ASS.REC.B)	- (- (1 (800)) 439/ KI POZ
Menmen	ASSIGNMENT (Office)
From (Person Estimated Co	rene Tay of CTI Detection Illol 2018@ 4:12pm
	S/TP RES / OD RES / EVA / INV / MV / CS
To Inspect V	chisle No: SFN 4824T Insured SKB 6477C Insured SKB 6477C Tel: 65155988
at Workshop	Wah Hong Motors Tel 65155988
of 387	Joh Guan Road East #01-57
Policy No.	DMPCSN1632041701 Claim No: SNM18D00167C02
Sum Insured	Excelor:
Make of Veh (Client's Recor	The state of the s
CA / REV	/ REP. / REV 24 HRS WP/
Date/Time:	12/01/2016 Person Contacted: Michael Vehicle (IN) OUT
Date/Time	Action/Instruction () Estimate
	SEN 48247-X
	3k86474C-x
	Confirm 115 \$ 5150.00, 10 days
-	Red \$ 2194, 20%.

.



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

1	HINA TAIDING INC.	ffiliated to Federation Inte	rnationale Des Experts En Aut	tomobile
ľ	CHINA TAIPING INSURA	NCE (S) PTE LTD	Ref : CS/CTI1800	
S	ANSON ROAD #16-00 PRINGLEAF TOWERSIN	GAPORE 079909	Date: 12-01-2018 Code: CTI	
1.		Policy Particul	lars :- THIRD PARTY CL	A 18.8
		B 6477C	Veh. Inspected	
	Policy No. DN	PCSN1632041701	Coverage (\$)	SFN 4824T
	Claim No. SN	M18D00167C02	Excess (\$)	0.00
	Assign From ME	RIMEN (IRENE TAY)	Assign Date	0.00
2.		Vehicle P	articulars & Condition	12/01/2018
	Make & Model		c.c	
	Engine No. HID	DEN	Year of Reg.	0
	Chassis No.		Colour	
	Odometer -		Steering	
	Brakes		Modification	
	General		Modification	
¥.	I CONTRACTOR	Conc	litions of Tyres	
	Size	90110	Make	THE RESERVE OF THE PARTY OF THE
	R/H Front Tyre		Make	Balance
	L/H Front Tyre			mm
	R/H Rear Tyre		_	mm
	L/H Rear Tyre			mm
		Descrip	tion of Dame	mm
		Descrip	tion of Damages	La Carte de la car
	English to the	Gener	al Information	
	Accident Date 08/01/	2018	A STATE OF THE STA	Dar Lander Control
	_	HONG & CREDIT PTE LT	Inspection Date	12/01/2018
	38 TO #01-57	H GUAN ROAD EAST ENTERPRISE HUB PORE 608581		
U	English Street To F	D. C.	lemarks	
	A)THE INSPECTION WAS	COMPLICATION	13 9 24 15 17 17 17 17 17 17 17 17 17 17 17 17 17	
_	B)IN ACCORDANCE TO Y	OUR INSTRUCTIONS, W	VE HAVE NOT ALITHOPIES	D DEDAMO

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

CLAIM SUE	FOLDER TRAC	KING					
Case	Notified	Est Submitted	Ad) Assigned	Adj Rpt	Adi Submitted	Ins Authled	Status
Main	09 Jan 2018		11 Jan 2018 16:12 Assign			100 - 100 - 100	New Assignment Cancel Case
	Main	Refere	nce	Claim Detai	is	Documents	Show All
CLAIM SU	BFOLDER DET	AILS			-		
Insured:		SING MOH F	ECTRICAL EN	GINEERING PTE L		[Created by	insurer]
Main Claim	ant:	CHUA KOK CI		4281848	.ID, Co. Reg. No	.: 198802810H	
Vehicle Reg	1. No.:	SFN4824T	1011, 10.57	Date of Lo	055:	08/01/2018 0	7:00 - :59
Claim Type		TP / SNM18	D00167C02	Policy/Cov	ver Nate No.:	DMPCSN1632	041701
Vehicle Reg	. No. (Insured):	SKB6477C		Policy No.	(Claimant):	ZVASSB00268	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
				Excess:		540.00	
Repairer:		Wah Hong Mc East - Tel: +65	otors & Credit 65155988	Pte Ltd (HQ) 38 T	oh Guan Road Eas	t, #01-57, Enterpr	ise Hub, 608581 Juron
Handling In	surer:	China Taiping Ping - 638986	Insurance (Si	ngapore) Pte. Lt	d. (HQ) - Tel: 638	9 6111 [Handle	d by Irene Tay Hui
Claimant's	Insurer:			pany, Ltd (HQ) -	Tel: 62201189		
Adjuster:		LKK Auto Con	sultants Pte Li	d (HO) - Tel: 625	6-3561 [Final	Rpt due 22/01,	/20101
Driver/Cust	odian (Insured):	GOH CHIN HOE	(52 / Male),	NRIC: S1694560I,	Tel: +65976496		2016]
Adj Asg. Re	marks:	EST \$8378.08,			1011 100070450		
ASSOCIAT	ED MAIL RECE	IVED				1000	1
There are n	o mall for this car	se.				View All	Compose Case Mail
ALL ASSO	CTATED TACKS				A 40 A 44		
	CIATED TASKS				View All Sea	rch Tasks Create	New Task Complete
ALL ASSO			Subject	Handler Assi			New Task Complete

Name:

CHUA KOK CHIOW

Address:

Blk 275B Jurong West St 25 #11-113 Singapore 642275

Policy Number:

ZVASSB0026801706

Date :

9-1-18

Quotation for Reinstste / Repairs for vehicle

Vehicle No:

SFN4824T

Parts Replacement - Cost Price

Cost Price

1 Pc	Front Support Panel		\$	560.00 H
1 Pc	Front Bonnet		S	450.00 14
1 Pc	Front Bumper		S	480.00DE
1 Pc	Front R/H Headlamp		S	460.00 CR4 -
1 Pc	Front L/H Headlamp		\$	460.00 CRA /
1 Pc	Front Grille Base		\$	155.00
1 Pc	Front R/H Grille		5	120.00 MLS
1 Pc	Front L/H Grille		\$	120.00 03
1 Pc	Front Bonnet Lock		\$	95.00 74
1 Pc	Rediator		S	480.00 TAA
I Pc	Air Condenser	112.2	s	460 00 84
1 Pc	Rediator Fan Motor	4894	\$	380.00
1 Pc	Air Condenser Fan Motor		\$	380.00 1
1 Pc	Rear Bumper		S	400.00 F-
1 Pc	Rear Eng Paner		s	450.00 R
1 Pc	Rear R/H Bumper Bracket		S	32.00
1 Pc	Rear L/H Bumper Bracket		S	32.00 0
1 Pc	Front R/H Bumper Bracket		S	30.00
1 Pc	Front L/H Bumper Bracket		S	30.00
I Set	Rear Sensor		S	120.00
1 Pc	Front Number Plate		S	30.00 €
			S	5,694.00
			Cost+	

MISC & Labour & Charges

I job To remove and replace all the parts mentioned adove and knocking

and straighten up the necessary affected areas

I job To spray painting on affected areas

Labour's Total : _S 1,650,00 Sub-Total: \$ 7,344,00

GST 7%: 514.08

Grand Total: S 7,858.08

Thank You Your Faithfully,

Michael Tee

Tel: 6773 7377

Michael Tee LKK Auto Consultants hence notify
Wah Hong Motors & Cardio Bird of the following:

* To resurvey before/after spray painting

To display damaged part(s) during resurvey

Fax: 6896 6321 Email: michael@wahhompsges are subject to confirmation

. Third party survey is on a "Without Prejudice" basis

. No illegal modification(s) is allowed.

. Supplementary Item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

38 Toh Guan Road East #0 Dat Enterprise Hub Singapore 608584. Tel 6515 5988 Fax: 6896 6321 Email: enquiry@wahhong.sg

WAH HONG

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 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 witholding 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.
- 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	09/01/2018 09:52
Date Of Accident	08/01/2018 07:25
Exact Location Of Accident	ALONG KJE SLIP ROAD TO BKE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFN4824T
Insured/Policyholder	
Name Of Registered Owner	CHUA KOK CHIOW
NRIC No	S7428184B
Email Address	CHEW.AMBERLY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97693301
Alternative Phone No	OFFICE-97693301
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER-1.6 (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	ZVASSB0026801706
Cover Note Number	
Driver	
Name of Driver	AMBERLY CHEW SEE HONG
NRIC No	S7809049I
Date Of Birth	09/04/1978
Occupation	INDOOR
Date Of Driving Pass	23/11/2011
Driving Experience	6 YEARS AND 1 MONTH
Gender	FEMALE

(LOCAL) +65-97693432

CHEW.AMBERLY@GMAIL.COM

BLOCK 275B JURONG WEST STREET 25 Address

#11-113

642275 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES

Was any other material or property damaged?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

Please refer to the attached Sketch Plan and the accident details

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKB6477C

Vehicle Make/Model/Colour

VEHICLE (B)

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ALFRED

NRIC/Passport Number

Contact Number

97649647

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKK7986X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

VEHICLE (C)

PRIVATE CAR

DESMOND

96539323

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE



- 1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for effling
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 3 This Form must be completed by the Policyholder and/or the Authorised Driver.
- 4. Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 5. 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 Traffic Police Department for investigation.

ACCIDENT STATEMENT	and an arrange for investigation.
Date and Time of Accident	Date: 8 Jan 2018 Time: 7.25cm
Exact Location of Accident	Alona ktt - 1.25cm
DETAILS OF OWN VEHICLE	Along KJE exit 1 into BKE
Vehicle Registration Number	SFN 4824T
INSURED / POLICYHOLDER (OWN VEHICLE)	511116271
Name of Registered Owner (See Insurance Cert.)	Chun Kok Chian
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	874281848
- Not Applicable	976 97693101
VEHICLE PARTICULARS (OWN VEHICLE)	17th 97693301
Vehicle Make / Model	Manufacturer Mits-Bishi Model Convw
ype of Vehicle* xact Purpose for which vehicle was being used at time of coldent	Saloon MPV ORV Ovan Lorry Bus Micycle Others.
are you claiming under your own insurance policy for repair our vehicle?	Trisele.
ehicle Category*	O Pennis O Co.
NSURANCE COMPANY (OWN VEHICLE)	Private Commercial Motorcycle
ame of Insurance Company *	Allied World
ype of Policy	
est Policy	Comphensive Third Party Fire & Theft TP Only
olicy Number	O Yes Q No
otor CI	ZV955B 0026801706
RIVER	O Samuel
me of Driver	Same as Insured above
rsonal Identification - NRIC (Singaporean/PR)	Amberly then See Hong
- FIN/Passport Number	\$7809049I
te of Birth	09 dd/ 04 mm/ 78/w
ving Date Pass	23.40.10
ar of Driving Experience	109
supation	Floris Office
nder	Male Pemale O Indoor Outdoor
stact Number / Mobile Phone / Fax No.	97693431

	C
Address of Driver	BIK 2758 Jarrang West St 25
Email Address	# 11-113 Postcode (64-2275
Was driver an employee of the Insured's Company?	chew amberly e gnail com
If No, Relationship of the Driver with the Insured	O Yes Ø No
Vehicle Registration Number of Driver's Own	Spource
Vehicle Registration Number of Driver's Own Vehicle (if	○ Yes ② No
(applicable)	
Insurance Company of Driver's Own Vehicle (if applicable	
GENERAL INFORMATION OF THE ACCIDENT	Т
Type of Collision (Eg. Chain collison, Head-On collision, Si Swipe, Front to Rear)	de Chain Collison
Weather Conditions	0 8 6
Road Surface	0 0 0
OTHER INFORMATION	O Dry Wet O Others
A STATE OF THE STA	
Was any foreign vehicle involved in this accident?	O Yes O No
Nas any body injured in the accident?	O Yes ONo
Vas any other vehicle or property damaged?	O Yes O No
Vas there any video captured by Car Camera?	O Yes O No
lumber of Passengers (Including Driver)	
ETAILS OF POLICE ACTION	
as the Accident reported to the Police?	Yes No (If Yes, please state which Police Station.)
olice Station Name	C 10 () 163, please state which Police Station.)
olice Station Address	
slice Station Contact	Tel No.
	Pax No.
as notice of intended Prosecution given?	Yes No (If Yes, against whom?)
ETAILS OF OTHER VEHICLE / PROPERTY 1	
hide Registration Number	SKB 6477C (R)
hide Make/ Model/ Colour	
talls of Properties	ttyundai *
ne of Driver	ALC: 1
sonal Identification - NRIC (Singaporean/PR)	Alfred
- FIN/Passport Number	
tact Number	0-11
	9764 9647
ress	
ne of Insurance Company	
THE CONTRACTOR OF THE CONTRACT	
re of Damage	
of Damage of Passenger (Including Driver)	

Details of Witness 1	
Name	
Phone	
Email Address	
Details of Witness 2	
Name	
Phone	
Email Address	
Details of Injured Person 1	
Name	
Address	
oproximate Age	
njuries Sustained	
vehicle occupants, state in which vehicle?	
/ere seat belts worn?	0 *** 0 **
las injured conveyed to hospital by ambulance?	O Yes O No
	O Yes O No
etails of Injured Person 2	
ame	
bdreas	
proximate Age	
uries Sustained	
ehicle occupants, state in which vehicle?	
ere seat beits worm?	O Yes O No
is injured conveyed to hospital by ambulance?	O Yes O No
tails of Injured Person 3	
ne	
ress	
roximate Age	
ries Sustained	
iles austeilled	
hicle occupants, state in which vehicle?	
	○ Yes ○ No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
- 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
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to the GIA Records Mangement Centre establised 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.
- Consent under the Personal Data Protection Act (PDPA)

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' law yers/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
- (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 wiell as on the external cover of envelopes/mail
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

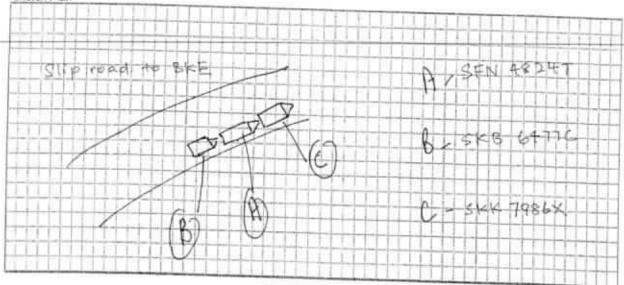
(collectively the "Purposes")

- (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.

Driver's Signature (if or

Witnessed by Reporting Centre Personnel

Sketch Plan



1	Du 8 Jan 2010 - 4 Al. 4
	On 8 Jan 2018 at about 7.25 am, I was striving my vehicle SFN 4824.
	to the relation of the state of
	, seednessy I telt impact for the
	and hit the car in faut I and
	check the damage The lands I
	my car was also domaged, like reduced
	particulars as follows:
	TP vehicle number (B) SKB 64TTC
	Alfred (976+ 9647)
	TP vehicle number (C) SKK 7986X
	Desmand (9653 9323)
_	
	ANT NOTE eneral Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence
COV	ery of damage whether or not to claim under the policy. Please check your policy for more information.

Driver's Signature (if driver is not the policyholder) / Date

& Time

Page 5

Witnessed by Reporting Centre Personnel

Vehicle Registration Number	SKK 7986 X	
Vehicle Make/ Model/ Colour	100%	
Details of Properties		
Name of Driver	Desmond	
Personal Identification - NRIC (Singaporear/PR)	-	
- FiN/Passport Number		
Contact Number	96539323	
Addresa		
iame of Insurance Company		
io, of Passenger (Including Driver)		
lame of Insurance Company		

DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal identification - NRIC (Singapore arvPR)	
- FINiPasaport Number	
Contact Number	
Address	
Name of Insurance Company	
lo. of Passanger (Including Driver)	
lame of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY	
Vehicle Ragistration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passanger (Including Driver)	
Name of Insurance Company	

Enquire PARF/COE Rebate for Registered Vehicle

0		
Owner ID Type:	Singapore NRIC	
Owner ID:	8184B	
Vehicle Details		
Vehicle No.:	SFN4824T	
Vehicle to be Exported:	No	
Intended De-registration Date:	15 Jan 2018	
Vehicle Make:	MITSUBISHI	
Vehicle Model:	LANCER 1.6 M	
Primary Colour:	Red	
Manufacturing Year:	2004	
Engine No.:	4G18DX7180	
Chassis No.:	JMYSNCS3A5U000328	
Maximum Power Output:	79.0 kW (105 bhp)	
Open Market Value:	\$13,170.00	
Original Registration Date:	21 Oct 2004	
First Registration Date:	21 Oct 2004	
Transfer Count:	0	
Actual ARF Paid:	\$14,487.00	
Intended PARF Rebate Details		
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	552	
PARF Rebate Amount:	\$0.00	
ntended COE Rebate Details		

