ASS. REC. BY		REF CS FCI	18015 809 Frad 3	Special lastruc	tion:
	Sither	ASSIGN	MENT (Office)		4.06pm@ 29/8/11
Estimated Co.	and Control of the Control of the Control		Bill to:		
To Inspect Ve at Workshop	m/s	SKT 317 Apex Moto	oring Rd 4 # 01-5	sured: SH Tel: 90	106 418 4
Policy No:			Claim No: 0	180064	36 MFS H
Sum Insured:			Excess:		
Make of Veh (Client's Recer	d)			D.O.A 30 08	28/08/2018
	1 REP. / REV 24 1 45pme ogle		shirley	H.O.D. Vehicle	Endorsement:
Date/Time		(H) Estima	te		
	SHC 72:	70 L-X 134 -CS/FC	1/2011/159/	Uy 1k3	DUA: 8/6/12
318/1F	D'Umuntle d				6111
3/9/18	After repair				

ASSIGNMENT  From:  Date: 30 8 8 8  Veh Nor:  SET 3170 L Yr Rogn: 0 - 1  Type: Mc2 IM. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Type: Mc2 IM. Cycle / Bus / Van / Lorry / Taxi / Proor / Bus / Taxi / Bus / Taxi / Bus / Taxi / Bus / Taxi / Bus / Tax	(08/11/13) wef PRS REF: FC1	۹ -				-
Estimated Cost.  On Was 1TP RES / OD RES / EVA / INV / INV  To Inspect Vertices No.  S K T 3 I T O L  Make: Teyster AX 1 O Color   Track / Trailer or  Make: Teyster AX 1 O Color   AX 1 O Color    Make: Teyster AX 1 O Color   AX 1 O Color    Make: Teyster AX 1 O Color    Make:		<u> </u>	310-5			_/
Type: Me yes I P RES / OD RES / EVA / INV / INV To receive Verice No.  SET 317 OL  Workshop m/S  O SE FCIKE BY RED / OD RES / EVA / INV / INV  O SET Research  Workshop m/S  O SE FCIKE BY RED / OD RES / EVA / INV / INV  O SET Research  Policy No.  Cleams No.  Sam Insured  Excress:  (Cleam's Record)  Make:  (Cleam's Record)  Make of Veh:  Cleam's Record)  Make of Veh:  (Cleam's Record)  Make of Veh:  Cleam's Record / Insured / Std / Int / NA  Eng/No.  Conc.  Come of Grad / Fait / Poor / I Burnt  Storeing: Inducer / Jammed / Leaked / Burnt or  Modil: Nill / Strip / I STD Alrim or  Tyro Size:  F: 1/3 (Go. N/S)  R:  // BS / Go. N/S  R:  // BS			NT			
Type: Me yes I P RES / OD RES / EVA / INV / INV To receive Verice No.  SET 317 OL  Workshop m/S  O SE FCIKE BY RED / OD RES / EVA / INV / INV  O SET Research  Workshop m/S  O SE FCIKE BY RED / OD RES / EVA / INV / INV  O SET Research  Policy No.  Cleams No.  Sam Insured  Excress:  (Cleam's Record)  Make:  (Cleam's Record)  Make of Veh:  Cleam's Record)  Make of Veh:  (Cleam's Record)  Make of Veh:  Cleam's Record / Insured / Std / Int / NA  Eng/No.  Conc.  Come of Grad / Fait / Poor / I Burnt  Storeing: Inducer / Jammed / Leaked / Burnt or  Modil: Nill / Strip / I STD Alrim or  Tyro Size:  F: 1/3 (Go. N/S)  R:  // BS / Go. N/S  R:  // BS	Page 20/8	18 Veh No:	SKT3	Mol Yr Reg	an: 🕹 🖊	
Truck / Trailler or Make: Taylor   No.   Skt 3   Folk   Skt 3   Fo	(10000) 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
To preposel venicle No.  Apex Morphing of 25 Focks BK Rd 4 # 01 - 55  Insured.  Apex Morphing of 25 Focks BK Rd 4 # 01 - 55  Insured.  Policy No.  Colour Silver AC. Insured Std I NI I NA.  Englino.  Chio: NFE 16/70 45 /  Gen. Gord Gord I Fair I Poor I Burnt.  Steen insured.  Commission P. Yes or No.  But of Market Value:  Bid of Market Value:  Seen Sond  Consistent? Yes or No.  Extremal: The ven had commenced its repair at the time of Inspection.  Bid of Market Value:  Bid of		Tru	ck / Trailer or	55		
at Workshop mis of 25 kc/ks Bk4 kd 4 # 01-55  Transfor insured is posses.  Colour Saluar AC. Insured is Insure		L Make:	Tayot	AXio	G.C (L	196
Eng/No:   Cliver   No.   Cliver   No.   Cliver   Second   Fair   Poor   Burnt   Cliver   Second   Se			1122		C. Johnson Co.	
Eng/No:   Cliver   No.   Cliver   No.   Cliver   Second   Fair   Poor   Burnt   Cliver   Second   Se	JE Park, BRI B J 4 HOTE	Sn Readin		^	Insured / Std /	NI / NA
Climic No.  Chimic No.  Sum Instance  Excess:  (Clicent's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bat or Market Value:  Bat or Market Value:  Consistent?: Yes or No  Cliff Por Seen:  Consistent?: Yes or No  Cliff Por Seen:  Consistent?: Yes or No  Cal A PRY A REP. 1 24 HRS P.  Date:  Person Contacted:  Vehicle: IN 1 Out  Date / Time  Action / Instruction  Add Fee:  Site Insp (\$ ) 5 savey Fee:  Transportation:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Report Format:  PRQ .  Ump Sum / I.B.!: (\$ ) weekend (\$ )  Weekend (\$ )  Weekend (\$ )			11100	0		
Gen. Cond. God / Fair / Poor / Burnt Stering: Industr / Jammed / Leaked / Burnt or Stering: Industr / Jammed / Leaked / Burnt or Modi: Nil / Strong: Industr / Jammed / Leaked / Burnt or Modi: Nil / Strong: Industr / Jammed / Leaked / Burnt or Modi: Nil / Strong: Industr / Jammed / Leaked / Burnt or Modi: Nil / Strong: Industr / Jammed / Leaked / Burnt or Tyre Size: F: 193 (60 N/5) Remark: The veh had commenced its repair at the time of Inspection.  Bot or Market Value:  GIA / PR Seen: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Cat / REP / REP. / 24 HRS W)  Vehicle: IN / OUT  Date: Person Contacted:  Dete / Time Action / Instruction  July / Vehicle: IN / OUT  Date: Person Contacted:  Dete / Time Action / Instruction  July / Vehicle: IN / OUT  Date: Person Contacted:  Days Of Repair:  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  Add Fee: Streen is?  Weekend (\$ )  Weekend (\$ )  Weekend (\$ )		111.00	.7T	1617121	Let	
Site ring: In Grey J Jammed J Leaked J Burnt or Brake: In Grey J Jammed J Leaked J Burnt or Modi: Nil J Sirp J Arilim or Tyre Size: F: 173 (60 N/S)  Remark: The veh had commenced its repair at the time of inspection.  But or Market Value: 124 K  IDAG Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No CA / REP. / 24HRS (P) Date: Person Contacted: IN/OUT Date: Person Contacted: IN/OUT Date: Person Contacted: IN/OUT Date: Person Contacted: IN/OUT  Date / Time Action / Instruction  The UiC / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  The UiC / Chassis frame / Body Structure affected due to collision.  Add Fee: Site Insp (\$					151	
Client's Record   Client's R			6			
Modic of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Boil or Market Value:  (DAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est Repairs:  days Res.: Yes or No  CA / REV / REP. / 24HRS  Date:  Person Contacted:  Date / Time   Action / Instruction  Date:  Person Contacted:  Date / Time   Action / Instruction  31   \$   14   \$   \$   \$   \$   \$   \$   \$   \$   \$			•			
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Both or Market Value:  Solid P PR Seen:  Consistent?: Yes or No GIA / PR Seen:  Consistent?: Yes or No Est Repairs:  days Res.: Yes or No CA / REV / REP. / 24HRS Pers No Date:  Person Contacted:  Date / Time   Action / Instruction  July Final Report  Date   Person Contacted:  Date / Time   Action / Instruction  July Final Report  Date   See Return to?  Add Fee:  Site Insp  Survey No. of Trip:  Survey Fee: Transportation:  July Final Report  Date   Site Insp  Survey Fee: Transportation:  July Final Report  Date   Site Insp  Survey Fee: Transportation:  July Final Report  Resurvey No. of Trip:  Survey Fee: Transportation:  July Final Report  Report Format:  PPG.  Lum Sum:  Add Fee:  Site Insp  Survey Fee: Transportation:  July Final Report  Survey Fee: Transportation:  July Final Report  Survey Fee: Transportation:  July Final Report  Report Format:  PPG.  Lum Sum:  Survey Fee: Transportation:  July Final Report  Report Format:  PPG.  Lum Sum:  Vehicle: IN / OUT  NS / VS / VIC / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.  Survey Fee: Transportation:  July Final Report  Survey Fee: Transpor			$\sim$			
(Policy Condition)  Remark: The weh had commenced its repair at the time of inspection.  Bat. or Market Value:  \$\frac{26}{26}\$\$\$\$ Consistent? Yes or No   GIA / PR Seen:	Mard Of Vert.				11-	
Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  CA / REV / REP. / 24 HRS Person Contacted:  Person Contacted:  Person Contacted:  Date / Time   Action / Instruction   Instruc		Tyre Size:		13 (60 K	3	
repair at the time of inspection.  Ball or Market Value:    226				1/		
Ball or Market Value:    DAG Accident Rport:   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.     2 LHRS   W)   Date:   Person Contacted:   Vehicle: IN / OUT     Date / Time   Action / Instruction   3 / 8 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	Part Control of the C			S / LIZA / MIC / OHT	SU / PIR / SUM	17
IDAC Accident Rport: 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 VP) Date: Person Contacted: Vehicle: IN / OUT Date / Time   Action / Instruction  Date / Time   Sum / REP.   Preli. Report   Preli. R	repair at the time of inspection.	TOYOTY	OKO or			
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 / Vehicle: IN / OUT  Date: Person Contacted:  Date / Time   Action / Instruction  Date / Time / Body Structure affected due to collision.  Date / Time / Body Structure affected due to collision.  Date / Time / Body Structure affected due to collision.  Date / Time / Body Structure affected due to collision.  Date / Time / Body Structure affected due to collision.  Date / Time / Body Structure affected due to collision.  Date / Time / Body Structure affected due to collision.  Date / Time / Body Structure affected due to collision.  Date / Time / Body Structure affected due to collision.  Date / Time / Body Structure affected due to collision.  Date / Time / Body Structure affected due to collision.  Date / Time / Body Structure affected due to collision.  Date / Time / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis fram	Bal. or Market Value:		,		1	
Est. Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS / P  Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction  3/ 8/ 1/	1000 CATALON MANAGED CA	WASAGARA	6 mm		6	mm
Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS VP)  Date:  Person Contacted:  Date / Time   Action / Instruction  3   \$\frac{1}{3}\$   \$\frac{1}{3}\$	GIA / PR Seen: Consistent?: Yes or No	0	6 mm		6	mm
Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction    Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.  Date / Time   Body Structure affected due to collision.	Est Repairs: days Res.: Yes or N	0 D.O.A.		1.00	30-08	-18
Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date/Time   Action / Instruction  If	Lum Sum: % 3 Val.: Yes or N	o Survey hel	d at	WS	4	45M
Date / Time   Action / Instruction   Action /	CA / REV / REP. / 24HRS/49)	Section 10	mages : Frt / Fear	OIS I NIS I UIC	/ Rooftop or	-0
Date/Fime, File Pass to?    Preli. Report   Days Of Repair:   Survey Fee:   Transportation:   Preli. Report   Preli. Report   Preli. Report   Preli. Resurvey No. of Trip:   Survey Fee:   Transportation:   Preli. Report   Preli. Report   Preli. Resurvey No. of Trip:   Survey Fee:   Transportation:   Preli. Report   Pr		St. Chickey	The U/C / Chassis frame / Body Structure affected due to collision.			
Date/Time, File Pass to?    Preli. Report   Days Of Repair:   Survey Fee:   Transportation:   Salvey Fee:   Transportation:   Salvey Fee:   Transportation:   Salvey Fee:   Site Insp. (\$   S+RS_S      S+RS_S    S+RS_S    S+RS_S    S+RS_S    S+RS_S    S+RS_S    S+RS_S    S+RS_S    S+RS_S    S+RS_S    S+RS_S    S+RS_S    S+RS_S	Date / Time   Action / Instruction					
Survey Fee:   Date/Time, File Return to?   Add Fee:   Site Insp (\$ )S+RS,SI	31/8/14 Submit 7Rs Report					
Survey Fee:   Date/Time, File Return to?   Add Fee:   Site Insp (\$ )S+RS,SI						
Survey Fee:   Date/Time, File Return to?   Add Fee:   Site Insp (\$ )S+RS,SI						
Survey Fee:   Date/Time, File Return to?   Add Fee:   Site Insp (\$ )S+RS,SI						
Survey Fee:   Date/Time, File Return to?   Add Fee:   Site Insp (\$ )S+RS,SI						
Survey Fee:   Date/Time, File Return to?   Add Fee:   Site Insp (\$ )S+RS,SI						
Survey Fee:   Date/Time, File Return to?   Add Fee:   Site Insp (\$ )S+RS,SI						
Survey Fee:   Date/Time, File Return to?   Add Fee:   Site Insp (\$ )S+RS,SI	Date/Time, File Pass to?	Day 010	an also			
Add Fee:   : Site Insp (\$ )  S+RS,SI     : Interview (\$ )   Photos     : Tech. Invs (\$ )   Others     : Ump Sum / I.B.I: (\$ )   : Weekend (\$ )			and proposed to	le -		
Add Fee: : Site Insp (\$ )S+RS,SI : Interview (\$ ) Pliotes  Report Format : PPS: Tech. Invs (\$ ) Others  Lump Sum / I.B.I: (\$ ) : Weekend (\$ )	Date/Time, File Return to?	Kesurvey I	to, or trip:			
: Interview (\$ ) Photos     Report Format : PR		Add Fee: Site	Insp (\$	0 30.000		
Tech. Invs (\$ ) Others   Lump Sum / I.B.I: (\$ )   Weekend (\$ )						
_ump Sum / I.B.I: (\$ ) : Weekend (\$	Report Format : POO	The state of the s				
	113.	-		Joulets		
TOTAL CONTRACTOR OF THE PARTY O	,	vvec	skenu (v	- '		-



# 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

FI	RST CAPITAL INS	URANCE LTD	Ref : CS3/FCI1801			
36 #1	ROBINSON ROA 6-01 CITY HOUSE	D SINGAPORE 068877	Date: 29-08-2018			
	# XX 465		Code: FCI2			
1.		Policy Particul	ars :- (THIRD PARTY CLA	IM)		
	Insured Veh.	SHC 7273Y	Veh. Inspected	SKT 3170L		
	Policy No.		Coverage (\$)	0.00		
	Claim No.	D18006436MFSH	Excess (\$)	0.00		
	Assign From	CWS (SITHARA)	Assign Date	29/08/2018		
2.		Vehicle P	articulars & Condition	20/00/2010		
	Make & Model		c.c	0		
	Engine No.	HIDDEN	Year of Reg.	0		
	Chassis No.		Colour			
	Odometer -		Steering			
	Brakes		Modification			
	General		Modification			
3.	a The Late Day	Con	ditions of Tyres			
		Size	Make			
	R/H Front Tyre		IMAKE	Balance		
	L/H Front Tyre			mm		
	R/H Rear Tyre			mm		
	L/H Rear Tyre			mm		
		Descrip	ption of Damages	mm		
		20001	or Damages	Market State of the State of th		
	Engine No	General Information				
	Accident Date	28/08/2018	Inspection Date	30/08/2018		
	Survey held at	APEX MOTORING	opouton Date	30/08/2018		
		25 KAKI BUKIT ROAD 4 #01-55 SYNERGY @ KB SINGPORE 417800.				
١.	Mik William William	Remarks The Remarks				
	THE REPAIRER W	ON WAS CONDUCTED ON A "V TIMATE WAS NOT PRESENTE AS TOLD TO PREPARE THE E EASE FIND DAMAGED VEHICL	WITHOUT PREJUDICE" BASIS ED AT THE TIME OF INSPEC	S. TION.		



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Hotor Underwitting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

## MOTOR SURVEY ASSIGNMENT

Date

28-08-2018

Our Ref No. D18006436MFSH

**Accident Date** 

28-08-2018

Claim Type. Third Party

Insured Vehicle

SHC7273Y

Third Party Vehicle. SKT3170L

Survey Location

25 Kaki Bukit Road 4 #01-55 Synergy @ KB

Contact Person.

SHIRLEY

Contact No.

68424992/90064184

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

APEX MOTORING

Attention, NII

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

SITHARA

#### 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.

## Nivitha (LKK Auto)

From:

Sithara <Sithara@msfirstcapital.com.sg>

Sent:

Wednesday, 29 August 2018 4:27 PM

To:

Catherine Chong (LKK Auto); 'assignments@lkkauto.com'; sur@lkkauto.com

Subject:

FW: SURVEY ASSESSMENT - D18006436MFSH/1

Attachments:

Jobsheet\_D18006436MFSH\_TPD1.pdf

Dear Catherine,

Please note our insured stated there was "no damage" on both vehicles. Please assist to verify the allegations made by insured driver & check consistency of damages & for any inflated damages. Please acknowledge receipt.

#### ISTANCES OF THE ACCIDENT

was driv	ing along the o	shove looohus I
vena u	4 Han. Sudde	un van B whent
		down down and me
to styp	. the war	neo daneye an Rott
LeHiel e	at the po.	it of account well
	male, par he	

Thanks and regards,

Sithara G S Motor Claims



#### Change of email address

Sithara@msfirstcapital.com.sq

MS First Capital Insurance Ltd | 36 Robinson Rd #16-01 City House Singapore 068877 | TEL: 6507 3848 | Fax No.: 6507 3849 | Company Regn. No. 195000106C

A Member of MS&AD INSURANCE GROUP

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <a href="https://www.msfirstcapital.com.sg">www.msfirstcapital.com.sg</a> for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged.

If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it.

If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

From: CWS Motor Claims

Sent: Wednesday, August 29, 2018 4:06 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims < cwsmotorclaims@msfirstcapital.com.sg>; Sithara < Sithara@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D18006436MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards, Admin Team Claim Workflow System Motor Claims Department MS First Capital Insurance Limited

Tel: 6507 3848 Fax: 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



#### 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

OURSE ALWAY		INSPECTION REPORT	
	L INSURANCE LTD	Ref: CS3/FCI18015809	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date: 26-11-2018	
		Code: FCI2	Maria del Consession
1.	Policy Particu	lars :- (THIRD PARTY CLAIM	<b>1</b> )
Insured Veh	. SHC 7273Y	Veh. Inspected	SKT 3170L
Policy No.		Coverage (\$)	0.00
Claim No.	D18006436MFSH	Excess (\$)	0.00
Assign From	n SITHARA	Assign Date	29/08/2018
2.	Vehicle	Particulars & Condition	Manual Asia
Make & Mod	el TOYOTA AXIO	c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.	NZE1617104151	Colour	SILVER
Odometer	211288 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3.	C	onditions of Tyres	
	Size	Make	Balance
R/H Front Ty	/re 195/60R15	DUNLOP	6 mm
L/H Front Ty	re 195/60R15	DUNLOP	6 mm
R/H Rear Ty	re 195/60R15	DUNLOP	6 mm
L/H Rear Ty	re 195/60R15	DUNLOP	6 mm
4.	Des	cription of Damages	
THE VEHICLE	SUSTAINED DAMAGES AT TH	E REAR PORTION.	
5.	G	eneral Information	SECTION SECTION
Accident Da	te 28/08/2018	Inspect Date / Time	30/08/2018 ( 04:15 PM
Survey held	at APEX MOTORING		
	25 KAKI BUKIT ROAD 4 #01-55 SYNERGY @ KB SINGPORE 417800.		
5a.		Remarks	
B) THE REPAI THE REPAIRE C) ENCLOSED			

Report Ref No. CS3/FCI18015809/Gz4d3s2

Inspected By

XING GUO QIANG

K.K.LAU CPT(RET)

M.MATAI, AMSAE-A Automotive Assessor BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEA,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 contact or lorf, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.