

ASS. REC. BY:

REF: CS3/SMD17024040/R16<sup>57</sup>

Special Instruction:

Range &amp; days.

Surveyor: Rasul**ASSIGNMENT (Office)**From (Person): Grace Ted of SMD Date/Time: 19.12.2017 3pm

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

**OD** ☒ **TP** ☐ **WS** ☐ **TP RES** ☐ **OD RES** ☐ **EVA** ☐ **INV** ☐ **MV** ☐ **CS** ☐To Inspect Vehicle No: GR 8312U Insured: YP 1512Cat Workshop m/s Ngee Ngee Motor Tel: 6777 5382of Blk K Pandan Loop No. 22Policy No: \_\_\_\_\_ Claim No: OMTD1704565/THE

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

Make of Veh: \_\_\_\_\_ D.O.A. 15.12.2017  
(Client's Record)**CA / REV / REP. / REV 24 HRS** <sup>WP</sup>

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 19.12.2017 3.37pm Person Contacted: Jessie Vehicle IN ~~OUT~~

| Date/Time            | Action/Instruction ( X ) Estimate                        |
|----------------------|--|
|                      | <u>GR 8312U - CS3/AXA/3016761/TRE</u> <u>DCA: 070913</u> |
|                      | <u>YP 1512C - X</u>                                      |
|                      | <u>After repair: 18.12.2017</u>                          |
| <u>200118 1244pm</u> | <u>Email to Grace Ted</u>                                |

Surveyor: Pame

REF:

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: GR 8312U  
at Workshop m/s Ngee Ngee Motor  
of Blk K Pandan Loop No 22  
Insured: SMD / PRS

Policy No: \_\_\_\_\_

Claims No: \_\_\_\_\_

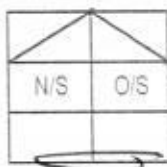
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: GR 8312U Yr Regn: 2000 Jun 09

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

Truck / Trailer or

Make: TOYOTA DYNA c.c. 2986

Colour: BLUE A/C: Insured / Std / NI / NA

Sp. Reading: 614163 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: L42120002748

Gen. Cond: Good / Fair / Poor / Burnt

Steering: order / Jammed / Leaked / Burnt or

Brake: order / Jammed / Leaked / Burnt or

Mod: ND / S/Rim / STD A/Rim or

Tyre Size: F: 185R14C

R: 155R12C

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

TOYO / YOKO or FALKEN

Front

Rear

R/Bal. 7 mm R/Bal. 5/5 mm

L/Bal. 7 mm L/Bal. 5/5 mm

D.O.A. 15/12/17 D.O.I. 19/12/17 @ 428pm

Survey held at Ngee Ngee

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

ESTIMATE RANGE COST OF REPAIR - (2K - 4K) / 5 days

RECEIVED 23 JAN 2018

Date/Time, File Pass to?

1) 27012018

Date/Time, File Return to?

2) \_\_\_\_\_

☐ : Preli. Report

☐ : Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\_\_\_\_\_ \$ + PS \_\_\_\_\_ \$

Photos

Others

TOTAL

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Report Format: PRS

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

# Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

## (1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

| Y-Date | N-Date | Y-Date | N-Date |
|--------|--------|--------|--------|
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
|        |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
|        |        |        |        |
| ✓      |        |        |        |
|        |        |        |        |

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

## (1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

|   |  |  |  |
|---|--|--|--|
| ✓ |  |  |  |
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| ✓ |  |  |  |
| ✓ |  |  |  |

## (2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

|   |  |  |  |
|---|--|--|--|
| ✓ |  |  |  |
|---|--|--|--|

## (3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

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## (4) System - (Views/Merimen)

- C Resurvey photo Uploaded

|  |  |  |  |
|--|--|--|--|
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|--|--|--|--|

Check By:

|  |  |
|--|--|
|  |  |
|--|--|

Case Handler

Date

\*C: Critical \*N: Non-Critical

21/05/2014



# 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/SMO17024040/R1b

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERSINGAPORE 048623

Date : 19-12-2017



Code : SMO

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

|              |                 |                |            |
|--------------|-----------------|----------------|------------|
| Insured Veh. | YP 1512C        | Veh. Inspected | GR 8312U   |
| Policy No.   |                 | Coverage (\$)  | 0.00       |
| Claim No.    | CMTD1704565/THE | Excess (\$)    | 0.00       |
| Assign From  | GRACE TEO       | Assign Date    | 19/12/2017 |

## 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  | 15/12/2017   | Inspection Date | 19/12/2017 |
| Survey held at | NGEE NGEE MOTOR<br>BLK 1 NO: 22<br>PANDAN LOOP<br>SINGAPORE 128219 |                 |            |

## 5a. Remarks

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

**Catherine Chong (LKK Auto)**

---

**From:** Teo, Grace <grace.teo@sompo.com.sg>  
**Sent:** Tuesday, 19 December, 2017 3:00 PM  
**To:** Yvonne  
**Cc:** Choo, Thelma; Henry, Irene James; admin-d@lkkauto.com; assignments@lkkauto.com  
**Subject:** CMTD1704565/THE - Accident invlg YP1512C & GR8312U on 15.12.2017 [EAL.2017.5345.EA.MK.ya - GR8312U]

Your Reference: 2017.5345.EA.MK.ya - **GR8312U**  
Our Reference: CMTD1704565/THE

**Without Prejudice**  
**EMAIL ONLY**

Date: 19<sup>th</sup> December 2017

**Attention:**  
**M/S EAST ASIA LAW CORPORATION**

**Accident invlg YP1512C & GR8312U on 15.12.2017**

Dear Yvonne,

We refer to your email reply dated 19/12/2017.

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.

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



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](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

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**From:** Yvonne [mailto:yvonne@ealc.com.sg]  
**Sent:** Tuesday, December 19, 2017 10:21 AM  
**To:** Teo, Grace  
**Cc:** Choo, Thelma; Henry, Irene James  
**Subject:** PRI Sompo Insured YP1512C [EAL.2017.5345.EA.MK.ya - GR8312U]

Our ref : 2017.5345.EA.MK.ya - GR8312U  
Your ref : YP1512C

PLEASE REPLY VIA EMAIL (yvonne@ealc.com.sg)

Sompo Insurance Pte. Ltd  
No. 50 Raffles Place  
#05-01/06 Singapore Land Tower  
Singapore 048623  
Attn: Motor Claims Department  
**2 DAYS' PRE-REPAIR NOTICE**

Surveyor from M/s Sompo Insurance Pte. Ltd  
Vehicle **GR8312U** inspected as follows by Name:

| Before repair | Parts removed | After repair |
|---------------|---------------|--------------|
|---------------|---------------|--------------|

|             |             |             |
|-------------|-------------|-------------|
| Signature   | Signature   | Signature   |
| Date/ Time: | Date/ Time: | Date/ Time: |

Dear Sir/Madam,

**NOTICE TO THIRD PARTY INSURERS FOR PRE-REPAIR NOTICE**

**CLAIMANT: EDMUND VEHICLE RENTAL PTE LTD**

**ACCIDENT INVOLVING GR8312U & YP1512C ON 15 DECEMBER 2017 ALONG EUNOS LINK AT ABOUT 0910 HOURS**

We refer to the above matter wherein we are instructed to act for **EDMUND VEHICLE RENTAL PTE LTD**, the owner of vehicle no. **GR8312U**.

There is no agreement to the surveyors proposed by parties.

Our client's vehicle **GR8312U** is available as follows, please call prior appointment for the pre-repair inspection:

M/s Ngee Ngee Motor  
Blk K, No. 22 Pandan Loop  
(West Coast Road, Jurong Town),  
Singapore 128219  
Tel: 67775382 (Ms Jessie)

Please arrange for the pre-repair inspection on the damaged vehicle within 2 working days from the time of notification, excluding Saturdays, Sundays and public holidays.

Regards,  
Yvonne Ang

East Asia Law Corporation  
No. 133 New Bridge Road, #10-02 Chinatown Point, Singapore 059413  
Tel: 63232565 Fax: 63232373

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If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it.  
If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

MSI117165247 / STA INSPECTION PTE LTD - Qin Ming  
ENTRY DATE & TIME: 15/12/2017 17:55

## 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 15/12/2017 17:55  
Date Of Accident 15/12/2017 09:10  
Exact Location Of Accident EUNOS LINK  
Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number GR8312U  
**Insured/Policyholder**  
Name Of Registered Owner EDMUND VEHICLE RENTAL PTE LTD  
Co Reg No 201625244G  
Email Address EDMUNDEV@GMAIL.COM  
Mobile Phone No  
Alternative Phone No OFFICE-67475669  
**Vehicle Particulars**  
Manufacturer TOYOTA  
Model DYNA  
Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE  
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage THIRD PARTY  
Fleet Policy YES  
Policy Number 5086597467-01  
Cover Note Number  
**Driver**  
Name of Driver KANDAN SASIKUMAR  
Passport No/FIN G6680412M  
Date Of Birth 25/01/1983  
Occupation OUTDOOR  
Date Of Driving Pass 02/06/2011  
Driving Experience 6 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-86293695  
Fax Number  
Contact Number  
EMail Address NOEMAIL



Address 3023 UBI ROAD 3  
#02-15  
Postcode 408663  
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? 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**

REFER TO ATTACHED

**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 YP1512C  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver RIDZWAN BIN MOHAMAD NORDIN  
NRIC/Passport Number  
Contact Number 91375136  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address



## Sketch Plan Pg. 1

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.

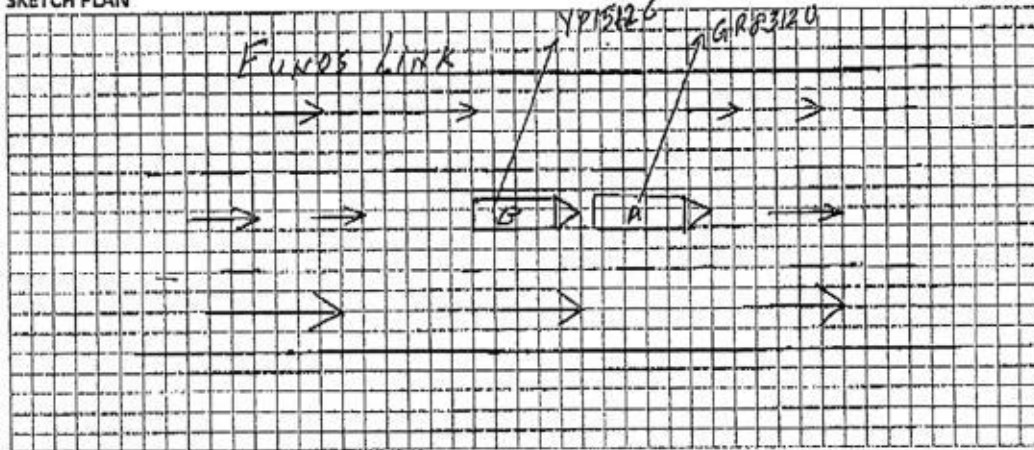
Policyholder's Signature  
Date & Time:

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

ON 15/12/17 @ 9:10AM I WAS DRIVING MY VEHICLE ALONG EUNDS LINK. I ALREADY STOP MY VEHICLE ON RED LIGHT SIGNAL. SUDDENLY ONE VEHICLE PLATE NO: YP1512G HIT MY VEHICLE BEHIND MY VEHICLE NO. GR8312U.

## DECLARATION

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:** Saturday, 20 January, 2018 12:41 PM  
**To:** 'Teo, Grace'  
**Cc:** 'Choo, Thelma'; 'Henry, Irene James'; 'assignments@lkkauto.com'  
**Subject:** RE: CMTD1704565/THE - Accident invlg YP1512C & GR8312U on 15.12.2017 [EAL.2017.5345.EA.MK.ya - GR8312U]

Dear Grace,

Refer to your assignment on 19.12.2017 at 3PM.

Please be informed that we have inspected the vehicle GR 8312U on 19.12.2017 at 4.28PM.

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](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]  
**Sent:** Tuesday, 19 December, 2017 4:00 PM  
**To:** 'Teo, Grace' <grace.teo@sompo.com.sg>  
**Cc:** 'Choo, Thelma' <thelma.choo@sompo.com.sg>; 'Henry, Irene James' <irene.henry@sompo.com.sg>; assignments@lkkauto.com  
**Subject:** RE: CMTD1704565/THE - Accident invlg YP1512C & GR8312U on 15.12.2017 [EAL.2017.5345.EA.MK.ya - GR8312U]

Dear Grace,

Received with thanks.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto: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:** Tuesday, 19 December, 2017 3:56 PM  
**To:** Catherine Chong (LKK Auto) <admin-d@lkkauto.com>  
**Cc:** Choo, Thelma <thelma.choo@sompo.com.sg>; Henry, Irene James <irene.henry@sompo.com.sg>; assignments@lkkauto.com  
**Subject:** CMTD1704565/THE - Accident invlg YP1512C & GR8312U on 15.12.2017 [EAL.2017.5345.EA.MK.ya - GR8312U]



**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/SMO17024040/R1bs2  |  |
| 50 RAFFLES PLACE #05-01/06  |                         | Date: 02-02-2018  |   |
| SINGAPORE LAND TOWERS SINGAPORE 048623  |                         | Code: SMO   |   |
| <b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>   |                         |   |   |
| Insured Veh.  | YP 1512C                | Veh. Inspected  | GR 8312U  |
| Policy No.  |                         | Coverage (\$)   | 0.00  |
| Claim No.   | CMTD1704565/THE         | Excess (\$)   | 0.00  |
| Assign From   | GRACE TEO               | Assign Date   | 19/12/2017  |
| <b>2. Vehicle Particulars &amp; Condition</b>   |                         |   |   |
| Make & Model  | TOYOTA DYNA             | c.c   | 2986  |
| Engine No.  | HIDDEN                  | Year of Reg.  | 2000  |
| Chassis No.   | LY2120002748            | Colour  | BLUE  |
| Odometer  | 614163 KM               | Steering  | IN ORDER  |
| Brakes  | IN ORDER                | Modification  | NIL   |
| General   | FAIR                    |   |   |
| <b>3. Conditions of Tyres</b>   |                         |   |   |
|   | Size                    | Make  | Balance   |
| R/H Front Tyre  | 185 R14C                | FALKEN  | 7 mm  |
| L/H Front Tyre  | 185 R14C                | FALKEN  | 7 mm  |
| R/H Rear Tyre   | 155 R12C (D)            | FALKEN  | 5/5 mm  |
| L/H Rear Tyre   | 155 R12C (D)            | FALKEN  | 5/5 mm  |
| <b>4. Description of Damages</b>  |                         |   |   |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.  |                         |  |   |
| <b>5. General Information</b>   |                         |   |   |
| Accident Date   | 15/12/2017              | Inspect Date / Time   | 19/12/2017 ( 04:28 PM )   |
| Survey held at  | BLK K PANDAN LOOP NO 22 |   |   |
| Repairer  | NGEE NGEE MOTOR         |   |   |
| <b>5a. Remarks</b>  |                         |   |   |
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.<br>B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.<br>THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.<br>C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.<br>D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$2,000-\$4,000 |                         |   |   |
| <b>5b. Estimate Days of Repair</b>  |                         |   |   |
| ESTIMATED NORMAL PERIOD FOR REPAIR:   |                         | 5 Working Days  |   |

Report Ref No. CS3/SMO17024040/R1bs2

Inspected By



MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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