

ASS. REC. BY:

REF:

CS3 / AXA13005955 / Sbs

Special Instruction:

Surveyor

Sebastian

ASSIGNMENT (Office)

Menden

From (Person):

Cynthia Loh

of

AXA

Date/Time:

02042018 11.46am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLP 8803X

Insured:

SHC 5211P

at Workshop m/s

Hendon Automotive

Tel:

of

280 Woodlands Ind Park EG *01-19

Policy No:

P1680520

Claim No:

C0472689

Sum Insured:

Excess:

Make of Veh:

D.O.A.

24032018

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time:

02042018

11.50am

Person Contacted:

Lynn

Vehicle: IN/OUT

| Date/Time | Action/Instruction (X) Estimate |
|-----------|------------------------------------|
| | SLP 8803X - X |
| | SHC 5211P - 03/ F017020001 / Ktbn2 |
| | Dismantle: 3/4/2018 |
| | After repair: 12/4/2018 |
| | |
| | |
| | |

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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.

Bal. or Market Value:

IDAC Accident Rpt:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No.

SLP 8803X

Yr Regn:

23/4/2014

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

Truck / Trailer or

Car

Make:

Pengeet 2008

C.C.

1560

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

105.201

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VF 3049HPSEY 002667

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/55 R16

Yeka

R:

11

Good year

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

24/3/18

D.O.I.

2/4/18

Survey held at

Mandera

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

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

Date / Time

Action / Instruction

26/4

Submit PRE report.

RECEIVED 26 APR 2014

Date/Time: File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation.

) \$ + RS \$

) Photos

) Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Week end (\$

Report Format:

PRE

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

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

Direct Settlement

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'ed | Status |
|------|-------------|---------------|--|---------|---------------|-------------|--|
| Main | 26 Mar 2018 | | 02 Apr 2018 11:46 Assign | | | | New Assignment Cancel Case |

| | | | | |
|----------------------|---------------------------|-------------------------------|---------------------------|--------------------------|
| Main | Reference | Claim Details | Documents | Show All |
|----------------------|---------------------------|-------------------------------|---------------------------|--------------------------|

CLAIM SUBFOLDER DETAILS

[Created by insurer]

| | | | |
|------------------------------------|---|-------------------------------|-----------------------------|
| Insured: | TRANS-CAB SERVICES PTE LTD | | |
| Main Claimant: | LEE PANG KEE | | |
| Vehicle Reg. No.: | SLP8803X | Date of Loss: | 24/03/2018 00:00 - :59 |
| Claim Type: | TP / C0472689 | Policy/Cover Note No.: | P1680520 (Third Party Only) |
| Vehicle Reg. No. (Insured): | SHC5211P | Policy No. (Claimant): | |
| | | Excess: | S\$5,000.00 |
| Repairer: | Hendon Automotive (HQ) 280 WOODLANDS INDUSTRIAL PARK E5, #01-19 HARVEST @ WOODLANDS, 757322 Woodlands - Tel: | | |
| Handling Insurer: | AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Cynthia Loh - 68804843] | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 11/04/2018] | | |
| Adj Asg. Remarks: | Please seek mandate from Cynthia. | | |

ASSOCIATED MAIL RECEIVED

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

- AXA_SG (02/04/2018): New TP Assignment - C0472689/P1680520



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. | | | | | | | | | |

02/04/2018 @ 11:50am

Lynn veh in

Sebastian

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 | 26/03/2018 10:50 |
| Date Of Accident | 24/03/2018 08:10 |
| Exact Location Of Accident | AIRPORT BLVD HIGHWAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLP8803X |
| Insured/Policyholder | |
| Name Of Registered Owner | GEORGE123 |
| Co Reg No | 53370255X |
| Email Address | HUGOLEE2824Y@GMAIL.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-93808085 |

Vehicle Particulars

| | |
|--|---------------------------|
| Manufacturer | PEUGEOT |
| Model | 2008 1.6 E-HDI EGC ACTIVE |
| 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 | NO |
| Policy Number | 5094279834 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | LEE PANG KEE |
| NRIC No | S1620590G |
| Date Of Birth | 14/12/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/03/1984 |
| Driving Experience | 34 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91296443 |
| Fax Number | |
| Contact Number | |
| EMail Address | HUGOLEE2824Y@GMAIL.COM |

| | |
|---|--------------------------------|
| Address | BLK 257 BANGKIT ROAD #05-53 |
| Postcode | 670257 |
| 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 | SIDE SWIPE |
| 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) | 2 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CLEMENTI N.P.C |
| Police Station Address | ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO ATTACHED POLICE REPORT.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHC5211P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LEE PANG KEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLP8803X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan


SKETCH PLAN

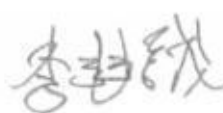
IMPORTANT NOTICE

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 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.

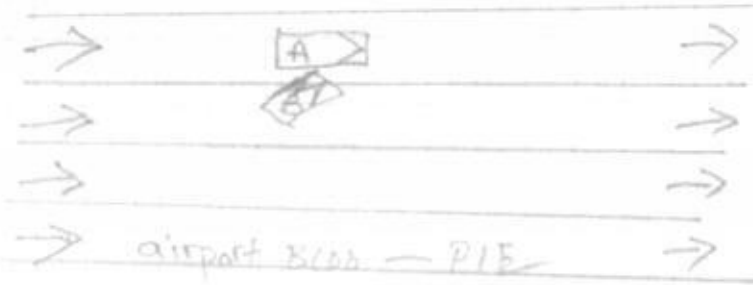

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Airport Blvd highway on 24/3/18 Suddenly vehicle B (SHC 5211P) came from my right side and cut into my lane. Thus I realised vehicle B (SHC 5211P) hit onto my vehicle right side portion After the impact, I felt pain on my neck and hand.

DECLARATION

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

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:

POLICE REPORT PAGE 1 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180324/2107

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180324/2107

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|---------------------------|
| Date/Time Report Made: 24/03/2018 16:59 | Vide Report No.: P/20180324/0026 | Station Diary No.: 134 |
|--|-------------------------------------|---------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: LEE PANG KEE | | | Address: APT BLK 257 BANGKIT ROAD #05-53 SINGAPORE 670257 | |
| ID Type / ID No.: NRIC NO / S1620590G | | | Contact No.: | Mobile: 91296443 |
| Nationality: SINGAPORE CITIZEN | | | Home/Office: | |
| | | | Email: | |
| Sex: Male | Age: 54 | Date of Birth: 14/12/1963 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 24/03/2018 08:10 | Type of Location: Straight Road |
| Location: Along Road 1 AIRPORT BOULEVARD | | | | |
| Towards PIE Direction | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|----------|-------|---------------------|-----------------|
| SHC5211P | Car | RENAULT | Latitude | Red | Slightly Damaged | 0 |
| SLP8803X | Car | PEUGEOT | 2008 | Grey | Slightly Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20180324/2107

2 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20180324/2107

CONTINUATION OF REPORT

Brief Details.

I was travelling along Airport Boulevard highway on 24/03/201. Suddenly the taxi bearing the said registration plate number, came from my right side and cut into my lane. Thus I realized the taxi had hit onto my vehicle right side portion. After the impact, I felt pain on my neck and hands.

I had seen the doctor and was given 3 days MC. This is the first time such incident happened to me.



**SINGAPORE
POLICE FORCE**



T/20180324/2107

3 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180324/2107

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
Staff Sgt CLEMENT CHEE WEI JUN

Signature Of Informant:

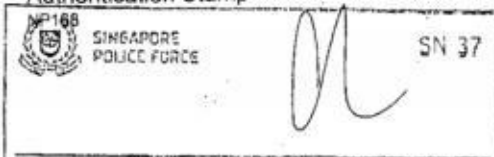
Signature Of Interpreter:
Not applicable

Date/Time:
24/03/2018 16:59

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Classification Of Case:

Authentication Stamp



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

Direct Settlement

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'd | Status |
|------|-------------|---------------|--|---|---|------------|---|
| Main | 26 Mar 2018 | | 02 Apr 2018 11:46 Edit Adj Rpt | \$0.00 Edit Estimates | \$0.00 View Rpt | | Pending for Survey Report Cancel Case |

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

| | | | |
|-----------------------------|---|------------------------|---|
| Insured: | TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: - | | |
| Main Claimant: | LEE PANG KEE | | |
| Vehicle Reg. No.: | SLP8803X | Date of Loss: | 24/03/2018 00:00 - :59 [44 Months and 1 Days From LTA Reg Date (Man Yr)] |
| Claim Type: | TP / C0472689 | Policy/Cover Note No.: | P1680520 (Third Party Only) |
| Vehicle Reg. No. (Insured): | SHC5211P | Policy No. (Claimant): | |
| | | Excess: | S\$5,000.00 |
| Repairer: | Hendon Automotive (HQ) 280 WOODLANDS INDUSTRIAL PARK E5, #01-19 HARVEST @ WOODLANDS, 757322 Woodlands - Tel: | | |
| Handling Insurer: | AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Cynthia Loh - 68804843] | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Sebastian Yeang Wai Keen] ... [Final Rpt due 11/04/2018] | | |
| Adj Asg. Remarks: | Please seek mandate from Cynthia. | | |

ASSOCIATED MAIL RECEIVED

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

- AXA_SG (02/04/2018): New TP Assignment - C0472689/P1680520

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

***SLP8803X (C0472689)**
[SHC5211P]
TP
LEE PANG KEE
Mar 24 2018 12:00AM
[TRANS-CAB SERVICES PTE LTD]
Hendon Automotive

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

View
[View in Browser](#)

| Assessment Reports | | | 1 per page | <input checked="" type="checkbox"/> |
|--------------------|-----------------|---|------------|-------------------------------------|
| No | Finalized On | AXA Insurance Pte Ltd (HQ) | Thumbnail | Print |
| 1 | 02/04/18 11:44 | Accident Statement From: SC - Reg. No: SHC5211P, Claimant: TRANS-CAB SERVICES PTE LTD | Load HTM | |
| Photos/Images | | | 3 per page | <input checked="" type="checkbox"/> |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | Thumbnail | Print |
| 1 | 26/04/18 15:32 | General View | Load PDF | |
| 2 | 26/04/18 15:33 | Photographs of Damaged Parts | Load PDF | |
| 3 | 26/04/18 15:33 | Photo After Spray | Load PDF | |
| Documentation | | | 1 per page | <input checked="" type="checkbox"/> |
| No | Finalized On | AXA Insurance Pte Ltd (HQ) | Thumbnail | Print |
| 1 | 26/03/18 13:42 | EMAIL | Load PDF | |
| 2 | 28/03/18 12:39 | NEW EMAIL | Load PDF | |
| 3 | 29/03/18 14:08 | CO CLAIMANT THIRD PARTY | Load PDF | |

Documents Checklist

| | |
|---|--|
| DOCUMENTS CHECKLIST | Reset Save Print |
| There are no document checklists configured. | |
| Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) | |
| | |
| Show Remarks To: <input type="checkbox"/> Handling Insurer Note: Remarks are private unless you show it to other parties. | |

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/AXA18005955/SBS2

Date: 04/05/2018

REFERENCE

| | | | |
|-----------------------|-----------------------|----------------------|----------|
| Handling Insurer: | AXA Insurance Pte Ltd | Policy No: | P1680520 |
| Claimant Vehicle No : | SLP8803X | Insured Vehicle No : | SHC5211P |
| Date of Loss: | 24/03/2018 | Nature of Claim: | TP |
| | | Claim No: | C0472689 |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------------------|--|-------------|-------------------|
| Reg No: | SLP8803X | Engine No: | 10JBFN0023249 |
| Make & Model: | PEUGEOT 2008, 1.6 E-HDI EGC ACTIVE (A) | Chassis No: | VF3CU9HP8EY002667 |
| Reg. Date: | 23/07/2014 (Man. Year: 2014) | Odometer: | 108201 km |
| Colour: | Grey | | |
| Engine Capacity: | 1560 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: | 205/55R16 | Rear Tyre Size: | 205/55R16 |
| Front Left Side: | Yokohama 6 mm | Rear Left Side: | Goodyear 6 mm |
| Front Right Side: | Yokohama 6 mm | Rear Right Side: | Goodyear 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 | |
| Nett Amount (S\$) | 0.00 | 0.00 | 0.00 | |

INSPECTION

| | | |
|-----------------------------|--------------------------|---|
| Date of Assignment: | 02/04/2018 | Hendon Automotive (HQ) 280 WOODLANDS INDUSTRIAL PARK E5, #01-19 HARVEST @ WOODLANDS Singapore 757322 |
| Date Inspected: | 02/04/2018 Inspected At: | |
| Estimated Period of Repair: | 0.0 days | |

Adjuster: Sebastian Yeang Wai Keen

Manager: CATHERINE CHONG KAI LING

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.

5/4/2018

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.

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 04 May 2018)

Parts: 143 PEUGEOT 2008 1.6 E-HDI EGC ACTIVE (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SLP8803X)

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 >