

ASS. REC. BY:

REF: CS3 / AXA18016910 / R1cbz

Special Instruction:

Surveyor:

Muzimen

ASSIGNMENT (Office)

From (Person):

Richard Ang

of

AXA

Date/Time:

14/09/2018 10:40am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLH 43B

Insured:

SHC 5457 Y

at Workshop m/s

76 Spray Werkz

Tel:

9011 0015

of

10 Kaki Bukit Rd 2 # 03-15

Policy No:

P1680520

Claim No:

CB1171338

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

07/09/2018

CA / REV / REP. / REV 24 HRS 'wpi'

09.10.2018 @ after 330pm

Date/Time:

17/09/2018 4:07pm

Person Contacted:

Dennis

H.O.D. Endorsement:

Vehicle IN / ☒ OUT

| Date/Time | Action/Instruction (X) Estimate |
|--------------------|---|
| | SLH 43B - NA / ALH18016396 / K4 |
| | SHC 5457 Y - X |
| 03.10.2018 @ 259pm | - According to Dennis, owner not yet send in the vehicle, will arrange. |
| | |
| | |
| | |

DCA: 07/09/2018

Surveysor *Pame*

REF: AXA

ASSIGNMENT

From: Date: 9/10/18

Estimated Cost:

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

To Inspect Vehicle No: SGH 43B

at Workshop m/s 76 Spray Werkz

of 10 Kaki Bkt Rd 2 #03-15

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: After 3.30pm

(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: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. : 24 HRS lups

Date: Person Contacted:

| | |
|-----|-----|
| N/S | O/S |
| | |

Veh No: SGH 43B Yr Regn: /

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

Truck / Trailer or

Make: Honda Vezel HYBRID 1.5 c.c. 1496

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

Sp. Reading: 149578 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU31234687

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 216/60R16 R: 216

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

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 07/09/18 D.O.I. 09/10/18

Survey held at 76 SPRAY WERKZ

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

6/3 Rear

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

Date / Time Action / Instruction

- Estimated repair range \$3,000 - \$4,000

[Signature]
12/10/2018

Date/Time: File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time: File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: -

Survey Fee:

Transportation:

) \$ + RS. \$1

) Photos

) Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format : PRS.

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

100

100

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

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'd | Status |
|------|-------------|---------------|--------------------------------|---------|---------------|------------|--------------------------------------|
| Main | 13 Sep 2018 | | 14 Sep 2018 10:40 Assign | | | | New Assignment Cancel Case |

| | | | | |
|------|-----------|---------------|-----------|----------|
| Main | Reference | Claim Details | Documents | Show All |
|------|-----------|---------------|-----------|----------|

CLAIM SUBFOLDER DETAILS

| | | | | |
|-----------------------------|--|------------------------|-----------------------------|----------------------|
| Insured: | TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K, Email: CLAIMS@TRANSCAB.COM.SG | | | [Created by insurer] |
| Main Claimant: | RPCL PTE LTD | | | |
| Vehicle Reg. No.: | SGH43B | Date of Loss: | 07/09/2018 23:00 - :59 | |
| Claim Type: | TP / C0474338 | Policy/Cover Note No.: | P1680520 (Third Party Only) | |
| Vehicle Reg. No. (Insured): | SHC5457Y | Policy No. (Claimant): | | |
| | | Excess: | S\$5,000.00 | |
| Repairer: | Vehicle Claims Specialist Pte Ltd (HQ) BLK 3018A UBI ROAD 1, #01-24/25/26, 408711 Ubi - Tel: | | | |
| Handling Insurer: | AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Richard Ang] | | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 25/09/2018] | | | |
| Driver/Custodian (Insured): | MOHD NOOR BIN IBRAHIM (67 / Male), NRIC: S0083209Z, Tel: +6581878969 | | | |
| Adj Asg. Remarks: | Pls obtain video footage from TP. Thank you. | | | |

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

[View All](#)
[Compose Case Mail](#)

ALL ASSOCIATED TASKS

| Due Date | Priority | Type | Task Group | Subject | Handler | View All | Search Tasks | Create New Task | Complete |
|-------------|----------|------|------------|---------|---------|-------------|--------------|-----------------|----------|
| No results. | | | | | | Assigned By | Completed On | Created On | Done? |

VEHICLE CLAIMS SPECIALIST PTE LTD
UEN 201802773H

Date: 17th September 2018

Your ref: SHC 5457Y

BY EMAIL ONLY

Our ref: VCS/SGH 43B/76SW/PD

To: AXA INSURANCE PTE LTD

Attn: Motor Claims Dept

Dear Sirs,

**CORRESPONDANCE PURSUANT TO PARAGRAPH 2.9 OF THE PRE-ACTION
PROTOCOL FOR NIMA CASES.**

We refer to your email dated 14th September 2018.

Please note that the said vehicle can be inspected at:

76 SPRAY WERKZ PTE LTD

10 KAKI BUKIT ROAD 2
#03-15 FIRST EAST CENTRE
SINGAPORE 417868

Contact No: 90110015

Please call for to arrange for an appointment before conducting the pre-repair inspection.

Please note that the vehicle will be available for pre-repair inspection within the next 2 days excluding any intervening Saturday, Sunday and/or Public Holiday, the said workshop will commence repairs thereafter without further notice or reference to you. All our client's right are expressly reserved.

PLEASE REPLY BY EMAIL ONLY : VCSSG01@GMAIL.COM

DO NOT REPLY BY FAX

Yours faithfully

VCS

Vehicle Claims Specialist Pte Ltd

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

| | |
|-------------------------------------|---------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 0824Z |
| Vehicle Details | |
| Vehicle No.: | SGH43B |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 12 Oct 2018 |
| Vehicle Make: | HONDA |
| Vehicle Model: | VEZEL 1.5X HYBRID AT ABS D/AIRBAG 2WD |
| Primary Colour: | Black |
| Manufacturing Year: | 2017 |
| Engine No.: | LEB5934701 |
| Chassis No.: | RU31234687 |
| Maximum Power Output: | 112.0 kW (150 bhp) |
| Open Market Value: | \$25,088.00 |
| Original Registration Date: | 31 May 2017 |
| First Registration Date: | 31 May 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$5,000.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 30 May 2027 |
| PARF Rebate Amount: | \$3,750.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 30 May 2027 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$53,001.00 |
| COE Rebate Amount: | \$45,748.00 |
| Total Rebate Amount: | \$49,498.00 |

The information contained herein is correct as at 12 Oct 2018

OK

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 | 08/09/2018 17:59 |
| Date Of Accident | 07/09/2018 23:20 |
| Exact Location Of Accident | NEWTON CIRCUS |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGH43B |
| Insured/Policyholder | |
| Name Of Registered Owner | RPCL PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96799502 |
| Alternative Phone No | OFFICE-96799502 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | - |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | |
| Cover Note Number | 100861501 |

Driver Particulars

| | |
|----------------------|----------------------|
| Name of Driver | TEO SIN ENG |
| NRIC No | S8537860J |
| Date Of Birth | 10/11/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 11/05/2011 |
| Driving Experience | 7 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96799502 |
| Fax Number | |
| Contact Number | OTHERS-96799502 |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 154 ANG MO KIO AVENUE 5 #07-3114 |
| Postcode | 560154 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| 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? | 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) | 1 |

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

| | |
|---|--------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | REVERT |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-----------------------|
| Vehicle Registration Number | SHC5457Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | MOHD NOON BIN IBRAHIM |
| NRIC/Passport Number | S0083209Z |
| Contact Number | 81878969 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

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.



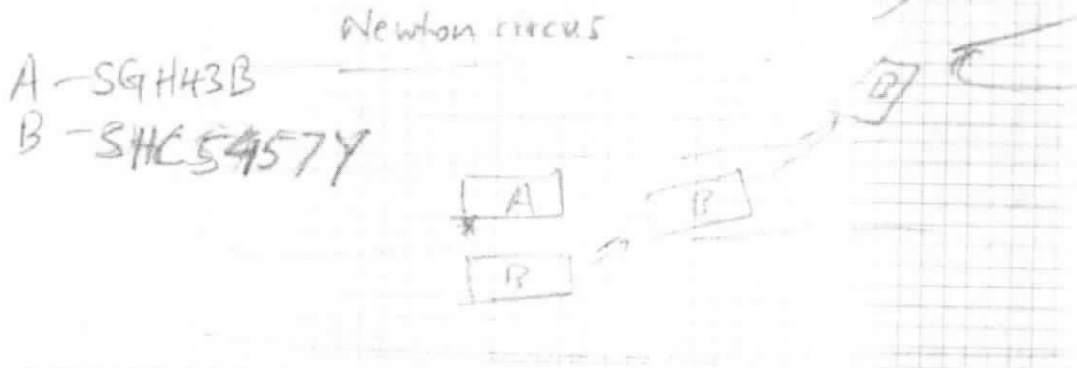
Policyholder's Signature
Date & Time:

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

8/9/2014
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Newton Circus. Vehicle A was driving along 2 Lane and Vehicle B from 4 Lane change and cross lane to 2 Lane and hit on my Vehicle A right side rear portion.

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:

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

VNI

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'ed | Status |
|------|-------------|---------------|--|--|--|-------------|---|
| Main | 13 Sep 2018 | | 14 Sep 2018 10:40 Edit Adj Rpt | S\$0.00 Edit Estimates | S\$0.00 View Rpt | | Pending for Survey Report Cancel Case |

| Main | Reference | Claim Details | Documents | Show All | | | | | |
|---|---|------------------------|---|----------|---------|-------------|--------------|------------|-------|
| CLAIM SUBFOLDER DETAILS [Created by insurer] | | | | | | | | | |
| Insured: | TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K, Email: CLAIMS@TRANSCAB.COM.SG | | | | | | | | |
| Main Claimant: | RPCL PTE LTD | | | | | | | | |
| Vehicle Reg. No.: | SGH43B | Date of Loss: | 07/09/2018 23:00 - :59 [15 Months and 7 Days From LTA Reg Date (Man Yr)] | | | | | | |
| Claim Type: | TP / C0474338 | Policy/Cover Note No.: | P1680520 (Third Party Only) | | | | | | |
| Vehicle Reg. No. (Insured): | SHC5457Y | Policy No. (Claimant): | | | | | | | |
| | | Excess: | S\$5,000.00 | | | | | | |
| Repairer: | Vehicle Claims Specialist Pte Ltd (HQ) BLK 3018A UBI ROAD 1, #01-24/25/26, 408711 Ubi - Tel: | | | | | | | | |
| Handling Insurer: | AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Richard Ang] | | | | | | | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 25/09/2018] | | | | | | | | |
| Driver/Custodian (Insured): | MOHD NOOR BIN IBRAHIM (67 / Male), NRIC: S0083209Z, Tel: +6581878969 | | | | | | | | |
| Adj Asg. Remarks: | Pls obtain video footage from TP. Thank you. | | | | | | | | |
| 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

***SGH43B (C0474338)**
[SHC5457Y]
TP
RPCL PTE LTD
Sep 7 2018 11:00PM
[TRANS-CAB SERVICES PTE LTD]
Vehicle Claims Specialist Pte Ltd

| | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|-----------------|--|---------------------------------------|--|--|--------------------|--|--|--------------|--|--|--------------|--|--|------------|--|--|-------------------------------------|--|--|-------------------------------------|--|--|
| Upload Documents | | | Upload Photos | | | Compose New Letter | | | Upload Video | | | Upload Audio | | | View | | | View in Browser | | | | | |
| Photos/Images | | | | | | | | | | | | | | | 3 per page | | | <input checked="" type="checkbox"/> | | | | | |
| No | Relabel/Reorder | | LKK Auto Consultants Pte Ltd (HQ) | | | | | | | | | | | | Thumbnail | | | Print | | | | | |
| 1 | 12/10/18 17:03 | | General View | | | | | | | | | | | | | | | Load PDF | | | | | |
| Documentation | | | | | | | | | | | | | | | 1 per page | | | <input checked="" type="checkbox"/> | | | | | |
| No | Finalized On | | AXA Insurance Pte Ltd (HQ) | | | | | | | | | | | | Thumbnail | | | Print | | | | | |
| 1 | 13/09/18 08:58 | | SHC5457Y INSD GIA | | | | | | | | | | | | | | | Load PDF | | | | | |
| 2 | 13/09/18 08:58 | | SGH43B TP GIA REPORT | | | | | | | | | | | | | | | Load PDF | | | | | |
| 3 | 13/09/18 08:58 | | CO_CLAIMANT | | | | | | | | | | | | | | | Load DOCX | | | | | |
| 4 | 13/09/18 08:58 | | IMAGE 1 | | | | | | | | | | | | | | | Load JPG | | | <input checked="" type="checkbox"/> | | |
| 5 | 13/09/18 08:58 | | IMAGE 2 | | | | | | | | | | | | | | | Load JPG | | | <input checked="" type="checkbox"/> | | |
| 6 | 13/09/18 08:58 | | IMAGE 3 | | | | | | | | | | | | | | | Load JPG | | | <input checked="" type="checkbox"/> | | |
| 7 | 13/09/18 08:58 | | IMAGE 4 | | | | | | | | | | | | | | | Load JPG | | | <input checked="" type="checkbox"/> | | |
| 8 | 13/09/18 08:58 | | IMAGE 5 | | | | | | | | | | | | | | | Load JPG | | | <input checked="" type="checkbox"/> | | |
| 9 | 13/09/18 08:58 | | IMAGE 6 | | | | | | | | | | | | | | | Load JPG | | | <input checked="" type="checkbox"/> | | |
| 10 | 14/09/18 08:14 | | Email TP list of SJE | | | | | | | | | | | | | | | Load PDF | | | | | |
| 11 | 14/09/18 10:41 | | TP rejected, AXA appointed LKK as SJE | | | | | | | | | | | | | | | 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/AXA18016910/GCBE2

Date: 22/10/2018

REFERENCE

Handling Insurer: AXA Insurance Pte Ltd

Policy No:

P1680520

Claimant Vehicle No : SGH43B

Insured Vehicle No :

SHC5457Y

Date of Loss: 07/09/2018

Nature of Claim:

TP

Claim No: C0474338

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SGH43B**

Make & Model: HONDA VEZEL, 1.5 HYBRID X (A)

Engine No: LEB5934701

Reg. Date: 31/05/2017 (Man. Year: 2017)

Chassis No: RU31234687

Colour: Black

Odometer: 149578 km

Engine Capacity: 1496 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: 216/60 R16

Rear Tyre Size:

216/60 R16

Front Left Side: Dunlop 5 mm

Rear Left Side:

Dunlop 5 mm

Front Right Side: Dunlop 5 mm

Rear Right Side:

Dunlop 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: 14/09/2018

Date Inspected: 09/10/2018 Inspected At:

Vehicle Claims Specialist Pte Ltd (HQ)
BLK 3018A UBI ROAD 1, #01-24/25/26
Singapore 408711

Estimated Period of Repair: 4.0 days

Adjuster: XING GUO QIANG

Manager: CELINE FONG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

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

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000.00 -\$4,000.00

REPAIR DETAILS

Reference

| | | |
|----------------------|--|--|
| Part Source: | MRM-SG | Version: 1.0 (Last Synchronised: 22 Oct 2018) |
| Parts: | M1-SUV | HONDA VEZEL 1.5 HYBRID X (A) (Catalogue:Merimen Singapore 1.0) |
| Labour: | Repairer's | (Price-denominated Standard List) |
| Print Code: | (Unsubmitted, no print-code for SGH43B) | |
| 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.

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| Report was unsubmitted during this print-out. |
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< END OF ESTIMATES >