

ASS. REC. BY:

REF:

CS3/MSG18010354/PK240302

Special Instruction: ✓

Surveyor:
Menimen

Jesul

ASSIGNMENT (Office)

From (Person):

Lionel Tan

of

MSG

Date/Time:

06/06/18 @ 4:45pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SBU 9699R

Insured:

SFX 4291C

at Workshop m/s

Autowerke Automotive

Tel:

9630 1281

of

8 Kaki Bukit Ave 4 #05-01/02

Policy No:

277 47272 QMX

Claim No:

560374

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

03/06/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

9:30am @ 7/6/18

Person Contacted:

Alex

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SBU 9699R - X

SFX 4291C - X

Rose

REF: MSIG

4322c

ASSIGNMENT

From: _____ Date: **20/06/2018**

Estimated Cost: _____

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

To Inspect Vehicle No: **SBU 9699R**

at Workshop m/s: **Autowerke Automotive**

of: **8 Kaki Bkt Ave 4 # 05-01/02**

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Veh No: **SBU9699R** Yr Regn: **2009 / MAR**

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

Make: **TOYOTA MISH 1.8 A** c.c. **1794**

Colour: **WHITE** A/C: **Insured / Std / NI / NA**

Sp. Reading: **176875** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **STGR12W03003120**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

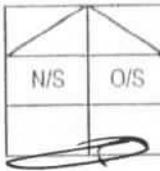
Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: **225/45R17**
R: _____

(Policy Condition)

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



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

Front	Rear
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm
D.O.A. 03/06/18	D.O.I. 20/06/18

Survey held at: **Autowerke Automotive**

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **5** days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS **lup**

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time | Action / Instruction

Estimated repair range \$4,000 - \$5,000

23/6/18 Submit PRS Report.

[Signature]
22/6/2018

RECEIVED 25 JUN 2018

Date/Time. File Pass to? : Preli. Report

1) : Final Report

Date/Time. File Return to? _____

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs. (\$)

: Weekend (\$)

Survey Fee: **120**

Transportation **50**

Photos _____

Others **10**

TOTAL **180**

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	05 Jun 2018		06 Jun 2018 16:45 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	Estate of Lim Swee Teck, ID: S1193057C		
Main Claimant:	ANG MAU KOON, ID: S6944327C		
Vehicle Reg. No.:	SBU9699R	Date of Loss:	03/06/2018 19:00 - :59 [110 Months and 3 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 560374	Policy/Cover Note No.:	27747272QMX Coverage: 10/08/2017 - 09/08/2018
Vehicle Reg. No. (Insured):	SFX4291C	Policy No. (Claimant):	
		Excess:	
Repairer:	Autowerke Automotive Pte Ltd (HQ) 8 Kaki Bukit Ave 4, #05-01/02, Premier Building, 415875 Kaki Bukit - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Lionel Tan Tian Pei - 6643 1307]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 07/06/2018]		
Adj Asg. Remarks:	on WP. SJE Disagree Please appoint LKK Auto Consultancy Pte. Ltd to conduct the survey and contact Alex Beh @ 9630 1281 Liability (Non-reporting)		

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.									



AMY LIM LAW PRACTICE

High Street Centre
1 North Bridge Road
#08-08
Singapore 179094
T: 9625 8742 / 9639 3110
F: 6491 5638
UEN: 533612301
We do not accept service by fax

Our Ref: 2018.1268.PD.AWA (SBU9699R)
Your Ref: SFX4291C

5 June 2018

MSIG Insurance (Singapore) Pte Ltd
(Motor Claims Dept)
16 Raffles Quay
#24-01 Hong Leong Building
Singapore 048581
Attn: Motor Claims Department

BY EMAIL ONLY
claims@sq.msig-asia.com

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION
CLAIMANT: ANG MAU KOON
TRAFFIC ACCIDENT ON 3 JUNE 2018 AT 19:10 HRS ALONG PASIR RIS GROVE
SLIP ROAD TOWARDS PASIR RIS DRIVE 8 INVOLVING VEHICLES NO.
SBU9699R & SFX4291C

We are instructed by **ANG MAU KOON** to notify you of a road accident on 3 June 2018 at about 19:10 Hrs along Pasir Ris Grove slip road towards Pasir Ris Drive 8 involving our client's vehicle registration number SBU9699R and vehicle registration number SFX4291C driven by your insured at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days (excluding any intervening Saturday, Sunday and Public Holiday) of your receipt of this notice whether you or your insurer 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.

Please be informed that the said vehicle can be inspected at:

Venue: **Autowerke Automotive Pte Ltd**
Address: 8 Kaki Bukit Avenue 4
#05-01/02, Premier Building
Singapore 415875
Contact: Alex Beh @ 9630 1281

Please liaise with the above workshop directly.

Yours faithfully

Esther Moey
Email: claims@esthermoey.com
encs

**PLEASE LET US KNOW THE DATE
OF THE PRE-REPAIR INSPECTION**

.....



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

MSIG INSURANCE (SINGAPORE) PTE LTD

Ref : CS3/MSG18010354/R1z4d3

16 RAFFLES QUAY
#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 07-06-2018



Code : MSG

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SFX 4291C	Veh. Inspected	SBU 9699R
Policy No.	27747272QMX	Coverage (\$)	0.00
Claim No.	560374	Excess (\$)	0.00
Assign From	MERIMEN (LIONEL TAN)	Assign Date	07/06/2018

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	03/06/2018	Inspection Date	
Survey held at	-		

5a. Remarks

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.

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	05/06/2018 16:40
Date Of Accident	03/06/2018 19:10
Exact Location Of Accident	PASIR RIS GROVE SLIP RD TWDS PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBU9699R
Insured/Policyholder	
Name Of Registered Owner	ANG MAU KOON
NRIC No	S6944327C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96681651
Alternative Phone No	OFFICE-96681651

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01005597
Cover Note Number	

Driver

Name of Driver	ANG MAU KOON
NRIC No	S6944327C
Date Of Birth	08/11/1969
Occupation	INDOOR
Date Of Driving Pass	29/05/1990
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96681651
Fax Number	
Contact Number	OFFICE-96681651
EEmail Address	NOEMAIL

Address	149 PASIR RIS GROVE #08-80
Postcode	518139
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	3
Passenger 1	NAME: : ANG SHIH NING GENDER: : FEMALE
Passenger 2	NAME: : TAN BEE KOON GENDER: : FEMALE

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

ON 03/06/2018 AT AROUND 1910HRS, (SBU9699R) WAS STATIONARY AT THE STATED VENUE. SUDDENLY, VEHICLE B (SFX4291C) BANGED ONTO MY VEHICLE REAR PORTION. I DECLARE THAT I HAVE 2 PASSENGERS WITH ME.

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	SFX4291C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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 Authorized 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. 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 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.



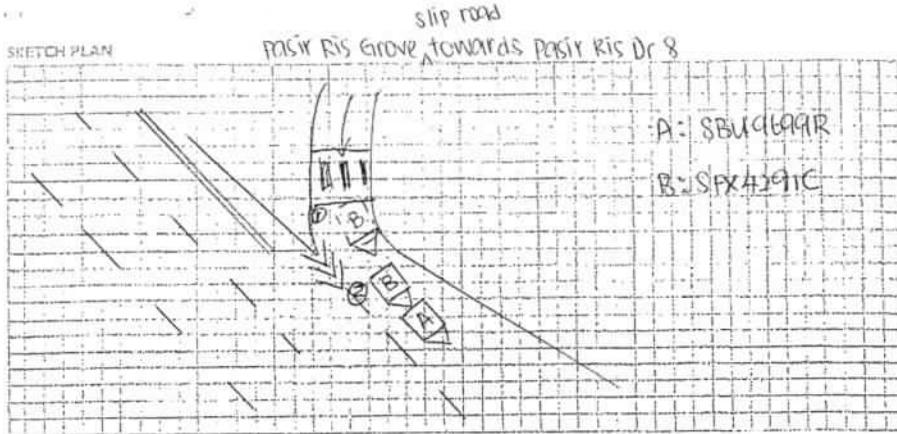
 Policyholder's Signature
 Date & Time:



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

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

AUTO WERCE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/06/2018 at around 19:00pm, I (SBUA699R) was stationary at the stated venue. Suddenly, Veh B (SFX4291C), banged onto my vehicle rear portion.

I declare that I have 2 passengers with me:

① Ang Shih Ning (F), T03132256 (child)

② Tan Bee Koon (F), S7203059A (wife)

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

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

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	05 Jun 2018		06 Jun 2018 16:45 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS				[Created by insurer]					
Insured:	Estate of Lim Swee Teck , ID: S1193057C								
Main Claimant:	ANG MAU KOON , ID: S6944327C								
Vehicle Reg. No.:	SBU9699R	Date of Loss:	03/06/2018 19:00 - :59 [110 Months and 3 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 560374	Policy/Cover Note No.:	27747272QMX Coverage: 10/08/2017 - 09/08/2018						
Vehicle Reg. No. (Insured):	SFX4291C	Policy No. (Claimant):							
		Excess:							
Repairer:	Autowerke Automotive Pte Ltd (HQ) 8 Kaki Bukit Ave 4, #05-01/02, Premier Building, 415875 Kaki Bukit - Tel:								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Lionel Tan Tian Pei - 6643 1307]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Imm.Advice due 07/06/2018]								
Adj Asg. Remarks:	on WP. SJE Disagree Please appoint LKK Auto Consultancy Pte. Ltd to conduct the survery and contact Alex Beh @ 9630 1281 Liability (Non-reporting)								
ASSOCIATED MAIL RECEIVED				View All Compose Case Mail					
There are no mail for this case.									
ALL ASSOCIATED TASKS <input type="checkbox"/>				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

***SBU9699R (560374)**
[SFX4291C]
TP
ANG MAU KOON
Jun 3 2018 7:00PM
[Estate of Lim Swee Teck]
Autowerke Automotive Pte Ltd

Upload Documents Upload Photos Compose New Letter		View View in Browser		
Letters/Correspondences		1 per page <input type="checkbox"/> <input checked="" type="checkbox"/>		
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	06/06/18 11:59	Non Reporting Letter to OI	Load HTM	<input type="checkbox"/>
Photos/Images		3 per page <input type="checkbox"/> <input checked="" type="checkbox"/>		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
2	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
3	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
4	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
5	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
6	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
7	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
8	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
9	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
10	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
11	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
12	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
13	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
14	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
15	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
16	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
17	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
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19	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
20	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
21	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
22	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
23	21/06/18 20:09	General View	Load JPG	<input checked="" type="checkbox"/>
Documentation		1 per page <input type="checkbox"/> <input checked="" type="checkbox"/>		
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	06/06/18 11:56	PRI & THIRD PARTY REPORT	Load PDF	<input type="checkbox"/>
2	11/06/18 14:58	Insured's NRIC and DL (Front)	Load PDF	<input type="checkbox"/>
3	11/06/18 14:58	Insured's NRIC and DL (Back)	Load PDF	<input type="checkbox"/>

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/MSG18010354/R1Z4D3E2

Date: 27/06/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.	Policy No: 27747272QMX
Claimant Vehicle No: SBU9699R	Insured Vehicle No: SFX4291C
Date of Loss: 03/06/2018	Nature of Claim: TP Claim No: 560374

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SBU9699R	Engine No: 1ZZ3240064
Make & Model: TOYOTA WISH, 1.8 (A)	Chassis No: JTDER12WX03003120
Reg. Date: 31/03/2009 (Man. Year: 2009)	Odometer: 176875 km
Colour: White	
Engine Capacity: 1794 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):	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	225/45 R17	Rear Tyre Size:	225/45 R17
Front Left Side:	Falken 6 mm	Rear Left Side:	Falken 6 mm
Front Right Side:	Falken 6 mm	Rear Right Side:	Falken 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:	06/06/2018	
Date Inspected:	20/06/2018 Inspected At:	Autowerke Automotive Pte Ltd (HQ) 8 Kaki Bukit Ave 4, #05-01/02, Premier Building Singapore 415875
Estimated Period of Repair:	0.0 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.

- 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 \$4,000.00 -\$5,000.00

REPAIR DETAILS

Reference	
Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 27 Jun 2018)
Parts: M1-MPV	TOYOTA WISH 1.8 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SBU9699R)	
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 >