22/03/2002 ASS. REC. BY:	- 0	REF CO3/ICSI	8007774/RIZH	old Special Instruction	m:
Surveyor :	Rasyl	ASSIGNN	TENT (Office)		
From (Person)	Janice Got	of	Ics	Date/Time	27042018 858am
Estimated Cos	ti		Bill to:		
To Inspect Ve	S / TP RES / OD R hicle No:	ES/EVA/INV/MV/ SJH 4871R	CS Ir	120	BF 4684U
at Workshop r	n/s	V-Tech Auto		Tel: 6764	
of		No. 1 3000 Lee	S4 # Ob-U4		
Policy No:			Claim No: D	TC00081 V)	Н
Sum Insured:			Excess:	-	
Make of Veh:				D.O.A.	27047018
	REP. / REV 24	HRS 'WPI Person Contacted:	27.062018	H.O.D. En	dorsement:
Date/Time	Action/Instruction	(x) Estimat	P		
	SIFEL HER				
	GBF LISUV	- X			
9	Dismartle:				
	After repair	· 49/6/16.			
	The repair	1010			

Photos

Others

TOTAL

10

310

Tech. Invs (\$

Weekend (\$

Report Format:

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

# Catherine Chong (LKK Auto)

From:

ECICS Claims <claims@ecics.com.sg>

Sent:

Friday, 27 April, 2018 8:58 AM

To:

Sim Teo Koon; 'assignments'

Cc:

'V-TECH AUTO SERVICE'; ECICS Claims

Subject:

RE: Accident involving SJH4871R & GBF4684U on 22-4-2018. O ref:

JEQ/180311/0418/VT : Our ref DMCV1800027H

Attachments:

PRI180311.pdf

Without Prejudice

Dear Sim

Thank you for email.

We are not agreeable with your surveyor list and we will appoint LKK for the TP PRI.

Aside to LKK

Please assist to arrange for the TP PRI.

Thank you.

Regards, Janice Goh Claims Division DID: +65 6303 0182 FAX: +65 6338 9267

#### **ECICS Limited**

7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to motorsurvey@ecics.com.sq directly.

\*\*Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding. \*\*

From: Sim Teo Koon [mailto:tk\_sim@juseq.com.sq]

Sent: Thursday, 26 April, 2018 11:08 AM

To: ECICS Claims

Cc: 'V-TECH AUTO SERVICE'

Subject: RE: Accident involving SJH4871R & GBF4684U on 22-4-2018. O ref: JEO/180311/0418/VT

Dear Sir,

We refer to your letter.

We are instructed that our client is not agreeable to all the surveyors proposed by you.

Pursuant to Appendix C, pre-action protocol for NIMA cases, we are also instructed to furnish you our client's list of motor surveyors for your selection:-

- 1. PAL'S APPRAISER PTE LTD
- LCW APPRAISER PTE LTD
- MC-COY APPRAISER PTE LTD.

### > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business	
Owner ID:	9633W	
Vehicle Details	AND THE PARTY OF T	
Vehicle No.:	SJH4871R	
Vehicle to be Exported:	No	
Intended De-registration Date:	28 Jun 2018	
Vehicle Make:	MAZDA	
Vehicle Model:	MAZDA3 SP	
Primary Colour:	Blue	
Manufacturing Year:	2008	
Engine No.:	Z6701857	
Chassis No.:	JM6BK106280418710	
Maximum Power Output:	79.0 kW (105 bhp)	
Open Market Value:	\$15,430.00	
Original Registration Date:	11 Aug 2008	
First Registration Date:	11 Aug 2008	
Transfer Count:	1	
Actual ARF Paid:	\$15,430.00	
Intended PARF Rebate Details		101
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	10 Aug 2018	
PARF Rebate Amount:	\$7,715.00	
Intended COE Rebate Details		
COE Expiry Date:	10 Aug 2018	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
QP Paid:	\$15,701.00	
COE Rebate Amount:	\$185.00	
Total Rebate Amount:	\$7,900.00	

The information contained herein is correct as at 28 Jun 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 witholding 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

	ACCIDENT STATEMENT	
Date Of Report	23/04/2018 18:28	
Date Of Accident	22/04/2018 20:40	
Exact Location Of Accident	JALAN SULTAN - SULTAN PLAZA LOADING BAY	
Country/State of Loss	SINGAPORE	

Country/State of Loss	ON ONE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH4871R	
Insured/Policyholder		
Name Of Registered Owner	V-TECH AUTO SERVICE	

Name Of Registered Owner 52949633W Co Reg No **Email Address** NOEMAIL

(LOCAL) +65-84845198 Mobile Phone No. OFFICE-84845198 Alternative Phone No

Vehicle Particulars

MAZDA Manufacturer 3 Model

Exact Purpose for which vehicle was being used at time of accident

HIRER USE

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY PRIVATE HIRE

NO

**Insurance Company** 

Vehicle Category

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

Policy Number 5091277865

Cover Note Number

Driver

MOHAMAD FIRDAUS BIN REDUAN Name of Driver

NRIC No S9223962D Date Of Birth 07/07/1992 OUTDOOR Occupation Date Of Driving Pass 17/06/2011

**Driving Experience** 6 YEARS AND 10 MONTHS

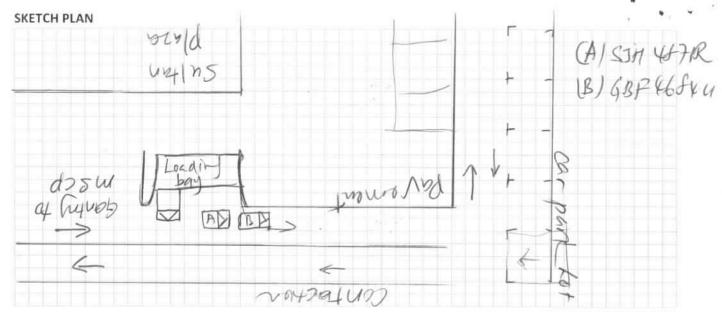
Gender MALE

(LOCAL) +65-84845198 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON SUNDAY, 22 APPIL 2018, I PARKED MY CAR ALONG JLASYLTAN
LOADING BAY 200 TEXTILE CENTRE I WAS WITH MY TECHNICIAN AT THAT, TIME
AND HE LEFT AT ABOUT 2040hrs. SO I LAID BACK TO REST WHILE
WAITING TILL 2100 TO END WORK. I FELL ASLEEP SOON AFTER.
I WAS AWAKEN BY A SUDDEN KNOCK (CHAKE) TO MY CAR I REALISED
THE LOPPY IN FRONT HAD REVERSE AND BANG MY CAR SO I CAME
OUT AND CONFRONTED HIM. WE TOOK PHOTOS AND EXCHANGED PARTICULARS.
THEN CAME AN EYEWITNESS WHO'S CAR WAS PARKED BEHIND ME.
HE THOUGHT NO ONE IN MY CAR AND HAD WANTED TO STOP THE
LORRY FROM RYNNING GAWAY. BUT THEN HE SAW ME COMING
OUT. SO HE WENT AHEAD TO PARK HIS CAR AND CAME TO ASSIST
AT THE TIME OF SPINCIDENT HE ADMITTED TI WAS HIS FAULT AND
AGREED TO SETTLE CUTSIDE. BUT ONCE QUOTATION GIVEN, HE BARGAINED
TO ONLY \$500/ WHICH WAS NOT SUFFICIENT TO COVER THE COST
OF REPAIR. THAT IS THE REASON THIS PEPORT WAS MADE AT THIS
TIMING HE WANTED TO PROCEED INSURANCE CLAIM.
PMD

DECLARATION

I/We declare the top egoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is no the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Address

APT BLK 2C GEYLANG SERAI #05-33

Postcode

405002

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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 ATTACHED

#### 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

GBF4684U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

YE KANGWANG

NRIC/Passport Number

S2646469B

Contact Number

97578869

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or winhholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance.
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  - 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 froud detection, investigation and management in present and all future claims.
- (e) the information so collected under (e) above may be shared / disclased
  - (i) to all incurers anaron 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 states, or

(a) for complying with removements or deliving regulations, laws or court redect

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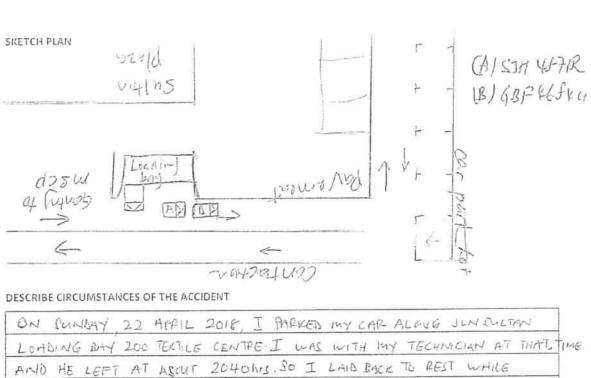
Tomes LECTOLIS Email: jbl@idac.com.sg

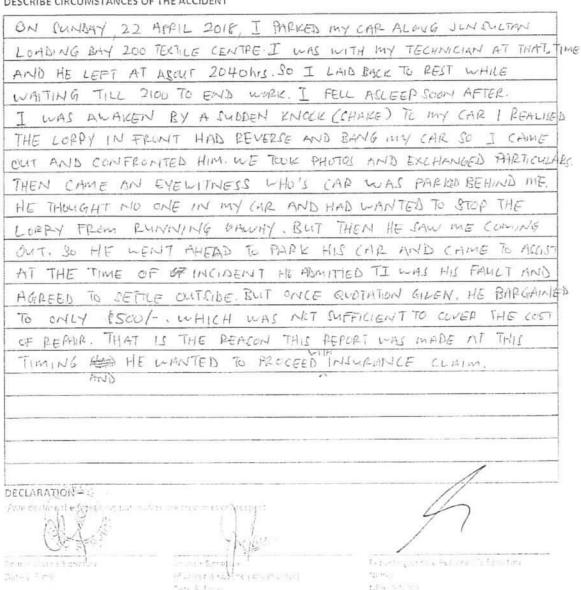
Tel no: 6555 6111 Fax no: 6515 5215

Personal Particulars of Owner & Driver (Vehicle A) 4 /2017 (dd/mm/yy) Time of Accident: Vehicle No.: SOH 4571R Vehicle Make & Model: Policyholder's Name / IC No.: Driver's Name / IC No.: Driver's Contact No. : Company Contact No: #05-63 Driver's Address: Email address (if any): Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor Private use / Work purpose No. of Passengers (Including Driver): Weather condition & Road conditions? (On the day of accident) Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / No Any Injuries: Yes / No (If YES) Injured Person' Name: Injured Person in Which Vehicle: Injuries Sustain: Police Report filed: No (If YES) Which Police Station: The Other Party(s) Details: 52646469B Vehicle No: GBF 46844 Insurance Company (If any): Driver's Contact No: 2. Driver's Name / IC No: Vehicle No: Insurance Company (If any): \_ Driver's Contact No: \*Independent Witness (If Any): Contact No: Preferred Workshop Name: Contact No:

<sup>\*</sup>If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

#### Sketch Plan #2 Pg. 1





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

AIM SUBF	OLDER TRAC	CKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sul	omitted	Ins Auth'ed	Status	
	09 Jul 2018 11:42 Edit Reg		27 Apr 2018 00:00 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00			Repor	ng for Survey t el Case
N	lain	Refe	erence	Claim De	tails		Documents		Show All
CLAIM SUE	FOLDER DE	TAILS			[Cr	eated by	adjuster]		
Insured:	-, Co. Reg	. No.: -, Email: Ef	MAIL@EMAIL.COM						
Main Claimant:	V-TECH AL	JTO SERVICE, C	o. Reg. No.: 529496	533W					
Vehicle Reg. No.:	SJH4871	LR.		Date of			9:00 - :59 and <b>11</b> Days Fr	om LTA Reg	Date (Man Yr)]
Claim Type:	ТР			Policy/C Note No					
Vehicle Reg. No. (Insured):	GBF4684U	J		Policy N (Claima					
				Excess:					
Repairer:	V-Tech Au	to Service (HQ) N	o.1 Soon Lee Stree	t, #06-04 Pioneer	Center, 62	7605 Pion	eer - Tel: 62646	5211	
Handling Insurer:	976-2010 U.S 1356	ited (HQ) - Tel: 63							
Adjuster:	LKK Auto	Consultants Pte L	td (HQ) - Tel: 6256	5-3561 [Handle	d by MOHE	RASUL]	[Final Rp	t due 09/0	7/2018]
ASSOCIAT	ED MAIL REG	CEIVED					Vie	w All Co	mpose Case Mail
There are no	mail for this	case.							
ALL ASSO	CIATED TAS	KS⊟			View	All Sea	arch Tasks C	reate New Ta	sk Complete
Due Date	Priority	Type Task G	roup Subject	Handler	Assigned B	у с	ompleted On	Create	d On Done?

### Claim Documents

\*SJH4871R [GBF4684U] TP V-TECH AUTO SERVICE Apr 22 2018 7:00PM [-] V-Tech Auto Service

Pho	otos/Images		3 per page	<b>V</b>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnai	Print
1	28/06/18 21:25	General View	Load JPG	<b>✓</b>
2	28/06/18 21:25	General View	Load JPG	<b>✓</b>
3	28/06/18 21:25	General View	1 Load JPG	V
4	28/06/18 21:25	General View	Load JPG	V
5	28/06/18 21:25	General View	■ Load JPG	<b>V</b>
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26	28/06/18 21:25	General View	1 Load JPG	<b>✓</b>
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37	06/07/18 13:20	Dismantled Parts	1 Load JPG	V

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38	06/07/18 13:20	Dismantled Parts	Ð	Load JPG	✓
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43	06/07/18 13:20	Dismantled Parts	0	Load JPG	<b>✓</b>
44	06/07/18 13:20	Dismantled Parts	0	Load JPG	<b>V</b>
45	06/07/18 13:20	Dismantled Parts	0	Load JPG	<b>V</b>
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47	06/07/18 13:20	Dismantled Parts	0	Load JPG	V
48	06/07/18 13:20	Dismantled Parts	0	Load JPG	<b>✓</b>
49	06/07/18 13:20	Dismantled Parts	0	Load JPG	<b>V</b>
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51	06/07/18 13:20	Dismantled Parts	0	Load JPG	<b>V</b>
52	06/07/18 13:20	Dismantled Parts	0	Load JPG	<b>V</b>
53	06/07/18 13:20	Dismantled Parts	0	Load JPG	~
54	06/07/18 13:20	Dismantled Parts	0	Load JPG	V
55	06/07/18 13:20	Dismantled Parts	0	Load JPG	~
56	06/07/18 13:20	Dismantled Parts	0	Load JPG	V
57	06/07/18 13:20	Dismantled Parts	0	Load JPG	V
58	06/07/18 13:20	Dismantled Parts	0	Load JPG	<b>V</b>
59	06/07/18 13:21	Photo After Spray	0	Load JPG	~
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61	06/07/18 13:21	Photo After Spray	0	Load JPG	V
62	06/07/18 13:21	Photo After Spray	0	Load JPG	~
63	06/07/18 13:21	Photo After Spray	0	Load JPG	V
64	06/07/18 13:21	Photo After Spray	0	Load JPG	V
65	06/07/18 13:21	Photo After Spray	0	Load JPG	~

# **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)

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/ICS18007774/R1Z4BE2

Date:

09/07/2018

REFERENCE

Handling Insurer: ECICS Limited

Policy No: SJH4871R

Insured Vehicle No:

**GBF4684U** 

Date of Loss:

Claimant Vehicle

22/04/2018

Nature of Claim:

Claim No:

N/A

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

No:

SJH4871R

Make & Model:

MAZDA 3, 1.6 SP (A)

Engine No:

Z6701857

201234 km

Reg. Date:

11/08/2008 (Man. Year: 2008)

Black

Chassis No: Odometer:

JM6BK106280418710

Colour: Engine Capacity:

1598 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): Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable):

CONDITION OF TYRES

205/55 R16

Rear Tyre Size:

205/55 R16

Front Tyre Size: Front Left Side:

Michelin 5 mm

Rear Left Side:

No

Michelin 5 mm

Front Right Side:

Michelin 5 mm

Rear Right Side:

Michelin 5 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:

27/04/2018

Date Inspected:

27/06/2018 Inspected At:

V-Tech Auto Service (HQ)

No.1 Soon Lee Street, #06-04 Pioneer

Center

Singapore 627605

Estimated Period of Repair:

6.0 days

Adjuster:

MOHD RASUL

Manager:

Ho Zhao Tian

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.

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen\_p... 9/7/2018

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 \$4,800.00 -\$6,000.00



### REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 09 Jul 2018)

Parts: 143 MAZDA 3 1.6 SP (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SJH4871R)

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 >