Surveyor:	Kam		ASS	IGNME	NT (Office)	
From (Person	Daniel	Pay	of	ASM	CAXA)	Date/Time: 14-8.19
Estimated Co	st:	J			Bill to:	
	STTP RES / C	OD RES/E		/ MV i C		Insured: Sma 937m
	m/s Ming		tho Se	enicy		Tel: 97686324
of 160	Sin ming	Doru	# 02	-16		
Policy No:					Claim No:	Samolary
Sum Insured:						
Cum monecu.					Excess:	
Make of Veh (Client's Recor					_	D.O.A. 12-8.19
Make of Veh (Client's Recor	:d) / REP. / RE	V 24 HRS 12 12 pm	Person Co	ontacted: _		D.O.A. 12-2.19 H.O.D. Endorsement: Vehicle IN OUT
Make of Veh (Client's Recor	: d) / REP. / RE 14.4. [4]	12 mp.m			MR Tan	H O D Endorsement:
Make of Veh (Client's Recor CA / REV Date/Time:	:	12 mp.m	Y) E		MR Tan	H O D Endorsement:
Make of Veh (Client's Recor CA / REV Date/Time:	REP. RE 14.4.	uction ()	Y) E		MR Tan	H O D Endorsement:
Make of Veh (Client's Recor CA / REV Date/Time:	REP. RE 14.8.	uction () 410 -×	Y) E		MR Tan	H O D Endorsement:
Make of Veh (Client's Recor CA / REV Date/Time:	Action/Instr SLQ FA Dismand	uction ()	Y) E		MR Tan	H O D Endorsement:

ASS. REC. BY: RAVI	ASSIGNMENT
7 1	
From: Date:	Veli No: SLQ 5941U Yr Rogn: JUI / 2017
Estimated Cost:	Type: M.Car / M.Cycle Bus / Van / Lorry / Taxl / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SLQ 59410	Make: Subaru XV a.c 1600
at Workshop m/s 160 sin mang during #	Colour Gray A/C: Insured / Std / NI / NA
of .	Sp.Reading 43543 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Folicy No.	C/No: JFKSP3KC5HG205922 .
Claims No.	Gen. Cond; Good Fair / Poor / Burnt
Sum Insured: • Excess:	Sleering Inorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: (norder Lammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /\$/Rim / STD A/Rim or
	Tyre Size: F: 225/55 R 17
(Policy Condillon)	R: 225/55 R17
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/FOKO) or YOKO hawa
Bal. or Market Value:	
IDAC Accident Rport: Consistent? : Yes or No	P/Rol C
GIA / PR Seen: Consistent? : Yes or No	L/Bal 5 min
Est. Repairs: days Res.: Yes or No	DOA (GL.)
Lum Sum: % 3 Val.: Yes or No	Survey hold at D.O.I. 14/8/2019 02920
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle; II	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction Range 181000 \$2000 \$	100-6,000
Repairdays: 3days.	6 dats monto.
RECEIVED 2	6 AUG 2019 / / /
	23/8/2019
MV: \$ 66000	
PV : \$45358	
NV : 9 70643	
Dale/Time, File Pass to7 : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: 2 Survey Feo: 100
Date/Hino, File Return to?	Transportation:
Z) Add	Feo:: Site Insp (\$) _ s+Rs, _si
5	: Interview (\$) Photos
Report Format: PRQ.	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$: Weekend (\$)
	1070

P. Mr Tan T: 12019.m



Service Request Details

Claim

S9M01WRV

Reference

None 🔊

Loss Date

August 12, 2019

Report Date

Aug 13, 2019 12:00:00 AM

Request Date

August 14, 2019

Due Date

August 21, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pre-Repair Survey

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration # SLQ5941U

LKK AUTO CONSULTANTS PTE LTD (TP) -

iviodei

SUBARU

Service Address

Primary Contact/Insured

YEO TECK KIM 7 RIVERVALE CRESCENT, #01-15, 545085, Singapore 97897967

Claim Handler

PAY Daniel

zhihao.pay@axa.com.sg

Additional Instructions

Messages Invoices

History

Documents

Assessment

Metrics

Notes

New Message



ACRA NUMBER : 200911678H

GST REGISTRATION NUMBER . 200911678H

13/08/2019

Our Ref: SLQ 5941U (V) MING HUA

Your Ref: SMA 937M

TO: AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way

#27-01

Singapore 068811

Attn: Motor Claims Dept

RIAZ QAYYUM -LLB HONS: NUS

ABDUL HALIM BIN ROSALAN (LLB HONS) UTAS

MUHD RIDHWAN ABOUL RAHIM (LLB HONS) LEEDS

(ASSOCIATE)

BY EMAIL ONLY

NOTICE OF ACCIDENT

Dear Sir

We are instructed by our client to *notify* you of a road traffic accident on <u>12 August 2019</u> at about <u>1200</u> hours along <u>SIMPANG RENGANG HIGHWAY MALAYSIA</u> involving our client's vehicle registration number <u>SLQ 5941U</u> and vehicle registration number <u>SMA 937M</u> driven by you or your authorized driver at the material time. A copy of Singapore accident statement / traffic police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client/ we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client /we shall proceed to repair the vehicle without further reference to you.

Please be informed that the said vehicle can be inspected at:

Name of workshop

MING HUA AUTO SERVICES

Address

160 SIN MING DRIVE

#02-16

SINGAPORE 575722

Telephone no.

9768 6328 / 9695 1381

Fax

6556 1015

Please let us hear from you by the stipulated time.

Yours faithfully

Braz.

cc. Client

FOR SURVEYOR

Please initial here after completion of pre-repair inspection. Thank you.

Appointed surveyor (Name & signature)

Date & time of inspection







51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Immediate Advice

Date: 26/08/2019

To: AXA Insurance Pte Ltd

Survey details

Date of loss	12-Aug-19	
Date of appointment	14-Aug-19	
Date of survey	14-Aug-19	
Location of survey	MING HUA AUTO SERVICES	

Vehicle Details:

Claim Type:	Third Party
Vehicle number	SLQ 5941U
Make and Model	SUBARU XV 1.6
Date of registration	17-Jul-17
Excess	
Market Value	\$66,000
Parf Rebate	\$45,358
Nett Loss	\$20,642

Repair details

110	pair actaris
Initial Estimate	
Proposed/Revised repair co	st:
Parts	
Check item	
Labour	
Total	
Lump Sum(if applicable)	
Number of days of repair	6
Remarks:	The estimated repair cost of the damaged vehicle is in the region of \$5,000.00 - \$6,000.00

> Back to OneMotoring

nquire	PARF/	COE Rebate	for Registered	Vehicle
--------	-------	------------	----------------	---------

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	591G
Vehicle No.:	SLQ5941U
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Aug 2019
Vehicle Make:	SUBARU
Vehicle Model:	SUBARU XV 1.6I-S AWD CVT
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	FB16Y619323
Chassis No.:	JF1GP3KC5HG205922
Maximum Power Output:	84.0 kW (112 bhp)
Open Market Value:	\$15,387.00
Original Registration Date:	17 Jul 2017
First Registration Date:	17 Jul 2017
Transfer Count:	0 , A , –
Actual ARF Paid: Intended PARF Rebate Details	\$15,387.00 ×50% = \$7693.5
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Jul 2027
PARF Rebate Amount: Intended COE Rebate Details	\$11,540.00
COE Expiry Date:	16 Jul 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,801.00
COE Rebate Amount:	\$33,818.00
Total Rebate Amount:	\$45,358.00

ie information contained herein is correct as at 21 Aug 2019

DOA: 12/08/2019

OK

Renowing: by Ilmanths 124days (83. Imanols)
Depri: \$8460 (yearly) \$705 (morthely)

83.1 months x \$705=\$58 585.50

\$58,585.50+\$7693.50=\$66279

Used Cars

Sell My Car

Directory

Products

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Articles

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Post an Advertisement Sell it yourself! Advertise it at just \$58 until it's SOLD! 2005 JAGUAR 5-TYPE 2.5 Auto.



One Of The Best Looking Jaguars Ever Designed Direct Owner StarAd

Free VICOM evalu workshop ensures quality service of SVTA and hire purchase associ YONG LEE SENG MOTOR PTE LTD

3rowse by Category 4 vehicles

Post an Ad

Subaru XV

Ways of Selling

Model

Any

Depreciation Anv

Red Date 2017 Eng Cap

Mileage

Sort by Date Posted

Advanced Search

Veh Type Any

▼ 20 results/page

Search Selection

Subaru XV

Advertiser Login

٧

Subaru XV 1.6i-S

\$75,800

\$8,610 /yr

19-Jul-2017

1,600 cc

Any

38,348 km

Available

1 Fussy Teacher Owner. Done Extremely Low 38348km Only! Valid 5 Years Agent Warranty. Original Pearl White Paintwork With Matching Black Interior, Totally Brand New, No Off Road Done, 100% Accident-Free, In House Loan, Price Negotiable Upon Interest, Call Now!

SUV

PREMIUM AD

PREMIUM AD

FREMIUM AD

Available

Posted: 18-Aug-2019 Tags: 2017 Subaru XV, 2017 subaru xv, Subaru XV, subaru xv, Subaru xv, Subaru, XV, xv, Used Subaru

Subaru XV 1.6i-S

\$73,800

\$8,460 /yr 06-May-2017

1.600 cc

40.500 km

SUV Available

Selling The Cheapest In The Market, Price Negotiable, Lowest Genuine Mileage Clocked By The Previous Lady Driver, Excellent Condition Taken Care Of, Accident Free & Hassle Free, Drive With A Peace Of Mind, Trade In Or Scrap Car Welcome, Flexible Loan Can Be Arrange...

Posted: 17-Aug-2019 Tags: 2017 Subaru XV, 2017 subaru xv, Subaru x



Subaru XV 1.6i-S

\$78,800

\$8,980 /yr

21-Jul-2017

1,600 cc

40,000 km

SUV Available

Service And Maintained By Motor Image. Under Warranty! Flexible Finance With Lowest Interest Rates! Buy With A Peace Of Mind From Us, With Proven Track Records For The Past 35 Years. 100% Smooth And Satisfied Transaction! Contact Shane For A No Obligation Disc...

Hua Yang Credit Pte Ltd

Posted: 12-Aug-2019 Tags: 2017 Subaru XV, 2017 subaru xv, Subaru XV, subaru xv, Subaru xv, Subaru xV, xv, Used Subaru



Subaru XV 1.6i-S

\$76,800

\$8,770 /vr

07-Jul-2017

1.600 cc

36,603 km

SUV Available

One Owner, Car Like New And With Agent Warranty For A Peace Of Mind, High Trade In And In House Loan Available, Kindly Contact Our Friendly Sale Staff For Viewing And Test Drive.

Posted: 08-Aug-2019 Tags: 2017 Subaru XV, 2017 subaru XV, Subaru X

Save this search criteria, to get email alerts whenever a match is found.

Make

Model

Depreciation

Reg Date

Eng Cap

Mileage

Veh Type

Status

▼ results/page

For old advertisements, view Expired ads

20

Home | New Cars | Used Cars | Sell My Car | Directory | Products | Insurance | Article | Forum | Resources

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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.

- 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

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AC	91			51	AΙ	= 1	HΝ	•
The state of the	-	estimate.					_	•

Date Of Report 13/08/2019 16:10

Date Of Accident 12/08/2019 12:00

Exact Location Of Accident NOUTH SOUTH HIGHWAY

Country/State of Loss MALAYSIA/WILAYAH PERSEKUTUAN

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ5941U

Insured/Policyholder

Name Of Registered Owner LU CHIA YONG NRIC No S8273591G

Email Address LOUIS2404@GMAIL.COM Mobile Phone No (LOCAL) +65-81821781

Alternative Phone No OFFICE-81821781

Vehicle Particulars

Manufacturer SUBARU

Model SUBARU XV 1.6I-S AWD CVT

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?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company FWD SINGAPORE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number PNPV2018-00008280-01

Cover Note Number

Driver

Name of Driver LU CHIA YONG

NRIC No S8273591G Date Of Birth 24/04/1982 Occupation **INDOOR** Date Of Driving Pass 20/02/2007

Driving Experience 12 YEARS AND 5 MONTHS

Gender

Mobile Number (LOCAL) +65-81821781

Fax Number

Contact Number OFFICE-81821781

EMail Address LOUIS2404@GMAIL.COM Address

APT BLK 504D MONTREAL DRIVE #06-06

Postcode

754504

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OWNER

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BISHAN NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 20 BISHAN STREET 23, POSTCODE: 579757, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5529999 - FAX NO: 65561905

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:

AT OWNER SIDE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMA937M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLQ5941U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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;
 - (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:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	police	report			
	-				 	
					100	

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.:





1 of 2

Report No. E/20190813/2076

POLICE REPORT (NP299)

Police Station Of Origin Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

Date/Time Report Made 13/08/2019 15:45	Vide Re	port No.		Station Diary No. 63
Name Of Informant	Address			
LU CHIA YONG	APT BLK 504D MONTREAL DRIVE #06-06 SING 754504			#06-06 SINGAPORE
ID Type / ID No.	Contact	No.		
NRIC NO / S8273591G	Home/Office Mobile		Mobile	
			81821781	
Nationality SINGAPORE CITIZEN	Email Ad	ddress		
Occupation.	Sex	Age	Date of Birth	Race
ENGINEER	Male	37	24/04/1982	Chinese
Institution/School Name	Language		- - - - - - - - - -	Johnson
Date/Time Of Incident 12/08/2019 12:00	Location Of Incident along 5km marked before Simpang Rengang exit		ongong ovit	
Brief details	MALAYS		before Simpang R	engang exit

Brief details.

On 12 Aug 2019 at 12pm, I was driving my car (SLQ5941U, Subaru XV, Grey) from Kuala Lumpur to Woodlands Checkpoint, Singapore. While travelling on the first lane of the 2 lane road along 5km marked before Simpang Rengang exit, suddenly one vehicle in front of me made an emergency brake. As such I brake to avoid contact. However, the vehicle at my rear failed to stop and hit onto my vehicle.

The vehicle (SMA937M, Toyota Wish, Purple) is a Singapore vehicle with 2 passengers. No one was

Signature Of Informant:
Jun 8
Date/Time: 13/08/2019 15:45
Classification Of Case:

Authentication Stamp

Sensator Foliat For L	SN 061
	+





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190813/2076

injured and no one required immediate medical assistance. No Police or Ambulance at scene. Both driver exchange particulars and left.

Due to the impact, there were dents and scratches on my rear bumper area. I had also lodge a Malaysia Traffic Accident Report in Simpang Rengang Police Station. Upon returning to Singapore, I felt pain over my body and consulted medical treatment on 13 August 2019 at Mount Alvernia Hospital. I was issued with 5 days sick leave.

I have an in car camera installed. I am lodging this report for my own record and insurance claim purposes.

Signature Of Officer Recording The Report:	Signature Of Informant:	
E / Sgt 3 SITI NUR 'AFINA BINTE ROSLAN	Suppl	
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2019 15:45	
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp NAI SEAN CHRISTOPHER Contact No.:	Classification Of Case:	
Authentication Stamp		

SN 061



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

		PRE-REPAIR IN	NSPECTION REPOR	T
AXA INSURANCE PTE LTD		Ref: CS3/ASM19014096/Fcf3e2		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date: 02-09-2019		
ATT	: DANIEL PAY		Code: ASM	
1.		Policy Particula	ars :- (THIRD PARTY CL	AIM)
	Insured Veh.	SMA 937M	Veh. Inspected	SLQ 5941U
	Policy No.		Coverage (\$)	0.00
	Claim No.	S9M01WRV	Excess (\$)	0.00
	Assign From	DANIEL PAY	Assign Date	14/08/2019
2.	SULP BEREIO	Vehicle P	articulars & Condition	to the state of the said
	Make & Model	SUBARU XV	c.c	1600
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	JF1GP3KC5HG205922	Colour	GREY
	Odometer	43543 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Cor	nditions of Tyres	THE REAL PROPERTY.
		Size	Make	Balance
	R/H Front Tyre	225/55 R17	YOKOHAMA	5 mm
	L/H Front Tyre	225/55 R17	YOKOHAMA	5 mm
	R/H Rear Tyre	225/55 R17	YOKOHAMA	5 mm
	L/H Rear Tyre	225/55 R17	YOKOHAMA	5 mm
4.		Desci	ription of Damages	
	THE VEHICLE SU	JSTAINED DAMAGES AT THE REAR PORTION.		
5.		Ger	neral Information	
	Accident Date	12/08/2019	Inspect Date / Time	14/08/2019 (02:37 PM)
	Survey held at	MING HUA AUTO SERVICE	S	
		160 SIN MING DRIVE #02-16 SIN MING AUTO CITY SINGAPORE 575722		
5a.	Remarks			
	B) THE REPAIR E THE REPAIRER V C) ENCLOSED PL	ON WAS CONDUCTED ON A STIMATE WAS NOT PRESEN VAS TOLD TO PREPARE THE EASE FIND DAMAGED VEHIO ED REPAIR COST OF THE DA	TED AT THE TIME OF INS ESTIMATE. CLE PHOTOGRAPHS.	
5b.	No. Land	Estimate Days of Repair		
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	6 Wo	orking Days

Report Ref No. CS3/ASM19014096/Fcf3e2

Inspected By

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

L

K.K.LAU CPT(RET)

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