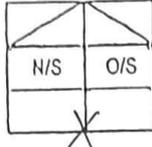


SALES REP: Thevan

REF: CS/SMA22001144 /UVF3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: 36kRM / 12k
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT



Veh No: SRD 6189 Yr Regn: 2015
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Vios E a.c. 1497
 Colour: Silver A/C: Insured / Std / Nil / NA
 Sp. Reading: 142104 T/Radlo: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: PN153HYF005080155
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rlm / STD A/Rlm or _____
 Tyre Size: F: 185/60R15
 R: 185/60R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 29/1/22 D.O.I. 8/2/22 1200
 Survey held at Success united Pte Ltd
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roof/Top or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Sum insured: <u>36kRM / 12k</u>

Date/Time File Pass to? : Prell. Report
 : Final Report
 Date/Time File Return to? _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Wash and ... (\$ _____)

Survey Fee:

Transportation:	_____
_____ \$ + RS. _____ \$	_____
Prints	_____
Others	_____
TOTAL	_____

Report Form No: _____
 Date: _____

SUCCESS UNITED PTE LTD

2 Kaki Bukit Ave 2, #01-33 / #02-29
 Kaki Bukit Autohub, Singapore 417921
 Tel No. : 67461515 / 67471787 Fax No. : 67485015
 Website : www.successunited.com.sg
 Buss. Reg. No. : GST No. 200402570C

MS First Capital Insurance Limited
 36 Robinson Road
 #16-01 City House
 Singapore 068877

Attention : Motor Claim Department
 Contact : 65073848 Fax No. : 65073849

Estimate : TP22-014

Date : 29/01/2022
 Vehicle Num. : JRD6189
 Make/Model : Toyota Vios-2015
 Chassis/Eng# : PN153HYF005080155/1NZZ328810
 Accident Date : 27/01/2022
 Claim No. :
 Reference :
 Policy No. : (22/11/2022)

S/N	Quantity	Particular	Unit Price	Amount S\$
		LIST ITEMS :		
1.	1 pc	Rear Boot Lid		890 987.10 / DT
2.	1 pc	Rear Boot Lid Toyota Logo		58.90 / nee
3.	1 pc	Rear Boot Lid 'Vios' Emblem		64.20 / nee
4.	1 pc	Rear Boot Lid 'G' Emblem		49.60 / nee
5.	1 pc	Rear Boot Lid Chrome Trim Moulding		213 436.70 / DT
6.	1 pc	Rear No. Plate Lamp		83.60 / rra
7.	1 pc	Rear Boot Lid Mechanism Lock	97.10	220 438.80 / jam
8.	2 pcs	Rear Boot Hinge L/R	423.10	194.20 / rsv
9.	2 pcs	Rear Lamp Assy L/R		846.20 / rsv
10.	1 pc	Rear Boot Lid Weatherstrip		190 258.40 / cut
11.	1 pc	Rear Bumper Assy	5.79	638 731.50 / DT
12.	10 pcs	Rear Bumper Clips	254.90	30 57.90 / nee
13.	2 pcs	Rear Bumper Side Holder L/R	97.60	509.80 / rsv
14.	2 pcs	Rear Bumper Bracket L/R		195.20 / nee
15.	1 pc	Rear End Panel		219 915.60 / DT
16.	1 pc	Rear End Panel Inner Top Garnish		180.70 / DT
17.	1 pc	Rear Floor Spare Tyre Panel		698.70 / r
18.	1 set	Reverse Sensor		380.70 / rsv
		List Total S\$:		7,087.80
		25.00% Discount S\$:		1,771.95
				5,315.85
		SPECIAL NETT ITEMS :		50.00 40
1.	1 pc	Rear No. Plate		50.00
		Special Nett Total S\$:		120.00 40
		LABOUR :		
		To remove, rearrange electrical wirings, check lighting		

CONTINUE / ...

SUCCESS UNITED PTE LTD

2 Kaki Bukit Ave 2, #01-33 / #02-29
Kaki Bukit Autohub, Singapore 417921
Tel No. : 67461515 / 67471787 Fax No. : 67485015
Website : www.successunited.com.sg
Buss. Reg. No. : GST No. 200402570G

MS First Capital Insurance Limited
36 Robinson Road
#16-01 City House
Singapore 068877
Attention : Motor Claim Department
Contact : 65073848 Fax No. : 65073849

Supplementary Estimate : TP22014S

Date : 10/02/2022
Vehicle Num. : JRD6189
Make/Model : Toyota Vios-2015
Chassis/Eng# : PN153HYF005080155/1NZZ328810
Accident Date : 24/01/2022
Claim No. :
Reference :
Policy No. : (22/11/2022)

S/N	Quantity	Particular	Unit Price	Amount S\$
1.	2 pcs	LIST ITEMS : Rear Bumper Reflector L/R	116.80	233.60 / Cra
		List TotalS\$:		233.60
		25.00% Discount S\$:		58.40
				175.20

Total S\$: 175.20
=====



SUCCESS UNITED PTE LTD

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2 Kaki Bukit Ave 2, #01-33 / #02-29
 Kaki Bukit Autohub. Singapore 417921
 Tel No. : 67461515 / 67471787 Fax No. : 67485015
 Website : www.successunited.com.sg
 Buss. Reg. No. : GST No. 200402570G

MS First Capital Insurance Limited
 36 Robinson Road
 #16-01 City House
 Singapore 068877
 Attention : Motor Claim Department
 Contact : 65073848 Fax No. : 65073849

Estimate : TP22-014

Date : 29/01/2022
 Vehicle Num. : JRD6189
 Make/Model : Toyota Vios-2015
 Chassis/Eng# : PN153HYF005080155/1NZZ328810
 Accident Date : 27/01/2022
 Claim No. :
 Reference :
 Policy No. : (22/11/2022)

S/N	Quantity	Particular	Unit Price	Amount S\$
		To remove, reinstal upholstery, Inner trim garnishes.		250.00 50
		To remove, repair and replaced damaged bodyparts, realign bodyworks & where consistent to the accident		1,600.00 400x800
		To putty and respray painting on affected area.		1,200.00 400x800
		Labour Total S\$:		3,170.00

5331.5
 - 200%
 = 4265.2
 = 4250

Therian @ LK Auto. loan
 82235769
 8/2/22 1200
 LFS 7 days wp
 6

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:

Total S\$: 8,535.85
 =====

SUCCESS UNITED PTE LTD



**SINGAPORE
POLICE FORCE**



T/20220127/2076

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No: T/20220127/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2022 17:05		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant ANG CHIN THON			Address:		
ID Type / ID No.: FIN NO / G7449354N			Contact No.: Home/Office:		Mobile: 97791926
Nationality MALAYSIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 09/05/1979	Type of Informant: Driver		
Race: Chinese		Language: Malay		Institution / School Name:	
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 27/01/2022 13:45	Type of Location: Y-Junction
Location: JURONG WEST CENTRAL 3				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRD6189	Car	TOYOTA	VIOS	Silver	Slightly Damaged	0
SMB324B	Bus/Coach/Minibus					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220127/2076

2 of 3

Report No. T/20220127/2076

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

CONTINUATION OF REPORT

Driver Name	ANG CHIN THON		ID No.	G7449354N
Related Vehicle	JRD6189 (Car)		Contact No.	97791926
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver Name	LOH ENG CHOONG MICHAEL		ID No.	S1573444B
Related Vehicle	SMB324B (Bus/Coach/Minibus)		Contact No.	97952944
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 27/01/2022 at about 1.45 pm, I was driving along Jurong West Central 3. I was about to make a left turn at the zebra crossing. As there was oncoming traffic, I stop and waited for traffic to clear. Suddenly, I felt a huge impact from the rear. I looked at my rear view mirror and noticed that an 'SMRT' bus had collided onto the rear of my vehicle. I step out of my vehicle to make a check. Both the bus driver and myself was not injured. We exchange particulars and took photo of the damages to each vehicle. I was advised to lodge a police report. The damage to my vehicle are dents on the rear portion.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999



T/20220127/2076

3 of 3

Report No T/20220127/2076

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report

G /
SGT 3 MUHAMMAD SAYYIDI
BIN TAUHID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/01/2022 17:05

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Please call KAA Toll Free 1 800 88 3833 for breakdown or accident assistance"

**PRIVATE CAR SCHEDULE / JADUAL KERETA PERSENDIRIAN
auto365 Comprehensive Premier**

The Insured / Pemegang Polisi SIAU SWEE LAN			Policy No. / No. Polisi JVE1639791	
NO. 51, JALAN KEMBIA 11, TAMAN PUTRI WANGSA, 81800 ULU TIRAM			Account No. / No. Akaun 790800-00	
Occupation / Pekerjaan MANAGER			Type of Cover / Jenis Perlindungan COMPREHENSIVE PREMIER	
I.C. No. / No. Kad Pengenalan 710213015414			Period of Insurance / Tempoh Insurans From / Dari 00:00:01 AM 23-11-2021 To / Hingga 22-11-2022	
Hire Purchase Owner / Pemilik Sewa Beli -			Premium / Premium RM 1,093.95	
Make & Type of Body / Buatan & Jenis Badan TOYOTA VIOS E / 4D SEDAN			NCD / Diskaun Tanpa Tuntutan 55.00% Wef / Berkuatkuasa dari 23-11-2021 601.67	
Registration No. / No. Pendaftaran JRD6189			Optional Cover Legal Liability Of Passengers / Liabiliti Penumpang Di Sisi Undang-Undang Kerana Perbuatan Cuaai Legal Liability To Passengers / Liabiliti Dari Segi Undang-Undang Kepada Penumpang 492.28	
Excess / Lebihan 0.00			Windscreen Damage (Tempered/Laminated Glass Inclusive Labour Cost) / Kerosakan Cermin Kenderaan (Pengubahan Cermin / Cermin Berlapis Termasuk Kos Buruh) RM 1,800.00 7.50	
Carrying or Seating Capacity Incl. Driver / Muatan Tempat Duduk Termasuk Pemandu 5			Undang-Undang Kepada Penumpang 33.75	
Year of Manufacture / Tahun Diperbuat 2015			Gross Premium / Premium Kasar 803.53	
Sum Insured / Jumlah Diinsuranskan (RM) 36,000.00 (Agreed Value)			Service Tax / Cukai Perkhidmatan 6% Stamp Duty / Duti Setem 48.21 10.00	
Engine/Motor No. / No. Enjin/Motor 1NZZ328810			Total Due / Jumlah Berbayar RM 861.74	
Chassis No. / No. Casis PN153HYF005080155			Total Due (OTC) / Jumlah Berbayar Di Kaunter RM 861.75	
Trailer / Treler -				
Named Driver / Pemandu Yang Dinamakan: ANY AUTHORISED DRIVER				
Note : Compulsory excess will be applied for named driver under 21 years old / Provisional (P) or Learner (L) driver's licence / unnamed driver. / Ekses wajib akan dikenakan untuk pemandu yang dinamakan di bawah umur 21 tahun / pemegang lesen memandu Percubaan (P) atau Pelajar (L) / Pemandu yang tidak dinamakan.				
Geographical Area : Malaysia , Republic of Singapore and Negara Brunei Darussalam. / Kawasan Geografi : Malaysia, Republik Singapura dan Negara Brunei Darussalam. Limitations as to Use : As described in the Certificate of Insurance. / Had Penggunaan / Seperti yang tercatat dalam Sijil Insurans.				
Replacing Cover Note No. / Gantian No. Nota Perlindungan Renewal of Policy No. / Pembaharuan No. Polisi Date of Proposal or Declaration / Tarikh Cadangan atau Pengisytiharan W0524784 17-11-2021			Issued By / Dikeluarkan Oleh : XEN YANG AGENCY NO 7, JALAN HARMONIUM 31/8, TAMAN DESA TEBRAU, 81100 JOHOR BAHRU Tel : 0197554545 Fax :	
Date of Issue / Time / Tarikh Dikeluarkan / Waktu 17-11-2021 08:56:35 PM			For / untuk AmGeneral Insurance Berhad AmGeneral Insurance Authorised Signature / Tandatangan Yang Diberi Kuasa	
210210171121E344				

Note: / Nota: No refund of premium for any cancellation of policy if premium is charged on minimum premium / Tiada bayaran balik premium bagi sebarang pembatalan polisi sekiranya premium yang dikenakan adalah premium minima.