

ASS. REC. BY:

REF:

CS3/FCI18012672/Vp4d3

Special Instruction:

Surveyor:

Marcus

ASSIGNMENT (Office)

From (Person):

Lurene jaw

of

FCI

Date/Time: 11/7/18 @ 5.54pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLP 8540D

Insured:

SHB 3685Z

at Workshop in/s

Leong Boon loo

Tel:

67863423 / 9678 5087

of

B lk 9002, Jungines Ind. Park A # 01-68, 8f-93

Policy No:

Claim No:

D1800 5269MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 05/07/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

12/7/18 @ 9.12am

Person Contacted:

Ah too

Vehicle IN (OUT)

| Date/Time | Action/Instruction (X) Estimate |
|-----------|---|
| | SLP 8540D - x |
| | SHB 3685Z - CS/FCI17022704/Urbn 2 DOA: 25/11/2017 |
| | Dismantle: 13/7/2018. |
| | |
| | |
| | |

(08/11/13) Wef

ASS. REC. BY: Marcus

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

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

SA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

18/7/18

No settling. Submit PRS report.

LTA 56539

RECEIVED 18 JUL 2018

Veh No:

SLP 8540D

Yr Regn:

6 17

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

Truck / Trailer or

CAI

Make:

Toyota Corolla

A/C

15.98

Colour

Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

32599

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053REH104562458

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Disorder / Jammed / Leaked / Burnt or

Brake: Disorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

215/45R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

5/7/18

D.O.I.

12/7/18

Survey held at

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

O/S Rear

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

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ - RS. - SI

Photos:

Others

TOTAL

Report Format:

PRS

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

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|--|--------------------------------------|
| Date | 09-07-2018 | Our Ref No. D18005269MFSH |
| Accident Date | 05-07-2018 | Claim Type. Third Party |
| Insured Vehicle | SHB3685Z | Third Party Vehicle. SLP8540D |
| Survey Location | BLK 9002 TAMPINES INDUSTRIAL PARK A#01-68 TAMPINES STREET 93 | |
| Contact Person. | AH LOO | |
| Contact No. | 67863423/ 96785087 | Fax No. 0 |
| Survey Type | WITHOUT PREJUDICE: | |
| Appointed Surveyor | LKK AUTO CONSULTANTS PTE LTD | |
| Contact Person | NA | Fax No. 68416315 |
| Contact Number. | NA | |

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

| | | |
|--------------------------|---------------------------------|--------------------------------------|
| Cc : Workshop | LEONG BOON LOO MOTOR SERVICE | Attention. NIL |
| Cc : TP Solicitor | M NEDUMARAN & CO | TP Solicitor Fax No. 65098482 |
| Officer Incharge | LURENE | |

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/242161)



PRI Documents



Close



PRI Header Details

| | | | | | |
|--------------------------|---|--|--|---------------------------------|--------------|
| Claim No | D18005269MFSH | Policy No | D-18088937MFSH | Claimant S.No & Name | 1 & M NEDUM |
| Workshop Name | LEONG BOON LOO MOTOR SERVICE (Contact Person : AH LOO) | Survey Location & Contact Details | BLK 9002 TAMPINES INDUSTRIAL PARK A#01-68 TAMPI Mobile: 96785087 , Phone: 67863423 , Fax: 0 EmailId: SERENE.TAN@MNEDUCO.COM.SG | | |
| Our Surveyor | LKK AUTO CONSULTANTS PTE LTD | Instructions To Surveyor | WITHOUT PREJUDICE: | | |
| Insured Name | CITYCAB PTE LTD | Insured Vehicle No | SHB3685Z | TP Vehicle No | SLP8540D |
| PRI Recieved Date | 11-07-2018 03:30:06 PM | Surveyor Appointed Date | 11-07-2018 05:53:24 PM | Surveyor Accept Date | 13-07-2018 0 |

Survey Report Upload

| | | | | | |
|------------------------------------|--|-----------------------------|------------|--------------------------------|--|
| Surveyor Inspection Date *: | | Surveyor Report Date | 13-07-2018 | Upload Survey Report *: | <input type="button" value="Choose File"/> |
|------------------------------------|--|-----------------------------|------------|--------------------------------|--|

Vehicle Particulars

| | | | | | |
|------------------|----------------------|-----------------------|-----------------------|----------------|----------------------|
| Make | Please Select Make ▼ | Model | Please Select Model ▼ | Year | Select Year ▼ |
| Chasis No | <input type="text"/> | Engine No | <input type="text"/> | Mileage | <input type="text"/> |
| Color | <input type="text"/> | Cubic Capacity | <input type="text"/> | | |

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

Remarks



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

FIRST CAPITAL INSURANCE LTD

Ref : CS3/FCI18012672/Uz4d3

36 ROBINSON ROAD

#16-01 CITY HOUSESINGAPORE 068877

Date : 12-07-2018

Code : FCI2



1. Policy Particulars :- (THIRD PARTY CLAIM)

| | | | |
|--------------|------------------|----------------|------------|
| Insured Veh. | SHB 3685Z | Veh. Inspected | SLP 8540D |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | D18005269MFSH | Excess (\$) | 0.00 |
| Assign From | CWS (LURENE JAW) | Assign Date | 12/07/2018 |

2. Vehicle Particulars & Condition

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

3. Conditions of Tyres

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

4. Description of Damages

| |
|--|
| |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 05/07/2018 | Inspection Date | 12/07/2018 |
| Survey held at | LEONG BOON LOO MOTOR SERVICE BLK 9002 TAMPINES ST 93 #01-68 TAMPINES PARK A SINGAPORE 528836 | | |

5a. Remarks

| |
|--|
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. |
|--|

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|---------------------|
| Date Of Report | 06/07/2018 14:10 |
| Date Of Accident | 05/07/2018 18:20 |
| Exact Location Of Accident | ALONG MAGARET DRIVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLP8540D |
| Insured/Policyholder | |
| Name Of Registered Owner | WEE HUI SIAN |
| NRIC No | S8411298D |
| Email Address | W.MIAO92@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-94373841 |
| Alternative Phone No | OFFICE-82882630 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS 1.6 CVT |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | VPA/P1944431 |
| Cover Note Number | 20/06/2017 TO 19/06/2019 |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | WEE HUI MIAO |
| NRIC No | S9203546H |
| Date Of Birth | 03/02/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 26/02/2014 |
| Driving Experience | 4 YEARS AND 4 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-82882630 |
| Fax Number | |
| Contact Number | |
| E Mail Address | W.MIAO92@GMAIL.COM |

| | |
|---|---------------------------------------|
| Address | BLK 897 TAMPINES STREET 81 #06-808 |
| Postcode | 520897 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SIBLING |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| 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? | |
| 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) | 4 |
| Passenger 1 | NAME: : WEE JUI KHIM GENDER: : FEMALE |
| Passenger 2 | NAME: : LEE YOKW WAH GENDER: : FEMALE |
| Passenger 3 | NAME: : JONATHAN LOY 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

REFER TO ATTACHMENT

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 | SHB3685Z |
| Vehicle Make/Model/Colour | HYUNDAI I40 |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | TAY THIAM PENG |
| NRIC/Passport Number | S7824250G |
| 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:

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

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

SKETCH PLAN

REFER TO ATTACH SKETCH. (A)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight within my lane, when suddenly I heard an impact from the rear right side. Then I stopped and came out to check my car, noticed dent and scratches over right rear door.

The taxi (SHB 3685 Z) collided into me while he tried to filter out of a congested lane, into my lane.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

| |
|---|
| Reporting Only |
| Claim OD |
| Claim TP |
| <input checked="" type="checkbox"/> Claim OD <input checked="" type="checkbox"/> TP at other workshop |

DECLARATION

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

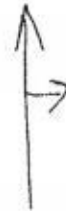
Policyholder's Signature
Date & Time:

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

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

GEARAC SketchPlan and V's

SKETCH (A)



SLP 8540D



TAXI

SHB 3685 Z



Sketch Plan Pg. 4



redefining / insurance

Date: 06/07/18

To: Owner of Vehicle Number: SLP 8540D



The following has been advised to you via your workshop, _____ through their staff, Jonathan.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☒ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☒ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☒ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- ☒ For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for **Own Damage** repairs on workmanship related to the accident.
- ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

() Others _____

Signed and acknowledge by

[Signature]

Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp

> **Back to OneMotoring**

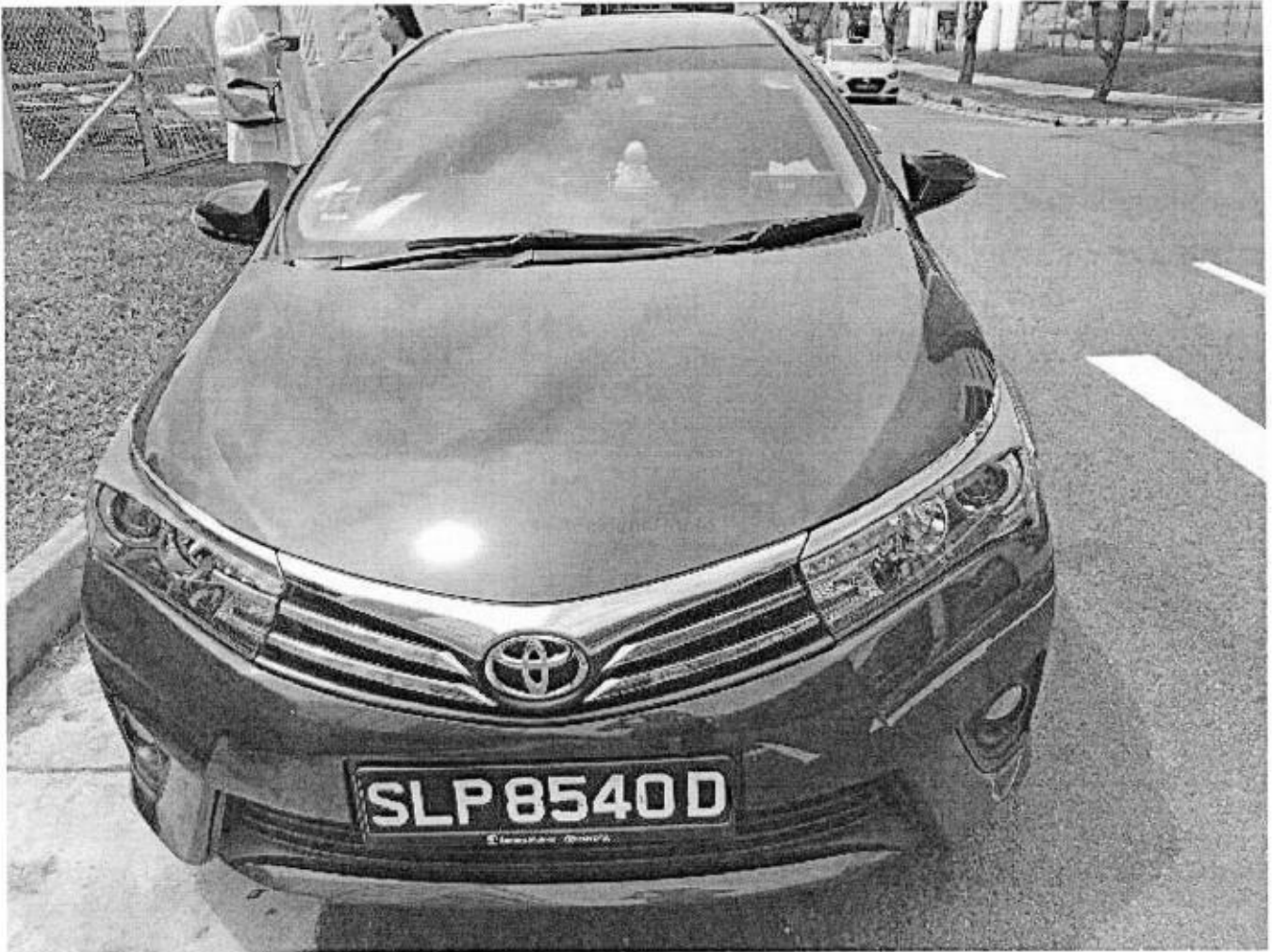
Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 1298D |
| Vehicle Details | |
| Vehicle No.: | SLP8540D |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 12 Jul 2018 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | COROLLA ALTIS 1.6 CVT |
| Primary Colour: | Brown |
| Manufacturing Year: | 2016 |
| Engine No.: | 1ZRY347055 |
| Chassis No.: | MR053REH104562458 |
| Maximum Power Output: | 90.0 kW (120 bhp) |
| Open Market Value: | \$19,995.00 |
| Original Registration Date: | 20 Jun 2017 |
| First Registration Date: | 20 Jun 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$19,995.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 19 Jun 2027 |
| PARF Rebate Amount: | \$14,996.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 19 Jun 2027 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$46,489.00 |
| COE Rebate Amount: | \$41,543.00 |
| Total Rebate Amount: | \$56,539.00 |

The information contained herein is correct as at 12 Jul 2018

OK

Accident Photo





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 | | | | |
|--|---|--|---|--|
| FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | Ref: CS3/FCI18012672/Uz4d3s2 Date: 18-07-2018 Code: FCI2 | | |
| 1. Policy Particulars :- (THIRD PARTY CLAIM) | | | | |
| Insured Veh. | SHB 3685Z | Veh. Inspected | SLP 8540D | |
| Policy No. | D-18088937MFSH | Coverage (\$) | 0.00 | |
| Claim No. | D18005269MFSH | Excess (\$) | 0.00 | |
| Assign From | LURENE JAW | Assign Date | 11/07/2018 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | TOYOTA COROLLA ALTIS (A) | c.c | 1596 | |
| Engine No. | HIDDEN | Year of Reg. | 2017 | |
| Chassis No. | MR053REH104562458 | Colour | BROWN | |
| Odometer | 32599 KM | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | SPORTS RIM | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 215/45R17 | MICHELIN | 7 mm | |
| L/H Front Tyre | 215/45R17 | MICHELIN | 7 mm | |
| R/H Rear Tyre | 215/45R17 | MICHELIN | 7 mm | |
| L/H Rear Tyre | 215/45R17 | MICHELIN | 7 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. | | |  | |
| 5. General Information | | | | |
| Accident Date | 05/07/2018 | Inspect Date / Time | 12/07/2018 (11:51 AM) | |
| Survey held at | LEONG BOON LOO MOTOR SERVICE BLK 9002 TAMPINES ST 93 #01-68 TAMPINES PARK A SINGAPORE 528836 | | | |
| 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. | | | | |

Report Ref No. CS3/FCI18012672/Uz4d3s2

Inspected By

CHUA KANG SENG

Licensed Appraiser

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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