		V
1000	22/03/2002 - REF: (S) (71 1901183)   Fg (128   Special Instruction:	
urnun	SUIVELOY SHUL ASSIGNMENT (Office)	
	Estimated Cost: Bill to:	
	at Workshop m/s Sy stematic Air conditions Tel: 64847188	
	Policy No: DM CV5N30024019000 Claim No: SVM 190 203061002	
	Sum Insured: Excess:	
	Make of Veh:  (Client's Record)  D.O.A. 14.6. 2019	
	Date/Time: 4.1.19 10.034 m Person Contacted: Sha Vehicle IN OUT	
	Date/Time Action/Instruction ( ) Estimate  YP 4516 ( - ×	
	YN 6168R- X	
	2917/1960 3.15 m checked with sing, the value has not sand in the	or vege
	RINIA Submit Presi, report.	

Insured:  Policy No.  Claims No.  Sum Insured:  Eng/No:  C/No:  JHHY C 3 H 70 K 0 1 9 6 1  Gen. Cond: Good / Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or	ASSI	GNMENT	2/2/17
Type: M.Car / M.Cycle / Bus / Van / Lordy / Taxi / Prime Mover / Truck / Trailer or Make: H/M X24 7/10 R	Erom: Date: 10 7 19	Veh No: 4/ /5/60	Yr Regn: 29/9///
Truck   Trailer or Make:	11000.	Type: M.Car / M.Cycle / Bus / Van / Lo	orry / Taxi / Prime Mover /
To Inspect Vehicle No:  1			
at Workshop m/s of	V0751/6	Make: HIMO X24 7/0 R	c.c 4119
Insured:    Social Content		Colour VM11	A/C: Insured / Std / NI / NA
Insured: Policy No. Claims No. Sum Insured: Excess: C(Clent's Record) Make of Veh:  I SOUTH  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No CA / REV / REP. / 24 HRS Up) Date: Person Contacted:  Person Contacted		Sp.Reading 52529	T/Radio: Insured / Std / NI / NA
Claims No.  Sum Insured: Excess:   Sum Insured:   Excess:   Sum Insured:   Excess:   Steeling: [tgordgif / Jammed / Leaked / Burnt or   Steeling: [tgordgif / Jammed / Leaked / Burnt or   Steeling: [tgordgif / Jammed / Leaked / Burnt or   Steeling: [tgordgif / Jammed / Leaked / Burnt or   Modi: Nil / S/Rim / STD A/Rim or   Tyre Size:   F:   7-00 R/L   Repairs:   Tyre Size:   F:   7-00 R/L   Regar   Resure   Regar   R/Bal.   Smm   Smm   R/Bal.   Smm   R/Bal.   Smm   Sm			
Claims No. Sum Insured: Excess:   Sum Insured:   Excess:   Steening: tigorder I Jammed I Leaked J Burnt or   Steening: tigorder I Jammed I Leaked		C/No: JHH4CS3H	7014961
Sum Insured: Excess: (Client's Record)  Make of Veh: 11:30CIM  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value: IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS   WP    Date: Person Contacted: Wehicle: IN/OUT  Date: Person Contacted: Wehicle: IN/OUT  Date / Time Action / Instruction  Description, File Pass Io?   Prelli. Report    Description, File Pass Io?   Prelli. Report    Description, File Results: Survey Fee: Transportation: The UfC / Chassis frame / Body Structure affected due to collision.  PosetTime, File Results: Survey Fee: Transportation: The UfC / Chassis frame / Body Structure affected due to collision.  PosetTime, File Results: Survey Fee: Transportation: Transportation: The UfC / Chassis frame / Body Structure affected due to collision.  PosetTime, File Results: Site Insp. (\$ Sarvey Fee: Transportation: The UfC / Chassis frame / Body Structure affected due to collision.  PosetTime, File Results: Site Insp. (\$ Sarvey Fee: Transportation: Transportation: The UfC / Chassis frame / Body Structure affected due to collision.  PosetTime, File Results: Site Insp. (\$ Sarvey Fee: Transportation: Transportation: Transportation: Transportation: The UfC / Chassis frame / Body Structure affected due to collision.		Gen. Cond: Good / Fair / Poor / Burnt	
Claier's record   Claier's r		Steering: Inorder / Jammed / Leaked	/ Burnt or
Make of Veh: 1 3 OCI M  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS [V.p.)  Date: Person Contacted: Vehicle: IN / OUT  Date / Time Action / Instruction  MV - G.7  Date / Time Action / Instruction  MV - G.7  Date / Time Action / Instruction  MV - G.7  Add Fee: Site Insp (\$	(Client's Record)	Brake: Inorder / Jammed / Leaked	/ Burnt or
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  Date: Person Contacted:  Date / Time Action / Instruction  MV - G/I   Dote/Time, File Pass to?  Date/Time, File Pass to?  Date/Time Action / Instruction  Time U/C / Chassis frame / Body Structure affected due to collision.  Time U/C / Chassis frame / Body Structure affected due to collision.  Time U/C / Chassis frame / B	1 TO		
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Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No GIA / PR Seen:  Consistent?: Yes or No Lum Sum:  % 3 Val.: Yes or No CA / REV / REP. / 24 HRS (Up) Date:  Person Contacted:  Date / Time  Action / Instruction  Described:  Described:  Described:  Described:  Described:  Described:  Days Of Repair:  Resurvey No. of Trip:  Described:  Survey Fee:  Transportation:  Days Of Repair:  Resurvey No. of Trip:  Described:  Survey Fee:  Transportation:  Days Of Repair:  Resurvey No. of Trip:  Described:  Survey Fee:  Transportation:  Days Of Repair:  Resurvey No. of Trip:  Described:  Survey Fee:  Transportation:  Add Fee:  Survey Fee:  Transportation:  Transportation:  Survey Fee:  Transportation:  Transportation:  Survey Fee:  Transportation:  Survey Fee:  Transportation:  Transportation:  Survey Fee:  Transportation:  Transportation:  Survey Fee:  Transportation:  T	(Policy Condition)	R:	n
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DAC Accident Rport:   Consistent?: Yes or No   R/Bal.   S mm   R/Bal.   S mm   L/Bal.   S mm	repair at the time of inspection.	TOYO / YOKO or	04754
DACA Codent Report   Consistent?   Yes or No     Est. Repairs:	Bal. or Market Value:	Front	Rear
Est. Repairs:	IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm	R/Balmm
Est. Repairs:  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS (UP)  Date:  Person Contacted:  Person Contacted:  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time	GIA / PR Seen: Consistent? : Yes or No	L/Bal. 5 mm	L/Bal. 5 mm
Date: Person Contacted: Vehicle: IN/OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time	Est. Repairs: days Res.: Yes or No	1 91	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Vehicle: IN / OUT   The U/C / Chassis frame / Body Structure affected due to collision.	Lum Sum: % 3 Val.: Yes or No	Survey held at Sy Ster	nglic Air Conditionly
Date / Time   Action / Instruction    Date / Time   Action / Instruction    Date / Time   Action / Instruction    RECEIVEB 3 9 JUL 2019    Date/Time, File Pass to?   Preli. Report   Preli. R	CA I BEY I BER I 24 HPS (W)	Des. of Damages : Frt / Rear / O/S	/ N/S / U/C / Rooftop or
Date / Time   Action / Instruction   MV - 62    RECEIVED 3 0 JUL 2019  DeterTime, File Pass to?   Preli. Report   Days Of Repair:  1) 2/2   Milly   : Final Report   Resurvey No. of Trip:   Survey Fee:   Transportation:   Transportation:   2)   Add Fee:   : Site Insp (\$	Vehicle: IN / OUT		
Date/Time, File Pass to?    Days Of Repair:     Days Of Repair:     Days Of Repair:     Days Of Repair:   Days Of Repair		The U/C / Chassis frame / Boo	ly Structure affected due to collision.
Date/Time, File Pass to?    Preli. Report   Days Of Repair:   11 12   12   13   14   15   15     Date/Time, File Return to?   Survey Fee:   Transportation:   Transportation:   Transportation:   Step of the present of			
Date/Time, File Pass to?  1) 12   12   13   14   15   15   15   15   15   15   15	101V - 02 K		
Date/Time, File Pass to?  1) 12   12   13   14   15   15   15   15   15   15   15			
1) 13/3   MMG/   : Final Report   Resurvey No. of Trip:   Survey Fee: Transportation:   Transportation:	RECEN	VER 2-0-30F 5019	
1) 13/3   MMG/   : Final Report   Resurvey No. of Trip:   Survey Fee: Transportation:   Transportation:			
1) 13/3   MMG/   : Final Report   Resurvey No. of Trip:   Survey Fee: Transportation:   Transportation:			
1) 13/3   MMG/   : Final Report   Resurvey No. of Trip:   Survey Fee: Transportation:   Transportation:			
1) 13/3   MMG/   : Final Report   Resurvey No. of Trip:   Survey Fee: Transportation:   Transportation:			
Date/Time, File Return to?   Transportation:	Date/Time, File Pass to? Preli. Report	Days Of Repair:	
2) Add Fee: : Site Insp (\$)S+RSSI : Interview (\$) Photos : Tech. Invs (\$) Others	1)28/2 Mniss : Final Report	Resurvey No. of Trip:	Survey Fee: 220
Report Formst: : Tech. Invs (\$ ) Photos : Tech. Invs (\$ ) Others		paren	Transportation:
Report Formst:: Tech. Invs (\$) Others	2) Add Fe	ee: Site Insp (\$	)S+RSSI
PC5500		: Interview (\$	) Photos
Lump Sum / f.B.J: (% ) :Weekend (% )	Report Format :	: Tech. Invs (\$	) Others
	Lump Sun / LBJ: (%	: Weet end (\$	

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	03 Jul 2019		03 Jul 2019 16:34 Assign				New Assignm Cancel Case	ment
	Main	Re	ference	CIa	im Details	Docume	nts	Show All
LAIM S	UBFOLDER DET	TAILS				[Cre	ated by insur	er]
nsured:		XIN JI	A FU FOOD PTE	LTD, Co. Reg	. No.: 201718107H			
tain Clain	nant:	SYSTE	MATIC AIRCON	DTIONING PT	ELTD, Co. Reg. No.	.: 199800703G		
ehicle Re	eg. No.:	YP75	16C	D	ate of Loss:	[20 ]	14/06/2019 10:00 - :59 [20 Months and 16 Days From Reg Date (Man Yr)]	
Claim Typ	e:	<b>TP</b> / S	NM19D20306	1C02 Po	Policy/Cover Note No.:		DMCVSN30024019000 (Comprehensive)	
ehicle Re	g. No. (Insured)	YN616	8R	Po	Policy No. (Claimant):			
				E	ccess:	5\$0.0	00	
epairer:		System	Systematic Airconditiong Pte Ltd (HQ) 29 SENOKO WAY, 758059 Sembawang - Tel:					
landling I	0.000.000.00				e) Pte. Ltd. (HQ) - T			Chin Kiat]
Mjuster:		LKK A	ito Consultants	Pte Ltd (HQ)	- Tel: 6256-3561	Final Rpt due	12/07/2019]	
ASSOCIA	TED MAIL REC	EIVED				View All	Compos	e Case Mail
there are	no mail for this o	ase.						
S ALL ASS	OCIATED TASK	ıs			View All   Sear	ch Tasks Cre	ate New Task	Complete
Due Da	and delayers	Type Task 0	roup Subje	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.
- 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.
- 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.
- 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	15/06/2019 09:11
Date Of Accident	14/06/2019 10:20
Exact Location Of Accident	SENOKO WAY JUZ EAT COFFEE SHOP CAR PARK
Country/State of Loss	SINGAPORE

Country/Ctate of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP7516C
Insured/Policyholder	
Name Of Registered Owner	SYSTEMATIC AIRCONDITIONING PTE LTD
Co Reg No	199800703G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64847188
Vehicle Particulars	

Vehicle	Particulars	

Manufacturer HINO

Model XZU710R-HKFMS3-4.0 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 AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number P1509998

Cover Note Number

### Driver

 Name of Driver
 LIU ZENGQIANG

 Passport No/FIN
 G8603120K

 Date Of Birth
 26/10/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 23/11/2018

Driving Experience 0 YEAR AND 6 MONTH

Gender MALE

Mobile Number (LOCAL) +65-85893558

Fax Number

Contact Number

EMail Address NOEMAIL

### 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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) of .
  - 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;
  - (lii) 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.

