

22/03/2002

ASS. REC. BY:

REF:

CS9/P18000081/Sb92

Special Instruction:

Survivor

Mumma

ASSIGNMENT (Office)

From (Person):

Gabriel

of

III

Date/Time:

2/1/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PC9138E

Insured:

SH74650

at Workshop m/s

Sincerelead Garage

Tel:

9815 8858

of 38 Woodlands Ind PK RI #05-13.

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

16/12/17

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

2/1

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction ( ) Estimate

PC9138E-X

SH74650-X

Dismantle Part: 02/01/2018

After repair: 03/01/2018

REF:

III

## 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.

N/S	O/S

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

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time | Action / Instruction

2/1/18 No GIA/Estimate

Veh No:

PC 9135 E

Yr Regn:

2017, Aug 18

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

Truck / Trailer or

Make:

Nissan NV350 MICROBUS 25 CC 2488

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

13545

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JN1TC 2152 67 00/4933

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195 R15C

R:

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

TOYO / YOKO or

Dunlop

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

2/1/18 @ 1:42pm

Survey held at

Sincere head.

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

Frt O/S

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

Date/Time, File Pass to?

☐

Preli. Report

1) 27/01/2018

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$) PRS

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

# 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

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

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

- C Damaged Vehicle Photographs Uploaded

✓			
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## (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


## (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			
INDIA INTERNATIONAL INSURANCE PL		Ref : CS3/III18000081/Sb	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 03-01-2018	
		Code : III2	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.		Veh. Inspected	PC 9135E
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	GABRIEL WEE	Assign Date	02/01/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	16/12/2017	Inspection Date	02/01/2018
Survey held at	38 WOODLANDS IND PARK E1 #05-13		
Repairer	SINCERE LEAD AUTOMOTIVE		
<b>5a. Remarks</b>			

Celine Fong (LKKAuto)

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**From:** Motor Claim - III <motorclaim@iii.com.sg>  
**Sent:** Tuesday, 2 January, 2018 12:18 PM  
**To:** Serene Tan; SUR; Admin-D (LKKAuto)  
**Cc:** Manivel Priyadarshini  
**Subject:** RE: PRE-REPAIR SURVEY - PC 9135E  
**Attachments:** 02012018100450.pdf

Dear Sir / Mdm

**This Pre-Repair Survey is on Without Prejudice Basis.**

THIRD PARTY VEHICLE NO. : PC9135E  
III INSURED VEHICLE NO. : SH7465D  
DATE OF LOSS : 16.12.17

We acknowledge receipt of your email.

**In compliance to Pre-Action Protocol for NIMA cases, we note that**

We disagree to the list of motor surveyors that you have proposed.

Therefore, we have appointed our surveyor LKK AUTO CONSULTANTS to conduct the pre-repair survey.

This claim is handled by Priya.

Please let us have your client's accident report and repair estimate for our appointed surveyor to conclude his report.

**\*\*We would like to conduct a re-survey after spray painting. Please contact our surveyor to arrange.**

**\*\*Surveyor kindly upload this assignment to Merimen.**

Thank You.

*Best Regards,*

**Gabriel Wee**

Motor Claims Dept.

**India International Insurance Pte Ltd**

64 Cecil Street | #05 IOB Building | Singapore 049711

Tel: 6347 6100, Ext - 248

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**From:** Serene Tan [mailto:serene.tan@mneduco.com.sg]

**Sent:** 02 January, 2018 11:01 AM

**To:** Motor Claim - III <motorclaim@iii.com.sg>

**Subject:** RE: PRE-REPAIR SURVEY - PC 9135E

Our Ref : MN.IG.S1.1712120.st

WITHOUT PREJUDICE

SAVE AS TO COSTS

# M NEDUMARAN & CO

Advocates & Solicitors  
Commissioner for Oaths

UEN NO. 53181067D

*Please reply to our Branch Office for this matter*

Nedumaran Muthukrishnan  
LLB (hons) [Buckingham]  
Barrister at Law (Lincoln's Inn)

⇒ Branch Office: 11 Sin Ming Road  
#B2-09 (Unit 2) Thomson V Two  
Singapore 575629  
Tel : 6509-8480 / 6509-8481  
Fax : 6509-8482  
Email : [igene.lim@mneduco.com.sg](mailto:igene.lim@mneduco.com.sg)  
[serene.tan@mneduco.com.sg](mailto:serene.tan@mneduco.com.sg)

