

ASS. REC. BY:

REF:

093/LPC18015337/RH03

Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): Ong Li Li

of

LPC

Date/Time: 23/8/18 @ 8:58am.

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBH 7940A

Insured:

SKS 6361M

at Workshop m/s

Speedway Motor

Tel:

6316 1611

of

No. 36 Joh Cuen Rd East #01-32

Policy No:

Claim No:

18/18/18 / VP05 / 020836

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

14/08/2018

CA / REV / REP. / REV 24 HRS

(up)

Date/Time: 10:08am @ 23/8/18

Person Contacted:

Sully

H.O.D. Endorsement:

Vehicle ☒ IN / OUT

Date/Time	Action/Instruction (x) Estimate
	FBH 7940A - x
	SKS 6361M - x
16/10-	Submit PRS Report.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: **FBH 7940A**at Workshop m/s **SPEEDWAY MOTOR**
of **No. 36, TOH HUAN RD. EAST #01-32**Insured: **LOM PNL**

Policy No. _____

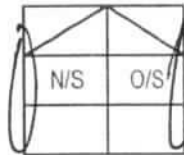
Claims No. _____

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

GIA / 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 **up**

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **FBH 7940A** Yr Regn: **10 / 13**Type: M.Car / **M.Cycle** / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: **1** C.C. **399**Colour: **Red** A/C: Insured / Std / NI / NASp. Reading: **93927** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **NC471002971**Gen. Cond: Good / **Fair** / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt orBrake: **In order** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **120/70R17**R: **120/70R17**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / **PIR** / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. **4** mm R/Bal. **4** mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. **14/08/18** D.O.I. **23/08/18 @ 0101 PM**Survey held at **SPEEDWAY**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

RECEIVED 16 OCT 2018

Date/Time, File Pass to?

☐ : Preli. Report☒ : Final Report1) **1610 Typist**

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: **450**

Transportation

) S + RS. SI

) Photos

) Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: **TP**Lump Sum / I.B.I. (\$) **—****450**

Nivitha (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Thursday, 23 August 2018 8:58 AM
To: roynpartners@roynpartners.com.sg; assignments@lkkauto.com; Catherine Chong (LKK Auto)
Cc: MT_Claim_SG
Subject: Your Ref: MKR/201/8175/2018/as.wl Our Ref: 18/18/18/VP05/020836
Attachments: 23082018085303.pdf

Without Prejudice
Save as to Costs

Dear Sir/Mdm

We refer to your fax of 21 August 2018 (attached).

For future urgent matters, please fax it to 62962706 or email mt_claim@lonpac.com.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the following list to conduct the joint pre-repair survey as a single joint expert.

No.	Name	Please tick ✓
1	Kalvin Ang	
2	Xing Guo Qiang	
3	Mohamad Taufikh	
4	Bryan Ang	
5	Adrian Ling	
6	Mohammed Rasul	
7	Marcus Chua	
8	Kenneth Kong	
9	Muhammad Nazril Bin Abdullah	
10	Sathya Sai Kathirrasen	

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

Dear Catherine/Nivitha

Please arrange survey.

• Thank you.

Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555

Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

ROY & PARTNERS

(Business Registration No. 53131170L)
Advocates & Solicitors
Commissioner For Oaths
Notary Public



MONOJ KUMAR ROY LLB (Hons.) S'pore

101 Cecil Street #11-09 Tong Eng Building, Singapore 069533
Tel : 6536 8466 Fax : 6536 1963 (Not For Service Of Documents)
Enquiries: roynpartners@roynpartners.com.sg

Your Ref : Your insured vehicle: SKS 6361M
Our Ref : MKR/201/8175/2018/as.wl;

21st August 2018

IMMEDIATE ATTENTION

M/s LONPAC INSURANCE BHD
300 Beach Road
#17-04/07 The Concourse
Singapore 199555
(Attn: Motor Claims Department)

BY FAX: 6296 3767 ONLY

Dear Sirs,

CLAIMANT : CHAN YANG SHENG, CASPER (OWNER OF FBH 7940A)
ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NOS. FBH 7940A AND SKS 6361M ALONG
ANG MO KIO AVENUE 6 OPPOSITE ANG MO KIO LIBRARY ON 14.08.2018 AT ABOUT 2000
HOURS

We refer to the above matter.

We act for Chan Yang Sheng, Casper, the owner of motorcycle No. **FBH 7940A**.

We are instructed by our client to notify you of a road traffic accident on 14th August 2018 at about 8.00 pm along **Ang Mo Kio Avenue 6 opposite Ang Mo Kio Library** involving our client's motorcycle registration number **FBH 7940A** and motor car registration number **SKS 6361M** driven by your insured at the material time. A copy of the Singapore Accident Statement filed is enclosed.

As a result of the accident, our client's motorcycle **FBH 7940A** has been damaged. Before our client proceed to repair the damaged motorcycle, please let us know within two (2) working days of your receipt of this notice whether you would like to conduct a pre-repair survey of our client's motorcycle **FBH 7940A** at our client's repairer workshop, M/s Speedway Motor Pte Ltd at No. 36 Toh Guan Road East #01-32 Enterprise Hub, Singapore 608580. Your said surveyor may contact Sally at 6316 1611. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the motorcycle without further reference to you.

Yours faithfully,

Monoj Kumar Roy

MONOJ KUMAR ROY
Encl.

Cc: Clients (Speedway Motor Pte Ltd)
(FBH 7940A)

(Fax No. 6316 7881)



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

LONPAC INSURANCE BHD

Ref : CS3/LPC18015337/R1td3

300 BEACH ROAD
#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 23-08-2018



Code : LPC2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SKS 6361M	Veh. Inspected	FBH 7940A
Policy No.		Coverage (\$)	0.00
Claim No.	18/18/18/VP05/020836	Excess (\$)	0.00
Assign From	ONG LI LI	Assign Date	23/08/2018

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

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5. General Information

Accident Date	14/08/2018	Inspection Date	23/08/2018
Survey held at	SPEEDWAY MOTOR PL 36 TOH GUAN ROAD EAST #01-32 ENTERPRISE HUB SINGAPORE 608580		

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.
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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 15/08/2018 10:22
Date Of Accident 14/08/2018 20:00
Exact Location Of Accident ANG MO KIO AVENUE 6 OPPOSITE ANG MO KIO LIBRARY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH7840A
Insured/Policyholder
Name Of Registered Owner CHAN YANG SHENG, CASPER
NRIC No S8945315A
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-98782340
Alternative Phone No OFFICE-98782340

Vehicle Particulars
Manufacturer HONDA
Model CB400X-399CC

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? YES

If No, Please state action to be taken

Vehicle Category MOTORCYCLE

Insurance Company
Name of Insurance Company AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number VMX/P2078112
Cover Note Number 08/02/2018-07/02/2019

Driver
Name of Driver CHAN YANG SHENG, CASPER
NRIC No S8945315A
Date Of Birth 14/12/1989
Occupation INDOOR
Date Of Driving Pass 08/02/2018
Driving Experience 0 YEAR AND 6 MONTH
Gender MALE
Mobile Number (LOCAL) +65-98782340
Fax Number
Contact Number OFFICE-98782340
EMail Address NOEMAIL

Address BLK 219 JURONG EAST ST 21
08-605
Postcode 600219
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - 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
Was any body injured in the Accident? YES
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? YES
If Yes, Please state which Police Station
Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: NO. 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of Intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT

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 SKS6351M
Vehicle Make/Model/Colour B
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHAN YANG SHENG, CASPER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBH7940A
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

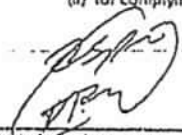
IMPORTANT NOTICE

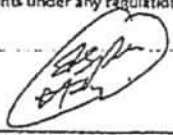
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

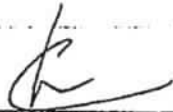
B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

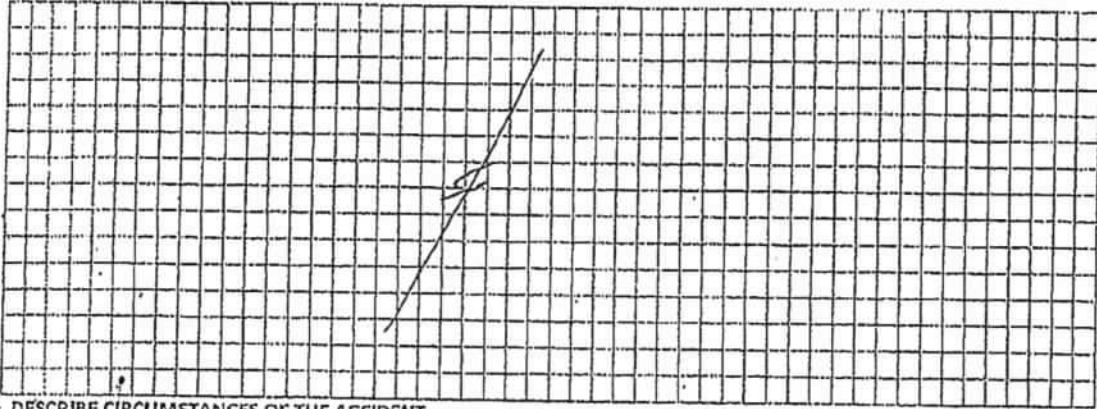
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 based 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:
NIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

<p>Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.</p>		• Reporting Only
		• Claim OD
		• Claim TP
	✓	• Claim OD/ TP at other workshop

DECLARATION

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


Policyholder's signature

Date & Time

15 Aug 2018


Driver's Signature

(If driver not the policyholder)

Date & Time


Reporting Centre Personnel's Signature

Name:

Nric/Fin No.



**SINGAPORE
POLICE FORCE**



T/20180815/2013

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20180815/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2018 08:33		Vide Report No.:		Station Diary No.: 17	
Name of Informant: CHAN YANG SHENG, CASPER		Address: APT BLK 219 JURONG EAST STREET 21 #08-605 SINGAPORE 600219			
ID Type / ID No.: NRIC NO / S6945315A		Contact No.: Home/Office: Mobile: 98782340			
Nationality: MALAYSIAN		Email:			
Sex: Male	Age: 28	Date of Birth: 14/12/1989	Type of Informant: Rider		
Race: Chinese		Language:		Institution / School Name:	
Occupation: PUBLIC SERVANT		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/08/2018 20:00	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 6 Along Ang Mo Kio Ave 6 opposite Ang Mo Kio Library				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Motorbike self skidded			Anyone conveyed by ambulance: No	

FBH7940A	Motorcycle	HONDA	CB400X M	Red	Seriously Damaged	0
SKS6361M	Car				Slightly Damaged	1

FBH7940A	AXA INSURANCE SINGAPORE PTE LTD	P2078112	08/02/2018	07/02/2019
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**SINGAPORE
POLICE FORCE**



T/20180815/2013

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3
Report No. T/20180815/2013

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	CHAN YANG SHENG, CASPER	ID No.	S8945315A
Related Vehicle	FBH7940A (Motorcycle)	Contact No.	98782340
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	14/08/2018	Date Discharge	14/08/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Name	Wong Jianjun, Louis	ID No.	S8242534I
Related Vehicle	SKS8381M (Car)	Contact No.	91998697
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/08/2018 at about 2000hrs along Ang Mo Kio Ave 6 opposite library, I was riding along the middle lane when another vehicle suddenly turn left into my lane.

I then immediately jam brake as the distance was too short. I then fell off the bike and I am not sure if my bike has hit onto the other vehicle as I was injured from my fall. I have camera installed in my bike, however I have not viewed it yet. No police or ambulance came to scene, and I am not aware of any witness. I sustained superficial injuries on both my hand and legs, I was given 2 days mc and will be going for further assessment by the doctor later on.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20180815/2013

3 of 3

Report No. T/20180815/2013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /
Sgt 2 OW WOAN TING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/08/2018 08:33

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN

Classification Of Case:

Contact No: 65476179	SN 31
Authentication Stamp	
NP168	
SIGNATURE	

**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

LONPAC INSURANCE BHD

Ref: CS3/LPC18015337/R1td3e2

300 BEACH ROAD

Date: 16-10-2018

#17-04/07 THE CONCOURSESINGAPORE 199555



Code: LPC2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SKS 6361M	Veh. Inspected	FBH 7940A
Policy No.		Coverage (\$)	0.00
Claim No.	18/18/18/VP05/020836	Excess (\$)	0.00
Assign From	ONG LI LI	Assign Date	23/08/2018

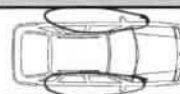
2. Vehicle Particulars & Condition

Make & Model	HONDA CB400X	c.c	399
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	NC471002977	Colour	RED
Odometer	93927 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	120/70 R17	PIRELLI	4 mm
L/H Front Tyre			mm
R/H Rear Tyre	120/70 R17	PIRELLI	4 mm
L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S AND N/S BODY.	
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5. General Information

Accident Date	14/08/2018	Inspect Date / Time	23/08/2018 (01:01 PM)
Survey held at	SPEEDWAY MOTOR PL 36 TOH GUAN ROAD EAST #01-32 ENTERPRISE HUB SINGAPORE 608580		

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.
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Report Ref No. CS3/LPC18015337/R1td3e2

Inspected By

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.