

ASS. REC. BY:

REF: CS3/AGI17023938/Sd301

Special Instruction: 10100 & 0000

Surveyor: Sebastian

ASSIGNMENT (Office)

From (Person): Albert Hong

of AGI

Date/Time: 9:13am @ 18/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKB 218Z

Insured:

SLZ 2632 T

at Workshop m/s

EU & Eu Engineering

Tel:

9754 9700

of 31k 22, woodlands Link # 61-24, 7387 34

Policy No:

Claim No:

C10001204

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 12/12/2017

CA / REV / REP. / REV 24 HRS Cup

H.O.D. Endorsement:

Date/Time: 12:07pm @ 18/12/17

Person Contacted:

Mr. EU

Vehicle: IN OUT

Date/Time	Action/Instruction (X) Estimate
	SKB 218Z - X
	SLZ 2632 T - X
	Dismantle Part: 18-12-2017
	After repair: 20/12/2017

REF:

SIRVANT

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / 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

Veh No:

SKB218Z

Yr Regn:

6/5/2015

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

Truck / Trailer or

Make:

Mercedes Benz C180

C.G. 1595

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

35372

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD2050402R056109

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Disorder / Jammed / Leaked / Burnt or

Brake: Disorder / Jammed / Leaked / Burnt or

Modi: M / S/Rim / STD A/Rim or

Tyre Size:

F: 245/35R19

R: "

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

TOYO / YOKO or

Good year

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

12/12/2017

D.O.I.

18/12/2017 01:03p

Survey held at

Fu & Fu

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

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

Date / Time | Action / Instruction

18/12/2017 : No Estimate

27/12/18: Rep range 2.2K - 2.8K. 3 dgs of m

Re bumper, Re door sensor, Re door inner garnish, Re door
chrome molding. Re door reinforcement Re end panel (Rear)

RECEIVED FEB 2018

Date/Time, File Pass to?

☐

Preli. Report

1) 27/12/2018

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

PRS

Lump Sum / I.B.I.: (\$

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) S + RS. \$

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Charts

☐

Weekend (\$

)

TOTAL




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			
AUTO & GENERAL INSURANCE (S) PL		Ref : CS3/AGI17023938/Sd3	
(BUDGET DIRECT INSURANCE) 190 CLEMENCEAU AVENUE #03-01 SINGAPORE SHOPPING CENTRESINGAPORE 239924		Date : 18-12-2017	
Code : AGI			
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SLZ 2632T	Veh. Inspected	SKB 218Z
Policy No.		Coverage (\$)	0.00
Claim No.	C10001204	Excess (\$)	0.00
Assign From	ALBERT HONG	Assign Date	18/12/2017
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	12/12/2017	Inspection Date	18/12/2017
Survey held at	EU & EU ENGINEERING BLK 22 #01-24 WOODLANDS LINK SINGAPORE 738734		
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.			

Nivitha (LKK Auto)

From: Albert Hong <albert.hong@budgetdirect.com.sg>
Sent: Monday, 18 December, 2017 9:13 AM
To: 'assignments'
Cc: SUR
Subject: Appoint LKK to conduct TP survey; Our Ref: C10001204
Attachments: 2nd PRS.pdf

Hi LKK,

Please accept assignment and liaise with TP workshop.

Thank you.

Regards,

Albert Hong
Senior Executive, Claims

T +65 6540 2182
F +65 6725 0853
E albert.hong@budgetdirect.com.sg

**Budget
Direct**
insurance

Customer Care: +65 6221 2111
Claims: +65 6221 2199
Claims (Int.): +65 6540 2199

190 Clemenceau Avenue
#03-01, Singapore Shopping Centre
Singapore 239924
budgetdirect.com.sg

Auto & General Insurance (Singapore) Pte. Limited (co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

From: accident@kscgp.com [mailto:accident@kscgp.com]
Sent: Friday, 15 December, 2017 5:59 PM
To: Albert Hong <albert.hong@budgetdirect.com.sg>
Cc: jiapei@kscgp.com
Subject: 2nd Notice to Conduct Pre-Repair Survey - Your Ref: C10001204 Our Ref: SKB 218Z/EU/jp/qh

Dear Sir/Mdm

Please find enclosed the 2nd Notice to Conduct Pre-Repair Survey.

Thank you.

Regards,

KSCGP Juris LLP

10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708
Email: accident@kscgp.com

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----- Original Message -----

From: Albert Hong [<mailto:albert.hong@budgetdirect.com.sg>]

To: accident@kscgp.com

Cc: jiapei@kscgp.com

Sent: Fri, 15 Dec 2017 08:40:39 +0000

Subject:

Hi Jiapei,

We propose to use of to use one of the motor surveyors named in the list below to conduct the pre-repair survey.

1. Calvin Ang LKK Auto Consultant Pte Ltd
2. Bryan Ang LKK Auto Consultant Pte Ltd
3. Xing Guo Qiang LKK Auto Consultant Pte Ltd
4. Mohammed Rasul LKK Auto Consultants Pte Ltd
5. Mohamad Taufihk LKK Auto Consultants Pte Ltd
6. Simon Ho LKK Auto Consultants Pte Ltd
7. Pang Kiah Keen (Frankie) FormTeam Adjusters Pte Ltd
8. Chua Soo Teck (Benjamin) FormTeam Adjusters Pte Ltd
9. Lim Say Koon FormTeam Adjusters Pte Ltd
10. Ng You Han FormTeam Adjusters Pte Ltd
11. Soon HanXin (Gary) FormTeam Adjusters Pte Ltd
12. Chow Bo Xiong FormTeam Adjusters Pte Ltd

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors.

Thank you.

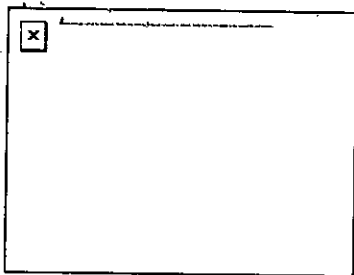
Regards,

Albert Hong
Senior Executive, Claims

T +65 6540 2182

F +65 6725 0853

E albert.hong@budgetdirect.com.sg



Customer Care: +65 6221 2111

Claims: +65 6221 2199

Claims (Int.): +65 6540 2199

190 Clemenceau Avenue
#03-01, Singapore Shopping Centre
Singapore 239924
budgetdirect.com.sg

Auto & General Insurance (Singapore) Pte. Limited (co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

From: accident@kscgp.com [<mailto:accident@kscgp.com>]

Sent: Friday, 15 December, 2017 2:37 PM

To: Claims <claims@budgetdirect.com.sg>

Cc: jiapei@kscgp.com

Subject: Notice to Conduct Pre-Repair Survey - Your Ref: SLJ2632T Our Ref: SKB 218Z/EU/jp/qh

Dear Sir/Mdm

Please find enclosed the Notice to Conduct Pre-Repair Survey.

Thank you.

Regards,
Qian Hui
KSCGP Juris LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708
Email: accident@kscgp.com

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Your Ref : C10001204
Our Ref : **SKB 218Z/EU/jp/qh**
Date : 15 December 2017

DID: 3152 0985
Email: jiapei@kscgp.com

Auto & General Insurance (Singapore) Pte. Limited
t/a Budget Direct Insurance

BY EMAIL

Dear Sirs,

DATE OF ACCIDENT: 12 December 2017
NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

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

S/no.	Name of Surveyor	Company Name
1.	Errol Tan	Pro Plus Automobile Engineers
2.	Dave Chang	Sincere Appraisal Services
3.	Lee Kok Weng	Lee Automobile Services

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 any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Eu & Eu Engineering
Block 22 Woodlands Link
#01-24
Singapore 738734
Contact Person/Hp/Tel : Mr. Eu / Tel: 9754 9700 / Fax: 6754 9200

Kindly acknowledge upon inspection in the acknowledgement box below.

