

ASS. REC. BY:

REF: CS / III 18006290 / mibez | Special Instruction:

Supervisor: Ma ASSIGNMENT (Office)

From (Person): Gabriel Wee of III Date/Time: 04/04/2018 254pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: 6Y 865G Insured: SHA 2122T

at Workshop m/s: Toh Motor Tel: 9791 9594

of 160 Sim Ming Dr #03-16

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 04/04/2018

(Client's Record) 05.04.2018

CA / REV / REP. / REV 24 HRS w/p: H.O.D. Endorsement:

Date/Time: 04.04.2018 5:30pm Person Contacted: Aik Shan. Vehicle IN/OUT

Date/Time	Action/Instruction ( X ) Estimate	
	6Y 865G - NA/INC10019687/w1	DIA: 031010
	SHA 2122T - R04/III/7013289/Rlybsg2	DIA: 150809



**Catherine Chong (LKK Auto)**

---

**From:** Motor Claim - III <motorclaim@iii.com.sg>  
**Sent:** Wednesday, 4 April, 2018 2:54 PM  
**To:** Kuru & Co; 'sur@lkkauto.com'; Catherine Chong (LKK Auto)  
**Cc:** Sherini Pillai  
**Subject:** RE: PRI 1/ L18.0567.cj // ACCIDENT INVOLVING GY 865G & SHA 2122T ON 04.04.18  
**Attachments:** TOH 2017 08 List of Surveyor.pdf; SAS report.pdf

Dear Sir / Mdm

**This Pre-Repair Survey is on Without Prejudice Basis.**

THIRD PARTY VEHICLE NO. : GY865G  
III INSURED VEHICLE NO. : SHA2122T  
DATE OF LOSS : 04.04.18

We acknowledge receipt of your email.

**In compliance to Pre-Action Protocol for NIMA cases, we note that**

We disagree to the list of motor surveyors that you have proposed.

Therefore, we have appointed our surveyor LKK AUTO CONSULTANTS to conduct the pre-repair survey.

This claim is handled by **Sherini**.

Please let us have your client's **accident report and repair estimate** for our appointed surveyor to conclude his report.

**\*\*We would like to conduct a re-survey after spray painting. Please contact our surveyor to arrange.  
\*\*Surveyor kindly upload this assignment to Merimen.**

Thank You.

*Best Regards,*

**Gabriel Wee**

Motor Claims Dept.

**India International Insurance Pte Ltd**

64 Cecil Street | #05 IOB Building | Singapore 049711

Tel: 6347 6100, Ext - 248

---

**From:** Kuru & Co [mailto:kurulegal@yahoo.com.sg]  
**Sent:** 04 April, 2018 2:17 PM  
**To:** Motor Claim - III <motorclaim@iii.com.sg>  
**Subject:** Re: PRI 1/ L18.0567.cj // ACCIDENT INVOLVING GY 865G & SHA 2122T ON 04.04.18

WITHOUT PREJUDICE

Dear Sirs

Our client is objecting to your list of surveyors. Attached is our client's list of proposed surveyors for your consideration.

Please state the surveyor you will be appointing to be the single joint expert **or** that you are objecting to our client's proposed list of surveyors.

If we do not hear from you **within 2 working days**, it shall be deemed that you have agreed to the appointment of any of the surveyors listed by our client.

Regards  
Irene  
Kuru & Co  
150 South Bridge Road  
#04-06 Fook Hai Building  
Singapore 058727  
Tel: 6532 2009  
Fax: 6532 2007

---

**From:** Motor Claim - III <[motorclaim@iii.com.sg](mailto:motorclaim@iii.com.sg)>  
**To:** Kuru & Co <[kurulegal@yahoo.com.sg](mailto:kurulegal@yahoo.com.sg)>  
**Sent:** Wednesday, 4 April 2018, 14:09  
**Subject:** RE: PRI 1/ L18.0567.cj // ACCIDENT INVOLVING GY 865G & SHA 2122T ON 04.04.18

Dear Sir / Mdm,

We acknowledge receipt of your email.

We propose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

*Best Regards,*  
**Gabriel Wee**  
Motor Claims Dept.  
India International Insurance Pte Ltd  
64 Cecil Street | #05 IOB Building | Singapore 049711  
Tel: 6347 6100, Ext - 248

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**From:** Kuru & Co [<mailto:kurulegal@yahoo.com.sg>]  
**Sent:** 04 April, 2018 12:49 PM  
**To:** Motor Claim - III <[motorclaim@iii.com.sg](mailto:motorclaim@iii.com.sg)>  
**Subject:** PRI 1/ L18.0567.cj // ACCIDENT INVOLVING GY 865G & SHA 2122T ON 04.04.18

Our ref: L18.0567.cj

Your ref: SHA 2122T

4 April 2018

Dear Sirs,

**ACCIDENT INVOLVING Gy 865g & sha 2122t ON 04.04.18  
ALONG geylang east central**

**NOTIFICATION OF ACCIDENT AND PRE-REPAIR SURVEY**

We act for **Agneselle LLP**, whose vehicle registration number **GY 865G** was damaged in the above accident.

A copy of the **Singapore Accident Statement** filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within **2 working days** of your receipt of this notice whether you would like to conduct a pre-repair survey of the 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.

Regards

Irene

Kuru & Co

150 South Bridge Road

#04-06 Fook Hai Building

Singapore 058727

Tel: 6532 2009

Fax: 6532 2007

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

**DISCLAIMER:**

This email is intended solely for the person to whom it has been addressed.

It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.

Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

## Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	GY865G		
Vehicle Type :	A50 - Goods (Closed) Van/Van Panel (Delivery)		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	SUZUKI		
Vehicle Model :	CARRY 1.3		
Chassis No. :	JSAFDA32V00145423		
Propellant :	Petrol		
Engine No. :	G13BB861287		
Engine Capacity :	1298 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	1450 kg		
Unladen Weight :	880 kg		
Year Of Manufacture :	2004		
Original Registration Date :	22 Dec 2004		
Lifespan Expiry Date :	21 Dec 2024		
COE Category :	C - Goods Vehicle & Bus		
PQP Paid :	\$28,907.00		
COE Expiry Date :	21 Dec 2019		
Road Tax Expiry Date :	21 Jun 2018		
Inspection Due Date :	21 Jun 2018		
Intended Transfer Date :	08 May 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
The current road tax expiry is 21 Jun 2018. You may renew the road tax from 22 Mar 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 21 Jun 2018, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
<b>Amount Payable (From 22 Jun 2018 to 21 Dec 2018)</b>			
	<b>Amount Before GST (S\$)</b>	<b>GST Amount (S\$)</b>	<b>Amount After GST (S\$)</b>
Transfer Fee :	25.00	-	25.00
<b>Sub Total :</b>			<b>25.00</b>
Nett Road Tax Amount (After Offsetting Over Payment) :	238.00	-	238.00
<b>Total Amount Payable :</b>			<b>263.00</b>
<b>Message</b>			
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.			

You may print this page for reference.

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Limited Liability Partnership
Owner ID:	1808G
<b>Vehicle Details</b>	
Vehicle No.:	GY865G
Vehicle to be Exported:	No
Intended De-registration Date:	08 May 2018
Vehicle Make:	SUZUKI
Vehicle Model:	CARRY 1.3
Primary Colour:	Silver
Manufacturing Year:	2004
Engine No.:	G13BB861287
Chassis No.:	JSAFDA32V00145423
Maximum Power Output:	-
Open Market Value:	\$9,379.00
Original Registration Date:	22 Dec 2004
First Registration Date:	22 Dec 2004
Transfer Count:	2
Actual ARF Paid:	\$469.00
<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:	21 Dec 2019
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$28,907.00
COE Rebate Amount:	\$9,355.00
<b>Total Rebate Amount:</b>	<b>\$9,355.00</b>
<b>Message</b>	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 08 May 2018

OK

## 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	04/04/2018 11:28
Date Of Accident	04/04/2018 08:00
Exact Location Of Accident	GEYLANG EAST CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY865G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AGNESELLE LLP
Co Reg No	T10LL1808G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92724517

### Vehicle Particulars

Manufacturer	SUZUKI
Model	CARRY
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5057485190-05
Cover Note Number	

### Driver

Name of Driver	SIM BING HONG
NRIC No	S8728637A
Date Of Birth	11/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	19/03/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92724517
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 7 UPP ALJUNIED LANE #10-69
Postcode	360007
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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 SKETCH PLAN

#### 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	SHA2122T
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	
No. Of Passenger (Including Driver)	

# 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:

1025 hrs  
4-Apr-2018

Driver's Signature

(if driver is not the policyholder)

Date & Time

1025 hrs 4-Apr-2018

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

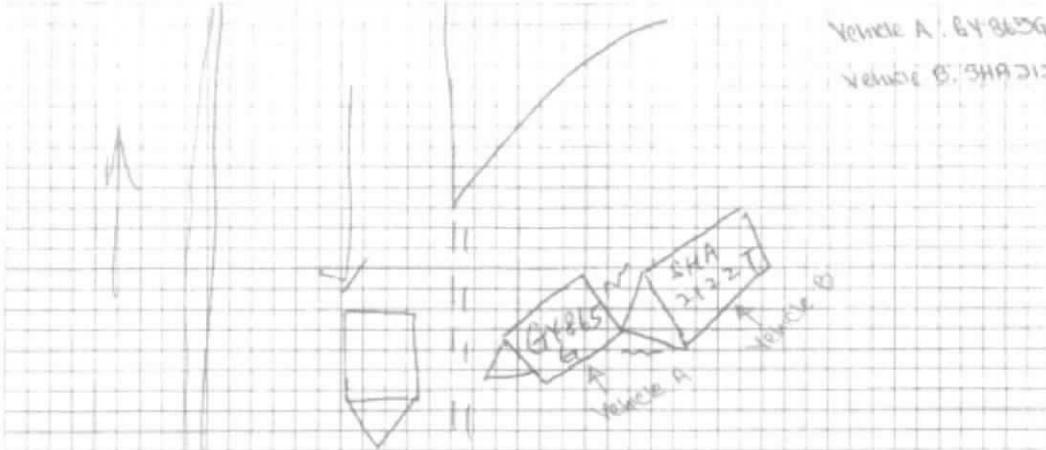
CITY AUTO PTE LTD  
Blk B Sin Ming Road  
#01-5B/50/92, Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1234 Fax: 6453 7944  
(Claims Section)

ISS1213  
NEW SPHAR.

