| | ASSIGNMENT 21/2/1/ |
|---|---|
| From: Date: | Veh No: SJX 16906 Yr Regn: 31/3/16 |
| estimated Cost: | Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| DO (TP) WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or |
| o Inspect Vehicle No: | |
| t Workshop m/s | Colour Red A/C: Insured / Std / NI / NA |
| f | Sp.Reading 57830 T/Radio: Insured / Std / NI / NA |
| isured: | Eng/No: |
| olicy No. | C/No: SJAIF EAJ 1/4/59494 |
| laims No. | Gen. Cond: Good / Fair / Poor / Burnt |
| um Insured: Excess: | Steering: Inorder / Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: Inderder / Jammed / Leaked / Burnt or |
| Make of Veh: | Modi: Nil / S/R/m / STD A/Rim or |
| | Tyre Size: F: 2/S/C/R/ |
| (Policy Condition) | R:// |
| lemark: The veh had commenced its | N/S O/S (BS) DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| repair at the time of inspection. | TOYO / YOKO or |
| al. or Market Value: | Front Rear |
| DAC Accident Rport: Consistent? : Ye | |
| SIA / PR Seen: Consistent? : Ye | 17/2 |
| Est. Repairs: days Res.: Ye | Auto da la la la la la |
| .um Sum: % 3 Val.: Ye | |
| CA / REV / REP. / 24 HRS | Des. of Damages : Frt Read / O/S / N/S / U/C / Rooftop or |
| Date: Person Contacted: | Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision |
| | The O/O / Chassis frame / Body structure anected due to comision |
| Date / Time Action / Instruction MV - 59K | × × |
| | |
| CC | onfirm the finalize \$3,032.64 (P/P, before GST). 3 repair days. |
| | Red: 908.16; 29%) |
| | |
| | |
| | |
| | |
| Date/Time, File Pass to? : Preli. Report | Days Of Repair: 3 |
|) Final Report | Resurvey No. of Trip: Survey Fee: |
| Date/Time, File Return to? | Transportation: |
|) | Add Fee:: Site Insp (\$)s+Rssi |
| | : Interview (\$) Photos |
| epatromer: | : Tech. Invs (\$) Others |
| Lump Sum / LBJ: CF |) :Weellend (%) |
| manaring prossure coords: | TOTAL |

AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623 TEL: 6490 9666 FAX: 68467483

AUTOLUTION INDUSTRIAL PTE. LTD.

ESTIMATE

: ACCIDENT/BODY REPAIRS

REFERENCE

: 1NS/1C/EA/0217/20

DATE

: 27 - JUL - 2020

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

\$(079909) TEL: 63896111 FAX: 62247175

OWNER'S NAME : MR RAJKUMAR S/O GHANA SEGARAN

ADDRESS

: APT BLK 458 ANG MO KIO AVENUE 10

#20-1586

\$(560458)

TELEPHONE NO :

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM

POLICY NO : 10943549

VEHICLE NO

: SJX1690G

MODEL CODE : FRLARBZJ11UEA--A--

MODEL/YEAR : NISSAN QASHQAI 1.2

: HRA2244293A-J11WB/BC

ENGINE NO

CHASSIS NO : SJNFEAJ11U1599494

MILEAGE

: 57800 KM

DATE IN

: 27/07/2020

LIABILITY

EXCESS CLAUSE :

ESTIMATE BY : ELMER ACCIDENT DATE : 26/07/2020

-9645 OOF4 elms atanchong com

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SJX1690G

| | CODE NATURE OF JOB | ESTIMATED SURVEYOR CHARGES RECOMMEN | NOTTAGE |
|---------|---|-------------------------------------|---------|
| 1 22/0 | 101 LABOR CHARGES TO REPAIR REAR END BUMPER 393 | | |
| 2 72/0 | 02 CHARGES TO SPRAY PAINTING SAME 2 | 700.00 250 |) |
| 3 22/00 | O3 REMOVE AND INSTALL BOTH REAR COME TO FACILITATE REAR BUMPER REPLACE | | |
| 4 22/00 | 04 RENEW REVERSE SENSOR | 110.00 | |
| | TOTAL LABOUR CHARGES | 2028.00 | |
| | | | |

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SJX1690G

| DAMAGED I | PARTS | 8 | PRICES |
|-----------|-------|---|--------|
|-----------|-------|---|--------|

| O PARTS DESCRIPTION | PARTS NUMBER | NETT | LIST S/ | NETT REMARKS |
|--|---------------|---------|---------|--------------|
| 1 RH STAY RR BUMPER | H5210-4EAMA | 141.00 | | |
| 2 LH STAY REAR BUMPER | H5211-4EAMA | 141.00 | | |
| 3 REINFORECMENT REAR BUMPER | H5030-4EAMA | 691.50 | | |
| LENERGY ABSORBER RR BUMPER | 85090 - 4EA0B | 141.40 | | |
| S LH SIDE BRACKET RETAINER REAR BUMPER 1 | 85221-4EA0A | 38.90 | | |
| RH SIDE BRACKET RETAINER RR BUMPER | 85220-4EA0A | 38.90 | | |
| CLIP RR BUMPER @ SGD \$ 1.30 EACH $\nearrow \gamma$ (| 01553-05933 | 7.80 | | |
| TOW HOOK COVER REAR BUMPER / CMT | 85071-4EA0A | 18.80 | | |
| REAR BUMPER / $v \mathcal{D}$ | 85022-4EA0H | 796.70 | | |
| SUNDRIES / MC | NPN | | | 50.00 |
| SENSOR-REVERSE / M | SENSOR | | | 250.00 |
| | | | | |
| | | 2016.00 | 0.00 | 300.00 |
| SUB TOTAL LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NET | TT00%) | 403.20 | 0.00 | 0.00 |
| GRAND TOTAL | | 1612.80 | 0.00 | 300.00 |
| GRAND TOTAL | | | | |
| OVERALL TOTAL | | 1912.80 | | |
| OLUME . O.L. | | | | |

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SJX1690G

TOTAL LABOUR CHARGES

2028.00

TOTAL SPARE PARTS CHARGES

1912.80

GRAND TOTAL

3940.80 *

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME

SURVEYED DATE

AUTHORIZED DATE

0.00 EXCESS CLAUSE 0.00 LIABILITY

REMARKS

30/7/20, 10.0000 Steve CLKK) WHL M-L P/P 3 days Ry Bel SM

PLS NOTE: This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

1:20063131 / Ajax Mars Pte Ltd - Bukit Merah MRY DATE & TIME: 27/07/2020 14:52 MRTTED BY: Aizam Bin Atan

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

AGGIDENT STATEMENT

Date Of Report

27/07/2020 14:52

Date Of Accident

26/07/2020 20:25

Exact Location Of Accident

JUNCTION OF MACPHERSON RD AND GENTING LN

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJX1690G

Insured/Policyholder

Name Of Registered Owner

RAMDHAN BIN ISMAIL

NRIC No

SXXXX232G

Email Address

HAMRIMAU@YAHOO.COM.SG

Mobile Phone No

(LOCAL) +65-93390898

Alternative Phone No

OFFICE-93390898

Vehicle Particulars

Manufacturer

NISSAN

Model

QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE

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

10943549

Cover Note Number

NA

Driver

Name of Driver

RAMDHAN BIN ISMAIL

NRIC No

SXXXX232G

Date Of Birth

24/09/1974

Occupation

INDOOR

Date Of Driving Pass

28/04/1997

Driving Experience

23 YEARS AND 2 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-93390898

Fax Number

Contact Number

OFFICE-93390898

EMail Address

HAMRIMAU@YAHOO.COM.SG

NA

Address

Postcode

Was driver an employee of the Insured's Company

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OWNER

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)

involved in the accident

2

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO NO

Was any other material or property damaged?

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

I WAS DRIVING ALONG MACPHERSON RD TOWARDS ALJUNIED RD . I STOPPED MY VEHICLE AT JUNCTION WITH GENTING LN FOR WAITING THE TRAFFIC LIGHT . VEHICLE B SUDDENLY COLLIDED ONTO REAR OF MY VEHICLE . I HAVE 2 DAYS OF MC.

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 1:1

Vehicle Registration Number

GBG4220U

Vehicle Make/Model/Colour

TOYOTA / DYNA 3.0 DIESEL TURBO M/T 2WD LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

SORNAM SENTHILKUMAR

NRIC/Passport Number

GXXXX942W

Contact Number

86611223

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 111

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

RAMDHAN BIN ISMAIL

SJX1690G

YES

NO

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process. 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to grantless the second s
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance 5. Any false reporting may be referred to the Police for investigation. 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 home made and the insurers. of the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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")
- 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
- 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.
- 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.

r's Signature

27/7/2020

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

Date & Time:

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER WONG JUN KEAT

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

DIAMON WATER CONTINUES

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DECLARATION

If We declare the spregging particulars are true in every respect.

Policyhopher's Signature

Date & Time:

Daiver's Signature (if driver is not the palicyhalper) VERIFY BY AJAX MARS (ARC) REPORTING OFFICER WONG JUN KEAT

Reporting Centre Personnel's Signature Name NAIC/FIN NO.:

| I WAS DRIVING ALONG MACPHERSON MY VEHICLE AT JUNCTION WITH GENTLIGHT. VEHICLE B SUDDENLY COLLID 2 DAYS OF MC. | RD TOWARDS ALJUNIED RD . I STOPPED TING LN FOR WAITING THE TRAFFIC TING LN FOR WAITING THE TRAFFIC ED ONTO REAR OF MY VEHICLE . I HAVE |
|--|---|
| Taxi Voucher No.: | |
| DECLARATION I/We declare that the above particulars & information provide VERIFIED BY AJAX MARS REPORTING OFFICER - WONG JUN KEAT | ed above are true in every aspect |
| MARS Officer | Registered Owner or Driver's Signature |
| lob Complete Date/Time | Date/Time: |
| 27 July 2020 at 1:40 PM | 27 July 2020 at 1:40 PM |