

ASSN. REC. BY:

REF:

CS3/CS19006279/R/cd3²

Special Instructions:

Surveyor:

ROSU1

ASSIGNMENT (Office)

From (Person):

Crystabelle Tan

of

tes

Date/Time:

8/4/19 @ 5:13pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBE 619R

Insured:

GV 2967Z

at Workshop no:

N-SI Automotive

Tel:

68420051

of

2kaki Bukit Ave 2 #01-17/18

Policy No:

Claim No:

DMCV19000184/JG

Sum Insured:

Excess:

D.O.A. 5/4/19

Make of Vch:

(Client's Record)

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

Date/Time:

12:36pm 9/4/19

Person Contacted:

ziting

Vehicle IN/OUT

Date/Time	Action/Instruction (· X) Estimate
	GBE 619R-NA/TMI19006201/24
	GV 2967Z-x
	Dismantle: 10/4/2019

DUA: 5/4/19

Ref: *Ref*

REF: ICS

2937C

ASSIGNMENT

From: Date: 09/04/2019

Estimated Cost:

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

To Inspect Vehicle No: GBE 619R
at Workshop m/s: N-51 Automotive
of 2 kaki Bukit Ave 2 #01-17/18

Insured:

Policy No.

Claims No.

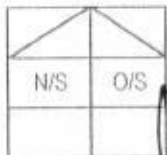
Sum Insured: Excess:

(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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS ^{1up}

Date: Person Contacted: Vehicle: IN / OUT

Veh No: GBE 619R Yr Regn: 2015 / 124

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

Truck / Trailer or

Make: TOYOTA DYNA 3.0M C.G. 2982

Colour: GRN A/C: Insured / Std / NI / NA

Sp. Reading: 134340 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: K042318020552

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: N / S/Rim / STD A/Rim or

Tyre Size: F: 195R15C

R: 155R13

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm R/Bal. 5/5 mm

L/Bal. 7 mm L/Bal. 5/5 mm

D.O.A. 05/04/19 D.O.I. 09/04/19

Survey held at N-51

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

O/S Rear

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

Date / Time	Action / Instruction
	ESTIMATE RANGE COST OF REPAIR (2K - 3K) (3 days) <i>[Signature]</i>
	10/4/2019

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 3

1)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2)

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

Report Format: PRS

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

Nivitha (LKK Auto)

From: ECICS Claims <claims@ecics.com.sg>
Sent: Monday, 8 April 2019 5:13 PM
To: ECICS Claims; Chio Ziting; assignments
Cc: Janice Goh Siew Geok (ECICS, Claims)
Subject: RE: GBE619R & GV2967Z - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS - Ref " DMCV1900018H/JG
Attachments: 08042019153103-0001.pdf

WITHOUT PREJUDICE

Dear Ziting

Thank you for your email.

We are not agreeable with your surveyor list and we will appoint LKK for the SJE.

Aside to LKK

Please assist to arrange survey for TPV.

NOTE : Officer in charge is Janice Goh.

Best regards

Crystabelle Tan

Senior Associate | Claims



DID (65) 6303 0190

Tel (65) 6337 4779

Email crystabelle_tan@ecics.com.sg Web www.ecics.com.sg

Address 10 Eunos Road 8, Singapore Post Centre, #09-04A, Singapore 408600.

From: Chio Ziting [mailto:ziting@n51.com.sg]

Sent: Monday, 8 April, 2019 4:55 PM

To: ECICS Claims

Subject: Re: GBE619R & GV2967Z - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS - Ref " DMCV1900018H/JG

Dear Sir / Madam,

We refer to your list of motor surveyors proposed.

We do not agree to your list of motor surveyors.

Please see attached.

Thank you.

On Mon, Apr 8, 2019 at 4:23 PM ECICS Claims <claims@ecics.com.sg> wrote:

WITHOUT PREJUDICE

Dear ZiTing

Thank you for your email.

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

1. LKK
2. JP knight
3. Formteam
4. Appraisal Associates
5. Autoprobe
6. Raleigh

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.

Best regards

Crystabelle Tan

Senior Associate | Claims



DID (65) 6303 0190

Tel (65) 6337 4779

Email crystabelle_tan@ecics.com.sg Web www.ecics.com.sg

Address 10 Eunus Road 8, Singapore Post Centre, #09-04A, Singapore 408600.

From: Chio Ziting [mailto:ziting@n51.com.sg]

Sent: Monday, 8 April, 2019 3:33 PM

To: ECICS Claims

Subject: GBE619R & GV2967Z - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Madam,

As per above subject,

Please refer attachment and:-

Kindly propose / provide your 10 surveyors

Thank you.

Regards,

Zi Ting

N-51 Automotive Pte Ltd

Office: 6842 0051

Fax: 6741 0510

www.n51.com.sg



or opinions contained in this message. Any unauthorized disclosure, use or dissemination either in whole or in part is prohibited. If you are not the addressee indicated in his message (or responsible for delivery of the message to such person), you may not copy or deliver this message to anyone. In such case, you should destroy this message and kindly notify the sender by reply email. Opinions contained herein are the personal opinions of the sender and do not necessarily represent the views of ECICS Limited.

