ASS. REC. BY: Steve

CS/MSG22005847/Eqy3

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. 272529

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: 4 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: PB 5555R Yr Regn: 8/7/20

Type: M.Car / M.Cycle / Bus / (Van) / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota Regius Ace c.c 2754

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

Sp.Reading 28667 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GDH201-0312.66

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: 195R 15C

R: "

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.	24/3/22	D.O.I.	20/6/22

Survey held at Mitsubishi HC Capital

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

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

Date / Time	Action / Instruction
	MV-92K
	24/06/22@5.48pm revised to Shu Xiang by email.
	Steve finalised LS $1450, 4 days. (Red $2060.51, 59%)

Date/Time, File Pass to? 1) 21/07 Typist

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to? 2) _____

Report Format : TP

Lump Sum / ~~Hourly~~ : 1450

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	116E

Vehicle Details

Vehicle No.:	PB555R
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Jun 2022
Vehicle Make:	TOYOTA
Vehicle Model:	REGIUS ACE DX 2.8 AUTO
Primary Colour:	Silver
Manufacturing Year:	2019
Engine No.:	1GD8472578
Chassis No.:	GDH2011031266
Maximum Power Output:	-
Open Market Value:	$41,784.00
Original Registration Date:	08 Jul 2020
First Registration Date:	08 Jul 2020
Transfer Count:	0
Actual ARF Paid:	$2,090.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	07 Jul 2030
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$25,013.00
COE Rebate Amount:	$20,245.00
Total Rebate Amount:	**$20,245.00**

The information contained herein is correct as at 03 Jun 2022

OK

car with owner

Mitsubishi HC Capital Asia Pacific Pte Ltd
8 Fourth Lok Yang Road
629705

Insurer Reference:
Repairer Reference: 048239
Date calculated: 03/06/2022 4:54 PM

Full Report
Registration: PB555R
Printed: 03/06/2022 4:55 PM

Summary Information

Claim

Location:	Singapore (SG)	Work Provider:	MSIG Insurance (Singapore) Pte Ltd
Printed by:	mayky chai	Currency:	SGD
Claim Reference:		Date of Incident:	24/03/22
Estimated Repair Time:	10	Hire Car Start:	
Actual Repair Days:		Hire Car End:	

Vehicle Details

Vehicle

Manufacturer:	TOYOTA
Model:	HIACE/QUANTUM/GRAN
Sub Model:	BASE MODEL
Model Sheet Number:	70 EB 01
Registration:	PB555R
VIN number:	
Odometer:	

Steve (LKK)
20/6/22, 2.7pm

L/S
RH Mly
4 dys

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
- Missing item/part/accessory(s) is allowed
- Structural/safety item(s) must be resurveyed and is subject to final approval from Insurance Company

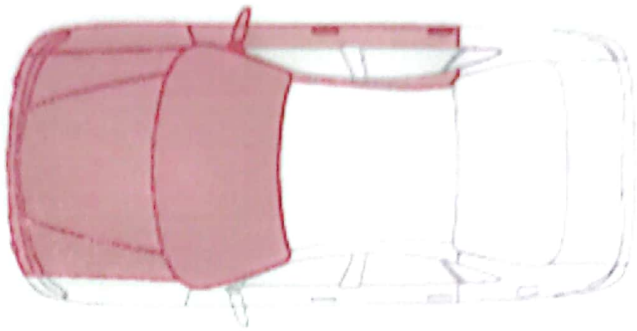
Acknowledged by Repairer
Signature:
Date:

Vehicle Condition

Vehicle Status
Pre-Accident Damage:
Date of Inspection:

Damage Areas

All	☐
Underbody	☐



Tyres Condition

Tyre Brand	Tread (Left Middle), mm	Tread (Left Outer), mm	Tread (Left Inner), mm	Tread (Right Inner), mm	Tread (Right Outer), mm	Tread (Right Middle), mm	Condition

