

ASS. REC. BY:

REF: CS3/FCI18018018/Ucd3^{SP} Special Instruction:

Surveyor:

Marcus

ASSIGNMENT (Office)

From (Person):

Lurene jaw

of

FCI

Date/Time:

4/10/18 @ 11:59am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SFQ 5961 H

Insured:

SHC 0665X

at Workshop m/s

Z-one Automotive

Tel:

9755 2115

of

1 kaki Bukit Ave 6 # 01-87

Policy No:

Claim No:

D18007261MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

30/9/18

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

12:09pm @ 4/10/18

Person Contacted:

Margaret

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (X) Estimate

SFQ 5961 H - X

SHC 665X - CS3/FCI15016666 / Fqbd1

DOA: 1/10/15

(08/11/13) wef

ASS. REC. BY: Marius

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: STQ59614at Workshop m/s Zone

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 31

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: ✓ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: STQ59614 Yr Regn: 6108Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CarMake: Toyota wish C.C. 1794Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 24149 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDER12W X03000217Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or okBrake: Inorder / Jammed / Leaked / Burnt or ok

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Firestone

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 30/9/18 D.O.I. 4/10/18

Survey held at _____ 12.15pm

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

o/s left &

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

Date / Time Action / Instruction

4.15.12g LTA18692 Not 12/08
no settlement.

RECEIVED 08 OCT 2018

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: PRE

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

MOTOR SURVEY ASSIGNMENT

Date	03-10-2018	Our Ref No. D18007261MFSH
Accident Date	30-09-2018	Claim Type. Third Party
Insured Vehicle	SHC0665X	Third Party Vehicle. SFQ5961H
Survey Location	1 KAKI BUKIT AVE 6 BLK D #01-87 AUTOBAY@KAKI BUKIT	
Contact Person.	MARGARET LIM	
Contact No.	62502115/ 97552115	Fax No. 62666925
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	Z-ONE AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	SATWANT & ASSOCIATES	TP Solicitor Fax No. 6266 6925
Officer Incharge	LURENE	

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.

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	03/10/2018 14:56
Date Of Accident	30/09/2018 15:20
Exact Location Of Accident	ALONG SUNGEI KADUT DRIVE TOWARDS CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ5961H
Insured/Policyholder	
Name Of Registered Owner	LIM BOON CHONG
NRIC No	S7114528Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91114480
Alternative Phone No	OFFICE-91114480

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT101224
Cover Note Number	

Driver

Name of Driver	LIM BOON CHONG
NRIC No	S7114528Z
Date Of Birth	03/05/1971
Occupation	INDOOR
Date Of Driving Pass	16/01/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91114480
Fax Number	
Contact Number	OFFICE-91114480
Email Address	NOEMAIL

Address	BLK 704 CHOA CHU KANG STREET 53 #07-66
Postcode	680704
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : CHEW GUAT TENG GENDER: : FEMALE
Passenger 2	NAME: : LIM SHUMIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please refer to Police Report T/20181003/2056.

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	SHC665X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	LIM BOON CHONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFQ5961H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 704 CHOA CHU KANG STREET 53 #07-66
Postcode	680704

DETAILS OF INJURED PERSON 2

Name	CHEW GUAT TENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFQ5961H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	LIM SHUMIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFQ5961H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident 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 lodging 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

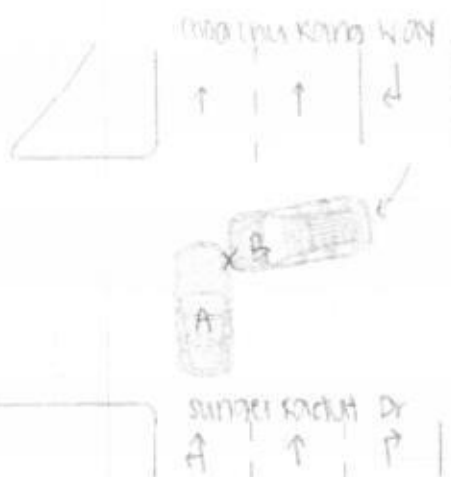

Driver's Signature
(If Driver is not the policyholder)
Date & Time


Reporting Centre & Insurers' Secretaries
Name
NRIC/ID No.

I am fully aware that my insurer may have a 14-day period for me to decide on filing an Own Damage Claim.

Accident Sketch Plan

SKETCH PLAN



A SFQ5961H
B SHC665X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report 7/20181003/2056

DECLARATION

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

Policyholder's Signature
Date & Time:

Supporting Centre:  CARSPA
Name: _____
Address: _____

Police Report



**SINGAPORE
POLICE FORCE**



T/20181003/2056

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181003/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2018 11:44	Vide Report No.: J/20180930/0186	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars

Name of Informant: LIM BOON CHONG			Address: 704 CHOA CHU KANG STREET 53 #07-66 SINGAPORE 680704		
ID Type / ID No.: NRIC NO / S7114528Z			Contact No.: Home/Office: Mobile: 91114480		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 03/05/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GENERAL MANAGER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/09/2018 15:20	Type of Location:
Location: Along Road 1 Travelling Toward Road 2 SUNGEI KADUT DRIVE CHOA CHU KANG WAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFQ5961H	Car	TOYOTA	WISH 1.8 AUTO	Blue		3
SHC665X	TAXI					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFQ5961H	TOKIO MARINE INSURANCE SINGAPORE LTD	MT101224	07/04/2018	06/04/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20181003/2056

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20181003/2056

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG SUNGEI KADUT DRIVE ON THE EXTREME LEFT LANE OF THE 3-LANE ROAD WITH 2 PASSENGERS AND WAS INTENDING TO GO STRAIGHT TOWARDS CHOA CHU KANG WAY. I WAS AT THE JUNCTION OF SUNGEI KADUT DRIVE AND SUNGEI KADUT AVE AND THE TRAFFIC LIGHT WAS GREEN IN MY FAVOR, SO I PROCEEDED TO GO STRAIGHT. AS I WAS CROSSING THE JUNCTION, A TAXI(SHC665X) THAT WAS ON THE ONCOMING SIDE MADE A RIGHT TURN AND COLLIDED INTO THE FRONT RIGHT SIDE OF MY CAR. AMBULANCE CAME AND CONVEYED MY 2 PASSENGERS AND I TO NG TENG FONG GENERAL HOSPITAL. ONE OF MY PASSENGERS(MY WIFE) RECEIVED 3-DAYS MC AND I RECEIVED 6-DAYS MC.

Police Report



SINGAPORE
POLICE FORCE



T/20181003/2056

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20181003/2056

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:
TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/10/2018 11:44

Officer In Charge Of Case:
TP / GIT /
SI NG CHWEE THENG
Contact No.: 65476397

Classification Of Case:

Authentication Stamp
NP168



> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 4528Z

Vehicle Details

Vehicle No.: SFQ5961H
Vehicle to be Exported: No
Intended Deregistration Date: 04 Oct 2018
Vehicle Make: TOYOTA
Vehicle Model: WISH 1.8 AUTO
Primary Colour: Blue
Manufacturing Year: 2008
Engine No.: 1ZZ3115712
Chassis No.: JTDER12WX03000217
Maximum Power Output: 97.0 kW (130 bhp)
Open Market Value: \$18,803.00
Original Registration Date: 30 Jun 2008
First Registration Date: 30 Jun 2008
Transfer Count: 2
Actual ARF Paid: \$18,803.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 30 Apr 2023
COE Category: E - Open Category
COE Period(Years): 5
PQP Paid: \$20,441.00
COE Rebate Amount: \$18,692.00
Total Rebate Amount: \$18,692.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 04 Oct 2018

OK

FREE VALUATION

Let us tell you how much your car can sell for!

No obligations and it's FREE!

How much is my car worth?



Post an Advertisement

Sell it yourself! Advertise it at just
\$58 until it's SOLD!

Private Seller!

Family SUV!
Direct Owner StarAd

Post an Ad

Advertiser Login

Ways of Selling



Browse by Category

« Back (1 2 3 4) Next »

Sort by Date Posted

20 results/page

69 vehicles

TOYOTA WISH

Advanced Search Submit

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	TOYOTA WISH		Any	Any	2008	Any	Any	Any	Available
	Toyota Wish 1.8A XE (New 5-yr COE)		\$32,800	\$6,560 /yr	17-Oct-2008	1,794 cc	-	MPV	Available
\$2000 Down Payment, Lowest Monthly From \$638 Onwards. Low Interest At 3.18% Per Annum By GV Cars Financing. 100% Loan Approval. 2 Years Warranty By GV In House Workshop. New 2k Metallic Paint/6 Mths R... \$2000 Downpayment Monthly From \$638 Onwards. Lowest 3.18%P.A@GV Cars Financing GV Credit Pte Ltd Posted: 04-Oct-2018 Tags: 2008 Toyota Wish, 2008 toyota wish, Toyota Wish, toyota wish, Toyota, Wish, wish, Used Toyota									
	Toyota Wish 1.8A (COE till 09/2023)		\$32,800	\$6,640 /yr	12-Sep-2008	1,794 cc	-	MPV	Available
\$2000 Down Payment, Lowest Monthly From \$638 Onwards. Low Interest At 3.18% Per Annum By GV Cars Financing. 100% Loan Approval. 2 Years Warranty By GV In House Workshop. New 2k Metallic Paint/6 Months... GV Credit Pte Ltd Posted: 04-Oct-2018 Tags: 2008 Toyota Wish, 2008 toyota wish, Toyota Wish, toyota wish, Toyota, Wish, wish, Used Toyota									
	Toyota Wish 1.8A (New 5-yr COE)		\$31,800	\$6,360 /yr	18-Sep-2008	1,794 cc	-	MPV	Available
\$0 Down Payment Available! Full Loan Monthly \$700 Plus, We Are SgcarMart Premium Dealer! Buy With No Worries! No Hidden Cost! Car In Original Condition! Low Mileage! Accident Free! In House Loan Or Ba... 88 Motor Trading Posted: 03-Oct-2018 Tags: 2008 Toyota Wish, 2008 toyota wish, Toyota Wish, toyota wish, Toyota, Wish, wish, Used Toyota									
	Toyota Wish 1.8A X (New 10-yr COE)		\$54,800	\$5,480 /yr	01-Dec-2008	1,794 cc	120,000 km	MPV	Available
100% Guaranteed No Repair Required, Buy Used Cars From AI Car - Hassle Free With One Stop Motor Workshop Service, 1 Yr Warranty Engine Gearbox With AI Motor Workshop For Renew COE, Accident Free, Opti... Posted: 03-Oct-2018 Tags: 2008 Toyota Wish, 2008 toyota wish, Toyota Wish, toyota wish, Toyota, Wish, wish, Used Toyota									
GET YOUR COE RENEWAL LOAN Is your COE expiring? Let us help you renew it! Getting your COE renewed is easy, fast and affordable. We'll help you renew your COE and get a loan for it. Get the cheapest loan in town and an approval in 2 days without effort! Enquire today.									
	Toyota Wish 1.8A (New 5-yr COE)		\$32,800	\$6,560 /yr	13-Oct-2008	1,794 cc	103,000 km	MPV	Available
Well Maintained By Previous Owner! \$3k Drive Away! Inclusive Of 1st Month Installment And Insurance! Monthly Installment \$8xx Only! Trade In Welcome! Call Me Now Before It's Sold! Posted: 03-Oct-2018 Tags: 2008 Toyota Wish, 2008 toyota wish, Toyota Wish, toyota wish, Toyota, Wish, wish, Used Toyota									
	Toyota Wish 1.8A (New 5-yr COE)		\$35,800	\$7,160 /yr	11-Sep-2008	1,794 cc	98,000 km	MPV	Available

Compare

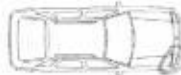
**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI18018018/Ucd3s2		
36 ROBINSON ROAD		Date: 09-10-2018		
#16-01 CITY HOUSES SINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHC 665X	Veh. Inspected	SFQ 5961H	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18007261MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	04/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH (A)	c.c	1794	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	JTDER12WX03000217	Colour	BLUE	
Odometer	241419 KM	Steering	AFFECTED	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65R15	FIRENZA	6 mm	
L/H Front Tyre	195/65R15	FIRENZA	6 mm	
R/H Rear Tyre	195/65R15	FIRENZA	6 mm	
L/H Rear Tyre	195/65R15	FIRENZA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. THE UNDERCARRIAGE AFFECTED DUE TO COLLISION.				
5. General Information				
Accident Date	30/09/2018	Inspect Date / Time	04/10/2018 (12:15 PM)	
Survey held at	Z-ONE AUTOMOTIVE PTE LTD 1 KAKI BUKIT AVE 6, BLK C, #01-52 AUTOBAY SINGAPORE 417883			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) MARKET VALUE \$31,000.00				

Report Ref No. CS3/FCI18018018/Ucd3s2

Inspected By

CHUA KANG SENG

Licensed Appraiser

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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