

22/03/2002

range & days

ASS. REC. BY:

REF: CS3/SMO17022687/Gber

Special Instruction:

Surveyor: GQ

ASSIGNMENT (Office)

From (Person):

Irene Henry

of

SMO

Date/Time:

28/11/17 03:40pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJT/202D

Insured:

SKF 4337R

at Workshop m/s

Graffiti Concepts

Tel:

86083456

of

25 Kaki Bukit Rd 4 #06-26 Synergy, 417800

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

22/11/17

CA / REV / REP. / REV 24 HRS

1wp

H.O.D. Endorsement:

Date/Time:

10:29am @ 29/11/17

Person Contacted:

Mr. Dave

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SJT/202D-X

SKF4337R-X

Dismantle Part: 30.11.2017

MCS

Xed.

SMO

Solo/Multi

Report No. 29/11/17 Date SJT2020 Job Ref. SJT2020

Estimated Cost OD/TP/WS/TP RES/OD RES/EVA/INV/INV Type of Vehicle Multiple Bus Van, Lorry, Taxi, Prime Mover

To inspect Vehicle No. SJT2020 Make Handa vezel

at Workshop No. Gruffiti Concepts Colour Black

of 25 Keki Bukit Rd 4 # 06-26 Synergy 417000 Se Reading 38800

Insured Yes Eng No RU11022050

Policy No. Yes Gen. Cond. Good/Fair/Poor/Burnt

Claims No. Yes Steering Inducer/Jammed/Leaked/Burnt or

Sum Insured Yes Excess Yes Brake Inducer/Jammed/Leaked/Burnt or

Client's Record Yes Mod. NII/SRM/STD A/Rim or

Make of Veh. Yes Tyre Size 215/55 R17

Policy Condition Yes BS/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/

Remark: The veh had commenced its repair at the time of inspection. TOYO/YOKO or

Est. or Market Value. Yes Front Yes Rear Yes

JAD Accident Report Consistent? : Yes or No R.Bal. 6 mm P.Bal. 6 mm

GIA PP Seen Consistent? : Yes or No L.Bal. 6 mm

Est. Repairs: 8 days Rest: Yes or No D.O.A. 28-11-17

Acc. Surp. Yes 3 Vars: Yes or No Survey held at w/s Gruffiti 12pm

CA / REV / REP. / 24 HRS 1wp Des. of Damages: Front/ Rear/ O/S/ N/S/ U/C/ Roof/Top or

Date Person Contacted: Vehicle IN/OUT The U/C / Chassis frame / Body Structure affected due to collision

Date Time Action Instruction

Estimated repair range \$8,000 - \$9,000.

20/12/2018

Date Time File Passed ☐ Preli. Report

Date Time File Returned ☐ Final Report

Days Of Repair: Resurvey No. of Trip

Add Fee: ☐ Grease \$

☐ Wash \$

☐ Test \$

☐ Rep \$

Receipt Format: Survey Fee

Amount \$ 100.00




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			
SOMPO INSURANCE SINGAPORE PL		Ref : CS3/SMO17022687/Gb	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERS SINGAPORE 048623		Date : 29-11-2017	
		Code : SMO	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SKF 4337R	Veh. Inspected	SJT 1202D
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	IRENE HENRY	Assign Date	29/11/2017
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			
Engine No.	HIDDEN	Accident Date	22/11/2017
		Inspection Date	29/11/2017
Survey held at	GRAFFITI GARAGE PTE LTD 25 KAKI BUKIT ROAD 4 #06-26 SYNERGY @ KB SINGAPORE 417800		
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.			

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

✓			
✓			
✓			
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✓			
✓			
✓			
✓			
✓			
✓			

(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 (RS), TM, 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

01-05-2014

Catherine Chong (LKK Auto)

From: Henry, Irene James <irene.henry@sompo.com.sg>
Sent: Tuesday, 28 November, 2017 3:40 PM
To: G S Lim & Partners
Cc: Ngo, Sau Wei Shawn; assignments; Admin-D (LKKAuto)
Subject: RE: ACCIDENT INVOLVING SKF 4337R & SJT 1202D ON 22 NOVEMBER 2017

Our Reference: CMTD1704219/NSW
Your Reference: HL/DGC/11667/17/ck

Date: 28TH November 2017

Without Prejudice

BY EMAIL ONLY

Attention:

M/S G S LIM & PARTNERS

ACCIDENT INVOLVING SKF 4337R & SJT 1202D ON 22 NOVEMBER 2017

Dear Sirs,

We refer to your email reply dated 28/11/2017.

We do not agree to your list of surveyors.

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

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

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

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

Best Regards

Irene Henry

Claims Division

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



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SOMPO

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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From: G S Lim & Partners [mailto:gslimlaw@singnet.com.sg]
Sent: Tuesday, 28 November, 2017 3:08 PM
To: Henry, Irene James <irene.henry@sompo.com.sg>
Cc: Ngo, Sau Wei Shawn <Shawn.Ngo@sompo.com.sg>
Subject: ACCIDENT INVOLVING SKF 4337R & SJT 1202D ON 22 NOVEMBER 2017

Your Ref : CMTD1704219/NSW
Our Ref : HL/DGC/11667/17/ck

Dear Sirs

We refer to your email of even date.

Pursuant to State Courts Practice Directions Amendment No. 1 of 2016, our client is not agreeable to your list of surveyors. Our client's appointed surveyor is Mr Fong Kok Heng (Automax Survey).

Please contact and liaise with the workshop directly to arrange for the pre-repair survey of our client's damaged vehicle and obtain the requisite documents from them.

Workshop	M/s D's Graffiti Concepts
Address	25 Kaki Bukit Road 4 #06-26 Synergy @ KB Singapore 417800
Contact Person	Mr Dave
Tel No.	86083456

Thank you.

Regards

G S Lim & Partners | 150 South Bridge Road #02-30 Fook Hai Building Singapore 058727
☎ 65324518 | 📠 65325410 | ✉ gslimlaw@singnet.com.sg

From: Henry, Irene James [mailto:irene.henry@sompo.com.sg]
Sent: Tuesday, 28 November, 2017 8:18 AM
To: GSLIMLAW@SINGNET.COM.SG
Cc: Ngo, Sau Wei Shawn <Shawn.Ngo@sompo.com.sg>
Subject: ACCIDENT INVOLVING SKF 4337R & SJT 1202D ON 22 NOVEMBER 2017

Our Reference: CMTD1704219/NSW
Your Reference: HL/DGC/11667/17/ck

Date: 28TH November 2017

Without Prejudice

BY EMAIL ONLY

Attention:

M/S G S LIM & PARTNERS

ACCIDENT INVOLVING SKF 4337R & SJT 1202D ON 22 NOVEMBER 2017

Dear Sir

We refer to your Notice of Accident via fax dated 27/11/2017.

Please be informed that Shawn Ngo is the handler of this case.

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

Pre-Repair Survey

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Ma Chin Fook (North area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffery Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	
5	In House surveyor	Teo See Ling	

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

Best Regards

Irene Henry

Claims Division

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



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Catherine Chong (LKK Auto)

From: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Sent: Friday, 15 December, 2017 2:13 PM
To: 'Henry, Irene James'; 'assignments'
Cc: 'Ngo, Sau Wei Shawn'
Subject: RE: ACCIDENT INVOLVING SKF 4337R & SJT 1202D ON 22 NOVEMBER 2017

Dear Irene,

Refer to your assignment on 28.11.2017 at 3.40PM.

Please be informed that we have inspected the vehicle SJT 1202D on 29.11.2017 at 12PM.

At the time of inspection the repairer did not present their estimation to the damaged vehicle.

We will submit our report accordingly.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Wednesday, 29 November, 2017 10:34 AM
To: 'Henry, Irene James' <irene.henry@sompo.com.sg>; 'assignments' <assignments@lkkauto.com>
Cc: 'Ngo, Sau Wei Shawn' <Shawn.Ngo@sompo.com.sg>; sur@lkkauto.com
Subject: RE: ACCIDENT INVOLVING SKF 4337R & SJT 1202D ON 22 NOVEMBER 2017

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Henry, Irene James [mailto:irene.henry@sompo.com.sg]
Sent: Tuesday, 28 November, 2017 3:40 PM
To: G S Lim & Partners
Cc: Ngo, Sau Wei Shawn; assignments; Admin-D (LKKAuto)
Subject: RE: ACCIDENT INVOLVING SKF 4337R & SJT 1202D ON 22 NOVEMBER 2017

Our Reference: CMTD1704219/NSW

Your Reference: HL/DGC/11667/17/ck

Date: 28TH November 2017

Without Prejudice

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 2057I

Vehicle Details

Vehicle No.: SJT1202D
Vehicle to be Exported: No
Intended De-registration Date: 20 Feb 2018
Vehicle Make: HONDA
Vehicle Model: VEZEL 1.5S CVT
Primary Colour: Black
Manufacturing Year: 2015
Engine No.: L15B3522069
Chassis No.: RU11022050
Maximum Power Output: 96.0 kW (128 bhp)
Open Market Value: \$19,200.00
Original Registration Date: 03 Aug 2015
First Registration Date: 03 Aug 2015
Transfer Count: 0
Actual ARF Paid: \$14,200.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 02 Aug 2025
PARF Rebate Amount: \$10,650.00

Intended COE Rebate Details

COE Expiry Date: 02 Aug 2025
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$61,000.00
COE Rebate Amount: \$45,454.00
Total Rebate Amount: \$56,104.00

The information contained herein is correct as at 20 Feb 2018

OK

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	23/11/2017 15:03
Date Of Accident	22/11/2017 21:30
Exact Location Of Accident	PIE (TUAS JALAN BAHAR EXIT / SLIP ROAD).
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT1202D
Insured/Policyholder	
Name Of Registered Owner	FAT MAN WENG
NRIC No	S0992057I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97507001
Alternative Phone No	OFFICE-97507001

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL

Exact Purpose for which vehicle was being used at time of accident

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 CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A80409043QMY

Cover Note Number

Driver

Name of Driver	FAT YONG CONG
NRIC No	S8902189H
Date Of Birth	19/01/1989
Occupation	INDOOR
Date Of Driving Pass	02/10/2007
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96854012
Fax Number	
Contact Number	
Email Address	JASONFAT@GMAIL.COM

Address	BLK 319 JURONG WEST ST 91 #12-130
Postcode	640919
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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

MY VEHICLE WAS STATIONARY, VEHICLE B HIT ONTO MY VEHICLE REAR.

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	SKF4337R
-----------------------------	----------

Vehicle Make/Model/Colour	
---------------------------	--

Details Of Properties	VEHICLE B
-----------------------	-----------

Name of Driver	
----------------	--

NRIC/Passport Number	
----------------------	--

Contact Number	
----------------	--

Address	
---------	--

Postcode	
----------	--

Insurance Company Name	
------------------------	--

Nature Of Damage	
------------------	--

No. Of Passenger (Including Driver)	
-------------------------------------	--

Details of Witness

Name	
------	--

Phone Number	
--------------	--

Email Address	
---------------	--

DETAILS OF INJURED PERSON 1

Name	FAT YONG CONG
------	---------------

Approximate Age	
-----------------	--

Injuries Sustain

Injured person in which vehicle?

SJT1202D

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Accident 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 renew 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.

B. 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.

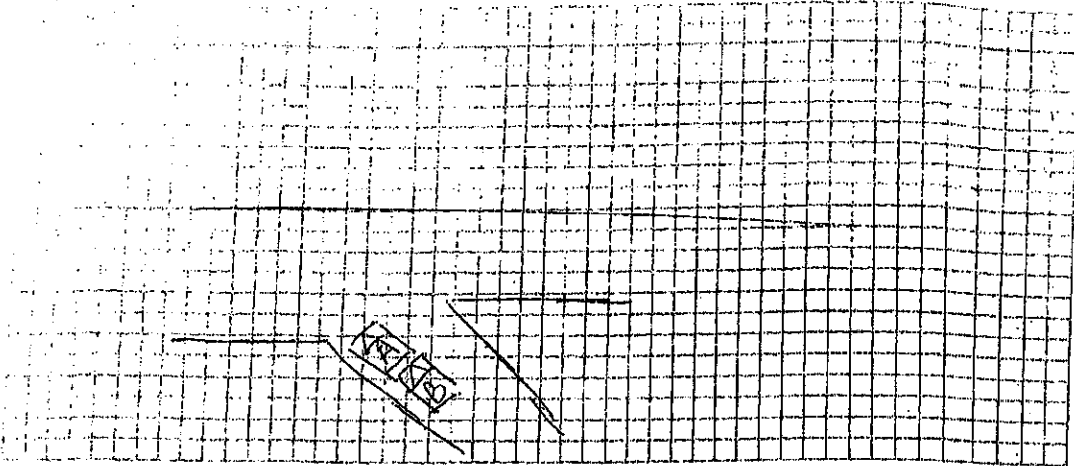
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vehicle was stationary, vehicle B hit onto
my vehicle rear.

E-MAIL -> JASONFAT@GMAIL.COM

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:
NAIC/FIN No.:


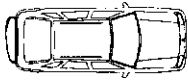


LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3581 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
SOMPO INSURANCE SINGAPORE PL		Ref: CS3/SMO17022687/Gbe2		
50 RAFFLES PLACE#05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date: 21-02-2018		
Code: SMO				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SKF 4337R	Veh. Inspected	SJT 1202D	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1704219/NSW	Excess (\$)	0.00	
Assign From	IRENE HENRY	Assign Date	28/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	HONDA VEZEL	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	RU11022050	Colour	BLACK	
Odometer	38800 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/55 R17	DUNLOP	6 mm	
L/H Front Tyre	215/55 R17	DUNLOP	6 mm	
R/H Rear Tyre	215/55 R17	DUNLOP	6 mm	
L/H Rear Tyre	215/55 R17	DUNLOP	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	22/11/2017	Inspect Date / Time	29/11/2017 (12:00 PM)	
Survey held at	GRAFFITI GARAGE PTE LTD 25 KAKI BUKIT ROAD 4 #06-26 SYNERGY @ KB SINGAPORE 417800			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$8,000-\$9,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		8 Working Days		

Report Ref No. CS3/SMO17022687/Gbe2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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