

ASS. REC. BY:

Surveyor

QA

REF

CS3 EGI18011586 / G2432

Special Instruction:



ASSIGNMENT (Office)

From (Person):

Siti A'fikah

of

EGI

Date/Time:

25/6/18 @ 2.01pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YP 2043H

Insured:

YL 5781L

at Workshop m/s

MW Brothers Auto Repairs

Tel:

9670 4479

of

2 Kaki Bukit Ave 2 # 02-02

Policy No:

Claim No:

DSM CV 1801147 / RH / SG

Sum Insured:

Excess:

Make of Veh:

D.O.A.

14/06/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement:

Date/Time:

10.19 am @ 26/6/18

Person Contacted:

Mr. Tan

Vehicle

☒ IN ☐ OUT

Date/Time	Action/Instruction (X) Estimate
	YP 2043H - x
	YL 5781L - CS EGI16015481 / Tlgh 3n2 DOA: 12/08/2016
27/6/18	Dismantled
28/6/18	After Repair

PRS
Khl.

REF: EGI

ASSIGNMENT

From: Date: 26/06/2018

Estimated Cost:

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

To Inspect Vehicle No: YP.2043H

at Workshop m/s

MW Brothers

of 2kaki Bukit Ave 2 # 02-02

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Mr. tan @ 96704479

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS' up

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: YP 2043H Yr Regn: 2016 / APR

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

Truck / Trailer or

Make: SUZUKI Reward cc 2999

Colour

white

A/C: Insured / Std / NI / NA

Sp. Reading

93727

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JAAWPR 65 HG 7100 101

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

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: ☒ M / S/Rim / STD A/Rim or

Tyre Size:

F:

7.00 R16

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

26-06-18
5:30pm

Survey held at

w/s

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

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

Date / Time Action / Instruction

\$2000 - \$3000

29/6/18 Submit PRS report.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS. \$

) Photos

) Others

TOTAL

Add Fee:

☐
☐
☐
☐

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

Report Format :

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

50

50

50

150

Catherine Chong (LKK Auto)

From: Siti A Thikah AB Rahman <siti.rahman@ergo.com.sg>
Sent: Monday, 25 June, 2018 2:01 PM
To: Catherine Chong (LKK Auto) (admin-d@lkkauto.com)
Cc: Survey Report (ERGO Insurance Pte. Ltd.)
Subject: OI: YL 5781L | TP: YP 2043H | LKK | DOA:14.06.2018 - PRI | OUR
REF:DSMCV1801147/RH/sa
Attachments: PRS.MW.2nd notice.Ergo.YP2043H.YL5781L.pdf; Notice to Conduct Pre-Repair
Survey - Your insured's vehicle: YP 5781L Ou... (313 KB); PRS FORM.pdf; TP SAS.PDF;
OI SAS.PDF

Dear Catherine,

With reference to the above matter.

We have rejected to their PRS list, please assist to conduct this survey request from KSCGP Juris LLP, their client's vehicle can be survey at:-

Address: **MW Brothers Auto Repairs**
2 Kaki Bukit Avenue 2
#02-02 Kaki Bukit Autohub
Singapore 417921

Contact Person / HP: **Mr. Tan / 9670 4479**

Attached are the necessary documents for your further actions (**Note: Reports not to be released to any Third Party**).

Note: To survey on without prejudice basis and inform the repairer in writing, that you are require to conduct a post-repair inspection before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop.

Kindly acknowledge receipt of this email.

NOTE: Please assist to quote our ref as the subject matter, when forwarding the Preliminary Reports / Survey Reports.

Thank you.

Warmest regards
Siti A'thikah
Claims Department
ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985
Tel.: 65 6829 9170
Website: www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

From: motor@kscgp.com [mailto:motor@kscgp.com]

Sent: Monday, 25 June, 2018 12:37 PM

To: Siti A Thikah AB Rahman

Cc: ERGO Insurance Pte. Ltd. (Claims Department); accident@kscgp.com

Subject: RE: Notice to Conduct Pre-Repair Survey - Your insured's vehicle: YP 5781L Our ref: YP 2043H/MW/sy/ms |
OI: YL 5781L | TP: YP 2043H | DOA: 14.06.2018 - OUR REF: DSMCV1801147/RH/sa

Dear Siti,

Thank you for expediting your reply to us.

We are instructed to reject your list of surveyors and counter-propose our client's list of surveyors as per the attached reply with the workshop details as follows: -

Name of workshop : MW Brothers Auto Repairs

Address : 2 Kaki Bukit Avenue 2

#02-02 Kaki Bukit Autohub

Singapore 417921

Contact person/ Tel : Mr. Tan / 9670 4479

Our client will be available for pre-repair survey at 2.00 p.m this afternoon.

Kindly assist, urgently.

Thank you.

Regards,

See Yee

Executive

KSCGP Juris LLP

10 Hoe Chiang Road

#13-03A Keppel Towers

Singapore 089315

Tel: 6538 3611 / DID: 3152 0987 / Fax: 6538 3708

Email: motor@kscgp.com

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----- Original Message -----

From: Siti A Thikah AB Rahman [mailto:siti.rahman@ergo.com.sg]

To: accident@kscgp.com

Cc: claims@ergo.com.sg

Sent: Mon, 25 Jun 2018 04:00:12 +0000

Subject:

WITHOUT PREJUDICE

Dear Sir,

We refer to your email below.

Attached our template for your input.

Kindly let us have your reply.

Thank you.

Warmest regards

Siti A'thikah

Claims Department
ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985
Tel.: 65 6829 9170
Website: www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

From: accident@kscgp.com [mailto:accident@kscgp.com]

Sent: Friday, 22 June, 2018 3:34 PM

To: ERGO Insurance Pte. Ltd. (Claims Department)

Cc: motor@kscgp.com

Subject: Notice to Conduct Pre-Repair Survey - Your insured's vehicle: YP 5781L Our ref: YP 2043H/MW/sy/ms

Dear Sirs,

Please find enclosed the Notice to Conduct Pre-Repair Survey.

Thank you.

Regards,

Myra

KSCGP Juris LLP

10 Hoe Chiang Road

#13-03A Keppel Towers

Singapore 089315

Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708

Email: accident@kscgp.com

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ERGO

Date: 25.06.2018
Our Reference: DSMCV1801147/RH/sa
Your Reference: YP2043H/MW/sy/ms

To: KSCGP JURIS LLP

Sent via Fax

or

Email

motor@kscgp.com

Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: YP 2043H
Insured's Vehicle: YL 5781L
Date Of Accident: 14.06.2018

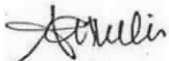
We acknowledge receipt of your request for PRS on: 22.06.2018

In compliance with "State Courts Practice Directions Amendment No.1 of 2016", do select an assessor from the list below and indicate your selection in the box marked *.

*

AIS	Automobile Inspection Services Pte Ltd	LBS	L.B.S Auto Consultants Pte Ltd
IAS	Infiniti Appraisal Service	LKK	LKK Auto Consultants Pte Ltd
JPk	JP Knights Pte Ltd	PS	Priority Services
		VAC	Vicom Ltd

- ☒ Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy.
☐ Your request for inspection does not have your client's GIA report, kindly forward a copy.
☐ We acknowledge your interest for direct settlement, we will assess & revert soon upon receipt of estimate.
☐ Our Insured's driver has not reported the accident to us todate.
☒ Others: WORKSHOP DETAILS NOT PROVIDED

Prepared by:		Siti	6829 9170	<u>claims@ergo.com.sg</u>
Signature:				<u>FAX : 6829 9247</u>

Assessor use only:

Assignment Date: _____
Assignment Time: _____

Remarks:

Workshop use only:

Assessor attended workshop on:

Date: _____
Time: _____
Inspector: _____

☐ Vehicle not available at the appointed date and time.

Kindly acknowledge our Assessor presence for the above job .

Workshop Acknowledgement & Stamp.

Note: Our Inspection is on a without admission to liability basis.

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	16/06/2018 11:04
Date Of Accident	14/06/2018 11:35
Exact Location Of Accident	5004 ANG MO KIO AVE 5 (LOADING BAY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2043H
Insured/Policyholder	
Name Of Registered Owner	MILLENNIUM TRANS ISLAND PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93829391

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5AK
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29077081 MKC (COMP)
Cover Note Number	

Driver

Name of Driver	XAVIER SAMUVEL
Passport No/FIN	G7973687U
Date Of Birth	27/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2011
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93829391
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	16 SIMEI ST 1 #08-05
Postcode	529942
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
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

MY LORRY WAS STATIONARY AT THE LOADING BAY AND I WAS SITTING INSIDE MY LORRY. A LORRY(YL5781L) MADE A REVERSE. I HORN AT THE SAID LORRY BUT THE SAID LORRY STILL REVERSE AND HIT THE FRONT OF MY LORRY.

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	YL5781L
Vehicle Make/Model/Colour	MITSUBISHI FK617MSJRDEC
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 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.



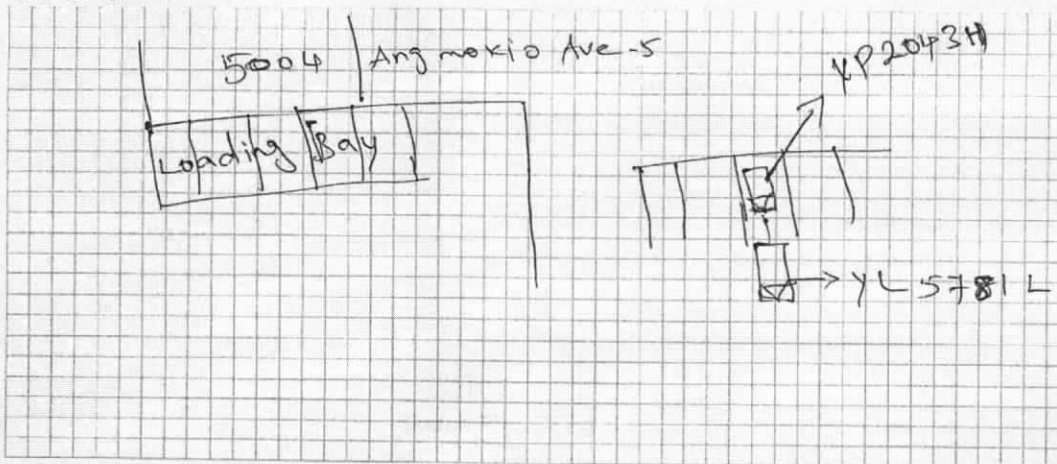
Policyholder's Signature
Date & Time:

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

Date & Time: 16 JUN 2018

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: accbk@singnet.com.sg
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer

2 file

DECLARATION

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

Policyholder's Signature
Date & Time:



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

16 JUN 2018

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

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

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	YP2043H		
Vehicle Type :	A50 - Goods (Closed) Van/Van Panel (Delivery)		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	ISUZU		
Vehicle Model :	NPR85UH5AK		
Chassis No. :	JAANPR85HG7100101		
Propellant :	Diesel		
Engine No. :	4JJ12H8803		
Engine Capacity :	2999 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	6700 kg		
Unladen Weight :	2460 kg		
Year Of Manufacture :	2015		
Original Registration Date :	05 Apr 2016		
Lifespan Expiry Date :	04 Apr 2036		
COE Category :	C - Goods Vehicle & Bus		
PQP Paid :	\$22,299.00		
COE Expiry Date :	04 Apr 2026		
Road Tax Expiry Date :	04 Oct 2018		
Inspection Due Date :	04 Apr 2019		
Intended Transfer Date :	29 Jun 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for 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.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00
Message			
This vehicle has a road tax Over Payment of \$86.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.			

You may print this page for reference.

OK Print


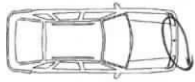
**LKK Auto Consultants Pte Ltd**

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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
ERGO INSURANCE PTE LTD		Ref: CS3/EGI18011586/Gz4d3e2		
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 02-07-2018		
FIVE SINGAPORE 038985		Code: EGI		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	YL 5781L	Veh. Inspected	YP 2043H	
Policy No.		Coverage (\$)	0.00	
Claim No.	DSMCV1801147/RH/sa	Excess (\$)	0.00	
Assign From	YEE PEI LI	Assign Date	25/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	ISUZU REWARD	c.c	2999	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JAANPR85HG7100101	Colour	WHITE	
Odometer	93727 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	7.00 R16	YOKOHAMA	5 mm	
L/H Front Tyre	7.00 R16	YOKOHAMA	5 mm	
R/H Rear Tyre	7.00 R16	YOKOHAMA	5 mm	
L/H Rear Tyre	7.00 R16	YOKOHAMA	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.				
5. General Information				
Accident Date	14/06/2018	Inspect Date / Time	26/06/2018 (05:30 PM)	
Survey held at	2 KAKI BUKIT AVE 2 # 02-02			
Repairer	MW BROTHERS AUTO REPAIRS			
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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$2,000-\$3,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		

Report Ref No. CS3/EGI18011586/Gz4d3e2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEMASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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