

3/03/2002

ASS. REC. BY:

REF: CS/CT118001677/ (79d301)

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Peng Peng

of CT1

Date/Time: 26/1/18 @ 10:08am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YP6283E

Insured:

Fork Lift

at Workshop m/s

Jin Auto

Tel:

62898126

of

Blk 14 # 61-412 Defu Lane 10

Policy No:

Claim No:

SNE18D00003

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

29/12/2017

CA / REV / REP. / REV 24 HRS

'wp'

19.07.2018 (Thursday) @ 9am (Jason - 91051477)

H.O.D. Endorsement:

Date/Time: 10:09am @ 29/1/18

Person Contacted:

Joyce

Vehicle IN / OUT

19 Luyang Way #13:

Date/Time	Action/Instruction (✓) Estimate
	YP6283F
23/1/19 @ 1:45pm	checked with Louis, the vehicle has not send in for repair.
23/1/19	Submit Preli. report.

REF: **YME.**

REF:

3079H

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s **Jin Auto**
 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: **4** days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **YP6283E** Yr Regn: **01 Jan 2017**
 Type: M.Car / M.Cycle / Bus / Van / ☒ Taxi / Prime Mover /
 Truck / Trailer or
 Make: **ISUZU NPR75UH^{SA}** **5193**
 Colour: **white** A/C: Insured / Std / NI / NA
 Sp. Reading: **54389** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **JAA NPR 75 HM 7100363**
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ In order / Jammed / Leaked / Burnt or
 Brake: ☒ In order / Jammed / Leaked / Burnt or
 Modi: ☒ Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **215/75 R17.5**
 R: **N**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front _____ Rear _____
 R/Bal. **5** mm R/Bal. **5/5** mm
 L/Bal. **5** mm L/Bal. **5/5** mm
 D.O.A. _____ D.O.I. **24-07-18**
 Survey held at **W/S** **9Am**
 Des. of Damages: Frt / Rear / ☒ U/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 23 JAN 2019

Date/Time, File Pass to?

☒ : Preli. Report
☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **4**

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS. \$ SI

) Photos

) Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$

220

220

Catherine Chong (LKK Auto)

From: Peng Peng <peng.peng@sg.cntaiping.com> on behalf of Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Sent: Friday, 26 January, 2018 10:08 AM
To: assignments@lkkauto.com
Cc: Josephine Lee; Peng Peng
Subject: New Assignment -- YP6283E -- Jin Auto (Your Ref: TBA; Our Ref: SNE18D00003)
Attachments: YP6283E ESTIMATE.pdf; REPORT_YP6283E.pdf

Importance: High

Dear Sirs,

We would like to engage your service for verifying the damage sustained by YP6283E.

The quotation is attached herewith for your necessary action.

Kindly email us the survey report together with your fee once assessment is done.

Thanks.

Regards,

Peng Peng (Mr.)
Claims Department
China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #16-00
Springleaf Tower
Singapore 079909

Co. Reg. No. 200208384E

DID: 6389 6185
Fax: 6224 7175/6224 7478
Email: claimsdept@sg.cntaiping.com
Email: peng.peng@sg.cntaiping.com
Website: www.sg.cntaiping.com

Disclaimer :

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From: jouis [mailto:jouis@jinauto.com.sg]
Sent: Wednesday, January 24, 2018 2:29 PM
To: Peng Peng <peng.peng@sg.cntaiping.com>
Subject: FW: YP6283E accident claim matter
Importance: High

Thank you & Best Regards,
Jouis Seow
Jin Auto Services Pte Ltd
Blk 14 #01-412 Defu Lane 10
Singapore 539195.

Tel : (65) 62898126
Fax : (65) 62870590
Email : jouis@jinauto.com.sg

From: jouis [<mailto:jouis@jinauto.com.sg>]
Sent: Wednesday, 24 January 2018 2:11 PM
To: 'Claims Dept of CTI' <claimsdept@sg.cntaiping.com>
Subject: YP6283E accident claim matter

From: jouis [<mailto:jouis@jinauto.com.sg>]
Sent: Wednesday, 24 January 2018 2:04 PM
To: 'Peng Peng' <peng.peng@sg.cntaiping.com>
Subject: YP6283E accident claim matter

Without Prejudice

Dear Peng Peng,

We are assisting owner of YP6283E handling their third party claim .

Please arrange third party survey at our workshop.

Thank you & Best Regards,
Jouis Seow
Jin Auto Services Pte Ltd
Blk 14 #01-412 Defu Lane 10
Singapore 539195.

Tel : (65) 62898126
Fax : (65) 62870590
Email : jouis@jinauto.com.sg

From: Kim Dang [<mailto:kim.dang@lchlockton.com.sg>]
Sent: Thursday, 18 January 2018 5:47 PM
To: jouis <jouis@jinauto.com.sg>
Cc: Felicia Poh <felicia.poh@lchlockton.com.sg>; Claims Dept of CTI <claimsdept@sg.cntaiping.com>; Peng Peng <peng.peng@sg.cntaiping.com>
Subject: YP6283E accident claim matter

Dear Jouis

Please liaise with Mr Peng Peng of China Taiping Insurance for this claim.

Thank you.

Best Regards,
Dang Bee Kim
LCH Lockton Pte. Ltd.
Insurance Brokers and Consultants
No. 6 Raffles Quay #22-00
Singapore 048580
Tel : (+65) 6221 3366
Fax : (+65) 6533 1898
DID : (+65) 6439 4170
Email : kim.dang@lchlockton.com.sg
Website : www.lchlockton.com.sg

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For more information please visit <http://www.symanteccloud.com>

Sketch Plan Pg. 7

The owner and vehicle particulars for Vehicle No. YP6283E as at 01 Jun 2017 are as follows:

1.	Name	: DASHMESH SINGAPORE PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 200403079H
4.	Place Of Passport Issue	: -
5.	Registered Address	: 19 LOYANG WAY #03-23 CHANGI LOGISTICS CENTRE SINGAPORE 508724
6.	Mailing Address	: -
7.	Vehicle No.	: YP6283E
8.	Effective Date of Ownership	: 01 Jun 2017
9.	Original Registration Date	: 01 Jun 2017
10.	First Registration Date	: 01 Jun 2017
11.	Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: ISUZU
17.	Vehicle Model	: NPR75UH5A
18.	Year of Manufacture	: 2016
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 2
22.	Chassis/Trailer Chassis No.	: JAANPR75HH7100363 / -
23.	Propellant/Emission Standard	: Diesel / Euro V
24.	Engine No./Motor No.	: 4HK1564799 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 5193 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 2500
28.	Maximum Laden Weight(kg)	: 7900
29.	Open Market Value	: \$36,041.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2017060105002169G
35.	COE Expiry Date	: 31 May 2027
36.	COE Category	: -
37.	Quota Premium/Prevailing Quota Premium	: \$37,513.00
38.	Actual Quota Premium/PQP Paid	: \$30,457.00
39.	Actual ARF Paid	: \$1,803.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: 31 May 2037
45.	Road Tax Amount	: \$362.00
46.	Road Tax Start Date	: 01 Jun 2017
47.	Road Tax End Date	: 30 Nov 2017
48.	Remarks	: The vehicle is registered under Early Turnover Scheme.

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	03/01/2018 09:59
Date Of Accident	29/12/2017 13:30
Exact Location Of Accident	156 GUL CIRCLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6283E
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	DASHMESH SINGAPORE PTE LTD
Co Reg No	200403079H
Email Address	JASONLAM@DASHMESH.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62729921

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR75UH5A-5.2 D (M)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

Driver

Name of Driver	SALIM BIN MARZUKI
NRIC No	S1166658B
Date Of Birth	26/11/1955
Occupation	OUTDOOR
Date Of Driving Pass	10/12/1978
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91056915
Fax Number	(LOCAL) +65-64436254
Contact Number	
Email Address	NOEMAIL

Address	BLK 528 BEDOK NORTH ST 3 #05-536
Postcode	460528
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED COPY

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

PCV Accident Report

(For Reporting only)

meo 618001147
SPARKO
 CAR CARE
 Car Wash / Detailing / Engine / Oil Service

☐ Braddell ☐ Sin Ming ☐ Sg. Kadut ☐ Pandan ☒ Loyang ☐ Ubi

Section A - To Be Completed By Driver Who Is Involved in The Accident

Date & Time of Accident: Date: 29/12/17 1:30 p.m. Time:
 Date & Time of Reporting: Date: 3/1/18 9:30 a.m. Time:
 Place of Accident: 156, Gul Circle
 Vehicle Reg. No.: YP 6283 E Make / Model: Suzuki / NPR 5443A
 Purpose of Use at Time of Accident: Goods transportation / private usage / others:
 Name: JAMIN BIN MARZUK NRIC / FIN No. S 1166650/B
 Address: Blk. 528, Bedok North 4/3 # 05-536
 Postcode: 460528 Date Of Birth: 26/11/55
 Home: 64436254 Handphone: 91056915
 Email:
 Gender: Male / Female
 Occupation: Management / Sales / Retiree / Housewife / Technical / Education / Others: DRIVER
 Type of Claims: ☒ Third Party ☐ Own Damage ☒ Reporting Only
 Licence Pass Date:
 Driver Status: Owner / Non-owner Years of Driving Experience: 10/2/1978

If you are not the owner, the owner's name & tel.: DASHMESH (S) PTE. LTD (200403079 H)
 Owner's Address: 19, Loyang Way #03-23 62729921
 Relationship with Owner: Employee Owner's NRIC / Company Reg. No.: JASenlam@dashmesh.com.sg

Vehicle Towed In? Yes / ☒ No My Insurance Company: EQ
 Police Reported? Yes / ☒ No Police Report Reference No.:
 Company's Vehicle? Yes / ☒ No Insurance Policy No.:
 Do you have witness? Yes / ☒ No Type of Policy: ☒ Comprehensive ☐ Third Party Fire & Theft / ☐ Third Party Only
 (If Yes, Witness Name & Contact No.:)

Weather Condition: ☒ Clear / ☐ Cloudy / ☐ Light Rains / ☐ Heavy Rains
 Road Condition: ☒ Dry / ☐ Wet Was anyone injured in the accident? Yes / ☒ No
 Other vehicle or property damage? Yes / ☒ No Was Notice of Intended Prosecution given? Yes / ☒ No

Describe How Accident Happened: Please use **SKETCH PLAN** for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model: FORKLIFT Vehicle Reg. No.:
 Name of Driver: NRIC No.:
 Insurance Company: Handphone:

Driver's Declaration: I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.

Signature

[Signature]

Date

3/1/2018

Describe Circumstances of the Accident


On 29/12/17, I was driving lorry no YP6283E to deliver some goods to my company customer, Amos International at 156 Pout Circle. I reach there at about 1.30 p.m. I inform the receiving staff to fork down the goods which is on two pallet. At the time of bringing down the goods with the forklift, I was not aware of what's going on as I was at the customer's warehouse. Later, I went to the lorry and see the receiving staff which already fork down the goods but inform me they had accidentally damaged the lorry sliding door.

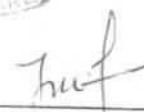
PS Operation Manager of forklift driver, Mr. Mydin, HP-93388578
Company name - Amos

Declaration

We declare the foregoing particulars are true in every respect.

  3/1/18
Policyholder's Signature / Date & Time

 3/1/18 km
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

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 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.

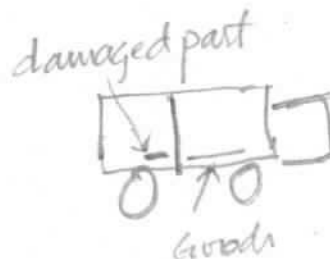


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Amos International Warehouse

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no. 1978-00490-N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**COMMERCIAL VEHICLE FLEET
Comprehensive**

Certificate No.: DMCFHQ17-000040

Form: LCVP1
Excess:
Section 1 SGD1,000.00
YEID-AC Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles
YP6283E
2. Name of Policyholder
Dashmesh Singapore Pte Ltd
3. Effective Date of the Commencement of Insurance for the purpose of the Act
01/06/2017
4. Date of Expiry of Insurance
03/03/2018
5. Person or Classes of Persons entitled to drive*
Goods carrying - (M2300) Authorised Driver. Any of the following :-
1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use*

1) Use in connection with the Insured's business. 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business. 3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER

1) Use for hire or reward or for racing pace-making reliability trial or speed testing. 2) Use whilst drawing a greater number of trailers in all than is permitted by Law. 3) Use for the carriage of passengers for hire or reward. 4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.


I\WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

unwsbh/HO/A000333/Kinetic Insurance Ag

A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1166658B**




Name
SALIM BIN MARZUKI

Race
BOYANESE


Date of birth
26-11-1955

Sex
M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE




License Number
S1166658B

Name
SALIM BIN MARZUKI


Birth Date
26 Nov 1955

Issue Date
05 Jul 2013




002196451J

519694



NRIC No. S1166658B



Date of issue
05-07-2013

Address
APT BLK 52B BEDOK NORTH STREET 3
#05-536
SINGAPORE 460528


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E)

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	07 Jan 1982
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	10 Feb 1978

NP 428A

Licence No: S1166658B



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



24/7

Jin Auto Services Pte Ltd

Blk 14 Defu Lane 10 #01-412

Singapore 539195

Tel:62898126 Fax :62870590

Company Reg No:200704370C GST Reg No ::200704370C

Date : 24/1/2018

M/S CHINA TAIPING INSURANCE (S) TE LTD

DEAR SIR / MADAM

ESTIMATE REPAIR COST FOR YP6283E
TO SUPPLY :

- 01) LABOUR CHARGE TO REPAIR THE BOX
- 02) BOX ART WORK

\$	980.00	600
\$	900.00	800
\$	1,880.00	

1400

Auto Consultants hence notify
Repair of the following:
To resurvey before/after spray painting
• To display damaged part(s) during resurvey
• Parts prices 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:
Date:

4 Days.

part by part.
After repair photos.
Gino Qip.

[Signature]
27/9/18




LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CS/CTI18001677/Gqd3e2		
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909		Date : 24-01-2019		
		Code : CTI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FORKLIFT	Veh. Inspected	YP 6283E	
Policy No.		Coverage (\$)	0.00	
Claim No.	SNE18D00003	Excess (\$)	0.00	
Assign From	PENG PENG	Assign Date	26/01/2018	
2. Vehicle Particulars & Condition				
Make & Model	ISUZU NPR75UH5A	c.c	5193	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JAANPR75HH7100363	Colour	WHITE	
Odometer	54389	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/75 R17.5	BRIDGESTONE	5 mm	
L/H Front Tyre	215/75 R17.5	BRIDGESTONE	5 mm	
R/H Rear Tyre	215/75 R17.5 (D)	BRIDGESTONE	5/5 mm	
L/H Rear Tyre	215/75 R17.5 (D)	BRIDGESTONE	5/5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/12/2017	Inspection Date	24/07/2018	
Survey held at	JIN AUTO SERVICES PTE LTD BLK 14 DEFU LANE 10 #01-412 SINGAPORE 539195			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YP 6283E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	LABOUR CHARGE TO REPAIR THE BOX.		980.00	600.00
	BOX ART WORK.		900.00	800.00
			1,880.00	1,400.00
	GRAND TOTAL		1,880.00	1,400.00
	RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)			1,400.00

Report Ref No. CS/CTI18001677/Gqd3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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