

REF: CS3/LPC1902451/GSF302 Special instruction.

Surveyor: GA

ASSIGNMENT (Office)

From (Person): ONE GU of LPC Date/Time: 04/12/15

Estimated Cost: Bill to:

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

To Inspect Vehicle No: YP 6245R Insured: XD3336G

at Workshop m/s Omega Auto PL Tel: 9271 8287 Terrance

of 160 S/M Drive #06-06 S/M Autocity

Policy No: Claim No: 19/19/19/vcost022728

Sum Insured: Excess:

Make of Veh: D.O.A.  
(Client's Record) YRS1

CA / REV / REP. / REV 24 HRS 07/12/19 @ 10.30am  
owner waiting H.O.D. Endorsement:

Date/Time: 04/12/19 @ 4.23PM Person Contacted: Terrance Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate ( )
	YP 6245R -x	
	XD 3336 G -x	



## Nivitha (LKK Auto)

---

**From:** Kuru & Co <kurulegal@yahoo.com.sg>  
**Sent:** Wednesday, 4 December 2019 4:11 PM  
**To:** ONG LI LI  
**Cc:** LKK (PRI)  
**Subject:** Re: Our Ref: L.19.1476.AT//Your Ref: XD 3336G//PRS Our Ref: 19/19/19/VC05/022728 [External General]

Hi Li Li

We confirm that you have objected to our client's list of surveyors. Our client's vehicle is at the following address:

**OMEGA AUTO PTE LTD**  
160 Sin Ming Drive

#06-06 Sin Ming Autocity  
Singapore (575722)

**Tel: Terence Lau (9271 8287)**

Please inform your surveyor to conduct the pre-repair survey within 2 working days, failing which our client will have no alternative but to proceed with the repair of his vehicle.

Best regards  
Anne  
Kuru & Co

150 South Bridge Road  
#04-06 Fook Hai Building  
Singapore 058727  
Tel: 6532 2009  
Fax: 6532 2007

On Wednesday, 4 December 2019, 3:38:24 pm SGT, ONG LI LI <llong@lonpac.com> wrote:

## Lonpac External - General

Without Prejudice

Save as to Costs

Dear Anne

Under the NIMA protocol, if you object to our list of surveyors, you must provide at least 10 surveyors but there are only 3 in your list.

## Nivitha (LKK Auto)

---

**From:** Nivitha (LKK Auto) <admin-d@lkkauto.com>  
**Sent:** Wednesday, 4 December 2019 3:55 PM  
**To:** 'ONG LI LI'; 'Kuru & Co'; assignments@lkkauto.com  
**Cc:** 'MT\_Claim\_SG'  
**Subject:** RE: Our Ref: L.19.1476.AT//Your Ref: XD 3336G//PRS Our Ref: 19/19/19/VC05/022728 [External General]

Dear Ms Ong,

Kindly provide us the workshop details.

Best Regards

**Shiau Chan on behalf of G.NIVITHA**

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

*YP 2145  
YP 6745 R  
09/12/19 @ 4.27pm (OUT)  
Terrance  
X Est  
09/12/19 @ 10.30am  
owner waiting.*

---

**From:** ONG LI LI [mailto:[llong@lonpac.com](mailto:llong@lonpac.com)]  
**Sent:** Wednesday, 4 December 2019 3:38 PM  
**To:** Kuru & Co <[kurulegal@yahoo.com.sg](mailto:kurulegal@yahoo.com.sg)>; assignments@lkkauto.com; Admin-D (LKKAuto) <admin-d@lkkauto.com>  
**Cc:** MT\_Claim\_SG <[mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)>  
**Subject:** RE: Our Ref: L.19.1476.AT//Your Ref: XD 3336G//PRS Our Ref: 19/19/19/VC05/022728 [External General]

## Lonpac External - General

Without Prejudice

Save as to Costs

Dear Anne

Under the NIMA protocol, if you object to our list of surveyors, you must provide at least 10 surveyors but there are only 3 in your list.

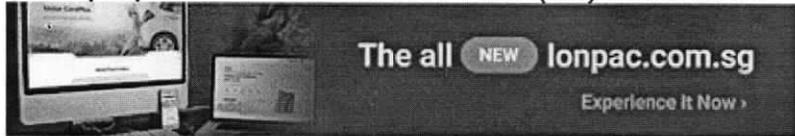
Therefore, we are not agreeable with your proposed surveyor and we urge you to agree to appointing LKK Auto Consultants Pte Ltd as a Single Joint Expert. Please provide the details of the workshop.

Dear Nivitha

Please arrange survey.

Regards,  
Ong Li Li  
Senior Claims Executive | Lonpac Insurance Bhd  
300 Beach Road #17-04/07 The Concourse  
Singapore 199555

Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



*Lonpac External - General data is for internal / external use.*

**From:** Kuru & Co [mailto:kurulegal@yahoo.com.sg]

**Sent:** Wednesday, 4 December 2019 3:30 PM

**To:** ONG LI LI

**Subject:** Re: Our Ref: L.19.1476.AT//Your Ref: XD 3336G//PRS Our Ref: 19/19/19/VC05/022728 [External General]

Hi Li Li

Our client is objecting to your list of surveyors. Attached is our client's list of proposed surveyors for your consideration.

Please state the surveyor you will be appointing to be the single joint expert or that you are objecting to our client's proposed list of surveyors.

If we do not hear from you within 2 working days, it shall be deemed that you have agreed to the appointment of any of the surveyors listed by our client.

Best regards

Anne

Kuru & Co

150 South Bridge Road  
#04-06 Fook Hai Building  
Singapore 058727  
Tel: 6532 2009  
Fax: 6532 2007

ax: 6532 2007



This email has been checked for viruses by AVG antivirus software.

[www.avg.com](http://www.avg.com)

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	966Z
Vehicle Details	
Vehicle No.:	YP6245R
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Dec 2019
Vehicle Make:	MINISUBISHI
Vehicle Model:	CANTER FEB21ER4SDEB (CBU)
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	4P10C48555
Chassis No.:	FEB21EA21375
Maximum Power Output:	-
Open Market Value:	\$32,995.00
Original Registration Date:	02 Jun 2017
First Registration Date:	02 Jun 2017
Transfer Count:	0
Actual ARF Paid:	\$1,650.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	01 Jun 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$30,600.00
COE Rebate Amount:	\$22,884.00
<b>Total Rebate Amount:</b>	<b>\$22,884.00</b>

The information contained herein is correct as at 09 Dec 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	02/12/2019 16:50
Date Of Accident	29/11/2019 17:50
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6245R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SWEE BEE CONTRACTOR PTE LTD
Co Reg No	198800966Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62871937

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER - FUSO
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091580205-02
Cover Note Number	

### Driver

Name of Driver	RAJENDRAN THANABALAN
NRIC No	G6254432K
Date Of Birth	02/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2013
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81246911
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 70 TANAH MERAH COAST #03-99 SINGAPORE
Postcode	498751
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

**General Information of the Accident**

Type Of Accident	CHAIN COLLISION
Weather Conditions	AFTER-RAIN
Road Surface	WET

**Other Information**

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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)	13
Passenger 1	NAME: : GOVINDARAJ JEGANATHAN GENDER: : MALE
Passenger 2	NAME: : KARUPPAIAH NAVANEETHA KRISHNAN GENDER: : MALE
Passenger 3	NAME: : KALIMUTHU SELVAKUMAR GENDER: : MALE
Passenger 4	NAME: : NA GENDER: : MALE
Passenger 5	NAME: : NA GENDER: : MALE
Passenger 6	NAME: : NA GENDER: : MALE
Passenger 7	NAME: : NA GENDER: : MALE
Passenger 8	NAME: : NA GENDER: : MALE
Passenger 9	NAME: : NA GENDER: : MALE
Passenger 10	NAME: : NA GENDER: : MALE



Details Of Properties	REFER POLICE REPORT AND ATTACHED
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	RAJENDRAN THANABALAN
Approximate Age	
Injuries Sustain	REFER POLICE REPORT AND ATTACHED
Injured person in which vehicle?	YP6245R
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	GOVINDARAJ JEGANATHAN
Approximate Age	
Injuries Sustain	REFER POLICE REPORT AND ATTACHED
Injured person in which vehicle?	YP6245R
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	KARUPPAIAH NAVANEETHA
Approximate Age	
Injuries Sustain	REFER POLICE REPORT AND ATTACHED
Injured person in which vehicle?	YP6245R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 4

Name	KALIMUTHU SELVAKUMAR
Approximate Age	
Injuries Sustain	REFER POLICE REPORT AND ATTACHED
Injured person in which vehicle?	YP6245R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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.:



## Common Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20191130/2037

1 of 5

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20191130/2037

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2019 09:48	Vide Report No.:	Station Diary No.: 24
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## Informant's Particulars

Name of Informant: RAJENDRAN THANABALAN			Address: APT BLK 70 TANAH MERAH COAST ROAD #03-99 SINGAPORE 498751		
ID Type / ID No.: FIN NO / G6254432K			Contact No.: Home/Office: Mobile: 81246911		
Nationality: INDIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 02/05/1982	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2019 17:50	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY  PIE from Changi Airport towards Tuas. Lamp post 13 to 15. Lamp Post Number: 13				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT7667G	Car					0
SLM1378T	Car					0
XD3336G	Lorry					0
YP6245R	Lorry				Seriously Damaged	13

Common Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20191130/2037

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20191130/2037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NEILA KUMARAN S/O HUTHAYA KUMAR	ID No.	S9001278I
Related Vehicle	SJT7667G (Car)	Contact No.	97266667
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	YEO ENG NGHEE	ID No.	S0187650C
Related Vehicle	SLM1378T (Car)	Contact No.	94592197
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MURUGESAN DINESH RAJA	ID No.	NIL
Related Vehicle	XD3336G (Lorry)	Contact No.	83282931
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

## Common Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20191130/2037

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Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20191130/2037

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	GOVINDARAJ JEGANATHAN	ID No.	G8517171U
Related Vehicle	YP6245R (Lorry)	Contact No.	96106402
Hospital/Clinic	1 MEDICAL TECK GHEE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Passenger</b>			
Name	KARUPPAIAH NAVANEETHA KRISHNAN	ID No.	G2143982M
Related Vehicle	YP6245R (Lorry)	Contact No.	83161245
Hospital/Clinic	1 MEDICAL TECK GHEE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	RAJENDRAN THANABALAN	ID No.	G6254432K
Related Vehicle	YP6245R (Lorry)	Contact No.	81246911
Hospital/Clinic	1 MEDICAL TECK GHEE	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	29/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Passenger</b>			
Name	KALIMUTHU SELVAKUMAR	ID No.	G2909694K
Related Vehicle	YP6245R (Lorry)	Contact No.	84259458
Hospital/Clinic	1 MEDICAL TECK GHEE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20191130/2037

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Report No. T/20191130/2037

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

CONTINUATION OF REPORT

**Brief Details.**

On 29/11/2019 at about 1750hrs, I was driving my company lorry with 13 passengers at the back. I was driving along PIE from Changi Airport towards Tuas.

The traffic were very heavy and the roads were wet due to the rain.

Near to Lamp post 13 to 15 area, I felt a sudden impact from the rear which was caused by the driver of bearing plate number XD3336G. Due to the impact, my vehicle bearing plate number YP6245R had also moved forward and hit the other 2 vehicles in front of me. The first vehicle hit was SLM1378T and next was SJT7667G. Resulted in a chain collision accident.

All vehicles drivers came down from their vehicle to exchange particulars and take photograph of the accident.

Subsequently on 29/11/2019 at about 1930hrs, me and my other colleagues namely Kalimuthu Selvakumar G2909694K, Karuppaiah Navaneetha Krishnan G2143982M, Govindaraj Jeganathan G8517171U, went to 1 Medical Teck Ghee at Block 410 Ang Mo Kio Avenue 10 #01-837. We had all gotten 3 days of MC from 30/11/2019 to 02/12/2019.

that's all.



SINGAPORE  
POLICE FORCE



T/20191130/2037

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20191130/2037

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: F / Sgt 2 FOO CHUAN ZHEN <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2019 09:48
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp  
NP168

*[Signature]*



# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
LONPAC INSURANCE BHD		Ref: CS3/LPC19021451/Gsf3e2		
300 BEACH ROAD #17-04/07 THE CONCOURSE		Date: 12-12-2019		
SINGAPORE 199555		Code: LPC2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	XD 3336G	Veh. Inspected	YP 6245R	
Policy No.		Coverage (\$)	0.00	
Claim No.	19/19/19/VC05/022728	Excess (\$)	0.00	
Assign From	ONG LI LI	Assign Date	04/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	MITSUBISHI CANTER	c.c	2998	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	FEB21EA21375	Colour	WHITE	
Odometer	116604 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/85 R15	BRIDGESTONE	5 mm	
L/H Front Tyre	195/85 R15	BRIDGESTONE	5 mm	
R/H Rear Tyre	195/85 R15 (D)	BRIDGESTONE	5/5 mm	
L/H Rear Tyre	195/85 R15 (D)	BRIDGESTONE	5/5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.				
5. General Information				
Accident Date	29/11/2019	Inspect Date / Time	09/12/2019 ( 10:30 AM )	
Survey held at	160 SIN MING DRIVE #06-06 SIN MING AUTOCITY			
Repairer	OMEGA AUTO PL			
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.				

Report Ref No. CS3/LPC19021451/Gsf3e2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.