22/03/2002 ASS, REC, BY:	REF: CS / EQI 1800 3980/Ug 03 Poperial Instruction:
Surveyor : From (Person)	Marrie Assignment (Office) Buzlin Ahmob of BOI Detertime: 28 His 7-20 pm
/	TTP RES / OD RES / EVA / INV / MV 7 CS
at Workshop r	ci BK+ Ave 6 BK D#0191 Autobay
Policy No:	Claim No:
Sum Insured:	Excess: \$500.00
Make of Vehr (Client's Record CA / REV) Date/Time:	D.O.A. 23/02/2018 REP. / REV 24 HRS . H.O.D. Endorsement: 11-120m 3 18 Person Contacted: Ms · Tan Vehicle IN OUT
Date/Time	Action/Instruction (>> Estimate GBE 3352 P- ×
	Subaut Extensive Total Lors Report.

08/11/13) wef	REF:	501			
ASS. REC. BY: MC/145		0,0	NT.		
		ASSIGNMEN	<u> </u>	1/.	
From:	Date:	Veh No:	9363.	352 Ar Regn. 6//	11/5-
Estimated Cost:		Type: M.C	ar / M.Cycle / Bus Var	If Lorry / Taxi / Prime Mov	rer l
O THEWS ! TP RES! OD RES!			ck / Trailer or	the latest the second s	
To Inspect Vehicle No:	Soclen	352P Make:	Toujoke	hiere co	2982
at Workshop m/s	Soc len	Colour	white		Std / NI / NA
f		Sp.Readin		T/Radio: Insured /	Std / NI / NA
nsured		Eng/No:	Bethy flag		
Policy No.		C/No:	k)	H201017	2813
Claims No.		Gen. Con	d: Good / Fair Poor / B	Surnt	-012
Sum insured:	Excess: 5	Steering:	norder / Jammed / Lea	ked / Burnt or	
(Client's Record)		Brake	norder / Jammed / Lea	ked / Burnt or	
Make of Veh:		Modi:	II / 9/Rim / STD A/Rii	m or	1.4400
		Tyre Size:	F: /	185/An	10
(Policy Condition)			R:	13/00,0	7
Remark: The veh had commence	ed its	N/S O/S BS / DUN	LEXNOVA / GY / FS / L	IZA / MIC / OHTSU / PIR /	SUMI/
repair at the time of ins	pection.	точо	YOKO pr		
Bal, or Market Value:	60	Front		Rear 🖌	
DAC Accident Rport:	Consistent? : Yes or	No R/Bal.	O mm	R/Bal.	mm
	Consistent? : Yes or	No L/Bal.	6 .mm	L/Bal. 6	mm
Est Repairs: day	s Res.: Yes or	No D.O.A.	23/2/18	D.O.I. // 2	110
Lum Sum: %	3 Val.: Yes or	No Survey he	eld at	_ / 3	10
	3.7	market less than		DIS I NIS I UIC ROOFE	np_or
CA / REV / REP. / 24 HR	•	hicle: IN / OUT	Rol K	-	
Date: Person Cor	ntacted:	Tyle O	IC Chassis frame	Body Structure affected d	ue to collision.
Date / Time Action / Instruct			,	0	
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Date/Time. File Return to?	marreport	i Nesui vey	no. or mp.	Transportation:	150
2)		Add Fee: Si	te Insp (\$)S +RSSI	
			terview (\$) Photos	500000
Report Format :	IL-E	-	ech. Invs (\$) Others	
Lump Sum / I.B.I: (\$	3		eekend (\$)	
				TOTAL	141)

Survey Department Check List (Case Handler)

GBE 2352P Reference No. 5 9 801 1800 3980 14413 Policy Type: OD / TP / TP RES / TL / EVA Typist Case Handler Nivitus): Case handler to make sure all Information created by the assignment team are ACCURATE. Admin (Y-Date N-Date Y-Date N-Date (1) Office Assign Form Reference No. C Customer Code C Assign From N C Assign Date C Veh No (Inspected) C Veh No (Insured) D.O.A C C Policy No Claim No C Insurance Authorisation (CA /REV/REP) Report Type C Weekend Charges C Survey held at/Repairer N C Excess Surveyor (Marour): Case handler to make sure the surveryor completed all required information. (1) Assignment Form C Vehicle No C Regn Month/Year N . Vehicle Type Make & Model N Engine Capacity. (C.C) C Colour N C Odometer. (Sp.Reading) C Chassis No General Condition N Steering Brake N Modification (Modi) Ν C Tyre Size N Tyre Make C Tyre Balance C Date of Inspection Survey held N Des.of Damages N (2) System - (Views/Merimen) Damaged Vehicle Photographs Uploaded (3) Workshop Estimate/Assignment Form ALL Parts condition N C Market Value for OD cases Estimate Repair Cost for PRI (RSI, TMI, MSIG) C C Days of repair Finalised Amount Re-inspection Cases to Finalize within 5 Days (4) System - (Views/Merimen) Resurvey photo Uploaded

Date

*C: Critical *N: Non-Critical

Check By:

Case Handler



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 I	nternationale Des Experts En Autor	nobile
EQ	INSURANCE COM	PANY LTD	Ref : CS/EQI180039	980/Uqd3
#17	AXWELL ROAD -00 TOWER BLOC D COMPLEXSING/		Date: 01-03-2018	
1.		Policy P	articulars :- OWN DAMAGE	
	Insured Veh.		Veh. Inspected	GBE 3352P
	Policy No.		Coverage (\$)	0.00
	Claim No.		Excess (\$)	500.00
	Assign From	BAZLIN AHMAD	Assign Date	01/03/2018
2.		Vehicl	e Particulars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	*	Steering	
	Brakes		Modification	
	General			
3.			Conditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm
4.		De	scription of Damages	
5.		(General Information	
	Accident Date	23/02/2018	Inspection Date	01/03/2018
	Survey held at	SOC LEON MOTOR WO	DRKS	
		1 KAKI BUKIT AVE 6 BI #01-91 AUTOBAY @ KA SINGAPORE 417883		
5a.			Remarks	

Catherine Chong (LKK Auto)

From:

Sent: Wednesday, 28 February, 2018 4:20 PM

To: assignments

Subject: FW: GBE3352P-Toyota Hiace (OD) SURVEY

Attachments: P1110893.jpg; P1110894.jpg; P1110895.jpg; P1110896.jpg; IMG_20180227_0001.jpg;

Shu Pei (LKKAuto) <shupei@lkkauto.com>

IMG_20180227_0002.jpg; IMG_20180227_0003.jpg; GBE3352P 23.02.2018.pdf

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupei@lkkauto.com | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Bazlin Ahmad [mailto:bazlin.ahmad@eqinsurance.com.sg]

Sent: Wednesday, 28 February 2018 4:15 PM

To: Admin A <admin-a@lkkauto.com>

Cc: Francis Ng <francis.ng@eqinsurance.com.sg>; Janet Tan <janet.tan@eqinsurance.com.sg>; Bernadette Yeo

<bernadette.yeo@eqinsurance.com.sg>

Subject: RE: GBE3352P-Toyota Hiace (OD) SURVEY

Dear LKK

We refer to the above new assignment, please find attached for easy reference.

OD excess \$500 before GST

Thank You.

Regards, Lynn Ahmad

Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 did 65 6496 9881 | tel 65 6223 9433 ext 881 | fax 65 6223 4190 www.eqinsurance.com.sg



Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately and delete all copies of

you've got a friend

From: Francis Ng

Sent: Wednesday, February 28, 2018 3:55 PM

To: Bazlin Ahmad Subject: FW: GBE3352P-Toyota Hiace (OD)
Dear Bazlin,
Please help, thank you.
Regards, Francis Ng Executive Claims
x x
EQ Insurance Company Limited 5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 did 65 6496 9115 tel 65 6223 9433 ext 115 fax 65 6223 4190 www.eqinsurance.com.sg
x Example 2 x
From: slmoi [mailto:slmoi@singnet.com.sg] Sent: Tuesday, February 27, 2018 12:58 PM To: Elaine Cheong <elaine.cheong@eqinsurance.com.sg> Subject: GBE3352P-Toyota Hiace (OD) Hi Elaine,</elaine.cheong@eqinsurance.com.sg>
Your insured has requested us to submit own damage claim against his policy for the above vehicle.
We have not prepared any estimate to this case as we found that this vehicle was seriously damaged (please find attached photos and GIA report)
We would appreciate if you could kindly arrange your surveyor to come and survey this vehicle which is now lying in our workshop.
Thank you for your kind assistance in this matter.
Best Regards, Irene Leong SOC LEON MOTOR WORKS Tel: 67477858
This email has been checked for viruses by AVG antivirus software. www.avg.com

Shiau Chan (LKKAuto)

From:

Shiau Chan (LKKAuto)

Sent:

Friday, 2 March 2018 11:19 AM 'Bazlin Ahmad'; assignments

To: Cc:

SUR

Subject:

RE: GBE3352P-Toyota Hiace (OD) SURVEY

Attachments:

CSEQI18003980Uqd3.pdf

Dear Bazlin,

Enclosed herewith preliminary advice of GBE 3352P.

Repair cost not economical.

We have not authorise repair.

Kindly advise us the claim reference of above mentioned.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>siewsc@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Thursday, 1 March 2018 11:24 AM

To: 'Bazlin Ahmad' <bazlin.ahmad@eqinsurance.com.sg>; assignments <assignments@lkkauto.com>

Cc: SUR <sur@lkkauto.com>

Subject: RE: GBE3352P-Toyota Hiace (OD) SURVEY

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: <u>assignments@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Shu Pei (LKKAuto) [mailto:shupei@lkkauto.com]

Sent: Wednesday, 28 February 2018 4:20 PM
To: assignments assignments@lkkauto.com
Subject: FW: GBE3352P-Toyota Hiace (OD) SURVEY

Best Regards,

Shu Pei| Admin

LKK Auto Consultants Pte Ltd



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your Ref: TBA

Date: 02nd March 2018

Our Ref: CS/EQI18003980/Uqd3

The Motor Claims Department EQ Insurance

Attn: Bazlin

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. GBE 3352P .

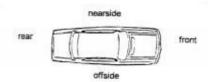
We thank you for the instruction on <u>28/02/2018</u>.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 01/03/2018 at the premises of M/s SOC LEON MOTOR and have the following to report:

Workshop Estimate Amount	: S\$	TOTAL LOS	SS	
Revised Estimate Amount	: S\$	TOTAL LOS	SS	
"Check" Items Amount	: S\$	-		
Lump Sum Repair Estimate Amount	: S\$	-	-	
Market Value	: S\$	60,000.00		
LTA Reimbursement Value	: S\$	33,647.00		
Nett Value	: S\$	26,353.00		

Description of Damage:

The vehicle sustained damages at the front portion & rooftop. The undercarriage & chassis frame affected due to collision.



Comments/ Present Status:

Damages consistent.

Repair cost not economical.

We have NOT authorize repair.

Yours faithfully

MARCUS CHUA Licensed Appraiser

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.

AC	CID	ENT	STA	TEM	ENT

Date Of Report

27/02/2018 10:15

Date Of Accident

23/02/2018 05:20

Exact Location Of Accident

BEDOK NORTH ROAD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBE3352P

Insured/Policyholder

Name Of Registered Owner

SHREE KIVAN ENTERPRISE

Co Reg No

53293248W

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-98741771

Alternative Phone No

OFFICE-98741771

Vehicle Particulars

Manufacturer

TOYOTA

Model

HIACE-3.0 D DX (A)

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?

YES

If No, Please state action to be taken

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

EQ INSURANCE COMPANY LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

DMCPHQ17-006199

Cover Note Number

Driver

Name of Driver

DURAIKKANNU BASKARAN

NRIC No

S7065528D 12/03/1970

Date Of Birth Occupation

OUTDOOR

Date Of Driving Pass

06/05/2000

Driving Experience

17 YEARS AND 9 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-98741771

Fax Number

Contact Number

FMail Address

THONDAMANBASKAR@GMAIL.COM

Address

BLK 964 HOUGANG AVE 9 #03-668

Postcode

530964

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

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)

1

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 REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBS8361G

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

- North Committee 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 underlying regulations, laws or court orders.

Reg.No: 53293248W

Blk 964 Hougang Ave 9 #03-668 Singapore - 530964 🕿 : +65 9874 177

Policyholder's Signature Date & Time:

Driver's Signature

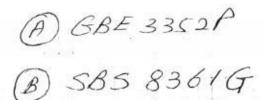
(If driver is not the policyholder)

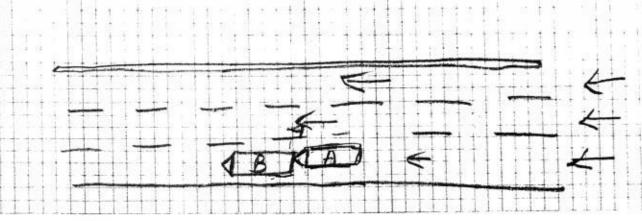
Date & Time:

Reporting Centre Person

Name:

NRIC/FIN No.:





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

L Was	geir	ing	along	Bede	K No	8th	Kond	follo	wing
behin	nd a	SBS	bus.	The	Bus	Sud	denh	Slow	down
I was	s too	near	to	him.	II	amn	red n	my bro	akes
bur	Still (Ceuld	not	avoid	£ C	ollic	led	into t	he
Year	CT H	he b	ws.	There	Was	no	injur	y for	both
Par	ties.							()	
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		- 30							
				15		====			

DECLARATION

SHREE KIVAN ENTERPHISE are true in every respect.

