

INS. CASE OWNER:

RA

C53, Asm 1900 8656, 21 pas

LKK:

IDAC:

115970

31/01/19

Ramy

DOI:

ASSIGNMENT

18/06/19

Date / Time:

12/5/19

Registered in Merimen:

Personnel / CCU / FTE



Insured Vehicle No.:

XE752e

Claim No.:

59mainet

Name of Insured:

Aps Wobnetics PLC

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II:SS

D.O.A: 30/4/2019

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

YP8344A



INSRS:

WSP:

Tel:

Liability:

RMKS:

Smshans



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

YP8344A - X; XE752e - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

03/06/2019

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

1st claim sent out by letter

3/2/19

No estimate was given during survey.
Pl & TP had private settle.
File -> MK to close

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N/A.)

S\$

Name 2:

Payee 3: (Strike if N/A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settlement

2) Report Format:

3) Survey fee:

\$100-w.

COPY SENT
3/2/19

TOTAL.

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	30/04/2019 16:15
Date Of Accident	30/04/2019 11:00
Exact Location Of Accident	2 FISHERY PORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8344A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO-3.0 D FM65FM2RDEB (M)
Exact Purpose for which vehicle was being used at time of accident	
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29090793
Cover Note Number	

Driver

Name of Driver	KYAW SWAR TUN
Passport No/FIN	G7537528Q
Date Of Birth	18/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85696497
Fax Number	
Contact Number	
Email Address	BOONSENG.CHENG@PTCLOGISTICS.COM.SG

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.:

SINGAPORE ACCIDENT STATEMENT

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Date Of Accident	30/04/2019 11:00
Exact Location Of Accident	2 FISHERY PORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8344A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO-3.0 D FM65FM2RDEB (M)
Exact Purpose for which vehicle was being used at time of accident	
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29090793
Cover Note Number	

Driver

Name of Driver	KYAW SWAR TUN
Passport No/FIN	G7537528Q
Date Of Birth	18/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85696497
Fax Number	
Contact Number	
EMail Address	BOONSENG.CHENG@PTCLOGISTICS.COM.SG

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.:




Service Request Details

Claim

S9M01NEF

Reference

None 

Loss Date

30 April 2019

Report Date

14 May 2019 3:32:43 PM

Request Date

15 May 2019

Due Date

23 May 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

P: Susan

T: 9.36A.M

E: V

V: out

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

YP8344A

Model

FUSO-3.0 D FM65FM2RDEB (M)

Service Address

Primary Contact/Insured

ADS LOGISTICS PTE LTD

6001 BEACH ROAD, #18-05 GOLDEN MILE TOWER, 199589, Singapore

62962167

HONGYEN.CHONG@ALLINK.COM.SG

Claim Handler

ANG Richard

richard.angbs@axa.com.sg

Additional Instructions

INSD GIA NOT REPORTED

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

Catherine Chong (LKK Auto)

From: sinsheng engineering services <sinsheng1981@gmail.com>
Sent: Tuesday, 14 May, 2019 1:26 PM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Subject: Accident involving YP8344A with XE752C on 30/04/2019
Attachments: YP8344A_PRI.pdf; YP8344A_TP search fee.pdf; SAS YP8344A.pdf

Categories: Raghav

Dear Officer Incharge,

We are repairer of motor vehicle YP8344A . Enclosed Accident Statement and LTA search fee for your attention please. Kindly assist to arrange for the Pre-Repair Inspection to be conducted within two (2) workings days upon received this email.

Kindly let us have your list of 10 norminated surveyors to conduct the Single-Joint Inspection.

Kindly assist to revert the liability issue or offer if direct settlement is in order

**** KINDLY NOTE THAT WE WILL MOVING TO NO 8 TUAS AVE 18 (LEVEL 5), SINGAPORE 638892 EFFECT ON 01/06/2019 ****

*Thank You
Regards*

*Susan
Sin Sheng Engineering Services
3 Tech Park Crescent
Tuas Tech Park
Singapore 638129
Tel: 6863 9595
Fax: 6863 6477*



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

15 May, 2019

ADS LOGISTICS PTE LTD
6001 BEACH ROAD
#18-05 GOLDEN MILE TOWER
SINGAPORE 199589

Dear Sir,

OUR REF : CC4/ASM19008656/pa3 // S9M01NEF
YOUR REF : XE 752C
ACCIDENT INVOLVING XE 752C AND YP 8344A ON 30/04/2019 ALONG/AT 2
FISHERY PORT ROAD

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Pte Ltd to deal with the third party claim against your motor policy.

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)

Hsiao Tong (LKKAUTO)

From: sinsheng engineering services <sinsheng1981@gmail.com>
Sent: Tuesday, 2 July 2019 11:21 AM
To: Mei Kwan (LKKAUTO)
Cc: Hsiao Tong (LKKAUTO); SUR; Admin A; Rasul (LKKAUTO)
Subject: Re: Accident involving YP8344A with XE752C on 30/04/2019 *** LKK REF: CC4/ASM19008656/R1pa3
Attachments: YP8344A_PS.pdf

Hi Mr Rasul,

Kindly to be informed we had request by your insurer's to private settlement for the above case.

Please find attached and close the file.

**** KINDLY NOTE THAT WE ARE ALLOCATED AT NO 8 TUAS AVE 18 (LEVEL 5), SINGAPORE 638892 WITH IMMEDIATE EFFECT ****

Thank You
Regards

Susan
Sin Sheng Engineering Services
No 8 Tuas Ave 18
Singapore 638892
(Level 3_Office)
(Level 5_Workshop)
Tel: 6863 9595
Fax: 6863 6477

On Mon, 24 Jun 2019 at 14:16, Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com> wrote:

'WITHOUT PREJUDICE'

SAVE AS TO COSTS

Dear Sir / Madam,

Thank you for your email.

Our respective case handler will look into the matter and get back to you in due course.

Hi Hsiao Tong,

Kindly assist.

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

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

From: sinsheng engineering services <sinsheng1981@gmail.com>

Sent: Thursday, 20 June, 2019 4:20 PM

To: Rasul (LKKAuto) <Rasul@lkkauto.com>

Cc: SUR <sur@lkkauto.com>; Admin A <admin-a@lkkauto.com>

Subject: Re: Accident involving YP8344A with XE752C on 30/04/2019

Hi Mr Rasul,

Please find attached.

**** KINDLY NOTE THAT WE ARE ALLOCATED AT NO 8 TUAS AVE 18 (LEVEL 5), SINGAPORE 638892 WITH IMMEDIATE EFFECT ****

Thank You
Regards

Susan
Sin Sheng Engineering Services
No 8 Tuas Ave 18

Singapore 638892

(Level 3_Office)

(Level 5_Workshop)

Tel: 6863 9595

Fax: 6863 6477

On Tue, 14 May 2019 at 13:26, sinsheng engineeringservices <sinsheng1981@gmail.com> wrote:

Dear Officer Incharge,

We are repairer of motor vehicle YP8344A . Enclosed Accident Statement and LTA search fee for your attention please. Kindly assist to arrange for the Pre-Repair Inspection to be conducted within two (2) workings days upon received this email.

Kindly let us have your list of 10 norminated surveyors to conduct the Single-Joint Inspection.

Kindly assist to revert the liability issue or offer if direct settlement is in order

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Thank You

Regards

Susan

Sin Sheng Engineering Services

3 Tech Park Crescent

Tuas Tech Park

Singapore 638129

Tel: 6863 9595

Fax: 6863 6477

PRIVATE SETTLEMENT

Date of Accident : 30/04/2019
Time of Accident : 11:00 hrs
Location : 2 Fishery Port Road
Client's
Vehicle Number : YP8344A
Third Party's
Vehicle Number : XE752C

Hereby, both parties of undersigned agreed to private settle for this matter amicably.

X	Solely for private settlement purpose, the owner/driver of XE752C has agreed to bear the cost of repairs at \$ 1070.00 . This letter serves as an admission note if full payment is not made.
X	The party paying compensation has paid a sum of \$ 1070.00 to the owner receiving compensation.
	The compensating party shall make good the vehicle belonging to the owner receiving compensation.
	Both parties shall repair their vehicle at their own costs.

Name of Paying Party : ADS LOGISTICS PTE LTD (XE752X)
NRIC/ROC # :
Contact Number : 9295 2180
Address : payment receive OCBC 962067 \$ 1070.00
Signature/Date :

Name of Receiving Party : Goldbell Leasing Pte Ltd (YP8344A)
NRIC / ROC # : 199001196N
Contact Number : 6494 2800
Address : 59 Serangoon Road, Singapore 758123
Signature/Date : 

Goldbell Leasing Pte Ltd herewith authorized Sin Sheng Engineering Services to proceed with the repairing and to collect the repair cost from the third party.

The contents of this document apply to vehicle damage only.
All personal injuries and damages arising therefrom are excluded from the ambit and application of this document

PRIVATE SETTLEMENT

Date of Accident : 30/04/2019
Time of Accident : 11:00 hrs
Location : 2 Fishery Port Road
Client's
Vehicle Number : YP8344A
Third Party's
Vehicle Number : XE752C

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<Submit wp Report> S9M01NEF

Type

🔔 Question

Message

Hi, please be informed that OI & TP had done private settlement. In view of this, we will proceed to close file and submit wp report to your good office. Thank you. Hsiao Tong - 02 July 2019

Reply



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

03 JUNE 2019

1st Reminder

ADS LOGISTICS PTE LTD
6001 BEACH ROAD
#18-05 GOLDEN MILE TOWER
SINGAPORE 199589

Dear Madam,

OUR REF : CC4/ASM19008656
YOUR REF : XE 752C

**ACCIDENT INVOLVING XE 752C AND YP 8344A ON 30/04/2019 ALONG/AT 2
FISHERY PORT ROAD**

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your motor policy.

We have checked our records and we are unable to trace your reporting of the accident to our office. For the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photocopied photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. This report is in a pre-set electronic form and has to be lodged through any of AXA Premium Workshops. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our Premium Workshops conveniently located throughout Singapore. **Please report the accident within the next 07 days, i.e by 11 JUNE 2019.**

Please note that with the effect of 1st Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our Premium Workshops or reporting centres (if applicable) with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. Any non-compliance of this condition will result in a loss of your No Claim Discount upon renewal of your policy and your claim will be prejudiced. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

We are under strict obligations to inform the **Traffic Police** of the non-reporting if we do not hear from you. The Traffic Police may thereafter contact you and or the driver to attend at their office to make a statement or they may commence investigations into the matter.

We hope this would not be necessary and it would only further inconvenience you as well as the driver. We look forward to hearing from you soon.

Moreover, the owner of **YP 8344A** has submitted a claim against you and we are unable to revert on their claim as a result of your non-reporting of the above accident. If we fail to hear from you by **11 JUNE 2019**, we shall assume that indemnification under the Policy is not sought, and we shall refer the third party claim to you for direct handling.

Yours faithfully

Poh Kin, Chong
Claims
Tel : 6841 2132
Fax: 6741 4108
Email : pohkin@lkkauto.com

This is a computer generated letter and no signature is required.

Cc AXA Insurance Pte Ltd
(Motor Claims Dept)




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			
AXA INSURANCE PTE LTD 8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN: RICHARD ANG		Ref: CS3/ASM19008656/R1pa3s2 Date: 08-07-2019 Code: ASM	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	XE 752C	Veh. Inspected	YP 8344A
Policy No.		Coverage (\$)	0.00
Claim No.	S9M01NEF	Excess (\$)	0.00
Assign From	RICHARD ANG	Assign Date	15/05/2019
2. Vehicle Particulars & Condition			
Make & Model	MITSUBISHI FUSO FM65FM	c.c	7545
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	FM65FMA30301	Colour	WHITE
Odometer	84353 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	295/80 R22.5	AUSTONE	7 mm
L/H Front Tyre	295/80 R22.5	AUSTONE	7 mm
R/H Rear Tyre	295/80 R22.5 (D)	AUSTONE	7/7 mm
L/H Rear Tyre	295/80 R22.5 (D)	AUSTONE	7/7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.			
5. General Information			
Accident Date	30/04/2019	Inspect Date / Time	18/06/2019 (03:29 PM)
Survey held at	SIN SHENG ENGINEERING SERVICES 3 TECH PARK CRESCENT TUAS TECK PARK SINGAPORE 638129		
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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$1,500-\$2,000			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	

Report Ref No. CS3/ASM19008656/R1pa3s2

Inspected By

MRB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.

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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