

ASS. REC. BY:

REF: CS/TI 20002354 / KFB

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Gabriel Wu

of

IIIDate/Time: 11.2.2020 2.45 p.m

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SLA 4590P

Insured:

SHD 3042T

at Workshop m/s

RC Auto

Tel:

97619383

of

160 sm ming Drw 1106-20 Autoatly

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

1.2.2020

CA / REV / REP. / REV 24 HRS

Date/Time: 11/2/2020 3:11 p.m

Person Contacted:

Mr Tan

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time

Action/Instruction (V) Estimate

SLA 4590P - XSHD 3042T - X28/2 81116.50 email & confirm (Red: 97.10, 8%)

ASS: REC. BY:

REF: TJ

ASSIGNMENT

From:

Date: 12.2.2020

Estimated Cost:

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

To inspect Vehicle No: SLA 4590Pat Workshop m/s RC Autoof 160 sm ming Drive A0620 Authority

Insured:

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: 02 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

Type: SLA 4590P Yr Regn: 03, 16

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD Rim or

Tyre Size: F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date / Time

Action / Instruction

Est not req

Date/Time, File Pass to?

1) 28/2 Typist

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / %:

☐ : Preli. Report
☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

250

11

261

RECEIVED 02 MAR 2020

Nivitha (LKK Auto)

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Tuesday, 11 February 2020 2:45 PM
To: Accident@kscgp.com; 'sur@lkkauto.com'; Admin-D (LKKAuto)
Cc: jiapei@kscgp.com; Sherini Pillai
Subject: RE: URGENT - 2nd Notice to Conduct Pre-Repair Survey - Your insured:SHD 3042T, Our Ref: SLA 4590P/RCA/jp/sl
Attachments: 1st PRS - SLA 4590P.PDF; 2nd PRS (accept).pdf

Dear Sir / Mdm,

Please conduct a survey on TP vehicle SLA4590P and let us have your report urgently.

This claim will be handled by Ms Sherini.

*Kindly upload this survey request email to merimen.

*We started using audatex since 1st dec 2019. Please do adjustments throught Audatex and upload the report onto Merimen.

Thank You.

Best Regards,
Gabriel Wee



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

From: Accident@kscgp.com [mailto:Accident@kscgp.com]
Sent: 11 February, 2020 1:23 PM
To: Accident@kscgp.com; Motor Claim - III <motorclaim@iii.com.sg>
Cc: jiapei@kscgp.com
Subject: RE: URGENT - 2nd Notice to Conduct Pre-Repair Survey - Your insured:SHD 3042T, Our Ref: SLA 4590P/RCA/jp/sl

Dear Sirs,

We refer to the above matter and to our email dated on 7 February 2020 (as below).

Please let us hear from you with regards to the aforementioned email as soon as possible.

Thank you.

N.B.: Please note that with effect from 1 March 2020, our Keppel Towers office will be relocating to 133 New Bridge Road, #17-03 Chinatown Point, Singapore 059413.

Regards,
Sharon
for and on behalf of Mr Gurdeep Singh Sekhon
KSCGP Juris LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 0983 / Fax: 6538 3708
Email: accident@kscgp.com

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

From: Accident@kscgp.com [mailto:Accident@kscgp.com]

To: motorclaim@iii.com.sg

Cc: jiapei@kscgp.com

Sent: Fri, 7 Feb 2020 11:22:43 +0800

Subject:

Dear Sirs,

We refer to your email dated on 5 February 2020.

Please find enclosed our 2nd Notice to Conduct Pre-Repair Survey for your necessary action. Our client is agreeable to appointing LKK Auto Consultants Pte Ltd as a Single Joint Expert.

N.B.: Please note that with effect from 1 March 2020, our Keppel Towers office will be relocating to 133 New Bridge Road, #17-03 Chinatown Point, Singapore 059413.

Thank you.

Regards,
Sharon
for and on behalf of Mr Gurdeep Singh Sekhon
KSCGP Juris LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 09893/ Fax: 6538 3708
Email: accident@kscgp.com

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

From: Motor Claim - III [<mailto:motorclaim@iii.com.sg>]

To: Accident@kscgp.com

Cc: jiapei@kscgp.com

Sent: Wed, 5 Feb 2020 09:19:30 +0000

Subject:

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.

We started using audatex since 1st dec 2019. Please submit your estimate/quotation through Audatex so that our surveyors can make the adjustments according.

Best Regards,
Gabriel Wee



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

From: Accident@kscgp.com [<mailto:Accident@kscgp.com>]

Sent: 05 February, 2020 2:49 PM

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

Cc: jiapei@kscgp.com

Subject: URGENT - 1st Notice to Conduct Pre-Repair Survey - Your insured: SHD 3042T, Our Ref: SLA 4590P/RCA/jp/sl

Dear Sirs,

Please find enclosed the 1st Notice to Conduct Pre-Repair Survey for your attention/action.

N.B.: Please note that with effect from 1 March 2020, our Keppel Towers office will be relocating to 133 New Bridge Road, #17-03 Chinatown Point, Singapore 059413.

Thank you.

Regards,
Sharon
for and on behalf of Mr Gurdeep Singh Sekhon
KSCGP Juris LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 0983 / Fax: 6538 3708
Email: accident@kscgp.com

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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.

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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

Your Ref : SHD 3042T

Our Ref : SLA 4590P/RCA/jp/sl

Date : 07 February 2020

Fax : 6538 3708

Tel : 3152 0985

Email : jiapei@kscgp.com

India International Insurance Pte. Ltd.

BY EMAIL ONLY

DATE OF ACCIDENT: 01 FEBRUARY 2020

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email dated on 05 February 2020.

Please be informed that our client is agreeable to appointing LKK Auto Consultants Pte Ltd as a Single Joint Expert.

The said vehicle can be surveyed / inspected at:

Address : RC Auto
160 Sin Ming Drive
#06-20 Sin Ming Autocity
Singapore 575722

Contact Person/Tel : Mr Tan Chuan Kim / 9761 9383

Yours faithfully,

f SL

Your Ref : SHD 3042T

Our Ref : SLA 4590P/RCA/jp/sl

Date : 07 February 2020

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of
_____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

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	04/02/2020 17:04
Date Of Accident	01/02/2020 12:30
Exact Location Of Accident	JUNCTION JALAN SULTAN AND VICTORIA STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4590P
Insured/Policyholder	
Name Of Registered Owner	TAN SOO SOO
NRIC No	SXXXX297H
Email Address	CTSS_@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98446448
Alternative Phone No	OTHERS-98446448
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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	
Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10814505
Cover Note Number	N.A

Driver

Name of Driver	TAN SOO SOO
NRIC No	SXXXX297H
Date Of Birth	09/08/1975
Occupation	INDOOR
Date Of Driving Pass	19/09/2008
Driving Experience	11 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98446448
Fax Number	
Contact Number	OTHERS-98446448
Email Address	CTSS_@HOTMAIL.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
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 - 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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING AT THE SAID MENTIONED LOCATION AND AFTER MAKING A RIGHT TURN, IN MY FAVOUR AS THE GREEN ARROW HAD APPEARED, I PROCEEDED STRAIGHT IN MY LANE, WHEN A RELATIVELY FAST MOVING VEHICLE B, MAKING A LEFT TURN, FROM THE OPPOSITE DIRECTION, WHEN THE LIGHT AT HIS DIRECTION WAS BELIEVED TO BE RED, TURN WIDE ONTO THE REAR OF MY VEHICLE AND HIT THE REAR OF MY VEHICLE. THIS INCIDENT WAS CAPTURED IN MY IN CAR VIDEO WHICH I WILL BE SUBMITTING TO MY INSURANCE COMPANY. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NA
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3042T
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR / BLUE
Details Of Properties	N.A
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	93630349
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

SKETCH PLAN
SLA4590P

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.



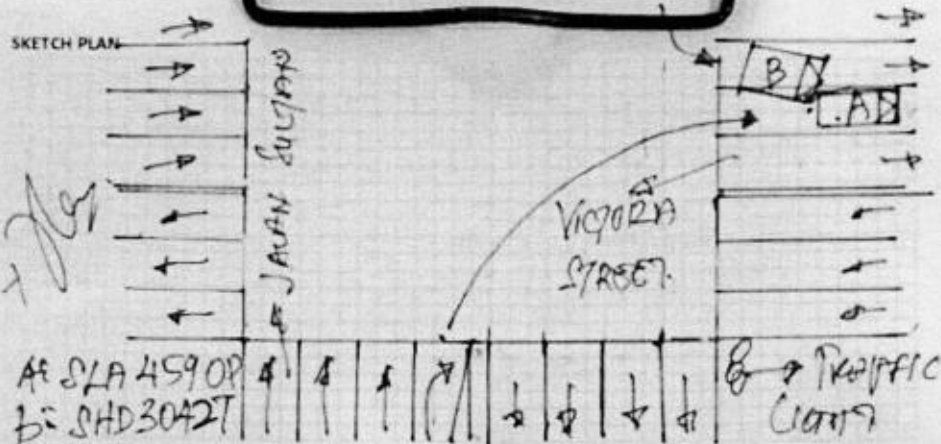
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: **4 Feb 2020**

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

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

(We declare the foregoing particulars are true in every respect.

