ASS. REC. BY: SURVEYOF: RASU ASSIGNMENT (Office) From (Person): Floine Chang of C71 Date/Time: 16 10 180 3 5pm Estimated Cost: Bill to: OD (PP) WS/TP RES/OD RES/EVA/INV/MV/CS To Inspect Vehicle No: SIM 4263 U Insured: YP 5565 Z at Workshop m/s V-fech AMTO Tel: 6264 62 U of Soon lee \$ # 06-04 Policy No: DMCVSN17-1995/801 Claim No: SNM & D 0492/C02 Sum Insured: Excess: Make of Veh: Chent's Record CA / REV / REP. / REV 24 HRS WP) Date/Time: 4:11pm@//Soliolle/Person Contacted: MS-Chang Vehicle (D) OUT Date/Time Action/Instruction (X) Estimate SIM 4263U -X VP 5565Z -X Digmantile: 18 to 2018	ASSIGNMENT (Office) MUNITA From (Person): Elaine Chora of C71 Date/Time: 16 0 180 3 5pm Estimated Cost: Bill to: OD ITP WS/TP RES/OD RES/EVA/INV/MV/CS To Inspect Vehicle No: SIM 4263 U Insured: YP 5565 Z at Workshop m/s V- 190 Auto Tel: 6064 62 M of Soon lee & # 06-04 Policy No: DMCVSN17-1995/801 Claim No: SNM & D 0492/002 Sum Insured: Excess: Make of Veh: D.O.A. 14 10 2018 (Clent's Record) CA / REV / REP. / REV 24 HRS WP) Date/Time: 4-11 pm@ 16 10 10 10 10 10 10 10	ASSIGNMENT (Office) From (Person): Floing Chord of CTL Date/Time: 16 16 80 3 15 pt Estimated Cost: Bill to: OD (FP) WS/TP RES / OD RES / EVA / INV / MV / CS To Inspect Vehicle No: SIM 4263 U Insured: YP 5565 Z at Workshop m/s V-1ech AMTO Tel: 6064 62 U of Soon let \$\frac{1}{2}\$ # 06-04 Policy No: DMCVSN 17 1995 / 80 Claim No: SNM & D 0492 / C02 Sum Insured: Excess: Make of Veh: D.O.A. 4 10 2018 CA / REV / REP. / REV 24 HRS WP) Date/Time: 4-1 pm@ 6 o & Person Contacted: MS-Chord Vehicle (IN) OUT	22/03/2002	1 1	. 1.	. 1 1		
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To Inspect Vehicle No: SIM 4263 U at Workshop m/s V- 1ech Auto Tel: 6264 62 U of S00n ee 8 # 06-04 Policy No: DMCVSN17-1995/80 Claim No: SNM & D 0492/C02 Sum Insured: Excess: Make of Veh: (Client's Record) CA / REV / REP. / REV 24 HRS WD) Date/Time: 4-1 pm@ 6 10 16 10 16 16 16 16	To Inspect Vehicle No: SIM 4263 Y Insured: VP 5565 Z at Workshop m/s V- TeCh AMTO Tel: 6264 62 N of Soon lee 8 # 06-04 Policy No: DMCVSN17-19951801 Sum Insured: Excess: Make of Veh: (Client's Record) CA / REV / REP. / REV 24 HRS WP) Date/Time: 4-11pm@ 1611018 Person Contacted: MS-Chorg Vehicle IN OUT Date/Time Action/Instruction (X) Estimate SIM 4263 U -X VP 5565 Z -X	OD-/FP WS/TP RES/OD RES/EVA/INV/MV/CS To Inspect Vehicle No: SIM 4263 U Insured: YP 5565 Z at Workshop m/s	Estimated Cost:	9		Date	Time:	161101100 3 1304
To Inspect Vehicle No:	To Inspect Vehicle No:	To Inspect Vehicle No:		OD RESTEVATINGO	BH to:			
at Workshop m/s V- *ech *AM** Tel: 6364 62 M of Soon ee 8	at Workshop m/s V- *ech ** Auto* of Soon ee & # 06-04 Policy No: DMCVSN17-19951801 Claim No: SNM & D 04921002 Sum Insured: Excess: Make of Veh: D.O.A. 4 10 2018 (Client's Record) CA / REV / REP. / REV 24 HRS WD) Date/Time: 4-1 pm@ 6 10 16 16 16 16 17 Date/Time: Action/Instruction (X) Estimate S M4263U-X NP 5565Z-X	at Workshop m/s	To Inspect Vehicle No:			Tomanda	Y	P5565Z
SOON RE St # 06-04	Of SOON EL St # 06-04 Policy No: DMCVSN17-1995/801 Claim No: SNM & D 0492/002 Sum Insured: Excess: Make of Veh: D.O.A. 4 10 2018 (Client's Record) T71018 H.O.D. Endorsement: Date/Time: 4 · Il pm	Soon ee St # 06-04 Policy No: DMCVSN17-19951801 Claim No: SNM & D 04921C02 Sum Insured: Excess: Make of Veh: (Client's Record) D.O.A. 4 10 2018 CA / REV / REP. / REV 24 HRS WP) I71018 Date/Time: 4-1 pm@ 16 10 18 Person Contacted: Ms-Chong Vehicle (IN) OUT			A 1		6264	624
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YP 5565Z-X.	YP5565Z-X.				THINE			
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Dismonth: 18/10/2018	Dismonth: 18/10/2018							
		DISMONTH: 18 10 2018	Dieman	th: 18 10 7018				
							-	

Weekend (\$

150

TOTAL

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

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

Case	Notified	Est Submitted	Adj Assigned	Adi Rot	Adi Sub	mitted:	Ins Auth'ed	Status		
Main	16 Oct 2018		16 Oct 2018 15:15 Assign				770 7 (8 67) 6.53		ssignme Case	nt
1	Main	Re	ference		Claim Details		Documer	nts) [Show All
CLAIM SU	BFOLDER DE	TAILS				[Create	ed by insurer]			
Insured:	SHINYUN	COLD CHAIN SO	LUTIONS PTE	LTD, Co. F	Reg. No.: 201053	93N	ou by mourer j			
Main Claimant:		OFFSHORE ENGI								
Vehicle Reg No.:	SJM462	3U		Date of Loss:	14/10/2	018 13:00 - :59				
Claim Type:	TP / SNN	TP / SNM18D04921C02				DMCVSN	DMCVSN1719951801 (Comprehensive)			
Vehicle Reg No. (Insured):	YP5565Z				Policy No. (Claimant):					
D					Excess:	S\$0.00				
Repairer:	V-Tech A	uto Service (HQ)	No.1 Soon Lee S	Street, #06-	04 Pioneer Cente	er, 627605	5 Pioneer - Tel: 62	646211		
Handling Insurer:		ping Insurance (eong]		
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Final Rpt	due 25/	10/20181			
Adj Asg. Remarks:		ASE W/O SJE.			•	,				
ASSOCIAT	ED MAIL RE	CEIVED						View All	Compac	Case Mail
There are no	mail for this	case.						YIGW AII	Composi	case Mail
ALL ASSO	CIATED TAS	KS⊡				View A	II Search Tasks	Create N	au Tast. I	Commit
Due Date	Priority	Type Task (Group Subj	ect Han		ed By	Search lasks	Create N	ew iask	Complete

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID:	2502D	
Vehicle Details		
Vehicle No.:	SJM4263U	
Vehicle to be Exported:	No	
Intended Deregistration Date:	18 Oct 2018	
Vehicle Make:	MAZDA	
Vehicle Model:	MAZDA3SP LUX	
Primary Colour:	Silver	
Manufacturing Year:	2008	
Engine No.:	Z6747341	
Chassis No.:	JM6BK106280442488	
Maximum Power Output:	79.0 kW (105 bhp)	
Open Market Value:	\$16,857.00	
Original Registration Date:	02 Jan 2009	
First Registration Date:	02 Jan 2009	
Transfer Count:	1	
Actual ARF Paid:	\$16,857.00	
Intended PARF Rebate Details		
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	01 Jan 2019	
PARF Rebate Amount:	\$8,428.00	
Intended COE Rebate Details		
COE Expiry Date:	01 Jan 2019	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
QP Paid:	\$6,200.00	
COE Rebate Amount:	\$126.00	
Total Rebate Amount:	\$8,554.00	

The information contained herein is correct as at 18 Oct 2018

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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.

 By the lodgement of this report to the insurers, you hereby consaforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/10/2018 11:27
Date Of Accident	14/10/2018 13:00
Exact Location Of Accident	YISHUN AVE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM4263U
Insured/Policyholder	
Name Of Registered Owner	UNIFIED OFFSHORE ENGINEERING PTE.LTD.
Co Reg No	201412502D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97929084
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	WORK USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No. Disease state author to be tales.	THE BARTY

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

5095667374

Cover Note Number

Driver

Name of Driver

CHUA SONG HONG, EVAN

NRIC No S9302765E Date Of Birth 01/02/1993 Occupation INDOOR Date Of Driving Pass 11/10/2017

Driving Experience 1 YEAR AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97929084

Fax Number

Contact Number

EMail Address NOEMAIL Address

BLK 458 JURONG WEST ST 41 #08-708

Postcode

640458

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

AFTER RAIN

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

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

HONG KAH SOUTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 510 JURONG WEST STREET 52, POSTCODE: 640510,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-5648999 - FAX NO: 66655797

Was notice of intended Prosecution given?

If Yes, against whom?

NO

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

YP5565Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

COMMERCIAL VEHICLE

MUTHULINGAM VINOTH

NRIC/Passport Number

G2326052U

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed ou 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 will abolding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy hability 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 incurers 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 contre and to copies of the report being made available aforesaid.
- 8 Consent under the Personal Data Protection Act (PDPA)

funderstand, actinowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/ere 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" (i) the Insurers' lawyers/law firms, the Independent of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - processing, handling and/or dealing with my claims including the lettlement of the claims and any necessary investigations relating to the claims.
 - (ii) investigating the accident and/or my claims,
 - (ai) carrying out and/or dealing with my instructions or responding to any enquiries by me.
 - Inv) 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 claim; (collectively the "Purposes.")
- (b) all insurer(s) who have insured vehicle(s) involved in the accident and the insurers' is every/law firms, may/are permitted to sollect, use, disclose and/or process my Personal information for one or more of the above Purposes, and
- (c) The Personal Information they "can't e disclosed by any of the insurers and/or GIA to their third party service providers or agents including their lawyers/few firms), which may be seed outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information with also be collected and used to compile claims finitury for the purpose of froud detection investigation and management in present and all future claims.
- (e) the information to collected under (d) above may be shared / disclused
 - (ii) to all insurers and/or any other that parties that towns in a calculative invalingating, or misching or managing flowd regulators. It is enforcement and povernment of ancies as reactively regulated for the purposes stated or

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NULL FILTS

Sketch Plan #2 Pg. 1

SKETCH PLAN		
(A) SIM HOUSU	A LOVE	A State of the sta
DESCRIBE CIRCUMSTANCES O		<i>t</i>
Kopu	police report to	
DECLARATION OF LOCAL STREET OF THE LOCAL STREE	If a e true in overy respect If yet a Significate of criver is not toe policyholet at the care of the control	Figure of Control Extractive Lightners from the Control of Control

POLICE REPORT Pg. 1





Police Station Of Origin: Hong Kah South NPP 510 Jurong West Street 52 #01-90 SINGAPORE 640510

Tel No: 1800-5648999

1 of 3 Report No. T/20181014/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2018 17:55			Vide Report No.:	Station Diary No.: 28			
Informa	nt's Partic	ulars	politica activitation.				
Name of Informant: CHUA SONG HONG, EVAN			Address: APT BLK 458 JURONG WEST STREET 41 #08-708 SINGAPORE 640458				
ID Type / ID No.: NRIC NO / S9302765E		65E	Contact No.: Home/Office: Mobile: 97929084				
Nationality: SINGAPORE CITIZEN		EN	Email:				
Sex: Age: Date of Birth: Male 25 01/02/1993			Type of Informant: Driver				
Race: Chinese	Race: Chinese		Language: Institution / School Name				
	Occupation: ADMIN STAFF		Driving Licence Information: Class: 3 Date of Expiry:				

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/10/2018 13:00	Type of Location Straight Road	
Location: Along Road 1 YISHUN AVE Weather: AFTER RAIN	NUE 2	Road Surface:		Road Speed Limit:	
				Traffic Volume: Moderate	
Traffic Flow:		Traffic Control: Not Controlled			

Details of Vo	ehicle Invo	lved	The State of the S			2,800 EES 65 EE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJM4263U	Car					1
YP5565Z	Lorry			-		1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1





Police Station Of Origin: Hong Kah South NPP 510 Jurong West Street 52 #01-90 SINGAPORE 640510 Tel No: 1800-5648999 2 of 3 Report No. T/20181014/2074

CONTINUATION OF REPORT

Name	CHUA SONG HONG, EVAN				S9302765E	
Related Vehicle	SJM4263U (Car)			ct No.	97929084	
Hospital/Clinic	NIL			of g ce & / Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	harge NIL				
No. of Days gran	Degree of	_	NIL			
Driver				DEST.		
Name	MUTHULINGAM VINOTH			-	G2326052U	
Related Vehicle	YP5565Z (Lorry)			ct No.	NIL	
Hospital/Clinic	NIL			of g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	narge	NIL		
No. of Days grant	ed Medical Leave NIL	Degree of	iniury	NIL		

Brief Details

On 14/10/2018 at about 1300hrs, I was driving my vehicle SJM4263U, along Yishun Ave 2. When my vehicle reaching the traffic light, the traffic light change to amber. Thus I slowed down my vehicle and came to a stop. Subsequently there is lorry bearing the plate, YP5565Z, collided on to the rear portion of my vehicle. We then went out from the vehicle and exchange particular. There was no one injured at that point of time thus we did call for ambulance or police assistant. The lorry driver then called his manager and I managed to spoke with the manager and we agreed to go for insurance claims. There are no in car camera in my vehicles.

POLICE REPORT Pg. 1



T/20181014/2074

Police Station Of Origin: Hong Kah South NPP 510 Jurong West Street 52 #01-90 SINGAPORE 640510 Tel No: 1800-5648999 3 of 3 Report No T/20181014/2074

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: J / Sgt 1 MUHAMMAD AGIL BIN MOHAMMAD TASRIN	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 14/10/2018 17:55
Officer In Charge Of Case TP / GIA / Staff Sgt WONG SIEU LUI Contact No. 65476151	Classification Of Case:
Authentication Stamp NP168 Singapore Pulice Force	

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.

Page 1 of 1

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

LAIM SUB	FOLDER TRA	CKING									
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt		Adj Submitte	ed Ins Auth	h'ed	Status		
Main	16 Oct 2018		16 Oct 2018 15:15 Edit Adj Rpt	S\$0.00 Edit Est	imates	S\$0.00 View Rpt	Pending for Survey Report Cancel Case				
	Main	R	eference	C	laim Det	ails	Doci	uments		Show All	
CLAIM SU	BFOLDER DI	ETAILS				[Crea	ted by insure	er]			
Insured:	SHINYUN	COLD CHAIN SO	DLUTIONS PTE LTD), Co. Reg	. No.: 20	L05393N					
Main Claimant:	UNIFIED	OFFSHORE ENGI	NEERING PTE. LT	D.							
Vehicle Reg No.:	SJM426	30		Date of l		14/10/2018 13:00 - :59 [117 Months and 12 Days From LTA Reg Date (Man Yr)]					
Claim Type	: TP / SNI	M18D04921C02		Policy/Co Note No.		SN1719951801	(Comprehe	ensive)			
Vehicle Reg No. (Insured):	YP5565Z				Policy No (Claiman						
					Excess:	S\$0.00)				
Repairer:	V-Tech A	uto Service (HQ)	No.1 Soon Lee Stre	eet, #06-04	Pioneer (Center, 62760	5 Pioneer - Te	1: 62646211	1		
Handling Insurer:			(Singapore) Pte. L							7811	
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561	[Handled	by MOHD R	ASUL] [Fin	nal Rpt du	ue 25/10/20	018]	
Adj Asg. Remarks:	NO EST, C	ASE W/O SJE.									
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Claim Documents

*SJM4263U (SNM18D04921C02) [YP5565Z] TP UNIFIED OFFSHORE ENGINEERING PTE. LTD. Oct 14 2018 1:00PM [SHINYUN COLD CHAIN SOLUTIONS PTE LTD] V-Tech Auto Service

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39	22/10/18 11:11	General View	0	Load JPG	-
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Page 4 of 5

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3	15/10/18 12:32	DRIVER'S MRIC + DRIVING LICENCE [Linked Accident Report Documents]	0	Load TIF	
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Linked Accident Report Documents

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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/CTI18018788/R1CD3E2

Date:

26/10/2018

REFERENCE

Handling Insurer:

China Taiping Insurance (Singapore) Pte. Ltd.

Policy No:

DMCVSN1719951801

Claimant Vehicle SJM4263U

Insured Vehicle No:

YP5565Z

Date of Loss:

14/10/2018

Nature of Claim: TP

Claim No:

SNM18D04921C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

No:

SJM4263U

Make & Model:

MAZDA 3, 1.5 (A)

Engine No:

Z6747341

Reg. Date:

02/01/2009 (Man. Year: 2008)

Chassis No: Odometer:

JM6BK106280442488 165360 km

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:

CONDITION OF TYRES

Front Tyre Size:

225/45 R17

Rear Tyre Size:

225/45 R17

Front Left Side:

Yokohama 6 mm

Rear Left Side:

Yokohama 6 mm

Front Right Side:

Yokohama 6 mm

Rear Right Side:

Yokohama 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:

16/10/2018

Date Inspected:

17/10/2018 Inspected At:

V-Tech Auto Service (HQ)

No.1 Soon Lee Street, #06-04 Pioneer

Center

Singapore 627605

Estimated Period of Repair:

20.0 days

MOHD RASUL Adjuster:

Manager: CELINE FONG

Adjuster Report Page 2 of 5

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.

Adjuster Report

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 \$15,000.00 -\$16,000.00

Adjuster Report Page 4 of 5

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 26 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 SJM4263U)

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 >