

ASS. REC. BY:

REF:

CS/CTU7024670/Mr. b2

Special Instruction:

Surveyor:

Ma.

ASSIGNMENT (Office)

From (Person):

Joel Goh

of

CTL

Date/Time:

28/12/017 5pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YN 1777 R

Insured:

CIX 3379D

at Workshop m/s

Alfred Auto

Tel:

91454773

of

Blk 5035 AMK Ind Park 2 #01-351

Policy No:

DMCVSN 20114891700

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

13/122017

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

03-01-2018 @ after 10:30am

H.O.D. Endorsement:

Date/Time:

28/122017 11:46am

Person Contacted:

Alfred

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	YN 1777 R - X
	CIX 3379D - X
	Confirm L/S \$3100, 5 days
	Red. \$2963, 497.

CTI

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD (TP) WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: **YN 1777 R**  
 at Workshop no: **Alfred Auto.**  
 of **BK S035 AMK #01-351**  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_  
**3/1/2018 After 10.30am**  
 (Policy Condition)  
 Remark: **The veh had commenced its repair at the time of inspection.**

NS	OS

Bal. or Market Value: \_\_\_\_\_  
 IDAO 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

Job No: **YN 1777 R** Reg: **MAR 2011**  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover.  
 Truck / Trailer or  
 Make: **Mit Fuso** cc **2977**  
 Colour: **White** A.O. Insured / Std / NI / NA  
 Sp. Reading: **49905** T. Radio Insured / Std / NI / NA  
 Eng No: \_\_\_\_\_  
 C No: **FE83BEA20551**  
 Gen. Cond: **Good** / Fair / Poor / Burnt  
 Steering: **Order** / Jammed / Leaked / Burnt or  
 Brake: **Order** / Jammed / Leaked / Burnt or  
 Mod: **Nil** / S/Rim / STD A/Rim or  
 Tyre Size: F: **7.00 R16 Deltum.**  
 R: **185/R14, mic**  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R. Bal. **7** mm R. Bal. **8** mm  
 L. Bal. **7** mm L. Bal. **8** mm  
 D.O.A. **13/12/2017** D.O.A. **31/12/2017**  
 Survey held at: \_\_\_\_\_  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
**NS FRT.**  
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Date/Time File Pass to: ☐ Preli. Reporttypist ☒ Final Report

Date/Time File Return to:

Days Of Repair: **5**Resurvey No. of Trip: **1**

Survey Fee

Transportation

U/C - F/L

Fringe

Lump

TOTAL

Add Fee: ☐ Site Insp. \$☐ Inter. Exp. \$☐ Tech. Ins. \$☐ Lab. Exp. \$Report Format: **TP**Lump Sum **23100**

220

220

RECEIVED 1. 2018



# 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

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CS/CT117024675/M1rb

3 ANSON ROAD #16-00  
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 29-12-2017



Code : CTI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GX 3379D	Veh. Inspected	YN 1777R
Policy No.	DMCVSN3014891700	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	MERIMEN (JOEL GOH)	Assign Date	28/12/2017

## 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	13/12/2017	Inspection Date	03/01/2018
Survey held at	ALFRED AUTO SERVICES & SUPPLIES BLK 5035 ANG MO KIO 3 #01-355 ANG MO KIO INDUSTRIAL PARK 2 SINGAPORE 569538		

## 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
---

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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 Dec 2017		28 Dec 2017 17:00 <a href="#">Assign</a>				<a href="#">New Assignment</a> <a href="#">Cancel Case</a>

<b>Main</b>	<b>Reference</b>	<b>Claim Details</b>	<b>Documents</b>	<a href="#">Show All</a>
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<b>CLAIM SUBFOLDER DETAILS</b>		<b>[Created by insurer]</b>	
<b>Insured:</b>			
<b>Main Claimant:</b>	TARKUS INTERIORS PTE LTD		
<b>Vehicle Reg. No.:</b>	YN1777R	<b>Date of Loss:</b>	13/12/2017 00:00 - :59
<b>Claim Type:</b>	TP / GX3379D	<b>Policy/Cover Note No.:</b>	DMCVSN3014891700
<b>Vehicle Reg. No. (Insured):</b>	GX3379D	<b>Policy No. (Claimant):</b>	
		<b>Excess:</b>	S\$0.00
<b>Repairer:</b>	Alfred Auto Services & Supplies (HQ) Blk 5035, Ang Mo Kio Ave 3, #01-351, Ang Mo Kio Industrial Park 2, 569538 Ang Mo Kio - Tel: 64834586/91454773		
<b>Handling Insurer:</b>	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Joel Goh]		
<b>Adjuster:</b>	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 09/01/2018]		
<b>Adj Asg. Remarks:</b>	ESTIMATES AS ATTACHED ASSIGNED AS SJE FOR WP PRS. KINDLY CALL ALFRED @ 91454773 TO ARRANGE FOR APPOINTMENT		

