

INS. CASE OWNER:

## ASSIGNMENT

Surveyor: **ADRIAN**DOI: **22/08/2019**Date / Time: **22/08/2019**Registered in Merimen: **—**

Pre-assign / CCU / FTE



Insured Vehicle No.:

**YN 3486S**

Name of Insured:

**SI Marine Engineering P/L**

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A: **31/07/2019 12:15**

Is driver the owner?

**NO**

Nature of Accident:

**INTO PIE**If NO, Driver Name / Age: **THIRAGARAJAN BHAGATHSING**OI GIA REPORT: **YES** NO ; TP GIA REPORT: **YES** / NO

Driver Tel No.:

(V/L: **YES** / NO)Insured Liability: % **Final ? Yes / No****SLR 9702L**INSRS:  
WSP: **PEOPLE'S**  
Tel: **VEHICLE**  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

| Date/Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STAGE                                                                                                          | DATE / PIC    |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
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| 05/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NO OI GIA REPORT IN YET                                                                                        |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
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| 05/11/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FILE RECORDED. OLD RATE. ENDED TP.                                                                             |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SEND LETTER & EMAIL TO OI TO NOTIFY                                                                            |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TP CLAIM & ACC ISSUES.                                                                                         |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| 08/11/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FINALISED                                                                                                      |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SEND PA TO OI. TYPE REPORT WITHIN                                                                              |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PENDING TP LOD                                                                                                 |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | REPORT DONE                                                                                                    |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TP LOD IN BY EMAIL                                                                                             |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| 16/12/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SMK MANIPAL APPROVAL TO OI                                                                                     |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OI APPROVED MANIPAL. SEND FOR OFFER.                                                                           |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ALL BOOK IN ORDER.                                                                                             |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| PRELIMINARY ADVICE Date/Time: <b>08/11/19</b> Sent By: <b>VIC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| <table border="1"> <thead> <tr> <th>FINALIZATION</th> <th>Date/Time:</th> <th>Confirm with:</th> <th>Confirm by:</th> </tr> </thead> <tbody> <tr> <td>Repair Cost: <b>LIS</b></td> <td>S\$ <b>3,450.00</b> (3 days) Reduction: <b>65</b> %</td> <td></td> <td>Email <input type="checkbox"/> Call <input type="checkbox"/></td> </tr> <tr> <td colspan="4">FINAL SETTLEMENT Date/Time: <b>16/12/19</b> Confirm with: <b>APRUS</b> Email <input type="checkbox"/> Call <input type="checkbox"/></td> </tr> <tr> <td>Final Liability:</td> <td>% <b>100</b> (Agreed / Assessed) BOLA S/N No.: <b>27</b></td> <td></td> <td>If NO or B 28, Ass. Lia: <b>OLD RATE. ENDED TP</b></td> </tr> <tr> <td>Repair Cost: (w/acc)</td> <td>S\$ <b>3,691.50</b></td> <td></td> <td rowspan="5"><b>COPIED</b><br/><b>7/1/19</b></td> </tr> <tr> <td>Loss of Rental (LOR):</td> <td>S\$ <b>—</b> ( days)</td> <td></td> </tr> <tr> <td>Loss of Use (LOU):</td> <td>S\$ <b>180.00</b> x <b>60</b> x <b>3</b> days)</td> <td></td> </tr> <tr> <td>Loss of Income (LOI):</td> <td>S\$ <b>—</b> (S x days)</td> <td></td> </tr> <tr> <td>LOR only <input type="checkbox"/> LOU only <input type="checkbox"/></td> <td><input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]</td> <td></td> </tr> <tr> <td>GIA/LTA Search</td> <td>S\$ <b>7.45</b></td> <td></td> <td>1) Claim status: Normal/Reject/Private Settle</td> </tr> <tr> <td>Medical:</td> <td>S\$ <b>—</b></td> <td></td> <td>2) Report Format:</td> </tr> <tr> <td>Disbursement:</td> <td>S\$ <b>—</b> (e.g. Tow/ Independent)</td> <td></td> <td>3) Survey fee: <b>\$100.00</b></td> </tr> <tr> <td>Legal Cost</td> <td>S\$ <b>—</b></td> <td></td> <td>4) RA fee <b>\$2.54</b></td> </tr> <tr> <td>Total:</td> <td>S\$ <b>3,878.95</b> Global Sum S\$: <b>—</b></td> <td></td> <td>Email <input type="checkbox"/> Call <input type="checkbox"/></td> </tr> <tr> <td colspan="4">FINAL PAYMENT Date/Time: Confirm with:</td> </tr> <tr> <td>Payee 1:</td> <td>S\$ <b>3,878.95</b> Name 1: <b>PEOPLES VEHICLE RECOVERY SERVICE</b></td> <td></td> <td></td> </tr> <tr> <td>Payee 2: (Strike if N.A.)</td> <td>S\$ <b>—</b> Name 2: <b>—</b></td> <td></td> <td></td> </tr> <tr> <td>Payee 3: (Strike if N.A.)</td> <td>S\$ <b>—</b> Name 3: <b>—</b></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                |               | FINALIZATION                                                 | Date/Time: | Confirm with: | Confirm by: | Repair Cost: <b>LIS</b> | S\$ <b>3,450.00</b> (3 days) Reduction: <b>65</b> % |  | Email <input type="checkbox"/> Call <input type="checkbox"/> | FINAL SETTLEMENT Date/Time: <b>16/12/19</b> Confirm with: <b>APRUS</b> Email <input type="checkbox"/> Call <input type="checkbox"/> |  |  |  | Final Liability: | % <b>100</b> (Agreed / Assessed) BOLA S/N No.: <b>27</b> |  | If NO or B 28, Ass. Lia: <b>OLD RATE. ENDED TP</b> | Repair Cost: (w/acc) | S\$ <b>3,691.50</b> |  | <b>COPIED</b><br><b>7/1/19</b> | Loss of Rental (LOR): | S\$ <b>—</b> ( days) |  | Loss of Use (LOU): | S\$ <b>180.00</b> x <b>60</b> x <b>3</b> days) |  | Loss of Income (LOI): | S\$ <b>—</b> (S x days) |  | LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> | <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |  | GIA/LTA Search | S\$ <b>7.45</b> |  | 1) Claim status: Normal/Reject/Private Settle | Medical: | S\$ <b>—</b> |  | 2) Report Format: | Disbursement: | S\$ <b>—</b> (e.g. Tow/ Independent) |  | 3) Survey fee: <b>\$100.00</b> | Legal Cost | S\$ <b>—</b> |  | 4) RA fee <b>\$2.54</b> | Total: | S\$ <b>3,878.95</b> Global Sum S\$: <b>—</b> |  | Email <input type="checkbox"/> Call <input type="checkbox"/> | FINAL PAYMENT Date/Time: Confirm with: |  |  |  | Payee 1: | S\$ <b>3,878.95</b> Name 1: <b>PEOPLES VEHICLE RECOVERY SERVICE</b> |  |  | Payee 2: (Strike if N.A.) | S\$ <b>—</b> Name 2: <b>—</b> |  |  | Payee 3: (Strike if N.A.) | S\$ <b>—</b> Name 3: <b>—</b> |  |  |
| FINALIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date/Time:                                                                                                     | Confirm with: | Confirm by:                                                  |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| Repair Cost: <b>LIS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S\$ <b>3,450.00</b> (3 days) Reduction: <b>65</b> %                                                            |               | Email <input type="checkbox"/> Call <input type="checkbox"/> |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| FINAL SETTLEMENT Date/Time: <b>16/12/19</b> Confirm with: <b>APRUS</b> Email <input type="checkbox"/> Call <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| Final Liability:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | % <b>100</b> (Agreed / Assessed) BOLA S/N No.: <b>27</b>                                                       |               | If NO or B 28, Ass. Lia: <b>OLD RATE. ENDED TP</b>           |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| Repair Cost: (w/acc)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S\$ <b>3,691.50</b>                                                                                            |               | <b>COPIED</b><br><b>7/1/19</b>                               |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| Loss of Rental (LOR):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | S\$ <b>—</b> ( days)                                                                                           |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| Loss of Use (LOU):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | S\$ <b>180.00</b> x <b>60</b> x <b>3</b> days)                                                                 |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| Loss of Income (LOI):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | S\$ <b>—</b> (S x days)                                                                                        |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| GIA/LTA Search                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S\$ <b>7.45</b>                                                                                                |               | 1) Claim status: Normal/Reject/Private Settle                |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| Medical:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S\$ <b>—</b>                                                                                                   |               | 2) Report Format:                                            |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| Disbursement:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S\$ <b>—</b> (e.g. Tow/ Independent)                                                                           |               | 3) Survey fee: <b>\$100.00</b>                               |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| Legal Cost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S\$ <b>—</b>                                                                                                   |               | 4) RA fee <b>\$2.54</b>                                      |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| Total:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | S\$ <b>3,878.95</b> Global Sum S\$: <b>—</b>                                                                   |               | Email <input type="checkbox"/> Call <input type="checkbox"/> |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| FINAL PAYMENT Date/Time: Confirm with:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| Payee 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S\$ <b>3,878.95</b> Name 1: <b>PEOPLES VEHICLE RECOVERY SERVICE</b>                                            |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| Payee 2: (Strike if N.A.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S\$ <b>—</b> Name 2: <b>—</b>                                                                                  |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |
| Payee 3: (Strike if N.A.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S\$ <b>—</b> Name 3: <b>—</b>                                                                                  |               |                                                              |            |               |             |                         |                                                     |  |                                                              |                                                                                                                                     |  |  |  |                  |                                                          |  |                                                    |                      |                     |  |                                |                       |                      |  |                    |                                                |  |                       |                         |  |                                                                     |                                                                                                                |  |                |                 |  |                                               |          |              |  |                   |               |                                      |  |                                |            |              |  |                         |        |                                              |  |                                                              |                                        |  |  |  |          |                                                                     |  |  |                           |                               |  |  |                           |                               |  |  |

Adrian

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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: 3 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLR9702L Yr Regn: 2008 / June

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz C200 c.c. 1796

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 139613 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2040412A150351

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / R/Rim / STD A/Rim or

Tyre Size: F: 225/45R17

R: 225/45R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 22/08/19

Survey held at People

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP China

COE Expiry: 29/02/28

L16 23,450.00

CR60: 46,340.00 (65%)

MV:

PV:

Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

Survey Fee:

Date:

1)

2)

IN

OUT

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

Prel. Report:

Final Report:



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: TBA  
Our ref: CC6/CTI19014841/Aha3

Date: 08.11.2019

The Motor Claims Department  
M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO.**

**SLR 9702L**

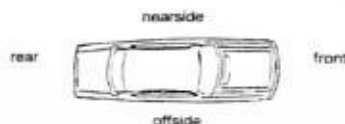
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 22.08.2019 at the premises of M/s PEOPLE'S VEHICLE RECOVERY SERVICE and have the following to report:-

|                          |       |          |
|--------------------------|-------|----------|
| Workshop Estimate Amount | : S\$ | 9,790.00 |
| Revised Estimate Amount  | : S\$ | 4,351.20 |
| "Check" Items Amount     | : S\$ | -        |
| Market Value             | : S\$ | -        |
| LTA Reimbursement Value  | : S\$ | -        |
| Nett Value               | : S\$ | -        |

**Description of Damage:**

The vehicle sustained damages at the  
Rear Portion



**Comments/Present Status:**

Damages Consistent

Estimated normal period for repairs: 3 days

Yours faithfully,

ADRIAN LING  
Licensed Appraiser

# PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023-A UBI ROAD 1 #01-60 SINGAPORE 408717  
 Tel No. : 67433246 / 67438552 Fax No. : 67430013  
 E-Mail : peoplevehicle@gmail.com  
 Tax Reg. No. : M90001895E Buss. Reg. No. : 31800200X

