UNIMUN Tom (Person):	ilson				a 29/1/180	4.57pr
istimated Cost: OD / P WS / TP To Inspect Vehicle 1	RES / OD RES /	EVA/INV/MV?	Bill to:1	insured: S	GD 1198C	
f 81k 503 olicy No: DM	S, AMK Inc PCSN 143	3 MOTOR SE 1. Prk 2 (0) 39 361705	YVICE If Ave 3) # 6 Claim No: _ S	1-365 SNM18DC	00508 002	_
Make of Veh:			Excess:	D.O.A.	32/01/2018	
CA / REV / REI Oste/Time 9:17a	. / REV 24 HR: m@301118	s wp) _ Person Contacted	Ah Hua	1	Endorsement.	
	inflatraction (×) Estimat	ke			
	GD 1198C	- X				

i wilson as	SIGNMENT
From 000 30/1/201	8 Veh No CX 1207 VIRED 2/12/200
Estanated Cost	Type: M.Car / M.Cycle / Bu (Van) Lorry / Taxl / Prime Mover /
QD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To inspect Vehicle No. Car 120 7.	
el Workshop mis Hong Nator Service	
O' BIK 5035, AMK Ind Park	
Insured # 01-365	Eng/No
Policy No	CR42 5018747.
Claims No.	Gen. Cond. Good Fair Door / Burnt
Sum Insured. Excess	Steering Inorded Jammed / Leaked / Burnt or
(Client's Record)	Brake Coorder/ Jammed / Leaked / Burnt or
Make of Veh:	Mod: NII / S/Rim / STQ A/Rim)or
	Tyre Size F: 165 R13C
(Policy Condition)	R: 165 R130
Remark: The veh had commenced its N/S OS	
repair at the time of inspection.	TOYOTYOKO Or West lake (F)
Sal. or Market Value:	From Dure Carot P (R)
IDAC Accident Room: Consistent?: Yes or No	REal CI DEV 1.
GIA / PR Seen. Consistent?: Yes or No	LBsi Co Isi
Est. Repairs: days Res.: Yes or No	0.0.A 001 30/1/2016
Lum Sum: . 10 3 Val. Yes or No	Survey held at As Above
CA / REV / REP. / 24 HRS	Des. of Damages : Fri Resp (OS) I NIS I UIC ARoofto co
Vehicle: IN/ OUT	
, superior action	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	· Sometimes
30/1/18: Van Over Turn	7 7 7 7 7
Melango sont De Meralont Report	to the stay stat
Parge .	# 15,000 - \$18600 -
	(18 Pays & Denoy)
RECEIVED 2 5 APR 20	18
CaseTire Fig Fitt to : Prell. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee
Core Time Fig Resumnic 1	Transconago
2 Add Fee	
	Intervez (\$, zeem
Report Format: PRS .	Tecn Invs (5
Lump Sum / I.B.I: (5	Weekend (\$

MINI PRS

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth	ed	Status		
Main	29 Jan 2018		29 Jan 2018 16:57 Assign					New Ass Cancel C	ignment ase	
	Main	Refere	nce	Claim De	tails	Documen	its] [Show All	
CLAIM S	UBFOLDER DETA	ILS	A STATE OF THE PARTY OF THE PAR		PARTICIPATION CONTRACTOR OF THE PARTICIPATION OF TH	[Creat	ed by in	surer]		
Insured:										
Main Clain	nant:	PDT ENTERP	RISE PTE LTD,	Co. Reg. No.:	200400348N					
Vehicle Re	g. No.:	GY120Y		Date o	f Loss:	22/01/	01/2018 00:00 - :59			
Claim Type	2;	TP / SNM18	8D00508C02	Policy/	Policy/Cover Note No.: DMPC			CSN1439361705		
Vehicle Re	g. No. (Insured):	SGD1198C		Policy	Policy No. (Claimant):					
				Excess: S\$0.0			0.00			
Repairer:			Service (HQ) B 4o Kio - Tel: 628		Kio Industrial Park 2	, (off Ave 3)	#01-365	Singapore	569538,	
Handling I	nsurer:	China Taipin	g Insurance (S	ingapore) Pte.	Ltd. (HQ) - Tel: 63	89 6111 [Handled b	y Joel Go	h]	
Adjuster:		LKK Auto Co	nsultants Pte L	.td (HQ) - Tel: 6	256-3561 [Fina	I Rpt due	07/02/2	018]		
Adj Asg. R	emarks:	NO EST, CASE	W/O SJE.							
ASSOCIA	TED MAIL RECE	IVED					View All	Compose	Case Mail	
There are	no mail for this ca	se.	0.000							
ALL ASS	OCIATED TASKS	Ε			View All S	earch Tasks	Create N	lew Task	Complete	
		vpe Task Gro	up Subject	Handler	Assigned By C	ompleted O	-	eated On		

M NEDUMARAN & CO

Advocates & Solicitors Commissioner for Oaths

UEN NO. 53181067D

Nedumaran Muthukrishnan

LLB (hons) [Buckingham] Barrister at Law (Lincoln's Inn) Please reply to our Branch Office for this matter

→ Branch Office: 11 Sin Ming Road

#B2-09 (Unit 2) Thomson V Two

Singapore 575629

Tel: 6509-8480 / 6509-8481

Fax: 6509-8482

Email: igene.lim@mneduco.com.sg

serene.tan@mneduco.com.sg

Our Reference

MN/IG/H1/1812201/st

Your Reference

SGD 1198C

Date : 29th January 2018

BY FAX & EMAIL: 6224-7478 &

claimsdept@sg.cntaiping.com ONLY

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 Anson Road #16-00 Springleaf Tower Singapore 079909

- Dear Sirs, NOTICE OF ACCIDENT TO INSURERS AND PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO 1. PARAGRAPH 2 OF THE STATE COURTS PRACTICE DIRECTIONS (AMENDMENT NO. 1 OF 2016)
- ACCIDENT ON 22/01/2018 INVOLVING VEHICLE NOS. GY 120Y AND SGD 1198C ALONG KPE TOWARDS TPE 2. BEFORE PAYA LEBAR EXIT.

We are instructed by PDT ENTERPRISE PTE LTD (owners of motor vehicle no. GY 120Y) and/or HONG MOTOR SERVICE (the motor workshop for GY 120Y) to notify you of a road traffic accident on 22/01/2018 at about 1505 hours along KPE TOWARDS TPE BEFORE PAYA LEBAR EXIT involving our client's vehicle registration number [GY 120Y] and [SGD 1198C] driven by you at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

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

Yours faithfully,

M-NEDUMARAN & CO - (Branch Office)

Encl

c.c. 1) FONG CHEE WAH

(Vehicle: SGD 1198C

)

)

NAME OF WORKSHOP : HONG MOTOR SERVICE

(Vehicle: GY 120Y

Blk 5035 Ang Mo Kio Industrial Park 2

#01-365

Singapore 569538

Telephone: 6282-2052 (Ah Huat)

Fax: 6556-2934

M NEDUMARAN & CO

Advocates & Solicitors Commissioner for Oaths

UEN NO. 53181067D

Nedumaran Muthukrishnan

LLB (hons) [Buckingham] Barrister at Law (Lincoln's Inn) Please reply to our Branch Office for this matter

→ Branch Office: 11 Sin Ming Road

#B2-09 (Unit 2) Thomson V Two

Singapore 575629

Tel: 6509-8480 / 6509-8481

Fax: 6509-8482

Email: igene.lim@mneduco.com.sg

serene.tan@mneduco.com.sg

Our Reference

MN/IG/H1/1812201/st

Your Reference

SGD 1198C

Date

: 29th January 2018

BY FAX & EMAIL: 6224-7478 &

claimsdept@sg.cntaiping.com ONLY

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M-NEDUMARAN & CO - (Branch Office)

c.c. 1) FONG CHEE WAH

(Vehicle: SGD 1198C

NAME OF WORKSHOP : HONG MOTOR SERVICE

(Vehicle: GY 120Y

Blk 5035 Ang Mo Kio Industrial Park 2 #01-365

Singapore 569538

Telephone: 6282-2052 (Ah Huat)

Fax: 6556-2934

MSI118012119) STA INSPECTION PTE LTD - Sin Ming ENTRY DATE & TIME: 24/01/2018 16:48 SUBMITTED BY: Wong Lip Yong

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 24/01/2018 17:06

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

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.
- 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	24/01/2018 16:46
Date Of Accident	22/01/2018 15:05
Exact Location Of Accident	KPE TOWARDS TPE BEFORE PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GY120Y
Insured/Policyholder	11
Name Of Registered Owner	PDT ENTERPRISE PTE LTD
Co Reg No	200400348N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91708024
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5090242091
Cover Note-Number	
Driver	
Name of Driver	KOH LIAN BOON
NRIC No	S6871517B
Date Of Birth	02/07/1968
Occupation	OUTDOOR
Date Of Driving Pass	02/12/2005
Driving Experience	12 YEARS AND 1 MONTH

MALE

NOEMAIL

(LOCAL) +65-91708024

Address

BLK 626 PASIR RIS DRIVE 3

#04-306

Postcode

510626

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

YES

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

Details of Witness 1

Name

HEIKAL

Phone Number

93873844

Email Address Details of Witness 2

NA

Name

COLIN

Phone Number

96666869

Email Address

NA

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

NA

Vehicle Make/Model/Colour

MERCEDES BENZ

- Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

		MINISTRA	DEDCOM
DETAI	LS OF	NJURED	PERSON 1

Name KOH LIAN BOON

Approximate Age 49
Injuries Sustain KNEE
Injured person in which vehicle? GY120Y

Were seat-belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

NO

BLK 626 PASIR RIS DRIVE 3

#04-306

Postcode 510626

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.
- 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.
- 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 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.
- 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 vahicle(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:
 - 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 invoive 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:
 - 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 Signature Date & Time:

Offiver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN						
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SCRIBE CIRCUI	ASTANCES OF	THE ACCIDENT		main and the bar day also advant bear	eterateration for horsely action des	mhaa laa baa
Refer	to po	lice segart	7/2018	0123/200	23	
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CLARATION			- Giras		-	
We declare the for	going particula	rs are true in every resp	ect.			
(6)	100	, X _			V- T-	
(:.:.)51)	1	- (III)	~	Alux	
icyholder's Signatu	and the same of th	Driver's Signature		Reporting C	entre Personnel's Signa	ture
te & Time:	1300	(If driver is not the p	olicyholder)	Name:	2 20 C 0 120 C 0 120 C 1	1.39.0
		Date & Time:	A100 A000	NRIC/FIN N	0.:	

GIANM: SharchManFarra_V3

2





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 1 of 3 Report No. T/20180123/2023

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 11:00	/ladė:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars	Na Zer				
	Informant: N BOON		Address:	DRIVE 3 #04-306 SINGAPORE			
ID Type / ID No.: NRIC NO / S6871517B			Contact No.: Home/Office: Mobile: 91708024				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Male	Age: 49	Date of Birth: 02/07/1968	Type of Informant:				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: Company director			Driving Licence Information Class: 3.	: Date of Expiry:			

Type of Accident:	Non-Injury Attended by Poli	Non-Injury Attended by Police		Date/Time of Accident: 22/01/2018 15:05		Type of Location Straight Road	
	YA LEBAR EXPRES				*	*	
Weather: Covered Tuni			Surface:	j. i		ad Speed Limit: Km/h	
Traffic Flow: Traffic One Way Not C			Traffic Control:		Tra	Traffic Volume:	
Type of Collis Moving Vehic	lon: le Against - Road Divi	der/Kerb/R	ailings		An	yone conveyed by bulance:	

Details of	Vehicle involved			Sat.	STREET,
Vehicle No	Type	Make was a limit		Condition	No of Passenger
GY120Y	Van		1 1 1	Seriously Damage	0

Details of Person Involved	建 地震和华州中华
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Common Statement Pg. 1



T/20180123/2023

2 of 3

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Report No. T/20180123/2023

519457 CONTINUATION OF REPORT Tel No: 1800-5852999

Driver			4 (444			
Name	KOH LIAN BOON			ID No.		S6871517B
Related Vehicle	GY120Y (Van)				ct No.	91708024
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	<u> </u>
No, of Days granted Medical Leave NIL			Degree o			

Brief Details.

On 22/01/2018 at about 1507hrs, I drove my company's vehicle GY120Y along KPE towards TPE. As I was driving along the 2nd lane before the Paya Lebar exit, another car on the 1st lane beside me swerved towards my lane. I attempted to avoid a collision with the car and it caused my van to swerve out of control. My van eventually toppled, spun around and hit the side wall of the KPE tunnel. The accident caused a concrete piece to break. My Van suffered major damages to its body frame, and the preliminary assessment by the workshop is that the repair cost would be too big and it is better to scrap the vehicle. I suffered slight injury to my knee but does not require any medical attention. I will self medicate to let it heal. The ambulance attended to me after the accident but I refused to be conveyed. Police attended to me vide incident G/20180122/0131.

I was approached by two witnesses. Heikal HP:93873844 and Colin HP:96666869. Heikal had provided me with his in-vehicle camera recordings of the accident. I would be able to submit the video for investigation purposes if required.





T/20180123/2023

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Report No. T/20180123/2023

3 of 3

Tel No: 1800-5852999

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 Record G / Staff Sgt MUHAMMAD DZA MOHAMMAD HAKIM			Signature Of Informant:	
Signature Of Interpreter: Not applicable			Date/Time: 23/01/2018 11:00	
Officer In Charge Of Case:			Classification Of Case:	33 - 2.10/10/5977
TP / GIT / Sgt 2 MARIAH BINTE ZAK Contact No.: 65476433	SINGAPORE POLICE FORCE		*	
Authentication Stamp NP168	SI	GNAT	URE	*

Enquire PARF/COE Rebate for Registered Vehicle

	Austrophysics
Owner ID Type:	Company
Owner ID:	0348N
Vehicle Details	
Vehicle No.:	GY120Y
Vehicle to be Exported:	No
Intended De-registration Date:	31 Jan 2018
Vehicle Make:	ТОУОТА
Vehicle Model:	LITEACE 5DR
Primary Colour:	Silver
Manufacturing Year:	2004
Engine No.:	3C4004523
Chassis No.:	CR425010747
Maximum Power Output:	
Open Market Value:	\$18,669.00
Original Registration Date:	02 Dec 2004
First Registration Date:	02 Dec 2004
ransfer Count:	1
Actual ARF Paid:	\$934.00
ntended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	5
PARF Rebate Amount:	\$0.00
ntended COE Rebate Details	
COE Expiry Date:	31 Oct 2019
COE Category:	C - Goods Vehicle & Bus
OE Period(Years):	5
QP Paid:	\$25,133.00
OE Rebate Amount:	\$8,796.00
otal Rebate Amount:	\$8,796.00
∕lessage	
lease note that all future COE ren	ewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the

The information contained herein is correct as at 31 Jan 2018

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

AIM SUE	FOLDER TRA	CKING			- 1/2			Tari	
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Subi	mitted	Ins Auth'ed	Status	_
Main	29 Jan 2018		29 Jan 2018 16:57 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rp	ot		Pending for Survey Report Cancel Case	
	Main	F	Reference	Cla	im Details	\Box	Docume	nts	Show All
CLAIM S	UBFOLDER D	ETAILS	Installation of the Control of the C			[Creat	ed by insurer]		
Insured:	-, Co. Re	g. No.: -							
Main Claimant:	PDT ENT	PDT ENTERPRISE PTE LTD, Co. Reg. No.: 200400348N							
Vehicle Re	with Contraction	GY120Y			Date of Loss:	22/01/2018 00:00 - :59 [157 Months and 20 Days From LTA Reg Date (Man Yr)]			
Claim Typ	e: TP / SN	TP / SNM18D00508C02				DMPCSN1439361705			
Vehicle Re No. (Insured)	SGD1198C (Claimant):								
					Excess:	S\$0.00			
Repairer:	Hong Mo Tel: 6282	tor Service (HQ 2052	2) Blk 5035 Ang M	o Kio Industrial	Park 2, (off A	we 3) #0)1-365 Singapore !	569538, 569538	Ang Mo Kio -
Handling Insurer:		China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 [Handled by Joel Goh]							
Adjuster:	07/02/2	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Handled by Teo Cheng Ming Wilson] [Final Rpt due 07/02/2018]							
Adj Asg. Remarks:	NO EST, O	NO EST, CASE W/O SJE.							
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Claim Documents

*GY120Y (SNM18D00508C02)

[SGD1198C]

TP

PDT ENTERPRISE PTE LTD

Jan 22 2018 12:00AM

[-]

Hong Motor Service

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1	25/04/18 11:01	General View	1 Load PDF	
2	25/04/18 11:01	Photographs of Damaged Parts	6 Load PDF	
Documentation		1 per page ▼	•	
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnai	Print
1	29/01/18 16:57	PRS	6 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/CTI18001791/WD3S2

Date:

30/04/2018

REFERENCE

Handling Insurer:

China Taiping Insurance (Singapore) Pte.

Policy No:

DMPCSN1439361705

Claimant Vehicle

GY120Y

Insured Vehicle No

SGD1198C

Date of Loss:

No:

22/01/2018

Nature of Claim:

TP

Claim No:

SNM18D00508C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

GY120Y

Make & Model:

TOYOTA LITEACE, 1.5 (A) 02/12/2004 (Man. Year: 2004) Engine No: Chassis No: Odometer:

3C4004523 CR425010747

0 km

Reg. Date: Colour:

Silver

Engine Capacity: Market Value/New Car Price: 2184 cc N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

Yes

General Condition:

Steering (Serviceable): Fair

Engine Modification:

Yes No

Footbrake (Serviceable): Pre-accident Condition:

Yes

Handbrake (Serviceable):

CONDITION OF TYRES

165 R13C

Rear Tyre Size:

165 R13C

Front Tyre Size: Front Left Side: Front Right Side:

West Lake 4 mm West Lake 4 mm

Rear Left Side: Rear Right Side: Dunlop 4 mm Dunlop 4 mm

The above values represent the remaining tyre treads depth

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

INSPECTION

Date of Assignment:

29/01/2018

Hong Motor Service (HQ)

Date Inspected:

30/01/2018 Inspected At:

Blk 5035 Ang Mo Kio Industrial Park 2, (off Ave 3) #01-

365 Singapore 569538

Singapore 569538

Estimated Period of Repair:

18.0 days

Adjuster: Teo Cheng Ming Wilson 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.

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen_printrpt&caseid=679236&extid=263130&CFID=32944105&CFTOKEN=9

- 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.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$15,000.00 - \$18,000.00

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 30 Apr 2018)

Parts: N/A TOYOTA LITEACE 1.5 (A) (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for GY120Y)

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 >