COE Expiry Date:	30 Sep 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$31,690.00
COE Rebate Amount:	\$10,827.00
Total Rebate Amount:	\$10,827.00
Message	
그들이 하는 아이는 이번 이번 이번 아이를 하는 것이 되었다면 다른 사람들이 되었다면 하는 것이다.	this vehicle cannot be further renewed. The vehicle must be nen the vehicle reaches its statutory lifespan (if applicable),

The information contained herein is correct as at 15 Jan 2018

ОК

18,000

Merimen e-Claims Page 1 of 1

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

Case !!	Notified	Est Submitted	Adj Assigned	Adj Rpt	A	ij Submitted	Ins Auth'ed	Status		
Main	09 Jan 2018		11 Jan 2018 16:12 Edit Adj Apt	\$\$5,150 Edit Est	0.00 S	\$5,150.00 View Rpt		Repor	ing for S rt cel Case	Survey
	fain	R	eference		laim Detail		Documen	ts		Show All
CLAIM SUE	FOLDER DE	TAILS				[Created	by insurer]			
Insured:	d: SING MOH ELECTRICAL ENGINEERING PTE LTD, Co. Reg. No.: 198802810H									
Main Claimant:	CHUA KO	CHUA KOK CHIOW, ID: 57428184B								
Vehicle Reg. No.:	SFN482	4T			Date of Los		3 07:00 - :59 hs and 18 Days	From LTA Re	eg Date	(Man Yr)
Claim Type:	TP / SN	418D00167C02			Policy/Cove Note No.:	DMPCSN16	32041701 (Com	prehensive)		
Vehicle Reg. No. (Insured):	SK86477	с			Policy No. (Claimant):	ZVASSB00	26801706			
					Excess	S\$0.00				
Repairer:	Wah Hon 7377	g Motors & Credi	t Pte Ltd (HQ) 38	Toh Guan R	load East, #	11-57, Enterpri	se Hub, 608581	Jurong East	- Tel: +	65 6773
Handling	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 [Handled by Irene Tay Hui Ping - 638986192]									
Insurer:	Cimia rai	ping Insurance (Singapore) Pte. L	ta. (HQ)	1611 0303 01	11 francies	by frene ray	rian ring	0203061	921
Claimant's			ompany, Ltd (HQ)			11 [nanole	by Irene ray	The state of the s	0309001	92]
Claimant's Insurer:	Allied Wo	rld Assurance Co		- Tel: 6220	1188					
Insurer: Claimant's Insurer: Adjuster: Driver/Custo dian (Insured):	Allied Wo	rld Assurance Co	ompany, Ltd (HQ) Ltd (HQ) - Tel: 62	- Tel: 6220 56-3561	1188					
Claimant's Insurer: Adjuster: Driver/Custo dian	Allied Wo	rid Assurance Co Consultants Pte	ompany, Ltd (HQ) Ltd (HQ) - Tel: 62	- Tel: 6220 56-3561	1188 [Handled by					
Claimant's Insurer: Adjuster: Driver/Custo dian (Insured): Adj Asg. Remarks:	Allied Wo	rid Assurance Co Consultants Pte HOE (52 / Male), .08, SJE CASE.	ompany, Ltd (HQ) Ltd (HQ) - Tel: 62	- Tel: 6220 56-3561	1188 [Handled by		L) (Final R	pt due 22/	/01/20	18]
Claimant's Insurer: Adjuster: Driver/Custo dian (Insured): Adj Asg. Remarks:	Allied Wo LKK Auto GOH CHIN EST \$8378	rid Assurance Co Consultants Pte HOE (52 / Male), 1.08, SJE CASE. CEIVED	ompany, Ltd (HQ) Ltd (HQ) - Tel: 62	- Tel: 6220 56-3561	1188 [Handled by		L) (Final R	pt due 22/	/01/20	
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Claim Documents

*SFN4824T (SNM18D00167C02)

[SKB6477C]

TP

CHUA KOK CHIOW

Jan 8 2018 7:00AM

[SING MOH ELECTRICAL ENGINEERING PTE LTD]

Wah Hong Motors & Credit Pte Ltd

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Linked Accident Report Documents

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Merimen e-Claims Page 4 of 4

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save Pri
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. Pava 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/CTI18000739/R1RD3Q2

Date:

17/04/2018

REFERENCE

Handling Insurer:

China Taiping Insurance (Singapore) Pte. Ltd.

