

ASS. REC. BY:

REF

CS3/CTI17023949/Wd362

Additional Information

range & days

Surveyor:

Wilson

ASSIGNMENT (Office)

From (Person):

Meimen Joel Goh

of CTI

Date/Time 18/12/17 @ 1.56pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJ25199Y

Insured:

SLN 8068L

at Workshop m/s:

Singlong Motor Services

Tel:

8333 6121

of

Kaki Bkt Autobay #01-52, 417883

Policy No:

DMHCSN1736211700

Claim No:

SNM17D07083 C02 / 8

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

12/12/17

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

2.07pm 18/12/17

Person Contacted:

Ah Yong

Vehicle:

☒ IN ☐ OUT

Date/Time	Action/Instruction (X) Estimate
	SJ25199Y - NA / INC17023649/h4 D.O.A : 12/12/2017
	SLN 8068L - NA / INC17023649/h4 D.O.A : 12/12/2017
	Dismantle Part: 19.12.2017
	After repair: 28.12.2017

PRS
Wilson

REF

ASSIGNMENT

File No: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: SJZ 5199 Y
at Workshop No: SingLong
at: Kaki Bukit Auto Bay #11-52
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.



Ball or Market Value: _____
DAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res: Yes or No
Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJZ 5199 Y Ir Page: 24/6/2008
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer or
Make: B Humber Stream cc: 1799
Colour: Black A/C: _____ Insured / Std / NI / NA
Sp. Reading: 240363 T. Radio: Insured / Std / NI / NA
Eng No: _____
C No: JHMRN 684 388203578
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: NO / S/Rim / STD A/Rim or

Tyre Size: F: 215/45 R17
R: 215/45 R17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Hankook (F)
Front: Good (R)
Rear: Good (R)
R. Bal: 4 mm L. Bal: 4 mm
L. Bal: 4 mm
D.O.A: _____ D.O.I: 18/12/2017
Survey held at: At Place

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Left Rear Side
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction -

No Incident Report Given

Range - \$5900 - \$16900

6 Days Repairs

RECEIVED 11 APR 2018

Date/Time File Passed: _____

10042018

Date/Time File Returned: _____

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

150

Report Format: PRS

Lump Sum / I.B.I: YS

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

Transportation

Y. 3+RS \$

Y. 1+RS \$

Y. 1+RS \$

Y. 1+RS \$

150

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	18 Dec 2017		18 Dec 2017 13:56 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	BLUE STAR CONCIERGE PTE LTD, Co. Reg. No.: 201506692D		
Main Claimant:	AMC AUTOMOBILE PTE LTD, Co. Reg. No.: 201708093G		
Vehicle Reg. No.:	SJZ5199Y	Date of Loss:	12/12/2017 18:00 - :59
Claim Type:	TP / SNM17D07083C02/8	Policy/Cover Note No.:	DMHCSN1736211700 (Comprehensive)
Vehicle Reg. No. (Insured):	SLN8068L	Policy No. (Claimant):	5094801292
		Excess:	S\$0.00
Repairer:	Singlong Motor Services (HQ) Kaki Bukit Autobay, #01-52, 417883 Kaki Bukit - Tel:		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Joel Goh]		
Claimant's Insurer:	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 28/12/2017]		
Driver/Custodian (Insured):	CHOO WOON CHEE (43 / Female), NRIC: S7415188D, Tel: +6584186686		
Adj Asg. Remarks:	NO ESTIMATES. ASSIGNED FOR WP PRS		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
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No results.

CPc

C PAGLAR & CO

ADVOCATES & SOLICITORS

UEN NO. 53130985A GST REG NO. M90371275E

50 Chin Swee Road
#05-03 Thong Chai Building
Singapore 169874
Telephone: (65) 6536 5456
Facsimile: (65) 6836 2195
Email: pri@cpaglar.com.sg
SERVICE OF COURT DOCUMENTS BY FACSIMILE
WILL NOT BE ACCEPTED

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference: SLN 8068L
Our Reference: CP/PRI/SJZ5199/17.sc

Date : 18th December 2017

CHINA TAIPING INSURANCE (S) PTE LTD
ATTN: MOTOR CLAIMS DEPT

BY EMAIL

Dear Sirs,

CORRESPONDENCE PURSUANT TO PARAGRAPH 2.9 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES

We refer to your email dated 18th December 2017.

Please note that the said vehicle can be inspected at:

SINGLONG MOTOR SERVICES
Kaki Bukit Autobay
#01-52
Contact No.: 8333 6121 (Ah Yong)

KINDLY REPLY BY EMAIL ONLY: pri@cpaglar.com.sg

Please note that the vehicle will only be available for the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday, the said workshop will commence repairs thereafter without any further notice or reference to you. All our client's rights are expressly reserved.

Yours faithfully,



C PAGLAR & CO

cc. [Client by Fax 6452 9783 Only] – (SJZ 5199Y)

FOR SURVEYOR

Please initial here after completion of pre-repair inspection.
Thank you

.....
Appointed Surveyor (Name & Signature)

.....
Date & Time of Inspection

Form 3

MNA117163853 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 13/12/2017 11:54

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 11:54
Date Of Accident	12/12/2017 18:15
Exact Location Of Accident	TELEGRAPH STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ5199Y
Insured/Policyholder	
Name Of Registered Owner	AMC AUTOMOBILE PTE LTD
Co Reg No	201708093G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-91366333

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094801292
Cover Note Number	-

Driver

Name of Driver	JIMMY KOH LENG KEAT(JIMMY XU LONGJI)
NRIC No	S7201856G
Date Of Birth	16/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	05/05/1992
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96864428
Fax Number	

Contact Number
 EMail Address NOEMAIL
 Address BLK 355 HOUGANG AVE 7 #02-771
 Postcode 530355
 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 - MAJOR/MINOR RD
 Weather Conditions RAINING
 Road Surface WET

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? YES
 If Yes, Please state which Police Station
 Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG TELEGRAPH STREET ON THE RIGHT LANE, SUDDENLY VEH B (BEARING NO SLN8068L) WITHOUT STOPPING AT THE STOP LINE, DASHED OUT FROM THE SMALL ROAD BEHIND THE 6 RAFFLES QUAY BUILDING. AS THE RESULT, HER VEH RIGHT FRONT COLLIDED ONTO MY VEH LEFT REAR PORTION.

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 SLN8068L
 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) 2

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name JIMMY KOH LENG KEAT(JIMMY XU LONGJI)

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? SJZ5199Y

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLANIMPORTANT 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.

AMC AUTOMOBILE
PTE LTD

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.:

6 Raffles Quay

Telegraph Street

A = 502 5199Y
B = 51N 8068L

Please Refer to Statement

1. We declare the foregoing particulars are true in every respect.

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

POLICE REPORT







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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	18 Dec 2017		18 Dec 2017 13:56 Edit Adj Rpt	\$50.00 Edit Estimates	\$50.00 View Rpt		Pending for Survey Report Cancel Case





















Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	BLUE STAR CONCIERGE PTE LTD , Co. Reg. No.: 201506692D								
Main Claimant:	AMC AUTOMOBILE PTE LTD , Co. Reg. No.: 201708093G								
Vehicle Reg. No.:	SJZ5199Y	Date of Loss:	12/12/2017 18:00 - :59 [113 Months and 18 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM17D07083C02/8	Policy/Cover Note No.:	DMHCSN1736211700 (Comprehensive)						
Vehicle Reg. No. (Insured):	SLN8068L	Policy No. (Claimant):	5094801292						
		Excess:	\$50.00						
Repairer:	Singlong Motor Services (HQ) Kaki Bukit Autobay, #01-52, 417883 Kaki Bukit - Tel:								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Joel Goh]								
Claimant's Insurer:	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Teo Cheng Ming Wilson] ... [Final Rpt due 28/12/2017]								
Driver/Custodian (Insured):	CHOO WOON CHEE (43 / Female), NRIC: S7415188D, Tel: +6584186686								
Adj Asg. Remarks:	NO ESTIMATES. ASSIGNED FOR WP PRS								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*SJZ5199Y (SNM17D07083C02/8)
[SLN8068L]
TP
AMC AUTOMOBILE PTE LTD
Dec 12 2017 6:00PM
[BLUE STAR CONCIERGE PTE LTD]
Singlong Motor Services

Upload Documents		Upload Photos	Compose New Letter	View View in Browser	
Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print	
1	13/12/17 12:17	Accident Statement	 Load HTML	<input checked="" type="checkbox"/>	
Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print	
1	13/12/17 12:12	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
2	13/12/17 12:12	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
3	13/12/17 12:12	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
4	13/12/17 12:12	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
5	13/12/17 12:12	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
6	13/12/17 12:12	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
7	13/12/17 12:12	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
8	13/12/17 12:12	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
9	13/12/17 12:12	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
10	13/12/17 12:12	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
11	13/12/17 12:12	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
12	13/12/17 12:12	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
13	13/12/17 12:12	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
14	13/12/17 12:12	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print	
1	18/12/17 13:57	OI GIA REPORT	 Load PDF		
2	18/12/17 13:57	ASSIGNMENT	 Load PDF		
No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print	
1	13/12/17 12:08	Accident Sketch Plan [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
2	13/12/17 12:08	Accident Sketch Plan [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
3	13/12/17 12:16	POLICE REPORT [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
4	13/12/17 12:16	POLICE REPORT [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
5	13/12/17 12:16	POLICE REPORT [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print	
1	10/04/18 17:18	LKKPhotosIn6-1	 Load PDF		
2	10/04/18 17:18	LKKPhotosIn6-2	 Load PDF		
3	10/04/18 17:18	LKKPhotosIn6-3	 Load PDF		

Linked Accident Report Documents

				View	View in Browser
Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)		Thumbnail	Print
1	13/12/17 12:17	Accident Statement		Load HTM	
Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)		Thumbnail	Print
1	13/12/17 12:12	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
2	13/12/17 12:12	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
3	13/12/17 12:12	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
4	13/12/17 12:12	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
5	13/12/17 12:12	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
6	13/12/17 12:12	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
7	13/12/17 12:12	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
8	13/12/17 12:12	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
9	13/12/17 12:12	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
10	13/12/17 12:12	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
11	13/12/17 12:12	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
12	13/12/17 12:12	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
13	13/12/17 12:12	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
14	13/12/17 12:12	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)		Thumbnail	Print
1	13/12/17 12:08	Accident Sketch Plan		Load JPG	<input checked="" type="checkbox"/>
2	13/12/17 12:08	Accident Sketch Plan		Load JPG	<input checked="" type="checkbox"/>
3	13/12/17 12:16	POLICE REPORT		Load JPG	<input checked="" type="checkbox"/>
4	13/12/17 12:16	POLICE REPORT		Load JPG	<input checked="" type="checkbox"/>
5	13/12/17 12:16	POLICE REPORT		Load JPG	<input checked="" type="checkbox"/>

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

LKK Auto Consultants Pte Ltd

(Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/CTI17023949/WD3E2

Date: 11/04/2018

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMHCSN1736211700

Claimant Vehicle
No: SJZ5199YInsured Vehicle
No: SLN8068L

Date of Loss: 12/12/2017

Nature of Claim: TP

Claim
No: SNM17D07083C02/8

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SJZ5199Y**

Make & Model: HONDA STREAM, 1.8 (A)

Engine No: R18A12803578

Reg. Date: 24/06/2008 (Man. Year: 2008)

Chassis No: JHMRN68408S203578

Colour: Black

Odometer: 240363 km

Engine Capacity: 1799 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): **Market Value/New Car Price**

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 215/45 R17

Rear Tyre Size: 215/45 R17

Front Left Side: Hankook 4 mm

Rear Left Side: Goodyear 4 mm

Front Right Side: Hankook 4 mm

Rear Right Side: Goodyear 4 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 18/12/2017

Date Inspected: 18/12/2017 Inspected At:

Singlong Motor Services (HQ)
Kaki Bukit Autobay, #01-52
Singapore 417883

Estimated Period of Repair: 6.0 days

Adjuster: Teo Cheng Ming Wilson

Manager: Nivitha Govindasamy

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$5,900.00 - \$6,900.00

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 11 Apr 2018)
Parts: M1-MPV	HONDA STREAM 1.8 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SJZ5199Y)
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >