ASS. REC. BY:	REF CS3 MSG18	8017463/ Gd	30 2pecial Instruction:
MONNEY MONICO	ASSIGNM	ENT (Office)	1.1
From (Person): Monica Estimated Cost:			Date/Time: 25 9 18 0 2.47pm
	DD RES / EVA / INV / MV 7 (	Bill to:	
To Inspect Vehicle No:	SLN 386	0 R Ins	ared: SGN 7208 R
at Workshop m/s	EM Solution		Tel: 6456 0226
of	O Sin Mina Day	0 # 02-19	
Folicy 140: 480 448	262 QMX	Claim No:	571155
Sum Insured:		Excess:	
Make of Veh: (Client's Record)			D.O.A. 21/09/18
CA / REV / REP. / REV	24 HPS lup?		26/9/18
Date/Time: 5.27pmg	OS 9 18 Person Contacted:	josephine	H.O.D. Endorsement:
Date/Time Action/Instru	ction ( 4) Estimate		
	3880R-X		
	7208 R-X		
Dismante	2:29/9/2018		
· ·	1		
			,

PREF: MSIG				639	2B -
gurrance XX	ASSIGNMENT				1-2019
From: Date: 26/9/18	Veh No:	SLN38	80 R	Yr Regn: 3	sep 2
Estimated Cost:		Trailer or	240.04501)		11
OD TP WS / TP RES / OD RES / EVA / INV / MV			2	. /	1598
To Inspect Vehicle No: SIN 3880 R	Make:	Marda		A/C: Insured	/Std/NI/NA
at Workshop m/s EM Solution	Colour	Silver	,	T/Radio: Insured	
160 Sin Ming Drive # 03-1		11008	6	T/Radio. insured	1/3ta/MI/MA
Insured:	Eng/No:	1 10	1 1.	11.0	1.0000
Policy No.	C/No:			ZIA·Ol	1447
Claims No.		od / Fair / Poo			
Sum Insured: Excess:		der / Jammed /			
(Client's Record)		fder / Jammed /	1	urnt or	
Make of Veh:	Modi: Nil	/ S/Rim / STD	A/R/m or	1111 0 0	
	Tyre Size:	F: 7	125/	45 R17	
(Policy Condition)		R:		l1	
Remark: The veh had commenced its N/S	O/S BS / DUN / E			IIC / OHTSU / PIF	R/SUMI/
repair at the time of inspection.	T0Y0/Y0	KO or	apol	lo	
Bal. or Market Value: \$186	Front		,	Rear	,
IDAC Accident Rport: Consistent? : Yes or No	R/Bal.	6 m	m	R/Bal.	6 mn
GIA / PR Seen: Consistent?: Yes or No	L/Bal.	6 m	m	L/Bal.	6 mn
Est. Repairs: days Res.: Yes or No	D.O.A.		1.	D.O.I. 16	-09-18
Lum Sum: % 3 Val.: Yes or No	Survey held	at	MS		1:20
CA / REV / REP. / 24 HRS IND		ages: Frt / Rea	nr / 🐠 / 1	N/S / U/C / Roo	oftop or
Date: Person Contacted:		Chassis fram	e / Body S	Structure affecte	d due to collisio
Date / Time   Action / Instruction					
\$5000 - \$6000					
( )					
-					
•					
Date/Time, File Pass to? : Preli. Report	Days Of Re	pair:			
: Final Report	Resurvey N	o. of Trip:	1	Survey Fee:	120
Date/Time, File Return to?				Transportation	
2)	dd Fee: : Site	Insp (\$		)S+RSSI	
	: Inter	view (\$		) Photos	
Report Format : PRS -	: Tech	n. Invs (\$		) Others	10
Lump Sum / I.B.I: (\$	: Wee	kend (\$	F	)	
				TOTAL	120



# 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 Internation	onale Des Experts En Automobi	ile				
<b>USI</b>	G INSURANCE (S	INGAPORE) PTE LTD	Ref : CS3/MSG1801746	63/Gcd3				
	AFFLES QUAY 01 HONG LEONG	BLDG SINGAPORE 048581	Date: 25-09-2018 Code: MSG					
		Policy Particulars	:- (THIRD PARTY CLAIM)					
	Insured Veh.	SGN 7208R	Veh. Inspected	SLN 3880R				
	Policy No.	A80448262QMX	Coverage (\$)	0.00				
	Claim No.	571155	Excess (\$)	0.00				
	Assign From	MERIMEN (MONICA CHUNG)	Assign Date	25/09/2018				
		Vehicle Parti	culars & Condition					
	Make & Model		c.c	0				
	Engine No.	HIDDEN	Year of Reg.					
	Chassis No.		Colour					
	Odometer	eter - Steering						
	Brakes		Modification					
	General							
3.		Condit	ions 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				
		Descripti	on of Damages					
i.		Gonora	I Information					
	Accident Date	21/09/2018 Genera	Inspection Date					
	Survey held at		mopoulon bate					
	Curroy field at	160 SIN MING DRIVE #03-18/19 SIN MING AUTOCITY SINGAPORE 575722	9					
ā.		CondR	emarksTyres					
	B) THE REPAIR E	ON WAS CONDUCTED ON A "WI STIMATE WAS NOT PRESENTED WAS TOLD TO PREPARE THE ES EASE FIND DAMAGED VEHICLE	O AT THE TIME OF INSPECT TIMATE.					

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adi S	ubmitted	Ins Auth'ed	Status	5	
	25 Sep 2018 09:56		25 Sep 2018 14:47 Assign					New	Assignme el Case	ent
M.	fain	Ref	erence		Claim Detail	s	Docume	ents		Show All
CLAIM SU	BFOLDER DE	TAILS		CONTRACTOR OF THE PARTY OF THE		[Crost	ed by insurer]	THE RESIDENCE IN		THE REAL PROPERTY.
Insured:		Y HUEI, ID: S15	68821A			Creat	ed by insurer]			
Main Claimant:		YI, ID: S901639								
Vehicle Reg. No.:	SLN3880R Date of Loss: 21/09/2018 18:0							s From LTA	A Reg Date	(Man Yr)
Claim Type:	<b>TP</b> / 571	155			Policy/Cove	r A80448	262QMX (Compre	hensive)		(1.011 11)
Vehicle Reg. No. (Insured):	SGN7208	R			Policy No. (Claimant)		ge: 27/11/2017 - 1	26/11/201	8	
					Excess:					
Repairer:	Em Soluti	on Pte Ltd (160 S	in Ming) (HQ)	160 Sin Mir	ng Drive, #03	19 Sin Ming	Autocity, 575722	Sin Ming	- Tel:	
Handling Insurer:		urance (Singapor								25521
Adjuster:		Consultants Pte I								-
Driver/Custo dian (Insured):		HUEI (56 / Male),				Tree due	20,03,2010]			
Adj Asg. Remarks:	SJE DISAG	REE APPOINT LKK.	LIAB 50/50%. F	Pls contact T	el: 6456 0226	- Bernard				
ASSOCIATE	D MAIL REG	CEIVED						View All	C	
There are no	mail for this	case.						view Ail	Compos	e Case Mail
ALL ASSOC	IATED TASI	KS <sup>-</sup>				View A	II   Search Tasks	1 Conntr	New Test 1	
Due Date	Priority	Type Task G	roup Subje	ect Hand	ller Assi	ned By	Completed O		New Task eated On	Complete

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars Owner ID Type:	Singapore NRIC
Owner ID:	6392B
Vehicle Details	
Vehicle No.:	SLN3880R
Vehicle to be Exported:	No
ntended Deregistration Date:	27 Sep 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 1.6L SDN LUX
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	Z6808716
Chassis No.:	JM6BL10Z1A0114421
Maximum Power Output:	77.0 kW (103 bhp)
Open Market Value:	\$21,324.00
Original Registration Date:	30 Sep 2009
First Registration Date:	30 Sep 2009
Fransfer Count:	2
Actual ARF Paid:	\$21,324.00
ntended PARF Rebate Details	MISSON STORES LUX
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Sep 2019
PARF Rebate Amount:	\$11,728.00
ntended COE Rebate Details	and an armendovi Americana a second second
COE Expiry Date:	29 Sep 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$15,589.00
COE Rebate Amount:	\$1,567.00

The information contained herein is correct as at 27 Sep 2018

OK

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesald.	
Color by the Hill Charles	ACCIDENT STATEMENT
Date Of Report	24/09/2018 17:46
Date Of Accident	21/09/2018 18:00
Exact Location Of Accident	JURONG EAST AVENUE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN3880R
Insured/Policyholder	
Name Of Registered Owner	LEE YAN YI
NRIC No	S9016392B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91850625
Alternative Phone No	OFFICE-91850625
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097442722
Cover Note Number	
Driver	
Name of Driver	LEE YAN YI
NRIC No	S9016392B
Date Of Birth	14/05/1990
Occupation	INDOOR
Date Of Driving Pass	10/03/2009
Driving Experience	9 YEARS AND 6 MONTHS
Gender	FEMALE

(LOCAL) +65-91850625

OFFICE-91850625

NOEMAIL

BLK 530 JURONG WEST STREET 52 Address

#08-395

Postcode 640530

Was driver an employee of the Insured's Company NO

OWNER 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

Weather Conditions CLEAR DRY Road Surface

Other Information

Type Of Accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

: SABRINA NAME:

GENDER:

: FEMALE

COLLISION - CHANGE/CROSS LANE

Passenger 2

NAME:

: SU MING

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

JURONG WEST NPC

TEL NO: - FAX NO:

Police Station Address

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Contact

NO

YES

Circumstances of Accident

REFER POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGN7208R

Vehicle Make/Model/Colour

**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

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LEE YAN YI

REFER REPORT

SLN3880R

YES

NO

#### Sketch Plan Pg. 1

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 aforesald.
- 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:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

# Sketch Plan #2 Pg. 1

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GIARMC SketchPlanForm\_V3

### Accident Sketch Plan Pg. 1





Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

1 of 3 Report No. T/20180921/2197

#### REPORT OF A TRAFFIC ACCIDENT

21/09/201		ade:	Vide Report No.:	Station Diary No.: 184				
Informant	's Particu	lars		Carried Alexander Section 19 (19)				
Name of I			Address: APT BLK 530 JURONG WEST STREET 52 #08-395 SINGAPORE 640530					
ID Type / NRIC NO Nationality SINGAPO	/ S901639 /:		Contact No.: Home/Office: Email:	Mobile: 91850625				
Sex: Female	Age:	Date of Birth: 14/05/1990	Type of Informant: Driver					
Race: Chinese			Language: Institution / School Nar					
Occupatio Accountar			Driving Licence Information: Class: 3 Date of Expiry:					

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/09/2018 18:00	Type of Location: T-Junction
	ST AVENUE 1			
Weather: Clear	*	Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:	rking	Traffic Volume:
Trailic Flow.		Traffic Light - Wor	KING	Heavy

Details of Vehicle Involved											
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger					
SGN7208R	Car	TOYOTA		Black	Slightly Damaged	1					
SLN3880R	Car	MAZDA	MAZDA3 1.6L SDN	Silver	Seriously Damaged						

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
SLN3880R	NTUC Income Insurance Co-Operative Limited	5097442722	22/01/2018	21/01/2019				

#### Accident Sketch Plan Pg. 1





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Report No. T/20180921/2197

2 of 3

Tel No: 1800-2689999 CONTINUATION OF REPORT

Details of Perso	n Involved							
Any Pedestrian II	nvolved: No							
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA					
Driver	<b>报达的证法证</b> 法实		North Report					
Name	LEE YAN YI		ID No		S9016392B			
Related Vehicle	SLN3880R (Car)		Conta	ct No.	91850625			
Hospital/Clinic	Hospital/Clinic ICON MEDICAL CLINIC				of g ce &	Class: 3 Date of Expiry: NIL		
Date Treatment	21/09/2018		Date Disci		21/09	9/2018		
No. of Days gran	ted Medical Leave	03	Degree of		NIL			

#### Brief Details.

On 21/09/2018 at about 1800hrs, I was driving SLN3880R with 02 passengers along Jurong East Ave 1 center lane towards Jurong West Ave 1 which consist of 03 lanes. While driving straight, I noticed a vehicle SGN7208R driving at the extreme right lane and the vehicle is driving coming closer towards my lane. I tried to avoid to the left however the vehicle still side swipe the right side of my vehicle. After the accident, both the driver exchange our particulars and left. At that point of time both my passengers informed that they are not in pain.

On 21/09/2018 at about 1830hrs, I felt pain on my right arm and went to seek treatment and was given 03 days of MC. Both of our vehicles are installed with in car camera.

### Accident Sketch Plan Pg. 1





Report No. T/20180921/2197

3 of 3

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

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: J / Sgt 2 DESMOND CHIA WEN FENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/09/2018 20:35
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

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

Case N	otified	Est Submitted	Adj Assigned	Adj R	pt	Adj Submitted	Ins Auth'e	ed St	tatus	
	5 Sep 2018 9:56		25 Sep 2018 14:47 Edit Adj Rpt	S\$0.	Estimates	S\$0.00 View Rpt			ending fo eport Cancel Cas	r Survey
М	ain	Refe	erence		Claim Detai	ls	Docume	nts	1_	Show All
CLAIM SUB	FOLDER DET	TAILS				[Created	by insurer]			
Insured:	TAN, PUAY	HUEI, ID: S1568	3821A							
Main Claimant:	LEE YAN Y	I, ID: S9016392E	3							
Vehicle Reg. No.:	SLN3880	R			Date of Lo		8 18:00 - :59 hs and <b>22</b> Day:	s From LTA	Reg Date	(Man Yr)]
Claim Type:	<b>TP</b> / 5711	.55			Policy/Cov Note No.:		QMX (Comprel 27/11/2017 - 2			
Vehicle Reg. No. (Insured):	SGN7208R				Policy No. (Claimant)					
					Excess:					
Repairer:	Em Solutio	n Pte Ltd (160 Si	n Ming) (HQ) 160	Sin Min	Drive, #03	-19 Sin Ming Au	tocity, 575722	Sin Ming -	Tel:	
Handling Insurer:	MSIG Insu	rance (Singapore	) Pte. Ltd. (HQ)	Tel: +6	5 6827 7888	[Handled by	Monica Chun	g Pei Zhen	- 6594 2	552]
Adjuster:	26/09/20	Consultants Pte Lt 18]	td (HQ) - Tel: 625	6-3561 .	[Handled b	y XING GUO Q	IANG] [Im	ım.Advic	e due	
Driver/Custo dian (Insured):	TAN, PUAY	HUEI (56 / Male),	NRIC: S1568821							
Adj Asg. Remarks:	SJE DISAGE	REE APPOINT LKK. L	IAB 50/50%. Pls c	ontact T	el: 6456 0226	6 - Bernard				
ASSOCIATE	D MAIL REC	EIVED						View All	Compose	Case Mail
There are no	mail for this o	case.								
ALL ASSOC	IATED TASK	(S⊡				View All	Search Tasks	Create Ne	w Task	Complete
Due Date No results.	Priority	Type Task G	roup Subject	Han	dler Ass	signed By	Completed 0	n Cre	eated On	Done

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### **Claim Documents**

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Merimen e-Claims Page 2 of 3

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2	25/09/18 09:58 25/09/18 12:06	Third Party Accident Report SJE DISAGREE APPOINT LKK	0	Load PDF	

# **Documents Checklist**

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
	^
	V
Show Remarks To: Handling Insurer	
Note: Remarks are private unless you show it to other parties.	

# 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/MSG18017463/GCD3E2

02/10/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

A80448262QMX Policy No:

Date:

Claimant Vehicle

SLN3880R

Insured Vehicle No: SGN7208R

No: Date of Loss:

21/09/2018

TP Nature of Claim:

Claim No: 571155

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

**SLN3880R** 

Make & Model:

MAZDA 3, 1.5 (A)

Engine No:

Z6808716

110086 km

Reg. Date:

30/09/2009 (Man. Year: 2009)

Chassis No: Odometer:

JM6BL10Z1A0114421

Colour: **Engine Capacity:** 

1598 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:

Pre-accident Condition: No

**CONDITION OF TYRES** 

Front Tyre Size:

225/45 R17

Rear Tyre Size:

225/45 R17

Front Left Side: Front Right Side: APOLLO 6 mm APOLLO 6 mm Rear Left Side: Rear Right Side: APOLLO 6 mm APOLLO 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	
Nett Amount (S\$)	0.00	0.00	0.00	

**INSPECTION** 

Date of Assignment:

25/09/2018

Date Inspected:

26/09/2018 Inspected At:

Em Solution Pte Ltd (160 Sin Ming) (HQ)

160 Sin Ming Drive, #03-19 Sin Ming

Autocity

Singapore 575722

Estimated Period of Repair:

0.0 days

XING GUO QIANG Adjuster:

**CELINE FONG** Manager:

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.

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen\_... 2/10/2018

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 \$5,000.00 -\$6,000.00

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# REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 02 Oct 2018)

Parts: 144 MAZDA 3 1.5 (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SLN3880R)

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.

< END OF ESTIMATES >