Our Reference : MN/IG/S4/1812120/PD/st  
Your Reference : SH 7465D

2<sup>nd</sup> January 2018

BY EMAIL: [motorclaim@iii.com.sg](mailto:motorclaim@iii.com.sg) ONLY

INDIA INTERNATIONAL INSURANCE PTE LTD  
64 Cecil Street,  
#04/06-00, IOB Building  
Singapore 049711

Dear Sirs,

1. NOTICE OF ACCIDENT TO INSURERS AND PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2 OF THE STATE COURTS PRACTICE DIRECTIONS (AMENDMENT NO. 1 OF 2016)
2. ACCIDENT ON 16/12/2017 INVOLVING VEHICLE NOS. PC 9135E AND SH 7465D ALONG BAYFRONT AVENUE.

We are instructed by NJ WHEELCHAIR TRANSPORT (owners of motor vehicle no. PC 9135E) and/or SINCERELEAD GARAGE PTE LTD (the motor workshop for PC 9135E) to notify you of a road traffic accident on 16/12/2017 at about 2250 hours along BAYFROT AVENUE involving our client's vehicle registration number [PC 9135E] and [SH 7465D] driven by you at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

# M NEDUMARAN & CO

Advocates & Solicitors

Page 2

Our Ref : MN/IG/S4/1812120/PD/st

Your Ref : SH 7465D

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As a result of the accident, our client's vehicle has been damaged. Before we proceed to repair the damaged vehicle, please let us know **within 2 working days** of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you with the stipulated timeline, we shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

  
**M NEDUMARAN & CO**  
(Branch Office)  
Encl

c.c. 1) **COMFORT TRANSPORTATION PTE LTD**  
383 Sin Ming Road  
Gas Building  
Singapore 575717

(Vehicle : SH 7465D)

2) **CLAIMANT : NJ WHEELCHAIR TRANSPORT**

(Vehicle : PC 9135E)

3) **NAME OF WORKSHOP : SINCERELEAD GARAGE PTE LTD** (Vehicle : PC 9135E)  
38 Woodlands Industrial Park E1  
#05-13  
Singapore 757700

Telephone : 9815-8858 / 8510-9999  
Facsimile : 6287-7949

(Attention : Raymond/Xiao Fong)

## 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	18/12/2017 14:17
Date Of Accident	16/12/2017 22:50
Exact Location Of Accident	BAYFRONT AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9135E
Insured/Policyholder	
Name Of Registered Owner	NJ WHEELCHAIR TRANSPORT
Co Reg No	B53362571L
Email Address	NJWHEELCHAIRTRANSPORT@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96744877

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 HR MICROBUS-2.5 D 2.5 4DR 5AT ABS D/A (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	LOH QUEK HOON LILIAN NIKKIE JOAN
NRIC No	S1693682J
Date Of Birth	22/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NJWHEELCHAIRTRANSPORT@GMAIL.COM



Address

Postcode

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 COLLISION - CHANGE/CROSS LANE

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) 6

#### 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 SKETCH PLAN

#### 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 SH7465D

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

## 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 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.

#### 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.


X  

Policyholder's Signature / Date & Time

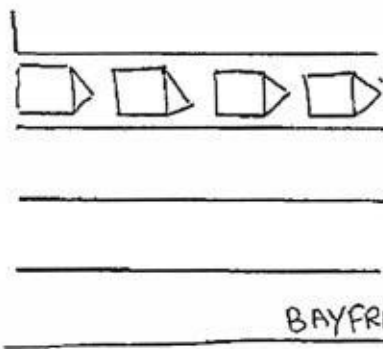
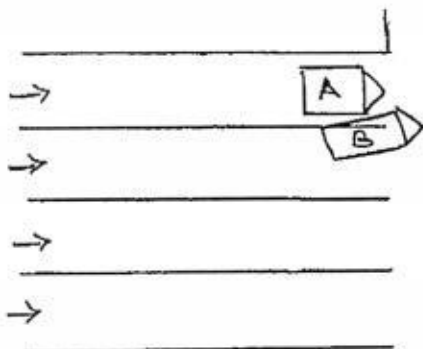
X 

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

MBS LOBBY

  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



(A)

PC 9135E

(B)

SH 7465D

Describe Circumstances of the Accident

At the above time and date .

I was travelling along Bayfront Ave . I was stopped due to traffic ahead of me .

Vehicle B on my right then cut into my lane and hit onto the Right hand front of my vehicle . My vehicle was at a stopped position when the accident happen .

Police advise us to make accident report .

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

Witnessed by Reporting Centre Personnel

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

PR1

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	29 Jan 2018 <a href="#">Edit Reg</a>		02 Jan 2018 00:00 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

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

[Created by adjuster]

Insured:	-, Co. Reg. No.: -		
Main Claimant:	NJ WHEELCHAIR TRANSPORT, Co. Reg. No.: B53362571L		
Vehicle Reg. No.:	PC9135E	Date of Loss:	16/12/2017 22:00 - :59
Claim Type:	TP / MCT17120604	Policy/Cover Note No.:	MCOM0015
Vehicle Reg. No. (Insured):	SH7465D	Policy No. (Claimant):	
		Excess:	
Repairer:	Sincere Lead Automotive () SINCERE LEAD AUTOMOTIVE, 184 WOODLANDS IND PARK E5 #02-01, 757514 Woodlands - Tel: 98158858		
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Priya]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Sebastian Yeang Wai Keen] ... [Final Rpt due 06/02/2018]		

### 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

**\*PC9135E (MCT17120604)**  
**[SH7465D]**  
**TP**  
**NJ WHEELCHAIR TRANSPORT**  
**Dec 16 2017 10:00PM**  
**[-]**  
**Sincere Lead Automotive**

Upload Documents Upload Photos Compose New Letter

View View in Browser ▼

Documentation				1 per page ▼	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	27/01/18 12:43	LKKPhotosIn6-1		Load PDF	
2	27/01/18 12:43	LKKPhotosIn6-2		Load PDF	
3	27/01/18 12:43	LKKPhotosIn6-3		Load PDF	
4	27/01/18 12:44	Email from Insurance		Load PDF	
5	27/01/18 12:44	LAWYER LETTER		Load PDF	
No	Finalized On	India International Insurance Pte Ltd (HQ)		Thumbnail	Print
1	29/01/18 08:44	Singapore Accident Statement		Load PDF	

## Documents Checklist

### DOCUMENTS CHECKLIST

Reset Save Print

There are no document checklists configured.

### Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

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: CS3/III18000081/SBS2

Date: 02/02/2018

## REFERENCE

Handling Insurer:	India International Insurance Pte Ltd	Policy No:	MCOM0015	
Claimant Vehicle No :	PC9135E	Insured Vehicle No :	SH7465D	
Date of Loss:	16/12/2017	Nature of Claim:	TP	Claim No: MCT17120604

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	PC9135E			Engine No:	YD25428200A
Make & Model:	NISSAN NV350 HR MICROBUS, 2.5 D 2.5 4DR 5AT ABS D/A (A)			Chassis No:	JN1TC2E26Z0014933
Reg. Date:	18/08/2017 (Man. Year: 2017)			Odometer:	13565 km
Colour:	Silver				
Engine Capacity:	2488 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:	Fair	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	

## CONDITION OF TYRES

Front Tyre Size:	195 R15C	Rear Tyre Size:	195 R15C
Front Left Side:	Dunlop 6 mm	Rear Left Side:	Dunlop 6 mm
Front Right Side:	Dunlop 6 mm	Rear Right Side:	Dunlop 6 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	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

## INSPECTION

Date of Assignment:	02/01/2018	
Date Inspected:	02/01/2018	Inspected At: 38 WOODLANDS IND PARK E1 #05-13 Repairer: Sincere Lead Automotive 280 WOODLANDS INDUSTRIAL PARK E5 #02-10 SINGAPORE 757322
Estimated Period of Repair:	0.0 days	

Adjuster: Sebastian Yeang Wai Keen

Manager: CATHERINE CHONG KAI LING

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.



## REPAIR DETAILS

### Reference

**Part Source:** (Last Synchronised: 02 Feb 2018)

**Parts:** N/A NISSAN NV350 HR MICROBUS 2.5 D 2.5 4DR 5AT ABS D/A (A) (Model not available in database)

**Labour:** Repairer's (Price-denominated Standard List)

**Print Code:** (Unsubmitted, no print-code for PC9135E)

**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 >