

2/20/2017

ASS. REC. FY

REP: 083/1pc19002914/Btd367

of Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Gerald Poh

of

LPC

Date/Time: 7/12/19 @ 10:30am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKU 9004P

Insured:

SLQ 8508T

at Workshop m/s

Wee Hoe Auto

Tel:

6888 0019

of

19 Kim chuan terrace

Policy No:

Claim No:

19/19/19/VPOS/021423

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

5/2/2019

CA / REV / REP. / REV 24 HRS

up

H.O.D. Endorsement:

Date/Time:

12:00pm 15/2/19

Person Contacted:

Mr. Kiat

Vehicle IN/OUT

OUT

Date/Time

Action/Instruction (X) Estimate

SKU 9004P - NA/CTI 19002488/19

DUA: 5/2/19

SLQ 8508T - NA/CTI 19002488/19

DUA: 5/2/19

8/3/19

Submit PRS Report

REF: LPC

ASSIGNMENT

From: Date: 19/2/19

Estimated Cost

Of: ☒ TP / ☐ WS / ☐ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV

To inspect Vehicle No:

SKU 9004T

at Workshop n/s: LKK Auto Consultant

at Blk 51 Ubi Ave 1, # 01/02-25

Insured

Policy No.

Claims No.

Sum Insured:

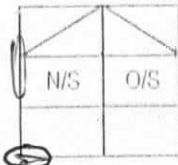
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV. / REP. / 24 HRS

cup

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No: SKU 9004T

V. Regn

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

Truck / Trailer or

Make:

TOYOTA

C.C.

Colour:

SILVER

A/C:

Insured / Std / NI / NA

Sp. Reading:

14455

T/Radio:

Insured / Std / NI / NA

Eng/No:

2 A2-FE

C/No:

ACR50-7007326

Gen. Cond: Good / ☒ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: Nil / S/Rim / ☒ STD A/Rim or

Tyre Size:

F: 225/50/18

R: 225/50/18

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

~~TOYO~~ / YOKO or

Front

Rear

R/Bal.:

6

mm

R/Bal.:

6

mm

L/Bal.:

6

mm

L/Bal.:

6

mm

D.O.A.

D.O.I.

19/2/19 @ 0402PM

Survey held at

LKK Auto Consultant

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

RECEIVED 08 MAR 2019

Date/Time, File Pass to?

1) 83 Typset

☐

: Prelim. Report

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

0

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Insp (\$)

☐

Weekend (\$)

Survey Fee:

Transportation

) \$ + RS. \$

) Photos

) Other:

) . . .

TOTAL

Report Format:

TP-PRS

Lump Sum / L.B. \$:

TOLIN LUI
25/2/19

490

490

From: Shu Pei (LKKAuto) <shupeil@lkkauto.com>
Sent: Friday, 15 February 2019 10:30 AM
To: assignments
Subject: FW: PRE-REPAIR SURVEY - SKU9004P [External Confidential]
Attachments: 15022019102533.pdf

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: GERALD POH WEE BIN <geraldpoh@lonpac.com>
Sent: Friday, 15 February 2019 10:30 AM
To: Admin A <admin-a@lkkauto.com>
Cc: MT_Claim_SG <mt_claim@lonpac.com>; SUR <sur@lkkauto.com>
Subject: PRE-REPAIR SURVEY - SKU9004P [External Confidential]

Lonpac External - Confidential

Our Ref : 19/19/19/VP05/021423

Dear Catherine,

Please see attached and proceed with the pre-repair survey.

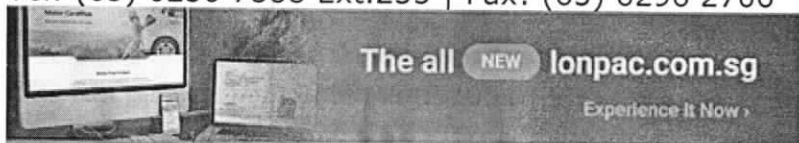
Best Regards

Gerald Poh

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road, #17-04/07 The Concourse, Singapore 199555

Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706



Lonpac External - Confidential data is for use by authorised external parties only.

VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths
Agents for Trade Marks
(Incorporated with limited liability)

Company Registration No. 200721148H

ERIC NG CHING HOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALI D'O MUNIANDY
ANG KIM NOI DIANE
RAVENDRA KRISHNASAMY
TAN YINGXIAN SELWYN
CHEONG YUNHUI, CLARISSA
EDISON IAM CHYI LU
SONIA LIM WEE LEE

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:

TEL : 65342811 (Hunting)
FAX : 65356802 (General)

E-MAIL: annatan@visionlawllc.com

BRANCH

TEL : 63580703
FAX : 63580448(conveyancing)

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

OUR REF: AKN-atv-INS-W30-SKU9004P-2019 - please reply to: annatan@visionlawllc.com
YOUR REF: SLQ8508T

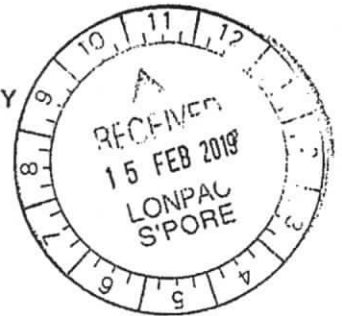
15 FEBRAURY 2019

LONPAC INSURANCE BHD

100 Beach Road
#19-00 Shaw Tower
Singapore 189702

Attn: Motor Claims Department

BY FAX: 6296 3767 ONLY
mt_claim@lonpac.com



Dear Sirs

NAME OF CLAIMANT: PADMANABAN S/O JAYARAM
VEHICLE NUMBER: SKU9004P
YOUR INSURED VEHICLE NUMBER: SLQ8508T
ACCIDENT AT BLK 364 BUKIT BATOK STREET 31 (OPENSOURCE CARPARK) ON 5
FEBRUARY 2019 AT ABOUT 1705HOURS

We refer to your email dated 15 February 2019 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
TEL: 6858-0019 (KIAT)

Contact Person:

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)

cc. SKU9004P - 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 DESIGNATED ABOVE. 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.

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	12/02/2019 14:46
Date Of Accident	05/02/2019 17:05
Exact Location Of Accident	B/364 BUKIT BATOK STREET 31 (OPENSOURCE CARPARK)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKU9004P
Insured/Policyholder	
Name Of Registered Owner	MR PADMANABAN S/OJAYARAM /
NRIC No	S2655317B
Email Address	NATHAN@PRECON.COM.SG
Mobile Phone No	(LOCAL) +65-96907662
Alternative Phone No	OTHERS-96907662
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA AERAS-S 2.4 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY /
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. /
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3064111800 /
Cover Note Number	
Driver	
Name of Driver	MR PADMANABAN S/OJAYARAM /
NRIC No	S2655317B
Date Of Birth	21/10/1963
Occupation	INDOOR
Date Of Driving Pass	27/11/1984
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96907662
Fax Number	
Contact Number	OTHERS-96907662
E-Mail Address	NATHAN@PRECON.COM.SG

Address	BLK 364 BUKIT BATOK STREET 31 #02-257
Postcode	650364
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	SIDE SWIPE
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT ; T/20190207/2056

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	SLQ8508T /
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

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:

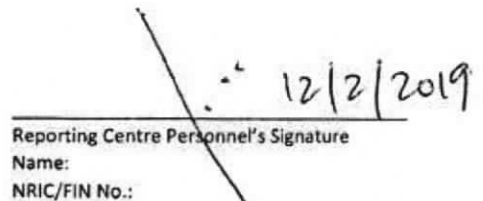
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

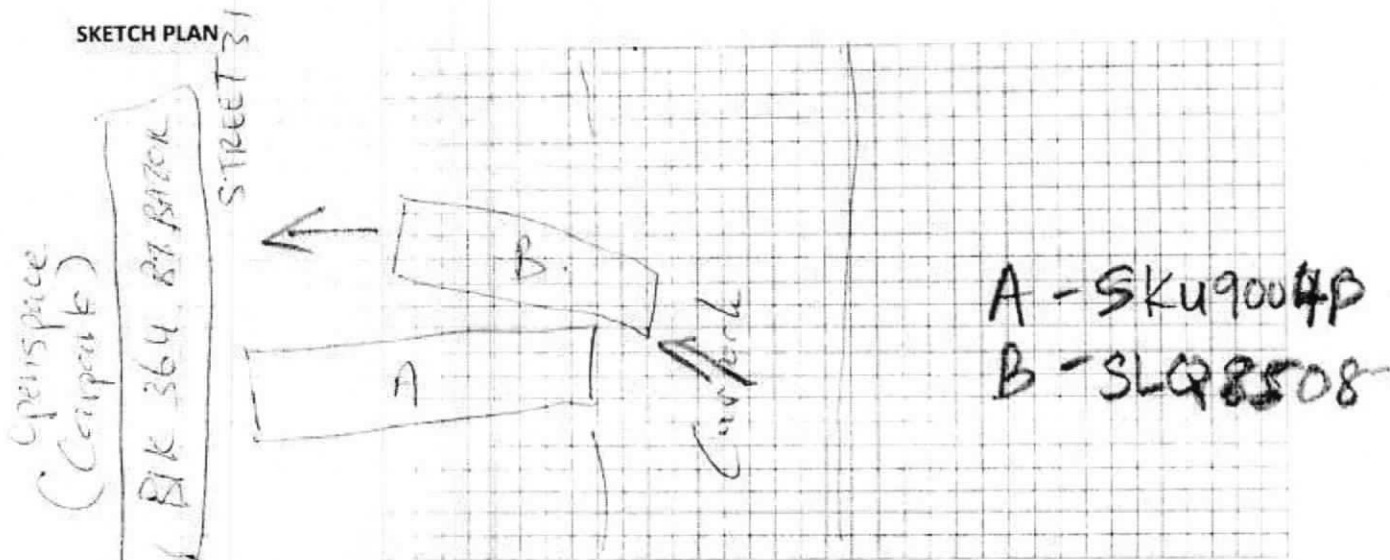


Driver's Signature
(If driver is not the policyholder)
Date & Time:



12/2/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report T/20190207/2056

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.:

12/2/2019



SINGAPORE POLICE FORCE



T/20190207/2056

1 of 3

Report No. T/20190207/2056

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2019 12:59	Vide Report No.:	Station Diary No.: 15
--	------------------	--------------------------

Informant's Particulars

Name of Informant: PADMANABAN S/O JAYARAM			Address: APT BLK 364 BUKIT BATOK STREET 31 #02-257 SINGAPORE 650364		
ID Type / ID No.: NRIC NO / S2655317B			Contact No.: Home/Office: Mobile: 96907662		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 55	Date of Birth: 21/10/1963	Type of Informant: Vehicle Owner		
Race: Indian			Language:		Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/02/2019 17:05	Type of Location: Car Park
Location: Along Road 1 BUKIT BATOK STREET 31 B/364 Bukit Batok St 31 Openspace carpark,				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU9004P	Car					0
SLQ8508T						0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190207/2056

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

2 of 3

Report No. T/20190207/2056

CONTINUATION OF REPORT

Vehicle Owner			
Name	PADMANABAN S/O JAYARAM	ID No.	S2655317B
Related Vehicle	SKU9004P (Car)	Contact No.	96907662
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

Brief Details.

On 05/02/2019 at about 1600hrs, I had parked my car at B/364 Bukit Batok St 31 Openspace carpark. On 06/02/2019 at about 1100hrs, I went to my car and discovered damages to the left side of the car. I then viewed the in-car camera and discovered that on 05/02/2019 at about 1708hrs, one white Toyota Corolla Altis registration: SLQ8508T was reversing into one of the parking lot beside my car and subsequently hit the left side of my car when the driver was reversing. The driver did not leave his/her contact details. I still have the footage of the accident.



**SINGAPORE
POLICE FORCE**



T/20190207/2056

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

3 of 3

Report No. T/20190207/2056

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:
J/
Staff Sgt MUHAMMAD RIDHWAN BIN BORHAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/02/2019 12:59

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Classification Of Case:

Authentication Stamp
NP168

Reported on 8/2/201

@ 1155HE

ACCIDENT STATEMENT

ACCIDENT DATE: 5/2/2019 (DD/MM/YYYY), TIME: 17:05 (HH:MM)

LOCATION: Bukit Batok Street 31 (Open space carpark)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKU 9004P
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY) CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96907662
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) _____

7. a) REPORTED TO POLICE (YES / NO) _____

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLQ 8508T MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = nathan@precon.com.sg

fax = nathan@precon.com.sg ✓

video =


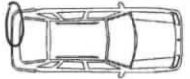
**LKK Auto Consultants Pte Ltd**

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 300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Ref: CS3/LPC19002914/Btd3e2 Date: 08-03-2019 Code: LPC2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SLQ 8508T	Veh. Inspected	SKU 9004P
Policy No.		Coverage (\$)	0.00
Claim No.	19/19/VP05/021423	Excess (\$)	0.00
Assign From	GERALD POH	Assign Date	15/02/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA ESTIMA	c.c	2362
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	ACR507067326	Colour	SILVER
Odometer	144553 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/50 R18	TOYO	6 mm
L/H Front Tyre	225/50 R18	TOYO	6 mm
R/H Rear Tyre	225/50 R18	TOYO	6 mm
L/H Rear Tyre	225/50 R18	TOYO	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.			
5. General Information			
Accident Date	05/02/2019	Inspect Date / Time	19/02/2019 (04:02 PM)
Survey held at	WEE HOE AUTO SERVICE 19 KIM CHUAN TERRACE SINGAPORE 537041		
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/LPC19002914/Btd3e2

Inspected By



LIM TEOW GUAN

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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