CHINA TAI PING INSURANCE (S) PTE LTD  
 105 CECIL STREET #19-00  
 THE OCTAGON (S) 069534

Attention : Motor Claim Department  
 Contact : 6389 6111 Fax No. : 6222 1033

Estimate : ES19024

Date : 22/08/2019  
 Vehicle Num. : SLR 9702 L  
 Make/Model : MERCEDES BENZ C200  
 Chassis/Eng# :  
 Accident Date : 30/07/2019  
 Claim No. : TT 354-19  
 Reference : YN 3486 S  
 Policy No. : CHINA DMPCSN3012631800  
 WDD2040412A150351

| S/N                                     | Quantity | Particular                             | Unit Price | Amount S\$           |
|-----------------------------------------|----------|----------------------------------------|------------|----------------------|
| NETT ITEMS :                            |          |                                        |            |                      |
| 1.                                      | 1        | BUMPER REAR <i>red</i>                 |            | 1,345.00 ✓           |
| 2.                                      | 1        | BUMPER CENTRE MOULDING REAR <i>3pc</i> |            | 175.00 ✓             |
| 3.                                      | 2        | BUMPER SIDE MOULDING REAR              | 110.00     | 220.00 ✓             |
| 4.                                      | 2        | BUMPER SIDE RETAINER REAR <i>Neu</i>   | 75.00      | 150.00 ✓             |
| 5.                                      | 1        | BUMPER REINFORCEMENT REAR <i>Best.</i> |            | 650.00 ✓             |
| 6.                                      | 1        | BOOTLID <i>Neu</i>                     |            | 1,850.00 x           |
| 7.                                      | 1        | BOOTLID INNER LOCK <i>Neu</i>          |            | 285.00 x             |
| 8.                                      | 1        | BOOTLID LOGO <i>3pc</i>                |            | 85.00 ✓              |
| 9.                                      | 1        | C 200 EMBLEM                           |            | 75.00 ✓              |
| 10.                                     | 1        | KOMPRESSOR EMBLEM <i>Neu</i>           |            | 105.00 ✓             |
| 11.                                     | 1        | BOOT HANDLE MOULDING <i>Neu</i>        |            | 195.00 x             |
| 12.                                     | 2        | TAIL LAMP <i>Neu</i>                   | 560.00     | 1,120.00 x           |
| 13.                                     | 1        | END PANEL REAR <i>3pc</i>              |            | 1,205.00 x           |
| 14.                                     | 4        | REVERSE SENSOR <i>3pc 2 pieces.</i>    | 185.00     | 740.00 370.          |
| Nett Total S\$ :                        |          |                                        |            | 8,200.00             |
| 10.00% Discount S\$ :                   |          |                                        |            | 820.00               |
|                                         |          |                                        |            | 7,380.00             |
| LABOUR :                                |          |                                        |            |                      |
| REMOVE & REPLACE ACCIDENT DAMAGED PARTS |          |                                        |            | 1,400.00 <i>1500</i> |

CONTINUE / ...

Rear Bumper Centre Guide *cracked* ✓ 185 ✓  
 Trillap lower Bracket x 2 *cracked* ✓ 54 x 2 = 108 ✓

3468

3121.20

# PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023-A UBI ROAD 1 #01-60 SINGAPORE 408717  
 Tel No. : 67433246 / 67438552 Fax No. : 67430013  
 E-Mail : peoplevehicle@gmail.com  
 Tax Reg. No. : M90001895E Buss. Reg. No. : 31800200X

CHINA TAI PING INSURANCE (S) PTE LTD  
 105 CECIL STREET #19-00  
 THE OCTAGON (S) 069534

Attention : Motor Claim Department  
 Contact : 6389 8111 Fax No. : 6222 1033

**Estimate : ES19024**

Date : 22/08/2019  
 Vehicle Num. : SLR 9702 L  
 Make/Model : MERCEDES BENZ C200  
 Chassis/Eng# :  
 Accident Date : 30/07/2019  
 Claim No. : TT 354-19  
 Reference : YN 3486 S  
 Policy No. : CHINA DMPCSN3012631800

| S/N | Quantity | Particular                                                                           | Unit Price | Amount S\$                                                                 |
|-----|----------|--------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------|
|     |          | SPRAY PAINTING ACCIDENT EFFECT PARTS<br>CHECK ALL LIGHTING AFTER REPAIR<br>UNDERCOAT | 1230       | <del>850.00</del> 600<br><del>80.00</del> 30<br>100.00 X<br><hr/> 2,410.00 |
|     |          | Labour Total S\$ :                                                                   |            |                                                                            |

SingDollars : Nine Thousand Seven Hundred Ninety Only

E. & O.E.

Total S\$ : 9,790.00

hence notify  
 the following:  
 for PEOPLE'S VEHICLE RECOVERY SERVICE  
 Computer Generated Invoice. No Signature Required.

- \* Repair work is on a "Without Prejudice" basis
- \* Repair work is allowed
- \* Supplier must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:  
 Date:

Adrian Lim  
 s/s 22/08/19.  
 03 Days  
 Total: 4351.20  
 c/s: 3450.

## Mei Kwan (LKKAuto)

---

**From:** Claims Dept of CTI <claimsdept@sg.cntaiping.com>  
**Sent:** Tuesday, 10 September, 2019 9:50 AM  
**To:** Mei Kwan (LKKAuto); Admin A; Wee Giap Enterprise; Vic (LKKAuto)  
**Cc:** Ong Chin Kiat; Alfred Toh; Chee So Chow; Hsiao Tong (LKKAuto); chantel3009@hotmail.com; Chai Chui Ai; Lim Lee Choo  
**Subject:** OUR REF: SNM19D203933-YN3486S-OCK - Direct Settlement - Accident Involving YN3486S (OI: SNM19D203933C02/6(ock) AND SLR9702L (TP : LKK REF - CC6/CTI19014841/Aha3) on 31/07/2019  
**Attachments:** REPORT OF SLR9702L (EXTRACT).pdf; LIST OF AUTHORIZED WORKSHOPS.pdf  
**Categories:** HMK

LKK REF - CC6/CTI19014841/Aha3  
CTPIS REF - SNM19D203933C02/6(ock)

Policy NO: DMCVSN1915001900  
Vehicle No: YN4386S  
From 4 April 2019 to 4 November 2019

Dear Mei Kwan/Vic

We refer to your emails of 23 August 2019 and 10 September 2019 pertaining to the above matter.

Please note that Insured, M/s SL Marine Engineering Pte Ltd has not and/or has yet and/or has refused to file accident report till date.

Aside to M/s Wee Giap enterprise, please assist to notify mutual client to instruct their driver namely Thiyagarajan Bhagathsing to file Accident Report IMMEDIATELY at M/s LKK Auto Consultants Pte Ltd OR any of China TaiPing Insurance (S) Pte Ltd Authorized Workshop (Reporting Centre) to enable us to handle the incoming claim against their Motor Insurance Policy on their behalf.

*Aside to Chin Kiat, please assist to keep track and repudiate liability, if necessary.*

Meanwhile, please update the claims status in the system.

Best Regards

Alfred Toh  
Senior Executive  
Claims Department  
China Taiping Insurance (Singapore) Pte. Ltd.  
3 Anson Road #XX-00 Springleaf Tower Singapore 079909  
DID : (65) 6389 6183  
FAX: (65) 6224 7478  
W: [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | FB: [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | WeChat: 太平獅城 Taiping SG

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**From:** Mei Kwan (LKKAuto) [mailto:Meikwan@lkkauto.com]  
**Sent:** Tuesday, 10 September, 2019 8:32 AM  
**To:** Ong Chin Kiat <chinkiat.ong@sg.cntaiping.com>  
**Cc:** Claims Dept of CTI <claimsdept@sg.cntaiping.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>; Chee So Chow



We refer to the above matter.

We have inspected TP vehicle SLR 9702L at M/s People's Vehicle Recovery Service – Ubi on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:

- TP GIA report

Please be informed that the estimated cost of repair is not ready yet.

We will revert to you on preliminary advice in due course.

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Kindly take note that the case handler in-charge Vic and he can be contacted at DID: 6841 2096.

***To check availability of the case handler, you may contact the undersigned.***

Thank you.

Best Regards,

**Mei Kwan** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com) | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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Auto  
Consultants  
Pte Ltd

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

Our Ref: CC6/CTI19014841/Aha3

By Registered Mail  
First Reminder

15 October 2019

**SI Marine Engineering Pte Ltd**  
12F Enterprise Road  
Enterprise 10  
SINGAPORE 627686

Dear Sirs/Madam,

**ACCIDENT INVOLVING YN3486S AND SLR9702L ON 31.07.2019 ALONG/AT  
PAYA LEBAR ROAD TURNING TO PIE**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Our record shows that to date, you/your driver have not reported the accident to us. We would appreciate it if you could urgently file a report at any of **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** Authorized workshops/reporting centre. You may refer to your Certificate of Insurance for the list of the reporting centre.

Please note you had been notified via post from **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** dated 24/08/2019

To enable us to look into the matter immediately, please let us hear from you within **fourteen (14)** days from date of this letter (by 31/10/2019).

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal M/s **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,

Vic Alpeh Sanghila  
Claims  
Tel : 6841 2096  
Fax: 6741 4108  
Email : [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com)

c.c. *China Taiping Insurance (Singapore) Pte Ltd  
(Motor Claims Dept)*



**Singapore POST**

Singapore Post Limited  
 (Reg. No. 1952016)  
 10 Eunos Road 8  
 #06-30 Singapore Post Centre  
 Singapore 408600

Tel: 1605  
 Fax: 6942 5114  
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 on your registered article(s), please visit  
 www.singpost.com

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**NOTES:**

- Separate forms are to be used for Insured and Non-Insured Registered Articles.
- Please provide all information required and produce this receipt for all enquiries.
- Please tick where applicable. It shall be assumed no Advice of Receipt (AR) is required or delivery by air is requested if relevant \* is left blank.
- Please indicate the return address on the item(s) to ensure prompt return in event of non-delivery to the addressee(s).
- Please post item(s) at the post office counter according to the sequence stated below.

|                                 |  |                           |  |                     |  |
|---------------------------------|--|---------------------------|--|---------------------|--|
| 1. Name & Address of Addressee  |  | AR* ( ) Y ( ) N ( ) SUR   |  | By* ( ) AIR ( ) SUR |  |
| ESHAN LOGISTICS PTE LTD         |  |                           |  |                     |  |
| 190 WOODLANDS INDUSTRIAL PARK E |  | Insurance* ( ) Y SS ( ) N |  |                     |  |
| #02-09                          |  | Contents:                 |  |                     |  |
| SINGAPORE 757512 (GBG 378AR)    |  |                           |  |                     |  |
| 2. Name & Address of Addressee  |  | AR* ( ) Y ( ) N ( ) SUR   |  | By* ( ) AIR ( ) SUR |  |
| SI Marine Engineering Pte Ltd   |  |                           |  |                     |  |
| 12F Enterprise Road             |  | Insurance* ( ) Y SS ( ) N |  |                     |  |
| Enterprise 10                   |  | Contents:                 |  |                     |  |
| Singapore 621686                |  |                           |  |                     |  |

**Sender's Agreement**  
 I have read, understood and agreed to the terms and conditions of posting overleaf. I accept the maximum liability payable for Registered Mail Service and certify that all information provided by me is true and the item(s) does not contain any hazardous or prohibited item(s).

Name & Signature \_\_\_\_\_ Date \_\_\_\_\_ 09/2014

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 No. Description  
 Amount(\$)  
 1. Accept Registered Article Item  
 Ref: RC2826003355G CTRY: SG  
 Transaction No.: 8135192880009  
 2. Ref: RC2826003445G CTRY: SG  
 Transaction No.: 8135192880010  
 3. Ref: RC2826003585G CTRY: SG  
 Transaction No.: 8135192880011  
 4. Ref: RC2826003615G CTRY: SG  
 Transaction No.: 8135192880012  
 5. Ref: RC2826003755G CTRY: SG  
 Transaction No.: 8135192880013

|              |                       |       |
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| 4            | Sale of Postage Label | 2.54  |
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(Suwanna)



## 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

| Affiliated to Federation Internationale Des Experts En Automobile                                                                         |                                                                                     |                 |                              |                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------|------------------------------|-------------------------------------------------------------------------------------|
| CHINA TAIPING INSURANCE (S) PTE LTD                                                                                                       |                                                                                     |                 | Ref : CC6/CTI19014841/Aha3n2 |                                                                                     |
| 3 ANSON ROAD #16-00<br>SPRINGLEAF TOWERS SINGAPORE 079909                                                                                 |                                                                                     |                 | Date : 24-12-2019            |  |
|                                                                                                                                           |                                                                                     |                 | Code : CTI                   |                                                                                     |
| <b>1. Policy Particulars :- THIRD PARTY CLAIM</b>                                                                                         |                                                                                     |                 |                              |                                                                                     |
| Insured Veh.                                                                                                                              | YN 3486S                                                                            | Veh. Inspected  | SLR 9702L                    |                                                                                     |
| Policy No.                                                                                                                                | DMCVSN1915001900                                                                    | Coverage (\$)   | 0.00                         |                                                                                     |
| Claim No.                                                                                                                                 | SNM19D203933C02/6                                                                   | Excess (\$)     | 0.00                         |                                                                                     |
| Assign From                                                                                                                               |                                                                                     | Assign Date     | 22/08/2019                   |                                                                                     |
| <b>2. Vehicle Particulars &amp; Condition</b>                                                                                             |                                                                                     |                 |                              |                                                                                     |
| Make & Model                                                                                                                              | MERCEDES BENZ C 200                                                                 | c.c             | 1796                         |                                                                                     |
| Engine No.                                                                                                                                | HIDDEN                                                                              | Year of Reg.    | 2008                         |                                                                                     |
| Chassis No.                                                                                                                               | WDD2040412A150351                                                                   | Colour          | GREY                         |                                                                                     |
| Odometer                                                                                                                                  | 139613                                                                              | Steering        | IN ORDER                     |                                                                                     |
| Brakes                                                                                                                                    | IN ORDER                                                                            | Modification    | SPORTS RIM                   |                                                                                     |
| General                                                                                                                                   | GOOD                                                                                |                 |                              |                                                                                     |
| <b>3. Conditions of Tyres</b>                                                                                                             |                                                                                     |                 |                              |                                                                                     |
|                                                                                                                                           | Size                                                                                | Make            | Balance                      |                                                                                     |
| R/H Front Tyre                                                                                                                            | 225/45 R17                                                                          | MICHELIN        | 6 mm                         |                                                                                     |
| L/H Front Tyre                                                                                                                            | 225/45 R17                                                                          | MICHELIN        | 6 mm                         |                                                                                     |
| R/H Rear Tyre                                                                                                                             | 225/45 R17                                                                          | MICHELIN        | 6 mm                         |                                                                                     |
| L/H Rear Tyre                                                                                                                             | 225/45 R17                                                                          | MICHELIN        | 6 mm                         |                                                                                     |
| <b>4. Description of Damages</b>                                                                                                          |                                                                                     |                 |                              |                                                                                     |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.<br>DAMAGES SEE DETAILS.                                                                |                                                                                     |                 |                              |                                                                                     |
| <b>5. General Information</b>                                                                                                             |                                                                                     |                 |                              |                                                                                     |
| Accident Date                                                                                                                             | 31/07/2019                                                                          | Inspection Date | 22/08/2019                   |                                                                                     |
| Survey held at                                                                                                                            | PEOPLE'S VEHICLE RECOVERY SERVICE<br>BLK 3023-A, UBI ROAD 1 #01-60 SINGAPORE 408717 |                 |                              |                                                                                     |
| <b>5a. Remarks</b>                                                                                                                        |                                                                                     |                 |                              |                                                                                     |
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.<br>B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |                                                                                     |                 |                              |                                                                                     |
| <b>5b. Estimate Days of Repair</b>                                                                                                        |                                                                                     |                 |                              |                                                                                     |
| ESTIMATED NORMAL PERIOD FOR REPAIR:                                                                                                       |                                                                                     | 3 Working Days  |                              |                                                                                     |



# 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 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLR 9702L

| Qty                         | Description of Parts                                                                            | Condition            | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|-------------------------------------------------------------------------------------------------|----------------------|---------------------------|-------------------|
| <b>REPLACEMENT OF PARTS</b> |                                                                                                 |                      |                           |                   |
| 1                           | BUMPER REAR (N)                                                                                 | DEFORMED             | 1,345.00                  | 1,345.00          |
| 1                           | BUMPER CENTRE MOULDING REAR (N)                                                                 | NECESSARY            | 175.00                    | 175.00            |
| 2                           | BUMPER SIDE MOULDING REAR @\$110.00 (N)                                                         | NECESSARY            | 220.00                    | 220.00            |
| 2                           | BUMPER SIDE RETAINER REAR @\$75.00 (N)                                                          | NECESSARY            | 150.00                    | 150.00            |
| 1                           | BUMPER REINFORCEMENT REAR (N)                                                                   | BENT                 | 650.00                    | 650.00            |
| 1                           | BOOTLID (N)                                                                                     | TO REPAIR SEE LABOUR | 1,850.00                  | -                 |
| 1                           | BOOTLID INNER LOCK (N)                                                                          | NOT NECESSARY        | 285.00                    | -                 |
| 1                           | BOOTLID LOGO (N)                                                                                | NECESSARY            | 85.00                     | 85.00             |
| 1                           | C200 EMBLEM (N)                                                                                 | NECESSARY            | 75.00                     | 75.00             |
| 1                           | KOMPRESSOR EMBLEM (N)                                                                           | NECESSARY            | 105.00                    | 105.00            |
| 1                           | BOOT HANDLE MOULDING (N)                                                                        | NOT NECESSARY        | 195.00                    | -                 |
| 2                           | TAIL LAMP @\$560.00 (N)                                                                         | NOT NECESSARY        | 1,120.00                  | -                 |
| 1                           | END PANEL REAR (N)                                                                              | TO REPAIR SEE LABOUR | 1,205.00                  | -                 |
| 4                           | REVERSE SENSOR @\$185.00 (N)                                                                    | DAMAGED (2 PCS ONLY) | 740.00                    | 370.00            |
| 1                           | REAR BUMPER CENTRE GUIDE (N)                                                                    | CRACKED              | 185.00                    | 185.00            |
| 2                           | TAILLAMP LOWER BRACKET @\$54.00 (N)                                                             | CRACKED              | 108.00                    | 108.00            |
|                             | LESS 10% DISCOUNT                                                                               |                      | -849.30                   | -346.80           |
|                             |                                                                                                 |                      | 7,643.70                  | 3,121.20          |
| <b>LABOUR</b>               |                                                                                                 |                      |                           |                   |
|                             | REMOVE & REPLACE ACCIDENT DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF BOOTLID AND END PANEL REAR. |                      | 1,400.00                  | 600.00            |
|                             | SPRAY PAINTING ACCIDENT EFFECT PARTS.                                                           |                      | 850.00                    | 600.00            |
|                             | CHECK ALL LIGHTING AFTER REPAIR.                                                                |                      | 60.00                     | 30.00             |
|                             | UNDERCOAT.                                                                                      | NOT NECESSARY        | 100.00                    | -                 |
|                             |                                                                                                 |                      | 2,410.00                  | 1,230.00          |
| <b>GRAND TOTAL</b>          |                                                                                                 |                      | <b>10,053.70</b>          | <b>4,351.20</b>   |

Report Ref No. CC6/CTI19014841/Aha3n2



|                                                                         |  |  |          |
|-------------------------------------------------------------------------|--|--|----------|
| RECOMMENDED COST OF LUMP SUM REPAIRS<br>(TO ITS PRE-ACCIDENT CONDITION) |  |  | 3,450.00 |
|-------------------------------------------------------------------------|--|--|----------|

Report Ref No. CC6/CTI19014841/Aha3n2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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