

22/03/2002

ASS. REC. BY:

REF: CS3/III17022684/WBSV

Special Instruction:

Survivor:

Wilson

ASSIGNMENT (Office)

From (Person):

Gabriel Wee

of

III

Date/Time: 28/11/17 @ 4.31pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKX 8186M

Insured:

SHA 7865A

at Workshop m/s

Allswell Motor

Tel:

6679 1146

of

25 Defu Lane 9

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 24/11/17

(Client's Record)

CA / REV / REP. / REV 24 HRS

lwp

H.O.D. Endorsement:

Date/Time:

1035am @ 29/11/17

Person Contacted:

Yan Yee

Vehicle IN/OUT

Date/Time	Action/Instruction ( X ) Estimate
	SKX 8186M-NBA/INC17005751/Y-D.O.A: 18/09/2016
	SHA 7865A-CC6/III17022173/U263-D.O.A: 17/11/2017
	After repair: 07.12.2017

PRS  
Wilm  
REF: III  
Form: Date: 29/11/17

ASSIGNMENT

Van No: SKX 8186 M Reg: 2015 Dec 29

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

Truck / Trailer or

Make: Toyota Alphard 2494

Colour: white A/C Insured / Std / NI / NA

Sp/Reading 197454 T Radio Insured / Std / NI / NA

Eng No:

C/No: JTN673DH008000429

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: 235/50R18

R: 235/50R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Wankake (F)

Front: Rear: POTENS (R)

R/Bal: 4 mm R/Bal: 4 mm

L/Bal: 4 mm L/Bal: 4 mm

D.O.A: 24.11.2017 D.OI: 29/11/17 @

Survey held at: Ref As Above 1230pm

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

Right Front

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

Estimated Cost:

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

To inspect Vehicle No: SKX 8186 M

at Workshop m/s Allswell Motor

of 25 Dofu Lane 9

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.

N/S	O/S

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

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS up

Vehicle IN / OUT

Date: Person Contacted:

Date / Time Action / Instruction

No Accident Report Given

RECEIVED 13 DEC 2017

Date/Time File Pass to: ☐ : Prel. Report

13.12.2017 ☐ : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Ex-GRUB

Process

Others

Notes

Remarks

Signature

Date

Add Fee: ☐ Site Insp: \$

☐ Interview: \$

☐ Tech. Insp: \$

☐ Clean-up: \$

Report Format:

PRS

Lump Sum / L.B. It / 3

# 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

21/05/2014




# 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			
INDIA INTERNATIONAL INSURANCE PL		Ref : CS3/III17022684/Wb	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 29-11-2017	
		Code : III2	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SHA 7865A	Veh. Inspected	SKX 8186M
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	GABRIEL WEE	Assign Date	29/11/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	24/11/2017	Inspection Date	29/11/2017
Survey held at	25 DEFU LANE 9		
Repairer	ALLSWELL MOTOR TRADERS		
<b>5a. Remarks</b>			
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:** Motor Claim - III <motorclaim@iii.com.sg>  
**Sent:** Tuesday, 28 November, 2017 4:31 PM  
**To:** OOI, Ben; 'sur@lkkauto.com'; Catherine Chong (LKK Auto)  
**Cc:** Edmund Ng; Mark Mark; Manivel Priyadarshini  
**Subject:** RE: Accident on 24.11.2017 involving SKX8186M and your insured vehicle SHA7865A  
**Attachments:** SKX8186M-SAS report.pdf; 3fec6f17-4298-4f07-9f1e-2c6d38f28224.jpg

Dear Sir / Mdm

**This Pre-Repair Survey is on Without Prejudice Basis.**

THIRD PARTY VEHICLE NO. : SKX8186M  
III INSURED VEHICLE NO. : SHA7865A  
DATE OF LOSS : 24.11.17

We acknowledge receipt of your email.

**In compliance to Pre-Action Protocol for NIMA cases, we note that**

We disagree to the list of motor surveyors that you have proposed.

Therefore, we have appointed our surveyor LKK AUTO CONSULTANTS to conduct the pre-repair survey.

This claim is handled by **Priya**.

Please let us have your client's accident report and repair estimate for our appointed surveyor to conclude his report.

**\*\*We would like to conduct a re-survey after spray painting. Please contact our surveyor to arrange.**

**\*\*Surveyor kindly upload this assignment to Merimen.**

Thank You.

*Best Regards,*

**Gabriel Wee**

Motor Claims Dept.

**India International Insurance Pte Ltd**

64 Cecil Street | #05 IOB Building | Singapore 049711

Tel: 6347 6100, Ext - 248

**From:** OOI, Ben [mailto:ben@allswellmotor.com.sg]  
**Sent:** 28 November, 2017 4:27 PM  
**To:** Motor Claim - III <motorclaim@iii.com.sg>  
**Cc:** Edmund Ng <edmund@allswellmotor.com.sg>; Mark Mark <mark@allswellmotor.com.sg>  
**Subject:** Re: Accident on 24.11.2017 involving SKX8186M and your insured vehicle SHA7865A

Dear Gabriel,

We disagree with your surveyors..

And we propose:-

- Constant Appraiser Services - Sebastian Lim  
TGS Consultant Services - WAH Tze Tiing

Thanks in advance

Truly

OOI, Ben

Allswell Motor Traders  
25, Defu Lane 9  
Singapore 539266  
Office: +65 6679 1146  
Mobile: +65 9147 8545  
Email: [ben@allswellmotor.com.sg](mailto:ben@allswellmotor.com.sg)

On Tue, Nov 28, 2017 at 4:03 PM, Motor Claim - III <[motorclaim@iii.com.sg](mailto:motorclaim@iii.com.sg)> wrote:

Dear Sir / Mdm,

We acknowledge receipt of your email.

We propose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

*Best Regards,*

**Gabriel Wee**

Motor Claims Dept.  
India International Insurance Pte Ltd  
64 Cecil Street | #05 IOB Building | Singapore 049711  
Tel: 6347 6100, Ext - 248

**From:** OOI, Ben [mailto:[ben@allswellmotor.com.sg](mailto:ben@allswellmotor.com.sg)]

**Sent:** 28 November, 2017 2:18 PM

**To:** Motor Claim - III <[motorclaim@iii.com.sg](mailto:motorclaim@iii.com.sg)>

**Cc:** Edmund Ng <[edmund@allswellmotor.com.sg](mailto:edmund@allswellmotor.com.sg)>; Mark Mark <[mark@allswellmotor.com.sg](mailto:mark@allswellmotor.com.sg)>

**Subject:** Accident on 24.11.2017 involving SKX8186M and your insured vehicle SHA7865A

Dear motor claims (III)

We are the owner of the vehicle SKX8186M and your insured vehicle SHA7865A came in contact with our vehicle at the material time.

Before we proceed to repair our damaged vehicle, please us know within 2 working days till **30.11.2017** whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you, we will proceed repair without any more reference to you.

Thank you in advance...

Truly

OOI, Ben

Allswell Motor Traders

25, Defu Lane 9

Singapore 539266

Office: +65 6679 1146

Mobile: +65 9147 8545

Email: [ben@allswellmotor.com.sg](mailto:ben@allswellmotor.com.sg)

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

**DISCLAIMER:**

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It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful.

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Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

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India International Insurance Pte Ltd.

Registration No. 198703792-K

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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India International Insurance Pte Ltd.

Registration No. 198703792-K



## 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	27/11/2017 14:53
Date Of Accident	24/11/2017 23:40
Exact Location Of Accident	10 BAYFRONT AVENUE INFRONT OF MBS CONVENTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8186M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE.LTD.
Co Reg No	201432541Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64625405
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	ALPHARD 2.5 CVT STANDARD
Exact Purpose for which vehicle was being used at time of accident	UBER
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5085700497-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	MOHAMMAD HAIRUL BIN MARAWAZI
NRIC No	S7337579G
Date Of Birth	19/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	18/07/1994
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91010173
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 219, BUKIT BATOK STREET 21. #02-373  
 Postcode 650219  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER & LEASEE  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE  
 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? YES  
 If Yes, Please state which Police Station  
 POLICE STATION NAME [OTHER] REPORT NO: A/20171125/2007  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

Please refer to police report # A/20171125/2007

#### 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 SHA7865A  
 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**

**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.

*Baliy*  


Policyholder's Signature  
 Date & Time:

27/11/17

*del*

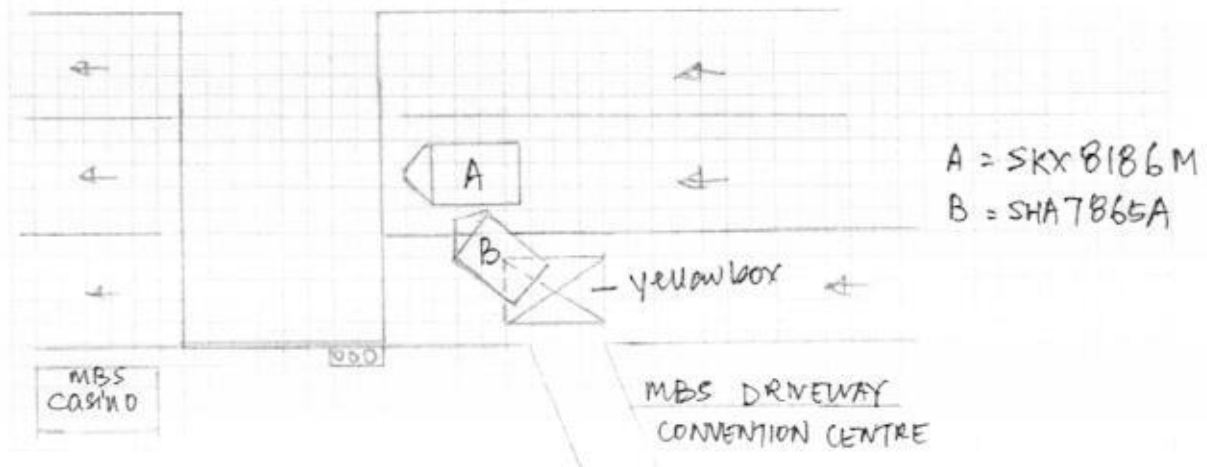
Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

*Baliy*

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

## Sketch Plan Pg. 2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report A/20171125/2007

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature *Poly*  
Date & Time: 27/11/17

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

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



**SINGAPORE  
POLICE FORCE**



A/20171125/2007

1 of 2

POLICE REPORT (NP299)

Report No. A/20171125/2007

Police Station Of Origin  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

Date/Time Report Made 25/11/2017 01:47	Vide Report No.	Station Diary No. 4
Name Of Informant MOHAMMAD HAIRUL BIN MARAWAZI	Address APT BLK 219 BUKIT BATOK STREET 21 #02-373 SINGAPORE 650219	
ID Type / ID No. NRIC NO / S7337579G	Contact No. Home/Office Mobile 91010173	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Uber Driver	Sex Male	Age 44
Institution/School Name	Date of Birth 19/10/1973	Race Boyanese
Date/Time Of Incident 24/11/2017 11:40 - 24/11/2017 11:50	Language English	
	Location Of Incident 11 BAYFRONT AVENUE BAYFRONT MRT STATION SINGAPORE 018957	
	Traffic light junction	

**Brief details.**

On the above mentioned date time and place, I was in my vehicle, about to move off at the traffic light junction when a comfort delgro taxi bearing registration number SHA7865A moved out of MBS convention and hit my front passenger side door. This resulted in a scratch and a dent at the left side of my vehicle. When I requested for the taxi driver's particulars, he refused and blamed me for being at fault instead. I am lodging this report to facilitate the claiming of my insurance. That's all.

Signature Of Officer Recording The Report: A / Sgt 2 ONG JIN KAI BENNY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/11/2017 01:47
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp TEO JON SHENG, JOHNSON Contact No.:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



A/20171125/2007

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20171125/2007

Signature Of Officer Recording The Report:

A / Sgt 2 ONG JIN KAI BENNY

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/11/2017 01:47

Officer In-Charge Of Case:  
A / Central Police Divisional Investigation Branch /  
Insp TEO JON SHENG, JOHNSON  
Contact No.:

Classification Of Case:

Authentication Stamp

Accident Photo

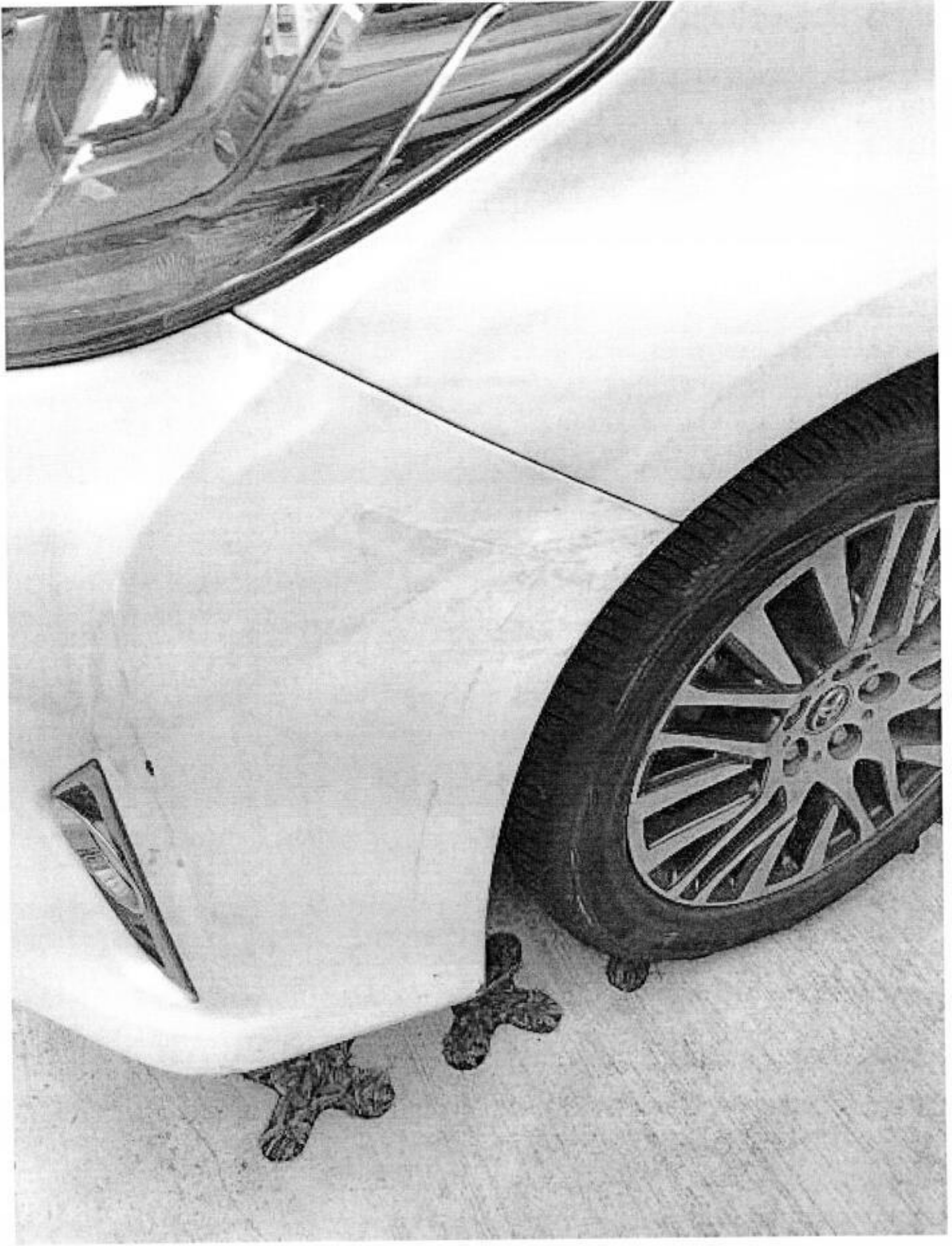








Accident Photo



Accident Photo



Accident Photo



Accident Photo



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

PRI

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	14 Dec 2017 <a href="#">Edit Reg</a>		28 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	<a href="#">Show All</a>
------	-----------	---------------	-----------	--------------------------

**CLAIM SUBFOLDER DETAILS** [Created by adjuster]

**Insured:** -, Co. Reg. No.: -

**Main Claimant:** ALLSWELL LEASING & LIMOUSINE PTE.LTD., Co. Reg. No.: 201432541Z

**Vehicle Reg. No.:** SKX8186M **Date of Loss:** 24/11/2017 23:00 - :59

**Claim Type:** TP **Policy/Cover Note No.:**

**Vehicle Reg. No. (Insured):** SHA7865A **Policy No. (Claimant):**

**Excess:**

**Repairer:** Allswell Motor Traders (HQ) 25 Defu Lane 9, 539266 Defu Lane - Tel: 66791146

**Handling Insurer:** India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Priya]

**Adjuster:** LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Teo Cheng Ming Wilson] ... [Final Rpt due 22/12/2017]

**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.									



## Claim Documents

**\*SKX8186M**  
**[SHA7865A]**  
**TP**  
**ALLSWELL LEASING & LIMOUSINE PTE.LTD.**  
**Nov 24 2017 11:00PM**  
**[-]**  
**Allswell Motor Traders**

<a href="#">Upload Documents</a>		<a href="#">Upload Photos</a>	<a href="#">Compose New Letter</a>	<b>View</b> <a href="#">Use Viewer</a> ▼	
<b>Documentation</b>				1 per page ▼	<input checked="" type="checkbox"/>
No	Relabel/Reorder			Thumbnail	Print
1	13/12/17 14:44	LKKPhotosIn6-1		 Load PDF	
2	13/12/17 14:44	LKKPhotosIn6-2		 Load PDF	
3	13/12/17 14:45	Email from Insurance		 Load PDF	
No	Finalized On	India International Insurance Pte Ltd (HQ)		Thumbnail	Print
1	14/12/17 08:49	Singapore Accident Statement		 Load PDF	

## Documents Checklist

<b>DOCUMENTS CHECKLIST</b> <span style="float: right;"> <a href="#">Reset</a> <a href="#">Save</a> <a href="#">Print</a> </span>
There are no document checklists configured.
<div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid #ccc; height: 100px; margin-top: 5px;"></div> </div> <div style="margin-top: 10px;"> <b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer  <small>Note: Remarks are private unless you show it to other parties.</small> </div>

## 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/III17022684/WBS2

Date: 15/12/2017

## REFERENCE

Handling Insurer:	India International Insurance Pte Ltd	Policy No:	
Claimant Vehicle No :	SKX8186M	Insured Vehicle No :	SHA7865A
Date of Loss:	24/11/2017	Nature of Claim:	TP
		Claim No:	N/A

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SKX8186M	Engine No:	2ARH520513
Make & Model:	TOYOTA ALPHARD, 2.5 (A)	Chassis No:	JTNGF3DH008000429
Reg. Date:	29/12/2015 (Man. Year: 2015)	Odometer:	197454 km
Colour:	White		
Engine Capacity:	2494 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:	235/50 R18	Rear Tyre Size:	235/50 R18
Front Left Side:	West Lake 4 mm	Rear Left Side:	Potens 4 mm
Front Right Side:	West Lake 4 mm	Rear Right Side:	Potens 4 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:	28/11/2017		
Date Inspected:	29/11/2017	Inspected At:	Allswell Motor Traders (HQ) 25 Defu Lane 9 Singapore 539266
Estimated Period of Repair:	0.0 days		

Adjuster: Teo Cheng Ming Wilson

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.



## REPAIR DETAILS

### Reference

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 15 Dec 2017)
<b>Parts:</b> M1-MPV	TOYOTA ALPHARD 2.5 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SKX8186M)
<b>Validity:</b>	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
<b>Further Info:</b>	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.
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< END OF ESTIMATES >