Yours sincerely,

f JP

Your Ref : C10001204

Our Ref : SKB 218Z/EU/jp/qh

Date : 15 December 2017

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of
_____ *[Surveyor's Company]* have completed as
follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (after dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (party by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

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	13/12/2017 17:17
Date Of Accident	12/12/2017 07:45
Exact Location Of Accident	SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB218Z
Insured/Policyholder	
Name Of Registered Owner	LAU KOK CHUAN
NRIC No	S7145124J
Email Address	EMILILAU@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-96312867
Alternative Phone No	OFFICE-96312867

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA192376
Cover Note Number	

Driver

Name of Driver	LAU KOK CHUAN
NRIC No	S7145124J
Date Of Birth	08/12/1971
Occupation	INDOOR
Date Of Driving Pass	24/08/1988
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96312867
Fax Number	
Contact Number	OFFICE-96312867
Email Address	EMILILAU@HOTMAIL.SG

Address	BLK 29 PASIR RIS STREET 72 #02-18
Postcode	518768
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	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)	2

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

IN FRONT VEHICLE JAM BRAKE. I MANAGED TO STOP IN TIME BUT VEHICLE B COULDN'T STOP IN TIME AND HIT ONTO MY VEHICLE REAR.

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	SLJ2632T
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	

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.

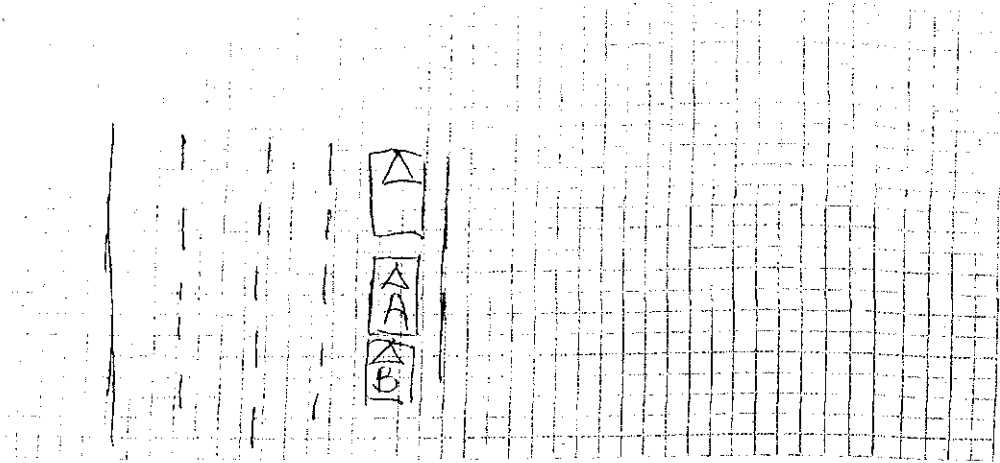
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

INFRONT VEHICLE ~~SLOW~~ JAM BRACE, I MANAGE TO STOP IN
 TIME BUT VEHICLE B COULDNT STOP IN TIME AND HIT ONTO
 MY VEHICLE REAR.

E-MAIL → EMAILIFU@HOTMAIL.SG

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

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


LETTER OF UNDERTAKING

I/We, LAM KEE CHUAN, the owner of vehicle no. SCB 2182

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:

X 

Name no. and signature of policyholder

Company Stamp

13/12/2017

Date



redefining / insurance

LAU KOK CHUAN
29 PASIR RIS STREET 72
#02-18
SINGAPORE 518768

AXA Insurance Pte Ltd
☎ 1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)
☎ (65) 6880 4740
✉ customer.care@axa.com.sg
🌐 www.axa.com.sg

New business

date
27/04/2017

your servicing distributor
NITA AGENCIES PTE LTD / 05397

your servicing distributor contact
6271 8744

Policy Schedule

Your SmartDrive Comprehensive Flexi+

Your policy snapshot

Policyholder name
Cover
Period of Insurance

LAU KOK CHUAN
Comprehensive
from 06/05/2017 to 05/05/2018 (both dates inclusive)

Policy number
FIN / NRIC

VA1 / GA192376
S7145124J

Premium breakdown

Gross Premium after 50% NCD
Total Discounts
7% GST
Final Premium

SGD 1,186.67
- SGD 59.33
SGD 78.91
SGD 1,206.25

(refer to Policy Wording for full terms and conditions)

Your benefits highlights

SmartDrive Comprehensive Flexi+ Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Delivery of repaired car to your preferred location
- Daily Transport Allowance of \$100 for a maximum of ten (10) days
- Reimbursement of 110% of your car's market value in the event of total loss (without Basic Own Damage Excess)

Claim Protector Pack Benefits

- Basic own damage excess waiver
- No Claim Discount Protector

Add-on Benefits

- Courtesy car Standard in Singapore up to ten (10) days

Vehicle details

Make & Model of Vehicle
Vehicle registration number
Body type
Seating capacity (excl driver)
Off-Peak car

MERCEDES C180 AVANTGARDE
SKB218Z
SALOON
4
No

Year of manufacture
Type of Use
Engine capacity (c.c.)
Engine number
Chassis number

2015
Private use
1595
27491030357720
WDD2050402R056109

Insured's Estimated Market Value
Limitation to use
Finance Loan Company

Market Value at the time of Loss (including accessories and spare parts)
As per Certificate of Insurance
POSB BANK

Excess applicable (refer to Policy Wording for other applicable Excesses)

1 of 2

AXA Insurance Pte Ltd (199903512M)
8 Shenlon Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7145124J



LAU KOK CHUAN
(LIU GUOCHUAN)

刘国川

Race

CHINESE

Date of Birth

08-12-1971

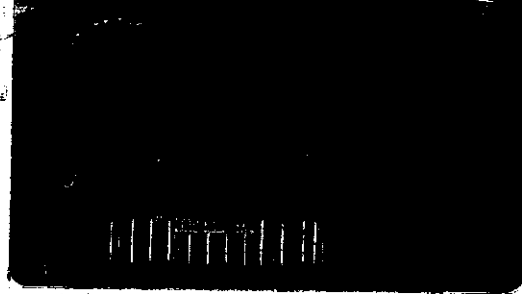
Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



0434651



NRIC No S7145124J

Blood Group Date of Issue

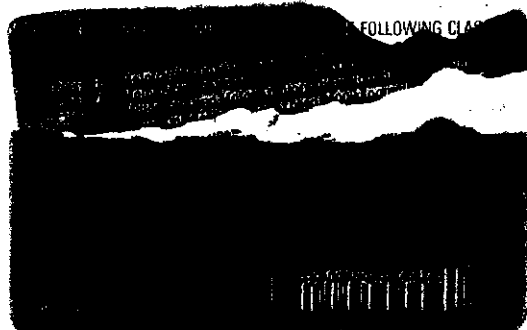
O+ 20-07-1992

BLK 28 PASIR RIS STREET 72 #02-18
SINGAPORE 518768

NRIC No: S7145124J

Date: 27-05-2005

No: 5172636



**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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

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PRE-REPAIR INSPECTION REPORT

AUTO & GENERAL INSURANCE (S) PL

Ref: CS3/AGI17023938/Sd3e2

(BUDGET DIRECT INSURANCE)190 CLEMENCEAU Date: 27-02-2018

AVENUE #03-01SINGAPORE SHOPPING

CENTRESINGAPORE 239924



Code: AGI

1. Policy Particulars (THIRD PARTY CLAIM)

Insured Veh.	SLZ 2632T	Veh. Inspected	SKB 218Z
Policy No.		Coverage (\$)	0.00
Claim No.	C10001204	Excess (\$)	0.00
Assign From	ALBERT HONG	Assign Date	18/12/2017

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ C180	c.c	1595
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WDD2050402R056109	Colour	WHITE
Odometer	35372 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	245/35 R19	GOODYEAR	6 mm
L/H Front Tyre	245/35 R19	GOODYEAR	6 mm
R/H Rear Tyre	245/35 R19	GOODYEAR	6 mm
L/H Rear Tyre	245/35 R19	GOODYEAR	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.	
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5. General Information

Accident Date	12/12/2017	Inspect Date / Time	18/12/2017 (03:03 PM)
Survey held at	EU & EU ENGINEERING BLK 22 #01-24 WOODLANDS LINK SINGAPORE 738734		

5a. Remarks

<p>A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.</p> <p>B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.</p> <p>C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.</p> <p>D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$2,200-\$2,800</p>

Report Ref No. CS3/AGI17023938/Sd3e2

Inspected By

YEANG WAI KEEN

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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