

ASS. REC. BY:

REF: CS3/CTI 19011062/Gcd307 Special Instruction:

Survivor: GQ

ASSIGNMENT (Office)

From (Person): Ong Chin Kiat

of CTI

Date/Time: 24.6.19 11.28 AM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: 4L 1593P

Insured: GBJ 2278B

at Workshop m/s H10P Let Auto mobile

Tel: 9660 1347

of PK 14 # 01-19 sector 6

Policy No: DMCVSN 19073519000

Claim No: SNM 1910 20287102

Sum Insured:

Excess:

Make of Veh:

D.O.A. 18.6.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 24.6.19 12.04 PM

Person Contacted: Han Wei

Vehicle IN (OUT)

Date/Time	Action/Instruction (X) Estimate
	YL 1593P: /
	GBJ 2278B: /
	Demantle: 25/6/2019
	After repair: 27/7/2019

Surveyor: GA

REF: CTi

Co720N

(-2024)

PRS

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: _____
at Workshop m/s Hiap Lek Auto
of _____
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.

N/S	O/S

Bal. or Market Value: _____
IDAC Accident Rpt.: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 10 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: YL1593P Yr Regn: 20 Jun 2002
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Mit FE639GTOSRDE 3908
Colour: white A/C: Insured / Std / NI / NA
Sp.Reading: 49509 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: FE639EA43401
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: M / S/Rim / STD A/Rim or
Tyre Size: F: 7.00-16
R: 185 R14
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Hankook
Front Rear
R/Bal. 5 mm R/Bal. 5/5 mm
L/Bal. 5 mm L/Bal. 5/5 mm
D.O.A. _____ D.O.I. 24-06-19
Survey held at w/s 3830pm
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
LA o/s
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

\$8000 - \$10k

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 10

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format : PRG

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

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

190

190

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	24 Jun 2019		24 Jun 2019 11:28 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All																				
CLAIM SUBFOLDER DETAILS		[Created by insurer]																						
Insured:	VAN-GO PTE LTD, Co. Reg. No.: 201825823E																							
Main Claimant:	WEE GUAN CONSTRUCTION P/L, Co. Reg. No.: 199100720N																							
Vehicle Reg. No.:	YL1593P	Date of Loss:	18/06/2019 19:00 - :59 [203 Months and 29 Days From LTA Reg Date (Man Yr)]																					
Claim Type:	TP / SNM19D202871C02	Policy/Cover Note No.:	DMCVSN19073519000 (Comprehensive)																					
Vehicle Reg. No. (Insured):	GBJ2278B	Policy No. (Claimant):	2018-V0104495-VCV-E001																					
		Excess:	S\$0.00																					
Repairer:	Hiap Lek Automobile Trading () Blk 14 #01-19 Sector B, Sin Ming Industrial Est, 575658 Sin Ming - Tel:																							
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Ong Chin Kiat]																							
Claimant's Insurer:	Great Eastern General Insurance Limited (HQ) - Tel: +65 248 2888																							
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 03/07/2019]																							
Driver/Custodian (Insured):	CHUA GUAN HENG (29 / Male) , NRIC: S9012017D Email:																							
Adj Asg. Remarks:	please arrange to conduct pre repair inspection. please contact han wei at 9660 1347 to arrange. thank you.																							
ASSOCIATED MAIL RECEIVED		View All Compose Case Mail																						
There are no mail for this case.																								
<div> ALL ASSOCIATED TASKS </div> <div> View All Search Tasks Create New Task Complete </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

Owner ID Type:	Company
Owner ID:	0720N
Vehicle No.:	YL1593P
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Jun 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	FE639ET0SRDE
Primary Colour:	White
Manufacturing Year:	2002
Engine No.:	4D34J12061
Chassis No.:	FE639EA43401
Maximum Power Output:	-
Open Market Value:	\$21,875.00
Original Registration Date:	20 Jun 2002
First Registration Date:	20 Jun 2002
Transfer Count:	1
Actual ARF Paid:	\$1,094.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	31 Mar 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$13,378.00
COE Rebate Amount:	\$12,759.00
Total Rebate Amount:	\$12,759.00
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 24 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 19/06/2019 16:43
 Date Of Accident 18/06/2019 19:40
 Exact Location Of Accident JUNCTION OF ONE NORTH LINK & SLIM BARRACKS RISE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YL1593P
Insured/Policyholder
 Name Of Registered Owner WEE GUAN CONSTRUCTION P/L
 Co Reg No 199100720N
 Email Address AKBBNB@GMAIL.COM
 Mobile Phone No
 Alternative Phone No Office-98919452

Vehicle Particulars

Manufacturer MITSUBISHI
 Model FE639ET0SRDE-3.9 D (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 GREAT EASTERN GENERAL INSURANCE LIMITED
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number 2018-V0104495-VCV-E001
 Cover Note Number

Driver

Name of Driver HOSSAIN MD MAMUN
 Work Permit No 062748257
 Date Of Birth 01/02/1984
 Occupation OUTDOOR
 Date Of Driving Pass 09/06/2015
 Driving Experience 4 YEARS AND 0 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98919452

Fax Number

Contact Number

EMail Address

AKBBNB@GMAIL.COM

Address

37 KRANJI LINK

Postcode

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

COLLISION - CROSS JUNCTION

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? 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: : SELLAPPAN PASUPATHI

Gender: : Male

Passenger 2

Name: : GOPALASAMY SOZHAN

Gender: : Male

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , **POSTCODE:** 149073 , **COUNTRY:** SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - **FAX NO:**

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

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

GBJ2278B

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

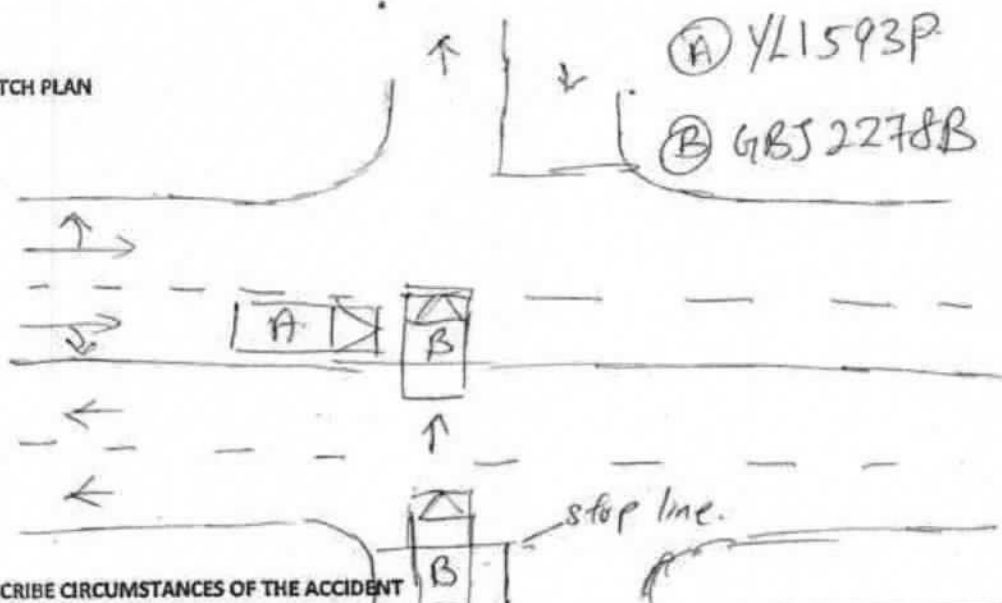
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per Police report T/20190619/2004

DECLARATION

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



SKETCH PLAN

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

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

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

IC



SINGAPORE POLICE FORCE



T/20190619/2004

1 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No T/20190619/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2019 01:37	Vide Report No.:	Station Diary No.: 9
--	------------------	-------------------------

Informant's Particulars

Name of Informant: HOSSAIN MD MAMUN			Address:		
ID Type / ID No.: FIN NO / G8254035R			Contact No.: Home/Office: Mobile: 98919452		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 35	Date of Birth: 01/02/1984	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Construction Worker/ Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Incident:				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/06/2019 19:40	Type of Location: X-Junction
Location: Along Road 1 BIOPOLIS ROAD				
One north Link towards One North Crescent near Lamp post number: 12AF Cross Junction of Slim Barracks Lane and Central Exchange Lane				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ2278B	Van				Slightly Damaged	0
YL1593P	Lorry				Slightly Damaged	2

Details of Person Involved

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



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190619/2004

CONTINUATION OF REPORT

Driver			
Name	CHUA GUAN HENG	ID No.	S90120174D
Related Vehicle	GBJ2278B (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	SELLAPPAN PASUPATHI	ID No.	G6257117P
Related Vehicle	YL1593P (Lorry)	Contact No.	97970844
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HOSSAIN MD MAMUN	ID No.	G8254035R
Related Vehicle	YL1593P (Lorry)	Contact No.	98919452
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	GOPALASAMY SOZHAN	ID No.	G8141941N
Related Vehicle	YL1593P (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20190619/2004

3 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No T/20190619/2004

CONTINUATION OF REPORT

Brief Details.

On 17/06/2019 at about 1940hrs, I was driving the company lorry together with 2 passengers along One North Link towards One North Crescent. When I approached a cross junction, there was a white colour van coming from Central Exchange Road going towards Slim Barracks Rise. I had the right of way and was not able to stop in time and collided into the van's left side of the body. Due to the accident, my lorry's front right side was damaged and the van's left side of the body was damaged. Due to the collision, the van toppled as well to the right side. No one was injured at that point of time. AB121, PL 121 and Traffic Police were all at scene. The van driver had to be taken out from the van with the help of SCDF. No one was conveyed to any hospital and Traffic Police advised to lodge a Police report.



**SINGAPORE
POLICE FORCE**



T/20190615/2004

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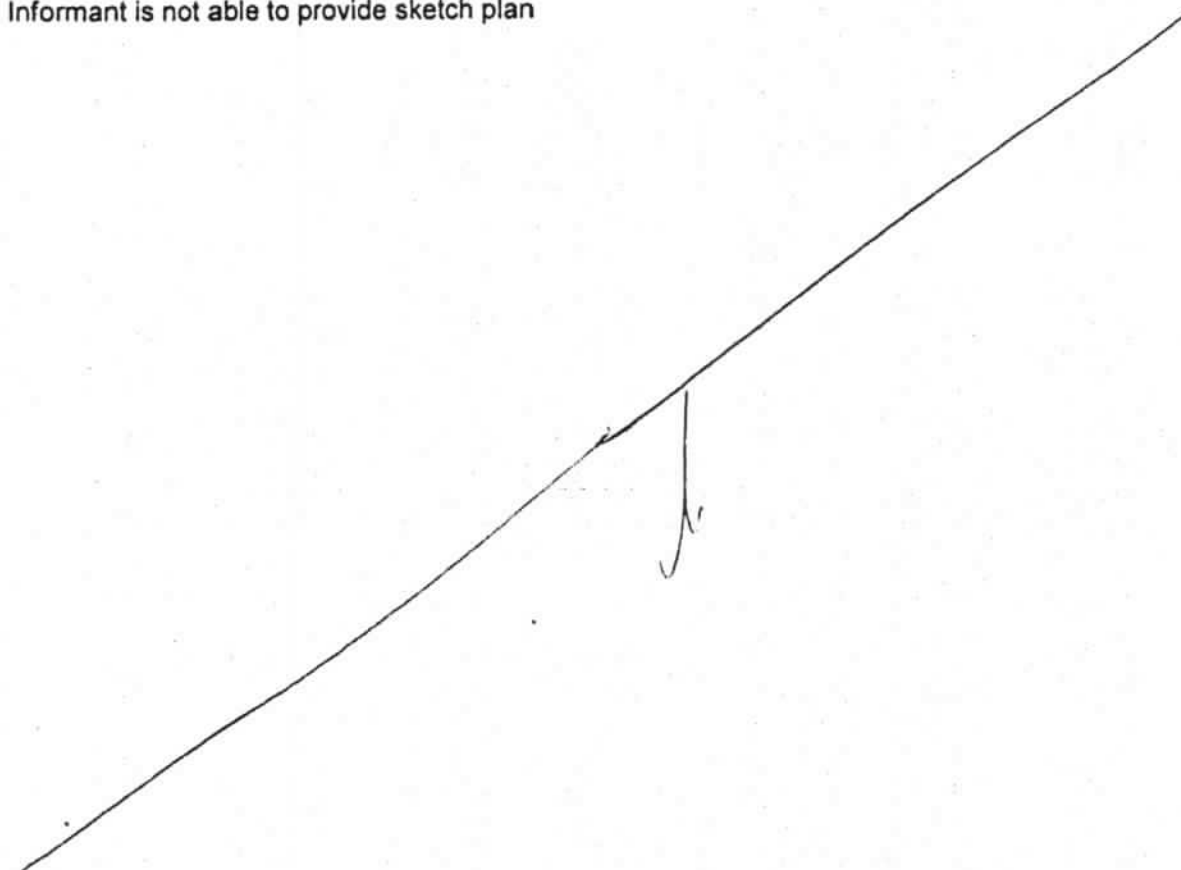
Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190619/2004

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 /
Sr Staff Sgt VIGNESWARAN MEENATCHI
SUNDARAM SHANMUGANATHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/06/2019 01:37

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Classification Of Case:

Authentication Stamp

NP168



































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


















































CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	24 Jun 2019		24 Jun 2019 11:28 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:	VAN-GO PTE LTD , Co. Reg. No.: 201825823E								
Main Claimant:	WEE GUAN CONSTRUCTION P/L , Co. Reg. No.: 199100720N								
Vehicle Reg. No.:	YL1593P	Date of Loss:	18/06/2019 19:00 - :59 [203 Months and 29 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM19D202871C02	Policy/Cover Note No.:	DMCVSN19073519000 (Comprehensive)						
Vehicle Reg. No. (Insured):	GBJ22788	Policy No. (Claimant):	2018-V0104495-VCV-E001						
		Excess:	S\$0.00						
Repairer:	Hiap Lek Automobile Trading () Blk 14 #01-19 Sector B, Sin Ming Industrial Est, 575658 Sin Ming - Tel:								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Ong Chin Kiat]								
Claimant's Insurer:	Great Eastern General Insurance Limited (HQ) - Tel: +65 248 2888								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 03/07/2019]								
Driver/Custodian (Insured):	CHUA GUAN HENG (29 / Male) , NRIC: S9012017D Email:								
Adj Asg. Remarks:	please arrange to conduct pre repair inspection. please contact han wei at 9660 1347 to arrange. thank you.								
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


















*YL1593P (SNM19D202871C02)
[GBJ2278B]
TP
WEE GUAN CONSTRUCTION P/L
Jun 18 2019 7:00PM
[VAN-GO PTE LTD]
Hiap Lek Automobile Trading

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Sungei Kadut)	Thumbnail	Print
1	19/06/19 16:54	Accident Statement	 Load HTM	<input checked="" type="checkbox"/>
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
2	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
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4	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
5	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
6	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
7	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
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22	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
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32	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
33	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
34	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Sungei Kadut)	Thumbnail	Print
				<input checked="" type="checkbox"/>
35	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
36	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
37	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
38	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
39	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
40	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
41	27/06/19 11:36	General View	 Load JPG	<input checked="" type="checkbox"/>
42	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
43	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
44	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
45	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
46	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
47	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
48	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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50	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
51	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
52	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
53	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
54	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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56	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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58	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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72	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
73	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
74	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
75	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
76	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
77	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
78	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
79	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
80	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
81	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
82	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
83	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Sungei Kadut)	Thumbnail	Print
84	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
85	06/07/19 17:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
86	06/07/19 17:33	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
87	06/07/19 17:33	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
88	06/07/19 17:33	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
89	06/07/19 17:33	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
90	06/07/19 17:33	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
91	06/07/19 17:33	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
92	06/07/19 17:33	Photo After Spray	 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	24/06/19 11:26	INSD GBJ22788 GIA REPORT	 Load PDF	
2	24/06/19 11:32	PRS	 Load PDF	

Linked Accident Report Documents

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Sungei Kadut)	Thumbnail	Print
1	19/06/19 16:54	Accident Statement	 Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Sungei Kadut)	Thumbnail	Print
1	19/06/19 16:50	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
2	19/06/19 16:50	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
3	19/06/19 16:50	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
4	19/06/19 16:50	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
5	19/06/19 16:50	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
6	19/06/19 16:50	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
7	19/06/19 16:50	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Sungei Kadut)	Thumbnail	Print
1	19/06/19 16:52	Sketch Plan	 Load JPG	<input checked="" type="checkbox"/>
2	19/06/19 16:53	SKETCH PLAN	 Load JPG	<input checked="" type="checkbox"/>
3	19/06/19 16:53	IC	 Load TIF	
4	19/06/19 16:53	IC	 Load TIF	
5	19/06/19 16:53	INSURANCE	 Load TIF	
6	19/06/19 16:53	POLICE REPORT	 Load TIF	
7	19/06/19 16:53	POLICE REPORT	 Load TIF	
8	19/06/19 16:53	POLICE REPORT	 Load TIF	
9	19/06/19 16:53	POLICE REPORT	 Load TIF	

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 InsurerNote: 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/CTI19011062/GCD3E2

Date: 11/07/2019

REFERENCE

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

Policy No: DMCVSN19073519000

Claimant Vehicle
No : YL1593PInsured Vehicle
No : GBJ2278B

Date of Loss: 18/06/2019

Nature of Claim: TP

Claim
No: SNM19D202871C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: YL1593P

Make & Model: MITSUBISHI FE639ET0SRDE, 3.9 D (M)

Engine No: 4D34J12061

Reg. Date: 20/06/2002 (Man. Year: 2002)

Chassis No: FE639EA43401

Colour: White

Odometer: 49509 km

Engine Capacity: 3908 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: 7.00-16

Rear Tyre Size: 185 R14 (D)

Front Left Side: Hankook 5 mm

Rear Left Side: Hankook 5/5 mm

Front Right Side: Hankook 5 mm

Rear Right Side: Hankook 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: 24/06/2019

Date Inspected: 24/06/2019 Inspected At:

 Hiap Lek Automobile Trading
 Blk 14 #01-19 Sector B, Sin Ming Industrial
 Est
 Singapore 575658

Estimated Period of Repair: 10.0 days

Adjuster: XING GUO QIANG

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 \$8,000.00 - \$10,000.00

REPAIR DETAILS

Reference		
Part Source:	(Last Synchronised: 11 Jul 2019)	
Parts:	N/A	MITSUBISHI FE639ET0SRDE 3.9 D (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for YL1593P)	
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 >