

ASS. REC. BY:

REF:

CS3/SMD17023266/Wb

Special Instruction:

Range & days

#

Surveyor: Wilson

ASSIGNMENT (Office)

From (Person): Grace Teo

of

SMD

Date/Time: 07/12/2017 1257pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJE 9692Z

Insured:

SLB 9586P

at Workshop m/s

Yap Lee Motor

Tel:

6844 1555

of

Blk 1 Kaki Bukit Ave 6 #01-26

Policy No:

Claim No:

CMID1704362 / AGIC

Sum Insured:

Excess:

Make of Veh:

D.O.A.

02.12.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time: 07/12/2017 1344pm

Person Contacted:

Shirley

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SJE 9692Z - X
	SLB 9586P X
	Dismantle Part: 08-12-2017
	After repair: 11-12-2017
17/12/17 4:16pm	Email to Grace Teo

PRS

REF:

SMO

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect vehicle No:

STR 9692 Z

at Workshop no:

Yap hee

Kaka Bukit Ase 6 #01-26

Insured:

Policy No:

Claims No:

Sum Insured:

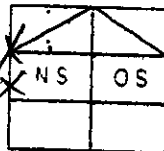
Excess:

Client's Record:

Make of Ven:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Est. or Market Value:

IOAC Accident Report:

Consistent? Yes or No

314 PR Seen:

Consistent? Yes or No

Est. Repairs:

4

days

Res:

Yes or No

Lump Sum:

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle IN / OUT

Date Time

Action / Instruction

Estimated repair range \$2,000 - \$2,300

Vehicle No:

STR 9692 Z

Page 14/5/2008

Type:

M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota

2499

Colour:

Black

Insured / Std / NI / NA

Sp. Reading:

1488 69

TRAC Insured / Std / NI / NA

Eng. No:

C No:

GRX 120-3051568

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: 225 / 50 R17

R: 225 / 50 R17

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

TOYO / YOKO or

Front:

Rear:

R. Bal:

3

mm

R. Bal:

3

mm

L. Bal:

3

mm

L. Bal:

3

mm

D.O.A:

21/2/2007

D.O.I:

7/12/2007

Survey held at:

As Above

@ 4.38pm

Des. of Damages:

Frt / Rear / O/S / N/S / U/C / Rooftop or

Left Frt

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

Time File Pass to:

☐

Preli. Report

02022018

☐

Final Report

Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Travel:

Per diem:

Other:

Add Fee:

☐

Site Insp. \$

☐

Interview \$

☐

Techn. \$

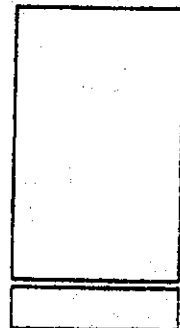
☐

Measure \$

Report Format:

PRS

Lump Sum / I.B. \$



RECEIVED 012 FEB 2008

2/2/2008



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/SMO17023266/Wb		
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERS SINGAPORE 048623		Date : 07-12-2017		
		Code : SMO		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SLB 9586P	Veh. Inspected	SJE 9692Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1704362/AGC	Excess (\$)	0.00	
Assign From	GRACE TEO	Assign Date	07/12/2017	
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	02/12/2017	Inspection Date	07/12/2017	
Survey held at	YAP LEE MOTOR BLK 1 KAKI BUKIT AVE 6 #01-26 AUTOBAY@KAKI BUKIT SINGAPORE 417883			
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.				

Catherine Chong (LKK Auto)

From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Thursday, 7 December, 2017 12:57 PM
To: ongshanllc@gmail.com
Cc: Chan, Shu Hui Agnes; Henry, Irene James; admin-d@lkkauto.com; assignments@lkkauto.com
Subject: CMTD1704362/AGC - Accident involving SLB9586P & SJE9692Z on 02.12.2017

Our Reference: CMTD1704362/AGC
Your Reference: SRSTP.8063.17.CM

Date: 07TH December 2017

Without Prejudice

BY EMAIL ONLY

Attention:

M/S ONG & SHAN LLC

ACCIDENT INVOLVING SLB9586P & SJE9692Z ON 02 DECEMBER 2017

Dear Sirs,

We refer to your reply dated 07/12/2017.

We do not agree to your list of surveyors.

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

Kindly provide us the address of location and contact for our motor surveyor to conduct the pre-repair survey.

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
Grace Teo
Claims Division
D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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: Ong & Shan LLC [mailto:ongshanllc@gmail.com]

Sent: Thursday, December 07, 2017 12:28 PM

To: Teo, Grace

Cc: Yap Lee Motor

Subject: Re: Accident involving SLB9586P & SJE9692Z on 02.12.2017

Dear Sirs,

We refer to the above matter and your letter on the even date.

Please be informed that we are not agreeable to your proposed motor surveyors. Instead we propose you choose a surveyor from our list of surveyors as appended below:-

1. Andrew How
2. Dixon Yeo
3. Alan Kim

As our client's repairer is a small workshop, we are unable to provide you with more than the above listed motor surveyors. We trust you will be able to choose a surveyors from the above.

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

Name of workshop	:	M/s Yap Lee Motor
Address	:	1 Kaki Bukit Ave 6 #01-26 Singapore 417883
Contact person	:	Ms. Shirley
Telephone no	:	6-844-1555
Fax no	:	6-844-1311

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors you will be deemed to have agreed to the any of the above motor surveyors as a "single Joint Expert".

We will accordingly inform you who the "Single Joint Expert" is to facilitate your conduct of a pre-repair survey.

If you object to our list of motor surveyors, we will accordingly inform the claimant to instruct his choice of motor surveyors to conduct the pre-repair survey.

Warmest Regards,

CM Chen
M/s Ong & Shan LLC
Block 184 Toa Payoh Central
#02-364 Singapore 310184

Tel: 6224 9847 Fax : 6254 7261
Email: ongshanllc@gmail.com

On Thu, Dec 7, 2017 at 11:17 AM, Teo, Grace <grace.teo@sompo.com.sg> wrote:

Our Reference: CMTD1704362/AGC

Your Reference: SRSTP.8063.17.CM

Without Prejudice

Date: 7th December 2017

Attention:

M/S ONG & SHAN LLC

Dear Sirs,

We refer to your Notice of Accident dated 05/12/2017.

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)	
		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.

Yours faithfully,

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | F: 6221 3147



Innovation for Wellbeing

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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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 Ven 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)

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

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 it at a later date 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	05/12/2017 10:18
Date Of Accident	02/12/2017 15:00
Exact Location Of Accident	931 YISHUN CENTRAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE9692Z
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	AL AUTOCAR PTE LTD
Co Reg No	201502623Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63625335

Vehicle Particulars

Manufacturer	TOYOTA
Model	MARK X-2.5 (A)

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	COMMERCIAL VEHICLE
------------------	--------------------

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1743401700
Cover Note Number	

Driver

Name of Driver	TOH XIAO HUI
NRIC No	S9345664E
Date Of Birth	02/12/1993
Occupation	INDOOR
Date Of Driving Pass	05/03/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97384740
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address
Postcode
Was driver an employee of Insured's Company? NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number or Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in the 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? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

Attachment(s)

Are accident photos available in 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 SLB9586P
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.

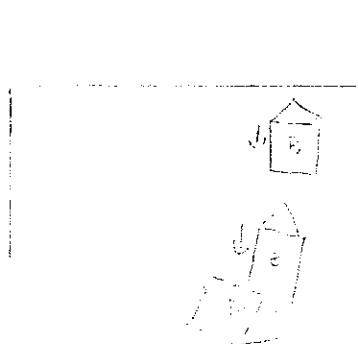
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



gibber C. 1. 1
33)

A 83E 96922

B · CLR7586 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened on 02/12/2017 at 15:00pm at 931 Yshu Centre
1 loading Bay. Vehicle A was stationary when vehicle B
Adu reverse and hit onto the front left of vehicle A.

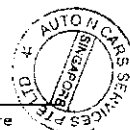
DECLARATION

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.:



Catherine Chong (LKK Auto)

From: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Sent: Tuesday, 19 December, 2017 4:46 PM
To: 'Teo, Grace'
Cc: 'Chan, Shu Hui Agnes'; 'Henry, Irene James'; 'assignments@lkkauto.com'
Subject: RE: CMTD1704362/AGC - Accident involving SLB9586P & SJE9692Z on 02.12.2017

Dear Grace,

Refer to your assignment on 07.12.2017 at 12.57PM.

Please be informed that we have inspected the vehicle SJE 9692Z on 07.12.2017 at 4.38PM.

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: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]

Sent: Thursday, 7 December, 2017 1:34 PM

To: 'Teo, Grace' <grace.teo@sompo.com.sg>

Cc: 'Chan, Shu Hui Agnes' <agnes.chan@sompo.com.sg>; 'Henry, Irene James' <irene.henry@sompo.com.sg>; assignments@lkkauto.com

Subject: RE: CMTD1704362/AGC - Accident involving SLB9586P & SJE9692Z on 02.12.2017

Dear Grace,

Thank you for the assignment.

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: Teo, Grace [mailto:grace.teo@sompo.com.sg]

Sent: Thursday, 7 December, 2017 12:57 PM

To: ongshanllc@gmail.com

Cc: Chan, Shu Hui Agnes <agnes.chan@sompo.com.sg>; Henry, Irene James <irene.henry@sompo.com.sg>; admin-d@lkkauto.com; assignments@lkkauto.com

Subject: CMTD1704362/AGC - Accident involving SLB9586P & SJE9692Z on 02.12.2017

Our Reference: CMTD1704362/AGC

Your Reference: SRSTP.8063.17.CM


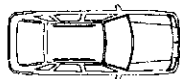


LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

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

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT				
SOMPO INSURANCE SINGAPORE PL		Ref: CS3/SMO17023266/Wbe2		
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND		Date: 07-02-2018		
TOWERSINGAPORE 048623		Code: SMO		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SLB 9586P	Veh. Inspected	SJE 9692Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1704362/AGC	Excess (\$)	0.00	
Assign From	GRACE TEO	Assign Date	07/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA MARK	c.c	2499	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	GRX1203051568	Colour	BLACK	
Odometer	148869 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/50 R17	YOKOHAMA	3 mm	
L/H Front Tyre	225/50 R17	YOKOHAMA	3 mm	
R/H Rear Tyre	225/50 R17	YOKOHAMA	3 mm	
L/H Rear Tyre	225/50 R17	YOKOHAMA	3 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.				
5. General Information				
Accident Date	02/12/2017	Inspect Date / Time	07/12/2017 (04:38 PM)	
Survey held at	YAP LEE MOTOR BLK 1 KAKI BUKIT AVE 6 #01-26AUTOBAY@KAKI BUKIT SINGAPORE 417883			
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 \$2,000-\$2,300				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:			4 Working Days	

Report Ref No. CS3/SMO17023266/Wbe2

Inspected By



WILSON TEO CHENG MING

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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