ASS. REC. BY: Kenneth — MSG-I 22 002657 Kq y3

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: ______

at Workshop m/s: TSR

of ______

Insured: ______

Policy No. ______

Claims No. 271637

Sum Insured: ______ Excess: ______

(Client's Record)

Make of Veh: 2pm

(Policy Condition)

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

N/S | O/S

Bal. or Market Value: @55k

IDAC Accident Rport: ______ Consistent? : Yes or No

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

Est. Repairs: 03 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: YP 2396P Yr Regn: 04, 16

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

Make: Mit Canter c.c 2998

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

Sp.Reading: 105759 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: FEB21EA 20400

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: 195R15X8 (D)

R: —— (D)

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	7 7 mm
L/Bal.	9 mm	L/Bal.	7 7 mm

D.O.A. 19/3/22 D.O.I. 1/4/2022 2pm

Survey held at ______

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

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

Date / Time	Action / Instruction
12/05/22@3.56pm	revised & email to Douglas Ong to seek mandate at LS $2550, 3 days.
17/05/22@11.57am	Douglas Ong informed mandate approved by email.
	Kenneth finalised LS $2550, 3 days. (Red $3310, 56%)

Date/Time, File Pass to?

1) 25/05 Typist

Date/Time, File Return to?

2) ______

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______) ☐ : Interview ($ ______) ☐ Tech Invs ($ ______) ☐ Weekend ($ ______)

Survey Fee: ______

Transportation: ___S + RS.___SI

Photos ______

Others ______

TOTAL ______

Report Format : MER-TP

Lump Sum / I.B.I. ($ 2550)

TSR AUTOMOTIVE PTE LTD

H.P 90030857

Date : 01/04/2022

QUOTATION -THIRD PARTY CLAIM

MSIG INSURANCE (SINGAPORE) PTE LTD

Attn: Motor Claim Department , Officer In Charge

Accident on : 19/03/2022

Claim : Third Party Claim
Veh. No : YP 2396 P
Model : MITSUBISHI CANTER
Insured Ins: OAC INSURANCE

QTY	PARTICULARS	AMOUNT	SURVEYOR
	Your Insurer Vehicle No : SLP 3829 E		
	S/NETT		
1	LH SIDE CENTER DOOR PANEL ASSY Pt? By	$ 4,000.00	✓
1	LH SIDE CENTER DOOR PANEL STICKER Nc	$ 600.00	2 ows
1	LH SIDE SLIDE DOOR RAILING	REPAIR	
	TOTAL S/N	**$ 4,600.00**	
	TOTAL PARTS :	**$ 4,600.00**	

QTY	LABOUR	AMOUNT	SURVEYOR
	Balance b/f	**$ 4,600.00**	
	LABOUR CHARGE :		
	Labour charges	$ 600.00	25%
	To do spray painting on accident affected area .	$ 600.00	35%
	Checking wiring system	$ NA 60.00	X
	Total Labour :	**$ 1,260.00**	
	Total Parts & Labour :	**$ 5,860.00**	

Not Authorised
Liftup 8
Resurvey After Paint
3days

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:

SS02223L0003 / S & H Motor Pte Ltd
ENTRY DATE & TIME: 21/03/2022 11:46 (SGT)
SUBMITTED BY: Cynthia Myint Myint Than
VERSION: 1 (21/03/2022 11:46 (SGT))

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	21/03/2022 11:46 (SGT)
Date of Accident	19/03/2022 10:45 (SGT)
Exact Location of Accident	Seaside Residences, Singapore
Additional Location Information	Seaside residences guard house
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2396P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ANB Logistics N Services Pte Ltd
Company Reg No	201734098K
Email Address	selwyn@anb.sg
Mobile Phone No	(Phone) +65-88997066
Alternative Phone No	(Home) +65-88997066

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	3000

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2021-V0116554-VCV
Cover Note Number	-

DRIVER

Name of Driver	Tamil Selvan Karmegam
Work Permit No	G7513270R

SKETCH PLAN

IMPORTANT NOTICE

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. 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/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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan