

22/03/2002

ASS. REC. BY:

REF:

CS3/1111902H4 2/R2 H/W

Special Instruction:

Surveyor: Rasul

**ASSIGNMENT (Office)**

From (Person): Gabriel wee

of

III

Date/Time: 10.12.19 221p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLV 1550P

Insured:

SHD 3032Y

at Workshop m/s

Gold Autoworks

Tel:

81999149

of

48 Toh Guan Rd East #01-119

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A 2.12.2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 10.12.19 227p.m

Person Contacted:

Simon

Vehicle IN/OUT

Date/Time

Action/Instruction ( X ) Estimate

SHD 3032Y NA/CT219020280/24 DOA: 15/11/2019

SLV 1550P X

Schmitt PPS Report.

Dismantle part: 11/12/2019 0252PM

Issue

## ASSIGNMENT

From \_\_\_\_\_ Date \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLU 1550P

at Workshop m/s Good Impressions

of H8, Polt Lumen RS

Insured: 111

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

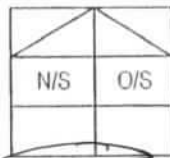
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value:			
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: SLW1550P Yr Regn: 2017 / 06C

Type: C / M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_

Make: TOYOTA SIENTA HYBRID 1.5G C.C. 1496

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

Sp. Reading 115083 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: NHP1707098587

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 185/60R15  
R: -

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

Front			Rear	
R/Bal. <u>6</u>	mm		R/Bal. <u>6</u>	mm
L/Bal. <u>6</u>	mm		L/Bal. <u>6</u>	mm
D.O.A. <u>02/12/19</u>			D.O.A. <u>10/12/19</u>	<u>0353P</u>

Survey held at GOLD MND

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

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

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

[illegible]

RECEIVED 12 DEC 2019

Date/Time, File Pass to?

☐: Preli. Report

11 12/12 Typst

☐: Final Report

Date/Time, File Return to?

**Figure 1**

Lump Sum Pledge is

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$

☐ Interview (\$

Tech. Inve 6%

☐ *Not applicable*

Survey Fee:

Transportation.

$$5) \quad S + RS \rightarrow SI$$

Phobias

collapse

12

[692]

120

1

13

## Nivitha (LKK Auto)

---

**From:** Motor Claim - III <motorclaim@iii.com.sg>  
**Sent:** Tuesday, 10 December 2019 2:21 PM  
**To:** claims@goldautoworks.com.sg; 'sur@lkkauto.com'; Nivitha (LKK Auto)  
**Cc:** Sherini Pillai  
**Subject:** RE: Requesting for PRE-Repair survey for our vehicle number SLV1550P  
**Attachments:** LTA SEARCH FOR SHD3032Y.PDF; img-Z09102522-0001.pdf

Dear Sir / Mdm

P: Simon

This Pre-Repair Survey is on Without Prejudice Basis.

THIRD PARTY VEHICLE NO.: SLV1550P

III INSURED VEHICLE NO.: SHD3032Y

DATE OF LOSS: 02.12.19

We acknowledge receipt of your email.

In compliance to Pre-Action Protocol for NIMA cases, we note that We disagree to the list of motor surveyors that you have proposed.

Therefore, we have appointed our surveyor LKK AUTO CONSULTANTS to conduct the pre-repair survey.

This claim is handled by Sherini.

Please let us have your client's accident report and repair estimate for our appointed surveyor to conclude his report.

**\*\*We would like to conduct a re-survey after spray painting. Please contact our surveyor to arrange.**

**\*\*Surveyor kindly upload this assignment to Merimen.**

Thank You.

Best Regards,  
Gabriel Wee

64 Cecil Street; #05 - IOB Building  
Singapore 049711  
Tel: 6347 6100, Ext - 248

-----Original Message-----

From: claims@goldautoworks.com.sg [mailto:claims@goldautoworks.com.sg]

Sent: 10 December, 2019 12:54 PM

To: Motor Claim - III <motorclaim@iii.com.sg>

Subject: Re: Requesting for PRE-Repair survey for our vehicle number SLV1550P

Without Prejudice

Dear Sir/Madam,

We have instructions to reject your surveyors and propose to engage a surveyor from the list below:-

- 1) Appraisal VP Pte Ltd - Victor Png
- 2) Appraisal VP Pte Ltd - Jaclyn Loh
- 3) Prominent Appraisal - Hon Andrew
- 4) Absolute Appraisal Services Pte Ltd - Nicky Seah

Kindly see our attached letter and the workshop details as below:-

Workshop Name: Gold Autoworks Pte Ltd

Address: 48 Toh Guan Rd East, Enterprise Hub #01-119 Singapore 608586 Contact Person: Simon Contact Number: 8199-9149

THANKS & REGARDS,  
SIMON TAN  
GOLD AUTOWORKS PTE LTD  
8199-9149

On 2019-12-10 09:10, Motor Claim - III wrote:

> Dear Sir / Mdm,

>

> We acknowledge receipt of your email.

>

> We propose using one of the following motor surveyors:

>

> \* LKK Auto Consultants Pte Ltd

> \* Vicom Assessment Centre Pte Ltd

>

> Please notify us within 02 days of receipt of this letter for surveyor

> agreed on or if you have any objections to the above list.

>

>

> Best Regards,

> Gabriel Wee

>

>

> 64 Cecil Street; #05 - IOB Building

> Singapore 049711

> Tel: 6347 6100, Ext - 248

>

>

>

> -----Original Message-----

> From: claims@goldautoworks.com.sg [mailto:claims@goldautoworks.com.sg]

> Sent: 09 December, 2019 11:57 AM

> To: Motor Claim - III <motorclaim@iii.com.sg>

> Subject: Requesting for PRE-Repair survey for our vehicle number

> SLV1550P

>

> ATTENTION MOTOR CLAIM DEPARTMENT

>

> Dear Sir/Mdm,

>

> Accident involving SLV1550P & SHD3032Y AT UPPER CROSS STREET TOWARDS

> NEW BRIDGE ROAD

>

> 1. We are here to notify you of a road traffic accident on 02/12/19

> 09:40HRS at UPPER CROSS STREET TOWARDS NEW BRIDGE ROAD involving our

> client vehicle registration

>

> number SLV1550P and vehicle registration number SHD3032Y driven by

> your insured at the material time.

>  
> 2. As a result of the accident, our client vehicle SLV1550P has been  
> damaged. Please arrange and conduct a PRE- REPAIR SURVEY of the say  
> vehicle. If  
>  
> we do not receive any reply from you within the stipulated timeline,  
> our client shall proceed to repair the vehicle without further  
> reference to you.

>  
> 3. Please arrange a PRE-REPAIR SURVEY at 48,TOH GUAN RD EAST,  
> ENTERPRISE HUB #01-119 S(608586)

>  
>  
>  
>  
> THANKS & REGARDS,  
> SIMON TAN  
> GOLD AUTOWORKS PTE LTD  
> 8199-9149

> Kindly note that by submitting this claim to us, you are deemed to  
> have agreed to us collecting, using, disclosing and processing your  
> personal data, sharing your personal data with our service providers  
> (located both inside and outside Singapore) and/or with other insurers  
> in the general insurance industry, including the General Insurance  
> Association of Singapore. This enables us to ensure proper processing,  
> handling and/or dealing with your claim, which includes investigating  
> the said claim, and complying with applicable laws. If you do not  
> agree to the same, kindly let us know immediately.

> DISCLAIMER:

> This email is intended solely for the person to whom it has been  
> addressed.

> It may contain confidential and/or legally privileged information.

> If you are not the person for whom this e-mail was intended, or if  
> this e-mail has reached you by mistake, please delete it immediately  
> and inform us of the error and also be hereby notified that any use,  
> distribution, transmission, printing, copying or dissemination of this  
> information in any way or in any manner is strictly prohibited and may  
> be unlawful.

> Internet communications may not be entirely secure or accurate as  
> information could be intercepted, corrupted, lost, delayed or contain  
> viruses.

> Therefore, we do not accept liability for any errors or omissions in  
> the content of this message or any delay in delivery which may arise  
> as a result of Internet transmission or any modification.

> Print this email only if it is absolutely necessary and help in  
> preservation of environment.

> India International Insurance Pte Ltd.

> Registration No. 198703792-K

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

DISCLAIMER:

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Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

## 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 11:34
Date Of Accident	02/12/2019 09:40
Exact Location Of Accident	UPPER CROSS STREET TOWARDS NEW BRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1550P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CLT LEASING PTE. LTD.
Co Reg No	201717731M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98266682
Alternative Phone No	OFFICE-98266682

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID-1.5 X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5111279474 (PERMIUM)
Cover Note Number	

### Driver

Name of Driver	TONG INN LEONG
NRIC No	S1570413F
Date Of Birth	16/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	24/05/1983
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98266682
Fax Number	
Contact Number	OFFICE-98266682
Email Address	NOEMAIL

Address	1 CHERRY AVE #04-11
Postcode	S279871
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
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)	1

#### 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

PLEASE SEE ATTACHED SKETCH PLAN

#### 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	SHD3032Y
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



**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:

*[Handwritten Signature]*

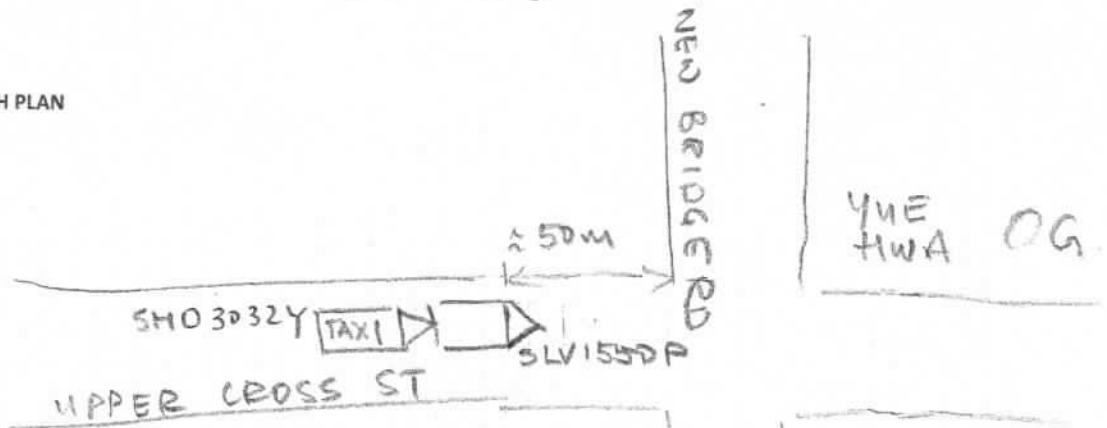
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

- 2 DEC 2019

IDAC BUKIT DATON (WAC)  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6500 3312 Fax: 6500 6200  
Email: vat.bdt@idac.gov.sg

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

SKETCH PLAN



DATE OF ACCIDENT 2 DEC 2019  
TIME ~ 09:38

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, TONG INN LEONG, DRIVER OF SLV1550P WAS STATIONARY ALONG UPPER CROSS ST TOWARDS NEW BRIDGE RD, 50 M FROM JUNCTION OF UPPER CROSS ST AND NEW BRIDGE RD.

AT ABOUT 09:38 HR TAXI (COMFORT) SHD3032Y HIT MY CAR FROM THE REAR.

TAXI DRIVER IS MR. TAN PEK PENG, SINGAPORE IC S2130743B, HIS CONTACT IS 91886845.

