ASS. REC. BY: Kenneth | REF: LIP1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Wei Lu

of _____

Insured: _____

Policy No. _____

Claims No. _____

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: @ 48K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: 11/31 Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBC 3537 J Yr Regn: 12, 11

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

Make: NISSAN NV200 c.c 1461

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

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

Eng/No: _____

C/No: VSKYBAM20U · 0024543

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: _____

R: 175/70R14

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	3 mm
L/Bal.	4 mm	L/Bal.	3 mm
D.O.A.	3/2/23	D.O.I.	20/2/2023

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____ Survey Fee: _____

Transportation: _____ S - RS. _____ SI

Add Fee: ☐ : Site Insp ($ _____) Parking _____

☐ : Interview ($ _____) Others _____

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ _____)

威利摩哆
WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.
TEL: 6456 9830 • FAX: 6458 0128
Business Regn No: 269436/00J

Not authorise
C/Lay &
Resurvey After Paint
2 days

08 FEBRUARY 2023

Liberty Insurance PL
51 Club Street
#03-00 Liberty House
Singapore 069428

Attn: Motor claim dept-3rd party claim
Claiming against your insured vehicle no: SMD6016R
Accident involving vehicle no: GBC3537J/SMD6016R
DOA: 03/02/2023 at TANJONG KATONG ROAD (NEAR CALTEX)

Dear officer in charge
Estimate cost of repair for vehicle no: GBC3537J
To supplied:

Description	Qty	Amount
Front bumper	1	720.70 N
Front bumper retainer	2	86.80 N
Front bumper upper garnish MJ sw X c/j ?	2	810.80 N
Front bumper enforcement	1	832.60 N
Front support top panel	1 R	334.40 N
Front grille w chrome	1	391.70 N
Front grille – Nissan logo	1	84.90 N
Foglamp MJ sw X c/j ?	2	567.60 N
Headlamp c/j ?	2	1,183.40 N
Front bonet	1 R	950.60 N
Front bonet hinge	2 R	167.20 N
Parts		6,130.70
Parts less 10% (Net)		5,517.63

1. To remove damaged parts and attachment
   Repair/reshape dented areas
   Replace/align all parts into position — 800.00 300
2. To spray paint — 900.00 250

7,217.63

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:

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 Actual 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	06/02/2023 09:54 (SGT)
Reported by	Driver
Date of Accident	03/02/2023 19:33 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TANJONG KATONG ROAD (NEAR CALTEX)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3537J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUTL CORPORATION PTE LTD
Company Reg No	196800047D
Email Address	WENGFEI.CHOO@SUTL.COM
Mobile Phone No	(Phone) +65-96282896
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	710

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5115408551-03

DRIVER

Name of Driver	FAROUK BIN JOHARI
NRIC No	S8440964B
Date Of Birth	03/12/1984
Occupation	Outdoor

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 Actual 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 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.
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 be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including other insurers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SUTL CORPORATION PTE LTD
SUTL HOUSE
100-J PASIR PANJANG ROAD
SINGAPORE 118525
TEL.: 63701762/760 FAX: 62[illegible]

6/2/23
0945HRS

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Swan. S
S990968

SKETCH PLAN

Sketch Plan