

22/03/2002

ASS. REC. BY:

REF:

CS3/CT118022833/71cd307

Special Instruction:

Surveyor:

Taufik
Mehmen

ASSIGNMENT (Office)

From (Person):

Elaine Cheong

of

CT1

Date/Time:

20/12/18 @ 1:26pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

PC14072

Insured:

GBE 9238Y

Nissan

Qatar

at Workshop m/s

V-tech Auto

Tel:

62646222

of

No.1 800 Lee Street #06-04

Policy No:

DMCVSN1811361800

Claim No:

8NM18D0584602

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 17/12/2018

CA / REV / REP. / REV 24 HRS

rup

H.O.D. Endorsement:

Date/Time:

1:50pm @ 20/12/18

Person Contacted:

Ms-Chong

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	PC14072-X
	GBE9238Y-X
	Dismantle: 21/12/2018

REF:

CT1

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

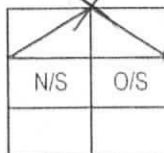
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

		N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 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: PC14072 Yr Regn: 2010 April

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

- Estimated repair range \$5,000 - \$6,000

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

) \$ + RS \$ SI

) Photos

) Others

TOTAL

Report Format: PRS

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

150

26/12/2018

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	19 Dec 2018		20 Dec 2018 13:26 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	LBE CONSTRUCTION PTE LTD, Co. Reg. No.: 200808719K		
Main Claimant:	COMBI EXPRESS, Co. Reg. No.: 53206792D		
Vehicle Reg. No.:	PC1407Z	Date of Loss:	17/12/2018 14:00 - :59
Claim Type:	TP / SNM18D05845C02	Policy/Cover Note No.:	DMCVSN1811361800 (Comprehensive)
Vehicle Reg. No. (Insured):	GBE9238Y	Policy No. (Claimant):	5098649556
		Excess:	S\$0.00
Repairer:	V-Tech Auto Service (HQ) No.1 Soon Lee Street, #06-04 Pioneer Center, 627605 Pioneer - Tel: 62646211		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]		
Claimant's Insurer:	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 02/01/2019]		
Driver/Custodian (Insured):	VIJAYAREGUNATHAN ALAGURAJ (27 / Male), NRIC: G2520408K, Tel: +6591336774		
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.									

CrossBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref: AJ.tk.VT (PC1407Z)
Your Ref: GBE9238Y

18 December 2018

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909
Attn: Motor Claims Department

BY FAX: 6224 7478 & EMAIL

URGENT

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413
TEL: 6438 1323
FAX: 6438 2313

BRANCH OFFICE
1 JALAN BERSEH
#03-12 NEW WORLD CENTRE
SINGAPORE 209037

PLEASE SEND ALL
CORRESPONDENCES TO
THE MAIN OFFICE

WE DO NOT ACCEPT
SERVICE BY FAX

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY
CLAIMANT: PETER CHIA KIM HAY
TRAFFIC ACCIDENT ON 17 DECEMBER 2018 AT 14:40 HRS ALONG BLK 602 (CARPARK LOT NO43) CLEMENTI WEST STREET 1 INVOLVING VEHICLES NO. PC1407Z & GBE9238Y

We are instructed by Peter Chia Kim Hay to notify you of a road accident on 17 December 2018 at about 14:40 hrs along Blk 602 (Carpark Lot NO43) Clementi West Street 1 involving our client's vehicle registration number PC1407Z and vehicle registration number GBE9238Y driven by your insured at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days (excluding any intervening Saturday, Sunday and Public Holiday) of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

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

Venue: V-Tech Auto Service
Address: 1 Soon Lee Street #06-04 Pioneer Centre
Singapore 627605
Contact: Ms Chong @ 6264 6222

Please liaise with the above workshop directly.

Yours faithfully

CrossBORDERS LLC

Crossborders LLC

Email: corene@crossbordersllc.com /

huiting@crossbordersllc.com

encs

**PLEASE LET US KNOW THE DATE
OF THE PRE-REPAIR INSPECTION**

.....

CONFIDENTIALITY CAUTION

THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CrossBORDERS LLC

A LIMITED LIABILITY CORPORATION, REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

Email: jbl@idac.com.sg

Tel no: 6555 6111 Fax no: 6515 5215

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 17 / 12 / 2017 (dd/mm/yy) Time of Accident: 14:40 (24-HR-FORMAT)
Vehicle No.: PC 14072 Vehicle Make & Model: T/Hiace Highroof
Exact location of Accident: Blk 602 (Car park Lot 2043) Clementi West St 1
Policyholder's Name / IC No.: Combi Express 532067920
Driver's Name / IC No.: Peter Chia Kim Hay S15283420 (As Above) ☐
Driver's Contact No.: 9388 1102 Company Contact No.: /
Driver's Address: Blk 602 Clementi West St 1 #03-25 (S) 120602
Email address (if any): _____ Insurance Company: N/UC

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): 1

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBE 9238 Y

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

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.

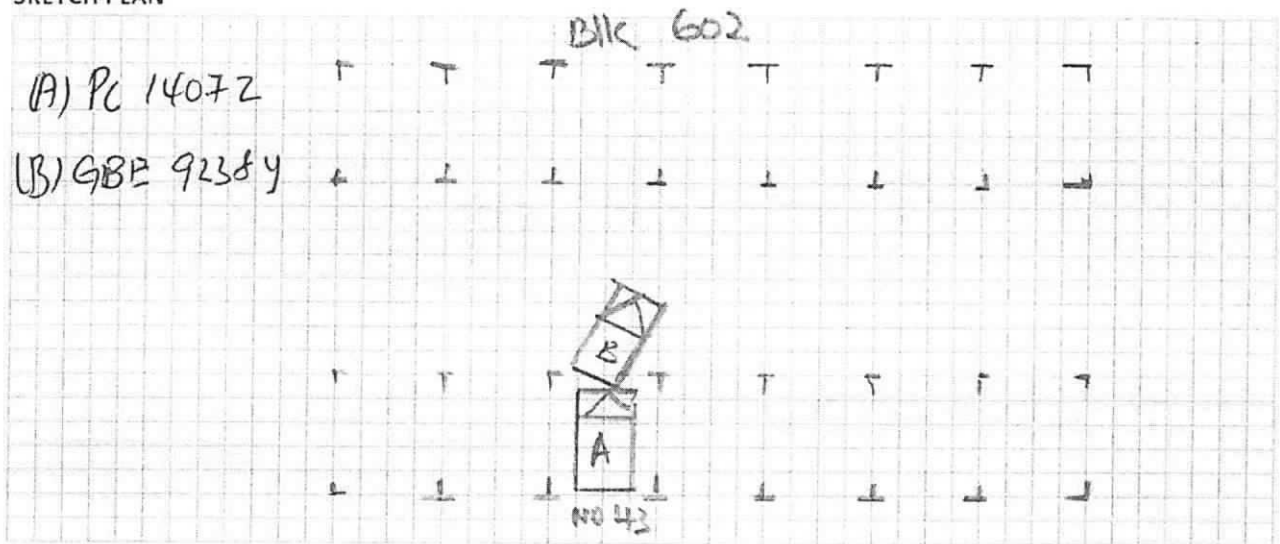


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My (A) car was parked at my Car Park. When I came down to my car and wanted to drive off to work, I noticed that my front was knocked and the front of my car was badly damaged. I notice that at the mirror there was a note saying that my car was knocked by him (B) and he left his phone nos. 91336774. I called him and we meet at my block. After we met and talked to his company, both the company asked me to claim the insurance. Thank You

DECLARATION

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



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.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	6792D
Vehicle Details	
Vehicle No.:	PC1407Z
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Dec 2018
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA HIACE HIGHROOF AUTO 14 SEATER
Primary Colour:	White
Manufacturing Year:	2010
Engine No.:	1KD1992716
Chassis No.:	JTFST22P400008146
Maximum Power Output:	-
Open Market Value:	\$36,695.00
Original Registration Date:	29 Apr 2010
First Registration Date:	29 Apr 2010
Transfer Count:	2
Actual ARF Paid:	\$1,835.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Apr 2020
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$36,511.00
COE Rebate Amount:	\$4,938.00
Total Rebate Amount:	\$4,938.00

The information contained herein is correct as at 24 Dec 2018

OK

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	18/12/2018 11:09
Date Of Accident	17/12/2018 14:40
Exact Location Of Accident	BLK 602 (CARPARK LOT NO43) CLEMENTI WEST ST 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1407Z
Insured/Policyholder	
Name Of Registered Owner	COMBI EXPRESS
Co Reg No	53206792D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93881102
Alternative Phone No	OFFICE-93881102

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098649556
Cover Note Number	

Driver

Name of Driver	PETER CHIA KIM HAY
NRIC No	S1528342D
Date Of Birth	12/01/1962
Occupation	INDOOR
Date Of Driving Pass	20/07/1993
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93881102
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 602 CLEMENTI WEST ST 1 #03-25
Postcode	120602
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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 TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE9238Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

IMPORTANT NOTICE

SKECH PLAN

3. The data were used for the analysis of the relationship between the financial position of the company and the level of the debt.
4. The data were used for the analysis of the relationship between the financial position of the company and the level of the debt.
5. The data were used for the analysis of the relationship between the financial position of the company and the level of the debt.
6. The data were used for the analysis of the relationship between the financial position of the company and the level of the debt.
7. The data were used for the analysis of the relationship between the financial position of the company and the level of the debt.
8. The data were used for the analysis of the relationship between the financial position of the company and the level of the debt.
9. The data were used for the analysis of the relationship between the financial position of the company and the level of the debt.
10. The data were used for the analysis of the relationship between the financial position of the company and the level of the debt.

^a A one-tailed *t*-test comparing the reference and the training data distributions. The *t*-test compares the mean of the reference data distribution with the mean of the training data distribution. The *t*-test is one-tailed because we are only interested in whether the training data distribution is significantly different from the reference data distribution. The *t*-test is significant at the 0.05 level.

1. *Journal of the American Medical Association*, 1997; 278: 1039-1044.

114 JOURNAL OF DOCUMENTATION

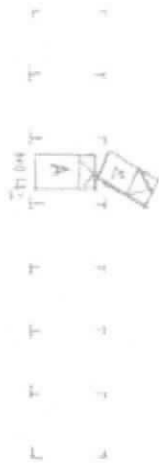




Sketch Plan #2

SKETCH PLAN

Plk 602
 81 Pl 14032
 181 602 92549



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My 81 car was parked at my car park. When I came down to my car and wanted to drive off to work, I noticed that my front was knocked and the front of my car was badly damaged. I noticed that at the same time was a note saying that my car was knocked by him and he left his plate at 91336994. I called him and we met at my block. After we met and talked to this company, the company asked us to claim the amount from him.

DECLARATION
 I hereby declare that the above is a true and correct statement of the facts of the accident.
 Signature: [Signature]
 Name: [Name]
 Date: [Date]

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	19 Dec 2018		20 Dec 2018 13:26 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					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	LBE CONSTRUCTION PTE LTD , Co. Reg. No.: 200808719K								
Main Claimant:	COMBI EXPRESS , Co. Reg. No.: 53206792D								
Vehicle Reg. No.:	PC1407Z	Date of Loss:	17/12/2018 14:00 - :59 [103 Months and 18 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM18D05845C02	Policy/Cover Note No.:	DMCVSN1811361800 (Comprehensive)						
Vehicle Reg. No. (Insured):	GBE9238Y	Policy No. (Claimant):	5098649556						
		Excess:	S\$0.00						
Repairer:	V-Tech Auto Service (HQ) No.1 Soon Lee Street, #06-04 Pioneer Center, 627605 Pioneer - Tel: 62646211								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]								
Claimant's Insurer:	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 02/01/2019]								
Driver/Custodian (Insured):	VIJAYAREGUNATHAN ALAGURAJ (27 / Male), NRIC: G2520408K, Tel: +6591336774								
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

*PC1407Z (SNM18D05845C02)
[GBE9238Y]
TP
COMBI EXPRESS
Dec 17 2018 2:00PM
[LBE CONSTRUCTION PTE LTD]
V-Tech Auto Service

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Yew Tee Automobile Tech Pte Ltd (Kaki Bukit)	Thumbnail	Print
1	18/12/18 11:13	Video - Accident [Linked Accident Report Documents]	Load AVI	
2	18/12/18 11:13	Video - Accident [Linked Accident Report Documents]	Load AVI	
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Yew Tee Automobile Tech Pte Ltd (Kaki Bukit)	Thumbnail	Print
1	18/12/18 11:14	Accident Statement	Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	Yew Tee Automobile Tech Pte Ltd (Kaki Bukit)	Thumbnail	Print
1	18/12/18 11:13	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
2	18/12/18 11:13	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
3	18/12/18 11:13	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
4	18/12/18 11:13	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
5	18/12/18 11:13	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
6	18/12/18 11:13	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
7	18/12/18 11:13	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
8	18/12/18 11:13	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
9	18/12/18 11:13	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
10	18/12/18 11:13	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
11	18/12/18 11:13	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
12	18/12/18 11:13	Accident Photo [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	24/12/18 12:22	General View	Load PDF	
2	26/12/18 11:41	Photographs of Damaged Parts	Load PDF	
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	20/12/18 13:25	PRS WITH TP GIA	Load PDF	
2	20/12/18 13:25	OI GIA	Load PDF	
No	Finalized On	Yew Tee Automobile Tech Pte Ltd (Kaki Bukit)	Thumbnail	Print
1	18/12/18 11:13	Sketch Plan [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>
2	18/12/18 11:13	Sketch Plan #2 [Linked Accident Report Documents]	Load JPG	<input checked="" type="checkbox"/>

Linked Accident Report Documents

				View	View in Browser
Video				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Yew Tee Automobile Tech Pte Ltd (Kaki Bukit)		Thumbnail	Print
1	18/12/18 11:13	Video - Accident		Load AVI	
2	18/12/18 11:13	Video - Accident		Load AVI	
Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Yew Tee Automobile Tech Pte Ltd (Kaki Bukit)		Thumbnail	Print
1	18/12/18 11:14	Accident Statement		Load HTM	
Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Finalized On	Yew Tee Automobile Tech Pte Ltd (Kaki Bukit)		Thumbnail	Print
1	18/12/18 11:13	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
2	18/12/18 11:13	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
3	18/12/18 11:13	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
4	18/12/18 11:13	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
5	18/12/18 11:13	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
6	18/12/18 11:13	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
7	18/12/18 11:13	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
8	18/12/18 11:13	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
9	18/12/18 11:13	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
10	18/12/18 11:13	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
11	18/12/18 11:13	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
12	18/12/18 11:13	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Yew Tee Automobile Tech Pte Ltd (Kaki Bukit)		Thumbnail	Print
1	18/12/18 11:13	Sketch Plan		Load JPG	<input checked="" type="checkbox"/>
2	18/12/18 11:13	Sketch Plan #2		Load JPG	<input checked="" type="checkbox"/>

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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/CTI18022833/T1CD3E2

Date: 28/12/2018

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMCVSN1811361800

Claimant Vehicle
No: PC1407ZInsured Vehicle
No: GBE9238Y

Date of Loss: 17/12/2018

Nature of Claim: TP

Claim
No: SNM18D05845C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: PC1407Z

Make & Model: TOYOTA HIACE, 3.0 (A)

Engine No: 1KD1992716

Reg. Date: 29/04/2010 (Man. Year: 2010)

Chassis No: JTFST22P400008146

Colour: White

Odometer: 611297 km

Engine Capacity: 2982 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 R15	Rear Tyre Size:	195 R15
Front Left Side:	Michelin 6 mm	Rear Left Side:	Michelin 6 mm
Front Right Side:	Michelin 6 mm	Rear Right Side:	Michelin 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: 20/12/2018

Date Inspected: 20/12/2018 Inspected At:

V-Tech Auto Service (HQ)
No.1 Soon Lee Street, #06-04 Pioneer
Center
Singapore 627605

Estimated Period of Repair: 6.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

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: 28 Dec 2018)	
Parts:	N/A	TOYOTA HIACE 3.0 (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for PC1407Z)	
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 >