	ASS. REC. BY:	REF: (53 KMU 19010 907 RICOL3 Special Instruction:
	Surveyor :	
Minun	From (Person)	Gnoth Pau Loong of SMO Date/Time: 20-6.19 11-089-19
X.841.01.2.2.00.0	Estimated Cos	Bill to:
		hicle No: STA 1850 P Insured: GP 1199L
25	at Workshop r	ads_Shang Li Lai Tet:Tet:
	Policy No. D	18MTP(VE 00 +5 35 Claim No: (M7D19 0)947
	Sum Insured:	Excess:
	Make of Veh: (Client's Record	
		REP. / REV 24 HRS O. L. C. II. N. a.m. Person Contacted; Mr LOW Vehicle IN OUT
	Date/Time	Action/Instruction (×) Estimate SIN 1850 P -
		GP 1199 L - MAI INC 17019780/24 DOA-14/10/2017
		Dismartle: 20/6/2019
		After repair: 57/6/2019.
*		

REF:

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

	Acceptoral Control	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status		
Case	Notified 18 Jun 2019	Est Submittee	20 Jun 2019 11:08 Assign				New Assignm Cancel Case	nent	
	Main	Ref	erence	Clain	n Details	Documen	ts	Show All	
CLAIM S	SUBFOLDER DE	TAILS	AND-AIR PTE LT	D, Co. Reg. N	o.: 199200538H	[Crea	ted by insure	r]	
Main Clai	mant:	LOW P	EK TOH, ID: S2	590828G		17/06	/2019 11:00 - :	59	
Vehicle R	eg. No.:	SJN18	350P	Dat	e of Loss:	200.00	TPCVE003585	SAME TO SAME T	
Claim Ty	pe:	TP / C	MTD1902947	Poli	cy/Cover Note No.:	Note No.: (Comprehensive)			
	teg. No. (Insured	: GP119	9L	Poli	cy No. (Claimant):	3000000	And Blackson		
venicle k	ey. No. (Insuled		Excess:				NI BUNIT 4470	21 Kaki	
Repairer	9	49 - July	Sheng Li Lai (KAKI BUKIT) NO. 2 KAKI BUKIT AVE 2, # 01-36 AUTOHUB KAKI BUKIT, 417921 Kaki Bukit - Tel: 91119222 Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 [Handled by GNOH PAU LOONG -						
Handling	Insurer:	62705	171						
Adjuster		LKK A	to Consultants	Pte Ltd (HQ)	Tel: 6256-3561	Final Rpt due	01/07/2019]		
	ustodian (Insured	i): THAIY	NAYAGAM ARUMU	JGAM () , NR	IC: G8455359Q, Te	el: +6586465301 E	:mail:		
	Remarks:	WS: M	R LOW 6842 0302				200		
ASSOCI	IATED MAIL RE	CEIVED				View All	Compose	Case Mail	
	e no mail for this								
ALL AS	SOCIATED TAS	sks			View All Searc	h Tasks Crea	ate New Task	Complete	
Due I	ate Priority		Group Subjec	ct Handler	Assigned By	Completed On	Created (On Done	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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	ACCI	DEN	IT ST	ATEN	IENT
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Date Of Report

18/06/2019 16:01

Date Of Accident

17/06/2019 13:00

Exact Location Of Accident

WOODLANDS LOOP

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJN1850P

Insured/Policyholder

Name Of Registered Owner

LOW PEK TOH

NRIC No

S2590828G

Email Address

JOANNELEEHS@GMAIL.COM

Mobile Phone No

(LOCAL) +65-97946568

Alternative Phone No

OFFICE-86938668

Vehicle Particulars

Manufacturer

TOYOTA

Model

VIOS

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

NO

for repair to your vehicle? If No. Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

SOMPO INSURANCE SINGAPORE PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

D18MTPV01012533

Cover Note Number

Driver

Name of Driver

LOW PEK TOH

NRIC No

S2590828G 27/10/1956

Date Of Birth Occupation

INDOOR

Date Of Driving Pass

27/10/1997

Driving Experience

21 YEARS AND 7 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-97946568

Fax Number

Contact Number

OFFICE-86938668

EMail Address

JOANNELEEHS@GMAIL.COM

Address

662 WOODLANDS RING RD #06-212 S730662

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

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 THE ATTACHED.

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

GP1199L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

THAIYANAYAGAM ARUMUGAM

NRIC/Passport Number

Contact Number

8646531

Address

NA NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 24

Accident Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me 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)
 - 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 invoive disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

LOW

Policyholder's Signature Date & Time: LOW

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre-Personnel's Signature Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT My vehicle was packed ontside my office at about 7.45 am everything was intact to no damage to my car. At around 13 vo, some one infam my supervisor that my car was being hit. I immediately came out to sheek, the driver of vehicle 8 wait my for me, and he told he reversed that onto the the told he reversed that onto the real of my car, the impact push	CVETCH DI ANI		,		
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12 to see that	vehicle B				Told he
	reversed t	hit onto the rea	rofmy can	, the my	oact push

INSURER: Sompo
VEHICLE: SJN 1850 P.
 DOA: 17/6/19.
CLAIM TYPE: TP

WORKSHOP: Say

DECLARATION

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

Low

Low

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.:



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #95-91/06 Singapore Land Tower, Singapore 948523 Ter 9481 8555 | Fax: 6221 3392 | Websile www.songo.com.sp Co. Reg. No.: 198905490E | GST Reg. No.: M209903195

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No.

: D18MTPV01012533

: LOW PEK TOH

Motor Car (Registration No.) : SJN1850P

: Comprehensive - ExcelDrive GOLD

Policy Commencement Date : 06 AUGUST 2018 00:00

Policy Expiry Date

: 05 AUGUST 2019 23:59

Maximum Liability (Section I): Market value at time of loss

: \$500 - Section I

(Waived up to SS1,000 if accident repair is done at ExcelDrive Workshops for the first claim per policy year)

Voluntary Excess*

: N.A.

Windscroon Excess*

; S\$100.00 - Waived if Repair at ExcelDrive Workshop

Loss of Use

: Per Policy Schedule

Persons or Classes of Persons entitled to drive*

1. The Insured.

Any other person who is driving on the Insured's order or with his permission.

3. In the event of the death of the insured,

a. any member of the insured's family, or a paid driver who has been driving the Motor Car during the life of the insured and permission to drive had not been withdrawn prior to the death of the insured; and

b. any other person who has been given permission to drive the Motor Car prior to the death and such permission had not been

withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Car. And provided further that the Motor Car is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

IAWe HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1), the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 199) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP 27

Sompo Insurance Singapore Pte. Ltd.

Stellag

Authorised Signatory

Date/Time of Issue: 11 JULY 2018 11:15

IMPORTANT NOTICE

Keep the Cartificate in your Mater Car,
Under the Mater Vehicles (Third-Party Risks and Compensation) Act (Chapter 199), it shall be unlawful for any person to use or cause to permit any other person to use a
motor vehicle without a valid policy of insurance under the Act.
On the sale of the Mater Car or if for any reason the Insurance is terminated during its currency, the Insurand must surrender the Certificate of Insurance and the Policy to
the insurance company. If the Certificate of insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation
is an offence under the Mater Vehicles (Third-Party Risks and Compensation) Act (Chapter 199);
This Policy will cease to be valid once the Motor Car has been sold to another person. The Policy is not transferable to the new owner of the Motor Car.

Intermediary Code & Name: 11M04705 & MWP INSURANCE AGENCY CI Code: 22A FR4D05Z4_ML0BHZA

Subject to GST wherever applicable

> Back to OneMotoring

/ehicle Owner Particulars	Singapore NRIC	
Owner ID Type:	0828G	
Owner ID:	00200	
/ehicle Details	SJN1850P	
/ehicle No.:	No	
/ehicle to be Exported:	01 Jul 2019	
ntended Deregistration Date:	TOYOTA	
Vehicle Make:	VIOSGAUTO	
Vehicle Model:	Black	
Primary Colour:	2009	
Manufacturing Year:	1NZX864168	
Engine No.:	MR053HY9305100161	
Chassis No.:	80.0 kW (107 bhp)	
Maximum Power Output:	\$13.472.00	
Open Market Value:	06 Feb 2009	
Original Registration Date:	06 Feb 2009	
First Registration Date:		
Transfer Count:	2 \$13,472.00	
Actual ARF Paid: Intended PARF Rebate Details	* 146 TH SOTTING	
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	05 Feb 2029	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
PQP Paid:	\$25,727.00	
COE Rebate Amount:	\$24,685.00	
Total Rebate Amount:	\$24,685.00	

The information contained herein is correct as at 01 Jul 2019

OK

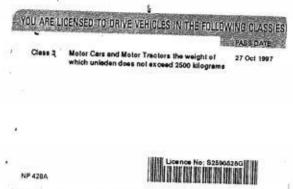


1. 5. 1



nric & dl Pg. 1





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

	OLDER TRA	Est Submitted	Adj Assigned	Adi Rpt	Adj Subi	mitted	Ins Auth'ed	Status		
2000	Notified 18 Jun 2019	Est Submitted	20 Jun 2019 11:08 Edit Adj Rpt	S\$0.00 Edit Estimat	S\$0.00 View R			Pending for Survey Report Cancel Case		Y
М	lain	Re	ference	C	laim Details	\mathcal{I}	Docume	nts	Sho	IIA wo
CLAIM SUE	FOLDER DE	ETAILS				[Creat	ed by insurer]			
Insured:	COMMAN	D-AIR PTE LTD,	Co. Reg. No.: 1	99200538H						
Main	LOW PEK	TOH, ID: S259	0828G							
Claimant: Vehicle Reg. No.:	hicle Reg. SJN1850P				Date of Loss:	17/06/2 [124 M	2019 11:00 - :59 Ionths and 11 Day	s From LTA R	eg Date (M	lan Yr)]
Claim Type:	TP / CM	TD1902947			Policy/Cover Note No.:	D18MT	PCVE003585 (Com	prehensive)		
Vehicle Reg. No. (Insured):	GP1199L	â			Policy No. (Claimant):					
(Insureu).					Excess:			LI D. Lik. Tol.	01110222	,
Repairer:	Sheng Li	Lai (KAKI BUKI	T) NO. 2 KAKI B	UKIT AVE 2, #	01-36 AUTOH	UB KAKI	BUKIT, 417921 Ka	KI BUKIT - IEI:	91119222	
Handling Insurer:	Sompo I	nsurance Singap	ore Pte. Ltd. (I	HQ) - Tel: 646	1 6555 [Har	ndled by	GNOH PAU LOON	Rnt due 0	7] 1/07/201	91
Adjuster:	LKK Auto	Consultants Pto	e Ltd (HQ) - Tel	: 6256-3561 .	[Handled by	моно к	ASUL] [Final	KPE duc o	1/0//202	
Driver/Custo dian (Insured):	THAIYANA	AYAGAM ARUMUGA	AM () , NRIC: 0	38455359Q,	Tel: +6586465	5301 Ema	ail:			
Adj Asg. Remarks:	WS: MR L	OW 6842 0302						Politica 1		
ASSOCIAT	ED MAIL R	ECEIVED						View All	Compose (Case Ma
There are n	o mail for thi	s case.								
ALL ASSO	CIATED TA				m	View				Comple
Due Date	e Priority	y Type Task	Group Sul	bject Han	dler Assig	ned By	Completed (On Crea	ated On	Don
No results.										

Claim Documents

*SJN1850P (CMTD1902947)

[GP1199L]

TP

LOW PEK TOH

Jun 17 2019 11:00AM

[COMMAND-AIR PTE LTD]

Sheng Li Lai

Uplo	ad Documents Uplo	ad Photos Compose New Letter	View	View in Brow	
_	ssment Reports		1 per		€
No	Finalized On	Sompo Insurance Singapore Pte. Ltd. (HQ)		Thumbnail	Print
1	20/06/19 11:08	Accident Statement From:SC - Reg. No: GP1199L, Claimant: COMMAND-AIR PTE LTD	0	Load HTM	
			3 per	page ▼	•
	tos/Images	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
No	Relabel/Reorder	General View	0	Load JPG	•
_	01/07/19 08:50		0	Load JPG	•
2	01/07/19 08:50	General View	0	Load JPG	•
3	01/07/19 08:50	General View	0	Load JPG	•
1	01/07/19 08:50	General View	0	Load JPG	•
5	01/07/19 08:50	General View	0	Load JPG	•
5	01/07/19 08:50	General View	0	Load JPG	•
7	01/07/19 08:50	General View	0	Load JPG	•
8	01/07/19 08:50	General View	0	Load JPG	•
9	01/07/19 08:50	General View	0	Load JPG	2
10	01/07/19 08:50	General View			2
11	01/07/19 08:50	General View	0	Load JPG	-
12	01/07/19 08:50	General View	0	Load JPG	2
13	01/07/19 08:50	General View	0	Load JPG	2
14	01/07/19 08:50	General View	0	Load JPG	2
15	01/07/19 08:50	General View	0	Load JPG	2
16	01/07/19 08:50	General View	0	Load JPG	
17	01/07/19 08:50	General View	0	Load JPG	2
18	01/07/19 08:50	General View	0	Load JPG	S
19	01/07/19 08:50	General View	0	Load JPG	•
20	01/07/19 08:50	General View	0	Load JPG	-
21	01/07/19 08:50	General View	0	Load JPG	-
22	01/07/19 08:50	General View	0	Load JPG	-
23	01/07/19 08:50	General View	0	Load JPG	_
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1	20/06/19 10:40	Third Party E-filed GIA report(M-SI)	0		
2	20/06/19 11:07	Pre-Repair Survey - ASSIGN LKK	0	Load PDI	

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/SMO19010907/R1CD3S2

Date:

02/07/2019

REFERENCE

Sompo Insurance Singapore Pte. Ltd. Handling Insurer:

Policy No:

D18MTPCVE003585

Claimant Vehicle

SJN1850P

Insured Vehicle No:

GP1199L

No: Date of Loss:

17/06/2019

Nature of Claim:

TP

Claim No: CMTD1902947

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SJN1850P

Make & Model:

TOYOTA VIOS, 1.5 (A)

Engine No:

1NZX864168

165699 km

Reg. Date:

06/02/2009 (Man. Year: 2009) Black

Odometer:

Chassis No:

MR053HY9305100161

Colour: Engine Capacity:

1497 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): Fair

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Engine Modification:

No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

195/60R15

Rear Tyre Size:

195/60R15

Front Left Side:

Michelin 5 mm

Rear Left Side:

Michelin 5 mm

Front Right Side:

Michelin 5 mm

Rear Right Side:

Michelin 5 mm

The above values represent the remaining tyre treads depth

		Repairer's	Adjuster's	Difference	Diff %
COST OF CLAIMS		0.00	0.00	0.00	
Parts		0.00	0.00	0.00	
Miscellaneous Items		0.00	0.00	0.00	
Labour Daintwerk Labour		0.00	0.00	0.00	
Paintwork Labour Towing		0.00	0.00	0.00	
lowing	Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

20/06/2019

Sheng Li Lai (KAKI BUKIT)

Date Inspected:

20/06/2019 Inspected At:

NO. 2 KAKI BUKIT AVE 2, # 01-36 AUTOHUB KAKI

BUKIT

Singapore 417921

Estimated Period of Repair:

9.0 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 \$7,000.00 - \$8,000.00

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 02 Jul 2019)

Parts:

143

TOYOTA VIOS 1.5 (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SJN1850P)

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 >