ASS. REC. BY: Taylor REF: CS /1N(7)	CONMENTE
ASSI	GNMENT
From: Date:	Veh No: GRK 8035 Yr Regn: 2021, Feb.
Eslimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Congy / Taxi / Prime Mover /
OD I TP INS I TP RES I OD RES I EVA I INV I MV	-Truck / Trailer or
To Inspect Vehicle No:	Make: Toyofa Dyna c.c 2982
at Workshop m/s	Colour Silver A/C: Insured / Std / NI / NA
of	Sp.Reading 833 % T/Radio; Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: 57F4T 35 430K 216383
Claims No.	Gen. Cond: Good/ Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/Jammed/Leaked/Burnt or
(Client's Record)	Brake: Inorden/Jammed/Leaked/Burnt or
Make of Veh;	Modi: (Nit) / S/Rim / STD A/Rim or
	Tyre Size: F: 195/70/15.
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YORO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal, 6 mm R/Bal, 6 mm
GIA / PR Seen: Consistent? : Yes or No  Est Repairs: days Res.: Yes or No	L/Bal. C mm L/Bal. mm
Est Repairs:days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	D.O.A. D.O.I. 31/1/23. Survey held at Forza Unt have
- Carl	ourself troid at
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
	<del></del>
. 1	1
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fe	e:
Florence S.	: Interview (\$) Photos
Repeatement;	: Tech. Invs (\$) Others
Lenter Sons / LB-A: CF	:Weal:end (%
**************************************	TOTAL



A LOVELIN PTE LTD

Singapore 729910

18 MANDAI ESTATE #06-08

Contact No. : 85552111

# FORZA AUTOHAUS PTE LTD

39 WOODLANDS CLOSE, #01-34/35, MEGA@WOODLANDS SINGAPORE 737856

TEL: 62781889

EMAIL: ENQUIRY@FORZAAUTO.SG

CO./GST REG: 201833292C

**ESTIMATE** 

Code

: E23010015 : 19/01/2023

Date In

Vehicle No. : GBK9803J

Model

: TOYOTA, DYNA 150 5MT

Chassis No. : JTFAT35Y30K216383

#### Parts and Labour Assessment

Description	Qty	Unit Price		Amount
Parts & Services		<del></del>		·
FRONT DOOR RH	1.00	1,525.40	Ry	1,525.40
FRONT BUMPER BRACKET RH	1.00	162.30	Zun	162.30
FRONT BUMPER	1.00	582.40	m-	582.40
FRONT HEAD LAMP RH 12 のらっつ	1.00	627.30	ma/	627.30
1209·70 25/ 907·27	Subtotal Befo	ore Discount S	\$	2,897.40
25/5 904.27	25.00	0% Discount S	\$	724.34
		Subtotal S	\$	2,173.06
	Parts & Servi	ces Total S\$		2,173.06
<u>Labour</u>			20	
TO REMOVE,REINSTALL ELECTRICAL WIRING HARNESS,CHECK LIGHTING AND RESETTING HEADLAMP FOCUSSING.	1.00	100.00	,	100.00
TO RE-SPRAY PAINTING ON THE CHANGE BODYPARTS, REPAIR PORTION, AND WHERE CONSISTENT TO THE ACCIDENT	1.00	1,000.00	400	1,000.00
TO PROVIDE LABOUR, WORKMANSHIP TO CHANGE THE ABOVE DAMAGED BODYPARTS, REPAIR, RE-ALIGN BODY STRUCTURE, BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT.	1.00	1,000.00	300	1,000.00 7
		Subtotal S	\$	2,100.00
	Lab	our Total S\$		2,100.00

Taylor 1745749/62563561

Taylor 1745749/62563561

Wir 31/1/23 C 5 pm

LIS Rismy after repri
0 5 etrys

taufilm e (lahant.com.

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

Sw.cabure:

**Labour Total 5**\$ **Grand Total S\$** 

2,173.06 2.100.00 4,273.06

Parts & Services Total S\$

SEUIZSTHUUUT / FORZA AUTOHAUS PTE LTD ENTRY DATE & TIME: 17/01/2023 12:38 (SGT) SUBMITTED BY: FOO MEI MEI VERSION: 1 (17/01/2023 12:38 (SGT))

# SINGAPORE ACCIDENT STATEMENT

- 1. Please report correctly the details of the accident to speed up the claims process.
- Please report <u>correctly</u> the details of the accurance speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudlate.
- 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.
- 5. Any raise reporting may be referred to the Folice 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.
- and that copies of this report will, for a lee, be finded 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 17/01/2023 12:38 (SGT) Reported by Owner Date of Accident 15/01/2023 11:55 (SGT) Exact Location of Accident Singapore Additional Location Information BLK 308 CANBERRA ROAD Country/State of Loss Singapore

2982

Vehicle Registration Number ..... GBK9803J

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner A LOVELIN PTE LTD Company Reg No 2XXXXX763E Email Address a.lovelin.pte.ltd@gmail.com Mobile Phone No (Phone) +65-85552111 Alternative Phone No

#### VEHICLE PARTICULARS

Toyota Model Property of the second of the Dyna Variant Exact purpose for which vehicle was being used at time of to designate I as the CE to go you had need than Employment Are you claiming under your own insurance policy for repair to your vehicle? Programme of the second second second No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual

#### INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Policy Number / Cover Note Number DMCG22001877

#### DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ANOOP KUMAR S/O SUMANGAN SXXXX565B 29/10/1980 Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	(Phone) +65-85552111 -a.lovelin.pte.ltd@gmail.com 18 MANDAI ESTATE #06-08 -729910 No owner No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Head to Rear Clear Dry
OTHER IN ONWATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN DRAFT AND REPORT	
ATTACHMENT(S)	·
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
THE RESERVE OF THE RE	VEHICLE PROPERTY/III.
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	GBF1060P Commercial vehicle
Contact Number	-

Address	
Address complement	
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Insurance Company Hame	Processing their progressing Lamping
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ibo Circumstance of the	Accident				
AS PER S	tries date 7	TIME . 1	mes priving	proof 146	compositio
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#### IMPORTANT NOTICE

THE PARTY NO.

## SKETCH PLAN

- 1. Plause 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 Actual Oriver.
- 3. Information provided must be as trubble and accurate as possible Any willul misrepresentation or withholding of material facts may allow insurance companies to required policy liability.
- 4 The Issue and acceptance of this Form by knsurance companies is not an admission of policy tability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6 This report will be forwarded by the insurers to 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.
- 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 alongsald.
- 8 Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

(a) My Insurer, my workshop and the Ganarel Insurence Association of Shipapore ("GIA") mayfare permitted to called, use, disclose and/or process my personal detailspersonal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Porsonal Information") and disclose and transfer such Personal Information to all insurers and before insured weblod(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' Involved hims, the Monetary Authority of Sagapore and any relevant government agencylauthority (such as the police), for the purposets) of

(i) processing, handling and/or dealing with my dams including the patternent of the claims and any necessary investigations relating to the claims.

- (ii) investigating the accident and or my dalms,
- (iii) carrying out and or dealing with my instructions or responding to any enquiries by me.

GVI administrating my claims (including the matting of correspondence, statements, involces, reports of notices to me, which could avoive disclosure of certain personal data about me to bring obors delivery of the example on the example cover of envelopes/mail packages); and/or

(V) complying with applicable law in administering, processing, harmles, are underlook with my clasms.

(collectively the "Purposes")

(b) of Insurer(s) who have insuled veludate) two hed in the social and the larger is wyerefore time, may are permitted to called, use. Sections and to process my Perconal Information for due to make a law source Purposes, and

(d) my Personal Information may/can be discluded by any of the Propins Amino CIA to their third-party service providers or agents Discluding their betyperatury (475) "get on may be stand outside of Stripping, Aurona or more of the above Purposes, to a



dicyholder's Signalisis (Dale & Time

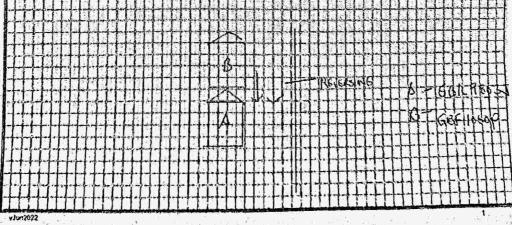
/skylliaily

Actual Orivers Signature (If driver is not the policyholder) / Date & Time

(Camina)

Winessed by Recolling Centre Personnel (Name es in NRICID card)

Sketch Plan



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SER NAME ENQUINYE PW JCNGRPH (Samu and)

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