Surveyor GR	REF: C33 C1(19			7		
	Born Sen of	OU	Data	Time;	8/3/	119
Estimated Cost:		Bill to:	Date	Jime,		
OD TP/WS/TP RES/	OD RES / EVA / INV / MY / C	CS				1
To Inspect Vehicle No:	GBJ 40%	U	Insured:	GB	4 398	64
at Workshop m/s	YONG SNG A	rotor	Insured: Tel:	9182	7500	San Sil
of 53 DEFU	CANE 12				/	
Policy No: DMCVSN 18	154418000.	Claim No:	SHMIRD	2012220	200	
				010000	1	
Sum Insured:						
Make of Veh:		Excess: _	DO	.A (	73/1	9
Make of Veh: (Client's Record)	V 24 HRS 20/3/186	Excess: _	DO	A_ /	43/1	9
Make of Veh: (Client's Record)  CA / REV / REP. / RE	V 24 HRS Person Contacted:	Excess:	D.O	O.D. Endorsen	pent:	9
Make of Veh: (Client's Record)  CA / REV / REP. / RE  Date/Time:	T Graon Contacted,	Excess:	D.O	O.D. Endorsen	pent:	9
Make of Veh: (Client's Record)  CA / REV / REP. / RE  Date/Time:  Date/Time Action/Instr	Person Contacted:  uction ( × ) Estimate	Excess:	D.O	O.D. Endorsen	pent:	9
Make of Veh: (Client's Record)  CA / REV / REP. / RE  Date/Time:  Date/Time Action/Instr	ruction ( × ) Estimate	Excess:	D.O	O.D. Endorsen	pent:	9
Make of Veh: (Client's Record)  CA / REV / REP. / RE  Date/Time:  Date/Time Action/Instr	ruction ( × ) Estimate	Excess:	D.O	O.D. Endorsen	pent:	9
Make of Veh: (Client's Record)  CA / REV / REP. / RE  Date/Time:  Date/Time Action/Instr  GBH  Dismard	ruction ( × ) Estimate	Excess:	D.O	O.D. Endorsen	pent:	9

PPS REF: C71	C8458M
in min 60	JNATENT
Date 20/3/19	Voli No GBJ 4034 YI Regu 05 CE 202 Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD OTP AWS / TP RES / OD RES / EVA / INV LMV	Truck / Trailer or
to Impect Vehicle No: GBJ 4034	Make: Toyota Hiace 0.0 2982
Marketon with It is some Motel	Colour - white A/C Insured / Std / NI / NA
of 53 DEFT CANE 12	Sp.Reading [2317 T/Radio Insured / Std / NI / NA
of 53 DEPG CANE 12	Conthin:
Policy No -	CINO: JTFHT02P80024649
	Gen. Cond: Good / Fair / Poor / Burnt
Gainr, No Sara lucured Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
THE STATE OF THE S	Brake: Ingreer / Jammed / Leaked / Burnt or
(client's Record)  Make of Veh.	Modi: NI S/Rim / STD A/Rim or
2000 owner waiting	Tyre Size: F: (55 R 15
	R: //
(Policy Condition) Remark. The veh had commenced its N/S O/S	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
	Front Rear C
Bal, or Market Value:  DAC Accident Roort: Consistent? : Yes or No	R/Bal. C mm R/Bal. 8 m
Constitution of the service of the s	L/Bel. S mm L/Bel 8 n
f Page Year No.	D.O.A. D.O.I. 20-03-19
2 Vol. Von er No.	Survey held at WS 2pm
I will a	Des. of Damages : Frt / Rear / O/S / N/S U/C / Rooftop or
CA / REV / REP. / 24 HRS (W) Vehicle: IN/OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collis
Date / Time   Action / Instruction	
\$2000 - \$2500	the second secon
	g
Daterbine, File Pass Io? : Proli. Report	Days Of Repair: 4
: Final Report	Resurvey No. of Trip: Survey Fee. 190
Dahytme Ede Robin 162	Site Insp. (\$ ) Sec. St.
Add Fee	g: Site Insp (\$ ) Site Site Site Site Site Site Site Site
	Tech hov: (\$ ) Ohar -
Poport Format : PRQ :	The state of the s
Lump Sum / LB F (S	Weekend 190
(F)	Lancon Market

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

Case N	lotified	Est Submitted	Adj Assigned	Adj Rpt	Adj Subi	mitted	Ins Auth'ed	Status	
	13 May 2019 10:41 Pendir Report			Pending f Report Cancel Ca					
М	ain	Re	ference		Claim Details		Docume	nts	Show All
CLAIM SUB	FOLDER DE	TAILS		Amorto process for		[Creat	ed by insurer]		
Insured:									
Main Claimant:	ahmad ba	shir bin moham	ad						
Vehicle Reg. No.:	GBJ4031	U			Date of Loss:	12/03/2	2019 00:00 - :59		
Claim Type:	Type: <b>TP</b> / SNM19D201222C02					DMCVSN18154418000			
Vehicle Reg. No. (Insured):	<b>GBH3986</b>	U			Policy No. (Claimant):				
(4.104.40)					Excess:	S\$0.00			
Repairer:	Yong Sing	Motor Works (I	HQ) No. 10 Defu	Lane Singap	ore 539315, 53	9315 Def	fu Lane - Tel: 8267	77782	
Handling Insurer:	The state of the s						ndled by Chong B		22/25/2010
Adjuster:	LKK Auto	<b>Consultants Pte</b>	Ltd (HQ) - Tel:	6256-3561	[Handled by 3	XING GU	IO QIANG] [Fi	nal Rpt due	23/05/2019
ASSOCIATI	ED MAIL RE	CEIVED						View All C	ompose Case Ma
There are no	mail for this	case.							
ALL ASSO	CIATED TAS	iks⊡				View	All Search Tasks	Create New	Task   Comple
	Priority	Type Task	Group Sub	ject Han	dler Assign	ned By	Completed C	n Create	ed On Don
Due Date									

### Nivitha (LKK Auto)

From:

Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

Sent:

Monday, 18 March 2019 4:51 PM

To:

Jennifer Guay

Cc:

'Yong Sing'; assignments

Subject:

RE: OUR REF: AW-INS-Y45-109897.19.jqv & YR REF: GBH3986U

20/3/19@2/ owner waiting.

Without Prejudice

Dear Sir,

We will appoint LKK.

Pls provide all necessary details.

Dear LKK,

Pls pri.

Regards.

Chong Boon Sen

Claims Executive

Claims

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Co. Reg. No. 200208384E

DID: 63896171 Fax: 62247175

Email: boonsen.chong@sg.cntaiping.com

Website: www.sq.cntaiping.com

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From: Jennifer Guay [mailto:jenniferguay@visionlawllc.com]

Sent: Monday, 18 March, 2019 4:37 PM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

Cc: 'Yong Sing' <yongsingmotors@gmail.com>

Subject: RE: OUR REF: AW-INS-Y45-109897.19.jgv & YR REF: GBH3986U

Importance: High

PRE - REPAIR SURVEY

CLAIMANT: 4RIZ SERVICES PTE LTD

ACCIDENT INVOLVING GBJ403U & GBH3986U ON 12 MARCH 2019 ALONG CENTRAL BOULEVARD

Without Prejudice

Dear Boon Sen

Dear Sirs

Refer to your email of 18 March 2019 informing that you wish to conduct a pre-repair survey and to your list of surveyors.

TAKE NOTICE that we object to all your surveyors stated in your said List, for appointment as the Single Joint Expert.

Pursuant to Pre-Action Protocol for NIMA cases, we now propose for appointment as Single Joint Expert the following surveyors for your consideration:-

Mc-Coy Appraiser Pte Ltd

Please also be informed that our client's vehicle can be inspected as follows:

Venue

: Yong Sing Motor Works 53 Defu Lane 12

Singapore 539144

Contact Person: Sam Sim 9182 0027

Please let us hear from you by 18 March 2019. Thank you.

