

ASS. REC. BY:

REF: CS3/CTI18005654/Wd3<sup>2</sup>

Special Instruction:

Surveyor

## ASSIGNMENT (Office)

Menimen

From (Person): Adeline Chng of CTI Date/Time: 27/3/18 @ 9:47am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBF 6952H Insured: YL 5649L

at Workshop m/s: Yong Sing Motor Tel: 9182 0027

of No. 10 Defu Lane 8

Policy No: DMCVSN1765961700 Claim No: SNM18D01453C02

Sum Insured: Excess:

Make of Veh: D.O.A. 16/3/2018  
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 27/3/18 @ 10:27am Person Contacted: Sam Vehicle ~~IN~~ OUT

Date/Time Action/Instruction (X) Estimate

GBF 6952H - X

YL 5649L - X.

After repair: 2/4/2018

(08/11/13) wef

ASS. REC. BY: MORIS

REF:

C21

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / FP / WS / TP RES / OD RES / EVA / INV / MVTo inspect Vehicle No: GAF6952Hat Workshop m/s Yong Sing No 10

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: 2 Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: GAF6952H /r Regn: 217

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

Truck / Trailer or MIMake: Toyota Dyna C.C. 2982Colour: silver A/C: Insured / Std / NI / NASp. Reading: 35222 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTFA735460K207239

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: \_\_\_\_\_

R: 15-5 R12

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

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6/6 mmL/Bal. \_\_\_\_\_ mm L/Bal. 6/6 mmD.O.A. 16/3/18 D.O.I. 27/3/18

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

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

Date / Time Action / Instruction

No settl. PRS3-4

RECEIVED 02 MAY 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\_\_\_\_ \$ + RS. \_\_\_\_ \$

Photos

Others

TOTAL

Report Format: PRG

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

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Mar 2018		27 Mar 2018 09:47 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	FY OFFICE PTE LTD, Co. Reg. No.: 201720953M		
Main Claimant:	YONG SING MOTOR WORKS, Co. Reg. No.: 53088690A		
Vehicle Reg. No.:	GBF6952H	Date of Loss:	16/03/2018 10:00 - :59
Claim Type:	TP / SNM18D01453C02	Policy/Cover Note No.:	DMCVSN1765961700 (TP, Fire & Theft)
Vehicle Reg. No. (Insured):	YL5649L	Policy No. (Claimant):	DMCPHQ18-000663
		Excess:	S\$0.00
Repairer:	Yong Sing Motor Works (HQ) No. 10 Defu Lane Singapore 539315, 539315 Defu Lane - Tel: 82677782		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by <b>Adeline Chng Pei Wen</b> ]		
Claimant's Insurer:	EQ Insurance Company Ltd (HQ) - Tel: 6223 9433		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 06/04/2018]		
Driver/Custodian (Insured):	WANG SONG (29 / Male), NRIC: G8408809P, Tel: +6592483768		
Adj Asg. Remarks:	NO EST, CASE W/O SJE.		

### 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?
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No results.

## CATHERINE LIM LLC

林 ADVOCATES & SOLICITORS  
翠 NOTARY PUBLIC - 公证官  
玲 COMMISSIONER FOR OATHS - 宣誓官  
律  
師 CATHERINE C.L.LIM  
館 DIRECTOR  
LL.B (HONS) SINGAPORE - 法律系 - 律師  
M.B.A. (BUSINESS LAW) - 商业系 - 碩士

20 Havelock Road #03-01  
Central Square Singapore 059765  
UEN No. 201310922K  
GST Registration No. 201310922K  
Tel: (65) 6438 5500  
Fax: (65) 6438 0111  
www.catherinelimllc.com  
Email: info@catherinelimllc.com  
CATHERINE LIM LLC is a law corporation with  
limited liability

Our Ref: CL/180371/T/YSM.wa  
Your Ref: YL 5649L

26 March 2018

To: M/s China Taiping Insurance (Singapore) Pte Ltd  
3 Anson Road #16-00  
Spring Leaf Tower  
Singapore 079909  
Attn: Motor Claims Dept

via fax: 62247175 & by hand

FY Office Pte Ltd  
10 Admiralty Street  
#05-85 North Link Building  
Singapore 757695

**CERTIFICATE OF POSTING**  
(Please be informed that all supporting documents  
have been forwarded to your insurer.)

Dear Sir

**RE: NOTICE TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO  
PRE-ACTION PROTOCOL FOR NON-INJURY MOTOR ACCIDENT CLAIMS (NIMA)**

**ACCIDENT INVOLVING GBF 6952H / YL 5649L ON 16.03.2018 ALONG TPE TOWARDS LOR HALUS**

We are instructed by **YONG SING MOTOR WORKS** to notify you of a road traffic accident on 16.03.2018 involving our client's vehicle No. **GBF 6952H** and vehicle No. **YL 5649L** driven by you at the material time. A copy of the Singapore Accident Statement and/or Police Report is enclosed.

As a result of the accident, our client's motor vehicle has been damaged. Before our client proceed to repair the damaged motor 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 motor vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please let us know your appointed surveyor.  
Venue: Yong Sing Motor Works  
10 Defu Lane 8 Singapore 539315

Contact: Sam @ 9182 0027 Fax: 6284 2798

Yours faithfully



Cc: client

## 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	16/03/2018 17:55
Date Of Accident	16/03/2018 10:50
Exact Location Of Accident	ALONG TPE TOWARDS LOR HALUS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6952H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG SING MOTOR WORKS
Co Reg No	53088690A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96188886
Alternative Phone No	OFFICE-96188886

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to you: vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-000663
Cover Note Number	

### Driver

Name of Driver	SIM SIN TECK
NRIC No	S6903294Z
Date Of Birth	26/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1998
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96188886
Fax Number	
Contact Number	
EEmail Address	YONGSINGMOTORS@GMAIL.COM

Address NA  
 Postcode  
 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  
 Was any body injured in the Accident? YES  
 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

I was queuing on my the left stationary . Suddenly I felt a big impact from the rear of my vehicle . My back and neck hurt a lot, but I went out of my vehicle to check what happen. I found out that my vehicle have been hit from the rear by a lorry. We exchange particulars.. I feel that the driver of the lorry was not familiar with the road and he wanted to rush when I ask him for his details I still have pain on my back , shoulder and neck. I feel giddy and want to vomit. I will go and see doctor soon.

#### 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YL5649L  
 Vehicle Make/Model/Colour NISSAN/DIESEL/BLUE  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver WANG SONG  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name	SIM SIN TECK
Approximate Age	
Injuries Sustain	BACK SHOULDER AND NECK PAIN, GIDDY AND VOMIT
Injured person in which vehicle?	GBF6952H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

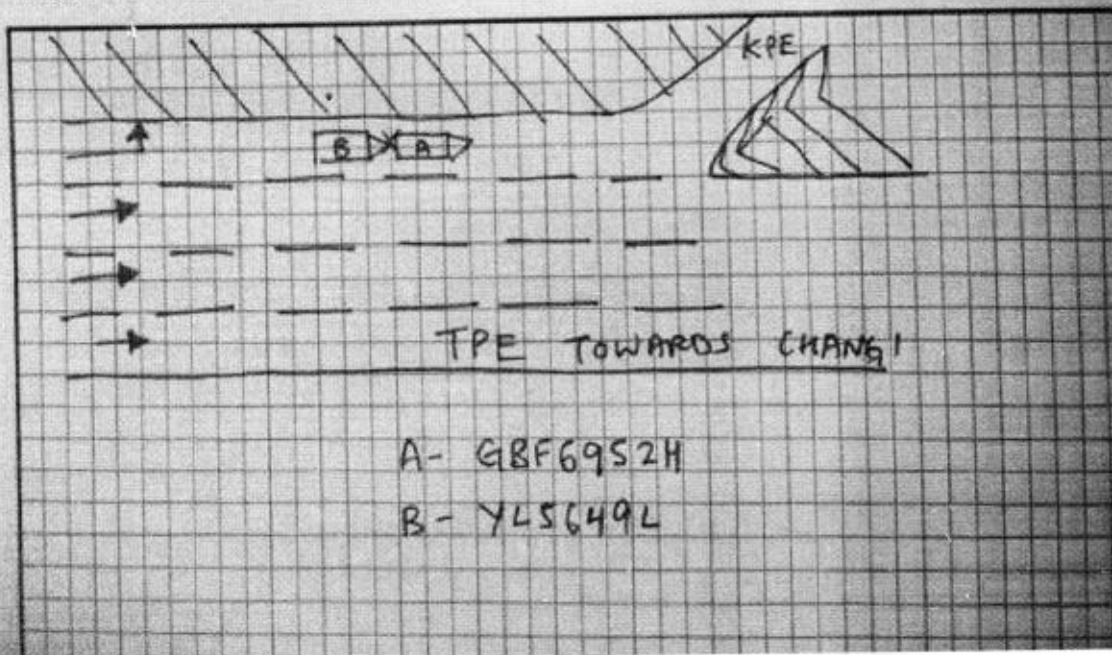
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA):  
 I understand, acknowledge, agree and consent that:  
 (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer/collectively the "Personal Information" and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:  
 (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
 (ii) investigating the accident and/or my claims;  
 (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
 (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
 (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
 (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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Mohammad Azaly Bin Abdullah  
Witnessed by Reporting Centre  
Personnel