Policyhalder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Name:

Reporting Contre Personnel's Si

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	0703G	
Vehicle No.:	YP7516C	
Vehicle to be Exported:	No	
Intended Deregistration Date:	10 Jul 2019	
Vehicle Make:	HINO	
Vehicle Model:	HINO XZU710R-HKFMS3	
Primary Colour:	White	
Manufacturing Year:	2016	
Engine No.:	N04CUS31203	
Chassis No.:	JHHUCS3H70K019961	
Maximum Power Output:	1	
Open Market Value:	\$35,187.00	
Original Registration Date:	29 Sep 2017	
First Registration Date:	29 Sep 2017	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$1,760.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	·	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	28 Sep 2027	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
QP Paid:	\$42,004.00	
COE Rebate Amount:	\$34,513.00	
Total Rebate Amount:	\$34,513.00	

The information contained herein is correct as at 10 Jul 2019

OK



## Systematic Airconditioning Pte Ltd 🏸

29 Senoko Way Singapore 758059 Tel :64847188 Fax : 64841334

UEN: 199800703G

QUOTATION

Claim Dept (Mr. Disk)

China Taiping Insurance (S) Pte Ltd

3 Anson Road#16-00 Springleaf Tower Singapore 079909

Tel: 63896111

Fax: 62221033

: 03/07/2019

Quotation No : SAPL/20190025

Validity

:

Terms

RE: Repair for YP7516C - Hino 14'

Thank you for your invitation to quote, we are pleased to offer our best price as follows :

S/N	DESCRIPTION	QTY	иом	UNIT PRICE	AMOUNT (SGD)
1	REF TRUCK BOX  REF TRUCK BOX  Repair and retrofit Ref Truck Box Parts and Fixtures  Supply and replace one (1) lot Stainless Steel Rear Door  Frame C/w Bonding and Sealant  To Welding and fix back Rear Door Frame with T.I.G welding  Adjust and realign Freezer Box Doors  Supply Labour and Services	1	i.	1,280.00	1999 1,280.00
2	REF TRUCK BOX  REF TRUCK BOX  Repair and retrofit Ref Truck Box Parts and Fixtures  Supply and replace one (1) no.Rear metal Bumpper c/w  Fabriacat and welding	1	992	780.00	780.00
3	Z000012 LOSS-OF USE	, <b>5</b> 4		350.00	-1,750.00

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:

2060

Trust that the above quotation is in order and look forward to your favourable reply, kindly acknowledge and place your company stamp and signature below and fax a copy for our action

**SUB TOTAL** 

3,810.00

ADD 7% GST

266.70

**TOTAL AMOUNT** 

4,076.70

Thanks and Regards

CUSTOMER'S CONFIRMATION

Signature, Stamp and Date

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

LAIM SUBF	OLDER TRA	CKING							
Case 1	Votified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sul	mitted	Ins Auth'ed	Status	
Main	03 Jul 2019		03 Jul 2019 16:34 Edit Adj Rpt	S\$1,000.00 Edit Estimate	Contract Section 2	ACMINING STREET		Pending ( Report Cancel Ca	for Survey
М	ain	Re	ference	CI	aim Details		Documer	nts	Show All
CLAIM SUB	FOLDER DE	TAILS	STATE OF STREET	Carlotte and a	A STATE OF THE PARTY OF	Create	ed by insurer]	and a second real section	
Insured:	XIN JIA F	U FOOD PTE LTD	. Co. Reg. No.:	201718107H		Leieatt	ed by msurer]		
Main Claimant:	CONTROL OF THE PROPERTY OF THE	TIC AIRCONDTIC			lo.: 19980070	3G			
Vehicle Reg. No.:					Date (Man Yr)1				
Claim Type:	TP / SNN	419D203061C0	2		Policy/Cover Note No.:		VSN30024019000 (Comprehensive)		
Vehicle Reg. No. (Insured):	YN6168R				Policy No. (Claimant):				)
Repairer:	Systemat	is Alusandikiana	Dt- 114 (110) 20	SELLONO	Excess:	S\$0.00			
Handling Insurer:		ic Airconditiong ping Insurance (			22		· Tel: dled by Ong Chin	Kiat]	
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Handled by	CHEN TSU	JE YEE] [Fina	I Rpt due 1	2/07/2019]
ASSOCIATE							Tr.		ompose Case Mail
There are no	mail for this	case.					_	Tien rin   Co	ompose case man
ALL ASSOC	IATED TAS	KS⊟				View A	II Search Tasks	Create New	Task   Complete
Due Date No results.	Priority	Type Task	Group Subj	ect Handle	er Assign		Completed Or	-	

### Claim Documents

\*YP7516C (SNM19D203061C02) [YN6168R] SYSTEMATIC AIRCONDTIONING PTE LTD Jun 14 2019 10:00AM [XIN JIA FU FOOD PTE LTD] Systematic Airconditiong Pte Ltd

Up	load Documents Uplo	pad Photos Compose New Letter	View	View in Brow	vser ▼
Pho	otos/Images		3 per	page ▼	•
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	29/07/19 15:31	General View	0	Load JPG	•
2	29/07/19 15:31	General View	0	Load JPG	•
3	29/07/19 15:31	General View	0	Load JPG	•
4	29/07/19 15:31	General View	0	Load JPG	•
5	29/07/19 15:31	General View	0	Load JPG	•
6	29/07/19 15:31	Odometer Reading	0	Load JPG	•
7	29/07/19 15:31	Chassis Number	0	Load JPG	•
8	29/07/19 15:31	General View	0	Load JPG	•
9	29/07/19 15:31	General View	0	Load JPG	•
10	29/07/19 15:31	General View	0	Load JPG	•
11	29/07/19 15:31	General View	0	Load JPG	•
12	29/07/19 15:31	General View	0	Load JPG	•
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24	29/07/19 15:31	General View	0	Load JPG	•
Doc	umentation		1 per	page 🔻	•
Nσ	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	-
1	03/07/19 16:33	ESTIMATE	0	Load PDF	
2	03/07/19 16:33	TP YP7516C GIA REPORT	0	Load PDF	
3	03/07/19 16:40	PRS EMAIL	0	Load PDF	100

## **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/CTI19011822/EQD3S2

Date:

30/07/2019

REFERENCE

Handling Insurer:

China Taiping Insurance (Singapore) Pte.

DMCVSN30024019000

Claimant Vehicle

No:

YP7516C

Insured Vehicle

YN6168R

Date of Loss:

14/06/2019

No:

Nature of Claim: TP

Claim No:

SNM19D203061C02

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

YP7516C

Make & Model:

HINO XZU710R-HKFMS3, 4.0 D (M)

Engine No:

N04CUS31203

52529 km

Reg. Date:

29/09/2017 (Man. Year: 2016)

Chassis No: Odometer:

JHHUCS3H70K019961

Colour:

White

Engine Capacity: Market Value/New Car Price: 4009 cc

N/A

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Sum Insured (S\$):

Good Yes

Steering (Serviceable):

No

Footbrake (Serviceable): Pre-accident Condition:

Yes

Handbrake (Serviceable):

CONDITION OF TYRES

Engine Modification:

Rear Tyre Size:

7.00 R16

Front Tyre Size: Front Left Side:

7.00 R16 Othsu 5 mm

Rear Left Side:

Othsu 5 mm

Front Right Side:

Othsu 5 mm

Rear Right Side:

Othsu 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	2,060.00	1,000.00	1,060.00	51.46
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,060.00	1,000.00	1,060.00	51.46
+ GST 7.00/7.00% (S\$)	144.20	70.00	74.20	51.46
Nett Amount (S\$)	2,204.20	1,070.00	1,134.20	51.46

INSPECTION

Date Inspected:

Date of Assignment:

03/07/2019

10/07/2019

Inspected At:

Systematic Airconditiong Pte Ltd (HQ)

29 SENOKO WAY

Singapore 758059

Estimated Period of Repair:

4.0 days

Adjuster: CHEN TSUE YEE

Manager:

SHIAU CHAN

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.

THE VEHICLE HAS NOT SEND IN FOR REPAIR.

(REPAIR COST NOT CONCLUDE)

## REPAIR DETAILS

Reference

Part Source:

(Last Synchronised: 30 Jul 2019)

Parts:

N/A

HINO XZU710R-HKFMS3 4.0 D (M) (Model not available in database)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for YP7516C)

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
Lab	our Items			
1	REPAIR AND RETROFIT REF TRUCK BOX PARTS AND FIXTURES. SUPPLY AND REPLACE ONE (1) LOT STAINLESS STEEL REAR DOOR FRAME C/W BONDING AND SEALANT. TO WELDING AND FIX BACK REAR DOOR FRAME WITH T.I.G WELDING. ADJUST AND REALIGN FREEZER BOX DOORS. SUPPLY LABOUR AND SERVICES.	New	1,280.00	1,000.00
2	REPAIR AND RETROFIT REF TRUCK BOX PARTS AND FIXTURES. SUPPLY AND REPLACE ONE (1) NO. REAR METAL BUMPER C/W FABRIACAT AND WELDING.	New	780.00	0.00
	Gross Lab	2,060.00	1,000.00	
	Report was unsubmitted during this	print-out.		

< END OF ESTIMATES >