

Surveyor: \_\_\_\_\_ ASSIGNMENT (Office)

From (Person): Eric Woo of LPC Date/Time: 11/12/17 @ 6:12pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SLS4348D Insured: SLS6565E

at Workshop m/s: N-51 Automotive Tel: 68420051

of 2 Kaki Bukit Ave 2, # 01-18 417921

Policy No: \_\_\_\_\_ Claim No: 1711717 / VPOS / 020268

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ (Client's Record) D.O.A. 10/12/2017

CA / REV / REP. / REV 24 HRS (up) H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 9:07pm @ 12/12/17 Person Contacted: Melody Vehicle-IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SLS4348D - X
	SLS6565E - X
	Dismantle: 13/12/17
	After paint: 18/12/17
23/12/17	Submit PRS

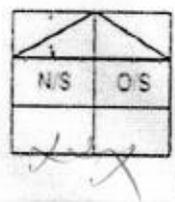
PRS  
Wilson

REF: ~~ET~~ LPC

ASSIGNMENT

From \_\_\_\_\_ Date \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No. SHS 4348 A  
 at Workshop mis NSI  
 of Kaki Bukit Ave 2 # 01-18  
 No. 2  
 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.



Bal. or Market Value \_\_\_\_\_  
 OAC Accident Report Consistent? Yes or No \_\_\_\_\_  
 314 PR Seen Consistent? Yes or No \_\_\_\_\_  
 Est. Repairs \_\_\_\_\_ days Res. Yes or No \_\_\_\_\_  
 Lum Sum \_\_\_\_\_ % 3 Val Yes or No \_\_\_\_\_

CA / REV / REP. / 24 HRS  
 Date \_\_\_\_\_ Person Contacted \_\_\_\_\_  
 Vehicle IN / OUT \_\_\_\_\_

Van No. SHS 4348 A yr Regn 09 17  
 Type M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make Toyota cc 1797  
 Colour Silver A.C. Insured / Std / Nil / NA \_\_\_\_\_  
 Sp. Reading 19088 T. Radio Insured / Std / Nil / NA \_\_\_\_\_  
 Eng No \_\_\_\_\_  
 C No ZV 40-0026200  
 Gen. Cond. Good / Fair / Poor / Burnt  
 Steering In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi. Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size F: 205/60R16  
 R: 205/60R16  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Yokohama  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R. Bal 4 mm R. Bal 4 mm  
 L. Bal 4 mm L. Bal 4 mm  
 D.O.A. 10/12/2017 DOI 12/12/2017  
 Survey held at At Above 12:44pm  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or \_\_\_\_\_

The UIC / Chassis frame / Body Structure affected due to collision

RECEIVED 26 DEC 2017

Date/Time File Pass to:  : Preli. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Survey Fee  
 Transporter  
 S+RF \$  
 Photo  
 Other  
 Total

Add Fee:  Site Insp. \$  
 Interview \$  
 Tech Invs \$  
 Weekend \$

Report Format: PRS  
 Lump Sum / I.B.I. (\$) \_\_\_\_\_

23/12 - typist

## Survey Department Check List (Case Handler)

Reference No. : CS3 | LPC 17023528 | Wwb  
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin (** \_\_\_\_\_ **)**: Case handler to make sure all information created by the assignment team are ACCURATE.

		Case Handler		Typist	
		Y-Date	N-Date	Y-Date	N-Date
<b>(1) Office Assign Form</b>					
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A				
C	Policy No	✓			
C	Claim No				
C	Insurance Authorisation (CA /REV/REP)	✓			
C	Report Type				
C	Weekend Charges	✓			
N	Survey held at/Repairer				
C	Excess				

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

		Case Handler		Typist	
		Y-Date	N-Date	Y-Date	N-Date
<b>(1) Assignment Form</b>					
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	✓			

<b>(2) System - (Views/Merimen)</b>					
C	Damaged Vehicle Photographs Uploaded	✓			

<b>(3) Workshop Estimate/Assignment Form</b>					
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				

<b>(4) System - (Views/Merimen)</b>					
C	Resurvey photo Uploaded				

Check By: VERON   
 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

LONPAC INSURANCE BHD

Ref : CS3/LPC17023528/Wvb

300 BEACH ROAD  
#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 12-12-2017



Code : LPC2

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

Insured Veh.	SLS 6565E	Veh. Inspected	SLS 4348D
Policy No.		Coverage (\$)	0.00
Claim No.	17/17/17/VP05/020268	Excess (\$)	0.00
Assign From	ERIC WOO	Assign Date	12/12/2017

### 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

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### 5. General Information

Accident Date	10/12/2017	Inspection Date	12/12/2017
Survey held at	N-51 AUTOMOTIVE PL 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		

### 5a. Remarks

<p>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.</p>
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## 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	11/12/2017 17:02
Date Of Accident	10/12/2017 15:50
Exact Location Of Accident	ORCHARD RD TOWARDS SCOTTS RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4348D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DARWIN-51 CAR RENTAL PTE LTD
Co Reg No	201407909C
Email Address	AMOSTOH@N51.COM.SG
Mobile Phone No	(LOCAL) +65-84815151
Alternative Phone No	OFFICE-68420051

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA-1.8 (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 PRIVATE HIRE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD17V08976/VPZ/R00
Cover Note Number	

### Driver

Name of Driver	TAN KOK HENG
NRIC No	S1396355Z
Date Of Birth	14/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	05/04/1978
Driving Experience	39 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92212345
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 586 WOODLANDS DR 16, #10-118
Postcode	730586
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	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 TO ATTACHED SKETCH PLAN

#### 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	SLS6565E
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	

#### DETAILS OF INJURED PERSON 1

Name	TAN KOK HENG
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

SLS4348D

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

## Sketch Plan

### 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.



*[Handwritten Signature]*

Policyholder's Signature  
Date & Time:

*[Handwritten Signature]*

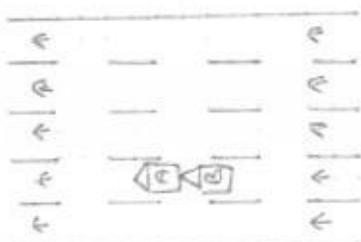
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

*[Handwritten Signature]*

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

Sketch Plan #2

SKETCH PLAN Orchard Road Toward Scotts Road (Outside Shaw Lido)



A - SLS 43481

B - SLS 6565E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date and time, I was driving along Orchard road toward Scotts road on the 4 lane of a 5 lanes road. Somewhere outside of Shaw Lido, vehicle ahead of me slowed down and stopped. As such I applied brake to slowed down and stopped. Out of the sudden vehicle B (SLS 6565E) came from the rear and collided directly onto the rear portion of my vehicle.

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/TIN No.:

**Nivitha (LKK Auto)**

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**From:** ERIC WOO JUN KIAT <ericwoo@lonpac.com>  
**Sent:** Monday, 11 December, 2017 6:12 PM  
**To:** assignments@lkkauto.com  
**Cc:** MT\_Claim\_SG  
**Subject:** FW: Our Ref: 17/17/17/VP05/020268 SLS4348D & SLS6565E - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS  
**Attachments:** 11122017155858-0001.pdf

Dear Catherine,

Please refer to email below.

Thank you.

Best Regards,  
Eric Woo  
Claims Executive | Lonpac Insurance Bhd  
300 Beach Road, #17-04/07 The Concourse, Singapore 199555  
Tel: (65) 6279 9253 | Fax: (65) 6296 3767

---

**From:** ERIC WOO JUN KIAT  
**Sent:** Monday, 11 December, 2017 6:08 PM  
**To:** 'Chin Hui Xin'  
**Cc:** MT\_Claim\_SG  
**Subject:** RE: Our Ref: 17/17/17/VP05/020268 SLS4348D & SLS6565E - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Hui Xin,

Thank you for your list of surveyors.

We regret we are not agreeable to your panel of surveyor as listed.

We shall be assigning to Wilson Teo from LKK Auto Consultants Pte Ltd to conduct the survey on your client's vehicle No: SLS 4348D.

Dear Catherine,

FYA.

Thank you.

Best Regards,  
Eric Woo  
Claims Executive | Lonpac Insurance Bhd  
300 Beach Road, #17-04/07 The Concourse, Singapore 199555  
Tel: (65) 6279 9253 | Fax: (65) 6296 3767

---

**From:** Chin Hui Xin [<mailto:huixin@n51.com.sg>]  
**Sent:** Monday, 11 December, 2017 5:08 PM  
**To:** ERIC WOO JUN KIAT  
**Cc:** MT\_Claim\_SG

**Subject:** Re: Our Ref: 17/17/17/VP05/020268 SLS4348D & SLS6565E - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Madam,

We refer to your list of motor surveyors proposed.

We do not agree to your list of motor surveyors.

Please see attached.

Thank you

Regards,

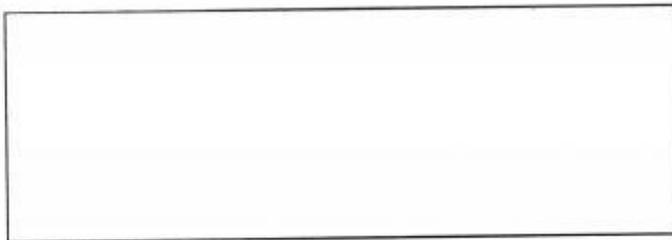
Melody Chin

N-51 Automotive Pte Ltd

Office : 6842 0051

Fax : 6741 0510

[www.n51.com.sg](http://www.n51.com.sg)



On Mon, Dec 11, 2017 at 4:45 PM, ERIC WOO JUN KIAT <[ericwoo@lonpac.com](mailto:ericwoo@lonpac.com)> wrote:

Dear Melody,

We will proceed to conduct a pre-repair survey of the damage to your client's vehicle jointly with your 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. (Please see attached).

Please let us know within 2 working days whether you are agreeable to the appointment of any of the motor surveyors provided to you as a single joint expert. You may select one of the listed motor surveyors.

Best Regards,

Eric Woo

Claims Executive | Lonpac Insurance Bhd

300 Beach Road, #17-04/07 The Concourse, Singapore 199555

Tel: (65) 6279 9253 | Fax: (65) 6296 3767

---

**From:** Chin Hui Xin [mailto:[huixin@n51.com.sg](mailto:huixin@n51.com.sg)]

**Sent:** Monday, 11 December, 2017 4:02 PM

**To:** MT\_Claim\_SG

**Subject:** SLS4348D & SLS6565E - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Madam,

As per above subject,

Please refer attachment and:-

Kindly propose / provide your 10 surveyors.

Thank you...

Regards,

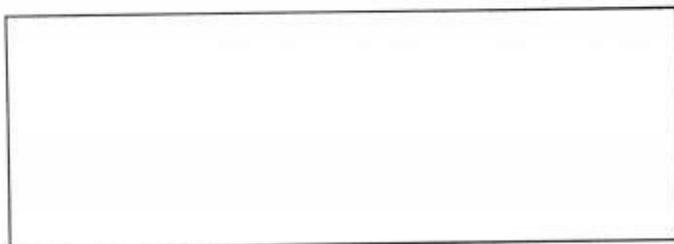
Melody Chin

N-51 Automotive Pte Ltd

Office : 6842 0051

Fax : 6741 0510

**[www.n51.com.sg](http://www.n51.com.sg)**



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# N-51 AUTOMOTIVE PTE LTD

Kaki Bukit Autohub,  
2 Kaki Bukit Ave 2, #01-18  
Singapore 417921  
Tel No. : +65 6842 0051 / 6744 0510 Fax No. : +65 6741 0510  
Company Reg. No. : 200616038C  
GST Registration No. : 200616038C

Our Ref: **SLS 4348 D**  
Your ref: **SLS 6565 E**

11 December 2017

**LONPAC INSURANCE BHD**  
100 BEACH ROAD  
#19-00 SHAW TOWER  
SINGAPORE 189702  
Attn: Motor Claims Department

**BY FAX 6296-3767 & EMAIL :**  
**mt\_claim@lonpac.com**

Dear Sir/Madam,

**DATE OF ACCIDENT : 10 Dec 2017**  
**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS**  
**PURSUANT TO PARAGRAPH 2.2 OF PRE-ACTION PROTOCOL FOR NIMA CASES**

We are instructed by **DARWIN-51 CAR RENTAL PTE LTD** to notify you of a road traffic accident on **10 Dec 2017** at about **15:47 HOURS** At **ORCHARD RD TWDS SCOTTS RD (OUTSIDE SHAW LIDO)** involving our client's vehicle **SLS 4348 D & SLS 6565 E** driven by you/your insured at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client 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 shall proceed to repair the vehicle without further reference to you.

Please be inform that we don't excess to Merimen System and kindly reply to us by Email / Fax.

Yours faithfully,



.....  
**N-51 AUTOMOTIVE PTE LTD**



# 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			
LONPAC INSURANCE BHD		Ref: CS3/LPC17023528/Wvbs2	
300 BEACH ROAD		Date: 27-12-2017	
#17-04/07 THE CONCOURSESINGAPORE 199555			
Code: LPC2			
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SLS 6565E	Veh. Inspected	SLS 4348D
Policy No.		Coverage (\$)	0.00
Claim No.	17/17/17/VP05/020268	Excess (\$)	0.00
Assign From	ERIC WOO	Assign Date	11/12/2017
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA	c.c	1797
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	ZVW400026200	Colour	SILVER
Odometer	19088 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60R16	YOKOHAMA	4 mm
L/H Front Tyre	205/60R16	YOKOHAMA	4 mm
R/H Rear Tyre	205/60R16	YOKOHAMA	4 mm
L/H Rear Tyre	205/60R16	YOKOHAMA	4 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	10/12/2017	Inspect Date / Time	12/12/2017 ( 12:44 PM )
Survey held at	N-51 AUTOMOTIVE PL 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		
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.			

Report Ref No. CS3/LPC17023528/Wvbs2

### Inspected By

WILSON TEO CHENG MING

Automotive Assessor

K.K.LAU CPT (RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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