ASS. REG. BY: Steve REF:	
ASS. REU. BY: GIOVE	SIGNMENT
From: Date:	CRY 1911/1 4 Page 31/1/20 .
Estimated Cost:	-
OD TP/WS/TP RES/ OD RES/ EVA/INV/MV	Truck / Trailer or
To inspect Vehicle No:	Make: Toyota Hiarc c.c 1987 School Arc: Insured Std NI NA
al Workshop m/s	Colour Silv A/A Insured / Std / NI / NA St Reading T/Radlo: Insured / Std / NI / NA
of	Sp.Reading ; N/A T/Radio; Insured / Stu / N/ / No.
Insured:	Eng/No: ====================================
Policy No.	C/No: JTFHT02P200250027
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Sleering: Inproor / Jammed / Leaked / Burnt or
(Clioni's Record)	Brake: Inbrder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STO AJAIm or
The state of the s	Tyre Size: F:
(Policy Condition)	X
Remark: The veh had commenced its N/S O/S	BS I DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of Inspection.	TOYO I YOKO or
L	Front Rear
Bal. or Market Value: Consistent? : Yes or No	R/Bal, 5 mm R/Bal. 5 mm
IDAC Accident roots	UBal. T mm UBal. T mm
GIA / PR Seen: Consistent? : Yes or No	D.O.A. 11/8/20 D.O.I. 14/8/20
Est Repairs: days Res.: Yes or No	received make
Lum Sum: % 3 Val.: Yes or No	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OU	Front RH, Rear RH
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	<u> </u>
MV-63K	
year james and the second	
Date/Time, File Pass to? . Prell. Report	Days Of Repair:
; Final Report	Resurvey No. of Trlp: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fe	99: Site insp (\$)s+RSSI
V	: Interview (\$) Photos
Reported:	: Tech, Invs (%) others
·— ·— ·	Tanana and the same and the sam
Long Sun / LE J: CF	: Week and (8

EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD

56 LOYANG WAY # 06-07 ENTERPRISE BUILDING SINGAPORE 508775

EHICLE NO : GBK1914A

MAKE & MODEL: TOYOTA / HIACE VAN TURBO 5DR MT

CHASSIS NO: JTFHT02P200250027

DATE: 11 AUG 2020

CLAIM TYPE: OD CLAIM

D.O.A: 11 AUG 2020

TO: INDIA INTERNATIONAL INSURANCE PTE LTD

ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

/No.	QTY	DESCRIPTION	CONDITION / REMARKS	COST PRICE		TOTAL PRICE	
1	1 1	FRONT BUMPER / DR	KCIVIANA	İŝ	170.00	\$	170.00
2	1	FRONT BUMPER GRILLE AL ATA		\$	60.00	\$	60.00
3	1	FRONT BUMPER SIDE RETAINER RH / 11R		\$	55.00	\$	55.00
4	1	FRONT FOG LAMP COVER RH / 1/K		\$	42.00	\$	42.00
5	1	FRONT BUMPER CENTER BEAM 4 X		\$	85.00	\$	85.00
6	1		01)	\$	90.00	\$	90.00
7	1	FRONT BUMPER TOWING COVER RH / MI		\$	12.00	\$	12.00
8	1	FRONT GRILLE TOP / MIS		\$	90.00	\$	90.00
9	1	FRONT GRILLE LOWER / MIS		\$	120.00	\$	120.00
10	1	FRONT GRILLE INNER _ MIS		\$	170.00	\$	170.00
11	1	HEADLAMP ASSY RH / DR		\$	280.00	\$	280.00
12	1	HEADLAMP BRACKET RH / BR		\$	10.00	\$	10.00
13	1	BONNET / 00		\$	200.00	\$	200.00
14	1	BONNET LOCK / DI		\$	35.00	\$	35.00
15	1	BONNET HINGE RH /		\$	22.00	\$	22.00
16	1	FRONT CORNER PANEL RH / PU		\$	55.00	\$	55.00
17	1	FRONT CORNER PANEL BRACKET RH / 11		\$	22.00	\$	22.0
18	1	FIREWALL PANEL SUB ASSY / DI)		\$	400.00	\$	400.0
19	1	DASHBOARD / (Pu		\$	380.00	\$	380.0
20	1	DASHBOARD REINFORCEMENT		\$	260.00	\$	260.0
21	1	FRONT WINDSCREEN GLASS /		\$	500.00	\$	500.0
22	1	FRONT WINDSCREEN GLASS MLDNG / (M)		\$	35.00	\$	35.0
23	1	WIPER PANEL GARNISH / CLY		\$	170.00	\$	170.0
24	1	WIPER PANEL GARNISH RH (SMALL) / LK		\$	18.00	\$	18.0
25	1	WIPER PANEL RUBBER RH (SMALL) / [47		\$	18.00		18.0
26	1	WIPER ARM RH / BT		\$	35.00		35.0
27	1	WIPER LINK ASSY		\$	105.00		105.0
28	1	WIPER MOTOR ?		\$	280.00	\$	280.
29	1	TOYOTA LOGO / N/C		\$	28.00	\$	28.
30	1	FRONT STEP GARNISH RH / DR		\$	55.00	\$	55.
31	1	FRONT BODY PILLAR OUTER RH / 100	53	\$	190.00	\$	190.
32	1	- an a	nor)	\$	55.00	\$	55.
33	1	HEADLAMP MOUNTING BRACKET RH /	l	\$	38.00	\$	38.
34	1	FRONT DOOR RH / 00		\$	550.0	5	550.
35	2	FRONT DOOR HINGE RH /		\$	35.0	5	70.
36	1	FRONT DOOR GLASS RH / 1		\$	80.0		80.
37	+ 1	FRONT DOOR SIDE MIRROR RH		\$	250.0		250
38	1	FRONT DOOR CHECKER RH X		\$	50.0		50
39	1	FRONT DOOR WEATHERSTRIP RH / TAI		\$		0 \$	65
	$\frac{1}{1}$		DT .	\$		0 \$	85
40	-		NI	\$	220.0		220
41	1	FRONT DOOR REGULATOR MOTOR RH X		\$	160.0		160
42	1	FRONT DOOR LOCK RH / JUMN					
43	1	FRONT DOOR RUN CHANNEL RH / CM		\$	90.0		90
44	11	FRONT DOOR OUTER MOULDING RH /		\$	40.0		40
45	1	FRONT DOOR INNER TRIMBOARD RH / (R4		\$	330.0		330
46	1	FRONT DOOR SPEAKER RH		\$	180.0	0 \$	180

71	1	ROOF PANEL / UI)	CONTRACTOR	11,450.00	S	12,420.00
70	1	30	\$	1,200.00	\$	1,200.00
69	1	00	\$	90.00	\$	90.00
68	1	TAILGATE LOGO / NC TAILGATE EMBLEM "HIACE" / NPC	\$	18.00	\$	18.00
67	1	TAILGATE DO	Š	28.00	\$	28.00
66	1	THE PART OF THE STATE OF THE ST	Š	650.00	\$	650.00
65	1	REAR BUMPER UPPER COVER / CRV	\$	18.00	\$	18.00
64	1	REAR BUMPER RETAINER RH	Š	35.00	S	35.00
63	1	REAR BUMPER / CKY	Š	18.00	S	18.00
62	1	RH REAR FENDER / M	- s	140.00	S	140.00
61	1_	RH SLIDE DOOR X	- s	480.00	S	480.00
60	1	FRONT LOWER ARM RH	- \$	590.00	\$	590.00
59	1	FRONT WHEEL HUB RH	3	105.00	\$	105.00
58	1	FRONT WHEEL BEARING RH X	\$ \$	115.00	\$	115.00
57	1	FRONT SHOCK ABSORBER RH 🗴	\$	90.00	S	90.00
56	2	RIM HUB CAP RH X	\$	50.00	\$	50.00
55	1	BRAKE BOOSTER PUMP / 1)1	\$	260.00 65.00	\$	130.00
54	1	BRAKE BOOSTER / DD	\$	450.00	\$	260.00
53	1	AIR CLEANER BOX TOP - BR	\$	48.00	\$	450.00
52	1	AIR CLEANER BOX / DR	\$	230.00	\$	48.00
51	1	WIRING HARNESS COVER RH / JR	\$	35.00	\$	1,100.00
50	1	FRONT PILLAR GARNISH RH / CEY	\$	80.00	\$	35.00
49	1	ACCELERATOR PEDAL 1	\$	120.00	\$	80.00
8	1	BRAKE PEDAL AND BRACKET	\$	230.00	\$	230.00 120.00
	1	FRONT DOOR SCUFF PLATE RH	\$	85.00	\$	85.00

TOTAL PRICE \$ 12,420.00
PLUS 10% \$ 1,242.00
SUB TOTAL PRICI \$ 13,662.00

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT S/NI	ETT	TOTAL S/NETT	
1	1 1	FRONT BUMPER CLIPS SET / NC		\$	50.00	\$ 30	50.00
2	1	FRONT GRILLE CLIPS SET / 100		\$	50.00	\$ 71	50.00
3	1	FRONT DOOR TRIMBOARD CLIPS SET / /K		\$	50.00	\$ 20	50.00
4	1	FRONT DOOR CO.REG. STICKER / pt		\$	30.00	\$	30.00
5	1	BRAKE FLUID / NC		\$	50.00	\$ 30	50.00
6	1	TOWING FEE / ML		\$	70.00	\$ 60	70.00
7	2	WINDSCREEN SEALANT / NO		\$	60.00	\$ 69	120.00
8	1	WINDSCREEN INNER SEAL / //C		\$	30.00	\$	30.00
9	1	WINDSCREEN IU BRACKET / MC		\$	20.00	\$	20.00
10	1	PAN PACIFIC METAL BADGE / N'C		\$	80.00	\$ 59	80.00
11	1	70KM/H STICKER / NC		\$	50.00	\$ 30	50.00

TOTAL S/NETT \$ 540.00 \$ 600.00

Labour Charges

1	To cut & weld -damaged panels front portion rh/roof panel, rear fender rh,	\$	3,000.00	2000
	To panel beat & align doors, tailgate inner panels, remove & replace damaged parts.			
2	To apply anti rust coat and Tuff Kote affected areas	\$	200.00	50
3	To check and rectify lighting & wiring harness	\$	100.00	30
4	To Spray painting for Roof, Front to rear RH Portions & affected repaired areas.	S	2,500.00	1 600
5	To transfer front door/slide door components.	S	150.00	50
6	To remove & install front undercarriage RH.	S	150.00	L
7	To do tyre balancing & wheel alignment	S	100.00	160
8	To remove and refit dashboard, seat, carpet, interior trims to facilitate repair.	15	300.00	200
9	To remove and refit brake booster/pump air cleaner & top up brake fluid	15	150.00	80
10	To remove and refit rooflining & other interior trims to facilitate repair	1	150.00	00
11	To remove and refit rear windscreen glass.	13	150.00	170

\$ 150.00

170

TOTAL LABOUR

Total Cost of Repairs

\$ 7,100.00 \$ 21,362.00

(Total parts + Total S/Nett + Total Labour Cost)

Steve (LKK)

00- Not Author
Exers - ?
14/8/20, 20 dys
P/P
M BeL SM

LKK Auto Consultar hence notify

the Repairer of the to hwing:

- To resurvey before after s. ... painting
- To display damaged part: ring resurvey
- Parts prices are subject to be firmation.
- Third page survey is on a "William Prejudice" basis
- Supplementary item(s) must be re-veyed and is subject to tine approval from item since Company

Acknowledged by Repairer

Signature:

Date:

PK20067814-01 / JP Knights Pte Ltd - HQ ENTRY DATE & TIME: 11/08/2020 16:55 SUBMITTED BY: Candice Shayne

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 STATEMENT:=

Date Of Report

11/08/2020 16:55

Date Of Accident

11/08/2020 07:00

Exact Location Of Accident

JUNCTION OF TUAS AVE 12 & TUAS AVE 7

Country/State of Loss

SINGAPORE

E: DETAILS OF OWN VEHICLE =

Vehicle Registration Number

GBK1914A

Insured/Policyholder

Name Of Registered Owner

PAN PACIFIC VAN & TRUCK LEASING PTE LTD

Co Reg No

2XXXXX635R

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-86197759

Alternative Phone No

OFFICE-62840827

Vehicle Particulars

Manufacturer

ATOYOTA

Model

HIACE VAN TURBO 5DR MT

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?

YES

If No, Please state action to be taken

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

YES

Policy Number

D19MFL0005549

Cover Note Number

Driver

Name of Driver

MIAH SHAHED

Passport No/FIN

GXXXX212T

Date Of Birth

10/04/1983

Occupation

OUTDOOR

Date Of Driving Pass

08/07/2014

Driving Experience

6 YEARS AND 1 MONTH

Gender

MALE

Mobile Number

(LOCAL) +65-86197759

Fax Number

Contact Number

EMail Address

NOEMAIL

C/O 30 ROBERTS LANE

Address

218309

Postcode

NO

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

OTHER - HIRER

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

CLEAR

Weather Conditions 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

YES

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON 11 AUGUST 2020, AT ABOUT 0700HRS, I WAS DRIVING MY VEHICLE GBK1914A ALONG TUAS AVE 12 TOWARDS TUAS AVE 7. REACHING JUNCTION, I STOPPED MY VEHICLE AND CHECKED EVERYTHING CLEAR BEFORE I TURNED TO LEFT TO TUAS AVE 7. WHILE TURNING TO LEFT, SUDDENLY ONE VEHICLE, GBF4859H WAS GOING STRAIGHT, HIT ONTO MY RIGHT SIDE AND OUR VEHICLES WERE STUCK TOGETHER AND MOVED TO OTHER SIDE OF THE ROAD AND CAME TO STOP, DRIVER OF VEHICLE B - GBF4859H CONVEYED TO HOSPITAL DUE TO HAND AND FINGER INJURY.

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 11

Vehicle Registration Number

GBF4859H

Vehicle Make/Model/Colour

NISSAN

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

PANG SAI KOW

NRIC/Passport Number

SXXXX990E

Contact Number

97944448

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

PANG SALKOW

FINGER, HAND

GBF4859H

YES

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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 insurers) 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.

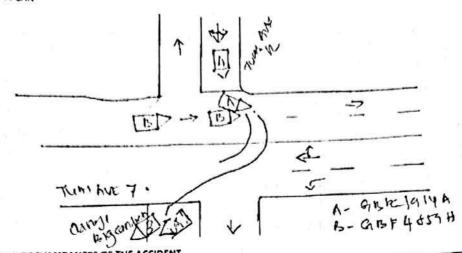
Policyholder's Signature Date & Time: Oriver's Signature

(If driver is not the policyholder)
Date & Time: 1111 20 0535H

Reporting Centre Personnel's Consture

Name: Whan and

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	- annhy
on 11 August 2020, at about	0 700 -11
That Are 12 towards That Are 7. Frenching	junctor
tual ace 12 former (out I haved oneryth	ing
I stopped my levice and great free	7 :
I stopped my rehicle and desked everythe clear before i town to left to tung are	lirle
while turnian + left, enclosing one re	VAII
GBF 4x59 H was going stright his out me	To me the
right side and our while we sticked -	to 123
my side and our while we skilled - and moved to other side of the rad .	ovel
to hospital due to hard and finger lugar	۸·
to hollings are the	

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

Reporting Centre Personnel's Signature
Name: Nam

NRIC/FIN No.:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 635R

Vehicle Details

Vehicle No.: GBK1914A

Vehicle to be Exported: No
Intended Deregistration Date: 11 Aug 2020

Vehicle Make: TOYOTA

Vehicle Make:

Vehicle Model:

HIACE VAN TURBO 5DR MT

Silver

Primary Colour: Silver

Manufacturing Year: 2019

1KDB019822

Engine No.: JTFHT02P200250027

Maximum Power Output:

Open Market Value:

Original Registration Date:

28,138.00
31 Jan 2020

First Registration Date: 31 Jan 2020
Transfer Count: 0

Actual ARF Paid: \$1,407.00

Intended PARF Rebate Details
PARF Eligibility:
No

PARF Eligibility Expiry Date:

PARF Rebate Amount: \$0.00

Intended COE Rebate Details
COE Expiry Date: 30 Jan 2030

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$25,001.00
COE Pebate Amount: \$23,670.00

COE Rebate Amount: \$23,670.00

Total Rebate Amount: \$23,670.00

The information contained herein is correct as at 11 Aug 2020