

12/03/2001

ASS. REC. BY:

REF: CS3/CTI18002029/Wd3/er

Range 2 days

Special Instructions:

Survivor:

Munimen

ASSIGNMENT (Office)

From (Person):

Jawyn Tay

of

CTI

Date/Time:

31/1/18 @ 5.47pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLK 2409S

Insured:

GX 763Y

at Workshop m/s

Bruven Auto

Tel:

8220 0338

of

25 Kaki Bkt Rd #01-39

Policy No:

DMCVSN1527.491702

Claim No:

SNM18D00467C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 22/01/2018

CA / REV / REP. / REV 24 HRS

wpr

02/02/18 @ After 11am

H.O.D. Endorsement:

Date/Time:

9.58am @ 1/2/18

Person Contacted:

jumar

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SLK 2409S - CC6/EGT17018652/ App 3q2

d.o.A: 21/09/17

GX 763Y - CC6/AIG10014802/ App 12k2

d.o.A: 01/03/2010

Dismantle Part: 06/02/2018

After repair: 12/02/2018

PR
Wilm
REF: C71

ASSIGNMENT

From: _____ Date: **02/02/18**

Estimated Cost: _____

QD ☒ WS / TP RES / CO RES / EVA / INV / MY

To Inspect Vehicle No: **SLK 2409S**

at Workshop No: **Braven Auto**

at: **25 kaki Bkt Rd #01-39**

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

Client's Record: **After 11am**

Make of Veh: _____

| | |
|-------------------------------------|----|
| <input checked="" type="checkbox"/> | |
| NS | OS |
| | |

Remark: The veh had commenced its repair at the time of inspection.

Bas on Market Value: _____

ICAO Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ 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: **SLK 2409S** Date: **11/1/2017**

Type: ☒ M Car / ☐ Cycle / ☐ Bus / Van / Lorry / ☐ Taxi / ☐ Prime Mover

Truck / Trailer or: _____

Make: **Toyota Altis** CC: **1598**

Colour: **Dark Grey** Insured / Std: **NI / NA**

Sp Reading: **77295** T-Plate Insured / Std: **NI / NA**

Eng No: _____

C/N: **MRO53REH104561641**

Gen Cond: **Good** / Fair / Poor / Burnt

Steering: **In order** / Jammed / Leaked / Burnt or

Brake: **In order** / Jammed / Leaked / Burnt or

Mod: **NI** / **SR** / STD A/Rim or

Tyre Size: **F 205/55 R16**
R 205/55 R16

BS / DUN / EXNOVA / GY / RS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

| Front | Rear |
|-----------------|------------------------|
| R.Bal: 4 | R.Bal: 4 |
| L.Bal: 4 | L.Bal: 4 |
| D.O.A: _____ | D.O.A: 2/2/2018 |

Survey held at: **As Above**

Des. of Damages: **Frnt** / Rear / OS / NS / U/C / Rooftop or

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

Date Time: **2/2/2018** Action / Instruction: **Not Accabit Report Given**

Range \$5900 - \$6900

6 Days Repairs

RECEIVED 11 APR 2018

Date Time File Passed: **10042018**

☐ : Preli. Report

☐ : Final Report

Date Time File Returned: _____

Report Format: **PRS**

Lump Sum or Bill: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp: ☐ ☐ Plan: ☐ ☐ Test: ☐ ☐ Rep end: ☐

Survey Fee: **150**

Transp: _____

8-PR: _____

Fluo: _____

150

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

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'd | Status |
|------|-------------|---------------|--|---------|---------------|------------|--|
| Main | 31 Jan 2018 | | 31 Jan 2018 17:47 Assign | | | | New Assignment Cancel Case |

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

| | | | |
|-----------------------------|---|------------------------|------------------------|
| Insured: | LAI HOCK HARDWARE INDUSTRIES PTE LTD, Co. Reg. No.: 199905860K | | |
| Main Claimant: | BRAELISS ENTERPRISE PTE LTD, Co. Reg. No.: 201429970C | | |
| Vehicle Reg. No.: | SLK2409S | Date of Loss: | 22/01/2018 13:00 - :59 |
| Claim Type: | TP / SNM18D00467C02 | Policy/Cover Note No.: | DMCVSN1527491702 |
| Vehicle Reg. No. (Insured): | GX763Y | Policy No. (Claimant): | |
| | | Excess: | S\$0.00 |
| Repairer: | Braven Auto Pte Ltd (HQ) 25 Kaki Bukit Road, #01-39 Synergy @ KB, 417800 Kaki Bukit - Tel: | | |
| Handling Insurer: | China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174] | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 09/02/2018] | | |
| Adj Asg. Remarks: | PLEASE SURVEY THIRD PARTY, CHECK CONSISTENCY OF THE DAMAGES ON WITHOUT PREJUDICE BASIS. KINDLY LET US HAVE YOUR RECOMMENDED REPAIR AMOUNT IF THERE IS NO ESTIMATE PROVIDED DURING PRE REPAIR. | | |

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date Priority Type Task Group Subject Handler Assigned By Completed On Created On Done?

No results.

CPc**C PAGLAR & CO**

ADVOCATES & SOLICITORS

UEN NO. 53130985A GST REG NO. M90371275E

50 Chin Swee Road
 #05-03 Thong Chai Building
 Singapore 169874
 Telephone: (65) 6536 5456
 Facsimile: (65) 6836 2195
 Email: pri@cpaglar.com.sg
 SERVICE OF COURT DOCUMENTS BY FACSIMILE
 WILL NOT BE ACCEPTED

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference: GX 763Y
 Our Reference: CP/PRI/SLK2409/18.na

Date : 31st January 2018

CHINA TAIPING INSURANCE (S'PORE) PTE LTD BY FAX 6224 7478 ONLY
ATTN: MOTOR CLAIMS DEPT

Dear Sirs,

CORRESPONDENCE PURSUANT TO PARAGRAPH 2.9 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES

We refer to your email dated 31st January 2018.

Please note that the said vehicle can be inspected at:

BRAVEN AUTO PTE LTD
 25 Kaki Bukit Road
 #01-39 Synergy @ KB
 Singapore 417800
 Contact No.: 8220 0338 (Jumat)
 (Please call the contact person within the next 2 days in advance)

KINDLY REPLY BY EMAIL ONLY: pri@cpaglar.com.sg

Please note that the vehicle will only be available for the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday, the said workshop will commence repairs thereafter without any further notice or reference to you. All our client's rights are expressly reserved.



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

.....
 Appointed Surveyor (Name & Signature)

C PAGLAR & CO

cc. [Client by Email heeyang1707@gmail.com ; ybull30@gmail.com] Date of Inspection (SLK 2409S)

Nivitha (LKK Auto)

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Sent: Wednesday, 31 January 2018 2:34 PM
To: assignments
Subject: FW: OUR REF: PRS/SNM18D00467C02/3 & YR REF:CP/PRI/SLK2409/18.NA(SF) -TO CONDUCT PRE REPAIR SURVEY -SLK2409S
Attachments: SNM18D00467C02 20180131 FR C PAGLAR -FAX PROVIDED TP SURVEYORS LIST.pdf; SNM18D00467C02 20180130 FR C PAGLAR -FAX PRS LTR.pdf

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Angie Foo [mailto:angie.foo@sg.cntaiping.com]
Sent: Wednesday, 31 January 2018 2:32 PM
To: pri@cpaglar.com.sg
Cc: Jowyn Tay <jowyn.tay@sg.cntaiping.com>; SUR <sur@lkkauto.com>; Admin A <admin-a@lkkauto.com>; Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Subject: FW: OUR REF: PRS/SNM18D00467C02/3 & YR REF:CP/PRI/SLK2409/18.NA(SF) -TO CONDUCT PRE REPAIR SURVEY -SLK2409S

WITHOUT PREJUDICE
SAVE AS TO COSTS

Dear Sir/Mdm,

We refer to your fax on even date.

We are objecting to your list of surveyors and shall be appointing M/S LKK Auto Consultants Pte Ltd to survey your client's vehicle.

Please ensure that your client's vehicle is available for survey within 2 working days.

REMARKS:

Dear Calvin/Marcus,

Please arrange to conduct survey, checking consistency of the damages on without prejudice.

Kindly take note, the claim handler on this case is Jowyn Tay 63896174

Thank you.

Regards,
Angie Foo

Executive
Motor Division
Claims Department
China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road #16-00
Springleaf Tower
Singapore 079909
Co.Reg.No.200208384E
DID: 6389 6186
Fax: 6224 7478 /6224 7175
Email: angie.foo@sg.cntaiping.com
Email: claimsdept@sg.cntaiping.com
Website: www.sg.cntaiping.com

Disclaimer:

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From: Angie Foo
Sent: Wednesday, 31 January, 2018 12:51 PM
To: 'pri@cpaglar.com.sg'
Cc: Jowyn Tay
Subject: OUR REF: PRS/SNM18D00467C02/3 & YR REF:CP/PRI/SLK2409/18.NA(SF) -TO CONDUCT PRE REPAIR SURVEY -SLK2409S

WITHOUT PREJUDICE
SAVE AS TO COSTS

Dear Sir/Mdm,

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop.

We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

| |
|-------------------------|
| TAY BENG HEE |
| SAMUEL PHUN |
| SEE CHEW SENG |
| MOHD FADHILAH BIN OSMAN |
| DEREK OH SIONG WEE |
| KALVIN ANG |
| MARCUS CHUA |
| SIMON HO |
| LOW SAR HUEI |
| HONG FOOK CHOY |

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Kindly let us hear from you.

REMARKS:

Kindly take note, the claim handler on this case is Jowyn Tay 63896174

Thank you.

Regards,
Angie Foo
Executive

Motor Division
Claims Department
China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road #16-00
Springleaf Tower
Singapore 079909
Co.Reg.No.200208384E
DID: 6389 6186
Fax: 6224 7478 /6224 7175
Email: angie.foo@sg.cntaiping.com
Email: claimsdept@sg.cntaiping.com
Website: www.sg.cntaiping.com

Disclaimer:

This message is confidential; its contents do not constitute a commitment by China Taiping Insurance (Singapore) Pte. Ltd. except where provided for in a written agreement between you and China Taiping Insurance (Singapore) Pte. Ltd. Any unauthorized disclosure, use or dissemination, either in whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.

W43

SLK 2409S

G.I.A

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 23/01/2018 15:35
Date Of Accident 22/01/2018 13:45
Exact Location Of Accident SYNERGY KAKI BUKIT ROAD 5 INFRONT OF SHOP #05-31
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK2409S
Insured/Policyholder
Name Of Registered Owner BRAELISS ENTERPRISE PTE. LTD.
Co Reg No 201429970C
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-90000000
Vehicle Particulars
Manufacturer TOYOTA
Model COROLLA ALITS
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 PRIVATE CAR
Insurance Company
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number
Cover Note Number
Driver
Name of Driver JUMA'AT BIN RAFIE
NRIC No S8032596G
Date Of Birth 24/10/1980
Occupation OUTDOOR
Date Of Driving Pass 06/04/2009
Driving Experience 8 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-82200338
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 537 CHOA CHU KANG STREET 51 #10-162
Postcode 680537
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 -
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

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. AFTER SECURING THE MY VEHICLE I THEN LEFT TO MY OFFICE. WHEN I CAME OUT TO TAKE A LOOK ONLY TO REALISED THAT IS MY VEHICLE IS DAMAGED. I THEN WENT TO THE MANAGEMENT TO TAKE A LOOK AT THE VIDEO AROUND THE AREA AND SAW THAT MY VEHICLE WAS DAMAGED BY VEHICLE GX763Y. AFTER I SAW THE VIDEO, I WENT OVER TO THEIR OFFICE TO INFORM THE IN CHARGE.

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 GX763Y
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)

SKETCH PLANBRAELISS ENTERPRISE PTE LTD
ROC 201429970C**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:

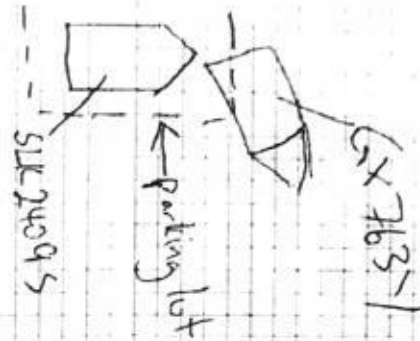
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

BRAELISS ENTERPRISE PTE LTD
ROC 201429970CPolicyholder's Signature
Date & Time:Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT(VAC)
 23 KAKI BUKIT AVE 4
 Reporting Centre Person's Signature
 Singapore 419033
 Name: Tel: 67416697
 NRIC/FIN No: Fax: 67492305
 Email: vackb@singnet.com.sg

SKETCH PLAN

BRAELISS ENTERPRISE PTE LTD
ROC 201429970C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~BRAELISS ENTERPRISE PTE LTD~~
~~ROC 201429970C~~

Ref call

DECLARATION

I/We declare the foregoing particulars are true in every respect.

BRAELISS ENTERPRISE PTE LTD
ROC 201429970C

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4

Singapore 413933
Reporting Officer's Personal Signature
Name: Tel: 67416697
Fax: 67492305
NRIC/FIN No.:
Email: vackb@singnet.com.sg

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

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'ed | Status |
|------|-------------|---------------|--|--|--|-------------|---|
| Main | 31 Jan 2018 | | 31 Jan 2018 17:47 Edit Adj Rpt | S\$0.00 Edit Estimates | S\$0.00 View Rpt | | Pending for Survey Report Cancel Case |

| Main | Reference | Claim Details | Documents | Show All | | | | | |
|---|-----------|--|------------|----------|---------|-------------|--------------|------------|-------|
| CLAIM SUBFOLDER DETAILS [Created by insurer] | | | | | | | | | |
| Insured: LAI HOCK HARDWARE INDUSTRIES PTE LTD , Co. Reg. No.: 199905860K | | | | | | | | | |
| Main Claimant: BRAELISS ENTERPRISE PTE LTD , Co. Reg. No.: 201429970C | | | | | | | | | |
| Vehicle Reg. No.: SLK2409S | | Date of Loss: 22/01/2018 13:00 - :59 [12 Months and 11 Days From LTA Reg Date (Man Yr)] | | | | | | | |
| Claim Type: TP / SNM18D00467C02 | | Policy/Cover Note No.: DMCVSN1527491702 | | | | | | | |
| Vehicle Reg. No. (Insured): GX763Y | | Policy No. (Claimant): | | | | | | | |
| | | Excess: S\$0.00 | | | | | | | |
| Repairer: Braven Auto Pte Ltd (HQ) 25 Kaki Bukit Road, #01-39 Synergy @ KB, 417800 Kaki Bukit - Tel: | | | | | | | | | |
| Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174] | | | | | | | | | |
| Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Teo Cheng Ming Wilson] ... [Final Rpt due 09/02/2018] | | | | | | | | | |
| Adj Asg. Remarks: PLEASE SURVEY THIRD PARTY, CHECK CONSISTENCY OF THE DAMAGES ON WITHOUT PREJUDICE BASIS. KINDLY LET US HAVE YOUR RECOMMENDED REPAIR AMOUNT IF THERE IS NO ESTIMATE PROVIDED DURING PRE REPAIR. | | | | | | | | | |
| ASSOCIATED MAIL RECEIVED View All Compose Case Mail | | | | | | | | | |
| There are no mail for this case. | | | | | | | | | |
| ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete | | | | | | | | | |
| Due Date | Priority | Type | Task Group | Subject | Handler | Assigned By | Completed On | Created On | Done? |
| No results. | | | | | | | | | |

Claim Documents

*SLK2409S (SNM18D00467C02)

[GX763Y]

TP

BRAELISS ENTERPRISE PTE LTD

Jan 22 2018 1:00PM

[LAI HOCK HARDWARE INDUSTRIES PTE LTD]

Braven Auto Pte Ltd

| | | | | | | | | | | | |
|------------------|-----------------|--|---------------|--|--|--------------------|--|------------|-----------------------------------|-------------------------------------|--|
| Upload Documents | | | Upload Photos | | | Compose New Letter | | | View View in Browser | | |
| Documentation | | | | | | | | 1 per page | | <input checked="" type="checkbox"/> | |
| No | Finalized On | China Taiping Insurance (Singapore) Pte. Ltd. (HQ) | | | | | | | Thumbnail | Print | |
| 1 | 31/01/18 17:49 | THIRD PARTY SLK2409S -PRS EMAIL BTW CIC AND C PAGLAR | | | | | | | Load PDF | | |
| 2 | 31/01/18 17:49 | THIRD PARTY SLK2409S -FROM C PAGLAR -PRS LTR | | | | | | | Load PDF | | |
| 3 | 31/01/18 17:51 | THIRD PARTY SAS REPORT SLK2409S | | | | | | | Load PDF | | |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | | | | | | | Thumbnail | Print | |
| 1 | 10/04/18 17:02 | LKKPhotosIn6-1 | | | | | | | Load PDF | | |
| 2 | 10/04/18 17:02 | LKKPhotosIn6-2 | | | | | | | Load PDF | | |
| 3 | 10/04/18 17:02 | LKKPhotosIn6-3 | | | | | | | Load PDF | | |

Documents Checklist

| | | | |
|--|-------|------|-------|
| DOCUMENTS CHECKLIST | Reset | Save | Print |
| There are no document checklists configured. | | | |
| Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> | | | |
| Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small> | | | |

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/CTI18002029/WD3E2

Date: 11/04/2018

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMCVSN1527491702

Claimant Vehicle
No : SLK2409SInsured Vehicle
No : GX763Y

Date of Loss: 22/01/2018

Nature of Claim: TP

Claim
No: SNM18D00467C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SLK2409S

Make & Model: TOYOTA COROLLA ALTIS, 1.6 (A)

Engine No: 1ZRY343829

Reg. Date: 11/01/2017 (Man. Year: 2016)

Chassis No: MR053REH104561641

Colour: Dark Grey

Odometer: 77295 km

Engine Capacity: 1598 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification:

No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 205/55 R16

Rear Tyre Size: 205/55 R16

Front Left Side: Yokohama 4 mm

Rear Left Side: Yokohama 4 mm

Front Right Side: Yokohama 4 mm

Rear Right Side: Yokohama 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 | |
| Labour | 0.00 | 0.00 | 0.00 | |
| 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: 31/01/2018

Date Inspected: 02/02/2018 Inspected At:

Braven Auto Pte Ltd (HQ)
25 Kaki Bukit Road, #01-39 Synergy @ KB
Singapore 417800

Estimated Period of Repair: 6.0 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.

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 \$5,900.00 -\$6,800.00

REPAIR DETAILS

Reference

| | | |
|----------------------|--|--|
| Part Source: | MRM-SG | Version: 1.0 (Last Synchronised: 11 Apr 2018) |
| Parts: | 143 | TOYOTA COROLLA ALTIS 1.6 (A) (Catalogue:Merimen Singapore 1.0) |
| Labour: | Repairer's | (Price-denominated Standard List) |
| Print Code: | (Unsubmitted, no print-code for SLK2409S) | |
| 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. |
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< END OF ESTIMATES >