winen CQQ From (Person) Gabriel Estimated Cost		ENT (Office)	_ DEET== IS/all80	5:13pm
Fo Inspect Vehicle No: Workshop m.s 3 of 25 kuki Bk+ Pe	SKS 5567T S Motorwerkz Co d 4 Syregy # 0	reept 01-12	SHA 3514P Tel 9797 2800	
Policy No: Sum Insured:	*	Claim No:	₩.	
Make of Veh; (Client's Resord) CA / REV / REP. / REV; Date Time: 5:32pm@15/		le loi lii jau	D.O.A. 12 (01) 2018 H.O.D. Taconsons Table (B) OUT	
Date Time Auton Instruct SKS 55	χ -			09/14

Survey Department Check List (Case Handler)

		Case Handler	Typist
desis/): Case handler to make sure all Inform	1077 (717) FEB 12 4 (11) TO REPORT (11)	A 18/40/2007
dmin (): Case handler to make sure all inform Assign Form	Y-Date N-Date	
C	Reference No.	1 Date 14 Date	Toute it bute
C	Customer Code	1	
N		1	
	Assign From	V	
C	Assign Date	/	1
C	Veh No (Inspected)	V	
C	Veh No (Insured)	/	
C	D.O.A	V	-
С	Policy No		
С	Claim No	-	-
С	Insurance Authorisation (CA /REV/REP)		
С	Report Type		-
C	Weekend Charges		
N	Survey held at/Repairer	~	
С	Excess		
Surveyo	r (): Case handler to make sure t	he surveryor completed	d all required information
	nment Form		
C C	Vehicle No		
C	Regn Month/Year	/	
	Vehicle Type		
N	Make & Model		
С	Engine Capacity. (C.C)		
N	Colour		
c	Odometer. (Sp.Reading)	1/	
C	Chassis No	/	
N	General Condition	/	
N	Steering		
N	Brake		
N	Modification (Modi)		
С	Tyre Size	/	
N	Tyre Make	1	
С	Tyre Balance	/	
С	Date of Inspection		
N	Survey held	/	
N	Des.of Damages	/	
	The state of the s		
(2) Syste	m - (Views/Merimen) Damaged Vehicle Photographs Uploaded		
	shop Estimate/Assignment Form	7	
N	ALL Parts condition		
С	Market Value for OD cases		
С	Estimate Repair Cost for PRI (RSI, TMI, MSIG)		
C	Days of repair		
С	Finalised Amount		
C	Re-inspection Cases to Finalize within 5 Days		
	em - (Views/Merimen)		
C	Resurvey photo Uploaded		

Case Handler

Date



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 Intern	nationale Des Experts En Autor	mobile
INDI	A INTERNATIONA	L INSURANCE PL	Ref : CS3/III180008	84/Gd3
	ECIL STREET 02 IOB BUILDING	SINGAPORE 049711	Date: 15-01-2018 Code: III2	
1.	and Alexander	Policy Particula	ars :- (THIRD PARTY CLA	JM)
	Insured Veh.	SHA 3514P	Veh. Inspected	SKS 5567T
	Policy No.		Coverage (\$)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From	GABRIEL WEE	Assign Date	15/01/2018
2.		Vehicle P	articulars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	*	Steering	
	Brakes		Modification	
	General			
3.		Cor	nditions 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.		Desci	ription of Damages	
-		Cor	neral Information	
5.	Accident Date	12/01/2018	Inspection Date	The state of the s
	Survey held at	3 MOTORWERKZ		
	Jan 10, mora ut	25 KAKI BUKIT ROAD 4 SYNERGY @ KB #01-42 SINGAPORE 417800		
5a.			Remarks	
	B) THE REPAIR E	ON WAS CONDUCTED ON A STIMATE WAS NOT PRESE VAS TOLD TO PREPARE TH LEASE FIND DAMAGED VEH	NTED AT THE TIME OF INSI E ESTIMATE.	ASIS. PECTION.

Nivitha (LKK Auto)

From:

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

Sent:

Monday, 15 January 2018 5:13 PM

To:

Jialin; 'sur@lkkauto.com'; Catherine Chong (LKK Auto)

Cc:

Natalie Lee

Subject:

RE: ***SPAM*** PRE-REPAIR INSPECTION FOR VEHICLE NO. SKS5567T (Accident

involving SKS5567T and SHA3514P on 12.01.2018)

Attachments:

sha3514p_20180115135808.pdf

Dear Sir / Mdm

This Pre-Repair Survey is on Without Prejudice Basis.

THIRD PARTY VEHICLE NO.

SKS5567T

III INSURED VEHICLE NO.

SHA3514P

DATE OF LOSS

12.01.18

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 CONSULTANT to conduct the pre-repair survey.

This claim is handled by Natalie.

Please let us have your client's <u>accident report and repair estimate</u> 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

From: Jialin [mailto:riaz@justice.com.sg]

Sent: 15 January, 2018 4:30 PM

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

Subject: RE: ***SPAM*** PRE-REPAIR INSPECTION FOR VEHICLE NO. SKS5567T (Accident involving SKS5567T and

SHA3514P on 12.01.2018)

WITHOUT PREJUDICE

Dear sirs,

We refer to your below email.

On behalf of our client, we disagree with your appointment and nominates as the surveyor.

Please choose one out of the surveyor from the list below:-

- Chang Fuh Keong, Dave 1.
- Ho Joo Loong, Danny 2.
- Dennis Yap 3.
- Michael Yap 4.
- Lee Kok Weng 5.
- Winson Goh 6.
- Ong Ah Keng, Kent 7.
- Ong Poh Meng 8.
- Seah Kwang Boon 9.
- Thor Teck Soon, David 10.

Kindly revert within the allotted time pursuant to NIMA protocol.

Thanks and Best Regards,

HUILING RIAZ LLC 133 NEW BRIDGE ROAD # 09-09 CHINATOWN POINT SINGAPORE 059413 TEL: 6534-0110 FAX: 6534-0220

**** DISCLAIMER****

THIS EMAIL AND ANY FILES TRANSMITTED WITH IT ARE CONFIDENTIAL AND SUBJECT TO LEGAL PROFESSIONAL PRIVILLEGE AND INTENDED SOLELT FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHO THEY ARE ADDRESSED. IF YOU HAVE RECEIVED THIS EMAIL IN ERROR PLEASE NOTIFY THE SYSTEM MANAGER. THIS MESSAGE CONTAINS CONFIDENTIAL INFORMATION AND IS INTENDED ONLY FOR THE INDIVIDUAL NAMED. IF YOU ARE NOT THE NAMED ADDRESSEE YOU SHOULD NOT DISSEMINATE, DISTRIBUTE OR COPY THIS EMAIL. PLEASE NOTIFY THE SENDER IMMEDIATELY BY EMAIL IF YOU HAVE RECEIVED THIS EMAIL BY MISTAKE AND DELETE THIS EMAIL FROM YOUR SYSTEM. IF YOU ARE NOT THE INTENDED RECIPIENT YOU ARE NOTIFIED THAT DISCLOSING, COPYING, DISTRIBUTING OR TAKING ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS INFORMATION IS STRICTLY PROHIBITED.

From: Motor Claim - III [mailto:motorclaim@iii.com.sg]

Sent: Monday, 15 January 2018 2:19 PM

To: Huiling <ri>iaz@justice.com.sg>

Subject: ***SPAM*** PRE-REPAIR INSPECTION FOR VEHICLE NO. SKS5567T (Accident involving SKS5567T and

SHA3514P on 12.01.2018)

Dear Sir / Mdm,

We acknowledge receipt of your letter.

We proprose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

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

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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India International Insurance Pte Ltd.

Registration No. 198703792-K

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission

or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment. India International Insurance Pte Ltd.

Registration No. 198703792-K



ADVOCATES AND SOLICITORS COMMISSIONER FOR OATHS

ACRA NUMBER : 200911678H

GST REGISTRATION NUMBER ; 200911678H

15/01/2018

Our Ref: SKS 5567T (V) 3 MOTOR

Your Ref: SHA 3514P

RIAZ QAYYUM ILLA HONSI NUS

(DIRECTOR)

TAN KOK SIANG (LLB HONS) LON

(ASSOCIATE)

ABDUL HALIM BIN ROSALAN (LLE HONS) UTAS

India International Insurance Pte Ltd TO:

64 Cecil Street #04/#05 IOB Building Singapore 049711

Attn: Motor Claims Department

BY FAX ONLY (6224-4174)

NOTICE OF ACCIDENT

Dear Sir

We are instructed by our client to notify you of a road traffic accident on 12 January 2018 at about 0700 hours along PIE involving our client's vehicle registration number SKS 5567T and vehicle registration number SHA 3514P driven by you or your authorized driver at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client/ 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 within the stipulated timeline, our client /we shall proceed to repair the vehicle without further reference to you.

Please be informed that the said vehicle can be inspected at:

Name of workshop

3 MOTORWERKZ CONCEPT PTE LTD

Address

25 Kaki Bukit Road 4 Synergy @ KB #01-42

Singapore 417800

Telephone no.

9797 2800 (Jay)

Fax No.

6702 1909

Please let us hear from you by the stipulated time.

Yours faithfully

Client

FOR SURVEYOR

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

Appointed surveyor (Name & signature)

Date & time of inspection

133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT SINGAPORE 059413 FAX: 65340220 EMAIL: RIAZOJUSTICE.COM.SG TEL: 65340110 (PLEASE NOTE THAT OUR FAX IS NOT FOR SERVICE OF COURT DOCUMENTS) WWW.INJURYCLAIMS.SG



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

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	
12/01/2018 11:39	

Date Of Report 12/01/2018 07:00 Date Of Accident

PIE TOWARDS TUAS (BEFORE JALAN EUNOS EXIT) Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SKS5567T Vehicle Registration Number

Insured/Policyholder

ONG BEE LAY Name Of Registered Owner S7020175E NRIC No

BL220670@GMAIL.COM Email Address (LOCAL) +65-81271125 Mobile Phone No OTHERS-81271125 Alternative Phone No

Vehicle Particulars

MITSUBISHI Manufacturer LANCER-1.6 (A) Model

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?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

MT/00295851/01 Policy Number

Cover Note Number

Driver

TOH FONG YUN Name of Driver S6806505D NRIC No 20/02/1968 Date Of Birth INDOOR Occupation

30/07/1994 Date Of Driving Pass

23 YEARS AND 5 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92978782 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

Address

BLK 515C TAMPINES CENTRAL 7 # 05-24

SINGAPORE

Postcode

523515

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 6

Number of vehicles involved in the accident

YES

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: ONG BEE LAY

GENDER:

: FEMALE

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 ATTACH STATEMENT RECORDED BY JIA MIN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 67415336

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

SHA3514P

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJN6895C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN YEN HOO

NRIC/Passport Number

Contact Number

98588770

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLM6554T

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LEE TAT WEE

NRIC/Passport Number

Contact Number

94882316

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

EY3939E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LOY JUN YZ

NRIC/Passport Number

Contact Number

90628002

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

SKF963Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

HOZRUL

NRIC/Passport Number

Contact Number

90127927

Address Postcode

Page 3 of 14

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TOH FONG YUN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKS5567T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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 wirful 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
- The report will be forwarded by the impress 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.
- 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)

Lunderstand, 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 doclose 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 resevant government agency/authority (such as the police), for the purpose(s)
 - (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 in 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"
- 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
- 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
- any Personal Information will also be collected and used to compile claims history for the purpose of traud 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

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time

Reporting Centre P Name

NRICITIN No

Sketch Plan #2

KETCH PLAN	. w. 18.056n	₹ Vehicle No
P18 70 WAR	OS TUAS BEKON	A - 57-525-577
EVELOS EXX	7	B - SHATEH P
		C - SJNG395
CHAIN C		D-9M659
(H)	a Risk	E - EY3939
LOWING TO A POST OF	****	- F-SKF963
In the west of the second	151	Legend
	121	□ A A
-		A
		United State
		10-54
ESCRIBE CIRCUMSTANCES O	THE ACCIDENT	
This accident	liappened this morning	g on PIE at otosam
15 10 10	I am travelling on t	he second lane, "
those was	a sudden break and	slow acount our our
Till down SH	A 3514 P Swing over to	o the secund lane
. 1	travelling and	hit hand to weeks
0	. Let we driver side.	the four airrory our
my car when	ctune and video as du	an and explained.
activited. Pi	ecking medical atkutu	on for my back and
	ecking prairie arrang	
heck injury.		
10-100		
		*
DECLARATION		
I/We declare the foregoing part	culars are true in every respect urer may have a 14 day shuse whereby the c date of occurrence, Kindy kheck your policy!	daim against own dolicy must be made within the for more details
stipulated timetrame trontine	A	
Policyholder's Aghature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(if driver is not the policyholder) Date & Time:	Name: SigMin
	11/18	
	11.379W1	

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

	FOLDER TRACK		Water & authorized	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Case	Notified 18 Jan 2018	Est Submitted	15 Jan 2018 00:00	S\$0.00 Edit Estimates	S\$0.00 View Rpt	1110	Pending for Survey Report	
Pialii	Edit Reg		Edit Adj Rpt	Edit Estimates	View Kpt		Cancel Case	
	Main	Refere	nce	Claim Details		ocuments	Show All	
CI ATM SI	UBFOLDER DETA	ATLS	THE RESERVE OF THE PARTY OF THE	Line Hill all old Aug.		[Created by a	djuster]	
Insured:	OBI OLDER DE I	-, Co. Reg. 1	No.: -					
Main Clain	nant:	ONG BEE LA	Y, ID: S702017	5E		1		
Vehicle Re	g. No.:	SKS5567T	SKS5567T		Date of Loss:		12/01/2018 07:00 - :59	
Claim Type:		TP	TP		Policy/Cover Note No.:		(Comprehensive)	
The state of the s		SHA3514P	SHA3514P		Policy No. (Claimant):			
· armore sale	3			Excess:	Excess: HQ) 25 Kaki Bukit Road 4, Synergy @ KB #01-40, 417800 Kaki B			
Repairer:		Tel: 9797280	0					
Handling I	Insurer:	evt 2431		ce Pte Ltd (HQ) - T				
Adjuster:		due 26/01	onsultants Pte Lt (2018]	d (HQ) - Tel: 6256-	3561 [Handled	by XING GUO QI	ANG] [Final Rp	
ASSOCIA	ATED MAIL REC	EIVED				View All	Compose Case Mai	
There are	no mail for this ca	ase.						
TO STATE OF STATE OF		05/8/87/0						
ALL ASS	OCIATED TASK	S⊟			View All Sear	ch Tasks Create	New Task Complet	
					ned By Com	pleted On C	reated On Done	

Claim Documents

*SKS5567T
[SHA3514P]
TP
ONG BEE LAY
Jan 12 2018 7:00AM
[-]
3 Motorwerkz Concepts Pte Ltd

Upl	oad Documents Upl	load Photos Compose New Letter	v	View View in Br	owser 🔻
Doc	umentation		1 pe	r page 🔻	
No	1900 (C. C. C	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	02/03/18 17:36	LKKPhotosIn6-1	0	Load PDF	
2	02/03/18 17:36	LKKPhotosIn6-2	0	Load PDF	
3	02/03/18 17:37	Email from Insurance	0	Load PDF	
No	Finalized On	India International Insurance Pte Ltd (HQ)		Thumbnail	Print
1	18/01/18 08:52	Singapore Accident Statement	0	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/III18000884/GD3S2

08/03/2018

REFERENCE

Handling Insurer:

India International Insurance Pte Ltd

Policy No:

SHA3514P

Claimant Vehicle

SKS5567T

Insured Vehicle No:

N/A Claim No:

Date of Loss:

12/01/2018

Nature of Claim:

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

No:

SKS5567T

Make & Model:

MITSUBISHI LANCER, 1.6 (A) 23/04/2015 (Man. Year: 2015)

Engine No:

4A92BT5872

Reg. Date:

Chassis No: Odometer:

JMYSRCY1AFU004130 65340 km

Colour:

White 1590 cc

Engine Capacity: 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:

Good

Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

Pre-accident Condition: No

CONDITION OF TYRES

Front Tyre Size: Front Left Side:

205/60R16 Toyo 6 mm Rear Tyre Size: Rear Left Side:

205/60R16 Toyo 6 mm

Front Right Side:

Toyo 6 mm

Rear Right Side:

Toyo 6 mm

The above values represent the remaining tyre treads depth

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

INSPECTION

Date Inspected:

Date of Assignment:

15/01/2018

16/01/2018 Inspected At:

3 Motorwerkz Concepts Pte Ltd (HQ)

25 Kaki Bukit Road 4, Synergy @ KB #01-40

Singapore 417800

Estimated Period of Repair:

0.0 days

XING GUO QIANG Adjuster:

Manager:

Nivitha Govindasamy

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

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

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 08 Mar 2018)

Parts:

143

MITSUBISHI LANCER 1.6 (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SKS5567T)

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 >