THE WEATHER WAS CLEAR AND SUNNY AND THERE WAS NO RAIN AT POINT OF ~~HIT~~ IMPACT.

MY CONTACT : TEL 98266682  
EMAIL itong@msn.com

IDAC BURST (SINGAPORE)

511 Bukit Batok Street 23

Singapore 659545

Tel: 6560 3312 Fax: 6569 0722

Email: vacbb@singnet.com.sg

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.:

- 2 DEC 2019

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	12 Dec 2019 17:25 <a href="#">Edit Reg</a>		10 Dec 2019 00:00 <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	Show All
------	-----------	---------------	-----------	----------

CLAIM SUBFOLDER DETAILS		[Created by adjuster]
Insured:	-, Co. Reg. No.: -	
Main Claimant:	-	
Vehicle Reg. No.:	<b>SLV1550P</b>	Date of Loss: 02/12/2019 00:00 - :59 [23 Months and 10 Days From LTA Reg Date (Man Yr)]
Claim Type:	<b>TP</b>	Policy/Cover Note No.:
Vehicle Reg. No. (Insured):	<b>SHD3032Y</b>	Policy No. (Claimant):
		Excess:
Repairer:	<b>Gold Autoworks Pte Ltd (HQ)</b> 48 TOH GUAN ROAD EAST, #01-119 ENTERPRISE HUB, 608586 Jurong East - Tel:	
Handling Insurer:	<b>India International Insurance Pte Ltd (HQ)</b> - Tel: 63476100 ... [Handled by <b>Sherini Pillai</b> ]	
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>MOHD RASUL</b> ] ... [Final Rpt due 19/12/2019]	

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.													

# 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/III19021742/R1TF3E2

Date: 12/12/2019

### REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No:

#### Claimant

Vehicle No : SLV1550P

Insured Vehicle No : SHD3032Y

Date of Loss: 02/12/2019

Nature of Claim:

TP

Claim No: N/A

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SLV1550P

Make &amp; Model:

TOYOTA SIENTA HYBRID, 1.5 X CVT (A)

Engine No:

1NZ8275415

Reg. Date:

22/12/2017 (Man. Year: 2017)

Chassis No:

NHP1707098587

Colour:

Black

Odometer:

115083 km

Engine Capacity:

1496 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:

185/60 R15

Rear Tyre Size:

185/60 R15

Front Left Side:

Triangle 6 mm

Rear Left Side:

Triangle 6 mm

Front Right Side:

Triangle 6 mm

Rear Right Side:

Triangle 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	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

### INSPECTION

Date of Assignment:

10/12/2019

Date Inspected:

10/12/2019 Inspected At:

Gold Autoworks Pte Ltd (HQ)

48 TOH GUAN ROAD EAST, #01-119

ENTERPRISE HUB

Singapore 608586

Estimated Period of Repair:

0.0 days

Adjuster: MOHD RASUL

Manager: DENISE TAY KWEE CHENG

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.

## REPAIR DETAILS

### Reference

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 12 Dec 2019)
<b>Parts:</b>	M1-MPV	TOYOTA SIENTA HYBRID 1.5 X CVT (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SLV1550P)	
<b>Validity:</b>	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	
<b>Further Info:</b>	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.
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< END OF ESTIMATES >






















































## Claim Documents

\*SLV1550P  
[SHD3032Y]  
TP  
-

Dec 2 2019 12:00AM  
[-]  
Gold Autoworks Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			View		View in Browser	
Photos/Images									3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)								Thumbnail	Print	
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19	12/12/19 16:43	General View								Load JPG	<input checked="" type="checkbox"/>	
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Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
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Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	India International Insurance Pte Ltd (HQ)	Thumbnail	Print
1	11/12/19 08:46	Singapore Accident Statement	 Load PDF	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>			
<div></div>			
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer			
<small>Note: Remarks are private unless you show it to other parties.</small>			