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

arch

XD 488X

woodlands transport

From:

Estimated Cost.

at Workshop m/s

Insured: Policy No. Claims No.

Sum Insured:

Make of Veh;

(Client's Record)

(Policy Condition)

Bal. or Market Value:

IDAC Accident Rport:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Date:

Date / Time

Date/Time, File Pass to?

Date/Time, File Return to?

2) 23/12 - typist

Reporter:

Lump Sum / LBJ: C

Remark: The veh had commenced its

CA / REV / REP. / 24 HRS

MV >

repair at the time of inspection.

days

Person Contacted:

Confirm with Mr. Chun Finalize \$ 200 @ I day

> : Preli. Report : Final Report

Action / Instruction

To Inspect Vehicle No:

(C11				
ASS	SIGNMEN	T	COE Exp: 0	2/34/202
Dale 18. 12. 2019	Veh No:	XD488X	Yr Regn: 03/Ju	12006
Date		ar / M.Cycle / Bus / Van / L		
EVA / INV / MV	-	Trailer or		
488×	Make:	Mitubishi FV5	1111 c.c [[945
1 tonspa	Colour	White		
, horsport		787888	T/Radio: Insured / St	AN I IN LE
	Eng/No:	-		
	C/No:	FV517J/4000		
		Good /(Fair)/ Poor / Burn		
F		norder / Jammed / Leaked		
Excess:		norden/ Jammed / Leaked		
June / hosh		lil / S/Rim / STD A/Rim		
Juner waity,		F: 295/8		
	Tyle Size.	R: 295/8		
d its N/S O/S	Belluin	/EXNOVA/GY/FS/LIZA		UMI /
d its N/S O/S	-		vyblestan	
	_	, one of	Rear	
No	Front P/Ral	5 mm	R/Bal. 5	mm
Consistent? : Yes or No		5 mm	L/Bal. 5	
Consistent? : Yes or No	-	1/12/2019	D.O.I. 18/12	
Res.: Yes or No			lland Trusport	
MAD OF NO		Damages : Frt / Rear / O/		o or
s)		vamages; Fit / Real / On	3)/ 1415 / 616 / 1166116	
Vehicle: IN / C	The I	J/C / Chassis frame / Bo	ody Structure affected du	e to collision.
lion	THO .	70 / 6/140010 // 4/14		
10(1		185		
9				
	5505	IVER 2 & DEC 2	019	
	RELE	IVED 2 4 DEG 2		
h Mr. (hun 00 @ 1 day, (HS)	(Red 1	×9.50, 3990		
Preli. Report	Days Of	Repair:		
Final Report	-	ey No. of Trip:	Survey Fee:	220
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	-		Transportation:	
Add	Fee:	Site Insp (\$)S + RSSI	
	:1	nterview (\$) Photos	
imen		Fech. Invs (\$) Others	
1		Meabard (6		

220

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adi Submitted	Ins Auth'ed	Status	
Main	13 Dec 2019		13 Dec 2019 14:03 Assign				New Assignation Cancel Car	
	Main	Re	ference	Cla	aim Details	Docume	ents	Show All
	UBFOLDER DET	AILS				[Cre	eated by ins	urer]
Insured:								
Main Clair					rD, Co. Reg. No.: 19	8904441R		
Vehicle Re			XD488X		Date of Loss:		11/12/2019 12:00 - :59	
Claim Typ			TP / SNM19D205944C02		Policy/Cover Note No.:		DMCVSN17087719022	
Vehicle Reg. No. (Insured):		GBF67	GBF6729L		Policy No. (Claimant):		9V12170	
							00.00	
Repairer:					td (HQ) 8 Gul Circle, 6			
Handling 1		638961	Taiping Insuranc 93]	e (Singapor	e) Pte. Ltd. (HQ) - Te	el: 6389 6111 [[Handled by T	an Kah Leong
Claimant's	s Insurer:	Liberty	Insurance Pte L	td (HQ) - Te	1: (65) 6221 8611			
Adjuster:		LKK AL	to Consultants P	te Ltd (HQ)	- Tel: 6256-3561 [Final Rpt due	24/12/2019	9]
ASSOCIA	ATED MAIL REC	EIVED				View Al	II Comp	ose Case Mail
There are	no mail for this c	ase.						
Ξ								
ALL ASS	OCIATED TASK	S			View All Search	h Tasks Cre	eate New Task	Complete

Nivitha (LKK Auto)

From:

Tan Kah Leong < KahLeong. Tan@sg.cntaiping.com>

Sent:

Friday, 13 December 2019 2:00 PM

To:

kenjilee@woodlandstransport.com.sg; assignments

Cc:

goo@woodlandstransport.com.sg; slchan@woodlandstransport.com.sg

Subject:

RE: OUR REF: SNM19D205944/GBF3729L/TKL - PRI XD488X VS GBF6729L DOA

11/12/19

WITHOUT PREJUDICE

Dear Kenji,

We refer to your email dated 13.12.2019.

We will be assigning M/s LKK Auto Consultants to survey your client's vehicle on a without prejudice basis.

Aside to LKK,

Please refer to the email below & proceed to survey the third party vehicle.

Thank you.

Regards

Tan Kah Leong

Assistant Executive Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

DID: (65) 6389 6193 | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/

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From: kenjilee@woodlandstransport.com.sg [mailto:kenjilee@woodlandstransport.com.sg]

Sent: Friday, December 13, 2019 12:51 PM

To: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>

Cc: goo@woodlandstransport.com.sg; slchan@woodlandstransport.com.sg

Subject: RE: OUR REF: SNM19D205944/GBF3729L/TKL - PRI XD488X VS GBF6729L DOA 11/12/19

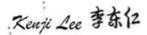
Dear Kah Leong,

We agreed for 2.Mr Kelvin Ang to be the single joint expert in this PRI.

Please contact Mr Chan at Tel: 6559 8984 / 9299 4122 for an appointment to view the vehicle.

Thank you.

Thanks and Regards,



Claims Department



Woodlands Transport Service Pte Ltd

8, Gul Circle, Singapore 629564

Main Line : +65 6559 8988

Fax : +65 6898 2394

Direct Line: +65 6559 8954

www.woodlandstransport.com.sg 6

THE RESERVE OF THE PARTY OF THE

Group of Companies: WTS travel



CASHBOX

From: kenjilee@woodlandstransport.com.sg <kenjilee@woodlandstransport.com.sg>

Sent: Friday, 13 December 2019 12:49 PM

To: 'Tan Kah Leong' < KahLeong. Tan@sg.cntaiping.com>

Cc: goo@woodlandstransport.com.sg

Subject: RE: OUR REF: SNM19D205944/GBF3729L/TKL - PRI XD488X VS GBF6729L DOA 11/12/19

From: Tan Kah Leong < Kah Leong. Tan@sg.cntaiping.com>

Sent: Friday, 13 December 2019 12:34 PM To: kenjilee@woodlandstransport.com.sg

Subject: RE: OUR REF: SNM19D205944/GBF3729L/TKL - PRI XD488X VS GBF6729L DOA 11/12/19

Without Prejudice

Dear Kenji,

We refer to your email below.

Please see attached and let us know if you agree with SJE.

Thank you.

Regards

Tan Kah Leong

Assistant Executive Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

DID: (65) 6389 6193 | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/

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From: Claims Dept of CTI

Sent: Friday, December 13, 2019 12:15 PM

To: Tan Kah Leong < KahLeong. Tan@sg.cntaiping.com >; Chee So Chow < sochow.chee@sg.cntaiping.com >;

kenjilee@woodlandstransport.com.sg

Subject: OUR REF: SNM19D205944/GBF3729L/TKL - PRI XD488X VS GBF6729L DOA 11/12/19

Dear Kah Leong,

Please conduct PRS for XD488X.

Note: officer in charge - Kah Leong 63896193.

*** Kindly quote our reference number when replying.

Thank You.

Regards,

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

T: (65) 63896116 | F: (65) 62247175

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平狮城 Taiping SG

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From: kenjilee@woodlandstransport.com.sg [mailto:kenjilee@woodlandstransport.com.sg]

Sent: Friday, 13 December, 2019 9:29 AM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Cc: goo@woodlandstransport.com.sg; slchan@woodlandstransport.com.sg

Subject: PRI XD488X VS GBF6729L DOA 11/12/19

Dear Sir

We are instructed by <u>WTS Logistics & Trading Pte Ltd</u> to notify you of a road traffic accident on <u>11/12/2019</u> at about <u>12:30hrs</u> at <u>Sliproad towards BKE</u> involving our client's/customer's vehicle registration number XD488X and vehicle registration number GBF6729L driven by you at the material time. A copy of the Singapore accident statement /traffic police report filed is enclosed.

As a result of the accident, our client's /customer's vehicle has been damaged. Before our client/we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client/we shall proceed to repair the vehicle without further reference to you.

Please send your surveyor to our premises at No. 8 Gul Circle, Singapore 629564.

Please contact Mr Chan at Tel: 6559 8984 / 9299 4122 for an appointment to view the vehicle.

For your immediate attention and action, please.

Thank you.

Thanks and Regards,

Kenji Lee 季东仁

Claims Department



Woodlands Transport Service Pte Ltd

8, Gul Circle, Singapore 629564

Main Line : +65 6559 8988

Fax : +65 6898 2394

Direct Line: +65 6559 8954

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PITSTOP

CASHBOX

This email has been scanned by the Symantec Email Security.cloud service. For more information please visit http://www.symanteccloud.com

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Owner ID: //ehicle Details //ehicle No.: //ehicle to be Exported: Intended Deregistration Date: //ehicle Make: //ehicle Model: //rimary Colour: //anufacturing Year:	Company 441R XD488X No 18 Dec 2019 MITSUBISHI FV517JD2RDEB White 2006 6D24379270 FV517JA00991
Vehicle Details Vehicle No.: Vehicle to be Exported: Intended Deregistration Date: Vehicle Make: Vehicle Model: Vehicle Model: Vehicle Model: Vehicle Model: Vehicle Model:	441R XD488X No 18 Dec 2019 MITSUBISHI FV517JD2RDEB White 2006 6D24379270
/ehicle No.: /ehicle to be Exported: ntended Deregistration Date: /ehicle Make: /ehicle Model: rimary Colour: /fanufacturing Year:	XD488X No 18 Dec 2019 MITSUBISHI FV517JD2RDEB White 2006 6D24379270
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rimary Colour: Nanufacturing Year:	White 2006 6D24379270
Manufacturing Year:	White 2006 6D24379270
and the control of th	6D24379270
The state of the s	6D24379270
ngine No.:	
hassis No.:	
faximum Power Output:	to the restriction of the
Ppen Market Value:	\$69,553.00
Original Registration Date:	03 Jul 2006
irst Registration Date:	03 Jul 2006
ransfer Count:	0
ctual ARF Paid:	\$3,478.00
ntended PARF Rebate Details	The section of the se
ARF Eligibility:	No
ARF Eligibility Expiry Date:	
ARF Rebate Amount:	\$0.00
ntended COE Rebate Details	
OE Expiry Date:	02 Jul 2021
OE Category:	C - Goods Vehicle & Bus
OE Period(Years):	5
QP Paid:	\$22,247.00
OE Rebate Amount:	\$6,846.00
otal Rebate Amount: lessage	\$6,846.00
ease note that all future COE renewals for this vehicle can only be for a chicle.	5-year period, subject to the statutory lifespan (if applicable) of the

The information contained herein is correct as at 18 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 witholding 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	12/12/2019 14:21	
Date Of Accident	11/12/2019 12:30	
Exact Location Of Accident	SLIPROAD TOWARDS BKE	
Country/State of Loss	SINGAPORE	

- T	ин с	OF O	1A/NI 1/		
UCI	AILO	UF U	ANIA A	СПІС	1

Vehicle Registration Number XD488X

Insured/Policyholder

Name Of Registered Owner WTS LOGISTICS & TRADING PTE LTD

Co Reg No 198904441R Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-98383481

 Alternative Phone No
 OFFICE-65598954

Vehicle Particulars

Manufacturer MITSUBISHI
Model FV517JD2RDEB

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD

Type Of Coverage THIRD PARTY

Fleet Policy YES

Policy Number SD19V12170

Cover Note Number

Driver

 Name of Driver
 TOH BOON TEE

 NRIC No
 \$1449986E

 Date Of Birth
 02/05/1960

 Occupation
 OUTDOOR

 Date Of Driving Pass
 24/09/1992

Driving Experience 27 YEARS AND 2 MONTHS

Gender MALE

 Mobile Number
 (LOCAL) +65-96380271

 Fax Number
 (LOCAL) +65-68982394

 Contact Number
 OFFICE-65598954

EMail Address NOEMAIL

Address

BLK 326 ANG MO KIO AVE 3 #13-1992

Postcode

629564

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

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

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)

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

On 11/12/2019, at about 12:30 hrs, my vehicle was traveling along Sliproad towards BKE in lane 2. The traffic was moderate and the weather was raining with wet surface at that point of time. There was a vehicle GBF6729L traveling behind me .As I was negotiating a right bend, the said vehicle tried to overtake my vehicle. However, GBF6729L grazed against my truck while doing so. As a result, my vehicle sustained damages on the right step board while GBF6729L sustained damages on the left portion. No one was injured in the accident to my knowledge.

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

GBF6729L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

RAHIM YUSOFF

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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

Lunderstand, 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:
 - 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:
 - 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		
	A -XD488X B -GBF6729L Sliproad towad	rs BKE
ĺį		
DESCRIBE CIRCUMSTAN	CES OF THE ACCIONS	
DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	
-		
DECLARATION		
	rticulars are true in every respect.	
Policyholder's Signature	Driver's Signature	Remote Co. 1
Date & Time:	(If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name NRIC/FIN No.:





Accident Photo









WTS Engineering Pte Ltd

8 Gul Circle, Singapore 629564 Tel: 65598984 Fax: 68622163

Company Registration Number: 200505706E

-/S = 200			249.50 - 25%	
I days .	•	P=	187.13	

257.13

20,90

26517

SGD 329.50

Quotation

DATE: VEHICLE NO: 12/12/19

TOH BOON TEE

DRIVER: ATTENTION TO:

PREPARED BY: Chan Soo Lye

XD488X

LOCATION:

Gul Workshop

Q REF No: DEPARTMENT: Q19/12/1095

WTS Log Tipper Truck

Total Amount

ACCIDENT DATE: 11/12/19

REF No:

JW-1219-90

S/N	Description	Qty	Cost per Unit	Amount S\$
	Spare Parts		·	
1	FRONT RHS STEP BOARD LOWER	1	249.5	249.50
	Labour Costs			
1	TO REMOVER DAMAGED PARTS AND REPLACE FRONT RHS STEP BOARD.	1	80	80.00
			TOTAL:	329.50

Remarks:

Signature of Workshop

Signature of Department Head

Signature of Claim Department

Repaird day I days Lump Sum After paint photo.

Sun Pin (Lar) - 86612627

18/12/2014.

TP without prejuder.

sunpin @ 1 kkauto, com

Surveyor Sign: Surveyor Name: _SunPin (LKK) Date: _1F/12/2019

LKK Auto Consultants hence notify the Repairer of the following:

. To resurvey before/after spray painting

- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- * Third party survey is on a "Without Prejudice" basis
- . No illegal modification(s) is allowed
- · Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

PKIC BASA

Oi Sun Pin (LKK Auto)

From:

Chan Soo Lye <slchan@woodlandstransport.com.sg>

Sent:

Monday, 23 December, 2019 10:07 AM

To:

Oi Sun Pin (LKK Auto)

Subject:

RE: XD488X AFTER REPAIR PHOTOS.

Follow Up Flag:

Follow up

Flag Status:

Flagged

Hi Mr Oi Sun Pin,

Confirmed amount and repair day.

Thank you.

Best Regards

Chan Soo Lye

Service Executive WTS Engineering Pte Ltd

Woodlands Transport

Woodlands Transport Service Pte Ltd

8, Gul Circle, Singapore 629564

Direct Line: +65 6559 8984

Fax

: +65 6862 2163

www.woodlandstransport.com.sg @

Group of Companies: WTS travel 3



CASHBOX

From: Oi Sun Pin (LKK Auto) [mailto:sunpin@lkkauto.com]

Sent: Monday, 23 December, 2019 8:45 AM

To: Chan Soo Lye

Subject: RE: XD488X AFTER REPAIR PHOTOS.

Dear Mr Chan,

Kindly refer the finalize amount \$200. Repair day 1 day, (L/S repair, before gst). If agree please update.

Thank you.

Best Regards,

Oi Sun Pin | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 6256 3561 | Email: Sunpin@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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

LAIM SUE	SFOLDER TRA	CKING						
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj	Submitted	Ins Auth'ed	Status
Main	13 Dec 2019		13 Dec 2019 14:03 Edit Adj Rpt	S\$200.00 Edit Estimate	1	00.00 ew Rpt		Pending for Survey Report Cancel Case
	Main	R	eference	Claim	Details		Documents	Show All
CLAIM S	UBFOLDER DE	TAILS				[Created	by insurer]	
Insured:	-, Co. Re	g. No.: -						
Main Claimant:	WTS LOG	ISTICS & TRADI	NG PTE LTD, Co.	Reg. No.: 19890	4441R			
Vehicle Reg. XD488X		Date	of Loss:		9 12:00 - :59 hs and 8 Days From LTA Reg Date (Man Yr)]			
Claim Type	e: TP / SNI	M19D205944C0)2		cy/Cover e No.: DMCVSN17087719022			
Vehicle Re No. (Insured):	GBF6729L (Claiman) SD19V12170							
				Exce	ss:	S\$500.00		
Repairer:	Woodland	ds Transport Sei	vice Pte Ltd (HQ)	Gul Circle, 629	64 Tuas	- Tel: 65598	988	
Handling Insurer:	China Tai	ping Insurance	(Singapore) Pte. Lt	td. (HQ) - Tel: 6	389 611	1 [Handled	d by Tan Kah Leo	ng - 63896193]
Claimant's Insurer:	Liberty I	nsurance Pte Ltd	i (HQ) - Tel: (65) 62	21 8611	0			
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561 [Han	dled by C	I SUN PIN]	[Final Rpt o	lue 24/12/2019]
ASSOCIA	TED MAIL RE	CEIVED					View	w All Compose Case Mai
There are	no mail for this	case.						
ALL ASS	OCIATED TAS	кѕ⊟				View All	Search Tasks C	reate New Task Complet
Due Da	te Priority	Type Task	Group Subjec	t Handler	Assign	ned By	Completed On	Created On Done

Claim Documents

*XD488X (SNM19D205944C02) [GBF6729L]
TP
WTS LOGISTICS & TRADING PTE LTD
Dec 11 2019 12:00PM [-] **Woodlands Transport Service Pte Ltd**

Up	oload Documents Up	oload Photos Compose New Letter	View in Browser V
Pho	otos/Images		3 per page
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail Print
1	23/12/19 13:24	Chassis Number	■ Load JPG
2	23/12/19 13:24	Odometer Reading	■ Load JPG
3	23/12/19 13:24	General View	1 Load JPG
4	23/12/19 13:24	General View	■ Load JPG
5	23/12/19 13:24	General View	Load JPG ✓
6	23/12/19 13:24	General View	■ Load JPG
7	23/12/19 13:24	General View	■ Load JPG
8	23/12/19 13:24	General View	■ Load JPG
9	23/12/19 13:24	General View	■ Load JPG
10	23/12/19 13:24	General View	■ Load JPG
11	23/12/19 13:24	General View	Load JPG ✓
12	23/12/19 13:24	General View	■ Load JPG
13	23/12/19 13:24	General View	■ Load JPG
14	23/12/19 13:25	After Repair Photo	1 Load JPG ☑
15	23/12/19 13:25	After Repair Photo	■ Load JPG
16	23/12/19 13:25	After Repair Photo	■ Load JPG

Linked Accident Report Documents

			View	View in Brows	er 🗸
Ass	essment Reports		1 per p	age 🔻	V
No	Finalized On	Woodlands Transport Service Pte Ltd (HQ)		Thumbnail	Print
1	13/12/19 09:27	Accident Statement	0	Load HTM	
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No	Finalized On	Woodlands Transport Service Pte Ltd (HQ)		Thumbnail	Print
1	12/12/19 14:26	Accident Photo	0	Load JPG	\mathbf{Z}
2	12/12/19 14:26	Accident Photo	6	Load JPG	V
3	12/12/19 14:35	Accident Photo	0	Load JPG	V
4	12/12/19 14:35	Accident Photo	0	Load JPG	Ø
Doc	umentation		1 per p	age 🔻	Ø
No	Finalized On	Woodlands Transport Service Pte Ltd (HQ)		Thumbnail	Print
1	12/12/19 14:25	Accident Sketch Plan	0	Load JPG	V
2	13/12/19 09:23	Accident Sketch Plan	0	Load JPG	V

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
	^
	~
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.	

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/CTI19021985/QVF3E2

Date:

27/12/2019

REFERENCE

China Taiping Insurance Handling Insurer:

(Singapore) Pte. Ltd.

Policy No:

DMCVSN17087719022

Claimant Vehicle No:

XD488X

Insured Vehicle No:

GBF6729L

Date of Loss:

11/12/2019

Nature of Claim: TP

Claim No:

SNM19D205944C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

XD488X

Make & Model:

MITSUBISHI FV517JD2RDEB, 11.9 D (M) 03/07/2006 (Man. Year: 2006)

Engine No: Chassis No:

Odometer:

6D24379270 FV517JA00991

787888 km

Reg. Date: Colour:

White

Engine Capacity: 11945 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):

Pre-accident Condition:

Yes

Handbrake (Serviceable): **CONDITION OF TYRES**

Yes Engine Modification:

No

295/80 R22.5

Front Tyre Size: Front Left Side:

Double Star 5 mm

295/80 R22.5

Rear Tyre Size: Rear Left Side:

Double Star 5 mm

Front Right Side:

Double Star 5 mm

Rear Right Side:

Double Star 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	249.50	187.12	62.38	25.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	80.00	70.00	10.00	12.50
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	329.50	257.12	72.38	21.97
Approved Total (Overridden) (S\$)		200.00		
(S\$)	329.50	200.00	129.50	39.30
+ GST 7.00/7.00% (S\$)	23.07	14.00	9.07	39.32
Nett Amount (S\$)	352.57	214.00	138.57	39.30

INSPECTION

Date of Assignment:

13/12/2019

Date Inspected:

18/12/2019 Inspected At:

Woodlands Transport Service Pte Ltd

(HQ)

8 Gul Circle

Singapore 629564

Estimated Period of Repair:

1.0 days

Manager: VERON CHEN Adjuster: OI SUN PIN

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.

REPAIR DETAILS

Referen	ce				
Part Source:		(Last Synchronised: 27 Dec 2019)			
Parts:	N/A	MITSUBISHI FV517JD2RDEB 11.9 D (M) (Model not available in database)			
Labour:	Repairer's	(Price-denominated Standard List)			
Print Code:	(Unsubmitted, no print-code for XD488X)				
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

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT RHS STEP BOARD LOWER	Bent	249.50 F	*249.50 FL
F=Fra	nchise	part. L=ListIte	mDisc.	_		
				Sub Total (S\$)	249.50	249.50
			- List Item Discount on L Ite	ns 0.00/25.00% (S\$)	0.00	62.38
				Total Parts (S\$)	249.50	187.12
			Report was unsubmitted during	ng this print-out.		

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	TO REMOVER DAMAGED PARTS AND REPLACE FRONT RHS STEP BOARD	New	80.00	70.00
	Gross Labour Cost (S\$)		80.00	70.00
	Report was unsubmitted durin	g this print-out.		

< END OF ESTIMATES >