Whimpy -	Marcus		ASSIGNME	ENT (Office)				
From (Person)	Cuthunne	Thia	of	CTL	D	ate/Time:	20.1121/18	4.470
Estimated Cost				Bill to:				1
To Inspect Vel		RESTEVA	1/1NV/MV/C 1 3603B	S	Insured:	G	Z 6379Z	
at Workshop n	/s_	Jemen	tuh motur		Tel:	9299	6636	
of				01-406	-2 7572375		Miles and Park	*****
Policy No:	DMCVSN	174189181)\	Claim No:	SNMI	80054	1800	
Sum Insured:				Excess:				
Make of Veh: (Client's Record)				1 %	D.	.A.O.	15-11-2618	
CLIDENI	REP. / REV	24 HRS (W	Pi			H.O.D. End	orsement:	
CA / REV /		111.	reon Contacted	Ah (hun	\ Vel	icle IN/	OUT	
Date/Time:	21.11.2018 9	Pe Pe	Ison Comación.	1 0 401	1-21-4			
Date/Time:	Action/Instruc) Estimate			-,		
Date/Time:		tion (X) Estimate	,		-,	:12033008	
Date/Time;	Action/Instruc	tion (X		,		-,	: 12033608	
Date/Time;	Action/Instruc	tion (X) Estimate	,		-,	:12033008	
Date/Time:	Action/Instruc	tion (X) Estimate	,		-,	:12033008	

(08/11/13) wef REF:	(71/
ASS. REC. BY MCYCLS	. (11)
	ASSIGNMENT
From: Date:	Veh No: 6 /363B Yr Regn: 2 1 05
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP/ WS / TP RES / OD RES / EVA / INV / MV	Truck/Trailer or Cy/
To Inspect Vehicle No: 6 13607	Make: Texta Dyng cc 2986
at Workshop m/s Temental	Colour Wile A/C: Insured / Std / NI / NA
of	Sp.Reading 7 6(6 - CO T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	
Claims No.	Gen. Cond: Good LFair / Poor / Burnt
	Steering: Inprder Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Brake: Inorder/ Jammed / Leaked / Burnt or
viang or yell.	Modi: (Nil' / S/Rim / STD A/Rim or
(Delta Cartiva)	Tyre Size: F: /ff- 14
(Policy Condition)	R: 155-212 19da
Remark: The veh had commenced its N/S repair at the time of inspection.	D/3 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR (SUML)
. 1014.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
DAC Accident Rport: Consistent? ; Yes or No	R/Bal. 0 mm R/Bal. 6/6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6/6 mm
Est. Repairs: 4 days Res.: Yes or No	D.O.A. D.O.I. 26/1/1f
Lum Sum: % 3 Val.; Yes or No	Survey held at
CA REV REP. 24 HRS IS/a	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: II Date: Person Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
	675 3500 - 4500
	1 CG0727 - GOOD A
	most
RECEIVED	
-1,150	30/11/2018
7)	1 1 -
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 5
: Final Report	Resurvey No. of Trip: — Survey Fee:
Date/Time, File Return to?	Transportation:
Ad	Id Fee: : Site Insp (\$)s+Rs,si
	: Interview (\$) Photos
Report Format : PKQ	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$)	: Weekend (\$
	TOTAL

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status		
Main	19 Nov 2018		20 Nov 2018 16:47 Assign				New Assignme Cancel Case	nt	
-	Main	↓ R	eference) (laim Details	Docu	ments	Show All	
	UBFOLDER DET						Created by insu	rer]	
insured:	9886p8				o. Reg. No.: 1974020	71Z			
Main Clair	770777	71777	HAITAO, ID:						
/ehicle Re	eg. No.:	GY30	503B		Date of Loss:		5/11/2018 15:00	the state of the s	
Claim Typ	(C)	120000	TP / SNM18D05418C02		Policy/Cover Note No.:		DMCVSN1741891801 (Comprehensive)		
Vehicle Re	g. No. (Insured)	GZ63	GZ6379Z		Policy No. (Claimant):				
					Excess:		S\$0.00		
Repairer:	NATIONAL DESCRIPTION OF THE PROPERTY OF THE PR		Jementah Motor Works (HQ) 14 Defu Lane 10, #01-406, 539195 Defu Lane - Tel: 92996636						
landling :	Insurer:				e) Pte. Ltd. (HQ) - T			erine Thia]	
Adjuster:					- Tel: 6256-3561	Final Rpt due	29/11/2018]		
Adj Asg. F	Remarks:	NO ES	T, CASE W/O SJE.	3					
ASSOCIA	TED MAIL REC	EIVED				Vie	w All I Comp	ose Case Mail	
There are	no mail for this o	ase.				Personal			
8		-07							
ALL ASS	OCIATED TASK	S			View All S	earch Tasks	Create New Task	Complete	
Due Da	gen universal	Type Task	Group Subje	ct Handle	r Assigned By	Completed (On Created	On Done?	

MKF\$18148812 / Kan Fock Sing Meter Workshop - Dafu ENTRY DAYE & YIME: 17/11/2015 10:08 SUBMITTED BY: Yen Boe

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- Information provided must be as <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy itability.
- 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.
- 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 ledgement 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.	N N N N N	5 <u> </u>
	ACCIDENT STATEMENT	
Date Of Report	17/11/2018 10:08	
Date Of Accident	15/11/2018 15:10	
Exact Location Of Accident	TAGORE ROAD & TAGORE LANE	
Country/State of Loss	SINGAPORE	A
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY3603B	
Insured/Policyholder	A CONTRACTOR OF THE CONTRACTOR	
Name Of Registered Owner	DATACOM ENTERPRISE PTE LTD	
Co Reg No	199901810C	
Email Address	ACCOUNT@DCOM.COM.SG	
Mobile Phone No	- 150 - 150	
Alternative Phone No	OFFICE-64110029	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	DYNA 150 D	
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	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	EQ INSURANCE COMPANY LTD	
Type Of Coverage	THIRD PARTY	
Fleet Policy	NO	
Policy Number	DMCPHQ18-001042	
Cover Note Number	16/03/2018 TO 15/03/2019	
Driver	A CASA MANAGO DA CASA DE SANTE DE CASA	
Name of Driver	JIANG HAITAO	
Passport No/FIN	G2577164N	
Date Of Birth	10/06/1981	
Occupation	OUTDOOR	
Date Of Driving Pass	16/04/2015	
Driving Experience	3 YEARS AND 6 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-61899993	
Fax Number		

NOEMAIL

Address

20 LOR 21A GEYLANG, SINGAPORE 388430

Postcode

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 - MAJOR/MINOR RD

Weather Conditions

RAINING WET

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

5050Hh

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?
Was any other material or properly damaged?

YES

I have been approached by unknown person(s)

...

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: CUI GANG

GENDER:

: 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

REFER TO THE ATTACHED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

Camera? NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GZ6379Z

Vehicle Make/Model/Colour

TOYOTA/ VAN

Details Of Properties

NIL

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TING KOK CHOON

NRIC/Passport Number

S1171455B

Contact Number

67499988

Address

0/49990

enter de de

NIL

Postcode

NIL

Insurance Company Name

Nature Of Damage

20.00

No. Of Passenger (Including Driver)

NIL 1

Accident 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy ilability.
- The issue and acceptance of this Form by insurance compenies 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 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 :
 - 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, stetements, invoices, reports or notices to me, which could invoive 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 dalms (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the josurers' lawyers/jaw 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
 - (#) for complying with requirements under any regulations, lews or court orders.

DATACOM!

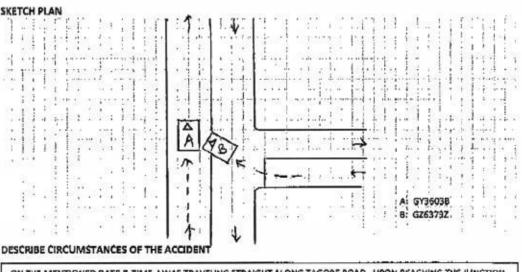
17/11/2018 ×

Driver's Signature (If driver is not the policyholder) Date & Time: 17-11-2018 Ø1020HR Reporting Centre Per Name:

NRIC/FIN No.: 17-11-2018 @1020HR

them is there are de-

Accident Sketch Plan Pg. 1



ON THE MENTIONED DATE & TIME, I WAS TRAVELING STRAIGHT ALON	G TAGORE ROAD. UPON REACHING THE JUNCTION
OF TAGORE LANE, VEHICLE GZ6379Z SUDDENLY DASHED OUT FROM TA	GORE LANE AND COLLIDED WITH MY VEHICLE.
1972	

an invested of Market and Market	
DECLARATION	
I, HEREBY DECLARE that-:	
2. The reporting centre personnel has explained the above statement & sketch plan to me.	24.1.4/
2. I fully understand and agree with the above statement.	
house and correct to best of my/our	* * * * * * * * * * * * * * * * * * * *
ENTERPRIES ATE LI	
T X	
Harne, Signature & Company	INSURER; EQ INS
25.5.2	VEHICLE: GY3503B
170 - 170 -	DOA: 15-11-2018
	CLAIM TYPE: THIRD PARTY CLAIM

LARATION ATOA GOM ars are true in every respect.

and the second of the second

Drivor's Signature (if driver is not the policyholder)

@1020HR

Date & Time: 17-11-2018

Reporting Centre Personne 3 Signature Name: NRIC/FIN No.: 17-11-2018 -@1020HR

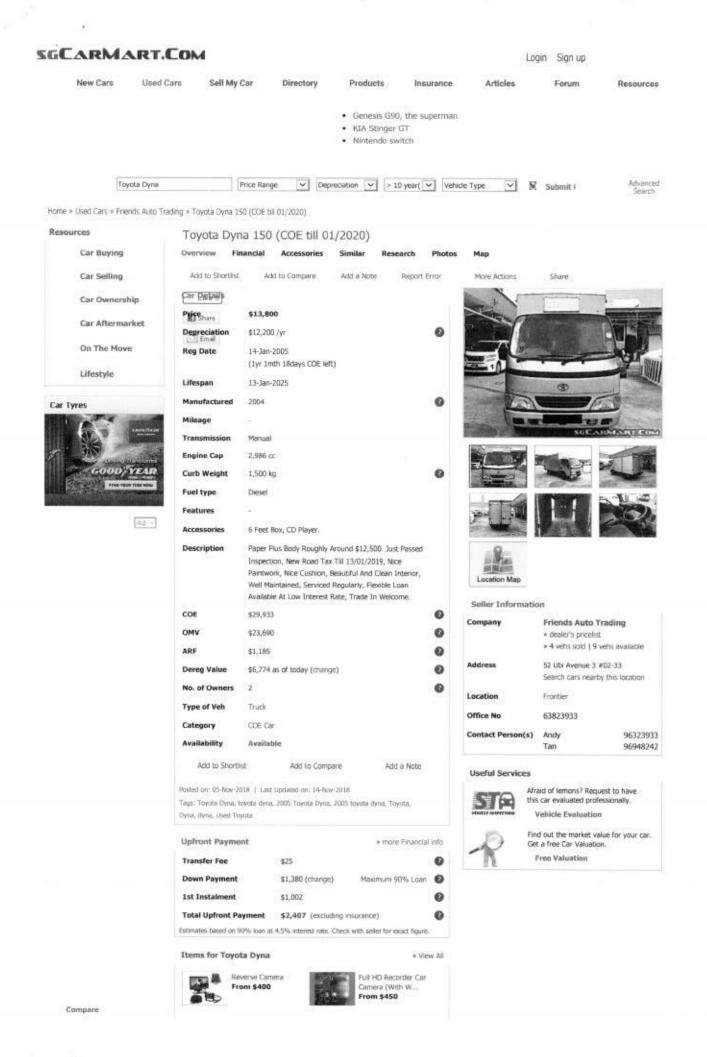
> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

vner ID Type:	Company
Owner ID:	1810C
Vehicle Details	
Vehicle No.:	GY3603B
Vehicle to be Exported:	No
ntended Deregistration Date:	26 Nov 2018
/ehicle Make:	TOYOTA
/ehicle Model:	DYNA 150 D
Primary Colour:	Silver
Manufacturing Year:	2005
Engine No.:	5L5575116
hassis No.:	JTFUF34Y203010343
Maximum Power Output:	源器
Open Market Value:	\$23,690.00
Original Registration Date:	16 Mar 2005
irst Registration Date:	16 Mar 2005
ransfer Count:	0
nctual ARF Paid: ntended PARF Rebate Details	\$1,185.00
PARF Eligibility:	No
ARF Eligibility Expiry Date:	4 0
ARF Rebate Amount: ntended COE Rebate Details	\$0.00
COE Expiry Date:	31 Oct 2019
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
QP Paid:	\$25,133.00
OE Rebate Amount:	\$4,675.00
otal Rebate Amount: Message	\$4,675.00
Message Please note that all future COE renewals to the statutory lifespan (if applications)	for this vehicle can only be for a 5-year pe

The information contained herein is correct as at 26 Nov 2018

OK



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

Case /	otified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sub	mitted	Ins Auth'ed	Status		
Main 1	9 Nov 2018		20 Nov 2018 16:47 Edit Adj Rpt	S\$0.00 Edit Estimates	5\$0.00 View R	H-1-1-1-1		Pending for Su Report Cancel Case	irvey	
М	ain	Re	eference	Cla	im Details		Documen	ts	Show All	
CLAIM SUB	FOLDER DE	TAILS				[Created	by insurer]	The State of the S	Record Military	
Insured:	M/S ANG	LEONG HUAT PT	TE LTD, Co. Reg	J. No.: 197402)71Z					
Main Claimant:	JIANG HA	ITAO, ID: G25	77164N							
Vehicle Reg. No.:	eg. GY3603B Date of Loss: 15/11/2018 15:00 - :59 [163 Months and 30 Days From LTA Reg					From LTA Reg Date	(Man Yr)]			
Claim Type:	Pollov/Cover				prehensive)					
Vehicle Reg. No. (Insured):	GZ6379Z				Policy No. (Claimant):					
					Excess:	S\$0.00				
Repairer:	Jementah	Motor Works (I	HQ) 14 Defu Land	e 10, #01-406,	539195 Defu	Lane - Tel:	92996636			
Handling Insurer:							led by Catherine			
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Handled by I	MARCUS C	HUA] [Final	Rpt due 29/11/	2018]	
Adj Asg. Remarks:	NO EST, CA	NSE W/O SJE.						()		
ASSOCIATE	D MAIL RE	CEIVED						View All Compos	e Case Mail	
There are no	mail for this	case.								
ALL ASSOC	IATED TAS	KS⊡				View All	Search Tasks	Create New Task	Complete	
Due Date	Priority	Type Task	Group Subj	ect Handle	r Assign	ed By	Completed On	Created On	Done	
No results.			50 55							

Claim Documents

*GY3603B (SNM18D05418C02) [GZ6379Z] JIANG HAITAO Nov 15 2018 3:00PM [M/S ANG LEONG HUAT PTE LTD] **Jementah Motor Works**

Upl	oad Documents Uplo	ad Photos Compose New Letter	View	View in Brow	ser ▼
Ass	essment Reports		1 per p	oage 🔻	1
No	Finalized On	Lai Huat (Meng Kee) Motor Pte Ltd (Sin Ming)		Thumbnail	Print
1	16/11/18 14:07	Accident Statement	0	Load HTM	
Pho	otos/Images		3 per j	page ▼	•
No	Finalized On	Lai Huat (Meng Kee) Motor Pte Ltd (Sin Ming)		Thumbnail	Print
1	16/11/18 14:05	Accident Photo [Linked Accident Report Documents]	0	Load JPG	•
2	16/11/18 14:05	Accident Photo [Linked Accident Report Documents]	0	Load JPG	•
3	16/11/18 14:05	Accident Photo [Linked Accident Report Documents]	0	Load JPG	•
4	16/11/18 14:05	Accident Photo [Linked Accident Report Documents]	0	Load JPG	•
5	16/11/18 14:05	CHASSIS NUMBER [Linked Accident Report Documents]	0	Load JPG	•
6	16/11/18 14:07	THIRD PARTY - GY 3603B [Linked Accident Report Documents]	0	Load JPG	•
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	06/12/18 18:57	General View	0	Load PDF	
Doc	cumentation		1 per	page ▼	•
No	Finalized On	Lai Huat (Meng Kee) Motor Pte Ltd (Sin Ming)		Thumbnail	Print
1	16/11/18 13:43	Sketch Plan [Linked Accident Report Documents]	0	Load TIF	
2	16/11/18 13:44	Accident Sketch Plan [Linked Accident Report Documents]	0	Load TIF	
3	16/11/18 13:44	CERTIFICATE OF INSURANCE [Linked Accident Report Documents]	0	Load TIF	
4	16/11/18 13:44	DRIVER'S NRIC + DRIVING LICENCE [Linked Accident Report Documents]	0	Load TIF	
No.	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	20/11/18 16:45	PRS WITH TP GIA	0	Load PDF	
2	20/11/18 16:45	OI GIA	0	Load PDF	

Linked Accident Report Documents

			View	View in Brow	ser ▼
Ass	essment Reports		1 per	oage ▼	•
No	Finalized On	Lai Huat (Meng Kee) Motor Pte Ltd (Sin Ming)	The second secon	Thumbnail	Print
1	16/11/18 14:07	Accident Statement	0	Load HTM	
Pho	otos/Images		3 per		•
Pho	otos/Images		3 per	page 🔻	1
No.	Finalized On	Lai Huat (Meng Kee) Motor Pte Ltd (Sin Ming)		Thumbnail	-
1	16/11/18 14:05	Accident Photo	0	Load JPG	•
2	16/11/18 14:05	Accident Photo	0	Load JPG	•
3	16/11/18 14:05	Accident Photo	0	Load JPG	•

Ass	essment Reports		1 per	page 🔻	•
No	Finalized On	Lai Huat (Meng Kee) Motor Pte Ltd (Sin Ming)		Thumbnail	Print
4	16/11/18 14:05	Accident Photo	0	Load JPG	•
5	16/11/18 14:05	CHASSIS NUMBER	0	Load JPG	•
6	16/11/18 14:07	THIRD PARTY - GY 3603B	0	Load JPG	•
Doc	cumentation		1 per	page ▼	•
No	Finalized On	Lai Huat (Meng Kee) Motor Pte Ltd (Sin Ming)		Thumbnail	Print
1	16/11/18 13:43	Sketch Plan	0	Load TIF	
2	16/11/18 13:44	Accident Sketch Plan	0	Load TIF	
3	16/11/18 13:44	CERTIFICATE OF INSURANCE	0	Load TIF	
4	16/11/18 13:44	DRIVER'S NRIC + DRIVING LICENCE	0	Load TIF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset Save Pr	int
There are no document checklists configured.		
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)		
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/CTI18021044/UCBS2

Date:

14/12/2018

REFERENCE

Handling Insurer:

China Taiping Insurance (Singapore) Pte.

Policy No:

DMCVSN1741891801

Chassis No:

Odometer:

Claimant Vehicle

Insured Vehicle No

GZ6379Z

No:

GY3603B

Date of Loss:

15/11/2018

Nature of Claim:

TP

Claim No:

SNM18D05418C02

JTFUF34Y203010343

264059 km

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

GY3603B

Make & Model:

TOYOTA DYNA 150, 3.0 D (M) 16/03/2005 (Man. Year: 2005)

5L5575116 Engine No:

White

N/A

Reg. Date: Colour: Engine Capacity:

2986 cc

Market Value/New Car Price: Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Good

Steering (Serviceable):

Footbrake (Serviceable): Pre-accident Condition:

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

No

CONDITION OF TYRES

Front Tyre Size:

185 R14 Sumitomo 6 mm Rear Tyre Size: Rear Left Side:

155 R12 (D) RADAR 6/6 mm

Front Left Side: Front Right Side:

Sumitomo 6 mm

Rear Right Side:

RADAR 6/6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS		Repairer's	Adjuster's	Difference	Diff %
		0.00	0.00	0.00	
Parts 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	
Name (1997) (1997)	nount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

Date Inspected:

20/11/2018

26/11/2018

Inspected At:

Jementah Motor Works (HQ) 14 Defu Lane 10, #01-406

Singapore 539195

Estimated Period of Repair:

5.0 days

MARCUS CHUA Adjuster:

Manager:

CELINE FONG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.

THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.

C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,500.00 - \$4,500.00

REPAIR DETAILS

Reference

(Last Synchronised: 14 Dec 2018)

Parts:

N/A

TOYOTA DYNA 150 3.0 D (M) (Model not available in database)

Labour:

Part Source:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for GY3603B)

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 >