Spare Tyre Brand	Tread (Spare), mm

Labour

Time Base 10 WU/h — Price = 50.00 SGD/h

Code	Description	WU	Price SGD
NO NUMBER	ADJUST HEADLAMP	2.0	10.00
531011 ZAX	R + R R/F WING	7.0	35.00
NO NUMBER	R + R FRONT BUMPER INCLUDES: R + R FRONT GRILL	7.0	35.00
750011	R + R BONNET BADGE	5.0	25.00
NO NUMBER	R + R R/F WING MOULDING	3.0	15.00
NO NUMBER	R + R RAIN SENSOR	3.0	15.00
554011)	R + R WINDSCREEN INCLUDES: R + R WIPER ARMS, COWL GRILLE, A-PILLAR TRIMS, INSIDE MIRROR AND ALL NECESSARY ATTACHED PARTS	31.0	155.00
743511)	R + R FRONT FLOOR CARPET	18.0	90.00
NO NUMBER	RENEW R/F SIDE PANEL	80.0	400.00
NO NUMBER	R + R RIGHT FRONT DOOR	6.0	30.00
NO NUMBER	R + R R/OUTER MIRROR COVER	1.0	5.00
NO NUMBER	DETACH + REFIT FRONT HEADLINING	5.0	25.00
NO NUMBER	R + R RIGHT FRONT SEAT	2.0	10.00

Labour Cost	Hrs	WU	
Panel / Mechanical Labour	17.00	170.0	850.00
Total of Labour			850.00

paint

Paint Work

SYSTEM AZT — Time Basis 10 WU/h

Code	Description	WU	Price SGD
	R/F SIDE PANEL NEW PART PAINTING	20.0	
	R/DOOR MIRROR COVER NEW PART PAINT K1R	3.0	
	BONNET REPAIR PAINTING >50%	26.0	

Paint Material Per Part

Code	Description	Price SGD
2228	R/F SIDE PANEL NEW PART PAINTING	21.85
1746	R/DOOR MIRROR COVER NEW PART PAINT K1R	3.14
0471	BONNET REPAIR PAINTING >50%	32.42

Labour Cost - Paint		Hrs	WU	Price SGD
Factor	50.00 SGD/h			
Time Paint			49.0	
Preparation Main Work Metal		1.70	17.0	85.00
Preparation Comp. Work Plastic		0.30	3.0	15.00
Total	10 WU/h	6.90	69.0	345.00

Material Cost - Paint	Price SGD
New Part Painting	21.85
New Part Painting - Plastic K1R	3.14
Repair Painting	32.42
Material-constant Metal	18.10
Material-constant Plastic	9.00
Total	84.51

Spare Parts

prices as at 2015-06-01/01

Code	Description	Part Number	Part Source	Price SGD
1392	AIR GUIDE TRIM	55708 26290	Original	200.00
1000	ANTENNA	ANTENNA	Original	55.00
1413	FRONT SCREEN SPACER	56115 26060	Original / NC	40.00
0431	GRILLE BADGE	90975 02177	Original	25.00
1453	L/FR WIPER ARM	85221 26110	Original	70.00
1423	L/WINDSCREEN MLDG	75544 26010	Original / NC	40.00
1409	LWR WINDSCREEN SEAL	56119 26010	Original / NC	40.00
1421	LWR W-SCREEN MLDG	56153 26020	Original / NC	40.00
1746	R/DOOR MIRROR COVER	87915 26010	Original	250.00
1454	R/FR WIPER ARM	85211 26120	Original	50.00
2228	R/F SIDE PANEL	61111 26430	Original / 00	220.00
0792	R/F WING MOULDING	60117 26010	Original	200.00
1424	R/WINDSCREEN MLDG	75543 26010	Original / NC	40.00

Code	Description	Part Number	Part Source	Price SGD
1410	UPP WINDSCREEN MLDG	75533 26010	Original	40.00
1401	WINDSCREEN	56111 26391	Original	550.00
1411	WINDSCREEN BOND KIT	56117 26070	Original	40.00
1414	WINDSCREEN CATCH	56116 22050	Original	40.00

f: OEM Parts
n: Non-OEM Parts
u: Used parts

Savings	0.00
Subtotal	1,940.00
Addition(+15.00%)	291.00
Total	2,231.00

Final Calculation

	SGD	SGD
Parts	1,940.00	
Addition(+15.00%)	291.00	
Total Parts		2,231.00
Labour Time Base 10 WU/h	850.00	
Total 170.0 WU X 50.00 SGD/h		
Total of Labour		850.00
Paint Work Time Base 10 WU/h	345.00	
Labour Cost 69.0 WU X 50.00 SGD/h	84.51	
Material Cost		
Total Paint Including Material		429.51
Repair Cost Excludes GST		3,510.51
GST (+7.0%)		245.74
Repair Cost Included GST		3,756.25

Comments
* - USER SUPPLIED DATA
NN - NO MANUFACTURERS CODE EXISTS
) - WU PARTIAL INCL IN OTHER POSITIONS

Assessment Note

Author	Date	Text
maykychai	03/06/2022 4:50 PM	AUDATEX REPORT

SM0T223T0001 / Mitsubishi HC Capital Asia Pacific Pte Ltd
ENTRY DATE & TIME: 29/03/2022 15:19 (SGT)
SUBMITTED BY: JAMILAH BEGUM
VERSION: 1 (29/03/2022 15:19 (SGT))

Your NCD will be affected due to late reporting

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	29/03/2022 15:19 (SGT)
Date of Accident	24/03/2022 12:45 (SGT)
Exact Location of Accident	46 Gul Ave, Singapore 629680
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PB555R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SANKYU (SINGAPORE) PTE LTD
Company Reg No	1XXXXX116E
Email Address	MIN.ZO@SANKYU.COM.SG
Mobile Phone No	(Phone) +65-90234469
Alternative Phone No	(Office) +65-65587995

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Regius
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	Bus
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	22-MB000005-R12
Cover Note Number	-

DRIVER

Name of Driver	MIN ZAW OO
Passport No/FIN	GXXXX423U

Date Of Birth	01/06/1977
Occupation	Outdoor
Date Of Driving Pass	08/12/2009
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90234469
Alt. Phone Number	-
Email Address	MIN.ZO@SANKYU.COM.SG
Address	46 GUL AVENUE
Address complement	GUL ENGINEERING CENTRE
Postcode	629680
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	Hit by fallen tree / Other objects
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	0
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

PLEASE REFER ATTACHED PHOTOS

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

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

SKETCH PLAN

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 wilful holding 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

Please refer Attached Photos.

SKETCH PLAN #2

Describe Circumstances of the Accident

I was parked in designated car park at Sankyu (S) Pte. Ltd location at 46 Gul Avenue on 24 March 2022 during office hour.

About 12:45 pm, a dead (dry) tree ~~drop on~~ from ~~another~~ neighbour premises (49 Gul Drive) dropped on the Van (SB 555R) and dented the frame of wind screen of the car. Weather was raining.

**You had been advised by the workshop in the case that you wish to claim against own policy, there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN #3

Report

IMS MP-INC-16-F01 Rev00

Report No: / /

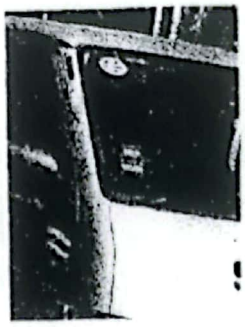
Description of Problem/ Nonconformity/ Incident

Type of plant/ machinery/ production process involved (if any) | Was there any defect in plant/ machinery? If so, give details

I'm parking in designated car park in be nd of GEC premissis on 24 March 2020 during office hour.

About 12:45 PM, A dead tree from over the frence (another owner) dropped on the Van and dented the frame of wind screen of the car. Weather was heavy rain and windy too

Sketch (If Necessary)



Immediate Corrective Action (Do not indicate any administrative counter measure)

To Be Defined Functional Head

Classification : ☐ Own - CAR to be completed and submitted within 7 days after incident (including Supplier)

☐ Uncontrollable - Please fill the Justification space below

Justification (pls attached more info if any)

Originator	Functional Head	NOTE: For any Case - When the incident could indicate a hidden potential to cause personal injury, industrial disease and damages in the operation practice or management system. The immediate manager or higher shall initiate and chair an investigation Meeting. The meeting shall be delegated by the line function and relevant parties concerned.
Name/Stamp or Signature/Date	Name/Stamp or Signature/Date	Please remember to communicate among your department personnel.