



Surveyor

ASSIGNMENT (Office)

From (Person) Marimen Andrew Lim

of III

Date/Time 29/6/2018 @ 1:07pm

Estimated Cost

Bill to

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

To Inspect Vehicle No. GU1733T

Insured: SHB 7542B

at Workshop m/s Rhino Repairs

Tel: 6254 8858

of 160 Sin Ming Drive #03-14

Policy No.

Claim No.

Sum Insured

Excess

Make of Veh:
(Client's Record)

D.O.A. 04/06/18

04/07/2018 @ after 10am

CA / REV / REP. / REV 24 HRS 1wp

H.O.D. Endorsement

Date/Time: 5:00pm @ 29/6/18

Person Contacted: Dawn

Vehicle-IN (OUT)

Date/Time	Action/Instruction (X) Estimate
	GU1733T- NA / INC09008964/r DOA: 25/1/2014
	SHB 7542B - CC4 / AXA18010296 / Dpb3 DOA: 04/06/2018
6/7/18	After Repair

(08/11/13) wof
ASS. REC. BY:

PRS
Xkl.

REF: III

ASSIGNMENT

From: Date: 4/7/2018

Estimated Cost:

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

To: Inspect Vehicle No: GU 1733 T
at Workshop m/s Rhino Repairs
of 160 Sin Ming Drive # 03-14

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Dawn 6254 8858

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS (up)

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

647337

Yr Regn:

2001, Feb

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

Truck / Trailer or

Make:

Nissan Cabstar 3/53

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading:

502621

T/Radio: Insured / Std / NI / NA

Eng/No:

INISF4F 23 20 84 302

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195 R 15

R:

155 R 12

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

TOYO / YOKO or

Sumitomo (NA)

Front

New

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

04-07-18

Survey held at

W/S

5:10pm

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.

27/8

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, SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

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

80

80

10

120

Nivitha (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Friday, 29 June 2018 4:07 PM
To: 'assignments'
Subject: FW: REQUEST FOR PRE-REPAIR SURVEY PROTOCOL FOR GU1733T [OUR REF. TCL.MH.RO.50234.18.RR]

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Motor Claim - III [mailto:motorclaim@iii.com.sg]
Sent: Friday, 29 June 2018 4:00 PM
To: Ruby Ong <ruby@htapartners.com.sg>
Cc: rhinorepairssg@gmail.com; 'sur@lkkauto.com' <sur@lkkauto.com>; Sherini Pillai <sherini@iii.com.sg>
Subject: RE: REQUEST FOR PRE-REPAIR SURVEY PROTOCOL FOR GU1733T [OUR REF. TCL.MH.RO.50234.18.RR]

Dear Sir / Mdm

This Pre-Repair Survey is on Without Prejudice Basis.

THIRD PARTY VEHICLE NO.	:	GU1733T
III INSURED VEHICLE NO.	:	SHB7542B
DATE OF LOSS	:	04.06.2018

We acknowledge receipt of your email.

In compliance to Pre-Action Protocol for NIMA cases, we note that

We disagree to the list of motor surveyors that you have proposed.

Therefore, we have appointed our surveyor **LKK AUTO CONSULTANTS** to conduct the pre-repair survey.

This claim is handled by **PRIYA**.

Please let us have your client's accident report and repair estimate for our appointed surveyor to conclude his report.

****We would like to conduct a re-survey after spray painting. Please contact our surveyor to arrange.**

****Surveyor kindly upload this assignment to Merimen.**

Thank You.

Best Regards,

ANDREW LIM

Motor Claims Dept.

India International Insurance Pte Ltd

64 Cecil Street | #05 IOB Building | Singapore 049711

Tel: 6347 6100, Ext - 227

S&P 'A-' (stable) rated Company

From: Ruby Ong [mailto:ruby@htapartners.com.sg]

Sent: Friday, 29 June, 2018 9:56 AM

To: Motor Claim - III <motorclaim@iii.com.sg>

Cc: rhinorepairsg@gmail.com

Subject: REQUEST FOR PRE-REPAIR SURVEY PROTOCOL FOR GU1733T [OUR REF. TCL.MH.RO.50234.18.RR]

Importance: High

Your ref: SH 6383M

WITHOUT PREJUDICE

Our ref: TCL.MH.ro.50234.18.rr

29 June 2018

India International Insurance Pte Ltd

By Email Only

Motor Claims Department

64 Cecil Street

#04-02 IOB Building

Singapore 069428

VERY URGENT

Dear Sirs

CLAIMANT: RHINO RENTAL PTE LTD

ACCIDENT INVOLVING GU 1733T, SH 6383M & SHB 7542B ALONG CTE ON 4 JUNE 2018 @ ABOUT 0930HRS

We are instructed by Rhino Rental Pte Ltd to notify you of a road traffic accident on 4 June 2018 at about 0930hrs along CTE involving our client's vehicle registration number GU 1733T and vehicle registration number SH 6383M driven by you/your insured at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, our client propose to appoint Victor Png of Appraisal VP Pte Ltd as the single joint expert to carry out the pre-repair survey for GU 1733T.

Kindly make the necessary arrangements with the contact person. The details are as follows :

Venue : **Rhino Repairs Pte Ltd**
160 Sin Ming Drive
#03-14 Sin Ming Autocity
Singapore 575722

Contact Person : **Ms Dawn Sim (Tel: 6254 8858)**

In the event that the pre-repair survey was not conducted during the prescribed time or already conducted at your end previously, we reserve our client's right to claim for compensation for loss of use for your current request for re-survey.

Best regards,
Ruby Ong
Secretary
M/s Hin Tat Augustine & Partners
20 Upper Circular Road
#02-10/12 The Riverwalk
Singapore 058416

Tel : 6533 0212 ext 278

Fax : 6338 3536 / 6533 0313

www.htapartners.com.sg

Privileged/Confidential information is contained in this message. If you are not the addressee indicated in this message (or responsible for delivery of the message to such person), you may not copy or deliver this message to anyone. In such case, you should destroy this message and kindly notify the sender by reply email.

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

DISCLAIMER:

This email is intended solely for the person to whom it has been addressed.

It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.

Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

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	25/06/2018 17:47
Date Of Accident	04/06/2018 09:30
Exact Location Of Accident	CENTRAL EXPRESSWAY (CTE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU1733T
Insured/Policyholder	
Name Of Registered Owner	RHINO RENTAL PTE. LTD.
Co Reg No	201325388E
Email Address	INFO@RHINORENTAL.SG
Mobile Phone No	(LOCAL) +65-88580588
Alternative Phone No	OFFICE-62548858

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.2 D (M)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5098479312
Cover Note Number	

Driver

Name of Driver	TAY AH LIM
Passport No/FIN	F1577491Q
Date Of Birth	16/08/1969
Occupation	INDOOR
Date Of Driving Pass	08/12/1995
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90956819
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 574 ANG MO KIO AVE 10 #01-1821
Postcode	560574
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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)	2
Passenger 1	NAME: : SAM
	GENDER: : MALE

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 SKETCH PLAN.

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	SH6383M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOH SENG LEONG
NRIC/Passport Number	S7514341I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB7542B
Vehicle Make/Model/Colour	CHEVROLET EPICA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

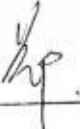
IMPORTANT NOTICE


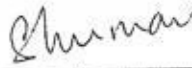
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

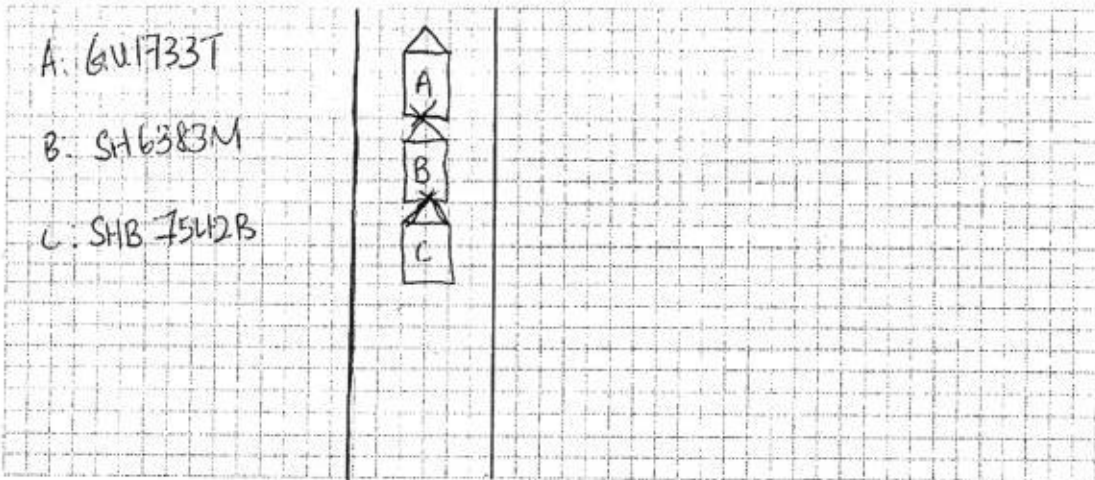
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 25/6/18 4:40pm
 (company chop if applicable)


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 25/6/18 4:40pm



 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: 25/6/18 @ 5:23pm

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CTE at on 04-06-2018 and the traffic was heavy as I stop and waiting for the traffic I heard a loud bang at the back of my vehicle and I saw SH6383M Hit the back of my vehicle and SHB7542B Hit the back of SH6383M. SH6383M told me that he has stop as I stop But SHB7542B Hit him cause his vehicle to hit my vehicle. I Exchange particulars ~~and~~ with SH6383M and left the scene. I'm claiming against 3rd party for this accident.

Repair at other workshop.

DECLARATION

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



Policyholder's Signature
Date & Time: 25/6/18 4:40pm
(company chop if applicable)

Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/6/18 4:40pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/6/18 @
5.25pm



[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5388E
Vehicle Details	
Vehicle No.:	GU1733T
Vehicle to be Exported:	Yes
Intended De-registration Date:	12 Jul 2018
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR
Primary Colour:	Silver
Manufacturing Year:	2000
Engine No.:	QD32139410
Chassis No.:	JN1SF4F23Z0843020
Maximum Power Output:	-
Open Market Value:	\$23,275.00
Original Registration Date:	06 Feb 2001
First Registration Date:	06 Feb 2001
Transfer Count:	3
Actual ARF Paid:	\$1,164.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Mar 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$24,394.00
COE Rebate Amount:	\$18,138.00
Total Rebate Amount:	\$18,138.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 12 Jul 2018

OK

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

PRI

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	06 Jul 2018 Edit Reg		29 Jun 2018 00:00 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 adjuster]

Insured:	-, Co. Reg. No.: -		
Main Claimant:	-		
Vehicle Reg. No.:	GU1733T	Date of Loss:	04/06/2018 00:00 - :59 [207 Months and 29 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP	Policy/Cover Note No.:	
Vehicle Reg. No. (Insured):	SH6383M	Policy No. (Claimant):	
		Excess:	
Repairer:	Rhino Repairs Pte Ltd (HQ) 34 SIN MING DRIVE #01-124, 575708 Sin Ming - Tel:		
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Sundari Nagarajan - 6347 6071]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 16/07/2018]		

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

*GU1733T
[SH6383M]

TP

-

Jun 4 2018 12:00AM

[-]

Rhino Repairs Pte Ltd

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	11/07/18 19:49	LKKPhotosIn6-1.pdf	Load PDF	
2	11/07/18 19:49	LKKPhotosIn6-2.pdf	Load PDF	
No	Finalized On	India International Insurance Pte Ltd (HQ)	Thumbnail	Print
1	06/07/18 08:48	Singapore Accident Statement	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; height: 40px; margin-top: 5px;"></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/III18011908/GZ4D3E2

Date: 13/07/2018

REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No:

Claimant Vehicle No : GU1733T

Insured Vehicle No : SH6383M

Date of Loss: 04/06/2018

Nature of Claim: TP Claim No: N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: GU1733T

Make & Model: NISSAN CABSTAR, 3.2 D (M)

Engine No: QD32139410

Reg. Date: 06/02/2001 (Man. Year: 2000)

Chassis No: JN1SF4F23Z0843020

Colour: Silver

Odometer: 502621 km

Engine Capacity: 3153 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): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 195 R15 Rear Tyre Size: 155 R12
Front Left Side: Sumitomo 5 mm Rear Left Side: Yokohama 5 mm
Front Right Side: Sumitomo 5 mm Rear Right Side: Yokohama 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 29/06/2018

Date Inspected: 04/07/2018 Inspected At:

160 Sin Ming Drive #03-14

Repairer : Rhino Repairs Pte Ltd (HQ)

Estimated Period of Repair: 0.0 days

Adjuster: XING GUO QIANG

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.

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 13 Jul 2018)	
Parts:	N/A	NISSAN CABSTAR 3.2 D (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GU1733T)	
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 >