

22/03/2019

ASS. REC. BY:

REF

03/AGI19017909/Rcd321

Special Instruction:

Surveyor: RASU

ASSIGNMENT (Office)

From (Person): Iry Ratilla

of

AGI

Date/Time: 9/10/19 @ 5:13pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBB 6911 Y

Insured:

SJY 38299

at Workshop m/s

Leng Yong

Tel:

62612773

of

27A Juncung port road #01-28

Policy No:

Claim No:

C10004219/LA

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 6/10/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10:41am @ 10/10/19

Person Contacted:

Ms. Sue

Vehicle

IN / OUT

Date/Time	Action/Instruction	Estimate (X)
	GBB 6911 Y - CS/CTI/9005264/E/d392	DOA: 15/3/2019
	SJY 38299 - X	
	Dismantle: 11/10/2019.	
	— : 14/10/2019.	
	After repair: 6/11/2019	

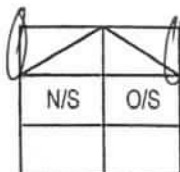
ASSIGNMENT

LOG - 2019 / NOV

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: GBB 69114
 at Workshop m/s LENH YONG
 of 27A, Juvonh Road RT 28
 Insured: ABC
 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.



Bal. or Market Value: 1K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBB 69114 Yr Regn: 2009 / NOV
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____

Make: NISSAN URBAN PAPER 3.0SD 2953Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 281272 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1MG4E2520792799Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 195R15CR: -

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

TOYO / YOKO or REVELLO

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 06/10/19D.O.I. 10/10/19 0314pmSurvey held at LENH YONG

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

N/S FR & O/S FR

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

Date / Time Action / Instruction

Range / Days - 10K - 11K / 12 days

RECEIVED 10 NOV 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 10Resurvey No. of Trip: 3Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Insp (\$)☐ : Weekend (\$)Survey Fee: 100Transportation: 60+60

S + RS. SI

Photos

Others

TOTAL

200Report Format: PRQLump Sum / LBJ: 10

Summer Lee (LKK Auto)

From: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Sent: Wednesday, 9 October, 2019 5:13 PM
To: Admin-D (LKKAuto)
Cc: SUR; Loganathan Agoram
Subject: FW: TPPD Survey: Claim ref:C10004219/LA || OI- SJY3829G (Silver) TP- GBB6911Y || Est:0.00 || Leng Yong Motor
Attachments: 2nd PRS .pdf; 1.pdf

Hi Team,

We would like to arrange TP PRS for GBB6911Y.

Please confirm. Thank you.

Regards,

Ivy Ratilla
Executive, Claims Admin

T +65 6540 2185
F +65 6725 0853
E ivy.r@budgetdirect.com.sg



Customer Care +65 6221 2111
Claims +65 6221 2199
Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01
Singapore Shopping Centre
Singapore
239924
budgetdirect.com.sg

auto  general

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

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From: Accident@kscgp.com <Accident@kscgp.com>

Sent: Tuesday, 8 October 2019 11:28 AM

To: Ivy Ratilla <ivy.r@budgetdirect.com.sg>

Subject: RE: 1st Notice to conduct pre-repair survey (Your Ref: SJY 3829G; OurRef: GBB 6911Y/LE/ms/hf) || C10004219

Dear Ivy,

We enclose herewith our 2nd PRS notice for your attention and necessary action.

Thank you.

Regards,
Hidaya

for and on behalf of Mr Gurdeep Singh Sekhon
KSCGP Juris LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708
Email: accident@kscgp.com

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Dear Sirs,

Please find enclosed the Notice to Conduct Pre-Repair Survey, for your attention and necessary action.

Thank you.

Regards,
Hidaya

for and on behalf of Mr Gurdeep Singh Sekhon
KSCGP Juris LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708
Email: accident@kscgp.com

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Rasul (LKKAUTO)

From: Rasul (LKKAUTO)
Sent: Friday, 11 October, 2019 10:15 AM
To: 'lengyong28@yahoo.com.sg'
Subject: GBB 6911Y DOA : 06.10.19

Hi,

Kindly take note that this vehicle COE expiry is NOV 2019. Kindly forward to me the new copy of renewal COE to me if available

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

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



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	100D
Vehicle Details	
Vehicle No.:	GBB6911Y
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Oct 2019
Vehicle Make:	NISSAN
Vehicle Model:	URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	ZD30229373K
Chassis No.:	JN1MG4E25Z0792799
Maximum Power Output:	-
Open Market Value:	\$28,295.00
Original Registration Date:	09 Nov 2009
First Registration Date:	09 Nov 2009
Transfer Count:	2
Actual ARF Paid:	\$1,415.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	08 Nov 2019
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$18,801.00
COE Rebate Amount:	\$142.00
Total Rebate Amount:	\$142.00

The information contained herein is correct as at 11 Oct 2019

OK

1000
142

858

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	100D
Vehicle Details	
Vehicle No.:	GBB6911Y
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Nov 2019
Vehicle Make:	NISSAN
Vehicle Model:	URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD
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Open Market Value:	\$28,295.00
Original Registration Date:	09 Nov 2009
First Registration Date:	09 Nov 2009
Transfer Count:	2
Actual ARF Paid:	\$1,415.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Oct 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$12,921.00
COE Rebate Amount:	\$12,865.00
Total Rebate Amount:	\$12,865.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 08 Nov 2019

OK

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	07/10/2019 17:11
Date Of Accident	06/10/2019 14:30
Exact Location Of Accident	JUNCTION OF CENTRAL BLVD & MARINA GARDENS DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6911Y
Insured/Policyholder	
Name Of Registered Owner	LENG YONG MOTOR WORKSHOP
Co Reg No	21105100D
Email Address	LENGYONG28@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-86700628

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN PANEL LWB 3.0
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D19MFL0004609
Cover Note Number	

Driver

Name of Driver	THANGARASU KANDAPILLAI VARUVAN VADIVELAN
Passport No/FIN	G7314787K
Date Of Birth	27/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86700628
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 609 BEDOK RESERVOIR ROAD #09-678
Postcode	470609
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?	YES
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	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY3829G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NA (DRIVER)
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	SJY3829G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.

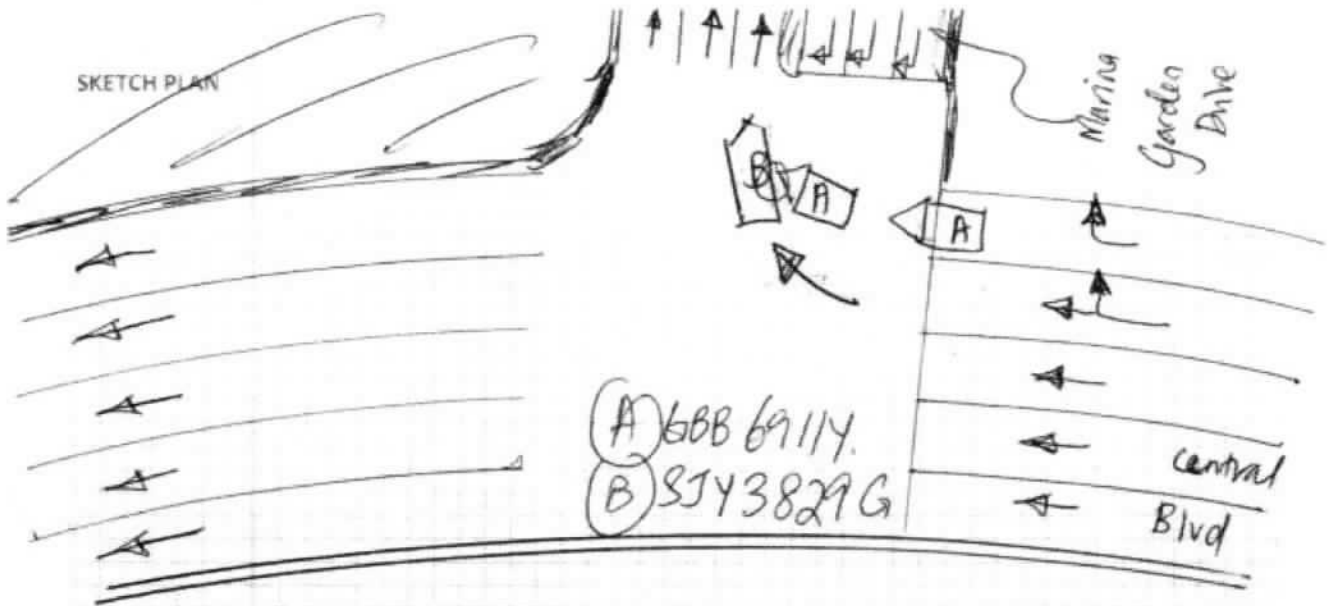


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Ref: Police Report

7/20191006/2124.

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



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

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



**SINGAPORE
POLICE FORCE**



T/20191006/2124

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20191006/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2019 21:47		Vide Report No.: A/20191006/0086		Station Diary No.: 166	
Informant's Particulars					
Name of Informant: THANGARASU KANDAPILLAI VARUVAN VADIVELAN			Address: APT BLK 609 BEDOK RESERVOIR ROAD #09-678 SINGAPORE 470609		
ID Type / ID No.: FIN NO / G7314787K			Contact No.: Home/Office: Mobile: 86700628		
Nationality: INDIAN			Email:		
Sex: Male	Age: 41	Date of Birth: 27/05/1978	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/10/2019 14:30	Type of Location: Bend
Location: Junction of Road 1 and Road 2 CENTRAL BOULEVARD MARINA GARDENS DRIVE The junction of Central Boulevard and Marina Gardens Drive				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6911Y	Van	NISSAN	URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD	White	Seriously Damaged	2
SJY3829G	Car	RENAULT	MEGANE 1.6 AUTO 4DR ABS AIRBAG	Silver	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20191006/2124

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20191006/2124

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THANGARASU KANDAPILLAI VARUVAN VADIVELAN	ID No.	G7314787K
Related Vehicle	NIL	Contact No.	86700628
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 6/10/2019 at about 2.30pm I was involved in a traffic accident at the junction of Central Boulevard and Marina Gardens Drive. The vehicles involved were my rented van (G8B8511Y) and a car (SJY3829G).

I was travelling on the 1st lane from the right while the other driver was on the 2nd lane before the collision occur. Both of us were trying to make a right turn from Central Boulevard into Marina Gardens Drive at that point of time.

The accident occurs as he increases the speed of the vehicle and turn into the 1st lane instead of the 2nd lane he supposed to be in. I did not manage to stop in time, as such I collided into the rear of his vehicle.

Traffic police and ambulance came and the other driver was being conveyed. No particular was being exchanged.

The front of my van was seriously damaged and the rear of his car was seriously damaged.

I am lodging this for personal record purposes and also for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20191006/2124

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20191006/2124

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:

A /

Sgt 2 SHARON TAN WEN TING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Signature Of Informant:

Date/Time:

06/10/2019 21:47


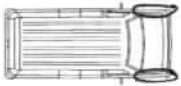
Classification Of Case:

Authentication Stamp

NP168





PRE-REPAIR INSPECTION REPORT				
AUTO & GENERAL INSURANCE (S) PL		Ref: CS3/AGI19017909/R1cd3e2		
(BUDGET DIRECT INSURANCE)190 CLEMENCEAU		Date: 19-11-2019		
AVENUE #03-01 S S C SINGAPORE 239924		Code: AGI		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SJY 3829G	Veh. Inspected	GBB 6911Y	
Policy No.		Coverage (\$)	0.00	
Claim No.	C10004219/LA	Excess (\$)	0.00	
Assign From	IVY RATILLA	Assign Date	09/10/2019	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN URVAN 3.0 5DR	c.c	2953	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	JN1MG4E25Z0792799	Colour	WHITE	
Odometer	281272 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15C	ROVELO	6 mm	
L/H Front Tyre	195 R15C	ROVELO	6 mm	
R/H Rear Tyre	195 R15C	ROVELO	6 mm	
L/H Rear Tyre	195 R15C	ROVELO	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT AND O/S FRONT PORTION.				
5. General Information				
Accident Date	06/10/2019	Inspect Date / Time	10/10/2019 (03:15 PM)	
Survey held at	LENG YONG MOTOR WORKSHOP 27-A JURONG PORT ROAD #01-28 JTC IND SERVICE CENTRE SINGAPORE 619101			
5a. Remarks				
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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$10,000-\$11,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		12 Working Days		

Report Ref No. CS3/AGI19017909/R1cd3e2

Inspected By

MRB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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