

ASS. REC. BY:

REF:

CS3 / ASM 00003347 / H5 f3

Special Instruction:

Surveyor: Huck Anim

ASSIGNMENT (Office)

From (Person): Yvonne Angof ASM (AXA)Date/Time: 26/2/2020

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBG 9033K

Insured:

SMK 6704B

at Workshop m/s

Teamwork

Tel:

68422476of Bik 53 Ubi Ave 1 #0124

Policy No:

Claim No:

SUM0247K

Sum Insured:

Excess:

Make of Veh:  
(Client's Record)D.O.A. 24.2.2020

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 20/2/2020 4.24pm

Person Contacted:

DarrenVehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

GBG 9033K - NA / A16 2000 3/6/24ROA - 24/02/2020SMK 6704B - NA / A16 2000 3/6/24D.O.A. - 24/02/202003/03/20@ 14:07 pm checked with Darren, no estimate.\*2/3/20- survey taken\*3/3/20- survey taken (Dismantle)\*prtg work on upland.




## ◀ Service Request Details

Claim

S0M02H7K

Reference

None 

Loss Date

February 24, 2020

Report Date

Feb 25, 2020 12:00:00 AM

Request Date

February 28, 2020

Due Date

March 6, 2020

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

Incident Vehicle Registration #

GBG9033K

Model

NISSAN

Service Address

...

Primary Contact/Insured

WENG JIANWU  
160 CANBERRA DRIVE, #09-45, 767999, Singapore  
91381518

Claim Handler

ANG Yvonne  
6568804461  
yvonne.ang@axa.com.sg

Additional Instructions

3

| Messages | Invoices | History | Documents | Assessment | Metrics | Notes |
|----------|----------|---------|-----------|------------|---------|-------|
|----------|----------|---------|-----------|------------|---------|-------|

New Message

**KUMAR Shailendra**

---

**From:** TEAMWORK <claims@teamworkgarage.com>  
**Sent:** Friday, February 28, 2020 10:57 AM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey  
**Cc:** TEAMWORK  
**Subject:** [EXTERNAL] OUR REF : 2002-49 // YOUR REF : SMK6704B ACCIDENT INVOLVING SMK6704B AND GBG9033K  
**Attachments:** GBG9033K\_24022020.PDF  
**Categories:** Shailendra

WITHOUT PREJUDICE

OUR REF : 2002-49  
YOUR REF : SMK6704B

Dear Sir / Madam,  
PRE-REPAIR INSPECTION FOR GBG9033K  
ACCIDENT INVOLVING SMK6704B AND GBG9033K ON 24.02.2020.

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



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

## Immediate Advice

To : AXA Insurance Pte Ltd

04/03/2020

### Survey Details:

|                     |                         |
|---------------------|-------------------------|
| Date of loss        | 24-Feb-20               |
| Date of appointment | 28-Feb-20               |
| Date of survey      | 2-Mar-20                |
| Location of survey  | TEAMWORK GARAGE PTE LTD |

### Vehicle Details:

|                      |   |
|----------------------|---|
| Claim Type:          | TP  |
| Vehicle number       | GBG 9033K                                     |
| Make and Model       | NISSAN CABSTAR 3.0 5M/T<br>ABS 2DR 2WD EURO 5 |
| Date of registration | 28-Nov-17                                     |
| Excess               |   |
| Market Value         | \$ 46,000.00                                  |
| Part Rebate          | \$ 40,128.00                                  |
| Nett Loss            | \$ 5,872.00                                   |

### Repair details:

|                  |  |
|------------------|--|
| Initial Estimate |  |
|------------------|--|

### Proposed/Revised repair cost:

|                         |  |
|-------------------------|--|
| Parts                   |  |
| Check items (estimate)  |  |
| Labour                  |  |
| Total                   |  |
| Lump Sum(if applicable) |  |

|                           |   |
|---------------------------|---|
| Number of days for repair | 4 |
|---------------------------|---|

#### Remarks :

The estimated repair cost of the damaged vehicle is in the region of \$ 3,500.00 - \$ 4,000.00

**Remarks:**

|  |
|--|
|  |
|--|

**Mandate:**

| Liability(TP)        | %       |             |
|----------------------|---------|-------------|
| Proposed repair cost | \$      |             |
| Loss of use          | \$      | no. of days |
| Loss of rental       | \$      | no. of days |
| Loss of income       | \$      | no. of days |
| LTA search fees      | \$      |             |
| Others               | \$      |             |
| Proposed Total       | #VALUE! |             |

## 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             | 25/02/2020 17:41 |
| Date Of Accident           | 24/02/2020 18:15 |
| Exact Location Of Accident | ALONG BKE        |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                                   |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | GBG9033K                          |
| <b>Insured/Policyholder</b> |                                   |
| Name Of Registered Owner    | METALIC ENGINEERING (F.E) PTE LTD |
| Co Reg No                   | 1XXXXX213E                        |
| Email Address               | NOEMAIL                           |
| Mobile Phone No             |                                   |
| Alternative Phone No        | OFFICE-899999999                  |

### Vehicle Particulars

|  |                                     |
|--|-------------------------------------|
| Manufacturer   | NISSAN                              |
| Model  | CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL 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   | COMMERCIAL VEHICLE                  |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 1800010034-01                        |
| Cover Note Number         |                                      |

### Driver

|                      |                                |
|----------------------|--------------------------------|
| Name of Driver       | ABDUL NASIR BIN MOHAMED YUSOFF |
| NRIC No              | SXXXX871J                      |
| Date Of Birth        | 03/08/1963                     |
| Occupation           | OUTDOOR                        |
| Date Of Driving Pass | 18/12/1997                     |
| Driving Experience   | 22 YEARS AND 2 MONTHS          |
| Gender               | MALE                           |
| Mobile Number        | (LOCAL) +65-91636579           |
| Fax Number           |                                |
| Contact Number       | OFFICE-91636579                |
| Email Address        | NOEMAIL                        |

|   |   |
|---|---|
| Address   | BLK 549 CHOA CHU KANG STREET 52<br>#05-07 |
| Postcode  | 680549                                    |
| 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   | COLLISION - CHANGE/CROSS LANE |
| 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?   | YES |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY  |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200224/7035.

#### 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 | SMK6704B       |
| Vehicle Make/Model/Colour   | HYUNDAI AVANTE |
| Details Of Properties       |                |
| Vehicle Category            | PRIVATE CAR    |
| Name of Driver              |                |
| NRIC/Passport Number        |                |
| Contact Number              |                |
| Address                     |                |
| Postcode                    |                |
| Insurance Company Name      |                |

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name ABDUL NASIR BIN MOHAMED YUSOFF

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

GBG9033K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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)**

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 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:
  - (i) 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 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' 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.



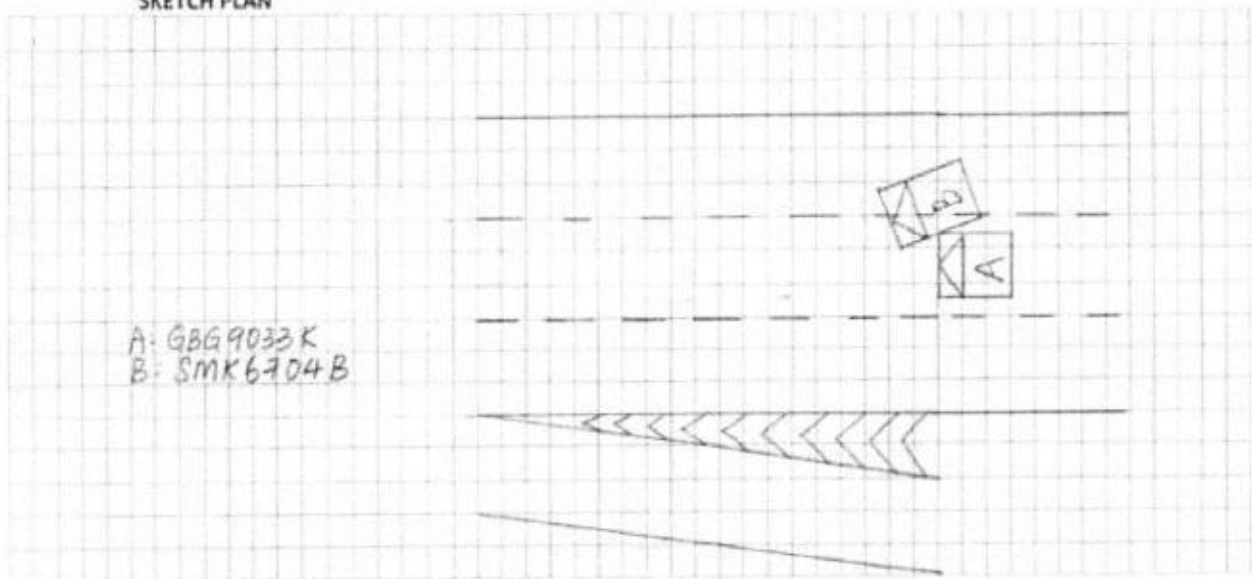
Policy holder's signature  
Date / time:

Driver's signature  
(if driver is not policy holder)  
Date / time:

reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

### DECLARATION

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



Policy holder's signature  
Date & time:

*[Signature]*

Driver's signature  
(If driver is not policy holder)  
Date & time:

*[Signature]*

reporting centre personnel's Signature  
NRIC/FIN No.:

Page 6

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200224/7035

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200224/7035

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |  |                    |                            |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>24/02/2020 20:31           |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>                       |            |                              |  |                    |                            |
| Name of Informant:<br>ABDUL NASIR BIN MOHAMED YUSOFF |            |                              | Address:<br>APT BLK 549 CHOA CHU KANG STREET 52 #05-07<br>SINGAPORE 680549 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S1622871J             |            |                              | Contact No.:<br>Home/Office:   |                    | Mobile: 91636579           |
| Nationality:<br>SINGAPORE CITIZEN                    |            |                              | Email:<br>abdnasiryusoff@gmail.com   |                    |                            |
| Sex:<br>Male   | Age:<br>56 | Date of Birth:<br>03/08/1963 | Type of Informant:<br>Driver   |                    |                            |
| Race:<br>Malay                                       |            |                              | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>DRIVER                                |            |                              | Driving Licence Information:<br>Class: 3                                   |                    | Date of Expiry:            |

## General Information of the Accident

|   |                  |                       |   |  |
|---|------------------|-----------------------|---|--|
| Type of Accident:   | Injury<br>Others | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>24/02/2020 18:15 | Type of Location:<br>Straight Road     |
| Location:<br>BUKIT TIMAH EXPRESSWAY   |                  |                       |   |  |
| Weather:<br>Clear   |                  | Road Surface:<br>Dry  | Road Speed Limit:                             |  |
| Traffic Flow:<br>One Way  |                  | Traffic Control:      | Traffic Volume:<br>Moderate                   |  |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                  |                       |   | Anyone conveyed by<br>ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type  | Make | Model | Color | Condition        | No. of Passenger |
|-------------|-------|------|-------|-------|------------------|------------------|
| GBG9033K    | Lorry |      |       |       | Slightly Damaged | 0                |
| SMK6704B    | Car   |      |       | Red   | Slightly Damaged | 0                |

## Details of Person Involved

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police Report



**SINGAPORE  
POLICE FORCE**



T/20200224/7035

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200224/7035

CONTINUATION OF REPORT

|                                   |                                |                  |  |                                 |
|-----------------------------------|--------------------------------|------------------|--|---------------------------------|
| <b>Driver</b>                     |                                |                  |  |                                 |
| Name                              | ABDUL NASIR BIN MOHAMED YUSOFF |                  | ID No.                                 | S1622871J                       |
| Related Vehicle                   | GBG9033K (Lorry)               |                  | Contact No.                            | 91636579                        |
| Hospital/Clinic                   | NIL                            |                  | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                            | Date Discharge   | NIL                                    |                                 |
| No. of Days granted Medical Leave | 05                             | Degree of Injury | Slight                                 |                                 |

Brief Details.

On 24 February 2020 at about 1815 hrs , I was driving my vehicle GBG9033K along BKE towards Woodlands on lane 2. I was travelling straight on lane 2 , suddenly a vehicle SMK6704B swerved out of lane 1 abruptly and collided onto my vehicle.

I sustained injuries from the above mentioned accident and was given 5 days of MC.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20200224/7035

3 of 3

Report No. T/20200224/7035

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPiB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
24/02/2020 20:31

Classification Of Case:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars     |                                     |
|-------------------------------|-------------------------------------|
| Owner ID Type:                | Company                             |
| Owner ID:                     | 213E                                |
| Vehicle Details               |                                     |
| Vehicle No.:                  | GBG9033K                            |
| Vehicle to be Exported:       | No                                  |
| Intended Deregistration Date: | 03 Mar 2020                         |
| Vehicle Make:                 | NISSAN                              |
| Vehicle Model:                | CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 |
| Primary Colour:               | Silver                              |
| Manufacturing Year:           | 2017                                |
| Engine No.:                   | ZD30027020N                         |
| Chassis No.:                  | JN15C2F24Z0860493                   |
| Maximum Power Output:         | -                                   |
| Open Market Value:            | \$27,176.00                         |
| Original Registration Date:   | 28 Nov 2017                         |
| First Registration Date:      | 28 Nov 2017                         |
| Transfer Count:               | 1                                   |
| Actual ARF Paid:              | \$1,359.00                          |
| Intended PARF Rebate Details  |                                     |
| PARF Eligibility:             | No                                  |
| PARF Eligibility Expiry Date: | -                                   |
| PARF Rebate Amount:           | \$0.00                              |
| Intended COE Rebate Details   |                                     |
| COE Expiry Date:              | 27 Nov 2027                         |
| COE Category:                 | C - Goods Vehicle & Bus             |
| COE Period(Years):            | 10                                  |
| QP Paid:                      | \$51,890.00                         |
| COE Rebate Amount:            | \$40,128.00                         |
| <b>Total Rebate Amount:</b>   | <b>\$40,128.00</b>                  |

The information contained herein is correct as at 03 Mar 2020

OK

New Cars

Used Cars

Rental Cars

Sell My Car

Directory

Products

Insurance

Articles

Forum

## NEW CAR DISCOUNTS &amp; OFFERS

BEST DEAL DAILY!

VIEW ALL PROMOTIONS

nissan cabstar

Price Range

Depreciation

Year Reg

Vehicle Type

Home » Used Cars » AA Trust Automotive » Nissan Cabstar

## Nissan Cabstar

Overview

Financial

Accessories

Similar

Research

Photos

Map



|              |   |               |   |
|--------------|---|---------------|---|
| Price        | \$48,800 - 46/L   | Lifespan      | 30-May-2037                                 |
| Depreciation | \$6,740 /yr<br><a href="#">View models with similar depre</a> | Reg Date      | 31-May-2017<br>(7yrs 2mths 27days COE left) |
| Mileage      | 50,000 km (18.1k /yr)   | Manufactured  | 2016  |
| Road Tax     | N.A.  | Transmission  | Manual                                      |
| Dereg Value  | \$22,166 as of today (change)                                 | OMV           | \$25,665                                    |
| COE          | \$30,600  | ARF           | \$1,284                                     |
| Engine Cap   | 2,953 cc  | No. of Owners | 1   |
| Curb Weight  | 1,780 kg  |               |   |

Type of Vehicle Truck

## Features

Intercooler Turbo Diesel, 4 Cylinder, DOHC, Liquid-Cooled, Driver Airbag. [View specs of the Nissan Cabstar \(2008-2009\)](#)

## Accessories

Remote Key, Large Cabin Space, Centralized Door Locking System, Reverse Sensor.

## Description

1 Owner! AA Trust Certified Quality Pre-Owned Vehicle! Reliable And Responsive Engine! Smooth Transmission! Very Well Maintained By One Single Owner Only! Seldom Driven! Genuine Low Mileage Done At 50000km! 100% Accident Free! Flexible Bank Or In House Loan Available! Hurry Make An Appointment Now!

## Category

DOA 24/2/20

## Status

PV - 40128

## Available

MV - 5800

## Resources

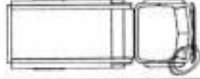


Free

Get value of your existing car for free. Get started





| PRE-REPAIR INSPECTION REPORT  |  |                             |   |  |
|---|--|-----------------------------|---|--|
| AXA INSURANCE PTE LTD   |  | Ref: CS3/ASM20003347/Hsf3s2 |   |  |
| 8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811  |  | Date: 04-03-2020            |   |  |
| ATTN: YVONNE ANG  |  | Code: ASM                   |   |  |
| 1. Policy Particulars :- (THIRD PARTY CLAIM)  |  |                             |   |  |
| Insured Veh.  | SMK 6704B  | Veh. Inspected              | GBG 9033K   |  |
| Policy No.  |  | Coverage (\$)               | 0.00  |  |
| Claim No.   | S0M02H7K   | Excess (\$)                 | 0.00  |  |
| Assign From   | YVONNE ANG   | Assign Date                 | 28/02/2020  |  |
| 2. Vehicle Particulars & Condition  |  |                             |   |  |
| Make & Model  | NISSAN CABSTAR   | c.c                         | 2953  |  |
| Engine No.  | HIDDEN   | Year of Reg.                | 2017  |  |
| Chassis No.   | JN1SC2F24Z0860493  | Colour                      | SILVER  |  |
| Odometer  | 99727 KM   | Steering                    | IN ORDER  |  |
| Brakes  | IN ORDER   | Modification                | SPORTS RIM  |  |
| General   | GOOD   |                             |   |  |
| 3. Conditions of Tyres  |  |                             |   |  |
|   | Size   | Make                        | Balance   |  |
| R/H Front Tyre  | 195 R15  | LINAM                       | 5 mm  |  |
| L/H Front Tyre  | 195 R15  | LINAM                       | 5 mm  |  |
| R/H Rear Tyre   | 155 R13 (D)  | DUNLOP                      | 4/4 mm  |  |
| L/H Rear Tyre   | 155 R13 (D)  | DUNLOP                      | 4/4 mm  |  |
| 4. Description of Damages   |  |                             |   |  |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.   |  |                             |  |  |
| 5. General Information  |  |                             |   |  |
| Accident Date   | 24/02/2020   | Inspect Date / Time         | 02/03/2020 ( 11:31 AM )   |  |
| Survey held at  | TEAMWORK GARAGE PTE LTD<br>53 UBI AVENUE 1 #01-24 SINGAPORE 408934 |                             |   |  |
| 5a. Remarks   |  |                             |   |  |
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.<br>B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.<br>THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.<br>C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.<br>D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,500-\$4,000 |  |                             |   |  |
| 5b. Estimate Days of Repair   |  |                             |   |  |
| ESTIMATED NORMAL PERIOD FOR REPAIR:   |  | 4 Working Days              |   |  |

Report Ref No. CS3/ASM20003347/Hsf3s2

Inspected By

LEE HOCK ANN

Asst. Automotive Assessor

K.K. LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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

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