--

Regards,
Zi Ting
N-51 Automotive Pte Ltd
Office: 6842 0051
Fax: 6741 0510
www.n51.com.sg



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	08/04/2019 14:40
Date Of Accident	05/04/2019 12:00
Exact Location Of Accident	BLK 543 JURONG WEST ST 42 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE619R
Insured/Policyholder	
Name Of Registered Owner	YUE LOY TRADING
Co Reg No	52942937C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90672436
Alternative Phone No	OFFICE-90672436

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0M
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT105899
Cover Note Number	

Driver

Name of Driver	TAY YUE LYE (ZHENG YOU LAI)
NRIC No	S7609523Z
Date Of Birth	31/03/1976
Occupation	INDOOR
Date Of Driving Pass	14/07/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90672436
Fax Number	
Contact Number	OFFICE-90672436
Email Address	NOEMAIL

Address	BLK 546 JURONG WEST STREET 42 #05-115
Postcode	640546
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	COLLISION - MAJOR/MINOR RD
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GU2967Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	90842813
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAY YUE LYE (ZHENG YOULAI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBE619R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.:

Accident Sketch Plan

SKETCH PLAN

Vehicle A
- GBE 6192

Vehicle B
- GV 29672



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight ahead, driving toward the exit of the car park (14336)
While driving past the stop line on my right, suddenly a vehicle came out from the road on my right, crossing the stop line. I tried to swerve my vehicle to prevent the collision but nevertheless the vehicle still hit into the right side of my vehicle.
There are both damaged from our vehicles, and I realised it was a vehicle with license plate number (GV 29672) that collided to the right side of my vehicle.
Then a witness with contact number 96478824 came with to assist me in the accident process on the accident.
Vehicle A - GBE 6192
Vehicle B - GV 29672

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 Person'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:	2937C
Vehicle Details	
Vehicle No.:	GBE619R
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Apr 2019
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 3.0M
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	1KD2536525
Chassis No.:	KDY2318020552
Maximum Power Output:	-
Open Market Value:	\$28,217.00
Original Registration Date:	25 Aug 2015
First Registration Date:	25 Aug 2015
Transfer Count:	0
Actual ARF Paid:	\$1,411.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	24 Aug 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$5,211.00
COE Rebate Amount:	\$3,318.00
Total Rebate Amount:	\$3,318.00

The information contained herein is correct as at 11 Apr 2019

OK

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	15 Apr 2019 08:49 Edit Reg		08 Apr 2019 00:00 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 adjuster]

Insured:	-, Co. Reg. No.: -, Email: EMAIL@YAHOO.COM		
Main Claimant:	YUE LOY TRADING , Co. Reg. No.: 52942397C		
Vehicle Reg. No.:	GBE619R	Date of Loss:	05/04/2019 12:00 - :59 [43 Months and 11 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP	Policy/Cover Note No.:	
Vehicle Reg. No. (Insured):	GV2967Z	Policy No. (Claimant):	
		Excess:	
Repairer:	N-51 Automotive Pte Ltd (HQ) BLK 2 KAKI BUKIT, #01-17/18 KAKI BUKIT AUTOHUB, 417921 Kaki Bukit - Tel: 68420051		
Handling Insurer:	ECICS Limited (HQ) - Tel: 63374779 /6303 0178		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 18/04/2019]		

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

*GBE619R
[GV2967Z]
TP
YUE LOY TRADING
Apr 5 2019 12:00PM
[-]
N-51 Automotive Pte Ltd

Upload Documents Upload Photos Compose New Letter

View View in Browser ▼

Photos/Images			3 per page ▼	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
2	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
3	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
4	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
5	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
6	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
7	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
8	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
9	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
10	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
11	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
12	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
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14	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
15	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
16	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
17	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
18	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
19	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
20	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
21	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
22	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
23	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
24	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
25	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
26	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
27	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
28	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
29	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
30	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
31	11/04/19 10:01	General View	 Load JPG	<input checked="" type="checkbox"/>
32	11/04/19 10:01	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
33	11/04/19 10:01	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
34	11/04/19 10:01	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
35	11/04/19 10:01	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>

Photos/Images			3 per page ▼	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
36	11/04/19 10:01	Photographs of Damaged Parts	Load JPG	<input checked="" type="checkbox"/>
37	11/04/19 10:01	Photographs of Damaged Parts	Load JPG	<input checked="" type="checkbox"/>
38	11/04/19 10:01	Photographs of Damaged Parts	Load JPG	<input checked="" type="checkbox"/>
39	11/04/19 10:01	Photographs of Damaged Parts	Load JPG	<input checked="" type="checkbox"/>

Documents Checklist

DOCUMENTS CHECKLIST

[Reset](#)[Save](#)[Print](#)

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

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/ICS19006279/R1CD3S2

Date: 15/04/2019

REFERENCE

Handling Insurer: ECICS Limited

Policy No:

Claimant Vehicle
No :

GBE619R

Insured Vehicle No :

GV2967Z

Date of Loss: 05/04/2019

Nature of Claim:

TP

Claim No:

N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: GBE619R

Make & Model: TOYOTA DYNA 1.5T, 3.0 (A)

Engine No: 1KD2536525

Reg. Date: 25/08/2015 (Man. Year: 2015)

Chassis No: KDY2318020552

Colour: Grey

Odometer: 134340 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: Fair Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable): Yes Engine Modification:

No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 195 R15C

Rear Tyre Size:

155 R13

Front Left Side: Michelin 7 mm

Rear Left Side:

Michelin 5/5 mm

Front Right Side: Michelin 7 mm

Rear Right Side:

Michelin 5/5 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: 08/04/2019

Date Inspected: 09/04/2019 Inspected At:

N-51 Automotive Pte Ltd (HQ)

BLK 2 KAKI BUKIT, #01-17/18 KAKI BUKIT AUTOHUB

Singapore 417921

Estimated Period of Repair: 3.0 days

Adjuster: MOHD RASUL

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 - \$3,000.00

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 15 Apr 2019)

Parts: N/A TOYOTA DYNA 1.5T 3.0 (A) (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for GBE619R)

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 >