X [Signature]

Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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

ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED, I WAS DRIVING AT THE SAID MENTIONED LOCATION AND AFTER MAKING A RIGHT TURN, IN MY FAVOUR AS THE GREEN ARROW HAD APPEARED, I PROCEEDED STRAIGHT IN MY LANE, WHEN A RELATIVELY FAST MOVING VEHICLE B, MAKING A LEFT TURN, FROM THE OPPOSITE DIRECTION, WHEN THE LIGHT AT HIS DIRECTION WAS BELIEVED TO BE RED, TURN WIDE ONTO THE REAR OF MY VEHICLE AND HIT THE REAR OF MY VEHICLE. THIS INCIDENT WAS CAPTURED IN MY IN CAR VIDEO WHICH I WILL BE SUBMITTING TO MY INSURANCE COMPANY. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

Taxi Voucher No.:

DECLARATION

(We declare that the above particulars & information provided above are true in every aspect)

VERIFIED BY AJAX MARS REPORTING OFFICER -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Not Authorized
Personnel B4 point

81116.50

2 day,

Date : 25/2/2020

Reg. No. 53199168X

SLA 4590 P

[illegible]

for RC AUTO

Authorised Signature

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/III20002354/KTF3N2

Date: 03/03/2020

REFERENCE

Handling Insurer: India International Insurance Pte Ltd Policy No: MCOM0015
 Claimant Vehicle No: SLA4590P Insured Vehicle No: SHD3042T
 Date of Loss: 01/02/2020 Nature of Claim: TP Claim No: MCT20020008

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SLA4590P
 Make & Model: TOYOTA COROLLA ALTIS, 1.6 CVT (A) Engine No: 1ZRX558598
 Reg. Date: 01/03/2016 (Man. Year: 2015) Chassis No: MR053REH104547612
 Colour: Metallic Pearl White Odometer: 40672 km
 Engine Capacity: 1598 cc
 Market Value/New Car Price: N/A
 Sum Insured (\$\$): 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: 205/55R16 Rear Tyre Size: 205/55R16
 Front Left Side: Dunlop 4 mm Rear Left Side: Dunlop 3 mm
 Front Right Side: Dunlop 4 mm Rear Right Side: Dunlop 3 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	753.60	706.50	47.10	6.25
Miscellaneous Items	0.00	0.00	0.00	
Labour	460.00	410.00	50.00	10.87
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (\$\$)	1,213.60	1,116.50	97.10	8.00

INSPECTION

Date of Assignment: 11/02/2020
 Date Inspected: 12/02/2020 Inspected At: 160 SIN MING DRIVE
 #06-20 SIN MING AUTOCITY
 SINGAPORE 575722
 REPAIRER: R C AUTO
 Estimated Period of Repair: 2.0 days

Adjuster: KENNETH KONG

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.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 03 Mar 2020)
Parts:	143	TOYOTA COROLLA ALTIS 1.6 CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLA4590P)	
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		*REAR BUMPER	Mtg Cracked	560.00 FL	*560.00 FL
2	1		*REAR BUMPER SIDE RETAINER	Distorted	38.00 FL	*38.00 FL
3	1		*REAR BUMPER REVERSE SENSORS (ORIGINAL)	Missing	320.00 FL	*320.00 FL
4	8		*REAR BUMPER CLIPS	Necessary	24.00 FL	*24.00 FL
					Sub Total (S\$)	942.00 942.00
					- List Item Discount on L Items 20.00/25.00% (S\$)	188.40 235.50
					Total Parts (S\$)	753.60 706.50

F=Franchise part. L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	SPRAY PAINTING	New	200.00	200.00
2	LABOUR CHARGES TO RENEW	New	200.00	160.00
3	TOWING FEES	New	60.00	50.00
Gross Labour Cost (S\$)			460.00	410.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >