

21/04/2019

ASS. REC. BY:

REF: CS3/C72190076031 R/cd3-1

serial instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Elaine Cheong

of C71

Date/Time: 30.4.2019 1533pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: EJ 3028P

Insured: YP 6092Y

at Workshop m/s KOK WANG Car Grooming

Tel: 91839633

of NO1 Soon Lu Street A06-40

Policy No: DMCVSN3028241900

Claim No: SNM19D 2018 58C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 23.4.2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 30.4.19 3.22pm

Person Contacted: Ah Leong

Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate (X)
	EJ 3028P - NAI INCO9003234/r	DOA - 17/01/2009
	YP 6092Y - CS/ASM18004164 / Agd 302	DOA - 23/01/2018
Alain	Temporarily close file. Reverted through Maximen & email. (close) 4/9/19	

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Apr 2019		30 Apr 2019 15:33 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:									
Main Claimant: TW PREMIUM AUTOMOBILE PTE LTD, Co. Reg. No.: NA									
Vehicle Reg. No.:	EJ3028P	Date of Loss:	23/04/2019 12:00 - :59						
Claim Type:	TP / SNM19D201858C02	Policy/Cover Note No.:	DMCVSN3028241900						
Vehicle Reg. No. (Insured):	YP6072Y	Policy No. (Claimant):	5097247692						
		Excess:	S\$1,050.00						
Repairer: Kok Wang Car Grooming - Pioneer (HQ) No. 1 Soon Lee Street, #06-40 Pioneer Centre, 627603 Pioneer - Tel: 91839633									
Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]									
Claimant's Insurer: NTUC Income Insurance Co-operative Ltd (HQ) - Tel:									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 10/05/2019]									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail 									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete 									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	430G
Vehicle Details	
Vehicle No.:	EJ3028P
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Sep 2019
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8X A
Primary Colour:	Brown
Manufacturing Year:	2010
Engine No.:	2ZR0590960
Chassis No.:	ZGE200062629
Maximum Power Output:	106.0 kW (142 bhp)
Open Market Value:	\$20,939.00
Original Registration Date:	13 May 2010
First Registration Date:	13 May 2010
Transfer Count:	1
Actual ARF Paid:	\$20,939.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 May 2020
PARF Rebate Amount:	\$10,469.00
Intended COE Rebate Details	
COE Expiry Date:	12 May 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$26,389.00
COE Rebate Amount:	\$1,749.00
Total Rebate Amount:	\$12,218.00

The information contained herein is correct as at 13 Sep 2019

OK

20,000
12,218
7782

MSI319053027 / STA INSPECTION PTE LTD - Boon Lay
ENTRY DATE & TIME: 26/04/2019 09:07
SUBMITTED BY: Woodford Richard Vincent

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 26/04/2019 09:43

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 26/04/2019 09:07
Date Of Accident 23/04/2019 12:05
Exact Location Of Accident JUNCTION OF CHURCH STREET
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number EJ3028P
Insured/Policyholder
Name Of Registered Owner TW PREMIUM AUTOMOBILE PTE LTD
Co Reg No NA
Email Address JOHNTHANG1979@GMAIL.COM
Mobile Phone No (LOCAL) +65-88589186
Alternative Phone No OFFICE-88589186
Vehicle Particulars
Manufacturer TOYOTA
Model WISH
Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE
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 PRIVATE HIRE
Insurance Company
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5097247692
Cover Note Number
Driver
Name of Driver THANG KOK WEI JOHN (CHENG GUOWEI)
NRIC No S7935500C
Date Of Birth 29/11/1979
Occupation OUTDOOR
Date Of Driving Pass 13/03/2012
Driving Experience 7 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-88589186
Fax Number
Contact Number OFFICE-88589186
EMail Address JOHNTHANG1979@GMAIL.COM

Address BLK 807C CHOA CHU KANG AVE 1 #02-540
 Postcode 683807
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? NO
 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: ; NA
 GENDER: ; MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CLEMENTI N.P.C
 Police Station Address ROAD: 20 CLEMENTI AVE 5, POSTCODE: 129858, COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: VIDEO WITH COMPANY
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP6072Y
 Vehicle Make/Model/Colour LORRY
 Details Of Properties LEFT SIDE
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver LAM HON HOU
 NRIC/Passport Number G8353712X
 Contact Number 84583436

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	THANG KOK WEI JOHN (CHENG GUOWEI)
Approximate Age	39
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	EJ3028P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 807C CHOA CHU KANG AVE 1 #02-540
Postcode	683807

SKETCH PLANIMPORTANT 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.



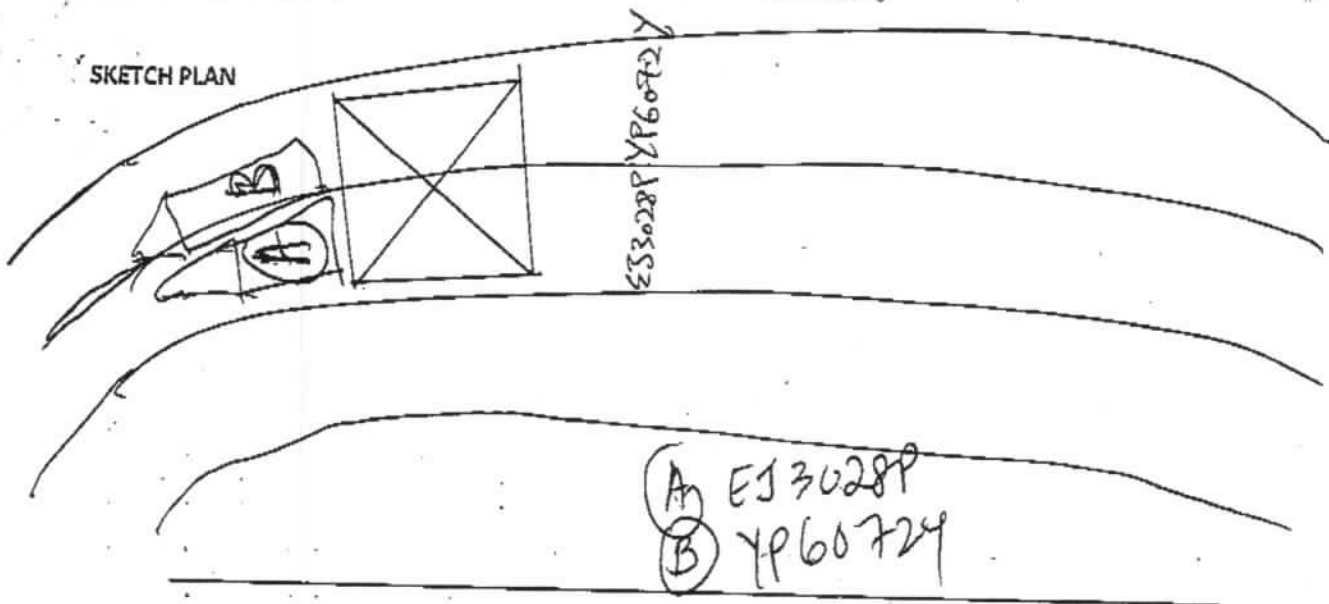
Policyholder's Signature
Date & Time:

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

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

26/4/2019
Rund

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Note: Refer to Police Report

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

26/4/2019
Rina



**SINGAPORE
POLICE FORCE**



T/20190423/2112

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

1 of 3

Report No. T/20190423/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2019 16:27		Vide Report No.:		Station Diary No.: 127	
Name of Informant: THANG KOK WEI JOHN		Address: APT BLK 807C CHOA CHU KANG AVENUE 1 #02-540 SINGAPORE 683807			
ID Type / ID No.: NRIC NO / S7935500C		Contact No.:		Mobile: 88589186	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 39	Date of Birth: 29/11/1979	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/04/2019 12:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CHURCH STREET				
At the traffic light junction at Church Street towards Cecil Street				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Plate No.	Vehicle Type	Make	Model	Color	Condition	No. of Damages
EJ3028P	Car	TOYOTA	Wish	White	Slightly Damaged	1
YP6072Y	Lorry				Slightly Damaged	1

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

**SINGAPORE
POLICE FORCE**

T/20190423/2112

2 of 3

Report No. T/20190423/2112

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Name	THANG KOK WEI JOHN	ID No.	S7935500C
Related Vehicle	EJ3028P (Car)	Contact No.	88589186
Hospital/Clinic	LAN MEDICAL CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/04/2019	Date Discharge	23/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 23/04/2019 at about 1153hrs, I had picked up my GoJek passenger at Jervois Road and heading to Finlayson Green. I am driving a Grey Toyota Wish with registration number EJ3028P. The accident occurred at the junction of Church Street at 1206hrs. It was a five lane road and I was on the second lane. There was a white lorry with registration number YP6072Y on the first lane. It is a company lorry namely Chithuat. The traffic light was green at that time and all vehicles were turning left. As I was turning left and wanted to form up into my lane, the lorry had turned into my lane causing it to hit the right side of my vehicle. It was supposed to turn to the outer most lane however it change lane and came into my lane.

He stopped at the side of the road and came out to talk to me. He mention that he thought he was at the most outer lane. I told him that I will report the matter to my rental company and he acknowledge. We both will contact each other if there is any updates. There is no traffic police at scene. The side mirror cover came off and mirror was smashed. I have an in-vehicle camera and recorded the full incident. I exchanged particulars with the driver and took photos of the incident. His particulars is; Lam Hon Hou, G8353712X, HP No: 8458 3436 and +01126669273.

I did not feel any pain at the incident location however when I was heading to the rental company, I started to feel aching at the right side of shoulder and neck.

I proceeded to Lan Medical Clinic Surgery at Blk 308 Clementi Ave 4 #01-345 and the doctor gave me 3 days of Medical certificate. The doctor diagnosed it as Shoulder Sprain.

**SINGAPORE
POLICE FORCE**

T/20190423/2112

3 of 3

Report No. T/20190423/2112

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 3 NURAISHAH BINTE OSMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

23/04/2019 16:27

Classification Of Case:

SINGAPORE
POLICE FORCE

SN 37

SIGNATURE

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Apr 2019		30 Apr 2019 15:33 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS		[Created by insurer]
Insured:	-, Co. Reg. No.: -	
Main Claimant:	TW PREMIUM AUTOMOBILE PTE LTD, Co. Reg. No.: NA	
Vehicle Reg. No.:	EJ3028P	Date of Loss: 23/04/2019 12:00 - :59 [107 Months and 10 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / SNM19D201858C02	Policy/Cover Note No.: DMCVSN3028241900
Vehicle Reg. No. (Insured):	YP6072Y	Policy No. (Claimant): 5097247692
		Excess: S\$1,050.00
Repairer:	Kok Wang Car Grooming - Pioneer (HQ) No. 1 Soon Lee Street, #06-40 Pioneer Centre, 627603 Pioneer - Tel: 91839633	
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]	
Claimant's Insurer:	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:	
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 10/05/2019]	

ASSOCIATED MAIL RECEIVED	View All	Compose Case Mail
There are no mail for this case.		

ALL ASSOCIATED TASKS										View All	Search Tasks	Create New Task	Complete
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?				
No results.													

Claim Documents

*EJ3028P (SNM19D201858C02)
[YP6072Y]
TP
TW PREMIUM AUTOMOBILE PTE LTD
Apr 23 2019 12:00PM
[-]
Kok Wang Car Grooming - Pioneer

Upload Documents

Upload Photos

Compose New Letter












View

View in Browser


















Assessment Reports					1 per page	<input checked="" type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Boon Lay)		Thumbnail	Print	
1	26/04/19 09:43	Accident Statement		Load HTM		

Photos/Images					3 per page	<input checked="" type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Boon Lay)		Thumbnail	Print	
1	26/04/19 09:19	Accident Photo <small>[Linked Accident Report Documents]</small>		Load JPG	<input checked="" type="checkbox"/>	
2	26/04/19 09:19	Accident Photo <small>[Linked Accident Report Documents]</small>		Load JPG	<input checked="" type="checkbox"/>	
3	26/04/19 09:19	Accident Photo <small>[Linked Accident Report Documents]</small>		Load JPG	<input checked="" type="checkbox"/>	
4	26/04/19 09:19	Accident Photo <small>[Linked Accident Report Documents]</small>		Load JPG	<input checked="" type="checkbox"/>	
5	26/04/19 09:19	Accident Photo <small>[Linked Accident Report Documents]</small>		Load JPG	<input checked="" type="checkbox"/>	
6	26/04/19 09:19	Accident Photo <small>[Linked Accident Report Documents]</small>		Load JPG	<input checked="" type="checkbox"/>	
7	26/04/19 09:19	Accident Photo <small>[Linked Accident Report Documents]</small>		Load JPG	<input checked="" type="checkbox"/>	
8	26/04/19 09:19	Accident Photo <small>[Linked Accident Report Documents]</small>		Load JPG	<input checked="" type="checkbox"/>	
9	26/04/19 09:19	Accident Photo <small>[Linked Accident Report Documents]</small>		Load JPG	<input checked="" type="checkbox"/>	
10	26/04/19 09:19	Accident Photo <small>[Linked Accident Report Documents]</small>		Load JPG	<input checked="" type="checkbox"/>	
11	26/04/19 09:19	Accident Photo <small>[Linked Accident Report Documents]</small>		Load JPG	<input checked="" type="checkbox"/>	

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print	
1	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	
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3	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	
4	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	
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7	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	
8	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	
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15	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	
16	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	
17	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	
18	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	
19	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	
20	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	
21	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	
22	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	
23	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	
24	25/09/19 15:45	General View		Load JPG	<input checked="" type="checkbox"/>	

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Boon Lay)	Thumbnail	Print
25	25/09/19 15:45	General View	 Load JPG	<input checked="" type="checkbox"/>
26	25/09/19 15:45	General View	 Load JPG	<input checked="" type="checkbox"/>
27	25/09/19 15:45	General View	 Load JPG	<input checked="" type="checkbox"/>
28	25/09/19 15:45	General View	 Load JPG	<input checked="" type="checkbox"/>
29	25/09/19 15:45	General View	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	30/04/19 15:42	PRS - EJ3028P	 Load PDF	
No	Finalized On	STA INSPECTION PTE LTD (Boon Lay)	Thumbnail	Print
1	26/04/19 09:22	Sketch Plan [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
2	26/04/19 09:22	Sketch Plan #2 [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
3	26/04/19 09:22	Common Statement [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
4	26/04/19 09:22	Common Statement [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
5	26/04/19 09:23	Common Statement [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>

Linked Accident Report Documents

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Boon Lay)	Thumbnail	Print
1	26/04/19 09:43	Accident Statement	 Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Boon Lay)	Thumbnail	Print
1	26/04/19 09:19	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
2	26/04/19 09:19	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
3	26/04/19 09:19	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
4	26/04/19 09:19	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
5	26/04/19 09:19	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
6	26/04/19 09:19	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
7	26/04/19 09:19	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
8	26/04/19 09:19	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
9	26/04/19 09:19	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
10	26/04/19 09:19	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
11	26/04/19 09:19	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	STA INSPECTION PTE LTD (Boon Lay)	Thumbnail	Print
1	26/04/19 09:22	Sketch Plan	 Load JPG	<input checked="" type="checkbox"/>
2	26/04/19 09:22	Sketch Plan #2	 Load JPG	<input checked="" type="checkbox"/>
3	26/04/19 09:22	Common Statement	 Load JPG	<input checked="" type="checkbox"/>
4	26/04/19 09:22	Common Statement	 Load JPG	<input checked="" type="checkbox"/>
5	26/04/19 09:23	Common Statement	 Load JPG	<input checked="" type="checkbox"/>

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin: 5px 0;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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/CT119007603/R1CD3E2-1

Date: 04/10/2019

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMCVSN3028241900

Claimant
Vehicle No : EJ3028PInsured Vehicle
No : YP6072Y

Date of Loss: 23/04/2019

Nature of Claim: TP

Claim
No: SNM19D201858C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: EJ3028P

Make & Model: TOYOTA WISH, 1.8 (A)

Engine No: 2ZR0590960

Reg. Date: 13/05/2010 (Man. Year: 2010)

Chassis No: ZGE200062629

Colour: Brown

Odometer: 0 km

Engine Capacity: 1797 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

CONDITION OF TYRES

Front Tyre Size:	195/65 R15	Rear Tyre Size:	195/65 R15
Front Left Side:	CST 6 mm	Rear Left Side:	CST 6 mm
Front Right Side:	CST 6 mm	Rear Right Side:	CST 6 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	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 30/04/2019

Date Inspected: 12/09/2019 Inspected At:

Kok Wang Car Grooming - Pioneer
(HQ)

No. 1 Soon Lee Street, #06-40

Pioneer Centre

Singapore 627603

Estimated Period of Repair: 5.0 days

Adjuster: MOHD RASUL

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 \$2,000.00 - \$3,000.00

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 04 Oct 2019)
Parts:	M1-MPV	TOYOTA WISH 1.8 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for EJ3028P)	
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 >