Policy No:

No:

DMPCSN1632041701

Claimant Vehicle

SFN4824T

Insured Vehicle

SKB6477C

Date of Loss:

08/01/2018

Nature of Claim: TP

Claim No:

SNM18D00167C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

No:

SFN4824T

Make & Model:

MITSUBISHI LANCER, 1.6 (M)

Engine No:

4G18DX7180

281656 km

Reg. Date:

21/10/2004 (Man. Year: 2004)

Chassis No: Odometer:

JMYSNCS3A5U000328

Colour: Engine Capacity:

1584 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:

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

195/55 R15

Rear Tyre Size:

195/55 R15

Front Left Side:

Yokohama 5 mm

Rear Left Side:

Yokohama 5 mm

Front Right Side:

Yokohama 5 mm

Rear Right Side:

Yokohama 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	5,724.00	4,894.00	830.00	14.50
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,650.00	1,550.00	100.00	6.06
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	7,374.00	6,444.00	930.00	12.61
Approved Total (Overridden) (S\$)		5,150.00		
(S\$)	7,374.00	5,150.00	2,224.00	30.16
+ GST 7.00/7.00% (S\$)	516.18	360.50	155.68	30.16
Nett Amount (S\$)	7,890.18	5,510.50	2,379.68	30.16

INSPECTION

Date of Assignment:

11/01/2018

Date Inspected:

12/01/2018 Inspected At:

Wah Hong Motors & Credit Pte Ltd (HQ)

38 Toh Guan Road East, #01-57,

Enterprise Hub Singapore 608581

Estimated Period of Repair:

10.0 days

Adjuster Report Page 2 of 4

Adjuster: MOHD RASUL 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.

Adjuster Report Page 3 of 4

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 17 Apr 2018)

Parts: 143 MITSUBISHI LANCER 1.6 (M) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SFN4824T)

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 SUPPORT PANEL	Bent	560.00 F	*560.00 F
2	1		*FRONT BONNET	Bent	450.00 F	*450.00 F
3	1		*FRONT BUMPER	Deformed	480.00 F	*480.00 F
4	1		*FRONT R/H HEADLAMP	Cracked	460.00 F	*460.00 F
5	1		*FRONT L/H HEADLAMP	Cracked	460.00 F	*460.00 F
6	1		*FRONT GRILLE BASE	Missing	155.00 F	*155.00 F
7	1		*FRONT R/H GRILLE	Missing	120.00 F	*120.00 F
8	1		*FRONT L/H GRILLE	Distorted	120.00 F	*120.00 F
9	1		*FRONT BONNET LOCK	Bent	95.00 F	*95.00 F
10	1		*RADIATOR	Cracked	480.00 F	*480.00 F
11	1		*AIR CONDENSER	Bent	460.00 F	*460.00 F
12	1		*RADIATOR FAN MOTOR	Serviceable	380.00 F	*-F
13	1		*AIR CONDENSER FAN MOTOR	Necessary	380.00 F	*380.00 F
14	1		*REAR BUMPER	Deformed	400.00 F	*400.00 F
15	1		*REAR ENG PANER	Repair	450.00 F	*-F
16	1		*REAR R/H BUMPER BRACKET	Necessary	32.00 F	*32.00 F
17	1		*REAR L/H BUMPER BRACKET	Necessary	32.00 F	*32.00 F
18	1		*FRONT R/H BUMPER BRACKET	Necessary	30.00 F	*30.00 F
19	1		*FRONT L/H BUMPER BRACKET	Necessary	30.00 F	*30.00 F
20	1		*SET REAR SENSOR	Necessary	120.00 F	*120.00 F
21	1	90.1E1	*FRONT NUMBER PLATE	Deformed	30.00 F	*30.00 F
F=Fra	inchise p	part		Total Parts (S\$)	5,724.00	4,894.00

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
Lab	our Items			
1	TO REMOVE AND REPLACE ALL THE PARTS MENTIONED ABOVE AND KNOCKING AND STRAIGHTEN UP THE NECESSARY AFFECTED AREAS	New	850.00	800.00
2	TO SPRAY PAINTING ON AFFECTED AREAS	New	800.00	750.00
	Gross Lab	our Cost (S\$)	1,650.00	1,550.00
	Report was unsubmitted duri	ng this print-out		

< END OF ESTIMATES >