

ASS. REC. BY:

REF(S3)/CTI 19008305/P1cd302

Special Instruction:

Surveyor: Rasu**ASSIGNMENT (Office)**From (Person): Chong Boon Sen

of

CT1Date/Time: 10.5.19 10.12a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBH 8427J

Insured:

G4 39445

at Workshop m/s

Teamwork Garage

Tel:

68442475of BK 53 ubi Avenue 1 #01-24

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 7.5.2019

CA / REV / REP. / REV 24 HRS

"wp"

H.O.D. Endorsement:

Date/Time:

10.5.19 10.27a.m

Person Contacted:

DarrenVehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	<u>GBH 8427J - NA/CTI 19008054/24</u>
	<u>G4 39445 - NA/CTI 19008054/24</u>
	<u>Dismantle: 14/5/2019</u>

D.O.A. - 07/05/2019

D.O.A. - 07/05/2019

Surveys

Refine

REF: C71

ASSIGNMENT

From: _____ Date: 10-5-2019

Estimated Cost: _____

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

To Inspect Vehicle No: GBH 84273

at Workshop m/s. Teamwork Garage

of Blk 53 ubi Avenue / # 01-24

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

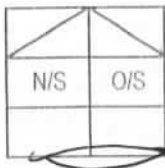
Excess: _____

(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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

mop

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: GBH 84273 Yr Regn: Oct / 18

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

Truck / Trailer or

Make: TOYOTA YUNA

C.C

2982

Colour: Green

A/C: Insured / Std / NI / NA

Sp. Reading: 24279

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JTRAT35480K211163

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

195/75R15

R: _____

155R12C

CS / 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. 07/05/19

D.O.I. 10/05/19

Survey held at

Teamwork

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

Range + Days (2k-3k) - (3 days)

[Signature]
15/5/2019.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Report Format : PRG

Lump Sum / I.B.I. (\$) _____

Survey Fee:

190

Transportation:

S + RS SI

Photos

Others

TOTAL

190

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

CLAIM SUBFOLDER TRACKING							Status
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	
Main	13 May 2019		13 May 2019 15:20 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	
Main Claimant:	M/S EUREKA CONTRACT SERVICES PTE LTD, Co. Reg. No.: 199507397K
Vehicle Reg. No.:	GBH8427J
Claim Type:	TP / SNM19D202043C02
Vehicle Reg. No. (Insured):	GY3944S
Date of Loss:	07/05/2019 09:00 - :59
Policy/Cover Note No.:	DMCVSN19152819000
Policy No. (Claimant):	DMCVSN1832701800
Excess:	S\$0.00
Repairer:	Teamwork Garage Pte Ltd (HQ) 53 Ubi Ave 1 #01-24, Paya Ubi Industrial Park, 408934 Ubi - Tel: 6844 2475
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]
Claimant's Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 23/05/2019]

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.									

Catherine Chong (LKK Auto)

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Friday, 10 May, 2019 10:12 AM
To: claims@teamworkgarage.com
Cc: assignments
Subject: RE: OUR REF : 1905-17 // YOUR REF : GY3944S ACCIDENT INVOLVING GY3944S AND GBH8427J / our ref: SNM19D202043

WITHOUT PREJUDICE

Dear Sir,

We will be assigning M/s LKK Auto Consultants Pte Ltd to survey your client's vehicle.

Aside to LKK,

Please proceed to survey the third party vehicle on WP basis.

Thank you.

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG 3 Anson
Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Claims Dept of CTI
Sent: Wednesday, 8 May, 2019 2:15 PM
To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>; claims@teamworkgarage.com
Cc: Angie Foo <angie.foo@sg.cntaiping.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>
Subject: FW: OUR REF : 1905-17 // YOUR REF : GY3944S ACCIDENT INVOLVING GY3944S AND GBH8427J

Dear Boon Sen,

Please conduct PRS – TP: GBH8427J (SNM19D202043) soonest possible.
File with OIC – Boon Sen - 63896171

From: TEAMWORK [<mailto:claims@teamworkgarage.com>]
Sent: Wednesday, 8 May 2019 11:32 AM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Cc: TEAMWORK <claims@teamworkgarage.com>
Subject: OUR REF : 1905-17 // YOUR REF : GY3944S ACCIDENT INVOLVING GY3944S AND GBH8427J

WITHOUT PREJUDICE

OUR REF : 1905-17
YOUR REF : GY3944S

Dear Sir / Madam,
PRE-REPAIR INSPECTION FOR GBH8427J
ACCIDENT INVOLVING GY3944S AND GBH8427J ON 07.05.2019.

We refer to the above matter and enclosed herewith our client's GIA report and notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction-Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention.

Regards,

Shu Shan

Teamwork Garage Pte Ltd
Blk 53 Ubi Avenue 1
#01-24
Paya Ubi Industrial Park
Singapore 408934
Tel: 6844 2475
Fax:6844 2474

This email has been scanned by the Symantec Email Security.cloud service.
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Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	GBH8427J		
Vehicle Type :	B31 - Goods (Open) Lorry (Metal Body)/Pickup		
Vehicle Attachment 1 :	With Hood		
Vehicle Scheme :	Normal		
Vehicle Make :	TOYOTA		
Vehicle Model :	DYNA 150 5MT		
Chassis No. :	JTFAT35Y80K211163		
Propellant :	Diesel		
Engine No. :	1KD2814396		
Engine Capacity :	2982 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	3500 kg		
Unladen Weight :	1780 kg		
Year Of Manufacture :	2018		
Original Registration Date :	11 Oct 2018		
Lifespan Expiry Date :	10 Oct 2038		
COE Category :	C - Goods Vehicle & Bus		
PQP Paid :	\$26,121.00		
COE Expiry Date :	10 Oct 2028		
Road Tax Expiry Date :	10 Oct 2019		
Inspection Due Date :	10 Oct 2019		
Intended Transfer Date :	04 Jun 2019		
CO2 Emission :	255.00 (g/km)		
CEV/VES Rebate Utilised Amount :	-		
CO Emission :	0.088000 (g/km)		
HC Emission :	0.003469 (g/km)		
NOx Emission :	0.106000 (g/km)		
PM Emission :	1.800000 (mg/km)		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

[OK](#) [Print](#)

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	7397K
Vehicle Details	
Vehicle No.:	GBH8427J
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	1KD2814396
Chassis No.:	JTFAT35Y80K211163
Maximum Power Output:	-
Open Market Value:	\$27,084.00
Original Registration Date:	11 Oct 2018
First Registration Date:	11 Oct 2018
Transfer Count:	1
Actual ARF Paid:	\$1,355.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	10 Oct 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$26,121.00
COE Rebate Amount:	\$24,421.00
Total Rebate Amount:	\$24,421.00

The information contained herein is correct as at 04 Jun 2019

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	07/05/2019 21:09
Date Of Accident	07/05/2019 09:10
Exact Location Of Accident	PIE (CHANGI) TWDS EUNOS LINK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8427J
Insured/Policyholder	
Name Of Registered Owner	M/S EUREKA CONTRACT SERVICES PTE LTD
Co Reg No	199507397K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-67442612

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1832701800
Cover Note Number	

Driver

Name of Driver	KULANTHAIVELU NALLATHAMBI
Passport No/FIN	G6790164P
Date Of Birth	15/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	25/09/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90844159

Fax Number	
Contact Number	OFFICE-90844159
EMail Address	NOEMAIL
Address	5 ANG MO KIO INDUSTRIAL PARK 2A #06-03 AMK TECH II
Postcode	567760
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 Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	3
Passenger 1	Name: : FARHAD Gender: : Male
Passenger 2	Name: : MOHSHIN AHMMED 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 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	GY3944S
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBJ862C
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)

DETAILS OF INJURED PERSON 1

Name KULANTHAIVELU NALLATHAMBI
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? GBH8427J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name FARHAD
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? GBH8427J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name MOHSHIN AHMMED
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? GBH8427J
Were seat belts worn? YES
Was this injured conveyed to hospital by NO

ambulance?

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must be **completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

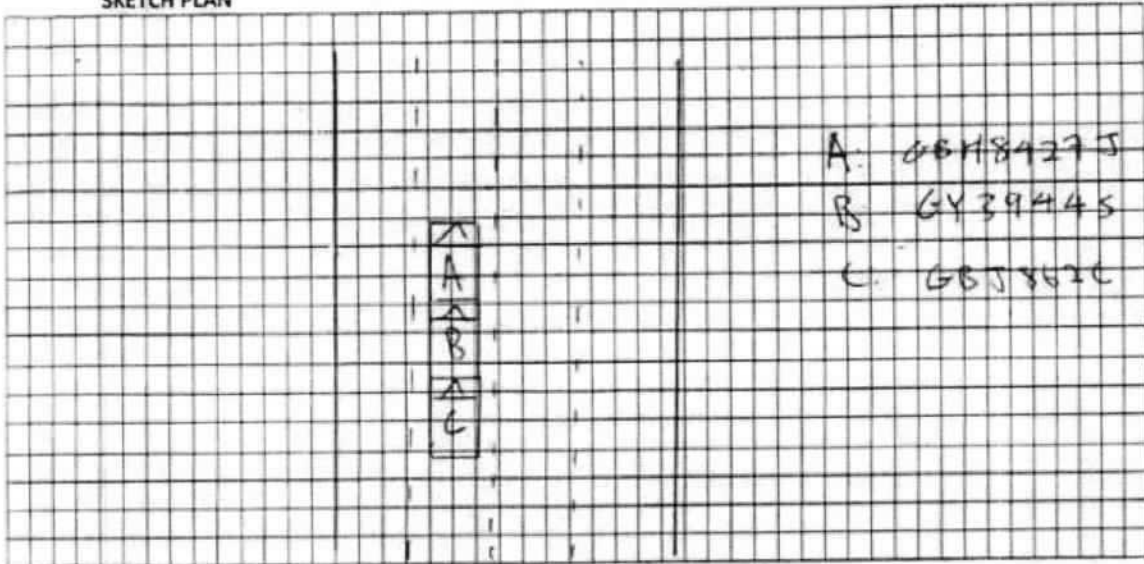


Policy holder's signature
Date / time:

Driver's signature
(If driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi Exit/Exit Enos on the 3rd lane. As the traffic light was red, my vehicle was stationary. After the traffic light turn green, I then proceed to move off and. All of a sudden, I felt an huge impact from my vehicle rear portion.

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



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






























CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	13 May 2019		13 May 2019 15:20 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: -, Co. Reg. No.: -									
Main Claimant: M/S EUREKA CONTRACT SERVICES PTE LTD , Co. Reg. No.: 199507397K									
Vehicle Reg. No.: GBH8427J		Date of Loss: 07/05/2019 09:00 - :59 [6 Months and 26 Days From LTA Reg Date (Man Yr)]							
Claim Type: TP / SNM19D202043C02		Policy/Cover Note No.: DMCVSN19152819000							
Vehicle Reg. No. (Insured): GY3944S		Policy No. (Claimant): DMCVSN1832701800							
		Excess: S\$0.00							
Repairer: Teamwork Garage Pte Ltd (HQ) 53 Ubi Ave 1 #01-24, Paya Ubi Industrial Park, 408934 Ubi - Tel: 6844 2475									
Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]									
Claimant's Insurer: China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 23/05/2019]									
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

***GBH8427J (SNM19D202043C02)**
[GY3944S]

TP
M/S EUREKA CONTRACT SERVICES PTE LTD
May 7 2019 9:00AM
[-]
Teamwork Garage Pte Ltd

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print
1	07/05/19 21:22	Accident Statement	 Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print
1	07/05/19 21:16	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
2	07/05/19 21:16	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
3	07/05/19 21:16	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
4	07/05/19 21:16	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
5	07/05/19 21:16	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
6	07/05/19 21:16	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
7	07/05/19 21:16	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
8	07/05/19 21:16	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
9	07/05/19 21:16	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
10	07/05/19 21:16	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
11	07/05/19 21:16	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
12	07/05/19 21:16	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
13	07/05/19 21:16	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
14	07/05/19 21:16	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	04/06/19 19:13	General View	 Load JPG	<input checked="" type="checkbox"/>
2	04/06/19 19:13	General View	 Load JPG	<input checked="" type="checkbox"/>
3	04/06/19 19:13	General View	 Load JPG	<input checked="" type="checkbox"/>
4	04/06/19 19:13	General View	 Load JPG	<input checked="" type="checkbox"/>
5	04/06/19 19:13	General View	 Load JPG	<input checked="" type="checkbox"/>
6	04/06/19 19:13	General View	 Load JPG	<input checked="" type="checkbox"/>
7	04/06/19 19:13	General View	 Load JPG	<input checked="" type="checkbox"/>
8	04/06/19 19:13	General View	 Load JPG	<input checked="" type="checkbox"/>
9	04/06/19 19:13	General View	 Load JPG	<input checked="" type="checkbox"/>
10	04/06/19 19:13	General View	 Load JPG	<input checked="" type="checkbox"/>
11	04/06/19 19:13	General View	 Load JPG	<input checked="" type="checkbox"/>
12	04/06/19 19:13	General View	 Load JPG	<input checked="" type="checkbox"/>
13	04/06/19 19:13	General View	 Load JPG	<input checked="" type="checkbox"/>
14	04/06/19 19:13	General View	 Load JPG	<input checked="" type="checkbox"/>

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)		Thumbnail	Print
15	04/06/19 19:13	General View		Load JPG	<input checked="" type="checkbox"/>
16	04/06/19 19:13	General View		Load JPG	<input checked="" type="checkbox"/>
17	04/06/19 19:13	General View		Load JPG	<input checked="" type="checkbox"/>
18	04/06/19 19:13	General View		Load JPG	<input checked="" type="checkbox"/>
19	04/06/19 19:13	General View		Load JPG	<input checked="" type="checkbox"/>
20	04/06/19 19:13	General View		Load JPG	<input checked="" type="checkbox"/>
21	04/06/19 19:13	General View		Load JPG	<input checked="" type="checkbox"/>
22	04/06/19 19:13	General View		Load JPG	<input checked="" type="checkbox"/>
23	04/06/19 19:13	General View		Load JPG	<input checked="" type="checkbox"/>
24	04/06/19 19:13	General View		Load JPG	<input checked="" type="checkbox"/>
25	04/06/19 19:13	General View		Load JPG	<input checked="" type="checkbox"/>
26	04/06/19 19:16	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
27	04/06/19 19:16	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
28	04/06/19 19:16	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
29	04/06/19 19:16	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
30	04/06/19 19:16	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
31	04/06/19 19:16	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
32	04/06/19 19:16	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
33	04/06/19 19:16	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
34	04/06/19 19:16	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
35	04/06/19 19:16	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
36	04/06/19 19:16	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
37	04/06/19 19:16	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
38	04/06/19 19:16	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	13/05/19 15:20	pri contact		Load PDF	
No	Finalized On	National Assessment Centre Services (Ubi)		Thumbnail	Print
1	07/05/19 21:17	Accident Sketch Plan [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
2	07/05/19 21:17	Accident Sketch Plan [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>

Linked Accident Report Documents

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)		Thumbnail	Print
1	07/05/19 21:22	Accident Statement		Load HTM	
Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)		Thumbnail	Print
1	07/05/19 21:16	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
2	07/05/19 21:16	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
3	07/05/19 21:16	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
4	07/05/19 21:16	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
5	07/05/19 21:16	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
6	07/05/19 21:16	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
7	07/05/19 21:16	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
8	07/05/19 21:16	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
9	07/05/19 21:16	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
10	07/05/19 21:16	Accident Photo		Load JPG	<input checked="" type="checkbox"/>

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)		Thumbnail	Print
					<input checked="" type="checkbox"/>
11	07/05/19 21:16	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
12	07/05/19 21:16	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
13	07/05/19 21:16	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
14	07/05/19 21:16	Accident Photo		Load JPG	<input checked="" type="checkbox"/>
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	National Assessment Centre Services (Ubi)		Thumbnail	Print
1	07/05/19 21:17	Accident Sketch Plan		Load JPG	<input checked="" type="checkbox"/>
2	07/05/19 21:17	Accident Sketch Plan		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) <div style="border: 1px solid black; height: 40px; 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/CTI19008305/R1CD3E2

Date: 20/06/2019

REFERENCE

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

Policy No: DMCVSN19152819000

Claimant Vehicle
No: GBH8427JInsured Vehicle
No: GY3944S

Date of Loss: 07/05/2019

Nature of Claim: TP

Claim
No: SNM19D202043C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: GBH8427J

Make & Model: TOYOTA DYNA 150, 3.0 D 5MT (M)

Engine No: 1KD2814396

Reg. Date: 11/10/2018 (Man. Year: 2018)

Chassis No: JTFAT35Y80K211163

Colour: Grey

Odometer: 24279 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: 195/75 R15

Rear Tyre Size: 155 R12C (D)

Front Left Side: Bridgestone 7 mm

Rear Left Side: Bridgestone 5/5 mm

Front Right Side: Bridgestone 7 mm

Rear Right Side: Bridgestone 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: 13/05/2019

Date Inspected: 10/05/2019 Inspected At:

Teamwork Garage Pte Ltd (HQ)
53 Ubi Ave 1 #01-24, Paya Ubi Industrial
Park
Singapore 408934

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: 20 Jun 2019)

Parts: N/A TOYOTA DYNA 150 3.0 D 5MT (M) (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for GBH8427J)

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 >