

ASS. REC. BY:

REF: CS3/CT118017411/TICD302 Special Instruction:

Surveyor  
Munir

Tau Hich

## ASSIGNMENT (Office)

From (Person):

Jawyn Tay

of

CT1

Date/Time:

24/9/18 @ 5:03pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBE 5348P

Insured:

YJ 9633R

at Workshop m/s

Hoe Hong. Pte. Ltd.

Tel:

6715 5677

of

50 Gul Crescent

Policy No:

DMCVSN1660851802

Claim No:

SNM18D04580C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

20/09/18

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

9:52am @ 25/9/18

Person Contacted:

Jaid

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	GBE 5348P - X
	YJ 9633R - X
25/9/18-	VNI
26/9/18-	VNI yet

REF: CTI

Pls call once reached

## ASSIGNMENT

From: Date: 01/10/2018

Estimated Cost:

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

To Inspect Vehicle No: GBE 5348

at Workshop m/s Alscoco

of 9 Second Chin Bee Road

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record) 4pm - 5pm

Make of Veh: Iqirer @ 9789 5418

(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: 5 days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'up

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: GBE5348P Yr Regn: 2016 Jan.

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

Truck / Trailer or

Make: Toyota Dyna - 150. C.C. 2982.

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

Sp. Reading: 126505 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFAT35Y90-K 205498

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: 185 / 70R 16

R: n n (11)

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6/6 mm

L/Bal. 6 mm

L/Bal. 6/6 mm

D.O.A.

D.O.I. 1/10/18 2445pm.

Survey held at Alscoco

Des. of Damages: (Fr) Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction NO G.I.A.

- Estimated repair range \$4,000 - \$5,000

Date/Time. File Pass to?

☐ : Preli. Report

Days Of Repair: 5

1)

☐ : Final Report

Resurvey No. of Trip: -

Date/Time. File Return to?

Survey Fee:

2)

Add Fee: ☐ : Site Insp (\$)

Transportation:

☐ : Interview (\$)

) \$ + RS. \$

☐ : Tech. Invs (\$)

) Photos

☐ : Weekend (\$)

) Others

Report Format: PRE

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

TOTAL

190

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	24 Sep 2018		24 Sep 2018 17:03 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>
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#### CLAIM SUBFOLDER DETAILS

[\[Created by insurer\]](#)

Insured:	EVERGREEN PRODUCE PTE LRD, Co. Reg. No.: 200907352N		
Main Claimant:	ALSCO PTE LTD, Co. Reg. No.: 200009604R		
Vehicle Reg. No.:	GBE5348P	Date of Loss:	20/09/2018 11:00 - :59
Claim Type:	TP / SNM18D04580C02	Policy/Cover Note No.:	DMCVSN1660851802 (Comprehensive)
Vehicle Reg. No. (Insured):	YJ9633R	Policy No. (Claimant):	5081409328-02
		Excess:	S\$0.00
Repairer:	Hoe Heng Private Limited- Gul Crescent (HQ) 50 Gul Crescent, 629543 Tuas - Tel:		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174]		
Claimant's Insurer:	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... <b>[Final Rpt due 03/10/2018]</b>		
Driver/Custodian (Insured):	AUNG KYAW MIN (29 / Male), NRIC: G3429770W, Tel: +6598142269		
Adj Asg. Remarks:	NO EST, CASE W/O SJE.		

#### 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.									

Your Ref : SNM18D04580C02  
Our Ref : **GBE 5348P/HH/jp/ps**  
Date : 24 September 2018

Fax : **6538 3708**  
Tel : **3152 0989**  
Email : **accident@kscgp.com**

China Taiping Insurance (Singapore) Pte. Ltd.

BY EMAIL ONLY

**DATE OF ACCIDENT: 20 SEPTEMBER 2018**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email on 24 September 2018

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/No	Name of Surveyor	Company Name
1.	Joey Lim	Automotive Alliance Singapore Pte Ltd
2.	Willy Goh	Forensic Consultants
3.	Sebastian Lim Yong Tian	Constant Appraiser Services
4.	Tan Ling Ling	Impact Analysis Consultant
5.	Leslie Lim	Premier Appraiser Services
6.	Loi Boon Juan	PAR Automotive Consultancy

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : **Hoe Heng Pte Ltd**  
**50 Gul Crescent**  
**Singapore 629543**

Contact Person/Tel : **Jeslyn / 6715 5677**

Yours faithfully,

*PS*

Your Ref : SNM18D04580C02  
Our Ref : GBE 5348P/HH/jp/ps  
Date : 24 September 2018

### Acknowledgement

This is to confirm that I \_\_\_\_\_ *[Full Name of Surveyor]* of  
\_\_\_\_\_ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (part by part) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post – Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

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

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	9604R
<b>Vehicle Details</b>	
Vehicle No.:	GBE5348P
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Oct 2018
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA DYNA 150 MANUAL
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	1KD2571477
Chassis No.:	JTFAT35Y90K205498
Maximum Power Output:	-
Open Market Value:	\$24,944.00
Original Registration Date:	05 Jan 2016
First Registration Date:	05 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$1,248.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	04 Jan 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$28,835.00
COE Rebate Amount:	\$20,858.00
<b>Total Rebate Amount:</b>	<b>\$20,858.00</b>

The information contained herein is correct as at 10 Oct 2018

OK

MSI318122658 / STA INSPECTION PTE LTD - Boon Lay  
ENTRY DATE & TIME: 21/09/2018 15:17  
SUBMITTED BY: Woodford Richard Vincent

## 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	21/09/2018 15:17
Date Of Accident	20/09/2018 11:50
Exact Location Of Accident	T2 CHANGI AIRPORT LOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5348P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALSCO PTE LTD
Co Reg No	200009604R
Email Address	SHAWWAL@ALSCO.COM.SG
Mobile Phone No	(LOCAL) +65-91778097
Alternative Phone No	Office-64550150

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081409328-02
Cover Note Number	

### Driver

Name of Driver	KAMIS BIN MARDA
NRIC No	S1820149F
Date Of Birth	30/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/10/1992
Driving Experience	25 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91778097
Fax Number	
Contact Number	OFFICE-64550150
Email Address	SHAWWAL@ALSCO.COM.SG
Address	APT BLK 233 SERANGOON AVENUE 3 #05-36 SINGAPORE
Postcode	550233
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

**General Information of the Accident**

Type Of Accident	COLLISION - HEAD TO REAR
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : NA Gender: : Female

**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 ATTACHED

**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	YJ9633R
Vehicle Make/Model/Colour	



10/10/2018

E-FILE

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

AUNG KYAW MIN

NRIC/Passport Number

Contact Number

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:

Kamis

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

Reporting Centre Personnel's Signature  
Name:  
Date & Time:

## SKETCH PLAN



(A) GBE 5348P

(B) YJ9633R.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS AT STATIONARY POINT, AND DOING UNLOADING AND ~~STATIONARY~~ SUDDENLY THERE WAS A BIG BANG. I ~~then~~ went to the front & check & saw vehicle 'B' had Reversed & Hit onto my vehicle front (Damaged on my vehicle front). I spoke to Driver 'B' & took his particulars.

## DECLARATION

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



Kamis

Driver's Signature

Representative of the Insured Party

























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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	24 Sep 2018		24 Sep 2018 17:03 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>






















Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	<b>EVERGREEN PRODUCE PTE LRD</b> , Co. Reg. No.: 200907352N								
Main Claimant:	<b>ALSCO PTE LTD</b> , Co. Reg. No.: 200009604R								
Vehicle Reg. No.:	<b>GBE5348P</b>	Date of Loss:	20/09/2018 11:00 - :59 [32 Months and 15 Days From LTA Reg Date (Man Yr)]						
Claim Type:	<b>TP / SNM18D04580C02</b>	Policy/Cover Note No.:	DMCVSN1660851802 (Comprehensive)						
Vehicle Reg. No. (Insured):	<b>YJ9633R</b>	Policy No. (Claimant):	5081409328-02						
		Excess:	S\$0.00						
Repairer:	<b>Hoe Heng Private Limited- Gul Crescent (HQ)</b> 50 Gul Crescent, 629543 Tuas - Tel:								
Handling Insurer:	<b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: 6389 6111 ... [Handled by <b>Jowyn Tay</b> - 6389 6174]								
Claimant's Insurer:	<b>NTUC Income Insurance Co-operative Ltd (HQ)</b> - Tel:								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>MOHD TAUFIKH BIN HAMID</b> ] ... [Final Rpt due 03/10/2018]								
Driver/Custodian (Insured):	AUNG KYAW MIN (29 / Male), NRIC: G3429770W, Tel: +6598142269								
Adj Asg. Remarks:	NO EST, CASE W/O SJE.								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*GBE5348P (SNM18D04580C02)  
[YJ9633R]  
TP  
ALSCO PTE LTD  
Sep 20 2018 11:00AM  
[EVERGREEN PRODUCE PTE LRD]  
Hoe Heng Private Limited- Gul Crescent

<a href="#">Upload Documents</a>   <a href="#">Upload Photos</a>   <a href="#">Compose New Letter</a>			<b>View</b> <a href="#">View in Browser</a>	
<b>Assessment Reports</b>			1 per page <input type="checkbox"/> <input checked="" type="checkbox"/>	
No	Finalized On	STA INSPECTION PTE LTD (Boon Lay)	Thumbnail	Print
1	21/09/18 15:29	<b>Accident Statement</b>	 Load HTM	<input type="checkbox"/>
<b>Photos/Images</b>				
			3 per page <input type="checkbox"/> <input checked="" type="checkbox"/>	
No	Finalized On	STA INSPECTION PTE LTD (Boon Lay)	Thumbnail	Print
1	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
2	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
3	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
4	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
5	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
6	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
7	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
8	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
9	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
10	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
11	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
12	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
13	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
14	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
15	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
16	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
17	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
18	21/09/18 15:27	<b>Accident Photo</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	10/10/18 10:03	<b>General View</b>	 Load PDF	<input type="checkbox"/>
<b>Documentation</b>			1 per page <input type="checkbox"/> <input checked="" type="checkbox"/>	
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	24/09/18 17:02	<b>PRS</b>	 Load PDF	<input type="checkbox"/>
2	24/09/18 17:02	<b>OI GIA</b>	 Load PDF	<input type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Boon Lay)	Thumbnail	Print
1	21/09/18 15:28	<b>Sketch Plan</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
2	21/09/18 15:28	<b>Sketch Plan #2</b> [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>

## Linked Accident Report Documents

Assessment Reports				View	View in Browser
				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Boon Lay)	Thumbnail	Print	
1	21/09/18 15:29	Accident Statement	 Load HTM		
Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Boon Lay)	Thumbnail	Print	
1	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
2	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
3	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
4	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
5	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
6	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
7	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
8	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
9	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
10	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
11	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
12	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
13	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
14	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
15	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
16	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
17	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
18	21/09/18 15:27	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Boon Lay)	Thumbnail	Print	
1	21/09/18 15:28	Sketch Plan	 Load JPG	<input checked="" type="checkbox"/>	
2	21/09/18 15:28	Sketch Plan #2	 Load JPG	<input checked="" type="checkbox"/>	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
<b>Show Remarks To:</b> <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/CTI18017411/T1CD3

Date: 11/10/2018

### REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN1660851802
Claimant Vehicle No :	GBE5348P	Insured Vehicle No :	YJ9633R
Date of Loss:	20/09/2018	Nature of Claim:	TP
		Claim No:	SNM18D04580C02

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	<b>GBE5348P</b>		
Make & Model:	TOYOTA DYNA 150, 3.0 D (M)	Engine No:	1KD2571477
Reg. Date:	05/01/2016 (Man. Year: 2015)	Chassis No:	JTFAT35Y90K205498
Colour:	White	Odometer:	126505 km
Engine Capacity:	2982 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	<b>Market Value/New Car Price</b>		

### 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:	185/70 R16	Rear Tyre Size:	185/70 R16 (D)
Front Left Side:	Yokohama 6 mm	Rear Left Side:	Yokohama 6/6 mm
Front Right Side:	Yokohama 6 mm	Rear Right Side:	Yokohama 6/6 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	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

### INSPECTION

Date of Assignment:	24/09/2018	
Date Inspected:	01/10/2018 Inspected At:	Hoe Heng Private Limited- Gul Crescent (HQ) 50 Gul Crescent Singapore 629543
Estimated Period of Repair:	5.0 days	

Adjuster: MOHD TAUFIKH BIN HAMID

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 \$4,000.00 -\$5,000.00

## REPAIR DETAILS

### Reference

**Part Source:** (Last Synchronised: 11 Oct 2018)

**Parts:** N/A TOYOTA DYNA 150 3.0 D (M) (Model not available in database)

**Labour:** Repairer's (Price-denominated Standard List)

**Print Code:** (Unsubmitted, no print-code for GBE5348P)

**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk \*.

### Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

There are no labour items selected.

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