Policyholder's Signature / Date & Time

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

### Sketch Plan





ACCIDENT STATEMENT (2000 characters)

I was queuing on my the left stationary . Suddenly I felt a big impact from the rear of my vehicle . My back and neck hurt a lot, but I went out of my vehicle to check what happen.

I found out that my vehicle have been hit from the rear by a lorry.  
We exchange particulars..

I feel that the driver of the lorry was not familiar with the road and he wanted to rush when I ask him for his details

I still have pain on my back , shoulder and neck.  
I feel giddy and want to vomit.

I will go and see doctor soon.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

16 March 2018 at 3:50 PM

Date/Time:

16 March 2018 at 3:50 PM

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	8690A
<b>Vehicle Details</b>	
Vehicle No.:	GBF6952H
Vehicle to be Exported:	No
Intended De-registration Date:	27 Mar 2018
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1KD2668718
Chassis No.:	JTFAT35Y60K207239
Maximum Power Output:	-
Open Market Value:	\$26,436.00
Original Registration Date:	09 Feb 2017
First Registration Date:	09 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$1,322.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	08 Feb 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$44,794.00
COE Rebate Amount:	\$39,722.00
<b>Total Rebate Amount:</b>	<b>\$39,722.00</b>

The information contained herein is correct as at 27 Mar 2018

OK

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Mar 2018		27 Mar 2018 09:47 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	FY OFFICE PTE LTD, Co. Reg. No.: 201720953M		
Main Claimant:	YONG SING MOTOR WORKS, Co. Reg. No.: 53088690A		
Vehicle Reg. No.:	GBF6952H	Date of Loss:	16/03/2018 10:00 - :59 [13 Months and 7 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / SNM18D01453C02	Policy/Cover Note No.:	DMCVSN1765961700 (TP, Fire & Theft)
Vehicle Reg. No. (Insured):	YL5649L	Policy No. (Claimant):	DMCPHQ18-000663
		Excess:	S\$0.00
Repairer:	Yong Sing Motor Works (HQ) No. 10 Defu Lane Singapore 539315, 539315 Defu Lane - Tel: 82677782		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Adeline Chng Pei Wen]		
Claimant's Insurer:	EQ Insurance Company Ltd (HQ) - Tel: 6223 9433		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MARCUS CHUA] ... [Final Rpt due 06/04/2018]		
Driver/Custodian (Insured):	WANG SONG (29 / Male), NRIC: G8408809P, Tel: +6592483768		
Adj Asg. Remarks:	NO EST, CASE W/O SJE.		

### 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

**\*GBF6952H (SNM18D01453C02)**  
**[YL5649L]**

**TP**  
**YONG SING MOTOR WORKS**  
**Mar 16 2018 10:00AM**  
**[FY OFFICE PTE LTD]**  
**Yong Sing Motor Works**

<a href="#">Upload Documents</a> <a href="#">Upload Photos</a> <a href="#">Compose New Letter</a>			<b>View</b> <a href="#">View in Browser</a>	
<b>Video</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AJAX MARS PTE LTD (Bukit Merah)	Thumbnail	Print
1	17/03/18 04:38	<b>Video - Accident</b> [Linked Accident Report Documents]	Load MP4	
<b>Assessment Reports</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AJAX MARS PTE LTD (Bukit Merah)	Thumbnail	Print
1	16/03/18 18:06	<b>Accident Statement</b>	Load HTM	
2	16/03/18 21:51	<b>Addendum Sheet</b>	Load TIFF	
3	17/03/18 04:41	<b>Accident Statement Addm. #1</b>	Load HTM	
<b>Photos/Images</b>			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	AJAX MARS PTE LTD (Bukit Merah)	Thumbnail	Print
1	16/03/18 18:02	<b>Accident Photo</b> [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
2	16/03/18 18:02	<b>Accident Photo</b> [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
3	16/03/18 18:02	<b>Accident Photo</b> [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
4	16/03/18 18:02	<b>Accident Photo</b> [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
5	16/03/18 18:02	<b>Accident Photo</b> [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
6	16/03/18 18:02	<b>Accident Photo</b> [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
7	16/03/18 18:02	<b>Accident Photo</b> [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
8	16/03/18 18:02	<b>Accident Photo</b> [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
9	16/03/18 18:02	<b>Accident Photo</b> [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
10	16/03/18 18:02	<b>Identification Card</b> [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
11	16/03/18 18:02	<b>Identification Card</b> [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	02/05/18 10:29	<b>General View</b>	Load PDF	
2	02/05/18 10:30	<b>Photo After Spray</b>	Load PDF	
<b>Documentation</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	27/03/18 09:47	<b>PRS</b>	Load PDF	
2	27/03/18 09:47	<b>OI GIA REPORT</b>	Load PDF	
No	Finalized On	AJAX MARS PTE LTD (Bukit Merah)	Thumbnail	Print
1	16/03/18 18:03	<b>Sketch Plan</b> [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
2	16/03/18 18:03	<b>Sketch Plan #2</b> [Linked Accident Report Documents]	Load TIFF	

## Linked Accident Report Documents

View View in Browser ▼

Video			1 per page ▼	<input checked="" type="checkbox"/>
No	Finalized On	AJAX MARS PTE LTD (Bukit Merah)	Thumbnail	Print
1	17/03/18 04:38	Video - Accident	Load MP4	
Assessment Reports			1 per page ▼	<input checked="" type="checkbox"/>
No	Finalized On	AJAX MARS PTE LTD (Bukit Merah)	Thumbnail	Print
1	16/03/18 18:06	Accident Statement	Load HTM	
2	16/03/18 21:51	Addendum Sheet	Load TIFF	
3	17/03/18 04:41	Accident Statement Addm. #1	Load HTM	
Photos/Images			3 per page ▼	<input checked="" type="checkbox"/>
No	Finalized On	AJAX MARS PTE LTD (Bukit Merah)	Thumbnail	Print
1	16/03/18 18:02	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
2	16/03/18 18:02	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
3	16/03/18 18:02	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
4	16/03/18 18:02	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
5	16/03/18 18:02	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
6	16/03/18 18:02	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
7	16/03/18 18:02	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
8	16/03/18 18:02	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
9	16/03/18 18:02	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
10	16/03/18 18:02	Identification Card	Load JPG	<input checked="" type="checkbox"/>
11	16/03/18 18:02	Identification Card	Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page ▼	<input checked="" type="checkbox"/>
No	Finalized On	AJAX MARS PTE LTD (Bukit Merah)	Thumbnail	Print
1	16/03/18 18:03	Sketch Plan	Load JPG	<input checked="" type="checkbox"/>
2	16/03/18 18:03	Sketch Plan #2	Load TIFF	

## 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)

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## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/CTI18005654/UD3S2  
 Date: 08/05/2018

## REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMCVSN1765961700  
 Claimant Vehicle No: GBF6952H Insured Vehicle No: YL5649L  
 Date of Loss: 16/03/2018 Nature of Claim: TP Claim No: SNM18D01453C02

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: GBF6952H Engine No: 1KD2668718  
 Make & Model: TOYOTA DYNA 150, 3.0 D 5MT (M) Chassis No: JTFAT35Y60K207239  
 Reg. Date: 09/02/2017 (Man. Year: 2016) Odometer: 35222 km  
 Colour: Silver  
 Engine Capacity: 2982 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: Good Steering (Serviceable): Yes Footbrake (Serviceable): Yes  
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size: 155 R12 Rear Tyre Size: 155 R12 (D)  
 Front Left Side: Bridgestone 6 mm Rear Left Side: Bridgestone 6/6 mm  
 Front Right Side: Bridgestone 6 mm Rear Right Side: Bridgestone 6/6 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	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

## INSPECTION

Date of Assignment: 27/03/2018  
 Date Inspected: 27/03/2018 Inspected At: Yong Sing Motor Works (HQ)  
 No. 10 Defu Lane Singapore 539315  
 Singapore 539315  
 Estimated Period of Repair: 4.0 days

Adjuster: MARCUS CHUA

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.



5/8/2018

Adjuster Report

- 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 \$3,000.00 - \$4,000.00

## REPAIR DETAILS

### Reference

**Part Source:** (Last Synchronised: 08 May 2018)

**Parts:** N/A TOYOTA DYNA 150 3.0 D 5MT (M) (Model not available in database)

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

**Print Code:** (Unsubmitted, no print-code for GBF6952H)

**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 >