

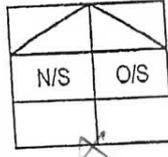
ASS. REC. BY: Tauph

REF: CS/CT122002045/T43

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SML1963Y Yr Regn: 2021, Feb
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Seat Arona FR c.c. 999
 Colour: Red. A/C: Insured / Std / NI / NA
 Sp. Reading: 16969 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NSSZZZKJZMR 065595
 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: 205/55R17
 R: 205/55R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front R/Bal. 6 mm Rear R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.I. _____ D.O.I. 7/3/22
 Survey held at Vertex Euro Motors
 Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \$100K.
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS WP
 Date: _____ Person Contacted: Raymond Vehicle: IN / OUT

Date / Time	Action / Instruction
	COR \$13,240 , 7 days.
	red:5945:30%

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Rep. Format: _____
 Lump Sum / L.B. (%): _____

Days Of Repair: 7
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:

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

VERTEX EURO MOTORS PTE LTD

3 Ubi Road 4 Singapore 408608
 TEL: (+65) 6742-9368 FAX: (+65) 6742-5281
 RCB NO:201535856D

M/S : LI XIN RAN
 BLK 688C WOODLANDS DR 75
 #06-42
 SINGAPORE 733688

ATTN:

Your Ref No: SML1963Y
 Claim Type: Third Party
 Accident Date:

Estimate No: **WQT1602539**
 Date: 02 Mar 2022
 Policy No:
 Veh Reg No: **SML1963Y**
 Make/Model: **SEAT ARONA FR 1.0**
TSI 116 7AT
 Chassis No: **VSSZZKJZMR065595**
 Engine No: **DKJ 105947**
 Reg. Date: 08/02/2021
 Payment Term: COD

Estimate Repair Cost to Vehicle No :SML1963Y

Description	Quantity	List Price	Amount
		SS	SS
Others			
1 BUMPER REINF RR *	1 PC	620.00 ?	
2 BUMPER SPONGE RR CTR	1 PC	100.00 ?	
3 BUMPER BKT RR LH INN	1 PC	60.00 ?	
4 BUMPER BKT RR RH INN	1 PC	60.00 ?	
5 BUMPER BKT RR LH OTR	1 PC	80.00 ?	
6 BUMPER BKT RR RH OTR	1 PC	80.00 ?	
7 STRIP-BUMPER RR LH	1 PC	150.00 ?	
8 STRIP-BUMPER RR RH	1 PC	150.00 ?	
9 SENSOR BKT NO.6 *	1 PC	60.00 ne	
10 SENSOR BKT NO.5 *	1 PC	60.00 ne	
11 SENSOR BKT NO.4 *	1 PC	60.00 ne	
12 SENSOR BKT NO.3 *	1 PC	60.00 ne	
13 SENSOR BKT NO.2 *	1 PC	60.00 ne	
14 SENSOR BKT RR LH OTR *	1 PC	60.00 ne	
15 O-RING-P/SENSOR *	6 PCS	30.00 ne	
16 BUMPER RR	1 PC	1,400.00 de	
17 B/REFLECTOR LH	1 PC	50.00 X	
18 B/REFLECTOR RH	1 PC	50.00 X ?	
19 BUMPER SPOILER RR	1 PC	650.00 de	
20 BUMPER SPOILER TRIM RR-KATANA SILVER	1 PC	550.00 de	
21 TRIM PANEL BUMPER RR LH-silver	1 PC	330.00 X	
22 TRIM PANEL BUMPER RR RH-silver	1 PC	330.00 ?	
23 BUMPER TOW CAP RR	1 PC	55.00 X	
24 BOLT-SPOILER	2 PCS	6.00 ne	
25 RIVET	2 PCS	4.00 ne	
26 LID RR	1 PC	2,600.00 bt	
27 LID HINGE L/R	2 PCS	410.00 ?	
28 LID LOCK MICRO SWITCH RR	1 PCS	180.00 X	
29 LID PUSH BUTTON W CAMERA	1 PC	860.00 X	
30 T/LAMP LH INN	1 PC	520.00 X	
31 T/LAMP RH INN	1 PC	520.00 X	
32 T/LAMP LH OTR	1 PC	640.00 X	
33 T/LAMP RH OTR	1 PC	640.00 X	
34 LID LOGO 'ARONA' *	1 PC	80.00 ne	
35 LOGO-'S' LID	1 PC	100.00 ne	
36 LOGO "FR" RR	1 PCS	70.00 ne	
37 NUMBER PLATE REAR	1 PC	80.00 ?	

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M/S : LI XIN RAN
 BLK 688C WOODLANDS DR 75
 #06-42
 SINGAPORE 733688

ATTN:

Your Ref No: SML1963Y
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 Accident Date:

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 Engine No: DKJ 105947
 Reg. Date: 08/02/2021
 Payment Term: COD

Estimate Repair Cost to Vehicle No :SML1963Y

Description	Quantity	List Price	Amount
		SS	SS
38 WINDSCREEN RR - photo	1 PC	1,330.00	1,330.00
39 W/SCREEN SEALANT	2 PC	80.00	160.00
40 LABOUR TO REMOVE AND REINSTALL REAR PARKING AID. CHECK FUNCTION AND RENEW ACCORDING TO DAMAGE.	1	180.00	180.00
41 LABOUR TO INSTALL REAR WINDSCREEN	1	480.00	480.00
42 LABOUR TO TO INSTALL SOLAR FILM	1	400.00	400.00
43 LABOUR TO REMOVE, REPAIR, REINSTALL RR LID,RR BUMPER,IRON PANEL 650.	1	2,600.00	1300
44 LABOUR TO RESPRAY RR LID, RR BUMPER,IRON PANEL 600	1	2,000.00	1200
45 LABOUR TO CARRY OUT DIAGNOSTIC CHECK	1	180.00	180.00
46 SUNDRIES	1	120.00	40.
		19,185.00	19,185.00
		Total	S\$ 19,185.00
		Add GST @ 7%	1,342.95
		Total Amount Payable	S\$ 20,527.95

TOTAL: SINGAPORE DOLLAR TWENTY THOUSAND FIVE HUNDRED TWENTY SEVEN AND CENTS NINETY FIVE ONLY

Taufik 97495749 / 62563561
 wp' 7/3/22 @ 220pm
 Resurvey before paint
 05 days
 taufik@lkauto.com

For VERTEX EURO MOTORS PTE LTD



AUTHORISED SIGNATURE

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:

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 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 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	02/03/2022 13:03 (SGT)
Date of Accident	02/03/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EXIT 8 OF AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1963Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LI XIN RAN
NRIC No	S8084643F
Email Address	LESLIELIXR@GMAIL.COM
Mobile Phone No	(Phone) +65-91886298
Alternative Phone No	+65-91886298

VEHICLE PARTICULARS

Manufacturer	Seat
Model	Arona
Variant	-
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1000

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	LI XIN RAN
NRIC No	S8084643F

Date Of Birth	01/08/1980
Occupation	Indoor
Date Of Driving Pass	07/08/2007
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91886298
Alt. Phone Number	+65-91886298
Email Address	LESLIELIXR@GMAIL.COM
Address	BLK 688C WOODLANDS DRIVE 75 #06-42
Address complement	-
Postcode	733688
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Clear
Road Surface	Dry

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	COLLECT FROM OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK4689E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEHICLE NO SML 1763Y
DATE OF ACCIDENT 2/10/2022

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 willful 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 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 be 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 insurers 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 purposes 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 Insurers who have insured vehicles involved in this accident and the Insurers' lawyers/law firms may be 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 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.

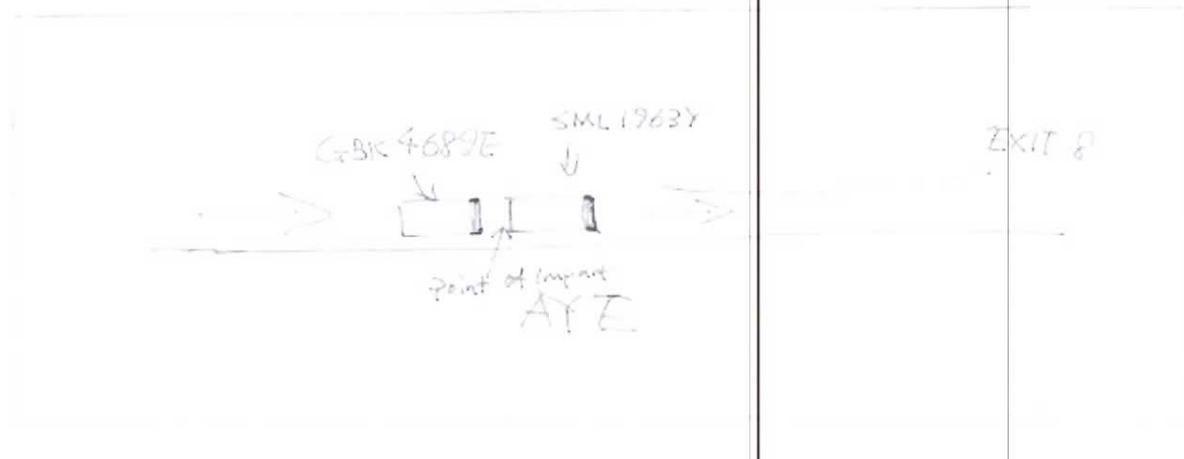
[Signature]
Policyholder's Signature / Date & Time 2 Mar 2022

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident VEHICLE NO SML 1963 Y DATE OF ACCIDENT 23/3/2022

On 2nd March 2022 around 8:27 AM, I was driving my car on the Exit 8 along AYE, when I slowed down for traffic the lorry behind hit my car. The lorry Reg No. is G6K 4687E Registered to LAI HUAT VEGETABLE TRADING PTE LTD My car registration no. SML 1963Y

REPORTING ONLY () OWN DAMAGE () THIRD PARTY () OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature (Date & Time)
23/3/2022

Driver's Signature (Date & Time)



Date Witnessed by Reporting Centre