YOKO ED  
ISS1213

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at slip road entering Geylang East Central. I stopped at give way line to give way to vehicles at the main road.

A comfort Delgro taxi - SHA 2122T, suddenly hit my vehicle from behind. It caused my vehicle to surge forward. I then hit the back of my head against the head rest of my seat.

DECLARATION

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



Policyholder's Signature

Date & Time: 1025 hrs  
4-Apr-2018

GIARMC SketchPlan v1.01

Driver's Signature

[If driver is not the policyholder]

Date & Time: 1025 hrs 4-Apr-2018

CITY AUTO PTE LTD

Blk 8 Bin Ming Road  
#01-58/59/60 Bin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944

Reporting Centre

Name:

NRIC/FIN No:

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

PRI

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	09 Apr 2018 <a href="#">Edit Reg</a>		04 Apr 2018 00:00 <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>

<b>Main</b>	<b>Reference</b>	<b>Claim Details</b>	<b>Documents</b>	<b>Show All</b>
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**CLAIM SUBFOLDER DETAILS** [\[Created by adjuster\]](#)

Insured: -, Co. Reg. No.: -

Main Claimant: **AGNESELLE LLP**, Co. Reg. No.: T10LL1808G

Vehicle Reg. No.: <b>GY865G</b>	Date of Loss: 04/04/2018 08:00 - :59 [159 Months and 13 Days From LTA Reg Date (Man Yr)]
Claim Type: <b>TP</b>	Policy/Cover Note No.:
Vehicle Reg. No. (Insured): <b>SHA2122T</b>	Policy No. (Claimant):
	Excess:

Repairer: **Toh Motor Enterprise (Autocity)** 160 Sin Ming Drive, #05-16 Sin Ming Autocity, 575722 Sin Ming - Tel:

Handling Insurer: **India International Insurance Pte Ltd (HQ)** - Tel: 63476100 ... [Handled by **Sherini Pillai**]

Adjuster: **LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [Handled by **MA CHIN FOOK**] ... **[Final Rpt due 17/04/2018]**

**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

**\*GY865G**  
**[SHA2122T]**  
**TP**  
**AGNESELLE LLP**  
**Apr 4 2018 8:00AM**  
**[-]**  
**Toh Motor Enterprise**

<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>Photos/Images</b> <span style="float: right;">3 per page <input type="checkbox"/></span>					
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		<b>Thumbnail</b>	<b>Print</b>
1	08/05/18 10:49	<b>General View</b>		Load PDF	
<b>Documentation</b>		1 per page <input type="checkbox"/>			
No	Finalized On	India International Insurance Pte Ltd (HQ)		<b>Thumbnail</b>	<b>Print</b>
1	09/04/18 08:39	<b>Singapore Accident Statement</b>		Load PDF	

### Documents Checklist

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

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

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

Singapore 408933

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

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/III18006290/M1BE2

Date: 09/05/2018

## REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No:

Claimant Vehicle No : GY865G

Insured Vehicle No : SHA2122T

Date of Loss: 04/04/2018

Nature of Claim:

TP

Claim No: N/A

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: GY865G

Make &amp; Model: SUZUKI CARRY, 1.3 D (M)

Engine No: G13BB861287

Reg. Date: 22/12/2004 (Man. Year: 2004)

Chassis No: JSAFDA32V00145423

Colour: Silver

Odometer: 185592 km

Engine Capacity: 1298 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: 155 R13

Rear Tyre Size: 155 R13

Front Left Side: Yokohama 7 mm

Rear Left Side: NEW SONAR 7 mm

Front Right Side: Yokohama 7 mm

Rear Right Side: NEW SONAR 7 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: 04/04/2018

Date Inspected: 05/04/2018 Inspected At:

Toh Motor Enterprise (Autocity)  
160 Sin Ming Drive, #05-16 Sin Ming  
Autocity  
Singapore 575722

Estimated Period of Repair: 0.0 days

Adjuster: MA CHIN FOOK

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.

- 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:** (Last Synchronised: 09 May 2018)

**Parts:** N/A SUZUKI CARRY 1.3 D (M) (Model not available in database)

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

**Print Code:** (Unsubmitted, no print-code for GY865G)

**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk \*.

### Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.
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< END OF ESTIMATES >

