ASS. REC. BY: Kenneth

REF: C12 / 22000376 / kqy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s RS

of _____

Insured: _____

Policy No. _____

Claims No. SNM22D200235/C02

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBE 3197X Yr Regn: 10, 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Dyna (M) c.c 2982

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 218423 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFAT35Y50K205059

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: Triangle 195R15X8

R: Dun 155R12X8(D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	5 mm	R/Bal.	22 mm
L/Bal.	5 mm	L/Bal.	22 mm
D.O.A.	8/1/22	D.O.I.	12/1/2022

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

& Rr

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	
	11/02/22@3.50pm revised to Alfred Toh via Merimen.
	Kenneth finalised LS $7600, 6 days. (Red $24065.63, 76%)

Date/Time, File Pass to?

1) 24/03 Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: ___$ - RS___SI

Parking _____

Others _____

Report Format : MER-TP

Lump Sum ~~I.B.I.~~ ($ 7600)

Not Authorised
L/Rup ③
Resurvey After Paint
today

RS AUTO SERVICES
UEN No. 53426926E
160 Sin Ming Drive, #06-01
Sin Ming Auto City, Singapore 575722
Email: rsautoservices88@gmail.com

Date : 11/01/2022

QUOTATION -THIRD PARTY CLAIM

CHINA TAIPING INSURANCE

Attn: Motor Claim Department . Officer In Charge

Accident on : 08/01/2022

Claim : Third Party Claim
Veh. No : GBE 3197 X
Model : TOYOTADYNA
Insured Ins: AIG AISA PACIFIC

QTY	PARTICULARS	AMOUNT	SURVEYOR
	Your Insurer Vehicle No : GBH 2987 Z		
1	FRONT BUMPER Rp	$ 980.00	✓
2	FRONT BUMPER INNER BEAM N/S Rp	$ 585.00	✓
2	FRONT BUMPER BRACKETS	$ N 380.00	X
1	FRONT CENTER PANEL	$ N 650.00	X
1	FRONT CENTER PANEL GARNISH	$ N 480.00	—
1	FRONT GRILLE	$ 480.00	?
1	HEADLAMPS	$ 1,980.00	?
1	DYNA EMBLEM	$ N 68.00	—
1	FRONT CENTER LOGO	$ 98.00	?
1	FRONT WIPER PANEL	$ N 740.00	X
2	TAILLAMPS	$ 798.00	
		$ 7,239.00	
	Less 25%	$ 1,809.75	
		$ 5,429.25	
	S/NETT PARTS		
2	TAILGATE ASSY	$ 8,000.00	?
1	TAILGATE CENTER LATCH	$ N 480.00	X
2	TAILGATE OUTER HANDLER	$ N 1,460.00	X
1SET	TAILGATE COMPANY STICKER (Bill) N	$ 2,800.00	—
4	TAILGATE SIDE HINGES	$ N 1,200.00	X
1	END PANEL	$ N 980.00	X
2	END PANEL RUBBER STOPPER	$ N 600.00	—
1	REAR SAFETY BAR	$ N 2,200.00	X
1SET	REVERSE SENSORS	$ N 500.00	X
	TOTAL S/NETT	**$ 18,220.00**	
	TOTAL PARTS :	**$ 23,649.25**	

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:

RS AUTO SERVICES

UEN No. 53426926E
160 Sin Ming Drive, #06-01
Sin Ming Auto City, Singapore 575722
Email: rsautoservices88@gmail.com

QTY	LABOUR	AMOUNT	SURVEYOR
	Balance b/f	**$ 23,649.25**	
	LABOUR CHARGE FRONT		
	Labour charges to repaier , replace cutting welding front accident affected area	$ 1,400.00	500
	To do spray painting for front accident area	$ 1,200.00	600
	Forcus headlamps , check front wiring system	$ 120.00	20
	To do anti rust for front	$ nn 120.00	X
	Total Labour :	**$ 2,840.00**	
	TOTAL PARST & LABOUR :	**$ 26,489.25**	

QTY	LABOUR	AMOUNT	SURVEYOR
	Balance b/f	**$ 26,489.25**	
	LABOUR CHARGE REAR		
	Labour to remove refix , replace accident damage parts cutting welding for rear	$ 1,400.00	500
	Transfer tailgate parts to another tailgate NL	$ 300.00	X
	To check rear lamps wiring, lock cable wiring, check wiring system, replace reverse sensor for rear	$ 150.00	150
	To do anti rust. nn	$ 120.00	X
	To do sealant, seal gap, waterproofing on accident affected cutting , welding area	$ nn 250.00	X
	To do spray painting on accident affected area , inner and outer	$ 1,000.00	900
	Total Labour :	**$ 3,220.00**	
	TOTAL PARST & LABOUR :	**$ 29,709.25**	
	GRAND TOTAL :	**$ 29,709.25**	

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 Submission	10/01/2022 16:07 (SGT)
Date of Accident	08/01/2022 09:45 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	Towards City
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3197X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Oregano Trading Pte Ltd
Company Reg No	201203833G
Email Address	oreganotrading@gmail.com
Mobile Phone No	(Phone) +65-98893981
Alternative Phone No	+65-98893981

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070142579-01
Cover Note Number	-

DRIVER

Name of Driver	Neo Chwee Poh
NRIC No	S0180542H

1. Please report accurately 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. This report will be forwarded by the insurers of the CIA 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.

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 :

(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' 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.

ORIENTO TRADING PTE LTD

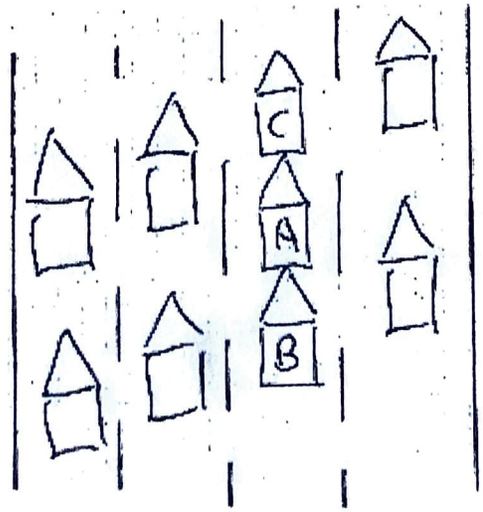
Policyholder's Signature / Date & Time: 10 JAN 2022

ORIENTO TRADING PTE LTD

Driver's Signature (if driver is not the policyholder) / Date & Time: 10 JAN 2022

Witnessed by Reporting Centre Personnel: Angie Soh

Sketch Plan



A- GBE 3197 X

B- GBH 2987 Z

C- SBF 118 P