	Tauther Assignm	ENT (Office)		20 1 2-	hand
	Tan Kah Loong of CI		D	ate/Time: 22.1.2000	4.011
Estimated Cos	TP RES / OD RES / EVA / INV / MV / C	Bill to:			
To inspect Vel		CS	Insured	GV 464x	
	1/s_Taamwork		Tel:	GV 464x 68442475	2 2
	mu 1 -401.74	and the same of th			
Policy No: DI	MCVSN18202019011	Claim No: S	nm 201	200446/6 4464	×17KL
Sum Insured:		Excess:			50
Make of Veh: (Client's Record	Wan/		D	۳۵.A. مرهر ۱۰۱۰ر	
(Client's Record CA / REV /	REP. / REV 24 HRS 2-1.20 4-001. M Person Contacted:			H.O.D. Endorsement:	
(Client's Record CA / REV /	REP. / REV 24 HRS	Danen		H.O.D. Endorsement:	
CA / REV / Date/Time:	REP. / REV 24 HRS 1.20 4.00 Person Contacted: Action/Instruction (V) Estimate	Danun	Vel	H.O.D. Endorsement:	
CA / REV / Date/Time:	REP. / REV 24 HRS 1-1-20 4-099. M Person Contacted: Action/Instruction (V) Estimate	Darmen.	D-014	H.O.D. Endorsement:	
CA / REV / Date/Time:	REP. / REV 24 HRS 1-1-20 4-099. M Person Contacted: Action/Instruction (V) Estimate SMT 71607- NAIAI(200013)	Darmen.	D-014	H.O.D. Endorsement: hicle IN LOUT - 21/01/2020	
CA / REV / Date/Time:	REP. / REV 24 HRS 1-20 4-009. M Person Contacted: Action/Instruction (V) Estimate SMJ 71607- NAIA19 200132 GV 404 X - NAIA19 200132	Damen.	D-ort	H.O.D. Endorsement: hicle INTOUT - 21/01/2000 - 21/01/2000	
CA / REV / Date/Time:	REP. / REV 24 HRS 1-1-20 4-099. M Person Contacted: Action/Instruction (V) Estimate SMT 71607- NAIAI(200013)	Damen.	D-ort	H.O.D. Endorsement: hicle INTOUT - 21/01/2000 - 21/01/2000	
CA / REV / Date/Time:	REP. / REV 24 HRS 1-20 4-009. M Person Contacted: Action/Instruction (V) Estimate SMJ 71607- NAIA19 200132 GV 404 X - NAIA19 200132	Damen.	D-ort	H.O.D. Endorsement: hicle INTOUT - 21/01/2000 - 21/01/2000	

Tech. Invs (\$

Weetend (\$

Report Formst:

Lung(s)m/181:15 4000

Others

TOTAL

Due Date

No results.

Priority Type

Task Group

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Su	bmitted	Ins Auth'ed	Status	
Main	22 Jan 2020		22 Jan 2020 16:02 Assign					New Assignment Cancel Case	
	Main	Re	ference		Claim Details		Docume	nts	Show All
CLAIM SU	JBFOLDER DE	TAILS				[Creat	ed by insurer]		A Principal Room Commence
Insured:									
Main Claimant:	LEOW ZI	XIANG TOMMY,	ID: S8621267	=					
Vehicle Re No.:	SMJ716	ОТ			Date of Loss	s: 21/01/2020 17:00 - :59			
Claim Type	TP / SNN	TP / SNM20D200446C02			Policy/Cover	DMCVSN18252019011			
Vehicle Red No. (Insured):	GV464X				Policy No. (Claimant):	1900067630			
					Excess:	S\$0.00			
Repairer:	- Not App	licable - (-)						***************************************	
Handling Insurer:	China Tai	ping Insurance (Singapore) Pte	. Ltd. (HQ)	- Tel: 6389 61	11 [Har	ndled by Tan Kah	Leong - 6	3896193]
Claimant's Insurer:	AIG Asia	AIG Asia Pacific Insurance Pte. Ltd. (SG) - Tel: 65-6419-3000							
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Final Rpt	due 03	/02/2020]		
ASSOCIA	TED MAIL RE	Water Committee						View All	Compose Case Mail
There are r	no mail for this	case.							Compose Case Mail
ALL ASS	CIATED TAS	vc□							

Subject Handler

Assigned By

Completed On Created On Done?

Nivitha (LKK Auto)

From:

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

Sent:

Wednesday, 22 January 2020 4:01 PM

To:

Darren; 'assignments'

Subject:

RE: OUR REF: SNM20D200446/GV464X/TKL YOUR REF: 2001-38 // YOUR REF:

GV464X ACCIDENT INVOLVING GV464X AND SMJ7160T

Attachments:

GIA REPORT.PDF

WITHOUT PREJUDICE

Dear Darren.

We refer to your email below.

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: Darren [mailto:claims@teamworkgarage.com]

Sent: Wednesday, January 22, 2020 3:37 PM

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

Subject: RE: OUR REF: SNM20D200446/GV464X/TKL YOUR REF: 2001-38 // YOUR REF: GV464X

ACCIDENT INVOLVING GV464X AND SMJ7160T

Hi Kahleong,

Please proceed to appoint LKK

Darren Teamwork Garage Pte Ltd 53 Ubi Avenue 1 #01-24 Paya Ubi Industrial Park Singapore 408934 Tel: 68442475 Fax: 68442474

From: Tan Kah Leong

Sent: Wednesday, 22 January 2020 3:24 PM

To: Desmond

Subject: RE: OUR REF: SNM20D200446/GV464X/TKL YOUR REF: 2001-38 // YOUR REF: GV464X

ACCIDENT INVOLVING GV464X AND SMJ7160T

Without Prejudice

Dear Desmond.

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: Wednesday, January 22, 2020 3:19 PM

To: Tan Kah Leong < Kah Leong. Tan @sg.cntaiping.com >; Desmond < claims @teamworkgarage.com >

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

Subject: OUR REF: SNM20D200446/GV464X/TKL YOUR REF: 2001-38 // YOUR REF: GV464X

ACCIDENT INVOLVING GV464X AND SMJ7160T

Dear Kah Leong,

Please conduct PRS for SMJ7160T.

Note: officer in charge - Kah Leong 63896193.

*** Kindly quote our reference number when replying.

Thank you

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd. 3 Anson Road #15-00 Springleaf Tower Singapore 079909 DID: (65) 63896116 | F: (65) 62247175

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

Disclaimer: This e-mail and any files transmitted with it is intended only for the named recipients and may contain confidential information. Any

From: TEAMWORK < claims@teamworkgarage.com>

Sent: Wednesday, January 22, 2020 12:50 PM

To: Claims Dept of CTI < claimsdept@sg.cntaiping.com> Cc: TEAMWORK < claims@teamworkgarage.com>

Subject: OUR REF: 2001-38 // YOUR REF: GV464X ACCIDENT INVOLVING GV464X AND

SMJ7160T

WITHOUT PREJUDICE

OUR REF: 2001-38 YOUR REF: GV464X

Dear Sir / Madam, PRE-REPAIR INSPECTION FOR SMJ7160T ACCIDENT INVOLVING GV464X AND SMJ7160T ON 21.01.2020.

We refer to the above matter and enclosed herewith our client's GIA report and notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction-Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention.

Thank you and have a nice day.

Regards,

Shu Shan Teamwork Garage Pte Ltd Blk 53 Ubi Avenue 1 #01-24 Paya Ubi Industrial Park Singapore 408934 Tel: 6844 2475 Fax:6844 2474

MNA120010396 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 22/01/2020 12:38 SUBMITTED BY: Jackson Ho Zhao Tian

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 <u>truthful and accurate</u> 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	22/01/2020 12:38
Date Of Accident	21/01/2020 17:10
Exact Location Of Accident	BLK 742 BEDOK RESERVOIR RD CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ7160T
Insured/Policyholder	
Name Of Registered Owner	LEOW ZI XIANG TOMMY
NRIC No	SXXXX267F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91592245
Alternative Phone No	OFFICE-91592245
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO 1.6(A) EX
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR
Insurance Company	
PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS O	

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 1900067630

Cover Note Number

Driver

Name of Driver LEOW ZI XIANG, TOMMY

NRIC No SXXXX267F
Date Of Birth 06/08/1986
Occupation INDOOR
Date Of Driving Pass 15/09/2006

Driving Experience 13 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91592245

Fax Number

Contact Number OFFICE-91592245

EMail Address NOEMAIL

Address

BLK 805 CHAI CHEE ROAD

#06-632 460805

Postcode

NO

Was driver an employee of the Insured's Company

If No. Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

NAME:

. .

Passenger 1

GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GV464X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

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 on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

Page 5

Accident Sketch Plan

SKETCH PLAN

VEN A SM 57166T

VEN B GU246A X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Annual of the	E CIRCUMSTANCES OF THE ACCIDENT
Un	the Stated date and time, I was travelling Straight
J†	Bik 742 Bedok Rerservoir Rd Carpark heading towards
	of the SIN P
	Property of the Control of the Contr
1¥1€ meninaran	garrity Suddenly, Vehicle B (GV464X) turned out
1.7.4	hout ensuring that there were oncoming car and
M)11	MONT ENTRY THAT THERE NOTE INCOMING CAR AND
Mil	Make Hat Isla Cida Co. I do caral ala
# 1 1 5 minimum massarin	onto the left side portion of my vehicle.
THE PROPERTY OF THE PARTY OF TH	
erroren en e	
en er rentme er spaniskept skildsjillens	

DECLARATION

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

Policy holder's signature

Date & time:

Driver's signature

(if driver is not policy holder)

Date & time:

reporting centre personnel's Signature

NRIC/FIN No .:

Page 6



CHINA TAIPING INSURANCE 3 Anson Road Springleaf Tower Singapote 079909

TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel: 6844 2475

E-mail: claims@teamworkgarage.com

ROC number: 201015366H REPAIR PERFORMA INVOICE

Vehicle number	SMJ7160T
Make / Model	KAI CERATO
Chassis number	KNAQF3416MK5031186
Accident date	21 January 2020
Reference	2001-38

Qty	Particulars			U	Init Price - SGD \$
	PARTS REPLACEMENT - LIST	TITEMS	0		w
1	REAR LH DOOR				1603.20 % (
1	REAR LH DOOR LOCK ASSY	9 6		309	633.03K ?\
1	REAR LH DOOR REGISTER MOTOR V	nodule		215	
1	REAR LH DOOR HINGE UPPER				155.48 🏋
1	REAR LH DOOR HINGE LOWER				155.48?
1	REAR LH DOOR CHECKER				118.00 ×
1	REAR LH DOOR HANDLE				224.20×
1	REAR LH DOOR HANDLE INNER BRACK	ET			136.00 ×
1	REAR LH DOOR WEATHERSTRIP				366.30 🏋
1	REAR LH DOOR INNER WEATHERSTRIF				381.80 🏋
1	REAR LH DOOR TOP MOULDING	,			89.00 × /,
1	LH SILL GARNISH			420	891.50 int
1	LH SILL PANEL				1432.80 €%
1	REAR LH FENDER				1820.60 €>
1	REAR LH AIR VENT				101.20×
1	REAR LH FENDER INNER TRIM				572.40 [×] \ X
1	REAR WINDSCREEN MOULDING				239.10 × > nn
1	REAR LH QUARTER GLASS				510.20 ⊀
1	REAR LH QUARTER GLASS MOULDING				180.60 ×
1	REAR AXLE BEAM				2260.90 */
1	REAR LH WHEEL HUB AND BEARING			437	669.60
1	REAR LH SHOCK ABSORBER			231	681.50 ? bt
		OM CHEA			13971.69
			Less 20 %		3794.34
		2391.20.	Subtotal		11177.35
		Ва	alance C/F		11177.35

		,	
	PARTS REPLACEMENT - SPECIAL NETT ITEMS		
	1	20	
1 SET	REAR LH DOOR INNER TRIM CLIP	30.0020nes	
1	WINDSCREEN SEALANT	120.00 × ng	
1	JOINT SEALANT	120.00 × ^ ^ /	
1	RIM	400. 600.00 del	
1 BOT	BRAKE FUILD	60.00 × ^ ^ ·	
	Subtotal	930.00 420.	
	Balance C/F	12107.35	
	LABOUR AND MISCELLANEOUS CHARGES	8	
	Balance B/F	12107.35	
1 /		Name of the Control o	
1	CHECK REAR WIRING AND LIGHTNING SYSTEM	60.00 ZS	
2	REMOVE, REFIT REAR LINNG, TRIM AND GARNISH	200.00 × nn	
3	REMOVE AND REFIT REAR WINDSCREEN	120.00 × ~^ ′	
4	TRANSFER PARTS, ATTACHMENT FROM REAR OLD DOOR TO NE		
5	COMPUTERISD AND CHECK REAR WHEEL ALIGNMENT	150.00 80	
6	REMOVE AND REPLACE REAR UNDEERCARRIAGE PARTS	200.00/00? رايار	
7	PANEL BEATING ON AFFFECTED AREAS	1200.006 50 700.	
8	SPRAY PAINTING ON AFFECTED AREAS	1400.00 700-	
9	APPLY ANTI RUST ON AFFECTED AREAS	120 00 20	700
	Subtotal	3650.00	-
	[
	Grand total	15757.35	
1 '	<i>(</i>		

2391.20

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:



CHINA TAIPING INSURANCE

3 Anson Road

Springleaf Tower

Singapote 079909

TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel: 6844 2475

E-mail: claims@teamworkgarage.com

ROC number: 201015366H

SUPPLEMENTARY

Vehicle number SMJ7160T Make / Model KAI CERATO Chassis number KNAQF3416MK5031186

Accident date 21 January 2020

Reference 2001-38

Qty Particulars

Unit Price - SGD \$

	PARTS REPLACEMENT - LIST ITEMS			
1	REAR LH DOOR INNER TRIM	567	799.60	des
		-	799.60	
	Le	ess 20 %	159.92	
	S	ubtotal	639.68	

453.60



Chassis Measurement Chart

Subsidiary/Branch-Company no.

Customer:

C8	XY AUTO PTE LTD		TEAM W	/OPK	2	
53 UBI AVE 1 #01-	RK	OKK				
S	PORE 408934					
			Vehicle ider	nt. no.		
						Repair order no.
			Measureme	nt made:Name		Date
Reg. N.:			KEN TEC			Date:
	First re	egistration:	Туре			31/01/2020 Mileage:Km/miles
SMJ 7160 T	2001-38	KIA (CERATO 2013	(62023)		
Complaint or reason	for measurement					km
Tyres:make						
ryres.make		De	escription		Mileage	:Km/miles
					villeage	.Kiri/itilies
Processes			front LH	front RH	rear LH	
Pressure measured (co	ld) bar/psi/kPa		2.2	2.2	2.2	rear RH
rood death ()		external		 	2.2	2.2
read depth (mm)		centre				
		internal				
/objets to the			Before correc	tion	ļ	
/ehicle level		-			}	After correction
Camber +/-(°)		LH	-01.25°	01.50% . 00	500 00	
Experience of the second		RH	-01.46°	-01.50°/ +00		-01.25°
EAR AXLE	X	total	+00.11° *	-01.50°/ +00		-01.46°
Toe +/-(°)		LH T	+00.28°	+00.50°/ +00		+00.11° *
		RH	-00.17° *	+00.25°/ +00	1	+00.28°
Thrust angle			+00.22°	+00.25°/ +00	.15°-00.15°	-00.17° *
Camber +/-(°)	4,-	LH	+00.26° *	00.27%/ .00		+00.22°
		RH	-00.37°	-00.37°/ +00.	Contract Value Contractors	+00.24° *
Caster (°)		LH	-00.57	-00.37°/ +00.		-00.38°
		RH		+04.01°/ +01.	Carrier Hadrows Services	
ONT AXLE L	h steering lock Ih wi			+04.01°/ +01.	00°-01.00°	
	h steering lock rh w		-			
Set Back			-00.30°			
		total	-00.30*	1.00 (55		-00.32°
Toe +/-(°)		LH		+00.10°/ +00.2		+00.02°
		RH	-00.24° *	+00.05°/ +00.1		+00.04°
Maximum steering a	angle on wheel	LH	+00.12°	+00.05°/ +00.1		-00.02°
side on inside of be		RH		+39.60°/ +00.5		
		EMT	Comp. 19	+39.60°/ +00.5	0°-01.50°	



Chassis Measurement Chart

Subsidiary/Branch-Company no.

Customer:

C&Y AUTO PTE LTD 53 UBI AVE 1 #01-28 PAYA UBI INDUSTRIAL PARK

TEAM WORK

S'PORE 408934

Vehicle ident. no. Repair order no. Measurement made:Name Date:

KEN

29/01/2020

Reg. N.:

First registration:

Туре

Mileage:Km/miles

SMJ 7160 T

2001-38

KIA CERATO 2013 - (62023)

Complaint or reason for measurement

Tyres:make

Description

Mileage:Km/miles

			front LH	front RH	rear LH	rear RH
Pressure measured (cold) bar/psi/kPa		2.2	2.2	2.2	2.2
		external				
Tread depth (mm)		centre				
AND MANAGEMENT OF THE PARTY OF		internal			35	
			Before correction			After correction
Vehicle level						
			22			
Camber +/-(°)		LH	-03.36° *	-01.50°/ +0	0.50°-00.50°	-03.36° *
		RH	-01.26°	-01.50°/ +0	0.50°-00.50°	-01.26°
REAR AXLE	(g-4) - g-4	total	-00.13° *	+00.50°/ +0	0.30°-00.30°	-00.13° *
Toe +/-(°)		LH	-00.02° *	+00.25°/ +0	0.15°-00.15°	-00.02° *
		RH	-00.11° *	+00.25°/ +0	0.15°-00.15°	-00.11° *
Thrust angle			+00.05°			+00.05°
Camber +/-(°)		LH	+00.33° *	-00.37°/ +0	0.50°-00.50°	+00.33° *
		RH	-00.30°	-00.37°/ +0	0.50°-00.50°	-00.29°
Caster (°)		LH		+04.01°/ +0	1.00°-01.00°	
		RH		+04.01°/ +0	1.00°-01.00°	
FRONT AXLE	Lh steering lock lh v	wheel 20°				
	Rh steering lock rh	wheel 20°				
Set Back		- Description	-00.04°			-00.04°
	AMILE CONTRACTOR	total	-00.14° *	+00.10°/ +0	0.20°-00.20°	-00.14° *
Toe +/-(°)		LH	+00.19° *	+00.05°/ +0	0.10°-00.10°	+00.20° *
		RH	-00.33° *	+00.05°/ +0	0.10°-00.10°	-00.34° *
Maximum stee	ering angle on wheel	LH	N. C.	+39.60°/ +0	0.50°-01.50°	
side on inside	of bend(°)	RH		+39.60°/ +0	0.50°-01.50°	(IIII