ASS. REC. BY:

REF: G/CT2 19011770 / T1+d3 O2

Special Instruction:

Surveyor : Taufik

Marimuri

ASSIGNMENT (Office)

From (Person): Ong chin kiat of CT2 Date/Time: 3.7.19 11.15a.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: XD 8567 Z Insured: GX 8191 U

at Workshop m/s Zenith Engi ineering Tel: 91864590

of W 34 300 Loyang Circle

Policy No: 5109310219 Claim No: SNM 190036 19C 02

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 24.6.2019

CA / REV / REP. / REV 24 HRS "up"

Date/Time: 3.7.19 11.33a.m Person Contacted: Azman H.O.D Endorsement: Vehicle IN / OUT

Date/Time	Action/Instruction
	(✓) Estimate
	XD 8567Z →
	GX 8191U →
23/10	Confirm with Azman $10400 - 20day (Red O2)
	23/10/19

Tanjil C51

XD8567Z 2014 March

Trailer

Volvo FEE300 7146
white
270172.

9V2VH7000FB678646

295/80R22.5

(0)

Firenza

Front			Rear		
	8	mm		8/8	mm
	8	mm		3/8	mm
				3/7/19	

Survey held at: Zenith Engineering

Remark: The veh had commenced its repair at the time of inspection

CA / REV / REP / 24 HRS

Date / Time | Action / To-Do Item

910,400 ,20days

Draft Report
Final Report ✓

Days Of Repair: 20

Resurvey No. of Trip: 1

Add Fee:

Report Format: TP

Lump Sum: 10400

220

220

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	02 Jul 2019		03 Jul 2019 11:15 Assign				*New Assignment* Cancel Case

Main | Reference | Claim Details | Documents | Show All

CLAIM SUBFOLDER DETAILS			[Created by insurer]
Insured:	**DMCVSN30587518000**, Co. Reg. No.: 199506712R		
Main Claimant:	**SEMBWASTE PTE LTD**, Co. Reg. No.: 199507280G		
Vehicle Reg. No.:	**XD8567Z**	Date of Loss:	24/06/2019 16:00 - :59
Claim Type:	**TP** / SNM19D203019C02	Policy/Cover Note No.:	DMCVSN30587518000 (Comprehensive)
Vehicle Reg. No. (Insured):	**GX8191U**	Policy No. (Claimant):	5109310219
		Excess:	S$0.00
Repairer:	**Zenith Engineering Pte Ltd (HQ)** NO 34 JOO KOON CIRCLE, 629060 Jurong West - Tel:		
Handling Insurer:	**China Taiping Insurance (Singapore) Pte. Ltd. (HQ)** - Tel: 6389 6111 ... [Handled by **Ong Chin Kiat**]		
Claimant's Insurer:	**NTUC Income Insurance Co-operative Ltd (HQ)** - Tel:		
Adjuster:	**LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [**Final Rpt** due 12/07/2019]		
Adj Asg. Remarks:	please contact Mr Azman at 9186 4590 to arrange for survey. Vehicle at 34 Joo Koon Circle Singapore 929060. 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.

ZENITH ENGINEERING PTE LTD
34 Joo Koon Circle, Singapore 629060
Tel: (65) 6861 1100 Fax: (65) 6862 1948
Email: info@ze.com.sg Website: www.ze.com.sg
CO No: 197904024Z GST Reg No: M2-0037093-7

QUOTATION
NO: QU19-L0802-R00

Customer :SembWaste Pte Ltd
4543 Jalan Bukit Merah
Singapore 159470

Attn :Mr Mohamad Azman

Tel : Fax : 62271443

Date : 25/06/19
Validity : 24/07/19
Account No : SE04
Currency : Singapore Dollar
Page : Page 1 of 1

No.	Description	Qty	UOM	Unit Price S$	Amount S$
1	RE: Replacement of new binlifter Assy for RCV XD8567Z caused by accident .				
2	Supply labour and material for the repair of RCV XD8567Z as follows removing of damaged binlifter Assy , forming & welding , fabrication of sub assembly , retrofitting new bin lifter onto the RCV and testing and painting of binlifter assembly of affected area of repair .	1	EA	10,400.00	10,400.00

btv

TERMS & CONDITIONS
payment :30days
Validity : 30 days from the date of this quotation .

PK/Sy

4/7/19
Taufik 97495749
WP
3/7/19 @ 4.40pm
20days
* Resurvey new parts & old parts

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Net Amount	:	10,400.00
Add 7% GST	:	728.00
Total Amount	:	11,128.00

Ong Poh Kiat
Head of Service Department
68611100

Confirmed & Accepted By:
SembWaste Pte Ltd
Name:
Title:
Date:
Company Stamp:

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No:	199507280G
Owner ID Type:	Company
Owner Name:	SEMBWASTE PTE LTD
Registered Address:	30 HILL STREET #05-04 SINGAPORE 179360
Mailing Address:	-
Birth Date:	-

Vehicle Particulars

Vehicle No:	XD8567Z
Previous Vehicle No:	-
Effective Date of Ownership:	04 Mar 2014
Original Regn Date:	04 Mar 2014
Registration Date:	04 Mar 2014
Year of Manufacture:	2013
Vehicle Type:	Goods (Open) Garbage-Sanitary Wagon
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	VOLVO
Vehicle Model:	FEE300 64R DC AUTO
Primary Colour:	White
Secondary Colour:	-
Passenger Capacity:	2
Chassis No:	YV2VH70D0EB678646
Engine No:	11524875
Engine Capacity/Power Rating:	7146 cc / -
Maximum Power Output:	-
Propellant:	Diesel
Max Unladen Weight:	14640 kg
Maximum Laden Weight:	28000 kg
Open Market Value:	$121,878.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	0
IU Label No:	-
COE No:	20140201050002284N
COE Expiry Date:	03 Mar 2024
COE Category:	C - Goods Vehicle & Bus
COE Registration:	C - Goods Vehicle & Bus

MNI/19082999 / NTUC Income Insurance Co-operative Ltd - HQ
ENTRY DATE & TIME: 25/06/2019 20:10
SUBMITTED BY: Tim Kwek Siak Thiam

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the acodent 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 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.
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	25/06/2019 20:10
Date Of Accident	24/06/2019 16:15
Exact Location Of Accident	LENTOR AVE BEFORE YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8567Z
Insured/Policyholder	
Name Of Registered Owner	SEMBWASTE PTE LTD
Co Reg No	199507280G
Email Address	MOHAMMAD.RANI@SEMBCORP.COM
Mobile Phone No	[redacted]
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	VOLVO
Model	OTHERS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5109310219
Cover Note Number	
Driver	
Name of Driver	OSMAN BIN KORDING
Passport No/FIN	[redacted]
Date Of Birth	16/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	[redacted]
Fax Number	
Contact Number	
EMail Address	MOHAMMAD.RANI@SEMBCORP.COM

Address	NO 10817 JALAN MERBUK 14 BANDAR PUTRA 81000 KULAI JOHOR
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 - 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?	YES
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: : SAUDI GENDER: : MALE
Passenger 2	NAME: : IZUAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	**ROAD:** 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY:** SINGAPORE
Police Station Contact	**TEL NO:** 65470000 - **FAX NO:**
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SEND TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX8191U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1	
Name	UNKNOWN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GX8191U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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 Persons Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will 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 thereafter.
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 processed 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 the 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 by virtue of the same as well as on the external cover of envelope/mail package); 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 located 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, regulatory, 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.

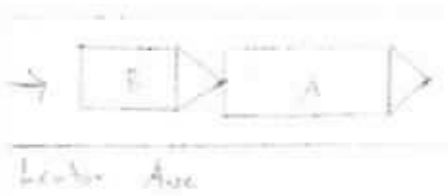
Policyholder's Signature
Date & Time

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

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

POLICE REPORT

SINGAPORE POLICE FORCE

T/20190625/7000

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No	Station Diary No
25/06/2019 01:45	L/20190624/0100	

Informant's Particulars

Name of Informant	Address
MOHAMAD ALIF ASYRAF BIN MOHAMAD ALI	APT BLK 570A WOODLANDS AVENUE 1 #12-884 SINGAPORE 731570
ID Type / ID No NRIC NO / [redacted]	Contact No Home/Office Mobile [redacted]
Nationality SINGAPORE CITIZEN	Email mohamad.alif@sembcorp.com

Sex	Age	Date of Birth	Type of Informant
Male	33	30/12/1985	Attend on scene to provide assistance on behalf of Sembcorp driver

Race	Language	Institution / School Name
Malay	English	

Occupation	Driving Licence Information	
Operations Executive	Class	Date of Expiry

General Information of the Accident

Type of Accident	Injury	Drink Drive	Date/Time of Accident	Type of Location
	Attended by Police	No	24/06/2019 16:15	Bend

Location
LENTOR AVENUE

Weather	Road Surface	Road Speed Limit
Drizzling	Wet	5 Km/h

Traffic Flow	Traffic Control	Traffic Volume
One Way	Not Controlled	Light

Type of Collision	Anyone conveyed by ambulance
Between Moving Vehicles - Head To Rear	Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
XD8567Z	Lorry	VOLVO		White	Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No

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

SINGAPORE POLICE FORCE

T/20190625/7000

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver					
Name	OSMAN BIN KORDING			ID No	[redacted]
Related Vehicle	XD8567Z (Lorry)			Contact No	[redacted]
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 2B 3,4A,4 Date of Expiry 16/09/2022
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	
Driver					
Name	3RD PARTY			ID No	NIL
Related Vehicle	NIL			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	Slight	
Attend on scene to provide assistance on behalf of Sembcorp driver					
Name	MOHAMAD ALIF ASYRAF BIN MOHAMAD ALI			ID No	[redacted]
Related Vehicle	NIL			Contact No	[redacted]
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	

Brief Details
This report is on behalf of Sembcorp (Semb/Waste) Driver Osman Bin Kording

I was exiting from Lentor Ave towards Yishun Ave 1
There was a que of about 5 vehicles in front of me checking clear and waiting to enter Yishun Ave 1. As the vehicle in front of me inch forward, I follow suit
Suddenly there was an impact coming from the rear of my vehicle.
Both my crew and I went down to investigate and realize 3rd party vehicle had collided onto the rear of my vehicle. He was injured and was trapped in his driver seat.
My crew and I and also other concern road users tried to help to release the trapped driver but to no avail.
Concurrently other road users contacted the Ambulance and Police for assistance.

Videos had been provided to IO Joe Ong via whatsapp

POLICE REPORT

SINGAPORE
POLICE FORCE

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/20190625/7000

Report No: T/20190625/7000

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan
informant is not able to provide sketch plan

Signature Of Officer Recording The Report Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by SingPass. No signature is required
Signature Of Interpreter Not applicable	Date/Time 25/06/2019 01:46
Officer In Charge Of Case TP / TPHQ / ONG CHEE HIEN Contact No: [redacted]	Classification Of Case

Authentication Stamp

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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Accident Photo

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	02 Jul 2019		03 Jul 2019 11:15 Edit Adj Rpt	**S$10,400.00** Edit Estimates	**S$10,400.00** View Rpt		**Pending for Survey Report** Cancel Case

Main | Reference | Claim Details | Documents | Show All

CLAIM SUBFOLDER DETAILS			[Created by insurer]
Insured:	**DMCVSN30587518000**, Co. Reg. No.: 199506712R		
Main Claimant:	**SEMBWASTE PTE LTD**, Co. Reg. No.: 199507280G		
Vehicle Reg. No.:	**XD8567Z**	Date of Loss:	24/06/2019 16:00 - :59 [**63** Months and **20** Days From LTA Reg Date (Man Yr)]
Claim Type:	**TP** / SNM19D203019C02	Policy/Cover Note No.:	DMCVSN30587518000 (Comprehensive)
Vehicle Reg. No. (Insured):	**GX8191U**	Policy No. (Claimant):	5109310219
		Excess:	S$0.00
Repairer:	**Zenith Engineering Pte Ltd (HQ)** NO 34 JOO KOON CIRCLE, 629060 Jurong West - Tel:		
Handling Insurer:	**China Taiping Insurance (Singapore) Pte. Ltd. (HQ)** - Tel: 6389 6111 ... [Handled by **Ong Chin Kiat**]		
Claimant's Insurer:	**NTUC Income Insurance Co-operative Ltd (HQ)** - Tel:		
Adjuster:	**LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [Handled by **MOHD TAUFIKH BIN HAMID**] ... [**Final Rpt** due 12/07/2019]		
Adj Asg. Remarks:	please contact Mr Azman at 9186 4590 to arrange for survey. Vehicle at 34 Joo Koon Circle Singapore 929060. 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

***XD8567Z (SNM19D203019C02)**
[GX8191U]
TP
SEMBWASTE PTE LTD
Jun 24 2019 4:00PM
[DMCVSN30587518000]
Zenith Engineering Pte Ltd

Upload Documents | Upload Photos | Compose New Letter — View: View in Browser

Assessment Reports				1 per page	
No	Finalized On	NTUC Income Insurance Co-operative Ltd (HQ)		Thumbnail	Print
1	25/06/19 20:38	Accident Statement		Load HTM	

Photos/Images				3 per page	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	25/10/19 11:07	General View		Load JPG	☑
2	25/10/19 11:07	General View		Load JPG	☑
3	25/10/19 11:07	General View		Load JPG	☑
4	25/10/19 11:07	General View		Load JPG	☑
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36	25/10/19 11:07	General View		Load JPG	☑
37	25/10/19 11:07	General View		Load JPG	☑
38	25/10/19 11:07	Reinspection Photo		Load JPG	☑
39	25/10/19 11:07	Reinspection Photo		Load JPG	☑
40	25/10/19 11:07	Reinspection Photo		Load JPG	

Assessment Reports			1 per page		☑
No	Finalized On	NTUC Income Insurance Co-operative Ltd (HQ)		Thumbnail	Print
					☑
41	25/10/19 11:07	Reinspection Photo		Load JPG	☑
42	25/10/19 11:07	Reinspection Photo		Load JPG	☑
43	25/10/19 11:07	Reinspection Photo		Load JPG	☑
44	25/10/19 11:07	Reinspection Photo		Load JPG	☑
45	25/10/19 11:07	Reinspection Photo		Load JPG	☑
46	25/10/19 11:07	Reinspection Photo		Load JPG	☑
47	25/10/19 11:07	Reinspection Photo		Load JPG	☑
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52	25/10/19 11:07	Reinspection Photo		Load JPG	☑
53	25/10/19 11:07	Reinspection Photo		Load JPG	☑

Documentation			1 per page		☑
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	03/07/19 11:13	INSD GX8191U GIA REPORT		Load PDF	
2	03/07/19 11:13	XD8567Z_Veh Reg Details		Load PDF	
3	03/07/19 11:13	Survey notification		Load PDF	
4	03/07/19 11:13	Estimate		Load PDF	

Linked Accident Report Documents

View: View in Browser

Assessment Reports			1 per page		☑
No	Finalized On	NTUC Income Insurance Co-operative Ltd (HQ)		Thumbnail	Print
1	25/06/19 20:38	Accident Statement		Load HTM	

Photos/Images			3 per page		☑
No	Finalized On	NTUC Income Insurance Co-operative Ltd (HQ)		Thumbnail	Print
1	25/06/19 20:37	Accident Photo		Load JPG	☑
2	25/06/19 20:37	Accident Photo		Load JPG	☑
3	25/06/19 20:37	Accident Photo		Load JPG	☑
4	25/06/19 20:37	Accident Photo		Load JPG	☑
5	25/06/19 20:37	Accident Photo		Load JPG	☑
6	25/06/19 20:37	Accident Photo		Load JPG	☑
7	25/06/19 20:37	Accident Photo		Load JPG	☑
8	25/06/19 20:37	Accident Photo		Load JPG	☑
9	25/06/19 20:37	Accident Photo		Load JPG	☑
10	25/06/19 20:37	Accident Photo		Load JPG	☑
11	25/06/19 20:37	Accident Photo		Load JPG	☑
12	25/06/19 20:37	Accident Photo		Load JPG	☑
13	25/06/19 20:37	Accident Photo		Load JPG	☑
14	25/06/19 20:37	Accident Photo		Load JPG	☑
15	25/06/19 20:37	Accident Photo		Load JPG	☑
16	25/06/19 20:37	Accident Photo		Load JPG	☑
17	25/06/19 20:37	Accident Photo		Load JPG	☑
18	25/06/19 20:37	Accident Photo		Load JPG	☑

Documentation			1 per page		☑
No	Finalized On	NTUC Income Insurance Co-operative Ltd (HQ)		Thumbnail	Print
1	25/06/19 20:36	Sketch Plan		Load JPG	☑
2	25/06/19 20:36	Sketch Plan #2		Load JPG	☑
3	25/06/19 20:37	POLICE REPORT		Load JPG	☑
4	25/06/19 20:37	POLICE REPORT		Load JPG	☑
5	25/06/19 20:37	POLICE REPORT		Load JPG	☑
6	25/06/19 20:37	POLICE REPORT		Load JPG	☑

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: CS/CTI19011770/T1TD3E2
Date: 07/11/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN30587518000
Claimant Vehicle No :	XD8567Z	**Insured Vehicle No :**	GX8191U
Date of Loss:	24/06/2019	Nature of Claim: TP	Claim No: SNM19D203019C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	**XD8567Z**		
Make & Model:	VOLVO FEE300, 7.1 64R (A)	Engine No:	11524875
Reg. Date:	04/03/2014 (Man. Year: 2013)	Chassis No:	YV2VH70D0EB678646
Colour:	White	Odometer:	270172 km
Engine Capacity:	7146 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:	295/80 R22.5	Rear Tyre Size:	295/80 R22.5 (D)
Front Left Side:	Firenza 8 mm	Rear Left Side:	Firenza 8/8 mm
Front Right Side:	Firenza 8 mm	Rear Right Side:	Firenza 8/8 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	10,400.00	10,400.00	0.00	0.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S$)	**10,400.00**	**10,400.00**	**0.00**	**0.00**
+ GST 7.00/7.00% (S$)	728.00	728.00	0.00	0.00
Nett Amount (S$)	**11,128.00**	**11,128.00**	**0.00**	**0.00**

INSPECTION

Date of Assignment:	03/07/2019		
Date Inspected:	03/07/2019	Inspected At:	Zenith Engineering Pte Ltd (HQ) NO 34 JOO KOON CIRCLE Singapore 629060
Estimated Period of Repair:	20.0 days		

Adjuster: MOHD TAUFIKH BIN HAMID **Manager:** DENISE TAY KWEE CHENG

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.

REPAIR DETAILS

Reference

Part Source:		(Last Synchronised: 07 Nov 2019)
Parts:	N/A	VOLVO FEE300 7.1 64R (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for XD8567Z)	
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

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	SUPPLY LABOUR AND MATERIAL FOR THE REPAIR OF RCV XD8567Z AS FOLLOWS REMOVING OF DAMAGED BINLIFTER ASSY, FORMING & WELDING, FABRICATION OF SUB ASSEMBLY, RETROFITTING NEW BIN LIFTER ONTO THE RCV AND TESTING AND PAINTING OF BINLIFTER ASSEMBLY OF AFFECTED AREA OF REPAIR	New	10,400.00	10,400.00
	Gross Labour Cost (S$)		**10,400.00**	**10,400.00**

Report was unsubmitted during this print-out.

< END OF ESTIMATES >