

27/03/2018

ASS. REC. BY:

REF:

CS/CTLI8011640/Riz4ber

Special Instruction:



Surveyor
Merimen

Rasul

ASSIGNMENT (Office)

From (Person):

Jowyn Tay

of

CTL

Date/Time:

26062018 309pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBE 8077B

Insured:

YN 2300B

at Workshop m/s

Ngee ngee motor

Tel:

6777 5382

of

Bk K No-22 Pandan Loop

Policy No:

DMCVSN 3018 291800

Claim No:

3NM18D03156C02

Sum Insured:

Excess:

Make of Veh:

D.O.A.

25062018

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

27062018

H.O.D. Endorsement:

Date/Time:

26062018 435pm

Person Contacted:

Jessie

Vehicle (IN) OUT

Date/Time

Action/Instruction (X) Estimate

GBE 8077B - X

YN 2300B - CS/CTLI8016501 / Uvd3nz

DA: 040418

Dismantle: 29/6/18

Ramu

ASSIGNMENT

From: _____ Date: 27/6/2018

Estimated Cost: _____

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

To Inspect Vehicle No: GBE 8077B

at Workshop m/s Ngee Ngee Motor

of Blk K No. 22 Pandan Loop

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record) Jessie @ 6777 5382

Make of Veh: _____

Veh No: GBE 8077B Yr Regn: 2016 / APC

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

Make: NISSAN CARAVAN 2.0 c.c 2488

Colour: BLACK A/C: Insured / Std / NI / NA

Sp. Reading: 32196 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MVL2R0RE26KD3FB

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: 195/80R15
R: 2"

(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

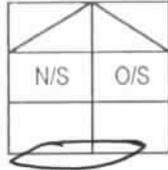
Est. Repairs: 7 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS ^{lup}

Date: _____ Person Contacted: _____

Vehicle: IN / OUT



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

<u>Front</u>		<u>Rear</u>
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>25/06/18</u>		D.O.I. <u>27/06/18</u>

Survey held at Ngee Ngee

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

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

Date / Time	Action / Instruction
	Estimated repair range \$6,000 - \$7,000
6/7/18	Submit P/R S Report.

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: 150

Transportation: _____

_____ S + RS, _____ SI

Photos _____

Others _____

TOTAL 150

ASS. REC. BY:

REF:

CS/CTLI8011640/Rizalber

Special Instruction:



Survivor

Rasul

ASSIGNMENT (Office)

Merimin

From (Person):

Jowyn Tay

of

CTL

Date/Time:

26062018 309pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBE 8077B

Insured:

YN 2300B

at Workshop m/s

Ngee ngee muter

Tel:

6777 5382

of

Blk K No. 22 Pandan Loop

Policy No:

DMCVSN 3018 291800

Claim No:

3NM18D03156C02

Sum Insured:

Excess:

Make of Veh:

D.O.A.

25062018

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

27062018

H.O.D. Endorsement:

Date/Time:

26062018 1435pm

Person Contacted:

Jessie

Vehicle IN OUT

Date/Time

Action/Instruction (X) Estimate

GBE 8077B - X

YN 2300B - CS/CTLI80116501 / Uvd3nz

DPA: 040418

Dismantle: 29/6/18

Rahm

ASSIGNMENT

From: _____ Date: 07/6/2018

Estimated Cost: _____

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

To Inspect Vehicle No: GBE 8077B

at Workshop m/s Ngee Ngee Motor

of Blk K No. 22 Pandan Loop

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record) Jessie @ 6777 5382

Make of Veh: _____

Veh No: GBE 8077B Yr Regn: 2016 / APR

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

Make: NISSAN CARAVAN 2.5M c.c 2488

Colour: BLACK A/C: Insured / Std / NI / NA

Sp. Reading: 32196 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MVL2R0RE26KD3FB

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: 195/80R15
R: 21

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 7 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 1up

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

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

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>25/06/18</u>		D.O.I. <u>27/06/18</u>

Survey held at Ngee Ngee

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
	Estimated repair range \$6,000 - \$7,000
<u>6/7/18</u>	submit PRS report.

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: 150

Transportation: _____

____ S + RS, ____ SI

Photos _____

Others _____

TOTAL 150

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	26 Jun 2018		26 Jun 2018 15:09 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS				[Created by insurer]
Insured:				
Main Claimant:	EDMUND VEHICLE RENTAL PTE LTD			
Vehicle Reg. No.:	GBE8077B	Date of Loss:	25/06/2018 00:00 - :59	
Claim Type:	TP / SNM18D03156C02	Policy/Cover Note No.:	DMCVSN3018291800	
Vehicle Reg. No. (Insured):	YN2300B	Policy No. (Claimant):		
		Excess:	S\$0.00	
Repairer:	Ngee Ngee Motor () Block K, No. 22 Pandan Road, 128240 West Coast - Tel: 67775382			
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 05/07/2018]			
Adj Asg. Remarks:	NO EST, CASE W/O SJE.			

ASSOCIATED MAIL RECEIVED	View All	Compose Case Mail
There are no mail for this case.		

ALL ASSOCIATED TASKS									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5244G
Vehicle Details	
Vehicle No.:	GBE8077B
Vehicle to be Exported:	No
Intended De-registration Date:	05 Jul 2018
Vehicle Make:	NISSAN
Vehicle Model:	CARAVAN DX 2.5 M
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	YD25383132A
Chassis No.:	VW2E26020968
Maximum Power Output:	-
Open Market Value:	\$27,947.00
Original Registration Date:	04 Apr 2016
First Registration Date:	04 Apr 2016
Transfer Count:	1
Actual ARF Paid:	\$1,398.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	03 Apr 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$44,728.00
COE Rebate Amount:	\$34,641.00
Total Rebate Amount:	\$34,641.00

The information contained herein is correct as at 05 Jul 2018

OK

62501937

10110002120 / STA INSPECTION PTE LTD - Sin Ming
 CLAIM DATE & TIME: 26/06/2018 09:49
 SUBMITTED BY: Wong Li Yoon

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 insurers to consider its equities 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 (GIAS) to the Insurers and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the submission 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 to Insurers.

ACCIDENT STATEMENT

Date Of Report: 26/06/2018 09:49
 Date Of Accident: 25/06/2018 09:25
 Exact Location Of Accident: BARTLEY ROAD TO UPPER PAYA LEBBAR ROAD
 Country/State of Loss: SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number: GBE8077B
 Name of Policyholder:
 Name Of Registered Owner: EDMUND VEHICLE RENTAL PTE LTD
 NRIC No.: 201625244G
 Email Address: EDMUNDEV@GMAIL.COM
 Mobile Phone No.:
 Alternative Phone No: OFFICE-86496990
 Vehicle Particulars:
 Manufacturer: NISSAN
 Model: NV350
 End Use/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 Yes, Please state action to be taken: THIRD PARTY
 Vehicle Category: COMMERCIAL VEHICLE
 Insurance Company:
 Name of Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage: COMPREHENSIVE
 Excess Policy:
 Policy Number: 5086597038-01
 License Plate Number:
 Name:
 Name of Driver: HOSSAIN BELAYAT
 NRIC No.: G7B96692R
 Date Of Birth: 01/12/1985
 Occupation: OUTDOOR
 Date Of Driving Pass: 05/09/2017
 Driving Experience: 0 YEAR AND 9 MONTH
 Gender: MALE
 Mobile Number: (LOCAL) +65-86496990
 Fax Number:
 Contact Number:
 Email Address: NOEMAIL

62501937

Address: 200 BUKIT TIMAH ROAD
SINGAPORE

Postcode: 229862

Was driver an employee of the Insured's Company: NO

R No. Relationship of the Driver with the Insured: OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle: -

Vehicle: -

Insurance Company of Driver's Own Vehicle: -

General Information of the Accident

Type Of Accident: COLLISION - HEAD TO REAR

Weather Conditions: RAINING

Road Surface: WET

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

Have been approached by unknown person(s) soliciting/offering accident claims assistance: NO

Number of Passengers (Including Driver): 2

Passenger 1: NAME: : RASEL
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO

If yes, Please state which Police Station:

Was police of intended Prosecution given? NO

If yes, please state whom?

Circumstances of Accident

REPORT ATTACHED

Witness(es):

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: YN2300B

Vehicle Make/Model/Colour:

Details Of Property:

Vehicle Category: COMMERCIAL VEHICLE

Name of Driver: POON YUE SING

NRIC /Passport Number: S8329219I

Contact Number: 69373936

Address:

Postcode:

Insurance Company Name:

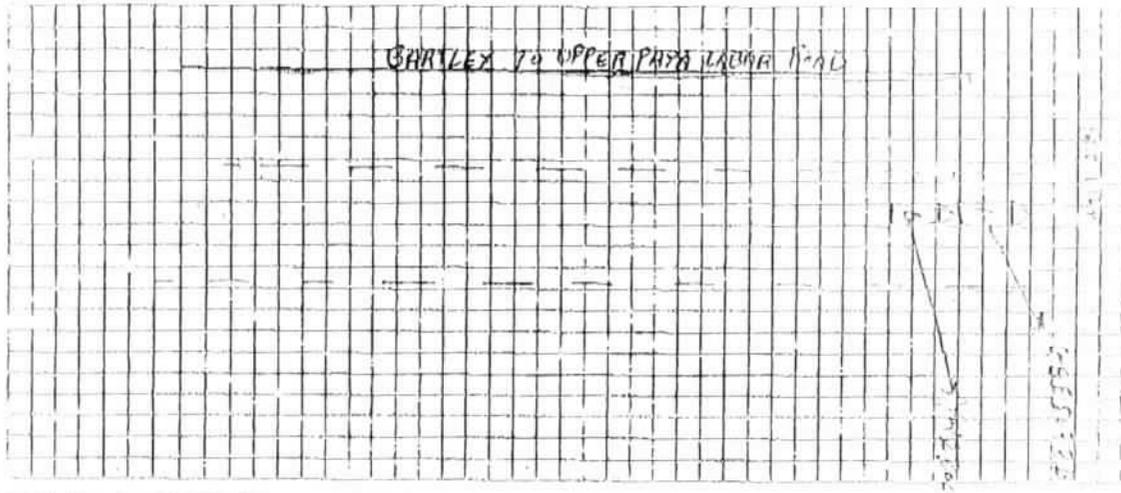
Nature Of Damage:

No. Of Passenger (Including Driver):

62501937

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY VEHICLE ALONG BARTLEY ROAD TO UPPER PASADENA ROAD, I ALREADY STOP MY VEHICLE ON RED LIGHT, SUDDENLY ONE VEHICLE NO. YN2300B HIT MY VEHICLE BEHIND. MY VEHICLE NO. GBE8077B and THIS ALL THING HAPPEN ON 25/06/18 @ 9:26 AM

DECLARATION

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


 Policyholder's Signature

Date & Time:

25/6/2018 

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



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

62501937

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.
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:

25/06/2018 [Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SMOOTH WAYS AUTOPARTS PTE LTD

21, Roberts Lane Singapore 218300 T:64510566 F:64533312
 HP: 91180457 E: sales@swautoparts.com.sg W: swautoparts.com.sg
 UEN: 201607389D . GST Reg No: 201607389D



TAX INVOICE

Bill To: NGEE NGEE MOTOR BLK K NO.22 PANDAN LOOP SINGAPORE 128240 PO No.: Purchaser: JESSIE Vehicle No.:	Deliver To: BLK K NO.22 PANDAN LOOP SINGAPORE 128240 WEST Deliver By:	Date: 25/06/2018 12:22:40 Invoice No.: SAL18-019246 Salesperson: LUNG Page: 1 of 1
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No.	Part No.	Location	Description	QTY	U.Price	Disc(%)	Amount
1	82620-26510	T2-6A1	BLOCK ASSY FUSIBLE	1	70.00	0.00	70.00
Total Qty:				1			

Other Charges: 0.00

Sales Return Policy applies

[25/06/2018 12:23:29]

Sub Total: 70.00

Add GST: (7%) 4.90

Total: SGD 74.90

Goods received in good condition and order.

For Smooth Ways Autoparts Pte Ltd

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	26 Jun 2018		26 Jun 2018 15:09 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					
CLAIM SUBFOLDER DETAILS		[Created by insurer]							
Insured:	-, Co. Reg. No.: -								
Main Claimant:	EDMUND VEHICLE RENTAL PTE LTD								
Vehicle Reg. No.:	GBE8077B	Date of Loss:	25/06/2018 00:00 - :59 [26 Months and 21 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM18D03156C02	Policy/Cover Note No.:	DMCVSN3018291800						
Vehicle Reg. No. (Insured):	YN2300B	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	Ngee Ngee Motor () Block K, No. 22 Pandan Road, 128240 West Coast - Tel: 67775382								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 05/07/2018]								
Adj Asg. Remarks:	NO EST, CASE W/O SJE.								
ASSOCIATED MAIL RECEIVED		View All Compose Case Mail							
There are no mail for this case.									
ALL ASSOCIATED TASKS		View All Search Tasks Create New Task Complete							
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*GBE8077B (SNM18D03156C02)
 [YN2300B]
 TP
 EDMUND VEHICLE RENTAL PTE LTD
 Jun 25 2018 12:00AM
 [-]
 Ngee Ngee Motor

Upload Documents		Upload Photos		Compose New Letter		View View in Browser <input type="checkbox"/>		
Documentation							1 per page <input type="checkbox"/>	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)				Thumbnail	Print	
1	26/06/18 15:08	PRS				Load PDF		
2	26/06/18 15:08	TP GIA				Load PDF		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)				Thumbnail	Print	
1	28/06/18 21:31	LKKPhotosIn6-1.pdf				Load PDF		
2	06/07/18 13:18	LKKPhotosIn6-2.pdf				Load PDF		

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/CTI18011640/R1Z4BE2

Date: 10/07/2018

REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMCVSN3018291800
 Claimant Vehicle No: GBE8077B Insured Vehicle No: YN2300B
 Date of Loss: 25/06/2018 Nature of Claim: TP Claim No: SNM18D03156C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **GBE8077B**
 Make & Model: NISSAN CARAVAN, 2.5 DX (M) Engine No: YD25383132A
 Reg. Date: 04/04/2016 (Man. Year: 2015) Chassis No: VW2E26020968
 Colour: Black Odometer: 32196 km
 Engine Capacity: 2488 cc
 Market Value/New Car Price: N/A
 Sum Insured (\$\$): **Market Value/New Car Price**

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 195/80 R15 Rear Tyre Size: 195/80 R15
 Front Left Side: Yokohama 6 mm Rear Left Side: Yokohama 6 mm
 Front Right Side: Yokohama 6 mm Rear Right Side: Yokohama 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 (\$\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 26/06/2018
 Date Inspected: 27/06/2018 Inspected At: Ngee Ngee Motor
 Block K, No. 22 Pandan Road
 Singapore 128240
 Estimated Period of Repair: 7.0 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 \$6,000.00 -\$7,000.00

REPAIR DETAILS

Reference		
Part Source:		(Last Synchronised: 09 Jul 2018)
Parts:	N/A	NISSAN CARAVAN 2.5 DX (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GBE8077B)	
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 >