

ASS. REC. BY:

REF: CS3/CT1 19010401 / TICd302 Special Instruction:

Surveyor: TaufiqASSIGNMENT (Office)From (Person): Dng chin kiatof CTIDate/Time: 12.6.19 15.07pm

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No: SJM 1983 VInsured: GBJ 2669 Gat Workshop m/s Fix AutoTel: 67104077of 5 Soon Lee Street # 01-61Policy No: DMCVEN 19095819000Claim No: SJM 19D 20254802

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 8.6.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 12.6.19 3.22pmPerson Contacted: IreneVehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SJM 1983 V - NA / TIC 10002042 / W1</u>
	<u>GBJ 2669 G - X</u>
	<u>Dismantle: 13/6/2019</u>
	<u>After repair: 26/6/2019.</u>

Tanfield

REF

CT1

ASSIGNMENT

SJM/19834

CE 2028 Dec
2008 Dec.

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP / RS / OD / RS / LVA / INV / MV
To inspect Vehicle No: _____
at Workshop no: _____
of _____
Insured _____
Policy No: _____
Claim No: _____
Sum Insured _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S
X	

Bal. or Market Value: _____
IDAC / Accident Report: _____ Consistent? : Yes or No
GIA / PR: Seen: _____ Consistent? : Yes or No
Est. Repairs: 5 days Res: Yes or No
Lump Sum: % 3 Val: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: _____
Type: ☒ Car / ☐ M Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
Truck / Trailer or
Make: Toyota Axis
Colour: white
Exp Reading: 229093
Eng No: NZE146095933
Ch No: 8
Gen Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Mod: ☒ Nil / ☐ STD / ☐ STD AIRin or
Tyre Size: F: 205/45R17
R: 205/45R17
☒ N/S / ☐ DUN / ☐ EXHNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OUTSU / ☐ PIR / ☐ SUMI /
TOYO / YOKO or
Front: 6 mm Rear: 6 mm
R/Rail: 6 mm L/Rail: 6 mm
L/Rail: 6 mm D.O.A: 12/6/10 340ph
Survey held at: Fix Auto
Des. of Damages: ☒ Fit / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time: _____ Action / Instruction: * Bonnet jam.

Estimated repair range \$3,800 - \$4,500

[Signature]
5/12/2019

Date/Time, File Pass to? ☐ : Prel. Report

to ☐ : Final Report

Date/Time, File Return to?

21

Report Format: PRS.

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

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: ☐ Site Insp (\$) ☐ Interview (\$) ☐ Tech. Invs (\$) ☐ Weekend (\$)

Survey Fee:

Transportation

to + PRS: \$1

Photos

Other:

TOTAL

150
190

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	12 Jun 2019		12 Jun 2019 15:07 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All																				
CLAIM SUBFOLDER DETAILS		[Created by insurer]																						
Insured:	KURIHARA KOGYO CO., LTD., Co. Reg. No.: S85FC3293A																							
Main Claimant:	MOHAMED HANIS BIN MOHAMED HUSSAIN, ID: S8632083E																							
Vehicle Reg. No.:	SJM1983U	Date of Loss:	08/06/2019 11:00 - :59 [125 Months and 16 Days From LTA Reg Date (Man Yr)]																					
Claim Type:	TP / SNM19D202548C02	Policy/Cover Note No.:	DMCVSN19095819000 (Comprehensive)																					
Vehicle Reg. No. (Insured):	GBJ2669G	Policy No. (Claimant):																						
		Excess:	S\$0.00																					
Repairer:	Fix Auto Pte Ltd (HQ) 5 SOON LEE STREET, #01-61 PIONEER POINT, 627607 Pioneer - Tel:																							
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Ong Chin Kiat]																							
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 21/06/2019]																							
Adj Asg. Remarks:	please contact Ms Irene Lee at 6710 4077 to arrange for TP survey. workshop Fix Auto Pte Ltd 5 Soon Lee Street #01-61 (Pioneer Point) Singapore 627607. thank you.																							
ASSOCIATED MAIL RECEIVED		View All Compose Case Mail																						
● CHINA_TAIPING (12/06/2019): Cancellation of Assignment: SJM1983U																								
<div> <div>ALL ASSOCIATED TASKS</div> <div> View All Search Tasks Create New Task Complete </div> </div> <table border="1"> <thead> <tr> <th>Due Date</th> <th>Priority</th> <th>Type</th> <th>Task Group</th> <th>Subject</th> <th>Handler</th> <th>Assigned By</th> <th>Completed On</th> <th>Created On</th> <th>Done?</th> </tr> </thead> <tbody> <tr> <td colspan="10">No results.</td> </tr> </tbody> </table>					Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?	No results.									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?															
No results.																								

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2083E
Vehicle Details	
Vehicle No.:	SJM1983U
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO 1.5X A
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	1NZD183763
Chassis No.:	NZE1416095933
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$12,746.00
Original Registration Date:	23 Dec 2008
First Registration Date:	23 Dec 2008
Transfer Count:	2
Actual ARF Paid:	\$4,951.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	22 Dec 2028
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$27,571.00
COE Rebate Amount:	\$26,207.00
Total Rebate Amount:	\$26,207.00

The information contained herein is correct as at 20 Jun 2019

OK

MA119076240-01 / VAC - Built Break
ENTRY DATE & TIME: 10/06/2019 11:29
SUBMITTED BY: SUSAN SEAH BOH ENG

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 10/06/2019 11:29
Date Of Accident 08/06/2019 11:30
Exact Location Of Accident PIE TO TUAS
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM1983U
Insured/Policyholder
Name Of Registered Owner MOHAMED HANIS BIN MOHAMED HUSSAIN
NRIC No S8632083E
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-91814583
Alternative Phone No OFFICE-91814583

Vehicle Particulars

Manufacturer TOYOTA
Model AXIO
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 PRIVATE CAR

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number S28849733 SMA

Cover Note Number**Driver**

Name of Driver MOHAMED HANIS BIN MOHAMED HUSSAIN
NRIC No S8632083E
Date Of Birth 23/10/1986
Occupation INDOOR
Date Of Driving Pass 04/09/2009
Driving Experience 9 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91814583
Fax Number
Contact Number OFFICE-91814583
Email Address NOEMAIL

Address BLK 359B ADMIRALTY DR #05-02
 Postcode
 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 - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface WET

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) 3
 Passenger 1 NAME: : --
 GENDER: : MALE
 Passenger 2 NAME: : --
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CLEMENTI N.P.C
 Police Station Address ROAD: 20 CLEMENTI AVE 6 , POSTCODE: 129858 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of Intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ2669G
 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)


Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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.

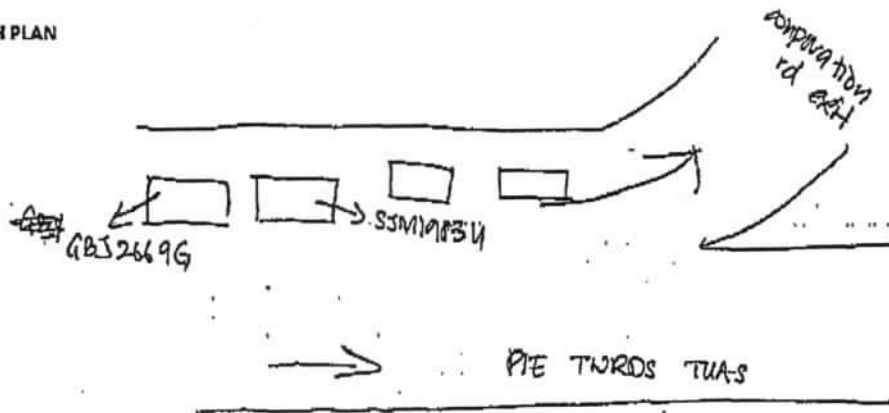

 Policyholder's Signature
 Date & Time:

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


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling at PIE towards TUA-S and entered the left filter lane to exit to compensation road. The car in front of me brake and so did I but the lorry GBJ2669G did ~~not~~ ~~not~~ not brake properly and knocked the rear of my car SSM19834.

DECLARATION

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

[Signature]
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
POLICE FORCE**


T/20190610/2112

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20190610/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2019 14:40		Vide Report No.:		Station Diary No.: 109
Informant's Particulars				
Name of Informant: MOHAMED HANIS BIN MOHAMED HUSSAIN		Address: APT BLK 359B ADMIRALTY DRIVE #05-02 SINGAPORE 752359		
ID Type / ID No.: NRIC NO / S8632083E		Contact No.: Home/Office: Mobile: 91814583		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 32	Date of Birth: 23/10/1986	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: SCDF		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2019 11:30	Type of Location: Filter lane
Location: Along Road 1 CORPORATION ROAD PIE at Corporation Road Exit				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicles Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBJ2669G	Lorry				Slightly Damaged	1
SJM1983U	Car				Seriously Damaged	2

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



**SINGAPORE
POLICE FORCE**



T/20190610/2112

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20190610/2112

CONTINUATION OF REPORT

DRIVER			
Name	MOHAMED HANIS BIN MOHAMED HUSSAIN		ID No. S8632083E
Related Vehicle	SJM1983U (Car)		Contact No. 91814583
Hospital/Clinic	CENTRAL 24-HR CLINIC (PIONEER NORTH)		Glass of Driving Licence & Expiry Date Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	08/06/2019	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

I was driving at PIE express and progressed to the left filter lane towards the exit to Corporation Road. There was a slowdown along that exit which led to the vehicle in front of mine braking suddenly. I did likewise, but the lorry behind me failed to stop in time colliding with my rear bumper.

I exited to the road shoulder and the lorry did likewise. I checked the damage and asked the lorry driver how he wants to settle the cost of the damages. He replied that if the damage was too expensive, he will claim from his insurance.

I am making this report to validate my MC claims to my employer.

**SINGAPORE
POLICE FORCE**

T/20190810/2112

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20190810/2112

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D/I

Insp WONG LI YAN, SAMUEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/06/2019 14:40

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 KOH CHEE SENG

Contact No.: 65472073

SINGAPORE
POLICE FORCE

Classification Of Case:

SN 37

Authentication Stamp

NP188

SIGNATURE

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	12 Jun 2019		12 Jun 2019 15:07 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:	KURIHARA KOGYO CO., LTD., Co. Reg. No.: S85FC3293A								
Main Claimant:	MOHAMED HANIS BIN MOHAMED HUSSAIN, ID: S8632083E								
Vehicle Reg. No.:	SJM1983U	Date of Loss:	08/06/2019 11:00 - :59 [125 Months and 16 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM19D202548C02	Policy/Cover Note No.:	DMCVSN19095819000 (Comprehensive)						
Vehicle Reg. No. (Insured):	GBJ2669G	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	Fix Auto Pte Ltd (HQ) 5 SOON LEE STREET, #01-61 PIONEER POINT, 627607 Pioneer - Tel:								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Ong Chin Kiat]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 21/06/2019]								
Adj Asg. Remarks:	please contact Ms Irene Lee at 6710 4077 to arrange for TP survey. workshop Fix Auto Pte Ltd 5 Soon Lee Street #01-61 (Pioneer Point) Singapore 627607. thank you.								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> CHINA_TAIPING (12/06/2019): Cancellation of Assignment: SJM1983U 									
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

*SJM1983U (SNM19D202548C02)
[GBJ2669G]

TP

















































MOHAMED HANIS BIN MOHAMED HUSSAIN

Jun 8 2019 11:00AM

[KURIHARA KOGYO CO., LTD.]

Fix Auto 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	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
2	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
3	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
4	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
5	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
6	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
7	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
8	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
9	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
10	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
11	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
12	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
13	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
14	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
15	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
16	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
17	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
18	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
19	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
20	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
21	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
22	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
23	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
24	20/06/19 18:56	General View					Load JPG	<input checked="" type="checkbox"/>	
25	20/06/19 18:56	Photographs of Damaged Parts					Load JPG	<input checked="" type="checkbox"/>	
26	20/06/19 18:56	Photographs of Damaged Parts					Load JPG	<input checked="" type="checkbox"/>	
27	20/06/19 18:56	Photographs of Damaged Parts					Load JPG	<input checked="" type="checkbox"/>	
28	20/06/19 18:56	Photographs of Damaged Parts					Load JPG	<input checked="" type="checkbox"/>	
29	20/06/19 18:56	Photographs of Damaged Parts					Load JPG	<input checked="" type="checkbox"/>	
30	20/06/19 18:56	Photographs of Damaged Parts					Load JPG	<input checked="" type="checkbox"/>	
31	20/06/19 18:56	Photographs of Damaged Parts					Load JPG	<input checked="" type="checkbox"/>	
32	20/06/19 18:56	Photographs of Damaged Parts					Load JPG	<input checked="" type="checkbox"/>	
33	20/06/19 18:56	Photographs of Damaged Parts					Load JPG	<input checked="" type="checkbox"/>	
34	20/06/19 18:56	Photographs of Damaged Parts					Load JPG	<input checked="" type="checkbox"/>	
35	20/06/19 18:56	Photographs of Damaged Parts					Load JPG	<input checked="" type="checkbox"/>	
36	20/06/19 18:56	Photographs of Damaged Parts					Load JPG	<input checked="" type="checkbox"/>	
37	20/06/19 18:56	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
38	20/06/19 18:56	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
39	20/06/19 18:56	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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46	20/06/19 18:56	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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67	20/06/19 18:56	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
68	20/06/19 18:56	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
69	01/07/19 09:21	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
70	01/07/19 09:21	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
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85	01/07/19 09:21	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail Print
1	12/06/19 15:01	PRS		Load PDF

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
<div></div>			
Show Remarks To: <input type="checkbox"/> 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/CTI19010401/T1CD3E2

Date: 11/07/2019

REFERENCE

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

Policy No: DMCVSN19095819000

Claimant Vehicle
No : SJM1983U

Insured Vehicle
No : GBJ2669G

Date of Loss: 08/06/2019

Nature of Claim: TP

Claim
No: SNM19D202548C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SJM1983U**

Make & Model: TOYOTA COROLLA, 1.5 X AXIO (A)

Engine No: 1NZD183763

Reg. Date: 23/12/2008 (Man. Year: 2008)

Chassis No: NZE1416095933

Colour: White

Odometer: 239093 km

Engine Capacity: 1496 cc

Market Value/New Car Price: N/A

Sum Insured (\$\$): **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: 205/45 R17

Rear Tyre Size: 205/45 R17

Front Left Side: Bridgestone 6 mm

Rear Left Side: Bridgestone 6 mm

Front Right Side: Bridgestone 6 mm

Rear Right Side: Bridgestone 6 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 (\$\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 12/06/2019

Date Inspected: 12/06/2019 Inspected At:

Fix Auto Pte Ltd (HQ)
5 SOON LEE STREET, #01-61 PIONEER
POINT
Singapore 627607

Estimated Period of Repair: 5.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

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 \$3,800.00 -\$4,500.00

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 11 Jul 2019)
Parts:	143	TOYOTA COROLLA 1.5 X AXIO (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SJM1983U)	
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 >