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SGN 3308L	- X:				•
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	10011				

From: Date: 020120N Veh No. JBJ 1877 Yr Regn. 23/11/20 Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Cap / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Lorry / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Lory / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Lory / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Lory / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Lory / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Lory / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Lory / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Lory / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Lory / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Lory / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Lory / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Lory / Taxi / Prime Mover / Type: M.Car / M.Cycle / Bus / Lory / Taxi / Prime Mover / Lord / Taxi / P	REF: SMO	
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...CLAIM SUBFOLDER...(New Assignment)

Claim Type: TP / CMTD1805578 Note No.: Vehicle Reg. Policy No.	
CLAIM SUBFOLDER DETAILS Insured: ANG ENG TECK, ID: S7504645F, Tel: +6590037575, Email: NOEMAIL MENG CHENG TRANSPORT & SERVICES, Co. Reg. No.: 53378329A Menicle Reg. Mo.: Date of Loss: 15/12/2018 16 Menicle Reg. Mo.: TP / CMTD1805578 Menicle Reg. Mo.: Policy/Cover Note No.: Policy No. Menicle Reg. M	insurer]
ANG ENG TECK, ID: S7504645F, Tel: +6590037575, Email: NOEMAIL Main	
ANG ENG TECK, ID: S7504645F, Tel: +6590037575, Email: NOEMAIL Main Claimant: MENG CHENG TRANSPORT & SERVICES, Co. Reg. No.: 53378329A Claimant: Claimant: Date of Loss: 15/12/2018 16 No.: Policy/Cover Note No.: D18MTPV0101 Vehicle Reg. Policy No. Policy	5:00 - :59
Date of Loss: 15/12/2018 16	5:00 - :59
No.: Policy/Cover Note No.: Policy No.	5:00 - :59
Claim Type: TP / CMTD1805578 Note No.: DISMITYVIIII Vehicle Reg. Policy No.	
	8953 (Third Party Only)
No. SGN3308L (Claimant):	
Excess:	William 2010 2010
Repairer: Wee Hoe Auto Service (HQ) 19 Kim Chuan Terrace, Singapore 537041, 537041 Kaki B	ukit - Tel: 68580019
Handling Insurer: Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 [Handled by NGO SA	
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Final Rpt due 31/12/26]	016]
Driver/Custo dian (Insured): ANG ENG TECK (43 / Male), NRIC: S7504645F, Tel: +6590037575	
ASSOCIATED MAIL RECEIVED	View All Compose Case Ma
There are no mail for this case.	
ALL ASSOCIATED TASKS	Search Tasks Create New Task Comple

Task Group

Due Date No results.

Nivitha (LKK Auto)

From:

Teo, Grace <grace.teo@sompo.com.sg>

Sent:

Thursday, 20 December 2018 9:46 AM

To:

admin-d@lkkauto.com; assignments@lkkauto.com

Cc:

ct-admin@visionlawllc.com; Ngo, Sau Wei Shawn; Ye, Yong Kang Melvin; Henry,

Irene James

Subject:

CMTD1805578/NSW - SUV(LKK)/ SGN3308L & GBJ187T ACC ON 15.12.18

Attachments:

1492_001.pdf

Our Reference: CMTD1805578/NSW

Dear LKK AUTO,

Please make arrangement to conduct the survey for GBJ187T on a without Prejudice Basis and any admission of liability basis.

Please submit with your report via Merimen upon completion of survey.

The repairer is as follows:

WEE HOE AUTO SERVICE 19 KIM CHUAN TERRACE SINGAPORE 537041

TEL: 68580019 (KIAT)

Best Regards
Grace Teo
Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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"disclosure is permitted/required by laws, our third party service providers and agents (acting on our behalf). Please click here for our Privacy Policy

From: ct-admin@visionlawllc.com [mailto:ct-admin@visionlawllc.com]

Sent: Thursday, December 20, 2018 9:28 AM To: Claims - Motor Survey

Subject: Attached Image

VISION LAW LLC

Agents for Trade Marks (Incorporated with limited liability

Company Registration No. 200721148H

ERIC NG CHING BOON ERIC NG CHING BOON WONG KENG LEONG RAYNEY AUDREY WONG SU-HSIEN PAUL YAP TAI SAN ANJALLI D/O MUNIANDY SEGA PARAM ANG KIM NOI DIANE RAVENDRA KRISHNASAMY JANICE HAN JIA LIN TAN YINGXIAN, SELWYN CHEONG YUNHUI, CLARISSA EDISON TAM CHYI EU

Head Office: 133 New Bridge Road #18-01/02 Chinatown Point Singapore 059413 Branch: 490 Toa Payoh Lorong 6

#03-11 HDB Hub Singapore 310490 HEAD OFFICE:

: 65342811 (Hunting) FAX : 65356802 (General)

BY FAX 6221 3147 & EMAIL

motorsurvey@sompo.com.sg

E-MAIL: annatan@visionlawlic.com

BRANCH

TEL: 63580703

: 63580448(conveyancing) FAX

WHEN REPLYING PLEASE QUOTE OUR REFERENCE - Please reply to HEAD OFFICE for this matter

OUR REF: AKN-atv-INS-W30-GBJ187T-2018 - please reply to: annatan@visionlawllc.com

YOUR REF: SGN 3308 L

20 December 2018

SOMPO INSURANCE COMPANY LTD

50 Raffles Place #05-01/06 Singapore Land Tower Singapore 048623

Attn: Motor Claims Department

Dear Sirs

NAME OF CLAIMANT: MENG CHENG TRANSPORT & SERVICES

VEHICLE NUMBER: GBJ 187 T

YOUR INSURED VEHICLE NUMBER: SGN 3308 L

ACCIDENT ALONG BOON LAY DRIVE ON 15 DECEMBER 2018 AT ABOUT 1700HOURS

We refer to your email dated 19 December 2018 wherein there is no agreement to the appointment of Single Joint Expert for this matter.

Please be informed that the said vehicle can be inspected at :

WEE HOE AUTO SERVICE 19 KIM CHUAN TERRACE SINGAPORE 537041

Contact Person:

TEL: 6858-0019 (KIAT)

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.

Yours faithfully

(Head Office)

GBJ 187 T - By fax 6858-0195 only

FOR SURVEYOR

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

Appointed surveyor (Name & Signature)

Date & Time of Inspection:

CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATEDABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID: Vehicle Details	8329A
Vehicle No.:	GBJ187T
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Jan 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 5DR MT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	1KD2830965
Chassis No.:	JTFHT02P000246235
Maximum Power Output:	•
Open Market Value:	\$28,136.00
Original Registration Date:	23 Nov 2018
First Registration Date:	23 Nov 2018
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$1,407.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	•
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	22 Nov 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$23,840.00
COE Rebate Amount:	\$23,575.00
Total Rebate Amount:	\$23,575.00

The information contained herein is correct as at 02 Jan 2019

ОК

1:

MVA318162878 / VAC - Kaki Bukit ENTRY DATE & TIME: 18/12/2018 15:58 SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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.

atoresaid.	ACCIDENT STATEMENT
	-
Date Of Report	18/12/2018 15:58
Date Of Accident	15/12/2018 17:00
Exact Location Of Accident	BOON LAY DRIVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ187T
Insured/Policyholder	
Name Of Registered Owner	MENG CHENG TRANSPORT & SERVICES
Co Reg No	53378329A
Email Address	JRSIR1984@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-90088701
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE VAN
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5100224794-01
Cover Note Number	
Driver	
Name of Driver	QUEK KAI YUNG
NRIC No	S8403244A
Date Of Birth	06/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90955634
Fax Number	

JRSIR1984@GMAIL.COM

Address

BLK 16 MARSILING LANE #11-183

Postcode

730016

OTHER - HIRER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles (including own vehicle) involved in the accident

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

I WAS TURNING LEFT AND STOPPED HALFWAY WHILE WAITING FOR THE PEDESTRIANS TO CROSS. SUDDENLY, A VEHICLE FROM BEHIND KNOCKED INTO THE REAR PORTION OF MY VEHICLE. (ATTENDED BY: JAMES NG)

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

SGN3308L

Vehicle Make/Model/Colour

HONDA CIVIC

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ANG ENG TECK

NRIC/Passport Number

S7504645F

Contact Number

82257575

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 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.
- 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
- 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:

- 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)
 - 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 malling 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/mall 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
- 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.
- 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 Sig Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

t Plan had general adversion of

Reg. No: 533783294

IDAC KAKI BUKIT (VAC)

Reporting 23 Makis Bulkit saysure

Singapore 415933 Name: NRT&HN9416697 Fax: 67492305

Email: vackb@sinanet.com.sq

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ANY

SKETCH PLAN

We declare the foregoing particulars are true in every respect.

Policyfiolder's Said Date & Times

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

.1 9 DEC 2018

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Cents Reporte 415933

Name: 67416697 Fax: 67492305

NRIC/FIN No. 1: vackb@singnet.com.sg



MENG CHENG TRANSPORT & SERVICES
BLK 531A, UPP CROSS STREET, #04-113, HONG LIM COMPLEN, SINGAPORE 031531
TEL: 65 9239 5579 (Rui Fen) / 65 9008 8701 (Stephen)
ROC NO: 53378829A

	RENTAL	AGREEMENT			and the second	-Secondary	
2018年於主義 2011年	And Sandard	ar deliner			ист – 18/0	301	24
Name: W/S Forwarders			NRIC / R	oc: 533	254784	1	
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and an arrange of							
	经第二次的的复数	E CHAIGES L. T					
Vehicle No: GSJ 187 丁	Make & Model:					_	
Rental Period: 2 year	Charges: \$159		Deposit				
Date Out: 29/11/18 Time	: 12.200m	Mileage:		Fuel Level			
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*INTEREST OF LATE PAYMENT 1 IMPORTANT NOTES: Restricted		ılır	. :				×:
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Hirer is liable to pay first insurance Exce	ss SS to in a	my accident plus lost o	fearnings w	hlle damaged	vehicle is und	er repair.	
Hirer is liable for all Parking Fines and T	raffic Violations.						
Driver must be above 23 years with min	imum 2 years driving ex	perlence.					
Vehicles return during office hours only	. No services on Public F	Holidays and Sundays.					
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Date Out:	Time:	Mileage:		- 1	uel Level:		

Checked By:	Deposit Ref	und:	
Remarks:			
Date Out:	Time:	Mileage:	Fuel Level:

Signature of Hirer / Driver

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

	OLDER TRA	T	Add Anthony	A del Paris	Adi Cubmitted	Ins Auth'ed	Status	
	Notified 17 Dec 2018	Est Submitted	Adj Assigned 19 Dec 2018 16:49 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt	ins Autheu	Pending for S Report Cancel Case	urvey
,	Main	R	eference	Claim De	tails	Documents	S	how All
CLAIM SUI	BFOLDER DE	TAILS			[Created	d by insurer]		
Insured:	ANG ENG	TECK, ID: S750	4645F, Tel: +659	0037575, Email: N	OEMAIL			
Main Claimant:	MENG CH	ENG TRANSPOR	T & SERVICES, C	o. Reg. No.: 53378	329A			
Vehicle Reg. No.:	GBJ187	Т		Date of	Loss: [22 Days	18 16:00 - :59 From LTA Reg Date (M	an Yr)]	
Claim Type:	TP / CM	TD1805578		Policy/0 Note No		01018953 (Third Party	Only)	
Vehicle Reg. No. (Insured):	SGN3308	L		Policy N (Claima	10000			
				Excess				
Repairer:	Wee Hoe	Auto Service (H	Q) 19 Kim Chuan Te	rrace, Singapore 53	37041, 537041 Ka	aki Bukit - Tel: 685800	19	
Handling Insurer:	Sompo Ir	surance Singap	ore Pte. Ltd. (HQ)	- Tel: 6461 6555	[Handled by NG	O SAU WEI SHAWN -	6329 5202]	
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561 [Handle	d by XING GUO	QIANG] [Final R	ot due 31/12	/2018]
Driver/Custo dian (Insured):		TECK (43 / Male),	NRIC: S7504645F	, Tel: +6590037	575			
ASSOCIAT	ED MAIL RE	CEIVED				View A	I Compose	Case Mai
There are no	mail for this	case.						
ALL ASSO	CIATED TAS	sks⊟			View All	Search Tasks Crea	te New Task	Complete
Due Date	Priority	Type Task	Group Subjec	t Handler	Assigned By	Completed On	Created On	Done

Claim Documents

*GBJ187T (CMTD1805578)

[SGN3308L]

TP

MENG CHENG TRANSPORT & SERVICES

Dec 15 2018 4:00PM

[ANG ENG TECK]

Wee Hoe Auto Service

Ass	essment Reports		1 per page	✓
No	Finalized On	Sompo Insurance Singapore Pte. Ltd. (HQ)	Thumbnail	Print
1	19/12/18 16:50	Accident Statement From:SC - Reg. No: SGN3308L, Claimant: ANG ENG TECK	1 Load HTM	
Pho	otos/Images		3 per page	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	02/01/19 10:49	General View	1 Load JPG	✓
2	02/01/19 10:49	General View	■ Load JPG	✓
3	02/01/19 10:49	General View	Load JPG	V
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1	19/12/18 15:40	Third Party E-filed GIA report(M)	1 Load PD	F
2	19/12/18 16:49	Pre-Repair Survey - ASSIGN LKK	1 Load PD	F

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
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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/SMO18022816/ECD3E2

Date:

08/01/2019

REFERENCE

Handling Insurer: Sompo Insurance Singapore Pte. Ltd. Policy No:

D18MTPV01018953

Claimant Vehicle

le GBJ187T

Insured Vehicle No: SGN3308L

No: Date of Loss:

15/12/2018

Nature of Claim:

TP

Claim No: CMTD1805578

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

GBJ187T

Make & Model:

TOYOTA HIACE, 2.0 (M)

Engine No:

1KD2830965

4018 km

Reg. Date: Colour: 23/11/2018 (Man. Year: 2018) Silver Chassis No: Odometer: JTFHT02P000246235

Engine Capacity:

2002 --

2982 cc

Market Value/New Car Price: N/A

NI/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Voc

Handbrake (Serviceable):

Yes Engine Modification:

No Pre-accident Condition:

Yes

CONDITION OF TYRES

Front Tyre Size:

195 R15C

Rear Tyre Size:

195 R15C

Front Left Side:

Bridgestone 7 mm

Rear Left Side:

Bridgestone 7 mm

Front Right Side:

Bridgestone 7 mm

Rear Right Side:

Bridgestone 7 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:

19/12/2018

Date Inspected:

02/01/2019 Inspected At:

Wee Hoe Auto Service (HQ)

19 Kim Chuan Terrace, Singapore 537041

Singapore 537041

Estimated Period of Repair:

6.0 days

Adjuster: XING

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 \$5,000.00 -\$6,000.00

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 08 Jan 2019)

Parts: N/A TOYOTA HIACE 2.0 (M) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for GBJ187T)

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 >