

27/03/2002

ASS. REC. BY:

REF: C93 / LPC 18021885 / Rlsber

Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person):

Ong Li Li

of

LPC

Date/Time:

05122018 851am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

QBE 6905A

Insured:

YN 6171E

at Workshop m/s

TJ Car Care

Tel:

4751 5155

of

Blk 1010 Bukit Merah Lane 3 #01-115

Policy No:

Claim No:

18/18/18/VCOO/02178

Sum Insured:

Excess:

Make of Veh:

D.O.A.

03.12.2018

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time:

05122018 740am

Person Contacted:

Mr. Lim

Vehicle ☒ IN / OUT

Date/Time

Action/Instruction (X) Estimate

QBE 6905A - NBA / LPI 18021730 / Y

DCA: 03122018

YN 6171E - NBA / LPC 18021680 / Y

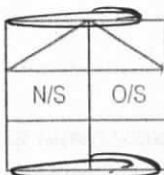
DCA: 03122018

PRR
From

REF: LPC

ASSIGNMENT

From: _____ Date: 05/12/18
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: GBE 6905A
at Workshop m/s TJ Car Care
of Blk 1010 Bukit Merah Lane 3 #01-115
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: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBE 6905A Yr Regn: 03 Mar / 2016
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: FIAT DOBLO C.C 1598
Colour: WHITE A/C: Insured / Std / NI / NA
Sp. Reading: 72059 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: ZFA 263000046392
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: 205/60R16
R: _____

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. 03/12/18 D.O.I. 03/12/18 @ 0322pm
Survey held at TJ CAR CARE

Des. of Damages Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	Submit PRR report.

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

1) 06/12/18 ☐ : Final Report
Type

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee: 450

Transportation: _____

) S + RS. SI

) Photos

) Others

TOTAL

450

Report Format : PRR

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

Catherine Chong (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Wednesday, 5 December, 2018 8:51 AM
To: Accident@kscgp.com; MT_Claim_SG; assignments@lkkauto.com; Admin-D (LKKAuto)
Cc: motor@kscgp.com
Subject: RE: 2nd PRS - Our Ref: 18/18/18/VC00/021178 and our ref: GBE6905A/GT/sy/cl
Attachments: 2nd PRS (reject) - 04.12.18.pdf; 1st PRS - GBE 6905A_20181204123234.pdf

Without Prejudice
Save as to Costs

Dear Calshie

We are not agreeable to your proposed list of surveyors and we shall appoint LKK Auto Consultants Pte Ltd to conduct the PRS.

Dear Catherine/Nivitha

Please refer to the attached and make the necessary arrangement.

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

From: Accident@kscgp.com [mailto:Accident@kscgp.com]
Sent: Tuesday, 4 December, 2018 6:17 PM
To: ONG LI LI; MT_Claim_SG
Cc: motor@kscgp.com
Subject: 2nd PRS - Our Ref: 18/18/18/VC00/021178 and our ref: GBE6905A/GT/sy/cl

Dear Li Li,

Please find enclosed our 2nd PRS for your attention.

Thank you.

Regards,
Calshie LIM
for and on behalf of Mr Gurdeep Singh Sekhon
KSCGP Juris LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708
Email: accident@kscgp.com

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contained in this communication nor for any delay in its receipt or damage to your system. We do not guarantee that the integrity of this communication has been maintained nor that this communication is free of viruses, interceptions or interference.

----- Original Message -----

From: ONG LI LI [<mailto:llong@lonpac.com>]

To: Accident@kscgp.com, mt_claim@lonpac.com

Cc: motor@kscgp.com

Sent: Tue, 4 Dec 2018 09:26:54 +0000

Subject: Our Ref: 18/18/18/VC00/021178 RE: 1st PRS - Notice to conduct Pre-Prepair Survey - Your insured's vehicle: YN 6171E and our ref: GBE 6905A/GT/sy/cl

Without Prejudice
Save as to Costs

Dear Sir/Mdm

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the following list to conduct the joint pre-repair survey as a single joint expert.

No.	Name	Please tick ✓
1	Kalvin Ang	
2	Xing Guo Qiang	
3	Mohamad Taufikh	
4	Bryan Ang	
5	Adrian Ling	
6	Mohammed Rasul	
7	Marcus Chua	
8	Kenneth Kong	
9	Muhammad Nazril Bin Abdullah	
10	Sathya Sai Kathirrasen	

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

From: Accident@kscgp.com [<mailto:Accident@kscgp.com>]

Sent: Tuesday, 4 December, 2018 12:40 PM

To: MT_Claim_SG

Cc: motor@kscgp.com

Subject: 1st PRS - Notice to conduct Pre-Prepair Survey - Your insured's vehicle: YN 6171E and our ref: GBE 6905A/GT/sy/cl

Dear Sirs,

Please find enclosed our 1st PRS Notice to conduct Pre-Prepair Survey, for your attention and necessary action.

Thank you.

Regards,

Calshie LIM

for and on behalf of Mr Gurdeep Singh Sekhon

KSCGP Juris LLP

10 Hoe Chiang Road

#13-03A Keppel Towers

Singapore 089315

Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708

Email: accident@kscgp.com

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Your Ref : 18/18/18/VC00/021178

Our Ref : GBE 6905A/GT/sy/cl

Date : 04 December 2018

Fax : 6538 3708

Tel : 3152 0982

Email : accident@kscgp.com

BY EMAIL ONLY

DATE OF ACCIDENT: 03 DECEMBER 2018

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email dated 04 December 2018

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/No.	Name of Surveyor	Company Name
1.	Andrew How	Prominent Appraiser Services Pte Ltd
2.	Ananda Kumar	United Appraisal & Management Pte Ltd
3.	Tan Ee Cherng	United Appraisal & Management Pte Ltd
4.	T. Thiyagarajan	ST Appraisal Services
5.	Francis Ng	Prestige Appraisal Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : TJ Car Care Services
Block 1010 Bukit Merah Lane 3
#01-115
Singapore 159724
Contact Person/Tel : Mr Lim Boon Leong / 9757 5155

Yours faithfully,

CL

Your Ref : 18/18/18/VC00/021178

Our Ref : GBE 6905A/GT/sy/cl

Date : 04 December 2018

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of
_____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

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	03/12/2018 17:42
Date Of Accident	03/12/2018 10:30
Exact Location Of Accident	ALEXANDRA RD BESIDE 438 ALEXANDRA POINT BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6905A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	HOCKLEE2000@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94366632
Alternative Phone No	OFFICE-94366632

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00032/VGZ/R03
Cover Note Number	

Driver

Name of Driver	LEE LEONG HOCK
NRIC No	S8582082F
Date Of Birth	06/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94366632
Fax Number	
Contact Number	OTHERS-94366632
Email Address	HOCKLEE2000@HOTMAIL.COM

Address	BLK 932B HOUGANG AVENUE 9 #04-100
Postcode	532932
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20181203/7013

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	YN6171E
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AZHAGESAN ARULVEL
NRIC/Passport Number	G6640684P
Contact Number	98613524
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGX1181U
Vehicle Make/Model/Colour MERCEDES BENZ BLACK
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MAK YOKE YING
NRIC/Passport Number S1366914G
Contact Number
Address 36 JAMBOL PLACE
Postcode 119363
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name LEE LEONG HOCK
Approximate Age
Injuries Sustain SERIOUS INJURY
Injured person in which vehicle? GBE6905A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan




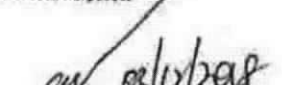
IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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' law firms/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' law firms/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.

Policyholder's Signature & Time _____ Driver's Signature (if driver is not the policyholder) & Time _____ Witnessed by Reporting Centre Personnel

Sketch Plan

43E PARKSQUARE ROAD	C A A B	A) GBE 6905A
		B) YN 6171E
		C) SGX 7181U

Accident Sketch Plan



Describe Circumstance of the Accident *


While driving onward along Alexandra Road, in front vehicle (SGX 1181U) break in sudden and I was break in time, suddenly the vehicle behind (YN6171E) knock on me and push me to the front vehicle

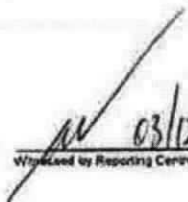
Police Report T/2018/1203/7013

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature  

Driver's Signature (if driver is not the policyholder) / Date & Time 

Witnessed by Reporting Centre Personnel  03/12/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181203/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181203/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2018 21:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE LEONG HOCK			Address: APT BLK 26 JALAN BERSEH #03-160 SINGAPORE 200026		
ID Type / ID No.: NRIC NO / S8582082F			Contact No.: Home/Office: Mobile: 94366632		
Nationality: MALAYSIAN			Email: hocklee2000@hotmail.com		
Sex: Male	Age: 32	Date of Birth: 06/12/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MARKET DEVELOPER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2018 10:05	Type of Location: Straight Road
Location: ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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
GBE6905A	Van	FIAT	Doblo+Maxi	White	Seriously Damaged	0
SGX1181U	Car	MERCEDES BENZ	A180	Black	Slightly Damaged	0
YN6171E	Lorry	ISUZU	Rewaro	White	Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181203/7013

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181203/7013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	LEE LEONG HOCK	ID No.	S8582082F
Related Vehicle	GBE6905A (Van)	Contact No.	94366632
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/12/2018	Date Discharge	03/12/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 3rd December 2018, at around 10.05am, I was driving my vehicle, bearing registration no. plate GBE6905A, on the second lane along Alexandra Road, towards Jalan Bukit Merah. When I reached the part outside 438 Alexandra Road, I pulled my vehicle to a stop behind the vehicle in front, due to traffic building up before us. Suddenly, I heard aloud collision from my rear, and the impact caused my vehicle to surge forward, causing my vehicle to hit the vehicle in front, resulting in a 3 cars chain collision. I got down and realised that another vehicle, bearing vehicle no. plate YN6171E, has rear-ended my vehicle causing my vehicle to hit the front vehicle, plated SGX1181U. After the accident, I felt some pain and discomfort at my neck and back area and it persisted. Hence, I went over to Mount Alvernia Hospital in the evening to seek immediate medical attention and was awarded with 5 days of medical leave from 3/12/18 to 7/12/18. I am making this report for insurance claim purposes.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181203/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20181203/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/12/2018 21:47

Classification Of Case:


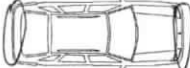
**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
LONPAC INSURANCE BHD		Ref: CS3/LPC18021885/R1sbe2		
300 BEACH ROAD		Date: 12-12-2018		
#17-04/07 THE CONCOURSESINGAPORE 199555				
		Code: LPC2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	YN 6171E	Veh. Inspected	GBE 6905A	
Policy No.		Coverage (\$)	0.00	
Claim No.	18/18/18/VC00/021178	Excess (\$)	0.00	
Assign From	ONG LI LI	Assign Date	05/12/2018	
2. Vehicle Particulars & Condition				
Make & Model	FIAT DOBLO	c.c	1598	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	ZFA26300006B46392	Colour	WHITE	
Odometer	72059 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	YOKOHAMA	6 mm	
L/H Front Tyre	205/60 R16	YOKOHAMA	6 mm	
R/H Rear Tyre	205/60 R16	YOKOHAMA	6 mm	
L/H Rear Tyre	205/60 R16	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.				
5. General Information				
Accident Date	03/12/2018	Inspect Date / Time	05/12/2018 (03:22 PM)	
Survey held at	TJ CAR CARE SERVICES BLK 1010, BUKIT MERAH LANE 3 #01-115 SINGAPORE 159724			
5a. Remarks				
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.				

Report Ref No. CS3/LPC18021885/R1sbe2

Inspected By



MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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