tenmen Town Tay of C	1] Date/Time 8/2/18@ 5:18pm
TP WS/TP RES/OD RES/EVA/INV/MV/CS TO Inspect Vehicle No: SKL 8508 C	Insured: PA 9310 H Tel: 67.46 6281
of <u>Blk 10, 4Mk Ind. Prk 24 #02-18</u> Policy No: <u>DMBISN1709751700</u> Sum Insured:	Claim No: SNM 18 D00753(02 Excess:
Make of Veh: (Client's Record) CA / REV / REP. / REV 24 HRS wp) Date/Time: 11:40an69218 Person Contacted	D.O.A. \overline{A} 208 H.O.D. Endorsement: Vehicle D.OUT
Date/Time Action/Instruction (X) Estimate Skl 8508G-X	
PA 9310 H-X Dismantle: 21/2/2018	
Atter repair: 6/3/2018	

SINUL	
PRS. CTL. AS	SIGNMENT
From Date	VANNO 576 L 8508 CT YTROOM 30 12/28
Estimated Cost	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
QD/TP/WS/TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Mehice No. SKI 8508°C	Make Audi AG 2050. 00 1984
2. Workshop mis Deval Cours Contag	11/00
or AMK Jud Pork 2H # 52-18	
insured AMIK With Posit	EngiNo
Policy ths	CNO WAU = 22 4 GZENOGO457.
Claims No.	Gen Cond Good / Fair / Poor / Burnt
Sum Insured: Excess	Steering Inorder Plammed / Leaked / Burnt or
(Client's Record)	Brake (Inordee/ Jammed / Leaked / Burnt or
Make of Ven.	Modi: Nil (S/Rim) STD A/Rim or
	V Tyre Size F: 225 55 R 1 -
(Policy Condition)	R: 225/55 R.7"
Remark: The veh had commenced its N/S OS	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /
repair at the time of inspection.	TOYOTYOKO or Vacahama
Eal. or Market Value	Front Rear
IDAC Accident Room: Consistent?: Yes or No	RBal 3 mm RBal 3 mm
GIA / PR Seen Consistent? : Yes or No	UBall 3 mm UBal 3 mm
Est Repairs: 6 days Rest: Yes or No	0.04 7/2/2018 001 9/2/201
Lum Sum: 3 Val. Yes or No	Survey hald at Me Abounce
CA / REV / REP. / 24 HRS	Des. of Damages : Frt. / Rear / O/S / N/S / U/C / Rooftop or
Cate: Person Contacted Vehicle: IN/OU	
	The U/C / Chassis frame / Body Structure affected due to collision
9/2/2016 Not Becks	& Depot Give.
, Acces	the diese.
Pares .	# 11000 - \$13000
	6 Days Rens
	math
RECEIVED 1 2 47 0 2 2	() Sult 0
: Prell. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: 3 Survey Fee 150
Cuera Eq Raumot	Trumping .
Add Fe	e: Site Insp (\$
	Interview (\$., and)
Report Format: PRQ	Tech Invs 15
Lump Sum / I.B.I: (S	Weskend (\$

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

Case	Notified	Est Submitted	Adj Assigned	Adi Rpt	Adj Submitted	Ins Auth'ed	Status
Main	08 Feb 2018	ESC SOMMINGOS	08 Feb 2018 17:18 Assign				New Assignment Cancel Case
	Main	Refere	nce	Claim Deta	nils	Documents	Show All
CLAIM S	UBFOLDER DET	AILS			and the second second	[Created by	y insurer]
Insured:		LEGEND BUS	PTE LTD, Co.	Reg. No.: 20143	5403E		
Main Clain	nant:		I LIN, ID: S26				
Vehicle Re	g. No.:	SKL8508G		Date of	Loss:	07/02/2018	12:00 - :59
Claim Typ	DMR15N1709751700				9751700		
Vehicle Reg. No. (Insured):		PA9310H	A9310H Policy No.		Policy No. (Claimant):		
vernele rieg. rio. (insorce).				Excess:		S\$0.00	
Repairer:		Mo Kio - Tel:					Auto Point, 568047 Ang
Handling	Insurer:	61741					led by Jowyn Tay - 638
Adjuster:		LKK Auto Co	nsultants Pte	Ltd (HQ) - Tel: 62	256-3561 [Fina	I Rpt due 20/0	2/2018]
Adj Asg. F	Remarks:	DI FASE SURV	FY THIRD PART	CHECK CONSIS	TENCY OF THE DAM	AGES ON WITHOU	JT PREJUDICE BASIS. ATE PROVIDED DURING
ASSOCI	ATED MAIL REC	EIVED				View	All Compose Case Mail
There are	no mail for this o	ase.					
ALL ASS	SOCIATED TASK	(SE			View All S	earch Tasks Crea	ate New Task Complete

Nivitha (LKK Auto)

From:

Veron Chen (LKKAuto) <veronchen@lkkauto.com>

Sent:

Thursday, 8 February 2018 5:16 PM

To:

assignments

Subject:

FW: OUR REF: PRS/SNM18D00753C02/0 & YR REF: AJ.TK.REVOL(SKL8508G) -TO

CONDUCT PRE REPAIR SURVEY -SKL8508G

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Hui Ting [mailto:huiting@crossbordersllc.com]

Sent: Thursday, 8 February 2018 5:12 PM To: Angie Foo <angie.foo@sg.cntaiping.com>

Cc: Corene Chong <corene@crossbordersllc.com>; Jowyn Tay <jowyn.tay@sg.cntaiping.com>; SUR <sur@lkkauto.com>; Admin A <admin-a@lkkauto.com>; Denise Tay (LKKAuto) <denisetay@lkkauto.com>

Subject: RE: OUR REF: PRS/SNM18D00753C02/0 & YR REF: AJ.TK.REVOL(SKL8508G) -TO CONDUCT PRE REPAIR

SURVEY -SKL8508G

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

WITHOUT PREJUDICE

Dear Angie

- We refer to your email dated 08 February 2018. 1.
- Please be informed that the said vehicle can be inspected at: 2.

Venue:

Revol Carz Garage Pte Ltd

Address:

10, Ang Mo Kio Industrial Park 2A

#02-18 AMK Autopoint

Singapore (568047)

Contact:

May (6746 6281) / Gavin (9740 6855)

Please liaise with the above workshop directly. 3.

Thank You.

Regards Huiting

TEL: 6812 6873

CrossBorders LLC 133 New Bridge Road #23-03/04/05 Chinatown Point Singapore 059413

Tel: (65) 6438 1323 Fax: (65) 6438 2313

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From: Angie Foo [mailto:angie.foo@sg.cntaiping.com]

Sent: Thursday, February 08, 2018 5:10 PM To: Hui Ting < huiting@crossbordersllc.com >

Cc: Corene Chong < corene@crossbordersllc.com>; Jowyn Tay < jowyn.tay@sg.cntaiping.com>; SUR <sur@lkkauto.com>; Admin A <admin-a@lkkauto.com>; Denise Tay <denisetay@lkkauto.com>

Subject: RE: OUR REF: PRS/SNM18D00753C02/0 & YR REF: AJ.TK.REVOL(SKL8508G) -TO CONDUCT PRE REPAIR

SURVEY -SKL8508G

Without Prejudice Save As To Costs

Dear Hui Ting,

We refer to your email 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 Kalvin / 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.sq.cntaiping.com

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From: Hui Ting [mailto:huiting@crossbordersllc.com]

Sent: Thursday, 8 February, 2018 5:03 PM

To: Angie Foo

Cc: Corene Chong; Jowyn Tay

Subject: RE: OUR REF: PRS/SNM18D00753C02/0 & YR REF: AJ.TK.REVOL(SKL8508G) -TO CONDUCT PRE REPAIR

SURVEY -SKL8508G

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

WITHOUT PREJUDICE

Dear Angie

- We refer to your email dated 08 February 2018. 1.
- Our client objects appointing your surveyors as a single joint expert. 2.
- We propose one of the motor surveyors named in the list below to conduct the joint pre-repair survey as a 3. single joint expert:-

PAL'S Appraiser Pte Ltd Dennis Yap a)

LCW Appraiser Pte Ltd Yap Teck Lee b)

MC-Coy Appraiser Pte Ltd Yap Teck Chye c)

Treasure Appraiser Pte Ltd Dixon Yeo d)

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

Thank You.

Regards Huiting

TEL: 6812 6873

CrossBorders LLC 133 New Bridge Road #23-03/04/05 Chinatown Point Singapore 059413 Tel: (65) 6438 1323

Fax: (65) 6438 2313

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From: Angie Foo [mailto:angie.foo@sg.cntaiping.com]

Sent: Thursday, February 08, 2018 4:50 PM To: Hui Ting < huiting@crossbordersllc.com>

Cc: Corene Chong < corene@crossbordersllc.com >; Jowyn Tay < jowyn.tay@sg.cntaiping.com >

Subject: OUR REF: PRS/SNM18D00753C02/0 & YR REF: AJ.TK.REVOL(SKL8508G) -TO CONDUCT PRE REPAIR SURVEY -

SKL8508G

WITHOUT PREJUDICE SAVE AS TO COSTS

Dear Hui Ting,

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	G HEE
SAMUEL!	PHUN
SEE CHEV	V SENG
MOHD FA	DHILAH BIN OSMAN
DEREK O	H SIONG WEE
KALVIN A	ANG
MARCUS	CHUA
SIMON H	0
LOW SAR	HUEI
HONG FO	OK 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 6389 6174.

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

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From: Hui Ting [mailto:huiting@crossbordersllc.com]

Sent: Thursday, 8 February, 2018 9:54 AM

To: Claims Dept of CTI Cc: Corene Chong

Subject: Our client's vehicle no. SKL8508G (Revol); Your insured's vehicle no. PA8310H - PRI

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

WITHOUT PREJUDICE

Dear Sirs

- Please find attached our PRI notice dated 08 February 2018 for your kind attention. 1.
- Please reply email to corene@crossbordersllc.com & huiting@crossbordersllc.com & huitin 2.

Thank You.

Regards Huiting

TEL: 6812 6873

CrossBorders LLC 133 New Bridge Road #23-03/04/05 Chinatown Point Singapore 059413 Tel: (65) 6438 1323 Fax: (65) 6438 2313

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 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
- 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.	onsent to the archiving of this report at the centre and to copies of the report being made available
对 2000年 1000年 1000	ACCIDENT STATEMENT
Date Of Report	07/02/2018 15:16
Date Of Accident	07/02/2018 12:15
Exact Location Of Accident	BLK 2019 BUKIT BATOK IND. PARK A CANTEEN CAR PARK
Country/State of Loss	SINGAPORE SINGAPORE
自\$8 9000000000000000000000000000000000000	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL8508G
Insured/Policyholder	
Name Of Registered Owner	WONG KWAI LIN
NRIC No	\$2620322H
Email Address	LEON1399@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91286372
Alternative Phone No	OTHERS-92232172
Vehicle Particulars	
Manufacturer	AUDI
Model	A6 2.0 TFSI MU
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01018266
Cover Note Number	30/12/2017 - 29/12/2018
Driver Control of the	
Name of Driver	LIM SWEE LEONG
NRIC No	S1487771A
Date Of Birth	16/10/1961
Occupation	INDOOR
Date Of Driving Pass	16/04/1979
Debite - F	38 YEARS AND 9 MONTHS
Conde	MALE
H-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M	

(LOCAL) +65-92232172

LEON1399@GMAIL.COM

Address 45 HILLVIEW AVENUE #08-06

Postcode 669613

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident 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 SKETCH PLAN BY DRIVER.

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

PA8310H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver CHUA TECK CHYE

NRIC/Passport Number S2007832D Contact Number 98734008

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN Date of Accident:	2/18 Time 12:1504	ion: BIK 2019 Bulcil Botole lyd Ark A
My Vehicle A : STL &	5086 Vehicle B : PA8310H Vel	hicle Clothers:
	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, and Countries .
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DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	
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)	The low way
Car.		
Car .		
.1		
Ito one it in	the car at the point of	impact.
() Claim OD/TP at Al-	Lim Motor Claim OD (P) at other	workshop () Reporting Only
	2000	, , , , , , , , , , , , , , , , , , , ,
My workshop + Paus I	ard a copy of my efile accident report to:	
email address : e	Cara Garage Pec Led	
& myself : loons	basar Lin.	
	1399 P. CM. 12 CALLA	
Note: Please take note	1399 Egmail-com that your insurer have 14 days timefram	e for you to submit own damage
claim under your own p	olicy. Kindly check with your own insur	er for more information.
DECLARATION		
	rticulars are true in every respect.	(AHA)
Λ		E E
Chi	Sil	EL AB
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

Sketch Plan Pg. 2

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:
 - 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:
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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

P	FOLDER TRA	Est Submitted	Adj Assigned	Adi Rpt	Adi Sub	mitted	Ins Auth'ed	Status	
Case	Notified 08 Feb 2018	Est Submitted	08 Feb 2018 17:18 Edit Adj Rpt	S\$0.00 Edit Estimates	\$\$0.00 View F	,	INS ROUT CO	Pending for Survey Report Cancel Case	
	Main	R	eference	Claim De	talls	Γ	Documents	1_	Show All
CLAIM S	UBFOLDER DI	ETAILS			[[Created	by insurer]		
Insured:	LEGEND I	BUS PTE LTD,	o. Reg. No.: 201435	403E					
Main Claimant:	WONG K	WAI LIN, ID: S	2620322H						
Vehicle Re No.:	9. SKL850	8G		Date o	Loss: 07	7/02/2019 19 Month	8 12:00 - :59 s and 8 Days From L	TA Reg Date (N	tan Yr)]
Claim Typ	e: TP / SNI	Policy/Cover Note No.: DMB1SN1709751700							
Vehicle Re No. (Insured)	PA9310H	g.		Policy (Claim					
				Excess		\$0.00			
Repairer:	Revol Ca	rz Garage Pte Lt	d (HQ) Block 10, Ar	ig Mo Kio Ind Park	2A, #02-1	B, AMK A	uto Point, 568047 Ar	g Mo Kio - Tel	
Handling Insurer:							d by Jowyn Tay - 63		
Adjuster:	20/02/2	0181					Hing Wilson] [Fi		
Adj Asg. Remarks:	PLEASE S	URVEY THIRD PAR COMMEDED REPAI	TY, CHECK CONSIST R AMOUNT IF THERE	ES NO ESTIMATE	AGES ON PROVIDED	DURING	PREJUDICE BASIS. PRE REPAIR.	KINDLY LET US	S HAVE
ASSOCIA	TED MAIL RI	CEIVED					View	All Compos	e Case Mai
There are	no mail for this	s case.							
ALL ASS	OCIATED TA	sks⊟			Vie	w All	Search Tasks Cred	ate New Task	Complete
Due Da		Type Tas	k Group Subjec	t Handler	Assigned	і Ву	Completed On	Created Or	Done

Claim Documents

*SKL8508G (SNM18D00753C02)

[PA9310H]

TP

WONG KWAI LIN

Feb 7 2018 12:00PM

[LEGEND BUS PTE LTD]

Revol Carz Garage Pte Ltd

Up	load Documents Up	oload Photos Compose New Letter	View	View in Brows	ser 🗸
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No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	12/04/18 13:58	LKK SURVEYOR PHOTO 1	0	Load PDF	
2	12/04/18 13:58	LKK SURVEYOR PHOTO 2	0	Load PDF	
3	12/04/18 13:58	LKK SURVEYOR PHOTO 3	0	Load PDF	
Doc	cumentation		1 per	page 🔻	V
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	08/02/18 17:21	INSURED SAS REPORT PA8310H	0	Load PDF	
2	08/02/18 17:21	THIRD PARTY SKL8508G -PRS EMAIL BTW CIC AND CROSSBORDERS LLC	0	Load PDF	
3	08/02/18 17:21	THIRD PARTY SKL8508G -FROM CROSSBORDERS LLC -PRS LTR AND SAS REPORT	0	Load PDF	

Documents Checklist

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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/CTI18002666/WD3E2

Date:

13/04/2018

REFERENCE

Handling Insurer:

China Taiping Insurance (Singapore) Policy No:

DMB1SN1709751700

Claimant Vehicle SKL8508G

Insured Vehicle

No:

No:

PA9310H

Date of Loss:

07/02/2018

Nature of Claim: TP

Claim No:

SNM18D00753C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SKL8508G

Make & Model:

AUDI A6, 2.0 TFSI MU (A) 30/12/2013 (Man. Year: 2013) Engine No: Chassis No: Odometer:

CDN380331 WAUZZZ4G2EN060457

76018 km

Reg. Date:

Colour:

Engine Capacity:

1984 cc Market Value/New Car Price: N/A

Sum Insured (S\$):

Market Value/New Car Price

Yes Engine Modification:

Yes Footbrake (Serviceable):

Yes

General Condition:

Handbrake (Serviceable):

CONDITION OF VEHICLE AT THE TIME OF SURVEY Steering (Serviceable):

Pre-accident Condition:

CONDITION OF TYRES

225/55 R17

Rear Tyre Size:

225/55 R17

Front Tyre Size: Front Left Side:

Yokohama 3 mm

Rear Left Side: Rear Right Side: Yokohama 3 mm Yokohama 3 mm

Front Right Side: Yokohama 3 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:

08/02/2018

Date Inspected:

09/02/2018 Inspected At:

Revol Carz Garage Pte Ltd (HQ)

Block 10, Ang Mo Kio Ind Park 2A, #02-18,

AMK Auto Point Singapore 568047

Estimated Period of Repair:

6.0 days

Adjuster: Teo Cheng Ming Wilson

Manager:

Nivitha Govindasamy

Page 2 of 5 Adjuster Report 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 \$11,000.00 -\$12,000.00

Adjuster Report Page 4 of 5

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 13 Apr 2018)

Parts: 143 AUDI A6 2.0 TFSI MU (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SKL8508G)

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 >