SS. REC. BY: TGUM CS/CTIZION	7121/BUC Veron	
	GNMENT	
From: Date:	Veh No:	
To Inspect Vehicle No: YOU 3680 M at Workshop m/s Dean Auto Pro of 160 Sin Hing Day # 0144 Insured: Policy No. Claims No. Sum Insured: Excess: (Client's Record)	Make: Mutsubj Shi Canter c.c. 20 Colour Nhite A/C: Insured / Store Sp.Reading 34034 T/Radio: Insured / Store Eng/No: 4P/DE/17987 C/No: FEB21EA35063 Gen. Cond: Good/Fair/Poor/Burnt Steering: Inorder/Jammed/Leaked/Burnt or Brake: Inorder/Jammed/Leaked/Burnt or	INIINA
Make of Veh:	Modi: Mil / S/Rim / STD A/Rim or	
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection.	Tyre Size: F: 195/85/15 R: 195/85/15 BS 1000 EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SI TOYO / YOKO or	IMI /
Bal. or Market Value: IDAC Accident Rport: GIA / PR Seen: Consistent?: Yes or No Est. Repairs: Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS WP Vehicle: IN / OUT	Front R/Bal. 5 mm R/Bal. 5 L/Bal. 5 mm L/Bal. 5 D.O.A. 36 6 6 30 D.O.I. 39 6 Survey held at Deam Autop 10 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roofton	o or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected du	3 (0 00111010111
Date / Time Action / Instruction Range MV 9100012		
PV 22,138 2		17 12021
NV 68,862/V	. 13	11-01
Date/Time, File Pass to? : Preli. Report 1) : Final Report	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:	
Date/Time, File Return to? Add Fo		
Reportermat:		
Lump Sum / LE.F: (5)	:Weelend (\$)	

Team AutoPro Pte Ltd 160 Sin Ming Dr, #02-12 Sin Ming AutoCity Singapore 575722 Tel: 8269-9999 Email: estimate.tap@gmail.com /teamautopl@gmail.com

SJE : Date of Survey :			Vehicle Nos :	YQ 2680 M
Date of ReSurvey: Contacts:	After-Paint:		Model : Year : Chassis No :	Mitsubishi Canter
* AGREED Cost Of Repair	r and Repair Day/s with SJE *			
Amount:			Working Day:	
Nos. PARTS		Qty	Unit S\$	TOTAL S\$

25%

BTV

Parts Sub Total: \$ 3/8.93 1,445.80
Discount \$ 79.73 361.45

PARTS TOTAL: \$ 239.20 1,084.35

Nos. SPECIAL NETT		Qty		Unit SS	TOTAL S\$	N. H.
1 Sundries		1	\$	80.00		00.00
2 Rear door LH		1	\$	2,100.00		80.00
3 Rear door RH		1	\$	2,100.00	The state of the s	7
4 Rear door lock L	1	1	\$	650.00	1 0 0 00-1-	
5 Rear door lock R	1	1	\$	650.00	1 200 00 1	50.00
6 Rear door hinge	H. Lower	1 2	\$	300.00	-	50.00
7 Rear door hinge		1 2	\$	300.00		00.00
8 Rear door inner l		1	\$	300.00		00.00
9 Rear door inner t	oard RH	1	\$	300.00	111000	00.00
10 Rear door revert		1	\$			00.00
11 Rear door reverts	ŘH	1	\$	100.00		00:00
12 Rear door pillar L		1	\$	100.00		00:00
13 Rear door pillar R	1	1	\$	1,800.00		00.00
14 Rear door pillar re	verts LH	1	\$	1,800.00		0.00
15 Raer door pillar ke	Verts RH	1	\$	100.00		00.00
16 Rear door advertis	ment provide invoice	1		100.00		00.00
17 Rear door sticker	60km/h'		\$	1,000.00		0.00
18 Rear wonder step		1	\$	40.00	71-7 -73	00:00
19 Rear end panel	Wooden	1	\$	450.00		0.00
Rear number plate	M-A TON	1	\$	800.00		0.00
Rear number plate	bracket	1	\$		With the second	0.00
			\$			0.00
		SPE	CIAL	NETT TOTAL:	\$ 14,05	0.00

5540.00

Nos.	LABOUR	Charles and Charles	THE PARTY NAMED IN
1	R&R rear door component LH/RH	S\$	
2	R&R rear wood component LH/RH	\$ 300.00	500.00
3	R&R rear wondenstep bar	\$ 80-00	150.00
4	R&R rear end panel	\$ 120.00	150.00
5	R&R cargo box	\$ 800.00	1,200.00
6	upholstery	\$.300.00
7	Check wiring	\$	100.00
,	Panel beating	\$ 1,000,000	2,000.00
8	Rust proofing	\$	200.00
9	Spray painting	\$ 1600.00	2,000.00
	LABOUR TOTAL:	\$ 3980.00	6,600.00

Survey Resurvey 20/6/2021 Tolin lin Tolin fin 1500 hrs 1330hm

Lump sum repair Repair days 12

PARTS TOTAL: \$ SPECIAL NETT TOTAL: \$ LABOUR TOTAL: \$

1,084.35 14,050.00 6,600.00

GRAND TOTAL: \$

21,734.35

239.20 Parts SN 5540.00 Labour 3960,00 9679.20 B 20% 1935 · 84 7743.36

4/5 7,750/2 TGCin line

13/7/2021

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:

* Note that item 16 of SN is not included until invoice is provided to arend cor



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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

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 the sport will for a few boards are included by the General Insurance Association of Singapore (GIA) for archiving and that copies of the sport will for a few boards are included by the General Insurance Association of Singapore (GIA) for archiving and that copies of the sport will for a few boards are included by the General Insurance Association of Singapore (GIA) for archiving and that copies of the GIA. 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

28/06/2021 14:06 (SGT) Date of Submission 26/06/2021 09:45 (SGT) Date of Accident PIE. Singapore Exact Location of Accident PIE towards Tuas after Exit 17 Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Infinite Transports Private Limited Name Of Registered Owner 2XXXXXXX88K Company Reg No admin@infinitetransports.com.sg Email Address (Phone) +65-82242275 Mobile Phone No (Home) +65-82242275 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Canter Model Variant Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual 2494

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy 5119100369 Policy Number Cover Note Number

DRIVER

Mohdyazid Bin Mohd Noor Name of Driver SXXXX270D

Date Of Birth 21/06/1967 Occupation Outdoor Date Of Driving Pass 17/05/2005 Driving experience 16 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-82242275 Alt. Phone Number Email Address admin@infinitetransports.com.sg Address 101B Pioneer Road Address complement Postcode 639607 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Jajar Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT refer attached report. 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 GBF5475A** Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

Name of Driver	
Work Pormit NI	Subramanian
Contact Number	FXXXX742L
Address	(Phone) +65-82660013
Address complement Postcode	
Postcode	
Insurance Company Name Nature Of Damage	The second second second
Details of property demand in socidant	
No. Of Passanger (Including Delice)	
or russenger (including Driver)	-

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IWe declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date & Time

Menal and

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 hisurance 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)

Lunderstand, 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
- (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")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes,

Policyholder's Signature / Date &

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

Witnessed by Reporting Dentre

Sketch Plan

LIAS vahille A 16 26 Ram 1 KG vinicle Bo

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	O88K
Vehicle No.:	YQ2680M
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jul 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEB21ER4SDEN
Primary Colour:	White
Manufacturing Year:	2020
Engine No.:	4P10E17987
Chassis No.:	FEB21EA35063
Maximum Power Output:	
Open Market Value:	\$39,255.00
Original Registration Date:	21 Sep 2020
First Registration Date:	21 Sep 2020
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$1,963.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	20 Sep 2030
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$24,100.00
COE Rebate Amount:	\$22,138.00
Total Rebate Amount:	\$22,138.00

The information contained herein is correct as at 13 Jul 2021

ОК

Follow squarters turn

MV 91,000/2 PV 22,138/2 NV 68,862/2

13/7/2021

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