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TP Insurer:	Assessment/St	nvey Report			
11 thatrer.	Ass't Report 1	y Fax / Hand to	Owner/Wkan		
Professed Wissp / INC Assign Wissp / GW: (7 - Mary Ma	in prolito	Tul: 96813469	Face:	CONTRACTOR OF THE PERSON NAMED IN COLUMN 1
그렇게 보고 하면 하는 사람들이 보면 가는데 살아 되었다. 그 아이들에 살아 보는 사람들이 되었다. 그렇게 하는데 얼마나 하는데 나를 하는데	rier & w				
Owner/Driver: (TIEF & W	11/	Tel:)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Policy No: () Per	riod: (•)	Cover Type: ()	
Confirmed by : (Dater.	Times)	
Insured/Driver Liability: (%)	Vote-Est. Status (1	WO): N; 0-20	%; P: 21-79%. F: 80-	100%]	0 16
Year of Registration: () V	Varranty: YES ()/NO()		
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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.
- Any false reporting may be referred to the Police for investigation.
- 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

Data Of Days of	ACCIDENT STATEMENT
Date Of Report	11/08/2020 14:51
Date Of Accident	11/08/2020 10:00
Exact Location Of Accident	BLK 8 BUTTERWORTH LANE
Country/State of Loss	SINGAPORE
Washerman and the way to be a recently the second of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE816M
Insured/Policyholder	
Name Of Registered Owner	SIN HOE HUP PLUMBING ENGINEERING
Co Reg No	3XXXX000K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97957866
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5073289983-04
Cover Note Number	
Driver	
Name of Driver	PHUA PHECK GEOK
NRIC No	SXXXX497E
Date Of Birth	30/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1975
Driving Experience	44 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97957866
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 161B PUNGGOL CENTRAL #19-95 Postcode 822161 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 COLLIDED INTO PROPERTY Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 1 involved in the accident 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) NO soliciting/offering accident claims assistance. 0 Number of Passengers (Including Driver) **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: WITH DRIVER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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)
 - (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
- (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
- 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.

AN HOE HUP PLUMBING ENGINEERING

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

Policyholder's Signature

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

Date & Time:

Guard House

A ST JA

DOA: 11 8 20 A: GBE 811M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I come									
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TWE declare the foregoing particulars are true in every respect.



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

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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		DDENDUM
(A) PARTICULARS OF P	PERSONMAKINGTHEAMEN	NDMENTS:
Original Report No	: MMA 12 COGG 13	Vehicle Pogistration N
riorrie (as snownin NRIC	1: Mug theck /	100 NRIC/EIN/Pages
(*Vehicle Driver/V	ehicle Owner) (*) Please de	lete as appropriate
Address	: BIK 161B RUD	
Contact (Tel)		JJ Singapore(32) [6]
Email Address	:	Mobile No. :
Date of Accident	:1/8/2020	Time of Accident :10 -00 GM
Place of Accident :	BIK 8 B	Here votto
Insurance Company:	NTU C	Lang
	MATION / AMENDMENTS:	
	like to with	draw the claim
SIN HOE HUP PLUMBING	4.14446	
Ø		tind
Policyholder / Driver's Sig Date:	gnature	Reporting Centre Personnel's Signature Name: 17 / 8/20



Certificate of Insurance

Cover : Comprehensive

: SIN HOE HUP PLUMBING ENGINEERING

GBE816M

: 03 Sep 2019

: 02 Sep 2020

KDH2015017750

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5073289983-04

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
 - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 INSURE WITH COE : YES

HIRE PURCHASE COMPANY : THINK ONE CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue : 19 Aug 2019 15:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive



Countersigned By:

rersonal Particulars	
Date of Accident: 11 8 20	Time of Accident: 9'59 am
Exact Location of Accident:	BIK 8 Butterworth Lone
Owner's Name: Phua Pheck	Gent NRIC No: 31279497 (HP No: 3 970
Driver's Name:	NRIC No: HP No:
Date of Birth: 30 1 1957 Driving Li	icence Passing Date: 18 9 1975 Occupation: Indoor / Outdoor
	articol # 19-95 (822161)
Relationship of Driver with Insured:	whe Email Address:
Vehicle No: GRE 816 M	Make & Model: Toy ota
Insurance Co: NTU C	Coverage: Policy No:
*Weather Condition ?	Was Being Used At Time Of Accident: Private Use / Work / Raining / Others: Wet / Priv / Others:
* Any passenger inside vehicle i	nvolved? (Yes / No) If yes, Vehicle No & How many pax:
A:B	C:D:
*Was Anybody Injured ? (Yes / I	
*Was The Accident Reported To	The Police ?
No O Yes, Which Police Station?	
*Does the Driver Own Any Othe	er Vehicle?
	insurer:
*Was any foreign vehicle involve	ed? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured	by Car Campus 2 (VG) (All-)
	by cal callerar (ves/No)
Third Party Driver's Particulars	
Vehicle & No:	Make & Model:
Vohicle C New	NRIC No:HP No:
Vehicle C No:	Wake & Model:
	NRIC No: HP No:
Witness Particulars	
entid.	NRIC No: HP No:

Claim Handling

Accident MT/1099631					
Policy No.	5073289983-04	Vehicle No.	GBE816M		CRAFT BUILDING
Certificate No.		16519780177	GOEGIGM		GST Registrat
Policyholder Name	SIN HOE HUP PLUMBING ENGINEERING				9200000000000
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive		Policyholder N
Contact No.(Mobile)	97957866	Contact No.(Office)	Comprehensive		Loading
Email Address		Special Remark			Contact No.(H eCode
KFK	No Yes	TCA	No Yes		eCode Reason
NCD Protection	No	NCD Entitlement(%)	20		Private Hire
Accident Details					rilyate fille
Report Date	12/08/2020 13:41	Accident Report Within 24 hrs	Yes		Accident T
Date of Accident	11/08/2020	Time of Accident hh:mm	10:00		Accident Type
Reporting Centre		Orange Force	10.00		Country of Acc ICM No.
Accident Location	BLK 8 BUTTERWORTH LANE				TOPINO.
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		100,00	
OD Standard Excess	600,00	TD Chandred F			
YIED OD Excess	0.00	TP Standard Excess		0.00	
Additional Excess	0.00	YIED TP Excess		0.00	Driver is Cover
Total OD Excess Applicable	600.00	Total TO Eugage Applicable			
▼ Benefits	000.00	Total TP Excess Applicable		0.00	
□ GST Registered Informa	tion				
GST Registered	No		CCT Pools	tention Date	
GST Registration No.			GST Statu	stration Date	George
Modification History			(44,444,4	- verified	Yes
Policyholder Mailing Add	fress				
Address 1	BLK 1618 #19-95	Address 2	PUNGGOL CENTRA	i e	Address 2
Address 4		Address Type	Singapore address	14.	Address 3 Post Code
Unit No.		Related Policy Number	5073289983-04		rost code
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PHUA PHECK GEOK	Driver NRIC	51279497E		Driver DOB
Register Date of Driver License	18/09/1975	Driver Age	63		Driving Expens
Contact No.(Mobile)	97957866	Contact No.(Office)			Contact No.(He
Address 1	BLK 161B #19-95	Address 2	PUNGGOL CENTRA	L	Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.	19-95				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Insurer
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes « No		
Modification History					
Claim 001 New					
Claim 001 New					
Claim Type *				OD-MD	Insured I
Contact No.(Mobile)				00-40	Name SII
es assess					No. (Home)
Email Address					Vehicle GB Number
Claim Description				GBE816M / BARRIER N WALL	DN 11 Aug
Preferred Workshop 96813469	Insured Liability Fully at Faul				
Beatiset No. Yes	✓ Repair Preferred Workshop (ref		*		Chile
Date Registered	27.00.00			12/08/2020 13:48	Claim Close
Report Taken By				LIEW SHAN HUI	Date
				1101	10
Print AK letter					

Attachment

Save Submit

				Display in New Wind	low Scan	and uploading		
	Uploaded By/Da	ate Foli	der Date	File	e Name		9	
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<u> 1</u> 13	NAC_PAYA_U	BI_800601(NATIONAL ASSESSMENT 12 Aug 2020 13:50	CENTRE SERVICES) o	Category NRIC/ Driving License	9	Urgency		NOTE: -
		Uploaded By/Date		1125557750.0	0	900		
Mercaga Hays]					Fredse Seecc		NO
	No file chosen				Clear	Please Select	~	NO
	No file chosen				Clear	Please Select	~	NO
Choose File	No file chosen No file chosen				Clear	Please Select	~	NO
Choose File	No file chosen				Clear	Please Select	v	NO
	No file chosen				Clear	Please Select	~	NO
		Path *				Category •		Confi
Last Doc. Receiv	ed	® Yes ○ No		Upload Date		12/08/2020 13:50		
				Claim No.				

Assessor:

Mobile:

YES / NO

ASSIGNMENT (IDAC)

By CSO- Nature of Accident	<u>t:</u>			By Assessor- 1) Vehicle Information
1) Vehicle hit Vehicle:	2) Vehicle hit ??			Veh No: GBF 316 M Yr Regn: 2015/Sept.
a) Motorcar ()	a) Pedestrian	()	Type: M.Car / M.Cycle / Bus / Val / Lorry / Taxi / Prime Mover / MPV
b) M/cycle ()	b) Animal	()	/ Truck / Trailer or
c) Bicycle ()				Make & Model: ToyAa + Miace c.c 2982
3) Vehicle hit Road Side Objects:				Colour S(V) Transmission Type: Auto / Manual
a) Govrn.Property ()	b) Road Work Object	()	Eng/No: 1KD2521346 Sp.Reading: 134385
(Eg: signboard, barrier, tree etc)	c) Private Property	()	C/No: KDH2015017750
4) Vehicle drop into drain	AT 1/4 (1.50)	()	Gen. Cond: 6000/ Fair / Poor / Burnt or
5) Damage due to Act of God:				Steering: morder / Jammed / Leaked / Burnt or
a) Fallen Object ()	b) Flood	()	Brake: Inorder / Jammed / Leaked / Burnt or
c) Other,				Modi: Nil /S/Rim / STD A/Rim or
6) Parked & Found Damaged:				Tyre Size: F: 195 7.15
a) Vandalism ()	b) Hit by Moving Object	()	R: — (—
7) Theft Case				BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
a) Stolen ()	b) Damage found	()	TOYO/YOKO or Michelin
	when recovered.			<u>Front</u> <u>Rear</u>
8) Fire				R/Bal. \$\int mm R/Bal. \$\int mm
a) Whilst driving ()	b) Parked	()	L/Bal. S' mm L/Bal. S' mm
9) Accident date more than 24hrs		()	Parallel Import: Yes / No Towed-In: Yes / No Repair Type: (LS) / I.B.I Towing Required: Yes / (No)
Remarks for internal information			_	No of Repair Days: 5 Vehicle in Idac: Yes (No
				D.O.I. 11 08 2020 Time: 1400 hs.
				By Assessor- 2) Comments 1) Damages not due to recent accident. 2) Damages do not seem hit onto:
Remarks to appear in Works Orde	r & Assessment report			a.Vehicle() b.Motorcycle() c.Bicycle() d.Pedestrian()
1) Potential Total Loss ()				e.Animal () f.Govrn Object () g.Road Work Object ()
2) SRS Light on ()			5.00	h.Private Property () i.Drain () j.Road Kerb/Grass Verge ()
3) ABS Light on ()				3) Vehicle does not seem damaged as a result of:
				a.Fallen Object () b.Flood () c.Vandalism () d.Fire ()
				e.Moving Object () f.Stolen () g.Stolen & Recovered ()
	4			Time Started: Time completed:
				1) CSO
Committee of the Commit	WARRIED AND A STATE OF THE STAT			The second secon
				2) ASS
				Entire Operation Completed Time:

GBE 816 M

- 1.) Prost broper x 1 Dental
- 2.) ___ 11- tow hook cover x 1 cut
- 3.) 11 lower grille X 1 different
- 4.) Prat RH Jug lamp X 1 cut
- (5.) ____ (over 7 1 cut
- 6.) Romat RH headlenp X 1 cut
- 7) Pront gille x 1 dislodyer
- 8.) Frut centre powel x 1 rep
- 9.) Blood RH corner ponel x 1 'ey
- 10.) Rout RH door X 1 Cen
- 11.) Pros ___ 11- 10 mpany & struker x 1 Nec
- 12.) RH std sliding door X 1 kg
- 13.) RH was vear ponel X 1 ven
- 14.) Rev tellgate X 1 Deated repor
- 15.) Rew tellgode 5 pax stiller x 1 Hec
- 16.) 11 Tokugh struker XI Nec
- 17) ____ 11- thece steker x 1 Nec

Claim Handling

PLUMBING ENGINES VEHICLE INSURA :41 ESSMENT CENTF VORTH LANE 500.00 600.00	Vehicle No. ERING Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh: mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type Related Policy Number	10:00 No 100.	GST Registration No. Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire Accident Type Country of Accident ICM No. Driver is Covered? Address 3 Post Code	31794000K 0 No Collided into Property Singapore Covered SINGAPORE 822161 822161	
PLUMBING ENGINER VEHICLE INSURA :41 ESSMENT CENTF VORTH LANE 500.00 600.00	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Applicable Address 2 Address Type	Comprehensive No Yes 20 Yes 10:00 No GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire Accident Type Country of Accident ICM No. Driver is Covered? Yes Address 3	No Collided into Property Singapore Covered	
ESSMENT CENTF VORTH LANE 600.00 600.00	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Applicable Address 2 Address Type	PUNGGOL CENTRAL Singapore address	Loading Contact No.(Home) eCode eCode Reason Private Hire Accident Type Country of Accident ICM No. Driver is Covered? Yes Address 3	No Collided into Property Singapore Covered	
ESSMENT CENTF VORTH LANE 600.00 600.00	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Applicable Address 2 Address Type	PUNGGOL CENTRAL Singapore address	Loading Contact No.(Home) eCode eCode Reason Private Hire Accident Type Country of Accident ICM No. Driver is Covered? Yes Address 3	No Collided into Property Singapore Covered	
ESSMENT CENTS VORTH LANE 500.00 0.00	Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh: mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type	PUNGGOL CENTRAL Singapore address	Contact No.(Home) eCode eCode Reason Private Hire Accident Type Country of Accident ICM No. Driver is Covered? Yes Address 3	No ➤ Collided into Property Singapore Covered	
ESSMENT CENTF WORTH LANE 500.00 0.00	Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh: mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type	Yes 10:00 No 100. 0. 0. 0. GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	eCode eCode Reason Private Hire Accident Type Country of Accident ICM No. Driver is Covered? Yes Address 3	No Collided into Property Singapore Covered	
ESSMENT CENTF WORTH LANE 500.00 0.00	Accident Report Within 24 hrs Time of Accident hh: mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type	Yes 10:00 No 100. 0. 0. 0. GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	eCode Reason Private Hire Accident Type Country of Accident ICM No. Driver is Covered? Yes Address 3	No Collided into Property Singapore Covered	
ESSMENT CENTF WORTH LANE 500.00 0.00	Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type	Yes 10:00 No 100. 0. 0. 0. GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	Accident Type Country of Accident ICM No. Driver is Covered? Yes Address 3	Collided into Property Singapore Covered SINGAPORE 822161	
ESSMENT CENTF WORTH LANE 500.00 0.00	Accident Report Within 24 hrs Time of Accident hh: mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type	Yes 10:00 No 1000 0. 0. 0. GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	Accident Type Country of Accident ICM No. .00 .00 Driver is Covered? .00 Yes	Collided into Property Singapore Covered SINGAPORE 822161	
ESSMENT CENTF WORTH LANE 500.00 0.00	24 hrs Time of Accident hh:mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type	10:00 No 100; 0. 0. 0. GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	Country of Accident ICM No. .00 .00 Driver is Covered? .00 Yes	Singapore Covered SINGAPORE 822161	
600.00 600.00	Time of Accident hh:mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type	No 100. 0. 0. CST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	Country of Accident ICM No. .00 .00 Driver is Covered? .00 Yes	Singapore Covered SINGAPORE 822161	
600.00 600.00	Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type	GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	ICM No. .00 .00 Driver is Covered? .00 Yes Address 3	Covered SINGAPORE 822161	
600.00 600.00	Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type	GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	.00 Driver is Covered? .00 Yes	SINGAPORE 822161	
600.00	TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type	GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	.00 Driver is Covered? .00 Yes	SINGAPORE 822161	
600.00	TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type	GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	.00 Driver is Covered? .00 Yes	SINGAPORE 822161	
600.00	YIED TP Excess Total TP Excess Applicable Address 2 Address Type	GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	.00 Driver is Covered? .00 Yes Address 3	SINGAPORE 822161	
600.00	YIED TP Excess Total TP Excess Applicable Address 2 Address Type	GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	.00 Driver is Covered? .00 Yes Address 3	SINGAPORE 822161	
	Applicable Address 2 Address Type	GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	.00 Yes Address 3	SINGAPORE 822161	
	Applicable Address 2 Address Type	GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	Yes Address 3		
	Address 2 Address Type	GST Registration Date GST Status Verified PUNGGOL CENTRAL Singapore address	Yes Address 3		
NC .	Address Type	GST Status Verified PUNGGOL CENTRAL Singapore address	Address 3		
NC .	Address Type	GST Status Verified PUNGGOL CENTRAL Singapore address	Address 3		
NC .	Address Type	GST Status Verified PUNGGOL CENTRAL Singapore address	Address 3		
95	Address Type	PUNGGOL CENTRAL Singapore address	Address 3		
95	Address Type	Singapore address			
95	Address Type	Singapore address			
		Singapore address			
	Related Policy Number	5073289983-04			
	Driver Type	Unnamed Driver			
OK	Driver NRIC	S1279497E	Driver DOB	30/01/1957	
	Driver Age	63	Driving Experience	44	
	Contact No.(Office)		Contact No.(Home)		
15	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 822161	
	Address Type	Singapore address	Post Code	822161	
	Driver Vehicle No.		Driver Insurer Company		
	Any Injury?	Yes No			
Mantau					
	OD-MD	Insured Name	SIN HOE HUP PLUMBING ENG	311 Insured NRIC	317940
		Contact No.		Contact No.	9795786
			or GBF816M	(Office)	
	GBE816M / BARRIER N		and the second second	Name of Preferred	BARRIE
Insured Fully at the port REPUIS		5411 Ady 2020		Workshop	J-MART
	12/08/2020 13:53	Claim Close Date		Date Received	12/08/2
	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by	
	Fully	OD-MD GBE816M / BARRIER N Insured Fully at the point of	OD-MD Insured Name Contact No. (Home) OI Vehicle Numbe GBE816M / BARRIER N WALL ON 11 Aug 2020 Insured Fully Eighlity at report 12/08/2020 13:53 Claim Close Date Workshop	OD-MD Insured Name SIN HOE HUP PLUMBING ENG Contact No. (Home) OI Vehicle Number GBE816M GBE816M / BARRIER N WALL ON 11 Aug 2020 Insured Fully at Emphility RECHIVED 12/08/2020 13:53 Claim Close Date Workshop	OD-MD Insured Name Contact No. (Home) OI Vehicle Number GBE816M / BARRIER N WALL ON 11 Aug 2020 Insured Name Fully at report Insured Name Contact No. (Office) OI Vehicle Number GBE816M / BARRIER N WALL ON 11 Aug 2020 Insured Name Contact No. (Office) OI Vehicle Number GBE816M TP Vehicle Number Name of Preferred Workshop Name of Preferred Workshop Insured Name Contact No. (Office) Discrete Number Name of Preferred Workshop Total Loss but Repaired OD Excess

Approval		Re	ason				
Remarks							
damage asse	essment Attachment						
	nfo						
Vehicle Make	TOYOTA	Vehicle Model		HIACE	Engine Capcity		1.55
Date of Registration	03/09/2015	Classis No.		KDH2015017750	and an analysis of		1.55
Towing Required *	O yes No	Vehicle in IDAC	•	O Yes ® No	Parallel Import *		O Yes () N
Type of Tender	Own Damage	Assessor Name		BRYAN	Survey Current State	116	O IES O N
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTE	IDAC/Workshop	Location	SI UBI AVENUE 1 #01-25 PAYA	Survey Current State	03	
Windscreen Parts & Labour Cost		Total Loss *		○ Yes ● No			
Market /alue(\$)		Scrape Value(\$)		Economical Repair V	alue(s)	
1000000000	REMARK NO OF REPAIR DAYS 5 DA REPLACE 1X TAILGATE 70KM/H STI	LVS 1V FRT BLIMBER LO	WED COTILE	REPLACE.1X FRT RH DOOR COMPANY STI			
lemark for supplementary							
lemark for iupplementary Damage Li	sting						
upplementary	sting	Ma					
Damage List Find a Part		No.	Part No.	Description	and the second	Qty *	Repair Co
■ Damage Listing a Part		1	16000101	BUMPER (FRONT	n _	Qty *	Repair Co Replace
□ Damage Lise □ Troot □ Not Applie	cable	1 2	16000101 16006701		n _	-	200000000000000000000000000000000000000
♥ Damage Listind a Part root Not Applic ABS ABSORBE ACCELER	cable ER RATOR	1 2 3	16000101	BUMPER (FRONT	T) [1	Replace
Damage List Find a Part Foot Not Applie ABS ABSORBE ACCELER ACTUATO	ER RATOR DR	1 2	16000101 16006701	BUMPER (FRONT BUMPER TOWING COVER	T)	1	Replace Replace
Damage Lis Find a Part root Not Applie ABS ABSORBE ACCELER ACTUATO ADVERTIS	cable ER RATOR	1 2 3	16000101 16006701 25700102	BUMPER (FROM BUMPER TOWING COVER FOG LAMP (RIGH	T) R (FRONT) IT) LIGHT)	1 1	Replace Replace
Damage List Find a Part Foot Not Applie ABS ABSORBE ACCELER ACTUATO	EADIB ER RATOR OR SEMENT STICKER	1 2 3 4	16000101 16006701 25700102 25700302	BUMPER (FRONT BUMPER TOWING COVER FOG LAMP (RIGH FOG LAMP COVER (R	T) R (FRONT) (T) LIGHT) HT)	1 1 1	Replace Replace Replace Replace
Damage Listind a Part root Not Applic ABS ABSORBE ACCELER ACTUATO ADVERTIS AIR BAG AIR BLOW AIR BOX	ER RATOR DR SEMENT STICKER	1 2 3 4 5	16000101 16006701 25700102 25700302 27700102	BUMPER (FRONT BUMPER TOWING COVER FOG LAMP (RIGH FOG LAMP COVER (R HEAD LAMP (RIGH GRILLE (FRONT	T)	1 1 1 1 1 1	Replace Replace Replace Replace Replace Replace
Damage Listind a Part Find a Part Foot Not Applic ABS ABSORBE ACCELER ACTUATO ADVERTIS AIR BAG AIR BLOW AIR BOX AIR CHAM	ER RATOR DIR SEMENT STICKER	1 2 3 4 5	16000101 16006701 25700102 25700302 27700102 27100101	BUMPER (FRONT BUMPER TOWING COVER FOG LAMP (RIGH FOG LAMP COVER (R HEAD LAMP (RIGH GRILLE (FRONT PANEL (CENTRE) (FR	T)	1 1 1 1 1 1 1	Replace Replace Replace Replace Replace Replace Replace Replace
Damage Listind a Part root Not Applic ABS ABSORBE ACCELER ACTUATO ADVERTIS AIR BAG AIR BLOW AIR BOX	ER RATOR DR SEMENT STICKER VER MBER BOX NER	1 2 3 4 5 6	16000101 16006701 25700102 25700302 27700102 27100101 33000201 21300102	BUMPER (FRONT BUMPER TOWING COVER FOG LAMP (RIGH FOG LAMP COVER (R HEAD LAMP (RIGH GRILLE (FRONT PANEL (CENTRE) (FR CORNER PANEL (FRONT	T)	1 1 1 1 1 1 1 1	Replace Replace Replace Replace Replace Replace Replace Replace Repair
Pamage Listind a Part Tool Not Applic ABS ABSORBE ACCELER ACTUATO ADVERTIS AIR BAG AIR BLOW AIR BLOW AIR CHAM AIR CLEAR	ER RATOR DR SEMENT STICKER VER MBER BOX NER	1 2 3 4 5 6 7 8	16000101 16006701 25700102 25700302 27700102 27700101 33000201 21300102 23300202	BUMPER (FRONT BUMPER TOWING COVER FOG LAMP (RIGH FOG LAMP COVER (R HEAD LAMP (RIGH GRILLE (FRONT PANEL (CENTRE) (FR CORNER PANEL (FRONT	T)	1 1 1 1 1 1 1 1	Replace Replace Replace Replace Replace Replace Replace Repair Repair
Damage Listrod Port Not Applie ABS ABSORBE ACCELER ACTUATO ADVERTIS AIR BAG AIR BLOW AIR BOX AIR COMP AIR COM AIR COM AIR COM AIR COM AIR COM	ER RATOR OR SEMENT STICKER WER MBER BOX NER PRESSOR	1 2 3 4 5 6 7 8 9	16000101 16006701 25700102 25700302 27700102 27100101 33000201 21300102 23300202 38900102	BUMPER (FRONT BUMPER TOWING COVER FOG LAMP (RIGH FOG LAMP COVER (R HEAD LAMP (RIGH GRILLE (FRONT PANEL (CENTRE) (FR CORNER PANEL (FRONT DOOR (FRONT RIGH SLIDING DOOR (RIGH	T)	1 1 1 1 1 1 1 1 1 1 1 1	Replace Replace Replace Replace Replace Replace Replace Repair Repair Repair
Damage Listind a Part root Not Applic ABS ABSORBE ACCELER ACTUATO ADVERTIS AIR BAG AIR BLOW AIR BOX AIR CHAM AIR CLEMP AIR COM AIR CON AIR CON AIR CON AIR COOL AIR DISTR	ER RATOR REMENT STICKER VER MBER BOX NER PRESSOR VAN) ER RIBUTOR	1 2 3 4 5 6 7 8	16000101 16006701 25700102 25700302 27700102 27700101 33000201 21300102 23300202	BUMPER (FRONT BUMPER TOWING COVER FOG LAMP (RIGH FOG LAMP COVER (R HEAD LAMP (RIGH GRILLE (FRONT PANEL (CENTRE) (FR CORNER PANEL (FRONT	T)	1 1 1 1 1 1 1 1	Replace Replace Replace Replace Replace Replace Replace Repair Repair
Damage Listind a Part root Not Applic ABS ABSORBE ACCELER ACTUATO ADVERTIS AIR BAG AIR BLOW AIR BOX AIR CHAM AIR CEMP AIR COMP AIR CON [AIR COOL] AIR COOL AIR DISTR AIR FILTES	ER RATOR REMENT STICKER WER MBER BOX NER PRESSOR IVAN) ER RIBUTOR R	1 2 3 4 5 6 7 8 9	16000101 16006701 25700102 25700302 27700102 27100101 33000201 21300102 23300202 38900102	BUMPER (FRONT BUMPER TOWING COVER FOG LAMP (RIGH FOG LAMP COVER (R HEAD LAMP (RIGH GRILLE (FRONT PANEL (CENTRE) (FR CORNER PANEL (FRONT DOOR (FRONT RIGH SLIDING DOOR (RIGH	T)	1 1 1 1 1 1 1 1 1 1 1 1	Replace Replace Replace Replace Replace Replace Replace Repair Repair Repair
Damage Listind a Part root Not Applic ABS ABSORBE ACCELER ACTUATO ADVERTIS AIR BAG AIR BLOW AIR BOX AIR CHAM AIR CLEMP AIR COM AIR CON AIR CON AIR CON AIR COOL AIR DISTR	ER RATOR DR SEMENT STICKER VER MBER BOX NER PRESSOR (VAN) ER UBBITOR R	1 2 3 4 5 6 7 8 9	16000101 16006701 25700102 25700302 27700102 27100101 33000201 21300102 23300202 38900102	BUMPER (FRONT BUMPER TOWING COVER FOG LAMP (RIGH FOG LAMP COVER (R HEAD LAMP (RIGH GRILLE (FRONT PANEL (CENTRE) (FR CORNER PANEL (FRONT DOOR (FRONT RIGH SLIDING DOOR (RIGH	T)	1 1 1 1 1 1 1 1 1 1 1 1	Replace Replace Replace Replace Replace Replace Replace Repair Repair Repair