ASS. REC. BY:	CS3/FWD19021796/Est	3-1
Surepr: Stove Josey Loh,	ASSIGNMENT (Office)	13/07/2020
From (Person); Venessin Che	of pwp	Date/Time: (0/12/10) 2 4
Estimated Cost:	Bill to:	
OD TP WS/TP RES/OD RES/	EVA/INV/MV/CS	
To Inspect Vehicle No:	GBG 5345L	Insured: SLB 6964B
at Workshop m/s	precise Auto	Tel: 67 45 73 67
of I kaki B	uleif Avc 6 # 00-33	3
Policy No:	Claim No:	d to be at
Sum Insured:	Excess:	
Make of Velg (Client's Record)		D.O.A. 10/12/2019
CA / REV / REP. / REV 24 HRS	(up)	H.O.D. Endorsement:
Date/Time: 3:13pm@ 11/12/14	Person Contacted: Avril	
Date/Time Action/Instruction	chronoty (×)	
		132 DOA. 3117/2019
SLB 69 64B-		L

BITYMON STEVE		58
On -	SIGNMENT	
From: Date:	Veh No: = 6865345L Yr Repp. 29/	0/17
Estimated Cost:	a ii kegii.	1 [4]
OD / TP / WS / TP RES / OD RES / EVA / INV / MY	Type: M. Vali M. Cycle / Bus / Van / Lorry / Taxi / Prime Mo	ver /
To Inspect Vehicle No:	Make: Tougla Higgs	2000
at Workshop m/s	4.	J 10F Std I NI I NA
of .	311	٠.
Insured.	Sp.Reading 93//0 T/Radio: Insured /: Eng/No:	210 1 111 1 117
Policy No.	CINO: TTF HT02 P 900 23/8/5	
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or	ř
Make of Veh:	Modl: NII / S/RIm / STD A/RIm or	
550 d 500 mm to see an area	Tyre Size: F: 1958 15C	61.8
(Policy Condition)	R:	
Remark: The veh had commenced its	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / S	nin i
repair at the time of inspection.	TOYOTYOKO or	UMI/
Bal, or Market Value:		
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 4 mm R/Bal 4	
GIA / PR. Seen: Consistent? : Yes or No	180 - 1	mm
Est. Repairs: days Res.: Yes or No	D.O.A. 10/12/19 D.O.I. 10/12//	q mm
Lum Sum: % 3 Val.: Yes or No	Survey held at PH CISC Auto	1
.CA / BEV / BED / 24/100	Dos. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop	
CA / REV / REP. / 24 HRS Vehiclo: IN / OUT	Total or Damages , Italy 7 or 7 N/o 7 O/o 7 Roomer	OI.
Date: Person Contacted:	The UIC / Chassis frame / Body Structure affected due	to collision.
Date / Time Action / Instruction	· ()	
11/12/19-1 pendion Of the out will sent.		
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- Repair lange : (71 = -11		
Repar days: 7 days	were with me	
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REC	EIVED 1 2 DEC 2013	9
		2
Date/Time, File Piss 107 : Proll. Report	Days Of Repair: 7	
12/12/15	Resurvey No. of Trip: Survey Fee:	00
Date/Time, File Return to?	Transportation:	20
2) Add Fee		
	:Interview (\$.) Pigbe	
Réport Format : PRS	Tech Invs (\$) Others	
Lump Sum / I.B.I: (\$		
y # 8	TOTAL	Čn
	TOTAL	()8

Nivitha (LKK Auto)

From:

venessa.chan@fwd.com

Sent:

Tuesday, 10 December 2019 2:44 PM

To:

'admin-d@lkkauto.com'; 'admin-a@lkkauto.com'

Cc:

motorclaims.sg@fwd.com; josey.loh@fwd.com

Subject:

Pre-repair Inspection for GBG 5345L (You Insured vehicle no : SLB 6964B)

Attachments:

10122019142225.pdf

Dear Nivitha,

Please refer to the email below and liaise with TP repairer for PRS.

Please create the case in Merimen & our insured has yet to report.

Kindly upload all correspondence emails/documents sent to you into Merimen.

Thank you.

Best Regards,

Venessa Chan

Administrative Assistant, Claims



FWD Singapore Pte. Ltd.

6 Temasek Boulevard, #18-01 Suntee Tower Four, Singapore 038986

E venessa.chan@fwd.com

W www.fwd.com.sg



From: Precise Auto Service [mailto:Support@preciseauto.sg]

Sent: Tuesday, December 10, 2019 2:30 PM

To: Motor Claims SG - SG Common; SG Corporate Contact

Subject: Pre-repair Inspection for GBG 5345L (You Insured vehicle no : SLB 6964B)

Dear Sir,

We refer to the above mentioned matter, herewith enclosed a 2 days notice for your attention.

Please arrange to do pre-repair inspection for GBG 5345L in our workshop ASAP.

Thank You!

Best Regards Yan Hong T: 6745 7367 | F: 6841 3390

E: <u>support@preciseauto.sg</u> **W**: www.preciseauto.sg

A: No.1 Kaki Bukit Ave 6, #02-33/34/36 AutoBay @ Kaki Bukit, Singapore 417883



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Messages and attachments are scanned for all viruses known. However, you are advised that you open any attachments at your own risk. If this message contains password-protected attachments, the files have NOT been scanned for viruses by our mail domain. Please always scan for viruses before opening any attachments.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Business	
Owner ID: Vehicle Details	827L	
Vehicle No.:	GBG5345L	
Vehicle to be Exported:	No	
Intended Deregistration Date:	12 Dec 2019	
Vehicle Make:	TOYOTA	
Vehicle Model:	HIACE VAN TURBO 5DR MT	
Primary Colour:	Silver	
Manufacturing Year:	2017	
Engine No.:	1KD2745145	
Chassis No.:	JTFHT02P900231815	
Maximum Power Output:	*	
Open Market Value:	\$28,138.00	
Original Registration Date:	29 Aug 2017	
First Registration Date:	29 Aug 2017	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$1,407.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	28 Aug 2027	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
PQP Paid:	\$30,535.00	
COE Rebate Amount:	\$23,541.00	
Total Rebate Amount:	\$23,541.00	

The information contained herein is correct as at 12 Dec 2019

MSME19162673 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 10/12/2019 16:49 SUBMITTED BY: Chia Pei Ying

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 STATEMEN	J
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Date Of Report 10/12/2019 16:49

Date Of Accident 10/12/2019 08:00

Exact Location Of Accident PIE TWDS TOH TUCK AVE (EXIT CLEMENTI)

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG5345L

Insured/Policyholder

Name Of Registered Owner Y.T.LOCK EXPRESS

Co Reg No 53369827L

Email Address YEOTECKLOCK9747@GMAIL.COM

Mobile Phone No

Alternative Phone No OFFICE-97477324

Vehicle Particulars

Manufacturer TOYOTA
Model HIACE

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 NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5094106185-02

Cover Note Number

Driver

Name of Driver YEO TECK LOCK

 NRIC No
 \$1606934E

 Date Of Birth
 06/05/1963

 Occupation
 INDOOR

 Date Of Driving Pass
 15/04/1981

Driving Experience 38 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81095376

Fax Number

Address

BLK 82 LORONG 4 TOA PAYOH #03-486

Postcode

310082

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

NO

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)

NO

soliciting/offering accident claims assistance. 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 SAID DATE AND TIME OF ACCIDENT, I WAS DRIVING MY VEHICLE A (GBG5345L) ALONG PIE TOWARDS TOH TUCK AVE (EXIT CLEMENTI). AT THE TRAFFIC JUNCTION, I SLOWED DOWN AND STOPPED TO GIVE WAY FOR THE ONCOMING TRAFFIC AT MAJOR ROAD. SUDDENLY, I FELT AN IMPACT FROM REAR PORTION. I CAME OUT FROM MY CAR AND REALISED IT WAS VEHICLE B (SLB6964B) COLLIDED ONTO MY VEHICLE REAR PORTION. I WILL GO TO SEE DOCTOR IF I FEEL ANY UNCOMFORTABLE AFTER THIS. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM VEHICLE B'S INSURANCE FOR MY ACCIDENT DAMAGES.

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

SLB6964B

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

PRIVATE CAR

Name of Driver

HO KEE HOE

NRIC/Passport Number

S7905416Z

Contact Number

97394139

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.
- 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:
 - 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.

Y.T.LOCK EXPRESS

Reg No: 53369827L

Policyholder's ignature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

PRECISE

	Veh.A: GBG 5345L
Toh Tuck Ave	Veh.B: SLB 69641
(a)	7 /
B+ Batok	
East Ave3	
Ave Ave	7
///	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
	I was driving my vehicle A (GBG 5345L)
along PIE towards Toh Tuck Ave (E	exit Clementi). At the traffic junction I
	y for the come in traffic form major rd.
	portion, I came out from my car and
	b) confided onto my venicle rear portion.
I will go to see doctor if I feel any u	ncomfortable after this.
Hence, I here to lodge this report to	ncomfortable after this. — o claim vehicle B's insurance for my
Hence, I here to lodge this report to	
Hence, I here to lodge this report to	
Hence, I here to lodge this report to	
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Hence, I here to lodge this report to	
Hence, I here to lodge this report to accident damages.	
Hence, I here to lodge this report to accident damages. DECLARATION /We declare the foregoing particulars are true in every response.	o claim vehicle B's insurance for my
Hence, I here to lodge this report to	o claim vehicle B's insurance for my

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rp		Adj S	Submitted	Ins Auth'ed	Stat	us	
Main	10 Dec 2019 Edit Reg		10 Dec 2019 00:00 Edit Adj Rpt	S\$0.0	stimates	S\$0.	w Rpt		Rep	ding for s ort incel Case	Survey
	Main	R	eference		Claim Det	ails		Documen	ts	1_	Show All
CLAIM S	JBFOLDER DE	TAILS					[Created	by adjuster]			
Insured:	Ho Kee H	oe, ID: S790541	6Z								
Main Claimant:	Y.T. LOCK	EXPRESS, Co.	Reg. No.: 5336982	7L							
Vehicle Re No.:	GBG534	5L			Date of	Loss:	10/12/2019 00:00 - :59 [27 Months and 11 Days From LTA Reg Date (Man Yr)]				
Claim Type: TP / 1201900039153				Policy/Co Note No.		PNPV2018-00004110-01 (Comprehensive) Coverage: 19/04/2019 - 18/04/2020					
Vehicle Re No. (Insured):). SLB6964B			Policy No (Claimar							
					Excess:						
Repairer:	Precise A	uto Service (HQ	No 1 Kaki Bukit Av	e 6, #02-	34/36, 417	883 K	aki Bukit - T	el: 67457367			
Handling Insurer:			(HQ) - Tel; 6727 57		STERROR STREET						
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561	[Handled	by CI	HEN TSUE	(EE] [Final	Rpt due	20/12/2	019]
ASSOCIA	TED MAIL RE	CEIVED						V	iew All	Compose	Case Mail
There are	no mail for this	case.									
ALL ASS	OCIATED TAS	KSE					/iew All S	Search Tasks	Create Ne	w Task	Complete
1000 000						_					700
Due Da No results		Type Task	Group Subject	t Han	dler A	ssign	ed By	Completed On	Cr	eated On	Done

Claim Documents

*GBG5345L (1201900039153) [SLB6964B] TP Y.T. LOCK EXPRESS Dec 10 2019 12:00AM [Ho Kee Hoe] **Precise Auto Service**

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23	12/12/19 10:10	General View	0	Load JPG	V
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27	12/12/19 10:10	General View	0	Load JPG	V
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2	11/12/19 11:37	SLB6964B OI GIA		Load PDF	

Documents Checklist

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/FWD19021796/ESD3E2

Date:

13/12/2019

REFERENCE

Handling Insurer: FWD Singapore Pte. Ltd. Policy No:

PNPV2018-00004110-01

Claimant

GBG5345L Vehicle No:

Insured Vehicle No: SLB6964B

Date of Loss:

10/12/2019

Nature of Claim:

TP

Claim No: 1201900039153

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

GBG5345L

Make & Model:

TOYOTA HIACE, 3.0 D TURBO 5 DR (M)

Engine No:

1KD2745145

Reg. Date: Colour:

29/08/2017 (Man. Year: 2017) Silver

Chassis No: Odometer:

JTFHT02P900231815 93110 km

Engine Capacity:

2982 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 Engine Modification:

Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

195 R15C

Rear Tyre Size:

195 R15C

Front Left Side: Front Right Side: Michelin 4 mm Michelin 4 mm Rear Left Side: Rear Right Side: Michelin 4 mm Michelin 4 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

10/12/2019

Date Inspected:

10/12/2019 Inspected At:

Precise Auto Service (HQ)

No 1 Kaki Bukit Ave 6, #02-34/36

Singapore 417883

Estimated Period of Repair:

7.0 days

Adjuster: CHEN TSUE YEE

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.

B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.

THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.

C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$6,000.00 -\$7,000.00

Adjuster Report Page 3 of 4

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 13 Dec 2019)

Parts:

213

TOYOTA HIACE 3.0 D TURBO 5 DR (M) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code:

(Unsubmitted, no print-code for GBG5345L)

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

There are no new parts selected.

Report was unsubmitted during this print-out.

Adjuster Report Page 4 of 4

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >