

22/03/2002

ASS. REC. BY:

REF:

CS3/CTI18021425/Gcd301

Special Instruction:

Surveyor: GNO Qidng

ASSIGNMENT (Office)

From (Person): Irene Tay

of

CTI

Date/Time:

27/11/18 @ 12:24pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLW 6122D

Insured:

PA5104G

at Workshop m/s

Team Autopro

Tel:

9092 7279

of

8 Kaki Bkt Ave 4# 06-21 premier

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

13/11/18

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

1:57pm @ 27/11/18

Person Contacted:

Alex

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SLW 6122D - NA / CTI 18020505/13 D.O.A: 13/11/18
	PA 5104G - NA / CTI 18020505/13 D.O.A: 13/11/18

Surveyor: **PRS**
Xhd

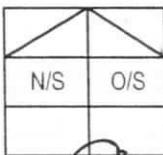
REF: **CTi**

ASSIGNMENT

*From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / W/S / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s **Team Auto pro**
 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: _____
 IDAC Accident Rpt.: _____ Consistent? : **Yes** or No
 GIA / PR Seen: _____ Consistent? : **Yes** or No
 Est. Repairs: **3** days Res.: **Yes** or No
 Lum Sum: **20** % 3 Val.: **Yes** or No
CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: **IN / OUT**

Veh No: **SLW6122D** Yr Regn: _____ /
 Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Toyota wish 1.8** c.c
 Colour: **wh.42** A/C: **Insured / Std / NI / NA**
 Sp.Reading _____ T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: _____
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **In order** / Jammed / Leaked / Burnt or _____
 Brake: **In order** / Jammed / Leaked / Burnt or _____
 Modi: **Nil** / S/Rim / STD **A/Rim** or _____
 Tyre Size: F: **195/65R15**
 R: **11**
BS / DUN / EXNOVA / (GY) FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. **6** mm R/Bal. **6** mm
 L/Bal. **6** mm L/Bal. **6** mm
 D.O.A. _____ D.O.I. **27-11-18**
 Survey held at **w/s** **3pm**
 Des. of Damages: **Frt / Rear** / O/S / N/S / U/C / Rooftop or _____

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

Date / Time	Action / Instruction
	\$1500 - \$2000
	29/11/2018

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: **150**

Transportation: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

_____) S + RS, SI

_____) Photos

_____) Others

TOTAL

150

Report Format :

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

Nivitha (LKK Auto)

From: Irene Tay <irene.tay@sg.cntaiping.com>
Sent: Tuesday, 27 November 2018 12:24 PM
To: wiliam@roypartners.com.sg
Cc: assignments; Admin A; Lucas Lee
Subject: CTP REF NO. PA5104G RP REF : SLW6122D - ACCIDENT INVOLVING PA5104G AND SLW6122D ON 13 NOVEMBER 2018

Dear Sir,

We refer to the above matter and our telephone conversation a moment ago.

As spoken, you have requested for LKK to survey your vehicle.

Aside to LKK: Please liaise with Mr Alan from Team AutoPro @ 9092-7279 for the PRS.

Thank you.

Irene Tay
Executive
Claims Department (Motor Division)

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #16-00 Springleaf Tower Singapore 079909
Direct (65) 6389 6192
Fax (65) 62247478/62247175
Email: claimsdept@sg.cntaiping.com
www.sg.cntaiping.com



Disclaimer :

This message is confidential; its contents do not constitute a commitment by China Taiping Insura

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 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 STATEMENT

Date Of Report	14/11/2018 17:39
Date Of Accident	13/11/2018 11:20
Exact Location Of Accident	BALESTIER ROAD TOWARDS CTE SLIP ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW6122D
Insured/Policyholder	
Name Of Registered Owner	LIM LO BOON (LIN LUOWEN)
NRIC No	S7207037B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90602005
Alternative Phone No	OTHERS-90602005

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098099896
Cover Note Number	

Driver

Name of Driver	LIM LO BOON (LIN LUOWEN)
NRIC No	S7207037B
Date Of Birth	29/02/1972
Occupation	INDOOR
Date Of Driving Pass	15/07/1994
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90602005
Fax Number	
Contact Number	OTHERS-90602005
E Mail Address	NOEMAIL

Address	BLK 980D BUANGKOK CRESCENT #14-49 SINGAPORE
Postcode	536980
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	1

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 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	PA5104G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN CHONG HUAY
NRIC/Passport Number	S0214486G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

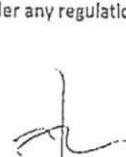
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputate 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) 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 Personnel's Signature
Name:
NRIC/FIN No.:

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	26 Nov 2018		28 Nov 2018 17:09 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS		[Created by insurer]							
Insured:	TAN GUAT HONG, ID: S1448575I								
Main Claimant:	LIM LO BOON(LIN LUOWEN)								
Vehicle Reg. No.:	SLW6122D	Date of Loss: 13/11/2018 11:00 - :59 [8 Months and 18 Days From LTA Reg Date (Man Yr)]							
Claim Type:	TP / SNM18D05347C02	Policy/Cover Note No.: DMB1SN1700121801 (TP, Fire & Theft)							
Vehicle Reg. No. (Insured):	PA5104G	Policy No. (Claimant):							
		Excess: S\$0.00							
Repairer:	Team Autopro Pte Ltd (KAKI BUKIT) No.8 Kaki Bukit Avenue 4, #06-21 Premier@ Kaki Bukit (Gate 2), 415875 Kaki Bukit - Tel: 90927279								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 07/12/2018]								
Adj Asg. Remarks:	NO EST, CASE W/O SJE.								
ASSOCIATED MAIL RECEIVED		View All Compose Case Mail							
There are no mail for this case.									
ALL ASSOCIATED TASKS		View All Search Tasks Create New Task Complete							
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SLW6122D (SNM18D05347C02)**
[PA5104G]
TP
LIM LO BOON(LIN LUOWEN)
Nov 13 2018 11:00AM
[TAN GUAT HONG]
Team Autopro Pte Ltd

Upload Documents | Upload Photos | Compose New Letter

View View in Browser

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print
1	13/11/18 14:41	Accident Statement	Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print
1	13/11/18 14:40	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
2	13/11/18 14:40	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
3	13/11/18 14:40	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
4	13/11/18 14:40	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
5	13/11/18 14:40	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
6	13/11/18 14:40	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
7	13/11/18 14:40	Identification Card [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
2	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
3	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
4	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
5	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
6	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
7	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
8	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
9	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
10	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
11	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
12	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
13	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
14	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
15	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
16	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
17	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
18	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
19	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
20	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
21	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
22	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
23	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print
24	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
25	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
26	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
27	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
28	30/11/18 07:52	General View	Load JPG	<input checked="" type="checkbox"/>
29	30/11/18 07:54	Dismantled Parts	Load JPG	<input checked="" type="checkbox"/>
30	30/11/18 07:54	Dismantled Parts	Load JPG	<input checked="" type="checkbox"/>
31	30/11/18 07:54	Dismantled Parts	Load JPG	<input checked="" type="checkbox"/>
32	30/11/18 07:54	Dismantled Parts	Load JPG	<input checked="" type="checkbox"/>
33	30/11/18 07:54	Dismantled Parts	Load JPG	<input checked="" type="checkbox"/>
34	30/11/18 07:54	Dismantled Parts	Load JPG	<input checked="" type="checkbox"/>
35	30/11/18 07:54	Dismantled Parts	Load JPG	<input checked="" type="checkbox"/>
36	30/11/18 07:54	Dismantled Parts	Load JPG	<input checked="" type="checkbox"/>
37	30/11/18 07:54	Dismantled Parts	Load JPG	<input checked="" type="checkbox"/>
38	30/11/18 07:54	Dismantled Parts	Load JPG	<input checked="" type="checkbox"/>
39	30/11/18 07:54	Dismantled Parts	Load JPG	<input checked="" type="checkbox"/>
40	30/11/18 07:54	Dismantled Parts	Load JPG	<input checked="" type="checkbox"/>
41	30/11/18 07:54	Dismantled Parts	Load JPG	<input checked="" type="checkbox"/>
42	30/11/18 07:54	Dismantled Parts	Load JPG	<input checked="" type="checkbox"/>
43	30/11/18 07:54	Odometer Reading	Load JPG	<input checked="" type="checkbox"/>

Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	28/11/18 17:07	PRS	Load PDF	
2	28/11/18 17:07	TP GIA	Load PDF	
3	28/11/18 17:08	OI GIA	Load PDF	
No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print
1	13/11/18 14:41	Accident Sketch Plan <small>[Linked Accident Report Documents]</small>	Load JPG	<input checked="" type="checkbox"/>
2	13/11/18 14:41	Accident Sketch Plan <small>[Linked Accident Report Documents]</small>	Load JPG	<input checked="" type="checkbox"/>
3	13/11/18 14:41	Individual Statement <small>[Linked Accident Report Documents]</small>	Load JPG	<input checked="" type="checkbox"/>

Linked Accident Report Documents

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print
1	13/11/18 14:41	Accident Statement	Load HTM	

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print
1	13/11/18 14:40	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
2	13/11/18 14:40	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
3	13/11/18 14:40	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
4	13/11/18 14:40	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
5	13/11/18 14:40	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
6	13/11/18 14:40	Accident Photo	Load JPG	<input checked="" type="checkbox"/>
7	13/11/18 14:40	Identification Card	Load JPG	<input checked="" type="checkbox"/>

Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print
1	13/11/18 14:41	Accident Sketch Plan	Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print
2	13/11/18 14:41	Accident Sketch Plan	 Load JPG	<input checked="" type="checkbox"/>
3	13/11/18 14:41	Individual Statement	 Load JPG	<input checked="" type="checkbox"/>

Documents Checklist

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

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<p>Show Remarks To: <input type="checkbox"/> Handling Insurer</p> <p><small>Note: Remarks are private unless you show it to other parties.</small></p>

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/CT118021425/GCD3E2

Date: 03/12/2018

REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMB1SN1700121801

Claimant Vehicle No: SLW6122D Insured Vehicle No: PA5104G

Date of Loss: 13/11/2018 Nature of Claim: TP Claim No: SNM18D05347C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SLW6122D**

Make & Model: TOYOTA WISH, 1.8 (A) Engine No: 2ZR0A61976

Reg. Date: 26/02/2018 (Man. Year: 2017) Chassis No: JTDGG20W70J008973

Colour: White Odometer: 0 km

Engine Capacity: 1798 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: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 195/65 R15 Rear Tyre Size: 195/65 R15

Front Left Side: Goodyear 6 mm Rear Left Side: Goodyear 6 mm

Front Right Side: Goodyear 6 mm Rear Right Side: Goodyear 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: 28/11/2018

Date Inspected: 27/11/2018 Inspected At: Team Autopro Pte Ltd (KAKI BUKIT)
No.8 Kaki Bukit Avenue 4, #06-21
Premier@ Kaki Bukit (Gate 2)
Singapore 415875

Estimated Period of Repair: 3.0 days

Adjuster: XING GUO QIANG**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 \$1,500.00 -\$2,000.00

REPAIR DETAILS

Reference	
Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 03 Dec 2018)
Parts: M1-MPV	TOYOTA WISH 1.8 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLW6122D)
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 >