Reg.No: 53293248W

BIK 964 Hougang Ave 9 #03-668 Strolleyholder's Signature +65 9874 1771 Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	3248W
Vehicle Details	
Vehicle No.:	GBE3352P
Vehicle to be Exported:	Yes
Intended De-registration Date:	28 Feb 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0 DX DIESEL TURBO AT 2WD 5DR
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	1KD2541367
Chassis No.:	KDH2010172813
Maximum Power Output:	27
Open Market Value:	\$28,818.00
Original Registration Date:	06 Nov 2015
First Registration Date:	06 Nov 2015
Transfer Count:	0
Actual ARF Paid:	\$1,441.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	8
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	

COE Expiry Date:

05 Nov 2025

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$43,809.00

COE Rebate Amount:

\$33,647.00

Total Rebate Amount:

\$33,647.00

The information contained herein is correct as at 26 Feb 2018

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spCarMart is the number one car classifieds for parallel import cars. Toyota, Honda, Nissan, Mitsubishi & SMW. There are plently of cars for sale, from vars, trucks, sedan cars, taxiny cars, sports cars or stationwagons, SUV, MPV, hatchback, to COE cars & OPC cars. You can also buy from a car auction, look up car loans, low mileage cars, car brands, carpank rates & car insurance. Find buy used Hiace, Hiace

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	3248W
Vehicle Details	
Vehicle No.:	GBE3352P
Vehicle to be Exported:	No
Intended De-registration Date:	02 Mar 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0 DX DIESEL TURBO AT 2WD 5DR
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	1KD2541367
Chassis No.:	KDH2010172813
Maximum Power Output:	92KT
Open Market Value:	\$28,818.00
Original Registration Date:	06 Nov 2015
First Registration Date:	06 Nov 2015
Transfer Count:	0
Actual ARF Paid:	\$1,441.00
Intended PARF Rebate D	etails
PARF Eligibility:	No
PARF Eligibility Expiry Date:	*2
PARF Rebate Amount:	\$0.00
Intended COE Rebate De	etails
COE Expiry Date:	05 Nov 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$43,809.00
COE Rebate Amount:	\$33,623.00
Total Rebate Amount:	\$33,623.00

The information contained herein is correct as at 01 Mar 2018



51 UBI AVE 1, #01/02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 6256 3561 FAX: (065) 6256 4315

Your Ref

: DM18HO00552

Date: 09th March 2018

Our Ref

: CS/EQI18003980/Uqd3s2

M/s EQ Insurance Company Ltd

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 (The Motor Claims Department)

Dear Sirs/Madam,

AUTOMOBILE INSPECTION REPORT OF ACCIDENT VEHICLE GBE 3352P ACCIDENT ON 23/02/2018

Instruction was received to inspect the vehicle Reg. No. GBE 3352P. The inspection was conducted on 01/03/2018 at the premises of M/s Soc Leon Motor Works, 1 Kaki Bukit Ave 6 Blk D #01-91 Autobay @ Kaki Bukit Singapore 417883.

The following vehicle information was recorded:

Registration Number

: GBE 3352P

Make/Model

: Toyota Hiace (M)

Year of Registration

: 2015

Body Colour

: White

Chassis Number

: KDH2010172813

Engine Capacity

: 2982 cc

Speedometer Reading

: Battery Flat

The vehicle sustained damages at the front portion and rooftop. The undercarriage and chassis frame affected due to collision. (Details see photographs enclosed)

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In view of this, we are of the opinion that it would be uneconomical to proceed with the repairs due to extensive repair cost and recommend it to be written off as "Total Loss".

Market Value	S\$	60,000.00
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Less: LTA Reimbursement Value (RV)	(S\$	33,647.00)
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Nett Liability	S\$	26,353.00
115 C 416 FE C 4 10 C 416 FE T - 15 T C		

Vehicle Inspected By:

CHUA KANG SENG

Licensed Appraiser

K.K.LAU MSc(Eng M), B Eng(Hons), Peng(UK),

MSc(Eng M), B Eng(Hons), Peng(UK), MASME(USA), B Bus(Aust), MBA(UK),

IEng(UK), MIIE(mech), MinstAEA, MFIEA,

MIRTE, MIMI, MSAE, MCIArd, AM, NIJAAR (USA),

AM CATARI(CAN), M. MATA(USA), M. MdATA(USA),

Licensed Appraiser

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