before our client/ we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client /we shall proceed to repair the vehicle without further reference to you.

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

Name of workshop : **ONE ZONE AUTOMOTIVE**
 Address : **5 YISHUN INDUSTRIAL ST 1**  
**#01-20 NORTH SPRING BIZHUB**  
**SINGAPORE 768161**
Telephone no. : **6710 4572**Fax No.: **6710 4571**

Please let us hear from you by the stipulated time.

Yours faithfully



cc Client

**FOR SURVEYOR**
 Please initial here after completion of pre-repair  
 inspection. Thank you.

 Appointed surveyor  
 (Name & signature)

Date &amp; time of inspection

## 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	20/11/2017 10:05
Date Of Accident	17/11/2017 22:20
Exact Location Of Accident	PIE EXIT TO CTE TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS7496Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASMAH BINTE AHMAD
NRIC No	S7236121J
Email Address	YANFIQ@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98354416
Alternative Phone No	OTHERS-98354416

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089356780
Cover Note Number	

### Driver

Name of Driver	ASMAH BINTE AHMAD
NRIC No	S7236121J
Date Of Birth	05/10/1972
Occupation	INDOOR
Date Of Driving Pass	18/10/1995
Driving Experience	22 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98354416
Fax Number	
Contact Number	OTHERS-98354416
Email Address	YANFIQ@YAHOO.COM.SG

Address	BLK 627 WOODLANDS AVENUE 6 #12-868
Postcode	730627
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	AT NIGHT (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)	3

#### 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	SLP7645S
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Name of Driver	C.NANDAKUMAR
NRIC/Passport Number	S1203029J
Contact Number	910910865
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

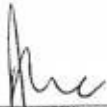
**SKETCH PLAN**

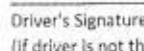
**IMPORTANT NOTICE**


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:

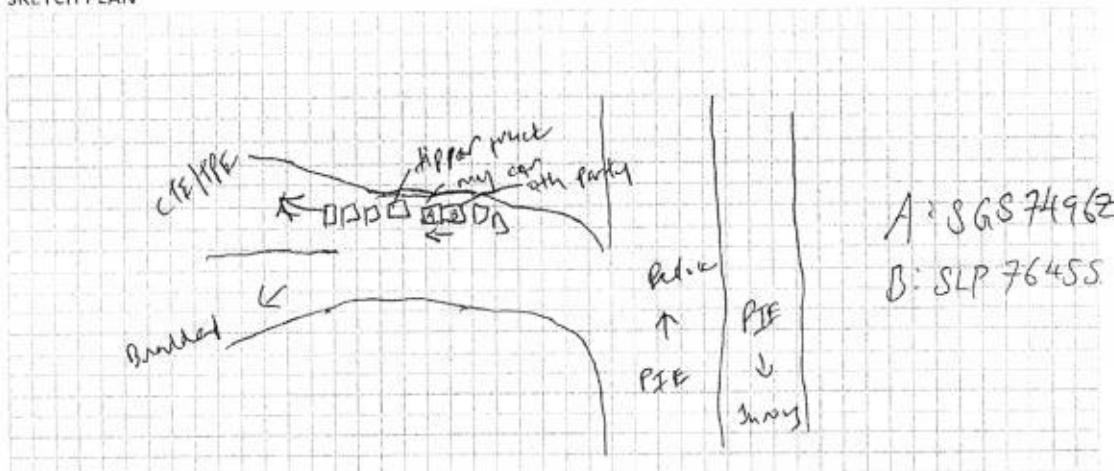
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/FIN No.:

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving from PSE exit to CTE towards Woodlands, it was slow moving traffic, in front of me is a ~~sa~~ tipper truck, traffic was really slow and suddenly my car was hit from behind. According to driver he didn't manage to brake on time and apologize for it. We exchange details and took photos. We left scene after about 10 mins.

## 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.:

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	6121J
<b>Vehicle Details</b>	
Vehicle No.:	SGS7496Z
Vehicle to be Exported:	No
Intended De-registration Date:	25 Apr 2018
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO 1.5X A
Primary Colour:	Blue
Manufacturing Year:	2007
Engine No.:	1NZC487369
Chassis No.:	NZE1416016189
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$12,417.00
Original Registration Date:	22 Mar 2007
First Registration Date:	22 Mar 2007
Transfer Count:	3
Actual ARF Paid:	\$13,659.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	21 Mar 2022
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$24,715.00
COE Rebate Amount:	\$19,271.00
<b>Total Rebate Amount:</b>	<b>\$19,271.00</b>
<b>Message</b>	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 25 Apr 2018

OK

### Rear Portion

Vehicle No: SGS 7496 Z

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

PRI

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	23 Nov 2017 <a href="#">Edit Reg</a>		22 Nov 2017 00:00 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by adjuster]

Insured:	CHINNATAMBY NANDAKUMAR, ID: S1203029J		
Main Claimant:	ASMAH BINTE AHMAD, ID: S7236121J		
Vehicle Reg. No.:	SGS7496Z	Date of Loss:	17/11/2017 22:00 - :59 [127 Months and 26 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 6975748604SG	Policy/Cover Note No.:	2100510637 (Comprehensive)
Vehicle Reg. No. (Insured):	SLP7645S	Policy No. (Claimant):	
		Excess:	
Repairer:	One Zone Automotive LLP (HQ) 5 YISHUN INDUSTRIAL STREET 1 #01-20, NORTH SPRING BIZHUB, 768161 Yishun - Tel: 67104572		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Loh, Chee-Heng] Chee-Heng.Loh@aig.com		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 12/12/2017]		

### ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

- AIG\_SG (04/12/2017): TP GIA REPORT

### 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



**\*SGS7496Z (6975748604SG)**  
**[SLP7645S]**  
**TP**  
**ASMAH BINTE AHMAD**  
**Nov 17 2017 10:00PM**  
**[CHINNATAMBY NANDAKUMAR]**  
**One Zone Automotive LLP**

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[Upload Video](#)
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Assessment Reports				1 per page ▼	✓
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)		Thumbnail	Print
1	04/12/17 09:53	<b>Accident Statement</b> From: SC - Reg. No: SLP7645S, Claimant: CHINNATAMBY NANDAKUMAR	1	Load HTM	

Photos/Images				3 per page ▼	✓
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	08/01/18 16:48	<b>Odometer Reading</b>	1	Load JPG	✓
2	08/01/18 16:48	<b>Chassis Number</b>	1	Load JPG	✓
3	08/01/18 16:48	<b>General View</b>	1	Load JPG	✓
4	08/01/18 16:48	<b>General View</b>	1	Load JPG	✓
5	08/01/18 16:48	<b>General View</b>	1	Load JPG	✓
6	08/01/18 16:48	<b>General View</b>	1	Load JPG	✓
7	08/01/18 16:48	<b>General View</b>	1	Load JPG	✓
8	08/01/18 16:48	<b>General View</b>	1	Load JPG	✓
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24	08/01/18 16:48	<b>General View</b>	1	Load JPG	✓
25	08/01/18 16:48	<b>General View</b>	1	Load JPG	✓
26	08/01/18 16:49	<b>Photographs of Damaged Parts</b>	1	Load JPG	✓
27	08/01/18 16:49	<b>Photographs of Damaged Parts</b>	1	Load JPG	✓
28	08/01/18 16:49	<b>Photographs of Damaged Parts</b>	1	Load JPG	✓
29	08/01/18 16:49	<b>Photographs of Damaged Parts</b>	1	Load JPG	✓
30	08/01/18 16:49	<b>Photographs of Damaged Parts</b>	1	Load JPG	✓
31	08/01/18 16:49	<b>Photographs of Damaged Parts</b>	1	Load JPG	✓

Assessment Reports			1 per page ▼	✓
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
32	08/01/18 16:49	Photographs of Damaged Parts	 Load JPG	✓
33	08/01/18 16:49	Photographs of Damaged Parts	 Load JPG	✓
34	08/01/18 16:49	Photo After Spray	 Load JPG	✓
35	08/01/18 16:49	Photo After Spray	 Load JPG	✓
36	08/01/18 16:49	Photo After Spray	 Load JPG	✓
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38	08/01/18 16:49	Photo After Spray	 Load JPG	✓
39	08/01/18 16:49	Photo After Spray	 Load JPG	✓
40	08/01/18 16:49	Photo After Spray	 Load JPG	✓
41	08/01/18 16:49	Photo After Spray	 Load JPG	✓
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50	08/01/18 16:49	Photo After Spray	 Load JPG	✓
51	08/01/18 16:49	Photo After Spray	 Load JPG	✓
52	08/01/18 16:49	Photo After Spray	 Load JPG	✓
53	08/01/18 16:49	Photo After Spray	 Load JPG	✓
54	08/01/18 16:49	Photo After Spray	 Load JPG	✓
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58	08/01/18 16:49	Photo After Spray	 Load JPG	✓
59	08/01/18 16:49	Photo After Spray	 Load JPG	✓
60	08/01/18 16:49	Photo After Spray	 Load JPG	✓

## Documents Checklist

### DOCUMENTS CHECKLIST

Reset

Save

Print

There are no document checklists configured.

### Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

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

# LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

**Our File No:** CS3/AIG17022257/R1BS2  
**Date:** 02/05/2018

### REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 2100510637  
**Claimant Vehicle No :** SGS7496Z **Insured Vehicle No :** SLP7645S  
 Date of Loss: 17/11/2017 Nature of Claim: TP Claim No: 6975748604SG

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SGS7496Z**  
 Make & Model: TOYOTA AXIO, 1.5 (A) Engine No: 1NZC487369  
 Reg. Date: 22/03/2007 (Man. Year: 2007) Chassis No: NZE1416016189  
 Colour: Blue Odometer: 129838 km  
 Engine Capacity: 1496 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: Fair Steering (Serviceable): Yes Footbrake (Serviceable): Yes  
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

### CONDITION OF TYRES

Front Tyre Size: 205/50ZR16 Rear Tyre Size: 205/50ZR16  
 Front Left Side: Kumho 5 mm Rear Left Side: Kumho 5 mm  
 Front Right Side: Kumho 5 mm Rear Right Side: Kumho 5 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	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

### INSPECTION

Date of Assignment: 22/11/2017  
 Date Inspected: 22/11/2017 Inspected At: One Zone Automotive LLP (HQ)  
 5 YISHUN INDUSTRIAL STREET 1 #01-20, NORTH SPRING BIZHUB  
 Singapore 768161  
 Estimated Period of Repair: 3.0 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.

## REPAIR DETAILS

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Dented	0.00 F	*- F
2	1		*REAR BUMPER CLIPS	Necessary	0.00 F	*- F
3	1		*REAR BUMPER SIDE RETAINER	Cracked	0.00 F	*- F
4	1		*REVERSE SENSOR	Scratched	0.00 F	*- F
5	1		*REAR END PANEL	Repair	0.00 F	*- F
6	1		*REAR RH TAILLAMP	Cracked	0.00 F	*- F
7	1		*REAR RH TAILLAMP PANEL	Repair	0.00 F	*- F
F=Franchise part.						
Total Parts (S\$)					0.00	0.00

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 >