<b>ASSOCIATED MAIL RECEIVED</b>	<a href="#">View All</a>	<a href="#">Compose Case Mail</a>
There are no mail for this case.		

<div> <div></div> <div>ALL ASSOCIATED TASKS</div> <div> <a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a> </div> </div>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

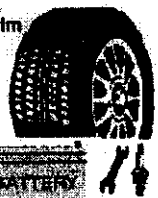


# ALFRED AUTO

## Services & Supplies

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538  
Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E  
Email: alfredauto@hotmail.com

Tyre &  
Sports Rim



Reference No: 181217

condition

Date: 18.12.2017

Tarkus Interiors Pte Ltd  
46 Defu Lane 9,  
Singapore 539286.  
Mitsubishi FUSO

### Estimated Repair Cost for Vehicle Reg. No: YN 1777 R

#### REPLACEMENT OF DAMAGED PANELS / PARTS

1 Pc. Front LH Door		1,900.00	df
2 Pcs. Front LH Door Hinge	@ 110.00	220.00	X upper me
1 Pc. Front LH Step Garnish		240.00	die
1 Pc. Logo Sticker		100.00	S.nett
1 Pc. Tel & No. Sticker		90.00	S.nett
1 Pc. ITOKI Group Stocker		90.00	S.nett
1 Pc. Front LH Door Power Window Regulator Assy.		699.00	7 bent
1 Pc. Front LH Door Inner Rubber		298.00	die
1 Pc. Front LH Door Lower Garnish		288.00	on s
1 Pc. Front LH Door Board		320.00	X me
6 Pcs. Door Garnish Clip	@ 3.00	18.00	me
10 Pcs. Door Board Clip	@ 5.00	50.00	20 me

Total (Panels / Parts): **4,313.00 (SGD)**

#### LABOR CHARGES

To Panel Beating, Repair & Renew Front LH Door  
& accident damaged affected area.

900.00 500

To Respray Painting on all accident damage affected  
Area & inner parts of door pillar.

850.00 600

Total (Labor Charges): **1,750.00 (SGD)**

#### TOTAL COST SUMMARY

PANELS / PARTS	4,313.00
LABOR CHARGES	1,750.00

Grand Total: **6,063.00 (SGD)**

Not Authorised  
H/S Repair  
After paint Photo  
21/12/18  
H&C Auto MA

Page 1 of 1

Sul Jays

5/1/18

Date: 21/12/17

To The Motor Claims Manager

M/s China Taiping Insurance Singapore Pte Ltd.  
3 Anson Rd # 16-00 Springleaf Tower  
Tel 63896111 Fax 62221033

Singapore 079909

Motor Claim 62247175

Dear Sirs,

ACCIDENT ON 13/12/2017 INVOLVING VEHICLES NOS:  
YN1777R AND GX3379D  
ALONG / AT


I/We, Yarkus Interiors Pte Ltd ROC of NRIC NO.: 199004710D  
am/are the registered owner of motorcar no: YN1777R. I/We, hereby  
authorised you to release all compensation monies pertaining to the above-mentioned accident,  
directly to my repairer, M/s Alfred Auto Services & Supplies.

I/We, hereby authorise the said repairer, M/s Alfred Auto Services & Supplies to collect all  
compensation monies due to me from you or any other party, regarding the said accident.

Thank you.

  
Signature

Owner: \_\_\_\_\_

  
Signature

Witness by: Queh Hock Wah

NRIC No: 8174884912

Date: 21/12/17

### 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	21/12/2017 15:47
Date Of Accident	13/12/2017 03:00
Exact Location Of Accident	KIM CHUAN TERRACE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1777R
Insured/Policyholder	
Name Of Registered Owner	TARKUS INTERIORS PTE LTD
Co Reg No	199004710D
Email Address	NICOLELOW@TARKUS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62856142
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCV17S005057
Cover Note Number	
Driver	
Name of Driver	POOMALAI RADHAKRISHNAN
Passport No/FIN	G2220165X
Date Of Birth	03/12/1993
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98673813
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 46 DEFU LANE 9  
Postcode 539286  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

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

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Number of vehicles involved in the accident 2  
Was any body injured in the Accident? NO  
Was any injured conveyed to hospital by ambulance? 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) 0

#### 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

MY VEHICLE WAS PARKED THERE OVERNIGHT. I FOUND MY VEHICLE DAMAGED ON THE LEFT HAND PORTION. NEXT MORNING, WITNESS TOLD ME GX3379D HIT MY VEHICLE AT 3AM.

#### 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 Witness 1

Name KALEESHWARAN JEGATHISWARAN  
Phone Number  
Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GX3379D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver MOSTAFA MD GOLAM  
NRIC/Passport Number G6854503Q  
Contact Number  
Address  
Postcode  
Insurance Company Name



Nature Of Damage

No. Of Passenger (Including Driver)

1

## Accident 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 willful 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 situated 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: 21/12/14 1346hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature


Name: Cassandra

NRK/RN No.: G 32293914

# Accident Sketch Plan

## SKETCH PLAN

DOA: 13-12-2017  
H: 1111377R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS PARKED HERE OVERNIGHT  
I FOUND VEHICLE DAMAGED ON THE LEFT HAND  
PORTION. NEXT MORNING  
WITNESS TOLD ME SX 2379 D HIT MY VEHICLE AT  
3 AM.

## 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: Cassard  
NRIC/ID No: 63229391W

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	28 Dec 2017		28 Dec 2017 17:00 <a href="#">Edit Adj Rpt</a>	<b>S\$3,100.00</b> <a href="#">Edit Estimates</a>	<b>S\$3,100.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

<b>Main</b>	<b>Reference</b>	<b>Claim Details</b>	<b>Documents</b>	<a href="#">Show All</a>
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**CLAIM SUBFOLDER DETAILS**

Insured:

Main Claimant:

Vehicle Reg. No.:

Claim Type:

Vehicle Reg. No. (Insured):

Repairer:

Handling Insurer:

Adjuster:

Adj Asg. Remarks:

Co. Reg. No.: -

**TARKUS INTERIORS PTE LTD**

**YN1777R**

**TP / GX3379D**

**GX3379D**

**Alfred Auto Services & Supplies (HQ)** Blk 5035, Ang Mo Kio Ave 3, #01-351, Ang Mo Kio Industrial Park 2, 569538 Ang Mo Kio - Tel: 64834586/91454773

**China Taiping Insurance (Singapore) Pte. Ltd. (HQ)** - Tel: 6389 6111 ... [Handled by **Joel Goh**]

**LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [Handled by **MA CHIN FOOK**] ... [Final Rpt due 09/01/2018]

ESTIMATES AS ATTACHED ASSIGNED AS SJE FOR WP PRS. KINDLY CALL ALFRED @ 91454773 TO ARRANGE FOR APPOINTMENT

[Created by insurer]

Date of Loss:

Policy/Cover Note No.:

Policy No. (Claimant):

Excess:

13/12/2017 00:00 - :59

DMCVSN3014891700

S\$0.00

**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

\*YN1777R (GX3379D)  
[GX3379D]  
TP  
TARKUS INTERIORS PTE LTD  
Dec 13 2017 12:00AM  
[-]  
Alfred Auto Services & Supplies

Upload Documents			Upload Photos			Compose New Letter			View <span>View in Browser</span>		
Photos/Images									3 per page		<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)								Thumbnail	Print
1	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
2	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
3	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
4	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
5	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
6	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
7	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
8	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
9	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
10	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
11	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
12	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
13	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
14	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
15	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
16	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
17	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
18	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
19	05/02/18 11:24	General View								Load JPG	<input checked="" type="checkbox"/>
20	05/02/18 11:28	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>
21	05/02/18 11:28	Reinspection Photo								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	28/12/17 17:01	ESTIMATES								Load PDF	

## Documents Checklist

<b>DOCUMENTS CHECKLIST</b>	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 40px; width: 90%; margin: 5px;"></div> <div style="text-align: right; margin-top: 5px;"> <span style="font-size: 1.2em;">^</span>  <span style="font-size: 1.2em;">v</span> </div>			

**Show Remarks To:** ☐ Handling Insurer  
Note: Remarks are private unless you show it to other parties.

# 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: CS/CT117024675/M1RBE2

Date: 09/02/2018

### REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN3014891700
Claimant Vehicle No :	YN1777R	Insured Vehicle No :	GX3379D
Date of Loss:	13/12/2017	Nature of Claim:	TP
		Claim No:	GX3379D

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	YN1777R	Engine No:	4M42A86777
Make & Model:	MITSUBISHI FE83BEOSRDEA, 3.0 D B31 (A)	Chassis No:	FE83BEA20551
Reg. Date:	16/03/2011 (Man. Year: 2011)	Odometer:	49905 km
Colour:	White		
Engine Capacity:	2977 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:	7.00 R16	Rear Tyre Size:	185 R14
Front Left Side:	Delium 7 mm	Rear Left Side:	Michelin 8 mm
Front Right Side:	Delium 7 mm	Rear Right Side:	Michelin 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,313.00	2,887.25	1,425.75	33.06
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,750.00	1,100.00	650.00	37.14
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>6,063.00</b>	<b>3,987.25</b>	<b>2,075.75</b>	<b>34.24</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>3,100.00</b>		
<b>Nett Amount (S\$)</b>	<b>6,063.00</b>	<b>3,100.00</b>	<b>2,963.00</b>	<b>48.87</b>

### INSPECTION

Date of Assignment:	28/12/2017	
Date Inspected:	03/01/2018 Inspected At:	Alfred Auto Services & Supplies (HQ) Blk 5035, Ang Mo Kio Ave 3, #01-351, Ang Mo Kio Industrial Park 2 Singapore 569538
Estimated Period of Repair:	5.0 days	

**Adjuster:** MA CHIN FOOK

**Manager:** Janice Lee Si Hua

*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.*



## REPAIR DETAILS

### Reference

**Part Source:** (Last Synchronised: 09 Feb 2018)  
**Parts:** N/A MITSUBISHI FE83BEOSRDEA 3.0 D B31 (A) (Model not available in database)  
**Labour:** Repairer's (Price-denominated Standard List)  
**Print Code:** (Unsubmitted, no print-code for YN1777R)  
**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

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT LH DOOR	Dented	1,900.00 F	*1,900.00 FL
2	1		*FRONT LH DOOR HINGE	Bottom Bent/ Upper Serviceable	220.00 F	*110.00 FL
3	1		*FRONT LH STEP GARNISH	Distorted	240.00 F	*240.00 FL
4	1		*LOGO STICKER	Necessary	100.00 FS	*100.00 FS
5	1		*TEL & NO. STICKER	Necessary	90.00 FS	*50.00 FS
6	1		*ITOKI GROUP STICKER	Necessary	90.00 FS	*50.00 FS
7	1		*FRONT LH DOOR POWER WINDOW REGULATOR ASSY	Bent	699.00 F	*699.00 FL
8	1		*FRONT LH DOOR INNER RUBBER	Distorted	298.00 F	*298.00 FL
9	1		*FRONT LH DOOR LOWER GARNISH	Distorted	288.00 F	*288.00 FL
10	1		*FRONT LH DOOR BOARD	Serviceable	320.00 F	*- FL
11	6		*DOOR GARNISH CLIP	Necessary	18.00 F	*18.00 FL
12	10		*DOOR BOARD CLIP	Necessary	50.00 F	*30.00 FL

F=Franchise part. S=SpcNett. L=ListItemDisc.

<b>Sub Total (S\$)</b>	<b>4,313.00</b>	<b>3,783.00</b>
<b>- List Item Discount on L Items 0.00/25.00% (S\$)</b>	<b>0.00</b>	<b>895.75</b>
<b>Total Parts (S\$)</b>	<b>4,313.00</b>	<b>2,887.25</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b><u>Labour Items</u></b>				
1	TO PANEL BEATING, REPAIR & RENEW FRONT LH DOOR & ACCIDENT DAMAGED AFFECTED AREA	New	900.00	500.00
2	TO RESPRAY PAINTING ON ALL ACCIDENT DAMAGE AFFECTED AREA & INNER PARTS OF DOOR PILLAR	New	850.00	600.00
Gross Labour Cost (\$\$)			<b>1,750.00</b>	<b>1,100.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >