

(intel)	ASS. REC. BY:	2200 6122 /kgy3
inside	Kenneth	2000 4121 /Kqy3
	F	ASSIGNMENT
	Estimated Cost: Date:	Veh No: , SKC 7715 Dyr Regn: 09, 1.1
	OD INP WS ITP RES I OD RES I EVA I INV I MY	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
RIVEF	To Inspect Vehicle No:	Truck / Traller or . Was on
10 ANG #04-07	at Workshop m/s River view	Make: Toy Esting c.c 2362
SINGAI	of With	Colour White A/C: Insured / Std / NI / NA
Tel : 6	Insured:	Sp.Reading 23947/ T/Radio: Insured / Std / NI / NA
Email	Policy No.	Eng/No:
Webs Co.R€	Claims No. SNM22D204957/C02	C/No: 10 130211
	Sum Insured: Excess:	Gen. Cond: Good / Fair / Poor / Burnt
2	(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
	Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
		Modi: Nil / S/Rim / SPD A/Rim or
7	(Policy Condition)	Tyre Size: F: 275/55 2R17
J	Remark: The veh had commenced Its N/S O/S	R:
-1	repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI /
4	Bal. or Market Value:	TOYO/YOKO or
4	IDAC Accident Rport: Consistent?: Yes or No	Front - Rear -
	CIA I DD S	R/Bal mm R/Bal mm
	Fet Panels	L/Bal. 7 mm L/Bal. 7 mm
	Jum Come 2	D.O.A. 14/7/22 D.O.I. 20/7/2022
- 6		
	3 Val.: Yes or No	Survey held at
	CA / REV / REP / 24 Upo	Survey held at
	CA / REV / REP / 24 Upo	1126
	CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT	Survey held at Des. of Damages: Frt / Rear 1 O/S / N/S / U/C / Rooftop or
	CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT	Survey held at
	CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
2	CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
	CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
2	CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
	CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
	CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
	CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
	CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
-	CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Me	Survey held at Des. of Damages: Frt / Rear 1 O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
Date	CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Service (Contacted) Person Contacted: Date / Time Action / Instruction Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Service (Contacted) Prell. Report Display 107 D	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
Date 1)	CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Person Contacted: Person Contacted: Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Person Contacted: Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction / Instructi	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Perimen. Bys Of Repair:
Date 1)	CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Me	Survey held at Des. of Damages: Frt / Rear 1 O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Erimon. Bys Of Repair: Survey No. of Trip: Survey Fee:
Date 1)	CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merican, File Pass to? Prell. Report : Final Report Ref. / Time, File Return to?	Survey held at Des. of Damages: Frt / Rear 1 O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Erimon. Bys Of Repair: Survey No. of Trip: Survey Fee: Transportative:
Date 1) Cute/	CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Person Contacted: Person Contacted: Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Person Contacted: Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Merical Action / Instruction / Instructi	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Perimen. Bays Of Repair: Survey No. of Trip: Survey Fee: Transportative: Site Insp (\$)_S - RS_SI
Date 1) Oute/ 2)	CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Median, File Pass to? Prell. Report Final Report Add Fee:	Survey held at Des. of Damages: Frt / Rear? O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Berimen. Bays Of Repair: Disurvey No. of Trip: Survey Fee: Transportative: Site Insp (\$) _ S - RS _ Si
Date 1) Oute/ Z) Repo	CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Median process for Prell. Report : Final Report Add Fee: Add Fee:	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Perimen. Bays Of Repair: Survey No. of Trip: Survey Fee: Transportation: Site insp (\$) _ S - RS _ Si Interview (\$) Fire S
Date 1) Oute/ Z) Repo	CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Median, File Pass to? Prell. Report Final Report Add Fee:	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Perimen. Bays Of Repair: Survey No. of Trip: Survey Fee: Transportative: Site insp (\$) _ S - RS _ Si Interview (\$) Fire is Tech Invs (\$)
Date 1) Oute/ Z) Repo	CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Median process for Prell. Report : Final Report Add Fee: Add Fee:	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Perimen. Bays Of Repair: Survey No. of Trip: Survey Fee: Transportation: Site insp (\$) _ S - RS _ Si Interview (\$) Fire S
Date 1) Oute/ Z) Repo	CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction 27/07/22@2.52pm revised to Jenny Lew via Median process for Prell. Report : Final Report Add Fee: Add Fee:	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Perimen. Bays Of Repair: Survey No. of Trip: Survey Fee: Transportative: Site insp (\$) _ S - RS _ Si Interview (\$) Fire is Tech Invs (\$)

1/ hay & Preway After Pains Lump Sum Repair RIVERVIEW AUTO SERVICES PTE LTD 10 ANG MO KIO INDUSTRIAL PARK 2A #04-07/#04-16 AMK AUTOPOINT SINGAPORE 568047 6day, (en 2% Tel: 6481 2025 / 6481 5797 Fax: 6481 8715 Email: service@riverviewauto.com.sg Website: www.riverviewauto.com.sg Co.Reg No: 200800062E GST.Reg No: 200800062E Logota Estima 2.4A 7715D 68 Ma totavita M 29690 was clume garnish 378,90 275,40 x 20C M whascreen @ 48,30x 20C 50hr DISTRI 325,502 DIT 60 Ry 874.90 parel ench Electrical 937.30 6 Bu inner trim board

Not Northank

ENTRY DATE Lemp Sun RIVERVIEW AUTO SERVICES PTE LTD 10 ANG MO KIO INDUSTRIAL PARK 2A Repour #04-07/#04-16 AMK AUTOPOINT SINGAPORE 568047 len 20%. Tel: 6481 2025 / 6481 5797 Fax: 6481 8715 Email: service@riverviewauto.com.sg Website: www.riverviewauto.com.sg Co.Reg No: 200800062E GST.Reg No: 200800062E SKC7715D repudiate Toyota Estima 24A grice nett Special nett items hiving BL 50 NZ inner trim board 50 14 Bumper clips 480 Camera 2001n 280 Shon Sensors garnish clips (Iset) Me 50 nn arush 451A 50 Del 1 Cense holder 4012 M 80 undsween Sealon 3012 80 Ma about charges 7001 \$1500 Danaged parts, To cut Acciclent Rear undsween Loysate Reverse Camera & Reverse assemble wiring & Plan Bumper, Rear end panel rear fender LKK Auto Consultants hence dotify the Repairer of the following: auti Rust treatment 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 13124.50 Signature: Pg 1 Date:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies.

3. Information provided must be as truthful and accurate as possible. Any state this 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.

ACCIDENT STATEMENT

15/07/2022 16:33 (SGT) Date of Submission Driver Reported by 14/07/2022 10:30 (SGT) Exact Location of Accident Singapore KPE TOWARDS AYE Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC7715D

INSURED/POLICYHOLDER

SI

Is company? Yes SUNRAY WOODCRAFT CONSTRUCTION PTE LTD Name Of Registered Owner Company Reg No 198703016K SCLOW@SUNRAY.COM.SG Email Address Mobile Phone No (Phone) +65-65662311 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Estima Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 2400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5123863495

DRIVER

LOW SOO CHANG Name of Driver S1633129E NRIC No 22/12/1964 Date Of Birth Indoor Occupation

A314-32-C6

159

NI/NA NI/NA

14/06/1983 39 YEARS AND 1 MONTH (Phone) +65-92471135 SCLOW@SUNRAY.COM.SG BLK 198B #12-1014 RIVERVALE DRIVE ress complement 542189 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS TRAVELLING STRAIGHT ON LANE 2 WHEN A TOW TRUCK FROM MY LEFT CUT INTO MY LANE ABRUPTLY SO I HAD TO SLOW DOWN. AT THE POINT OF SLOWING DOWN THE OTHER VEHICLE (GBL8116K) WHICH WAS BEHIND ME COLLIDED INTO THE REAR OF MY VEHICLE. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	GBL8116K Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	•
	Private car
Vehicle Category	