Regards

# Jennifer Guay

(Secretary for Ms Audrey Wong)

# VISION LAW LLC

133 New Bridge Road #18-01 Chinatown Point Singapore 059413

Tel: 6534 2811 (Ext 116)

Fax: 6535 6802

From: Chong Boon Sen [mailto:boonsen.chong@sg.cntaiping.com]

Sent: Monday, 18 March, 2019 3:32 PM

To: Jennifer Guay

Subject: RE: OUR REF: AW-INS-GBJ403U-19.jgv & YR REF: GBH3986U

Without Prejudice

Dear Sir,

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

ADRIAN LING	
Kelvin Ang	
SEE CHEW SENG	

MOHD FADHILAH BIN OSMAN	
XING QUO QIANG	
KENNETH KONG	
SIMON HO	
CHUA WEIJIE	
MARCUS CHUA	
HENRY NG	

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.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Regards,

Chong Boon Sen

Claims Executive

Claims

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Co. Reg. No. 200208384E

DID: 63896171 Fax: 62247175

Email: boonsen.chong@sq.cntaiping.com

Website: www.sq.cntaiping.com

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From: Jennifer Guay [mailto:jenniferguay@visionlawllc.com]

Sent: Monday, 18 March, 2019 3:03 PM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

Subject: FW: OUR REF: AW-INS-GBJ403U-19.jgv & YR REF: GBH3986U

Importance: High

From: Jennifer Guay [mailto:jenniferguay@visionlawllc.com]

Sent: Monday, 18 March, 2019 9:35 AM

To: Claims Dept of CTI; Hwang Shiang Yi; Irene Tay

Subject: FW: OUR REF: AW-INS-GBJ403U-19.jgv & YR REF: GBH3986U

Importance: High

From: Jennifer Guay [mailto:jenniferguay@visionlawllc.com]

Sent: Friday, 15 March, 2019 4:32 PM To: 'claimsdept@sg.cntaping.com' Cc: 'yongsingmotors@gmail.com'

Subject: OUR REF: AW-INS-GBJ403U-19.jgv & YR REF: GBH3986U

Importance: High

PRE - REPAIR SURVEY

CLAIMANT: 4RIZ SERVICES PTE LTD

ACCIDENT INVOLVING GBJ403U & GBH3986U ON 12 MARCH 2019 ALONG CENTRAL BOULEVARD

Dear Sirs

We are instructed by 4RIZ SERVICES PTE LTD to notify you of a road accident on 12 March 2019 at about 14.50hr ALONG CENTRAL BOULEVARD involving our client's GBJ 403 U & GBH 3986 U driven by your driver at the material time.

As a result of the accident, our client's vehicle has been damage. Before our client proceed to repair the damage vehicle, please let us know within 2 working days 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.

Regards	For Surveyor	
	Please initial here after completion of pre-repair survey.	
Jennifer Guay	Thank you.	
(Secretary)		
VISION LAW LLC 133 New Bridge Road #18-01	Appointed Surveyor:  Name & Signature	
Chinatown Point	Name & Signature	
Singapore 059413	Contact:	
Tel: 6534 2811 (Ext 116) Fax: 6535 6802	Date & Time	
	Surveyor during repair:	
	Date & Time :	
		_
	Surveyor after repair:	
	Date & Time :	
VISION LAW LLC	Date & Time.	
Advocates & Solicitors		
(Incorporated with limited liability	)	
Unique Entity No. 200721148H	4 #19 01/02 Chinataum Paint Singapore 050413	
	d #18-01/02 Chinatown Point, Singapore 059413	
Branch: 490 Lorong 6 Toa Payon #	#03-11 HDB Hub (Biz 3 Lobby 1), Singapore 310490	
DIGGE IN COR		

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by error, please notify the sender immediately and destroy it (and all attachments) without reading, storing and/or disseminating any of its contents (in any form) to any

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transmission or any illegal or unauthorised usage or tampering of its email system.

VISION LAW LLC	
Advocates & Solicitors	
(Incorporated with limited liability)	
Unique Entity No. 200721148H	
Head Office: 133 New Bridge Road #18-01/02 Chinatown Point, Singapore 059413	
Branch: 490 Lorong 6 Toa Payoh #03-11 HDB Hub (Biz 3 Lobby 1), Singapore 310490	
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# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Owner ID Type:	Company
Owner ID:	8458M
Vehicle Details	
Vehicle No.:	GBJ403U
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Mar 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 5DR MT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	1KD2832303
Chassis No.:	JTFHT02P800246449
Maximum Power Output:	
Open Market Value:	\$28,136.00
Original Registration Date:	05 Dec 2018
First Registration Date:	05 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$1,407.00
ntended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
ntended COE Rebate Details	
COE Expiry Date:	04 Dec 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$27,509.00
COE Rebate Amount:	\$26,690.00
otal Rebate Amount:	\$26,690.00

The information contained herein is correct as at 21 Mar 2019

ОК

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Date Of Driving Pass

**Driving Experience** 

Mobile Number Fax Number

Contact Number

**EMail Address** 

Gender

- 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.

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

- 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

	ACCIDENT STATEMENT
Date Of Report	13/03/2019 17:03
Date Of Accident	12/03/2019 14:50
Exact Location Of Accident	ALONG CENTRAL BOULEVARD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ403U
Insured/Policyholder	
Name Of Registered Owner	4RIZ SERVICES PTE. LTD.
Co Reg No	201318458M
Email Address	4RIZSERVICES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81314926
Alternative Phone No	OFFICE-83319014
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	NO
Policy Number	5105990506
Cover Note Number	
Driver	
Name of Driver	AHMAD BASHIR BIN MOHAMAD
NRIC No	S7113709J
Date Of Birth	19/04/1971
Occupation	OUTDOOR

13/11/2009

MALE

9 YEARS AND 3 MONTHS

(LOCAL) +65-81314926

4RIZSERVICES@GMAIL.COM

OFFICE-83319014

Address

T. ---

APT BLK 469 ANG MO KIO AVENUE 10

#02-938 SINGAPORE

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Ov 7:

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

3

Passenger 1

NAME:

: NUR SARAH BTE MAHAT

GENDER:

: FEMALE

Passenger 2

NAME:

: NA

GENDER:

: MALE

**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 Can era?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

GBH3986U

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

VEEMAN RAJEV GANDHI

NRIC/Passport Number

033677707

Contact Number

82883793

Address

Postcode

Page 2 of 17

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 of 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 Siny apore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling a d/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:
  - 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:

1

Oriver's Signature (If driver is not the policyholder)

Date & Time:

13/3/19

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

KETCH PLAN	A = GBJ403 4	
	B = GBH 3986 4	
4.		
	CENTRAL BLVD	
	CENTRAL BOVD	
*		
	JA I	
4	(B)	
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
		100 mark 1 2000 m
On 12/3/	19, I was driving al	ong central Blvd
before (BD go	ntry a pick-up lor	ry suddenly hit
my left side	van . I was on th	ry suddenly hit re 4th lane. The lovy and hit my left van
fram lane 5 3	swerved to my lane a	and kit my left van
side. My V	an sustained broken	side mirror and
de d and st	rote 48 on my left 5	side van .
olen 1 sha se	Die so die	
		<u> </u>
	2/12	
DECLARATION.		1
I/We declare the foregoing particu	allers are true in every respect.	4
0 6 8	MA	-dir
5	V /	
Policyholder e Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:

Merimen e-Claims

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

LAIM SUB	FOLDER TRA	CKING						
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitte	d Ins Auth'ed	Status	
Main	13 May 2019		13 May 2019 10:41 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case	
	Main	R	eference	Claim D	etails	Documents	Show All	
CLAIM SU	JBFOLDER DE	TAILS			[Creat	ed by insurer]		
Insured:	-, Co. Re	g. No.: -						
Main Claimant:	ahmad ba	shir bin moham	ad					
Vehicle Reg	GBJ403	U		Date o		2019 00:00 - :59 ths and <b>7</b> Days From L	TA Reg Date (Man Yr)]	
Claim Type	TP / SNN	419D201222C0	)2	Policy/ Note N		DMCVSN18154418000		
Vehicle Reg No. (Insured):	g. GBH3986	U		Policy (Claim				
				Excess	: S\$0.00			
Repairer:	Yong Sing	g Motor Works (	HQ) No. 10 Defu La	ne Singapore 5393	15, 539315 Defu	Lane - Tel: 82677782		
Handling Insurer:	China Tai	ping Insurance	(Singapore) Pte. L	td. (HQ) - Tel: 63	89 6111 [Han	dled by Chong Boon S	Sen]	
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561 [Handl	ed by XING GU	O QIANG] [Final	Rpt due 23/05/2019]	
ASSOCIA	TED MAIL RE	CEIVED				View	All Compose Case Mail	
There are i	no mail for this	case.						
ALL ASS	OCIATED TAS	iks⊡			View All	Search Tasks   Cre	eate New Task   Complete	
Due Dat		Type Task	Group Subjec	t Handler	Assigned By	Completed On	Created On Done?	

Merimen e-Claims Page 1 of 2

### Claim Documents

\*GBJ403U (SNM19D201222C02)

[GBH3986U]

TP

ahmad bashir bin mohamad

Mar 12 2019 12:00AM

[-]

Yong Sing Motor Works

Pho	Photos/Images		3 per page	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnai	I Prin
1	22/05/19 16:57	General View	£ Load JPG	<b>✓</b>
2	22/05/19 16:57	General View	■ Load JPG	<b>✓</b>
3	22/05/19 16:57	General View	1 Load JPG	<b>V</b>
4	22/05/19 16:57	General View	Load JPG	☑
5	22/05/19 16:57	General View	Load JPG	V
6	22/05/19 16:57	General View	Load JPG	V
7	22/05/19 16:57	General View	■ Load JPG	<b>✓</b>
8	22/05/19 16:57	General View	Load JPG	V
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26	22/05/19 16:57	General View	€ Load JPG	✓
27	22/05/19 16:57	Photographs of Damaged Parts	Load JPG	V
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29	22/05/19 16:57	Photographs of Damaged Parts	1 Load JPG	<b>V</b>
30	22/05/19 16:57	Photographs of Damaged Parts	Load JPG	☑
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34	22/05/19 16:57	Photographs of Damaged Parts	1 Load JPG	<b>V</b>
35	22/05/19 16:58	Photo After Spray	1 Load JPG	V
36	22/05/19 16:58	Photo After Spray	1 Load JPG	~
37	22/05/19 16:58	Photo After Spray	1 Load JPG	~

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38	22/05/19 16:58	Photo After Spray	0	Load JPG	V
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# **Documents Checklist**

Reset	Save	Print
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	Reset	Reset Save

## LKK Auto Consultants Pte Ltd (Co.Reg. No:199607198R)

51 Ubi Ave 1 #01-25. Pava 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/CTI19004879/GCD3E2

Date:

24/05/2019

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMCVSN18154418000

Claimant Vehicle

GBJ403U No:

Insured Vehicle GBH3986U

No:

Date of Loss:

12/03/2019

Nature of Claim: TP

Claim No:

SNM19D201222C02

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

GBJ403U

Make & Model:

TOYOTA HIACE, 3.0 (A) 05/12/2018 (Man. Year: 2018) Engine No: Chassis No: 1KD2832303

Reg. Date: Colour:

Odometer:

JTFHT02P800246449 12317 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:

Pre-accident Condition: No

CONDITION OF TYRES

Front Tyre Size:

195 R15

Rear Tyre Size:

195 R15

Front Left Side:

Bridgestone 8 mm

Rear Left Side:

Bridgestone 8 mm

Front Right Side:

Bridgestone 8 mm

Rear Right Side:

Bridgestone 8 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:

13/05/2019

Date Inspected:

20/03/2019 Inspected At:

53 Defu Lane 12

Repairer: Yong Sing Motor Works (HQ)

Estimated Period of Repair:

4.0 days

Adjuster:

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 \$2,000.00 -\$2,500.00

# REPAIR DETAILS

Reference

Part Source:

(Last Synchronised: 24 May 2019)

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 GBJ403U)

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 >