

ASS. REC. BY:

REF: CS3/MSG19015331/Gc f35

Special Instruction:

SURVEYOR: GQ

ASSIGNMENT (Office)

Meinmen

From (Person): Fievel Foo Wanyio of MSIG Date/Time: 29/08/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBJ 1123 X Insured: SMC 3069M

at Worksl.op m/s JI Auto Services Pte Ltd Tel: 91885445

of Blk 3006 Ubi Road 1 #01-346

Policy No: B29227403AMY Claim No: 604 122

Sum Insured: Excess:

Make of Veh: D.O.A. 23/08/2019

(Client's Record) CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 04:52pm @ 29/08/2019 Person Contacted: Mr Tan Vehicle IN/OUT

Date/Time	Action/Instruction ( X ) Estimate.
	SMC 3069M : NA/INC19014913/14 D.O.A : 23/08/2019
	GBJ 1123 X : NA/INC 19014913/14 D.O.A : 23/08/2019
	Dismantle: 2/9/2019

Surveyor

Carl

REF: MSG

PRS

ASSIGNMENT

From: Date: 2-9-2019

Veh No: GBJ 1123X Yr Regn: 03 Jan 2019  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or  
Make: Toyota Hiace c.c. 2982  
Colour: Silver A/C: Insured / Std / NI / NA  
Sp. Reading: 17710 T/Radio: Insured / Std / NI / NA

To Inspect Vehicle No: GBJ 1123X  
at Workshop m/s JL Auto Services  
of BIK 3006 Ubi road / #01-346

Eng/No: JTFHT02P 500246618  
C/No: 2  
Gen. Cond: Good / Fair / Poor / Burnt

Insured: Policy No. Claims No. Sum Insured: Excess:

Steering: Inoper / Jammed / Leaked / Burnt or  
Brake: Inoper / Jammed / Leaked / Burnt or  
Modi: M / S/Rim / STD A/Rim or

(Client's Record) Make of Veh:

Tyre Size: F: 195 R15  
R: 11

(Policy Condition)



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

SS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Bal. or Market Value: IDAC Accident Rpt: Consistent? : Yes or No  
GIA / PR Seen: Consistent? : Yes or No  
Est. Repairs: 6 days Res.: Yes or No  
Lum Sum: % 3 Val.: Yes or No

Front Rear  
R/Bal. 8 mm R/Bal. 8 mm  
L/Bal. 8 mm L/Bal. 8 mm  
D.O.A. D.O.I. 02-09-19  
Survey held at w/s 1100  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

CA / REV / REP. / 24 HRS  
Date: Person Contacted: Vehicle: IN / OUT

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

Date / Time Action / Instruction  
\$5000 - \$6000

Date/Time, File Pass to?  : Preli. Report  
1)  : Final Report  
Date/Time, File Return to?

Days Of Repair: 6  
Resurvey No. of Trip: 1

Survey Fee: Transportation: \$ + RS, \$ Photos Others TOTAL

Add Fee:  : Site Insp (\$)  : Interview (\$)  : Tech. Invs (\$)  : Weekend (\$)

Report Format: PRS  
Lump Sum / I.B.I. (\$)

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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	26 Aug 2019		29 Aug 2019 16:39 Assign				<b>New Assignment</b> Cancel Case

Main	Reference	Claim Details	Documents	Show All
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## CLAIM SUBFOLDER DETAILS

Insured:	LU JUN, ID: S7166801J, Tel: +6582992596, Email: LUJUNIVY@HOTMAIL.COM			[Created by insurer]
Main Claimant:	URBAN MANAGEMENT AND CLEANING SERVICES, Co. Reg. No.: 53367544L			
Vehicle Reg. No.:	GBJ1123X	Date of Loss:	23/08/2019 22:00 - :59 [7 Months and 20 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / 604122	Policy/Cover Note No.:	B29127403QMY (Comprehensive) Coverage: 19/06/2019 - 27/06/2020	
Vehicle Reg. No. (Insured):	SMC3069M	Policy No. (Claimant):	Excess: S\$500.00	
Repairer:	JI Auto Services Pte Ltd (HQ) Blk 3006 UBI ROAD 1 #01-346, 408700 Ubi - Tel:			
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Fievel Foo Wen Yao - 6643 1316]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 30/08/2019]			
Driver/Custodian (Insured):	LU JUN (48 / Female), NRIC: S7166801J, Tel: +6582992596 Email: LUJUNIVY@HOTMAIL.COM			
Adj Asg. Remarks:	on WP. Liab: 100%. Disagree on SJE. Assign: LKK Auto Consultants. Contact: Mr Tay @ 9188 5495.			

## ASSOCIATED MAIL RECEIVED

There are no mail for this case.

[View All](#)[Compose Case Mail](#)

## ALL ASSOCIATED TASKS

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	24/08/2019 09:22
Date Of Accident	23/08/2019 21:50
Exact Location Of Accident	CANBERRA WAY SLIP RD INTO CANBERRA LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1123X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	URBAN MANAGEMENT AND CLEANING SERVICES
Co Reg No	53367544L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94523489

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106635399
Cover Note Number	-

### Driver

Name of Driver	LEE CHUAN HUAT
NRIC No	S1594585J
Date Of Birth	18/10/1963
Occupation	INDOOR
Date Of Driving Pass	08/10/1985
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94523489
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 148 YISHUN ST 11 #11-99
Postcode	760148
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NEO KIM BEE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I STOP AT THE SLIP RD FROM CANBERRA WAY INTO CANBERRA LINK TO CHECK THE TRAFFIC, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED VEH B FROM BEHIND HIT ONTO MY VEH REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	ONLY FRONT CAMERA HAVENT RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC3069M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LU JUN
NRIC/Passport Number	S7166801J
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

URBAN MANAGEMENT AND CLEANING SERVICES

Policyholder's Signature  
Date: 19/08/2019  
100, East Avenue 3  
Geylang East Industrial Estate  
Singapore 389731

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

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



> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	544L
Vehicle Details	
Vehicle No.:	GBJ1123X
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Sep 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 5DR MT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	1KD2833223
Chassis No.:	JTFHT02P500246618
Maximum Power Output:	-
Open Market Value:	\$28,136.00
Original Registration Date:	03 Jan 2019
First Registration Date:	03 Jan 2019
Transfer Count:	0
Actual ARF Paid:	\$1,407.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	02 Jan 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$25,441.00
COE Rebate Amount:	\$23,738.00
<b>Total Rebate Amount:</b>	<b>\$23,738.00</b>

The information contained herein is correct as at 03 Sep 2019

OK

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	26 Aug 2019		29 Aug 2019 16:39 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;"><b>[Created by insurer]</b></span>									
Insured:	LU JUN, ID: S7166801J, Tel: +6582992596, Email: LUJUNIVY@HOTMAIL.COM								
Main Claimant:	URBAN MANAGEMENT AND CLEANING SERVICES, Co. Reg. No.: 53367544L								
Vehicle Reg. No.:	GBJ1123X	Date of Loss:	23/08/2019 22:00 - :59 [7 Months and 20 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 604122	Policy/Cover Note No.:	B29127403QMY (Comprehensive) Coverage: 19/06/2019 - 27/06/2020						
Vehicle Reg. No. (Insured):	SMC3069M	Policy No. (Claimant):							
		Excess:	S\$500.00						
Repairer:	JI Auto Services Pte Ltd (HQ) Bk 3006 UBI ROAD 1 #01-346, 408700 Ubi - Tel:								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Fievel Foo Wenyao - 6643 1316]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Imm.Advice due 30/08/2019]								
Driver/Custodian (Insured):	LU JUN (48 / Female) , NRIC: S7166801J, Tel: +6582992596 Email: LUJUNIVY@HOTMAIL.COM								
Adj Asg. Remarks:	on WP. Liab: 100%. Disagree on SJE. Assign: LKK Auto Consultants. Contact: Mr Tay @ 9188 5495.								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									



## Claim Documents

\*GBJ1123X (604122)  
[SMC3069M]

TP

**URBAN MANAGEMENT AND CLEANING SERVICES**

Aug 23 2019 10:00PM

[LU JUN]

JI Auto Services Pte Ltd

Upload Documents   Upload Photos   Compose New Letter

View View in Browser ▾

### Assessment Reports

1 per page

No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	29/08/19 11:11	<b>Accident Statement</b> From:OD - Reg. No: SMC3069M, Claimant: LU JUN	Load HTM	<input type="checkbox"/>

### Photos/Images

3 per page

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
2	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
3	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
4	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
5	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
6	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
7	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
8	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
9	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
10	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
11	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
12	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
13	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
14	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
15	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
16	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
17	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
18	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
19	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
20	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
21	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
22	03/09/19 10:29	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
23	03/09/19 10:29	<b>Odometer Reading</b>	Load JPG	<input checked="" type="checkbox"/>
24	03/09/19 10:29	<b>Chassis Number</b>	Load JPG	<input checked="" type="checkbox"/>
25	03/09/19 10:29	<b>Dismantled Parts</b>	Load JPG	<input checked="" type="checkbox"/>
26	03/09/19 10:29	<b>Dismantled Parts</b>	Load JPG	<input checked="" type="checkbox"/>
27	03/09/19 10:29	<b>Dismantled Parts</b>	Load JPG	<input checked="" type="checkbox"/>
28	03/09/19 10:29	<b>Dismantled Parts</b>	Load JPG	<input checked="" type="checkbox"/>
29	03/09/19 10:29	<b>Dismantled Parts</b>	Load JPG	<input checked="" type="checkbox"/>
30	03/09/19 10:29	<b>Dismantled Parts</b>	Load JPG	<input checked="" type="checkbox"/>
31	03/09/19 10:30	<b>Dismantled Parts</b>	Load JPG	<input checked="" type="checkbox"/>
32	03/09/19 10:30	<b>Dismantled Parts</b>	Load JPG	<input checked="" type="checkbox"/>
33	03/09/19 10:30	<b>Dismantled Parts</b>	Load JPG	<input checked="" type="checkbox"/>
34	03/09/19 10:30	<b>Dismantled Parts</b>	Load JPG	<input checked="" type="checkbox"/>
35	03/09/19 10:30	<b>Dismantled Parts</b>	Load JPG	<input checked="" type="checkbox"/>
36	03/09/19 10:30	<b>Dismantled Parts</b>	Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page ▼	☑
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
37	03/09/19 10:30	<b>Dismantled Parts</b>	 Load JPG	☑
38	03/09/19 10:30	<b>Dismantled Parts</b>	 Load JPG	☑
39	03/09/19 10:30	<b>Dismantled Parts</b>	 Load JPG	☑
40	03/09/19 10:30	<b>Dismantled Parts</b>	 Load JPG	☑
41	03/09/19 10:30	<b>Dismantled Parts</b>	 Load JPG	☑

  

Documentation			1 per page ▼	☑
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	29/08/19 11:11	<b>PRI</b>	 Load PDF	
2	29/08/19 11:11	<b>TP GIA REPORT (GBJ1123X)</b> From:OD - Reg. No: SMC3069M, Claimant: LU JUN	 Load PDF	
3	29/08/19 14:26	<b>Disagree on SJE</b>	 Load PDF	
4	29/08/19 14:26	<b>Workshop Details</b>	 Load PDF	

## Documents Checklist

### DOCUMENTS CHECKLIST

Reset Save Print

There are no document checklists configured.

### Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To:  Handling Insurer

Note: Remarks are private unless you show it to other parties.

# LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

**Our File No:** CS3/MSG19015331/GCF3S2  
**Date:** 13/09/2019

### REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. Policy No: B29127403QMY  
**Claimant Vehicle No :** GBJ1123X **Insured Vehicle No :** SMC3069M  
 Date of Loss: 23/08/2019 Nature of Claim: TP Claim No: 604122

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **GBJ1123X**  
 Make & Model: TOYOTA HIACE, 2.0 (M) Engine No: 1KD2833223  
 Reg. Date: 03/01/2019 (Man. Year: 2018) Chassis No: JTFHT02P500246618  
 Colour: Silver Odometer: 17710 km  
 Engine Capacity: 2982 cc  
 Market Value/New Car Price: N/A  
 Sum Insured (S\$): **Market Value/New Car Price**

### CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Good Steering (Serviceable): Yes Footbrake (Serviceable): Yes  
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

### CONDITION OF TYRES

Front Tyre Size: 195 R15 Rear Tyre Size: 195 R15  
 Front Left Side: Bridgestone 8 mm Rear Left Side: Bridgestone 8 mm  
 Front Right Side: Bridgestone 8 mm Rear Right Side: Bridgestone 8 mm

*The above values represent the remaining tyre treads depth*

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

### INSPECTION

Date of Assignment: 29/08/2019  
 Date Inspected: 02/09/2019 Inspected At: JI Auto Services Pte Ltd (HQ)  
 Blk 3006 UBI ROAD 1 #01-346  
 Singapore 408700  
 Estimated Period of Repair: 6.0 days

**Adjuster:** XING GUO QIANG

**Manager:** CELINE FONG

*NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.*

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$5,000.00 - \$6,000.00

## REPAIR DETAILS

### Reference

**Part Source:** (Last Synchronised: 13 Sep 2019)

**Parts:** N/A TOYOTA HIACE 2.0 (M) (Model not available in database)

**Labour:** Repairer's (Price-denominated Standard List)

**Print Code:** (Unsubmitted, no print-code for GBJ1123X)

**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk \*.

### Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >