

22/03/2002

ASS. REC. BY:

REF: CS3/CTI1802/488/R/cd3d

Special Instruction:

Surveyor: RASU

ASSIGNMENT (Office)

From (Person): Ong Chin Kiat

of CTI

Date/Time: 27/11/18 @ 11:35am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMA 685P

Insured: GBG9233A

at Workshop m/s

TP Autowork

Tel:

6816 5066 / 92312077 /

of

Gojulan lam huat #05-80 Camus Centre

94575818

Policy No:

DMCVSN 3092061700

Claim No:

SNM18D05485C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

20/11/2018

CA / REV / REP. / REV 24 HRS

wp)

H.O.D. Endorsement:

Date/Time:

27/11/18 @ 12:37pm

Person Contacted:

thomas

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SMA 685P - X
	GBG9233A - CS3/CTI17023758/Kpb3q2 DoA: 5/12/17

Passul

REF: CTI

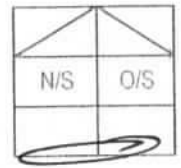
7053W
LOG XPIRY: 2026/80P

ASSIGNMENT

From: _____ Date: 28/11/18
Estimated Cost: _____
OD / TP WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SMA 685P
at Workshop m/s: T & P Autowork
of: Go Jalen Tem Huat #05-80 carros
Insured: Centre
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: thomas@ 9231 2077

Veh No: SMA 685P Yr Regn: 2006 / OCF
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: TOYOTA MUST 1.8A c.c. 1794
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 146246 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: ZNE 100329731
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Order / Jammed / Leaked / Burnt or
Brake: Order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R: _____

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.



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. 24/11/18 D.O.I. 28/11/18
Survey held at T & P Autowork
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

CA / REV / REP. / 24 HRS ^{up}
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	Estimated repair range \$7,000 - \$8,500

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Add Fee: Site Insp (\$)
 Interview (\$)
 Tech. Invs (\$)
 Weekend (\$)

Transportation
S + RS. SI
Photos
Others

Report Format :
Lump Sum / I.B.I: (\$)

TOTAL

150
150

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	23 Nov 2018		27 Nov 2018 11:35 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	YAP RENOVATION CONTRACTOR PTE LTD, Co. Reg. No.: 200000067K		
Main Claimant:	CROWN LEASING & CAR RENTAL, Co. Reg. No.: 53377053W		
Vehicle Reg. No.:	SMA685P	Date of Loss:	22/11/2018 11:00 - :59 [145 Months and 16 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / SNM18D05485C02	Policy/Cover Note No.:	DMCVSN3092061700 (Comprehensive) Coverage: 29/11/2017 - 28/11/2018
Vehicle Reg. No. (Insured):	GBG9233A	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	- Not Applicable - (-)		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Ong Chin Kiat]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 06/12/2018]		
Driver/Custodian (Insured):	NG LEAN CHAI (48 / Male), NRIC: S7077266C		

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.									

Ong Chin Kiat

From: Jacqueline Tan <jactan@visionlawllc.com>
Sent: Tuesday, 27 November, 2018 10:18 AM
To: Ong Chin Kiat
Subject: RE: Our Ref: T158/SMA685P/18 ; Your Ref: GBG 9233 A accident on 22-11-2018
Attachments: image001.emz

Dear Chin Kiat,

Refer to your email herein, please be informed that our client is not agreeable to your appointed surveyor as SJE, hence SJE is not agreed.

Please be informed that our client's vehicle available for Pre-Repair Inspection on the following address:-

T&P AUTOWORX PTE LTD
60 Jalan Lam Huat
#05-80 Carros Centre
Singapore 737869
Contact Person: Thomas / Phyllis: 6816-5066

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

FOR SURVEYOR

Please initial here after completion of pre-repair inspection.
Thank you.

Appointed surveyor
(Name & Signature) :

Date & Time of Inspection :

Regards

Jacqueline Tan
Secretary
Vision Law LLC
133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413
Tel: 6534-2811, Fax: 6535-6802

From: Ong Chin Kiat [mailto:chinkiat.ong@sg.cntaiping.com]
Sent: Tuesday, 27 November, 2018 10:10 AM
To: Jacqueline Tan
Subject: RE: Our Ref: T158/SMA685P/18 ; Your Ref: GBG 9233 A accident on 22-11-2018

Hi Jacqueline,

As spoke,

We shall appoint LKK Auto Consultants to conduct the pre repair survey.

Kindly let us have your client's workshop address for us to arrange to survey the vehicle.

Thank you.

Regards,

Ong Chin Kiat

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	23/11/2018 08:53
Date Of Accident	22/11/2018 11:15
Exact Location Of Accident	WHAMPOA EAST TOWARDS SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA685P
Insured/Policyholder	
Name Of Registered Owner	CROWN LEASING & CAR RENTAL
Co Reg No	53377053W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86833133
Alternative Phone No	OFFICE-68733133
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5102187669
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ALIFUDDIN BIN MOHAMED SALLEH
NRIC No	S9005602F
Date Of Birth	22/02/1990
Occupation	OUTDOOR
Date Of Driving Pass	10/11/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97260560
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 288 YISHUN AVENUE 6 #07-52
 Postcode 760288
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 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? YES
 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? YES
 If Yes, Please state which Police Station
 Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: CANNOT BE UPLOADED
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG9233A
 Vehicle Make/Model/Colour TOYOTA DYNA / LORRY
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver NG LEAN CHAI
 NRIC/Passport Number S7077266C
 Contact Number 81134682
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ALIFUDDIN BIN MOHAMED SALLEH
Approximate Age	
Injuries Sustain	NECK, SHOULDER AND BACK PAIN
Injured person in which vehicle?	SMA685P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 288 YISHUN AVENUE 6 #07-52
Postcode	760288

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) 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:

23 NOV 2018

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

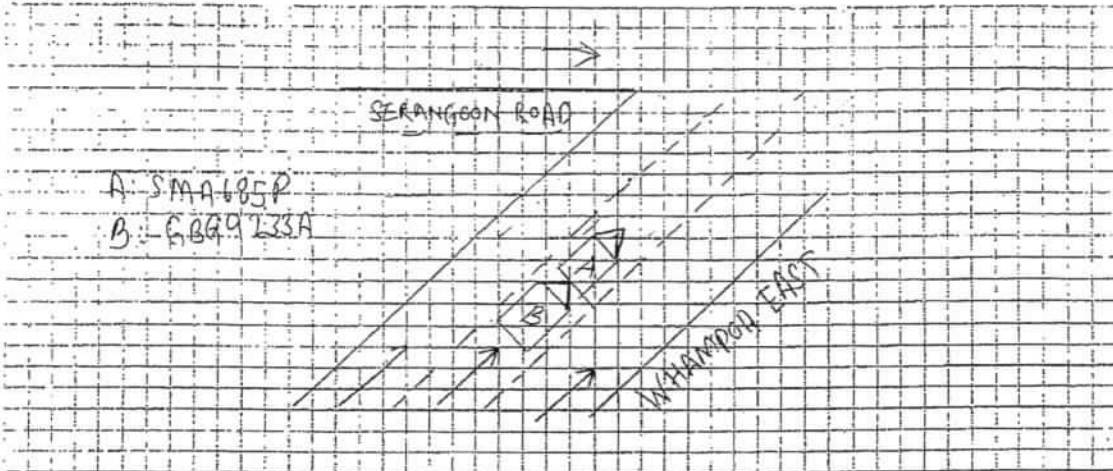


Reporting Centre Personnel's Signature

Name: **NG WING KIN JAMES**
NRIC/FIN No.: **S7927881E**

Sketch Plan #2 Pg. 1

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer
Police
Report

DECLARATION

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


Policyholder's Signature
Date & Time:

23 NOV 2018


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



Reporting Centre Personnel's Signature
Name: **NG WING KIN JAMES**
NRIC/FIN No.: **S7927881E**



**SINGAPORE
POLICE FORCE**



T/20181122/2158

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20181122/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2018 18:09	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars			
Name of Informant: MUHAMMAD ALIFUDDIN BIN MOHAMED SALLEH		Address: APT BLK 288 YISHUN AVENUE 6 #07-52 SINGAPORE 760288	
ID Type / ID No.: NRIC NO / S9005602F		Contact No.:	Mobile: 97260560
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 22/02/1990	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/11/2018 11:15	Type of Location: Y-Junction
Location: Along Road 1 WHAMPOA EAST				
Junction of Whampoa East towards Serangoon Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBG9233A	Lorry					0
SMA685P	Car				Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20181122/2158

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81.SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20181122/2158

CONTINUATION OF REPORT

Driver			
Name	Ng Lean Chai	ID No.	S7077266C
Related Vehicle	GBG9233A (Lorry)	Contact No.	81134682
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MUHAMMAD ALIFUDDIN BIN MOHAMED SALLEH	ID No.	S9005602F
Related Vehicle	SMA685P (Car)	Contact No.	97260560
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/11/2018	Date Discharge	22/11/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 22/11/2018 at about 1115hrs, I was driving my vehicle bearing the registration plate number SMA685P along Whampoa East towards Serangoon Road, My vehicle was already stationary at the junction in the middle lane of Whampoa east towards Serangoon Road, subsequently, I felt a big impact from the rear and later realized that the lorry has collided on the rear of my vehicle.

I then came out of the vehicle, when then exchange particulars and to settle the matter via insurance claimed. After the accident, I felt pain at my neck, shoulder and back. After my car was sent to the work shop, I took a Grab to Mount Alvernia Hospital to seek medical treatment, I was given 5 days of medical leave due to neck, shoulder and back pain.

My said car is a rented vehicle from Crown Leasing & car rental. My car rear side was totally damaged whereby the rear windscreen was totally shattered and rear booth was unable to open or unlock, and the rear bumper was dislodge and right rear bumper was dented.

The said lorry driver is one Ng Lean Chai S7077266C, Male/Chinese/48 Years Old, C/N: 81134682, lorry registration plate number GBG9233A.



**SINGAPORE
POLICE FORCE**



T/20181122/2158

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999






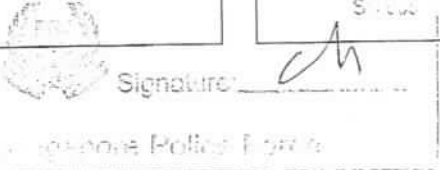
3 of 3
Report No. T/20181122/2158

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 3 CHIN JING SI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2018 18:09
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case: 
Authentication Stamp NP168	 Signature:  

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	23 Nov 2018		27 Nov 2018 11:35 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: **YAP RENOVATION CONTRACTOR PTE LTD**, Co. Reg. No.: 200000067K

Main Claimant: **CROWN LEASING & CAR RENTAL**, Co. Reg. No.: 53377053W

Vehicle Reg. No.: SMA685P	Date of Loss: 22/11/2018 11:00 - :59 [145 Months and 16 Days From LTA Reg Date (Man Yr)]
Claim Type: TP / SNM18D05485C02	Policy/Cover Note No.: DMCVSN3092061700 (Comprehensive) Coverage: 29/11/2017 - 28/11/2018
Vehicle Reg. No. (Insured): GBG9233A	Policy No. (Claimant):
	Excess: S\$0.00

Repairer: **- Not Applicable - (-)**

Handling Insurer: **China Taiping Insurance (Singapore) Pte. Ltd. (HQ)** - Tel: 6389 6111 ... [Handled by **Ong Chin Kiat**]

Adjuster: **LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [Handled by **MOHD RASUL**] ... [Final Rpt due 06/12/2018]

Driver/Custodian (Insured): **NG LEAN CHAI (48 / Male)**, NRIC: S7077266C

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

*SMA685P (SNM18D05485C02)
[GBG9233A]
TP
CROWN LEASING & CAR RENTAL
Nov 22 2018 11:00AM
[YAP RENOVATION CONTRACTOR PTE LTD]

Upload Documents Upload Photos Compose New Letter			View <input type="button" value="View in Browser"/>	
Photos/Images			3 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	30/11/18 08:03	Odometer Reading	Load JPG	<input checked="" type="checkbox"/>
2	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
3	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
4	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
5	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
6	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
7	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
8	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
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18	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
19	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
20	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
21	30/11/18 08:03	Front View Right	Load JPG	<input checked="" type="checkbox"/>
22	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
23	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
24	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
25	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
26	30/11/18 08:03	General View	Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>	
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	27/11/18 11:31	PRS	Load PDF	
2	27/11/18 11:35	INSD GIA REPORT	Load PDF	
3	27/11/18 11:35	TP GIA REPORT	Load PDF	

Documents Checklist

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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/CT118021488/R1CD3E2

Date: 03/12/2018

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN3092061700
Claimant Vehicle No :	SMA685P	Insured Vehicle No :	GBG9233A
Date of Loss:	22/11/2018	Nature of Claim:	TP
		Claim No:	SNM18D05485C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SMA685P	Engine No:	1ZZ2713148
Make & Model:	TOYOTA WISH, 1.8 (A)	Chassis No:	ZNE100329731
Reg. Date:	06/10/2006 (Man. Year: 2006)	Odometer:	146246 km
Colour:	Grey		
Engine Capacity:	1794 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:	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:	27/11/2018	
Date Inspected:	28/11/2018 Inspected At:	60 JALAN LAM HUAT#05-80 CARROS CENTER Repairer : T&AUTOWORX
Estimated Period of Repair:	7.0 days	

Adjuster: MOHD RASUL

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 \$7,000.00 - \$8,500.00

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 SMA685P)
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 >