22/03/2002 -		1		1 1	
ASS. REC. B		REF: CS3 C	TI 18018363/RI	cd3	tion:
Surveyor :	Rasul		GNMENT (Office)		
From (Person	n): Irone tay			Date/Tim	1010/180 izp
Estimated Co	ost:		Bill to:	Date in	10/10/16/01/0
OD/TP) W	STTP RES / OD I	RES/EVA/INV/I	MV 7-CS		
To Inspect V	ehicle No:	Q11 74	16x	Insured: SI	D 2726L
at Workshop	m/stor	a san Hor	Va Wei	Tel:	70 8936
of	81K 10	on BK+ Mon	ark leine 3 #	01-85	10 150
Policy No:_	DMPCSN 3	06066180	Claim No:	SNMIRDI	24845(0)
Sum Insured	:		Excess:	1001	2707 3002
Make of Veh (Client's Recon				D.O.A.	3105/01/80
CA / REV	/ REP. / REV 24	HRS		H.O.D. I	Endorsement:
Date/Time:	12:35pm@10/10	Person Conta	cted: jin-Xi	O Vehicle ID	LOUT
Date/Time		n (X) Estir			
			09837/1gl	62	DOA: 27/1/15
	CFC CIP		or sold lide	3	
	1)2-10	OF-			•
-	173				

## ASSIGNMENT

From:	Date:	Veh No:	577 7466	Yr Regn: You	5 /86P
Estimated Cost:		Type: M.ear		Lorry / Taxi / Prime Mo	
OU THES ! OD RES! EN	/A / INV / MV	Truck	/ Trailer or		
To Inspect Vehicle No: 533	74064	Make:	TOYOTA ALLION	15 A A c.c	1896
	an Hone wa	Colour	BLACK	A/C: Insured /	Std / NI / NA
of LOOP BURE WA	44 W3 HO1-85	Sp.Reading	135 233	T/Radio: Insured I	Std / NI / NA
Insured:	71	Eng/No:			
Policy No.		C/No:	N2T 260 30	26 527 .	
Claims No.		Gen. Cond: 0	Good / Fai) / Poor / Bu	rnt	
Sum Insured:	Excess:	Steering: Ind	rder / Jammed / Leak	ed / Burnt or	
(Client's Record)		Brake: (no	rder / Jammed / Leak	ed / Burnt or	
Make of Veh:		Modi: Nil	I SIRIM / STD A/Rim	or	
		Tyre Size:	F: (	is/boris	
(Policy Condition)			R:	·r	•
Remark: The veh had commenced it	s N/S O/S	BS / DUN / E	XNOVA / GY / FS / LIZ	ZA / MIC / OHTSU / PIR /	SUMI/
repair at the time of inspec	ction.	TOYOIYO	KOO or		
Bal. or Market Value:	29K	Front		Rear	
ATTACABLE PROPERTY AND LINE OF BEHAVIOR SEC.	nsistent? : Yes or No	R/Bal.	L mm	R/Bal.	mm
	nsistent? : Yes or No	L/Bal.	7 mm	L/Bal. 6	mm
Est. Repairs: days	Res.: Yes or No	D.O.A. 🚜	lolo	D.O.I. (6)	108
Lum Sum: %	3 Val.: Yes or No	Survey held	Howa SI	an Hong we	
		Des. of Dam	_	N/S / U/C / Rooft	op or
CA / REV / REP. / 24 HRS	Vehicle: IN / OUT			_	
Date: Person Contac		The U/C	/ Chassis frame / B	ody Structure affected	due to collision.
Date / Time Action / Instruction					
PRS	0	2		A (	1
- Estimate	ed reposit is	the 3	- 000, Z 3	-40,000	4
	1	/		/.	mon
				1/4	3/10/2018
	(+				3/. 1
	li. Report	Days Of Re	•		
	al Report	Resurvey N	o. of Trip:	Survey Fee:	150
Date/Time, File Return to?	Add Fee	: Site	Insp (\$	Transportation: )S + RS,SI	
2)	Add Fee	: Inter		)	
Penart Format : 000	*		n. Invs (\$	) Others	
Report Format : PRS				) Others	
Lump Sum / I.B.I: (\$	)	: Wee	kend (\$		Iro
				TOTAL	150

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rist	Adj Sub	HI THEFT	Institutional	Status	
Main	09 Oct 2018		10 Oct 2018 12:00 Assign					New Ass Cancel C	
14	tain	Re	ference		Claim Details		Documen	its	Show All
CLAIM SUE	BFOLDER DE	TAILS			The second second	Create	ed by insurer1		
Insured:	HIAP LEE	ANN PATRICK,	ID: S7514446F			20.000	ar by mounting		
Main Claimant:	LYE YAM	MENG(LAI YANM	ING)						
Vehicle Reg. No.:	SJJ7406X			Date of Loss:	08/10/2018 12:00 - :59				
Claim Type:	TP / SNM18D04845C02			Policy/Cover Note No.:	DMPCSN3060661803 (Comprehensive)				
Vehicle Reg. No. (Insured):	SJD2726L			Policy No. (Claimant):					
Repairer:	Uana Can				Excess:	S\$0.00			
Handling							Bukit Merah - Tel		
Insurer:	China Tair	oing Insurance (	Singapore) Pte	. Ltd. (HQ	) - Tel: 6389 611	1 [Han	dled by Irene Tay	Hui Ping -	638986192]
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Final Rpt	due 19/	10/2018]		
Adj Asg. Remarks:	NO EST, CA	ASE W/O SJE.							
ASSOCIATE	ED MAIL RE	CEIVED						View All   C	ompose Case Mail
There are no	mail for this	case.							
ALL ASSOC	CIATED TAS	KS⊟				View A	II Search Tasks	Create New	Task   Complete
Due Date	Priority	Type Task 0	roup Subje	ect Han	dier Assign	-	Commetted On		
No results.									

Your Ref : SJD 2726L

Our Ref : SJJ7406X/XC/sy/wl

Date

: 9 October 2018

Fax : 6538 3708

Tel : 3152 0984

Email : accident@kscgp.com

China Taiping Insurance (Singapore) Pte Ltd

BY EMAIL ONLY

# DATE OF ACCIDENT: 8 OCTOBER 2018 NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

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/N	Name of Surveyor	Company Name
1.	Foo Philip	Precision Appraisal Services
2.	Ronald Ng	Precision Appraisal Services
3.	Lee Kok Weng	Lee Automobile Appraisals Services
4.	Leslie Lim	Premier Appraisal Services
5.	Ng Kong Beng, Patrick	Carlink Consultancy
6.	Andrew How	Prominent Appraiser Services Pte Ltd
7.	Gan Song Sing, Roger	ROG Associates
8.	Dennis Yap	Pal's Appraiser Pte Ltd
9,	Michael Yap	Mc-Coy Appraiser Pte Ltd
10.	Nicky Seah	Absolute Appraisal Services

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

: Hong San Hong Wei Pte Ltd Block 1002 Bukit Merah Lane 3

#01-85

Singapore 159719

Contact Person/Tel

: Mr Sam / 9109 1660

Yours faithfully,

f. SY

Your Ref : SJD 2726L

Our Ref : SJJ7406X/XC/sy/wl

Date : 9 October 2018

# Acknowledgement

LINI	s is to confirm that I [Su		
(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 dismant	ling) 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

Owner ID Type:		<b>国际</b>
Owner ID:	Singapore NRIC	
Yehicle Details	0945B	
Vehicle No.:	CUT to the	4471年
Vehicle to be Exported:	SJJ7406X	
Intended Deregistration Date:	No	
Vehicle Make:	11 Oct 2018	
Vehicle Model:	TOYOTA	
Primary Colour:	ALLION 1.5A A	
Manufacturing Year:	Black	
Engine No.:	2008	
Chassis No.:	1NZD054016	
Maximum Power Output:	NZT2603026527	
Open Market Value:	81.0 kW (108 bhp)	
Original Registration Date:	\$14,779.00	
First Registration Date:	24 Sep 2008	
Transfer Count:	24 Sep 2008	
Actual ARF Paid:	2	
Intended PARF Rebate Details	\$14,779.00	
PARF Eligibility:		(FIBVIS), E. I.
PARF Eligibility Expiry Date:	Forfeited	
PARF Rebate Amount:	•	
ntended COE Rebate Details	\$0.00	
COE Expiry Date:		
COE Category:	30 Jun 2023	
COE Period(Years):	A - Car (1600cc & below)	
QP Paid:	5	
OE Rebate Amount:	\$19,107.00	
otal Rebate Amount:	\$18,034.00	
lessage	\$18,034.00	

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 11 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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. 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	CTAT	441	1-137
ACCIDENT		-17	I-IXII

Date Of Report 08/10/2018 13:53

Date Of Accident 08/10/2018 12:10

Exact Location Of Accident DOVER CRES, NEAR JUNC OF DOVER AVE & DOVER CRES

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJJ7406X

Insured/Policyholder

Name Of Registered Owner LYE YAM MENG (LAI YANMING)

NRIC No S7200945B

Email Address LYEYAMMENG@GMAIL.COM

 Mobile Phone No
 (LOCAL) +55-98622118

 Alternative Phone No
 OFFICE-NOPHONE

Vehicle Particulars

Manufacturer TOYOTA

Model ALLION 1.5A 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 HIRE

**Insurance Company** 

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5101418218

Cover Note Number

Driver

Name of Driver LYE YAM MENG (LAI YANMING)

 NRIC No
 S72009458

 Date Of Birth
 07/01/1972

 Occupation
 INDOOR

 Date Of Driving Pass
 04/07/1989

Driving Experience 29 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98622118

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address LYEYAMMENG@GMAIL.COM

Address

321 CHOA CHU KANG AVENUE 3

#19-24

Postcode

689864

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 - HEAD ON COLLISION

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

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)

Passenger 1

2

PASSENGER

GENDER:

NAME:

: MALE

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

PLEASE REFER TO THE SKE CHIPTAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

SUBMIT TO NTUC

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJD2726L

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

WONG MAY QI

NRIC/Passport Number

S8031568F

Contact Number

82015869

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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)
  - (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")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted (b) to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) 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:

800 201 8 1.55pm.

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

Reporting Centre Personnel's Signature

Name

NRIC/FIN No .:

SKETCH PLAN

Dover Ave

B

B

Dover Crescont

A => SJJ7406 X B => SJ02726L

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	SJJ 7406X	ACCIDENT DATE & TIME: & (	of 2018, 12.08pm
CONTACT NUMBER:	98622118		meng@gnail. 10m
	ng Dwer Geen Gres Wer Cressent	scent , near junction	
A vehic Dover	and Over Ave. le STO 2726L u Crescent and the	ver Crescent towards in from vehicle last control	Dove- Ave to and cut with
OWN DAMAGE C		AY HAVE 14 DAYS TIME FRAME FOR Y. PLEASE CHECK YOUR POLICY FO	
Please state:			
( ) Claim Own Pr	olicy ( ) Claim Third Party	Claim OD/TP at other workshop	( ) Reporting Only

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

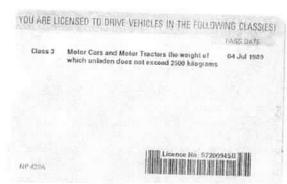
Name NRIC/FIN No.:

80ct 2018 1.55 pm

#### Sketch Plan Pg. 3











#### Certificate of Insurance

: SU7406X

: NZTZ603026527

: 14 Jun 2018

: 13 Jun 2019

Cover : drivo CLASSIC

. LYE YAM MENG (LAI YANMING)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER )	129)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	100
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)	

Certificate Number: 51614-8218

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policynolder.

(b) Any other person who is univing on the Policyholder's order or with his/her permission.

Provided that the presun driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Usell

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

#### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 139) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PILETERRED WORKSHOP : NO INSURE WITH COE NCD PROTECTION YES TRANSPORT ALLOWANCE : NO EXCESS WAIVER NC.

PRIMARY DRIVER LYE YAM MENG (LAI YANMING)

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE FURCHASE COMPANY MAYBANK

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relatios is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON AUTO AGENCY (00000614645) Date of Issue

. 14 Jun 2018 14:14 hrs

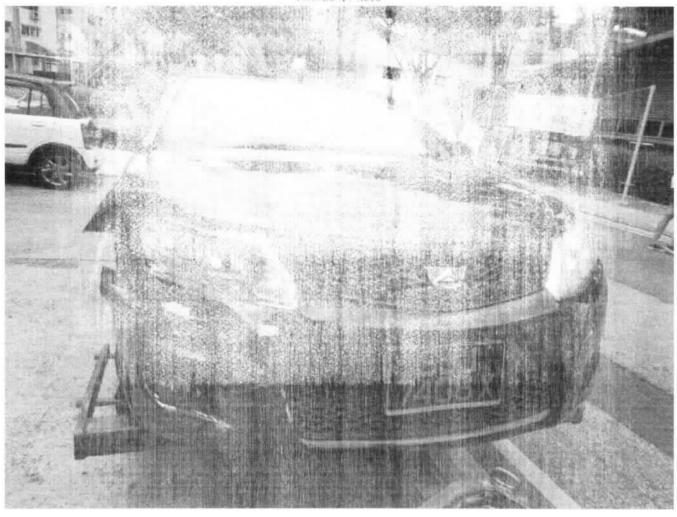
FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

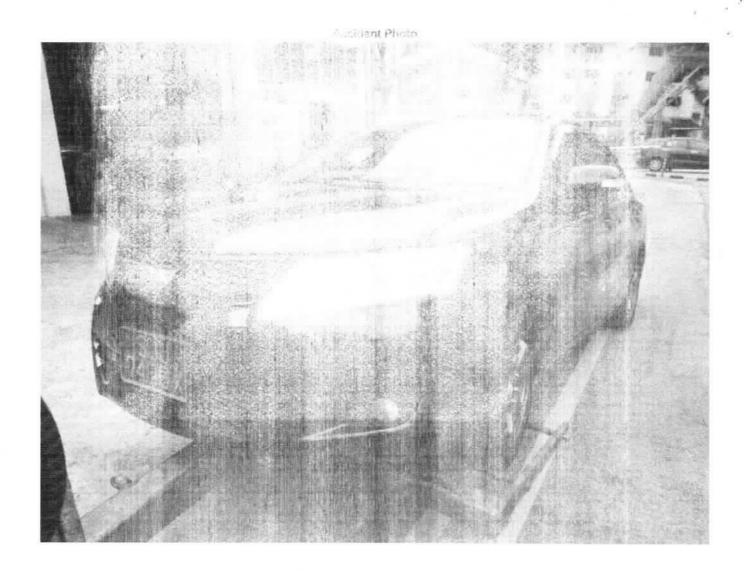
Chief Executive



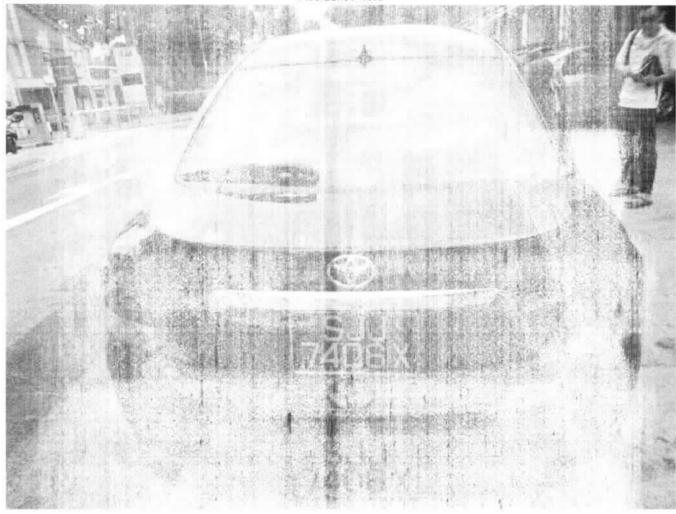


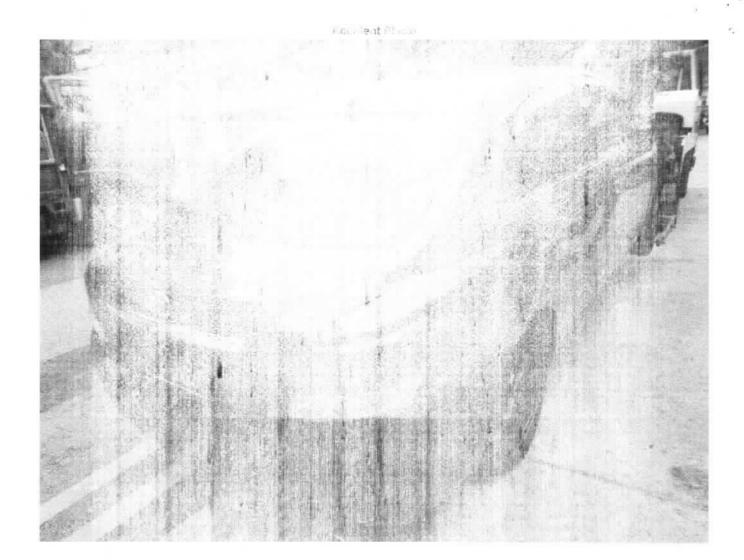


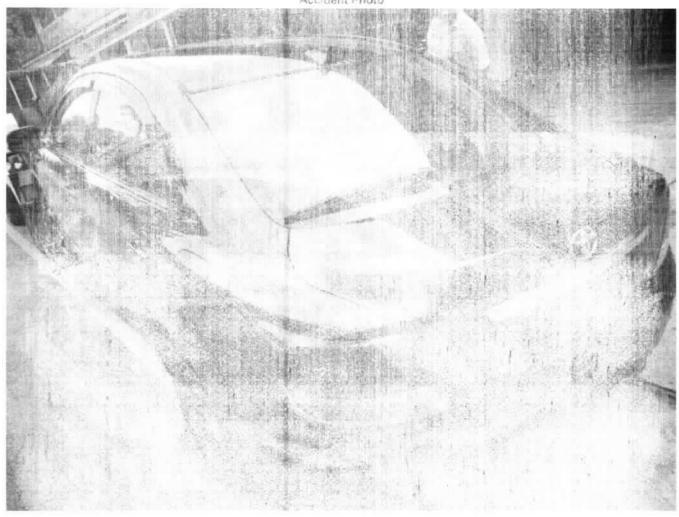




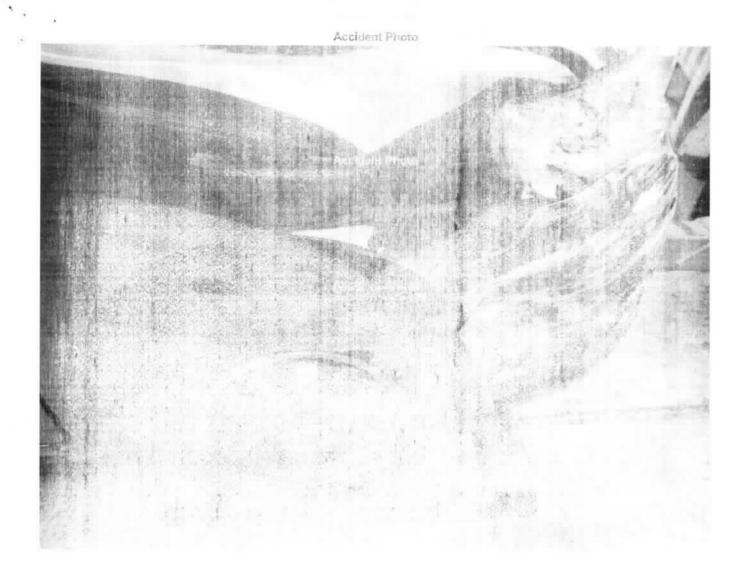




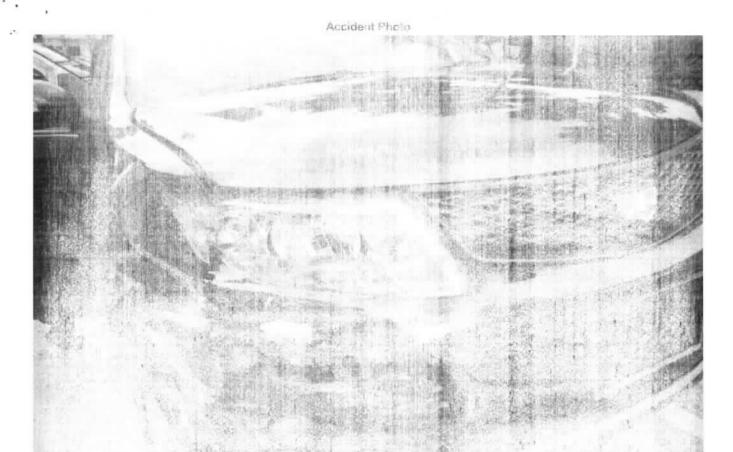


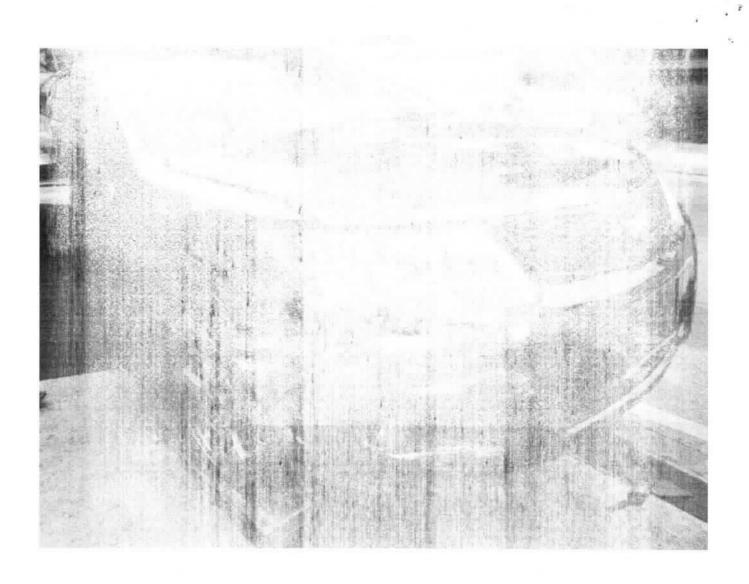


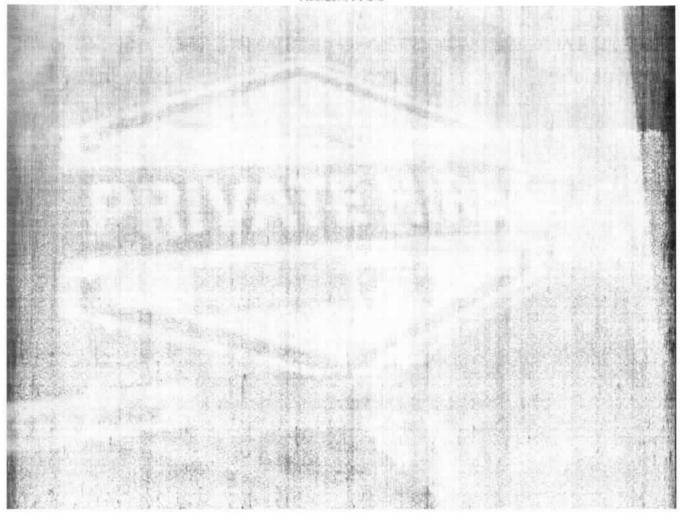


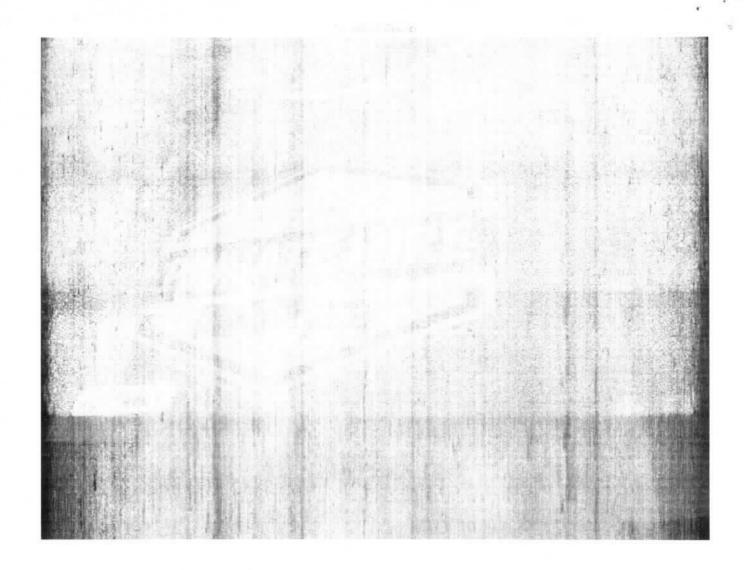












Merimen e-Claims

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

LAIM SUB	FOLDER TRA	CKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj	Submitted	Ins Auth'ed	Status	
Main	09 Oct 2018		10 Oct 2018 12:00 Edit Adj Rpt	S\$0.00 Edit Estimate	1	ew Rpt		Pending for Survey Report Cancel Case	
	Main	R	eference	Claim	Details		Documents		Show All
CLAIM SU	BFOLDER DE	ETAILS				[Created	by insurer]		
Insured:	HIAP LEE	ANN PATRICK,	ID: S7514446F						
Main Claimant:	LYE YAM	MENG(LAI YANN	MING)						
Vehicle Reg No.:	SJJ7406	SJJ7406X			e of Loss:		8 12:00 - :59 hs and <b>14</b> Days Fr	om LTA Reg	Date (Man Yr)]
Claim Type	: TP / SNI	TP / SNM18D04845C02			cy/Cover e No.:	DMPCSN3060661803 (Comprehensive)			
Vehicle Reg No. (Insured):		SJD2726L			y No. imant):				
				Exc	ess:	S\$0.00			
Repairer:	Hong Sar	Hong Wei Pte L	td (HQ) Blk 1002 B	Bukit Merah Lane	3 #01-85	5, 159719 Bu	ikit Merah - Tel: 9	1091660 / 6	2708936
Handling Insurer:	China Tai	ping Insurance	(Singapore) Pte. L	.td. (HQ) - Tel:	6389 611	1 [Handle	d by Irene Tay H	ui Ping - 63	88986192]
Adjuster:	LKK Auto	<b>Consultants Pte</b>	Ltd (HQ) - Tel: 62	56-3561 [Hai	ndled by N	10HD RASU	L] [Final Rp	t due 19/1	10/2018]
Adj Asg. Remarks:	NO EST, C	ASE W/O SJE.							
ASSOCIA	TED MAIL RE	CEIVED					Vie	w All   Co	mpose Case Mail
There are r	o mail for this	case.							
ALL ASSO	CIATED TAS	SKS⊟				View All S	Search Tasks C	reate New Ta	ask   Complete
Due Dat		Type Task	Group Subjec	t Handler	Assign	ned By	Completed On	Create	ed On Done?

#### Claim Documents

\*SJJ7406X (SNM18D04845C02)
[SJD2726L]
TP
LYE YAM MENG(LAI YANMING)
Oct 8 2018 12:00PM
[HIAP LEE ANN PATRICK]
Hong San Hong Wei Pte Ltd

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No	Finalized On	Lai Huat (Meng Kee) Motor Pte Ltd (Sin Ming)		Thumbnail	Print
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1	09/10/18 10:15	Accident Photo [Linked Accident Report Documents]	0	Load JPG	✓
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5	09/10/18 10:15	CHASSIS NUMBER [Linked Accident Report Documents]	0	Load JPG	✓
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1	09/10/18 10:13	Sketch Plan [Linked Accident Report Documents]	0	Load TIF	
2	09/10/18 10:18	CERTIFICATE OF INSURANCE [Linked Accident Report Documents]	0	Load TIF	
3	09/10/18 10:18	OWNER'S NRIC, DRIVER'S NRIC + DRIVING LICENCE [Linked Accident Report Documents]	Ø	Load TIF	
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# **Linked Accident Report Documents**

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1	09/10/18 10:13	Sketch Plan	0	Load TIF	
2	09/10/18 10:18	CERTIFICATE OF INSURANCE	0	Load TIF	
3	09/10/18 10:18	OWNER'S NRIC, DRIVER'S NRIC + DRIVING LICENCE	0	Load TIF	

### **Documents Checklist**

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
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#### 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/CTI18018363/R1CD3E2

Date: 16/10/2018

REFERENCE

China Taiping Insurance Handling Insurer:

(Singapore) Pte. Ltd.

Policy No:

DMPCSN3060661803

Claimant Vehicle

SJJ7406X

Insured Vehicle No:

SJD2726L

Date of Loss:

No:

08/10/2018

Nature of Claim: TP

Claim No:

SNM18D04845C02

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

SJJ7406X Rea No:

Make & Model: TOYOTA ALLION, 1.5 (A) Reg. Date: 24/09/2008 (Man. Year: 2008) Engine No: Chassis No: Odometer:

1NZD054016 NZT2603026527

135233 km

Colour:

Engine Capacity:

Black

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):

Engine Modification:

Pre-accident Condition: No

CONDITION OF TYRES Front Tyre Size:

195/60 R15

Rear Tyre Size:

195/60 R15

Front Left Side:

Yokohama 6 mm

Rear Left Side:

Front Right Side:

Yokohama 6 mm The above values represent the remaining tyre treads depth

Yokohama 6 mm Rear Right Side: Yokohama 6 mm

Diff % Difference COST OF CLAIMS Repairer's Adjuster's Parts 0.00 0.00 0.00 0.00 Miscellaneous Items 0.00 0.00 0.00 0.00 0.00 Labour 0.00 0.00 Paintwork Labour 0.00 0.00 0.00 0.00 Towing 0.00 0.00 0.00 Nett Amount (S\$)

INSPECTION

10/10/2018 Date of Assignment:

Date Inspected: 10/10/2018 Inspected At: Hong San Hong Wei Pte Ltd (HQ) Blk 1002 Bukit Merah Lane 3 #01-85

Singapore 159719

7.0 days Estimated Period of Repair:

**CELINE FONG** MOHD RASUL Manager: Adjuster:

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... 16/10/2018

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

Adjuster Report Page 4 of 5

### REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 16 Oct 2018)

Parts: 143 TOYOTA ALLION 1.5 (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SJJ7406X)

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.

Adjuster Report Page 5 of 5

## 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 >