

Surveyor

ASSIGNMENT (Office)

From (Person):

Yee Pei Li

of

EGI

Date/Time:

19/01/2018 @ 3:11pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YN 2961 T

Insured:

YK 5691 T

at Workshop in/s

Eng Soon Painting Services

Tel:

6760 6271

of

Blk 4, Yew Tee Ind. Est 393-J Woodlands Rd 677978

Policy No:

Claim No:

YK5691T/RH/PL

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 17/01/2018

CA / REV / REP. / REV 24 HRS

lwp

H.O.D. Endorsement:

Date/Time:

3.32pm @ 19/1/2018

Person Contacted:

Mr. Teo

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	YN 2961 T - NA/INC 18001080 / hf
	YK 5691 T - X
	Dismantle: 25/1/2018
	After repair: 29/1/2018.

D.O.A.: 17/01/2018

taufik

REP:

EKG0

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: _____
at Workshop (ms): _____
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.



Bel. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: (10) days Res: Yes or No
Lum Sum: _____ % 3 Val: Yes or No
CA / REV / REP. / 24 HRS WP
Date: _____ Person Contacted: _____ Vehicle IN / OUT

Veh No: YN2961T Vn Page: 10 11
Type: M/Car / M/Cycle / Bus / Van (Lorry / Taxi) / Prime Mover
Truck / Trailer or _____
Make: Hino cc 4009
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 322195 T. Radio: Insured / Std / NI / NA
Eng No: _____
C.No: JHHUCP3400K001511
Gen. Cond: (3) Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: (3) Inorder / Jammed / Leaked / Burnt or _____
Mod: (N) / S/Rim / STD A/Rim or _____
Tyre Size: F: 7.00-16
R: 9 7 (D)
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Swallow
Front: _____ Rear: _____
R.Bal: 6 mm R.Bal: 6/6 mm
L.Bal: 6 mm L.Bal: 6/6 mm
D.O.A: _____ D.O.I: 24/1/18 @ 1.20pm
Survey held at: Eng Soon Spring Pky
Des. of Damages: (F) / (R) / O/S / N/S / U/C / Rooktop or _____

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

Date / Time Action / Instruction

wp with NO GIA

Estimate repair range \$13,000 - \$15,000

RECEIVED 18 JUN 2018

John
18/6/2018

Date/Time: File Pass to?

☐
☐

Preli. Report

Final Report

Date/Time: File Return to?

Days Of Repair: 10

Resurvey No. of Trip: 2

Survey Fee

Transporter

Report Format: PRS.

Lump Sum / (B.I.):

Add Fee:

☐
☐
☐
☐

Site Insp: \$

Inter. Insp: \$

Techn. Insp: \$

Lead Insp: \$

Nivitha (LKK Auto)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Friday, 19 January 2018 3:11 PM
To: admin-d@lkkauto.com
Subject: OI : YK5691T / TP : YN2961T/LKK / DOA : 17/01/2018
Attachments: 3RD VEH OI YL5691T - SAS.pdf; 2ND VEH YN2961T - SAS.pdf; 2ND VEH YN2961T - PRS FORM.pdf; 2ND VEH YN2961T - PRI NOTICE.pdf

Dear Catherine,

We have rejected to their PRS list, please assist to conduct this survey **BONNIE LWOK LLC**,

ADDRESS : **ENG SOON PAINTING SERVICES**
BLOCK 4 YEW TE INDUSTRIAL ESTATE
393-J WOODLANDS ROAD
SINGAPORE 677978

PERSON TO CONTACT : 6760 6271

ERGO OFFICER-IN-CHARGE : ROHAINI

Note: To survey on without prejudice basis. Please advise the consistency of damages to third party vehicle. Try to obtain estimate and inform the repairer in writing, that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop.

Please update the survey status via Survey.Report@ergo.com.sg.

Attached are insured's and TP's SAS (note: reports not to be released to any Third Party). No estimates was provided.

Kindly acknowledge receipt of this email.

Thank you.

Yee Pei Li

Claims Assistant (Motor)
ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038935
Tel.: 65 6829 9199 DID: 65 6829 9194
Website: www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

BONNIE KWOK LLC*Advocates & Solicitors*

101A Upper Cross Street
#08-12 People's Park Centre
Singapore 058358

Tel : (65) 6536 6026
Fax : (65) 6536 2279
(Not for service of court documents)
GST Reg No. 201203472

Your Vehicle: YK 5691 T (Ref: YK 5691T/RH/PL)

Our Vehicle: EngSoon-YN 2961 T

Date : 19 January 2018

M/s ERGO Insurance Pte. Ltd.

By Fax 6829 9247 only

5 Temasek Boulevard
#04-01 Suntec Tower 5
Singapore 038985

Dear Sirs,

ACCIDENT INVOLVING YN 2961 T, YK 5691 T & YP 477 C ON 17 JANUARY 2018

We refer to your fax dated 19 January 2018.


Our client rejects your list of surveyors.

We have been instructed to propose the following list of surveyors for the Single Joint Expert: -

1. Fong Kok Hong
2. Danny Yap
3. Willy Goh
4. Francis Ng
5. Dennis Yap
6. Louis Ng
7. Michael Yap
8. Lim Yong Tian
9. Patrick Ng
10. Philip Foo

Kindly contact the repairers, M/s Eng Soon Painting Services at 6760 6271 for pre-repair inspection arrangements.

Yours faithfully


BONNIE KWOK
c/o Client

ERGO

Date: 19.01.2018
Our Reference: YK 5691T/RH/PL
Your Reference: ENGSOON-YN2961T

To: BONNIE KWOK LLC

Sent via Fax

6536 2279

or

Email

Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: YN 2961T
Insured's Vehicle: YK 5691T
Date Of Accident: 17.01.2018


We acknowledge receipt of your request for PRS on: 18.01.2018

In compliance with "State Courts Practice Directions Amendment No.1 of 2016", do select an assessor from the list below and indicate your selection in the box marked *.

*

AIS	Automobile Inspection Services Pte Ltd	LBS	L.B.S Auto Consultants Pte Ltd
FTA	FormTeam Consultancy Pte Ltd	LKK	LKK Auto Consultants Pte Ltd
IAS	Infiniti Appraisal Service	PS	Priority Services
	Knights Pte Ltd	VAC	Vicom Ltd

- ☒ Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy.
☒ Your request for inspection does not have your client's GIA report, kindly forward a copy.
☐ Your acknowledgement your interest for direct settlement, we will assess & revert soon upon receipt of estimate.
☒ Our insured's driver has not reported the accident to us today.
☒ Others: OFFICER-IN-CHARGE - ROHAINI

Signature: 	Pei Li	6829 9194	claims@ergo.com.sg
			FAX : 6829 9247

Assessor's Contact:

Assessor's E-mail: _____
Assessor's Mobile: _____

Remarks:

Workshop use only:

Assessor attended workshop on:

Date: _____
Time: _____
Inspector: _____

☐ Vehicle not available at the appointed date and time.

Kindly acknowledge our Assessor presence for the above job .

Workshop Acknowledgement & Stamp.

Note: Our inspection is on a without admission to liability basis.

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 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	18/01/2018 15:24
Date Of Accident	17/01/2018 14:10
Exact Location Of Accident	ALONG CTE TOWARDS UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2961T
Insured/Policyholder	
Name Of Registered Owner	JOO LEE ENGINEERING WORKS
Co Reg No	24153200X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62695108

Vehicle Particulars

Manufacturer	HINO
Model	XZU710R 4.0 MANUAL ABS TURBO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5057073234-05
Cover Note Number	

Driver

Name of Driver	RAMAMOORTHY MOHANRAJ
Passport No/FIN	G7570137W
Date Of Birth	20/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2008
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82726742
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	42 SUNGEI KADUT STREET 1
Postcode	729346
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT

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	GBD5645L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YK5691T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number YP477C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? YK5691T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

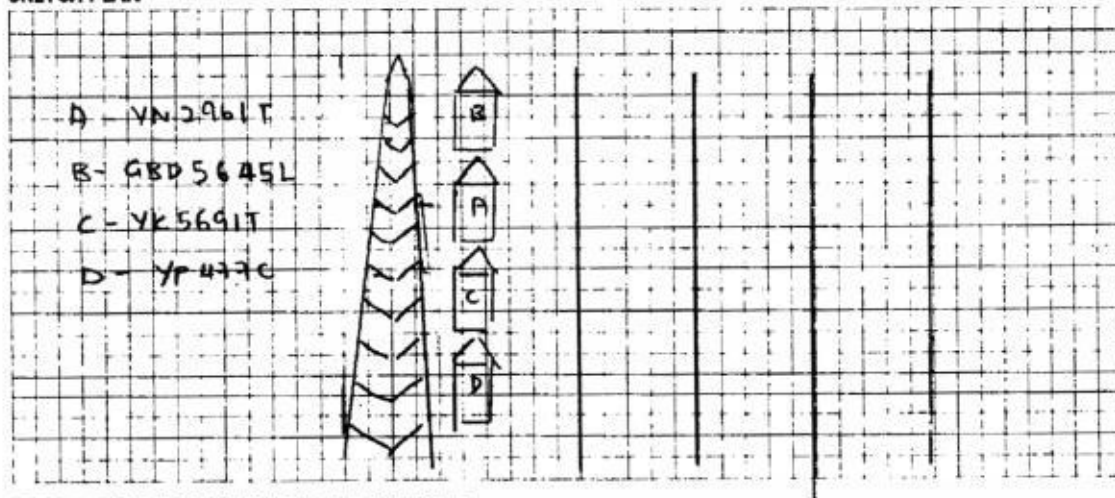
JOO LEE ENGINEERING WORKS
42 Sungei Kadut Street 1
Singapore 729346
Tel: 6368 2108 Fax: 6368 2644
Teh... Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Joreen
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 17/01/18 1410

Accident Location : Along C76 Toward! upper Serangoon road

As per police report

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TP)

DECLARATION

I/We declare that the above information is true in every respect.

JOO LEE ENGINEERING WORKS
42 Sungei Kadut Street 1
Singapore 728348
Tel: 6269 5108 Fax: 6366 2644

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Jareen
NRIC/FIN No.:

* IMPORTANT NOTE:
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Cover), there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180118/2076

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180118/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2018 14:45	Vide Report No.: F/20180117/0152	Station Diary No.: 80
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Informant's Particulars

Name of Informant: RAMAMOORTHY MOHANRAJ			Address: 55 SUNGEI KADUT DRIVE #05-08 SUNGEI KADUT INDUSTRIAL ESTATE SINGAPORE 729563		
ID Type / ID No.: FIN NO / G7570137W			Contact No.: Home/Office: Mobile: 82726742		
Nationality: INDIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 20/05/1982	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: CONSTRUCTION WORKER - CUM DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/01/2018 14:10	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD5645L	Van					0
YK5691T	Lorry					0
YN2961T	Lorry				Slightly Damaged	0
YP477C						0



**SINGAPORE
POLICE FORCE**



T/20180118/2076

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20180118/2076

CONTINUATION OF REPORT

Brief Details.

On 17/01/2018 ta round 1410Hrs, I was travelling on my vehicle, YN2961T along CTE towards Serangoon when suddenly my vehicle was collided onto. It was a slow moving traffic thus I was stationary and was on brake while waiting for the traffic to slowly move. VEHICLE YP 477C collided onto Vehicle YK5691T, causing it to collide onto my vehicle, and subsequently my vehicle collided onto Vehicle GBD5645L. Ambulance and TP was at scene.



**SINGAPORE
POLICE FORCE**



T/20180118/2076

3 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180118/2076

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J/

Sgt 1 NOOR SYAZADINA BINTE ABDUL



Signature Of Interpreter:

Not Available

Singapore Police Force

TP / GIT /

SI NG CHWEE THENG

Contact No.: 65476397

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

18/01/2018 14:45

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	3200X
Vehicle Details	
Vehicle No.:	YN2961T
Vehicle to be Exported:	No
Intended De-registration Date:	18 Jun 2018
Vehicle Make:	HINO
Vehicle Model:	XZU710R 4.0 MANUAL ABS TURBO
Primary Colour:	White
Manufacturing Year:	2011
Engine No.:	N04CUV10490
Chassis No.:	JHHUCP3H00K001511
Maximum Power Output:	-
Open Market Value:	\$37,266.00
Original Registration Date:	21 Dec 2011
First Registration Date:	21 Dec 2011
Transfer Count:	0
Actual ARF Paid:	\$1,864.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	20 Dec 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$40,009.00
COE Rebate Amount:	\$14,024.00
Total Rebate Amount:	\$14,024.00

The information contained herein is correct as at 18 Jun 2018

OK


**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
ERGO INSURANCE PTE LTD		Ref: CS3/EGI18001211/T1d3s2		
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 26-06-2018		
FIVESINGAPORE 038985		Code: EGI		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	YK 5691T	Veh. Inspected	YN 2961T	
Policy No.		Coverage (\$)	0.00	
Claim No.	YK 5691T/RH/PL	Excess (\$)	0.00	
Assign From	YEE PEI LI	Assign Date	19/01/2018	
2. Vehicle Particulars & Condition				
Make & Model	HINO	c.c	4009	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	JHHUCP3H00K001511	Colour	BLUE	
Odometer	322195 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	7.00-16	SWALLOW	6 mm	
L/H Front Tyre	7.00-16	SWALLOW	6 mm	
R/H Rear Tyre	7.00-16 (D)	SWALLOW	6/6 mm	
L/H Rear Tyre	7.00-16 (D)	SWALLOW	6/6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.				
5. General Information				
Accident Date	17/01/2018	Inspect Date / Time	24/01/2018 (01:20 PM)	
Survey held at	ENG SOON PAINTING SVC BLK 4 YEW TEE IND EST 393 - J WOODLANDS ROAD SINGAPORE 677978			
5a. Remarks				
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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$13,000- \$15,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		10 Working Days		

Report Ref No. CS3/EGI18001211/T1d3s2

Inspected By

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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