

22/03/2002

ASS. REC. BY:

REF:

CS3 / LCR18011584 / B24d3d7

Special Instruction:

Surveyor:

Mehmen

ASSIGNMENT (Office)

From (Person):

Ehin Lee Ying

of

LCR

Date/Time:

26/6/2018 @ 10:50am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJX 7052J

Insured:

SLK 9210B

at Workshop m/s

Wee Hui Auto

Tel:

6858 0019

of

19 Kim Chuan Terrace

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

19/06/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

11:32am @ 26/6/18

Person Contacted:

Mr. Kiat

Vehicle IN / OUT

Date/Time

Action/Instruction ( X ) Estimate

SJX 7052J - NA / FWD / 18011107 / h4

DOA: 19/6/2018

SLK 9210B - NA / FWD / 18011107 / h4

DOA: 19/06/2018

Labour 4 days

Range 4K - 4.5K

REF:

LCR

## ASSIGNMENT

From:

Date: 26/6/2018

Veh No:

SJX 7052 J

Yr Regn:

2010 / Jun 08

Estimated Cost:

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

Truck / Trailer or

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

To Inspect Vehicle No:

SJX 7052 J

Make:

AUDI A5 2.0L

C.C

1984

at Workshop m/s

Colour:

SILVER

A/C: Insured / Std / NI / NA

of

Sp. Reading

231910 KM

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

WALIZZ28T5AA022505

Claims No.

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: ☒ Good / Jammed / Leaked / Burnt or

(Client's Record)

Brake: ☒ Good / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / ☒ S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size:

F: 245/35/19

R: 255/35/19

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

N/S	O/S

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

TOYO / YOKO or

FALKEN - FRT / GY - RR

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

7

mm

R/Bal.

7

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

7

mm

L/Bal.

7

mm

Est. Repairs:

4

days

Res.: Yes or No

D.O.A.

D.O.I.

26/6/18 1430

Lum Sum:

%

3 Val.: Yes or No

Survey held at

LKK

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

4/7/18

Submit JAR Report.

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

☐

: Final Report

Resurvey No. of Trip:

1)

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

180

Transportation:

) \$ + RS. SI

) Photos

) Others

20

Report Format :

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

TOTAL

200

**- PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE  
SLK9210B AND SJX7052J ON 19/06/2018**

From: Chin, Lee-Ying

To: assignments@lkkauto.com, Admin A

Cc: Fong, Andy-SY

Sent: 26/6/2018 10:50:42 AM

Attachments:  2856\_001.pdf  3145\_001.pdf  3148\_001.pdf

---

Hi LKK,

Vehicle is in, please arrange survey by today.

Thanks.

Best Regards

Lee Ying, Chin

AIG

Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1947 | Fax +(65) 6835 7416

[Lee-Ying.Chin@aig.com](mailto:Lee-Ying.Chin@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

**IMPORTANT NOTICE:**

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# VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths  
Agents for Trade Marks  
(Incorporated with limited liability)

ERIC NG CHING BOON  
WONG KENG LEONG RAYNEY  
AUDREY WONG SU-HSIEN  
PAUL YAP TAI SAN  
ANJALI D/O MUNIANDY  
SEGA PARAM  
ONG BOCK KEE  
DIANE ANG KIM NOI  
RAVENDRA KRISHNASAMY  
TAY HAO RAN  
JANICE HAN JIA LIN  
TAN YINGXIAN SELWYN

Company Registration No. 200721148H

**Head Office:**  
133 New Bridge Road  
#18-01/02 Chinatown Point  
Singapore 059413  
**Branch:**  
490 Toa Payoh Lorong 6  
#03-11 HDB Hub  
Singapore 310490

## HEAD OFFICE:

TEL : 65342811 (Hunting)  
FAX : 65356802 (General)

E-MAIL: annatan@visionlawllc.com

## BRANCH

TEL : 63580703  
FAX : 63580448(conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE - Please reply to **HEAD OFFICE** for this matter

OUR REF: AKN-atv-INS-W30-SJX7052J-2018 - please reply to: annatan@visionlawllc.com  
YOUR REF: SLK9210B

20 June 2018

## AIG ASIA PACIFIC INSURANCE PTE LTD

CHARTIS Building  
78 Shenton Way #08-16  
Singapore 079120  
Attn: Motor Claims Department

## BY FAX 6835-7416 & EMAIL

yokeshi.chan@aig.com  
lily.tan@aig.com  
lee-ying.chin@aig.com

Dear Sirs

**NAME OF CLAIMANT: MARTINES MIGUEL EDUARDO**  
**VEHICLE NUMBER: SJR 7052 J**  
**YOUR INSURED VEHICLE NUMBER: SLK 9210 B**  
**ACCIDENT AT BLK 30 BENDEMME ROAD OPEN CARPARK ON 19 JUNE 2018 AT ABOUT 1300HOURS**

We refer to your email dated 20 June 2018 wherein there is no agreement to the appointment of Single Joint Expert for this matter.

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

**WEE HOE AUTO SERVICE**  
19 KIM CHUAN TERRACE  
SINGAPORE 537041  
**TEL: 6858-0019 (KIAT)**

Contact Person:

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Yours faithfully

(Head Office)

cc. **SJX7052J** - By fax 6858-0195 only

## FOR SURVEYOR

Please initial here after completion of pre-repair inspection. Thank you.

Appointed surveyor :  
(Name & Signature) :

Date & Time of Inspection :

## CONFIDENTIAL

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

## 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 19/06/2018 15:38  
Date Of Accident 19/06/2018 13:00  
Exact Location Of Accident BLK 30 BENDEMEER RD OPEN CARPARK  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX7052J  
Insured/Policyholder  
Name Of Registered Owner MARTINEZ MIGUEL EDUARDO  
NRIC No S7325956H  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-97905559  
Alternative Phone No OFFICE-97905559

### Vehicle Particulars

Manufacturer AUDI  
Model A5 2.0L TFSI QUATTRO  
Exact Purpose for which vehicle was being used at time of accident PRIVATE USE

Are you claiming under your own Insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY  
PRIVATE CAR

Vehicle Category

### Insurance Company

Name of Insurance Company FWD SINGAPORE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number PNPV2017-00000646-01  
Cover Note Number

### Driver

Name of Driver MARTINEZ MIGUEL EDUARDO  
NRIC No S7325956H  
Date Of Birth 24/07/1973  
Occupation INDOOR  
Date Of Driving Pass 01/01/1995  
Driving Experience 23 YEARS AND 5 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-97905559  
Fax Number  
Contact Number OFFICE-97905559  
Email Address NOEMAIL

Address BLK 328 TAMPINES ST 32 #02-370  
Postcode 520328  
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 - OPENING DOOR OF VEHICLE  
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?  
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

PLEASE REFER TO ATTACHED STATEMENT.

#### 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 SLK9210B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver ROBIN LIM  
NRIC/Passport Number  
Contact Number 97229755  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 2  
Passenger 1 NAME: : AISHAH RASHID  
GENDER: : FEMALE

## 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:

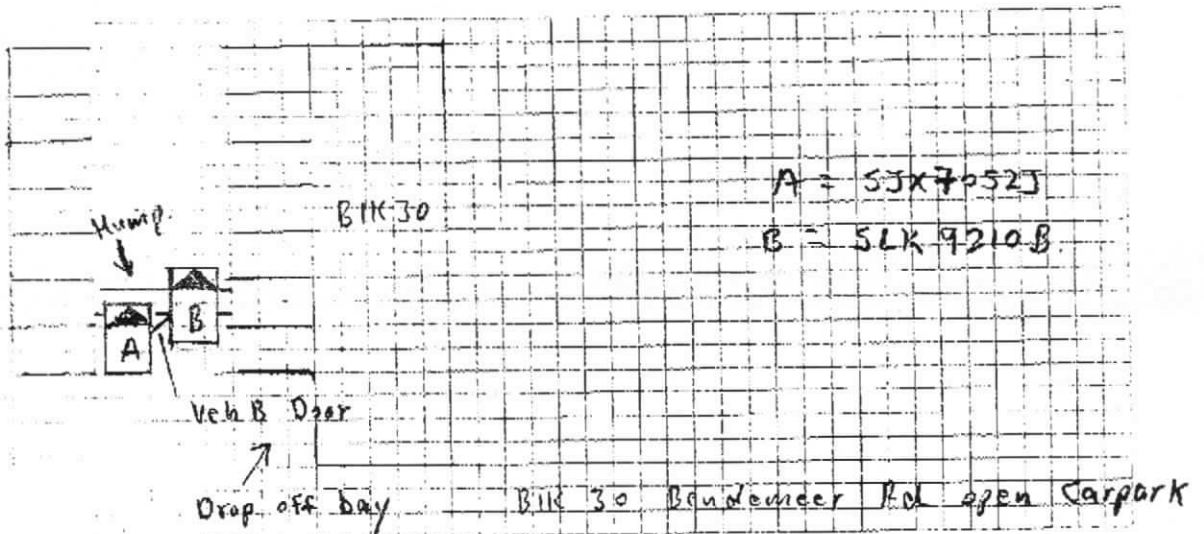
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/mall 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.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After I turn into the carpark I notice the Blue Vezel in front of me approaching the hump. It stopped so I moved my car to the left to make the pass. As my car was passing <sup>over the hump</sup> by the back passenger door suddenly open wide. Thus hitting my ~~side~~ driver side rear view mirror and the <sup>top of the</sup> car door.

After exiting the car I immediately ask the female passenger "You did not see me?" She shook her head and said "No I didn't see you." She admitted that ~~it~~ it is her fault for causing the accident. The grab driver <sup>also</sup> ~~also~~ agrees that it was the passenger fault.

## DECLARATION

I/We declare the foregoing particulars 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.:



(01) Bent (2) Dented (3) Distorted (4) Cracked (5) Cut (6) Scratched  
(07) Deformed (08) Shifted (09) Buckled (10) Broken (11) Necessary (12) Missing  
(13) Torn (14) Unconfirmed (15) Not Working

## MOTOR CAR (RH)

ACTION IAC

(1) Replace (✓)    (2) Repair (X)    (3) Check (?)  
(4) Not Consistent (NC)

Aug 2015

Vehicle No: SLK 9210 B

*Right Portion*

[illegible][illegible]

No of Items:

**Assessor:**

# ...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	27 Jun 2018 <a href="#">Edit Reg</a>		26 Jun 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>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by adjuster]</span>									
Insured: <b>LCRF Pte Ltd</b> , Co. Reg. No.: 201624597K									
Main Claimant: -									
Vehicle Reg. No.: <b>SJX7052J</b>		Date of Loss: 19/06/2018 00:00 - :59 [101 Months and 11 Days From LTA Reg Date (Man Yr)]							
Claim Type: <b>TP / 3313547243SG</b>		Policy/Cover Note No.: 0999994805							
Vehicle Reg. No. (Insured): <b>SLK9210B</b>		Policy No. (Claimant):							
		Excess:							
Repairer: <b>Wee Hoe Auto Service (HQ)</b> 19 Kim Chuan Terrace, Singapore 537041, 537041 Kaki Bukit - Tel: 68580019									
Handling Insurer: <b>AIG Asia Pacific Insurance Pte. Ltd. (Express)</b> - Tel: 65-6419-3000 ... [Handled by <b>Loh, Chee-Heng</b> ] Chee-Heng.Loh@aig.com									
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>Lim Teow Guan</b> ] ... <b>[Final Rpt due 05/07/2018]</b>									
Claimant's Solicitor: <b>VISION LAW LLC</b> - Tel: 65342811									
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
<ul style="list-style-type: none"> <li>AIG_SG (27/06/2018): <b>No OI GIA Report</b></li> <li>AIG_SG (27/06/2018): <b>Request To Upload TP GIA Report</b></li> </ul>									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

**\*SJX7052J (3313547243SG)**  
**[SLK9210B]**  
**TP**

**Jun 19 2018 12:00AM**  
**[LCRF Pte Ltd]**  
**Wee Hoe Auto Service**

<a href="#">Upload Documents</a>			<a href="#">Upload Photos</a>			<a href="#">Compose New Letter</a>			<a href="#">Upload Video</a>			<a href="#">Upload Audio</a>			<a href="#">View</a>			<a href="#">View in Browser</a>		
<b>Photos/Images</b>															3 per page		<input type="button" value="v"/>	<input checked="" type="checkbox"/>		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)														Thumbnail	Print			
1	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
2	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
3	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
4	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
5	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
6	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
7	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
8	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
9	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
10	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
11	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
12	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
13	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
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15	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
16	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			
17	03/07/18 11:25	General View														Load JPG	<input checked="" type="checkbox"/>			

## 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></div>			
<b>Show Remarks To:</b> <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/LCR18011584/BZ4D3E2

Date: 05/07/2018

## REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No: 0999994805

Claimant Vehicle No : SJX7052J

Insured Vehicle No : SLK9210B

Date of Loss: 19/06/2018

Nature of Claim: TP

Claim No: 3313547243SG

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SJX7052J

Make &amp; Model: AUDI A5, 2.0 (A)

Reg. Date: 08/01/2010 (Man. Year: 2009)

Colour: Silver

Engine Capacity: 1984 cc

Market Value/New Car Price: N/A

Sum Insured (\$\$): Market Value/New Car Price

Engine No: CDN073458

Chassis No: WAUZZZ8T5AA022505

Odometer: 231910 km

## 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: Yes

## CONDITION OF TYRES

Front Tyre Size: 245/35 R19

Rear Tyre Size: 255/35 R19

Front Left Side: Falken 7 mm

Rear Left Side: Goodyear 7 mm

Front Right Side: Falken 7 mm

Rear Right Side: Goodyear 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 (\$\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

## INSPECTION

Date of Assignment: 26/06/2018

Date Inspected: 26/06/2018 Inspected At:

Wee Hoe Auto Service (HQ)  
19 Kim Chuan Terrace, Singapore 537041  
Singapore 537041

Estimated Period of Repair: 4.0 days

Adjuster: Lim Teow Guan

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.

## REPAIR DETAILS

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRT RH DOOR	Dented	0.00 F	*- F
2	1		*FRT RH DOOR WING MIRROR	Repair	0.00 F	*- F
3	1		*FRT RH DOOR GLASS OUTER MOULDING	Scratched	0.00 F	*- F
4	1		*FRT RH FENDER	Repair	0.00 F	*- F
					<b>Total Parts (S\$)</b>	<b>0.00 0.00</b>

F=Franchise part.

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 >